



醫院管理局

HOSPITAL
AUTHORITY

群策群力為病人·優質醫護滿杏林

Quality Patient-Centred Care Through Teamwork

BY HAND

SARS LegCo Select Committee

The following documents are submitted pursuant to the Select Committee's request at Dr. C H Leong's hearing on 9 March 2004 :

- | <u>Items</u> | <u>Information required by LegCo</u> | |
|--------------|--|-----------------|
| 1. | Dr William Ho's letters dated 13 March 2003 and 17 March 2003. | - H130 |
| Answer: | See Appendix I. | |
| 2. | Dr C H Leong's letter to Board Members and Staff | - H131 |
| | - Dr C H Leong's letter dated 24 March 2003 to staff | |
| | - Dr C H Leong's letter dated 29 April 2003 to H A Board Members | |
| | - Dr C H Leong's letter dated 10 June 2003 to colleagues | |
| Answer: | See Appendix II(a)-(c). | |
| 3. | Notes of meeting of the following: | |
| Answer: | I) Administrative and Operational Meeting on 27 February 2003 | - H11(C) |
| | Items discussed at the meeting: | |
| | (i) Revision of fees and charges | |
| | (ii) Membership of Hospital Governing Committee of a hospital | |
| | (iii) HA Annual Planning 2003/2004 | |
| | (iv) Population-based internal resource allocation | |
| | (v) Chief Executive's report on topical issues. One of items reported was on measures taken by HA to handle the potential risk arising from the high incidence of pneumonia cases in Guangzhou | |
| | (vi) Report on progress of work of the Human Resources Committee | |
| | The attached Appendix III(a) sets out the meeting notes in respect of the measures taken by HA to handle the potential risk arising from the high incidence of pneumonia cases in Guangzhou. | |
| | II) Planning Committee Meeting on 20 March 2003 | - H132 |
| | Items discussed at the meeting: | |
| | (i) 2003/2004 Hospital Authority Budget | |
| | (ii) Measures to address budget reduction | |
| | (iii) Any other business: | |
| | (a) Postponement of discussion of matters arising from HA Board Workshop held on 25 January 2003 | |
| | (b) Update on outbreak of Severe Acute Respiratory Syndrome (SARS) | |
| | The following sets out the meeting notes on the discussion on item (iii)(b) "Update on outbreak of SARS": | |
| | <i>"Dr William Ho briefed members on the latest update on the outbreak</i> | |

Items Information required by LegCo

- and development of SARS"*
- III) Hospital Authority Board Meeting on 27 March 2003 (a public meeting) - H133**
- Items discussed at the meeting
- (i) Voluntary early retirement
 - (ii) Revision of fees and charges
 - (iii) Report on progress of work of the Hospital Authority Committees
 - (iv) Progress report of the Public Complaints Committee
 - (v) Hospital Authority Annual Plan 2003/2004
 - (vi) Chief Executive's progress report – Outbreak of Severe Respiratory Syndrome
 - (vii) 2003/2004 Hospital Authority Budget
- The attached Appendix III(b) sets out the meeting notes on item (vi) "Chief Executives Progress Report - Outbreak of Severe Respiratory Syndrome".
- IV) HA Board Meeting on 26 April 2003 - H12(C)**
- See Appendix III(c)
- Note : Except for the meeting held on 27 March 2003 which was a public meeting; the minutes of the above meetings are treated as "CONFIDENTIAL".

4. Whether the SARS Roundup notes of meeting were sent to the HA Board members. - **H134**

Answer: The notes of the SARS Roundup meeting were only sent to those who participated in the meeting.



Hospital Authority
13 April 2004



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Appendix II(a)

梁智鴻醫生 主席

Dr C H Leong, CMB, OBE, JP
Chairman

Ref : HA 301/10
Tel : 2300 6797

24 March 2003

To : Members
Hospital Authority

Dear Members,

I am writing with concern to let you know that Dr William Ho, our Chief Executive, was admitted yesterday to Queen Mary Hospital with pneumonia. Dr Ho was on his way to a function on Hong Kong Island when he noticed a fever. He went to Queen Mary Hospital where radiological examination confirmed pneumonic changes. Dr Ho was admitted to hospital on medical advice for precautionary observation and treatment. His condition is stable.

