
# Annual Report
# of
# the Public Complaints Committee
# and the Patient Relations
# & Engagement Department
# of Hospital Authority Head Office

## 2012

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## SECTION I Corporate Function

### A. Hospital Authority's corporate governance and accountability in public complaints management

Section 5 (m) of the Hospital Authority (HA) Ordinance requires HA to establish and maintain a system which provides for proper consideration of complaints from the public about its services.

2. HA has established a two-level complaints system to handle public complaints. The system aims to provide a readily accessible mechanism to deal with all public complaints. Since complaints are in general most effectively handled at the point of service delivery, all complaints are handled by the respective hospitals/clinics in the first instance. Complainants who are dissatisfied with the outcome of their complaints can appeal to the Public Complaints Committee (PCC).

### B. The Public Complaints Committee (PCC)

3. PCC was established under the HA Board in 1991-92 to independently consider and decide on all appeal cases. The Committee is the final appeal body within the HA in respect of complaints.

***Membership***

4. PCC comprises the Chairperson, 4 Panel Convenors and 19 members. Of all the 24 members, 5 are HA Board Members while 19 are from the community. None of the members is a HA employee and the majority are outside the medical/healthcare field with diverse backgrounds. The PCC membership list is in Appendix 1.

***Terms of Reference***

5. PCC's terms of reference and complaints handling guidelines are in Appendix 2.

***Leadership role and responsibilities in public complaints management***

6. In addition to its role as the final appeal body, PCC also assists the HA to ensure effective governance and accountability in public complaints management. In accordance with its terms of reference, PCC advises HA on the formulation and review of policies and guidelines on complaints management, and monitors its effectiveness ( see Section II of this report ).

*Mode of operation*

7. For efficient handling of complaint cases, PCC has established three Case Panels, an Interview Panel and a Fast-track mechanism on handling repeated appeals.

a) **The Case Panels**

Three Case Panels have been established to deal with individual appeal cases. Recommendations to HA/hospitals for improvement are made by the Panels where deficiencies in service delivery are discovered in the course of handling complaints.

b) **The Interview Panel**

The Interview Panel comprises a convenor and at least 2 regular members of the relevant Case Panel. It conducts separate interview sessions with the complainant/patient, staff under complaint and witnesses, if any. The aim of an interview session is to seek a fuller picture of the issue at hand to assist the Panel in making a decision.

c) **Fast-track mechanism on repeated appeals**

From time to time, the PCC received requests for re-opening of appeal cases which had already been concluded. A fast-track handling mechanism was established in 2009 to expedite the processing of these repeated cases. Upon review and confirmation that there is no ground for re-opening a case, PCC would inform the complainant that the PCC had responded fully to the complaint and the case would be closed.

8. When an appeal in respect of a complaint is received, one of the Case Panels will undertake a thorough review of all available evidence including the patient's medical records, reports from staff and statements from witnesses, if any. It will also seek expert opinions whenever necessary. Separate interviews by the Interview Panel with the complainant, staff under complaint and witnesses may be arranged as deemed necessary by the Case Panel.

9. PCC conducts full meetings at regular intervals to monitor the work of the panels, and to formulate and review policies for continuous improvement of HA's complaints system. Initiatives are also taken in areas of

internal and external communications, public education, and learning and sharing among HA staff on complaints management.

10. PCC considers it essential to be just and fair to both the complainant and staff in the review of matter(s) under complaint, and adopts the following approaches:

a) Both the complainant's and staff's versions of the incident are given due consideration.

b) All the concerns and allegations of the complainant are addressed and the decision reached is clearly explained.

c) Suitable acknowledgement is given if a complaint is justified. Where a complaint is not justified, an appropriate firm stance is taken as staff must be fairly treated.

d) For frivolous and vexatious complaints and cases in which the patient/complainant has displayed unacceptable or undesirable behaviour, e.g. harassing staff with foul language, the patient/complainant is to be made aware that such conduct is unacceptable.

***Performance target***

11. PCC's target response time to complaints is 3 to 6 months. Complex cases would take longer. For details, please see Section II on " Monitoring and analysis of complaints, feedback and appreciation data " and Appendix 4 in this Report.

***Liaison with the Coroner's Court***

12. In accordance with the Coroner's Ordinance, HA and its hospitals are required to report certain death cases. It is not uncommon to find that relatives of a deceased patient have lodged a complaint with HA while the death case is simultaneously reported to the Coroner. In such circumstances, PCC will suspend its deliberations on the case until the Coroner has taken a decision on whether or not a death inquest is required. The Coroner's Court has made an arrangement with HA whereby PCC is informed of the progress of cases under the Coroner's consideration. This helps ensure timely reactivation of case handling by PCC once the Coroner has made a decision.

***Panel of independent medical experts***

13. To facilitate efficient and effective handling of complaints, taking reference of the practices of overseas healthcare complaint systems, a Panel of

medical experts were appointed as honorary advisors to support the PCC on a need basis, hence enabling PCC's prompt access to independent advice on specific complaints. The PCC is pleased with the impartial and fair approach adopted by the independent experts.

