

**Views on the Recommendations of the SARS Expert
Committee and the Hospital Authority Review Panel on the
SARS Outbreak**

(Submitted by the Hong Kong Baptist Hospital)

Introduction:

The Hong Kong Baptist Hospital grew from a small clinic to a 650-bed Hospital serving the community for just over 40 years. The mission of the Hospital is to provide holistic health care to the Community through the integration of medical and spiritual to bring about the physical, emotional and spiritual well-being of individual for the glory of God.

Since 1996 there have been comprehensive infection control guidelines in the Hospital. In early March 2003, following the outbreak of "atypical pneumonia" (later renamed Severe Acute Respiratory Syndrome, SARS) in Hong Kong, the Baptist Hospital had put into effect infection control precautions and surveillance. There was an outbreak of SARS on the 8th Floor of the Hospital in mid-March attributable to SARS patients admitted from the community. In April there was another small outbreak on the 9th Floor. During the latter outbreak there was some confusion over whether or not to report suspected cases of SARS to the Department of Health (DH), and there were problems of internal and external communications, culminating in a public rebuke of the Hospital on its handling of SARS by the then Director of Health. In June 2003 the Board of Directors appointed an Independent Commission of Inquiry (ICI) "to inquire into criticisms raised by the Director of Health of Severe Acute Respiratory Syndrome cases on its 9th floor in April 2003". The ICI report was made public on 18 August 2003. Subsequently an internal enquiry was conducted by the Board and its findings were announced in a press release on 24 October 2003.

The recommendations in the reports of *SARS Expert Committee* and the *Hospital Authority Review Panel on the SARS Outbreak* contain areas of overlap. The comments herein are selectively taken from each report with emphasis on the private sector.

Comments on the recommendations of the SARS Expert Committee:

- (1) ***“Organization of health and healthcare system for the control of an outbreak of communicable disease”***: The proposed establishment of a Centre for Health Protection(CHP) with the responsibility, authority and accountability for the prevention and control of communicable disease could be step forward for Hong Kong. However, it is important that adequate funding and staffing should be provided for it to function effectively. We welcome the initiative by the Health, Welfare and Food Bureau (HWFB) to coordinate the activities and the responsibilities of the Department of Health (DH) and the Hospital Authority (HA) including also the private sector.
- (2) ***“Coordination within Hong Kong”***: We agree with the conclusions *“that private hospitals and private doctors were not sufficiently engaged during the epidemic, and this is a clear example of a system problem associated with failing on all sides.”* (4:42) and *“that strenuous efforts are made to develop better partnerships with the private sector to cope with future public health emergencies.”* During early part of the SARS epidemic, information flow from HA or DH to the private sector was occasional and haphazard. We often had to glean from the public media for information. Coordination was nonexistent. Requests to the microbiology departments of DH and HA for testing of SARS patients were turned down. There was also difficulty in obtaining information on patients who had been transferred to HA hospitals. No documentation was available to us on the clinical course and outcome of our patients.
- (3) ***“Surveillance, information and data management”***: The enhanced data management system (comprising e-SARS, etc.) should be made available to the private sector for the purpose of tracking of individuals in controlling communicable disease. Being a public health project, it should be funded by the Government for all sectors.
- (4) ***“Clinical practice”***: Treatment guidelines based on the best available laboratory and clinical evidence should be shared by all sectors.

- (5) ***"Post-SARS environment and its impact":*** We suggest that a *central coordinating agency* be set up to handle the enormous and prolonged task of medical and psycho-social needs of patients who are recovering from SARS. To be effective and efficient the *central coordinating agency*, with the sole function of assisting such patients, should be vested with the power to cut across bureaucracies in departments of the Government. A *central registry* for the purpose of documentation and follow up could be a very useful tool.

Comments on the recommendations of the Hospital Authority Review Panel on SARS Outbreak:

- (1) ***On contingency planning: (p33 and p 134):*** We welcome the implementation of a comprehensive contingency plan for SARS. In the past few months the Baptist Hospital, working closely with DH, has completed a SARS Contingency Plan with four levels of alert. In November this year we performed two SARS drills. Following the recent report of a confirmed SARS case in Taiwan, Level One Alert of the plan has been put into effect till 31st December 2003. Infection control procedures and internal and external communications were tested and where necessary refined and improved.
- (2) ***Communication (p 36, "The strategy should address the issues securing the appropriate resources and expertise to ensure effective communications, particularly with the public during crisis.")*** During the SARS epidemic information exchanges and communication were not purposely organized. In the last two months representatives of the HA and DH have met with the Hospital on designating contact persons and channels of communication. Fully utilizing rapid electronic means seemed to be effective and efficient. At times, however, a triplicate set of the same information had been received—one each from HA, DH and the Hong Kong Medical Association. Perhaps a *Central Clearing House* for information distribution could be more direct and precise in achieving the intended purposes.

- (3) ***Educating the community (p37):*** Public and patient education are always important to ensure an enlightened population who can readily understand, accept and practice proper infection control, isolation, or quarantine.
- (4) ***Aftercare and counseling (p40, "HA should ensure that all surviving SARS patients have access to high quality aftercare and counseling"):*** We recommend that this should be implemented as soon as possible. Some of our healthcare workers who are recovering from SARS are not getting the required services. The pastoral department of our Hospital could work hand in hand with the HA to enhance such aftercare and counseling. As such services may cut across departments in the public services, a central director for such an effort with the means to integrate the services crossing department may be needed. Such services should also be made available to those who have been misdiagnosed and treated as SARS patients.
- (5) ***Information management:*** While the e-SARS reporting system had served the HA and DH well in the past, it is not yet available to private hospitals. In order to be complete, i.e. covering the whole of Hong Kong, extension of its coverage to the private sector is not only highly desirable but essential.
- (6) ***Partnership (p192, "Crucial to this preparedness is effective partnership working amongst all who can contribute.")*** Public health issues affect us all. The private sector can and should contribute. In dealing with such issues there should be one strong clear voice. Operationally, artificial boundaries should not exist.

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