



南區區議員 黃震遐 黃琮芳 聯合辦事處

Date : 12<sup>th</sup> July, 2003.

Office of Secretary for Health, Welfare and Food  
8<sup>th</sup> Floor, West Wing, Central Government Offices,  
11 Ice House Street, Central,  
Hong Kong.  
Attn. Dr. E K Yeoh, JP  
Secretary for Health, Welfare and Food

Dear Dr. Yeoh,

Re : Views on Post SARS Strategy

I) Enhancing Credibility of Governance

- i) The committee responsible for investigating the SARS incident should be fully independent and comprises of representatives from the community. It should not be chaired by any government official. In view of the social impact of the disease, patients group representatives and representatives from local NGOs, social work professionals, lawyers, should be included.

II) Effective Communication Mechanism

- i) Building up an effective communication mechanism for various infection diseases between HK and China is of top priority (especially Guangdong as there are over 200,000 pedestrian traffic crossing the boarder).  
A prompt infectious disease alert mechanism should be established in order to provide in-time information for the public and medical health personnel.

III) Infection Control

- i) There is no need to build a separate infectious disease hospital. The hospital will be idle after the peak season of infectious disease, resulting in a wastage of resources.
- ii) Serious infectious disease is not common historically in Hong Kong. The problem is therefore to maintain manpower and resources capability to deal with an outbreak that only occurs at long intervals, in a cost efficient manner.



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- iii) Training on infectious disease for medical students, doctors and nurses should be enhanced. This includes frequent drills, and virtual case management, as well as exposure to actual clinical practice in centres outside Hong Kong. The government should provide extra financial support to the Hospital Authority and the universities for this purpose.
- iv) It is important to note that the other medical facilities should be also be better able to deal with infectious disease. For example, risk management regarding the ventilation system, waste control, in medical complex should be enhanced.
- v) We consider that a preventive and control infectious disease center is more efficient to deal with suddenly evolved infectious disease. It should be an integrated center with capability for research and development; counseling; diagnosis and treatment, and rehabilitation service. The center may be built on several floors in the existing medical buildings or in a new building complex of a hospital. The resources involved in would be more flexible and less costly than building a separate infectious disease hospital.
- vi) We further recommend that infectious control and treatment floors should be built in existing medical buildings. The facilities should be designed and fitted adequately and flexible enough to deal with different types of infectious diseases, and yet be utilizable for non-infectious disease use at other times.

**IV) Restructuring of Department of Health (DH) and Hospital Authority (HA)**

- i) There need to be a seamless flow of information and joint effort between the preventive arm of public health, DH, and the therapeutic arm of public health, HA, so that response to the unfolding reality faced by the front line staff, can be swift and adequate. The problems of multi-level of bureaucracy both between HA and DH and should be minimized
- ii) Streamlining top / senior management strata in HA  
Complaints about the slow process of centralized procurement of masks by HA, maternity leave of front line staff working in high risk areas, protection policy for health care staff of different grades and job nature, all suggest that there are



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problems of centralization and response (decision making and action) in an emergency situation. Questions that need to be addressed include whether various human resource policy and strategies are too slow and reactive because the final decision has to go through various levels of Human Resource Top Management and then again to directorate level and then to board for decision, thus creating unnecessary delays and eventually anger bursts from the nursing staff and health care supporting workers to the radio phoning in programs; and whether senior management should be downsized to prevent top heavy reverse tri-angular type of management structure; whether there are too many levels of bureaucracy to go through (e.g. HA Board and DH and Bureau, HO professional (e.g. various central organizing committees) versus Head Office management, Head Office and Cluster Chief Executive, Cluster Chief Executive versus Hospital Chief Executive, Professionals versus Hospital Management) before an effective decision could be made.

### iii) Reviewing of various functional tasks within HA

- a). Corporate Human Resource Management strategic visions and tasks.
  - Currently there is no standing mechanism for regular rotation of professional and administrative supporting posting (This helps to enhance staff's competence in various integrated functions and to facilitate the check and balance function especially in times of crisis and emergency when particular type of leadership, expertise, and administrations are needed.)
  - Nor is there a database for pooling suitable manpower resources at the right time in the right post. (e.g. specialists, administrators, clerical grade, nurses and clinicians.) This will assure special type of competence required for handling emergency could be made available for leadership and operation.
- b) Integration of some related departments help reduce unnecessary red tapes at Head Office Level (e.g. integrate administrative session with business support) and to expedite prompt decision making.
- c) Non clinical department (e.g. public affairs, human resource, general administration and business support) should be under one same line of managerial accountability.



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- d) A non-clinical risk management team should be set up to identify functional loopholes of various functional tasks: decision making, support and logistics, communication, blame allocation and sharing, which affects organizations and to make recommendations regarding functional gaps at all level of staff (both health care professionals and non-medical staff).

For further information, please contact Miss [REDACTED] at [REDACTED] or our staff [REDACTED] at [REDACTED] from 10am – 6pm.

Yours sincerely,  
Dr. Huang Chen Ya and Ms Wong King Fong  
Southern District Council Councilor