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President's Report



2014-2016
HKCGN Council Members

My Dear College Fellow Members,

Time passes so fast and we are now in 2015! May I take this opportunity to update you some of our College's major achievements in 2014?

In meeting with the ever-challenging health care system and the complex community environment, we have invited Professor Sophia CHAN, Under Secretary for the Food & Health Bureau, the Government of the HKSAR, as the Keynote Speaker for our 2014 Annual Scientific Meeting and shared his foresight with us on "Strength & Opportunity for Elderly Healthcare" at our 8th Annual Scientific Meeting on May 31st 2014. This year our Scientific Meeting has received an overwhelming response of over 100 participants. In such meeting, our Fellows and members have also shared their successful contribution in various clinical projects/ works and excellent updates of their current nursing practice innovations.

We have collaborated with the HK Geriatrics Society and "Abbott" to conduct the Seminar of "Nutrition & Healthy Aging: improving muscle and cognitive health" on June 16th 2014 with more than 110 College Members participated. Dr. Jean-Pierre Michel has been invited as the Expert Guest Speaker for this event.

During 2014, our College has successfully launched the CNE Update Course in Common Mental Health Problems in Geriatric Patients in Clinical Settings: Dementia, Delirium & Depression as a joint-handed program with the HK Association of Gerontology. They are more than 40 participants enrolled in such program.

Moreover, I am delighted to inform you that our College first Journal Club Meeting had also been conducted fruitfully on November 25th 2015 with more than 30 Fellow participants. The Journal Club topic at that time was "Insertion & Care of Urethral Catheter". I would like to express my heartfelt appreciation to all the members of our Journal Club Working Group and the excellent leadership of the Working Group Convenor Ms. Joan HO.

I would also like to take this opportunity to send my deepest gratitude and thank all our devoted Council Members for their wholehearted support to the College and brilliant, good works in past years. Our College could not be so visible and resourceful to our members without their wonderful, dedicated contributions.

Wishing you all another successful and rewarding year in 2015!

Anders Yuen

President (2014-16),
Hong Kong College of Gerontology Nursing
December 19th 2014

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Reminiscence work - promoting elderly psychosocial wellbeing in acute psychogeriatric admission wards

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Reminiscence therapy is a non-pharmacological intervention for psychogeriatric patients. Reminiscing occurs from childhood onward as we all love to share important moments of our lives. According to Butler's seminal research (1963), reminiscence is the most important psychological task of older people. In the following paper, the author would like to share her experience in reminiscence work for elderly in acute psychogeriatric admission wards.

For the nurses, reminiscence is a therapeutic intervention important in assessment and understanding our elderly clients (Touhy & Jett, 2012). We can learn much about our clients' history, strengths and life story through reminiscence work that facilitate us to formulate effective care plans for our clients.

There are many reasons and goals for doing reminiscence. Reminiscence provides a pleasurable experience that improves elderly quality of life. Reminiscence encourages sociability and increases connectedness with others (Gibson, 2011). Reminiscence work enhances self-esteem, alleviates depression, reduces social isolation and builds relationships for elderly people (Gibson, 2006). Moreover, reminiscence increases levels of well-being, improves communication and cognitive stimulation to people with dementia (Woods, 2005).

In Castle Peak Hospital, Department of Old Age Psychiatry (OAP), a reminiscence corner - Herbal Tea Shop (養心堂) was established in Jan 2012. Our mission is to enhance psychosocial interventions and social entertainment for OAP in-patients through establishing a reminiscence corner with main theme of a 1960s local herbal tea shop. In 1960s, the prime time of our patients, herbal tea shops along the streets in Hong Kong were places for local grass root people, in addition to have a bowl of cooling herbal tea for ailments or health maintenance, also a club house to have entertainment, dating, watching TV and listening to radio.





In addition, old street scenery with wet market and table for letter writing was created by the side of the Herbal Tea Shop. Most of the antiques in the Shop were donated by staff. Reminiscence work conducted by ward nurses to OAP in-patients individually or in groups of 3 to 8 with regular sessions per week. As the Shop forms an integral and functional part of the wards, thus patients' accessibility and utilization are enhanced.

The Herbal Tea Shop also offers a good venue to organize special reminiscence events such as: The Shop Grand Opening; New Year Festive Celebration and Mid-Autumn Lanterns Appreciation. Clients' family members, community partners and volunteers were invited to join.

