



SARS LegCo Select Committee

BY HAND

The following documents are submitted pursuant to the Select Committee's request at Dr. William Ho's hearing on 6 March 2004 :

<u>Items</u>	<u>Information required by LegCo</u>
1.	Information on infections disease manpower, facilities and beds increase/deduction in Princess Margaret Hospital.
Answer:	The facilities and manpower allocated to paediatrics infections disease and adult infections disease in PMH from 1999 to 2003 (before SARS) remain at 2 wards/44 beds/4 doctors/19 nurses and 2 wards /54 beds/ 7 doctors/ 24 nurses respectively.
2.	Isolation facilities in various hospitals during the Severe Acute Respiratory Syndrome (SARS) outbreak.
Answer:	See Appendix I.
3.	Provision of Infection Control Nurse before and after SARS.
Answer:	See Appendix II.
4.	Coverage on Hospital Authority (HA) capability in handling infectious disease outbreak in HA Annual Report.
Answer:	Plans to strengthen HA capability in handling infectious disease outbreak have been mentioned in the 2001/2002 and 2002/2003 HA Annual Reports. (Copies of the relevant HA Annual Reports are attached Appendix III)
5.	Records of incidents of retrospective approval sought from HA Board.
Answer:	There had only been one case i.e. seeking the HA Board's retrospective approval for the procurement of PPE amounting to HK\$311.5 Million on 31 July 2003.
6.	Whether there is escape clause to allow for procurement without going through normal tender procedures. The expenditure of Personal Protective Equipment procured requiring retrospective approval from HA Board.

H152

Items Information required by LegCo

- Answer: - Under the existing procurement policy manual approved by the Hospital Authority, urgent purchase up to \$1 million per order can be made direct from vendors without going through tendering process. — H152
- Retrospective approval for the urgent acquisition of various PPE from middle of March to end July 2003 (which amounted to \$311.5 Million) had been sought from the HA Board on 31 July 2003.

7. Notes of meeting of the following :

Answer: **I) Checklist of follow-up actions for the meeting with HA Chairman on 17 March 2003**

Items included in the checklist:

- (i) Report on recent developments in the management of atypical pneumonia
- (ii) HA fees and charges
- (iii) Agenda for the HA Board meeting on 27 March 2003
- (iv) Risk management
- (v) Actions on the management of atypical pneumonia

The attached Appendix IV(a) sets out the checklists on items related to "Atypical Pneumonia".

II) Senior Executive Meeting on 19 March 2003

Items discussed at the meeting:

- (i) Atypical pneumonia
- (ii) Psychiatric Service
- (iii) Hospital Governing Committee for a hospital
- (iv) Voluntary early retirement
- (v) Recruitment
- (vi) 2003/2004 HA Annual Plan
- (vii) Fees and charges
- (viii) Population policy
- (ix) Hospital Authority Provident Funds
- (x) Nurse locum
- (xi) Progress of first quarter 2003 Annual Plan targets
- (xii) Report from Policy Groups
- (xiii) Delegation of financial authority
- (xiv) Patient valuables

The attached Appendix IV(b) sets out the meeting notes on item (i) "Atypical Pneumonia"

III) Planning Committee meeting on 20 March 2003

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

H13(C)

Items Information required by LegCo

- (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":

"Dr William Ho briefed members on the latest update on the outbreak and development of SARS"

IV) HCE Round-table meeting on 21 March 2003

Items discussed at the meeting

- (i) Voluntary early retirement
- (ii) Government's voluntary early retirement scheme
- (iii) HA's pay package
- (iv) Fees and charges
- (v) HA Provident Funds
- (vi) Part-time employment
- (vii) Interim remuneration arrangements for new hires and serving employees
- (viii) Base rate studies on "Critical Incidents"
- (ix) Specialist Out-patients Department triage audit result
- (x) Internal audit plan
- (xi) CE's briefing
 - (a) projected financial situation for 2003/2004
 - (b) Severe Respiratory Syndrome

The attached Appendix IV(c) sets out the meeting notes on item (xi)(b) "CE's briefing - Severe Respiratory Syndrome".

Note : The Minutes of the above meetings are treated as "CONFIDENTIAL".

8. When was infection control first included as an item for monitoring in the HA Annual Plan. —H153

Answer: Since 1994/1995. Extract on item of Infection Control from the relevant HA Annual Plans are attached (Appendix V).

9. Internal Audit Report on the compliance with the quality standard on infection control. —H14(C)

Answer: Copy of the Internal Audit Report is attached Appendix VI.
This document is treated as "CONFIDENTIAL".



