

LCQ17: Incident of malfunction of air-conditioning system in private hospital

Following is a question by the Hon Michael Tien and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 4):

Question:

It has been reported that in the middle of last year, a malfunction of the air-conditioning system in the operating theatres of the main block of St. Teresa's Hospital (the Hospital) in Kowloon lasted approximately 45 minutes, affecting a total of 12 operations. Some doctors and patients subsequently complained with the Department of Health (DH), which concluded its investigation in March of this year. DH stated that the Hospital had not breached the requirements. In this connection, will the Government inform this Council:

(1) as it has been reported that a doctor indicated that at the time of the incident, he felt that airflow in the operating theatre had stopped, that condensation water had caused the operating lamp to drip, and that the endoscope lens and connecting components were suspected to be dampened. The Hospital once denied that the situation aforesaid had occurred in its operating theatres, but after the media reported the aforesaid incident, the Hospital changed its version of the incident several times. During the investigation conducted at the Hospital by DH, whether DH inspected the operating theatres in question (e.g. by conducting environmental simulations or taking samples in the operating theatres) and found out why the Hospital had changed its statement several times; if so, of the details; if not, the reasons for that;

(2) as DH has indicated that air-conditioning interruption is not a reportable event of private hospitals and there was no breach of the requirements of the Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) and the Code of Practice for Private Hospitals (the CoP) was found by the investigation, whether DH will review the Ordinance and the CoP in due course, following the occurrence of the aforesaid incident, to safeguard the level of medical safety in private healthcare facilities and enhance transparency in incident handling; if so, of the details; if not, the reasons for that; and

(3) as it has been reported that the patient concerned has indicated that the Hospital has not yet explained the aforesaid incident to her, whether the authorities have put in place a mechanism to require private hospitals to follow up with patients concerned and find out more about their situation; if so, of the details; if not, the reasons for that?

Reply:

President,

In consultation with the Department of Health (DH), the reply to the various parts of the question raised by the Hon Michael Tien is as follows:

(1) and (2) The DH currently regulates private hospitals in accordance with the Private Healthcare Facilities Ordinance (Cap. 633) (Ordinance). The primary objective is to ensure that premises providing medical services can meet the stipulated facility and safety standards. In accordance with the Ordinance, the Government established the Advisory Committee for Regulatory Standards for Private Healthcare Facilities (Advisory Committee), which comprises representatives from the Hong Kong Academy of Medicine and its constituent colleges, the Hospital Authority, the academia, as well as associations of private hospitals, medical practitioners and dentists. The terms of reference of the Advisory Committee include devising, reviewing and updating the standards of regulation for private healthcare facilities (PHFs), as well as making recommendations on the codes of practice for PHFs issued by the Director of Health (DoH).

The Code of Practice for Private Hospitals (CoP), which is issued by the DoH in accordance with the Ordinance and updated from time to time, sets out the licensing and operating standards for private hospitals, including related requirements for hospital facilities and equipment. The current CoP stipulates that fittings and equipment of hospitals must be maintained in good operational order, and requires hospitals to have contingency plans for emergencies (e.g. fire outbreak, cessation of water and electricity supply). It also stipulates that healthcare engineering systems (i.e. electrical installations, specialised ventilation systems and medical gas supplies) must be properly maintained to meet service needs and ensure patient safety. Reportable events for private hospitals are also set out therein.

Regarding the incident in Member's question, the DH was notified by a doctor on September 2, 2024, about an air-conditioning interruption which happened in the operating theatres on the second floor of St. Teresa's Hospital in the evening of July 31, 2024.

Although air-conditioning interruption is not a reportable event for private hospitals under the current CoP, the DH considered that the incident might involve potential patient safety concerns and therefore promptly initiated an investigation on the same day the notification was received (September 2, 2024). This included sending staff to conduct an inspection at the hospital concerned, checking relevant documents of the hospital, evaluating the effectiveness of its contingency measures, assessing the environmental condition of the operating theatres during the air-conditioning interruption and following up on the remedial actions.