Many older adults fall into at risk group of depression. Depressed clients in acute psychogeriatric ward are presented with low mood, low self-esteem and socially withdrawn. From the author's experience, most of the depressed clients could benefit from the reminiscence work in this simulated reminisce environment – Herbal Tea Shop. Elderly shared their happy memories spontaneously. Elderly's depressed mood improved and self-esteem increased after sessions of reminiscence. Ward nurses help clients to draw on evidences of past successful copings as to meet today and future challenges.



For people suffered from dementia, their remote memories are well preserved until the late stage of disease. Demented clients' communication increased and socially acceptable behaviors enhanced with reminiscence work. Demented clients usually able to perform very well that exceed health care workers expectation throughout the reminiscence work.



Reminiscence therapy is widely used for psychogeriatric clients with therapeutic value. According to Gibson (2011), reminiscence is a search for meaning – a search for understanding our past. Older adults increase limitations in the end stage of their life. However, their increased level of control through travelling freely their past journeys act as our life teachers during the reminiscence sessions. Reminiscence therapy provides older adults with a sense of fulfillment and comfort as they look back at their lives. It is crucial for the health care workers to value their clients' past competences and early achievements. Thus, psychogeriatric clients' self-esteem increased and self-image re-built. By establishing the Herbal Tea Shop and practicing reminiscence, care practices for OAP in-patients enhanced. Patients' quality of life enhanced through engaging in meaningful activities. Apart from its therapeutic value, it is a simple way for health care workers to show their concerns and care.

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Population Policy Consultation Helping Hand 2014

Population policy is a complex subject with overarching effect covering issues from the young to old, from individuals to businesses and charities, and so on. From a population policy point of view, there are several factors which could potentially better facilitate the elderly population. Therefore matters involving elderly, within the frame of population policing, should not only look at elderly as a subject as they is also intertwiningly affected by other issues within the family. Hence we urged the Hong Kong Government to look at the overall facilitation of family as a unit, as well as looking at how to benefit elderly as an individual when looking at the frameworks such as "aging in place".

Implication of ageing population and caring needs for the old-old (aged over 85)

In 2013, approximately 1 million people aged over 65 with 148,300 aged over 85. By 2031, 2.25 million people aged over 65 with 249,000 aged over 85. Over the next 20 years, Hong Kong's old-old (aged over 85) population will increase over 60% by 100,000 from 150,000 to 250,000. Chronic diseases in this old-old group include neurodegenerative diseases and the prevalence of dementia in persons aged 85 and above is 30% in the community; a higher prevalence is expected in residential settings which supports the frailest group, discharged from the hospital and with complex multiple co morbidities requiring high dependency care. The increase not just in percentage but in absolute number will impose heavy burden and needs for caring especially the need for residential care and long term care.

In one of the studies conducted by Hong Kong Association of Gerontology and Macau Social Work Bureau, 26% of those aged 85 or above require long term care service. Thus, it is important that **the Hong Kong Government take a lead role to project the need accurately and facilitate the provision of the needed services.** Accurate projections of such medical and supportive needs in the old-old segment in 2031, in 2 decades time, when the proportion of aged 85 and above rises exponentially, will give policy makers a practical timeframe to instigate care provisions in steps to meet the ensuing needs of the Aging of the Aged.

The following are suggestions from Helping Hand:

Enhancing resource efficiency through community case management

1. It is often the case where family members, especially females, chose to give up their career at detriment to become a full time carer for their family members, albeit there will be a point where elderly inevitably require long term care professionally.

2. According to Census and Statistic Department, by 2036, around 7,300 household is projected to require elderly services and/or facilities. Yet the existing services, such as community care and home care, are mostly delivered on an ad hoc basis. The channels for obtaining benefit for those with needs are rather obscure. Here we emphasise the importance of **introducing community case manager to play an active role in the community** as an intact linkage between service providers and those in need. **Training for community case manager** in this aspect can potentially be incorporated as an additional curriculum during Social worker's training programme.
3. We believed that once members of family are better cared for (whether financially or in terms of support), a lower family burden will enable other members to have more capacity to work and/or to have more children.

Expanding dementia and age friendly long term care facility

1. It is known that 50% or more of residents living in subvented C&A or Long Term Care (LTC) homes is suffering from dementia nowadays. Other than medical optimization which is far from satisfactory, and caring staff with specialized skills, a dementia friendly caring setting is also important in providing quality care to demented elders; in facilitating the non-drug management of persons with dementia
2. An environment with control and balance stimulation such as noise, disturbance, rooms for different functions with furniture and fitting which demented elders can get familiarized with would help to prompt their activities and behavior, as well as to minimize the occurrence of behavioral and psychological symptoms of dementia (BPSD).
3. A **collaborative model of medical, supportive and environmental** input which is cost effective and sustainable must be worked out. It is only possible with **the Government taking a lead role in coordinating these different efforts** in the community to map out the development of such a model.

