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參考用

新界區域諮詢委員會
文件第354號

新界區域諮詢委員會

公眾讚揚、意見及投訴管理年報 2023–24

徵詢意見

請成員備悉附件所載有關2023年4月1日至2024年3月31日期間的公眾讚揚、意見及投訴管理年報2023–24（年報），並提供意見。

背景

2. 公眾讚揚、意見及投訴是有助衡量病人滿意度及服務質素的指標。妥善處理投訴及意見乃有效管治的重要元素，亦反映我們致力提供安全及以人為先的服務。醫院管理局（醫管局）自成立以來，已設立相關架構及制度，以便及時、有效及專業收集和處理公眾讚揚、意見及投訴。

3. 為加強機構透明度和對公眾問責，醫管局每年發表報告，載列公眾意見及投訴制度的主要元素及年內的工作情況，讓公眾閱覽。這份文件概列年報的兩大範疇，即醫管局的投訴及意見管理工作和推動正面處理投訴及意見的文化以提升服務。年報的詳細內容載於附件。

醫管局的投訴及意見管理工作

（年報第II節：第3至21頁）

A. 兩層投訴處理制度

4. 為提供一個方便、有效、公平的機制處理公眾投訴，醫管局設立了一個兩層的投訴處理制度。所有初次提出的投訴會由相關的醫院／診所處理。投訴常源於對一些治療或行政程序有疑問或期望落差。在這些情況下，「投訴人」可能希望尋求解釋或協助，以了解公立醫院體系的運作。因此，第一層投訴處理着重於醫院或診所層面解決問題，盡可能為病人及投訴人提供適當協助。

5. 投訴人如不滿投訴結果，可向公眾投訴委員會（委員會）上訴，要求覆檢其個案。委員會除作為醫管局的最終上訴機構外，亦協助醫管局確保在投訴管理的有效管治及公信力。

B. 重點數據分享

6. 為配合政府於 2023 年中將 2019 冠狀病毒病疫情的應變級別由緊急調低至戒備級別，醫管局調整其運作及服務模式以推動全面復常。儘管醫管局的急症室、住院、普通科及專科門診服務量在年內大幅增加，公立醫院及普通科門診所收到的公眾投訴及意見數量卻與去年及疫情前相若。

7. 在 2023–24 年度，醫管局醫院及普通科門診共接獲 43 468 宗讚揚¹、16 436 項意見²、2 097 宗投訴³，以及 17 779 宗求助個案。投訴個案主要涉及醫療服務（54%）和員工態度（22%）。其中不滿員工態度的個案有逐漸上升的趨勢，而與醫療服務相關的個案則反映醫護在解釋病人臨床情況及治療／出院計劃期間產生期望落差，導致投訴人對臨床決定有所質疑。

8. 醫管局服務量龐大，因此在詮釋公眾意見的統計數據時，應參考相關的服務量。病人對醫管局服務的滿意度一直高企，而醫管局在所有服務範疇所接獲的讚揚個案宗數和比率（以每一萬就診人次計算）亦遠比投訴為多。此外，今年所收到的公眾讚揚個案宗數更大幅增加 32%至 43 468 宗，接近疫情前的水平。

9. 年報（第 18 至 21 頁）載列了三宗個案，以展示醫管局因應投訴個案及意見持續改善服務。

C. 公眾投訴委員會工作

工作量及表現

10. 委員會在 2023–24 年度舉行 15 次會議，共處理 256 宗上訴個案，並完成 233 宗個案。大部分個案（98%）在六個月的目標回覆時間之內完成。委員會亦監察所有上訴個案的趨勢和類別。過去五年上訴個案的分類及結果數據載於年報第 14 頁。

11. 就其處理的上訴個案，委員會均會徹底審視所有相關資料及問題，並在有需要時徵詢獨立醫學專家的意見。在大多數個案中，委員會認為有關醫院已對投訴作出適當處理。在 233 宗已完成的個案中，有 14 宗投訴部分成立。委員會在處理個別個案時發現服務有不足或需要改善之處，並已就有關方面提出建議，避免同類情況再次發生。委員會的建議包括向病人提供更清晰的臨床程序資訊／服務指引、加強與家屬溝通有關危殆病人的情況、為醫療程序制訂更清晰的臨床指引、為末期病人提供更個人化的護理程序，以及在病人的醫療紀錄中作更詳細及清晰的紀錄。

12. 委員會就不成立的上訴個案的詳細分析及處理投訴時的觀察所得載於年報第 16 頁。這些投訴主要源於投訴人對醫療服務了解不足及與醫護之間的溝通出現問題。

¹ 讚揚 — 表達感謝。

² 意見 — 表達意見。

³ 投訴 — 表達不滿。

改善上訴個案處理的措施

13. 除處理上訴個案外，委員會亦推行／延續多項措施，以加強投訴管理工作的公信力和成效：

- (a) 就投訴個案提出的建議，加強監察相關的跟進行動以改善服務，避免再次出現同類投訴，包括審視聯網／醫院及醫管局匯報的跟進情況；
- (b) 定期檢視及監察聯網／醫院在病人關係及投訴管理上的個案處理手法、工作表現和問題，持續監察第一層投訴處理情況；
- (c) 配合醫管局的環保方針，推動無紙化措施以優化會議安排和提升成員之間溝通的效率；
- (d) 提高委員會的透明度和公信力，向醫管局大會、區域諮詢委員會及病人組織匯報工作情況，並把載列委員會工作情況的年報上載至醫管局網站以便公眾參閱；以及安排病人聯絡主任及資深醫護人員出席委員會會議，加強醫院與委員會的相互了解和合作；及
- (e) 進行年度自我工作評估，以確保委員會妥善履行職能，並進一步提升其效率及成效。此外，醫管局對成員提供更多支援，以便他們了解醫管局的主要策略與政策，並協助他們履行其角色和責任。個案小組的成員亦會輪調，以確保各小組在處理投訴方面均有恰當的專業及經驗。

醫管局推動正面處理投訴及意見的文化以提升服務

(年報第 III 節：第 22 至 29 頁)

14. 病人、家屬和社會人士的意見是持份者對醫管局服務體驗評價的寶貴來源，也是推動我們不斷求進的動力。醫管局多年來一直致力推動正面處理投訴及意見的文化，以提升服務。就此，我們在 2023–24 年度實行了以下措施：

A. 完善表達意見、讚揚及投訴渠道

15. 近年，醫管局致力完善各項讓公眾對醫管局服務提出意見的渠道。有見於公眾意見及投訴大多以電子方式提交，醫管局已更新其網站，並改進網站及流動應用程式「HA Go」中的網上意見表格，方便公眾表達意見。

16. 為建立正面及雙向的病人關係文化，各醫院已推行多項措施，方便公眾表達對醫護及服務的謝意；又舉辦員工嘉許計劃，與員工分享公眾的讚賞。

B. 病人經驗調查

17. 按照醫管局病人經驗調查服務計劃⁴所訂，住院服務病人經驗調查於 2023 年 10 月開展，並於 2024 年 4 月完成。調查透過電話及電子方式進行，訪問了約 10 000 名曾於指定的 26 間醫管局醫院中任何一間醫院出院的病人。醫管局利用一份通過驗證的問卷，評估病人由入院至出院整個住院過程中的經驗，內容涵蓋各個治理範疇，亦包括有關使用 HA Go 及社區支援服務的新調查項目，以反映醫管局服務上的轉變。調查結果將於 2024 年底前公布。

未來調查計劃

18. 為適時收集病人對服務及新措施的體驗評價，醫管局會在病人經驗調查方面採取兩層策略。除了現時委託外間機構進行的全面病人經驗調查外，醫管局亦會利用 HA Go／其他電子平台，主動就醫院服務及特定計劃／新措施進行簡短意見調查。

C. 提升員工化解醫患糾紛的能力

19. 隨着醫管局的服務量、醫療複雜性以及公眾對局方及時回應投訴及意見的期望不斷上升，我們對機構解決糾紛的能力並將爭議轉化為進步的需求亦與日俱增。為促進正面的投訴及表達意見文化，並提升員工的溝通技巧及和睦化解醫患糾紛的能力，醫管局推出以下措施：

- (a) 透過以聯網為基礎的病人關係辦公室架構，鞏固病人聯絡主任及資深醫護人員作為病人／投訴人與員工之間有效溝通橋樑的能力；加強醫院之間的協調和支援，特別是在處理複雜及跨醫院個案上的合作；
- (b) 定期舉辦培訓工作坊，藉以提升員工的溝通技巧，及為員工提供實用技巧以處理病人關係上的常見問題，並分享真實案例，例如由香港醫務委員會分享處理投訴的經驗，以及有效處理投訴的書面溝通技巧；
- (c) 實行「員工輪調計劃」，為聯網／醫院及總辦事處的病人聯絡主任及投訴經理提供輪調機會，以讓其拓展視野及累積經驗，並加強投訴管理服務的繼任規劃；及
- (d) 為促進員工了解醫管局投訴管理工作及建立維繫良好病人關係的共同價值觀，聯網／醫院的不同職系員工（包括病人聯絡主任、資深醫護人員及管理人員）會獲邀出席委員會會議。

⁴ 於 2013 年 9 月 26 日提交醫管局大會討論的文件第 196 號「醫院管理局病人服務滿意度（經驗）調查」。受 2019 冠狀病毒病疫情影響，原訂於 2020 年進行的專科門診服務病人經驗調查延至 2021 年 8 月進行。

D. 向各方推廣病人關係及解決爭議的正向文化

20. 醫管局致力推廣病人關係及解決爭議的正向文化，並首次榮獲申訴專員公署選為 2023 年申訴專員嘉許獎公營機構獎的三個得獎機構之一，以表揚醫管局以正面和合作的態度配合公署調查相關投訴。另外，兩位員工榮獲 2023 年申訴專員嘉許獎公職人員獎，肯定了他們在投訴處理和病人服務方面的卓越表現。

醫院管理局

2024 年 9 月

新界區域諮詢委員會
文件第 354 號
附件（只備英文版）



醫院管理局
HOSPITAL
AUTHORITY

Annual Report on
**Public Appreciation,
Feedback and Complaints
Management**
2023-24

CONTENTS

Part I	Introduction	1
---------------	---------------------	----------

Part II	The Hospital Authority's (HA) Complaints and Feedback Management	3
----------------	---	----------

Section 1

Management Structure at Corporate Level	4
--	----------

(a) HA Head Office	4
--------------------	---

(b) Central Committee (Complaints Management and Patient Engagement) [CC(CM&PE)]	4
--	---

