Notes of the De-briefing Session on
Hospital Visits by HA Members on SARS Management

Date	:	16 May 2003
Time	:	11:00 a.m. – 12:20 p.m.
Venue	:	Room 204S, Hospital Authority Building
Present	:	Dr Anthony Ho Mr Edward Ho Dr James Hwang Mrs Eleanor Ling, SBS, JP Mr Lo Chung-hing, SBS Mrs Virginia Mong Professor Judy Tsui Professor Thomas Wong Dr Raymond Wu, GBS, JP Mr Paul Yu Dr Pamela Leung, CCE(HKE) Dr York Chow, CCE(HKW) Dr Lawrence Lai, CCE(KC) Dr C Y Tse, CCE(KW) Dr Lily Chiu, CCE(KE) Dr Philip Li, (representing Dr Fung Hong, CCE(NTE)) Dr W L Cheung, CCE(NTW) Dr W M Ko, D(PS&PA) Ms Nancy Tse, D(F) Ms Constance Chan, M(BC)1 (Secretary)
Apologies	:	Mr Vincent Fang Professor S K Lam Ms Scarlett Pong Mr Anthony Wu

Action

Update on Programme of Hospital Visits

A summary of the hospital visits conducted from 6 to 15 May 2003 was tabled for members' reference.

Objectives of Hospital Visits

2. Members raised concern over the practicability for HA members to provide a detailed evaluation of the hospitals' infection control measures based on the workplace inspection checklist due to time constraint and lack of expertise. They clarified the objectives of the hospital visits as follows:

(a) To facilitate active participation by HA members in SARS management and to familiarize them with infection control practices in hospitals.

(b) To exchange views with hospital staff and management and improve staff morale through this communication process.

(c) To look at infection control issues from a third party's perspective and to provide feedback and observations for the executives' reference and future improvement. HA members are not expected to examine infection control issues at a micro level.

Observations during Hospital Visits

General Observations

3. From experience of the first round of hospital visits, members made the following general comments and/or suggestions:

(a) A short de-briefing immediately after each hospital visit would help in recapturing the observations made during the visit.

(b) More frontline staff could be invited to meet and discuss with HA members to help improve mutual understanding.

(c) Meeting with individual frontline staff was considered more useful in understanding staff sentiment than meeting with staff union representatives.

(d) The audit teams could be invited to give a briefing to HA members to enhance their understanding of infection control measures.

(e) Representatives from a few SARS hospitals could be invited to discuss SARS management with HA members in more details.

(f) Some weaknesses were observed in some hospital staff's manner of wearing and using the protective gears.

(g) Large mirrors could be installed in dressing rooms to help staff see whether protective gears had been properly put on.

(h) Proper documentation of training records was recommended as this would serve as indication of whether appropriate and timely action had been taken.

(i) Lessons learned from SARS management should be properly documented to serve as useful reference for developing a set of comprehensive guidelines for managing future crisis situations.

Specific Observations on Hospitals Visited

4. Members had the following observations on the respective hospitals they had visited:

Pamela Youde Nethersole Eastern Hospital (PYNEH)

(a) After initial outbreak, systematic analysis and contact tracing system developed and segregation of patients implemented effectively.

(b) After the first few cases of staff infection, both management and staff were able to learn from experience. Staff infection gradually reduced and situation now appeared to be under control.

(c) Staff communication was satisfactory

(d) Issues on supplies of PPE were manageable.

(e) Some environmental constraints observed in the A&E admission ward. Despite clear guidelines, there were still potential risks of infection if the influx of patients and visitors increased.

(f) In psychiatric wards, separation of long-staying patients from new comers was recommended to minimize risks of infection.

United Christian Hospital (UCH)

(a) Infection control procedures were in order.

(b) Some problems at the initial stage in managing the sudden influx of patients from Amoy Garden, but situation quickly brought under control.

(c) ICU training now provided to all staff.

(d) Open forums arranged for staff and open discussion encouraged. (Different arrangement from QMH, which did not encourage open forum due to risks of cross-infection.) Inter-hospital co-ordination recommended.

Tseung Kwan O Hospital (TKOH)

(a) Situation generally in order.

(b) Nurse-mix issues to be looked into.

(c) Proper logging system for PPE supplies should be ensured.

Queen Elizabeth Hospital (QEH)

(a) Comprehensive infection control briefing given to staff on a regular basis.

