

120613**SARS Review: Hospital Authority**

In response to the Committee on review the treatment and handling of SARS cases in the Hospital Authority (HA), I would like to give a few quick comments below. I do not mind to provide in more detail, if required.

As a frontline manager, I have closely worked with the staff of other clinical departments of Tuen Mun Hospital (TMH) and loosely liaise with other radiology departments of other HA hospitals at the high tide of the SARS attack.

In reviewing the SARS incident, I would think that there was nothing to praise except the high professional spirit, hard working and the devotion to the job of all HA frontline workers and professional staff (including clinical and non clinical staff), despite some staff were frustrated and dissatisfied with the tactics of the HA used. I fully understand that SARS was a "new" disease and our public medical and health system was no experience to handle it. But the HA was always proud of their ability in risk management, quality service, so on and so forth. The SARS incident has shown that this may not be the case. Below is some of my negative comments on the HA (or the HAHO) on this issue:

- (a) Most of the clinical areas (such A&E, radiology, allied health departments and etc.) or wards of most of the HA hospitals are not established for treating highly infectious diseases including the infrastructure, ventilating system, settings, layout and the maintenance of the various systems. I wonder if any of these areas meet the universal standard.
- (b) Most of the senior managers in the HAHO are not sensitive enough to the severity of the SARS. The rigidity of the bureaucracy of the ~~organizational~~ structure makes the situation even worse. The lack of effective coordination and control from the HAHO down to the hospitals and/or the clinical departments leading to the non-standardization of treatment procedures, service provision and infection control precautions. For my concerns, where was the COC (Radiology) and where was the Diagnostic Radiographers Subcommittee during the attack of the SARS? Did they perform their functions properly?
- (c) Communication and experience sharing is vitally important for effective and efficient medical service. But I have never sensed the HAHO have performed this role properly. Up till now I have not observed that the HAHO have figured out the effective improvement actions.
- (d) Supply of PPE (isolation gowns, protective gowns, N95 and etc) has never stable and the size of the N95 provided has never met the demand (about 10 different types of N95 have ever been used in the HA) and the supply of small size is always inadequate even up to now. How and what the HAHO have done to liaise with suppliers in the supply of the PPE?
- (e) When the air ventilation or air quality in the clinical areas was found inadequate, the HA was using the easiest methods by installing exhaustion fans and/or air purifiers to solve the problems. Was this effective? To my understanding there was

no testing on the air turbulence and its adverse effect that may generate after using these supplementary devices.

(f) The infection control precaution practices and the application of PPE were seldom scrutinized until the late stage and was never standardized. Similar departments (e.g. radiology departments) in different hospitals (all with SARS patients) had different standards. I have seen the use of home made PPE (using a big transparent plastic bag to cover the patients) as one of the means for droplet precaution. Staff was allowed to use self procured PPE freely, which may not be up to standard or the PPE may not be applied appropriately and properly.

(g) Not all staff understood the infection control precautions and the proper application of PPE in different areas/settings of the hospital. But the training provided to the staff was inadequate, ineffective and inefficient.

The SARS or other highly infectious diseases will attack us in any time. What will the HA do then? What have the HA learned from the SARS battle? I really want to know.

I also suggest to the HA to conduct a general survey to all staff to obtain the overall view and problems in handling the SARS.

From: Chan Wing Chung
Department Manager, DR &NM, TMH
e-mail: [REDACTED]
tel: [REDACTED]
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