

Medication Safety Enhancement Program of an Extended Care Hospital

Background:

In the Administration of Medication (AOM) the important elements that require utmost attention are precise prescription, right drugs, correct dosage, route and time of administration and patient identification.

The high episode of the Medication Incident (MI) experienced in hospitals is mainly caused by human error, inattentiveness or negligence which can be prevented. We set up a team including Pharmacist, Medical Officers, Ward Manager, Nursing Officers, Registered Nurse, Enrolled Nurse and also the Supporting Staff (Care-related) to develop a Medication Safety Enhancement Program (MSEP) aiming to reduce MI. Through the active involvement of staff in training and continuous updating and auditing together with the purchase of modernized medication carts with individual drawer and clear labeling, the program was well received and successfully implemented.



Fig.1 Modern medication dispensary unit with a NIP display card to announce and remind relatives of patients not to disturb or distract nurses during AOM.

We started the pilot run of MSEP in O & T Female Ward in mid June, 2007, and then expanded to all Wards (M & G Wards) in January, 2008. The MI rate, which was monitored closely with the accumulated data reported on a monthly basis, was chosen as an indicator to measure the success of MSEP. The implementation of the program has not only minimized the chaos during AOM but also created an early detection of potential errors alleviating avoidable MI.

Objectives:

- 1) Ensure patient safety by reduction of MI.
- 2) Enhance service quality by Medication Order Entry (MOE) for early detection of potential MI.
- 3) Implement risk management through the Advanced Incident Reporting System (AIRS).
- 4) Promote professional excellence as indicated by frequency of complaint.



Fig.2 Staff wearing special outfit with NIP printed back and front during AOM.

Implementation:

- 1) A trial run was conducted first in the O&T female ward to test the logistics of MSEP before it was introduced to all Wards of the hospital.
- 2) Staff Training and Development was initiated to enrich and equip nurses with the knowledge of medication by holding seminars periodically with invited guest speakers, Medical Officers, Pharmacist and Senior Nurse.
- 3) Modern medication carts with clear labeling for individual patient and easy retrieval of medication were procured to replace the old trolley or containers.
- 4) Implementation of the No Interruption Policy (NIP) was a crucial initiative aiming to minimize distractions during AOM procedure (Fig. 1; Fig.2). Other supporting staff will be assigned to assist patients and relatives during AOM. Further actions would be taken by the Team Nurse after AOM should the problem could not be resolved.
- 5) Reports of MI by AIRS would be reviewed and discussion in the Quarterly Drug & Therapeutic Committee Meeting serving as a Safety Surveillance System. Recommendations would be made to improve and prevent future MI recurrent.
- 6) Regular Competence Assurance Program on AOM was conducted to ensure and maintain the competence of nurses on AOM as a continuous quality improvement measure.

Results:

- 1) Medication Incident (MI) Rate: Records showed the annual MI (in-patient) was significantly reduced from 14.6% ± 5.0 cases prior to the implementation of the MSEP to 5.0% ± 0.0 cases after the implementation (Fig.3). Overall, a high compliance rate to NIP was observed and nurses' perceptions towards the NIP were positive (out-patient).



Fig.4 At one of the Nursing Forums where information and knowledge on drug related topic is disseminated.

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 Anders C M Yuen,
 Eliza Lee,
 Sue Law S

- 2) Drug related Nursing Forum attendance and perception: We organized a series of seminars on different topics related to medication and invited Medical Officers, Pharmacist and Senior Nurse to speak on topics like Anticoagulant, DM drugs update, special consideration of pharmacotherapy in geriatrics, Drug-drug interactions and 3 Checks/5 Rights rules on AOM. Over 100 nurses had attended and participated enthusiastically in these seminars (Fig.4).
- 3) Competence Assurance Program on AOM: Regular quizzes on administration of medication or related issues were conducted and completed by all ranks of nurses before shift handover. These included calculation of dosage, drugs knowledge on their specific characteristics and drug interactions. There

were 59 nurses (NO, RN and EN) participated in the test and greater than 90% achieved full score. Nursing Officers would discuss with staff after the test and disseminated the right answer of the test.

- 4) Complaint Rate: Even though additional inconvenience was imposed on the patients and their relatives during the NIP, the number of complaint received in 2008 was reduced by a third of that in 2007.