(b) Hospital management was observed to have taken the time and trouble to cultivate the infection control culture.

(c) Systematic organisation of ICU and SARS wards.

(d) Adequate number of both voluntary and appointed safety officers to ensure proper adherence to infection control guidelines.

(e) PPE Resource Centre set up with impressive display of different types of PPE.

(f) Inspection of fever ward conducted – in the longer term, standard of bed space should be set for infectious wards.

(g) Good documentation of infection control and SARS management guidelines and practice.

(h) Counselling provided to staff.

(i) Large mirrors should be provided in dressing rooms to help staff see whether protective gear had been properly put on.

Prince of Wales Hospital (PWH)

(a) Frontline staff was given the opportunity to discuss with visiting HA members in the absence of hospital management. HA members suggested that similar arrangement could be made by other hospitals in future visits.

(b) Design of protective gown could be improved to leave no gap between the protective gown and gloves. (Dr Ko responded that different types of protective gears had their pros and cons and better models of protective gowns were being introduced.)

Queen Mary Hospital (QMH)

(a) Infection control culture well cultivated with emphasis on the principles of 'back to basics'. Infection control guidelines well understood by all levels of staff from healthcare professionals down to frontline workers.

(b) Appropriate PPE advocated. Under-protection and over-protection to be avoided. Frequent washing of hands preferred to protective gloves.

(c) Strong Infection Control Team to ensure adherence to guidelines.

(d) Regular training provided to staff.

(e) Effective staff communication in the form of daily newsletter. A strong SARS Task Force meeting regularly.

(f) Vigilance in dealing with new admission and non-SARS Ward patients to identify "cryptic cases".

(g) Shower compartment set up adjacent to A&E to enable staff to take shower immediately in case of contamination during resuscitation.

(h) Buddy system and "link nurse" to supervise and enhance infection control.

(i) Tracking system well implemented.

Princess Margaret Hospital (PMH)

(Note: Due to time constraint, observations of PMH visit had not been discussed but the following comments were subsequently made by Dr James Hwang to the Secretary:

(a) 3 stages of SARS management:
  (i) First stage – Being a hospital with purpose-built infectious control facilities and planning, infection control measures were vigilantly observed. No infection at first and PMH was designated as SARS hospital.

  (ii) Second stage – Influx of patients at an unexpectedly rapid pace and number of ICU cases also large. Staff began to be infected and the number of infected staff continued to increase.

  (iii) Third stage – Damage control exercised with support from other hospitals in receiving cases. Situation was now under control.

(b) Designated SARS ward with single rooms for patients.

(c) Full compliance with infection control procedures and PPE generally adequate.

Recommendation

5. Members recommended that a report be presented to the HA Board. D(PS&PA) D(F)

Report on Hospital Visit HA Members on SARS Management

Hospital : Tai Po Hospital (TPH)

Date : Saturday 17 May 2003

Visit Programme and Participants: Please see Annex

Briefing and Discussion with Hospital Staff

Dr S Y Tung, HCE/TPH briefed the visitors on SARS management in TPH including organization structure, general and psychiatric patient flow, clinical & nursing management, infection control measures, segregation of SARS patients, discharge policy, staff health & wellness, environment improvement and occupancy rate.

2. The following points were noted during the discussion with hospital staff:

(a) In view of the large number of long-staying geriatric and psychiatric patients in TPH, staff had to be alert all the time as it would be difficult to manage if SARS broke out in the geriatric or psychiatric wards. SARS experts from PWH had been invited to check all patients in the hospital.

(b) Communication between the physician i/c and the SARS Team was of paramount importance to ensure early detection of cryptic cases.

(c) Staff was concerned about the condition of their colleague, a doctor staying in the ICU of AHNH in critical condition.

(d) On the day of visit, there was no SARS patient in TPH as all of them had been transferred or discharged.

Observations and Comments from HA Members

3. HA members had the following observations and comments:

(a) TPH only had a short history of treating SARS patients. The SARS wards were set up on 21 April 2003 and closed a day before the visit, with all patients discharged or transferred.

(b) No apparent problem with supply of PPE.

(c) Good physical segregation measures with the SARS Wards located on the 4/F and the psychiatric wards on 1/F and 2/F. Numbered locks were in place to prevent unauthorized movements from non-SARS areas to SARS areas.

