香港老年學護理專科學院
Hong Kong College of Gerontology Nursing

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2012年12月 第17期

2012-2014 Council Members

President's Message

My Dear Fellow Members,

Founding Fellowship for Grandfathering Scheme

*Our Founding Association is the "**Hong Kong Nurses Association of Gerontology**", which was established in 1997 by a group of enthusiastic and dedicated gerontological nurses. The Association was renamed as the "Hong Kong College of Gerontology Nursing" (HKCGN) in January 2010. Since its inception in 1997, the College has provided a wide variety of educational courses, seminars and workshops that are specific to the care of older people with the aims to raise the awareness of carers and health care professionals with updated knowledge and practices in gerontological nursing care. Moreover, our College has been accredited as a Continuing Nursing Education (CNE) Provider since 2006. We are now working with the Provisional Hong Kong Academy of Nursing, as one of the Academy Colleges, and to continue to promote the high standard of care for older people.*

Our Mission

1. *To strive towards excellence in the provision of quality services to older people in Hong Kong through four objectives.*
2. *To enhance the knowledge and expertise in gerontological nursing.*
3. *To promote understanding, communications and welfare of nurses working for older people.*
4. *To develop a local identity of gerontic nurses.*
5. *To initiate and develop continuous gerontological nursing education and nursing research activities.*

*To update you, we have had received nearly **70 applications**.*

*The **First Batch** of successful applicants will be conferred in **MAY 2013**!*

*We are looking forward to your successful application joining us as our **Founding Fellow!***

Anders YUEN
President (2012-14),
Hong Kong College of Gerontology Nursing.
22 November 2012

Briefing on Founding Fellow Membership

Contents

Application for Founding Fellow Membership of the Hong Kong College of Gerontology under the GrandFather / GrandMother Scheme

Members of Hong Kong College of Gerontology Nursing (HKCGN) can apply to be members of the Hong Kong Academy Nursing who are recommended by the College for admission and approved by its Registration Committee. There are 3 categories of members in the HKCGN. The criteria for fulfilling each of the 3 types of members are described below:

I. Criteria for nurses to be an Associate Member of HKCGN

- A qualified nurse who is NOT currently practicing in caring for older people, but has interest in Gerontology Nursing;
- The applicant is a nursing student; and
- Subscription Fee: $200 per 2 years.

II. Criteria for nurses to be an Associate Fellow of HKCGN:

- A qualified nurse who is currently practicing in caring for older people; and
- Subscription Fee: $200 per 2 years.

III. Criteria for nurses to apply to a Fellow of HKCGN:
(In the Process of Consultation)

- RN has satisfied all the training requirements and assessment as defined by the Academy (Basic training & higher specialist training accepted by College)
- RN has completed 12 months of training recognized by the College; and have passed all the prescribed assessments of the College
- In the opinion of the Council, the conduct of her/his practice has been consistently good and s/he has demonstrated significant contributions throughout the years of membership with the College; and
- Subscription Fee: $2,000 annually.

Participants listened attentively on details of the Scheme

Speakers of the briefing - The President and The Vice-President

The briefing held on 17 October 2012 has attracted lots of participants

Potential members & colleagues:

1. An Associate Fellow Member of HKCGN
2. A RN with over 15 years in any specialized practice(s) and within 2 years of the establishment of the PHKAN, and has demonstrated significant contributions to specialty services development including management and/or administration

End-of-Life Care for the Elders from a PRCC Students' Initiative to Real Clinical Practice in the Department of Geriatrics, RHTSK

Mak PK, Leung CW, Wong CK, Ng LH, Wong CP, Ng LM, Lui BK, Yuen WM, Lew WM, Cheung OP, Pak KW, Ho KY

Introduction:

Deaths in geriatric wards are commonly due to terminal non-cancer chronic illnesses. However, the palliative care service in Hong Kong mainly focuses on providing end of life care to patients with terminal cancer. Patients staying in geriatric ward are mostly frail and incapacitated with prolonged suffering from immobility and its complications. In view of this and the growing aging population, end-of-life care (EOL) for elders has become a new development in geriatric services nowadays. A group of PRCC specialty training nurses of IANS played as catalyst in establishing the service in workplaces with the collaboration with the various medical teams. They successfully transformed a project starting from improving the care to patient with Do-not-Resuscitate (DNR) order to an end-of-life care program providing an alternative care to benefit our elders.

