

# **EXECUTIVE SUMMARY**

## **Direct Investigation Management and Release of Patient Records by Hospital Authority**

### **Background**

It is the policy of the Hospital Authority (“HA”) to keep patient records for the purpose of providing patient care, and to release such records in a timely manner upon the patient’s request. There are two main ways in which HA releases patient records:

- (a) Public-Private Interface – Electronic Patient Record Sharing Pilot Project (“PPI-ePR project”): This is a project under which HA provides an electronic platform to enable enrolled private healthcare practitioners to access the HA medical records of patients subject to their consent. Expected processing time of applications for patient enrolment in the project is 14 days. This is indicated in the application documents.
- (b) Data Access Request (“DAR scheme”): This is a scheme under which HA releases hard copies of a patient’s records to the patient upon his request or to a third party subject to his consent, subject to and in accordance with the Personal Data (Privacy) Ordinance, Cap. 486 (“the PDP Ordinance”). Under the PDP Ordinance and subject to its provisions, HA is required to comply with such requests within 40 days. However, the DAR application documents do not give any mention of this requirement or any information about expected processing time.

2. A complaint case showed that an HA patient who applied in 2011 under the PPI-ePR project for his HA records to be released to his private sector doctor before a surgical operation had to wait for more than 70 days before their release. This prompted us to investigate into the magnitude of the problem and the improvements that can be made.

## HA's patient record system

3. For keeping of patient records in HA's computerised record system, each patient is given an account identified by the number of his identity document. When a patient visits or is admitted to HA hospitals/clinics, these are recorded in his account as Episodes and given Episode numbers ("Episode No."). An Episode No., once created, is connected to a patient and becomes part of the records in his account, and should not be re-used for any other patient. Guidelines to this effect were issued in 1995 by HA Headquarters to HA hospitals.

4. However, in actual fact, there are a number of circumstances under which an Episode No. may be moved from one account to another, including the following:

- (a) A hospital re-using a patient's Episode No. for another patient by mistake.
- (b) A patient using different identity documents at different times to obtain treatment at HA hospitals, e.g. at one time using his One-Way Permit and at another his Hong Kong Identity Card. Upon detection of the anomaly, HA will move the Episode(s) involved from the wrong account to the correct one.
- (c) A patient using another person's (usually a relative's) Hong Kong Identity Card by mistake when seeking urgent treatment at the Accident and Emergency Department. As in (b), upon detection of the anomaly, HA will move the Episode(s) involved from the wrong account to the correct one.

5. Under HA's system, whenever an Episode No. is moved from one patient account to another, Yellow Flags will be automatically triggered on both the "Move from" and "Move to" accounts. The Yellow Flags serve to indicate that the records may be corrupted and should be used with extra caution. Also, the Yellow Flags will bar the patient records concerned from being released under the PPI-ePR project. Until October 2006, the Yellow Flags were not connected to any mechanism that would set in motion any rectification action. Two cases studied in our investigation illustrated the problems in the system.

## Case 1

6. In this case a PPI-ePR application for patient enrolment took 70 days. The long time taken was due to the following sequence of events:

- Back in June 2006, when Mr C failed to show up for an appointment at HA Hospital C, the hospital re-used his Episode No. for another patient. This triggered a Yellow Flag on Mr C's account.
- Five years later, when Mr C applied for his records under the PPI-ePR project in April 2011 for the purpose of a surgical operation, they were barred from being released by the Yellow Flag placed on his account.
- Only then did HA start to take action to verify his records.
- During April to July 2011, while HA was verifying his records, Mr C and his family sent numerous reminders to HA, including a letter dated 7 May 2011. However, he did not receive any useful feedback from HA. His son's letter dated 7 May 2011 was not answered. In terms of explanation, HA offered little more than "records under review", "system under maintenance" and "records under vetting process".
- Finally, HA completed verification and approved Mr C's application in July 2011.

7. We had the following observations:

- Re-use of Episode No. was banned under HA guidelines issued in 1995, but was still the general practice in Hospital C until 2007/08.
- A Yellow Flag raised in 2006 was not cleared until 2011.
- HA failed to communicate effectively with a patient and his family, causing them anxiety and distress.

## Case 2

8. In this case a PPI-ePR application took five months. The sequence of events was as follows:

- Early November 2011 – Mr X submitted a PPI-ePR application to HA.
- 24 November 2011 – Noting that there was a Yellow Flag on Mr X’s records, HA Headquarters requested Hospital Y to verify the data before processing the PPI-ePR application.
- 19 December 2011 – After three reminders Hospital Y replied to HA Headquarters that “data cannot be verified as the medical record has already been disposed”.
- 21 December 2011 – In response, HA Headquarters asked Hospital Y to “advise if the ‘Move from’ and ‘Move to’ accounts belong to the same patient, and are there any electronic data involved”.
- 27 March 2012 – After several reminders Hospital Y checked the electronic records and confirmed that only one patient was involved.
- 28 March 2012 – HA Headquarters cleared the Yellow Flag and approved the PPI-ePR application.

9. We had the following observations:

- Throughout the verification process Hospital Y demonstrated no sense of urgency, a complete disregard of the 14-day service target for PPI-ePR applications and little consideration for the interest of the patient involved.
- Hospital Y appeared to be ignorant of what was required in the verification process.

