

立法會
Legislative Council

LC Paper No. CB(2)3152/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PS/1/03

Panel on Health Services

**Subcommittee to monitor the implementation of the recommendations
of the SARS Expert Committee and
the Hospital Authority Review Panel on the SARS Outbreak**

**Minutes of meeting
held on Monday, 1 December 2003 at 8:30 am
in Conference Room A of the Legislative Council Building**

Members present : Hon Cyd HO Sau-lan (Chairman)
Dr Hon David CHU Yu-lin, JP
Dr Hon LAW Chi-kwong, JP
Hon LI Fung-ying, JP
Hon Michael MAK Kwok-fung
Dr Hon LO Wing-lok, JP

Members absent : Hon CHAN Yuen-han, JP
Hon Andrew CHENG Kar-foo

Public Officers attending : All items

Mr Thomas YIU, JP
Deputy Secretary for Health, Welfare and Food

Dr Regina CHING
Acting Deputy Director of Health

Dr S H LIU
Senior Executive Manager (Professional Services)
Hospital Authority

Miss Noel TSANG
Assistant Secretary for Health, Welfare and Food

Items I and II

Dr W M KO, JP
Director (Professional Services and Public Affairs)
Hospital Authority

Clerk in attendance : Miss Mary SO
Chief Assistant Secretary (2) 4

Staff in attendance : Ms Amy LEE
Senior Assistant Secretary (2) 8

I. The Administration's response to members' enquiries raised at the last meeting on 17 November 2003
(LC Paper No CB(2)476/03-04(01))

Dr David CHU considered the dissemination of information from the Hospital Authority (HA) to its frontline healthcare staff upon activation of its green, yellow and red alerts, detailed in item (a) of the above Administration's paper, satisfactory. Dr CHU however enquired whether there was a mechanism in place enabling frontline healthcare staff of HA to express their views/concerns under similar circumstances to HA management.

2. Director, HA responded that HA was working on several areas to promote better communication with its staff. These included the appointment of internal communication co-ordinators at hospital level and the establishment of 24-hour staff help desks during times of crisis. HA was also developing plans to strengthen staff group communication.

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3. Ms LI Fung-ying asked HA whether there was a mechanism in place to see that all views/concerns expressed by their staff were received so that appropriate follow-up actions could be taken.
4. Director HA responded that all views/concerns forwarded by staff would be acknowledged receipt and recorded if they were made via the formal channel. Director HA however pointed out that this would not be possible if the staff concerned chose not to disclose his/her identity.
5. Notwithstanding the communication strategy to keep private healthcare providers informed during the outbreak as set out in paragraph (b) of the Administration's paper, Ms LI Fung-ying enquired about the measures which would be taken by the Department of Health (DH) to ensure that information disseminated to them were received and vice versa.
6. Deputy Director of Health (DDH) responded that to ensure information via fax reached the private hospitals and private medical practitioners, the latter was now required to return the acknowledgement slip attached to the fax message. On the other hand, private hospitals and private medical practitioners had been reminded to follow up with a telephone call to DH if they deemed the information forwarded to DH was important and warranted DH's immediate attention. DH had also reminded private hospitals and private medical practitioners on a regular basis of the contact numbers of DH's four regional offices both during and after normal office hours.
7. The Chairman was of the view that apart from disseminating information through electronic means and fax, HA should make more use of the multi-media to do the same.
8. Director HA responded that consideration was being given to making more use of television broadcast during the outbreak. HA was presently also exploring the feasibility of disseminating urgent messages through the terminals of its clinical management system so that such information could reach all frontline staff in a timely fashion.
9. Mr Michael MAK said that he had learnt from some HA staff that the activation of the green alert failed far short of raising their awareness and that of the public. Mr MAK was of the view that HA should have activated the yellow alert after sometime it had activated the green alert due to the recent viral gastroenteritis outbreaks in the community so as to heighten the awareness of both staff and the public.

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10. Director HA explained that the activation of the green alert was to heighten staff awareness and preparedness against the spread of infectious diseases in the hospital setting. For instance, under the green alert, the hospital infection control team would assess the potential of transmission of the infectious disease in the hospital setting, the Cluster Chief Executive or the designated Hospital Chief Executive would be in command for the response and other hospitals would be alerted to heighten awareness and preparedness. Director, HA further said that HA did consider activating the yellow alert during the recent viral gastroenteritis outbreaks in the community. It decided not to do so in the end, having regard to the fact that the spread of the disease was contained. Director HA pointed out that as HA's three-tiered alert system was new, fine tuning would be made in the light of operational experience. Deputy Secretary for Health, Welfare and Food (DSHWF) supplemented that HA's three-tiered alert system was an internal management system to respond to outbreaks in the hospital setting and was not intended for alerting the public, which was in the domain of DH during times of outbreak.

