



## PRINCESS MARGARET HOSPITAL

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By fax and by post

19<sup>th</sup> February, 2004

Ms. Hayley Wan,  
Council Secretary,  
Legislative Council,  
Hong Kong Special Administrative Region  
Of the People's Republic China  
3/F., Citibank Tower, 3 Garden Road,  
Central, Hong Kong

Dear Ms. Wan,

*Select Committee to inquire into the handling of  
The Severe Acute Respiratory Syndrome Outbreak by  
The Government and the Hospital Authority*

Many thanks for asking me to make a written submission on the captioned matter.  
The following events took place and were outlined to my best of knowledge:

1. Before the decision was made to designate Princess Margaret Hospital (PMH) as a Severe Acute Respiratory Syndrome (SARS) hospital, were there any suspected and/or confirmed SARS patients admitted to your Department? If yes, how many? What was the total number of healthcare workers (HCWs) assigned to handle these SARS patients at that time? Were any HCWs and non-SARS patients in and visitors to the wards under your charge infected with SARS by these SARS patients? If yes, how many and how were they infected?

Before the decision was made to designate Princess Margaret Hospital as a SARS hospital, up to 26 March 2003, there were 83 suspected and 60 confirmed SARS patients admitted under the Department of Medicine and Geriatrics.

8 doctors (3 consultants, 1 SMO and 4 MOs) from the Infectious Disease (ID) and Respiratory Team and 78 nurses were assigned to handle these SARS patients

No HCW, non-SARS patients or visitors were infected.

2. Were you involved in the discussion on the designation of PMH as a SARS hospital? If not, why not? If yes, what views did you express?

On 26 March 2003, around noon, I together with Dr. ST Lai, Consultant in-charge of the ID team was called to meet Dr. Lily Chiu, CCE. During the meeting, we were told that DH had made a request to explore the feasibility of admitting all new SARS patients into PMH. PMH would be converted into a SARS hospital. Immediately after the meeting with the CCE, I had an urgent Department Committee Meeting with the consultant physicians, team heads and DOM. We had no objection to the proposal of designating PMH as a SARS hospital in view of the urgency of community outbreak and the need for cohorting the SARS patients. However, we had the concern that the impact of the volume of new SARS patients could be quite large and PMH alone might be unable to stand and handle the crisis. The views were reflected to Dr. Chiu.

3. **Were you involved in making the necessary preparations to turn PMH to be a SARS hospital? If not, why not? If yes, for what preparations were you responsible? How much time were you given to make the preparations? Was the time given sufficient to make such preparations? If not, did you ask for more time?**

Yes. I was involved in the preparations to turn PMH to be a SARS hospital, the preparations included:

- transfer non-SARS medical patients to the Lai King Convalescence Block and other cluster hospitals.
- to prepare the medical wards to become SARS wards
- out-patient contingency arrangement
- day-patient arrangement

Before 27 March, our Department had already an on-going decanting process to convert some of the medical wards into SARS wards to make space to support SARS referral from the NTE cluster, YCH and CMC.

The time frame for making the preparation to turn PMH to be a SARS hospital was tight but I had not asked for more time because we were in the war and we just had to try our best to fulfill the operational needs.

4. **Did you consider PMH ready to serve as a SARS hospital on 29 March 2003? If not, why not? Did you raise your concern with the hospital**

**management? If yes, what was the response? Who made the decision that PMH should commence to serve as a SARS hospital despite the fact that there was not sufficient time to make the necessary preparations?**

I did not consider PMH was very ready to serve as a SARS hospital on 29 March because the time frame for decanting was short and not every staff had experience of handling SARS patients. I did not raise my concern because this was the Government decision to make PMH as a designated hospital. After the decision was made, our concern was how we could make the best arrangement and preparation within such a short period of time. We were informed by Dr. Chiu that PMH should commence to serve as a SARS hospital. I did not know who made the decision.

5. **What was the anticipated SARS patient load that would be handled by the Department of Medicine when the decision was made to designate PMH as a SARS hospital? How did the actual SARS patient load compare to the anticipated SARS patient load? Was there a maximum number of SARS patients that your Department could handle overall? If yes, what was the number? Was there a maximum number of daily intake of SARS patients that your Department could handle? If yes, what was the number? Was there any contingency plan to deal with the situation where the actual SARS patient load was more than your Department could handle? If yes, what was the plan? If not, why was there no contingency plan?**

Up to 26 March, the average daily suspected or confirmed SARS admitted into PMH varied from 1 to 13 patients per day making a total admission of 83 patients into our Department. Based on the above information, we had a very rough estimate that there would be 50 to 60 new admissions per day. Therefore, we tried to prepare two admission wards of 56 total bed capacities per day. However during the first 3 days, there were already 268 admissions (about 90 admissions per day).

The phase one plan of the hospital admission was to fill up the EF block with a capacity of 400 beds, phase two in ABCD block. However, EF block was filled up with patients after two days.

