

Retailer convicted of supplying unsafe laser pointers

A retailer was convicted and fined \$8,000 in total today (November 14) at Kowloon City Magistrates' Courts for supplying unsafe laser pointers, in contravention of the Consumer Goods Safety Ordinance (CGSO) and its subsidiary legislation, the Consumer Goods Safety Regulation (CGSR).

Customs officers earlier conducted a test-buy operation on a model of laser pointer from the retailer for safety testing. Test results revealed that the product was not equipped with the safety device components required under the relevant safety standard, such as a warning device, beam stop or attenuator. The laser pointer was also marked with a warning with respect to use in English only.

Customs reminds members of the public to avoid eye contact with the light dots emitted by such laser pointers under any circumstances as the beam emitted by the type of laser pointer can pose eye and skin injuries to users.

Under the CGSO, it is an offence to supply, manufacture or import into Hong Kong consumer goods unless the goods comply with the general safety requirements for consumer goods. Under the CGSR, where consumer goods or their packages are marked with any warning or caution with respect to their safe keeping, use, consumption or disposal, such a warning or caution shall be in both the English and the Chinese languages. The maximum penalty is a fine of \$100,000 and imprisonment for one year on first conviction, and \$500,000 and imprisonment for two years on subsequent conviction.

Members of the public may report any suspected violations of the CGSO or the CGSR to the Customs 24-hour hotline 2545 6182 or its dedicated crime-reporting email account (crimereport@customs.gov.hk).

Update on cluster of Parainfluenza Virus Type 3 cases in Siu Lam Hospital

The following is issued on behalf of the Hospital Authority:

Regarding an earlier announcement on a cluster of patients infected with Parainfluenza Virus Type 3 in a female ward for severe intellectual disability, the spokesperson for Siu Lam Hospital gave the following update today (November 14):

Three more patients (aged 27 to 41) in the ward presented with

respiratory symptoms. Appropriate viral tests were arranged for the patients and the test results for two patients were positive for Parainfluenza Virus Type 3. The patients concerned are being treated under isolation with stable condition.

Admission to the ward has been suspended and restricted visiting has been imposed. Infection control measures have already been stepped up according to established guidelines. All other patients in the ward are under close surveillance.

The cases have been reported to the Hospital Authority Head Office and the Centre for Health Protection for necessary follow-up.

[Appeal for information on missing man in Kwai Chung \(with photo\)](#)

Police today (November 14) appealed to the public for information on a man who went missing in Kwai Chung.

Cheng Kau, aged 64, went missing after he was last seen in a hostel on Shek Yam Road yesterday (November 13) afternoon. The staff of the hostel made a report to Police on the same day.

He is about 1.55 metres tall and of medium build. He has a long face with yellow complexion and is bald. He was last seen wearing a long-sleeved shirt with blue and white strips, dark trousers and slippers.

Anyone who knows the whereabouts of the missing man or may have seen him is urged to contact the Regional Missing Person Unit of New Territories South on 3661 1173 or 5313 7486 or email to rmpu-nts-2@police.gov.hk, or contact any police station.



[Surface mail services to Iran temporarily suspended](#)

Hongkong Post announced today (November 14) that, due to disruption of sea transportation services, all surface mail services (including letter post items and parcels) to Iran are suspended with immediate effect until further notice.

[LCQ6: Hospital accreditation programme](#)

Following is a question by the Professor Hon Joseph Lee and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 14):

Since 2009, the Hospital Authority (HA) had implemented a hospital accreditation programme (the accreditation programme) by phases in public hospitals, with a view to enhancing the accountability of hospitals for service quality and safety. Some healthcare workers have relayed that while the accreditation programme put much emphasis on the procedure, it disregarded the manpower shortage problem (i.e. the so-called "accrediting the procedure but not the manpower"). Healthcare workers were worn out by the large amount of paperwork generated by the accreditation programme, which

conversely affected the quality of clinical services. After discussing with the Secretary for Food and Health, HA decided in January this year to suspend the accreditation work, so as to alleviate the work pressure on healthcare workers during the influenza surge and to allow them more time for taking care of patients. It has been reported that HA suddenly terminated the accreditation programme last month and indicated that it was exploring a new model for implementing the accreditation programme. In this connection, will the Government inform this Council whether it knows:

(1) the details of the new accreditation programme to be implemented, including the implementation date, the expenditure and manpower involved, as well as how the accreditation of both the procedure and manpower will be achieved; and

(2) how HA will ensure that the implementation of the new accreditation programme will neither increase the work pressure of healthcare workers nor affect the quality of healthcare services?

