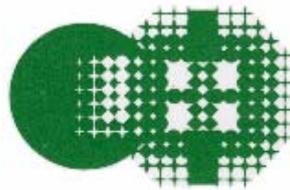


DIRECT INVESTIGATION REPORT

**MANAGEMENT AND RELEASE OF PATIENT RECORDS
BY HOSPITAL AUTHORITY**

June 2014



Office of The Ombudsman

Hong Kong

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.

Office of The Ombudsman
June 2014

主動調查報告摘要

醫院管理局管理及提供病歷的機制

背景

醫院管理局（「醫管局」）的一貫政策，是在護理病人的過程中保存病歷，並因應病人的要求適時提供有關資料。醫管局主要經兩個途徑提供病歷資料：

- (a) 公私營醫療合作 - 醫療病歷互聯試驗計劃（「病歷互聯計劃」 “PPI-ePR”）：根據這項計劃，已登記的私家醫生如得到有關病人同意，可經醫管局提供的電子平台取得病歷資料。這項計劃的申請文件訂明，該局處理病人的登記申請預計需時 14 天。
- (b) 查閱資料要求（「病歷副本計劃」 “DAR”）：根據這計劃，醫管局會因應病人的要求或在他同意的情況下向第三者提供其病歷文件的硬複本，但必須按照《個人資料（私隱）條例》（第 486 章）的規定。該條例及相關條文訂明，醫管局必須在 40 天內處理有關要求。然而，「病歷副本計劃」下的申請文件沒有提及這項規定，亦沒有說明預計的處理時間。

2. 在一宗投訴個案中，醫管局一名病人於二〇一一年提出「病歷互聯計劃」的登記申請，以便其主診私家醫生在為他進行一項外科手術前，能取得他在醫管局的病歷。但是，該局在他申請逾 70 天後，才提供有關資料。該宗個案促使本署展開這項主動調查，審研有關問題的嚴重程度，以及找出可改善之處。

醫管局的病歷系統

3. 醫管局為每名病人在其電腦記錄系統開立戶口檔案，保存

病歷，系統以病人的身份證明文件號碼作識別。病人到醫管局轄下各醫院／診所求診或入院時，診症記錄均會保存在其戶口檔案內並獲配編號（「診症編號」）。由於診症編號在編配後即聯繫到有關病人，成為其戶口的部分記錄，因此不應轉配予其他病人。醫管局總部於一九九五年已向轄下各醫院發出關於不可重複轉配診症編號的指引。

4. 然而，於實際運作時，診症編號在某些情況下，仍有可能由一個病人轉配予另一名病人。這些情況包括：

- (a) 醫院錯誤地把某病人的診症編號重複編配給另一名病人；
- (b) 病人在不同時間到醫管局轄下的醫院求診時，使用了不同的身份證明文件登記：例如，某次使用單程證，而另一次則使用香港身份證。如發現這個異常情況，醫管局會予以糾正，把有關診症記錄由錯誤的戶口檔案轉移到正確的戶口檔案；以及
- (c) 病人到急症室求診時誤用了他人（通常是親屬）的香港身份證。醫管局在發現這個異常情況後，會把事涉診症記錄由錯誤的戶口檔案轉移到正確的戶口檔案。

5. 醫管局的系統如發現有診症編號從某病人的戶口檔案轉移到另一名病人的戶口檔案，會自動在「匯出」及「匯入」的兩個戶口都顯示「黃旗」，表示病歷可能有錯，須特別小心處理。「黃旗」亦會阻截有關的病歷資料通過病歷互聯計劃發放。然而，直至二〇〇六年十月為止，「黃旗」並沒有聯繫到任何可啟動糾正行動的機制。以下兩個個案顯示了機制中的不足之處。

個案一

6. 這宗個案涉及的病歷互聯計劃申請需時長達 70 天，原因

與以下的事件經過有關：

- 二〇〇六年六月，C 先生沒有如期到醫管局轄下 C 醫院覆診；該醫院把他的診症編號轉配給另一名病人，他的檔案因此出現「黃旗」。
- 二〇一一年四月（即五年後），C 先生提出病歷互聯計劃申請，以便其私家醫生為他進行外科手術。但由於其戶口檔案顯示有「黃旗」，結果病歷資料未能發放。
- 醫管局此時才採取行動，核實他的病歷資料。
- 在二〇一一年四月至七月期間，當醫管局核實 C 先生的病歷時，他和家人曾多次催促醫管局處理申請，包括於五月七日去信該局。但是，該局並無給予 C 先生任何實質的回覆，亦沒有回應其兒子五月七日的信件。對於這宗申請需時甚長，該局只解釋是「病歷在覆核中」、「系統正待維修」及「病歷尚在審核過程中」。
- 最後，醫管局於二〇一一年七月才完成核實資料的工作及批准 C 先生的申請。

