

LegCo Panel on Health Services

58MM – Construction of a new infectious disease centre attached to Princess Margaret Hospital

Purpose

This paper seeks Members' view on the proposal to construct a new infectious disease centre attached to the Princess Margaret Hospital (PMH).

Background

2. The Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 revealed the need for designated isolation units in public hospitals to cope with infectious disease outbreaks. To address this need, we have put in place a comprehensive plan to build up the surge capacity for designated isolation units. After careful consideration of the need of patients and with the experience gained in the SARS outbreak, we have adopted the approach of developing infectious disease units attached to selected acute hospitals. The plan involves –

- designation of 14 acute hospitals for receiving patients in an infectious disease outbreak and providing these acute hospitals with about 1,400 isolation beds by converting existing hospital space into isolation wards;
- providing about another 200 isolation beds in newly constructed infectious disease centres attached to existing hospitals.

We have substantially completed the conversion works to provide for isolation beds in 14 acute hospitals and 98% of the 1,400 isolation beds are now ready for use.

Construction of a purpose-built infectious disease centre attached to the Princess Margaret Hospital (PMH)

3. The second part of the plan involves construction of new isolation facilities for existing hospitals. PMH would be the first hospital to be provided with such new facilities. The hospital has been a designated infectious disease hospital in Hong Kong equipped with dedicated facilities for handling patients with all types of infectious diseases since 1975. It has the expertise amongst its staff to handle infectious disease patients and is therefore in the best position to house the largest number of isolation beds.

4. We estimate the cost of the project to be \$552 million in money-of-the-day prices. The scope will comprise –

(a) the construction of an infectious disease centre at PMH to provide –

(i) 100 to 120 isolation beds, including 14 intensive care unit (ICU) beds, in single-bed or double-bed rooms with en-suite toilet / shower facilities and ante-rooms where appropriate;

(ii) a procedure room with associated facilities;

(iii) radio-diagnostic imaging facilities, including a computer tomography scanner suite;

(iv) a clinical laboratory for the handling, collection and distribution of highly infectious specimens;

(v) staff infection control facilities, including gowning / de-gowning areas, changing rooms, shower facilities and emergency showers;

(vi) other supporting and ancillary facilities; and

(vii) an office of the Infection Control Branch of the Centre for Health Protection

(b) the upgrading of the facilities of the existing

mortuaries in the Main Block of the PMH to meet current safety standards in the management of infectious diseases; and

- (c) the construction of link bridges connecting the infectious disease centres with the existing Blocks E, F & G of the PMH.

The breakdown of the cost of the project is as follows:-

	\$ Million	
(a) Site works and demolition	2.9	
(b) Site formation, geotechnical and substructure works	11.1	
(c) Building	205.6	
(d) Building services	186.2	
(e) Drainage and external works	4.9	
(f) Link bridges	6.7	
(g) Upgrading of existing mortuary	7.0	
(h) Furniture and equipment (F&E) ¹	100.0	
(i) Contingencies	42.4	
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Sub-total	566.8	(in September 2003 prices)
(j) Provisions for price adjustment	(14.8)	
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Total	552.0	(in MOD prices)
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¹ Based on an indicative list of F&E items and their estimated prices.

We plan to start construction works in September/October 2004 for completion in late 2006. We plan to seek the Public Works Subcommittee of the Finance Committee's endorsement to upgrade the project to Category A in May 2004.

A second infectious disease centre

5. In view of the high demand for isolation facilities in the New Territories East (NTE) cluster during the winter months, we plan to construct a second infectious disease centre with about 100 to 120 beds attached to the Alice Ho Miu Ling Nethersole Hospital (AHNH) in this cluster. Planning work has begun and we intend to submit more details to Members later this year.

6. On completion of these two infectious disease centres, there will be a total of about 1,600 isolation beds in public hospitals. We will monitor the demand for and usage rate of isolation facilities closely before planning for further addition of beds to ensure that there will not be over-supply of these facilities.

7. As in the case of existing isolation beds in the 14 acute hospitals, when there are no major outbreaks, these beds can be flexibly deployed for other appropriate uses or used as general wards.

District consultation

8. The Hospital Authority (HA) consulted the Community Affairs Committee of the Kwai Tsing District Council on 24 February 2004. The Committee objected to the construction of an infectious disease block at PMH, and suggested the Government to construct an infectious disease centre at a location far from residential districts.

Alternative approach considered

9. We have considered the alternative approach of constructing a dedicated infectious disease hospital. We have not adopted this approach as this would contract, rather than expand, expertise in infection management and control throughout HA, exacerbate problems of transporting infectious patients, and would mean that ill patients would not have easy access to the diagnostic and treatment facilities of other specialties they might require. Providing isolation facilities attached to

selected acute hospitals, rather than to build a single stand-alone infectious disease hospital, provides flexibility in terms of operation, logistic support and mobilization of resources, and allows infectious disease patients to have access to the multi-specialty support that is available in acute hospitals. We have sought the views of the WHO experts. They advised that a more effective approach of dealing with infectious disease outbreaks was to equip frontline acute hospitals with such capacity including the provision of isolation facilities. The world trend is moving away from constructing a stand-alone infectious disease hospital which is distant from where the patients reside.

Advice sought

10. Members are invited to comment on the contents of this paper.

Health, Welfare and Food Bureau
March 2004