Section 2

Two Tiers of Complaints Handling	5
---	----------

(a) Complaints Handling at the First Tier	6
---	---

- Local Resolution
- Patient Relations Office

(b) Complaints Handling at the Second Tier	6
--	---

- Public Complaints Committee (PCC)

Section 3

Highlights of Cases Handled at the First Tier in 2023-24	8
---	----------

Statistics of Appreciation, Complaints, Feedback and Request for Assistance	8
---	---

Section 4

Work of the Public Complaints Committee in 2023-24	13
---	-----------

(a) Appeal Cases Handled by PCC	13
---------------------------------	----

(b) Observations	15
------------------	----

(c) Initiatives to Improve Handling of Appeal Cases	17
---	----

Section 5

Case Illustration	18
--------------------------	-----------



Part III	Promoting Positive Complaints and Feedback Culture for Service Enhancement	22
	Section 1	
	Listening to Patients' Voice	22
	(a) Channels for Expression of Opinions, Appreciation and Complaints	22
	(b) Patient Experience Surveys	23
	Section 2	
	Enhancing Capacity and Staff Competencies in Conflict Resolution	25
	(a) A Cluster-based Patient Relations Office Structure	25
	(b) Complaints Management and Conflict Resolution Trainings	25
	Section 3	
	Promoting Positive Patient Relations and Conflict Resolution to Different Stakeholders	28
	The Ombudsman's Awards	28

Appendices	Appendix 1	Terms of Reference of CC(CM&PE)	30
	Appendix 2	Membership List of PCC	31
	Appendix 3	Terms of Reference of PCC	32
	Appendix 4	Breakdown of the Statistics on HA Hospitals and General Outpatient Clinics	35





Introduction

Guided by the mission of “Helping People Stay Healthy”, the Hospital Authority (HA) collaborates with community partners to strive for continued success and works towards the vision of “Healthy People, Happy Staff and Trusted by the Community”. A trustful patient partnership is the cornerstone of quality healthcare services which HA has been entrusted to provide to Hong Kong (HK) citizens. To this end, best endeavours in safeguarding an effective system to collect and handle public feedback, appreciation and complaints have been made to foster a good corporate governance structure and patient-centric culture at HA.

With HK returning to normalcy in 2023-24, HA has progressively resumed its services to the pre-epidemic level and gradually relaxed the visiting arrangements in public hospitals. In response to the ever-growing demand for healthcare services, HA has proactively adjusted its development directions and service models for building a sustainable healthcare system. Seizing the opportunities of technology development, HA advanced the provision of “Smart Care”. Tele-health was further promulgated to appropriate groups of patients. The functions of HA mobile application “HA Go” are continuously enhanced to provide a personalised care experience for patients according to their conditions. On the patient relations front, while continued efforts have been made to handle public feedback and complaints in a timely manner to render appropriate assistance, we have leveraged on the development of technology and HA Go to facilitate easy access to channels of giving feedback and expression of appreciation with a view to promoting a positive patient partnership.

As HK’s major public health service provider serving millions of patients in various service aspects facing the challenges of ageing population, rising service demands and increasing complexity of healthcare needs, HA recognises its limitations in meeting all patients’ and the community’s expectations. Our heartfelt gratitude goes to the community and our patients for their trust and support as revealed from the positive results of the Patient Experience Surveys and the encouraging remarks from the appreciation we received. Trust by the community cannot be earned without the persistent professionalism and unwavering commitment demonstrated

by all members of the HA. Last but not least, our sincere appreciation to the Chairman and Members of the Public Complaints Committee (PCC) who have devoted their time and diligent efforts in maintaining an independent, impartial and fair complaints management system of HA and promoting continuous service improvement.

This report sets out the key components of HA's public feedback and complaints management system, and its related works in 2023-24. It is also an integral part of HA's ongoing efforts in enhancing organizational transparency and public accountability.



The Hospital Authority's (HA) Complaints and Feedback Management



Healthcare is complex and hectic, and healthcare procedures are risk-laden notwithstanding the medical and technological advancement. Given the limitations of medicine and narrow safety margins when one's life and health are at stake, worries, questions, and even complaints from patients and families are seemingly unavoidable.



Complaints may arise from a diverse number of causes:

- Unmet expectations (dissatisfaction with services provided or treatment outcome)
- Miscommunications and attitude issues
- Lack of understanding of the nature and limitations of medicine (complications may be misconstrued as medical incidents)
- Grief of relatives of deceased patients
- Suboptimal services of healthcare professionals and/or teams

The aim of the HA complaints handling system

- Provide an easily accessible, efficient and effective avenue for addressing complaints fairly, impartially and effectively, both for the complainants and those being complained against.



In complaints handling, it is essential to be just and fair to both the complainant and staff in the review of matter(s) under complaint.

- Both the complainant's and staff's versions of the facts are given due consideration.
- All the concerns and allegations of the complainant are addressed and the decision reached is clearly explained.
- Suitable acknowledgement is given and improvement is made where due if a complaint is justified. Where a complaint is not justified, the complainant should be informed accordingly and that the staff must be fairly treated.
- Appropriate assistance to patients and complainants should be provided as far as possible.

Section 1 Management Structure at Corporate Level

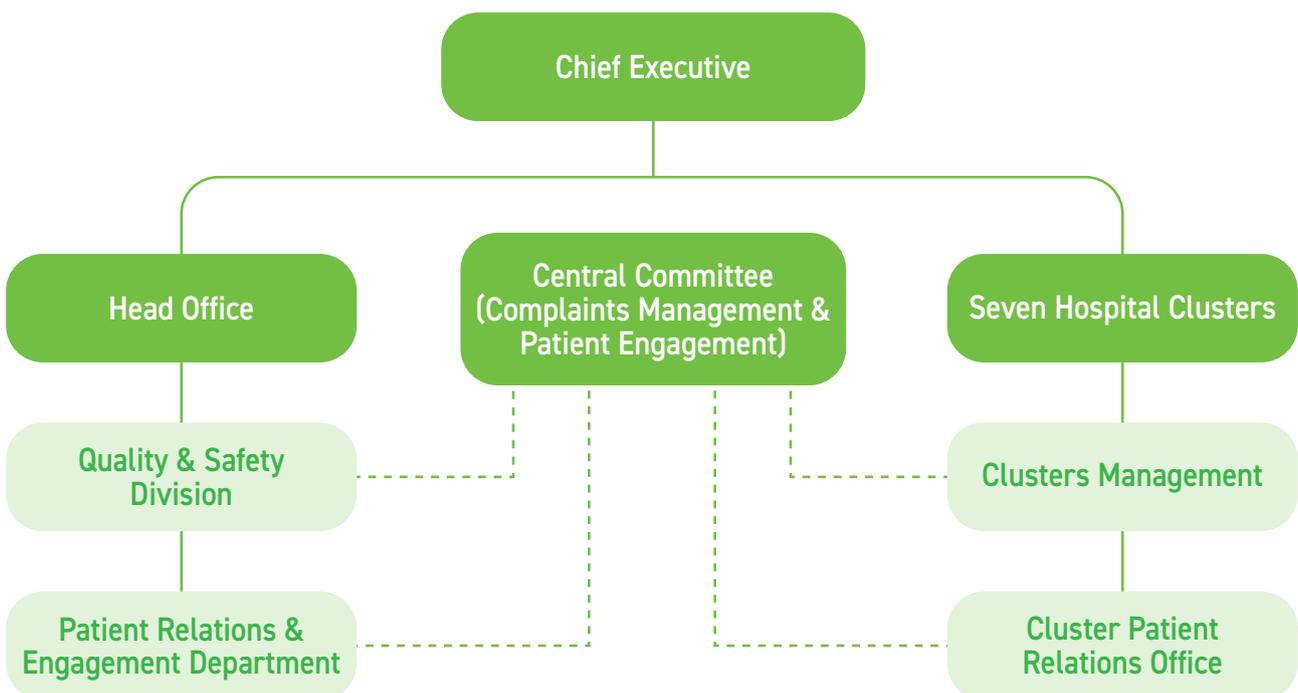
(a) HA Head Office

At the corporate level, the Director of the Quality and Safety Division [D(Q&S)], HA Head Office, is in charge of the overall corporate function in complaints and feedback management. He is supported by the Patient Relations and Engagement Department (PRED) to oversee the corporate complaints and feedback management work. PRED is also the executive arm of the Public Complaints Committee (PCC), which is the second tier of complaints handling and final appeal body within HA.

(b) Central Committee (Complaints Management and Patient Engagement)

The Central Committee (Complaints Management and Patient Engagement) [CC(CM&PE)], comprising clinical leaders and management from seven hospital clusters, was established to enhance the overall management of patient relations. The terms of reference of CC(CM&PE) are at Appendix 1. CC(CM&PE) is tasked to align the policies, standard and practices of various aspects of patient relations and complaints management of public hospitals.

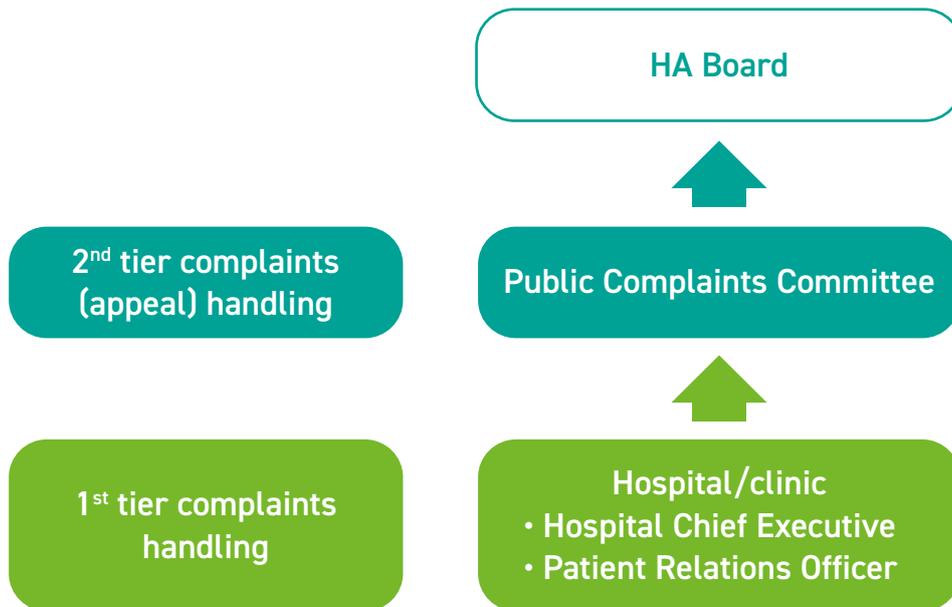
HA Management Structure of Complaints and Feedback Management



Section 2 Two Tiers of Complaints Handling

Since its inception, HA has established a two-tier complaints system to handle public complaints. As 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 PCC of the HA Board for a review of their cases.

