



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

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

PART II

Part II describes the agreements on the quantifiable targets in clinical, administrative and supporting services, as well as agreed standards of performance

Frequency of report and review on hospital bi-monthly
infection statistics

4. A mechanism is in place for the surveillance, prevention and control of infection in all clinical departments.

Reference Standard

- (i) There is a designated infection control team responsible for surveillance, prevention and control of hospital infection.
- (ii) There is an Infection Control Committee involving representation from all clinical departments to coordinate and monitor infection control initiatives, which meets at least quarterly.
- (iii) There is a system of agreed guidelines and protocols on infection control practices and procedures, which is promulgated to all staff, and a mechanism to monitor compliance in all clinical departments. (Please supply documentary supplement on the system, the promulgation process and the monitoring mechanism).
- (iv) There is regular collection and use of hospital infection information, and feedback to clinicians (doctors, nurses, allied health staff) to effect behavioural changes & improve outcomes. (Please supply details of results achieved during the year)

Performance

Item		94/95	95/96	Realistically achievable ideal for 95/96	Best performance in HA
(i)		✓	✓	✓	✓
(ii)		✓	✓	✓	✓
(iii)	Annex 2	✓	✓	✓	✓
(iv)	Annex 2	✓	✓	✓	✓

✓ : full compliance
 NC : non-compliance



Hospital Annual Plan

96/97

4 ***A mechanism is in place for the surveillance, prevention and control of infection in all clinical departments.***

Reference Standard

- (i) There is a designated infection control team responsible for surveillance, prevention and control of hospital infection.
- (ii) There is an Infection Control Committee involving representation from all clinical departments to coordinate and monitor infection control initiatives, which meets at least quarterly.
- (iii) There is a system of agreed guidelines and protocols on infection control practices and procedures, which is promulgated to all staff, and a mechanism to monitor compliance in all clinical departments. (Documentary supplement on the system, the promulgation process and the monitoring mechanism available upon request).
- (iv) There is regular collection and use of hospital infection information, and feedback to clinicians (doctors, nurses, allied health staff) to effect behavioural changes & improve outcomes. (Details of results achieved during the year available upon request)

Performance

Item	95/96 Target	95/96 Actual	96/97 Target	Realistically achievable target for 96/97	Best performance in HA	Remark
(i) (1-Tick, 0-NC)	1	1	1	Tick	Tick	
(ii) (1-Tick, 0-NC)	1	1	1	Tick	Tick	
(iii) (1-Tick, 0-NC)	1	1	1	Tick	Tick	
(iv) (1-Tick, 0-NC)	1	1	1	Tick	Tick	

Hospital Annual Plan 97/98

- 4** ***A mechanism is in place for the surveillance, prevention and control of infection in all clinical departments.***

Reference Standard

(i) There is regular collection and use of hospital infection information, and feedback to clinicians (doctors, nurses, allied health staff) to improve outcomes.

Performance

Item	96/97 Hospital Target	96/97 Actual	97/98 Hospital Target	Realistically achievable target for 97/98	Best performance in HA	Hospital Remark
(i)	Tick	Tick	Tick	Tick	Tick	

Hospital Plan 98/99

- 4** ***A mechanism is in place for the surveillance, prevention and control of infection in all clinical departments.***

Reference Standard

(i) There is regular collection and use of hospital infection information, and feedback to clinicians (doctors, nurses, allied health staff) to improve outcomes.

Performance

Item	97/98 Hospital Target	97/98 Actual	98/99 Hospital Target	98/99 HA Target	Best performance in HA	Hospital Remark
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(i)

Tick

Tick

Tick

Tick

Tick

Hospital Plan 99/02

- 4 *A mechanism is in place for the surveillance, prevention and control of infection in all clinical departments.*

Reference Standard

(i) There is regular collection and use of hospital infection information, and feedback to clinicians (doctors, nurses, allied health staff) to improve outcomes.