According to the investigation, the incident involved a malfunction of the air-conditioning system used to regulate room temperature which lasted about one hour. During the time, a total of 10 surgeries were being performed in various operating theatres. The hospital explained to the DH that

dehumidifiers were immediately deployed in the operating theatres where higher risk surgeries were being performed, including the one where the doctor was performing an operation. Upon the DH's enquiry, hospital staff and the nurses on site stated that the severity of condensation in the operating theatres did not result in water dripping onto the surgical site of patients. The hospital did not change its statement to the DH during the course of investigation. As for media reports suggesting that "the hospital had changed its statement several times", the DH will not offer any comment.

The DH also examined the hospital's records and noted that the ventilation system used for infection control in the operating theatres (including air filtration equipment, hourly air change rate and a positive pressure environment) was operating normally during the incident, and all surgeries had been completed according to the original schedule. After the incident, the hospital made a prompt follow-up by conducting air sampling of the operating theatres and surveillance on conditions of patients who underwent surgeries during the affected period for infection. No abnormality was detected.

Based on the available relevant evidence gathered on the incident, the DH considered that the hospital had taken appropriate contingency measures in response to the emergencies, and there was insufficient evidence to show that the hospital had contravened the requirements of the Ordinance or the CoP. Nevertheless, the DH will continue to closely monitor the licensed hospital. If there is new and concrete evidence, the DH will take appropriate follow-up actions as necessary. At the same time, the DH will continue to regularly evaluate and update the regulatory standards for PHFs with the experts of the Advisory Committee, and review the CoP in accordance with the established mechanism so as to better protect public interests.

(3) The Ordinance established a two-tier complaints management system for handling public complaints against PHFs. Regarding the first tier, the Ordinance states that the licensee of a PHF must put in place a complaints handling procedure for receiving, managing and responding to public complaints against the PHF in the capacity of a service provider.

Under the Ordinance, the licensee must ensure the complaints handling procedure is made known in an appropriate way to the patients or persons acting on their behalf. Upon receiving a complaint, the licensee must ensure that (a) an investigation of the complaint is conducted and findings are made; (b) if the case requires, an improvement measure is implemented; and (c) the complainant is informed of the findings of the investigation and any improvement measure and, if the case requires, of any follow-up action taken/to be taken.

As for the second tier of the system, the Government established the Committee on Complaints Against Private Healthcare Facilities (Complaints Committee) under the Ordinance in 2020, with the DH serving as the Secretariat. Apart from registered medical practitioners/dentists, its current members also include persons of varied backgrounds such as representatives from other healthcare professions, patients' groups, the legal sector, the engineering sector and the consumer-interest body.

Complainants who are not satisfied with the handling or reply of the PHF concerned may lodge a further complaint with the Complaints Committee.

The Complaints Committee has put in place a statutory mechanism to receive and handle complaints against licensed PHFs from the public, and will consider whether the PHFs have complied with the Ordinance and the relevant codes of practice. Pursuant to the Ordinance, the Complaints Committee may make recommendations on the issue of complaint (e.g. whether any regulatory action against the PHF concerned should be taken) to the DoH or improvement measures to the PHF concerned. In addition, the Complaints Committee shall inform the complainant in writing of its decision and any action taken/to be taken in relation to the PHF according to the recommendations approved by the Complaints Committee.

As for the complaint status of the patient concerned, it is observed that the allegation of the patient received no response despite having made four complaint calls to the DH as suggested by media reports does not actually align with the DH's records. Existing records reveal that the Complaints Committee received a call on September 12, 2024, from a member of the public, who enquired about the procedure for lodging a complaint against a PHF and mentioned having encountered a malfunction of the air-conditioning system of St. Teresa's Hospital in the course of surgery. The Secretariat of the Complaints Committee has already explained to the enquirer the function of the Complaints Committee immediately, as well as the statutory procedures for lodging a complaint to the Complaints Committee. In addition, at the request of the enquirer, the Secretariat sent information on the complaint procedures, the complaint form and the statutory declaration form to the email address provided by the enquirer on the following day (September 13, 2024), with the enquirer confirmed receipt of the materials by email on the same day. After that, the Complaints Committee did not receive any complaint from the enquirer in relation to the incident.

The Complaints Committee will continue to handle every complaint in a professional and impartial manner, endeavouring to bring forth service improvement of PHFs and safeguard patient safety.