Evolution of the Hospital Capacity for SARS in Taipei

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摘要

Abstract

To assess the medical severity index for a disaster, there are three capacities that should be considered. They were medical rescue capacity (MRC), medical transport capacity (MTC) and hospital response capacity (HRC). We retrospectively analyzed the capacities of Taipei City and tried to find the limiting factor for severe acute respiratory syndrome (SARS) before and after the endemics this year. On April 9 2003, the available isolation beds were totally 128, whereas total number of beds enrolled in Emergency Response Hospitals in Taipei City was 20,160. In other words, the percentage of isolation beds was only 0.63%. Ideal HRC for those hospitals should be 630 patients per hour that was significantly higher than the real needs (0.38 cases per hour). Because of the cumulative reported cases being 518 in northern area and the consideration of case accumulation from April 10 to June 10, however, the hospitals could work within their capacities in only 14 days. The total isolation facilities in Taipei cities were 630 beds (3.1%; $P<0.01$ v 0.63%) in July 2003 and accounted for 70 working days ($P<0.01$ v 14 days). In conclusion, the total number of the isolation facilities instead of the HRC was the critical factor that limited the SARS management. (Ann Disaster Med. 2003;2:26-31)