Governance Structure of HA's Complaints Management



(a) Complaints Handling at the First Tier

At the hospital level, the Hospital Chief Executive is ultimately responsible for the proper handling of complaints against the hospital, and the target response time is six weeks (three months for complex cases).

- ***Local Resolution***

Very often, complaints are arisen from queries or unmet expectations on certain aspects of medical treatment or administrative procedures. As such, the “complainants” in these situations may be seeking clarifications or assistance to navigate in the public hospital system. To promote a trustful doctor-patient partnership and positive complaints management culture, frontline workers are encouraged to take ownership, proactively communicate and provide assistance to patients. Local resolution is therefore the main emphasis in the first-tier case handling, with appropriate assistance to be provided to patients and complainants as far as possible.

- ***Patient Relations Office***

The Patient Relations (PR) Office is a designated functional unit of the hospital administration acting as the contact point to help early communication, provide assistance and align viewpoints among all concerned parties (both complainants and healthcare teams) and to facilitate early and amicable resolution of disputes. Patient Relations Officers (PROs) serve as an effective channel of communication between complainants and staff under complaint.

Both at the level of clinical units and the PR Office, early and effective communication is crucial in clarifying doubts and addressing the grievances and public complaints.

(b) Complaints Handling at the Second Tier

- ***Public Complaints Committee (PCC)***

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

Membership

PCC comprises the Chairperson, the Vice-Chairperson and 23 Members. Of the 25 Members, two are HA Board Members while 23 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 2.

Terms of Reference

PCC's terms of reference and complaints handling guidelines are in Appendix 3.

Case Panels

For efficient handling of complaint cases, PCC has established Case Panels to deal with individual appeal cases. The Case Panels will undertake a thorough review of all available evidence of an appeal case including the patient's medical records, reports from staff and statements from witnesses, if any. The Panels will also seek expert opinions whenever necessary.

The Panels will make recommendations to HA/hospitals for improvement where deficiencies or areas for improvement in service delivery are noted in the course of handling complaints.

Interview Panel

The Interview Panel comprises a convenor and at least two regular members of the relevant Case Panel. It conducts separate interview sessions with the complainant/patient, staff under complaint and witnesses as deemed necessary. 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.

Fast-track Mechanism on Repeated Appeals

From time to time, PCC receives requests for review of appeal cases which have already been concluded. A fast-track handling mechanism has been established 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 PCC had responded fully to the complaint and the case has been closed.

Performance Target

PCC's target response time for handling appeals is six months. Complex cases would take longer.

Section 3 Highlights of Cases Handled at the First Tier in 2023-24

To dovetail with the Government's decision to stand down the response level in relation to the COVID-19 epidemic from the Emergency to Alert level in mid-2023, HA adjusted its infection control measures, resumed visiting arrangements in public hospitals and other service activities to full normalcy. While service volume in different aspects, including accident and emergency, inpatient, general and specialist outpatient services increased substantially during the year, the number of public complaints and feedback received by HA hospitals and its General Outpatient Clinics (GOPCs) were comparable to last year and pre-COVID-19 years. Medical services (54%) and staff attitude (22%) remained the major nature of complaints, with a gradually increasing trend for dissatisfaction with staff attitude. Cases related to medical services revealed an expectation gap in the explanation of patient's clinical condition and treatment/discharge plan, leading to queries on the clinical decisions.

It is worth to note that public appreciation received this year increased significantly by 32% to 43,468 which approached pre-COVID-19 level. This encouraging result was consistent with HA's earnest efforts to promote positive patient relations and appreciation culture through provision of more user-friendly channels for patients to express their feedback and appreciation on the services received.

The statistics on public complaints¹, feedback², appreciation³ and request for assistance received by HA hospitals and its GOPCs for 2023-24 and the five-year trend* are summarized as follows:



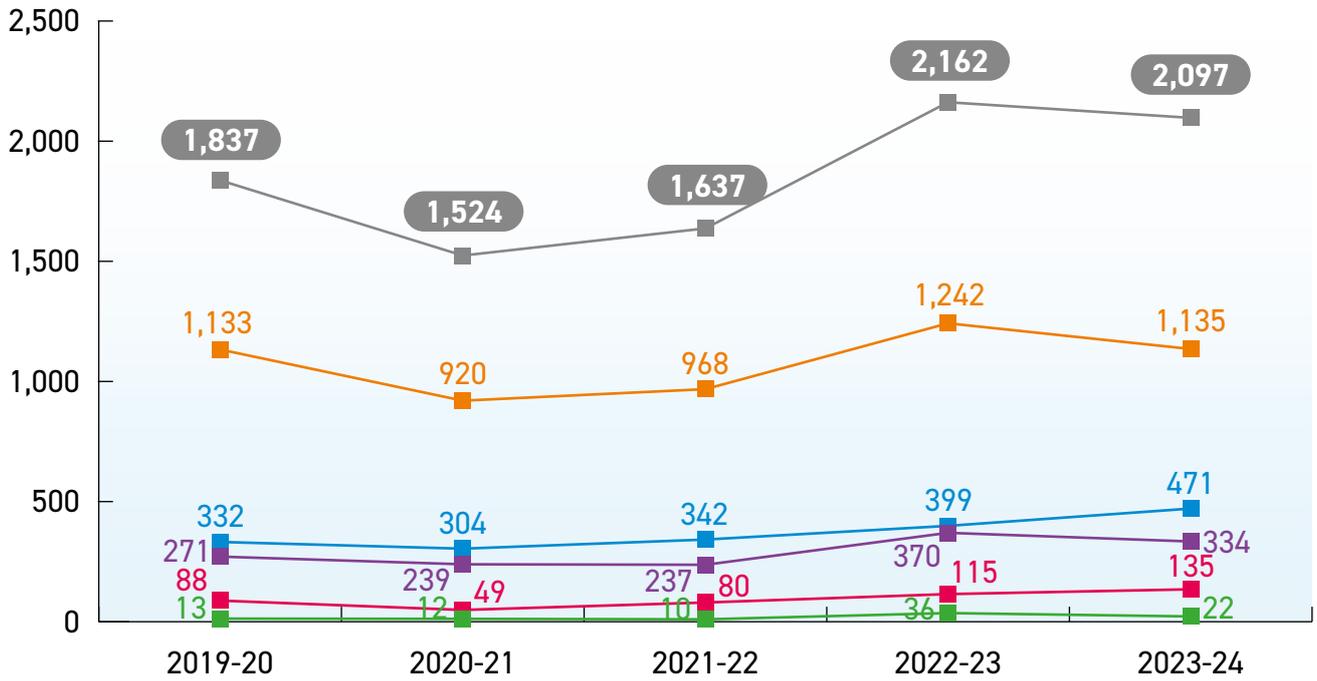
¹ Complaint
– an expression of dissatisfaction

² Feedback
– an expression of opinion

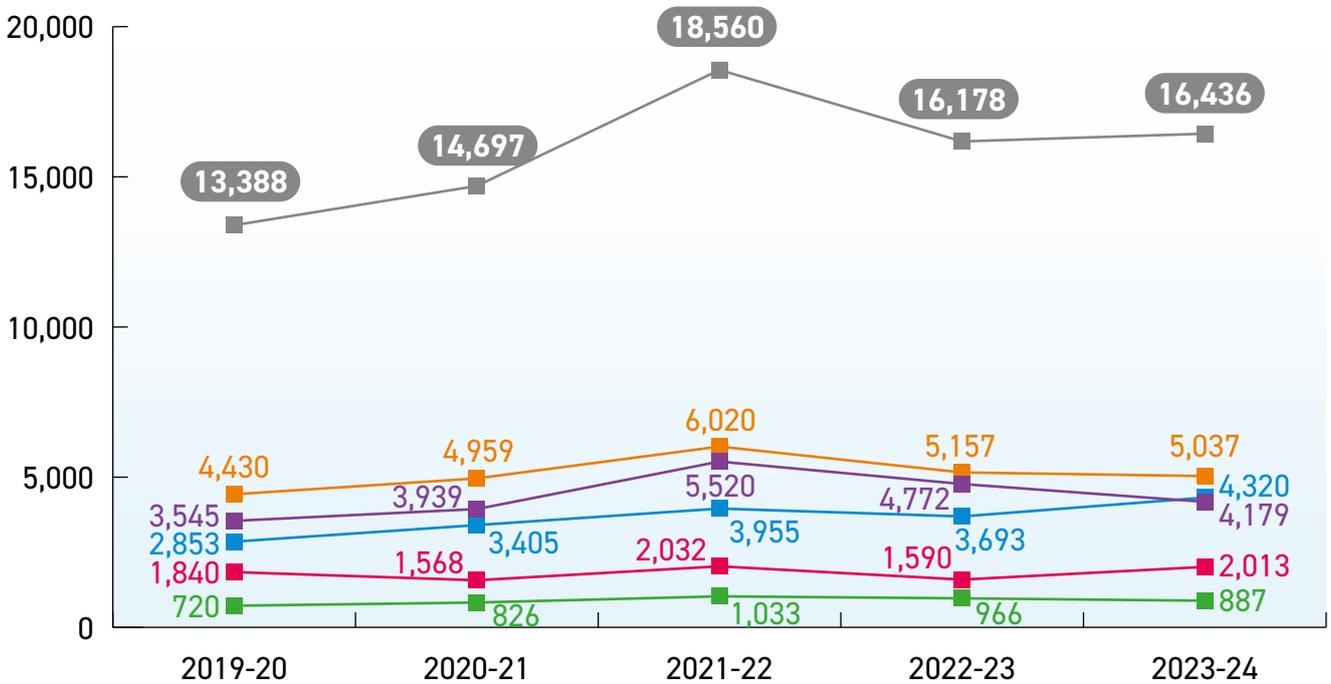
³ Appreciation
– an expression of gratitude

* Please refer to Appendix 4 for breakdown of the statistics on HA hospitals and GOPCs.

