

**Hospital Authority  
Hong Kong East Cluster**

**Executive Summary on the  
Complaints made by Mr. CHOI Wan Fung,  
a resident in Cheshire Home,  
Chung Hom Kok**

**The Independent Panel**

23 May 2008

## **(I) Executive Summary**

### **1. Background**

Mr. Choi Wan Fung, a resident in the Original Home, Cheshire Home, Chung Hom Kok (hereafter referred to as “CCH”), publicly claimed to have received various forms of inhuman treatment in CCH on 8 April 2008 in the Commercial Radio Program 左右大局. Following this, an Investigation Panel (hereafter referred to as ‘the Panel’) was appointed by the Cluster Chief Executive, Hong Kong East Cluster, Hospital Authority, to investigate Mr. Choi’s allegations and to make recommendations for improvement, where necessary. Members of the Panel included Dr. TANG Chung Ngai, Cluster Service Director (Quality & Risk Management), Hong Kong East Cluster, Hong Kong Hospital Authority; Dr. WONG Chun Por, Member, Hospital Governing Committee, Cheshire Home, Chung Hom Kok; Ms. Sandra CHOW, Member, Public Complaints Committee cum patient group representative, Hong Kong Hospital Authority; and Ms. Civy LEUNG, Cluster General Manager (Nursing), Hong Kong East Cluster, Hong Kong Hospital Authority.

CCH is made up of two sections housed in two buildings, the Cheshire Home Chung Hom Kok Building (hereafter referred to as Original Home, 90 beds) and the Jockey Club Cheshire Home Building (hereafter referred to as New Home, 150 beds). The Original Home, founded in 1961 and relocated to the present site in 1977, is an initiative of the Cheshire Home Foundation, a charitable organization with the aim of providing a home-like environment and a high quality of extended care to persons with physical disabilities, using a holistic client-centered integrated team approach and in partnership with the community. The New Home was built in 1998 to provide in-patient infirmary care to patients of the Hong Kong Hospital Authority (HA). CCH joined HA in 1991 and was grouped under the Hong Kong East Cluster of hospitals in 2001.

Written consent was obtained from Mr. Choi Wan Fung to release essential parts of his medical history in the investigation report. Mr. Choi, aged 55, has a medical history of tuberculous meningitis and psoriatic arthropathy since childhood. The latter was complicated by skin involvement, resulting in excessive scaling and sores. In 1993, Mr. Choi suffered from a neck injury resulting in central cord syndrome, which manifested as long-term paralysis of upper and lower limb muscles. This was later complicated by multiple deformities of joints of his upper and lower limbs. Mr. Choi moved to the Original Home of his own volition in 1999 to receive long- term care of his disabilities.

During his nine years stay in CCH, Mr. Choi has lodged sixteen complaints to the Hospital Management. Six were directed towards the loss of personal clothing, three towards the

inadequate provision of television rack, five towards the lack of Duoderm dressing for the pressure points in his body, one towards the inadequate provision of room heaters and another towards the complaint mechanism of CCH. These complaints were lodged through both internal and external channels, including the Hospital Authority Head Office, the Equal Opportunities Commission, Office of the Ombudsman, a Legislative Councillor, and the press, including Apple Daily and Oriental Daily News.

Since October 2006, Mr. Choi had expressed a strong wish to be discharged to live in the community. After the CCH care team (including medical social workers) had conducted detailed discussions with Mr. Choi, he was recommended compassionate re-housing in December 2006 and his discharge plan was formulated. From February to July 2007, Mr. Choi turned down three offers of public housing units, and eventually accepted an offer in Chai Wan in July 2007. Modification works were completed to the unit in November 2007. In February 2007, Mr. Choi applied to the Social Welfare Department for an electric wheelchair, a medical bed, an electric ceiling hoist and a commode chair to facilitate community living. As at 8 April 2008, two items, namely the medical bed and the commode chair, had been approved.

## **2. Summary Findings and Recommendations**

The four-week investigation includes review of relevant documents of CCH and Mr. Choi's records, field visit and assessment to CCH and interview of 32 persons (the complainant, 8 current residents, 12 staff including the hospital management, alleged staff and the care team, and 11 residents, ex-residents and relatives who volunteered to assist the investigation after public appeal by the Panel).

In the course of its investigations, the Panel grouped Mr. Choi's allegations and related issues under the following categories:

### **2.1 Facilities**

These complaints pertained to those made by Mr. Choi from August 2000 to October 2006 regarding the inadequate provision of television rack and room heaters, and loss of personal clothing after going through laundry service. A new complaint about inadequate hot bathing water supply was lodged on 8 April 2008 in the radio programme.