Increasing training and supply of caring manpower

1. It would be worthwhile for the Government to **find out the number of retirees** who have relevant knowledge and experience in caring older people, in the medical, nursing and social and supportive areas, and at the same time willing to **contribute to have their experience and knowledge be transferred.**
2. **Training of management and caring personnel** for China with offers of practicum training opportunities in facilities located in both Hong Kong and China would provide the increased supply of trained



manpower for the caring of the old-olds which are win-win-win situation. In this regard, Helping Hand Zhaoqing Home for the Elderly have over 10 years of working experience in training healthcare assistants in China and collaborating with local hospital services; and have obviated the need of many elders to come back to Hong Kong for continued medical treatments. Our partners in Guangdong including medical, nursing and administrative partners welcome the input of professionals from Hong Kong to enhance the service quality.

3. Experienced trainers who are retirees can continue contribute and remain productive without affecting the upward movement along the career development path of exiting younger generation. **Knowledge transfer from experienced retirees to successors** can ensure smooth transition with assurance of quality, not just within Hong Kong, but also contribute in raising the standards of elderly care in China which may in turn attract more older people to consider retiring in China, thus reduce the pressure on demanding caring manpower and facilities in Hong Kong.
4. Training of caring personnel in China can help to supply skilled manpower for Hong Kong, if these **trained skilled manpower can be placed as trainees in Hong Kong LTC facilities** for practicum for a period of no less than 1 year. Upon completion of the practicum in Hong Kong, these skilled caring personnel will return home and at the same time bring along the skills and knowledge to China, which help to raise the standards of elderly services in China, thus enhance the confidence of older people in Hong Kong on the option of retiring in China. This is a win-win situation for Hong Kong and China.
5. Helping Hand Zhaoqing Home for the Elderly can be the training venue and facility for caring personnel, at the same time, the facility and option for those who want to retire in China.

Facilitating retirement in China (Guangdong as a start)

The more older people choose to retire in China, the less pressure on demand of land and manpower for caring of older people within Hong Kong. Hong Kong has the vantage point of being integrated into the Pearl River Delta region, and at the same time maintains its uniqueness. The medical and social model of elder care can be extended into China, and retirement back to China can become a genuine and favorable option for elders.

Medical issues

1. One of the major concerns for older people to decide if they would choose China to retire is the provision of medical services including the availability of trustworthy and affordable medical services.

2. The Hong Kong University Hospital at Shenzhen can reduce the worries of Hong Kong older people on the trustworthy issue. Further **collaboration with local hospital**, for example, at Zhaoqing, would be necessary and the Hong Kong Government would have a leading role to play. We propose that **a geriatric service be set up at the Hong Kong University Hospital at Shenzhen** and to link up with local and regional medical services to provide training and services for elders and especially those Hong Kong citizens residing in the Guangdong region. Training of medical, paramedical and nursing staff in China by Hong Kong retired professionals may help to reduce the worries on the quality of medical services in China.
3. The **Hong Kong University Hospital at Shenzhen as a registered provider for the Medical Voucher Scheme** for Hong Kong older people would be another elder friendly policy the Hong Kong Government can consider.

Long term care issues

1. The Pilot **"Bought Place Scheme"** at Shenzhen and Zhaoqing opened up the provision of LTC options for older people in Hong Kong. More supports from the Government are necessary to help the pilot scheme to succeed such as **promotion of the homes to older people** who are on the LTC central waiting list.
2. The Government need to **expedite the extension of the "Old Age Living Allowance" (OALA) to the eligible older people who are living in Guangdong**, so when they are in need of additional financial support for long term care, they would have support from the Government without the hassle to rush back to Hong Kong just for that. **The same must also apply to Disability allowances** and the verification to be done in China and obviated the need to return to Hong Kong to extend the provisions of the allowances.
3. The Government need to **consider the inclusion** of older people who live in Guangdong to join the **pilot "Community Care Service Voucher Scheme"** with the same reason for the OALA.
4. With the "portability" of these allowances so older people who choose to retire in China would enjoy the same benefits as if they choose to retire in Hong Kong, the option of retiring in China would be more likely to succeed.