Hospital Authority
7 May 2004

2. Negative Pressure and Single Room Facilities available in Hospital during SARS

Cluster	Hospitals	No. of wards with negative pressure rooms	No. of rooms with en-suite toilet / shower facilities *
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	34	20
	Ruttonjee Hospital	2	-
Hong Kong West	Queen Mary Hospital	7	32
Kowloon Central	Buddhist Hospital	0	9
	Kowloon Hospital	4	-
	Queen Elizabeth Hospital	1	18
Kowloon East	Tseung Kwan O Hospital	14	-
	United Christian Hospital	24	-
Kowloon West	Caritas Medical Centre	21	-
	Kwong Wah Hospital	21	14
	Princess Margaret Hospital	2	10
	Yan Chai Hospital	12	12
New Territories East	Alice Ho Miu Ling Nethersole Hospital	17	7
	North District Hospital	17	-
	Prince of Wales Hospital	0	24
New Territories West	Tuen Mun Hospital	1	29
	Total	177	175

* These rooms are all without specially designed air-conditioning system for isolation of infectious diseases.

3. Provision of Infection Control Nurse (ICN) in Hospital Authority

Cluster	Number of ICN			
	2001/2002	2002/2003	2003/2004	2004/2005
Hong Kong East	7	7	10	11
Hong Kong West	9.75	9.75	13	13
Kowloon Central	4.5	4.5	8.5	12.5
Kowloon East	5.5	5.5	6.5	7.5
Kowloon West	12.9	13.9	20	22
New Territories East	5	7	15	15
New Territories West	4	5.75	11.75	13.75
Total	49.65	54.4	85.75	95.75

Chairman's Foreword 主席序言



I am delighted to write this foreword for the Hospital Authority Annual Report, which is my first since taking over from Dr LO Ka-shui as Chairman of the Authority in October 2002. My first year as Chairman has been an eventful and extremely challenging one, not only for myself, but also for the Hospital Authority and the entire public health system of Hong Kong.

Towards the end of 2002/03, Hong Kong was hard hit by a new epidemic named Severe Acute Respiratory Syndrome (SARS). The disease was so novel and elusive that it came to the kill with such rapidity whilst we were not quite prepared for it. It was heartbreaking to witness some 1,755 victims of the disease being admitted to our hospitals within weeks, many of them were our own staff who acquired the infection through unreservedly treating their patients. During those days, I had the pleasure of involving directly in the management and the decision-making process of the Authority. I also had the honour of standing by our frontline colleagues, up keeping their morale, holding the hands of those who fell sick, delivering eulogy to praise those who gave life to save their patients and to console their beloved. I was spellbound, amazed and moved by the selflessness, dedication, comradeship, unity and innovation of all our staff during this crisis. It had given me a much more enriched understanding of doctors, nurses, healthcare assistants, allied health workers, hospital managers and administrators. I felt very proud to be a member of them.

自 2002年10月接替羅嘉瑞醫生出任醫院管理局主席後，我很高興首次為醫管局年報撰寫序言。在我上任的首年，無論就我本人、或是醫管局，以至香港整個醫療體制來說，都是充斥著大事和挑戰的一年。

在 2002/03 年年底，香港遭受一種名為「嚴重急性呼吸系統綜合症」(SARS) 的新疫症突襲，造成沉重打擊。這是一種殺傷力巨大的全新疫症，令人難以捉摸。疫症在我們未具足夠防範時，悄然施襲。在短短數周內，便有 1,755 人染病，在醫管局的醫院接受治療，實在令人痛心。當中有很多更是我們的員工，他們在悉心照料病人時受到感染。在這段期間，我有幸能直接參與醫管局的管理及決策過程，並與前線同事並肩作戰、為他們打氣、慰問患病的同事、頌揚捨身救治病人的殉職員工及慰問他們的家屬。全體員工在疫症中的無私奉獻及團結拚搏精神，令我深受感動，景仰之情不能言喻。對於所有醫生、護士、健康服務助理、專職醫療人員、醫院管理及行政人員的瑜亮情操，我體會至深。作為他們其中一份子，我深以為傲。

At the time of writing this foreword, there were no more new cases of SARS for sometime, and most of the remaining cases were slowly moving along the path of recovery. The battle was won through the effort and determination of all the staff of the Hospital Authority, generously supported and encouraged by the whole of Hong Kong. Members of the Authority Board also assumed a pivoted role, setting up a Task Force not only to offer support but also to monitor the efficacy of the management, acting as a bridge between the public, the Authority and the frontline staff. The extra load of SARS had not dampened our commitment to provide the needed public healthcare services nor our determination to reform the public hospital system to continuously improve our service quality.

Upon subsidence of the SARS epidemic, the Authority commissioned a team consisting of local and overseas experts in hospital management, crisis management, auditing, and public administration to take stock of the vast collected experience during the SARS crisis with a view to improving its capabilities in handling future infectious disease outbreaks of major proportions. The Government had also set up an Expert Committee to review the work of Government, including the Hospital Authority, in the management and control of the SARS outbreak. While awaiting findings and recommendations of the review committees, the Authority had already started at the end of 2002/03 to plan for revamping its service delivery models, building more isolation facilities and training more needed personnel to enhance its preparedness for another possible infectious disease outbreak.

