

私營醫療機構投訴委員會

COMMITTEE ON COMPLAINTS AGAINST PRIVATE HEALTHCARE FACILITIES

良好溝通
Good Communication



提升服務
Service Improvement

互諒互讓
Mutual Understanding



資訊透明
Transparency



2025年報
Annual Report

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主席的話

Message from the Chairperson



自二零二零年十二月一日成立以來，私營醫療機構投訴委員會（下稱“投訴委員會”）根據香港法例第 633 章《私營醫療機構條例》（下稱“《條例》”）已投入運作超過五年。我很榮幸繼續獲委任為投訴委員會主席，並透過第五年的年度報告闡述投訴委員會在二零二五年的工作成果。

在兩層的投訴管理制度下，私營醫療機構的持牌人須設立投訴處理程序，在其服務提供者的層面接受、處理和回應公眾對該機構的投訴。投訴委員會作為投訴管理制度的第二層，負責考慮未能在私營醫療機構的層面上解決而作出的投訴（下稱“對機構投訴”）。過去五年，投訴委員會努力不懈地處理對機構投訴，除了考慮在對機構投訴中，該機構有否遵守《條例》及相關實務守則，亦就改善服務與提升病人安全方面對私營醫療機構作出建議。

與往年一樣，我們會透過本年度報告第五章內的案例說明和分析，分享有關處理投訴的一些經驗、觀察所得和對私營醫療機構所作出的建議，以冀促使私營醫療機構和病人雙方面加強了解，並促進私營醫療機構進一步改善服務。

Since its establishment on 1 December 2020, the Committee on Complaints against Private Healthcare Facilities (“Complaints Committee”) has been operating for over five years under the Private Healthcare Facilities Ordinance (Cap. 633) (the “Ordinance”). It is my honour to serve as the Chairperson of the Complaints Committee throughout this period, and pleased to present the fifth annual report of the Complaints Committee, which provides an account of the work of the Committee in the year of 2025.

Under the two-tier complaints management system, the licensee of a private healthcare facility (“PHF”) should put in place a complaints handling procedure for receiving, managing and responding to complaints at the PHF level. The Complaints Committee serves as the second tier to consider complaints against licensed private healthcare facilities (“facility complaints”) that cannot be settled at the PHF level. Over the past five years, the Complaints Committee has unrelentingly processed these facility complaints by assessing compliance with the Ordinance and relevant codes of practice and offering advice to PHFs for service enhancement and strengthening of patient safety.

As in previous years, we will present case illustrations and analysis under Chapter 5 of this report to share our experiences and observations in complaints handling, along with recommendations for the PHFs, aiming to foster mutual understanding between both the PHFs and the patient side and bring forth further service improvement by PHFs.

繼往開來，投訴委員會除於二零二四年度與兩間私家醫院會面外；投訴委員會亦於二零二五年邀請了另一間私家醫院與委員會面，並到其新開設的日間醫療中心參觀。通過這些會面，除了令投訴委員會委員更全面地了解私營醫療機構處理及調查投訴個案的程序，院方代表亦分享了在兩層投訴管理制度下醫院處理投訴個案的經驗，並與出席的委員就對機構投訴的趨勢及其優化措施交流意見，雙方均受益匪淺。詳情請參閱本年報第四章4.2節。

我深切感謝所有委員在過去一年提供專業知識和悉心指導，為投訴委員會的工作貢獻良多。他們專業、不偏不倚的評估和真知灼見，有助私營醫療機構提升其服務及保障病人安全。我亦感謝秘書處職員在處理對機構投訴的工作上努力不懈的支持。

隨著診所牌照於二零二五年十月十三日開始接受申請，投訴委員會亦會迎來更多的挑戰，而我們將繼續以專業及公正無私的態度，認真處理每一宗投訴，致力促進私營醫療機構的服務提升和病人安全。

Carrying forward the past of Complaints Committee's meetings with two private hospitals in 2024, members of the Complaints Committee had a meeting with the representatives of another private hospital in 2025 and visited its newly established Day Procedure Centre. During the visit, the representatives of the private hospital shared experience regarding complaints handling procedures at PHF level under the two-tier complaints management system, and exchanged views with our members on the trends of facility complaints and the optimization measures of complaints management and handling. These meetings were productive and fruitful in facilitating effective communication between PHFs and members of the Complaints Committee for facility complaints handling. For details, please refer to section 4.2 of Chapter 4 of this report.

I would like to express my deepest appreciation to all members for their professional expertise and invaluable guidance over the past year. Their professional and impartial assessments, and constructive recommendations have been valuable for advancing the service of PHFs and instrumental in safeguarding patient safety. I also extend my thanks to the Secretariat for their hard work and unwavering support for the work of handling facility complaints.

With the commencement of application for clinic licence on 13 October 2025, the Complaints Committee anticipates further upcoming challenges, and we will continue to handle every complaint with a professional and unbiased review, striving to bring forth service improvement of PHFs and enhancement of patient safety.

劉文文女士，BBS, MH, JP
私營醫療機構投訴委員會主席
Ms LAU Man-man, Lisa, BBS, MH, JP
Chairperson, Committee on Complaints against Private Healthcare Facilities

第一章

Chapter 1

引言

Introduction

《條例》於二零一八年十一月獲立法會通過，並於二零一八年十一月三十日刊憲，為註冊醫生和／或註冊牙醫執業的私營醫療機構，包括醫院、日間醫療中心及診所，提供新的規管制度。《條例》正按不同類型的私營醫療機構的風險程度分階段實施。

投訴委員會於二零二零年十二月一日在《條例》下成立，處理對持有相關牌照的私營醫療機構就牌照生效當日或之後的事宜作出的投訴。《條例》下的醫院牌照及首批日間醫療中心牌照於二零二一年一月一日起開始生效，投訴委員會亦自此開始處理對機構投訴的工作。

投訴委員會就對機構投訴的事宜上，考慮該機構有否遵守《條例》及相關實務守則。投訴委員會沒有司法權力去處理涉及註冊醫護專業人員的專業操守及判斷事宜的投訴，有關事宜應由相關專業規管機構處理。

The Ordinance was passed by the Legislative Council in November 2018 and was published in the gazette on 30 November 2018 to provide a new regulatory regime for PHFs where registered medical practitioners and / or registered dentists practise, including hospitals, day procedure centres (“DPCs”) and clinics. The Ordinance is being implemented in phases based on the risk level of various types of PHFs.

The Complaints Committee was established under the Ordinance on 1 December 2020 to handle complaints against licensed PHFs related to matters occurred on or after the licence came into effect. The Complaints Committee has started its work in handling facility complaints since 1 January 2021 when the hospital licences and the first batch of DPC licences under the Ordinance took effect.

The Complaints Committee considers facility complaints on matters related to their compliance with the Ordinance and relevant codes of practice. While the Complaints Committee has no jurisdiction over complaints related to matter of professional conduct and judgement of registered healthcare professional, the issues should be handled by relevant professional regulatory authorities.

本年度報告為投訴委員會發布的第五份年報，載錄投訴委員會由二零二五年一月一日至十二月三十一日內的工作。在報告第四章總結了投訴委員會於二零二五年的重點工作。此外，在第五章內，投訴委員會選取了一些曾經處理的投訴個案，分享經驗及觀察所得，以促進私營醫療機構的經驗學習和服務提升。

This annual report, covering the period from 1 January to 31 December 2025, is the fifth report published by the Complaints Committee. The Chapter 4 of this report summarized the highlights related to our works in 2025. Besides, under Chapter 5, the Complaints Committee shared the observations and the experience gained on selected complaint cases handled to facilitate experience learning and service improvement of PHFs.

第二章 Chapter 2

投訴委員會的委員及職能 Membership and Functions of Complaints Committee

2.1 投訴委員會

2.1.1 投訴委員會的組成

根據《條例》，投訴委員會的委員由醫務衛生局局長委任。投訴委員會由註冊醫生／牙醫和來自不同背景的業外委員，包括其他醫護專業人員、病人組織、法律界、工程界和消費者權益組織組成。今屆獲醫務衛生局局長委任的委員，任期由二零二三年十二月一日開始，任期為三年。

2.1 Complaints Committee

2.1.1 Composition of Complaints Committee

In accordance with the Ordinance, members of the Complaints Committee are appointed by the Secretary for Health. The Complaints Committee consists of registered medical practitioners/ dentists, as well as lay members from various backgrounds including other healthcare professionals, patient groups, legal sector, engineering sector and consumer rights sector. The current term of members has been appointed by the Secretary for Health for three years with effect from 1 December 2023.

