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President's Message

My Dear Fellow Members,

In light of the establishment of the Provisional Hong Kong Academy of Nursing (PHKAN) and to truly reflect the enhanced core missions and roles of the Hong Kong College of Gerontology Nursing, I am delighted to inform you that our College had been officially inaugurated as one of the Academy Colleges for PHKAN on 12th May 2012. We shall meet the up to date need of both our professional nurse fellows and public by acquiring this new roles and functions. The membership status of our College has also been revamped into fellow, associate fellow and associate. For details, please kindly log-in our new website: www.hkcgcn.org

The year of 2011-12 could also be described as a very busy one for our College. We have organized one Seminar on "Experience Sharing on Aged Care – UK & Australia" in November 2011 and one Workshop on "Venous Ulcer Management – Evidence Based Strategies" in February 2012. A Seminar on "Malnutrition in Older People" was also held in April 2012. All of the captioned educational activities have received overwhelming response with very remarkable turned up rate of nearly 100 participants, in particular, for the event of April.

For the coming 2012-13, the College Council will be focusing on the development of the College Fellowship Program with related standards, criterion and assessment. Moreover, the registration for the first batch of our College Fellowship (Grandfather) / (Grandmother) application will also soon be commenced.

With that I end my report.

Anders YUEN

President (2012-2014),
Hong Kong College of Gerontology Nursing
June 2nd 2012



2012-2014 Honorary Advisors and Council Members



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Hong Kong College of Gerontology Nursing 6th Scientific Meeting CUM 15th AGM

香港老年學護理專科學院 第六屆科學研討會暨十五周年會員大會

2 June 2012

Keynote Speeches



'Advancing Nursing Practice in Diabetes Care: Implication for Care of the Older People'

Ms. Rebecca Wong,

Nurse Consultant (Diabetes),

Prince of Wales Hospital, New Territories East Cluster



'Advancing Nursing Practice: Continance Care for Older People'

Ms. Chan Sau Kuen,

Nurse Consultant (Continance),

United Christian Hospital, Kowloon East Cluster





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- Enhances future career and academic advancement, eg., Master's / Specialism programmes

PROGRAMME STRUCTURE

- 8 units
- 16 months in total: two months per unit
- 3 trimesters per year : March, July, November

ENTRY REQUIREMENTS

- Holder of a pre-registration Nursing qualification in Diploma or Higher Diploma programmes AND
- A license to practise as a Registered Nurse in Hong Kong.

Other qualifications regarded as equivalent will be considered.

Application and Enquiry

Centre for Advanced and Professional Studies (CAPS)
Caritas Institute of Higher Education
Room 308, 18 Chui Ling Road, Tseung Kwan O, New Territories, Hong Kong
Tel: 3653 6700
Email: caps@cihe.edu.hk

For more details : www.cihe.edu.hk/eng/caps/index.htm



 **明愛專上學院**
Caritas Institute of Higher Education
前稱「明愛徐誠斌學院」 Formerly known as Caritas Francis Hsu College



Understanding family involvement in Residential care homes: Perceptions of Chinese older residents in Macau

¹ Sarah Lao & ² Lisa Low

¹ Kiang Wu Hospital of Macao,

² The Nethersole School of Nursing, CUHK



BACKGROUND OF STUDY

- Family involvement in residential care homes:
 - has been defined as a multidimensional construct that entails visiting, socio-emotional care, advocacy, and the provision of personal care.
 - connects the older residents with their families, friends, neighbourhood and care professionals in order to facilitate their physical, psycho-emotional and social well-being.

However

There is limited literature about what and how older Chinese residents perceive family involvement in residential care homes.

AIM & OBJECTIVES OF STUDY

- Aim**
 - To explore the meaning of Chinese elders' perceptions regarding family involvement in residential care homes and specific factors influencing the degree of family involvement in these homes
- Objectives**
 - To describe the elders' experiences of family involvement;
 - To explore impacts of family involvement on the elders' lives in the homes;
 - To explore factors influencing the degree of family involvement; and
 - To identify what families can do to be more involved.

