



One Step Forward...

...for Health Service Manager

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If you ask what we have learned from the 2003 SARS outbreaks in Hong Kong (HK), practically speaking, we have implemented over the last decades all the recommendations and improvement measures by the then three outbreak review committees.

However, current Covid-19 pandemic shows a number of features in crisis management for us to recap. Whilst the crude case mortality rate is not as high as that of Severe Acute Respiratory Syndrome(SARS), Covid-19 infectivity during prodromal period has posed a challenge to conventional public health quarantine control. The uncertainty in effective treatment for critically ill and the variability of vaccine availability also underscore a situation of compounded disaster. Currently, HK is facing an imperative third wave of local community outbreak with daily confirmed cases over 100 patients for the past weeks.

Crisis is inherently unexpected, unpredictable, uncertain, unstable and intensively dangerous or perceived threat to the population at large. HK which is highly urbanized in the region with vigorous life style and a complex dynamic population can have much mileage in the fight against infectious diseases. There are several principles from the perspective of disaster preparedness, responses and recovery that can be shared:

Firstly, risk communication should be focused and with clarity to ensure community engagement. Policy development may be muddled through in period of chaos, but there should be a well-coordinated channels of communication to explain the role and responsibilities of all players in the field, the objectives to achieve, and the maintaining of a positive mind-set. The SARS reports have proposed that a high level outbreak steering group be set up and be committal to openness and transparency. Have we ?!

Secondly, the Just-in-time “close loop” strategy appears to be the most cost effective measure. After SARS, with conjoint management between HA and CHP, the explicit understanding of “*triple-early*” on detection, isolation, treatment (早發現早隔離早診治) was well practiced in many previous outbreak drills. With extensive validation of the Covid-19 PCR test, an efficient pan-population screening of suspected community spread could be undertaken at the early phase. This allow policy makers working side by side with expertise advisors to formulate timely strategy to deliver resources towards direct care and support to vulnerable classes of the society. The analogy of putting out fire by depriving of the substrates for combustion is easily understood by the public!

Thirdly, “***Hope for the best and prepare for the worst***” is a common saying often taken for granted. Yet, in the shop floor, on preparing for surge in disaster (such as aircraft accidents, earthquake, nuclear leakage), only sky is the limit.

During SARS, Beijing has initiated the operations of a “temporary” hospital to build isolation and step down capacity during later phase of epidemic. In modern time, with better construction material, advance mobile medical equipment and the convenience of ICT connectivity, such concept of surge capacity has provided the community a feasible solution to alleviate pressure from conventional healthcare system. In China, there were the *Fangcang Hospitals* (方艙醫院) that had been successfully managed by integrated western and traditional Chinese medicine teams. In UK, National Health Service (NHS) opened Nightingale Hospitals across their country and at one time, they deployed air cabin crew as manpower reinforcement to medical teams in such facilities. HK situation is much

more resourceful and there is no barrier to building on others' useful experience. Our deficiency is the lack of urgency to crisis intervention and the swaying political will of leadership to take the lead!

Lastly and more imminently, the present pandemic upon demonstrating its powerful socio-economic impacts and its tangling with political turmoil, has resulted in heavily struck livelihood at all walks of life. Therefore, health service managers in handling critical moment of crisis should be insightful to mobilize community resources and cross-sectorial collaboration. These are indispensable actions for government, health authorities as well as all disciplines. There are not less of corporations, NGOs and charities that would be willing to contribute and offer assistance to hardship. There is always the passion of medical professionals from the private sector and our Traditional Chinese Medicine (TCM) practitioners to supplement and complement the stretched services at public hospitals. Such coordination and collaboration of course require consensus building that would take some time to germinate. We learn about the meaning of "golden hour" in disaster response, its compliance during pandemic control should not be missed. Undoubtedly, we are in a historical time for unity among ourselves to create an ecology of sustainability and to reform a better future for mankind survival.

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