Based on the doctor manpower establishment in the Department as at 26 March

of 65 doctors we would be able to handle the first 400 patients admitted for phase one. I had made request to the HAHO through Dr. Chiu for extra manpower support of 30 doctors to manage the additional patients in the phase two admissions. Since the majority of the nurses stayed behind in PMH, deployment of nurses from the non-medical department had less problem. This was coordinated by GM(N) and DOMs.

We had daily Department Committee Meetings and regular Department Staff Forums to monitor the admissions, bed occupancy and other operation issues. Contingency plans were to prepare more SARS wards and mobilize medical and nursing staff to manage the influx of patients.

We had not anticipated such a quick and large influx of patients for the first few days because it was extremely difficult or impossible to predict the actual admission rate especially with the start of the Amoy outbreak. Even though the number of daily admission was unexpectedly large; we were still able to handle the situation in the Department with the available resources but with extreme difficulties, and tremendous physical and psychological stress.

6. **When PMH was designated as a SARS hospital, did you have an estimate of the number of HCWs in your Department required to handle/treat the anticipated SARS patient load? If not, why not? If yes, what was the number? Was it necessary to deploy HCWs from other Departments in PMH and/or other hospitals to work in your Department? If not, why not? If yes, from which Departments/hospitals were they deployed? What was your assessment of the level of readiness of HCWs in your Department when PMH began to serve as a SARS hospital on 29 March 2003?**

Based on the medical manpower before the designation, we should be able to handle and manage the 400 suspected or confirmed patients admitted in phase one. For phase two admission, I had made request to the HAHO for extra manpower to manage the additional patients admitted in phase two. I had also made request for additional interns and phlebotomists. The nursing and other HCW requirement were calculated and arranged by GM(N) and DOMs. On 1st April, the first batch of doctors from the KWC hospitals joined in the battle

and a total of 26 doctors from KWC hospitals, RH and PWH and 7 additional interns from KWC were finally deployed to our Department.

Since the Department had been managing many SARS patients before the designation, so besides the ID team, majority of the staff already had knowledge about Infection control and managing SARS patients. The staff were not ready for the unexpected sudden large influx of patients but we had tried our best to cope with the situation.

7. **Did your Department need to move non-SARS patients to other Departments and/or other hospitals before PMH started to serve as a SARS hospital? If not, why not? If yes, how many patients in your Department were moved to other Departments and/or other hospitals? Was there enough time to move all non-SARS patients to other Departments and/or other hospitals? If not, why not? Did any such patients who remained in your Department contract SARS as a result?**

We needed to move a total of 101 non-SARS medical patients transferred out from our Department to Lai King Convalescence Block and other hospitals before PMH started to serve as a SARS hospital. However, the medical beds of other hospitals were also very full and some of the patient's conditions were not fit for transfer. We had difficulty in decanting all the non-SARS medical patients within a short period of time.

There was no SARS infection among the non-SARS medical patient transferred out from our Department.

8. **Prior to the designation of PMH as a SARS hospital, had infection control measures in your Department been stepped up, given the SARS outbreak at Prince of Wales Hospital? If not, why not? If yes, how had the infection control measures been stepped up?**

Prior to the designation of PMH as a SARS hospital, the Infection Control measures in the Department had been stepped up given the SARS outbreak at PWH. Moreover, on 11<sup>th</sup> February, we had admitted one H5N1 patient from Fujian and on 6<sup>th</sup> March the ICU of PMH had also admitted the Hanoi

American Chinese SARS patient. The events had increased infection control awareness among our colleagues. In the ID and SARS wards, the staff were equipped with full PPE since early March.

9. How did you prepare the HCWs in your Department to handle the additional SARS patients after it was decided that PMH should serve as a SARS hospital? Were additional guidelines and training on infection control provided? If not, why not? If yes, what were the details of these additional guidelines and training? How were the guidelines disseminated to the HCWs in your Department? How did you ensure that HCWs were aware of the guidelines? Were there problems with the supply of personal protection equipment in your Department? If yes, how was the problem resolved?

The Infection Control of the Department followed the guidelines issued by the HAHO. At the hospital level, additional training courses were organized by the nursing administration. In addition, video on PPE was run continuously in the staff canteen. Posters were put up in the wards, gowning and degowning areas and other open areas. VCD on SARS precaution and infection control practices were made.

At the Department level, an ad hoc Infection Control Task Force was formed to ensure compliance with infection control practices. Infection control issues arisen from daily operation were discussed and resolved at ward visits and infection control team meetings. Monitoring was conducted by site visits by ICN and senior nurses and later by the ward police.

Doctor mentors were also provided to look after the new staff to facilitate patient management and safeguard infection control.

Regular Department staff forums on Infection Control and Clinical management were held and E-mails were sent to remind the staff on clinical management, infection control and use of PPE.

I was not aware of any major problems with the supply of PPE in my Department.