7. 就這宗個案，本署的觀察所得如下：

- 醫管局於一九九五年發出的指引訂明不可重複轉配診症編號。然而，直至二〇〇七／〇八年度，重複轉配診症編號在 C 醫院仍然是慣常的做法。
- 病歷檔案二〇〇六年出現的「黃旗」，至二〇一一年才予取消。
- 醫管局未能與病人及其家屬好好溝通，令他們感到苦惱和焦慮。

個案二

8. 在這宗個案中，病歷互聯計劃的申請需時五個月才完成批核。事件的經過如下：

- 二〇一一年十一月初：X 先生向醫管局遞交病歷互聯計劃申請表。
- 二〇一一年十一月二十四日：醫管局總部留意到 X 先生的病歷有「黃旗」，故在處理其病歷互聯計劃申請前，要求 Y 醫院先核實他的資料。
- 二〇一一年十二月十九日：經三次催促後，醫管局總部終於接獲 Y 醫院回覆，表示「病歷已銷毀，因此無法核實資料」。
- 二〇一一年十二月二十一日：醫管局總部要求 Y 醫院「澄清『匯出』及『匯入』的戶口檔案是否屬於同一名病人，以及是否涉及任何電子檔案資料」。
- 二〇一二年三月二十七日：經多番催促後，Y 醫院檢查電子病歷，確認有關資料只涉及一名病人。
- 二〇一二年三月二十八日：醫管局總部取消該個案「黃旗」，並核准有關的病歷互聯計劃申請。

9. 就這宗個案，本署的觀察所得如下：

- 在整個核實資料過程中，Y 醫院並沒有急病人之所急，完全漠視在 14 天內批核病歷互聯計劃申請的服務目標，亦罔顧有關病人的利益。
- 此外，Y 醫院看來並不知道在核實資料過程中要怎麼辦。

- 本署在審研其他個案時亦發現，醫管局轄下的許多醫院當時普遍存在上述弊病。鑑於核實資料程序早在二〇〇六年已經訂立，醫管局轄下各醫院到二〇一二年仍然不甚了解這些程序，實屬嚴重缺失。
- 直至二〇一二年五月，醫管局總部制定了一份標準表格，列明核實資料的規定以供轄下各醫院填寫，情況才有改善。

不足之處及建議

10. 本署的調查發現，醫管局在管理及提供病歷方面有以下四項不足之處。

一、沒有適時核實可能有錯的病歷

11. 個案一顯示，醫管局的系統內可能有錯的病歷過了五年仍未核實，原因是「黃旗」機制在二〇〇六年年初設立時，系統功能尚未完備，「黃旗」只能阻截可能有錯的病歷不予發放，卻沒有聯結任何機制，去啟動核實和糾正工作。

12. 醫管局在二〇〇六年十月提升了系統，當出現「黃旗」時即可啟動核實和糾正工作，部分彌補了上述不足之處。然而，正如 C 先生的個案顯示，醫管局不會主動跟進在二〇〇六年十月前已出現「黃旗」的病歷，亦沒有就核實和糾正工作訂立任何時限。

13. 在本署進行這項主動調查期間，醫管局同時採取行動以進一步改善系統，詳情如下：

- 二〇一三年一月，醫管局就取消「黃旗」的程序訂立期限：

- 只涉及一名病人的個案：兩星期
- 涉及超過一名病人的個案：六星期
- 二〇一三年三月，醫管局更進一步成立工作小組，專責協調和監察核實和糾正工作。

14. 自二〇〇六年實施「黃旗」機制以來，有超過 20,000 宗個案出現「黃旗」。工作小組成立後，醫管局在清理這些個案方面取得進展。截至二〇一三年十月，該局尚有 2,233 宗未核實或未取消的「黃旗」個案，當中有 2,122 宗個案大致上已經核實並準備取消「黃旗」，另有 111 宗則較為複雜，尚須進一步核實。

15. 本署促請醫管局繼續進行這方面的工作。本署認為，假如個案較為複雜，並預計需時頗長才能完成核實，與其任由這些個案繼續拖延，該局不妨考慮採取一些可行的權宜措施，例如應病人的要求提供病歷，並以適當的備註說明尚未確定之處。

