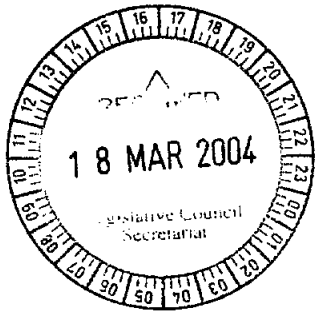
醫院管理局
HOSPITAL AUTHORITY

BY HAND

Dr. York Y.N. CHOW, SBS

17 March 2004

Select Committee
Legislative Council
HKSAR
Legislative Council Building
8 Jackson Road Central
Hong Kong



Attn : Ms Flora Tai
Clerk to Select Committee

Dear Madam,

Select Committee to Inquire into the Handling of the Severe Acute Respiratory Syndrome Outbreak by The Government and the Hospital Authority

In response to the request from the Select Committee sent to me on 13 March 2004, I would like to submit my recollection of the discussions in the SARS Round-up Meetings from 15 to 24 March 2003 as follows :

1. From my memory, the question of designating one or more hospitals to look after SARS patients was discussed in one of the morning SARS Round-up Meetings with the presence of Dr. C.H. Leong, Chairman of the Hospital Authority, probably on 19 March 2003. I remembered the specific question he put forward to our group of executives, composed of Dr. William Ho, Directors and CCEs. He said to us in Chinese "I was asked by someone last night, and I therefore want to ask, if HA should designate specific hospitals to care for SARS

Hong Kong West Cluster, Hospital Authority
C/o Queen Mary Hospital, 102 Pokfulam Road, Hong Kong.
Tel. (852) 2855-3021 Fax. (852) 2818-5170

patients, so that we can maintain some "clean" hospitals for our essential services?". On 19 March, there were only 203 suspected SARS patients in Hong Kong, mostly in PWH and NTE region (see Attachment 1).

I remember I informed the meeting that within the HKW Cluster, we have already designated QMH then as the only hospital that would admit suspected and confirmed SARS patients. I also opined that since QMH also looked after many tertiary services patients, such as cancer and transplant patients, it would be best to designate one or more hospitals to care for SARS patients, so that we can consolidate the expertise and experience to treat patients, to conduct research on this new infection, and to centralize contact tracing and infection control facilities. I even proposed to use PWH for NT, PMH for Kowloon, and also the Ruttonjee Hospital as the SARS hospitals for Hong Kong Island as it has the tradition of treating tuberculosis, and equipped with special isolation / ventilation facilities. The other CCEs either disagreed with my opinion, or did not comment. As such, no specific policy decision for this issue was made.

2. After the hospitalization of Dr. William Ho on 23 March 2003, the SARS Round-up Meeting held on 24 March was chaired by Dr. C.H. Leong, who announced the appointment of Dr. W.M. Ko to deputize as CE. He also reminded CCEs to consider again the question of designated SARS hospitals and maintaining some acute hospitals as "clean" hospitals. (Para (4) of notes of the meeting in Attachment 2).

3. I remember the urgent meeting at 3.30 pm on 26 March 2003, called by Dr. W.M. Ko, after he attended a meeting with the Secretary and officials of the HWF Bureau and DH. The first remark he made was, "They have adopted your idea, York, to designate PMH as the SARS hospital !" Then he proceeded to elaborate on the other measures and new policies (meeting notes in Attachment 3). I sent out my cluster's action instructions in the same evening to all department heads and members of our SARS Task Force, in alignment and in preparation with those HAHO decisions (Attachment 4).

4. From my understanding and recollection, there was no specific HA

Hong Kong West Cluster, Hospital Authority
C/o Queen Mary Hospital, 102 Pokfulam Road, Hong Kong.
Tel. (852) 2855-3021 Fax. (852) 2818-5170

policy or plan on designated hospital(s) for SARS. The decision to designate PMH as the SARS hospital on 26 March 2003 came about from the meeting among HWFB officials, DH and HA (with Dr. W.M. Ko as representative). In order to evaluate the appropriateness of this decision, one should consider the trend of the SARS infection leading up to 26 March 2003 (Attachment 5), and other public health and hospital policies being implemented at that time.

