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19 February 2004

Miss Flora Tai
Clerk to Select Committee
Legislative Council

Dear Miss Tai,

Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome outbreak by the Government and the Hospital Authority

My response to LegCo questions on PMH designation and my professional qualifications and experience are herewith attached for your necessary action.

Yours sincerely,

Dr Lily Chiu
Cluster Chief Executive (Kowloon West)/
Hospital Chief Executive
Princess Margaret Hospital

Response to LegCo questions on PMH Designation

Dr Lily Chiu, CCE, KWC, 18/2/04

1. *Before the decision was made to designate Princess Margaret Hospital (PMH) as a Severe Acute Respiratory Syndrome (SARS) hospital, how many suspected and confirmed SARS patients had already been admitted to PMH? How many of these patients were in the intensive care unit (ICU) of PMH? What was the total number of healthcare workers (HCWs) assigned to handle the SARS patients in PMH at that time? Were any non-SARS patients in as well as visitors to PMH infected by these suspected/confirmed SARS patients? If yes, how many and how were they infected?*

Before the decision to designate PMH as SARS hospital, there were already 85 patients admitted for severe Community Acquired Pneumonia (sCAP) / suspected SARS, 11 were in ICU. Of these 62 were subsequently confirmed SARS. There were 143 HCWs assigned to handle the SARS patients. They were from the Adult and Paediatric Infectious Disease Teams and the ICU. There was no documented SARS case infected through visiting or being admitted to PMH.

2. *Who made the recommendation to designate PMH as a SARS hospital? What was meant by designating PMH as a SARS hospital? Did it mean that PMH would admit all new SARS cases referred by the designated medical centres of the Department of Health (DH), or that PMH would admit all new SARS cases referred by DH plus all new SARS cases referred by the Accident and Emergency Departments of other hospitals of the Hospital Authority (HA)? What was the difference in terms of the number of cases between the former and the latter scenario?*

I did not know who made the recommendation to designate PMH as a SARS hospital. By designation, it meant that PMH would receive all new SARS patients. From 29/3 to 11/4, there were total 10 patients referred from the DMCs (the referrals were only made from 7/4 to 11/4, ranging from 1 to 3 per day). Whereas for the same period, there were total 734 non-DMC referrals admitted to PMH for suspected SARS.

3. *In which forum was the recommendation to designate PMH as a SARS hospital discussed and made? Who made the decision that PMH should be designated as a SARS hospital? Were you involved in the discussion and what were the considerations?*

At that point in time, I did not know in which forum was the

recommendation to designate PMH as a SARS hospital discussed and made. At the SARS Round-up meeting on the afternoon of 26/3, the logistics of PMH designation implementation plan was discussed.

4. *What were the facilities and manpower required for a SARS hospital, having regard to the severity of the SARS outbreak then? In what ways did PMH meet the requirements of a SARS hospital? Was conversion of existing facilities, such as ventilation systems, necessary? If not, why not? If yes, what were the details of the conversion work carried out?*

To be an infectious disease hospital, appropriate isolation facilities and expertise would be required. In the pre-SARS era, PMH was the only infectious disease hospital with 4 isolation wards, 3 teams of infectious disease specialists, and 1 respiratory team. Besides, PMH also had the good track record of zero staff infection rate despite having managed 85 sCAP / suspected SARS patients since February. Amongst these patients were the cluster of H5N1 infection and the SARS patient transferred from Hanoi.
To be a SARS hospital, further improvement would be required to upgrade the ward ventilation system. Totally nearly 400 exhaust fans were installed to create a negative pressure ward environment.

5. *How much time was PMH given to make the necessary preparations, including drawing up specific plans, undertaking conversion work and making logistical arrangements, to serve as a designated SARS hospital? What were the preparations made? Who were involved in making the preparations and who was the overall in charge? Was the time given sufficient to make such preparations? If not, how much time did PMH need and why did PMH not ask for more time?*

The original plan was to implement in 2 phases – first 400 beds in the Medical Block, then the whole hospital later. On 27/3, a special Task Force involving 12 work groups was formed in PMH to make the necessary preparation for decanting existing non-SARS patients and opening new SARS wards. The whole senior management of Kowloon West Cluster (KWC) was involved and I was the overall in-charge. However, due to the worsening Amoy Gardens outbreak, the designation was brought forward to 29/3. In fact just on 28/3, there were already 44 new suspected SARS admissions, of which 19 were from UCH. It was not a question of asking for more time, but a question of how to cope with the crisis situation then.