IMPLICATIONS FOR ADVANCING NURSING PRACTICE IN RESIDENTIAL CARE HOMES

- To promote understanding about family involvement among administrative staff, frontline health care providers and family members
- To promote the identified factors and strategies for improving more family input
- To recognize a good caring partner in residential care homes



Managing End-stage chronic leg ulcer in the community through e-communication

Yvonne Po (APN)

Department of Geriatrics,

Ruttonjee & Tang Shiu Kin Hospitals

Program Objectives:

- Promote comfort of patients in their final days
- Shorten their length of stay
- Maintain continuity of care of target patients in community
- Facilitate caregivers recognizing the feasibility to caring patient in community
- Provide an alternative supporting source for the HKEC CNS team



Discussion (I):

- Benefits:**
 - Enhance links between hospital, community nurses and patient/relative via the e-communication by means of digital photo and intranet facilities of HKEC
 - Strengthen the mutual support between CNS and Geriatric Department of RHTSK to manage patient with End-Stage Chronic Leg Ulcer in the community



Nurse Specialist of Gerontology

The role in this program:

- Clinical advisor on the wound management
- Coordinator for the patient support upon discharge.
- Educator on foot and wound care for patients and care-givers
- Supporter for patients who need multidisciplinary service after discharge, such as medical treatment for pain control, medical social service for financial needs etc.

To protect high risk elderly fallers from hip fracture by using hip protectors in a convalescent hospital

Lai D, Lee P, Lai W, Chan OF, Chui M, Prof Woo J
*Medical and Geriatric Department, Shatin Hospital;
Central Nursing Division, Shatin Hospital;
Department of Medical & Therapeutic, CUHK*



Objectives:

- To promote the use of HPs as part of fall prevention program in ward;
- To promote patient's motivation and staff advocacy for the use of the hip protectors;
- To redesign hip protector pants to match the patient's needs with the availability of different types of undergarment;
- To prevent hip fracture when patient fell.

Hip Protectors



- Newly designed by occupational therapist & nursing colleagues.
- Diaper-style hip protectors



- Pants-style hip protectors

Wearing of Hip Protectors by patients



Participating and sustaining volunteer work: the perspective of older volunteers

**Lee F.K.I., Yu S.F.D., Low L.P.L.,
Chan C.Y.J., & Lee T.F.D.**
The Nethersole School of Nursing, CUHK



Participating and sustaining volunteer work: the perspective of older volunteers

Lee F.K.I., Yu S.F.D., Low L.P.L., Chan C.Y.J., & Lee T.F.D.
The Nethersole School of Nursing, CUHK

- **Aim** – to explore the motivators and barriers for participating and sustaining volunteer work from the perspective of the older volunteers.
- **Sample** – 42 older volunteers were recruited from 2 community centers and the Agency for Volunteer Service. They were 60 years or above and had 3 or more months of volunteer work experience.
- **Method** – An exploratory descriptive qualitative design using individual face-to-face semi-structured interviews was employed. An interview guide and a demographic sheet were developed and used for collecting data in this study.

Preliminary Findings -

Sample:

- * 7 male & 35 females
- * 60-88 years old (mean = 74.66; SD = 7.85)
- * 1-23 years volunteer work experience (mean = 11.24; SD = 6.26)
- * wide range of volunteer work experience e.g. tutoring, food services, organisational committee programs in NGOs, visiting older people who are in long-term care

Categories emerged from the interview data:

- * Reasons for joining volunteer work e.g. altruism, fill time
- * Methods for joining volunteer work e.g. apply and indicate preference, joining in person for specific volunteer service
- * Experience of participating in volunteer work e.g. self-efficacy, sense of achievement, learning in the training process, broadening of life exposure, awarding friendship
- * Factors influencing continuation e.g. physical health, family commitment
- * A plan in volunteer work e.g. no plan to continue work is not a career, like to try different kinds of volunteer service

