



Statement by Dr C H Leong, Chairman, Hospital Authority

SARS wrought havoc to Hong Kong. Everything came almost to a standstill. The Hospital Authority was similarly affected and more.

In-patients were moved from wards to wards or even to other hospitals to make way for the SARS onslaught. Patients were disadvantaged from closure of different hospitals' Accident & Emergency Departments and wards for admission. Some patients were disadvantaged having to be quarantined in the hospitals because there were SARS cases discovered in the same ward. Except for emergencies and life threatening issues, all other regular hospital work almost came to a halt. Non-life threatening operations were put on a prolonged waiting list. Patients with chronic illness were just given their regular drugs for treatment without the benefit of medical consultations unless essential at Out-patient clinics. The HA was grateful to the patients for their understanding.

The public at large was disadvantaged. Hospital visitation has been cut down to a minimum. Many wards were completely closed to visitors for fear of spread of SARS. The anger and frustration of both the patients and their families and friends were understandable. Regrettably, some families were not even able to have a final contact with the patients before they passed away. The HA expressed our apologies and condolence. We were grateful for their being so considerate. Some 299 victims finally succumbed in the HA hospitals either from the direct infection of SARS or from other chronic illness having been infected by SARS along the way. The HA expressed our sincere condolence to their families.

Our frontline staff were overall disadvantaged. Many felt disarrayed at the initial phase of SARS, not knowing the cause of infection and the route of spread, and unsure as to whether they were fully protected. The infection appeared to have a prevalence on healthcare workers, at least so it seemed in the initial phase. It was a frustration to see your working partner succumbed to the sickness not knowing when it would be your own turn. Most shunned going home, for fear of spreading the deadly disease to their families. Such was the reality and not a speculation.

Even when the culprit (coronavirus) was isolated – a scientific feat – the frustration was far from over. Facing something which was practically unknown, something which the healthcare community had never come across, "panic" was the order of the day. Rational decision often gave way to scary rumours.

Guidelines were introduced and updated as frequently as necessary. New ideas and gadgets on PPE were also introduced frequently but many of them had to be tried out. It took some six weeks before PPE could be standardized. Take the example

of "Barrier Man", it was initially thought to be an improvement, only to be later found that it produced more harm than good.

Manpower challenge was and will always be a problem. Overnight the public medical service required a very large number of experts in respiratory medicine, and healthcare workers with experience in intensive care. When one after another of those experts fell prey to SARS, specialists from another hospital had to be deployed to the war field to work in "foreign" soil. In the worse case scenario, specialists from other disciplines were "drafted" to the world of unknown.

In spite of all the adversities, our frontline staff soldiered on with selfless devotion. Their action was exemplary. Putting the "spirit" of Hong Kong to the very high forefront. It came as no surprise that they won the public's never ending applause.

The Board would also like to put on record its appreciation to the management and administrative staff of the HA at all levels. At the initial phase of SARS, the whole of HK was "groping in the dark", not knowing where the disease originated, how it spread and whether there were any cures. No planning could have prepared HA for an outbreak of such a scale and severity.

To have to coordinate the management of many SARS patients, suspected cases and at the same time having to carry on with essential and life saving services that public hospitals are charged to provide; to have to deploy staff at any bid and call; to have to train and equip staff from other specialty disciplines to take up the work of respiratory medicine and Intensive Care Unit; to have to source the voluminous equipments for patient care (such as ventilators, filter etc) and protective garments for staff when HA had to compete with world-wide need; all these were admittedly part of the job of the senior management, yet everyone would have to agree that under the demanding situation that they have to face, it was most taxing to the senior management. The pressure was just as heavy on the other grades of management. They had to support the senior management, ensure a fair and continuous supply of PPE within the hospital, and organize information flow from patients to relatives when visitation was restricted or forbidden. To the Board, the management at all levels were the backbones behind the whole activity. They were the unsung heroes.

As we moved on, things turned for the better. The Central Government in Beijing offered very significant helping hands volunteering experts, helping us with sourcing PPE and actually sending us a good supply of the very much needed protecting garments as gifts. The HKSAR Government proclaimed that HA should do our utmost to control the infection irrespective of funding. The HK public including the expatriate community gathered together not only to show their support of the work of HA and boost morale but also contribute significantly to purchase PPEs and to better the HA welfare fund. The HA was grateful to all these support which went a long way to help control the infection.