6. *Did you consider PMH ready to serve as a SARS hospital on 29 March 2003? If not, did you raise the matter with the head office of HA (HAHO), DH and/or*

Health, Welfare and Food Bureau (HWFB)? If yes, what was the response? Who made the decision that PMH should commence to serve as a SARS hospital on 29 March 2003 despite the fact that there was not sufficient time to make the necessary preparations?

The decision for PMH to commence to serve as a SARS hospital on 29/3 was made at the SARS Round-up meeting. Realizing the urgency of the situation then, everybody fully cooperated and tried their best to expedite the decanting program. Colleagues from the Electrical & Mechanical Services Department (EMSD) and Architectural Services Department (ASD) also carried out the ventilation improvement works at full speed.

7. *Did any staff member in PMH consider that PMH was not ready to serve as a SARS hospital on 29 March 2003? If yes, did he/she raise the matter with you and who raised the matter with you? What was your response? Did you in turn raise the matter with HAHO, HWFB and/or DH? If not, why not? If yes, what was the response of HAHO, HWFB and/or DH?*

There were concerns about the time for full preparation. Everybody was deeply involved in preparing for receiving the SARS patients that kept flooding in. HAHO was fully aware of the situation, and assistance was provided.

8. *What was the anticipated SARS patient load that would be handled by PMH when the decision was made to designate PMH as a SARS hospital? How did the actual SARS patient load compare to the anticipated SARS patient load? What was the maximum number of SARS patients that PMH could handle overall? If yes, what was the number? Was there a maximum number of daily intake of SARS patients that PMH could handle? If yes, what was the number? Was there any contingency plan to deal with the situation where the actual SARS patient load was more than PMH could handle? If yes, what was the plan? If not, why was there no contingency plan?*

Planning on SARS patient intake was based on the SARS data prior to 27/3. PMH had a maximum of 13 admissions per day, while there were around 30 daily admissions for all HA hospitals. At that point in time, the magnitude of Amoy Garden outbreak was unanticipated. Its subsequent unprecedented scale had overwhelmed the system. The contingency plan to deal with this sudden influx was to speed up both the decanting process and the opening of more SARS wards.

9. *When PMH was designated as a SARS hospital, did you have an estimate of the number of HCW required to handle/treat the anticipated SARS patient load ? If not, why not ? If yes, what was the number ? From which depts. In PMH were they deployed ? Was it necessary to deploy HCWS from other hospitals ? If not , why not ? If yes, from which hospitals were they deployed ? Did you have the cooperation of the HCEs of other hospitals in this regard ?*

In the initial phase of the designation, SARS wards manpower would come from the whole M&G, Paediatrics, ICU and A&E departments of PMH. New ICU beds would be opened with support from the Anaesthetists, other ICUs and the basic trainees. Nurses from the operating theatre or those with previous ICU experience would be deployed into ICU. HAHO nursing section would coordinate deployment of nurses with ICU experience from other clusters. It was estimated that additional HCWs would be required later on to relieve the staff at PMH.

10. *Did PMH need to move non-SARS patients to other hospitals before it started to serve as a SARS hospital? If not, why not? If yes, how many patients were moved to other hospitals? Was there enough time to move all non-SARS patients to other hospitals? If not, why not? Did any such patients who remained in PMH contract SARS as a result?*

All existing non-SARS patients had to be discharged/transferred out in order to vacate the hospital for SARS patients. From 27/3 to 2/4, there were totally 340 patients transferred to other hospitals, both within and outside KWC. None of these patients had contracted SARS.

11 *Prior to the designation of PMH as a SARS hospital, had infection control measures been stepped up in PMH and other hospitals within the Kowloon West (KW) Cluster, given the SARS outbreak at Prince of Wales Hospital? If not? why not? If yes, how had the infection control measures been stepped up?*

The Infection Control Team (ICT) had promulgated droplet precaution practice and training to all cluster hospitals since mid February. On 19/3, a CCE Forum for all KWC staff was conducted to provide updates on SARS. Special emphasis was provided by the ICT on IC measures, and with demonstration on the proper use of PPE and hand hygiene.