Purposes:

To respect patient's right of choosing alternative types of care at their end stage of life and to make it a prerogative to maintain their comfort and dignity leading to peaceful death. To this end, training was organized to enhance staff's competency in the new care concept and in alleviating caregivers' stress.

Methodology:

- Established referral criteria and practice guidelines.
- Identified suitable cases and refer to End-of-Life Care Team in the department.
- Implemented primary nursing system to encourage interaction with patient.
- Allowed free visiting hour.
- Published education booklet to empower care-givers managing patient at home.
- Produced poster and promotion leaflet to dissemination the message to potential clients and visitors.
- Followed up patient in fast-track clinic to facilitate early discharge and better symptom control.
- Provided hotline service and flexible direct readmission

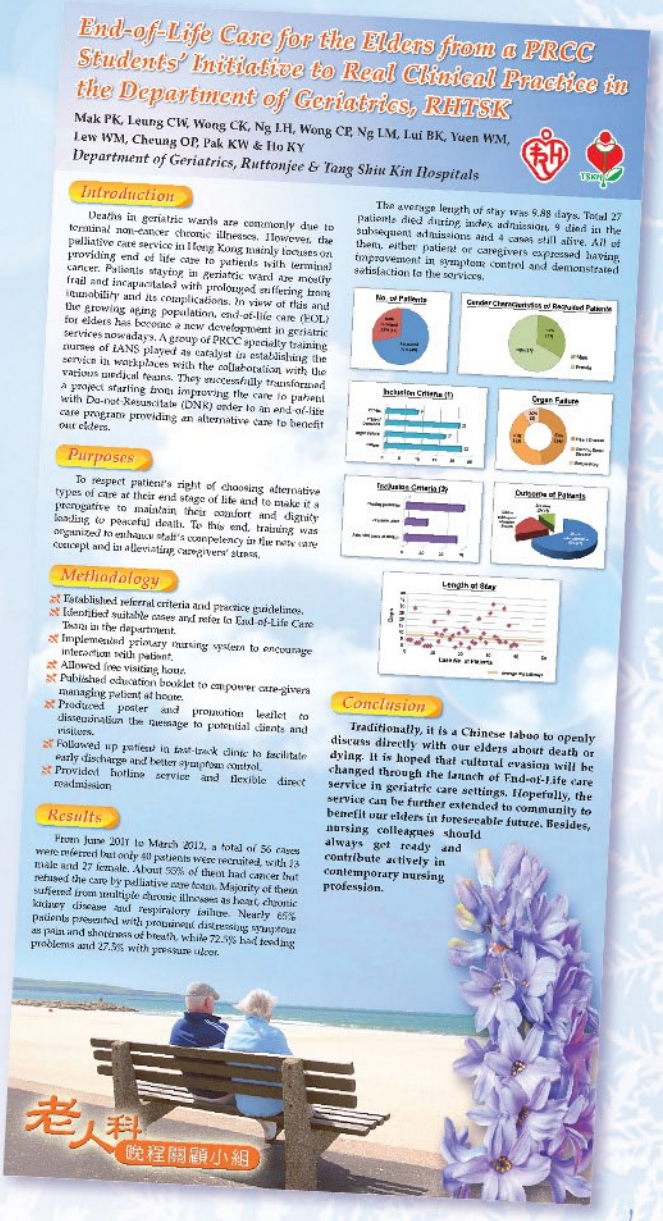
Results:

From June 2011 to March 2012, a total of 56 cases were referred but only 40 patients were recruited, with 13 male and 27 female, About 55% of them had cancer but refused the care by palliative care team. Majority of them suffered from multiple chronic illnesses as heart, chronic kidney disease and respiratory failure. Nearly 65% patients presented with prominent distressing symptom as pain and shortness of breath, while 72.5% had feeding problems and 27.5% with pressure ulcer.