**Panel Investigation :** The Panel noted that Mr. Choi had requested for a mobile television rack for his personal television. In view of administrative and space consideration (five residents in one cubicle), the Hospital did not allow residents to self-purchase any large items (e.g. television rack, cabinet) in the cubicle. The Panel acknowledges Mr. Choi's complaint was probably caused by his misunderstanding of

**the physical constraint of ward setting. The Panel acknowledges that television entertainment is essential in disabled resident's daily life and the prevailing policy of putting television on bedside cabinet is reasonable.**

**The Panel acknowledges there was an unusually prolonged cold spell in late 2007 and early 2008, and also the outdated design and capacity of hot water supply system cannot keep pace with increasing service demand. The Panel agreed that residents might feel cold in the bathroom especially when hot water supply was unstable. The Hospital Management is recommended to provide additional wall-mounted heaters in the bathrooms in the interim and consider enhancing the existing hot water supply system.**

**The Panel noted the Hospital Management had investigated into Mr. Choi's complaints on loss of personal clothing and found the complaints substantiated. The Panel recognizes that improvement measures had been taken and recommends the existing communication and monitoring mechanism with Shum Wan Laundry should be continued.**

## **2.2 Staff Attitude**

Apart from the spilling of urine on his face during the collection of a urinal in March 2004, Mr. Choi had not lodged previous complaints on staff attitude. He claimed that he had received ill-treatment from several Health Care Assistants (HCAs) in the past few years, including the use of coarse language, being asked to drink his own urine, and one HCA had refused to clean up water stains on the floor. Mr. Choi also alleged that some residents had been beaten up and scolded by an HCA.

**Panel Investigation: Based on the feedback from residents and relatives interviewed, the Panel concludes that staff attitude is generally good and service is rendered with care. There was one HCA who had occasionally used coarse language during casual conversations, but there is no evidence to substantiate the other allegations made by Mr. Choi. The Panel noted that this particular staff had been counseled and recommends the Hospital Management to give continued reminder to the staff to sustain his improved behaviour.**

## **2.3 Care Process**

Since 1999, Mr. Choi had made repeated complaints against not being given Duoderm

dressing. Mr. Choi also alleged in the radio programme that he had been lifted onto bed roughly and experienced pain during change of clothing, he was not assisted to go to bed when he felt tired and his wheelchair and clothing were always dirty.

**Panel Investigation:** Review of Mr Choi's medical record showed that he had been given Duoderm dressing for sores in pressure points prior to his complaints. He requested the dressing to be changed daily, which is not the commended practice. After healing of the sores, Mr. Choi continued to ask for Duoderm dressing which was then not clinically indicated. Previous investigations concluded that Duoderm should be prescribed on clinical ground and not to be changed on a daily basis for prevention of pressure sores, and no quotas had been set in CCH regarding the use of Duoderm. The Panel concurs with the conclusions of the previous investigations and believes that complaint was caused by Mr. Choi's misunderstanding on the use of Duoderm.

The Panel found no evidence to support any intentionally rough handling during lifting/care processes. The staff training records show that all HCAs have received appropriate training and refresher courses on lifting/caring techniques.

The Panel noted that the daily schedule had been agreed upon between the nursing staff the residents. This schedule was arranged to the residents' benefit in order to prevent pressure sores and other complications related to prolonged bed rest. The Panel believes that Mr. Choi's allegation might have been made because he was not attended to immediately when the frontline staff was occupied with other duties.

There was documentary evidence of cleansing service for wheelchair and laundry service for patients' clothing.

The Panel recommends that continuing training in manual handling techniques of persons with severe disabilities is of benefit to residents, and enhanced nursing monitoring of care processes provided by the HCAs would be conducive towards a consistently high level of care.

#### **2.4 Complaint Management of CCH**

Mr. Choi alleged the Patient Relations Officer (PRO) of CCH had handled his complaints in a high-handed manner, so that his complaints were always found to be not substantiated even though he had lodged them through multiple channels. In particular, there had not been a change in PRO even though Mr. Choi had complained against him.

**Panel Investigation: The Panel confirms that a reasonable complaint mechanism is in place in CCH, and is in line with the policy of the Hospital Authority. There was documentary evidence that all complaints from Mr. Choi had been dealt with appropriately and escalated to the Hospital Management and the Hospital Governing Committee for investigation. Appropriate response and follow-up were completed. Required information and necessary support were timely provided to external parties including the press, the Equal Opportunities Commission, Office of the Ombudsman and Legislative Councillor to facilitate the investigation.**

**The Panel recommends the Hospital Management to address the perception of “conflict of roles and interests” in complaint management.**

### **3. Conclusion**

The Panel finds that staff attitude in CCH is generally good, and most residents treat CCH as their own homes. The Panel also considers the standard of care and services provided to Mr Choi during his stay in CCH to be reasonable and appropriate. The Panel concludes that the allegation from Mr. Choi Wan Fung in a radio programme on 8 April 2008 against CCH as “a hell in the human realm” is not substantiated.

The Panel is convinced that the management system in CCH is of a standard comparable to Hospital Authority. Management of complaints raised by Mr. Choi had always been appropriately escalated to higher levels in accordance with prevailing policies.

The Panel acknowledges that the Hospital Management has given due attention to the facilities and services of the hospital. Further improvements in facilities, such as ensuring the steadiness the hot water supply and provision of heaters in the bathrooms, will be welcome by the residents. The Panel recommends the Hospital Management to continue its current initiatives of 2-way dialogue with residents with due consideration to their feelings and needs, towards an ever-improving and harmonious environment.

The Panel commends the dedication of frontline staff in CCH and the high quality of care services they deliver. The Panel also commends the initiatives from the Cheshire Home Foundation to conduct dialogue with the residents and for their recent donation towards enriching the residents’ meals.