Complaints Statistics of All HA Hospitals and GOPCs

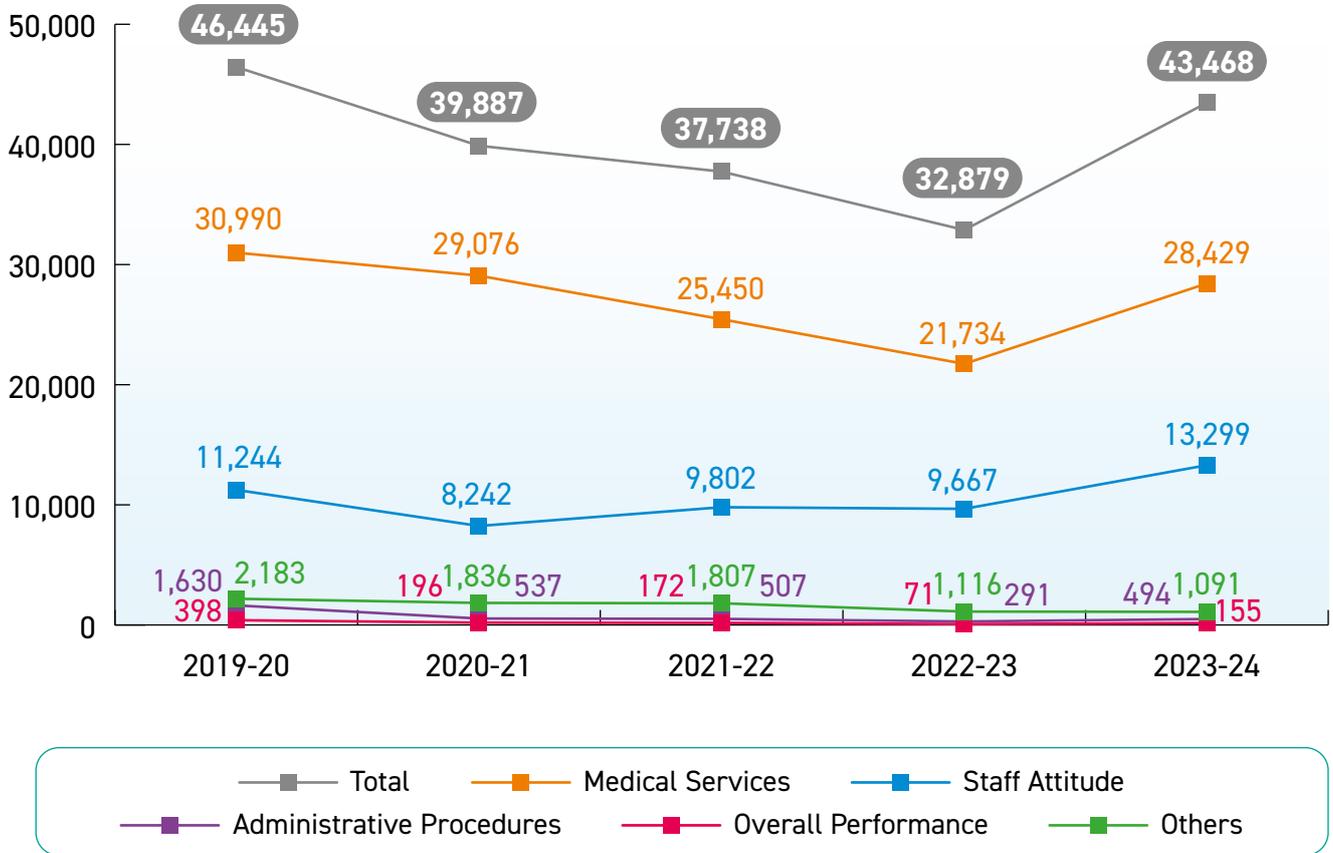


Feedback Statistics of All HA Hospitals and GOPCs

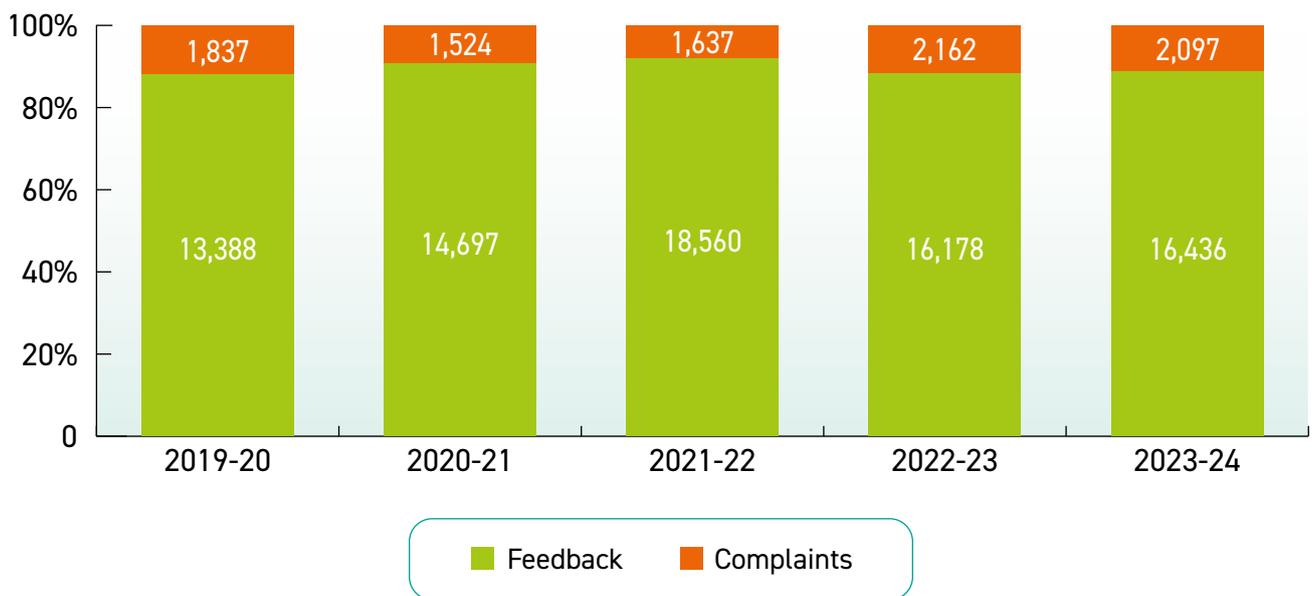


Please refer to Appendix 4 for breakdown of the statistics on HA hospitals and GOPCs.

Appreciation Statistics of All HA Hospitals and GOPCs



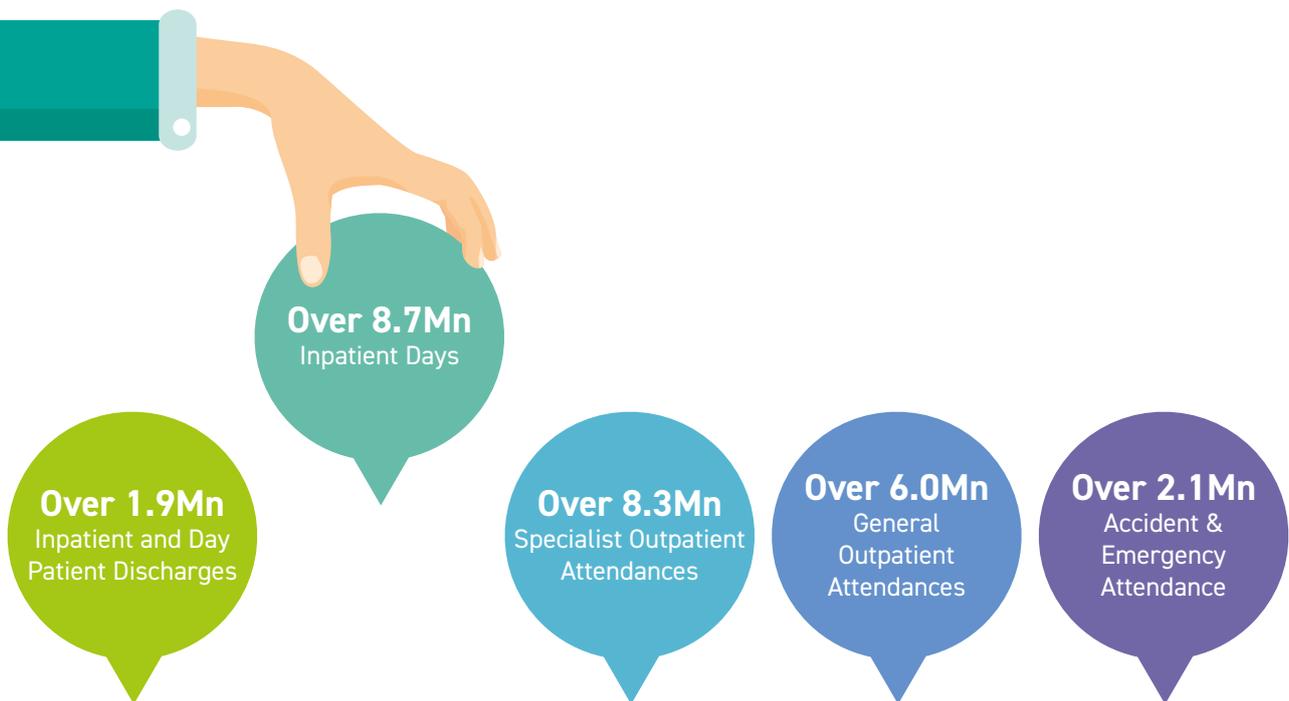
Complaints and Feedback of All HA Hospitals and GOPCs



Please refer to Appendix 4 for breakdown of the statistics on HA hospitals and GOPCs.

In the context of HA, given the substantial volume of services provided, interpretation of the public feedback statistics would be more relevant with reference to the specific service level. The following charts reveal a consistent and clear trend of patient satisfaction with the significantly larger number of appreciation than complaints received for all services.

