Hospital Authority Review Panel on SARS

Failure of communication

Why would so many staff write to different newspapers and cry on various radio talk shows to complain about HA's peformance? Because the staff were stupid, too emotional? Obviously not - they did so because they were provoked and they had no reliable channel to convey their dissatisfaction. At one afternoon forum at the beginning of the crisis we were told by a microbiologist and a senior administrator that the characteristic feature of those nurses and HCAs who had contracted the disease while serving in the SARS ward was that they had not been to the infection control talk. The implication was clear: if they had gone to the talk, they would not have succumbed. This was the message – and in theory, these were the very people nurses have to raise their concerns to.

Were there any words of comfort for staff with SARS in their hospital beds? (Comments on TV not included). Initially there were flying visits by Fung Hong and William Ho. After these two became ill, not even a personalized get-well card. That's gratitude. It's one thing to commiserate on TV but in real life these staff felt neglected.

To paraphrase Oscar Wilde, to lose one hospital is a tragedy but to lose two is carelessness. Before much was known about the exact mode of infection, PWH was shut down by the coronavirus as large numbers of staff were infected. Then UCH and PMH were hit; by this time much more was known. Yet places like Tuen Muen and Nethersole Hospital were also then hit hard despite the fact that we knew ventilation and intubation etc were high-risk procedures. The infection control there was still shockingly inadequate.

The PWH infection control team should have had more input into designing gown-up/down areas instead of leaving it to individual wards. I happened to have attended three talks and they were of quite variable quality: from bad to good –god help the staff who only went to the poor quality one.

Again, to repeat, HA had no channel to receive true information from the frontline. HAHO should carefully look at managers who gave rosy reports.

Failure to investigate

Atypical pneumonia had already appeared in November 2002 in South China. Again in Jan and by mid-February 2003 the epidemic had even been announced by the Chinese government (Meacham 23rd May SCMP). Even Next magazine sent reporters to the affected areas. I know it is *primarily* the Department of Health's responsibility but HA should also have taken more notice. There is an infectious disease taskforce. Now there are few cases of Dengue and Japanese Encephalitis in Hong Kong; surely you are not saying that it is not HA's responsibility to prepare for this until these infections hit Hong Kong?

Failure of leadership

When even Drs Fung Hong and William Ho were infected, staff morale was low and concern was widespread. (Everyone knows that with goodwill visits, there is minimal contact with patients and clinical waste yet even they were affected). I don't remember any uplifting, morale-boosting leadership from the top people who took over. And when faulty masks were identified (28th April SCMP), this further undermined the credibility of managers.

At places like Nethersole and Tuen Muen hospitals, some time into the crisis, senior nurses and doctors were still criticizing some colleagues for wearing masks in hospitals, which

"would lead to an atmosphere of panic". This is a clear sign that despite the epidemic getting out of control, some people still did not realize the seriousness of the situation.

William Ho denied that the cluster system led to a warlord mentality (1st May SCMP). How could one explain the lack of information to as yet unaffected hospitals? The two universities criticized each other and it was reported that there was a failure to share research. Although HA does not directly control the two universities it should have done more to demonstrate a unified front against SARS – what happened was that junior staff felt that they were struggling with the coronavirus while some people were still playing games.

The slow reaction to the plight pregnant staff showed lack of consideration. It appeared to staff workers that reasonable concessions had to be extracted from HA by Albert Cheng. This should have been an HA initiative.

Failure to appreciate consequences

The A&E at PWH should have closed earlier for two reasons: not just to prevent the spread of disease but also because the medical and ICU teams were overwhelmed. There was insufficient support to the surgical teams.

Note the failure to restrict visitors to 8A at PWH. Who were initially affected in 8A apart from staff? Answer: other patients and their families and visitors. Who were then at risk from SARS? The answer is obvious and it was a loss of resolve that led to the ward remaining open.

Failure to close PWH – this speaks for itself, again loss of resolve, fear of producing public concern - at a time when public concern was what was needed.

Traditional Chinese Medicine is not routinely encouraged in the HA – see previous memos on this, yet under public pressure HA endorsed its use in some centers. They did not consider the fact that these resulted in pressure for doctors to prescribe TCM in other hospitals.

Failure of Management

Managers have to "manage". Not run a nuclear power station or build a space shuttle. They just manage. This is exactly what they did poorly. There was resentment from junior doctors/nurses that more senior ones were not assigned to SARS ward (Not just in PWH, as reported in SCMP). As for lack of equipment need I say more? It is depressing to have Medicins Sans Frontiere, Chinese talk shows and newspapers, SCMP and business organisations to have to chip in to help HA. EK Yeoh admitted that there were inadequate small N95 – well if a nurse requires one he/she cannot use a mask of a different size. It would be like giving a solder a warm hat instead of a helmet.

Different mangers gave different orders. Eg some said N95 should be disposed after every shift and others after days. Often important information (such as categorisng dead bodies as 1 or 2) was made verbally only. Important decisions should have been unified by HAHO, and in print for all to see.

Failure to adapt: bureaucracy

For example there were insufficient dustbins on a ward and according to a support administrator at PWH, Mr Edward Lee there was no extra bins in the hospital. However on the same day that ward was able to secure dustbins directly from supplies of the same hospital by bypassing this administrator. It was also said that one of the reasons for a shortage was that

HA had to send out tenders before purchasing. This principle is fine but in extraordinary situations this process should take no time at all.

Towards the *end* of the crisis, the private ward in PWH was open to receive fever cases. There are side-rooms which hold one-to-two beds and would have been ideal had they been introduced for fever cases. Why wasn't this ward made available earlier? It could have prevented spread of infection form SARS affected cases to non-SARS patients. Please don't say that the air-conditioning and staff were not available because when it did open for use there were minimal changes to the structure of the ward and there were staff.

Summary

It is axiomatic that when things go wrong with the system, in HA they blame poor communication. ie everything was done correctly, all the investigations were appropriate and treatment given but there was merely a problem of communication. It is clear that this whole episode was not only due to this. And in fact the lack of communication was so profound that it is practically negligent. When a building is on fire, you let everybody know and you don't tackle it with just a wet sponge.

As for the investigation, even the Democratic Alliance for the Betterment of Hong Kong (not a radical group of people) support an independent review of this whole affair (31st May SCMP). Only an independent, fair and proper investigation could restore pride and credibility to the HA in the eyes of its frontline workers

Relevant disclosure

I am currently SMO in M&T in PWH. As a member of staff, as member of PWH doctors's association and as formerly health care worker in a SARS ward I witnessed events in the hospital and at various meetings. I am responsible for the interpretation of events but of course these views are shared by many and as for conversations and factual information, I have witnesses to support my statements.

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