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2015年10月第 **23** 期

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安老服務計劃方案

香港行政長官在二零一四年《施政報告》中宣布，委託安老事務委員會（安委會）籌劃「安老服務計劃方案」（「計劃方案」）。安委會為此成立工作小組，並委任香港大學社會工作及社會行政學系的顧問團隊提供協助，通過諮詢不同持份者及各界人士的意見，以協助籌劃「計劃方案」。

『計劃方案』分三期階段進行，訂定範疇，制訂建議，建立共識。

1. 「訂定範疇階段」是透過討論及蒐集各方對安老服務的意見，以制訂計劃方案的範疇。
2. 「制訂建議階段」是就「訂定範疇階段」得出的主要關注課題，探討應對這些課題的整體方向和可考慮的選項。
3. 「建立共識階段」是與社會各界討論應在「計劃方案」中提出的建議，並就此建立共識。

安委會籌劃的「安老服務計劃方案」已於二零一四年十月至十一月期間完成第一階段「訂定範疇階段」的公眾參與活動，收集持份者對「計劃方案」範疇的意見。在參考持份者的意見以及顧問團隊的分析後，安委會已訂定「計劃方案」的範疇，並確定以下議題，包括：

- | | |
|------------------------|----------------|
| 一、「長者」的定義及安老服務的目標服務使用者 | 三、人力及培訓 |
| 二、安老服務 | 四、處所及空間 |
| | 五、安老服務的可持續融資安排 |
| | 六、其他課題 |
- 積極樂頤年
 - 社區支援及照顧服務
 - 照顧者支援
 - 院舍照顧服務
 - 各項安老服務的銜接
 - 服務質素監管機制
 - 安老服務和其他服務的銜接
 - 計劃服務的模式
 - 資訊科技及訊息發放
 - 認知障礙症患者服務
 - 對少數族裔的支援
 - 善終照顧

顧問團隊於二零一五年六月至八月進行第二階段「制訂建議」的工作，顧問團隊就各項主要議題舉行工作坊，邀請熟悉有關課題相關團體和持份者參與，並進行聚焦討論。之後，顧問團隊會在不同地區舉辦公眾論壇，邀請所有有興趣人士參與，以進一步了解其他團體和地區人士的意見。本學院亦就有關活動向護士同業收集意見，並草擬意見書。

<完整意見書請參考第四、五頁>

香港老年學護理專科學院

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Can aromatherapy combat chronic pain for community dwelling older people? A literature review

PAU MML

School of Health Sciences, Caritas Institute of Higher Education

Background

Chronic pain is one of the major global health problems that brings increasing awareness to healthcare professionals. It is particularly serious among older people which affects their quality of life. In Hong Kong, chronic pain affects 37.1% of the local population aged 60 years and above. Over 32% of them complained of moderate to severe limiting disability, leading to functional and psychological impairment and sleep problems. Aromatherapy, a kind of complementary and alternative medicine, is thought to enhance the parasympathetic response through touch and smell, to achieve the effects of relaxation, and acts as a way of pain relief. The delivery of the essential oil by way of massage has demonstrated encouraging results. In view of minimizing the hazardous effects of polypharmacy and improving the quality of life of older people, it is worthwhile to explore its effectiveness in combating chronic pain through the extensive search of literatures.

Objective

This paper presents the review of the effectiveness of aromatherapy, in treating chronic pain for older people.

Method

Search words included chronic pain, elderly, aromatherapy and were searched from EBSCOhost, MEDLINE and Google Scholar from the year 1995 to 2015.

Results

No articles were retrieved using all the keywords: chronic pain, elderly and aromatherapy. Numerous studies were found when using two keywords, aromatherapy and pain, however, most of them were studying on the relief of pain in labour care and for the end of life care; Six studies were found related to combating chronic pain for the elderly. Among these studies, aromatherapy showed significant improvement mainly on relieving bone and joint pains, results were not statistically significant in improving the overall life satisfaction. The essential oils that were commonly used for pain relief was lavender. The duration and frequency of these studies varied.