Performance

Item	98/99 Hospital Target	98/99 Actual	99/00 Hospital Target	99/00 HA Target	Best performance in HA	01/02 Hospital Target	Hospital Remark
(i)	Tick	Tick	Tick	Tick	Tick	Tick	

Hospital Plan 00/01

- 4 *A mechanism is in place for the surveillance, prevention and control of infection in all clinical departments.*

Reference Standard

(i) The Hospital Infection Control Officer/Team has set up a system of regular collection and use of hospital infection information, and feedback to clinicians (doctors, nurses, allied health staff) to improve outcomes.

Performance

Item	99/00 Hospital Target	99/00 Actual	00/01 Hospital Target	00/01 HA Target	Best performance In HA	02/03 Hospital Target	Hospital Remark
(i)	Tick	Tick	Tick	Tick	Tick	Tick	

Hospital Plan 01/02

4 *A mechanism is in place for the surveillance, prevention and control of infection in all clinical departments. EM(PS)5*

Hospitalized patients are prone to hospital-acquired infections during invasive procedures and exposure to patients with transmissible infections, especially when their body immunity are compromised because of underlying clinical condition. It is essential that there are established hospital infection surveillance programmes, and mechanisms in the prevention and control of hospital infections.

Reference Standards	00/01 Actual	01/02 Target	01/02 Actual	HA Target
(i) There is a hospital infection control officer/team	Yes	Yes		Yes
(ii) Regular surveillance on hospital infections will be acted upon for continuous improvement	Yes	Yes		Yes

Hospital Plan 02/03

Standard 35



An infection control system is in place in the hospital to minimise the risk of infection to patients, to staff and visitors. (Dr S H Liu)

Overview

The goal of an organization's infection surveillance, prevention, and control program is to identify and reduce the risks of acquiring and transmitting infections among patients, staff, doctors, contract workers, volunteers, students and visitors. Prevention and control of infection is part of the overall risk management strategy within the hospital environment and an integral part of the management of antibiotic resistance. A proportion of hospital-acquired infection is preventable. Evolving clinical practice presents new challenges in infection prevention and control, which needs continual review and assessment.

Standard 35

Criterion 1

Infection control policy and strategy: The hospital has a written risk infection policy and strategy in place that makes their commitment to managing risk explicit. Responsibility for this strategy and its implementation is clear.

Level of compliance:

- Level 1:
 - Guidance:
 - The infection control policy and strategy has to be approved by the Hospital Management Committee (HMC) / Infection Control Committee (ICC).
 - Infection Control Team (ICT) is charged with the responsibility for co-ordination of infection control in the hospital.
 - The infection control policy and strategy are communicated to all staff in published document and / or included in induction and / or training program.
 - Source:
 - HAHO Operations Circular on Reporting of Notifiable Diseases
 - Hospital's Infection Control Policy Manual
 - Verification: Hospital Infection Control Policy

Criterion 2

There is an Hospital / cluster ICC that endorses all infection control policies, procedures, and guidance, provides advice and support on the implementation of policies, and monitors the progress of the annual infection control programme.

Level of compliance:

- Level 1:
 - Guidance:
 - The membership of the ICC should include:
 - ☐ The Infection Control Officer (ICO)
 - ☐ Hospital Chief Executive (HCE) or nominated senior manager with authority to represent him or her
 - ☐ An Infectious Disease Physician and/or Microbiologist
 - ☐ Infection Control Nurse(s) (ICNs)
 - ☐ Nurse representative(s)
 - ☐ Clinical representatives nominated by the clinical departments
 - ☐ Other identified representatives, from, for example, Sterile Services Department, Supporting services & Pharmacy
 - The structure of the ICC should be appropriate to the hospital / cluster. The ICC should have agreed Terms of Reference and accountability arrangements and should meet at least three times a year. Minutes of the ICC should be circulated to all clinical departments and relevant committees, for example, risk management committees. The ICC should provide advice and support to the ICT.
 - Source: MSDC paper
 - Verification:
 - Terms of reference
 - Minutes of ICC
 - Circulation list for minutes

Criterion 3

There is an appropriately constituted and functioning ICT.