二、「醫生互相通報資料」的安排宣傳不足

16. 本署在調查期間發現，醫管局就提供病歷所需的處理時間訂立的部分服務目標，未必能夠照顧到有急切需要的病人，例如在接受手術前急需徵詢另一名醫生的專業意見的情況。本署特別關注到該局以下兩項服務目標：

- 病歷副本計劃申請的處理時間：40 天
- 審批涉及多名病人的「黃旗」個案（會影響病歷互聯計劃申請的處理）：六星期

17. 當本署向醫管局表達關注時，該局表示，在有急切需要時，病人的私家醫生應直接聯絡醫管局醫生，索取病歷資料。這種溝通方式稱為「醫生互相通報資料」。醫管局解釋，這是一種「普遍且行之已久的專業聯絡方式，讓醫生在護理病人期間，能夠從

另一名曾為病人診治的醫生處取得更多有關病人的資料」。醫管局表示，該局的醫生在接到索取資料要求後，會視乎個案的情況以專業態度盡快處理。當本署詢問「醫生互相通報資料」的安排是否也適用於「黃旗」個案時，醫管局表示，遇到「黃旗」個案，該局的醫生在提供資料前會先作查核，確保資料正確。假如未能及時核實資料，則會在回覆私家醫生時說明尚未確定之處。

18. 本署明白，醫管局的立場是「醫生互相通報資料」的安排能夠幫助有急切需要的病人，但本署擔心，病人甚至部分醫生未必充分知悉有這項安排，個案一的私家醫生正是實例。我們建議醫管局加強宣傳，例如在該局網頁，以及病歷互聯計劃和病歷副本計劃的申請表上宣傳「醫生互相通報資料」的安排。

三、與索取病歷的病人溝通不足

19. 本署的調查發現，醫管局與索取病歷的病人溝通不足。這點可見於下列情況：

- 在個案一，病人苦苦等候醫管局批核其病歷互聯計劃申請期間，該局雖收到病人及其兒子再三要求，仍沒有向病人提供任何有用的實質資料，甚至沒有回應其兒子的信件。
- 醫管局並不會告知病歷副本計劃的申請人該局處理申請所需的時間，或法例規定該局須在 40 天內完成批核病歷副本計劃申請。

20. 本署建議醫管局在處理索取病歷的申請時須更加為病人設想，包括清楚告知病人預計處理時間，並向有急切需要的病人提供取得有關資料的其他途徑；如有延誤，亦應說明造成延誤的原因。

四、醫管局總部與該局轄下各醫院欠缺有效溝通

21. 本署的調查亦發現，醫管局總部與該局轄下各醫院的內部

溝通有不足之處。有關情況如下：

- 在個案一，儘管醫管局總部已於一九九五年發出不可重複轉配診症編號的指引，但直至二〇〇七／〇八年，C 醫院仍然把診症編號重複轉配給不同病人，以致病歷出現混亂的情況。
- 個案二及本署研究的其他個案則顯示，儘管醫管局總部已於二〇〇六年訂立核實資料的程序，但直至二〇一二年，在總部要求查核與病歷互聯計劃申請有關的資料時，該局轄下不少醫院仍未清楚須怎麼辦，而且完全漠視 14 天的服務目標。醫管局則直至二〇一二年五月才採取措施糾正這個問題。

22. 以上問題的出現，反映個別醫院未必完全遵從醫管局總部發出的指引，去理解總部訂立的程序，或符合設定的時限。醫管局的組織架構十分龐大，要令內部溝通迅速有效，必須付出更大努力。本署建議該局應檢討其內部溝通網絡／渠道，以加強總部與個別醫院之間的聯繫。

結論

23. 醫管局在「黃旗」機制出現問題時採取補救措施，做法應予肯定。然而，這方面仍有可改善之處，特別是應加強與病人的溝通，以及更廣泛地宣傳在有急切需要時可透過「醫生互相通報資料」方式索取病歷資料。

申訴專員公署

二〇一四年六月

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1

Introduction

1.1 It is the policy of the Hospital Authority (“HA”) to keep patient records for the purpose of providing patient care (including medical treatment/consultation, counselling, rehabilitation, etc.) 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:

- (1) 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 with the consent of a patient to access the latter’s electronic medical records kept by HA.
- (2) Data Access Request (“DAR scheme”): This is a scheme under which HA releases, subject to and in accordance with the Personal Data (Privacy) Ordinance, Cap. 486 (“the PDP Ordinance”), hard copies of a patient’s records to the patient upon his request or to a third party subject to his consent.

