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PRINCESS MARGARET HOSPITAL

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15 January 2004

Miss Flora Tai
Clerk to Select Committee
Legislative Council

Dear Ms Tai,

**Performance & accountability of the management of
Kowloon West Cluster and PMH in the handling of
the SARS outbreak, having regard to the resources available,
the policies and procedures in force at the material time**

The statement on performance and accountability of the management of Kowloon West Cluster and PMH in the handling of the SARS outbreak is now attached for your necessary action.

Yours sincerely,

Dr Lily Chiu

Cluster Chief Executive (Kowloon West)/
Hospital Chief Executive,
Princess Margaret Hospital



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Quality Patient-Centred Care Through Teamwork

Performance & accountability of the management of Kowloon West Cluster and PMH in the handling of the SARS outbreak, having regard to the resources available, the policies and procedures in force at the material time.

Dr Lily Chiu, CCE, KWC

Established in October 2002, the Kowloon West Cluster (KWC) serves a population of 1.8 Million. There are seven hospitals in the cluster, of which four are acute general hospitals with busy Accident & Emergency Departments. Historically, Princess Margaret Hospital (PMH) is the only Infectious Diseases hospital in HK.

2003 was an exceptionally challenging year being interrupted by the onslaught of a new, unknown, deadly infectious disease – SARS. Through designating PMH and Wong Tai Sin Hospital (WTSH) as SARS hospitals, the Kowloon West cluster has contributed significantly to fighting SARS in HK. I am very proud to have a team of most dedicated colleagues who stood by me to fight this ‘battle of the century’. Together, we had totally attended to more than one-third of all 1755 confirmed SARS patients in HK, and had contributed significantly to containing the SARS outbreak in HK.

On 26th March 2003, faced with rising incidence of SARS in the community, the Government requested PMH to be the designated SARS hospital. This decision was made based on PMH being the only Infectious Diseases (ID) hospital in HK, as well as a good track record of zero staff infection rate despite having already managed many confirmed SARS patients up till then.

It was a mammoth task of having to move out all existing services and set up new SARS wards within a short time frame. We accepted the request because of the urgency at that point in time, and that I had the reassurance of support from Hospital Authority, my top cluster management team and the PMH team to pull together all our resources to fight this battle. Despite being a painful experience, we were all proud of our contribution in containing the East Kowloon outbreak into PMH. Because if not otherwise, most of these SARS patients would have flooded the hospitals in Kowloon, perhaps with devastating effect.

A decanting program was immediately worked out by individual departments with their counterparts in other KWC hospitals. Due to the worsening situation, the initial planned evacuation schedule date was brought forward to be completed in 3 days’ time. Planning of PMH as the SARS hospital was based on information available on 26/3, when the Amoy Gardens outbreak had just begun. The initial plan of designation was to be implemented in phases with service diversion to be completed over one week. With the worsening Amoy Gardens outbreak, the plan was pushed forward to 29/3, 9 am, when the A&E PMH had closed for only 9 hours. To prepare for the SARS battle, a SARS Task Force was set up to address the different issues - set up of infection control measures and practices; PPE; ward environment improvement; equipment and



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instrument acquisition, especially for the ICU; and staff amenities preparation. A Data Control center was set up to capture the SARS registry accurately and on-line so as to facilitate contact tracing by the Department of Health. The SARS Management Committee within KWC was set up to function as the command control center.

To get staff involved, own and implement the mission, several CCE Staff Forums were conducted during this period for all KWC hospitals. Further more, small group discussions were held with staff groups at PMH to address staff issues, concerns, and solve operational problems. Other means of communication used were e-mail, newsletter, notices, web-sites and hotlines.

Through attending the HAHO Daily SARS Round-up meetings, all up-dated information on the disease evolution, treatment guidelines, PPE and infection control policies, staff issues, supplies and stocks, staff quarters etc were immediately relayed back to all KWC HCEs.

Ongoing infection control training was further intensified during this period. Teaching aids were designed and circulated widely to all departments and working areas. The Infection Control Enforcement Team initiated by HAHO was implemented at ward level. Regular audits were conducted by Infection Control Nurse (ICN) and senior nurses to ensure compliance.

Just on 29/3 alone, the 1st day of designation, there were nearly 100 admissions. And within the first week, there were nearly 600 new admissions. Many of the newly admitted patients deteriorated soon after admission, requiring Intensive care. Through prompt deployment of experienced staff to the ICU, and the stopping of new SARS admission since 11th April, the situation was soon brought under control.

PMH was totally overwhelmed in the first 2 weeks because of the rapid built up of SARS patients. Everyone in PMH had done his or her best throughout the period and under adverse situation. We were faced with an unknown new disease, a very infectious disease that affect healthcare workers, and had high mortality. It was a very cruel and lonely disease because of the no-visiting policy in view of the infectivity. The psychological burden faced by all – the patients, their families, the frontlines, hospital managers, HAHO and the Government was unimaginably heavy.

It is always easy on hindsight to make 'constructive' criticism, but I think it is just fair that credit be given to all warriors – EVERYBODY FROM THE VERY TOP TO THE VERY FRONTLINE. We have given our best, worked almost round the clock in the face of danger with death lurking around the corner.

Lastly, may I salute again to all my colleagues who had stood by me through thick and thin in this battle. THEY TRULY ARE THE HEROES AND HEROINES THAT WE MUST PAY TRIBUTE TO!