



Forthcoming Events Conferences / Symposium: 會議 / 座談會

1. 7th World Stroke Congress, World Stroke Organization (WSO), 13 – 16 October 2010, Seoul, Korea. <http://www.kenes.com/stroke>
2. Nurses lighting the way with delirium, depression & dementia, 29 October 2010, Wollongong, NSW, Australia. <http://www.pgna.org.au>
3. CNS Leaders' Forum 2010, 8 – 10 November 2010, Boston, MA, USA. <http://www.phacilitate.co.uk/leaders>
4. Population Ageing: Enriching Life, well-being & care, Hong Kong Association of Gerontology, The 18th Annual Congress of Gerontology, 27 November 2010, Langham Hotel, Hong Kong. <http://hkag.org>

歡迎投稿

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4th Scientific Meeting cum 13th AGM

Newsletter
Issue no. 12
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Chairman's Report

My Dear Fellow Members,

The year of 2009-10 could be described as a very busy one for the Hong Kong Nurses Association of Gerontology. We have organized one Seminar on "Diabetes Mellitus & Proper Foot Care: Hand-on-Assessment and Updates of Special Equipment & Medication" in October 2009 and one Seminar on "Common Eye Problems of Older People & Practical Implications" in January 2010. A Talk on "Updates on Continence Care in Older People" was also held in March 2010. All of the captioned continuous nursing educational activities have received overwhelming response with very remarkable turned up rate of over 190 participants, in particular, for the event of March.

In light of development of the Hong Kong Academy of Nursing and to truly reflect the enhanced core missions and roles of the Hong Kong Nurses Association of Gerontology, after our due consultation in our last annual general meeting, we are in the process of changing the name of HKNAG to "Hong Kong College of Gerontology Nursing". We shall meet the up to date need of both our professional fellows and public by acquiring this new roles and functions.



Your advice is also sought for the revised version of the Memorandum of Association for our "Hong Kong College of Gerontology Nursing". For details, please kindly log-in our website: www.hknag.com

With that I end my report.

Anders YUEN
Chairman (2008-10),
Hong Kong Nurses Association of Gerontology.
May 22nd 2010.

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續會通知

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HONG KONG NURSES ASSOCIATION OF GERONTOLOGY
4th SCIENTIFIC MEETING CUM 13th ANNUAL GENERAL MEETING

Quality of Life of Older People
 Date : 22nd May 2010 (Saturday)
 Time : 9 : 00am to 1 : 00pm
 Venue : Jade Ballroom I, 2 / F,
 Eaton Hotel, Kowloon

Mr. Yuen Chi-Man Anders, Chairman of HKNAG delivers welcome speech and chairman's report



Keynote Speaker

Dr Edward LEUNG Man-fuk, President of the Hong Kong Association of Gerontology delivers keynote speech



Presentation Highlights of Keynote Speech

This year the theme of our Association 4th scientific meeting was "quality of life of older people", and with that we were delighted to have Dr. Leung MF, a renowned expertise in geriatric medicine, to be our keynote speaker to share with us the topic of 'Population ageing and the role of health care professionals'.

In the presentation Dr. Leung had shown us the prevalence trend of the worldwide population ageing; and the challenges and needs of planning, developing, and organizing of health care service for the senior population. The priorities of the International Plan of Action on Ageing 2002, UN Madrid, and the suggestions in the UN Second World Assembly, Madrid 2002 were shared to the audience and which emphasized the needs of the aged people and highlighted the direction for the provision of aged care. To align with the continuity care between primary and tertiary care, Dr. Leung had also pointed out the advantages of the comprehensive geriatric assessment and the necessity of long term care in an ageing population. A project of

IDSP (integrated discharge support program) which was collaborated by UCH and UNCH to enhance the coordination of discharge planning and to provide transitional residential care to the high social risk elderly people before they could be safe back home was introduced.

Multiple morbidities and chronic disabilities are common in older people, thus prudent planning in aged care and maintenance are crucial; to quote Dr. Leung's word "the setting up of proper geriatrics care model covering acute care, rehabilitation, community care helps to alleviate the demands of long term care and improve the quality of care of older people in long term care settings" certainly is one of the strategies in helping the local older people.

Details of the presentation could be seen at the HKNAG website:
<http://www.hknag.com>

Medication Safety Round as an Effective Patient Safety Program

Ng, S.Y.S., Ho, H.L.H., Pang, K.C.J., Lam, S.C., Li, C.F., Yuen, C.M.A. & Chung, H.P.
 Tung Wah Hospital

Purpose

Medication safety is one of the top clinical risks in all hospitals. Different healthcare professionals including doctors, nursing and pharmacy staff have been making their own efforts to improve medication safety. A more structured medication safety round has been introduced in Tung Wah Hospital in 2009 with the aim to promote medication safety more systematically.

Key improvements intended

- 1) To enhance communication among different healthcare professionals and clinical units through adopting a multidisciplinary approach.
- 2) To assure compliance for medication safety recommendations at ward level.
- 3) To elicit staff's concerns on medication safety and execute improvement measures within TWH.

Method

The survey team has visited all wards in the hospital to conduct the medication safety rounds. The round involved two parts. One was the audit checklist taking reference to the report on "Drug Administration Procedures and Practices 2000 edition" and "Self-assessment guide for Medication Safety 2005 edition". The second part was interview with front-line staff with the aim to elicit their perceived risks that compromised medication safety

Results / Outcomes

Compliance rate with the 15 pre-set criteria on the checklist was >90%. Many front-line nurses have actively voiced their concerns with regard to medication safety. After deliberation in the working group, a number of achievable recommendations were made. These improvement measures have covered most aspects in medication management such as drug administration, ward stock and storage, drug information and various operational issues as well.