1.2 A complaint case showed that a patient who applied under the PPI-ePR project for his electronic records to be released to his private sector doctor before a surgical operation in 2011 had to wait for more than 70 days before their release. During the long wait, he received little information about the expected date of release and the reasons for the long time taken, despite repeated requests made to HA. The patient and his family suffered considerable anxiety and distress as a result.

1.3 Our preliminary inquiries into the case suggested that this was not an isolated case and that systemic issues might be involved.

1.4 In May 2013, pursuant to section 7(1)(a)(ii) of The Ombudsman Ordinance, Cap. 397, The Ombudsman informed HA of his decision to launch a direct investigation into the subject. The purpose is to assess the magnitude of the problem and to identify room for improvement.

1.5 In the course of this investigation we studied papers, statistics and case files of HA. We also held meetings with HA.

1.6 The draft report of this investigation was sent to HA on 14 February 2014 for comments, which were received on 27 February 2014. This final report incorporating HA's comments, was issued on 2 April 2014.

2

Public-Private Interface – Electronic Patient Record Sharing Pilot Project (“PPI-ePR project”)

Purpose of project

2.1 The purpose of the PPI-ePR project, introduced in April 2006, is to enable enrolled private practitioners with the consent of a patient to gain online access to the latter’s electronic medical records kept by HA.

Arrangements

2.2 A private healthcare practitioner who is interested to enrol in the project should make application to HA. When approved, he will be issued with a practitioner password plus a security token with changing number displayed on the token generated by the HA server at one-minute interval.

2.3 A patient who wants to enrol in the project should make application to HA. When approved, he will be issued with a patient password. Expected processing time, which is stated in the Points to Note for Patients, is 14 days.

2.4 After enrolment, a private practitioner who wants to access a patient’s medical records kept by HA should first log into the system with his password and the number generated by the security token, and then into the patient’s records using the patient’s password. Whenever a patient’s records are being accessed, an SMS message will immediately be sent to the patient’s mobile phone alerting him as such.

Participation rate

2.5 Up to December 2013, the participation rate of the PPI-ePR project is as follows:

- No. of patients enrolled = 339,000 (3.6% of the 9,337,079 patients with medical records kept by HA)
- No. of private healthcare professionals enrolled = 3,000 (23% of the 12,829 registered doctors in Hong Kong)

Processing time

2.6 HA's level of performance against the target processing time for patient enrolment applications of 14 days is shown below:

	2011/12		2012/13	
Processing time	No. of cases processed	%	No. of cases processed	%
< 14 days	73760	99.8%	74879	99.97%
> 14 days	128	0.2%	26	0.03%
Total no. of cases	73888	100%	74905	100%

Complaints

2.7 In both 2011/12 and 2012/13, HA received only one complaint in respect of the project.

3

Data Access Request Scheme (“DAR Scheme”)

Purpose of scheme

3.1 The DAR scheme is a scheme under which HA releases, subject to and in accordance with the PDP Ordinance, copies of a patient’s records to the patient upon his request or to a third party subject to the patient’s consent.

Arrangements

3.2 The DAR scheme charges a fee, detailed as follows:

Item	Fee
Basic charge which includes reproduction charge for not more than 10 pages and postage. Basic charge can also be used to offset other reproduction charges calculated on the basis of the number and type (e.g. X-ray film) of copies required.	\$70
Reproduction charge for the 11 th page and onwards	\$1 per page
Reproduction charge for ECG (electro cardiography), EEG (Electro encephalography), or X-ray film etc.	\$175 per film

3.3 The main HA procedures in processing DAR applications are set out below:

- (1) Upon receipt of a DAR application, HA staff will check that a number of specified conditions are met, and seek clarification from the applicant if necessary. The main specified

conditions are:

- Whether the application contains sufficient information for the data to be identified or located.
 - Whether the basic processing charge of \$70 has been paid.
 - Where the applicant is a different person from the data subject, whether he has the latter's authorisation.
- (2) Upon the specified conditions being met, HA staff will proceed to collate the data and calculate the reproduction charge. They are required to check and verify the records before their release.
- (3) Where the reproduction charge cannot be covered by the basic processing charge, HA staff will collect the additional charge.
- (4) After collection of the total charges, HA staff will make and release copies to the applicant.

3.4 Many applications are from insurance agents (in relation to medical insurance claims) and lawyers (in relation to claims for damages). There are also a fair number of applications from individual patients or their family members seeking such records for reference by their private doctors.