Yours faithfully,

Dr. York CHOW
Cluster Chief Executive
Hong Kong West Cluster

c.c. Dr. the Hon Law Chi-kwong, JP (Chairman)

Hong Kong West Cluster, Hospital Authority
C/o Queen Mary Hospital, 102 Pokfulam Road, Hong Kong.
Tel. (852) 2855-3021 Fax. (852) 2818-5170

Attachment 1

PRESS RELEASE 新聞稿

Hospital Authority Building, 147B, Argyle Street, Kowloon, Hong Kong

Wednesday, 19 March 2003

Attention News Editors:

In response to media enquiries, a spokesperson for the Hospital Authority (HA) provided the following admission statistics of patients who have been in close contacts with atypical pneumonia patients (as at 3:00 pm today):

A. Staff of Hospitals / Clinics

Health care workers of the following hospital/clinic	**Admitted to the following hospital**	**Total admission** (The numbers in bracket are those with pneumonia symptoms)
Prince of Wales Hospital	Prince of Wales Hospital	49 (49)
	Kwong Wah Hospital	3 (1)
	Princess Margaret Hospital	1 (1)
	Tseung Kwan O Hospital	1 (1)
Kwong Wah Hospital	Kwong Wah Hospital	2 (2) One of the healthcare workers was discharged
Pamela Youde Nethersole Eastern Hospital	Pamela Youde Nethersole Eastern Hospital	7 (7)
Queen Elizabeth Hospital	Queen Elizabeth Hospital	4 (2)
A private clinic in Mongkok	Princess Margaret Hospital	4 (4)
	Tuen Mun Hospital	1 (0)
A private hospital on HK Island	Pamela Youde Nethersole Eastern Hospital	3 (3)
Total		75 (70)

B. Medical students

Nature	**Admitted to hospital**	**Total admission** (The numbers in bracket are those with pneumonia symptoms)
Medical students	Prince of Wales Hospital	17 (17) One of the medical students was discharged

C. Other Patients *(Note)

Nature	Admitted to hospital	Total admission (The numbers in bracket are those with pneumonia symptoms)
Patients, patients' family members & visitors	Prince of Wales Hospital, Princess Margaret Hospital, Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Queen Elizabeth Hospital, Tseung Kwan O Hospital	58 (58)

Grand total (A+B+C)	150 (145)

Note: The Department of Health and Hospital Authority have been closely monitoring the clinical condition of in-patients with pnuemonia symptoms. The total number of admission is released after collating, analysing and confirming the clinical symptoms and test results of the patients concerned. The total number of "Other Patients" included those who have been admitted earlier.

On the other hand, five patients with atypical pneumonia died recently in the following public hospitals: Kwong Wah Hospital (1 patient); Princess Margaret Hospital (1 patient); Pamela Youde Nethersole Eastern Hospital (1 patient); Prince of Wales Hospital (2 patients).

* * * * * *

Enquiries: News Section Duty Officer Pager 7228 2855 Fax: 2504 0018 查詢：新聞組 當值新聞主任傳呼機號碼：7228 2855 傳真：2504 0018

Attachment 2

Checklist of Follow-up Actions for the Meeting with Chairman on 24 March 2003

	Item	Action Officer
(1)	To issue updated standardized guidelines for infection control to all hospitals and frontline units, making reference to PWH's prevailing guidelines and practices.	SEM(PS)1
(2)	To summarise findings of the expert group on atypical pneumonia in simple terms and disseminate the facts about the disease to all frontline staff through the HCEs.	SEM(PS)1
(3)	To set up a central pool of nurses for supporting the hospitals with CAP patients by enlisting support of the ex-ICU nurses and providing short-term ICU training to those who volunteer to take care of the patients.	SEM(N)
(4)	To work out contingency plans for admitting CAP patients in case of further spread of the disease, taking into consideration capabilities of individual hospitals and the need for maintaining several 'clean' hospitals in HA.	CCEs
(5)	To designate a clinical team for managing the CAP patients in each cluster, which should also be responsible for inputting updated statistics on atypical pneumonia cases into the SARS database on a real-time basis.	CCEs
(6)	To make known to the public that because of the outbreak of atypical pneumonia, HA would need to reduce some of its non-urgent inpatient and outpatient services to spare more resources for managing the crisis.	D(PS&PA)
(7)	To promote sharing of information in the management of CAP patients among hospitals through the HA website.	SEM(PS)2
(8)	To draft a letter for the Chairman to inform HA members about Dr William HO's admission to QMH and the deputising arrangement.	SM(BC)