The average length of stay was 9.88 days. Total 27 patients died during index admission, 9 died in the subsequent admissions and 4 cases still alive. All of them, either patient or caregivers expressed having improvement in symptom control and demonstrated satisfaction to the services.

Conclusion:

Traditionally, it is a Chinese taboo to openly discuss directly with our elders about death or dying. It is hoped that cultural evasion will be changed through the launch of End-of-Life care service in geriatric care settings. Hopefully, the service can be further extended to community to benefit our elders in foreseeable future. Besides, nursing colleagues should always get ready and contribute actively in contemporary nursing profession.



Continence Education extend to Community Program of Geriatric Day Hospital at Fung Yiu King Hospital

Wong S Y [1], Wong K C [1], Chiu K C [2], Chan H W [2]
[1] Department of Nursing, FYKH, [2] Department of Medicine, FYKH

Introduction:

Most elderly in Hong Kong do not know how and where to look for information and to seek for help on incontinence. Consequently problems such as low self-esteem might eventually lead to poor quality of life stressful because they do not understand the conditions of their body without proper care and preventive measures. Even if they know where to seek for knowledge on continence transportation to get there might also be another obstacle especially if they are mobility impaired. It is proposed to bring such knowledge to them by organizing regular talks on relevant topics on incontinence in the community.

Purpose:

This program serves as a median to promote continence knowledge to the elderly in the community so as to improve their understanding and to enable to obtain professional advice for the enhancement of their quality of daily living.

Methodology:

A total of ten educational sessions were conducted in Geriatric Day Hospital (GDH) attended by 120 clients whose age ranged from 65 to 89 years old. The series of talks was conducted fortnightly on the following topics: 1) Urinary incontinence; 2) Fecal incontinence; 3) Constipation; 4) Stress incontinence; 5) Urge incontinence; 6) Overflow incontinence; 7) Functional incontinence; 8) Nocturia; 9) Urinary incontinence investigation and 10) Urinary incontinence device. Each of the talk lasted for 20 minutes. A survey was taken from the participants prior to the commencement of the talk by answering a set of questions to gauge their knowledge on the topic of the day. Another questionnaire was also conducted at the end of the session to assess their understanding following the presentation.

Outcomes Result:

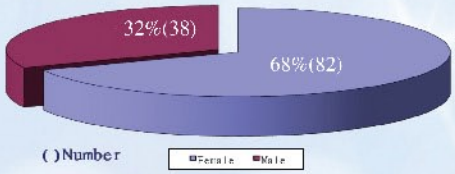
The program was implemented from 22nd August to 14th November 2011.

Outcomes measures were categorized by pre and post questionnaires on the following aspects for comparison:

1. knowledge on incontinence;
2. alertness on incontinence problems;
3. satisfaction on the program;
4. understanding on Continence Services.

In the Pre questionnaire i) 38 (37.1%) participants were males while 82 (68.33%) were females.

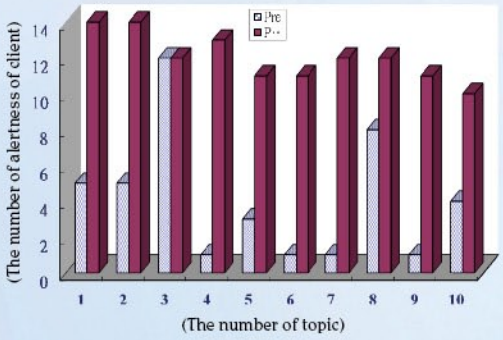
Fig. 1 *Patient sex distrubiton*



ii) 41 (34.2%) clients reported understand the incontinence problems and 79 (65.8%) clients did not understand the incontinence problems. iii) All 120 clients were interested in joining the lesson. Furthermore iv) 26 (21.7%) clients showed willingness to study outside the GDH, but 94 (78.3%) clients did not want to study outside the GDH due to the fact that they needed a relative to accompany them or the location which was not convenience to them or they suffered from impaired vision and mobility.

In the Post questionnaire i) all 120 (100%) clients were satisfied with the program, ii) all 120 (100%) clients improved their knowledge of continence, iii) all 120 (100%) clients were willing to seek further advice and care should they have any incontinence problem.

