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雅麗氏何妙齡那打素醫院
Alice Ho Miu Ling Nethersole Hospital
caring since 1987

26th January 2004

Your ref.: CB2/SC2

Clerk to Select Committee
Legislative Council
Hong Kong Special Administrative Region

Attention: Miss Flora TAI (Fax No. 2248 2011)

Dear Miss Tai,

Select Committee Inquiry – SARS Outbreak

Your letter dated 24 December 2003 refers.

I enclose my written submission on my involvement in the management of SARS Outbreak in Alice Ho Miu Ling Nethersole Hospital as requested by the Select Committee.

Yours sincerely,

(Dr. Raymond Chen)
Hospital Chief Executive
Alice Ho Miu Ling Nethersole Hospital

RC/rc
Encl

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Dr. Raymond Chen's Written Submission to LegCo

AHNH is one of the three acute hospitals in New Territories East Cluster serving a total population of around 1.2 million in Tai Po, Shatin and North District. Since its opening in January 1997, AHNH has positioned itself as a general hospital providing emergency service and a comprehensive range of secondary level hospital services, supporting PWH as the centre for tertiary and quanternary level of services.

During the early phase of SARS period, AHNH provided support to PWH by accepting non-Atypical Pneumonia/SARS medical emergency cases from the A&E Department of PWH after the PWH Ward 8A outbreak in order to relieve the workload of the Medical Department in PWH. The diversion of these cases from A&E Department of PWH started on 13 March 2003.

After A&E services of PWH had been suspended on 19 March 2003, all A&E cases of PWH were diverted to NDH and AHNH and other hospitals. AHNH had to take up a substantial portion of these cases given its proximity to PWH. All trauma patients without immediate life threatening condition were sent to NDH A&E whereas other cases were sent to AHNH A&E. In order to relieve the workload in ward, after assessment at AHNH A&E Department, some cases would be transferred to NDH or hospitals in other clusters (YCH, TMH, QEH, etc). During the early phase of SARS period, the strategy was to keep AHNH and NDH "clean". Suspected SARS patients were transferred to PWH / PMH.

Extensive preparatory works were done in AHNH to cope with the increased workload: the medical in-patient service capacity was increased by stopping clinical admissions, internal overflow arrangement was made with Surgical and Orthopaedic departments, extra beds were added, convalescent support was strengthened with TPH, and arrangement was made with other hospitals to transfer medical patients to them when necessary. Infection control measures were reinforced with trainings on infection control guidelines and use of PPE given by Infection Control Nurse and infection control link-nurses. Environment was improved by increasing fresh air supply and air change inside medical wards. To prevent cross infection, patients were triaged. Suspected SARS cases were transferred to PMH or PWH. Patients with respiratory symptoms were admitted to designated wards with upgraded infection control measures and were closely monitored.

Communication with staff was enhanced and information was disseminated to staff via e-mail, in the staff forum, in the Ad Hoc department heads meetings and by way of SARS bulletins. At the Cluster level, messages from HAHO and NTEC were relayed to AHNH via the Cluster SARS Meeting and situation reports on NTEC intranet. SARS Data Controller and SARS Infection Control Officer were appointed. SARS Infection Control Team led and monitored all infection control related matters and the Infection Control Highlights were issued to remind and update staff on infection control policy, PPE, prevention

practices etc. The NTEC and HAHO Infection Control Guidelines and PPE standards on SARS were closely followed.

Experts and specialists in respiratory medicine were invited to AHNH to give talks on management of atypical pneumonia and when SARS ward was set up in AHNH. Ad Hoc Medical Committee on SARS and SARS Outbreak Task Force were formed.

Work load at both A&E Department and inpatient wards, after the closure of PWH A&E service, had exceeded the pre-existing limit in both manpower and ward capacity. Ward occupancy had reached 120% at one stage. The existing facilities of AHNH were not designed for infection cases. Coupled with this, a number of cryptic patients were admitted and they subsequently turned out to be SARS patients and had caused outbreak in AHNH affecting 5 wards. Some of these patients were uncooperative on compliance of infection control measures. Given the cryptic presentation of these patients and the lack of knowledge of this new disease among health care workers, it was impossible to provide a full-proof system to prevent infection.

On 14 April 2003, AHNH opened its first SARS ward because (a) the SARS wards in PWH were full, (b) there was a lack of nursing staff in PWH to open additional SARS wards and (c) it was more desirable to keep AHNH staff to work in their familiar environment instead of relocating to PWH. The 2nd SARS ward was opened on 28 April 2003.

All of the staff of AHNH were stretched physically and mentally during the attack of SARS. We faced at the very frontline an unknown disease which was rapidly and relentlessly spreading. Many of our colleagues were struck down, fate unpredictable. Nevertheless, we held on firmly and courageously. I am proud that my colleagues all worked round-the-clock, some sacrificing their rest days, and many cancelling their annual leave to join us in the battle with SARS. They volunteered to work in the high risk wards, sometimes venturing to work in an unfamiliar area. A considerable number has taken up the challenge to be trained in a new specialty, notably intensive care nursing, in order to meet the demand of the increasing number of critically ill SARS patients. Many have chosen to stay away from home, for weeks, to fight SARS with concentration. Our staff have put up their time and their life in the battle against SARS with the highest spirit of dedication for the well being of the patients and of the Hong Kong community.

The SARS outbreak in 2003 has been an unprecedented challenge to every health care worker, to every hospital, and to the health care system in Hong Kong. The management has endeavoured to do the best with the limited resources and lack of knowledge of this new disease in a highly charged environment. When human life is at stake, every measure is important. Under the tyranny of time, nothing is not urgent. Before the outbreak is controlled and when the knowledge of the disease was still rudimentary, there was no peace of mind, and never an end in the demand for further actions. I have to accord my greatest appreciation to all my staff at all levels who have demonstrably shown a high level of professionalism with commitment and

sacrifice. The support from the Hospital Governing Committee, cluster management, and the community at large, are very valuable too.

It has been a frightening and fateful crisis. We have chosen to fight, not flee. To date, the fight is still on. As the well being of the society and life of the people are at stake, we have no option but to do our best with more knowledge and better preparation.