Attachment 3

Round-up on Severe Respiratory Syndrome

26.3.03, 3:30 pm – 5:00 pm

Decision		Action
1	No new case for PWH.	Fung Hong
2	Visitors:	
	a. Visitors would not be allowed for cohort areas by default. Implementation to await announcement.	CCEs
	b. Public announcement & posters to be prepared centrally.	Annita
3	Discharge:	
	a. 3 weeks from symptom onset or 7 days after symptom free, whichever is later. Guidelines to be prepared.	Dominic
	b. Each hospital to identify hospital for down-loading. Arrangement to be cluster-based. Daisy to start telling convalescent hospitals to prepare for the down-loading arrangement.	CCEs Daisy
4	Designation of hospitals for Severe Respiratory Syndrome:	
	a. General arrangement:	
	i. PMH as the designated hospital for the first 1,000.	
	ii. If no. of patients goes beyond 1,000, PWH as the 2nd designated hospital.	
	b. Referral arrangement:	
	i. Only the probable cases according to the definition stated in para. 1.1 of the 24.3.03 guideline would be referred to PMH.	
	ii. Each hospital could still admit patients not covered by (i) above. Such patients would stay in the hospital's cohort area.	Dominic Lily
	iii. Dominic to draw up flow chart.	
	c. Arrangement for PMH:	
	i. 1st phase: Medical Block designated as the isolation block.	
	• Around 400 beds would be made available.	
	• Medical patients to be decanted to other blocks while patients in other blocks to be decanted to YCH & CMC.	
	ii. 2nd phase: Medical patients to be decanted to other hospitals. Whole hospital to be used to treat Severe Respiratory Syndrome patients.	
	iii. Preparation required of PMH:	
	• To close A&E. Trauma diversion to KWH.	

- Internal triage and cohort system would need to be drawn up. — Yu Wai Cho
- Decanting criteria would need to be established. More relaxed criteria suggested.
- To make available quarters for staff who choose not to go home.

iv. Staffing arrangement:
- Nurses:
  - Susie to arrange deployment. Can draw nurses from CQI since they have IC experience. — Susie
  - For employment of temporary nurses, will use the 15/6 contract which provides for allowance and gratuity, in order to attract more people. — Yu Wai Cho
- Doctors: Can seek help from Loretta.

d. Arrangement suggested to start on 29.3.03.

5 Drugs & consumables:
a. Drugs: Should be OK
b. Masks:
- Tight supply noted.
- To allow ample supply for use by staff and visitors — CCEs

6 Ventilators: CCEs to tell Raymond of the nos available in their clusters latest by tomorrow. — CCEs

7 DH to be urged to: — Ko
a. Take chest X-ray for patients before referring them to PMH.
b. Only patients satisfying the referral criteria should be referred to PMH.

8 Diagnostic code: To include Severe Respiratory Syndrome — Vivian

Attachment 4

York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE

寄件者:	York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE
寄件日期:	26日March2003年Wednesday 21:43
收件者:	HKWC Medical Committee
副本:	Kenneth TSANG Dr, HKUMED; Poon Chuen WONG Dr, GH Consultant(TBCU); Patricia CHING, QMHICN SNO (QRI); S K LAM Prof, HKUMED
主旨:	FW: Round up on Severe Respiratory Syndrome
重要性:	高

Dear Colleagues,

It seems our government has at last woken up to the current crisis, and the Secretary for HWF will soon announce the policy to control SARS(which officially should be termed "Severe Respiratory Syndrome" without the use of initials).
At the afternoon meeting today, WM Ko announced that the government will announce a series of public health policies very shortly to tackle this unpredictable infection.