Service Statistics in 2023-24*

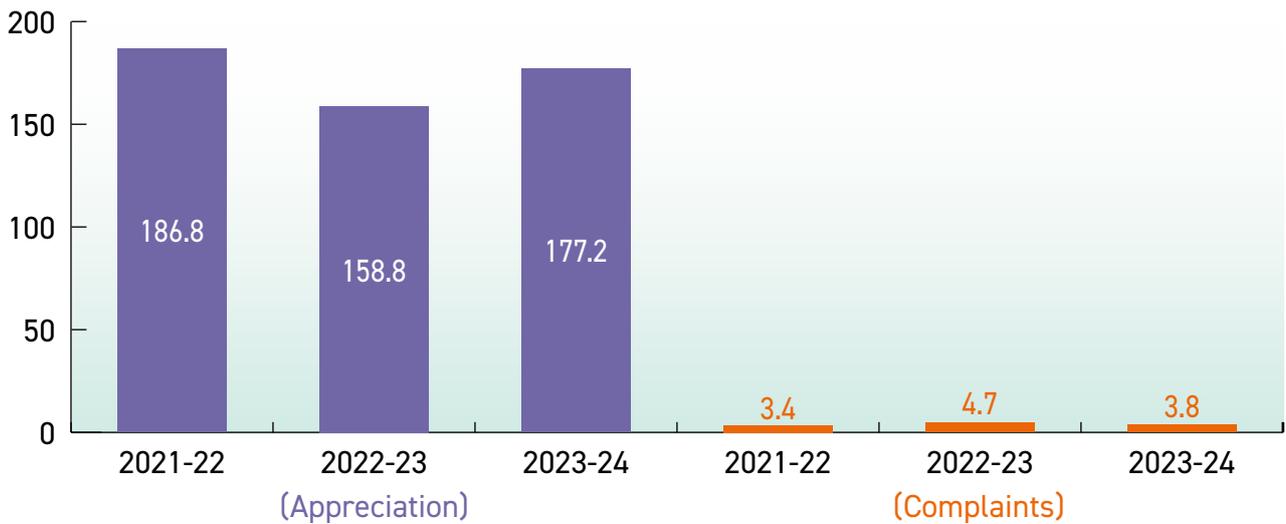


* Source: HA Report on Key Performance Indicators (2023-24)

Rate of Appreciation and Complaints per 10,000 Attendance

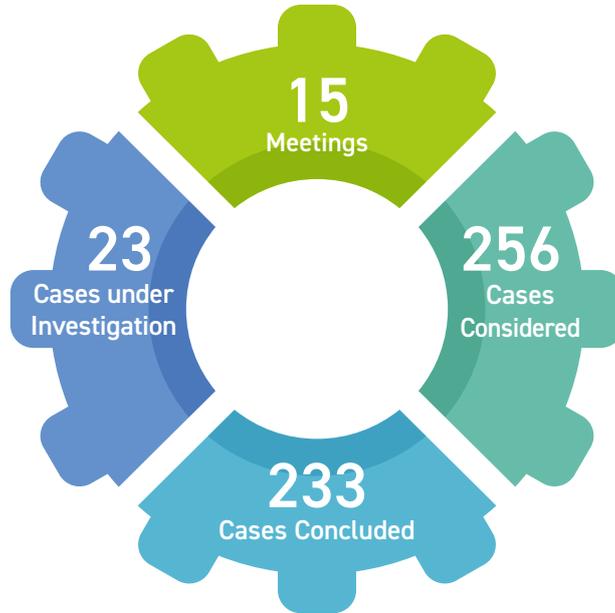


Rate of Appreciation and Complaints per 10,000 Inpatient and Day Patient Discharge and Death



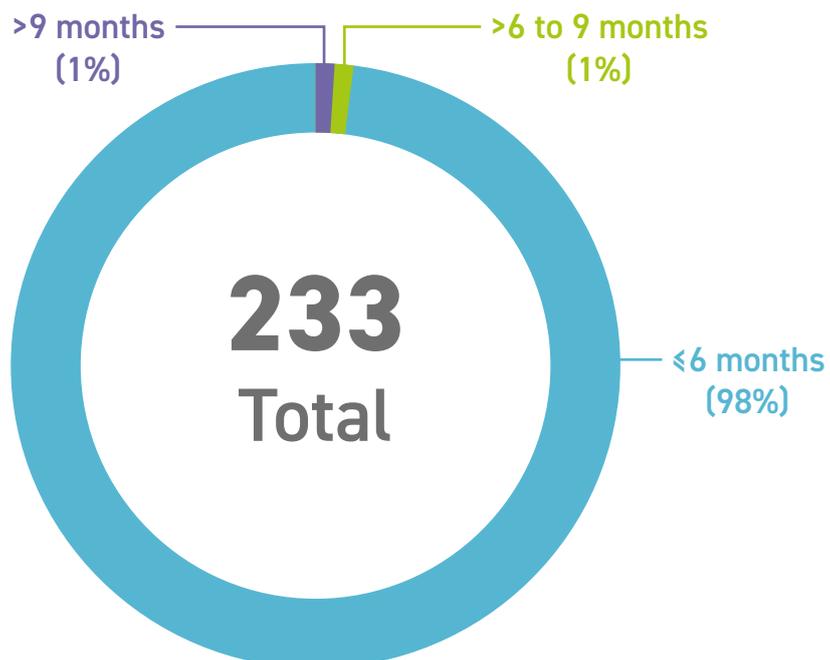
Section 4 Work of the Public Complaints Committee in 2023-24

(a) Appeal Cases Handled by PCC



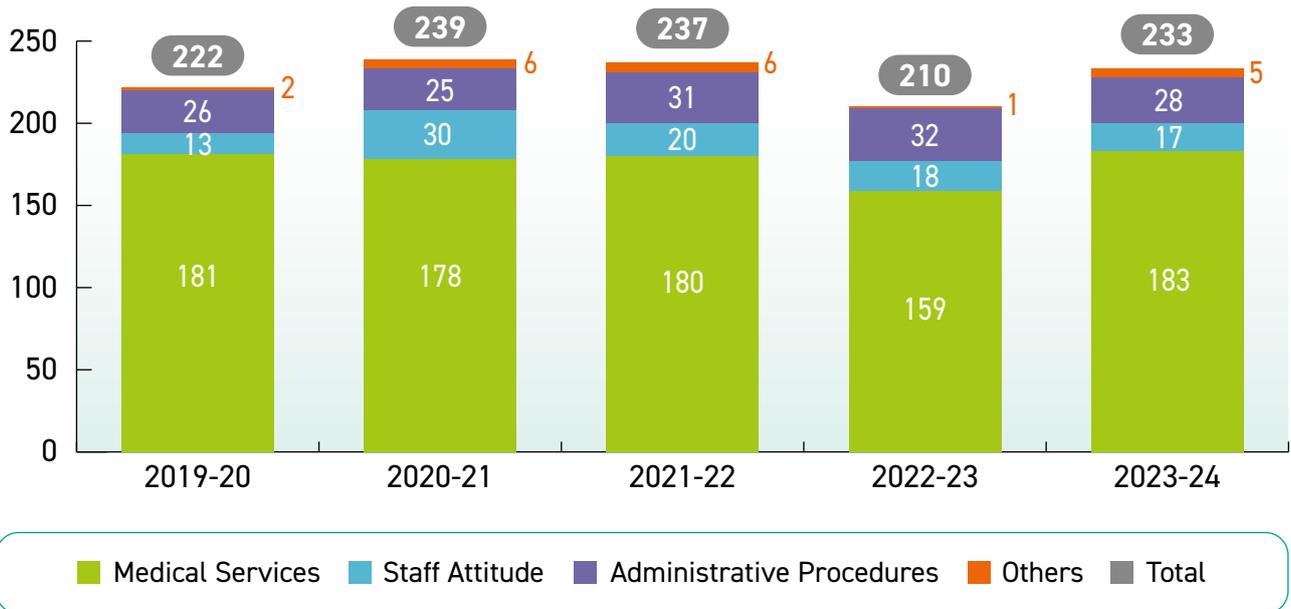
Performance on concluded cases of PCC in 2023-24

Target response time: 6 months

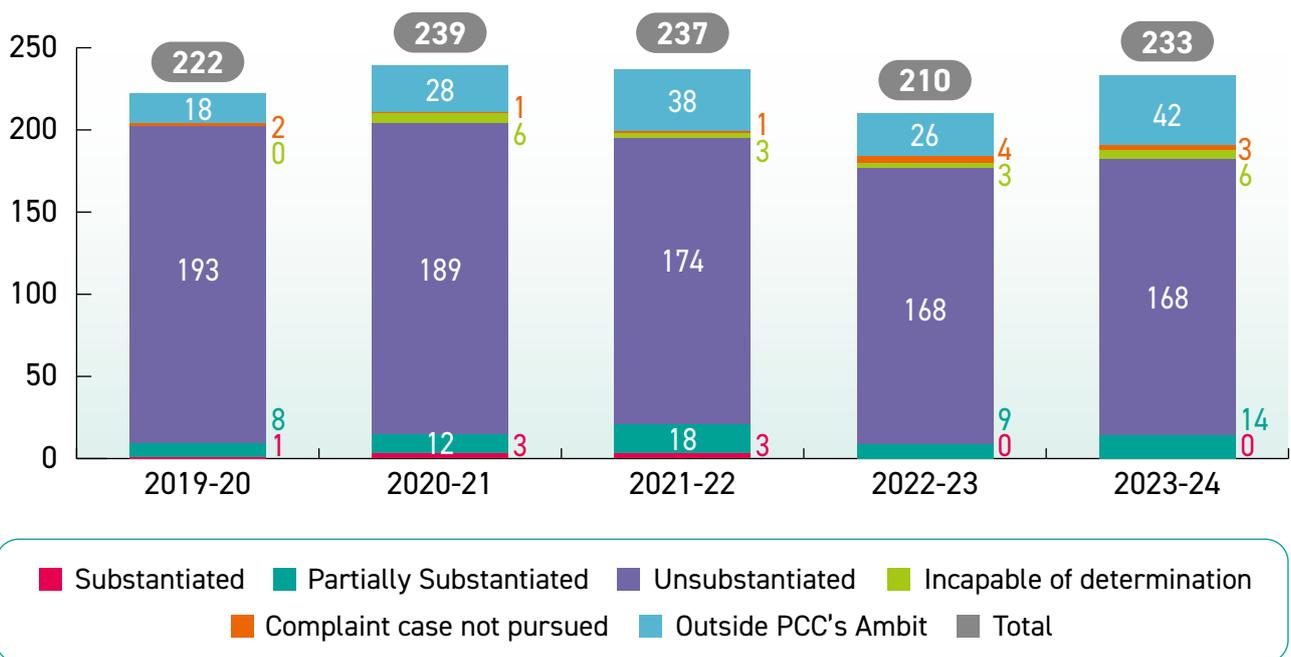


In the year, PCC concluded 233 appeal cases. Majority of cases (98%) could be completed within the target response time of six months. Cases taking a longer processing time to conclude were usually highly complex requiring detailed investigation, repeated clarifications with hospitals and commissioning of independent medical expert reviews.

Appeal Cases Concluded by PCC by Nature



Appeal Cases Concluded by PCC by Outcome



(b) Observations

i) Recommendations for Service Improvement

For all the appeal cases, PCC conducted a fundamental review of all the facts and issues, and enlisted views from independent medical experts if required. In majority of the cases, PCC found that the subject matter of the complaint had been properly dealt with by the hospital concerned.