10. **A series of staff forums were held for the KW Cluster commencing on 27 March 2003. What were these forums for? Did you and/or the HCWs of your Department take part in these forums? If not, why not? If yes, what was your and their assessment of the usefulness of these forums?**

The objectives of the staff forums were for the improvement of communication between the senior management and the frontline staff. HCWs from my Department attended these forums. I had also attended all the forums. We had found these forums quite useful for communication.

11. **Did any suspected SARS patients (who might have been non-SARS patients) contract SARS at PMH after being admitted to the wards under your charge? Were suspected SARS patients and confirmed SARS patients placed in the same wards? If yes, why were they placed in the same wards?**

All patients who were referred from other hospitals fitted the referral criteria. They were admitted into the admission wards of PMH. The patients after confirmation of SARS were transferred out to the SARS wards or if critically ill to Intensive Care Unit. Patients excluded to contract SARS illness would be transferred to the two non-SARS medical wards.

12. **Did any HCWs of your Department contract SARS during the outbreak at PMH? If yes, when was the first of such cases reported to you? What was your response to the situation? Did you inform the hospital management immediately? If not, why not? If yes, what was their response? Were staff deployed from other Departments to your Department? If not, why not? If yes, what were the details of the deployment? Was the deployment made according to an existing mechanism or contingency plan for dealing with a sudden shortage of staff in a Department within a hospital?**

The first HCW who got infected was a registered nurse on 30.3.2003. I was informed by our DOM of the infected case. I was worried as this was the first staff got infected despite PMH had already admitted 237 suspected or confirmed SARS patients up to 29 March but with zero staff infection. The incidence was reported to the senior management immediately.

We had requested an early deployment of staff in view of the unexpected large influx of patients. Starting from 1 April, medical staff were deployed to my Department from KWC hospitals and also from other clusters. There were a total of 26 doctors and 7 interns deployed to my Department. The deployment contingency plan was made according to the expertise, experience and voluntarism.

The nursing staff deployment was coordinated by GM(N) and DOMs. 81 nurses were deployed from the non-medical departments.

13. **How many HCWs in the Department of Medicine were infected during the SARS outbreak at PMH? Did you make an assessment of why these HCWs had fallen ill with SARS? If not, why not? If yes, what was the assessment?**

During the SARS period, a total of 2 interns, 18 registered nurses and 1 HCA from the Department of Medicine got infected. We had made an assessment of why the staff got the infection. The possible predisposing factors had included:

- high viral load
- prolonged exposure and stress
- high risk procedures
- social contact

14. **A control and coordinating center commenced operation at PMH on 31 March 2003. Did you know what the role and functions of this center were? Did you know why it was necessary to set up this center when the New Territories West Regional Office of the Department of Health had already set up a control center at PMH on 28 March 2003? Did you know what was the working relationship between the two centers and what information was exchanged between the two centers?**

On 31 March 2004, a control and coordinating center commenced operation at PMH.

According to my understanding, functions of the control center were to capture SARS patient information and to provide assistance to DH to facilitate contact tracing and reporting.



The role of this control center would be different from that of the DH control center. I was not familiar with the exact working relationship between the two centers.

15. On 7 April 2003, PMH stopped the admission of SARS patients from all hospitals except Yan Chai Hospital and Caritas Medical Center. Who made the decision and what were the considerations? In which forum was the decision made and who were involved in the discussion? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision not made earlier?

On 7 April 2003, PMH stopped the admission of SARS patients from all hospitals except YCH and CMC. We were informed by Dr. Chiu at the daily SARS Management Committee meeting of the above decision. I was not involved in the discussion or decision making.

16. On 7 April 2003, PMH began transferring SARS patients to Wong Tai Sin Hospital for convalescence. In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision taken at that point in time?

WTS Hospital was part of the step-down convalescence arrangement for PMH when it was designated as a SARS hospital. We started to transfer patients to WTS hospital when their condition became stable for convalescence on 7 April 2003. I was not involved in the decision making.

17. Were there any step-down arrangements for patients before they were transferred out? If not, why not? If yes, when were the step-down arrangements put in place?

The transfer out of stabilized SARS patients to WTS Hospital for convalescence was the step-down arrangement for patients prior to their discharge home.

18. On 11 April 2003, PMH stopped admission of new SARS cases. In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Were you


**involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision taken at that point in time?**

On 11 April 2003, PMH stopped admission of new SARS cases. We were informed by Dr. Chiu, CCE at the daily SARS Management Committee Meeting of the above decision. I was not involved in the discussion or decision-making.

19. **On 11 April 2003, PMH began transferring "potential intensive care unit" patients to other hospitals. Were they non-SARS patients? In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Were you involved in the discussion? If not, why not? If yes, what views did express? Why was the decision taken at that point in time?**

We were informed by Dr. Chiu, the decision at the daily SARS Management Committee Meeting that PMH would send out SARS patients that would potentially required ICU care on 11 April 2003. The purpose was to relieve the pressure on the PMH ICU. I was not involved in the discussion and decision-making.

Yours sincerely,



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~~Encl. Dr. KL Tong's CV~~

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