

**The Administration's Response to Questions raised by Members  
at the Special Meeting of the LegCo Panel on Health Services  
held on 21 May 2003**

*(a) Compensation arrangements for Hospital Authority health care workers who sacrificed their lives in taking care of SARS patients.*

Hospital Authority (HA) employees who unfortunately contracted SARS and died in the course of taking care of SARS patients in HA hospitals will be compensated in accordance with the Employees Compensation Ordinance. Estate of these employees will also be paid a death benefit which is the greater of their 12 months' basic salary or their Provident Fund/accrued contract gratuity. In addition, there will be disbursement of urgent financial assistance and coverage for funeral expenses. Consideration is also being given to making use of the charitable fund generously donated by the community to establish an Education Fund for the children of these deceased employees as well as giving additional grants to their estates. In parallel, HA is still exploring the feasibility of arranging for additional insurance coverage for its staff.

Concurrently, the Government has decided that the three HA staff who had passed away because of SARS contracted in their course of patient service would be given the recognition of "Heroic Death" and their estates will be given a grant of 3 million dollars as financial assistance.

*(b) More detailed classifications of SARS patients in Intensive Care Units.*

As of 26 May 2003, there were 37 SARS patients staying in Intensive Care Units of HA, among whom 29 required artificial ventilation. Also, among these 37 patients, 7 were health care workers, out of whom 6 required artificial ventilation.

*(c) Figures of other cases in public hospitals which have accumulated following the SARS outbreak.*

Patients in the waiting lists in HA vary in the degree of urgency for receiving treatment in the public healthcare system. While coping with the SARS outbreak, HA has maintained its services for urgent conditions. If the situations warrant, patients would be arranged to

receive operations in other hospitals with less pressure arising from SARS.

Some patients might choose either to defer their operations or seek treatment in the private sector due to their fear of contracting SARS during hospitalization in public hospitals.

The impact of SARS on the public hospital services in HA may however be better reflected by a comparison of the figures for the same period in two consecutive years for –

- (1) the number of patients in the specialist outpatient waiting list for new case appointment ; and
- (2) the volume of operation-related hospital episodes .

Comparison of the Number of Patients in the Specialist Outpatient Waiting List for New Case Appointment

The comparison of patients in the specialist outpatient waiting list for new case appointment in all specialties in HA as at month end of April in 2002 and 2003 is as follows –

	<b>April 2002</b>	<b>April 2003</b>	<b>Change</b>
<b>Number of Patients</b>	149,000	138,000	-7%

Comparison of Figures related to Operations Performed in April 2003 in HA with that in the same period in 2002.

The following table shows that quantum of reduction of inpatient episodes with different types of operations done in HA in April 2003 as compared to the same month in 2002, and HA's tentative observations regarding the preference on treatment of those patients represented by the reduced number –

	<b>Types of Operations</b>	<b>Change</b>	<b>Patients' Preference</b>
1.	<u>Mandatory Operations</u> including operations related to delivery (Caesarean Section and assisted delivery) & appendicectomy	-300	Sought treatment from the private sector
2.	<u>Urgent or Non-urgent Operations</u> including cholecystectomy, colon	-500	Sought treatment from the private

	operation, etc.		sector depending on the degree of urgency of the treatment
3.	<u>Non-urgent Operations</u> including operations on eye lens and herniorrhaphy	-800	Staying in the waiting lists awaiting HA's active clearance upon the gradual subsidence of SARS admission

The differences shown reflect the effects of a host of contributing factors including –

- (1) The deferment of non-urgent operations in HA to enable the public hospital system to cope with the SARS outbreak;
- (2) Reduction of patients who chose not to patronage the public hospital services;
- (3) Reduction of patients who chose to defer their own operations; and
- (4) Restructuring of public hospital fees and charges with effect from 1 April 2003

#### Way Forward

HA will take the opportunity to continue its efforts in facilitating patients to seek treatment from the private sector if they so choose. Meanwhile, upon the subsidence of pressure arising from SARS, HA has been gradually returning to maintain its previous level of services.

*(d) Figures of wards with negative pressure facilities in the Princess Margaret Hospital and other hospitals, if any.*

According to the World Health Organization (WHO) guidelines, SARS patient should be isolated. An isolated area generally refers to a room having negative pressure relative to surrounding accommodation. The negative pressure is created by extracting more room air than the air-conditioning supply to the room. The surrounding air will therefore flow into the room, or in other words, preventing the room air from leaking into surrounding accommodation.

Currently, SARS patients are accommodated in cohort placement in hospital wards with independent air supply, exhaust system and bathroom facilities. The original design of these wards does not have negative pressure control and HA has installed exhaust fans to extract more air from these wards and brought about the required negative pressure effect.

However, the installation of additional exhaust fans in the existing wards setting will end up in pumping out a lot of the air-conditioned air and the wards will become hotter. HA is now working with the Electrical and Mechanical Services Department to identify means to improve the comfort level of these areas.

Figures of Wards with Negative Pressure Facilities in Princess Margaret Hospital and other Hospitals

<b>Hospitals</b>	<b>No. of Wards</b>
Alice Ho Miu Ling Nethersole Hospital	17
Caritas Medical Centre	21
Kowloon Hospital	4
Kwong Wah Hospital	21
North District Hospital	17
Pamela Youde Nethersole Eastern Hospital	34
Prince of Wales Hospital	0
Princess Margaret Hospital	2
Queen Elizabeth Hospital	1
Queen Mary Hospital	7
Ruttonjee Hospital / Tang Shiu Kin Hospital	2
Tseung Kwan O Hospital	14
Tuen Mun Hospital	1
United Christian Hospital	24
Yan Chai Hospital	12

<b>Total</b>	<b>177</b>
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*(e) Number of hospitals which are able to meet the guideline on minimum leave/rest day for health care workers.*

HA has been able to grant rest days for all its health care workers in accordance with the legal requirements (i.e. one rest day in every period of seven days for employees under a continuous employment contract). In addition, a special leave of 1 day in every 2 weeks will be granted to staff working in SARS areas to relieve the pressure and stress arising from their work.

In view of the different workload in different clinical units, cluster management are encouraged to exercise discretion in the arrangement of the special leave over and above the minimum standard, taking into account service demand and intensity of work for individual hospitals and clinical units as well as operational needs.

Health, Welfare and Food Bureau  
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