This notwithstanding, PCC considered 14 cases partially substantiated (6% of concluded cases) with key issues related to quality of documentation in medical records, complaints handling, communication of patients' conditions and service arrangement. When PCC identified areas for improvement in individual cases, recommendations were made to HA for review and service improvement. During the year, PCC received reports from concerned departments and hospitals on their follow-up actions and improvements which cover the following major areas:

- Clearer information to patients on clinical procedures/service guides;
- Enhanced communication with relatives on patients' critical conditions;
- Clearer clinical guidance for medical procedures;
- More personalised nursing care procedures in patients' terminal stage of conditions; and
- Better documentation of medical records.

ii) Complaints arising from Adverse Outcome in Medical Care

Majority (79%) of the appeal cases considered by PCC were alleged against medical services, of which adverse outcome in medical care was likely to give rise to disputes and grievances.

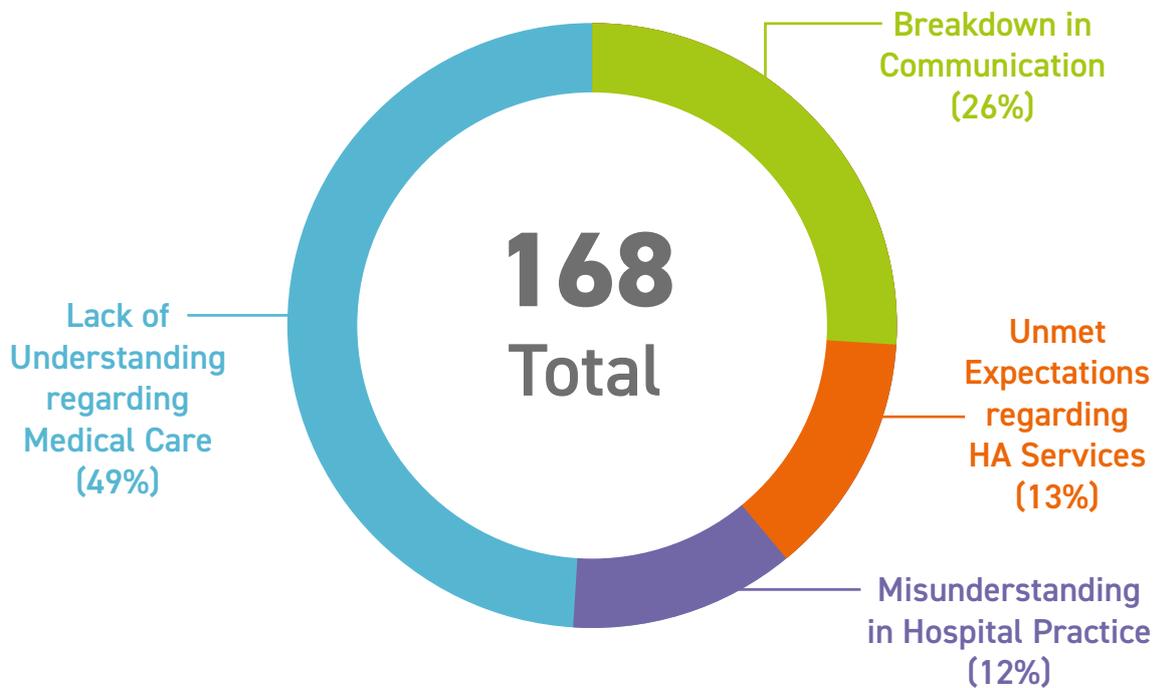
Some of the allegations of delayed diagnosis, misdiagnosis or inadequate/incompetent care were related to the limitations of medicine. Certain diseases are difficult to diagnose in the early stages. Some are known to deteriorate rapidly and many are without cure. Surgery is associated with risks, and the outcome may not be as expected. Despite advancement of technology, provision of healthcare is associated with different kinds of risks.



As modern medical care involves many parties and often complex procedures, suboptimal practice and even medical incidents do occur from time to time. PCC noted that HA has been formulating and implementing measures to manage patient safety and minimise the risks through attracting and retaining talents, leveraging on technology to develop smart care/hospitals and strengthening its quality and safety systems.

iii) Analysis of Unsubstantiated Complaints

Major Causes of Unsubstantiated Complaints



Lack of understanding regarding medical care was noted to be the major cause of unsubstantiated complaints. In some cases, despite prompt and proper treatment rendered, the clinical course of the patient could not be reversed. PCC believed that timely communication and better information provision to patients and relatives, together with a clear documentation on the explanations over treatment and discussion would help minimise miscommunication between hospital staff and patients/their relatives. Continued efforts in patient education on the complexity of medical care are essential to minimise the expectation gap and prevent misunderstanding.

(c) Initiatives to Improve Handling of Appeal Cases

PCC's objective is to provide an independent, accountable and effective complaints system with the ultimate goal of resolving disputes and improving service quality. In addition to the handling of appeal cases, PCC implemented the following initiatives in 2023-24:

i) Strengthening Follow-up of Recommendations

To prevent recurrence of similar complaints and for service improvement, PCC would make recommendations and review follow-up actions reported by hospitals and HA. With a view to ensuring effective implementation of improvement measures, HA senior management received and reviewed regular progress reports on the actions taken by clusters/hospitals arising from PCC's recommendations before reporting back to PCC. Lessons learnt from complaints were regularly shared with staff through meetings, forums and publications.

ii) Monitoring of the Complaints Handling at Hospitals

To facilitate PCC in monitoring of HA's complaints handling at the first tier, the Committee regularly reviewed and monitored the case handling, performance and issues in patient relations and complaints management of Cluster PR Offices.

iii) Streamlining Meeting Arrangement

To dovetail with HA's direction on environmental protection, PCC implemented paperless initiatives. The meeting arrangement and communication with Members were streamlined and digitised with a view to minimising paper documents and providing a secure, centralised platform for all meeting materials, facilitating easy access and boosting information security.

iv) Enhancing Transparency and Credibility of PCC

To enhance public transparency and credibility, PCC reported its work to the HA Board, Regional Advisory Committees and patient groups. This Annual Report would also be posted on HA website for easy access by the public. With a view to enhancing understanding and collaboration between hospital staff and PCC, PROs and clinical leaders from clusters were invited to attend PCC meetings.

v) Self-assessment of the Committee's Work and Membership Review

As an annual exercise, PCC conducted a self-assessment on its work in July 2023 to ensure proper discharge of the Committee's functions and further improve its efficiency and effectiveness. In addition to the improvement initiatives listed above, support for Members was strengthened in understanding HA's key strategies and policies, and fulfilling their roles and responsibilities. There was also membership rotation amongst the Case Panels to ensure a balanced mix of expertise and experience in complaints assessment.

Section 5 Case Illustration

HA and hospitals took a serious and positive approach towards complaints and valued recommendations made by the PCC or identified during investigation for continuous improvement of the service. Enhancement measures illustrated in the following selected cases are examples of HA's proactive efforts in improving the service.

1

Case 1 Specialist Outpatient (SOP) Service Enhancement

Background

There are currently 49 Specialist Outpatient Clinics (SOPCs) managed by HA providing specialist care for patients referred by medical practitioners. With an ageing population and rising prevalence of chronic diseases, the annual attendance of HA's SOP services has reached nearly eight million with around 900,000 new cases each year. The ever-increasing volume of HA's SOP service and growing public expectation inevitably brings an escalating number of public feedback. In the reporting year, HA received a considerable number of cases related to SOP service, including appointment booking, queuing time for a consultation, collection of medication, overall logistics of SOPC attendance, etc.

Follow-up Actions/Initiatives taken

Amidst the massive pressure of mounting service demand and public expectation on SOP service, HA has been striving to improve SOPC patients' experience by implementing a number of systematic enhancement measures across different points of the patient journey. Examples include:

1. "Easy Channel" at clinic entrances to optimise service processes such as payment and registration at kiosks, with notable instructions and support by patient service ambassadors;



2. One-stop service for patients with complex follow-up needs such as multiple referrals and investigation bookings, via integrated patient service stations;
3. Convenient medication pick-up by the HA mobile application "HA Go" to widen patients' choice of means in medication collection, which had been implemented in all SOPCs since March 2023;
4. Smart clinic building blocks by adopting technology to facilitate clinic and consultation logistics including the use of e-health stations, corporate queue management system, e-lab result screening and e-consent;



5. Telehub development in clusters to facilitate the integration of telehealth into the patient care pathway; and
6. Selected clinics were also piloting certain initiatives such as the provision of convenient sites for blood taking and rationalisation of appointment booking system, which would be evaluated and rolled out as appropriate.

Supported by our dedicated and professional staff coupled with advanced technologies (e.g. HA Go), HA will strive for continuous excellence to deliver modernised and quality care.

2

Case 2 Guidance on the Volume of Cerebrospinal Fluid Collected during Lumbar Puncture

A patient was admitted to the Medicine & Geriatrics Ward of a hospital for severe headache. The provisional diagnosis was meningitis/encephalitis. To rule out the pathogens causing his central nervous system infection, lumbar puncture (LP) was performed. The patient complained against the doctor for over collecting his cerebrospinal fluid (CSF) during the LP.

Learning Points and Recommendations

- Enhance good clinical practice
- Review the practice of LP and develop a clear department policy or practice guidance on the volume of CSF to be collected for specific tests and as back up for usual cases to avoid excessive collection



Follow-up Actions

- The hospital concerned had reminded the clinicians to refer to the Pathology User Guide regarding the volume of CSF required for each test.
- Coordinating Committee (Internal Medicine) had shared this case in its meeting and promulgated the following suggestions to cluster hospitals for alignment of practice and service improvement. The following suggestions have been incorporated into the "Handbook of Internal Medicine":
 - suggested total amount of CSF typically removed during diagnostic LP; and
 - the amount of CSF drainage in therapeutic LP depends on clinical situations.



Case 3 Information provided to Patients before Video-NystagmoGraphy

A patient was referred to the Department of Audiology at a HA hospital for a Balance Function Test, which included Video-NystagmoGraphy (VNG). The test lasted for around 1.5 hours, during which the patient experienced unexpected discomfort including dizziness and vertigo. Subsequently, the patient filed a complaint against the Audiologist for insufficient information provided prior to the test.



Learning Point and Recommendation

Noting that the test lasted for a relatively long duration and patients may experience discomfort during and after the test, HA was recommended to provide more information. This should include the details about the test, such as its duration, precautions and procedure, in order to better manage patients' expectations.

Follow-up Actions

The Sub-Committee for Audiology of the HA reviewed the case and developed an information sheet that outlines the test details and necessary preparations for the procedure. All HA hospitals will provide patients with the information sheet when they book a VNG appointment.