Conclusion:

Through a multidisciplinary effort and involvement a positive outcome in reducing the number of MI has been achieved after the implementation of MSEP. An effective and efficient communications among staff of various disciplines is an important factor for the successful implementation and accomplishment of MSEP. The hospital management is urged to divert resources to prevent avoidable MI and with concerted effort to coordinate different activities aiming to arouse awareness of the seriousness of MI and achieve zero defect of AOM to ensure the safety of patients entrusted under our care.

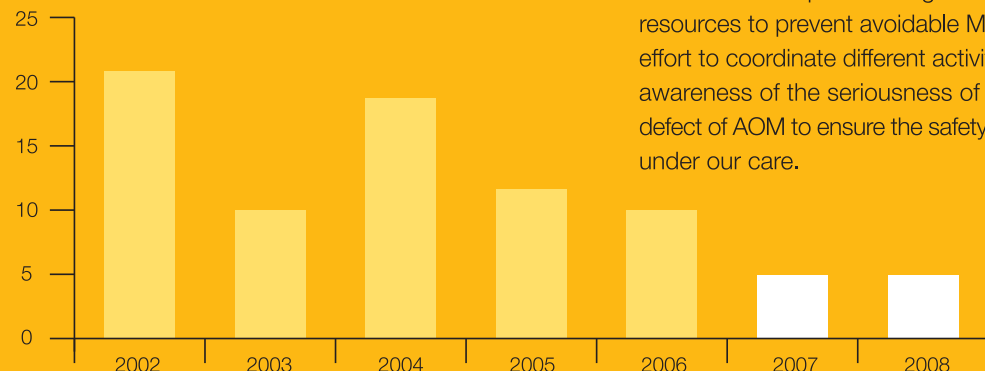


Fig.3 Results indicating the reduction of MI pre and post MSEP

334 與安老服務



隨著新學年的開始，社會人士對新高中3-3-4學制都表示十分關注。根據新高中課程大綱，「其他學習經歷」是三個組成部分之一，而「社會服務 (Community Service)」更是五種基要學習經歷的其中一種，以培養學生勇於承擔的精神和責任感，達致全人發展的目標。香港正面對人口老化，安老服務需求大增，更需要大量的資源配套以迎合服務的需要。安老院舍收容體弱無依的長者，他們大多數是自理及活動能力較低，身心靈各方面都需要多關顧，而3-3-4學制下高中生所提供的社會服務，有助於填補這個空隙，學生們多探訪、提供服務予長者及對他們送上關懷，與長者多溝通及分享生活經驗，不但能促進代際間的關愛共融，更有助學生的人生體驗及待人處事技巧，達致社會和諧，加強社會資本，值得喝采!

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The Nethersole Nursing Practice Research Unit: Promoting Excellence in Elderly People Care

Background and Establishment

The need for evidence-based practice and the utilization of research findings in nursing practice is becoming recognized both at the national and international levels. Globally, nursing leaders constantly exploring for innovative nursing practice, which aims to bring the fruits of research into actual practice in order to improve the quality, effectiveness, and safety of healthcare delivery (Rogers, 2009). This practice motivates nurses to perform their roles in a responsible, accountable, and professional manner (Mantzoukas, 2008). In the United Kingdom and Australia, nursing practice research units have been established to integrate and expand the quality of services within hospitals (Royal Adelaide Hospital, 2001). This kind of unit helps put forward clinical nursing leadership and promote research roles (Christian & Norman, 1998). It also provides support to nurses in terms of understanding and applying nursing research findings in an appropriate way (Martin, Bowman, Knight, & Thompson, 1998).

The collaboration between clinical and academic nurses has been viewed as a necessary step forward in narrowing the gap between knowledge and practice (Gillibrand, Burton, and Watkins, 2003). It is also important in developing a close clinical network among clinicians for nursing research. In addition, nursing practice development is a continuous process of improvement towards increased effectiveness in patient-centered care (McCormack & Garbett, 2003), which requires ongoing research work with practicing nurses and identification of nurses' practice development roles. Thus, a nursing practice unit is necessary in promoting an evidence-based research culture within the nursing profession and organization, and it should preferably be established through the collaboration and participation of clinical colleagues and academic professionals.