Processing time

3.5 Under section 19(1) and subject to sections 19(2), 20, and 28(5) of the PDP Ordinance, HA is required to comply with the request for data within 40 days after receiving the request. In the circumstances, HA is not required to comply with the 40-day requirement if -

- HA notifies the applicant in writing of the reasons why it is unable to comply with the requirement and, as soon as practicable, complies with the request (section 19(2));
- HA refuses to comply with the request (section 20); or

- any fee imposed by HA has not been paid (section 28(5)).

3.6 This 40-day statutory requirement is however not mentioned in any of the DAR application documents or online materials provided by HA for public information. In other words, requestors are given little or no information about the possible processing time of DAR applications.

Complaints

3.7 Complaints about the DAR scheme are not many, as shown below:

- 2011/12 – 8 cases in 24,662 applications
- 2012/13 – 6 cases in 26,820 applications

4

Yellow Flag Mechanism

Purpose

4.1 The Yellow Flag mechanism is a tool in HA's computerised patient record system which serves to alert HA staff that a patient's records may be corrupted and they must exercise extra vigilance in using these records.

Record management

4.2 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.

4.3 When a patient visits or is admitted to HA hospitals/clinics, these are recorded in his account as Episodes and given Episode numbers. An Episode No. once created is connected to a patient and should not be re-used for another patient, according to the HA guidelines to hospitals issued in 1995.

4.4 For reasons explained in paragraph 4.5 below, an Episode No. may occasionally need to be moved from one patient account to another. When this occurs, it constitutes a Move Episode in the system. A Move Episode will automatically trigger Yellow Flags on both the "Move from" and "Move to" accounts, alerting HA staff that these records may be corrupted and should be used with extra caution.

4.5 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. These cases are classified by HA as “different patients with the same record”.

- (b) A patient using different identity documents at different times to obtain treatment at HA hospitals, e.g. at one time using his OneWay Permit and at another his Hong Kong Identity Card. These cases are classified by HA as “same patient with multiple identity documents”.
- (c) A patient using another person’s (usually a relation’s) Hong Kong Identity Card by mistake when seeking urgent treatment at the Accident and Emergency Department. These cases are classified by HA as “different patients with the same identity documents”.
- (d) A patient using another person’s Hong Kong Identity Card fraudulently in order to enjoy Hong Kong’s highly subsidised medical services. These are also classified as “different patients with the same identity documents”.

4.6 Under scenario (a), the re-use of the Episode No. for a different person by mistake constitutes a Move Episode in the system, which will trigger Yellow Flags on the accounts concerned, alerting HA staff that the records may be corrupted. Under scenario (b), (c) or (d), upon detection of the anomaly, HA staff will perform Move Episode to move the Episode(s) concerned from the wrong account to the correct one. In these instances the Move Episode is itself a first step in the rectification of the records; at the same time it automatically triggers Yellow Flags on the accounts affected, alerting HA staff that the records may be corrupted. Further verification and rectification are needed.

4.7 Under scenario (d), upon discovery of suspected fraudulent use of the Hong Kong Identity Card, HA staff will report the matter to the Police. No statistics are kept by HA on the number of such fraud cases. A sample check into the records of Tuen Mun Hospital shows that, out of the 130 outstanding Yellow Flags as at end March 2013, two cases involved fraudulent use of the Hong Kong Identity Card.

Evolution of Yellow Flag mechanism

4.8 The Yellow Flag mechanism was introduced in early 2006 mainly to alert HA staff to the risk of the records being corrupted and the need to be extra vigilant in using them.

4.9 When the PPI-ePR project was introduced in April 2006, a link was built into the system whereby patient records with a Yellow Flag would be barred from being released.

4.10 In October 2006, a new feature was added to the system whereby a Yellow Flag would automatically trigger an email notification to the hospital information coordinator requesting him to make arrangements to verify the data, rectify the records and remove the Yellow Flag. Up to January 2013, there was no deadline for the completion of this task.

Processing time in clearing Yellow Flags

4.11 After we made preliminary inquiries into this subject, HA introduced deadlines for clearing Yellow Flags in January 2013. Different deadlines were set for same patient and different patient cases as the amount of work involved in verifying the latter cases was considerably greater. These deadlines are set out below:

- Cases of same patient with multiple identity documents: two weeks
- Cases of different patients with same identity documents: six weeks

4.12 HA's performance in terms of time taken to clear Yellow Flags is given below. In general, clearance time in 2012/13 was considerably shorter than in 2011/12. In 2011/12, 13% of same patient cases failed to be cleared within two weeks and 73% of different patient cases failed to be cleared within six weeks. In 2012/13, the failure rates were lowered to 7% and 45%.