11. Mr MAK further said that to his knowledge, some departments in HA hospital were adopting their own alert system on infectious disease, which was different from that of HA's three-tiered alert system. DSHWF agreed to follow-up, pending further details provided by Mr MAK.

II. Continued discussion on manpower requirement for combating SARS
(LC Paper No. CB(2)339/03-04(02))

12. The Chairman asked whether additional funding would be allocated to HA and DH to fund the recurrent costs for new additional staff hired to combat Severe Acute Respiratory Syndrome (SARS).

13. DSHWF responded that the recurrent costs for new additional staff hired by DH to combat infectious diseases would first be met by redeployment of resources within the Department, as most of these staff would be deployed to work for the proposed Centre for Health Protection (CHP). As the Hong Kong Jockey Club had pledged a donation of \$500 million to fund the establishment of the CHP, DH would deploy part of the donations to fund any shortfall in meeting the recurrent costs for new additional staff where necessary. In the meantime, the Health, Welfare and Food Bureau (HWFB) was in discussion with the Financial Secretary on the need of injecting additional recurrent resources to HA and DH to meet the additional manpower required to prevent and fight infectious diseases in the long run.

14. The Chairman urged HA not to, say, curtail certain services and raise public hospital fees and charges, in order to come up with savings to meet the recurrent costs for new additional staff hired to combat infectious diseases. To allay public concern in this regard, the Chairman said that how HA would utilise its funding in the coming financial year should be made transparent for public scrutiny. DSHWF assured members that the public would be consulted on any proposed changes to public hospital services and fees and charges before deciding on the way forward. DSHWF further said that he would convey the Chairman's suggestion on making public the utilisation of HA's funding in the coming financial year to the Secretary for Health, Welfare and Food for consideration.

15. The Chairman pointed out that there were concerns that training provided to student nurses by HA was not as intensive as it was when these nurses were trained on the job. The Chairman hoped that HA would address this situation, so as to better prepare student nurses to cope with the outbreak after they graduated.

16. Director HA surmised that the main reason why some people perceived training provided by HA to student nurses was not as intensive as it used to be under the now defunct hospital-based nursing education was because student nurses then were part of the workforce and hence had to carry out all the nursing duties as directed. Whereas, at present university-trained student nurses were trained under a mentor system in HA. Nevertheless, Director HA pointed out that with experience gained from the last SARS outbreak, HA had now recognised the need for all healthcare staff, including nurses, to receive basic and ongoing training in infection control and had an understanding of fundamental epidemiology and public health principles. To strengthen the supply of intensive care unit (ICU) expertise in public hospitals, arrangements had also been made for as many nurses as possible to work in ICUs.

17. Mr Michael MAK urged the Administration to see to it that private hospitals also provided basic and ongoing infection control and ICU training to its frontline staff.

III. Progress made by the Government and the Hospital Authority in taking forward recommendation nos. 23-30 and 31-33 of the SARS Expert Committee on communications and surveillance, information and data management respectively
(LC Paper No. CB(2)476/03-04(02))

18. At the invitation of the Chairman, DSHWF briefed members on the above Administration's paper which set out the Administration's progress in the implementation of the recommendations of the SARS Expert Committee on the

areas of communications, surveillance, information and data management.

19. Dr LO Wing-lok said that many HA staff chose to air their grievances with radio programme hosts during the last SARS outbreak, which was a testament of inadequate communication between HA and its frontline healthcare staff. Dr LO asked about the measures which would be taken by HA to minimise the recurrence of such a situation. In his view, consideration could be given to, say, booking air time from the three radio companies to listen to the views of HA staff as well as the public on the handling of HA in times of outbreak and helping staff to set up mutual help groups in times of a major crisis.

20. Senior Executive Manager (Professional Services), HA (SEM, HA) responded that several measures would be taken by HA to strengthen its internal communication. These included organising staff forums to provide staff with the opportunity to express their views/concerns on the handling of the outbreak, appointing a well-respected staff as a bridge between management and frontline staff, establishing a 24-hour hotline manned by HA Board members to answer questions from staff and making more use of the television media to disseminate up-to-date information and important messages about the outbreaks of infectious disease and measures for effective infection control. Mr Michael MAK opined that apart from implementing the aforesaid measures, HA should find out why its frontline staff chose to take their grievances up with the media during the last SARS outbreak, in order to truly improve its communication with staff.