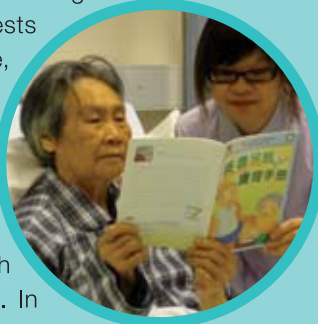
Hong Kong is now facing a pressing concern in terms of its increasingly aging population. In order to promote quality and safety in the care of elderly patients, there is therefore an urgent need to develop innovation and excellence for their care in local health care settings. Towards this goal, the Nethersole Nursing Practice Research Unit (NNPRU) has been a part of the geriatric unit of United Christian Hospital since 2006. The Chinese University of Hong Kong and the

United Christian Hospital had worked together for the establishment of this research-based nursing practice unit, which is supported by the Nethersole Endowment Fund. This unit aims to promote excellence in nursing practice through education, research, and the development of innovative nursing practice and care for elderly patients and their carers. Specifically, it has four main objectives:

- To develop excellent nursing practices in geriatric in-patient settings through high-quality nursing research
- To provide development opportunities for innovative nursing practice
- To strengthen the interface between academic and clinical settings and provide nursing staff with a mechanism to enhance their expertise in gerontological nursing and research
- To provide student nurses with opportunities to learn the development and application of research in clinical practice, with a particular focus on gerontological rehabilitation

Our Work

To achieve the aforementioned unit objectives, the scope of services spans three main areas: (1) innovative clinical research, (2) evidence-based nursing practice, and (3) contemporary nursing education. The first area is the promotion of innovative clinical research. NNPRU is the first "model unit" of its kind in Hong Kong, which designs and tests innovations in nursing practice, including clinical protocols, clinical pathways, and clinical technological and resource innovations that could be implemented, disseminated, and evaluated in other health care settings in Hong Kong. In relation to research, the unit aims to develop high-quality research agenda which are useful



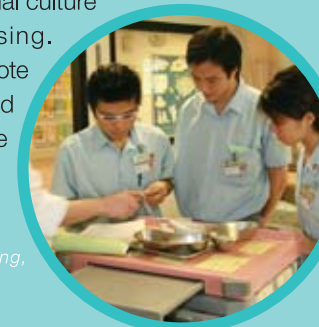
and relevant to direct patient care. The research will involve other disciplines within the health care team, including family caregivers as appropriate. The research focus of the unit is elderly patients' basic care issues. In the past two years, two evidence-based nursing care protocols have been developed to improve older patients' foot and toenail health as well as oral health. The results of both projects have been disseminated in both local and overseas nursing conferences and journals.

The second area is the implementation of evidence-based practice. Nurses in NNPRU team up with ward nurses to provide patient care in the geriatric unit and to promote the culture of putting evidence-based nursing practice into action and collaborative work with the health care team. Together, they strive to impact on elderly people care and work closely with the multidisciplinary team to advance basic nursing practice. Recently, NNPRU published a health promotion booklet on elderly people's foot and toenail care, which was developed in conjunction with the podiatry department of the United Christian Hospital. Ward nurses found the booklet very useful, practical, and tailored to their needs. In addition, the expansion of nursing role in advanced foot and toenail assessment and management was well received by the patients and their family members.

The third area is the dissemination of contemporary nursing education. The unit serves as an educational venue where undergraduate nursing students are provided with the opportunity to develop their clinical skills, integrate theories of aging with clinical practice, and expand their understanding of nurses' role in gerontological care. NNPRU also holds continuous nursing education forums for nursing staff and shares current and updated best practices in gerontological nursing in regular meetings.

Future Direction

In the past, NNPRU promoted a multifaceted function within the field of gerontological nursing. Through intra- and inter-disciplinary collaborations in the United Christian Hospital, innovative research was developed, evidence-based practice was implemented, and student clinical learning and staff educational activities were facilitated. NNPRU is thus pivotal in enhancing awareness and providing a model framework for a research-based nurse-led unit in a hospital setting. This model of care can contribute to the nurturing and sustaining of an organizational culture of evidence-based nursing. NNPRU will continue to promote nursing research, practice, and education on the basic care of the older people.



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What are Gerontological Nurses Doing in Caring for Non-Catheterized Older Infirm Patients with Recurrent U.T.I.?

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Background and Methodology

Urinary tract infection (UTI) is a complex and significant infection affecting frail older patients (Frerick, 2004). The condition is aggravated in older patients as they have a higher incidence of incontinence, fluid imbalance and immobility (Arbique, 2003). Several studies have indicated that UTI accounts for 50% of the total nosocomial infections and affects an estimated number of 600,000 patients per year (Eriksen et al., 2004). Furthermore, UTI becomes more difficult to manage when it is recurrent.