## C. The PCC Secretariat

14. The PCC is supported by its Secretariat which is the executive arm of the PCC and also the 'Patient Relations and Engagement Department' (PRED) of HAHO. The PCC Secretariat cum PRED has dual roles:

a) **As the PCC Secretariat**

PRED is the executive arm of PCC to handle appeal cases. It provides support for PCC in the following areas:

i) handling of appeal cases ;

ii) regular monitoring and review of complaints handling at the hospital and PCC levels ;

iii) research into and survey on trends of complaints management ;

iv) formulation and implementation of policies and initiatives to enhance the efficiency, transparency and credibility of HA's public complaints system.

b) **Overall coordination of HA's public complaints management**

Please refer to Section III of this Report.

## SECTION II Major Activities of the PCC

### A. Monitoring and analysis of complaints, feedback & appreciation data

15. PCC collates and monitors through its Secretariat the volume, nature and trends of complaints, feedback and appreciation received by all HA hospitals and clinics. These data provide an overall perspective of the public on HA services. HA's 5-year statistics on complaints, feedback and appreciation are presented in Appendix 3. The statistics for 2012 are summarized as follows:

| | *Complaints*[1] | *Feedback* [2] | *Appreciation* [3] |
|---|---|---|---|
| HA hospitals | 2,573 | 13,066 | 39,955 |
| General Outpatient Clinics ( GOPCs ) | 220 | 1,071 | 3,702 |
| Total | 2,793 | 14,137 | 43,657 |

16. The HA and its hospitals provide a substantial volume of healthcare services each year. The majority of patients appear satisfied with the HA services they receive. To put the numbers of complaints in perspective, the volume of services HA provides (see table below) and the number of appreciation received should be taken into consideration.

| *Types of HA Services* | *Volume ( 2011 – 12 )* |
|---|---|
| Inpatient and Day patient discharges | Over 1.5 million |
| Patient days ( including day patient discharges ) | Over 7.71 million |
| Accident & emergency attendances | Over 2.24 million |
| Specialist outpatient attendances | Over 6.73 million |
| General outpatient attendances | Over 5.31 million |

( *Source: HA Annual Report 2011-12*)

17. Analysis of the GOPC statistics and content of complaints and feedback revealed that the issues were mainly related to disc allocation, appointment booking and queuing systems, and the overwhelming service demand. To provide support, the PCC Secretariat has shared its experience on complaints handling with the GOPC staff on a regular basis.

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[1] Complaint - an expression of dissatisfaction
[2] Feedback - an expression of opinion
[3] Appreciation - an expression of gratitude

18. The volume of feedback and complaints received tallies with PCC's observations of escalating public expectation and readiness to express their opinion. Since appreciation is an indicator of good service quality, PCC recommends that HA should consider adopting a more systematic and structured approach for proper capturing, analysis and reporting of statistics on appreciation in order to identify and publicize good practices and areas of success.

## B. Appeal cases handled by the PCC

19. During the reporting period, PCC held 18 meetings. The total number of appeal cases taken to PCC in 2012 is 261. Of these cases, 226 cases (87 %) have been concluded while 35 cases are still under investigation

20. The performance target of PCC is to conclude an appeal case within 3 to 6 months. During the reporting period, PCC's performance ( on the 226 concluded cases ) was as follows:

| | |
|---|---|
| 172 cases ( 76 % ) | concluded within 3 to 6 months |
| 35 cases ( 16 % ) | concluded within 6 to 9 months |
| 19 cases ( 8 % ) | Taken more than 9 months to conclude |

21. The 19 cases which took more than 9 months to conclude were highly complex cases requiring lengthy investigation, repeated clarifications with hospitals and the commissioning of independent local or overseas medical expert reviews.

22. The categories and trends of all PCC cases were also monitored. The data of cases handled by PCC over the past 5 years are shown in Appendix 4.

## C. Observations

23. PCC places great emphasis on justice and fairness, effective communication and compassion in complaints management. In the great majority of appeal cases, PCC found that the subject matters of the complaints had been properly dealt with by the hospitals concerned. Out of the 226 concluded cases, 1 case was found to be substantiated and 11 cases partially substantiated. Analysis of the unsubstantiated cases showed that these complaints arose mainly because of :

a) **Lack of understanding regarding medical care**

For example, recognised complications in surgical procedures are mistaken as medical negligence. Inability to reach a diagnosis of a rare condition or a complicated case within a short time is misconstrued as incompetence.

b) **Unmet expectations regarding HA services**

An example is complaints about the relatively long waiting time in the Accident and Emergency Department for non-urgent cases.

c) **Misunderstanding in hospital practice**

For example, investigations and hospital admissions are arranged based on clinical indications and doctors' clinical judgement and not on patients' requests, although the latter would also be given due consideration.

d) **Inappropriate use of HA's complaints system**

***Example 1***

Many patient-employees complained against HA doctors for not granting them sufficient paid sick leave to cover their absence from work. On the other hand, some employers of patients complained against HA doctors for granting their staff what they perceived as excessive or prolonged sick leave. Both parties do not understand that the decision on sick leave is based on the doctor's clinical judgement and evaluation of the patient's work nature, and not on other matters.