2.1.2 投訴委員會的成員

Membership of Complaints Committee



主席 Chairperson

劉文文女士, BBS, MH, JP

Ms LAU Man-man, Lisa, BBS, MH, JP

副主席 Deputy Chairperson

張德康醫生, JP

Dr CHEUNG Tak-hong, JP





委員 Member

陳清霞議員, GBS, JP
Dr the Honourable CHAN Ching-har,
Eliza, GBS, JP

委員 Member

陳永佳先生
Mr CHAN Wing-kai



委員 Member

馮玉娟教授, BBS
Professor FUNG Yuk-kuen,
Sylvia, BBS



委員 Member

何錦源醫生
Dr HO Kam-yuen





委員 Member

何應富先生
Mr HO Ying-foo

委員 Member

郭晶強先生, SBS, FSDSM
Mr KWOK Jing-keung, SBS, FSDSM



委員 Member

郭亮明先生, SBS, CSDSM
Mr KWOK Leung-ming, SBS, CSDSM



委員 Member

黎卓先教授
Professor LAI Cheuck-seen, Edward





委員 Member

李慧琴教授

Professor LEE Hui-cheng, Angeline

委員 Member

李繼堯醫生, BBS

Dr LEE Kai-yiu, Anthony, BBS



委員 Member

梁彥欣醫生

Dr LEUNG Yin-yan, Jenny



委員 Member

廖偉明醫生

Dr LIU Wai-ming, Haston





委員 Member

劉西恩醫生

Dr LOW Say-woon, John Matthew

委員 Member

呂少麟先生

Mr LUI Siu-lun



委員 Member

潘偉麟醫生

Dr POON Wai-lun



委員 Member

蘇詠儀醫生

Dr SO Wing-yee





委員 Member

張源津醫生

Dr TEOH Yuen-chun, Jeremy

委員 Member

徐志文博士

Dr TSUI Chi-man



委員 Member

黃吳潔華女士

Mrs WONG NG Kit-wah, Cecilia



委員 Member

黃慧儀工程師

Ir WONG Wai-yee, Priscilla





委員 Member

黃穎兒醫生

Dr WONG Wing-ye, Victoria

委員 Member

黃婉芳女士

Ms WONG Yuen-fong, Pauline



委員 Member

胡志和醫生

Dr WU Chee-wo



委員 Member

胡偉強先生

Mr WU Wai-keung, Paul





委員 Member

楊協和醫生

Dr YEUNG Hip-wo, Victor

委員 Member

葉秀華女士, JP

Ms YIP Sau-wah, Lisa, JP



委員 Member

袁淑賢醫生

Dr YUEN Shi-yin



委員 Member

袁少林先生

Mr YUEN Siu-lam



2.1.3 投訴委員會的職能

《條例》第 73 條訂明，投訴委員會的職能如下：

- 就私營醫療機構的投訴管理政策，向衛生署署長（下稱“署長”）提供意見；
- 接收和考慮對機構投訴；
- 就關乎對機構投訴的事宜，向署長作出建議，包括是否向有關的私營醫療機構採取規管行動；
- 在適當的個案中，將對機構投訴轉介予規管機構，以作出任何跟進行動；
- 就任何改善措施，向私營醫療機構作出建議；
- 將該委員會處理對機構投訴所帶出的任何一般規管問題，向署長報告；
- 定期發表摘要報告；及
- 向公眾宣傳可如何作出投訴。

2.2 投訴委員會的小組

投訴委員會轄下設有**初步處理小組**和**個案小組**，分別支援投訴委員會就對機構投訴進行初步處理，及決定並向投訴委員會就對機構投訴的指控是否成立作出建議。

2.1.3 Functions of Complaints Committee

The functions of the Complaints Committee as set out in section 73 of the Ordinance are as follows:

- to advise the Director of Health (“Director”) on the policies on complaints management for PHFs;
- to receive and consider facility complaints;
- to make recommendations to the Director on matters relating to facility complaints, including whether to take any regulatory action against the PHFs concerned;
- to refer, in appropriate cases, facility complaints to regulatory authorities for any follow-up action;
- to make recommendations to PHFs on any improvement measures;
- to report to the Director any general regulatory issue arising from the facility complaints handled by the Complaints Committee;
- to publish summary reports on a regular basis; and
- to publicize how complaints may be made to the public.

2.2 Panels of Complaints Committee

The **Preliminary Processing Panel (“PPP”)** and **Case Panel (“CP”)**, are set up under the Complaints Committee to support the Committee in preliminary processing of the facility complaints and in deciding and recommending to the Complaints Committee on whether the allegations in the facility complaints are substantiated respectively.

2.2.1 初步處理小組的組成和職能

由主席委任的初步處理小組由五名投訴委員會委員組成，當中須包括最少一名業外委員，任期一年。

初步處理小組的成員（於二零二五年十二月三十一日）如下：

馮玉娟教授, BBS
黎卓先教授
廖偉明醫生
蘇詠儀醫生
黃穎兒醫生

初步處理小組考慮對機構投訴的所有相關資料，就初步處理有關投訴的結果，向投訴委員會提交報告，特別是關於是否委出個案小組。《條例》第 84 (2) 條訂明，投訴委員會可於以下情況拒絕委出個案小組：

- (i) 投訴的事項並非關於該私營醫療機構有否違反《條例》或其相關實務守則；
- (ii) 投訴於相關事件發生後2年後才作出；
- (iii) 匿名投訴，或投訴人的身份不明，或投訴人無法聯絡；
- (iv) 投訴的事宜已轉介予死因裁判官，或死因裁判官正考慮該事宜；
- (v) 是項投訴關乎商業事宜；
- (vi) 投訴人已就同一事宜，已提出法律程序；或
- (vii) 有關對機構投訴為瑣屑無聊或缺理據。

2.2.1 Composition and Functions of Preliminary Processing Panel

A PPP is appointed by the Chairperson which consists of five Complaints Committee members, including at least one lay member, for a term of one year.

Membership of the PPP (as at 31 December 2025) are set out below:

Professor FUNG Yuk-kuen, Sylvia, BBS
Professor LAI Cheuck-seen, Edward
Dr LIU Wai-ming, Haston
Dr SO Wing-yee
Dr WONG Wing-yee, Victoria

The PPP will consider all related information about the facility complaint and report to the Complaints Committee on the result of preliminary processing of the facility complaint, in particular whether to appoint a CP. The Complaints Committee may refuse to appoint a CP under the following circumstances as stipulated in section 84(2) of the Ordinance:

- (i) the facility complaint is not related to compliance with the Ordinance or the related code of practice;
- (ii) the facility complaint is made two years or later after the subject event happened;
- (iii) the facility complaint is made anonymously or the complainant cannot be identified or traced;
- (iv) the subject matter of the facility complaint has been referred to, or is being considered by, the coroner;
- (v) the facility complaint relates to a commercial matter;
- (vi) the complainant has instituted legal proceedings for the same subject matter; or
- (vii) the facility complaint is frivolous or groundless.

2.2.2 個案小組的組成和職能

個案小組由召集人及二或四名其他非初步處理小組的投訴委員會委員組成（當中須包括最少一名屬註冊醫生或註冊牙醫及最少一名業外委員），該等成員須由投訴委員會主席委任。

個案小組將根據收集到的資料以決定投訴的指控是否成立。如個案小組認為有關投訴成立，個案小組可適當地在向投訴委員會提交的報告中，作出一項或多於一項以下的建議：

- (i) 將該投訴轉介予署長，以評估有關私營醫療機構違反牌照規定的情況，以及針對該機構的任何必要規管行動；
- (ii) 將該投訴轉介予另一規管機構，以調查該投訴，以及作任何跟進行動；
- (iii) 就任何改善措施，向有關私營醫療機構提供意見；及
- (iv) 將有關個案的事實所帶出的任何規管問題，或個案小組在考慮該機構投訴時所作的觀察，向署長報告。

2.2.2 Composition and Functions of Case Panel

A CP consists of a convener and two or four other members, who are not PPP members, from the Complaints Committee (including at least one registered medical practitioner or registered dentist and one lay member) appointed by the Chairperson.