Same patient cases	2011/12	2012/13
Time taken to clear Yellow Flags	No. of cases	No. of cases
<2 weeks	4183 (87%)	4719 (93%)
>2 weeks	613 (13%)	371 (7%)
Total no. of cases	4796 (100%)	5090 (100%)

Different patient cases	2011/12	2012/13
Time taken to clear Yellow Flags	No. of cases	No. of cases
<6 weeks	29 (27%)	39 (55%)
>6 weeks	78 (73%)	32 (45%)
Total no. of cases	107 (100%)	71 (100%)

Outstanding Yellow Flags

4.13 The numbers of outstanding Yellow Flags as at year end of 2011/12 and 2012/13 are set out below. It can be seen that the total number has remained at the 2,100 to 2,200 level. Of the circumstances leading to Yellow Flags described in para. 4.5, only scenario (a) is a mistake on the part of HA and preventable; the other scenarios are not within HA's control.

Outstanding Yellow Flags	As at end Mar 2012	As at end Mar 2013
Same patient cases	1271	1341
Different patient cases	859	900
Total no. of cases	2130	2241

5

Case Studies

5.1 In this investigation we have studied about 50 case files. Two illustrative cases are summarized below.

Case 1

The complaint

5.2 Mr C was an 85-year old patient who was required to attend HA hospitals and clinics regularly for treatment of a host of diseases including heart disease, diabetes, prostate enlargement, etc. On 27 April 2011, while attending a regular appointment at Hospital A, the doctor advised him that he needed a surgical operation in respect of his prostate enlargement. In the belief that a private hospital could provide quicker service, he arranged for operation in private Hospital B instead and gave up his place in Hospital A.

5.3 To enable private Hospital B to access his medical records with HA, Mr C submitted a PPI-ePR application to HA on 28 April 2011. However, his records were not released until 11 July 2011, more than 70 days later. During the long wait, despite repeated requests made by him and his two sons to HA, he received little information about the expected date of release of records, or the reason for the long time taken. A letter dated 7 May 2011 from his son to HA was not answered. On the reason for the long time taken, HA's explanations consisted of little more than "records under review", "system under maintenance" and "records under vetting process". As a result, Mr C and his family members suffered much anxiety and distress.

5.4 During this period Mr C had urination problems and was hospitalised

in Hospital A in June 2011. Learning about his plight with his PPI-ePR application, a doctor at Hospital A put him on the HA waiting list for prostate surgery and gave him before his discharge a referral letter describing his condition to help him seek help from the private sector. Eventually he underwent operation at Hospital A in November 2011.

5.5 In July 2011 Mr C's son lodged a complaint to this office against HA for the following:

- Delay in processing his father's PPI-ePR application, rendering his father's records inaccessible when needed; and
- Failure to respond to his letter dated 7 May 2011.

Our findings on the two complaint points

Delay in processing

5.6 Based on the sequence of events set out below we consider the complaint on delay in processing substantiated.

- Back in June 2006, Mr C failed to attend an appointment at another HA hospital, Hospital C. Hospital C then re-used the Episode No. allotted to him for another patient. This constituted a Move Episode and triggered a Yellow Flag on Mr C's records. (Re-use of Episode No. was in contravention of HA guidelines issued in 1995, but was the general practice of Hospital C until 2007/08. In other words, this was not an isolated case. When we tried to find out from HA the number of Yellow Flags triggered by incorrect use of Episode Nos., we were told that no such statistics were available as the system did not record the causes of triggering Yellow Flags. Instead, we were told that since 2006 more than 20,000 Yellow Flags had been raised in the system, and as at March 2013 there were 2,241 outstanding Yellow Flags.)

- From June 2006 to April 2011 no action was taken by HA to verify the affected records or clear the Yellow Flag concerned. (As noted in paragraph 4.10 above the system was modified in October 2006 to enable Yellow Flags to trigger clearance action.)
- On 28 April 2011 when Mr C applied for his records under PPI-ePR, they were barred from being released by the Yellow Flag placed on the records.
- Only then did HA start to take action to verify the records involved. Hospital C obtained preliminary verification results on 17 June 2011, but there were uncertainties about the drug allergy data, and these were only clarified on 8 July 2011. In other words, the Yellow Flag concerned was cleared more than five years after its being raised.
- Mr C's records were finally released on 11 July 2011.