Fig. 2 *The Pre and Post questionnaire of alertness on incontinence problem*



Conclusion:

The Continence Education Program was useful in providing the knowledge of continence to the elderly in the community. The program also improved their understanding especially on constipation and urinary incontinence which were their major concern. After attending the series of talks, the participants were more alert of their own health status and knew how to seek further advice and care which otherwise they have had no ideas. However, in order to encourage the elderly to participate in the program it is necessary to bring the knowledge to them because of their mobility constraints, an active program is therefore needed to be embarked to spread and bring the knowledge to this group of elderly to help them to improve their QOL.

Lam Mo Ching and Wong Shui Yu with their poster

3 years experience in a Nurse-led Ward-based Continence Program on Nursing management of acute retention of urine (AROU) --- to promote quality care for hospitalized geriatric patients.

Lam M C, Wong S Y, Wong K C, Choi SM
Department of Nursing, Fung Yiu King Hospital

Introduction:

Acute retention of Urine (AROU) is defined as a painful, palpable or percussable bladder, when the patient is unable to pass any urine. (ICS, 2001) AROU increases with age and is commonly encountered in the hospitalized elderly. AROU has been associated with urinary tract infection, overly distended bladder; prolong length of hospital stay and higher hospital mortality rates. However, AROU can be prevented and treated by early detection and prompt management.

Objectives:

1. To early detect AROU for patients
2. To develop a practical, individual continence management program on AROU
3. To set up standard guidelines for nursing practice on AROU
4. To reduce premature Foley's catheter insertion
5. To improve patient's quality of life

Methodology:

The program was commenced since March 2009. Bladder scanning was performed to rule out post-voiding residue urine to those patients with high risk factors e.g. urinary tract infection (UTI), constipation, stroke and Parkinsonism, etc. Patients who had been identified with the problem(s) of AROU would be recruited into the program. A focus continence assessment was performed. According to their presenting problem(s), individual nursing intervention would be given. An evaluation was performed when patients weaned off Foley's catheter or were discharged from the hospital.

Results

A total of 277 patients were recruited into the program during the period from March 2009 to February 2012. 270 were females and 7 were males. The mean age was 85 year-old. Their associated presenting problem mainly focused on Urinary Tract Infection 248 (89.5%), Constipation 217 (78.3%), Restricted Mobility 270 (97.5%) and Drug action 235 (84.8%). After a series of nursing care plan applied, 142 (51.3%) patients were successfully weaned off Foley's catheter, 91 (32.9%) patients were discharged from hospital with Foley's catheter. Due to their deterioration in general condition, 16 died and 14 were transferred back to QMH.

Conclusions:

Acute retention of urine is a major problem among elderly patients. Some reversible causes, for example, Urinary Tract Infection, Constipation, Restricted Mobility and Drug action may lead those patients suffer from AROU. By applying a series of specific nursing care management plan according to their problem, some patients' suffering in acute retention of urine could be solved. Premature long-term Foley's catheter insertion could be reduced and patient's quality of life could be improved.

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

This poster has been published in the Newsletter issue 16

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References :
1. According to the research study on medical nutritional products conducted by Ipsos Healthcare in 2012. 2. American Heart Association Nutrition Committee, et al. Circulation 2006;114:82-96

M12-P914-1-0139

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Metaparadigm of nursing in terms of nursing and health, client and environment

YUEN Yuet-sheung, Carol

Although Hong Kong is a very Westernized society, some families do consider Traditional Chinese Medicine (TCM) as a part of life. Cultural belief determines people's health seeking behaviours and eating habits and more and more Hong Kong families have been using TCM to balance the yin and yang food component (Simpson, 2003). As a profession with frequent encounters with the public, the regulatory body for nursing in Hong Kong requires a 20-hour programme of TCM to be incorporated into the nursing curriculum (Hon, Twinn, Leung, Thompson, Wong & Fok, 2006). TCM includes under the Complementary and Alternative Medicine (CAM) (Richardson, 2001). Unfortunately, however, no TCM element has been included in training programme at the former School of General Nursing and therefore I have never engaged in self-sponsored programmes with TCM.