I am sure Dr Ho will recover very soon under the management of the clinical team at Queen Mary Hospital. Meanwhile, I have full confidence in all frontline staff and the executive teams in all Clusters and the Head Office in continuing our hard battle against the threat of SARS. This morning, I met with all the Directors and Cluster Chief Executives to work out a contingency plan for containing the further spread of the disease, and the general management of HA at the Head Office. Meanwhile, Dr Ko Wing Man will be deputizing for Dr William Ho.

You all know that our staff have all been working under extremely difficult situation and excessively high pressure in the past few weeks. I am sure you will join me in appreciating their dedication and professionalism in managing the disease and work alongside with them all the way through.

KEEP HEALTHY

Yours sincerely,

(C H Leong)
Chairman
Hospital Authority



醫院管理局

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URGENT

BY FAX

Appendix II(b)

群策群力為病人·優質醫護滿杏林

Quality Patient-Centred Care Through Teamwork

29 April 2003

To : Members
Hospital Authority

Further to the special Board meeting with the Secretary for Health, Welfare and Food on 25 April 2003 and to ensure the whole Board is in active participation in enhancing our effort in containing the SARS, I propose, subject to members approval, the following measures:

- Reporting to the Board on a regular basis by myself, the CE or the relevant subject officers. At such meeting, any important SARS related matters requiring further actions will also be discussed. It is tentatively proposed that such reporting meeting be arranged twice a week, i.e. on Tuesdays and Fridays at 12:30pm for about half an hour;
- Board members to work with the audit teams to ensure that infection control measures are in place in its best possible manner;
- Board members to be invited on a rotation basis to join hospital visits with the Chairman or CE (2 members each time);

I hope this will meet with the approval of all members of the Board. In this regard, I would like to ask you to indicate your approval to the above proposed measures and to provide any comments such as the proposed schedule (time and frequency) of the Board meetings in the attached reply slip.

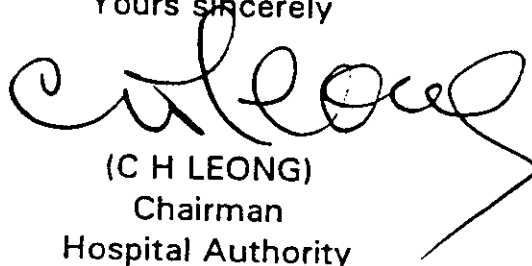
I would also like to take this opportunity to advise members that I would reconvene the necessary Board/Committee meetings in the near future, in particular, the Planning Committee to determine:

- Our current capacity to deal with non-SARS or our day-to-day service provision and plans for the future;
- How we can cope and restructure our services provision in order to incorporate SARS as part of our lives;

Please also be advised that Ms Nancy Tse, Director (Finance), will assist in co-ordinating the Board and Committees matters during this period in order to allow Dr Vivian Wong to concentrate her effort in dealing with SARS matters. Should you have any queries and suggestions regarding the arrangement of the proposed measures, please feel free to contact myself or Nancy.

May I take this opportunity to thank members for your commitment, dedication and support in dealing with the SARS crisis.

Yours sincerely



(C H LEONG)
Chairman
Hospital Authority



醫院管理局

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Appendix II(c)

梁智鴻醫生 主席

Dr C H Leong, GBS, OBE, JP
Chairman

10 June 2003

DEAR COLLEAGUES

It is now over three months into the saga of the SARS crisis. From the look of things, situation seems to be more stable. Whilst hoping for Hong Kong and the Hospital Authority, to return to normality, I can only say that I am only "cautiously optimistic". This is NOT to say that I have no confidence in you, from the front line to the senior management, but that we are facing an enemy we still do not know enough.

We all had a terrible experience – one that many would swear and hope that we would never have to live through it again. The disease is so new, the culprit is so elusive, it comes to the kill with such rapidity whilst we are not exactly quite prepared for it. There was the Kwong Wah beginning, the Prince of Wales saga, the Amoy Garden outbreak – and when we thought we are slowly getting the upper hand, the Alice Ho Mui Ling Nethersole Hospital episode swept us under our feet. It is heartbreaking. We witnessed some over 1700 victims of this disease. Worse, many of those who succumb are within our own ranks, acquiring the infection through unreservedly treating their patients, knowing well that they might well be the next to fall ill. It must be hell for our colleagues to get sick, luckily many have been to "hell and back". We have lost six dear colleagues, working partners, along the way – yet six lives are too many!