- Our study into other cases showed that this was a common failure of many HA hospitals at that time. Considering that procedures for data verification were introduced in 2006, the ignorance of HA hospitals of such procedures in 2012 was a serious deficiency. This deficiency was only remedied in May 2012 when HA Headquarters introduced a standard form setting out its verification requirements for HA hospitals to fill in.

## **Deficiencies and recommendations**

10. Our investigation revealed four main deficiencies in HA's management and release of patient records, as discussed below.

### ***I Failure to verify possibly corrupted records in a timely manner***

11. Case 1 showed that corrupted patient records in HA's system were left unverified for five years. This was due to a deficiency in the system when the Yellow Flag mechanism was created in early 2006, i.e. although the Yellow Flag served to bar possibly corrupted records from being released, it was not connected to any mechanism to trigger rectification action.

12. This deficiency was partially remedied in October 2006 when HA improved its system to enable Yellow Flags to trigger rectification action. However, no action was taken on Yellow Flags raised before October 2006, as shown in Mr C's case. Nor was any deadline set for rectification action.

13. As we carried on this investigation, HA took steps in tandem to further improve the system, as follows:

- In January 2013 HA introduced deadlines for clearing Yellow Flags:
  - For cases involving one patient: two weeks
  - For cases involving more than one patient: six weeks

- In March 2013 HA went a step further and set up a Task Force to coordinate and monitor the clearing of Yellow Flags.

14. A total of more than 20,000 Yellow Flags were raised since the introduction of the Yellow Flag mechanism in 2006. Under the Task Force, HA made progress in clearing them. As at October 2013, there were 2,233 outstanding Yellow Flags, comprising 2,122 cases substantially verified and ready to be cleared, and 111 cases which were relatively complicated and on which further verification was necessary.

15. We consider that HA should keep up its work in this regard. For the more complicated cases the verification of which is expected to take a long time, instead of allowing them to drag on, HA should give consideration to practical stopgap measures such as releasing the records upon request with an appropriate remark pointing out the areas of uncertainty.

## ***II Insufficient publicity for doctor-to-doctor communication***

16. In the course of this investigation we noticed that some of HA's service targets for processing release of patient records may not be able to meet the demand of patients in urgent need, such as those wanting to seek a second medical opinion before an operation. The service targets causing us particular concern are:

- Processing of DAR applications: 40 days
- Clearing of Yellow Flags involving different patients (which will impact on the processing of PPI-ePR applications): six weeks

17. When we put our concern to HA, HA said that in cases of urgent need, the patient's doctor in the private sector should contact his HA doctor direct for information – this mode of communication was called doctor-to-doctor communication. HA explained that doctor-to-doctor communication was “a universal well-established professional communication means to facilitate a doctor during the care process of a patient to obtain more information about the patient from another doctor who had previously rendered clinical management to the patient”. According to HA, as a matter of professional practice, such requests for information would be processed by HA doctors as soon as possible having regard to the circumstances of the case. In reply to our query on whether doctor-to-doctor communication would be workable in cases with Yellow Flags, HA said that in such cases the HA doctor would

verify the data to ensure its accuracy before release, and if the data cannot be verified in time, he would mention any relevant areas of uncertainty in his reply to the private doctor.

18. While we note HA's position that doctor-to-doctor communication will be able to serve patients in urgent need, we are concerned that it is not sufficiently known among patients and even some doctors, such as the private doctor in Case 1. We recommend HA to give publicity to doctor-to-doctor communication, such as on its website, and in its application documents for PPI-ePR and DAR.

### ***III Ineffective communication with patients seeking release of their records***

19. Our investigation has shown deficiencies in HA's communication with patients seeking their records. This is illustrated in the following:

- In Case 1, during the patient's long wait for his PPI-ePR approval, HA gave him little information that was useful or helpful, despite repeated requests from him and his sons. A letter from the patient's son was even left unanswered.
- DAR applicants are given no information about the possible processing time, nor the statutory requirement for HA to process DAR applications within 40 days.

20. We recommend that HA should adopt a more patient-oriented mindset in processing applications for release of patient records, including provision of clear information to patients on the expected processing time, any alternative means of obtaining information for those in urgent need, and where there is a delay, the reasons for delay.

### ***IV Ineffective communication between HA Headquarters and HA hospitals***

21. Our investigation has shown deficiencies in the internal communication between HA Headquarters and HA hospitals. This is illustrated in the following:

- In Case 1, despite HA Headquarters guidelines issued in 1995, it was Hospital C's practice until 2007/08 to re-use Episode Nos. for different patients, leading to patient records being mixed up.

- In Case 2 and other cases studied by us, despite procedures introduced by HA Headquarters in 2006, until 2012 many HA hospitals were unclear of what was required when HA Headquarters asked them to verify data in connection with PPI-ePR applications. Nor did they pay attention to the 14-day target for processing such applications. It was only in May 2012 that HA introduced measures to rectify this problem.

22. The occurrence of these problems suggests that guidelines issued by HA Headquarters are not always observed by individual hospitals, procedures laid down by HA Headquarters not always understood, and deadlines not always met. HA is a large organisation and extra efforts need to be made if internal communication is to be efficient and effective. We recommend that HA should consider reviewing its internal communication network/channels with a view to enhancing communication between HA Headquarters and individual hospitals.

## **Conclusion**

23. HA should be given credit for taking measures to address deficiencies as problems surfaced in its Yellow Flag mechanism. However, there is room for improvement, particularly in respect of enhancing communication with patients and in giving wider publicity to doctor-to-doctor communication as a means of obtaining records in cases of urgent need.

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