



Community Treatment Facility(CTF) at Asia-World Expo(AWE)

In this issue, we are delighted to have three EM colleagues, Dr. Constantine Au, Dr. Chi-wai Chau and Dr. Thomas Lam, to share with us their experience in Community Treatment Facility(CTF) at Asia-World Expo(AWE). They were the first batch of doctors who served in CTF and were heavily involved in the establishment of the facility and patient management. Although the CTF is now temporarily closed amid the ease of COVID-19 pandemic, I am sure that our heroes are all the time stand-by to combat the disease again.

Dr Constantine Au, Queen Elizabeth Hospital

Background

After leaving the Accident and Emergency Department of Queen Elizabeth Hospital for years, I returned to the department as a locum specialist in March 2020. On July 28, 2020, Dr. Ho Hiu Fai sent us an email saying that the Hospital Authority (HA) would open up the Community Treatment Centre for COVID-19 positive patients at the Asia World Expo (AWE). The service would start on Aug. 1, 2020. HA aimed to maintain the service by deploying staff from all seven clusters. However, time was needed for recruitment and training. The Regular Team would be ready by Aug. 3, 2020. Doctors were needed on the first two days. As a locum, my time was more flexible, so I agreed to serve on the first two days. Dr. Chau Chi Wai and Dr. Christina So of my department also agreed to serve on the first two days.



Preparation

Dr. Ho kindly arranged a brief training for us with Dr. Wu Tak Chiu on July 30, 2020. Dr. Wu was the infectious disease specialist of QEH. We joined Dr. Wu's ward round. Dr. Wu explained the chest X-ray findings of COVID-19 and the prognostic values of LDH and CRP. He discussed several special cases of COVID-19 and the treatment regimen. In the afternoon, we joined the service briefing at the headquarters of the HA. At the briefing, trainers explained the protocols for admission, treatment and discharge. A WhatsApp group was set up for all of the doctors serving at the Community Treatment Centre.



Duties

I arrived at AWE at 15:00 on Aug. 1, 2020. It was the second time I had served at AWE. In March 2020, the HA set up a screening service at AWE for in-bound travelers and citizens who arrived at the Hong Kong International Airport. The two setups were quite different. The screening service was a large hall where in-bound travelers and citizens with mild symptoms were screened and tested. Most of these subjects would have stayed for a few hours. The hall consisted of the Cold Zone and Hot Zone. The subjects were assessed at the Hot Zone, and waited for the results at the Hot Zone. Tables and chairs were available for the subjects to rest and spend their time. Only a few beds were available, for very ill subjects. Most of the subjects had not-detected results (the term “negative” was not used) and were sent home to complete their home quarantine. Subjects with positive results were sent to hospitals for further treatment. The Cold Zone was where we handled document, computer work and logistical issues.

The Community Treatment Centre, however, aimed to treat COVID-19-positive patients with only mild symptoms. Dr. Polk Wan met me at the Cold Zone and briefed me on the logistics and the workflow. The Cold Zone was the large corridor between the halls and it looked like the War Command Centre in movies. On one of the walls, dozens of monitors were mounted for safety and monitoring of patients. Some showed the vital signs of patients (coded). Dozens of computers were available for documentation and checking of lab results. A room was set up for infectious-disease rounds



(ID-rounds). Telemedicine was practiced, in which the duty doctor would call the patient’s mobile phone to discuss symptoms and lab results. Every day, an infectious disease specialist would lead the rounds in this room. By the time of my arrival, Dr. Polk Wan and Dr. Thomas Lam had already admitted a dozen patients. By 16:00, I gowned up in full personal-protective-equipment and entered the Hot Zone. The Hot Zone was one big hall that consisted of 500 cubicles, each with a bed and a drawer, as patients were expected to stay for days. The scene was quite spectacular. Dr. Thomas Lam briefed me about the workflow at the Hot Zone. I stayed mainly at the Triage Area of the Hot Zone. At the Triage, the nurses and I checked the condition of the patients. For those who did not fit the admitting criteria, we sent them to the hospitals for further management. For the rest, we admitted them.

I admitted about 10 patients on Aug. 1, 2020, all with only mild symptoms. Most of them were quite anxious, however. We took a brief history and explained the daily arrangements, like the blood and saliva tests and how to self-measure vital signs. The vital signs were sent automatically to a computer system. Physical examination was kept to a minimum because the patients were all COVID-19 positive. Patients with high fever or those who could not be managed at the Community Treatment Centre were sent to the hospital. All of the nurses and I were new to this service, and there were minor hiccups here and there. Patient treatment was quite straightforward. Most of the hiccups were logistical in nature.

As it was the first day of the service, admission of new patients ended by 20:00. After dinner, I worked at the Cold Zone, reading lab reports, updating patients’ records, and completing the notifications to the Department of Health. Nurses and I (at the Cold Zone) called the patients in the Hot Zone to clarify their travel history, where did they receive the test etc. Dr. Chau Chi Wai, the night-shift duty doctor, arrived at 23:00. We discussed the workflow and made suggestions in the WhatsApp group.



On Aug. 2, 2020, I served on the afternoon shift again. Things ran much more smoothly as we had some experience. By 23:00, Dr. Amy Cheung and Dr. Corby Cheung arrived for their night shift. Both were orthopedic surgeons. They were the first batch of the Regular Team, who would serve a two-week-duty at the Community Treatment Centre. On one hand, it felt strange to hand over the COVID-19 cases to two orthopedic surgeons. My previous experience was to hand over trauma patients with fractures to them. Thus, handing patients over with respiratory diseases to orthopedic surgeons instead of to internal medicine physicians was quite amazing to me. On the other hand, it was a sign of encouragement as healthcare providers with different backgrounds united to serve Hong Kong.