Please refer to the minutes enclosed and keep the information confidential, just within our Cluster Medical Committee for the time being. For policy specific to HA there will be only **one hospital to handle SARS patients** starting tentatively from Saturday, 29 March. **PMH** is designated as the first hospital to handle 1000 cases, then followed by PWH. In support to this segregation policy, (which I have been advocating for more than a week) our cluster needs to co-operate as follows:

1.Triage all suspicious SARS cases, and continue to provide cohorted care until the case fulfills the reportable critieria. We then transfer the case to PMH together with all the necessary informations. We shall adhere to the current diagnostic criteria until the rapid PCR tests are validated and made available by our microbiological colleagues of HKU, hopefully sometime next week. The setting of B6/A6/C6 would be maintained until we are sure about the trend of development of this infection. The HA has not yet considered the accommodation for special patients (like CE)
yet, and we might well be advised to keep some of facilities.

2. Some of our ICU/HDU and respiratory medicine doctors shall be recruited to work in PMH. COS(med) and Clinical Directors of AICU would need to liase among your COC members (meetings will be co-ordinated by HAHO) on the number and types of staff that would be seconded to PMH. Please start preparing with your DOMs and MWs on the deployment need. Alan Wong would asist in the internal balancing of nursing manpower of the cluster. Desmond/Elaine shall assess the status of respirators and related equipments in the cluster, so that we can spare some to help out in PMH.

3. Wong Tai Sin Hospital will be used as the convalescent hospital for SARS cases after discharge from PMH. Thus the TB/Chest patients in WTS would need to be transferred to GH, to fill up the newly created infirmary wards (100beds). Dr. SC Leung please plan for the additional nursing staff (co-ordinated through Susie Lum) and the suspension of the current actions.

4. Reduction of elective admissions and non-urgent clinical activities, so that there will be more room for staff deployment /and supporting imaging and pathological services. It will also reduce the people traffic in our hospitals. COSs are requested to consider flexibly the proportion of reduction, so that the above objectives can be achieved without affecting patients with malignant illnesses or conditions that are unstable or rapidly deteriorating. Please kindly let me know the initiatives that you have introduced so that I can keep an acount of all the possibilities. One suggestion is to reduce the SOPD attendance by following up some patients with stable conditions by phone instead of seeing them in person.

This is a very testing time for all, but I believe the policy is correct despite being at least one week late. We shall try our best to cope with the need of PMH. Our medical, nursing and allied health colleagues of respiratory medicine, intensive care, radiology and microbiology are the Oscar stars at this moment and all the rest of us should stay in the supporting role.

Let's show the people of HK our strength in unity and comradeship!

Best Wishes,

York.

—Original Message—

From:	Helen POON, HOPS&MD M(CES)
Sent:	Wednesday, March 26, 2003 6:41 PM
To:	W M KO Dr, HOPS&PA D(PS&PA); Vivian Taam WONG Dr, HOPS&MD D(PS&MD); Kathleen SO Dr, HOPS&HR D (PS&HR); M Y CHENG Dr, HOPS&FM DD(PS&FM); Pamela LEUNG Dr, HKEC CCE / PYN HCE; Hong FUNG Dr, NTEC CCE/PWH HCE/BBH HCE; York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE; W L CHEUNG Dr, NTWC CCE / TMH HCE; Lily CHIU Dr, KWC CCE & PMH HCE; Lawrence LAI Dr, KCC CCE / QEH HCE; C Y TSE Dr, KEC CCE / UCH HCE; Annita MAU, HOPS&PA CPAM(N); Raymond LO, HOPS&PA PAM(N)1; Raymond WONG, HOPS&FM SEM(BSS); Wai Kuen CHING Dr, HOPS&MD EM(MSD)2; Shao Haei LIU Dr, HOPS&HR SEM(PS)1; Beatrice CHENG Dr, HOPS&PA SEM(PS)3; Aylwin CHAN Dr, HOPS&MD EM(MSD)1
Cc:	Miranda YUEN, HOPS&PA PS/D(PS&PA); Annie LAU, HOPS&MD SPS/D(PS&MD); Esther WONG, HOPS&HR SPS/D (PS&HR); Ada MOK, HOPS&FM PS/DD(PS&FM); Linda Choi Lin LAW, NTEC SPS(CCE)/PWH SPS(HCE); Heidi WONG, HKWC SPS(CCE) / QMH SPS(HCE); Louisa SUEN, KCC SPS(CCE) / QEH SPS(HCE); Helena LAM, SPS/CE; Belinda WONG, HOPS&HR PS/SEM(PS)1; Yvonne KWOK, HOPS&PA PS/SEM(PS)3
Subject:	Round up on Severe Respiratory Syndrome
Importance:	High