21. Dr LO Wing-lok asked about the criteria adopted by the Administration and HA in selecting staff to attend a radio programme and which radio programme to attend.

22. SEM, HA responded that HA would normally assign a staff who was most knowledgeable about the subject matter, and preferably from a senior rank, to attend a radio programme to answer questions from the host and the public. SEM, HA further said that HA had no preference as to which radio programme to attend. The only consideration was whether to do so would be in the public interest. DSHWF and DDH said that this was also the approach adopted by HWFB and DH respectively.

23. The Chairman asked whether consideration would be given to appointing one staff to be the spokesperson for HA and DH respectively in times of outbreak, so as not to overburden staff who had to answer questions from the media in addition to performing their normal duties.

24. DSHWF responded that the Administration did not see the need to designate a staff to be the spokesperson for either HWFB, DH or HA in times of

outbreak. Nevertheless, in view of the time needed for staff to prepare themselves before attending press conferences to answer questions from the media, several staff would take turn to attend such conferences which could entail two sessions daily, say, one in the morning and in the afternoon/evening, during a major outbreak. Arrangements would also be made to adjust the workload of the staff concerned, so that some of their normal duties could be taken up by other staff.

25. Dr LAW Chi-kwong noted the Administration's plan to develop a syndromic surveillance system, which did not require a definitive diagnosis of an infectious disease pathogen to be made, to recognise new disease threats and identify outbreaks early. Dr LAW however pointed out that this would entail a paradigm shift on how western medicine-trained practitioners conducted diagnosis, which would not be easy.

26. DSHWF responded that there was no cause for concern as the sentinel surveillance system now operated by DH not only conducted surveillance on statutorily notifiable diseases but other infections of public health significance. DDH supplemented that presently 50 private medical practitioners and the out-patient clinics managed by HA participating in the sentinel surveillance system would report to DH influenza-like-illness, acute diarrheal disease, acute conjunctivitis and hand-foot-mouth disease amongst their patients. DDH however pointed out that in order to recognise new disease threats and identify outbreaks early, there was a need to expand the existing coverage of the sentinel surveillance system and automate the reporting and analysis of the syndromes reported.

27. Dr LAW Chi-kwong was of the view that to only monitor syndromes from the four types of diseases mentioned in paragraph 26 above would not be sufficient, having regard to the rapid emergence of new disease threats. Collaboration should be made with universities in developing a more comprehensive syndromic surveillance system which was capable of capturing a wide range of significant syndromes. Dr LAW also urged the Administration, in its review of the Quarantine and Prevention of Disease Ordinance (Cap. 141), to also address how a disease defined by syndromes and not by pathogen could be made a statutorily notifiable disease. DSHWF agreed to consider Dr LAW's comments of enlisting the assistance of universities to develop a more comprehensive syndromic surveillance system. As regards making a disease defined by syndromes a statutorily notifiable disease, DSHWF said that studies would be conducted to find out how this could be done.

28. Dr LAW Chi-kwong noted that the Administration planned to develop an electronic infectious disease surveillance system comprising two phases. The

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first phase of the infectious disease surveillance system would be a case notification system whereby all medical practitioners, including those of the private sector and private hospitals, would be able to notify DH of statutorily notifiable diseases when such was identified, and the second phase would be a syndromic surveillance system. Although the entire surveillance system was expected to be completed in 2006-07, the case notification system was expected to be completed first in 2004. Dr LAW however considered that, in order to minimise risk to public health, priority should be given to completing the syndromic surveillance system over the case notification system, as the existing manual reporting of statutorily notifiable diseases to DH had been working smoothly.

29. DSHWF responded that both the case notification system and the syndromic surveillance system could be developed in parallel. The reason why the case notification system could be completed earlier was because the system would only entail automating the existing well-established manual reporting of statutorily notifiable diseases. A longer time was however needed to develop the syndromic surveillance system, as the system would involve the wider participation of various sectors of the community.

IV. Date of next meeting

30. Members agreed to hold the next meeting on 15 December 2003 at 8:30 am to discuss the following -

- (a) review of the Quarantine and Prevention of Disease Ordinance; and
- (b) engaging the community in times of outbreak.

31. There being no other business, the meeting ended at 10:37 am.

Council Business Division 2
Legislative Council Secretariat
23 July 2004