Apart from the SARS outbreak, the Authority faced many other challenges in 2002/03. Growth of activities was continuously recorded in the inpatient and day patient services as well as the specialist and general outpatient services. During the year, the Authority's 43 hospitals, 46 specialist outpatient clinics and 15 general outpatient clinics served around 1.2 million inpatient and day patients, 2.4 million accident and emergency attendees, 8.8 million specialist outpatients, and 1.3 million general outpatients. The rapid increase in service demand amid severe budget constraints, escalating healthcare costs, rising public expectations, and imbalance in service utilisation between the public and private sectors had translated into overload of the public hospital system and the frontline healthcare workers.

在撰寫這序言之際，香港已有一段日子再沒出現新的 SARS 個案，尚在留醫的 SARS 病人亦大部分逐漸康復。戰勝疫症，實有賴全局上下員工的艱苦努力和堅毅意志，以及全港市民的支持和鼓勵。誠然，醫管局大會成員亦擔當了關鍵角色，大會成立了專責小組，一方面提供支援，另方面則監察管理層的工作成效，充當市民、醫管局與前線人員的橋樑。SARS 所帶來的額外工作量，無損我們為市民提供所需公共醫療服務的士氣，亦沒有影響我們改革公立醫療體制以提升質素的決心。

在疫情消退後，醫管局委託了一批在醫院管理、危機應變、審核及公共行政方面具備豐富經驗的本地及外國專家，檢討 SARS 爆發期間匯集的各種經驗，以加強日後應付重大疫症的能力。此外，政府亦成立了一個專家小組，檢討政府包括醫管局對 SARS 疫症爆發的管控工作。醫管局一方面正等待檢討委員會的檢討結果及建議，另一方面，我們在 2002/03 財政年度結束前已開始策劃重整服務模式、加建隔離設施及培訓更多所需人才，為疫症可能重臨作好準備。

除疫症爆發外，醫管局在 2002/03 年度亦面對許多其他挑戰。醫管局的住院及日間病人服務，以及專科及普通科門診服務，繼續錄得增長。年內，醫管局轄下 43 間醫院、46 間專科門診診所及 15 間普通科門診診所，為約 120 萬名住院及日間病人、240 萬名急症室病人、880 萬名專科門診病人及 130 萬名普通科門診病人提供服務。在財政嚴重緊絀、醫療開支飆升、市民期望日增及公私營服務使用失衡的情況下，服務需求急增，令公立醫療體制及前線醫護人員不勝負荷。

Working under tremendous pressure, the managerial and frontline staff of the Authority had met with these challenges with vision, dedication and professionalism in the year. Strategies were formulated and new initiatives implemented to overcome the volume and access issue through the development of community oriented service models and improving cost-effectiveness of the service delivery system. During the past two years, the growth in activities for the Authority's outreach and community services such as Community Nursing Service, Community Psychiatric Nursing Service, Community Psychiatric Service, Psycho-geriatrics Service and Community Geriatric Assessment Service, had increased by over 70%. With the takeover of general outpatient clinics from the Department of Health, the Authority had improved cost-effectiveness of its service networks by better integrating the secondary/tertiary care with primary care. The development of designated centres for high complexity and low volume services requiring specialised expertise and sophisticated equipment was speeded up to ensure efficiency and effectiveness in service delivery. The full-scale rollout of the Clinical Management System and enhancements of the Electronic Knowledge Gateway had greatly strengthened the Authority's information technology support, facilitating clinical decision-making and information sharing.

Faced with a demanding and rapidly changing environment, the Authority continued to implement managerial reform and to build up a team of dedicated workforce with professional competence and versatility in 2002/03. The new cluster management structure, with the Cluster Chief Executives taking charge of the performance of all hospitals and service units within the respective geographical drainage areas and accountable for the total resources allocated, was rolled out in full scale after reviewing the experience in the three pilot clusters. Through reforms on hospital clustering, a good number of service improvement and rationalisation programmes had been initiated at the cluster level to reduce duplication, achieving cost-effective use of resources, facilitating training, and leveraging on economy of scale. The human resource capabilities of the Authority were strengthened by recruiting more doctors, nurses, allied health professionals and care assistants, and by enhancing the professional and managerial training of different grades of staff.

