



FACULTY OF MEDICINE

THE CHINESE UNIVERSITY OF HONG KONG

專責委員會(2)文件編號 : H25

SC2 Paper No. : H25

Room 7402B, Clinical Sciences Building  
5th Floor, Prince of Wales Hospital, Shatin, N.T., Hong Kong

Tel.: (852) 2632 2723  
Fax: (852) 2686 8463 / (852) 2637 7889

Telex : 50801 CUHK HX

PROFESSOR OF ORTHOPAEDICS & TRAUMATOLOGY  
DEPARTMENT OF ORTHOPAEDICS & TRAUMATOLOGY  
PROFESSOR P.C. LEUNG, OBE  
DSc., MBBS, MS, FRACS, FRCS(Ed), FHKOS, FHKAM(ORTH)

矯形外科及創傷學系  
梁秉中教授

7 July 2003

Mr. Ronald Arculli, GBS, JP  
Chairman  
HA Review Panel on SARS Outbreak  
Hospital Authority  
Room 410S, 4/F Hospital Authority Building  
147B Argyle Street  
Kowloon

Dear Mr. Arculli,

Re: HA Review Panel on SARS Outbreak

Thank you very much for asking me to express my views on the SARS Outbreak. The Outbreak was a real disaster. It produced many mortalities and morbidities involving hundreds of victims who were given high dose steroids. A frank review of what happened is really necessary.

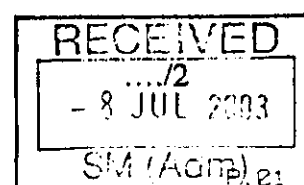
I would try to go along the Terms of Reference of the Review Panel, listing down the problems rather than analyzing the causes:-

I. Work of the HA in response to the Outbreak

The HA had done a lot in response to the Outbreak. Unfortunately HA had been SLOW.

- Slow in realizing it was an epidemic Outbreak.
- Slow in realizing it was a Public Health issue, not just something related to hospital infection control. Public health issues included strict surveillance of the infected and suspects, disposals of infectious wastes, strict protection of staff, from equipment to procedures etc, not just cross infection controls in the routine hospital sense.
- Slow in realizing the great need of isolation: patients and their relatives, health workers and their relatives.

*"Serving the Community through quality education,  
caring practice, and advancement of health sciences."*



- Slow in realizing that when a Teaching Hospital was sacrificed the implications were a lot more devastating.
- Slow in working together with the Department of Health.
- Slow in working together with the Community.
- Slow in working together with other Government Departments.
- Slow in working together with Medical groups.

## II. Management structure and processes in the HA office and Clusters

The Outbreak happened at a time when clustering of Hospitals was at its peak. A lot of the administration therefore, had to be centralized to ensure a smooth cluster transformation and at the cluster level, on the other hand, it was required to take a 'cluster-consideration' on whatever important management issues.

I believe this complicated inter-relationship: Head Quarter – Cluster – Cluster hospitals, did affect an effective and efficient re-organisation which was urgently required over a number of instances during the Outbreak, like:-

- Function of the Accident and Emergency Department (Limited function and closure)
- Function of Specialties.
- Pooling of SARS patients
- Distribution of the Protective Devices.
- Arrangement of Duty Roster (particularly nursing staff) in an insistence to keep the uniformity.
- Arrangement of special (infectious) waste disposals.
- Organisation of volunteer teams.
- Liaison with community organizations in campaigns and public education issues.

## III. Effectiveness of Internal Communication between HA Management and staff

During the Crisis, the Hospital Administration was taking a very rigid line of approach: The Top Administration communicated with the Unit Chiefs on a regular basis. When the rank and file developed an obvious need for having their voices heard, a regular forum was organized. There was no demand and

system for the rank and file to be involved in any special arrangements. If the Unit were small, problems would not be obvious. When the Unit e.g. Nursing Staff, was big, the hierarchical rule was inefficient, rigid, unfulfilling, sometimes inhuman. Under such background, nursing staff voiced out their grievances through the media because they did not have the channel to do so, nor did they have the encouragement. Senior nursing administrations appeared to remain ignorant about these facts even to-date.

Trust between the Administration and Staff was most important during such a Crisis. There was little trust. Had there been more trust one could have seen:-

- Active Organisation of volunteer services in sharing of ward work, public education, community organization and propaganda.
- Senior staff, not only unit chiefs, getting consulted and mobilised.
- More flexible arrangements on emergency services, ward allocations, duties and deliveries of protective devices.

#### IV. Capability of Public Hospital System – infrastructure, equipment, organization, finance and human resources to handle infectious disease outbreaks

The SARS crisis was a most unusual war. The infectivity of the virus was so terrifying and the number of people infected within a short period was so fast that any infrastructure, even if it were a specially built infectious disease hospital, would not be able to cope with the urgent need. Now that the government is talking about building an infectious diseases hospital to get ready to the possible next outbreak, it has to be realized that infectious diseases hospital in the world has the usual capacity of a few hundred beds and that when the number is exceeded in any future need, there must be contingency plan so that deficiency is covered by flexible management. When the old Infectious Disease Hospital in Hong Kong was closed more than twenty years ago, one wonders, whether there was any contingency plan for Outbreaks. If the contingency plan were ready, why was it not utilized this time?

Bangladesh had Outbreaks of cholera every year. Yet the Cholera Hospital has a capacity of around three hundred only. The extra-demands are met comfortably with flexible managements.

The greatest need for patients suffering from infectious diseases is isolation and prevention of contacts. The procedures leading to isolation would be more important than the hardwares which would never be sufficient, when the problem is vast like this time. Conversion of existing facilities and premises would be more important.

### Conclusion

The concepts of modern management are built on analysis of facts, generalization, fairness and experience. When management of an epidemic disaster is required to be more satisfactory than during the SARS Outbreak, one expects the following:-

- i) More useful information — Our neighbour, the Pearl Delta, should be considered part of Hong Kong in Infection Control. A regional surveillance center should be established to let both Hong Kong and the Pearl Delta know what is happening on either side of the border.
- ii) More public health input to the Hospitals — Public Health experts were not seen in the Hospitals. Hospital teams, on the other hand are not familiar with the need for Public Health isolation and Public Health precautions which are not the same as Hospital Infection Control.
- iii) More caring management — the message carried by hospital workers when they complained to the Mass Media should be accepted and interpreted as red-lights to a mechanical management that requires much more flexibility. The examples of flexible duty arrangements in Mainland China with the intension of lowering fatigue, hence more efficient safety precautions, are good references.
- iv) More trust to medical professionals — during the chaos of the Outbreak, no management system, no matter how capable, would be able to fulfill all the need and do all the work. Instead, if the great work load could be designated to the front-line workers, including the senior and the rank and file; to the medical professionals, who, because of their working background, could do a lot more than non-medicals in areas of education, promotion and persuasion, in a joint effort to prevent spread of the epidemic, much better results could be expected.

- v) More efforts given to Isolation, less expectation on Scientific achievements
- Although science could be the solution to many medical problems and one would look forward to vaccines and quick diagnostic test; however, AIDS took more than twenty years, still the vaccine is not ready and diagnostic tests are useful only after admission to hospital or when the disease is suspected. Isolation remains the ever useful means of epidemic control. Isolation demands a lot of hospital measures, community arrangements, government enforcements and individual supports. Careful planning and comprehensive commitment on an effective Isolation program, would be the most effective and efficient measure, in any future Epidemic Outbreak.

Yours sincerely,



Professor PC Leung  
The Chinese University of Hong Kong