12. *How did PMH prepare its HCWs after it was decided that PMH should serve as SARS hospital? Were additional guidelines and training on infection control provided? If not, why not? If yes, what were the details of these additional guidelines and training? How were the guidelines disseminated to HCWs in PMH and within the KW Cluster? How did you ensure that HCWs were aware of the guidelines? Were there problems with the supply of personal protection equipment in PMH and other hospitals within the KW cluster at that time? If yes, how was the problem resolved? What was your assessment of the level of readiness of HCWs and other staff when PMH began to serve as a SARS hospital on 29 March 2003?*

In line with the HA IC guidelines, training on droplet precautions was provided to all HCWs by the ICTs. All channels of communication as video show, posters, e-mail, web-site and PPE demonstration were used to disseminate the infection control concept. To ensure compliance, IC Link nurses and IC

Enforcement team worked together to do teaching and policing. There was no problem with the PPE supply. With phased implementation of the designation, the HCWs were ready.

13. *A series of staff forums were held for the KW Cluster commencing on 27 March 2003. What was the purpose of these forums and what was discussed at these forums? Which levels/types of staff were these forums for? Were these forums effective in achieving the intended purpose? If yes, in what way(s)? If not, why not?*

During the peak of the SARS period, a total of 6 CCE Forums were held. There were different themes for each forum, mainly to update staff on the SARS situation, to promulgate new guidelines and policies to combat SARS, and to invite speakers (in particular from PWH) to share knowledge and experience in the management of SARS. These forums were interactive and video linked to all cluster hospitals, with totally over thousand attendances each. The attendees included all ranks of staff including our contract staff from the housekeeping and facility maintenance side. Middle managers were requested to share the information received with their colleagues who could not attend. Besides knowledge transfer, the forum also served the purpose of sharing staff concerns and arousing awareness to the ongoing situation.

14. *A control and coordinating centre commenced operation at PMH on 31 March 2003. What were the role and functions of this centre? Why was it necessary to set up this centre when the New Territories West Regional Office of DH had already set up a control centre at PMH on 28 March 2003? What was the working relationship between the two centres? Was information exchanged between the two centres? If not, why not? If yes, what information was exchanged and how was it exchanged?*

On 29/3, the PMH SARS Control Center started operation to provide accurate capture of SARS patient registry for central reporting and contact tracing. The DH NTW Surveillance Team joined the PMH Control Center on 31/3. The close working relationship between the two facilitated contact tracing by DH.

15. *On 30 March 2003, HA made the decision that patients suspected to have contracted SARS should be admitted to local cluster hospitals and only confirmed SARS patients referred by DH should be admitted to PMH. Why did HA make such a decision? In which forum was the decision made and who were involved in the discussion? Were you involved in the discussion? If not, why not? If yes, what views did you express?*

At the SARS Round-up meeting on 30/3, it was reemphasized that patients suspected to have contracted SARS should be admitted to local cluster hospitals, and only confirmed SARS patients referred by DH would be admitted to PMH .

This was important so as not to unnecessarily flood PMH with suspected SARS patients.

16. *Three nurses and one contract worker of Alice Ho Mui Ling Nethersole Hospital (AHNH), who had developed fever, were admitted to PMH on 31 March 2003 and 2 April 2003 respectively. Why were they admitted to PMH? Were they referred to PMH by DH? If not, did other hospitals also directly refer suspected SARS patients to PMH? If yes, what was the number of such patients? Was HAHO aware that other hospitals were directly referring suspected SARS patients to PMH despite the decision made on 30 March 2003 that only confirmed SARS patients referred by DH should be admitted to PMH?*

Patients referred from other HA hospitals followed the guidelines laid down in the agreed admission criteria. The 4 HCW referred from AHNH fulfilled these criteria.

17. *Did any suspected SARS patients contract SARS at PMH after being admitted to PMH? Were suspected SARS patients and confirmed SARS patients placed in the same wards? If yes, why were they placed in the same wards?*

All patients admitted to PMH were highly suspected SARS cases. They would be put in same admission cubicles with adequate spacing in between beds. Patients once confirmed would be placed separately.

18. *When were you first informed that HCWs started to fall ill with SARS? What was your response to the situation? Did you inform HAHO and/or DH immediately? If not, why not? If yes, what was the response of HAHO and/or DH? Did they provide any advice? If yes, what was the advice?*

I was informed of the first HCW falling ill on 30/3. DH and HA were informed. Contact tracing was conducted by DH. Vigilant infection control practice was reiterated and stressed to all HCWs.