面對沉重壓力，醫管局的管理及前線人員在過去一年，以遠大目光、無比魄力及專業精神應付這些挑戰。我們制訂策略及推行新措施，發展社區醫護模式及改善服務成本效益，以處理服務量及服務方便程度的問題。在過去兩年，醫管局的外展及社區服務，如社康護理服務、精神科社康護理服務、精神科社區服務、老人精神科服務及社區老人評估服務，有超過 70% 的增長。在接管衛生署的普通科門診診所後，醫管局亦加強了基層、中層及第三層醫療服務的整合，從而提升服務網絡的成本效益。此外，對於複雜程度高而使用量低、需要專門技能及先進設備的服務，我們亦加快設立指定服務中心，確保服務效率和效益。臨床管理系統的全面實施，以及電子知識通道的改善，亦大大強化了醫管局的資訊科技支援，有助臨床決策及共用資訊。

面對需求殷切及急速轉變的環境，醫管局在 2002/03 年度繼續實施管理改革，培育卓越多才的優質專業醫療隊伍。在新的聯網管理架構下，聯網總監須負責區內所有醫院及服務組別的工作表現，並就獲撥的整體資源承擔責任。新架構首先在三個聯網試行，我們檢討了有關經驗後，現已在所有聯網全面實施。藉著醫院聯網的改革，各聯網均推行了多項服務改善及理順計劃，以減少重疊、善用資源及加強培訓。我們亦增聘了醫生、護士、專職醫療人員及健康服務助理，並加強不同職系員工的專業及管理培訓，藉以提升醫管局的人力資源能力。

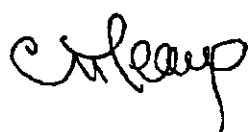
To redress the imbalance in distribution of workload between the public and private sectors, the Authority formulated strategies to promote the public-private interface through the development of referral guidelines and protocols, experimenting on new collaborative models, providing training opportunities for private practitioners, and building up the infrastructure for sharing patient information. The Authority also strived to enhance sustainability of Hong Kong's public hospital system in 2002/03 by assisting the Government in revamping its fees structure and conducting research on long-term healthcare financing options, basing on the principle of target subsidy. After intensive studies and extensive public consultation, a revised fees structure was successfully implemented commencing April 2003 with the introduction of a new charge for accident and emergency service earlier in November 2002. This was implemented in association with a rational fee waiving and concession system, as the Authority was conscious of its role in providing a healthcare safety net for all and the Government's policy that no one should be denied of care because of lack of means.

Despite the daunting challenges of escalating demand and the SARS outbreak, the Authority had achieved considerable success over the past year in attaining its set goals and strategic objectives. Much credit should go to our professional workforce who contributed selflessly and tirelessly towards the provision of quality care to the patients. I also wish to show my deep appreciation to the Government and my colleagues on the Authority Board and various committees for their guidance, understanding and support, without which the Authority could hardly make any progress in its work at this time of great challenges. Members of the Board are becoming aware of their accountability in managing the Authority as stipulated in the Hospital Authority Ordinance. In this connection, the Board is already reassessing its role in governance, i.e., how members could better work with the executives, set policy directions to guide the Authority, and give unfailing support to the executives, not only in routine functions but also in time of epidemics and major disasters.

為處理公私營醫療服務使用失衡的情況，醫管局已制訂策略，促進公私營醫療的聯繫，如訂立轉介指引及常規、試行新的協作模式、為私家醫生提供培訓，以及發展共用病人資訊的基礎設施等。年內，醫管局亦協助政府重整收費結構及研究長遠醫療融資方案，以目標資助為原則，務使香港的公立醫療體制能持續發展。經過深入的研究及廣泛的公眾諮詢後，醫管局於2003年4月成功實施收費調整，而新的急症室收費早於2002年11月已經實施。在實施新收費的同時，醫管局亦明白須為市民設立安全網，而且政府政策訂明：市民不應因經濟困難而得不到所需醫療服務，故醫管局亦設有合理的費用減免機制，幫助有需要的病人。

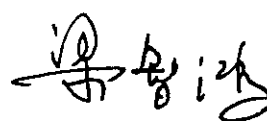
面對需求急升及疫症爆發等種種挑戰，在過去一年，醫管局在貫徹既定計劃及策略目標方面仍取得重大進展。這實有賴我們的優秀職員隊伍，不辭勞苦為病人提供各項優質服務。我亦要衷心感謝政府、醫管局大會成員及各委員會的指導、諒解和支持。沒有這些支持，醫管局在此艱難時刻，工作將難獲寸進。大會成員亦明白，根據醫院管理局條例，他們有責任履行管治醫管局的工作。為此，大會已開始重新評估其管治角色，探討在日常運作以至疫症及大型災難發生時，成員可以怎樣與行政人員更緊密合作、訂立政策方針為醫管局提供指引，以及給予行政人員充分支援。

The challenges ahead for the Authority are many and varied, particularly when we are entrusted by the community to better prepare our public hospitals for any future epidemics after the SARS crisis. Nevertheless, with the sterling support from all parties concerned, I am confident that the Authority will overcome all the obstacles hindering its future development and fulfil its mission of providing quality healthcare services to meet the different needs of patients and the public.