The CP will, in accordance with the information gathered, decide whether the allegations in the complaints are substantiated, and make one or more of the following recommendations as appropriate in its report to the Complaints Committee if the CP finds the facility complaint is substantiated:

- (i) refer the facility complaint to the Director for assessment of any breach of a licensing requirement by the PHF and any necessary regulatory action against the facility;
- (ii) refer the facility complaint to another regulatory authority for investigation of the complaint and any follow-up action;
- (iii) advise the PHF on any improvement measures; and
- (iv) report to the Director any regulatory issue arising from the facts of the case or the CP's observations during consideration of the facility complaint.

第三章 Chapter 3

投訴處理機制 Complaints Handling Mechanism

3.1 兩層投訴管理制度

第一層

在兩層的投訴管理制度下處理對機構投訴，私營醫療機構的持牌人須設立投訴處理程序，在其服務提供者的層面接受、處理和回應公眾對該機構的投訴。

服務使用者的任何意見、不滿或投訴應先由相關持牌私營醫療機構處理。

第二層

在有關私營醫療機構處理該投訴後，如投訴人對其處理及回覆仍感到不滿，可向投訴委員會作進一步投訴。

對機構投訴須：

- 以具體事實佐證；
- 附有一項法定聲明，該聲明須關乎為佐證該投訴而提供的資料之真實性及準確性；及
- 附有同意書。

投訴委員會在處理對機構投訴時，會審視該機構有否遵守《條例》及其相關實務守則，以考慮有關投訴是否成立。

3.1 Two-tier Complaints Management System

Tier One

Under the two-tier complaints management system in handling facility complaint, the licensee of a PHF is required to put in place a complaints handling procedure for receiving, managing and responding to complaints that are against the PHF.

Feedbacks, dissatisfactions or complaints from service users should first be handled by the licensed PHFs.

Tier Two

If the complainant is still not satisfied with the handling and reply of the PHF concerned, the complainant may then make a further complaint to the Complaints Committee.

The facility complaint must be:

- substantiated by specific facts;
- accompanied by a statutory declaration as to the truthfulness and correctness of the information given to substantiate the complaint; and
- accompanied by a consent.

The Complaints Committee, when handling a facility complaint, will examine if the said PHF has complied with the Ordinance and the relevant code of practice to consider whether the complaint is substantiated.

3.2 投訴處理程序

在調查及考慮投訴時，投訴委員會會審視所有相關資料，包括投訴人提交的資料、有關私營醫療機構的記錄和報告及專家意見等。調查完成後，投訴委員會會以書面回覆投訴人有關投訴委員會的決定。

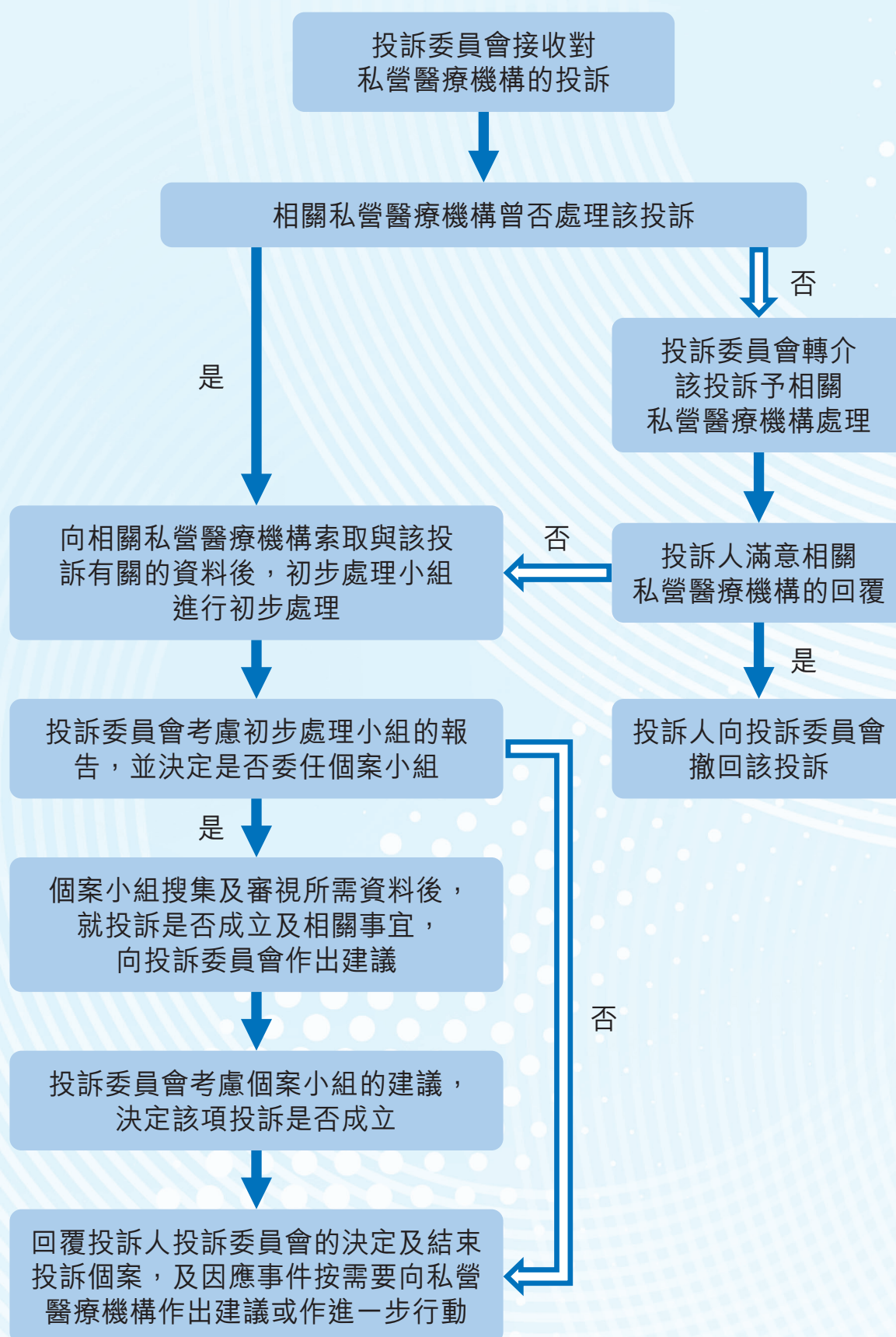
如投訴成立，投訴委員會會作出適當的跟進行動，例如在適當的個案中，投訴委員會可將該投訴轉介予署長就該機構作出所須的規管行動。如有需要，投訴委員會可就任何改善措施，向有關私營醫療機構提出建議。

