Chapter 5
Public Views on Proposed Requirements on Clinical Quality

What We Consulted the Public on

5.1 In Chapter 7 of the Consultation Document, we consulted the public on requiring PHFs to enhance clinic quality under our proposed regulatory regime in six areas, namely (C9) Service Delivery and Care Process, (C10) Resuscitation and Contingency, (C11) Standards Specific to Procedures Performed, (C12) Credentialing of Visiting Doctors, (C13) Establishment of Clinical Audit System and (C14) Sentinel Events Management. Failure to maintain good clinical quality could result in poor patient outcome or even serious harm to patients.

How the Public Responded

(C9) Service Delivery and Care Process
(C10) Resuscitation and Contingency
(C11) Standards Specific to Procedures Performed

5.2 In the Consultation Document, we proposed that PHFs to be regulated should be subject to mandatory requirements on both "Service Delivery and Care Process" and "Resuscitation and Contingency". In addition, private hospitals and facilities conducting high-risk medical procedures should be subject to a basic set of core requirements that were pre-requisite to the proper operation of healthcare facilities, and should also be required to comply with additional standards for each of the selected procedures intended to be performed in the facilities.

5.3 Among the comments received, the three regulatory aspects proposed were considered important elements for safeguarding the safety of patients and ensuring provision of quality healthcare services. A respondent suggested that for the additional standards for selected procedures, reviews should be conducted periodically.

(C12) Credentialing of Visiting Doctors

5.4 In the Consultation Document, we proposed that private hospitals should have a robust human resources policy so that staff members serving in hospitals could meet the benchmark desired and adopted by the hospitals concerned. In particular, private hospitals should implement policies or mechanism for credentialing of staff, especially visiting doctors.

5.5 Views received supported this proposed regulatory aspect. A respondent stressed the importance of the private hospitals having in place an appropriate human

resources policy, so that those working in the hospitals concerned would satisfy the requirements stipulated. The importance of smooth communication and collaboration between the hospitals and the visiting doctors was also highlighted.

5.6 Besides, a respondent opined that the credentialing of doctors should not only be limited to hospitals, but should also be extended to facilities providing high-risk medical procedures in ambulatory setting.

(C13) Establishment of Clinical Audit System

5.7 In the Consultation Document, we proposed introducing a set of basic and mandatory requirements, as prescribed by the regulatory authority, for establishing a well-structured clinical audit system in private hospitals. Specifically, private hospitals should be required to develop policies to review and record clinical audits performed and, based on audit findings, improve service performance.

5.8 There was broad support for the proposed clinical audit system for private hospitals. Similar to the credentialing of visiting doctors above, some respondents opined that the establishment of clinical audit system should also be applied to facilities providing high-risk medical procedures in ambulatory setting and facilities providing medical services under the management of incorporated bodies.

(C14) Sentinel Events Management

5.9 In the Consultation Document, we proposed that hospitals should have a comprehensive sentinel events management system as this could help strengthen internal quality assurance by having in place a full-fledged mechanism for hospitals to review and learn from sentinel events.

5.10 One of the views received opined that there was currently no statutory requirement for hospitals to report to the regulatory authority the occurrence of sentinel events. It was also not mandatory for the regulatory authority to report sentinel events for public information, without which, patients and consumers would not be able to have access to the information. The respondent considered that citizens should have the right to be informed when such events occurred.

5.11 Some other respondents opined that this regulatory aspect should be applicable not only to hospitals but also facilities providing high-risk medical procedures in ambulatory setting. This could help promote transparency of information on sentinel events and enhance the vigilance of relevant healthcare facilities to prevent the occurrence of similar incidents. Nonetheless, there were concerns that a full-fledged mechanism might be too onerous on non-hospital PHFs.

5.12 Another respondent suggested that the experience of HA on sentinel events reporting could be a useful reference for private hospitals to promote continuous quality improvement. An example quoted was the alignment of the definition of sentinel events in public and private sectors.

5.13 Issues pertaining to privacy have been raised regarding this regulatory aspect. It was pointed out that the mishandling of personal data (e.g. identity of the victim(s) of medical incidents and hospital staff) and excessive disclosure of relevant information in reporting/ investigation of the sentinel events/ medical incidents could be highly intrusive upon the privacy of the affected individuals. Therefore, it was suggested that due regard must be given to protect the personal data of the individuals affected. On this issue, another respondent stressed the importance of legal privilege of information produced during an investigation and root cause analysis, and pointed out that legal protection of confidentiality would encourage open discussion among healthcare professionals to facilitate improvement.