As we dry our tears after mourning our warriors, where do we go from here. As a start let me put it to you that in this crisis, Hong Kong, in particular the health care profession, has everything to be proud of. Your efforts and actions epitomize the spirit of the Hippocratic Oath; the culture of Florence Nightingale all put together and more! Within some three weeks, our scientists, our microbiologists have identified the despicable culprit – the corona virus. We have witnessed the treatment regime which not only have shown its effectiveness amongst ourselves, but used by others with success. Yes some countries have openly challenged our treatment efficacy, yet none has so far introduced any treatment regime better. Unlike what have been witnessed publicly in the media in other parts of the world, we have had no "run aways", no "deserters" amongst our ranks. Instead, all our health care workers have stood their ground through thick and thin, many even volunteered to work in SARS wards. Fighting spirit has been high and rising. Figures paradoxically showed that requests from staff for sick leave were much less than similar periods of previous years. Our data and statistics in the different issues relating to SARS have been completely transparent. We can unashamedly claim that our unreserved revelation of our activity be it success or failure, must be responsible at least in part to the claimed better results in controlling the epidemic in other parts of the world.

No, we are not satisfied nor could we be complacent. Indeed we must analyze our actions and take stock of the vast collected experience to better ourselves for the future. It is on this basis that the HA Board has commissioned a team consisting of experts in hospital management in crisis management, with hospital and management

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audits and public figures both locally and overseas to conduct an internal review and to produce an independent and unbiased report of quality.

The terms of reference of the panel are as follows:

With regard to the SARS outbreak in Hong Kong:

1. To collect and review the facts and information regarding the work of the HA in response to the outbreak;
2. To review the internal management structure and processes in the HA vis-à-vis its Head Office and hospital clusters, and inquire into management issues identified during the outbreak;
3. To review the effectiveness of internal communication processes between management and staff in the HA, as well as external communication to key stakeholders; and
4. To review the capability of the public hospital system in terms of infrastructure, equipment, organization, finance and human resources to handle infectious disease outbreaks of major proportions as exemplified by SARS.

Colleagues should be assured that the panel will be a fact-finding panel, a review with the future in mind. The panel is in no way a "witch hunt" nor will the report be to "lay blame". In the course of the review, the panel or its subcommittee might interview staffs and inspect hospitals. Without preempting the result, the report of the panel will no doubt touch on areas that we could have done better and areas for improvement for the future. I have no doubt you will welcome all these and I urge you to cooperate with the panel to ensure that the panel's work will not be in vain. I expect the report to be ready by September.

As the SARS crisis becomes somewhat stable yet knowing that SARS will be with us somewhat for sometime, I am sure all of you will be asking two further questions – "Returning to Normality" and "Living with SARS".

These two issues are yet very much intertwined. For unless we know the projected extent of SARS in the future and the ways and means that we can co-exist with SARS, it would be extremely difficult to return COMPLETELY to normality.

It is therefore the recommendation of the Board that we should move in four directions. Wards should be identified in existing hospitals for immediate alteration to provide facilities for isolation, with proper air exhaustion, management of excreta and well equipped facilities for staff to "gown up and gown down". Facilities should be available in the shortest possible time for isolation of the many hundreds of "fever cases" who might well be suspected of SARS. These are preferably single rooms with toilet facilities to prevent cohorting and thus the need for quarantine and the chance of cross infection. Sites should be identified next to existing comprehensive hospitals to



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梁智鴻醫生 主席

Dr C H Leong, GBS, OBE, JP
Chairman

build new wings to expand services for infectious diseases if so required. In the long term, the construction of an infectious diseases hospital for unpredictable new infections, our endemic infections diseases and old infectious diseases that are "stand-bying" to make a comeback.

