



Our Lady of Maryknoll Hospital

118 Shatin Pass Road, Wong Tai Sin, Kowloon, Hong Kong

Tel : 2320 2121

聖 母 醫 院

九 龍 黃 大 仙 沙 田 坳 道 一 一 八 號

14 July 2003

Secretary
HA Review Panel on SARS Outbreak
Hospital Authority Building
147B Argyle Street
Kowloon

Dear sir

**The Hospital Authority Review Panel on SARS Outbreak
Invitation for Submissions**

Enclosed please find the submissions on the review on SARS Outbreak from our hospital.

Thank you for your attention.

Yours sincerely

(Dr Conrad LAM)
HGC Chairman
Our Lady of Maryknoll Hospital

CL/ck



醫院管理局
HOSPITAL
AUTHORITY

OUR LADY OF MARYKNOLL HOSPITAL

OLMH Review Report on SARS Outbreak1. Background

In response to the HA Review Panel on Severe Acute Respiratory Syndrome (SARS) Outbreak recently, Dr. Conrad Lam, Chairman of the Hospital Governing Committee set up a task group to review the SARS outbreak in relation to OLMH and the HA service as a whole according to the following areas as suggested by the HA Review Panel :

- a. **Governance and structures** – authorities of respective bodies; delineation of roles, responsibilities and accountability; communication; planning, organization/structure and process.
- b. **Management of hospital services** – internal and external communication; supplies, facilities and environmental controls; data collection; operation of services; etc.
- c. **Recommendations for future outbreaks** – areas of improvements and actions.

2. Conduction of the Review

The review was done in 2 parts:

- a. Dr. Conrad Lam held a share discussion with the HCE and all COSs of OLMH, and invited their inputs for the Hospital Review Group.
- b. Dr Conrad Lam invited HGC members to take part in a review discussion which was held on 24 June 2003. HGC members present included:

Mr Vincent Chang
Rev Chu Yiu Ming
Mrs Marigold Lau
Mr Mak Hoi Wah
Mrs Beverly Tong
Dr Yu Wing Kwong
Ms Margaret Hong (HCE)

3. Review Report:

Communication:

- a. It was generally felt that the Hospital Governing Board was not well informed by the HA regarding the problems and issues arising from the development of SARS. Most members felt that they have learnt about problems and issues from the media which was mainly one-sided reflected by staff. If there were more communication from HA it would enhance the HGC to better understand the situation and could provide more support to the hospital management.
- b. Newsletters, like the "Battling of SARS Update" should be circulated to the HGC members so that there would be a better understanding what HA and the hospitals were doing to enhance members' governance role and provide support to hospitals when necessary.
- c. At the initial stage of the Outbreak, the management felt there was inadequate communication and support from the HAHO. Focus was only given to the large hospitals with A&E services.
- d. There was good communication established in Kowloon West Cluster through daily video conferencing started in late March. Some management issues could be solved through such conferencing.

Personal Protective Equipment (PPE)

- a. There was no standard guideline on Personal Protective Equipment provided, local management needed to decide her own guideline, which made every hospital different.
- b. Staff expectations were raised when they learnt from other hospitals what PPE was being used. With resources and supplies varied from hospitals to hospitals, often the PPE could not meet staff's expectations, it was difficult for local management to address their sentiments. During the outbreak, local management faced the difficulty in making her decision on how to balance resources and staff sentiments.
- c. The arrangement of bulk purchase by HAHO for most of the PPE items was beneficial to a small hospital. However, owing to the limited supply at the beginning of the SARS crisis, distribution of these items could only be allocated to hospitals by quota, regardless whether the supply was sufficient for all staff. This created mistrust between staff and management as not all staff could be equipped the same especially when universal precaution was advised. A good and transparent allocation mechanism was regarded as an indispensable tool to ensure proper consumption of the PPEs.

Improvement Works for Infection Control

As most improvement works must engaged the Term Consultants appointed by HAHO, during the SARS periods some of the improvement works to meet the crises took longer than expected. For example, renovating of 2 rooms with negative pressure for cohorting purposes was still outstanding. It would be helpful that flexibility in engaging other consultants should be allowed at such time of crises.

4. Recommendation for Future Outbreaks

- a. It was agreed that governance support played a crucial role in such crises. Therefore, suggestion was made on providing updated information to the HGC members by HAHO so that prompt response and assistance could be offered to the concerned hospitals. In addition, computerized networking system should be made available to them for easy access of updated progress. Such suggestion helped to make the internal system more transparent. HGC members could also make use of the available information to address the concerns of the community promptly.
- b. There was recommendation to create isolation rooms in hospitals with A&E services, however members generally felt the existence of isolation rooms was equally important for small hospitals which would directly admit patients from GOPC in handling suspected/confirmed cases for future outbreak. For contingency measures and as a last resort, containers which are properly renovated and equipped could be considered for accommodating patients in case the isolation rooms were not available or fully occupied.
- c. During the outbreak most of the resources were allocated to SARS related areas, other services were affected unavoidably. It was noted that there was delay in treatment for other types of patients. Members expected that such delay should be minimized in future by putting additional resources to cope with the contingency situation and by keeping some hospitals "clean" to continue the services.
- d. To prevent the spread of the infectious disease, it was advisable that communication amongst neighbouring countries should be enhanced through a well-established network. In such a way, each party would be kept updated of possible recurrence of SARS or epidemic of other infectious disease.
- e. With the adoption of the "No Visitor" policy, members felt that it deprived the caring of social and psychological needs of patients and relatives. Video phone was one of the possible ways to address the concern and should be widely adopted in different hospitals by giving adequate resources.

120309

- f. As a long term planning on community health, it was worthwhile to put more resources on infectious disease control.