

**For discussion**

**On 17 January 2017**

**Legislative Council House Committee  
Subcommittee on Children's Rights**

**Follow up on issues relating to children without medical needs overstaying in  
hospitals and their conditions of being restrained**

**Purpose**

This paper briefs members on the problems of children, who are medically fit for discharge, being hospitalized unnecessarily in Hospital Authority (HA) paediatric units because of social problems and/or lack of placement and its unintended consequence. The safe use of physical restraints and the arrangement of schooling in paediatric wards will also be briefly discussed.

**Current Situation of Unnecessary Hospitalization of Children in Paediatric Units**

2. In a survey conducted in June 2016 in all HA Paediatric units to assess the problem of unnecessary hospitalization, there were 61 children identified for unnecessary hospitalization. The average length of unnecessary stay<sup>1</sup> is 42 days at the time of survey. 34 (56%) of them were males and 27 (44%) were females. 38 (62%) were waiting for placement and the others were waiting for social assessment or multidisciplinary case conference for fitness for home care. Most of the children were below 6 years of age with the family background of maternal drug abuse (43%), maternal psychiatric problem (10%), teenage pregnancy (10%) and other social problems (16%). Many of them were newborn babies born to high risk families identified through the Comprehensive Child Development Services (CCDS) and safe child care arrangement could not be readily secured.

3. A latest follow up survey on this cohort of 61 children indicated that 59 children (97%) had been discharged from the hospital while 2 children were still staying in hospital and waiting for placement. The average length of overstay of the discharged cohort of children was 74 days.

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<sup>1</sup> The "Length of Overstay" is calculated by subtracting the "medically fit for discharge Date" from the "Actual Discharge Date".

4. HA has conducted another survey on the children unnecessarily hospitalized in acute HA hospitals from 18 December to 31 December 2016. The result indicates that 43 children were hospitalized unnecessarily. The average length of overstay is 58 days.

5. In another survey on 1693 cases of suspected child abuse cases in the HA Paediatric units, the average length of stay (LOS) was 9.1 days and LOS beyond “medically fit for discharge day” was 5.3 days.

6. Unnecessary hospitalization may lead to the following unintended consequences, for example, increased risk of nosocomial infections, uncooperative or aggressive behavior in a strange hospital environment, posing a higher risk of fall in them, etc. To enhance their safety during the hospitalization, different ways of pacification may be used to prevent injury.

### **Exceptional Use of Physical Restraint to Care for Children**

7. The HA has a central guideline to specify the safety principles in the use of restraint devices for restricting a person’s movement since 2008. Based on risk assessment, the attending paediatrician of the clinical team should document the reasons and decision for restraint on the medical record.

8. The best interest of the child is the primary objective and the guiding principles are summarized as follows:

- a. Protect the child from foreseeable and avoidable harm to self or others.
- b. Use physical restraint only as the last resort when other care alternatives have failed or are not available.
- c. Monitor the child’s condition closely and document the observations.
- d. Provide care to meet the activities of daily living of child.
- e. Maintain shortest duration and change to less restrictive device or care alternatives if appropriate.

9. In the June 2016 survey, only one overstaying child had been physically restrained with safety vest for 10 hours after obtaining verbal consent from his mother on phone. This was a 13 years old boy who had emotional outburst after talking over the phone with his mother. In the December 2016 survey, 1 child was being physically restrained. The case involves an 8 year old child with global development delay who necessitated intermittent restraint with safety vest and limb holders to prevent removal of intravenous

lines and other self-harming behaviours. All restraint devices were removed during child care activities such as playing toys, light exercise, and during sleep. Currently, she required intermittent restraint with limb holder for her best interest.

### **Hospital Schooling Services Provided by the Red Cross**

10. The Hong Kong Red Cross Hospital Schools provide education services to hospitalized children from 5 years 8 months to 18 years of age (from Primary 1 to Secondary 6). The children receive lessons either in classrooms or in wards. In addition, the Red Cross provides the mobile library services in some hospitals to meet the reading interests of children. Those who are less mobile receive individual bedside teaching. The attending doctors will assess the health status of each child and refer them to the hospital school if appropriate.

### **Schooling for Overstaying Children**

11. Majority of the overstaying children were infants not falling into the age for schooling. Hospital school services had been provided to the 6 overstaying children within school age. One 13 years-old girl suffering from adjustment disorder who had poor relations with family was arranged to have examination in ward.

### **Way Forward**

12. Children, who are medically fit for discharge, should be discharged from acute hospitals as soon as possible. Unnecessary hospitalization may adversely affect their physical and psychological well-beings. Precious resource of inpatient beds of acute hospitals should be reserved for children with medical needs. It therefore requires provision of prompt alternative child care arrangement.

### **Advice Sought**

13. Members are invited to note the content of the paper.

**Hospital Authority**  
**January 2017**