

PRESS RELEASE 新聞稿

Hospital Authority Building, 147B, Argyle Street, Kowloon, Hong Kong

Monday, 22 December 2008

Attention News Editors:

The Chief Executive of the Hospital Authority (HA), Mr Shane Solomon, made the following statement today (Monday, 22 December) regarding the handling by Caritas Medical Centre (CMC) of a patient who collapsed at the vicinity of the hospital:

I have been informed fully of the CMC incident which happened on Saturday. I appreciate public concerns and apologize for the confusion and anxiety to the family of the deceased and also members of the public in the past two days. I have been reviewing the incident at Caritas Medical Centre, and HA's response to it. This morning I had an urgent meeting with the Chiefs of Service (COSs) of HA's Accident and Emergency Departments, and sought their views on how HA should normally respond to such a situation.

The COSs said that their guiding principle is that patients' lives and safety is our first priority. They strongly believe that all HA staff will give the best that they can offer to anyone who requires urgent medical assistance. They agreed this response should be flexible, fitting the particular situation. The response should be based on common sense, rather than bound by rigid guidelines.

The public needs the confidence that we have a standard response across HA, which can enable staff to respond properly to life threatening incidents, including those in close proximity to the hospital. Let me outline the broad principles of the standard response I expect, after advice from the senior clinicians.

First, HA has a clear responsibility to offer every assistance to patients with potential emergencies who are within the vicinity of HA institutions, as if

they are in the hospital itself. Each HA institution must have an emergency response mechanism when patients collapse in the vicinity, and staff must be trained to deliver the response.

Second, this emergency response should involve a control centre within the hospital, with a designated phone number that all staff can ring when they encounter such a patient in a life threatening situation.

Third, if the person cannot be immediately transferred to the A&E Department (AED), then the AED must be informed, and a response team sent to the scene without delay to start Cardiopulmonary Resuscitation (or resuscitation) immediately. At the same time, an ambulance must be called by the hospital staff member calling 999. The medical response team can then decide the best way to transport the patient to AED, whether by ambulance or hospital stretcher.

All along, HA's priority is to save lives, and drop everything else when confronted with a person in a life threatening condition, and offer all the help necessary.

Taking this into account, it is clear that CMC's response to a patient close to the hospital door with a life threatening condition was inadequate, and not up to HA's standard response.

It is clear that CMC should have contacted the AED and sought immediate dispatch of medical support, and straight away called 999 to request an ambulance, rather than ask the patient's son to do this.

Indeed the CMC doctor who fortuitously passed by the incident did what we would expect: He offered immediate assistance, rang the AED, tried to resuscitate, and followed up on the whereabouts of the ambulance. This was the right response, but I admit this happened by chance rather than design.

I apologize to the public for creating anxiety and confusion over HA's emergency response approach. It reflects badly on all the HA front-line colleagues who work so hard to save lives, day and night, and has caused the public to question our dedication to service.

I apologize also to the family of the deceased for their loss in such difficult circumstances. I am sure the son, and those that helped him, had a right to feel that his father would be safe being so close to the hospital. I am sorry that we did not offer what he was expecting.

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