

Executive Summary of the Investigation Report on the Mechanism for Handling Missing Patients in HA Hospitals

Background

In June and August 2001, a number of reports of patients missing from hospitals run by the Hospital Authority (HA) gave rise to much community concern. For public interest and patient safety, The Ombudsman decided to initiate a direct investigation under section 7(1)(a)(ii) of The Ombudsman Ordinance, Cap. 397 in late September 2001.

The Investigation

2. This direct investigation examines the existing administrative procedures and practices for handling in-patients reported or found missing from HA hospitals, ascertains the adequacy and effectiveness of such procedures and practices and assesses the need for improvement.

Missing Patients

3. For HA, in-patients found missing is by far the largest category of security incidents reported in HA hospitals. During the 24 months from 1 June 1999 to 31 May 2001, there were 6,486 reports of patients missing from 40 HA hospitals. In nine cases, the patient was later found dead. Our community has legitimate expectations of HA taking proper precautions for the safe care of patients throughout their hospitalisation.

Reasons for Missing

4. A hospital is for medical treatment and recuperation, not for detention of patients. Patients' movement within the hospital compound is understandably unrestricted. It is not uncommon for patients to leave their ward. There are many reasons for patients "missing" from hospitals - for example leaving to attend to personal matters, to have tea or other recreational activities with friends, to get illicit drugs to relieve addiction, and leaving without notification upon regaining consciousness from drunkenness or drug overdose.

Hospital Responsibilities

5. HA hospitals is responsible for the safety and well-being of patients in their care particularly those "at risk" -

- (a) infants;
- (b) young children or mentally retarded or impaired children regardless of age;
- (c) patients whose mental incapacity may impose a danger to themselves or others; and

- (d) patients whose clinical conditions are such that continuous medical intervention is needed otherwise patient's life may be at stake.

Patient Responsibilities

6. In turn, patients have responsibilities as well as rights, as set out in HA's Patients' Charter. They have the responsibility to follow the prescribed and agreed treatment plan, to comply conscientiously with the instructions given and to show consideration for the rights of other patients and health care providers. In brief, they should follow hospital rules for patient conduct.

7. HA expects patients and their families, to abide by hospital rules and regulations.

Definition

8. There is no standardized definition of "missing patients". Four definitions are being adopted by HA hospitals, as follows -

- (a) patients who discharge themselves or are found missing without prior notice to ward staff and cannot be located;
- (b) patients who discharge themselves or are found missing without prior notice to ward staff and cannot be located, resulting in reports to the Police;
- (c) patients who discharge themselves (walk away in the presence of medical/ward staff) without signing the Discharge with Acknowledgement of Medical Advice (DAMA) form; and
- (d) despite persuasion, patients who refuse to return after home leave.

Method of Counting

9. There is no uniform method of counting missing patients. Three methods are adopted by HA hospitals, as follows

- (a) by the number of discharges coded as "missing" in the Integrated Patient Administration System;
- (b) by the number of patients found missing based on the particular definition adopted by the hospital and -
 - (i) counting "episodically", i.e. the same patient may disappear more than once during hospitalisation and each time is counted; or
 - (ii) counting "individually", i.e. the same patient is counted only once regardless of the number of disappearances during each stay.

Guidelines and Procedures

10. HA adopts an approach of decentralized management, with Hospital Chief Executives being held responsible for the management of their respective hospitals. In 1995, HA issued guidelines and procedures for handling missing patients. This set of guidelines was put under Section C Item II(1) of the Manual on Handling of Medico-Legal Issues in Hospital.

11. The guidelines contain suggestions for the handling of missing patients such as searching for the patient, contacting family members/relatives, reporting to the medical officer on duty, recording the incident and notifying the Police. Although it is not mandatory for each hospital to publish its own operational instructions/guidelines on missing patients, each hospital is expected to put in place necessary measures to ensure the proper care of each patient.

Practices

12. Except for special clinical reasons and special categories of patients in custody, a patient is free to move within hospital premises and is often encouraged to do so to facilitate recuperation. HA hospitals would monitor the movement of patients through checks by nurses before medication/treatment and during meal times, head count conducted before handing over to the next shift and ward rounds by medical officers.

