

Written Statement by Dr HUI Yim-wo

1. What was your involvement in handling the outbreak of Severe Acute Respiratory Syndrome (SARS) at Princess Margaret Hospital (PMH)? As a paediatrician, what were the difficulties in your experience in handling SARS patient?

My involvement:

- i) Preparation of our department to receive paediatric SARS patients;
- ii) Clinical management of paediatric SARS patients especially those requiring intensive care.

Difficulties:

- i) Uncertainty about the etiology and disease characteristics of SARS in children;
- ii) Uncertainty about the upcoming workload including patient number and the seriousness of the patients;
- iii) Inadequate isolation facility;
- iv) Psychological stress – self-protection, acquiring SARS, family members' safety.

2. 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 mainly in the PICU settings during the preparation to turn PMH to be a SARS hospital.

Preparation responsibility:

- i) To evacuate the PICU and PHDU (Paediatric High Dependency Unit) by transferring the existing non-SARS patients to other hospitals;
- ii) To upgrade the ventilators with scavenging system and close circuit suction devices;
- iii) To discuss with the ward manager and nursing staff on ward re-arrangement.

Time given: it took 7 days for the preparation and it was sufficient.

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3. 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?

At that time, I felt that PMH was not very ready to be a SARS hospital.

Reason:

Although PMH was a hospital for infectious diseases, it only possessed several wards with full isolation facilities, whereas the other wards were only ordinary general wards for patients of other specialties;

I did not raise this concern with the hospital management.

4. A series of staff forums were held for the Kowloon West Cluster commencing 27 March 2003. Did you attend these forums? If not, why not? If yes, what was your assessment of the usefulness of these forums?

Yes, I did attend most of these forums and found them useful because it conveyed a lot of important information to the frontline staff. The forums provided chances for the frontline staff to express their concerns and opinion.

Usefulness:

- i) To have an overview of the status of the SARS in Hong Kong;
- ii) To understand the hospital policies;
- iii) To know what preparation needed to turn PMH to be a SARS hospital;
- iv) To have the very valuable experience sharing on SARS from colleagues of PWH;
- v) Psychological support;
- vi) Other staff concerns such as staff clinic, sick bay, quarters, shower and changing facilities, linen supply, PPE and special leave.

5. 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 patient load of paediatrics was not so heavy as the adults, that all the paediatric SARS patients were kept in the ward for 21 days or 7 days after fever subsided, whichever was longer. They were then discharged home directly.

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6. On 11 April 2003, PMH stopped admission of new SARS cases. Do you know the considerations in making that decision? Do you consider that the decision should have been made earlier?

No, I don't know the consideration in making that decision.

Before 11 April 2003, the admission of new SARS cases to PMH had already been limited in order to decrease the workload of the PMH. Subsequently, PMH stopped admission of new SARS cases on 11 April 2003. I think the decision was appropriate.

7. 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?

It only concerned the adult patients, so I was not involved in this aspect and I knew nothing about these issues.

8. You attended the meeting between the Hospital Authority Review Panel on the SARS Outbreak and PMH frontline staff held on 11 July 2003. Please describe the sentiment of PMH frontline staff at that meeting. Have you conveyed the comments made at the meeting to the PMH management before or after that meeting? If yes, what was the response?

The frontline staff appeared peaceful and co-operative. They were given much opportunity to express their comment on many aspects in handling the SARS outbreak. Their comment covered the areas of PMH being a SARS hospital, communication, treatment process, infection control and personal protective equipment.

No, I haven't conveyed the comments made at the meeting to the PMH management.

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Written statement on the specific areas of study:

- (i) preparedness and readiness of Princess Margaret Hospital (PMH) to serve as a SARS hospital

Please refer to the responses to the above questions.

- (ii) infection control measures in PMH during the SARS outbreak


PMH adopted the no-visiting policy and tele-conferencing facility was installed to facilitate the relatives 'visiting' the patients. Moreover, for paediatric patients, we provided a daily 'phone report' of the patients' progress to their relatives.

There were infection control training and seminars for different levels of staff, including medical, nursing, health care related and general frontline staff. Video on this aspect was continuously played in public areas such as the canteen.

In each paediatric ward, stringent infection control measures were adopted in line with the HA guidelines.

- (iii) infection of healthcare workers in PMH

There were 2 paediatric nurses acquired SARS. The exact mode of infection was not known and was probably work related.



(Dr Hui Yim-wo)

11 March 2004

Date