Conclusion

Medication management is extremely complex in hospitals. Therefore, many of the medication safety issues can hardly be solved by any single department. In this exercise, the multidisciplinary medication safety round is proved an effective tool to promote patient safety. Through well-planned safety rounds, the management would be able to identify real issues in clinical areas and the staff concerns can be addressed more promptly. Moreover, with the concerted efforts of different departments, many long-stayed problems can be tackled more efficiently.





Discussion session

Prof. Angela LEUNG, Assistant Professor of School of Nursing of The University of Hong Kong

Prof. Sophia CHAN, Head, School of Nursing The University of Hong Kong

Dr. Edward LEUNG Man-fuk, President of the Hong Kong Association of Gerontology

Prof. Claudia LAI, Associate Professor of School of Nursing of The Hong Kong Polytechnic University

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of Gerontology |

Winners of lucky draw



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Oral Presentation 2.

Improving Care for Elderly with Feeding Problems and Ethical Dilemmas with an Interdisciplinary "Choices for FEED" Program

*Mak, P.K.¹, Kng, C.¹, Lee, Y.H.², Ngan, Y.H.³, Po, M.Y.¹, Lui, B.K.¹, Ho, K.M.¹, Wong, C.K.¹, Chan, Y.W.¹, Ng, L.M.¹, Sin, M.Y.¹, To, Y.K.¹ & Wong, C.P.¹
 Department of Geriatrics¹, Department of Dietetics², Department of Speech Therapy³
 Ruttonjee and Tang Shiu Kin Hospitals*

Introduction

Care givers are increasingly confronted with difficult choices in end of life issues such as artificial nutrition. Severely ill patients cannot communicate their choices, resulting in complex decisions being entrusted to healthcare staff and families, who themselves have deep-seated beliefs about feeding as part of basic or advanced care. Conflicts occur when choices differ. It was hypothesized that a systematic multi-disciplinary care pathway which balances ethical values and medical benefits can support the decision making process and optimise the care of elderly referred for tube feeding.

Purposes

The objectives are 1) to improve the decision making process for tube-feeding by patients, care-givers and healthcare professionals; 2) to examine caregivers' knowledge and attitude towards tube-feeding and 3) to explore the prevalence of tube-feeding in elderly inpatients.

Materials and Methods

The intervention consisted of consultations, staff training, care pathways, protocols for decision making assessment, tube care and a published educational toolkit. All tube fed elderly in 190 geriatric beds were included in the program registry. Staff training included three hours of lectures (with ethics) and hands-on training. Outcomes were number of elderly where feeding tubes were avoided, staff and carer knowledge measured by pre and post intervention questionnaire.

Results

Over 3 months in 2009, the program registry included 140 and 76 newly initiated and existing tube feeding elderly respectively. 49 (35%) of new cases were successfully discharged on oral feeding. Another 4 (3%) were fed orally, supplemented with tube feeding and 23 (16%) patients starting tube feeding died before discharge. Attitude and knowledge questionnaire by 142 staff from different disciplines revealed that there were marked discrepancies in willingness to accept tube feeding for own self and to assist oral feeding for mentally competent patients who refused tube due to fears of ethical and legal consequences. Post-intervention, knowledge of ethical principles and practical skills were improved. Feedback from 33 relatives revealed that staff emphasized advantages more than burdens during the consent process, which improved post-intervention using an informative consent form.

Conclusion

Tube-feeding is common in elderly with advanced disease, despite little evidence in improving patient outcomes. This study identified discrepancies in staff knowledge and attitudes, biased information given during consent which influence the prevalent local use of tube feeding. Our comprehensive program ensures that patients or relatives are better informed, patient autonomy is respected and inappropriate tube feeding is reduced.

Oral Presentation 3.

Enhancement of Pressure Sore Prevention in HKEC Private Nursing Homes

*Ho, S. K. S., Lee, H.T.J. & To, Y.K.
 Community Geriatric Assessment Team, HKEC,
 Ruttonjee and Tang Shiu Kin Hospitals*

Introduction

Pressure Sore appears to be a common problem among debilitated residents in private nursing homes (PNHs). Pressure sore management prolongs hospitalization and increases health care expenses. It generates additional workload onto the caregivers and in return consumes extra governmental resources. In 2007, a survey conducted by HKECGAT found that 77% of pressure sores were community acquired. In view of the situation, it is urgently needed to deliver a pressure sore prevention program aiming at demonstration of proper skin care technique and effective use of pressure sore care protocol in daily practice of the PNHs.

Purpose

To prevent pressure sore development at private nursing homes.
 To improve the care standard of the institutions' workers in pressure sore prevention.

Methods / Sample size / Study period

The program commenced in October 2008 and completed in June 2009. Eleven PNHs were randomly selected. Ninety nine health workers and personal care workers from the designated PNHs received tailor-made classroom lecture and on-site coaching. Three areas of focuses were structured and evaluated in the study. Firstly, the knowledge of the caregivers was tested before and after the lecture. Secondly, the knowledge and skills in sore prevention and management were assessed monthly for four consecutive months. Thirdly, number of newly developed

pressure sores was measured in the targeted homes 3 months before and after the intervention.

Results

Enhancement of skills and knowledge among private nursing home staff after interventions achieved. (p=0.000).
 Number of new pressure sores developed within 3 months reduced drastically by 66.7% after the interventions. (p=0.000)
 The condition of pressure sores developed after intervention was better than those developed before intervention in various aspects (p=0.008 - 0.844).

Conclusion

The program was successful and effective to improve the knowledge and awareness of PNH staff on prevention of pressure sore. It is worthwhile to further extend the program to all PNHs.