



Administrative Medicine Part II Fellowship Examination 2014

Case Study 2

Q.2

You are the Hospital Chief Executive of a major acute general hospital near an international airport. You receive a phone call from one of your Emergency Department physicians advising that a patient recently admitted to the medical ward via the ED is now suspected of having a highly transmissible viral disease (possibly Ebola Virus Disease) contracted while working in a Western African country. The patient was working as an engineer for an infrastructure project in that country but had returned Hong Kong last week on recreation leave for a family reunion. Three days before admission he had attended a large party attended by about 40 family members and friends, some of them came down from the Mainland.

He had been referred to the ED by his general practitioner with a provisional diagnosis of pneumonia. The patient was not placed in an isolation room until 12 hours after admission when a haemorrhagic rash appeared.

On inquiry, you are assured that the patient is now receiving all appropriate and supportive clinical care in a negative pressure single isolation room, although he is in a critical condition. The need for high level isolation precautions is making communication with his carers difficult. Shortly after you first learn of this case, you receive an urgent phone call from the Chairperson of the local Nursing Union, stating that rumours are rife in the community about an Ebola case in the hospital and demanding to know what is being done to assess and protect their members who were working in the ED and the medical ward before the patient was isolated.

How do you proceed?



Key Points

Template for jottings of expectations, extra notes to assist Censors in jurisdictional differences etc. Whilst the candidate is providing her/his answer Censors will be considering the depth of demonstration of the RACMA competencies that are relevant.

Notes are neither 'model' answers, nor are they exhaustive in content.

Dimension	Important points that should be discussed:
1. Key issues	<ul style="list-style-type: none">• Managing an infection control and public health emergency• Building and leading an emergency team.• Management of occupational health and industrial issues.• Communication with many parties• Candidates are expected to recognise the full spectrum of the implications, putting together a high level plan, delegating roles appropriately, and identifying and acting on the HCEs own roles, managing the politics up down and across, overseeing patient and staff safety and managing the institution's media response.
2. Answering the question – Part/issue 1	<ul style="list-style-type: none">• Identify the major risks, especially managing community concern / panic, spread of deadly disease, business and service continuity issues through the emergency.• Tracing and management of persons who had attended the reunion.• Possibility of other people travelling from same tropical country.• Resources: Seek urgent advice from – CHP of the Department of Health, and Microbiologists in tertiary instiutes. Look at websites for WHO (SE Asian Headquarters is located in Manila), Department of Health or Centers for Disease Control and Prevention (CDC) for any current warnings, particularly specific to the developing country.• Provide support / resources to get definitive diagnosis ASAP (if not already confirmed). Ensure international confirmation of diagnosis



	<p>and peer review of management.</p> <ul style="list-style-type: none"> • With firm diagnosis, better define transmissibility (if requires vector, less likely to spread than direct person to person spread) – remember initial advice from ED physician may not be correct re transmissibility. • Brief CCE / CE/ Board. Is there any immigration / border control information pertinent to potential cases? • Media – briefing: what can be included and what should not be said, who should speak. • Plan for management of additional cases Candidates should mention cohorting as an important option.
<p>3. Answering the question – Part/issue 2</p>	<ul style="list-style-type: none"> • Set up high-level internal coordination team – discuss who should be on team: e.g. ID physician, ICU physician, senior nursing, media liaison, biomedical engineering (ventilators, laminar flow), public health liaison. Coordinate local plan with higher level Public Health plan. • Major goal – patient and staff safety. • Communication strategy – internal to staff, upwards to CEO / Board, public health and externally to media (if indeed haemorrhagic fever, would be international, national and local media interest).
<p>4. Answering the question – part/issue 3</p>	<ul style="list-style-type: none"> • Union briefings – Candidates should discuss whether this should be done before or after briefing staff. • Clarify staff who are most at risk; seek advice on baseline health checks, exclusion and quarantine, warning signs, and any available prophylaxis or vaccination if available. Risk assessment on ability to maintain emergency department services if significant number of staff need quarantine. • Cohorting of patients and those in quarantine, including those exposed outside hospital. • Ensure international peer review is understood



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	by unions – they know your institution is not experienced in this situation. Involve them in regular briefings thereafter.
5. Knowledge	Manager, Medical expert, Communicator, Collaborator
6. Skills	Manager, Expert, Communicator, Collaborator
7. Attitude / behaviours	Collaborator, Professional, Advocate