Yet facilities alone are not enough. We must all be very vigilant and reorganized our culture towards hospital infection control. After all even an outbreak of Methicillin-resistant Staphylococcus (MRSA) could be just as lethal.

As regards "returning to normality", the Board would have to redefine the role of HA in the provision of highly subsidize public health care. With having to deal with the added workload of SARS and other infectious diseases coupled with budget constraint, both the public and the government cannot expect HA to provide "all services for all" at token charges.

Instead the public and government should accept that HA can provide "all service for some" and "some services to all" based on the concept of "target subsidy".

In the last few months I am sure all of you, be it in the front line treating your patients or in the management supporting the front line, do have your times of frustration. Like you all, I do have tense moments. I have been asked repeatedly whether I regretted taking up the Chairmanship had I know that SARS could be coming. My answer is a simple and determined NO. I would not trade the Chairmanship of the HA at this time for anything in the world. Since the saga, I have had the pleasure of involving directly in the management and the decision of the actions of the Hospital Authority. I have had the honour of standing by front line colleagues in times of desperation and to upkeep morale; to hold the hands of colleagues who have fallen sick; to deliver eulogy, to praise those who gave life to save their patients and to console their beloved. I am spellbound, amazed and moved by the selflessness, the dedication, the comradeship, the unity and the innovation of all of you. It has given me a much more enriched understanding of doctors, nurses, health care assistants, allied health workers, hospital managers, administrators. I am proud to be a member of the health care profession. I am proud to be one of you!

Keep up with the spirit and the good work. Do take care of yourself.

Sincerely,

(Dr C H Leong)
Chairman



醫院管理局

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梁智鴻醫生 主席

Dr C H Leong, GBS, OBE, JP
Chairman

親愛的同事們：

自從出現了「嚴重急性呼吸系統綜合症」的危機後，至今已經三個多月了，現在看來，情況似乎已漸趨穩定。當期望香港和醫院管理局逐步回復正常的同時，我亦只敢心存「審慎樂觀」的態度。這並非因為我對你們——上至高級管理層，下至最前線的醫護人員——沒有信心，而是由於我們還未能摸清敵人的底子。

我們都有了一個可怕的經歷——一個誰也不想再有的經歷。這病是如此的新，如此的難以捉摸，它在我們還沒有準備就緒的時候，迅雷不及掩耳般帶來了死亡。首先是廣華醫院，然後是威爾斯親王醫院，接著再有淘大花園的爆發；而正當我們以為最艱難的時期已慢慢過去，大埔那打素醫院又來了一個小爆發，實在令人心碎。我們眼見的是超過一千七百名受害者，更不幸的是當中有我們的同事。他們完全明白，自己或會是下一個受害者，但仍然選擇無私地為病人作出奉獻，並因而受到感染。受感染的同事，其經歷必定有如墮入地獄深淵，可惜的是很多最終也能重返「人間」。在這場疫症中，我們失去了六位摯愛的同事及工作夥伴。六條寶貴的生命，委實是太多了！

在哀悼我們的勇士，並擦乾眼淚以後，我們該何去何從？首先，我敢說，在這場危機當中，香港，尤其是我們的專業醫護人員，有很多令人驕傲的地方。你們的努力和表現，已超越了希波克拉底誓言的精神及南丁格爾的傳統。在短短的三星期內，我們的科學家、微生物學家，已經確認了這可惡的罪魁禍首——冠狀病毒；我們又確立了一套無論在香港，抑或在全球其他地方，也是對病人行之有效的治療方法。不錯，有些國家曾經公開質疑我們的治療成效，但她們至今仍未提出更好的治療方法。在傳媒的廣泛報導下，有目共睹的是，我們的醫護人員表現比其他地方優越，我們至今沒有一個逃兵。相反，我們所有的醫護人員一直堅守崗位，甚至有些自願到沙士病房工作。我們的抗疫情緒高漲，而且不斷上升，資料顯示，員工的病假申請比去年同期減少了。所有關於沙士的數據及統計資料，也極具透明度；不論成敗，我們也能夠毫無保留的向外界展示，同時負責任地公開這些資料，協助全球其他地方有效控制疫情。

