

專責委員會(2)文件編號 : H145SC2 Paper No. : H145**380001****Select Committed Question dated 19/4/2004**

Questions in relation to the content of Dr. William Ho's letter dated 17 March 2003 to colleagues on the issue of all major hospital having to scale down elective activities, particularly to reserve enough Intensive Care Unit (ICU) beds, until the situation had stabilized:

- (a) Whether you have checked with individual hospitals whether your decision has been complied with; if so, of the extent to which your decision has been complied with;
- (b) Whether the management of individual hospitals has ever raised with you that there have been difficulties to comply with your decision; and
- (c) Whether you would have allowed a hospital to let all of its ICU beds be occupied if there has been a genuine need for non-SARS patients to have ICU care.

(a) – (c): Please refer to Dr. William Ho's letter dated 29 April 2004 as attached.



380002

醫院管理局

HOSPITAL  
AUTHORITY

Your Ref.: CB2/SC2

何兆煒醫生 行政總裁

Dr William HO, JP  
Chief ExecutiveBY FAX ONLY 2248-2011

29 April 2004

Miss Flora TAI  
Clerk to Select Committee  
Select Committee  
Legislative Council  
Legislative Council Building  
8 Jackson Road  
Central  
Hong Kong

Dear Miss Tai,

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

Your letter dated 19 April 2004 refers.

In my letter dated 17 March 2003, I explained to colleagues in the Hospital Authority the need to scale down elective activities, particularly those that might have implications on the Intensive Care Units, to preserve capacity for treatment of patients infected with SARS. Meanwhile, it was of course understood that emergency and essential services to the public must be continued, including intensive care in connection to such services. The scaling down of elective services had been discussed and agreed in the meetings with all Cluster Chief Executives. There was a lot of communication and logistical arrangements to take care of during implementation, including the re-scheduling of patient admissions and seeking their understanding etc. All hospitals concerned tried their best to reduce elective admissions to treat SARS patients (including ICU care) and to continue to provide essential and emergency (including ICU) services to non-SARS patients.

Yours sincerely,

( Dr William HO )  
Chief Executive  
Hospital Authority

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