Failure to reply

5.7 On its failure to answer the said letter, HA explained that Mr C's son had in fact called HA the day before (i.e. on 6 May 2011) and the staff concerned had explained to him that the PPI-ePR application could not be approved yet because Mr C's records were "under review" and that the staff would revert to him as soon as they were available. The staff was under the impression that she had adequately dealt with his questions and that no written reply to him was necessary.

5.8 We found HA's explanation hardly satisfactory. As a matter of fact, HA gave Mr C and his family members little information about the real cause of the delay or the expected processing time of his application, despite their repeated requests during April 2011 to July 2011. Nor were they given any advice on alternative ways of obtaining the information by the HA staff handling the PPI-ePR application. HA had certainly failed to communicate effectively with the patient in the whole process.

Our observations

5.9 We made the following observations about HA's performance in this case:

- Failure of a HA hospital to observe HA guidelines, leading to patient records being mixed up.
- Faults in the Yellow Flag mechanism, resulting in corrupted patient records being left unverified for an excessively long period of time.
- An uncleared Yellow Flag leading to excessive delay in processing a PPI-ePR applications.
- Failure to communicate effectively with a patient and his family, causing them unnecessary anxiety and distress.

Case 2

5.10 In this case HA took almost five months to process a PPI-ePR application. The sequence of events in this case is given below:

- 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 the hospital concerned (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 ‘From HKID’ and ‘To HKID’ 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.

5.11 We made following observations:

- By taking almost five months to process this PPI-ePR application, HA failed to meet its service target of 14 days.
- Throughout the process Hospital Y demonstrated no sense of urgency, a complete disregard of the 14-day service target, and little consideration of the plight of the patient involved.
- From the incomplete answer given by Hospital Y to HA Headquarters on 19 December 2011, it appeared that the hospital was ignorant of what was required in the data verification process in Yellow Flag cases.
- Our study into other case files show that this was a common failure of many HA hospitals at that time (i.e. 2010 to 2012). Considering that the data verification procedures had been introduced since 2006, the ignorance of procedures among HA hospitals suggested there were internal communication problems within the organisation.

5.12 Following this and similar cases, HA introduced a number of improvements in May 2012, including:

- introducing a standard form setting out Headquarters’ requirements for data verification in Yellow Flag cases to HA

hospitals.

- introducing monitoring mechanisms on PPI-ePR applications, including the escalation of outstanding cases that took more than 14 days.
- Providing refresher training on PPI-ePR project to frontline staff.

6

Observations

General

6.1 It is HA's declared policy to "*put patients first in everything that it does*"¹. In its published Patients' Charter, it has promised to give patients, amongst other things,

- "the right to information, which may affect the decisions concerning treatment"; and
- "the right to choices, including the right to a second medical opinion from practitioners in the private sector".

6.2 Our investigation has shown that HA has not been able to deliver fully on these promises in the release of patient records. In particular, deficiencies have been identified in the following areas:

- (a) Failure to clear Yellow Flags in a timely manner, resulting in corrupted records being left unverified for a long time and excessive delays in processing PPI-ePR applications.
- (b) Insufficient publicity for doctor-to-doctor communication.
- (c) Ineffective communication with patients seeking release of their records.
- (d) Ineffective internal communication between HA Headquarters and HA hospitals.

¹ Hospital Authority: *Code of Conduct*, 2012

Failure to clear Yellow Flags in a timely manner

6.3 Case 1 has illustrated how the delay in clearing a Yellow Flag can lead to excessive delays in releasing patient records when they are urgently needed, thereby causing anxiety and distress to the patient and his family members. Because of the delay, the PPI-ePR project, originally introduced for the purpose of facilitating patient information, turned out to be a hurdle in this case.

6.4 The delay in clearing Yellow Flags is largely due to deficiencies in the system. As we carried on this investigation, we note that HA was taking steps in tandem to rectify the deficiencies, as follows:

- While the Yellow Flag is a signal that patient records may have been corrupted, when introduced in early 2006 it only served to alert HA doctors of this fact without triggering off any rectification action.
- In October 2006 the system was modified to enable Yellow Flags to trigger rectification action. However, no deadline was set for rectification action and clearing of Yellow Flags.
- After we had begun our preliminary inquiries into this subject, HA introduced deadlines for clearing Yellow Flags in January 2013.
- In March 2013 HA went a step further and set up a Task Force to coordinate and monitor the clearing of Yellow Flags.

6.5 With the Task Force HA has made progress in recent months in clearing Yellow Flags. As at October 2013, there were 2,233 outstanding Yellow Flags, comprising:

- 2,122 cases verified as belonging to patients who had died, newborn patients, etc. and patients whose data had been moved to the correct Hong Kong Identity Card account. These Yellow Flags were ready to be cleared.