3.2 Complaints Handling Procedures

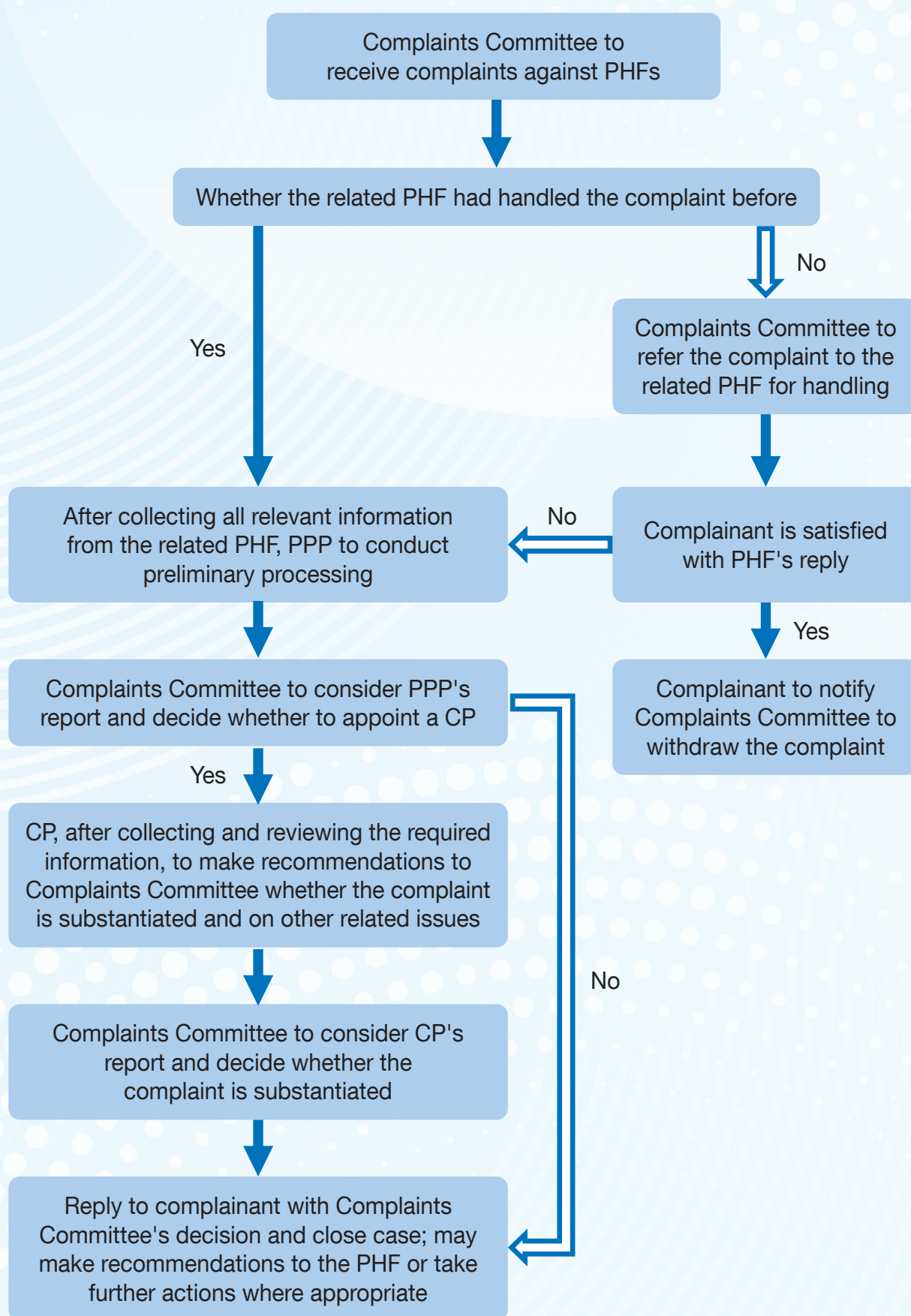
In investigating and considering complaints, the Complaints Committee will examine all the relevant information including the information provided by the complainant, records and reports of the PHF concerned and professional opinions etc. Upon completion of investigation, the Complaints Committee will inform the complainant in writing of its decision.

If the complaint is substantiated, the Complaints Committee will take follow-up actions as appropriate. For example, the Complaints Committee may refer the case to the Director for any necessary regulatory action against the PHF, if appropriate. Whenever required, the Complaints Committee may make recommendations to PHFs on any improvement measures.

投訴委員會對私營醫療機構的投訴處理程序概覽如下：



An overview of the complaints handling procedures of the Complaints Committee is illustrated below:



第四章 Chapter 4

投訴委員會在過往一年的工作 Work of Complaints Committee in the Past Year

4.1 投訴委員會工作的概覽

於二零二五年，投訴委員會收到 41 宗對持牌私營醫療機構的投訴（32 宗為對私家醫院的投訴及九宗為對日間醫療中心的投訴），而上一年則收到 33 宗投訴（25 宗為對私家醫院的投訴及八宗為對日間醫療中心的投訴）。此外，投訴委員會在二零二五年處理了 282 宗查詢，而上一年則處理了 218 宗查詢（請參閱附錄內之統計圖表）。

在二零二五年，初步處理小組及個案小組分別舉行了 12 次及五次會議以考慮投訴個案；而在已考慮並總結的 31 宗投訴個案中，八宗個案的投訴成立、兩宗個案的投訴不成立、13 宗個案經初步處理後不獲進一步考慮，以及八宗個案在投訴委員會總結相關個案前已被撤回。

就遵從《條例》及實務守則的事項上，投訴委員會根據《條例》將五宗個案向署長報告以作所需的跟進行動，並向 22 宗投訴個案所涉及的私營醫療機構提出改善措施建議，以避免日後發生同類事件。

有關收到和已總結的投訴的統計摘要載於**附錄**。

4.1 Overview of the Work of Complaints Committee

In 2025, the Complaints Committee received 41 complaints against licensed PHFs (32 cases were against private hospitals and nine cases were against DPCs) as compared to 33 for the previous year (25 were complaints against private hospitals and eight were against DPCs). The Complaints Committee also handled 282 enquiries during the year compared to 218 for the previous year (please refer to the statistical tables and charts in the Appendix).

A total of 12 PPP meetings and five CP meetings were held in 2025 to consider the complaint cases. Amongst the 31 considered and concluded cases in 2025, eight cases were substantiated, two cases were not substantiated, 13 cases were dismissed after preliminary processing, and eight cases were withdrawn before those cases were concluded by the Complaints Committee.

In accordance with the Ordinance, the Complaints Committee reported five cases to the Director for follow up action as required concerning compliance issue on the Ordinance and relevant code of practice; and made recommendations to the PHFs involved in 22 complaint cases on improvement measures to avoid similar incidents in the future.

Summary statistics on complaints received and concluded are at the **Appendix**.

4.2 與私家醫院會面及參觀 其日間醫療中心

為了讓投訴委員會各委員能更全面了解私營醫療機構的投訴處理機制及如何有效地調查投訴個案，投訴委員會於二零二五年九月五日與香港浸信會醫院（下稱“醫院”）的代表於香港浸信會醫院東九龍醫療中心（下稱“中心”）進行會面。院方代表分享了在兩層投訴管理制度下醫院處理投訴個案的程序和經驗，並與出席的委員交流意見。於會面後，委員在醫院的安排下參觀了中心的普通科門診及藥房、兒童及青少年科中心、復康中心和腫瘤科及日間化療中心。是次會面及參觀活動成效斐然，不僅促進相互了解，更深化了投訴委員會委員對日間醫療中心運作模式的理解。

4.2 Meeting with Private Hospital and Visit of its Day Procedure Centre

In order to enhance Complaints Committee members' understanding on the complaints handling system of PHFs for their effective investigation of complaint cases, a meeting with representatives of the Hong Kong Baptist Hospital ("HKBH") was held at the HKBH East Kowloon Medical Centre ("EKMC") on 5 September 2025. Representatives of HKBH shared their experience of the complaints handling procedures at PHF level under the two-tier complaints management system and exchanged views with the attending members of the Complaints Committee. After the meeting, a guided tour was arranged to visit the General Outpatient Clinic and Dispensary, Pediatric & Adolescent Centre, Rehabilitation Centre, and Oncology & Chemotherapy Day Centre of the EKMC. The meeting cum visit were fruitful in facilitating effective communication between the PHF and members of the Complaints Committee, and members' understanding on the operation of a day procedure centre.



投訴委員會委員於二零二五年九月五日與香港浸信會醫院的代表會面

Members of the Complaints Committee met with the representatives from Hong Kong Baptist Hospital on 5 September 2025



委員在香港浸信會醫院代表安排下參觀了香港浸信會醫院東九龍醫療中心
Members accompanied by HKBH's representatives visited HKBH East Kowloon Medical Centre

第五章

Chapter 5

案例說明及分析

Case Illustrations and Analysis

從成立開始至 2025 年底，投訴委員會總共收到 156 宗對機構投訴。在處理投訴期間，投訴委員會注意到私營醫療機構在數方面有可改善之處。

本報告重點介紹四個典型案例，當中涉及病人身份識別、病歷管理、術前病人監察及溝通、以及投訴分類。每宗個案都有值得學習的要點，並帶出重要訊息以改善服務質素。

投訴委員會希望與私營醫療機構分享從這些個案中汲取的經驗，並鼓勵私營醫療機構積極主動採取措施改善服務質素，以減低將來出現類似投訴的機會。

Since its establishment till the end of 2025, the Complaints Committee received a total of 156 facility-related complaints. Through the handling of these cases, the Committee identified several areas where the concerned PHFs could further enhance their practices.

