

## **Chapter 4 – Improvements to the System of Quality Assurance**

### **The Challenge**

79. The Hong Kong population is entitled to a health care system that can consistently maintain and provide a high standard of service. As leaders in the health care system, all health care professionals - medical practitioners, nurses and allied health professionals - have the responsibility to ensure that such high standards are always achieved. Any doubts that this is not happening may create mistrust in the providers and harm the relationship between patients and providers. Systems for quality assurance are well established mechanisms to ensure the standard of care and practice.

80. An effective complaint mechanism is a powerful tool for driving improvement. The complaint may have arisen from an unintended mistake or a mere misunderstanding, but there is always something to learn. A complaint mechanism that is unbiased, transparent and credible helps improve the trust of the community in the health professionals and providers, which is conducive to effective operations and improved quality .

81. A number of observations made by certain quarters of the community have cast some doubts on whether the standards of service in the health care system are as high as they should be. This chapter proposes some measures to help remove these doubts.

### **Objective**

82. To protect patient rights and safety, there should be a framework of quality assurance in the health care system to ensure that a high standard of service is provided to patients consistently. We aim to achieve this through a combination of education and training, systems support and regulatory measures. Complementary to the system of quality assurance should be a redress system which is credible, transparent and unbiased.

### **Strategic Directions**

83. To achieve our objective, we propose to pursue the following strategic directions :-

- (a) Enhance quality assurance through continuing education, systems support, such as clinical audit, and regulatory efforts; and
- (b) improve the patient complaint mechanism to enhance public confidence in health care services.

### **Enhance Quality Assurance**

84. We have in Hong Kong some of the finest medical practitioners and health care professionals, and some of the most modern facilities and technologies, and our standards of medical care have been highly regarded both locally and overseas. However, we cannot be complacent. In line with rapid changes in medical knowledge and technology, efforts to maintain high

standards have to be continuous and lifelong. To ensure consistency, these efforts need to be supported by systems such as clinical audit, appropriate supervision, monitoring and evaluation, and where necessary, government regulations.

### **Education and Training**

85. Education is a lifelong investment. We propose that all health care professionals, including doctors, dentists, nurses and allied health providers, should be required to undertake continuing professional education and development to ensure that their knowledge, practice and skills are updated. This requirement is not new to the health care professions. Specialists who want to remain in the Specialist Register maintained by the Medical Council of Hong Kong are required to undertake continuing medical education (CME). Under the Chinese Medicine Ordinance, Chinese medicine practitioners will be required to satisfy CME requirements before their practising certificate may be renewed. We are glad to note that the medical, dental and nursing professions have been receptive to this proposal and are pursuing the issue within their respective professions. We encourage the other health care professions to do the same. The public sector will take the lead in providing training opportunities for its employees. We also propose that the professional regulatory bodies should maintain close liaison with the tertiary institutions to ensure that the teaching curricula match with patients' current needs and aspirations.

86. We believe that a holistic approach offers the best care to our patients, and we advocate a co-ordinated multi-disciplinary

team approach, which can offer our patients comprehensive and seamless care. This requires new knowledge and skills for all health care professionals based on social and behavioural sciences, enabling them to better understand the inter-relatedness of the psycho-social and physical elements of care. Skills and knowledge in management and communication sciences will enhance capabilities to interact with patients and other colleagues and to work in complex organisational settings where health care is provided. To take this approach forward, we will persuade professional bodies to incorporate these new competencies in the professional development programmes and encourage them to step up their liaison and examine how their respective work may interface, complement or relieve each other so as to improve the overall quality of service. In the long term, we look for a more multi-skilled health care workforce, with a broad knowledge base, which will be conducive to a more efficient and effective health care service.

### **Systems Support**

87. We propose that the professions should put in place various systems support mechanisms to facilitate continuous quality improvement. These include the use of clinical protocols, a system of clinical supervision, regular peer review and clinical audit, and risk management. The public sector has accumulated experience in these areas and will work together with the private sector to take these efforts further.