Dr C H LEONG, GBS, JP, Chairman

醫管局要面對的挑戰，多不勝數，特別是市民均寄望我們在 SARS 疫症後加強公立醫院的設施，以防疫症重臨。我深信，在各有關方面鼎力支持下，醫管局定能秉持信念，排除萬難，穩步向前，並貫徹其使命，提供優質的醫療服務，迎合病人及市民的不同需要。



醫院管理局主席 梁智鴻醫生

Chief Executive's Overview 行政總裁匯報



Introduction

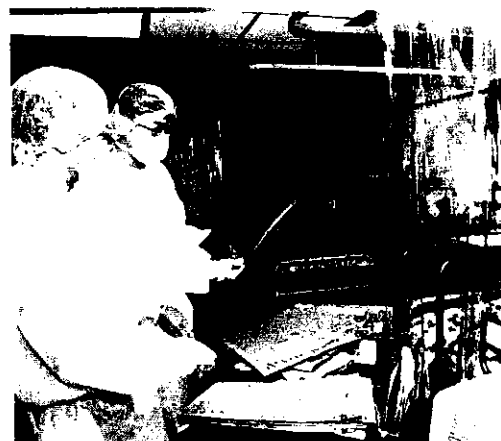
2002/03 was a year of great challenge to the Hospital Authority. Approaching the end of the year in March 2003, a sudden epidemic



arising from the elusive disease named Severe Acute Respiratory Syndrome (SARS) shocked Hong Kong and the whole world, seriously affecting the Authority's normal operations. To cope with the SARS crisis, the Authority had reorganised its services by deferring non-urgent services, redeploying staff to high load areas and cascading move of patients to convalescent institutions. By the time this report was compiled, the epidemic had subsided and the Authority's activities were gradually reverted to normality. However, in light of the need to get prepared for future epidemics, the Authority had revisited its service delivery strategies to introduce additional facilities designated for infectious diseases, intensive care and staff support. These changes would have significant impact on the operational mode and financial position of the Authority in future. Progress of the Authority's post-SARS initiatives would be described in greater detail in the next Annual Report, when findings of the SARS review panels were released and their recommendations adopted for implementation.

引言

2002/03 年度是醫院管理局面對艱辛挑戰的一年。2003 年 3 月，一種名為「嚴重急性呼吸系統綜合症」(SARS) 的全新疫症在香港和全球肆虐，嚴重影響醫管局的正常運作。為應付疫症危機，醫管局須作出服務調度安排，包括暫緩非緊急服務、抽調員工到工作繁重的部門，以及將病人遷往療養醫院。在撰寫本報告時，疫症已告一段落，醫管局的服務亦逐漸回復正常。然而，我們必須為疫症重臨作好準備。故此，醫管局檢討了其服務策略，以增加傳染病、深切治療及員工支援設施。這些改變對醫管局日後的運作模式及財政狀況將有重大影響。有關醫管局疫後改善措施的進展，在下一份年報將有詳細載述，其時 SARS 檢討委員會的檢討結果當已公布，建議亦付諸實行。



During the preparatory and early phases of the SARS Outbreak up to end of March 2003, the Authority had done a lot of work to contain spread of the mysterious disease through a three-pronged approach, i.e., containing transmission of the virus, protecting staff from infection and enhancing patient outcome. Following reports of increase in pneumonia cases in the Mainland, a Working Group on Severe Community Acquired Pneumonia (SCAP) comprising Head Office senior executives, infectious disease specialists, respiratory physicians, intensive care physicians and microbiologists was set up on 11 February 2003 to monitor the situation and advise on the approaches to be adopted. On 12 February, a case reporting system was set up and cases were reported to the Department of Health for follow-up epidemiological studies. The Working Group held a series of meetings in February to compare SCAP cases of 2001/02 and 2002/03 and found no evidence of recent surge of cases. On 21 February, the first set of frequently asked questions on SCAP with case definition was released to frontline healthcare workers. With developing knowledge on SCAP, a series of information packages and guidelines on the management of SCAP were issued throughout February and March to all public hospitals. Though there was no sign of clustering of cases or obvious increase in any particular type of organism at this early stage, we saw the development unusual and raised worries about an unknown virus. Infection control measures including droplet cohorting of patients, wearing gowns/gloves, masks, hand-washing and environmental disinfections were recommended to all public hospitals and clinics.