This report highlights four representative cases involving patient identification, management of medical records, pre-procedure patient monitoring and communication issues, as well as complaints classification. Each case underscores a specific lesson and conveys an important underlying message for service improvement.

The Complaints Committee would like to share the experiences gained from these cases with all PHFs and encourage PHFs to take proactive measures in enhancing their service quality, thereby reducing the likelihood of similar complaints arising in the future.

病人身份識別與安全用藥

背景資料

一名嬰兒因肺部感染而入院接受治療。主診醫師處方了抗生素，病人母親在住院期間全程陪伴。

第二天凌晨，母親短暫離開病房去洗手間時，護理人員給孩子服用了抗生素。母親返回病房後，得知護士僅憑床號識別病人身份，既沒有核實個人資料，也沒有與她確認病人身份。儘管施藥正確，但母親對這種不恰當的病人身份識別程序表示不滿，並提出了投訴。

Patient identification and safe drug administration

Background

A baby was admitted to a PHF for treatment of a chest infection. The attending physician prescribed antibiotics, and the patient's mother remained with him throughout the hospitalisation.

In the early hours of the second day, while the mother briefly left the ward for washroom, nursing staff administered the prescribed antibiotics. Upon her return, she learned that the nurses had identified the patient solely by bed number, without verifying personal particulars or confirming with her. Although the correct medication was given, the mother expressed dissatisfaction with the improper identification process and lodged a complaint.



調查與評估

該醫院制定了明確的安全用藥政策，包括遵循“三核五對原則”，當中要求施藥前至少要核實兩項個人身份識別資料。調查證實，工作人員並未遵循以上的病人身份識別程序，僅依賴床號。

這種做法與《實務守則》不符，該守則要求所有工作人員熟悉並遵守相關政策。因此，此投訴成立。

事件發生後，醫院實施了多項改善措施，包括加強護理人員安全用藥培訓、強化核實流程、引進電子藥物及身份驗證系統，以及進行職員能力評估以確保他們的表現合乎要求。

觀察及學習要點

此個案凸顯了正確識別病人身份對於預防錯誤用藥和保障病人安全的重要性。即使施藥正確，未能遵循程序也會損害病人及其家屬對醫療服務的信任。

投訴委員會已建議該私營醫療機構定期檢視安全用藥政策，並加強監察機制以確保職員遵守相關政策。該私營醫療機構亦應為職員提供持續的培訓和績效評估，以強化病人身份識別和安全用藥的重要性。透過上述措施，私營醫療機構更能有效保障病人安全，維護公眾信任，並提升專業標準。

Investigation and assessment

The PHF had clear policies for safe medication use, including adherence to the “3 Checks 5 Rights” principle, which requires verification of at least two personal identifiers before drug administration. The investigation confirmed that staff did not follow these procedures, relying only on bed number.

This practice was inconsistent with the Code of Practice, which requires all staff to be conversant with and comply with relevant policies. The complaint was therefore substantiated.

Following the incident, the PHF implemented corrective measures, including enhanced training for nurses on safe drug administration, strengthened counter-checking processes, introduction of electronic systems for medication and identity verification, and staff competency assessments to ensure compliance.

Observation and learning points

This case underscores the critical importance of proper patient identification in preventing medication errors and ensuring patient safety. Even when the correct drug is administered, failure to follow established procedures can undermine patient and family confidence in care.

The Complaints Committee recommends the PHF to conduct regular reviews of medication safety policies and strengthen monitoring mechanisms to ensure staff’s compliance. Ongoing training and performance assessments should be provided to staff, reinforcing the importance of patient identification and safe drug administration. Facilities can safeguard patient safety, maintain public trust, and uphold professional standards through the above measures.

內窺鏡檢查前病人監察不足

背景資料

一名病人於胃鏡和大腸鏡檢查前一天入院。醫生為她處方了瀉藥進行腸道準備，並囑咐她服藥時飲用2公升液體。

於同日晚上十時三十分，她已按醫囑服用完上述液體。於晚上十一時三十分，她詢問病房職員是否需要再飲用液體。病房職員誤解了她的問題，以為她是在詢問第二天早上是否需要繼續服用瀉藥，於是回答「是」。結果，病人額外喝了3公升水。隨後，她出現頭暈並多次嘔吐，但醫護人員只建議她休息。

直至翌日早上五時，病房職員才意識到她總共喝了5公升水。於早上七時左右，病人出現上肢震顫。護士隨即通知主診醫生和麻醉科醫生並安排了血液檢測，結果顯示病人可能因為喝了大量清水而出現低鈉血症。原定的內窺鏡檢查因此被延期，病人需要住院治療三天。直至血液檢測結果恢復正常後，胃鏡和大腸鏡檢查順利完成，病人於檢查後第二天出院。

病人對於病房職員的錯誤建議感到不滿，認為這導致她攝取過多液體，並延長了住院時間。

Inadequate monitoring of a patient before endoscopy

Background

A patient was admitted to a PHF one day prior to undergoing gastroscopy and colonoscopy. She was prescribed laxatives for bowel preparation and instructed to drink 2 liters of fluid with the medication.

By 10:30 p.m. on that day, she had completed the prescribed intake. At 11:30 p.m., she asked a ward staff member whether she needed to drink more fluid. The staff misunderstood her question, believing she was asking about further laxative intake the following morning, and replied "Yes". As a result, the patient consumed an additional 3 liters of water. She subsequently developed dizziness and vomited several times, but was advised only to rest.

It was until 5:00 a.m. the following day that the ward staff realized that she had consumed a total of 5 liters of fluid. At around 7:00 a.m., the patient developed tremors in her upper limbs. A nurse informed the attending doctor and anesthesiologist, who ordered blood tests that revealed hyponatremia, probably related to drinking a large amount of water. The scheduled procedures were postponed, and the patient required treatment and hospitalization for three additional days. Once her blood results normalized, the gastroscopy and colonoscopy were performed uneventfully, and she was discharged the day after the procedure.

The patient was dissatisfied that incorrect advice from ward staff led to excessive fluid intake and an unnecessarily prolonged hospital stay.

調查與評估

調查發現，病人攝取過多液體是由於病人與病房職員溝通不良和醫院對病人監察不足所引致。病房職員及醫護人員未能澄清病人的疑問，未能辨識出過度補液的早期預警訊號，也未能及時將病人的症狀上報給主診醫生。此外，也沒有對病人的液體攝取量進行適當的記錄或定期評估。這些都影響病人的病情和導致住院時間延長。

觀察及學習要點

本個案說明了在術前準備過程中清晰的溝通和嚴密監察的重要性。私營醫療機構必須確保醫護人員對病人提供一致的指示，準確記錄病人的液體攝取量，並在發現異常症狀時及時向上級報告。投訴委員會建議各私營醫療機構加強培訓和監督，確保醫護人員能及早辨識徵兆，妥善保存紀錄，並全面遵守病人安全守則。

Investigation and assessment

The investigation found that the patient's excessive fluid intake resulted from miscommunication between the patient and ward staff and inadequate patient monitoring by the hospital. Ward staff and healthcare workers failed to clarify her query, did not recognize early warning signs of overhydration, and did not escalate her symptoms promptly to the attending doctor. In addition, there was no proper documentation or regular assessment of the amount of fluid consumed. All these contributed to the patient's condition and extended hospitalization.

Observation and learning points

This case illustrates the importance of clear communication and vigilant monitoring during pre-procedure preparation. Staff must provide consistent instructions to patients, document fluid intake accurately, and escalate abnormal symptoms without delay. The Complaints Committee advises PHFs to strengthen training and supervisory oversight to ensure staff are equipped to recognize warning signs early, maintain proper records, and comply fully with patient safety protocols.