13. When a patient is found or reported missing, hospitals will activate the missing patient protocol according to their operational guidelines and procedures for handling missing patients. Though the protocol or timespan is not identical for all HA hospitals, it includes searching the ward and its vicinity, informing the hospital security officer, reporting to the ward manager and the attending doctor, contacting family or next-of-kin, reporting to the Police, documenting the incident and closing the case.

Observations and Opinions

14. From our investigation, we have some observations and views -

Definition

- (a) The four definitions have been devised by HA hospitals, based on their perception and handling experience of patients found or reported missing. Different hospitals adopt different definitions resulting in inconsistency and inaccuracy of information.

Method of Counting

- (b) Lack of uniformity of counting is the result of diversity in definition and interpretation of “missing patients”. Methods of counting missing patients are inconsistent - (b)(i) counting “episodically” and (b)(ii) “individually”.

Reporting to Police

- (c) There are HA guidelines and guidance, issued in 1995 and 1999 respectively, on seeking Police assistance. The decision whether or not to report a case to the Police would be for the staff concerned to make, based on their clinical judgement and assessment of the patient as well as the circumstances at that particular time.

Closing Cases

- (d) There is no uniform timespan to close missing patient cases after their occurrence. Individual hospitals close cases after different periods of time. Some hospitals use a benchmark, 24 hours or 48 hours.

Keeping Statistics

- (e) There are two sources of missing patient data - one from HA's computerised data warehouse and the other from hospital manual records. We have found a substantial difference in the two sets of data. For the same 24 months from 1 June 1999 to 31 May 2001, HA's computerised data warehouse captured 2,992 cases and hospital manual records 6,486 incidents - a difference of 3,494 incidents.

Preventive Measures

- (f) A hospital is a place for medical treatment and recuperation. HA maintains to strike a balance between monitoring patient movement and respecting patients' personal freedom and rights. Hospital staff would exercise their clinical judgement in determining this balance and in implementing appropriate measures to minimise the risk of patients disappearing from hospitals.

Patient and Family Responsibilities

- (g) Patient and family have responsibilities in reducing the risk of patients missing from hospitals. They should cooperate in complying with hospital conditions, rules and regulations.

Conclusions

15. On the basis of our investigation, this Office has the following conclusions -

- (a) There is no standard definition of missing patients for adoption HA-wide;
- (b) There is no uniform method of counting missing patients HA-wide;
- (c) There is no uniform practice among HA hospitals in reporting missing patients to the Police;

- (d) There is inconsistency in missing patient data and records maintained by HAHO and individual hospitals; and
- (e) There are no guidelines and procedures for hospital staff to take suitable measures for minimising the risk of patients disappearing from hospitals.

Recommendations

16. The Ombudsman has made 14 recommendations to HA -

Definition and Method of Counting

- (a) To standardise the definition of “missing patient” across HA hospitals;
- (b) To devise a formal definition of patients “at risk” to enable staff across HA hospitals to take appropriate precautions;
- (c) To standardise the method of counting missing patients across HA hospitals;

Handling of Missing Patients

- (d) To review and update HA guidelines and procedures for handling missing patients and to require HA hospitals to put in place operational instructions and guidelines for application;
- (e) To standardise the procedures and practices HA-wide for reporting cases of missing patients to hospital management and to family;
- (f) To examine the existing measures taken by hospital staff in minimising the risk of patients disappearing from hospitals and to formulate relevant guidelines and procedures for staff;
- (g) To enhance staff awareness and vigilance in handling patients “at risk”;
- (h) To enhance guidance for patients and family to impress upon them the need for compliance with hospital rules and regulations;
- (i) To review and update the guidelines on seeking Police assistance after a specified timespan, say normally 24 hours after disappearance (as usual for Police cases) and less for patients “at risk”;
- (j) To standardise the procedures and practices HA-wide for reporting cases of missing patients to the Police for assistance;
- (k) To standardise the timespan for closing a case (i) after thorough search; and (ii) report to the Police;

Management Information

- (l) To introduce measures for accurate and consistent management information on missing patients;
- (m) To designate a unit in HAHO to coordinate and collate records of missing patients HA-wide; and

Review

- (n) To review arrangements for handling missing patients regularly and to revise them when appropriate in the light of changing circumstances and community expectations.

- End -

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