

## **Bills Committee on Private Healthcare Facilities Bill**

### **Government's response to the follow-up issues raised at the Bills Committee meeting on 11 June 2018**

#### **Purpose**

This paper sets out the Government's response to the follow-up issues raised at the meeting of the Bills Committee on Private Healthcare Facilities Bill (the Bill) held on 11 June 2018.

#### **Service of Notice**

2. Clause 121 of the Bill deals with service of notice under the Bill. The Government has been asked if such notices could be delivered by means of electronic mail or text message.

3. In the case of an individual, a notice or other document (however described) required to be given or sent under the Bill is, in the absence of evidence to the contrary, given or sent if – (a) it is addressed to the individual and delivered personally to the individual; or (b) it is sent to the individual by post addressed to the individual at the individual's last known address. Examples of notices include a notice of cancellation of licence (issued by the Director of Health under clause 30), a notice for giving a direction on how to comply with a code of practice (issued by the Director of Health under clause 104), etc. Such notices can be of paramount importance to the operation of a private healthcare facility (PHF), and serious consequences can result if they are not properly delivered to the individuals concerned. Given the importance to ensure proper service of a notice, we do not consider it appropriate to deliver the notice by means of electronic mail or text message.

#### **Premises of an Existing Hospital**

4. Under clause 8 of the Bill, premises, in relation to a PHF, comprise the places – (a) that are – (i) physically connected by internal access among themselves; or (ii) physically attached or in close proximity to, or adjoining,

one another; and (b) that form a distinct whole for the facility to function as a single entity.

5. Currently, the main premises of a private hospital may be formed by more than one block in close proximity to one another. The hospital may also provide services in premises not being in its close proximity (associated premises). The certificate of registration issued to a private hospital under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) covers both the main and the associated premises.

6. Under the new regime, a private hospital comprising more than one block in close proximity to one another may be covered by a single licence, if such premises form a distinct whole for the hospital to function as a single entity. For day procedure centres or clinics operated by the licensee of a hospital which are not physically attached or in close proximity to, or adjoining, the hospital, separate licences are required. Nonetheless, clause 125 of the Bill provides for the hospital licence to cover associated premises that are clinic (but not day procedure centre) in nature under transitional arrangements.

7. Under the existing regulatory regime, the person registered in respect of a hospital under Cap. 165 is held responsible for complying with the conditions of registration, including the code of practice, in the operation of all services in the registered premises. Such requirement should be complied with regardless of the mode of management, or any business arrangement made with third-party providers in respect of the services provided. Likewise, the licensee of a hospital under the new regime will be wholly responsible for the operation of the hospital, including all services provided in the premises covered by the licence. The licensee must ensure that all such services are provided in compliance with the licensing requirements.

### **Provision of Pathology Services in Private Hospitals**

8. At present, hospitals registered under Cap. 165 are providing pathology services in order to support their clinical services (e.g. surgical services). These services are regulated under Cap. 165 as part of the services provided in the hospital. Regulatory standards for pathology services are stipulated under Chapter 13 of the Code of Practice for Private

Hospitals, Nursing Homes and Maternity Homes (at **Annex**). For example, the hospital must appoint a specialist in pathology to take charge of the service, or to serve as an advisor to review regularly the facilities, equipment and staff training of the service. The hospital must assign a Part I medical laboratory technologist to take charge of the day-to-day operation of the laboratory. Moreover, there should be a clinical laboratory quality assurance programme in place. The hospital is also required to establish policies and procedures on various areas of pathology services, including the collection, labelling, transportation and storage of pathology specimen.

9. Under the new regulatory regime, different types of PHFs will each be subject to a set of regulatory standards (promulgated in the form of codes of practice) commensurate with the risk of the services they provide. Clause 102 of the Bill empowers the Director of Health to issue a code of practice about the matters set out therein. Regulatory standards for private hospitals will be formulated based on the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes currently in force, and the regulatory standards in respect of pathology services will be largely the same as the existing requirements.

**Food and Health Bureau**  
**Department of Health**  
**June 2018**

Date of first edition:	Aug 2003
Dates of subsequent editions:	Nov 2009, Apr 2010
Date of current edition:	Dec 2016

## **Chapter 13 Pathology**

---

### **13.1 General Requirements**

Hospitals providing acute care should provide an adequate range of pathology services to meet the needs of the services.

### **13.2 Staffing**

- 13.2.1 A specialist in pathology is appointed to take charge of the service. Alternatively, a specialist in pathology should be appointed as an advisor to review regularly the facilities, equipment and staff training of the service.
- 13.2.2 A medical laboratory technologist I is assigned to take charge of the day-to-day operation of the laboratory. He should ensure that the procedures and tests performed by technical staff are within the scope of their professional training and experience.
- 13.2.3 At least one medical laboratory technologist is put on duty during the operating hours of the service.

### **13.3 Other Requirements**

- 13.3.1 Where special pathology services are not available, appropriate arrangements can be made for the collection and transportation of pathology specimens to be performed in another institution by registered medical laboratory technologists.
- 13.3.2 There should be policies and procedures on the following areas –
- (i) safety aspect of the laboratory
  - (ii) maintenance of performance standards including quality control
  - (iii) recording of all specimens received and processed by the laboratory
  - (iv) arrangements for notification of urgent test results
  - (v) collection, labelling, transportation and storage of pathology specimen

Date of first edition:	Aug 2003
Dates of subsequent editions:	Nov 2009, Apr 2010
Date of current edition:	Dec 2016

- (vi) protection of staff handling pathology specimens
- (vii) procurement of reagents
- (viii) checking on the expiry dates of reagents
- (ix) disposal of specimens and reagents
- (x) contingency plans for various emergencies including chemical spillage

13.3.3 Records should be kept for calibration and quality control programmes.

13.3.4 Records should be kept for drills on various emergencies.

13.3.5 There is a clinical laboratory quality assurance programme.

#### **13.4 Blood Bank**

13.4.1 The operation of the blood bank should be in line with the recommendations of the Hong Kong Red Cross Blood Transfusion Service.

13.4.2 Contingency plan exists to meet demands for a large amount of blood for transfusion.

13.4.3 There is proper documentation of use and disposal of all blood products maintained in the bank.

#### **13.5 Organ Bank**

13.5.1 Where the establishment operates eye bank and bone bank, the procedures should comply with the Human Organ Transplant Ordinance (Cap 465).