***Example 2***

Complaints against HA hospitals for not being able to produce medical reports in the patients' favour for their private medical insurance claims or reimbursement of medical fees.

24. In many of the cases handled, PCC notes that patients and the public in general have a misconception in that they automatically equate medical mishaps with medical negligence, and tend to assume that public hospitals provide inferior services until proven otherwise. This not only creates difficulty in the relationship between patients and hospital staff, but also damages morale of healthcare workers. In the end, both parties lose out. PCC's observation is in line with the results of international research which indicate that adverse outcome in medical care arises from two major sources as

follows :

a) **The limitations of medicine**

Certain diseases are difficult to diagnose in the early stages. Some are known to deteriorate rapidly and many are without cure. Surgery is associated with risks and the outcome may not be as expected. Many of the allegations of delayed diagnosis, misdiagnosis, inadequate or incompetent care, arose because of lack of understanding of or inability on the part of the complainants to accept that there are limitations of medicine.

b) **Substandard practice arising from system errors or incompetence of individuals**

As modern medical care involves many parties and often complex procedures, medical errors do occur from time to time. The HA and its hospitals are making consistent efforts to identify and rectify system errors (that might lead to mishaps) to a minimum. Structured and continuous training of doctors, nurses, and other hospital staff to foster their competencies has long been under way to further enhance the effectiveness of the public hospital system.

25. To reduce complaints of categories (a), (b) and (c) mentioned in Para.23, the PCC urges HA to intensify its efforts in public education, especially on the nature and limitations of medical care, as well as the level of services it is able to provide. For complaints of category (d), the public need to appreciate that issues such as the granting of sick leave and medical report writing are matters of clinical judgement. Moreover, concerted efforts should be made by the HA and other complaint redress organizations to promote a positive and just complaints culture, and to foster mutual respect between the healthcare service providers and recipients.

## D. Initiatives to improve HA's complaints management

26. Complaints systems have two main functions. The first function provides a way for people who are dissatisfied with the service they have received to air their grievances and to obtain a proper response. The second function reflects a societal interest in the efficient and effective resolution of grievances, as well as the management of the aftermath. Complaints can provide a way of finding out the views of service users, and shed light on the problems that occur.

27. The PCC advocates an independent, accountable and effective complaints system with the ultimate objective of improving service quality. Through evaluation of HA's complaints system on a regular basis, taking reference of the progress and practices of both overseas and local complaints redress organisations, the PCC undertook the following initiatives/activities in 2012 :

a) **Membership review**

The Committee carried out its annual membership review exercise in November 2012. As a result of the review, new members including a retired District Court judge had been invited to join the PCC in the 2012 to 2014 term to fill the vacancies of the retiring members. To ensure a balance of expertise and complaint assessment experience, there was a membership rotation amongst the Case Panels, and appointment of a new Chairperson for the Interview Panel.

b) **Review on the role and mode of operation of the PCC**

As a continuous improvement initiative, the PCC has been regularly reviewing its role & mode of operations, and performance as against the target set. Following the review in May 2012, recommendations were made to streamline workflow and strengthen secretariat support to the Committee to ensure efficient and effective healthcare complaint handling.

c) **Transparency and credibility of the PCC**

It is the prevailing practice of the PCC to make annual report of its work at the HA Board Open Meeting. To further enhance its transparency and credibility, the Annual Report of the PCC and PRED will be posted in prominent location of the HA website with effect from April 2013.

d) **Sharing of PCC's insights and promotion of a positive complaint management culture**

To support HA's inculcation of a positive complaint management culture, PCC Members had proactively participated in the HA Convention, and shared their experience in complaint management seminars, workshops and training. Through sharing of insights and experience in conflict resolution, the key principles of justice and fairness in complaint handling, as well as the key objectives for service improvement were reinforced.

e) **Sharing of observations and mutual exchange with medical experts**

The PCC regularly invites medical specialists to share their experiences and expertise in the delivery of healthcare services. In the past years, PCC had also met with Clinical Coordinating Committees regularly to share its observations and insights arising from the handling of appeal cases.

f) **Participation in the curriculum development of medical education**

At the invitation of the Medical School, HKU, one of the Case Panel Chairmen joined the Faculty Curriculum Development Committee. Through inputs from the PCC experience and perspective in the curriculum development, it is hoped that the future doctors will be better equipped in communications with patients and handling of difficult clinical interactions for prevention of complaints.

## E. Recommendations

28. Where appropriate, PCC's recommendations arising from complaints management on clinical and administrative issues are referred to HA's respective committees and departments for consideration and follow-up actions. The following are examples of PCC's recommendations for more public/patient education arising from two cases :

a) **Casual remarks on other colleagues' practices and explaining risks and complications of medical procedures**

***Case background***

A patient underwent a total abdominal hysterectomy for gynecological problems. Three years later, she received another uro-gynecological operation and attended regular follow-ups in the gynecological clinic for stress incontinence and persistent dysuria. In one of the consultations, the attending doctor commented on the surgeon's skills regarding her previous procedure. The patient requested for another urodynamic study (UD) to assess the bladder function. In view of the fact that previous UDs did not reveal anomalies and further UD was not clinically indicated, the doctor declined her request and explained to her the possible post-UD complications, including the relatively rare ones such as the risk of limb amputation. The patient subsequently complained to the PCC.