With the outbreak of SARS in early March 2003, the Authority had made vigorous efforts together with the Department of Health to contain transmission of the virus through contact tracing. A SARS Control Centre was set up at the Authority's Head Office with regional coordinators appointed to work with the Department of Health and

自 SARS 爆發的起始期及初期至 2003 年 3 月底，醫管局做了大量工作，以期三管齊下遏止此神秘疫症蔓延，並控制病毒擴散、保護員工免受



感染及加強病人醫療成效。在得悉內地肺炎個案增加後，醫管局在 2003 年 2 月 11 日成立了「嚴重社區感染肺炎」工作小組，成員包括總辦事處高層行政人員、傳染病專家、呼吸系統科醫生、深切治療科醫生及微生物學家，以協助監察情況，並就應採納的應對方針提供意見。2 月 12 日，個案通報機制成立，我們向衛生署通報個案，以便進行流行病學研究。工作小組在二月舉行多次會議，比較 2001/02 及 2002/03 年的「嚴重社區感染肺炎」個案，但無證據顯示期間的個案飆升。2 月 21 日，醫管局就「嚴重社區感染肺炎」向前線醫護人員發出首份常見提問及個案定義資料。隨著我們對該疾病所知增多，我們在 2 月及 3 月向公立醫院發放多份有關管控「嚴重社區感染肺炎」的資料及指引。雖然在此初期並無群集感染或任何病毒明顯增加的跡象，但我們察覺到情況異乎尋常，一種不知名的病毒，令眾人惶惑不安。我們建議所有公立醫院及診所採取感染控制措施，包括集中隔離病人以控制飛沫傳染、穿上保護袍／手套、佩戴口罩、洗手及進行環境消毒。



the Police to expedite action in contact tracing. A comprehensive electronic online web-based information system known as 'e-SARS' was developed within a few days by making use of the existing Clinical Management System of the Authority to provide real time information on the newly admitted SAR patients to ensure expeditious tracing and tracking of contacts. To alert the private general practitioners and family physicians on the presentation and development of the disease to facilitate early identification of suspected SARS cases, a number of training sessions were organised for them during initial phase of the epidemic. A website for general practitioners was also set up to provide updated information about the disease and to answer questions on SARS. Surveillance of the disease in old aged homes was enhanced through the Community Geriatric Assessment Teams and Visiting Medical Officers.



資料來源：立法會財務委員會工務小組委員會討論文件，2003年7月2日
網址：<http://www.legco.gov.hk/yr02-03/chinese/fc/pwsc/papers/p03-47c.pdf>

由於現時公立醫院的隔離設施，並不足以應付大規模的傳染病（包括SARS）的爆發，日前立法會財務委員會工務小組委員會通過支持撥款約4億元，用作加強九間公立醫院

11/7/2003
(星期四)

The SARS outbreak had put the entire public hospital system to test with staff working under immense pressure, fear, weariness and stress. To protect staff from infection, guidelines were revised by the standing Central Committee on Infection Control and promulgated to frontline staff through the daily SARS bulletin 'Batling SARS Update', the hospital-based Infection Control Network, and the cluster-based Infection Control Teams. Communication and audit on infection control were conducted down to the ward level via the Link Nurse System built up in recent years. Apart from making available appropriate and effective Personal Protective Equipment to staff, continuous education on infection control precautions was arranged through daily briefings in workplace, formal training and experience sharing sessions. A number of environmental measures such as addition of viral filters, improvement of ventilation in wards and zoning by risk of exposure were also taken to reduce the risk of infection arising from environmental factors.

當 SARS 在 2003 年 3 月初爆發，醫管局聯同衛生署竭力透過接觸追縱試圖控制病毒蔓延，並在總辦事處成立 SARS 指揮中心，委派地區統籌人員與衛生署及警方合作，加速進行接觸追縱。在短短數天內，我們利用現有的臨床管理系統，設立了一個網上實時操作的綜合電腦資訊系統，名為 e-SARS，提供有關新入院 SARS 病人的實時資訊，確保可從速進行接觸追縱及追查。另方面，為使私家醫生及家庭醫生能提高警覺，並瞭解疾病的徵狀及發展，以便及早辨識懷疑個案，我們在疫症初期為他們舉辦了多個講解會，並設立網頁提供有關 SARS 的最新資訊，並解答查詢。此外，我們亦透過社區老人評估小組及到訪醫生的安排，加強對老人院舍的疾病監控工作。