Reply:

President,

My consolidated reply to the various parts of the question raised by the Professor Hon Joseph Lee is as follows:

It is one of the key strategic directions of the Hospital Authority (HA) to ensure patient safety and improve patient services. Given the advancement in medical technology, population growth and increasing complexity of hospital services, the establishment of a sound risk and quality management system has become fundamental to improving the quality of healthcare services. Hospital accreditation is a general global trend. It has been widely adopted across the world to enhance the quality of healthcare facilities and ensure patient safety. Through hospital accreditation, the risks and inadequacies of such aspects as hospital management, facilities and operation are assessed in an objective and systematic manner to ensure continuous service quality improvement.

The HA launched the Hospital Accreditation Programme (the Programme) in 2009. With the concerted efforts of hospitals and their staff over the years, 20 HA hospitals have been awarded full accreditation status as at 2016. Drawing from the experience of implementing the Programme in the past few years, and on the advice of frontline staff and stakeholders, the HA initiated a comprehensive review of the Programme in February 2017. In mid-July 2017, having regard to the sharp increase in demand for public hospital services during the influenza summer surge and the work pressure on frontline staff, the HA suspended all hospital accreditation activities. During the suspension period, the HA continues to explore ways to enhance the continuous quality improvement model taking account of local situation and characteristics.

In the review process, staff members agreed that the main purpose of hospital accreditation was to establish a sound risk and quality management

system to ensure continuous quality improvement. Over the past few years, HA hospitals have effected improvements as appropriate in various areas and services on the basis of the recommendations of self-evaluations and independent surveyors. For example, sterilising facilities in operating theatres and their operation are improved, medication safety is enhanced and occupational safety and health of their staff are further strengthened. Staff members also expressed during the review that they had been worried and concerned about the implementation of hospital accreditation. For example, certain accreditation standards and improvement recommendations might not be suitable for adoption in public hospitals; preparation for accreditation and survey documents generated extra work pressure on staff; and there were variations in surveyors' rating standard and their experience.

At present, a new working group, comprising representatives from the HA Head Office and hospital clusters, has been set up by the HA to explore how to draw up a new continuous quality improvement plan for public hospitals. The directions to be considered will focus on the following:

(1) To carry out improvement work at a steady pace with emphasis placed on continuous quality improvement and patient safety, rather than on performance assessment of individual units or staff members or enforcement of requirements under the accreditation standards for enforcement's sake.

(2) To eliminate duplication of work processes, including reducing paperwork as well as the frequency of hospital visits and ward rounds. The HA may allocate extra resources to help hospital clusters handle the work for continuous quality improvement, so that frontline healthcare staff can focus on their routine clinical and healthcare duties. The elements of continuous quality improvement may also be integrated into routine clinical and healthcare services, so as to spare the staff the need to undergo extra training.

(3) To enhance the support of HA Head Office for hospital clusters. The HA Head Office may take up the responsibility of organising, implementing and co-ordinating continuous quality improvement programmes. The HA may also co-ordinate the deployment of extra resources for carrying out patient or staff safety improvement measures identified during the implementation of continuous quality improvement programmes.

The support and collaboration of every staff member are necessary for enhancing continuous quality improvement. Currently, the HA is preparing to organise consultation sessions and focus groups for staff of different grades to enhance staff communication and collect their views. The HA will also invite patient groups and stakeholders to give their views on the new continuous quality improvement plan through different channels.

The HA will continue to explore how to draw up a new continuous quality improvement plan taking into account local situation and characteristics as well as the views of different stakeholders, so as to provide patients with quality and safe healthcare services.