- 111 cases on which further verification was necessary. The unverified areas included “allergy/alert, outpatient diagnosis/procedure, family medicine problem list and breast clinic”.

6.6 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 be dragged on, HA should give consideration to practical stopgap measures such as:

- Deploying additional resources e.g. assigning a case manager to deal with any request for such records; or
- Releasing the records upon request with an appropriate remark pointing out the areas of uncertainty or areas yet to be verified.

Insufficient publicity for doctor-to-doctor communication

6.7 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

6.8 When we put our concern to HA, HA replied that in cases of urgent need, the patient’s doctor in the private sector should contact his HA doctor direct for information, i.e. doctor-to-doctor communication should be adopted. 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”. In addition, a patient in urgent need might request his HA doctor to give him a referral letter to facilitate him in seeking medical services from another service provider. 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.

6.9 We had concerns that where there was a Yellow Flag on the patient’s records, doctor-to-doctor communication might not be workable, e.g. the HA doctor might have to spend a long time verifying the records (or wait for the records to be verified), or he might be releasing information that might be corrupted. When we put this concern to HA, HA reiterated that doctor-to-doctor communication was workable. HA explained that when alerted by a Yellow Flag on the patient’s records, the HA doctor would exercise extra vigilance in reviewing and ensuring the accuracy of the patient records before release, and if they could not be verified in time, he would mention any relevant areas of uncertainty in his referral letter.

6.10 Noting that HA considered doctor-to-doctor communication to be the answer to the points we raised (paras. 6.7 to 6.9), we expressed worry that it was not sufficiently known in the community. HA assured us that doctor-to-doctor communication was well known among the medical fraternity worldwide; also, HA staff would advise patients verbally of this option where deemed necessary. However, our observation is that this option is not sufficiently known among some doctors (such as the doctor in private Hospital B in Case 1), and certainly not among patients and members of the public. As a matter of patients’ rights to information and choices, we consider that there is a need for HA to give publicity to doctor-to-doctor communication, such as on its website, and in its application documents for PPI-ePR and DAR.

Ineffective communication with patients seeking release of their records

6.11 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. On the reason for the delay, HA's answers (such as "system under maintenance" or "records under vetting process") were either wrong or unhelpful. A letter from the patient's son was even left unanswered.

- DAR requestors are given no information about the possible processing time, or the statutory requirement for HA to process DAR applications within 40 days.
- Doctor-to-doctor communication, which is an important alternative for patients in urgent need, is not mentioned in any HA publicity.

6.12 We consider that in processing applications for release of patient records, HA needs to adopt a more patient-oriented mindset and try to solve the problem from the patient's perspective. More specifically, HA needs to provide clearer information to patients on its website and its application documents about:

- the expected processing time, including those for DAR applications and for doctor-to-doctor communication; and
- any alternative means of obtaining information for patients in urgent need.

Where there is a delay in processing, HA should inform the patient of the reasons for the delay.

Ineffective communication between HA Headquarters and HA hospitals

6.13 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 guidelines issued in 1995, it was

Hospital C's practice to re-use Episode Nos. for different patients, leading to patient records being mixed up. This practice was only stopped in 2007/08.

- In Case 2 and other cases studied by us, despite procedures introduced 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.

6.14 In both instances, HA should be given credit for taking measures to address the problems as they surfaced. However, 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. It does appear that there is room for improvement in this regard. We consider that HA should consider reviewing its internal communication network/channels with a view to enhancing communication between HA Headquarters and individual hospitals.

7

Recommendations

7.1 It is the policy of HA to put patients first in everything it does. We are pleased to note that in respect of release of patient records, HA has put in place a proper system for verification of patient records since the problem of clearing Yellow Flags surfaced, including introducing deadlines for clearing Yellow Flags and setting up a Task Force to monitor and coordinate the clearance of Yellow Flags in early 2013.

7.2 However there is still room for improvement in a number of areas. Our recommendations to HA are set out below:

- (a) To keep up its work in speeding up and monitoring the clearance of Yellow Flags and verification of patient records (para. 6.6).
- (b) To give publicity to doctor-to-doctor communication as a means for patients in urgent need of obtaining their records (para. 6.10).
- (c) To 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 (para. 6.12).
- (d) To consider reviewing the operation of its internal communication network/channels with a view to enhancing communication between HA Headquarters and HA hospitals (para. 6.14).

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