19. *When HCWs in PMH began to fall ill with SARS, were staff being deployed from other hospitals to PMH? If not, why not? If yes, in what forum were details of the deployment discussed? Did you ask for a specific number of staff to be deployed to PMH? What were the details of the deployment of staff from other hospitals to PMH? Was the deployment made according to an existing mechanism or contingency plan for dealing with a sudden shortage of staff in a hospital? Why was such deployment of staff to PMH not made earlier?*

Requests for staff deployment was discussed at the SARS Round-up meetings. Deployment plan was based on experience and volunteerism. There was difficulty in swift implementation because the actual manpower was tight in

all hospitals, and staff also needed lag time to arrange for transfer through re-arranging the duties. Totally there were 49 doctors and 42 nurses deployed from other hospitals into PMH.

20. How many HCWs in PMH were infected during the SARS outbreak at PMH? Did the PMH management make an assessment of why these HCWs, including the core team of HCWs in the ICU, had fallen ill with SARS? If not, why not? If yes, what was the assessment?

Total 63 HCWs were infected. Possible causes were the high viral load, high workload volume with high risk procedures, and work stress.

21. On 7 April 2003, HA decided to confine admission of SARS patients to PMH to those referred by DH's designated medical centres. On the same day, PMH stopped the admission of SARS patients from all hospitals except Yan Chai Hospital (YCH) and Caritas Medical Centre (CMC). Was there any contradiction between these two decisions? Were these suspected or confirmed SARS cases? Who made the decision and what were the considerations? Why were YCH and CMC the only two exceptions? In which forum was the decision made and who were involved in the discussion? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was this decision necessary?

At the SARS Round-up meeting on 7/4, it was decided to confine admissions to PMH only to those referred by DMCs. At the KWC SARS Committee, it was decide that PMH should continue to support YCH and CMC so as to keep these two hospitals within KWC clean.

22. On 7 April 2003, PMH began transferring SARS patients to Wong Tai Sin Hospital for convalescence. In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision not made earlier?

The decision to enlist WTSH as a SARS convalescent hospital was made at an urgent meeting with all HCEs of KWC on 26/3 evening. It was endorsed at the next morning SARS Round-up meeting. The purpose was to provide step down convalescent support.

23. Were there any step-down arrangements for patients before they were transferred out? If not, why not? If yes, when were the step-down arrangements put in place?

WTSH was the step-down arrangement for SARS patients.

24. *On 11 April 2003, PMH stopped admission of new SARS cases. What was meant by stopping admission of new SARS cases? Were these suspected or confirmed cases? In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision not made earlier?*

It meant all admissions. It was decided at the SARS Round-up meeting. Situation was assessed on a daily basis.

25. *On 11 April 2003, PMH began transferring "potential ICU" patients to other hospitals. Were these "potential ICU" patients non-SARS patients? In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Were you involved in the discussion? If not, why not? If yes, what views did express? Why was the decision not made earlier?*

The decision to transfer potential ICU patients to other hospitals was made at the SARS Round-up meeting. These potential ICU patients were all SARS patients. The purpose was to relieve the workload at the PMH ICU.

26. *On 23 April 2003, the Secretary for the Environment, Transport and Works (SETW) made a visit to PMH? What was the purpose of the visit? Why was the visit not made earlier? Did you accompany SETW on the visit? If yes, what was observed during the visit? Did you know what were SETW's findings of the visit? Were you required to take any follow-up actions after SETW's visit? If yes, what were these actions?*

To my understanding, the purpose of the SETW's visit was to offer advice on further environmental improvement at PMH. I accompanied her on the visit. After her visit, industrial type of air purifiers were purchased, and EMSD had conducted studies to design local exhaust systems.

27. *Was the respiratory equipment used in the ICUs of PMH and other hospitals within the KW Cluster equipped with filters? If yes, was the respiratory equipment only equipped with filters during the SARS outbreak? If yes, when was the equipment fitted with filters and on whose advice?*

The respirators within all KWC ICUs had been equipped with filters when treating infectious patients. It has been a routine practice for the ICU.

28. *When was the "Cluster Meeting on Atypical Pneumonia" (later renamed "Cluster SARS Meeting") first organized? What matters/issues which concerned PMH and the KW Cluster were discussed at these Meetings and what decisions*

were made?

The first meeting of the KWC SARS Committee was held on 7/4. It was a daily management meeting with all key staff at PMH to address SARS related operational issues. It was simultaneously video linked with all KWC HCEs to provide efficient dissemination of latest information, and keep all KWC HCEs in touch with the situation at PMH.

END