How did the HA Board react? All members of the Board are fully aware that the HA is a body established by statute to manage all public hospitals. As such members are fully aware that the HA is an accountable body.

During the early phase when little was known of the disease, the Board was concerned that the senior executives were very busy involved in trying to identify the problem and fighting the battle. Since most board members are "lay persons", as much as they wanted to help, they felt that the best way was to let the executives concentrate on fighting the battle. They therefore entrusted and delegated their responsibilities to the Chairman of the Board (who works with the executives every day) for making the necessary decision on policy on behalf of the Board and acted as a daily liaison between the Board and the executives.

Decision and change were communicated through telephone with the Chairman, written communications in the form of letters of the Chairman and the CE/HA, and briefing by the executives whenever the need arose. Through these channels the Board monitored the situation. Regular Board and Committee meetings were then cut down to the minimum.

When more was known of the disease and realizing that there were areas of possible deficiencies, Board members felt that they could make more contribution according to each individual's area of expertise --- many did their utmost to rally support from their own trade or profession; other, like those in the garment industry would produce and donate PPE for the HA.

Many Board members also served as HGC Chairman, and though their function in the hospital monitored hospital activities and boosted staff morale.

At the peak of the crisis, the Board was aware that a more hands on approach was necessary to improve staff morale and to allay public concern. A task group including all members of the Board was therefore formed. The task group met at least twice a week to discuss problems and assisted the executives to make decision. They also divided themselves into three working groups to visit hospitals and meet the staff at all grades with the view of boosting staff morale and assuring that the supply and distribution of PPE was fair to all concerned and available to all staff. Members also volunteered the overseeing of the HA 24 hours hotline where possible. The Board believed that through such personal involvement of its members, staff morale was uplifted.

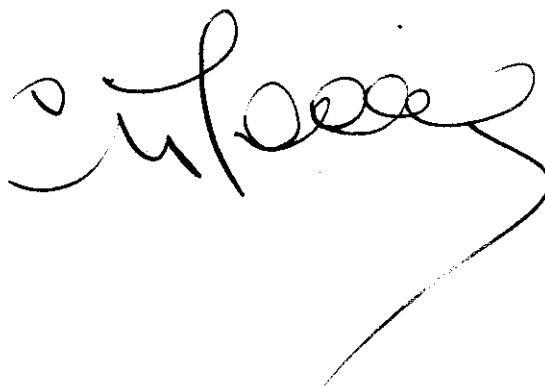
As the Chairman of the HA, what were my concerns of the Authority during the SARS crisis. I would categorically state that I believe that the Authority at all levels from the frontline to the Board have done its very best in the circumstances -- from facing the unknown, to containing the outbreak, to planning for the future, and at the same time maintaining the necessary service. There were areas that the HA perhaps have a weakness. These were well brought out by the Government special report and the Internal Review HA commissioned. In particular there were weaknesses in the HA's communication with stakeholders - with the public, the Bureau and the Department of Health -- and within the HA. There was weakness in our Human Resources strategy to boost staff morale during such a crisis. These areas the HA has openly acknowledged in our public response to our Internal Review Report (Appendix). In fact, these areas of weakness identified were not the weaknesses related to SARS but integral weaknesses which the HA on its own has identified well beforehand and which the Board has decided to improve prior to the SARS crisis. The Board of course

has taken up further recommendations of the two reports and I am sure will also take up constructive comments from the Select Committee when it is made available.

During one of the Health Panel section in which I attended, I was asked by one of the Honourable Member of the Panel on my responsibility as the HA Chairman during the SARS crisis. My reply then was that since the HA Board is an accountable statutory body and I am its Chairman I take full responsibilities of the HA, more so during the SARS crisis as I was standing side by side every single day with the management team and the frontline during the very dark period. I would state catagorically again, that I as Chairman take full responsibilities.

Finally, I believe that all Honourable Members of the Select Committee know, I know, the whole of HK and the international community know, that SARS initially was a complete unknown disease. Any decision of the HA at the initial phase could not be made on complete evidence based nor do we have the luxury of time. The next best is to make consensus and rational decisions based on collective wisdom and available facts and data. This was how the HA was taken forward.

5 February 2004

A handwritten signature in black ink, appearing to read 'Dr. Ho', with a long, sweeping underline that extends towards the bottom right of the page.