I am enclosing the notes of the above meeting held this afternoon for your information.

notes.doc

Information contained therein can be disseminated to facilitate operational arrangements.

Thank you for your attention.

Helen Poon

Attachment 5

PRESS RELEASE 新聞稿

Hospital Authority Building, 147B, Argyle Street, Kowloon, Hong Kong

Monday, 24 March 2003

Attention News Editors:

In response to media enquiries, a spokesperson for the Hospital Authority (HA) provided the following admission statistics of patients who have been in close contacts with atypical pneumonia patients (as at 1:00 pm today):

A. Health care workers of Hospitals / Clinics

Health care workers of the following hospital/clinic	**Admitted to the following hospital**	**Total admission** (The numbers in bracket are those with pneumonia symptoms)
Prince of Wales Hospital	Prince of Wales Hospital	66 (66)
	Prince of Wales Hospital (Private doctors)	3 (3)
	Kwong Wah Hospital	3 (3)
	Princess Margaret Hospital	4 (4)
	Tseung Kwan O Hospital	1 (1)
	Queen Mary Hospital	1 (1)
Kwong Wah Hospital	Kwong Wah Hospital	4 (4) One of the healthcare workers was discharged
Pamela Youde Nethersole Eastern Hospital	Pamela Youde Nethersole Eastern Hospital	7 (7)
Queen Elizabeth Hospital	Queen Elizabeth Hospital	5 (2) One of the healthcare workers was discharged
	Tseung Kwan O Hospital	1 (1)
A private clinic in Mongkok	Princess Margaret Hospital	4 (4) Three of the healthcare workers were discharged
	Tuen Mun Hospital	1 (1)
A private hospital on HK Island	Pamela Youde Nethersole Eastern Hospital	3 (3)
A private hospital in Kowloon	Princess Margaret Hospital	8 (8)
	Pamela Youde Nethersole Eastern Hospital	1 (1)
Total		112 (109) Five of the healthcare workers were discharged

B. Medical students

Nature	Admitted to hospital	Total admission (The numbers in bracket are those with pneumonia symptoms)
Medical students	Prince of Wales Hospital	17 (17) One of the medical students was discharged

C. Other Patients

Nature	Admitted to hospital	Total admission (The numbers in bracket are those with pneumonia symptoms)
Patients, patients' family members & visitors	Prince of Wales Hospital, Princess Margaret Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Queen Elizabeth Hospital, Tseung Kwan O Hospital, Tuen Mun Hospital, United Christian Hospital	136 (134) Six of the patients were discharged

Grand total (A+B+C)	265 (260) 12 were discharged

The Department of Health and Hospital Authority have been closely monitoring the clinical condition of in-patients with pnuemonia symptoms. The total number of admission is released after collating, analysing and confirming the clinical symptoms and test results of the patients concerned. The total number of patients included those who have been admitted earlier.

On the other hand, 10 patients with atypical pneumonia died recently in the following public hospitals: Kwong Wah Hospital (2 patients); Princess Margaret Hospital (1 patient); Pamela Youde Nethersole Eastern Hospital (1 patient); Prince of Wales Hospital (6 patients).

* * * * * *