Conclusion

The review of the literatures showed aromatherapy is potentially beneficial to the older people especially for bone and joint pain, however, due to the limited studies being conducted, more researches are encouraged to explore its effectiveness especially in combating different kinds of chronic pain in the older population, so that it may widen their choice for pain relief and improve their quality of life.





Exploring the Impact of Advance Care Planning on Chinese Older People in Hong Kong Ng AMF(1), Chan HYL(2)

The Nethersole School of Nursing, The Chinese University of Hong Kong

Background

Respecting individual autonomy on treatment choices was highly upheld in nowadays health care service. Advance care planning (ACP) is a process for individuals to share their decisions for their future care. Literature shows that the implementation of ACP to older people varied in terms of format, duration and time. The outcomes of ACP in older people were diverse. Systematic review further indicated that the effectiveness of ACP on older people was not well evidently supported. Hong Kong was in the infancy stage to integrate ACP into the care practice. Understanding the perceptions of older people towards ACP would provide insights on future ACP program design in the local context.

Objective

This study aimed to understand the experience of Hong Kong Chinese older people with advance care planning and explore its impacts on them.

Method

Older people who had undergone an ACP in Hong Kong were purposively selected for the study. In-depth semi-structured interviews were conducted with the participants and field notes and reflective journal were kept. The interviews were audio-recorded and transcribed verbatim for qualitative content analysis.

Results

There were nine participants in the study. Their mean age was 70.1years. All of them have chronic diseases at advanced stage. The findings reflected that ACP was a positive experience for participants. Participants shared that they were willing to discuss on death and dying issues and they could facing end-of-life positively. Three categories emerged from the data, namely: better understanding about end-of-life care planning; engaging in end-of-life care planning; and relieving from concerns over burdensome death. The findings indicated that information about the disease trajectories and treatment options encouraged participants to participate in end-of-life planning. This eventually resulted in psychological relief as they were free from concern over burdensome death.

Conclusion

This study had shown that ACP increased Hong Kong Chinese older people willingness and competence to confront end-of-life care issues and make plan for relieving death anxiety.





安老服務計劃方案 香港老年學護理專科學院意見書

二零一五年八月

香港老年學護理專科學院會員均是熱衷長者服務的護士同業，學院致力加強護理同業對長者護理的知識和技巧，每年均舉辦不同的專題講座及研討會，透過彼此分享服務經驗，有效地提升護理服務的質素，使長者能得到更優質的照顧。本學院的護士同業得悉安老服務計劃方案正在舉辦公眾參與活動，均紛紛提出意見，冀能為香港未來安老服務計劃提供實務的意見，並希望安老事務委員會能積極考慮。

意見重點

1. 長者服務需要跨專業協作

- a. 人口老化，人均壽命延長，但健康並非必然，全人健康對長者是非常重要的，身、心、社、靈的健康支援有賴不同專業的合作及貢獻，本學院認為有需要優化現有的醫社合作項目：
 - i. 離院長者綜合支援計劃：應廣泛包括所有離院長者，增撥資源成立離院長者家居支援隊，並於每間醫院設立一站式離院長者協調辦公室，增強對離院長者的支援，減低再次入院的風險。
 - ii. 醫管局社區老人評估服務及老人精神科外展服務：增撥資源使服務涵蓋全港所有安老院舍，並逐步增加名額，讓大部份居於護老院的長者均能在社區得到醫療照顧，而不需舟車勞動及長途跋涉地到不同診所覆診。
 - iii. 長者牙科外展服務：增撥資源使服務涵蓋全港所有安老院舍及日間中心，並逐步增加名額，讓大部份居於護老院及使用日間中心的長者均能享用服務，改善長者生活質素。
- b. 擴大醫健通及電子健康紀錄平台的應用，包括醫生、護士、專業治療師及社工，使資訊及溝通更暢順，避免長者要不斷向不同部門或服務提供者重複自己的狀況及需要，同時可更有效率地運用資源，減少重複或浪費。
- c. 建議成立長者服務管理辦公室，長者可透過此一站式服務，由個案經理協助規劃長期照顧服務的需要。
- d. 建議政府預留資源，加強護士在社區照顧服務的管理角色，尤其是基層醫療、社區照顧及院舍照顧，護士若能有效地推行預防醫療及照顧，便能減少長者入院的風險。