(d) Notwithstanding the physical segregation measures, infection control in psychiatric wards remained a major concern because of the large number of psychiatric patients. It is therefore not recommended to re-open SARS Wards in TPH.

(e) Environment appeared to be satisfactory. Gowning up and down rooms were in order.

(f) Staff appeared to have recovered from the agony caused by the earlier incidents of cross-infection in the hospital and had been very conscientious in learning IC measures. Although TPH was no longer treating SARS patients, alertness would help in the early identification of cryptic cases whereby reducing cross-infection in the hospital.

Report on Hospital Visit by HA Members on SARS Management

Hospital : Alice Ho Miu Ling Nethersole Hospital (AHNH)

Date : Saturday 17 May 2003

Visit Programme and Participants: Please see Annex

Briefing and Discussion with Hospital Management

Dr Raymond Chen, HCE/AHNH briefed the visitors on the management of SARS in AHNH including the organization of the system, composition and frequency of meetings of the Hospital Management Committee and Department Heads Meetings, the work of the SARS Data Controller; Data Control Team; Infection Controller; IC Team and PPE Coordinator, public relations, and staff communication.

2. Dr Alex Yu, SARS Data Controller presented the IC enforcement structure, training programme and auditing. Dr H Y So, Infection Control Officer presented an overview and analysis of SARS patients and infected staff in AHNH and actions taken to reduce infection. Dr Susanna Lo, Service Director (Clinical Services & Supporting Services) briefed the visitors on the organization of NTE cluster procurement service and SARS control structure, PPE for different risk levels, and estimates, distribution and quality assurance of PPEs.

3. The following points were noted during the discussion with the hospital management:

(a) To detect cryptic patients, regular checks were conducted on the patients. If there was suspected outbreak in a ward, all patients in the same ward would be checked.

(b) Dirty linen in high-risk wards would undergo a sterilization process before being sent to the laundry.

(c) Air purifiers were installed in the wards.

(d) Provision of PPEs for general medical wards had been upgraded to SARS standard.

Views and Comments expressed by Hospital Staff

4. In the absence of the hospital management, HA members discussed with frontline staff members and listened to their views and comments on various aspects of SARS management. The hospital staff made the following comments:

(a) Situation was adverse initially due to sudden influx of patients and gradually stabilized.

(b) All staff had been given IC training.

(c) Supply of PPE was generally adequate at the time of visit. Supply of N95 small size masks was tight and staff had to prolong the life of these masks by wearing a surgical mask on top.

(d) Guidelines and information from HAHO were disseminated to department heads by e-mails and the middle management made an effort to summarize the information before dissemination to frontline staff.

(e) The middle management was under a lot of pressure in making estimates for PPE and managing resources.

(f) The family and social life of staff working in SARS ward was inevitably affected and some staff had asked for job rotation.

(g) A lot of time had to be spent on patient contact tracing.

(h) Over the years, AHNH had built up an image as a patient-friendly hospital in the community. After the outbreak of SARS, the mode of operation changed with priority shifted to treating SARS patients. Staff morale was inevitably affected and staff longed to return to the original mode of operation.

Observations by HA Members

5. HA members had the following observations on AHNH:

(a) The hospital management had made great efforts in putting in place the SARS management and IC system. Universal precaution and implementation of IC system in the whole hospital started in early April 2003.

(b) HAHO and NTEC policies and guidelines on infection control had been followed.

(c) Ward system was in place.

(d) The environment of the wards visited seemed suitably organized with reasonable space between patients.

(e) Patients appeared well managed and there were very few visitors to the hospital.

(f) Gown-in and Gown-down areas for SARS ward well designed with directions clearly marked. For medical ward, gown-in area was spacious but gown-down area a bit small.

(g) PPE supplies and distribution appeared to be satisfactory. Supply of N95 small size masks was tight.

(h) Staff morale appeared to be satisfactory.

(i) Communication between hospital management and staff was generally satisfactory. However, it was observed that staff anticipation, if not in line with management guidelines, did sometimes create gaps in communication.

Suggestions for Improvement

6. HA members had the following suggestions for improvement:

(a) More active involvement in the Infection Control Task Force by senior medical staff in charge of clinical management is recommended. To combat a new infectious disease with so many unknown attributes there must be full collaboration amongst the professionals of different disciplines at the hospital level. More vigilance is needed in the effort to identify cryptic cases to reduce cross-infection.