Since my entering into the nursing profession as a Student Nurse, Sasa (use alias) has been having a very crucial impact on my career life and my personal life. I know Sasa personally for 22 years. She and all her family members believe in Taoism (天德聖教). Sasa's Saint Master (聖師母) and Master (老師) are having top-level of magical power and they will implement supernatural procedure. I learn many histories of their saving peoples' life from precipice of death when Western Medicine diagnosed as incurable diseases. Many things happen around Sasa are incredible fairy tales, deep-root and penetrate my systems of thoughts for years.

"School of thought" of Taoism believes that signs of bodily disharmony are sometimes due to invasion of devil or bogey. It may also because of people running into bad luck (時運低) or having done cursed or misdeed things at previous incarnation or present life (前世或今生作孽). Although Sasa has been receiving Western style of nursing training, she is a traditional Chinese lady and is having strong cultural belief in TCM. I do agree that personal familiarity with a kind of therapy will make referral to others on the same kind of therapy more willingly (Burg et al. cited in Wilkinson & Simpson, 2001). On the other hand, I admit that friends are sometimes neither an accurate nor a reliable source of information about utilization of CAM (Wilkinson & Simpson, 2001). However, my strong belief in TCM roots in the genuine friendship and intimate relationship between Sasa and me. Later, my father's suffering comes to my mind when I have to tell you why I believe in CAM……

Having father diagnosed to have terminal cancer in 2003, my family system was totally collapsed. As father and mother had been worshipping for Taoism and perform libation for years, I had also been influenced for long since I was young. I had got severe internal ideological struggle and falter in my belief system. I regretted myself for not having TCM knowledge and therefore I was unable to offer comments in treatment. Such a vacillation persisted because of my mistrust and my family's "significant" lack of confidence in Western Medicine. On the brink of father's death, we knew father's quality of life and dignity were top priorities and therefore we were more willing to "accept risks and wait for hope" by using CAM.

I understand why some clients may feel uncomfortable to talk with health providers on their CAM utilization because adequate answer or satisfactory response is always unavailable (Wang & Yates, 2006). Cite my father's death as a lesion to be learned, I agree a need to acquire knowledge in CAMs so as to increase clinical autonomy and to enhance provision of culturally appropriate advice and care to my clients.

Western Medicine and TCM are sometimes complementary to one another. I realize that organizing self-study groups, journal clubs or attending symposiums can enhance my interest and motivation in life-long learning and sharing. Although TCM "does not operate within the contemporary scientific paradigm", Wikipedia webpage describes that TCM practitioners have been trying their efforts to incorporate their practices into the biomedical framework. I aware that lots of Western practitioners are also having recognized qualification in TCM. Therefore, a professional nurse like me should not be left behind!

I agree with that differences in communication patterns, cultural values, professional values, scope of practice and variations in nursing procedures and protocols should be addressed in order to enhance optimal client and organizational outcomes (Xu & Kwak, 2006). With more people migrating from China and increasing people consuming TCM, I have done something to enhance my knowledge in this paradigm and try to understand clients from their cultural perspectives. To enhance communication with the Mainland TCM practitioners and read extracurricular books, I have taken courses to enhance proficient communication skills in Putonghua and writing skills in Simplified Chinese.

To earnestly learn from self-experiences (親身體會), I sometimes seek TCM practitioners' advice and treatment for illnesses. How can I offer my advice and share my credible experience with my clients if I have never had such experience? My Indonesian domestic helper usually performs Cupping and gua sha (刮痧) for me when I am sick. I also receive die-da (跌打) treatment for musculo-skeletal problems. For serious or urgent diseases, my professional code of ethics surely guides me making sound clinical decision – seeking professional advice from case Medical Officer that the kind of CAM I am currently using. I am sure with more professional qualifications and personal exposure, I will be more confident in advising clients about the combined use of Western Medicine and Chinese Medicine.

Hope you will echo my opinion!

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Forthcoming Events

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

1. **8th European Congress of Biogerontology**,
   10 – 13 March 2013, Be'er Sheva, Israel.
   http://biogerontology.wix.com/resolve
2. **The 20th IAGG World Congress of Gerontology and Geriatrics**,
   23 – 27 June 2013, Seoul, Korea (South).
   http://www.iagg2013.org/

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