Indeed, managing UTI among older patients is regarded as a complex problem in terms of the approach to diagnosis, treatment and prevention (Yoshikawa et al., 1996). Against the challenges of managing this emerging problem, there is still a perception among nurses that UTI is a medical as opposed to a nursing concern. For instance, a misperceived 'effective' treatment option is to medically intervene and use antibiotics. With no strong evidence of a lowered recurrent rate from clinical trial studies (Harding et al., 2003) and the emergence of drug-resistance issues, this treatment choice is now used with caution (Miller and Tang, 2004). Regarding choices of nursing strategies, there is a lack of research examining how nurses actually manage patients' UTI problems (Brown, 2002) and no research identified targeted at cognitively frail older patients.

Currently, the practice of managing UTI in the local setting is challenged by the lack of guidelines given to nurses to manage this client group. Developed by the Center for Disease Control in 1989 (Brown, 2002), the 'Guidelines on prevention of catheter-associated UTI' is used in the clinical settings. However, such guidelines are of little relevance to frail older patients in infirmary care settings; many of whom do not use indwelling catheters but still suffer from UTI. These patients suffer from multiple chronic diseases, are highly dependent and immuno-compromised, and predisposing themselves to infections. To address these issues, this paper describes a qualitative research study that interviewed hospital-based infirmary nurses' to solicit experiences of caring for non-catheterized older infirmed patients who had suffered from recurrent UTI, and strategies adopted to prevent and manage the problem.

Key Findings

When managing recurrent UTI of non-catheterized older patients, nurses described the need to promptly recognize the UTI symptoms, and to know the causes of the symptoms before administering any care. These formed the basis for deciding whether the patient's urinary condition should be managed by nurses themselves, or be referred to the physician for medical treatment. Based on this initial judgment, subsequent non-invasive measures perceived by nurses to be effective were undertaken to manage the non-medically intervened problem. Ways to improve nurses' existing roles and work practices to better manage recurrent UTI of non-catheterized older patients were also identified. The interview data were categorized into three main themes:

Early recognition of symptoms

Nurses believed they had to be proactive in the early detection and recognition of possible UTI symptoms. This was achieved by:

- Assessing their own abilities to identify clinical features of patients with urinary infection.
- Promptly recognizing patients' UTI symptoms.
- Knowing the causes of patient's symptoms before administering care.
- Making treatment decision: manage patients UTI by themselves, or refer to the doctor.
- In-built daily practice to meticulously assess and observe for presence of 'typical' UTI symptoms so prompt nursing measures can be given to rectify the patients' condition.
- Be 'on guard' usually during routine rounds to identify:
 - 'typical UTI' symptoms in infirmed patients (many of whom were unable to speak): e.g. observe facial and uncomfortable expressions.
 - 'atypical' (asymptomatic) symptoms which had potentials to develop into UTI, e.g. abnormal clinical observations were possible indications of UTI during its initial onset.
- Assessing whether causes of UTI are irreversible or reversible.

Perceived effective measures

Based on the symptoms identified and the reversibility of the situation, nurses spoke of implementing measures they perceived to be effective in managing UTI. Promoting fluid intake was a straightforward measure to take and an agreed principle which worked in most clinical situations. Promoting hygiene was also cited as an effective measure.

Promoting fluid intake:

- Increase fluid intake (to maintain urination) for all patients.
- Give additional fluids according to dietary/tube-fed needs of each patient.
- Give extra fluids as a preventive measure and not waiting to see what will happen to deal with suspected and known cases.
- Offer alternative fluid choices, e.g. cranberry juice was by experience thought to prevent recurrence.

Promoting hygiene:

- Pay careful attention to basic nursing procedures (e.g. proper hand hygiene between patients, correct wiping of patients' genitals).
- Uphold infection control principles and not induce cross-infection risks (e.g. discourage bacteria to migrate from periurethral colonization into patients' urinary tracts, especially during incontinence care of cognitively frail patients who were unable to eliminate independently).
- Perform "correct" wiping method during diapers rounds and avoid using solvents/agents other than tap water.
- Reiterate acceptable practices to encourage the maintenance of clean hand hygiene during incontinent care.

Roles and work practices

Nurses' perceptions of how they had developed knowledge and skills to support UTI patients were identified when they reflected on their existing roles and work practices.