錯誤的醫療報告及其他醫療記錄相關問題

背景資料

一名病人在一所私營醫療機構接受健康檢查。在覆診時，她發現健康檢查報告上的年齡有誤。主診醫生隨即用筆修改了年齡，但沒有簽名。病人回家後發現報告中存有多處錯誤，包括她的年齡、運動習慣、過往病史和家族史，這些資訊都與她的實際病史不符。病人對此不滿，向投訴委員會提出了投訴。

調查與評估

調查顯示，主診醫生無意中將個人的臨床記錄範本複製到了病人的報告中。根據《實務守則》，醫療記錄必須準確、詳盡、清晰、完整和有系統，並必須載有最新資料。任何不正確的記項或錯處必須刪去並作出適當更改，由作出更改的人員填上更改日期及簽署。

在本個案中，醫療報告包含錯誤的資料，資料更正後未有簽署，加上主診醫生未有遵守醫院政策，採取所有切實可行的步驟確保醫療記錄中病人個人資料的準確性。這些行為都構成違反《實務守則》，因此投訴成立。

Wrong medical report and other medical records-related issues

Background

A patient underwent a health check at a PHF. During her follow-up visit, she noticed that the age shown in the printed health check report was incorrect. The attending doctor corrected the age with a pen but did not provide a signature. Later at home, the patient discovered multiple inaccuracies in the report, including her age, exercise habits, past medical history, and family history, none of which reflected her actual medical background. Dissatisfied, she lodged a complaint with the Complaints Committee.

Investigation and assessment

The investigation revealed that the attending doctor had inadvertently copied a personally created template of clinical notes into the patient's report. According to the Code of Practice, medical records must be accurate, sufficiently detailed, legible, current, complete, and properly organised. Any incorrect entry must be crossed out and corrected with the date and signature of the correcting officer.

In this case, the medical report contained erroneous information, the correction was unsigned, and the attending doctor failed to follow PHF policy which require all doctors to take all reasonable steps to ensure the accuracy of patients' personal data in medical records. These actions constituted breaches of the Code of Practice, and the complaint was substantiated.

其他與醫療記錄相關的問題

2025 年，投訴委員會也收到多宗關於醫療記錄不準確或不完整的投訴。其中包括：

- 一名麻醉科醫生沒有記錄進行手術前評估的日期和時間；
- 一名醫生在病人的術後覆診中，沒有記錄對傷口的評估結果；及
- 一位醫生未有記錄她為何診斷一名病人對某特定壓力敷料產生新過敏反應。

觀察及學習要點

本個案凸顯了備存準確且記錄完善的醫療紀錄至關重要。記錄如有錯誤或遺漏，不僅會危及病人安全，也會損害他們對醫療護理質素的信心。醫護人員必須保持警惕，確保所有記錄準確、清晰並已妥善簽名；同時，私營醫療機構必須推動責任文化，使職員務必嚴格遵守醫療記錄政策。

投訴委員會建議私營醫療機構加強監督問責機制，推行定期查核制度，以監察醫護人員文書記錄方面的表現。私營醫療機構應提醒職員準確完整的醫療記錄的重要性，並提供持續培訓，以強化職員對《實務守則》的遵從。

Other medical records-related issues

In 2025, the Complaints Committee also received several complaints concerning inaccurate or incomplete medical records. These included:

- an anesthesiologist failing to document the date and time of a pre-procedure assessment;
- a doctor omitting wound assessment findings during a follow-up visit after a surgical procedure; and
- a doctor not recording the reason for diagnosing a patient with a new allergy to a specific bandage.

Observation and learning points

This case highlights the critical importance of maintaining accurate and properly documented medical records. Errors or omissions in records not only compromise patient safety but also undermine confidence in the quality of care provided. Healthcare staff must remain vigilant in ensuring that all entries are correct, legible, and appropriately signed, while facilities must foster a culture of accountability and compliance with established documentation standards.

The Complaints Committee advises PHFs to strengthen supervisory accountability and implement regular checking systems to monitor staff performance in documentation. PHFs should remind staff of the importance of accurate and complete medical records and provide ongoing training to reinforce compliance with the Code of Practice.



投訴與意見的分類

背景資料

投訴委員會收到多宗針對某私營醫療機構的投訴，涉及病人對書面回覆的延遲表示不滿。

調查與評估

該私營醫療機構的內部政策指出病人的負面意見可分為“意見回饋”或“投訴”，主要區別在於病人是否明確或隱含地期望得到機構的回應或解決方案，或在法律上有此要求。凡屬投訴，職員需遵守既定的回覆時限（3 天、7 天、2 週及 4 週）；而意見回饋則沒有明確回覆時限，但該私營醫療機構聲稱會盡量參照投訴的回覆時限處理。

調查發現，病人在給予該私營醫療機構的書面來函中已使用了“投訴”一詞，並明確要求該私營醫療機構的書面回覆及解決方案。然而，機構職員錯誤地將這些來函歸類為意見回饋，未有依照既定政策處理，最終導致延遲了書面回覆。

投訴委員會發現，職員對醫院的投訴處理政策和程序不夠熟悉，因而未能符合《實務守則》的要求。上述投訴均成立。

Classification of Complaints and Feedback

Background

The Complaints Committee received several complaints against a PHF concerning delays in providing written replies.

Investigation and assessment

The PHF's internal policy distinguishes between “feedback” and “complaints”. A negative comment should be classified as a complaint when a response or resolution is explicitly or implicitly expected, or legally required. Complaints are subject to clear response timelines (3 days, 7 days, 2 weeks, and 4 weeks), whereas feedback does not have prescribed timelines, though the PHF indicated it would follow complaint timelines where possible.

The investigation revealed that patients had submitted written communications with the PHF using the term “complaint” and explicitly requested replies and resolutions. However, PHF staff misclassified these as feedback and failed to follow the established complaint-handling timelines. As a result, final written responses were delayed.

The Complaints Committee found that staff were not sufficiently familiar with the hospital's complaint-handling policies and procedures, leading to non-compliance with the requirements of the Code of Practice. These complaints were therefore substantiated.

觀察及學習要點

準確分類病人的溝通內容對於確保及時和有效地處理投訴至關重要。投訴委員會建議該私營醫療機構：

- 全面檢視投訴處理程序，包括分類標準及回覆時限；
- 加強職員對有效投訴處理方面的培訓，確保熟悉並遵守既定政策；
- 確保所有職員持續嚴格按照醫院的政策處理投訴；及
- 在回覆病人時，應提供更詳細和具體的資訊，並適當地告知已採取的改進措施及後續跟進。

Observation and learning points

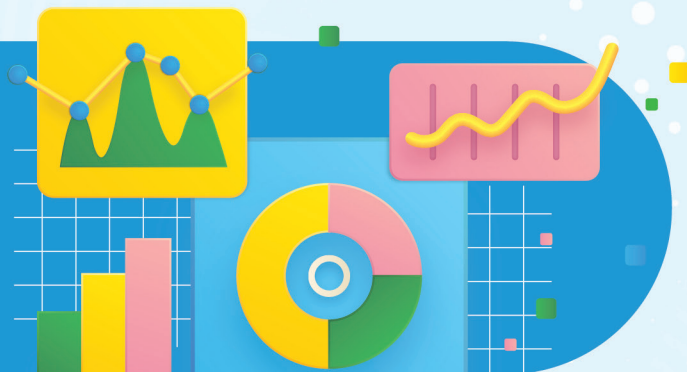
Accurate classification of patient communications is essential to ensure timely and effective handling of complaints. The Complaints Committee advised the PHF to:

- review its complaint-handling procedures, including classification criteria and response timelines;
- strengthen staff training on effective complaint management and adherence to established policies;
- ensure all staff consistently follow the hospital's complaint-handling policy; and
- provide complainants with detailed and specific replies, including information on improvement measures and follow-up actions where applicable.