Conclusion

In short, my experience at the Community Treatment Centre is very precious to me. The workflow is very different from a traditional hospital practice. The minimal physical examination, practice of telemedicine and ad-hoc nature are quite unique.

Dr Chi-wai Chau, Queen Elizabeth Hospital

Accident and Emergency Department of Queen Elizabeth Hospital was invited to support the early opening phase of HA community treatment facility (CTF) in AsiaWorld-Expo (AWE) and I am one of the three members. Before we start the mission, we joined the infection disease round at QEH, learned how to differentiate “Happy pneumonia” from an infectious patient. Looking for peripheral infiltration at Chest X-ray and monitoring trend of CRP and LDH are essential cues.

When I arrived the command desk for the first night of operation, I was impressed by the hardware setting. Besides CMS systems, there were remote monitoring devices for vital signs and monitor portal dashboard. Patients could perform self-measurement at e-vital monitoring area, and the data would be sent to monitor dashboard. Nursing and medical staffs would then be alerted for abnormal readings which may warranted further action. Moreover, teleconsultation was set up for ward round with infectious disease physicians, who provided valuable advice from their own hospitals. This kind of Information Technology support will likely become “New Normal” consultation.

The workload for the doctor was, however, not less. We needed to have phone-consultation with patients, order and monitor individual’s investigations, do the ID physician round, discharge patient and take turn to admit patient. Sometimes, we need to handle difficult patients too. Although the doctors came from different clusters and different specialties, they were all well collaborating, and with the support by Dr. Larry Lee and Dr. Polk Wan, all the workflows became smooth within one week.

Joining CTF is a valuable learning experience. Working with new friends, treating a new disease, using “New Normal” consultation are all unique from routine AED work. Nevertheless, all of us have a wish that CTF can close as soon as possible, meaning that battle for COVID-19 has come to an end. Stay healthy!!





Dr. Thomas Lam, Tin Shui Wai Hospital

It is my honor to be among the first batch of doctors serving in AsiaWorld-Expo Community Treatment Facility (AWE CTF).

The CTF adopts an environment more humanitarian than any typical hospital ward. It not only relieves some pressure of hospital isolation wards, but also the stress experienced by our patients under isolation.

The CTF offers patients a higher degree of flexibility, independence and social interactions. Young ones really feel like being in a hostel.

They have re-unions or even make new friends there. Sometimes, we might even need to remind patients they were actually in a semi-public area and were under CCTV supervision by security staff. Some entertainment should only take place at their home!

To me, it is an invaluable experience in career to have worked with colleagues from so many specialties. It is amazing for us to gather here and successfully run a facility out of our routine. This is, to a very large extent, attributed to a unified management protocol and a user-friendly electronic interface. Picking out patients with risks of deterioration needs high clinical vigilance.

Thanks to ID physicians, we know how to defuse the danger, yet to do as much as we can for patients inside the hall. However, the greatest satisfaction, or challenge, is from the first days of CTF operation. When we encountered a problem, we fixed it. When there was a limit, we broke it. It was difficult to remember every single item when we reviewed cases daily. We then held a paper with checkboxes every day. Later, a ward-round template simply did the job.

Initially we found it not easy to extract individual's vital signs in the original software "esmarthealth". In two weeks, we had our own link to vitals charting in patients' CMS, in an elegant graphical presentation. There's no instant way of finding a perfect model in daily management, but a process of trial and error to optimize.

The establishment of CTF couldn't be achieved without extensive collaboration and team work from different parties, including nursing, patient care support, IT, administration staff and many others. Thanks to all of you. Wish us success combating COVID-19 and let's rebuild a healthy Hong Kong.



From the left: Dr Thomas Lam, Dr Polk Wan and Dr Larry Lee



Upcoming Events:

**New Frontier of
Paediatric Emergency Medicine:
Collaboration & Synergy**

**兒科急症：
攜手協作新領域**

Register Now!

**SCIENTIFIC SYMPOSIUM ON
EMERGENCY MEDICINE
24 October 2020**

Scientific Symposium of Emergency Medicine (SSEM) 2020

Theme: New Frontier of Paediatric Emergency Medicine – Collaboration & Synergy

Date: 24th October 2020

Venue: Virtual Conference

Please visit website <http://www.ssem.hk> for enrolment. College sponsorship available.

Transport Medicine Course

Organized by Transport Medicine Subcommittee, HKCEM

Date: 20th October 2020

Time: 09:30 – 17:00

Venue: Hong Kong Jockey Club
Innovative Learning Centre
for Medicine

Enquiry: course@hkcem.org.hk





Trauma Subcommittee Grand Round

Date: 15th October 2020
Time: 17:15 – 19:30
Venue: Function Room 1, 2/F.
HKAM Jockey Club Building



Participant can attend physically or via Zoom
(Meeting ID and Passcode would be sent by email)
2CME/ Cat A TP will be granted for attendance

Practical Infectious Diseases Workshop for Emergency Medicine 2020



Practical Infectious Diseases Workshop for Emergency Medicine



Practical Infectious Diseases Workshop for Emergency Medicine 2020

Date: 10th & 11th November 2020
Time: 09:00 – 17:00
Venue: HKEC Training Center for
Healthcare Management & Clinical Technology,
Pamela Youde Nethersole Eastern Hospital,
Lok Man Road, Chai Wan, Hong Kong
Course fee: \$ 2500