Launching of a Dangerous Drug Trolley in Shatin Hospital



Chui WST, Lee P, Chui M, Lo R, Woo J
*Medical & Geriatric Department, Shatin Hospital,
Central Nursing Division, Shatin Hospital,
Department of Medical & Therapeutics, CUHK*

Purpose

- ◆ To streamline the process of DD Administration of Medication (AOM)
- ◆ Minimizing the repetitive work of DD AOM
- ◆ Enhance the medication safety throughout the DD AOM process.

Feedback and Result

- ◆ Time was saved in the DD AOM.
- ◆ Nurses felt not safe to have DD transport on a stainless steel trolley.
- ◆ Occasionally, forgot to get all necessary DDs, then the workflow might need to be repeated.

Conclusion

- ◆ An innovative idea - not to be hidebound by convention.
- ◆ Nurses required courage to accept change and trial for it.

Conclusion

- ◆ Time saved, the DD AOM procedure performed safely and smoothly.
- ◆ Supportive administration level encourage staff to accept new ideas and willing to take trials throughout the process.

SNAPSHOTS ON AGMI



A Retrospective Study on the Characteristics and Symptom Burdens common in the end-of-life of End Stage Renal Failure Patients

Chung KPB, Tang FKI, Leung CCA, Wong YW, Tsang HW
Palliative Care Center, Department of Rehabilitation and Extended Care,
TWGHs Wong Tai Sin Hospital

Introduction

End stage renal failure (ESRF) is a progressive, life-limiting illness with high morbidity. And the elderly is the majority group in the 7th leading causes (renal disease) of death in Hong Kong in 2010. They often have several significant co-morbidities such as heart failure, diabetes and COPD which can further complicate the management of their care. Clinically and practically, it is an international acceptance that palliative care has an emerging importance to patients with ESRF, aiming to achieve better end-of-life care and improve quality of life. For better end-of-life care for the elderly, understanding their characteristics and symptom burdens is inevitable.

Objectives

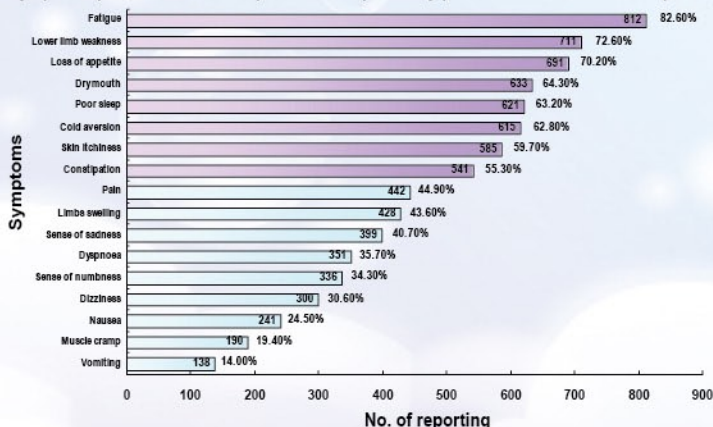
1. To review the characteristics of ESRF patients receiving Renal Palliative Care (RPC).
2. To identify the common symptom burdens at the end of life of ESRF patients and related quality of life for better planning of multi-disciplinary interventions.

Methodology

This is a retrospective study of RPC patients by analyzing the outcome measurement data of self modified Symptom Inventory, Modified Charlson Co-morbidity Index (CCI) and SF-36v2 (HK) Chinese version for ESRF patients. The data from June 2009 till October 2011 were included. In total, 233 renal patients were recruited into the RPC programme and completed 986 sets of Symptom Inventory and 127 sets of SF-36. 338 sets of Symptom Inventory were invalid due to patients' fluctuant general condition which is compatible to its typical illness trajectory.