***Observations***

Firstly, making casual remarks on other colleagues in front of patients might induce patients' distrust in medical practice and misunderstanding in their conditions. Secondly, if the patient requests for an unwarranted procedure, the doctor should reassure that the procedure is not clinically indicated in view of the presenting signs and symptoms of the patient. Citing serious but rare complications in declining patients' request might create patients' unnecessary anxiety.

***Recommendation & Follow-up actions***

PCC considers that healthcare workers should refrain from making casual remarks on other colleagues in front of patients, thus creating patients' unnecessary anxieties and misunderstanding for having received suboptimal treatment. Due consideration should also be given in balancing the pros and cons of highlighting very rare complications when explaining medical procedures to patients. PCC is pleased to note that the HA has arranged regular sharing and training to further enhance staff's awareness and effectiveness in the communication with patients, and that continuous efforts will be made to enhance the informed consent seeking process for quality and risk management.

**b) Discharge planning and communication for patients with prolonged stay in hospital**

***Case background***

A patient was hospitalized for sacral pressure ulcer, clinical sepsis and diarrhea. He was appropriately treated with antibiotic therapy, pressure relieving device, special dressing regime and wound swab for culture. After months of hospitalization, the patient's condition was stabilized and assessed to be fit for discharge. As part of the discharge planning, community nursing care was arranged for wound management of his pressure ulcer at home, and with the help of the Medical Social Worker, he was granted allowances for napkin, foley catheter, feeding tube and wound care. However, the patient's next-of-kin (NOK) had reservation of the patient's discharge arrangement, and appealed to the PCC against the hospital's decision. The complainant alleged the hospital for prematurely and inappropriately discharging the patient who was still suffering from pressure ulcer.

***Observations***

The PCC noted that patients of advanced ages, with prolonged hospitalization or poor immunity are more prone to hospital-acquired infections, which might lead to life-threatening outcome. Whilst appreciating the difficulties faced by the NOK in caring for the patient at home, the PCC also understands that the issues and challenges faced by public hospitals arising from increasing patient volume against the constraint of limited public health care resources. Patients with stable clinical condition and assessed to be fit for discharge will be discharged home or elderly homes. The PCC noted that most complaint cases involving patient discharge rooted from ineffective communication with patients' family regarding pre-discharge planning and post-discharge supports.

***Recommendation***

Although the decision of discharge is a clinical judgment based on patients' condition, effective discharge planning is an essential part of the clinical management process. Effective communication and expectation management are important in the engagement process. The PCC therefore recommended an early and timely engagement of the patient's relatives during the discharge planning process to enhance communication and mutual understanding. This would help alleviate their concerns and anxieties, as well as rendering timely support as appropriate, and in turn, prevent unnecessary misunderstanding and complaints.

***Follow-up actions***

The PCC is pleased to note that patients with prolonged hospitalization, upon discharge, are generally provided with a well-coordinated discharge plan and rehabilitation programme supported by a multidisciplinary team. Healthcare workers are aware of the importance of effective communication with patients and their families. HA will continue to explore ways to further enhance pre-discharge planning and post-discharge support to patients. This will ensure that their physical and psycho-social needs, as well as self-care ability can be taken care of in the community.

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## SECTION III PRED's Objectives and Scope of Work

**Patient Engagement and Complaint Management – the Broader Perspective**

29. The HA firmly believes that quality and safety of patient care can be enhanced by patient engagement - fostering a close partnership between healthcare providers and patients. Community and patient feedback is important for setting HA's service direction, and effective complaints management helps identify and rectify systemic risks and deficiencies, allowing front-line staff to focus on their clinical duties, while reinforcing public confidence in our public hospital system. International experience also shows that patient engagement has a significant positive impact on the process and outcome of care delivery while effective complaints management could prevent litigations.

30. Since its inception in 1990, HA has engaged patients as close partners. These include support to patient self-help groups, patient engagement activities and projects conducted at both the corporate and the cluster levels. Patient groups are regularly consulted on health care issues, policies and service development plans, and patient representatives appointed as members of the HA Board and its functional committees including the PCC which oversees HA's overall complaints management. The HA has also made a great stride in patient empowerment through the setting up of the Patient Advisory Committee, and the Smart Patient Website to provide a one-stop online platform for information about disease management and community resources.

### A. Initiatives, Programmes and Activities in 2012

***Enhancing corporate governance in complaint management and patient engagement***

31. Enhancing the HA's corporate governance in complaint management and patient engagement is the main focus of Central Committee (Complaints Management and Patient Engagement (CC(CM&PE)) since its establishment in November 2009. The terms of reference of CC(CM&PE) is at Appendix 5. Concerted efforts of 7 hospital clusters were coordinated through this Central Committee with the support of PRED. The CC(CM&PE) together with its three Sub-committees on "Complaints System Review", "Training and Development in Complaint Management" and "IT Systems on Complaints and Feedback Management" were tasked to bring up the overall standard of various aspects of patient relations and complaint management of public hospitals.