附錄 Appendix

統計數字 Statistics

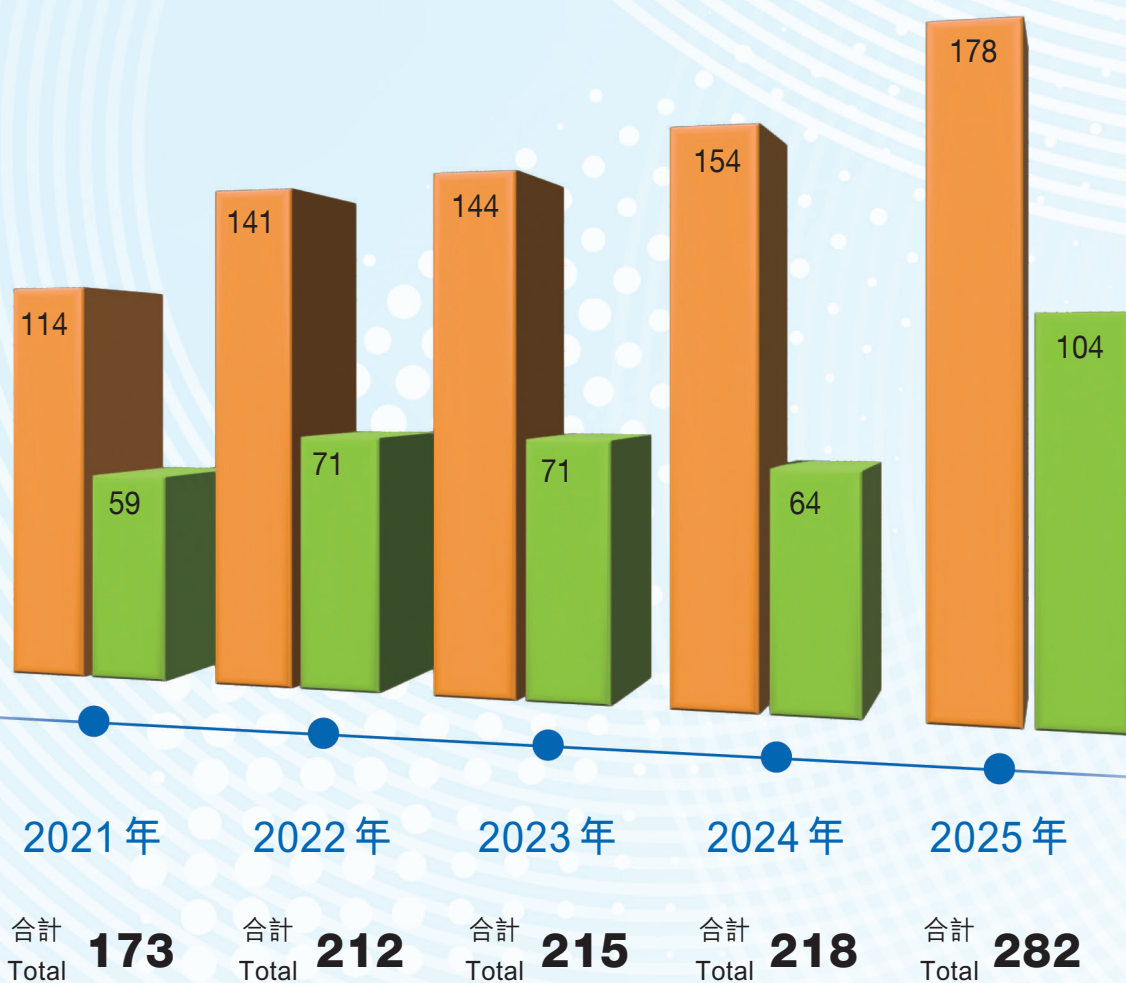


1

查詢數字 Number of enquiries

收到的查詢數目
Number of enquiries received

口頭 Verbal
書面 Written



2

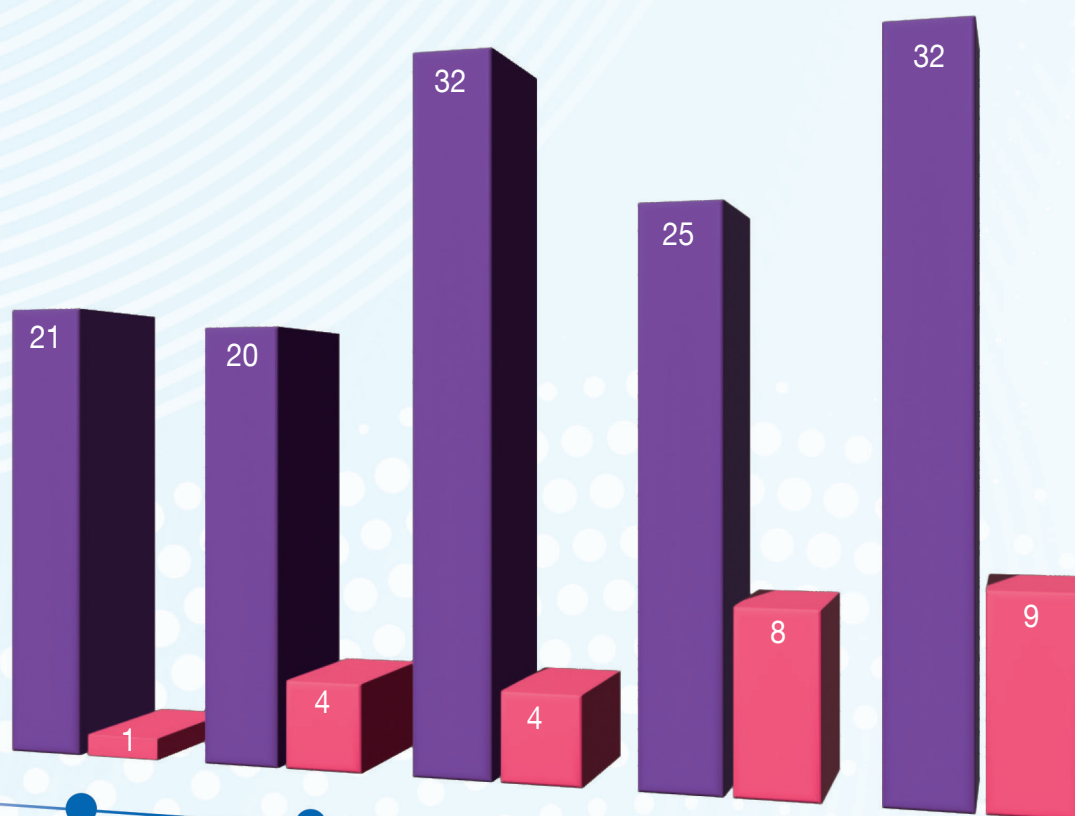
對持牌私營醫療機構的投訴數字 Number of complaints against licensed private healthcare facilities