88. We recognise the potential benefits that may derive from separating drug prescription from drug dispensing, which allows

for segregation of professional work. It is already being practised in the public sector. For the private sector, the priority is to ensure that there are good dispensing procedures and standards to ensure patient safety. Patients should also be allowed the freedom to choose between obtaining the drug from a doctor or a pharmacist. In this connection, to protect the right of the patient to choose, we propose that medical practitioners should make it clear to their patients that they have this freedom to choose and are not bound to purchase the drug from the clinics. We will be in discussion with the Medical Council of Hong Kong to formulate appropriate guidelines for the practitioners to follow.

89. In a free market like Hong Kong, we do not consider it appropriate for the Administration to interfere in the pricing in the private health care sector, but we would encourage the private sector to take proactive steps to make the pricing transparent so that consumers can exercise their right to choose before receiving the services. We are pleased to note that the Medical Council of Hong Kong is taking steps to prohibit excessive charging by medical practitioners. The public sector will regularly conduct costing of its services and make the information available as a reference for the community to take into account.

90. Quality service originates from quality policy, which should be based on a combination of evidence, resources and values. We acknowledge that in spite of the efforts of many local health care researchers and providers, we lack in Hong Kong a health sector-wide, co-ordinated programme of data collection and research activities to support policy formulation work. We propose to set up a Research Office to support the Administration

in collecting data, identifying problems, assessing priorities, formulating solutions and evaluating results. The Office will be located in the Health and Welfare Bureau and the research work may be conducted in-house or contracted out.

### **Regulatory Measures**

91. We shall complete in the near future a review of the licensing requirements for private hospitals and of the existing controls over the sale of drugs. Subject to the findings of the review, we would propose amendments to the relevant Ordinances with a view to exercising appropriate control and facilitating enforcement. In this connection, we are pleased to note that the private hospitals are examining the setting up and use of an accreditation system to improve hospital services. The licensing requirements ensure that only hospitals meeting certain stipulated requirements may operate. An accreditation system provides a tool which may help further improve standards.

92. We propose to carry out a comprehensive review of the present statutory regulations in relation to the operation of clinics, use of medical facilities/equipment, and provision of medical services in general. The review will also examine the impact of managed care schemes in Hong Kong and how these schemes affect our patients. Our aim is to ensure that patients will receive quality service in all circumstances. Another perspective in the review is to ensure that patients and clients have sufficient and appropriate information to make choices. We believe that the best way to achieve all these is through co-operation with and self-regulation by the professions; but subject to the findings of

the review, we may need to propose some legislative changes to strengthen our regulatory framework and facilitate continuous quality improvement.

### **Implementation**

93. The Director of Health will take up the role as the coordinator or regulator to ensure quality in the health care sector. In 2001, we will seek to involve the professions, providers and patient groups to examine the various proposals put forward in this chapter to enhance quality assurance.

94. The Health and Welfare Bureau will proceed immediately with the setting up of the Research Office. We expect the Office to become operational in 2001-02.

### **Improve Patient Complaint Mechanisms**

95. We regulate the professional practice and conduct of health care professionals in Hong Kong through a system of statutory registration and discipline, enforced by the regulatory bodies of respective professions. The Medical Council of Hong Kong, for example, is responsible for regulating the western medicine practitioners practising in Hong Kong. Each regulatory body has its own code of practice/ethics for its members to follow, and a discipline mechanism to handle and investigate complaints lodged by the public. In the event that a professional is found guilty of certain misdemeanour, the respective regulatory body can institute punishment, ranging from warning to de-registration.

The present system is based on the principle of professional self-regulation.

96. The Department of Health and the Hospital Authority have additional channels to handle complaints lodged against their staff. The Department of Health carries out investigations and takes appropriate disciplinary action in accordance with the Civil Service Regulations. The Hospital Authority operates a two-tier complaint system. Aggrieved public can complain directly to the hospital concerned or to the Hospital Authority Head Office. If the complainants are not satisfied with the responses, they can appeal to the Authority's Public Complaints Committee. The latter is chaired by a Member of the Board of the Hospital Authority, who is not an executive of the Authority, and comprises other members drawn from the community and the Board. The Hospital Authority is currently reviewing how to further improve the operation and credibility of the Public Complaints Committee.