- Irrespective of years of experience, nurses should recognize their responsibilities for performing common nursing roles (ie. act as direct caregivers and be directly involved in assessing patient' conditions, implementing and monitoring care, and evaluating outcomes).
- Nurses should play an educating role and provide practical information to the cognitively competent patients and their families to help control for risk factors, where appropriate.
- Develop leading/collaborating roles and form working relationships with other staff

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- e.g. educating, supervising and monitoring the work performance of HCA.
- e.g. maintaining close collaboration and communication with physicians, depended on nurses' previous experiences of managing UTI in the clinical situations, and whether the measures used had worked for their patients.

- Be explicit about the effects and limitations of the choices of nursing measures to use and when to get medical consultation to deal with the situation.
- Promote staff competence in handling UTI patients, as some staff lacked confidence in their nursing roles because of limited knowledge of the topic and working experience.
 - e.g. foundational nurse training covered 'encouraging fluid intake, correct wiping method and hand hygiene' which were not unique to UTI patients.
 - After RN qualification, there were no specific topics/sessions provided to train them to be knowledgeable in caring for UTI patients who were non-vocal.

Conclusion

This study revealed the experiences of what measures infirmary nurses used to manage recurrent UTI in non-catheterized frail and cognitively impaired patients. Unlike other clinical settings, infirmary nurses focused on the value of delivering basic nursing care to manage this emergent and overlooked clinical problem. For asymptomatic cases (which are not medically treated), studies suggest that patients should receive continuous 'daily management' (e.g. maintaining personal hygiene and fluid intake). Ignoring asymptomatic symptoms could bring adverse consequences later, as evidenced by over one half of older patients presented with asymptomatic bacteria (Stockert, 1999). Thus, there is a scope for nurses to develop their skills in 'asymptomatic symptoms identification' (of previously infected patients). The challenge ahead is to design interventions to compare the effects of different nursing measures (or combination of measures) and determine which one is most effective in managing this clinical issue.

加拿大之旅

「臨終照顧」是近年來關注的議題，本年8月有機會拜訪加拿大溫哥華列治文市的一所提供臨終照顧院舍，體驗外國的服務形式，希望與大家分享。環境清優，擁有十個獨立房間，花園洋房式設計的院舍，感覺極為舒服溫暖，對香港人特別是長者來說，實是夢想(Dream)，但在加拿大卻是容易可見：院舍房間空間寬敞，空氣好，獨立房間除設有浴室及廁所外，每間房間內更設有天花吊機，以協助扶抱及減低工傷機會，房間的個人化照顧亦十分全面，包括傢俱擺設全可以自由喜好，每日日程依個人時間表進行，護理模式全以病人為中心，另外更由十多位不同專業團隊照顧十位病人，人手比例簡直是超人一等，反觀香港的服務，實是天壤之別！雖然香港在資源上未必能做到同樣完善的配套，但要維持專業的護理水平，提高照顧質素，維護病人之福祉，我們是否有需要向加國學習一下呢？

羅寶嘉



Forthcoming Events of HKNAG 2010 (Tentative programme) *Your valuable suggestions are most welcome!

22 January 2010 - Common Eye Problems of Older People and Practical Implications

April - HKNAG 4th Scientific Meeting cum 13th AGM

June - Evidenced-based Oral Care Protocol

October - Legal Aspects of Older people

Other Forthcoming Events Conferences / Symposium: 會議 / 座談會

28/11/2009 Hong Kong Association of Gerontology
 The 17th Annual Congress of Gerontology
 Langham Hotel, Hong Kong
 www.hkag.org

13-16/10/2010 7th World Stroke Congress,
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13-15/12/2009 18th WFN World Congress
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Chairperson's Report 主席的話

各位會員：
 大家好！首先我想在這裡衷心多謝大家出席今年四月廿五日舉行之本會週年大會暨第三屆科學研討會。當日出席會員人數近百人，場面熱鬧，討論氣氛熱烈。我們將刊登三篇與老年學護理實務工作有關的報告及文章於今期會訊。其題目分別為：

- 1) Medication Safety Enhancement Program of an Extended Care Hospital
- 2) Promoting Excellence in Elderly People Care
- 3) What are Gerontological Nurses Doing in Caring for Non-Catheterized Older Infirm Patients with Recurrent U.T.I.?

敬希細閱！
 本會近年來積極參與成立「香港護理專科學院」的籌備工作。其中就「香港護理專科學院」內的「香港老年學護理專科學院」的成立及其有關之基礎準備措施，更是本會近月工作重點之一。當我們有進一步進展時，定當在這會訊與大家分享！

謹祝大家身體健康、工作順利！
 源志敏

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