2. 個案管理

- a. 建議成立長者服務管理辦公室，建立個案管理系統，設立個案經理職級，為有需要長期照顧的長者制定護理計劃，包括為長者的健康作出評估及建議合適的服務。
- b. 個案經理應熟悉各種醫護、復康及社會福利的服務，並能在有需要時調動資源以配合長者的需要。
- c. 個案經理的基本資歷需為專業護士或社工，政府應為個案經理提供持續培訓，發揮協調功能，減少重複或遺漏。
- d. 政府應就有需要長期照顧的長者人口，評估所需個案經理的人力需求，將個案經理職能編制入社署或醫管局，將個案經理納入常規職級。

3. 人力資源及人才培訓

- a. 護士人手長期不足，政府應詳細評估護士人手的需要，包括醫院及社區服務的需要，確保各培訓機構能提供足夠培訓名額，補充新需要及流失的人才。
- b. 就各項社區服務制定護士的人手比例，並提供足夠資源確保護士獲得合理的薪酬回報及進升階梯，以保留人才。
- c. 預留資源為社區服務的護士提供持續培訓，確保護理質素。
- d. 提供在職婦女友善措施，如彈性工作時間，托兒服務，暫免值夜安排等，鼓勵有家庭責任的婦女重投護士行業。

4. 院舍照顧服務

- a. 現時院舍照顧服務主要由社福角度主導，但入住院舍的長者身體狀況日益體弱，護理上的需要日益複雜及重要，應加強護士在院舍照顧服務的角色。
- b. 檢討現行「安老院條例」及「安老院舍實務守則」，制定護士人手比例，確保長者得到適切的照顧，並確立定期檢討的機制。
- c. 建議社署增撥資源，規定所有推行持續照顧的院舍均設有二十四小時護士當值，並鼓勵院舍營運機構為護士提供進升階梯至最高管理層，以保留人才。

5. 善終照顧

- a. 隨著人口老化，末期病患長者與日俱增，為了迎合社區長者的需要及提升末期病患長者的生活質素，建議增撥資源全面推動「生命晚期照顧服務」。
- b. 透過坦誠的醫護溝通，鼓勵長者制定「預設醫療指示」及「預設照顧計劃」，讓長者及其家屬作主導，預先抉擇自身的醫療及照顧安排，以達之尊重長者自決為目標。
- c. 服務的概念是尊重長者，在末期病患中舒緩身體不適，聆聽長者的訴求，幫助長者在生命晚期活得舒適。
- d. 建議政府預留資源為所有前線員工提供相關的培訓，減少禁忌。



Non-pharmacological interventions for chronic pain management in community dwelling older adults: A review of the literature

Tang SK (1), Tse MMY (1), Leung SF (1)

School of Nursing, The Hong Kong Polytechnic University

Background

Chronic pain is a common problem for older adults. Different types of non-pharmacological interventions were found to be effective in managing pain.

Objective

To review the use of non-pharmacological pain management interventions in community dwelling older adults.

Method

The Cochrane Library, PubMed, and Science Direct databases were searched. The results were limited to years 2009 to 2014. The four sets of keywords were:

Set 1. "non-pharmacological interventions" AND "pain" AND "community dwelling older adults";

Set 2. "non-pharmacological interventions" AND "chronic pain" AND "community dwelling older adults";

Set 3. "pain management interventions" AND "community dwelling older adults"; AND

Set 4. "interventions" AND "chronic pain" AND "community dwelling older adults".

Results & Conclusion

In treating pain in older adults, the focus is no longer only on medications and physical measures, but on combining these with psychological interventions. It is important to educate community dwelling older adults in ways of managing pain, to provide them with choices and to help them establish the belief that pain can be managed, so as to sustain the effects of effective pain management and promote healthy aging.