收到的投訴數目

Number of complaints received

■ 私家醫院
Private Hospital

■ 日間醫療中心
Day Procedure Centre



2021 年

2022 年

2023 年

2024 年

2025 年

合計
Total **22**

合計
Total **24**

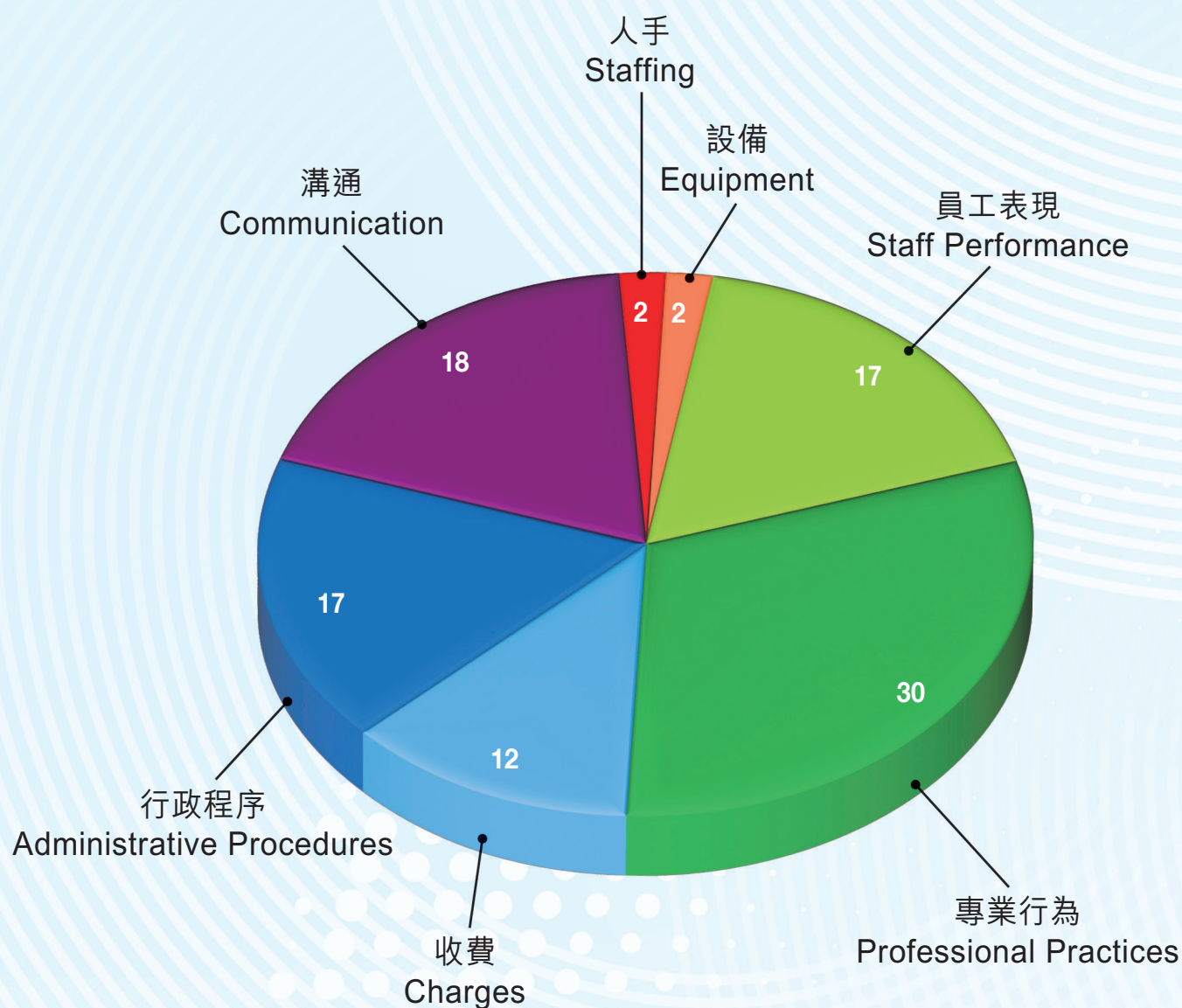
合計
Total **36**

合計
Total **33**

合計
Total **41**

投訴事宜的類別

Categories of issues of complaints



* 一宗投訴可能涉及多個類別。

*One complaint may involve more than one category.

4

截至2025年12月31日的個案進度

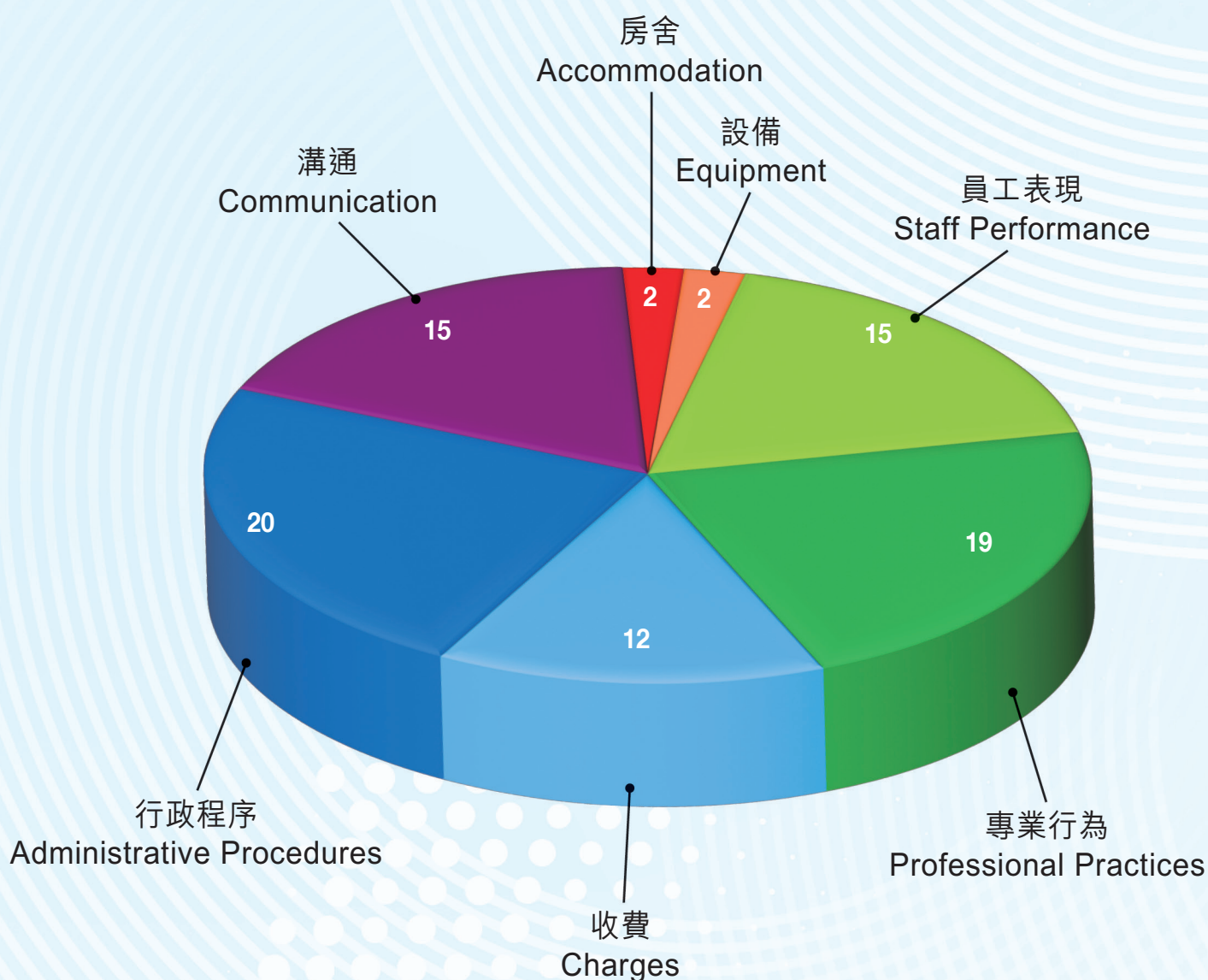
Progress of cases as at 31 December 2025

個案進度 Progress of cases	個案數目 Number of cases
(a) 2025 年收到的個案 Cases received in 2025	41
(b) 由上年度轉入的個案 Cases brought forward from last year	25
(c) 2025 年已考慮並總結的個案 Cases considered and concluded in 2025	31
(i) 投訴成立 Substantiated	8
(ii) 投訴不成立 Not substantiated	2
(iii) 經初步處理後不獲進一步考慮的個案 Dismissed after preliminary processing	13
(iv) 被撤回的個案 Withdrawn	8
(d) 正在考慮中並會轉撥下年度的個案 Cases under consideration and carried forward = (a) + (b) - (c)	35

2025 年已總結個案的涉及事宜類別 Categories of involved issues for cases concluded in 2025

已總結個案的涉及事宜類別

Categories of involved issues for cases concluded



* 一宗投訴可能涉及多個類別。

*One complaint may involve more than one category.

6

2025 年初步處理小組和個案小組的工作統計數字 Work statistics of Preliminary Processing Panel and Case Panel in 2025

會議類別 Types of Meetings	會議數目 Number of meetings	考慮的個案數目* Number of cases considered*
初步處理小組會議 Preliminary Processing Panel Meeting	12	30
個案小組會議 Case Panel Meeting	5	10

* 一宗投訴個案可能在多於一個初步處理小組 / 個案小組會議上被考慮。

*One complaint case may be considered in more than one Preliminary Processing Panel/ Case Panel Meeting.

私營醫療機構投訴委員會

Committee on Complaints against Private Healthcare Facilities

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