Level of compliance:

- Level 1:
 - Guidance:
 - The ICT can be organized on hospital or cluster basis and includes:
 - ☐ ICO
 - ☐ ICNs
 - ☐ A microbiologist if the ICO is from another specialty
 - The terms of reference are:
 - ☐ To develop written policies, guidelines, and procedures for the control of infections.
 - ☐ To make decisions on major issues related to infection control.
 - ☐ To establish a system for reporting and communicating of infections.
 - ☐ To review surveillance reports on infection control and outbreak management programs.
 - ☐ To evaluate the effectiveness of infection control programs.
 - ☐ To identify educational needs of hospital staff related to infection control, then organize relevant training.
 - ☐ To make recommendations to appropriate departments or committees related to infection control.
 - ☐ To receive reports from members of the Hospital ICT and liaise with other ICTs in the cluster.
 - ☐ To participate in control of infectious risk related to occupational health (include staff vaccination etc).
 - ☐ To participate in the control of usage of disinfectants and antibiotics.
 - The ICT should be supported, as appropriate, by adequate secretarial and Technology (IT) staff.
 - The responsibility of each member of the ICT is clearly defined.
 - Members of the ICT must have appropriate training in infection control and provide evidence of relevant continuing professional development .
 - The ICT should ensure that advice on infection control is available on a 24-hour basis.
 - Source:
 - MSDC Paper
 - OSH Ordinance
 - Verification:
 - Hospital infection control policy
 - ICT membership
- Level:2
 - Guidance: The size of ICT should be appropriate to the complexity and volume of service provided by the hospital
 - Source: CDC (US) and NHS (UK) recommendation (both recommend 1 FTE ICN per 250 beds)
 - Verification: ICT organization chart

Criterion 4

A hospital wide annual infection control programme with clearly defined objectives is prepared by the ICT.

Level of compliance:

- Level 1:
 - Guidance:
 - The ICT should develop and prepare an annual infection control programme in full consultation with relevant key stakeholders, including the ICC, health professionals and senior managers. The programme should be approved by the HMC / ICC.
 - Identified priorities arising from the infection control programme should be incorporated within the hospital annual plan.
 - The programme should be kept under regular review by the ICC and ICT and

modified as necessary.

- The programmes should include audit plans with reference to the implementation of, and compliance with selected infection control policies.
- The annual infection control report should outline the progress of the infection control programme for the cluster / hospitals.
- Source:
 - HAHO Infection Control Task Force (ICTF) annual plans
 - HA infection control guidelines
- Verification:
 - Documented programme
 - Meeting minutes of ICT
 - Hospital/cluster annual plans & annual reports

Criterion 5

The hospital identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

Level of compliance:

- Level 1:
 - Guidance:
 - Health care organizations assess and care for patients using many simple and complex processes, each associated with a level of infection risk to patients and staff. It is thus important for an organization to review those processes and, as appropriate, implement policies, patient care practices, education, and other activities to reduce the risk of infection.
 - Infection risk-reduction activities include, as appropriate to the organization, for examples
 - ☐ Gloves, masks, goggles, protective gowning and disinfectants are available and used correctly when required.
 - ☐ Equipment cleaning and sterilization, in particular, invasive equipment;
 - ☐ Laundry and linen management
 - ☐ Disposal of infectious waste and body fluids;
 - ☐ The handling and disposal of blood and blood components;
 - ☐ Kitchen sanitation and food preparation and handling;
 - ☐ Operation of the mortuary and post-mortem area;
 - ☐ Disposal of sharps and needles;
 - ☐ Patient isolation
 - Source:
 - CDC Standard Protection Guideline
 - Wenzel, R.P. (1997). Prevention and Control of Nosocomial Infections: 3rd edition, Baltimore: Williams & Wilkins.
 - Bennett, J.V. & Brachman, P.S. (1998), Hospital Infections: 4th edition, Boston: Little, Brown & Company
 - AIDS Unit (1997), AIDS Manual for Nurses: Prevention of Transmission of HIV in Health Care Settings – Infection Control Guidelines, (2nd Ed), Hong Kong: Department of Health
 - Garner J.S. (1996), CDC Guideline for Isolation Precautions in Hospital, Infection Control & Hospital Epidemiology; 17:53-80
 - Department of Health, Hospital Authority, Regional Services Department and Urban Services Department (1999), Precautions for Handling and Disposal of Dead Bodies, (3rd Ed), Hong Kong
 - HAHO Operations Circular on Code of Practice for the Management of Hospital Waste
 - Hospital Infection Control Guidance on the Control of Infection in Hospitals. Prepared by the Hospital Infection Working Group of the Department of Health and Public Health Laboratory Service, March 1995
 - Verification:

- Hospital monitoring programme
- Training / Induction / campaign / programme
- Guidelines for prevention of infection in high risk areas (procedures, clinical condition, hospital environment).