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

1. Ageing in changing times: Chances and Challenges, 22nd Annual Congress of Gerontology, 21 November 2015, Hong Kong. www.hkag.org
2. 5th HKCGN Journal Club, Elderly Care: From Acute to Long Term Care, 7 December 2015, AG101, The Hong Kong Polytechnic University.
3. 9th International Council of Nurses (ICN), International Nurse Practitioner/Advanced Practice Nursing Network (INP/APNN) Conference, 9 - 11 September 2016, Hong Kong. www.icn-inpnpn2016.org

Future Journal Club Activities

Date	Topic	Speakers	Details
7 Dec 2015	Elderly Care: From Acute to Long Term Care	Ms Clara TSANG	Room AG101, The Hong Kong Polytechnic University
21 Mar 2016	Patient Centred Care	Ms Joan HO Ms Patricia LI	19:00-20:00 (Light refreshment starts at 18:30)



Annual Scientific Programme 2015

Poster Presentation 4

The training and preparation of peer volunteers (PVs) to lead a pain management program for older adults

TSE M (1), CHEUNG TW (1), IU HY (1), LO WYY (1), AU-YEUNG WM (1), CHAN YW (1), YIP WM (1), WONG TY (1), LEUNG KW (1), CHUNG SF (1), WONG F (2)

(1) Centre for Gerontological Nursing, School of Nursing, The Hong Kong Polytechnic University

(2) Institute of Active Aging

Background

Chronic pain has a severe adverse impact on older adults. The use of peer volunteers (PVs) to deliver pain management education to older adults is proposed.

Objective

To examine the effectiveness of a training program for PVs in leading a pain management program for older adults.

Method

PVs were recruited from the Institute of Active Ageing of the Hong Kong Polytechnic University to attend a 3-week training program in pain management. The content included the use of drug and non-drug strategies for pain relief, demonstrations and return demonstrations, plus 20 minutes of physical exercise in class. It was an interactive teaching and learning program, and the PVs had to lead physical exercises and present a topic on non-pharmacological pain management as an exit test.

Results

A total of 36 older adults (27 females and 9 males, with a median age of 61-70) joined the training program. Sixty-five percent of them had chronic pain and chronic illnesses, including hypertension and arthritis. The self-perceived knowledge and confidence in pain management of the PVs increased significantly upon the completion of the training program. It was noted that PVs with pain had a higher level of self-perceived knowledge and confidence in pain management than their non-pain counterparts.

Conclusion

Peer support models are becoming widely used because they are cost-effective in helping patients/clients to manage their chronic conditions and have shown promising results. The plan is to have PVs carry out a pain management program for community dwelling older adults in an elderly community center.





香港老年學護理專科學院

Hong Kong College of Gerontology Nursing

4th HKCGN Journal Club Meeting

End-of-Life Care

Date : 21 September 2015
Time : 19:00 - 20:00 (light refreshment starts as 18:30)
Speakers: Dr Noble LAW & Ms WOO Lai Chun
Venue : Room AG 101, Hong Kong Polytechnic University



End-of-life care (EOL) is an important part of palliative care. It is the care of a person during the last period of their life (6-12 months). It is the provision of physical, psychological and spiritual care for people who have chronic illnesses or life-threatening diseases during the last period of life.



Older people living in residential care homes are more likely to have multiple chronic illnesses or incurable diseases older people living in residential care homes (RCHE) in Hong Kong have multiple co-morbidities and significant mortality. Their preference in EOL care should be recognized in order to provide quality care. A cross-sectional quantitative study was conducted with over 300 older people living in RCHE to understand their attitudes toward EOL issues and preferences for place of death. The result provided that a significant proportion of older residents preferred to die in residential care homes. Nurses are the major care provider during the end of life. They should recognize older people's preferences in EOL care so as to support good death. The development of EOL care in RCHE is advocated. ~ Dr Noble LAW ~



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