但我們並不因此而自滿。事實上，我們必須從中汲取經驗，並作深入分析，為將來做得更好而鋪路。因此，醫管局董事會成立了一個檢討委員會，委員會成員有來自不同領域的本地及海外專家，當中包括醫院管理、危機管理及稽核方面的專家，還有公眾知名人士，務使委員會最後可以提交一份獨立、不偏不倚及有



質素的報告。

委員會的職權範圍如下：

就香港發生非典型肺炎疫症：

1. 搜集及檢討醫院管理局抗炎工作的詳情和資料；
2. 檢討醫院管理局總部和醫院聯網的內部管理架構和系統，及在抗炎過程中發現的管理問題；
3. 檢討醫院管理局管理層與員工之間的內部溝通，及與外界的溝通；及
4. 檢討公立醫院系統在應付重大疫症爆發時，其基礎設施，儀器用品，組織統籌，財政及人力資源的應付能力。

同事們，我想藉此機會向你們保證，檢討委員會的工作將會實事求是，並以檢討現在，改善未來為目的。它絕不會委過於任何人或尋找代罪者。檢討過程中，委員會及其小組或會與個別職員會面，亦可能會到各醫院視察。委員會報告所涉及的範疇，將有助我們改善現有的工作，對醫管局未來的發展必有裨益。我深信，你們對此一定表示歡迎，我亦盼望你們能與委員會通力合作，避免它的工作流於表面。讓我們一起期待委員會的報告能如期在本年九月呈交。

隨著疫症危機漸趨穩定，但亦知道這病必會繼續影響我們好一段日子，我相信，你們心中一定有以下兩方面的疑問，即「回復正常活動」及「與沙士共存」。

其實，這兩個問題可謂息息相關。除非我們能對疫症的未來動向有清晰的掌握，及確知與之並存的方法和手段，否則，我們很難全面的回復正常活動。

因此，董事會建議我們需循四方面逐步開展工作。首先，我們需將現有醫院的病房進行即時改動，提供可供隔離病人的設施、改善排氣系統及排泄物處理，以及添置合用的防感染衣物。其次是增設有洗手間的獨立病房，將數百名可能是沙士個案的「發熱病人」隔離治理。它不但可減低病人密度，也可減低檢查時間及減少交叉感染的機會。另一項須要開展的工作是在現有的綜合醫院毗鄰，加建有隔離設備的新翼，擴充傳染病科的服務。最後，長遠而言，開始策劃興建一所傳染病醫院，以應付預測不到的新傳染病及具傳染性的各類風土病，並隨時準備



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處理再度爆發的已知傳染病。

不過，單單只有設施並不足夠，我們必須進一步提高警覺，增加我們對傳染病的知識，及重整醫院控制感染的文化。因為，即使是抗藥性金黃葡萄球菌感染的爆發，亦足以致命。

說到「回復正常活動」，董事局希望可以為醫管局的服务重新定位。由於應付沙士疫症及其他傳染病，醫管局的工作量已大大增加，再加上財政緊絀，市民大眾及政府已不能期望醫管局可以收取象徵式的收費，而為所有人提供高資助的完備醫療服務。相反，市民大眾應接受醫管局以「目標資助」的原則提供服務。

在過去數個月中，我相信你們，包括那些站在最前線照顧病人的同事，及支援前線員工的管理層，也曾經歷過很多感到挫敗的時刻。就像你們一樣，我也曾經歷艱難的時候。不斷有人問我，當沙士來襲之後，有否後悔接任醫管局主席一職。我的答案很簡單：沒有。此刻，我絕不願意以主席一職交換世上任何事物。自從疫症爆發以來，我有幸直接參與醫管局的管理及決策，並與前線員工站在一起，振奮士氣，亦有幸能夠握著躺在病榻中同事的手、同時為奉獻生命的醫護人員致悼辭及安慰他們的摯親。我因著你們的無私奉獻及團結創新，非常感動。你們令我對醫生、護士、健康服務助理、專職醫療人員、醫院經理及行政人員有更深切的認識。我為作為醫護專業的一份子而感到驕傲，更為作為你們的一份子而驕傲！

請讓這種精神和工作態度延續下去，亦務請多多保重。

敬祝

安好

醫院管理局主席

梁智鴻醫生

二零零三年六月十日