***Review on Patient Complaint & Engagement Processes***

32. As part of the HA Clinical Governance Review conducted in 2012, the overseas expert team had provided reasonable assurance of HA's system on patients/public complaints/feedback. The findings further affirmed the HA's commitment and priority for systemic improvement in complaint management and to engage patients as partners. The Patient Satisfaction Survey mechanism further demonstrated HA's commitment to transparency and continuous improvement.

***Proactively engaging patients for feedback – Patient Satisfaction Survey***

33. Against the background of rising community expectation for transparency and accountability, the HA launched its first baseline Patient Satisfaction Survey (PSS) in 2010. The PSS was conducted by an independent body - the Chinese University of Hong Kong for more than 5,000 discharged patients in 25 public hospitals. This is the first survey of such scale in Hong Kong and in any Chinese community in Asia using a validated instrument adapted from the NHS PSS questionnaire by Picker Institute Europe.

34. The findings of the 2010 baseline survey (Full Report available at www.ha.org.hk) was reported by the HA to the public in June 2011, and published in the HK Medical Journal in 2012 (*Hong Kong Med J 2012;18:371-80)*. The overall result was encouraging with more than 87% of the patients indicating a high degree of trust for our doctors and nurses, and 80% rated that the treatment and care they received was good to excellent. However, there are also areas of low scores relating to patient engagement and communication about care, treatment or discharge planning. A robust task group comprising front-line doctors and nurses was formed to develop and promote PSS and drive improvement actions at local levels.

35. Patient expectations on hospital care are not only the science of clinical care, but also involves the understanding, acceptance, role modeling and operational arrangements at all levels of doctors and nurses. In order to seek a deeper understanding of these important care aspects directly relevant to patient-centredness, indepth study was conducted in 2012 on (a) secondary data analysis of the 2010 PSS results; and (b) patient engagement to gain a better understanding of the views of doctors and nurses on the enablers and barriers of patient engagement. To facilitate the hospitals to better monitor patient's views at the local level in a timely manner, a validated tool (short-version of the standardized questionnaire) is being developed and will be ready for use by the hospitals by mid 2013. With these PSS initiatives fully implemented by end of 2013, the management will be able to capture more timely and indepth information for formulation of strategies to further enhance patient engagement and reinforce the patient-centred culture.

***Building a positive complaint and feedback culture***

36. Complaints and feedback are important sources of information about risk. It is also an opportunity to learn and possibly implement significant improvements in service delivery. In most cases, the focus of people's complaints is to try to ensure that what happened is not repeated, so it is vital to engage with the complainant promptly, understand their viewpoint, and learn from the incident.

37. However, to healthcare workers, complaint and feedback management is a very challenging thing. Changing the way healthcare workers feel about complaints requires the presence of a credible, fair and just complaints system, and positive complaints management culture. Similar to overseas developed countries, the HA has defined protocols for management of complaints and feedback.

38. Great efforts has been and will continue to be made to promote a positive complaint culture among HA staff, to share the following key objectives through internal communications and at the PRED website :

a) To raise awareness in relation to current societal values, complaints culture, political environment and escalating public demands/expectations in healthcare services.

b) To communicate the corporate message that justice and fairness to both the complainant and staff are to be ensured under HA's complaints management.

c) To inculcate a positive complaints culture, i.e. to appreciate complaints as a form of quality control; the hospital management has to do justice; and staff have the responsibility to prevent situations which may lead to complaints.

d) To enhance the capability of the management and staff in protecting the interests of patients, themselves and the HA.

e) To encourage ownership of complaints management.

f) To highlight basic principles and strategies in complaints management, e.g. the essence is to find the balance between patients' interests on the one hand and staff's interests on the other.

g) To build trust and partnership between HA management and staff on complaints management.

***Building network to enhance transparency and credibility***

39. The PRED has regular liaison with local and overseas complaint redress organizations and various stakeholders. The HA is kept abreast of good practices, latest research, trends and development of both local and overseas complaints redress mechanisms. The following is a summary of the activities held in 2012:

***January***
Met with overseas expert from the UK Healthcare Commission to gain update on the progress of National Framework on Patient Satisfaction Survey in UK.

***March, September& November***
Conducted briefing sessions for Patient Groups and the HA Patient Advisory Committee respectively on the HA Complaints System.

***June***
Briefing session for all new doctor interns to raise the awareness of newly recruited doctors of a patient-centred culture in HA, drawing their attention particularly on the importance of good communication, right attitude towards patient relations, incident and complaint management.

In support of the Government's advocacy for "mediation", over 40 HA doctors and executives attended the "Mediate First" conference organized by the Department Justice. Co-chairperson of the Central Committee (Complaint Management & Patient Engagement) shared the application of mediation skills as a preventive measure, and a resolution process for healthcare complaints in public hospitals.