眼震視圖檢查者須知	
<p>眼震視圖檢查 (VNG) 透過一系列測試，檢查內耳及神經系統如何讓你保持身體平衡</p> <ul style="list-style-type: none"> • 檢查約需 90 分鐘 • 職員會為你戴上眼罩，記錄你測試時眼球的活動情況 • 部分的測試可能會讓你感到輕微的不適(如：暈眩、噁心、虛弱)。不適的感覺一般屬短暫，測試本身亦不會引起持久的副作用。請自備止嘔藥，以作備不時之需。 • 請留意可能由藥及服用藥物及副作用，以策安全。 <p>檢查前請留意：</p> <ul style="list-style-type: none"> • 測試之前 48 小時內 <ul style="list-style-type: none"> ○ 切勿飲用酒精飲品 ○ 切勿服用過鎮靜藥品，或會引致睡眠的藥物。 • 測試之前 4 小時內 <ul style="list-style-type: none"> ○ 除非你患有糖尿病，否則盡量不要進食太飽 • 測試時，請 <ul style="list-style-type: none"> ○ 依時到診，否則或需要再次預約的檢查時間 ○ 清潔臉部，不要使用化妝品和面霜(包括眼妝、配帶假睫毛) ○ 穿著輕便衣物、長褲和襪子。 ○ 盡量帶同你最近正服用藥物的資料 • 如你有患有心臟病、糖尿病、慢性頸椎及腰脊痛症、白內障或青光眼，請告知職員。 • 如有疑問，請於辦公時間致電 XXXX XXXX 查詢。 <p>* 若沒有遵守上述要求，檢查可能會被取消或延後，是次檢查費不會退還。*</p>	
Patient Instructions for Videonystagmography	
<p>VNG includes a series of tests to assess your inner ear and central motor function in maintaining body balance.</p> <ul style="list-style-type: none"> • The duration of the test is about 90 minutes • Video goggles will be worn during the assessment to record your eye movement • Minor discomfort, such as dizziness, nausea and weakness, might be felt during part of the test. The discomfort is typically only temporary, and there are no lasting side effects due to VNG. Please bring along anti-dizziness drugs for in case of need if necessary • You are advised to have a companion with you <p>Preparation for the test:</p> <ul style="list-style-type: none"> • Within 48 hours before test <ul style="list-style-type: none"> ○ DO NOT drink any alcoholic beverages ○ DO NOT take any medications for dizziness and nausea, or medication that causes drowsiness. • Within 4 hours before test <ul style="list-style-type: none"> ○ DO NOT eat too much unless you are diabetic • While attending the test, please <ul style="list-style-type: none"> ○ be punctual. Late arrivals will be rescheduled ○ wash your face thoroughly. DO NOT apply make-up (e.g. eye make-up or false eyelashes), cream or lotion ○ wear comfortable clothing, long pants and socks ○ bring a list of your current medication, if applicable • Please inform the clinician if you have cardiac disease, epilepsy, chronic neck or back pain, cataract or glaucoma • Please call XXXX XXXX during office hour for inquiries <p>* Please follow the instructions above. Otherwise the appointment may need to be rescheduled. Registration fee will not be reimbursed.</p>	

Promoting Positive Complaints and Feedback Culture for Service Enhancement

Feedback, either positive or negative, from patients, their families and the community is a valuable source of recognition to our staff and service as well as a driving force for our continuous improvement. Over the years, the Hospital Authority (HA) has been striving to promote a culture supportive to good patient relations and complaints management as well as to enhance compassionate communication of healthcare workers for better patient-centered service.

Section 1 Listening to Patients' Voice

(a) Channels for Expression of Opinions, Appreciation and Complaints

In recent years, HA has been making consistent efforts to enhance the channels for the public to express their feedback on our services. Noting that most feedback and complaints are lodged by electronic means, HA has revamped its website and developed an improved online feedback form on the website and HA mobile app "HA Go" to facilitate the public to give their feedback.

Appreciation from patients and their families is one of the important driving forces to boost up staff morale to deliver professional patient-centred care. With an objective to foster a culture of positive and collaborative patient relationship, hospitals have promulgated various measures to facilitate the public's expression of gratitude to our staff and services, and organised staff recognition programme to share the public's appreciation.



(b) Patient Experience Surveys

Since 2010, HA has been regularly conducting territory-wide Patient Experience Surveys (PESs) through an independent agency to collect patients' views for continuous service improvement using consistent methodologies and validated tools. The Surveys facilitate a longitudinal monitoring of HA's service quality, making it an integral part of the governance framework to engage patients for patient-centred care and put quality improvement in action.

(i) 2023 PES on Inpatient Service

The fieldwork of the latest PES on Inpatient Service was launched in October 2023 and completed in April 2024 via telephone interviews and electronic platforms. The Survey covered around 10,000 patients who have been discharged from any one of the 26 selected public hospitals of HA.

Following the inpatient journey from admission to discharge, patient experience was evaluated by a validated questionnaire comprising different care aspects. To keep abreast of the changes in clinical service model and increasing popularity of mobile application, new survey items such as the use of HA Go and community support services were added in the questionnaire of the Survey. The Survey findings will be reported to the public by late 2024.

請支持 Please Support

病人經驗調查(住院服務) 2023年第四季開始 Patient Experience Survey (Inpatient Service) Starting from the 4th quarter of 2023

重視病人意見 不斷提升質素
Collection of patient views for continuous service improvement

為了解病人的需要，以制定適切的服務政策，醫管局已委託香港中文大學醫務管理學院及基層醫學學院於2023年第四季開始以電話／網上問卷形式進行病人經驗調查，了解病人在公立醫院接受治療的經歷、感受及對服務的意見，以期不斷提升服務質素。調查將於病人出院後兩星期內以抽樣的方式進行。

In order to better understand patient needs for shaping service directions and formulating improvement measures, the Hospital Authority has commissioned the **JC School of Public Health and Primary Care of The Chinese University of Hong Kong** to conduct a patient experience survey (through telephone interview / online survey) starting from the fourth quarter of 2023. The Survey would enable the Hospital Authority to better understand patient experience in public hospitals, their needs and expectations for the purposes of quality and service improvement. The Survey would be conducted within 2 weeks after patient discharge on a random sampling basis.

請注意，我們不會要求受訪病人提供任何個人資料。

Please note that we will not ask participating patients to provide any personal data.

是次調查涵蓋以下重要範疇
Important aspects to be covered by the Survey

- 服務便捷程度
- 環境及設備
- 護理及治療
- 醫患關係
- Service Convenience
- Environment and Facilities
- Care and Treatment
- Doctor-patient Relationship

參與醫院
Participating public hospitals

Hong Kong Region
 Pamela Youde Nethersole Eastern Hospital, Ruttonjee Hospital, Tung Wah Eastern Hospital, Queen Mary Hospital, Tung Wah Hospital, Grantham Hospital

Kowloon Region
 Queen Elizabeth Hospital, Hong Kong Buddhist Hospital, Kowloon Hospital, Kwong Wah Hospital, TWG's Wong Tai Sin Hospital, United Christian Hospital, Tsung Kwan O Hospital, Haven of Hope Hospital, Princess Margaret Hospital, Caritas Medical Centre, Yan Chai Hospital

New Territories Region
 Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, North District Hospital, Sha Tin Hospital, Tai Po Hospital, Tuen Mun Hospital, Pok Oi Hospital, Tin Shui Wai Hospital

Island Region
 North Lantau Hospital

如有任何查詢，請致電香港中文大學醫務管理學院及基層醫學學院 (電話: WhatsApp: 6477 8322) 或醫院管理局 (電話: 2300 7905)。

For enquiries, please call the JC School of Public Health and Primary Care of The Chinese University of Hong Kong (Tel / WhatsApp: 6477 8322) or Hospital Authority (Tel: 2300 7905).

與民攜手 保健健康
Partnering People Stay Healthy

(ii) Future Survey Plan

Two-tier strategy

1) Comprehensive Surveys conducted by an Independent Agency

Since PES is well accepted by the community, patients and staff for better patient engagement and service improvement, HA will continue to conduct comprehensive surveys on Inpatient and Specialist Outpatient Service regularly through an independent agency to ensure the Surveys' credibility, longitudinal monitoring and alignment with international development. Meanwhile, HA will also explore new specialty/disease-based PESs to be conducted in between Inpatient/Specialist Outpatient PESs.



2) Short Surveys conducted by HA

To better identify areas for improvement and timely reflect the outcomes/effectiveness of corporate new initiatives, HA will proactively conduct short surveys for agile collection of patients' experience and views. While there will be ongoing short surveys on individual hospitals' services, thematic short surveys will also be conducted at appropriate times to promptly evaluate HA's specific programmes/new initiatives. For both kinds of surveys, HA will leverage on HA Go/other electronic platforms for patients' and caregivers' easy access to the questionnaire.



Section 2 Enhancing Capacity and Staff Competencies in Conflict Resolution

In the ever-evolving healthcare landscape, organisations are recognising the transformative potential of complaints and feedback in driving service enhancement and improving patient experience. To achieve this, it is essential to foster a positive complaints and feedback culture within HA. One crucial aspect of cultivating such a culture is by enhancing staff competencies and capacities in conflict resolution.

Conflict resolution skills play a pivotal role in navigating difficult situations, fostering effective communication, and building trust among healthcare professionals, patients, and their families. By investing in capacity building and equipping staff members with the necessary competencies, HA can empower the workforce to handle conflicts constructively and transform complaints into opportunities for growth and improvement.

Efforts were made in this regard which encompassed the following works:

(a) A Cluster-based Patient Relations Office Structure

Capabilities of Patient Relations Officers (PROs) and clinical leaders to serve as the effective communication channel between patients/complainants and staff were strengthened through the Cluster-based Patient Relations Office Structure. Coordination and support among hospitals, particularly in handling complex and cross-hospital cases, were enhanced. Staff development was facilitated with more training, rotation and exposure opportunities.

(b) Complaints Management and Conflict Resolution Trainings

To equip our staff with essential skills to effectively address and resolve complaints and conflicts in various settings, the following trainings were organised:

PRCD WEBINAR SERIES ON COMPLAINTS MANAGEMENT

5:00 拆彈大本營

WHAT YOU CAN LEARN

- How Office of the Ombudsman (OMB) 申訴專員公署 manages complaints against HA
- How HA can protect its position by providing relevant information to the OMB for investigation
- How the OMB, as an independent statutory body, deals with habitual/vexatious complainants

GUEST SPEAKER

- Ms Carmen YU, Chief Investigation Officer of OMB

DETAILS

- Date: 30 Nov 2023 (Thu)
- Time: 5:00-5:30pm
- Target Participants: complaints management personnel & frontline staff who need to handle patient complaints

JOIN US!