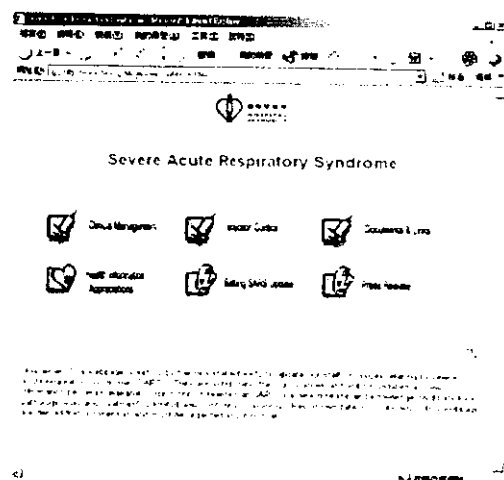
SARS 爆發使整個公立醫院系統面臨重大考驗，員工在巨大壓力、極度惶恐、疲憊及緊張的狀態下工作。為保護員工免受感染，醫管局常設的中央感染控制委員會修訂了指引，並透過每日出版的「抗炎日訊」、醫院感染控制網絡及聯網感染控制小組，向前線人員發布。此外，亦透過近年設立的聯繫護士制度，進行感染控制的溝通和審核，直達病房層面。除為員工提供足夠有效的個人防護裝備外，我們亦透過每日實地講解、培訓班及經驗分享會，進行持續的防感染教育，並實行多項環境改善措施，如加設病毒過濾網、改善病房通風及按接觸風險劃分區域，以減低環境因素所引起的感染風險。

In an effort to improve the outcome of managing patients infected with this unknown disease, advisory groups were formed in the early phase of the epidemic to evaluate and discuss possible diagnostic and treatment approaches. Clinical information was collected, analysed and disseminated to parties involved via the Authority's SARS website and experience sharing forums/seminars to provide them with updated knowledge of the disease. New treatment modalities were later evaluated and, where appropriate, pilot tested. All the above-mentioned measures were coordinated and directed by the daily morning Round-up meetings in the Head Office, chaired by the Chief Executive and attended by all Directors, Cluster Chief Executives and other senior executives, with participation of the Authority Chairman and representative from the Health, Welfare & Food Bureau at a later stage.



Despite the SARS outbreak, there had been overall growth in the Authority's activities during the year except for accident and emergency services, where the introduction of a new charge successfully reduced misuse. In 2002/03, our public hospital system handled a total of 1,198,103 inpatient and day patient discharges and deaths, 2,380,064 accident and emergency attendances, 8,754,286 specialist outpatient attendances and 1,264,923 general outpatient attendances.

Having considered the rapid changes in Hong Kong's social, economic, political and healthcare environment, the Authority adapted the six priority areas of work for the past two years to a new context and organised its improvement initiatives for 2002/03 under a revised planning framework comprising the following six major directions:



為改善治療這種不知名病症的臨床成效，我們在疫症初期成立了諮詢小組，評估及商討可行的診斷及治療方法，同時收集及分析了所得臨床資訊，透過醫管局SARS網頁及經驗分享或研討會，向各有關人士發布疾病的最新資料。其後，我們又對新療法進行評估，並在可行情況下進行測試。以上所有措施，由每日於總辦事處召開的疫情匯報會議作整體統籌及指揮。會議以行政總裁為首，各總監、聯網總監及其他高層行政人員均有參與，而在較後期間亦有醫管局主席及衛生福利及食物局的代表參與。

年內雖然爆發疫症，但醫管局除急症室服務外，整體服務需求仍有增長。而急症室實施新收費後，成功減少了濫用情況。在2002/03年度，公立醫院系統處理的住院及日間病人出院及死亡總人數為1,198,103，急症室總求診人次為2,380,064，專科門診總求診人次為8,754,286，普通科門診總求診人次為1,264,923。

考慮到香港社會、經濟、政治及醫療環境的急速轉變，醫管局調整了過往兩年的六大優先工作範疇，並根據涵蓋以下六大路向的規劃架構，訂立2002/03年度的改善措施：

- Developing community oriented service models to take advantage of new opportunities and overcome volume and access challenges
- Enhancing organisational performance through managerial reform, hospital clustering and service rationalisation, as well as governance enhancement
- Enhancing system sustainability through assisting and advising Government in healthcare financing reform, revamp of charges, implementation of population-based funding and resource allocation system, and continued generation of productivity savings
- Developing public-private interface to redress the imbalance in distribution of workload and improve efficiency in the use of available health resources overall
- Improving cost-effectiveness of the service delivery system through territory-wide development of quaternary centres and referral networks, knowledge management initiatives, and focused work on specific diseases and conditions
- Formulating new human resource strategies to face environmental challenges, and developing people to enhance performance at all levels

Under these six strategic directions, the Authority initiated a total of 279 improvement targets during the year to maintain its service level and enhance service quality. All these targets were achieved with results either in line with or exceeding the original targets except for eight, which were partially achieved or deferred to 2003/04 because of changed circumstances.

With the implementation of these targets, the Authority had strengthened its capabilities of delivering quality healthcare services to meet the changing societal needs amid growing financial constraints and incessant increase in service demand. The improvements achieved by these initiatives are summarised in the ensuing paragraphs.