Participated in the sharing session with the Efficiency Unit of the HK Government on service monitoring surveys for service improvement.

Discussion and exchange of views with the Doctors Staff Group Consultative Committee on patient relations and complaint management work.

***August***
Experience sharing with The Ombudsman Office on the handling of difficult complaints. Indepth discussion was held to explore good practices, ways to enhance complaint resolution and follow up on improvement actions to prevent their recurrence.

***September***
Co-chairpersons of CC(CM&PE) participated in the "Patient Experience" Conference in Singapore. Experience of public hospitals in HK was shared among both public and private hospitals from Southeast Asian countries.

***October***
Introduced the HA's Patient Satisfaction Survey and Follow up Mechanism as an important patient engagement initiative in the 29th Conference of the International Society of Quality in Geneva, Switzerland.

***November & December***
Received delegations from Mainland cities and overseas countries for sharing on HA's work on patient relations, complaints and building up a Patient Satisfaction Survey Mechanism.

***Monitoring and reporting of patients/public feedback and complaint***

40. Phase I of the electronic patient relations reporting system (ePRRS) was launched in 2010. An evaluation conducted in October 2011 confirmed its effectiveness in facilitating the hospitals' reporting of complaint and feedback statistics. Construction of Phase II of the ePRRS was started in June 2012 with a view to further enhancing the system capacity and function to facilitate process monitoring and better integration of complaint and risk data for quality and risk monitoring purposes.

## B. Enhancing clusters' capacity and staff competencies in complaints management

41. For healthcare workers, complaints management is particularly challenging as it requires competencies over and above clinical skills. These competencies include awareness and acumen of the current political and societal trends, investigation skills, mediation/counselling skills, empathy and tact, verbal and written communication and public relations skills.

42. PRED has over the years implemented various specialist training activities on complaints management. In the past 5 years, PRED gave complaints management training to over 8,000 HA colleagues, and the lessons learnt from complaints management are regularly shared with COCs, HAHO and front-line staff. In 2012, 1,900 hospital staff received training organized by PRED. Many senior clinicians and hospital management staff have become advocates and champions of complaints management to promote a positive complaints culture in HA.

***Consultancy and Strategic support to clusters/hospitals***

43. PRED regularly support the clusters/hospitals in the following aspects:

a) One-stop help desk for complaint management staff - offering suggestions and advice on difficult complaint cases and issues;

b) Consultancy for crisis management in complaint management with corporate-wide implications; and

c) Staff empowerment - build capacity and competencies of staff responsible for complaints handling.

***Signature Event – Leadership in complaint management***

44. A one and a half days seminar cum workshop was held from 15 to 16 November 2012. The theme is "Complaint and Risk Management". The event aimed at engaging front-line staff and key stakeholders. To encourage active participation, a Discussion Forum was moderated by the City Forum programme host, and with the participation of the Secretary for Food & Health, front-line doctors, PCC Members and Patient Relations Officers as Panel Discussants. The key objectives of the seminars are:

a) Gaining an overview of patient relations from society and public perspectives

b) Learning & sharing of mediation skills for conflict resolution

c) Understanding incident management from corporate and media perspectives

***Promotion of mediation skill training in patient relations work***

<u>Building a culture of amicable complaint resolution</u>

45. In support of the Government's advocacy of mediation, continuous efforts are being made by the Central Committee to promote application of mediation skills in communication and conflict resolution with patients and co-workers.

<u>Accredited mediation courses</u>

46. To empower and sharpen the skills of front-line staff in conflict resolution at source (point of care), in 2012, 120 front-line doctors, managers with patient care duties and staff of the Patient relations offices were

encouraged to attend mediation skill training organized by universities or institutes with accredited mediation courses.

Mediate-first seminar

47. To gain update knowledge of conflict resolution through application of mediation, over 40 HA senior clinicians/hospital management staff attended the seminar organized by the Department of Justice in May 2012.

***Learning and sharing***

48. Learning from mistakes is an essential element of effective quality improvement. It can assist in identifying system errors at the operational or organisational levels, hence preventing their recurrence. Representative cases, practical tips for early recognition and prevention of common problems, as well as how to bring about effective complaint resolutions were generally shared at training sessions. The following are two examples :

a) Good practices in informed consent seeking
b) Discharge planning and communication for patients with prolonged stay in hospital

## C. Research and development in complaints management and patient engagement

49. As policy department in the subject of patient relations, PRED is supporting the HA's strategic direction to modernize its complaints and feedback system, to foster community trust in HA, and to meet with public/patient expectations.

## D. Complaints and feedback handling

50. Being the functional complaints handling unit in HAHO, and in addition to the PCC appeal cases, the PRED handles cases referred to the HAHO from all external complaint redress organizations, including the Office of the Chief Executive/SAR, Legislative Council Secretariat, Secretary for Food & Health, District Councils, The Ombudsman, the Equal Opportunities Commission, the Office of the Privacy Commissioner for Personal Data and others.