Criterion 6

Microbiological support is provided for the infection control service.

Level of compliance:

- Level 1:
 - Guidance:
 - The microbiology laboratory should support the infection control service via timely and appropriate specimens processing, surveillance data collection and accessibility to special tests.
 - Written procedures should be available relating to specimen collection, handling and disposal.
 - There should be access to and provision for timely microbiologist support, either on-site or via reference centres, for the selection of appropriate test, interpretation of results and advice of management.
 - The ICT should have appropriate access to laboratory results via an effective electronic network.
 - Source: Hospital's Laboratory Operation Procedures
 - Verification:
 - Microbiology laboratory standard operating procedures
 - IT security control

Criterion 7

Surveillance of infection is carried out using defined methods in accordance with agreed objectives and priorities, which have been specified in HAHO Infection Control Task Force (ICTF) or hospitals' annual infection control programmes.

Level of compliance:

- Level 1:
 - Guidance:
 - There should be agreed objectives and priorities for targeted surveillance of infections, developed by the ICT and endorsed by the ICC or promulgated by HAHO's ICTF.
 - Methods of surveillance should be defined and in place. There should be continuous surveillance covering the whole hospital to prevent and rapidly detect outbreaks of infection.
 - Confidentiality for patients and staff should be maintained at all times.
 - Results of the analysis of HA-wide / hospital-wide surveillance with interpretation and recommendations should be reported respectively to the HAHO ICTF, ICC, clinicians, nurses and others who need to know regularly.
 - Source:
 - HAHO ICTF, hospital annual infection control plans
 - National Nosocomial Infection Surveillance, CDC.
 - Verification: Surveillance reports

Criterion 8

A comprehensive infection control report is prepared by the ICT on an annual basis, reviewed by the ICC and presented to the HMC.

Level of compliance:

- Level 2

- Guidance:
 - The annual infection control report should contain, as a minimum, information on following:
 - ☐ Progress of the infection control programmes
 - ☐ A review of reported outbreaks / investigations undertaken
 - ☐ Any recommendations made on measures taken to prevent recurrence of outbreaks
 - ☐ Surveillance data
 - ☐ Education and training records
 - ☐ Results of audits
 - The report should be submitted to the ICC and HMC for review. The Risk Management Committee, which includes in its membership the HCE, should present the report to the HGC, bringing to the HGC's attention any significant risks or other issues.
- Verification:
 - Infection Control Report
 - Minutes of Risk Management Committee / ICC / HMC / HGC

Criterion 9

Education in infection control is provided to all health care staff, including support staff

Level of compliance:

- Level 1:
 - Guidance:
 - All staff must receive training in prevention and control of infection.
 - Infection control should be included in induction programmes for new staff, including support service staff.
 - There should be a programme of ongoing education for existing staff, including update of policies, feedback of audit results and the action needed to correct deficiencies.
 - Residents and specialists should receive training in infection control and antimicrobial prescribing as part of their continuing professional development (CPD).
 - Source: Hospital Training programmes
 - Verification:
 - Documented training plan(s)
 - Training logs/records

Criterion 10

The infection control programme is based on current scientific knowledge, accepted practice guidelines, and applicable legislation. Information technology systems should be available to support infection control programmes.

Level of compliance:

- Level 1:
 - Guidance:
 - Information is essential to an infection control programme. Current scientific information is required to understand and implement effective surveillance and control activities; practice guidelines provide information on preventive practices and infections associated with clinical services; and applicable laws and regulations define elements of the basic programme and reporting requirements.
 - Information systems support the tracking of risks, rates, and trends in nosocomial infections. Information technology supports data analysis, interpretation and presentation of findings. In addition, infection control programme data and information are managed with those of the organization's quality management and improvement programme.
 - Source:

- eKG
- ICT communication network
- Verification: IT inventory