97. In recent years, some patient groups started to question the credibility of the present patient complaint mechanisms. In particular, they are concerned about the handling of the complaints against medical practitioners. It has been alleged that while complaint channels are available, the complaint process is not user-friendly and non-transparent, and since it is difficult to find a doctor to testify against another doctor, the findings tend to be biased in favour of the practitioners, as illustrated by the very small number of successful complaint cases in the past. There are indications in the community that the confidence in the existing patient complaint mechanisms is declining.

## **Proposal**

98. Given the imbalance of knowledge and information in favour of the professionals, it is essential that there should be a credible complaint mechanism to protect the patients. Both the patients and the professionals must have confidence in the objectivity of the mechanism so that the former will be prepared to allow the professionals to take major decisions in relation to their health and the latter be prepared to offer their best advice and service without the need to resort to the practice of defensive medicine. A health care system in which there is reducing trust between patients and providers will not be efficient or effective.

99. In devising improvement measures, we propose to take into account the following two underlying principles :-

- (a) The mechanism must be user-friendly, transparent and unbiased. Both the complainants and the professionals must be satisfied that they will be fairly treated.
- (b) As with other professionals in Hong Kong with a specialised body of knowledge, medical and health professionals are in an appropriate position to appraise and pass judgement on the practice and conduct of their peers.

100. There are already a number of channels for complaints to be addressed to, including the Office of The Ombudsman, the regulatory Councils, the Complaints Division of the Legislative Council and the complaint mechanisms of individual providers.

We need to examine how the present arrangements are functioning to protect patient interest and if additional channels are necessary.

101. In response to public sentiment, the Medical Council of Hong Kong has proposed some improvement measures to its existing complaint mechanism, including the setting up of a committee to address standards, increasing the number of lay members to enhance transparency and publication of guidelines to assist complainants in lodging complaints. We support these initiatives. The handbook on complaint procedure has been published and made available to the public, and we note that the Council is actively pursuing the implementation of the other two proposals.

102. We believe that the above measures proposed by the Medical Council of Hong Kong would not be able to satisfy the concerns of patients, who would like to see greater objectivity. We propose to set up a Complaint Office in the Department of Health to assist the patients in lodging complaints. Taking on the role of an advocate for health and a regulator to ensure quality, and giving up eventually its direct health care services, the Department is well-placed to take on this task. The Office, handling only cases related to patient care, will conduct investigations into the complaints, assist complainants to obtain expert advice, and brief complainants as much as possible of the facts of the case as known. The Office will try to mediate between the complainant and the complained; and if that fails, the Office will, at the request of the complainant, forward its findings to the relevant regulatory body. Since substantial amount of work has

already been gone into the case, the regulatory body should be able to make a quick decision on whether or not to institute disciplinary proceedings. The power to deliver a verdict and to award discipline, if justified, will remain with the regulatory body. In parallel, there is a need for these regulatory bodies to review their complaint handling procedures. Complainants are not compelled to use the service of the Office and can choose to go directly to various existing complaint channels to lodge their complaints. Cases related to offences against statutory or licensing requirements may have to be first dealt with by the enforcement agencies.

103. This proposed approach has several advantages. Firstly, with the Complaint Office taking on the role of an independent third party, the transparency and credibility of the investigations are enhanced. Secondly, complainants will now have the full benefit of the expertise and advice of the Complaint Office and be in a better position to appreciate the facts of the case. Thirdly, with the final decision and discipline resting with the regulatory body, the principle of professional self-regulation is preserved and the professions would find it more acceptable that their practice and conduct are not to be judged only by a layman who does not possess the relevant professional knowledge.

### **Implementation**

104. We will consult the professions and patient groups about the proposed Complaint Office and set up a committee in 2001 to formulate the detailed implementation plan, with a view to setting up the Office in 2002. The operation of the Office will be reviewed

two years after its establishment. In parallel, we will discuss with the regulatory bodies, starting with the Medical Council of Hong Kong, how to enhance their complaint handling procedures.