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# Appendices

**Appendix 1**

**Public Complaints Committee**
**Composition and Membership**

Chairman : Mr Ricky Fung Choi-cheung, SBS, JP, ***HA Board Member****

Members : Mr Chan Bing-woon, SBS, JP, ***HA Board Member****
Rev Canon Dr Alan Chan Chor-choi*
Mr Chan Shu-ying, SBS, JP*
Ms Christine Barbara Chan So-han*
Sr Nancy Cheung Chu-kin
Mr Choi Chi-sum*
Mr Antonio Chu Lok-sang*
Prof Joanne Chung Wai-yee
Mr Ho Sau-him*
Mr Samuel Hui Kwok-ting*
Mr Alex Lam Chi-yau*
Mr Andy Lau Kwok-fai, ***HA Board Member****
Dr Robert Law Chi-lim, ***Panel Convenor***
Prof Lee Sum-ping, ***HA Board Member***
Prof Raymond Liang Hin-suen, ***Panel Convenor***
Dr Mak Sin-ping, BBS, ***Panel Convenor***
Prof Wan Chin-chin*
Mr Wong Kwai-huen, JP, ***HA Board Member****
Dr Wong Kwok-chun*
Mrs Elizabeth Wong Yeung Po-wo, MBE
Ms Lina Yan Hau-yee, MH, JP*
Dr Agnes Yeung Law Koon-chui, JP*
Ms Lisa Yip Sau-wah, JP, ***Panel Convenor****

Legend
* Lay members outside the medical / healthcare field

Hospital Authority
27.12.12

醫院管理局
HOSPITAL AUTHORITY

**Appendix 2 (a)**

# Public Complaints Committee

## Terms of Reference

1. The Public Complaints Committee (PCC) is the final complaint redress and appeal body of the Hospital Authority ("HA").

2. The PCC shall independently :

   a) consider and decide upon complaints from members of the public who are dissatisfied with the response of the HA/hospital to which they have initially directed their complaints.

   b) monitor HA's handling of complaints.

3. Pursuant to Para 2 above, the PCC shall independently advise and monitor the HA on the PCC's recommendations and their implementation.

4. In handling complaint cases, the PCC shall follow the PCC Complaint Handling Guidelines (Annex) which may be amended from time to time.

5. The PCC shall from time to time and at least once a year, make reports to the HA Board and public, including statistics or raising important issues where applicable.

Guidelines on the handling of complaint cases
in the Public Complaints Committee ("the PCC")

1. The PCC is an appeal body within the Hospital Authority ("the HA") to consider appeals made by the public relating to its services. Based on its Terms of Reference, the following are guidelines set by the PCC to facilitate the handling of complaints.

2. The PCC shall not normally handle a complaint:

   (a) if the complaint relates to services provided by the HA more than 2 years before the date of the lodging of the complaint, unless the PCC is satisfied that in the particular circumstances it is proper to conduct an investigation into such complaint not made within that period;

   (b) if the complaint is made anonymously and/or the complainant cannot be identified or traced;

   (c) if the complainant has failed to obtain the proper consent of the patient, to whom the services were provided, in the lodging of the complaint (this restriction will not be applicable if the patient has died or is for any reason unable to act for himself or herself);

   (d) if the subject matter of the complaint has been referred to or is being considered by the coroner;

   (e) if the complaint relates to a matter for which a specific statutory complaint procedure exists;

   (f) if the complainant or the patient concerned has instituted legal proceedings, or has indicated that he/she will institute legal proceedings, against the HA, the hospital or any persons who provided the services (in any event, the Committee shall not entertain any request for compensation);

   (g) if the complaint relates to dispute over the established policies of HA, for example fees charging policy of the HA in respect of its services;

(h) if the complaint relates to an assessment made by a medical staff pursuant to any statutory scheme whereas such scheme provides for a channel of appeal, for example, the granting of sick leave under the provisions of the Employees' Compensation Ordinance, Cap. 282;

(i) if the complaint relates to personnel matters or contractual matters and commercial matters;

(j) if the PCC considers that the complaint is frivolous or vexatious or is not made in good faith; or

(k) if the complaint, or a complaint of a substantially similar nature, has previously been the subject matter of a complaint which had been decided upon by the PCC.

3. Taking into account the following:

(a) the disclosure of legal privileged documents in an open hearing;

(b) the disclosure of personal data in an open hearing;

(c) the PCC is not a judicial or quasi-judicial body;

(d) an aggrieved party has other channels to seek redress; and

(e) the PCC should not duplicate the functions of other institutions such as the courts or the Medical Council;

the PCC considers that its meetings shall not be open to the public.

4. In considering the merits of a complaint, the PCC may from time to time obtain expert opinion by medical professionals or other experts relating to the subject matter of the complaint. If the PCC considers appropriate, it may also invite the complainant, the patient, the medical staffs or any other relevant persons to attend an interview.

(The above Guidelines on the handling of complaint cases may be amended from time to time as appropriate.)

