



新界東醫院聯網
NEW TERRITORIES
EAST CLUSTER

CONFIDENTIAL

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Quality Effective Health Care

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URGENT BY HAND

10 January 2004

Miss Flora TAI
Clerk to Select Committee
Legislative Council
Hong Kong Special Administrative Region
of the People's Republic of China
Legislative Council Building
8 Jackson Road Central
HONG KONG

Dear Ms Tai,

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

I submit the following documents for the Select Committee
hearing on 17 January 2004 :-

- (1) My response to the questions raised by the Select Committee;
- (2) My views on the performance and accountability of the management of New Territories East Cluster and Prince of Wales Hospital in the handling of SARS outbreak; &
- (3) Details of my professional qualifications and experience.

I do not have additional statement on the specified areas of study as I have detailed everything in the response to the questions.

Yours sincerely,

(Dr FUNG Hong)
Cluster Chief Executive
(New Territories East)
Hospital Authority



醫院管理局
HOSPITAL
AUTHORITY

Performance and Accountability of
the Management of the New Territories East Cluster
and Prince of Wales Hospital in the Handling of SARS Outbreak

Submission to the Select Committee
(January 2004)

The management of the New Territories East Cluster and Prince of Wales Hospital is proud to have fought together with the frontline colleagues in the battle against SARS.

We started off with an unsuspected case. Nothing was known about the new disease. No causative agent could be found initially. The pattern of infection was different from other known diseases. We had to make quick and decisive decisions based on our professional knowledge in infection control and clinical management. We considered those decisions appropriate to the time and status of knowledge on the condition.

Even to-date, there are still many unknowns and controversies among experts on how best to treat the patients, to protect healthcare workers and to prevent the spread of the coronavirus. We were quick in our response in closing ward 8A for assessment of the situation, setting up an urgent clinic to screen all healthcare workers who became sick, setting up a screening clinic in the Accident & Emergency Department to screen all staff and patients with fever symptoms, isolating the symptomatic patients in the cohort wards, upgrading the infection control measures, separating the medical team into "clean" and "dirty" teams, setting up the "Disease Control Center", introducing restrictions to hospital visiting, establishing mechanisms for staff communication and support, enhancing training for staff on infection control, implementing the contingency service re-arrangements, and establishing the outbreak management meetings.

In the management of the outbreak, our greatest difficulty was in the management of staff emotions and sentiments especially during the initial period. There were many emotions in the form of anxiety, fear, frustration, despair and even panic by reason of the unknown factors that staff had to face at that time. We attached great importance to internal communication and staff support. We started the first staff forum on 13 March, the next day after some of our colleagues were hospitalized. The

staff forum became a daily event from 17 March onwards to ensure timely communication. These forums also provided the important channel for staff feedback. Other staff support mechanisms, such as provision of psychological support and counseling and staff enquiry hotline, were put in place within a short time. We are proud to see that in NTEC and PWH, most of the colleagues who worked in the SARS wards or other high risk areas did so on a voluntary basis.

As soon as we realized there was an unusual occurrence of infection among our own colleagues in ward 8A in PWH, we introduced a series of upgraded protective measures for our staff and patients. Upgraded droplet precautions (droplet and contact precautions) were introduced to ward 8A and subsequently to all high risk areas that involved the handling of atypical pneumonia patients. The interim guidelines introduced between 12 and 15 March in PWH and NTEC included those on droplet precautions; contact precautions; use of masks, N95, gloves, gowns; hand washing; handling of linen and clinical wastes, urinal, bed pans, and patient care equipment; environmental cleansing; advice to visitors; and management of patients with symptoms. Most of these guidelines were subsequently adopted by HAHO to become the corporate guidelines for all hospitals. We promulgated these guidelines through our special intranet website on atypical pneumonia, the education/ training sessions on infection control, staff forums, and briefing to the frontline units by the infection control nurses. Our education sessions in infection control in PWH started on 13 March and lasted all through the SARS outbreak. Later in the month of March, we established the "NTEC SARS Prevention Task Force" and network to strengthen our efforts in protecting staff and protecting patients. We maintained an adequate supply of personal protective equipments to the frontline healthcare workers.

Given that very little was known about the disease and methods for its control, we sought advice from both international and local experts throughout the outbreak. We also monitored our progress very closely and were constantly evaluating our policies and practices. For international experts, we had Dr. Keiji Fukuda and Dr. Linda Chiarello and their accompanying experts from the US Centers for Disease Control visited us in the early days to advise us on the infection control and clinical management policies. Dr. Fukuda is a world expert in influenza and virus epidemiology; Dr. Chiarello is a world expert in infection control. Local experts included Professor Yuen Kwok Yung from the University of Hong Kong. Internally, we constantly evaluated the effectiveness of our strategies and our practices and improved on our actions.

As the Cluster Chief Executive (CCE) in NTEC, I made special extra efforts to work between the head office and all cluster hospitals to ensure adequate communication and execution of appropriate responses to the outbreak. My whole cluster and hospital management team also worked with me day and night to support the frontline colleagues in fighting the battle. Unfortunately, I myself got SARS as well on 27 March and was admitted until 16 April. I formally resumed duty on 28 April. My absence for the whole month certainly posed additional difficulties to the management team in NTEC but I could see that we grew into a better team after the SARS outbreak.

In conclusion, having regard to the lack of knowledge about the disease, the resources available at that moment of time, and the scale of the epidemic, I regard our performance as reasonable under the circumstances. We have gained much experience for the future prevention of infectious diseases and epidemics of similar magnitude. Finally, I would like to thank all the frontline and management colleagues in the cluster for their dedicated and heroic efforts.