- Zoom ID: 993 5697 8357
- Password: 500

又係你呀陳生?

For enquiries, please contact Mr Jonathan Lam (Tel: 2300 6440) or Miss Suki Kwong (Tel: 2300 6307).

PRCD WEBINAR SERIES ON COMPLAINTS MANAGEMENT

5:00 拆彈大本營

WHAT YOU CAN LEARN

- How to handle patients' requests for audio and video recordings
- How to deal with unauthorized recordings during daily operation

SPECIAL GUESTS

- Ms Catherine YUNG, Legal Counsel, HAHO
- Ms Sylvia NG, Senior Manager (PR&E), HKWC

DETAILS

- Date: 22 May 2023 (Mon)
- Time: 5:00-5:30pm
- Target Participants: complaints management personnel & frontline staff who need to handle patient complaints

JOIN US!

- Zoom ID: 981 4330 9524
- Password: 500

For enquiries, please contact Mr Jonathan Lam (Tel: 2300 6440) or Mr Forest Chan (Tel: 2300 7513).

PRCD WEBINAR SERIES ON COMPLAINTS MANAGEMENT

5:00 拆彈大本營

WHAT YOU CAN LEARN

- How to prevent & manage patients/visitors who exhibit disruptive behaviour in the healthcare settings
- How the HA Bylaw can be used to handle patients/visitors causing severe disturbance to hospital operation

SPECIAL GUESTS

- Mdm Joey WAN, Detective Inspector of Police, HKPF
- Mr Jack IP, Senior Manager (Supporting Services), NTEC

DETAILS

- Date: 24 Jul 2023 (Mon)
- Time: 5:00-5:30pm
- Target Participants: complaints management personnel & frontline staff who need to handle patient complaints

JOIN US!

- Zoom ID: 982 9648 8940
- Password: 500

For enquiries, please contact Mr Jonathan Lam (Tel: 2300 6440) or Mr Forest Chan (Tel: 2300 7513).

• **Webinar Series 「5:00 拆彈大本營」**

The webinar series on complaints management training named 「5:00 拆彈大本營」 continued to be launched regularly focusing on effective strategies and practical tips in handling complaints. The webinar series served as a valuable platform for knowledge dissemination and skills development with expertise from relevant guests of diverse fields.



• **Seminar on “Managing Medical Council Complaints and Inquiries: Expert Guidance for Healthcare Professionals Facing Patient Complaints” by Dr LEE Wai-hung Danny**

With an upward trend in the number of complaints directed to the Medical Council of Hong Kong (MCHK), it is increasingly crucial for both management and healthcare professionals to gain insights into the Council's handling mechanism and perspective for better management of patient complaints and formulation of risk management strategies. With Dr LEE's extensive practical knowledge in dealing with MCHK complaints and inquiries, he was invited to guide our staff through this subject matter in the seminar.



- ***Workshops on Effective Written Communication in Complaints Handling at Basic Level***

Good written communication in complaints handling is not only about language proficiency, but also the ability to communicate messages with clarity in a concise, appropriate, logical and organised manner. Several workshops were conducted to cater for the overwhelming demand which underscored the significance of strong written communication skills in complaints management.



- ***Staff Development Rotation Programme***

The Staff Development Rotation Programme offered invaluable opportunities to widen the exposure of PROs and Complaint Managers. Participants revealed favourable feedback on the programme, particularly in fostering professional growth and nurturing a sense of unity among complaints management teams. It also stood as a testament to HA's dedication to empowering the staff and delivering exceptional complaints management services.

- ***Cluster Partnership Programme and Attachees Programme on Complaints Management***

The programmes continued to provide opportunities for staff to gain a deeper understanding of the operation of HA's two-tier complaints handling system and have chances of communicating with the Public Complaints Committee (PCC) Members by attending the PCC Meetings. Besides promoting a culture of transparency and accountability within HA's complaints handling, it served as a platform for knowledge exchange and sharing of best practices among participants.

Section 3

Promoting Positive Patient Relations and Conflict Resolution to Different Stakeholders

The Ombudsman's Awards

The Ombudsman's Awards aim to recognise the exemplary complaints handling and customer services of public bodies and their officers. The HA was for the first time selected by The Ombudsman as one of the three recipients of The Ombudsman's Awards 2023 for Public Organisations in recognition of its positive and responsive attitude to investigation of complaints by the Office of The Ombudsman.



“Amid the pandemic, HA staff all dedicated themselves to providing quality services and caring for patients, and endeavoured to maintain an effective public healthcare system in Hong Kong. It is praiseworthy that HA positively responded to complaints and explained to us their work in detail despite the challenges at the time.”

Ms Winnie CHIU, The Ombudsman, said when presenting the award to HA

Also in 2023, two HA colleagues received The Ombudsman's Awards for Officers of Public Organisations. The awardees were Dr KUNG Shu-wing, Deputy Hospital Chief Executive and Service Director (Quality & Safety) of Tseung Kwan O Hospital and Dr WONG Mong-sze, Chief of Service (Family Medicine & Primary Healthcare) of Hong Kong East Cluster.



Dr KUNG Shu-wing

Deputy Hospital Chief Executive &
Service Director (Quality & Safety)
Tseung Kwan O Hospital
Hospital Authority

Dr WONG Mong-sze

Chief of Service
(Family Medicine & Primary Healthcare)
Hong Kong East Cluster
Hospital Authority

Appendix 1

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

Terms of Reference

1. To advise on the strategic direction of complaints management of HA
2. To follow up recommendations from Public Complaints Committee on corporate complaints management matters
3. To promote modernization/enhancement of the governance and structure of complaints management at hospital/cluster level
4. To formulate implementation plans for enhancement of HA's complaints management, including:
 - (a) to monitor the trend of hospital complaints and feedback, and recommend follow-up actions where appropriate; and
 - (b) to promote specialist training, sharing and learning on complaints management
5. To provide advice on the following HA-wide projects:
 - (a) Complaint & Feedback Management System; and
 - (b) Patient Experience Survey (PES)

Appendix 2

Public Complaints Committee Composition and Membership

Chairman	Mr CHAN Wing-kai, HA Board Member*
Vice-Chairman	Mr JAT Sew-tong, SBS, SC, JP, HA Board Member*
Members	Ms Rebecca CHAN Chui-mi* Mr Raymond CHAN Kwan-tak* Mr Vincent CHAN Wing-shing, MH* Rev Dr Andrew CHOI Chung-ho Dr CHUNG Chin-hung Prof Sylvia FUNG Yuk-kuen, BBS Mr Herman HUI Chung-shing, GBS, MH, JP* Mr Joe KWOK Jing-keung, SBS, FSDSM* Mr KWOK Leung-ming, SBS, CSDSM* Mr Daniel LAU Kim-hung* Prof LI Chi-kong, JP Mr LIU Sui-biu* Prof Joseph LUI Cho-ze Ms Manbo MAN Bo-lin, MH Mr Simon MOK Sai-man, MH* Mr Raymond NG Kwok-ming, IDS* The Hon TANG Fei, MH* Mr Hermes TANG Yi-hoi, SBS, CDSM, CMSM, JP* Mr Frederick TONG Kin-sang* Prof William TSANG Wai-nam Mr Paul WU Wai-keung* Ms Agnes Garman YEH* Mr Charlie YIP Wing-tong*

Legend

* Lay members outside the medical/healthcare field

PCC-Membership

1.1.2024

Appendix 3(a)

The Hospital Authority 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 [Appendix 3(b)] 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.

Appendix 3(b)

Guidelines on the handling of complaint cases in the Public Complaints Committee

1. The Public Complaints Committee (PCC) is an appeal body within the Hospital Authority (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 legal proceedings have been instituted, or the complainant or the patient concerned 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. The PCC considers that its meetings shall not be open to the public because of the following grounds:
- (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.
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.)

Appendix 4

Complaints Statistics of All HA Hospitals

Case \ Nature	Year	2019-20	2020-21	2021-22	2022-23	2023-24
Medical Services		1,070	867	914	1,177	1,064
Staff Attitude		306	275	301	361	421
Administrative Procedures		252	223	209	340	300
Overall Performance		83	44	78	108	131
Others		12	12	10	34	22
Total		1,723	1,421	1,512	2,020	1,938

Complaints Statistics of All HA GOPCs

Case \ Nature	Year	2019-20	2020-21	2021-22	2022-23	2023-24
Medical Services		63	53	54	65	71
Staff Attitude		26	29	41	38	50
Administrative Procedures		19	16	28	30	34
Overall Performance		5	5	2	7	4
Others		1	0	0	2	0
Total		114	103	125	142	159

Feedback Statistics of All HA Hospitals

Case \ Nature	Year	2019-20	2020-21	2021-22	2022-23	2023-24
Medical Services		4,138	4,517	5,489	4,771	4,659
Staff Attitude		2,567	2,826	3,308	3,229	3,776
Administrative Procedures		3,188	3,491	4,862	3,983	3,540
Overall Performance		1,760	1,434	1,883	1,461	1,901
Others		708	748	963	893	827
Total		12,361	13,016	16,505	14,337	14,703

Feedback Statistics of All HA GOPCs

Case \ Nature	Year	2019-20	2020-21	2021-22	2022-23	2023-24
Medical Services		292	442	531	386	378
Staff Attitude		286	579	647	464	544
Administrative Procedures		357	448	658	789	639
Overall Performance		80	134	149	129	112
Others		12	78	70	73	60
Total		1,027	1,681	2,055	1,841	1,733

Appreciation Statistics of All HA Hospitals

Case \ Nature	Year	2019-20	2020-21	2021-22	2022-23	2023-24
Medical Services		28,450	26,976	24,256	20,488	26,445
Staff Attitude		10,372	7,353	8,674	9,009	12,206
Administrative Procedures		1,503	525	505	280	472
Overall Performance		355	181	163	60	136
Others		2,040	1,737	1,675	1,083	1,053
Total		42,720	36,772	35,273	30,920	40,312

Appreciation Statistics of All HA GOPCs

Case \ Nature	Year	2019-20	2020-21	2021-22	2022-23	2023-24
Medical Services		2,540	2,100	1,194	1,246	1,984
Staff Attitude		872	889	1,128	658	1,093
Administrative Procedures		127	12	2	11	22
Overall Performance		43	15	9	11	19
Others		143	99	132	33	38
Total		3,725	3,115	2,465	1,959	3,156



醫院管理局
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