

Chapter 3

Public Views on Proposed Requirements on Corporate Governance

What We Consulted the Public on

3.1 In Chapter 5 of the Consultation Document, we consulted the public on a building-block approach for regulation of PHFs by identifying 19 regulatory aspects which, putting together, constitute the essential regulatory requirements under our proposed regulatory regime for PHFs. The 19 aspects are categorized into five groups (corporate governance, standard of facilities, clinical quality, price transparency and sanctions) according to their target regulatory areas. Comments received in respect of these five groups of regulatory aspects are set out in this and the following four chapters.

3.2 On corporate governance, we proposed five regulatory aspects, namely (A1) Appointment of Person-in-charge (PIC), (A2) Establishment of Medical Advisory Committee, (A3) Complaints Management System, (A4) Establishment of an Information System Connectable with the Electronic Health Record Sharing System (eHRSS) and (A5) Maintenance of Hospital Accreditation Status. We considered that good corporate governance helped PHFs ensure their service quality, efficiency and safety.

How the Public Responded

(A1) Appointment of Person-in-charge

(A2) Establishment of Medical Advisory Committee

3.3 There was support for the proposals to regulate the appointment of PIC for all PHFs by clearly setting out the responsibilities of a PIC, and to mandate the establishment of Medical Advisory Committee for private hospitals. While supporting the proposals, some views pointed out that the qualifications and experience of the person to be appointed as a PIC should be clearly set out. In addition to private hospitals, some respondents suggested that the other two categories of PHFs should be required to establish Medical Advisory Committee as well.

(A3) Complaints Management System

3.4 In the Consultation Document, we proposed, with reference to the two-level complaints management system adopted by the Hospital Authority (HA), to establish a two-tier complaints handling system to handle all complaints against private hospitals. The first-tier should be at the service delivery level at which private hospitals should manage complaints at source according to a standardized complaints handling mechanism as prescribed by the regulatory authority. The second-tier should handle unresolved cases according to a centralized and independent mechanism, through a committee called Independent Committee on Complaints against Private Hospitals (ICCPH).

3.5 There was overwhelming support for the Government to set up a complaints management system. The telephone survey revealed that a vast majority of respondents (93.6%) strongly agreed or agreed that the Government should establish a complaint system to handle complaints lodged by patients against regulated PHFs, with a very small minority (1.1%) strongly disagreeing or disagreeing.

3.6 There were suggestions that complaints against the other two categories of PHFs should also be reviewed by ICCPH. Some other views stressed the importance of the proposed two-tier complaints handling system to be independent of any PHFs to avoid perceived/ actual conflict-of-interest. Specifically, there were suggestions that the chairman and (at least part of the) members of the proposed ICCPH should be independent persons to ensure that the review of complaints would be conducted in an objective and fair manner. There was also a suggestion that complaints at the first-tier should instead be investigated by an impartial body such as the Department of Health (DH) rather than by the hospitals themselves.

(A4) Establishment of an Information System Connectable with the Electronic Health Record Sharing System

3.7 The proposal to require hospitals to establish an information system connectable with the eHRSS was generally supported. A respondent pointed out that the proposal would provide the necessary framework for transition of patients between different levels of care and between the private/ public sector. Another respondent considered that the proposal should also cover other categories of PHFs in the long term such that doctors practicing in these facilities could have access to patients' complete medical records and make better informed medical decisions. Nonetheless, there were views expressing concerns on the costs to be borne by such facilities if the proposal was to apply to them.

3.8 On the other hand, some respondents expressed their concerns on privacy issues arising from the use of such system. It was suggested that hospitals should develop clear policies and practices for handling data breach and governing access to and use of patients' health records. Other concerns on the proposal included that doctors practicing in the private sector might not be familiar with the eHRSS.

(A5) Maintenance of Hospital Accreditation Status

3.9 The proposal for hospitals to maintain a hospital accreditation status was supported. A respondent pointed out that detailed information on the type of accreditation body that was acceptable by the regulatory authority should be specified. Another respondent agreed that in the long term, hospital accreditation should be made a mandatory requirement for private hospitals, and suggested that the regulatory authority should set a timetable for its implementation.