LCQ13: Medical incidents in public hospitals

Following is a question by the Dr Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (December 5):

Question:

Last month, the Hospital Authority (HA) announced three medical incidents, in which healthcare workers had failed to spot at an opportune time the abnormal lung shadows appearing on the X-ray films of three patients (from the Prince of Wales Hospital, Princess Margaret Hospital and Queen Mary Hospital respectively) who were suffering/suspected of suffering from lung cancer, resulting in delays in the diagnosis and treatment of the patients for periods as long as 20 to 33 months. Under the existing mechanism, the patients concerned and their family members may lodge complaints and claims with HA in respect of medical incidents. In the past three years, HA received a total of 342 claims arising from medical incidents. In this connection, will the Government inform this Council if it knows:

(1) the respective current stages of lung cancer from which the patients in the aforesaid incidents are suffering, and the follow-up treatment they are receiving;

(2) as HA has established a Root Cause Analysis Panel to investigate the aforesaid incidents, the scope and progress of the investigation;

(3) the number of patients who underwent chest X-ray examinations, and the number of such patients diagnosed with lung cancer, at each public hospital in each of the past three years;

(4) regarding those patients who underwent chest X-ray examinations at the aforesaid three hospitals in the past three years but abnormalities were not spotted in their X-ray films at that time, whether HA will arrange experienced radiologists to read afresh the X-ray films concerned so as to expeditiously diagnose and treat patients of oversight cases; if HA will, of the details; if not, the reasons for that;

(5) the number of claims arising from medical incidents reported since January 2015 under the medical incidents insurance scheme of HA, broken down by public hospital, as well as the number of such claims referred to mediation and the amount of compensation involved;

(6) whether HA will review the manpower and workload of the relevant departments of public hospitals and ensure that all X-ray films are read by experienced radiologists; if HA will, of the details; if not, the reasons for that; and

(7) whether HA has measures in place to avoid the recurrence of similar types of incidents so as to protect patients' rights and interests; if HA does, of the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Dr Hon Chiang Lai-wan is as follows:

(1) Prince of Wales Hospital, Princess Margaret Hospital and Queen Mary Hospital have sought to arrange follow-up examinations for the patients concerned, and will formulate and provide the most suitable treatment plans for them. To protect patients' privacy, the Hospital Authority (HA) will not disclose further information of the patients.

(2) The HA has established a Root Cause Analysis Panel to comprehensively examine the three cases as well as the workflow and services of each of the hospitals, with a view to exploring how to better support healthcare staff and ensuring that they can identify abnormalities in chest X-ray examinations in a more timely manner. The Panel is chaired by the Chief of Service, Department of Radiology and Nuclear Medicine, Tuen Mun Hospital and Pok Oi Hospital, and includes representatives from the HA's Central Co-ordinating Committees of various specialties. The Panel is expected to complete a report with recommendations on improvement measures in eight weeks.

(3) The numbers of attendances for chest X-ray examinations in the HA in the past three years are set out in the table below:

Year	2015-16	2016-17	2017-18
Number of attendances	About 1.6 million	About 1.7 million	About 1.8 million

The HA does not keep statistical information on the number of patients diagnosed with lung cancer in respect of the above attendances.

(4) The respective clinical departments of the hospitals concerned will consider the clinical needs and treatment plans of individual patients to decide whether it is necessary to conduct further examinations and arrange radiologists to read their X-ray films.

(5) The numbers of medical incident claims reported by each HA cluster from January 2015 to the end of October 2018 are set out in the table below:

Hospital Cluster	Year in which claims* were reported			
	2015	2016	2017	2018
Hong Kong East	10	11	8	4
Hong Kong West	14	6	8	11
Kowloon Central	15	16	20	14
Kowloon East	11	14	14	11
Kowloon West	42	41	21	20
New Territories East	18	20	12	9
New Territories West	18	17	28	12
Total:	128	125	111	81

* Claims reported under the medical incidents insurance scheme of the HA.

Compensation and mediation in respect of the above claims are as follows:

	Year in which claims (See Note 1) were reported			
	2015	2016	2017	2018
Number of claims (See Note 2)	128	125	111	81
Number of claims settled out of court (See Note 3)	27	17	16	5
Number of claims referred to mediation	5	0	0	0
(a) Number of claims settled during mediation (See Note 4)	3	0	0	0
(b) Number of claims settled after mediation (See Note 4)	0	0	0	0
Amount of compensation paid (See Note 5) in respect of claims settled out of court (See Note 3) ($ million)	31.09	9.68	7.76	1.89

Notes:
1. Claims reported under the medical incidents insurance scheme of the HA.

2. The number of claims reported in a particular year includes the number of claims settled through mediation in that year. For example, for the claims reported in 2015, as at the end of October 2018, a total of 128 claims were received, of which 27 were settled out of court (including 3 cases settled during mediation).
3. Including claims settled out of court after legal proceedings had commenced.
4. Included in the number of claims settled out of court.
5. Of the total amount of compensation in this row, $4.38 million was paid for claims settled during mediation. As compensation agreements must be kept confidential and the number of claims settled during mediation is relatively small, the HA is unable to provide a breakdown of the compensation paid according to the agreements reached by mediation.

(6) The HA currently provides clinical services through management teams of various specialties. After an X-ray examination of a patient, the image(s) will be uploaded to the Clinical Management System for doctors to read and make diagnosis. If necessary and depending on the situation, doctors of various specialties will consult radiologists to prepare a report so as to arrange suitable treatment for the patient. Moreover, the HA conducts regular reviews of the manpower and workload of healthcare staff to ensure that clinical and service needs are met.

(7) The HA's Head Office will disclose to the public salient information of incidents through the media in a timely manner, and will enhance the awareness of its staff in this regard. The HA will implement improvement measures, to be explored and devised by the Panel after root cause analysis, so as to avoid the recurrence of similar types of incidents and ensure patients' safety.