Figure 1:
The common symptom burdens at the end of life of ESRF patients

Symptoms prevalence in ESRF patients as reported by patient in each assessment (N=986)



Results

The majority of our renal patients (90%) are over 70 years old or above and more dependent. Among 233 patients have 119 deaths (59 Male, 60 Female) with mean age 79.66 years old (age range from 56-100). More than 80% of the patients have two or more co-morbid conditions which can greatly complicate the management of their care.

In symptom prevalence, fatigue was present in 82.6% of patients. Other symptoms such as lower limb weakness (72.6%), loss of appetite (70.2%), dry mouth (64.3%), poor sleep (63.2%), cold conversion (62.8%), skin itchiness (59.7%) and constipation (55.3%) are also very common in ESRF patients (Figure 1). They have been suffering from a number of symptoms similar to or even more than terminal cancer patients. Their quality of life at the end-of-life has dramatically been affected. In analyzing SF-36 scores, it showed that physical functioning was positively related to bodily pain or discomfort and the physical functioning was significantly correlated to social functioning ($r = 0.591$), emotional health ($r = 0.325$) and mental health ($r = 0.244$) at the 0.01 level (2-tailed). Moreover, their mean score in each dimension of SF-36 on admission was also very low in comparison with Hong Kong norm (age 65 or above) as shown in Table 2.

Conclusion

From this study, ESRF patients are suffering from various symptom burdens and their quality of life is dramatically affected. However, identification of patients' and carers' subjective description on their perception and feeling are crucial. We need to further explore on their caring needs in various dimensions. Better planning of symptoms control, nursing management and program development can thus be further refined.

Table 2:
Quality of life (QOL) tool for ESRF patient

Mean (SD) score for each dimension of SF-36v2 (HK) Chinese version for ESRF patient on admission (N=127)

Domains	Mean Score (SD)	
	ESRF	HK norm (≥ 65 yr)
Physical Functioning (PF)	18.9 (22.7)	79.2 (19.7)
Role-Physical (RP)	23.3 (26.7)	73.7 (37.2)
Bodily Pain (BP)	58.0 (34.3)	77.4 (26.7)
General Health (GH)	29.3 (17.4)	49.2 (21.2)
Vitality (VT)	29.1 (21.1)	59.9 (19.8)
Social Functioning (SF)	31.9 (31.0)	92.1 (17.3)
Role-Emotional (RE)	66.7 (32.4)	78.1 (37.2)
Mental Health (MH)	63.4 (21.4)	75.7 (18.1)

Reference

Lam CLK, Lauder IJ, Lam TP & Gandek B (1999). Population based norming of the Chinese (HK) version of the SF-36 health survey, *Hong Kong Practitioner*, 21 (10), 460-470.



Coming Overseas/Local Conference for Elder Care 會議 / 座談會

1. **The 42th Annual Meeting of the International Continence Society**, 15-19 October 2012, Beijing, China. <http://www2.kenes.com/ics/Pages/Home.aspx>
2. **1st IAGG Conference on Gerontology and Geriatrics**, 17-20 October 2012, Cape Town, South Africa. <http://www.iagg.cmc-uct.co.za>
3. **Aging in a Changing World: 41st Annual Scientific & Educational Meeting of the Canadian Association on Gerontology**, 18 – 20 October 2012, Vancouver, Canada. <http://www.cagacg.ca>
4. **Asia Pacific Geriatrics Conference (APGC) cum Annual Scientific Meeting (ASM) 2012**, 20 – 21 October 2012, Eaton Smart Hotel, Hong Kong. <http://www.globalevent.hk/apgc2012/>
5. **19th Annual Congress of Gerontology, Promoting Choices & Frontiers in Elder Care**, 24 November 2012, Langham Hotel, Hong Kong. <http://www.hkag.org>

歡迎投稿

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