推廣長者健康 與時並進

衛生署長者健康服務在1998年成立，香港十八區各有一間長者健康中心和一支長者健康外展隊伍。

長者健康中心以家庭醫學模式運作，由跨專業團隊為長者提供全面基層健康服務，包括預防、及早發現和妥善控制疾病。長者健康外展隊伍則為社區的長者及護老者提供促進健康活動及培訓，以加強自我照顧能力和護理的技巧。

助人自助，是長者健康服務在推廣長者健康一向採取的策略。由於超過七成長者都患有慢性疾病，讓長者懂得預防及妥善處理，實在無比重要。

長者健康服務經常利用多種渠道，為市民提供正確的健康知識。例如無線電視每星期日早上播放的「開心老友記」、聖雅各福群會每月出版的「松柏之聲」、香港電台第五台每天播出的「香江暖流」，都是長者健康服務的長期合作夥伴。

為更詳細講述健康知識和示範技巧，長者健康服務製作了不少視像光碟。一些是免費派發的，例如「安老院舍感染控制技巧」，另外一些則是公開發售。較受歡迎的題目有「簡化24式太極拳」、「水中運動」等。曾有朋友看完「老年癡呆症照顧篇」後淚下——不是因為劇情太慘情，而是被深深感動了，足見影片的質素極佳，情理兼備。

以正面、務實的態度解決問題，乃是長者健康服務不停傳遞的信息。「快樂人生之夕陽無限好，不怕近黃昏」光碟，利用正向心理學的理論說出快樂的真諦，最適合長者及其護老者參考。

近年長者健康服務亦出版書籍。題目多樣化，如為糖尿病患者而撰寫的「輕鬆控糖」和「控糖美饌」、「退休樂逍遙」、「運動有方活出健康」等。其中銷路最佳的是「護膝防痛齊開步」。

今年出版的新書是講解休閒科學的「健康休閒 正向人生」，和利用再版機會把中文版改寫為中英對照的「健康家常食譜」。

從只有長者健康外展隊伍的講座，到通過大眾傳媒宣揚，到與出版界合作，長者健康服務推廣健康的方法與時並進，以配合學歷更高、要求更高的未來一輩長者。當然，長者健康服務早已設有網頁，各式「健康速遞」訊息不少，有空請到<http://www.elderly.gov.hk>瀏覽，還可以在網上索取「DIY自助式健康自學教材套」，協助推廣長者健康呢！



衛生署長者健康服務
前助理處長
陳慧敏醫生

Journal Club Meeting

With a view to appraising studies on intervention and management of gerontological and continence nursing, and promoting quality evidence-based care in clinical practice, the HKCGN had held the first Journal Club Meeting at the Hong Kong Polytechnic University on 2nd December 2014. The topic was 'Contemporary Continence Care for the Elderly'. We were honoured to have invited Ms. CHAN Sau Kuen (Nurse Consultant/Continence) and Dr. WONG Kar Yan Alice (Assistant Professor, School of Nursing, HKPU) to present the topics on 'Catheter associated UTI' and 'Study on Prompt Voiding' respectively. About 30 nursing colleagues participated in the meeting and discussion. Encouraging positive feedback was received in terms of objectives, content, venue, duration, and audio-visual aids etc.

CHAN Mei Wai (Council Member)



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

1. Respecting Our Loved One's Wishes, 26-27 February 2015, Melbourne.
<http://www.changechampions.com.au>
2. 30th Annual International Conference of Alzheimer's Disease, 15-18 April 2015, Perth, Australia.
<http://www.adi2015.org>
3. 3rd International Conference on Ageing in a Foreign Land, 24-26 June 2015, Adelaide, Australia.
<http://www.ehospice.com/australia/Events/tabid/1113/smid/3871/EventType/0/Audience/0/Country/0/Region/0/ArticleID/8092/language/en-GB/Default.aspx>
4. 29th Meeting of Japan Gerontological Society, 12-14 June 2015, Yokohama, Japan. Email: 29rounen@coac.co.jp
5. IAGG Asia / Oceania 2015, 19-22 October 2015, Chiang Mai, Thailand.
<http://www.iaggchiangmai2015.com>
6. 2015 Australasian College of Health Service Management (ACHSM) cum Australian Council of Healthcare Standards (ACHS) Annual Congress, 28-30 October, 2015, Melbourne, Australia.
<http://www.achsm.org.au>

歡迎投稿

本會將優先考慮刊登稿件與老年學護理 / 長者健康相關題材。請將稿件或照片 (請註明相片標題) 連同個人聯絡資料電郵至 publication@hkcgcn.org 為答謝投稿者，來稿一經刊登，可獲贈書券一張。

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