**2008 to 2012**

## I. Complaint Statistics of All HA Hospitals

| Year / Case Nature | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| Medical Services | 913 | 922 | 1,035 | 1,194 | 1,357 |
| Staff Attitude | 475 | 475 | 477 | 514 | 526 |
| Administrative Procedures | 255 | 320 | 388 | 352 | 436 |
| Others | 219 | 327 | 241 | 230 | 254 |
| Total | 1,862 | 2,044 | 2,141 | 2,290 | 2,573 |

## II. Feedback Statistics of All HA Hospitals

| Year / Case Nature | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| Medical Services | 4,549 | 5,340 | 4,497 | 3,614 | 4,222 |
| Staff Attitude | 2,494 | 2,561 | 2,934 | 2,500 | 2,694 |
| Administrative Procedures | 2,706 | 3,558 | 3,679 | 2,573 | 2,850 |
| Environment | 297 | 450 | 776 | 780 | 1,089 |
| Others | 2,083 | 2,786 | 1,571 | 1,525 | 2,211 |
| Total | 12,129 | 14,695 | 13,457 | 10,992 | 13,066 |

## III. Appreciation Statistics of All HA Hospitals

| Year / Case Nature | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| Medical Services | 8,120 | 11,981 | 14,445 | 15,747 | 18,356 |
| Staff Attitude | 5,033 | 6,357 | 9,298 | 9,222 | 7,871 |
| Others | 13,059 | 13,209 | 10,220 | 10,596 | 13,728 |
| Total | 26,212 | 31,547 | 33,963 | 35,565 | 39,955 |

**Appendix 3(b)**

**2008 to 2012**

## I. Complaints Statistics of All HA GOPCs

| Year / Case Nature | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| **Medical Services** | 79 | 100 | 46 | 68 | 74 |
| **Staff Attitude** | 69 | 60 | 49 | 58 | 81 |
| **Administrative Procedures** | 48 | 56 | 43 | 31 | 43 |
| **Environment** | 8 | 15 | 6 | 3 | 3 |
| **Others** | 13 | 15 | 15 | 8 | 19 |
| **Total** | 217 | 246 | 159 | 168 | 220 |

## II. Feedback Statistics of All HA GOPCs

| Year / Case Nature | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| **Medical Services** | 270 | 270 | 255 | 289 | 278 |
| **Staff Attitude** | 300 | 230 | 277 | 274 | 247 |
| **Administrative Procedures** | 331 | 259 | 339 | 518 | 421 |
| **Environment** | 26 | 24 | 57 | 68 | 45 |
| **Others** | 97 | 61 | 82 | 84 | 80 |
| **Total** | 1,024 | 844 | 1,010 | 1,233 | 1,071 |

## III. Appreciation Statistics of All HA GOPCs

| Year / Case Nature | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| **Medical Services** | 703 | 562 | 679 | 1,220 | 1,753 |
| **Staff Attitude** | 745 | 587 | 613 | 1,213 | 1,320 |
| **Administrative Procedures** | 38 | 60 | 42 | 44 | 90 |
| **Environment** | 43 | 59 | 33 | 60 | 43 |
| **Others** | 360 | 404 | 214 | 392 | 496 |
| **Total** | 1,889 | 1,672 | 1,581 | 2,929 | 3,702 |

**Appendix 4**

**2008 to 2012**

## Cases handled by Public Complaints Committee

### I. Nature of Complaint Cases

| Year / Case Nature | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| **Medical Services** | 143 | 190 | 182 | 155 | 147 |
| **Staff Attitude** | 20 | 24 | 22 | 33 | 35 |
| **Administrative Procedures** | 34 | 42 | 32 | 37 | 30 |
| **Others** | 22 | 17 | 19 | 35 | 14 |
| **Total** | 219 | 273 | 255 | 260 | 226 |

### II. Outcome of the Complaint Cases

| Year / Decision | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| **Substantiated** | 8 | 5 | 5 | 2 | 1 |
| **Partially Substantiated** | 9 | 7 | 5 | 17 | 11 |
| **Not Substantiated** | 198 | 257 | 225 | 223 | 187 |
| **Complainant decided not to pursue the case** | - | - | 5 | 1 | 1 |
| **Incapable of determination** | 1 | 1 | - | - | - |
| **Exceeded the 2-year time limit** | - | - | 1 | - | - |
| **Outside PCC's Ambit** | 3 | 3 | 14 | 17 | 26 |
| **Total** | 219 | 273 | 255 | 260 | 226 |

**Appendix 5**

## Central Committee on Complaints Management & Patient Engagement [CC(CM&PE)]

## Terms of Reference

(a) To advise on the strategic direction of complaints management of HA

(b) To serve as a forum between HAHO, Public Complaints Committee and clusters on operational matters relating to complaints management

(c) To promote modernization/enhancement of the governance and structure of complaints management at hospital/cluster level

(d) To formulate implementation plans for enhancement of HA's complaints management, including:
   (1) to monitor the trend of hospital complaints and feedback, and recommend follow-up actions where appropriate; and
   (2) to promote specialist training, sharing and learning on complaints management

(e) To provide advice on the following HA-wide projects:
   (1) Complaint & Feedback Management System; and
   (2) Patient Satisfaction Survey (PSS)