(b) Universal precaution should continue to be adopted in the hospital, not only for protection against "invisible" patients, but also to build up staff confidence.

(c) Whilst it is more important to look forward, we should also learn from past experience. In this regard, all hospital-related infections (including staff infections) should be honestly and carefully investigated and the staff kept informed. This is the only way to build up staff confidence and morale.

(d) There should be more mirrors in the gown-in, gown-down rooms. If a room is designed to serve three persons at any one time, there should be three mirrors instead of one.

Report on Hospital Visit by HA Members on SARS Management

Hospital : Tuen Mun Hospital (TMH)

Date : Wednesday 28 May 2003

Visit Programme and Participants: Please see Annex

Briefing and Discussion with Hospital Management

Dr W L Cheung, CCE(NTW)/HCE(TMH) briefed the visitors on SARS management in TMH including an overview, daily reported cases up to 12 May, analysis of infected staff, infection control infrastructure, supplies & facilities, issues, service adjustment, protection of visitors & patients, the three main phases of SARS in NTWC, case workload, chronology of service organization for SRAS patients & infection control milestones, and the situation of infected staff in TMH. Ms Sylvia Tam, GM(N) presented the NTWC Training Programme on SARS Management. Dr Y C Wun, SMO(O&T) presented the work of the Infection Control Enforcement Team. Ms Betty Au, CM(NG&RM) reported on Contact Tracing. Dr T L Que, Consultant Microbiologist (Pathology) gave a briefing on investigation of incidence.

2. The following points were noted during the discussion with hospital management:

(a) Staff of TMH was inevitably upset by the death of Mr Lau and Dr Tse. Regarding the anonymous complaint on the Consultant i/c taking two weeks' leave during the peak of the SARS outbreak, an independent committee had been set up to investigate the case.

(b) After the initial outbreak in TMH, infection control measures had been stepped up.

(c) A total of 14 staff members were infected and there was no more staff infection since 7 May 2003.

Views and Comments expressed by Hospital Staff

2. In the absence of the hospital management, HA members discussed with frontline staff members and listened to their views and comments on various aspects of SARS management. The hospital staff made the following comments:

(a) At the early stage of the outbreak, there were not enough face masks and eye shields. Currently, supplies of PPE were generally adequate except for small size N95 face masks.

(b) The hospital was unprepared at the initial stage and staff members had to draw lots to decide who should be deployed to work at the SARS ward. They were required to report to the SARS ward at very short notice and staff members considered the briefing and advice given insufficient.

(c) After transfer to the SARS ward, the manager and DOM were very concerned about staff safety and gave detailed advice to them.

(d) It was very hot to wear full protective gear and sweating and blurring of vision made it difficult for staff to perform sophisticated operations.

(e) Due to sweating, staff working in SARS ward could not work too quickly and had to group their operations and perform them in one lot and then change gears afterwards.

(f) Hospital facilities were not prepared for this new disease. Changing room was very congested and might cause infection when several staff members were changing gears close to each other.

(g) Dissemination of SARS information was of paramount importance. Staff would appreciate more speedy dissemination of information on SARS patients within the cluster e.g. in NDH, so that they would be alert to possible risks of infection in receiving patients from NDH.

(h) It was difficult to strictly follow the infection control guidelines. Due to heavy workload, it was not possible to change gears every time between treating different patients.

Observations by HA Members

3. HA members had the following observations on TMH:

(a) The situation at the early stage of outbreak was more or less the same like other hospitals. The situation appeared more settled at the time of visit.

(b) More proactive communication and counselling would help to improve staff morale.

(c) Job rotation and leave for staff working in SARS could be suitably arranged.

(d) Staff of TMH appeared to be still undergoing their grieving period for Dr Tse and Mr Lau. Staff morale issues had to be addressed.

(e) Manpower resources should be reviewed and link nurse system could be set up.

(f) Workflow and grouping of duties for staff working in SARS ward should be reviewed to minimize risks of infection.

(g) Consideration could be given to locate SARS patients on the top floor for better segregation.

(h) The ward environment was comparatively spacious compared with some other hospitals.

(i) As reflected by staff, barrier man suits were very hot and inconvenient to wear and might not be needed for all operations.