

HOSPITAL AUTHORITY (HA)

Case No. OMB 1291/95

Complaint against HA - inefficient and ineffective system of retrieving patient records in the General Out-patient Department (GOPD) of a hospital

A complainant attended the GOPD of a hospital on 31 August 1995. He forgot to bring his follow-up card and requested the GOPD staff to check their files so as to retrieve his medical records. He thought that this should not be too difficult as he had just attended the GOPD a few days ago. However, the staff of the GOPD could not locate his records and the duty nurse also claimed that there was no record of his alleged earlier consultation. A new follow-up card was therefore issued instead. The complainant was concerned that the duty doctor would not be able to refer to his medical history during consultation as the original medical records were not retrieved for the doctor's reference at the time.

2. The duty doctor prescribed a certain drug both on the earlier consultation and on 31 August 1995. On the first occasion, the complainant obtained the drug from the GOPD pharmacy but on the second occasion the pharmacy staff advised him that the drug was not available because he was not an employee of the HA. He felt aggrieved by this disparity of treatment. He therefore lodged a complaint to this Office about the inefficient and ineffective system of patient record retrieval and the unreasonable explanation given for the unavailability of the drug at the GOPD of the hospital.

3. Regarding the first point of complaint, this Office has the following findings and observations -

- (a) The GOPD of the hospital adopted a manual system for keeping patients' records. The patients' records were grouped into active and inactive categories and kept in the order of their serial numbers. Inactive files were kept separately. There were no detailed categorization of the records according to, say, the nature of the illness suffered and also, the patients' records cannot be retrieved by name or ID number. The GOPD's records registry kept about 181,000 active files as at January 1996.
- (b) Based on the information available to this Office, the complainant appeared to have wrongly quoted the date of his earlier attendance as 25 August 1995 to the GOPD counter staff whereas the actual date should be 23 August 1995. Given that the patients' records were kept in order of their serial numbers and that the complainant could not remember

and disclose the serial number of his follow-up card at the material time, the GOPD's counter staff was unable to retrieve his medical record.

- (c) The new follow-up card provided to the complainant served the purpose of his registration for medical consultation in the GOPD although the consultation was done without the benefit of his past medical records.

4. From the above, this Office finds no evidence to substantiate the claim that the record retrieval system of the GOPD of the hospital is inefficient. However, its effectiveness, as compared to GOPDs operated by the Department of Health (DH) which can retrieve records by the patients' Identity Card Numbers, is clearly questionable. The HA has confirmed that in the event that a patient lost his/her follow-up card and could not remember its number, the GOPD would not be able to retrieve the records and the medical history might be lost forever. This means that the patient would be deprived of the benefits of the doctor's accessibility to his/her past medical history, which may run for many years in some cases. Although the GOPD counter staff had followed closely the established practice of opening a new record in this case and was not at fault, the system itself is definitely in want of improvement. In the circumstances, this Office concludes that this complaint point is partially substantiated.

5. On the second point of complaint, this Office has the following findings and observations -

- (a) The drug is an expensive drug not provided to GOPD patients, as evidenced from the Drug Formulary (1992 Edition) of the hospital's GOPD. Neither is the drug made available to patients of the DH's GOPDs.
- (b) On the earlier consultation, due to a combination of errors of the attending doctor in prescribing a drug which was not on the Drug Formulary for GOPD patients and of the pharmacy staff in failing to identify the complainant as a GOPD patient, the drug was dispensed to the complainant. It was only natural for the complainant to expect that this drug should be provided to him on the second consultation when the duty doctor had actually prescribed it.
- (c) On the second consultation, there is no evidence to suggest that the hospital had admitted to the complainant that the provision of the drug to him on the earlier consultation was a mistake. On the other hand, the duty doctor, who was fully aware that the drug should not be prescribed by attending doctors to the GOPD patients and that the drug would not be dispensed by the pharmacists to the complainant, still prescribed the drug to him. It appears that he had done so just to avoid a dispute and had not followed the hospital's guideline for the prescription of drugs to the GOPD patients. This had resulted in the later dispute at the Pharmacy and the current complaint.
- (d) Pharmacists at the hospital would, in case of doubt about the prescription of drugs not available to the GOPD patients, usually ask the patient whether he/she was a staff member of the hospital for whom a different drug formulary would be applicable. This might have given rise to the complainant's grievance that different treatments were accorded to the

HA staff and other patients. In any event it is quite apparent that the complainant had not been adequately explained of the reasons why there was an inconsistency as far as the provision of drugs to him on the first and second consultation is concerned.

6. In view of the above observations, the Ombudsman considers that the complainant has a ground to feel aggrieved and concludes that this complaint point is substantiated.
7. Overall, the Ombudsman concludes that this complaint is **partially substantiated**.
8. In connection with this complaint, the Ombudsman recommends that the HA considers -
 - (a) computerizing the manual record keeping system in the GOPD of the hospital and other hospitals so that patients' records can be retrieved more effectively by different parameters;
 - (b) reviewing the appropriateness of asking patients whether they are staff of HA hospitals or clinics before dispensing drugs to them as this will likely give rise to ill feelings of disparity in treatment among patients who are not HA staff. Other means of ascertaining this fact for the purpose of deciding the category of "Formulary" should be explored; and
 - (c) giving the complainant a more detailed explanation on the unavailability of the drug and apologizing to him on this matter.
9. The HA disagreed with some points but agreed that the record management system at the hospital needs to be reviewed and streamlined, although it opined that computerisation may not be the only answer. The HA also agreed to apologize to the complainant on the matter.
10. After careful consideration of the HA's comments, the Ombudsman cannot find sufficient ground to change the findings of the investigation although he accepts that other indexing system may also be considered provided it serves the purpose of effective record retrieval.