- 發展社區導向的服務模式，在服務量及服務方便程度方面，化挑戰為機遇
- 透過管理革新、聯網架構、理順服務及加強管治，提高體制成效
- 協助政府推行醫療融資改革、重整收費、推行按人口計算的撥款及資源分配機制、繼續增值節流，使體制能夠持續發展
- 推動公私營醫療的銜接，解決工作量分布不均的情況及改善整體醫療資源的效益
- 設立遍及全港的第四層服務中心及轉介網絡，推行知識管理措施，以及加強對某些疾病的治理，改善服務效益
- 制訂新的人力資源策略，以迎接挑戰及人盡其才

年內，醫管局根據這六個策略路向制訂了279項改善目標，以維持服務水平及提升服務質素。除其中八項因情況有變而未能全部完成或延期至2003/04年度外，所有項目均按照或超出原定目標完成。

在達至這些目標後，醫管局在資源日絀及需求日增的情況下，鞏固了提供優質醫療服務的能力，以迎合社會不斷轉變的需要。這些措施帶來的改善概述於以下各段。



- Strengthened the networking of chronic pain service between hospitals of different clusters through the establishment of multidisciplinary pain management teams in the four referral centres
- Set up cluster-based allied health services on audiology and clinical psychology in the Hong Kong West Cluster to achieve better service alignment and pooling of expertise
- Consolidated neuro-surgical service into five collaborative centres to dovetail with the development of mega clusters
- Established a referral network for neuro-rehabilitation with defined referral sources
- Developed and implemented a territory-wide service collaboration plan for prosthetics & orthotics with comprehensive coverage to all inpatients and rationalisation of outpatient delivery point in each cluster
- Relocated the ophthalmology day surgery service in Yan Chai Hospital to Caritas Medical Centre to improve efficiency
- Integrated the microbiology and tuberculosis laboratory services at Queen Mary Hospital and Grantham Hospital to improve service quality
- Set up telemedicine link between Ruttonjee & Tang Shiu Kin Hospital and St John Hospital to support the Accident & Emergency service on Cheung Chau Island

Designation of Specialised Service Centres

During the year, the Authority continued to strengthen its clinical services network through designation of specialised service centres. Initiatives in this area included:

- Designated Queen Mary Hospital and Prince of Wales Hospital as bone marrow transplant centres, Grantham Hospital as the centre for complex cardiac cases, and Princess Margaret Hospital as the centre for infectious disease to provide territory-wide coverage for specialised paediatric services
- Formulated development strategy and service plan for setting up a Toxicology Reference Laboratory in Princess Margaret Hospital
- Revised the contingency plan for radiation incidents with reference to hospital networking and rolled out to all clinical staff in the Accident & Emergency Departments
- Reviewed the organisation and provision of trauma service and formulated short-term and long-term plans for improvement
- Reviewed isolation facility and tuberculosis bed requirements in 16 hospitals with the designation of Kowloon Hospital and Grantham Hospital as management centres for multi-drug resistant tuberculosis cases
- Followed up on the Surgical Service Review Report prepared by the international expert panel and formulated proposed directions for future development of specialty services under surgery

- 在四個轉介中心成立治療痛症的跨專科小組，加強為不同聯網的醫院建立長期痛症服務網
- 在港島西聯網建立聽力學及臨床心理學的聯網專職醫療服務，匯集專才以提高工作效率
- 將腦外科服務整合為五個協作中心，配合聯網的發展
- 設立腦科康復轉介網絡，清楚界定轉介單位
- 制定及推行全港性的義肢修復及矯形服務協作計劃，為所有住院病人提供服務及理順各聯網的門診服務
- 將仁濟醫院的眼科日間外科服務遷往明愛醫院，以改善效率
- 整合瑪麗醫院及葛量洪醫院的微生物學及結核病化驗服務，以改善質素
- 在律敦治及鄧肇堅醫院與長洲醫院之間建立遙距醫療聯繫，以支援長洲的急症室服務

設定專科服務中心

為加強臨床服務，醫管局於年內增設更多專科服務中心。這方面的工作包括：

- 在提供全港性的兒科專科服務方面，指派瑪麗醫院及威爾斯親王醫院為骨髓移植中心、葛量洪醫院為處理複雜的心臟病個案中心、瑪嘉烈醫院為傳染病專科中心
- 制定瑪嘉烈醫院毒理參考化驗室的發展策略及服務計劃
- 根據醫院網絡而修訂輻射事故應變計劃，並通知急症室所有臨床職員遵行
- 檢討創傷服務的組織運作，並制定短期及長遠的改善計劃
- 檢討16間醫院治療結核病的隔離設施及病床需求，並指定九龍醫院及葛量洪醫院為治療多種抗藥結核病個案的中心
- 跟進國際專家小組的外科服務檢討報告，就外科專科服務的發展路向作出建議