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2016年7月第24期

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President's Message

My Dear College Members,
Time flies and we are now in the Annual General Meeting of 2016! May I take this opportunity to update you some of our College's major achievements during 2015-16.

In meeting with the ever-challenging health care system and the complex community environment, we have invited Dr WONG Chun Por, the ex-President of the Hong Kong Geriatrics Society, as the Keynote Speaker for our 2015 Annual Scientific Meeting and shared his foresight with us on "Adding Life to Years" at our 9th Annual Scientific Meeting on May 30th 2015. The Scientific Meeting had received a very positive response of over 100 participants. 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 also collaborated with the HK Geriatrics Society to conduct the Seminar of "Joint Symposium on Active Aging: Role of Nutrition and Exercise" on July 7th 2015 with nearly 60 College Members participated. Professor Jean WOO has been invited as the Expert Guest Speaker for this event.

During 2015, our College has successfully launched the CNE Update Seminar in "Pressure Ulcer Prevention & Care Updates". Ms. Melissa Gaye Ward, the Wound Care Specialist from Australia was the invited Guest Speaker for the event on 17th November 2015 and there were more than 100 College members enrolled in such Seminar.

Moreover, I am delighted to inform you that our College Journal Club Meetings have been conducting successfully in a 3 monthly interval with very overwhelming response from our College Fellows in past one year. Such Journal Club events have become our College's foundation for Continuous Professional Development (CPD) Activities in future. I would like to express my heartfelt appreciation to all the members of our College Journal Club Working Group.

May I 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.

With this, I end my 2015-16 Report!

Anders YUEN
President (2014-16)
Hong Kong College of Gerontology Nursing
May 28th 2016.



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Scientific Meeting cum AGM 2016

2016 年度科學研討會暨會員大會

Re-generate the Profession 護理專業 再闖明天



Round Table Discussion

[From Left to Right]

Mr Anders YUEN (President of HKCGN)

Ms. CHAN Sau Kuen (NC, Continence Care)

Ms. Peggy CHENG (NC, Gerontology)

Ms. Sabrina HO (NC, Gerontology)

Ms. Catherine WONG (NC, Community Care)

Nursing is one of the most exciting and in-demand jobs in nowadays. Good nurses need to be kind and compassionate and be able to work independently with little direction. *Nurse Consultants (NCs) work independently to make decisions for their clients' wellness.* There has been increasing recognition in the value and benefits that NCs bring to their clients and the community, yielding significant contribution in the health care system.

The speakers share among with all participants their wills and wisdom in their nursing practice in the 'Round Table Discussion'.



Ms HO Kam Yee, Joan (Vice President)



Ms LEE Siu Ching, Patricia (Vice President)

Sharing of Expertise Opinion in Regenerating the Profession!

The Convalescent Ward was Redesigned as Elder-Friendly Ward for Consolidation of Care to elder

Leung R^{1,2}, Kwong M^{1,2}, Ko C^{1,2}, Chan R^{1,2}, Tang I^{1,2}.

¹TWGHs Wong Tai Sin Hospital (WTSH)

²Department of Rehabilitation Extended Care (DREC)

Background

Hong Kong is an ageing society. An estimated 22% of its residents will be 60 years old or above by the year 2030. As older persons are a dominant age group among people receiving health services in Hong Kong. In 2010, a ward of DREC in WTSH had been redesigned as an elder-friendly designed ward with status quo bed number in order to compensate for physical and cognitive losses of elder patient with collaboration of Facility Management Department.

Objective

1. To match with rehabilitation principle: facilitate to increase motivation of elderly to mobilize and practice ADL skills
2. To proactively manage potential risk for patient and staff
3. To enhance work flow and patient monitoring
4. To maximize the space utilization for maintaining the bed number status quo

Method

1. To include the essential elements of Elder-Friendly physical designs in the ward setting. It takes account of space, colour, capturing sunlight integrating in interior designs to optimise & address physical and cognitive impairment of elder, as well as operational needs
2. To maximize the utilization of space:
 - 2.1 Review the utilization of space before planning to redesign ward setting
 - 2.2 Decrease stock level & delivery request of linen & consumables : just-on-time delivery. Supported staff on this change of habit

Result

- 1 The feedback from patient and staff are positive:
- 2 Patient felt pleasant about colour, lighting & spacing, and increasing motivation in mobilization and practice ADL skill
- 3 To staff:
 - 3.1 The re-designed ward setting could facilitate daily operation smoothly, easy observation of assigned patient with setting up of 4 mini-stations and safe for transferring patient in ward
 - 3.2 They needed time to adapt the new setting
 - 3.3 Colleagues needed more time in adaptation to new work logistics using individual desk table top in mini-stations. They hoped to set up case conference room and increase surface area for desk table top

Conclusion

The concept of elder-friendly designed element could be applied for a convalescent ward in collaboration with facility management department. The feedback from patient and staff were also positive. Learning from the experience of this design, in long term, three more wards were renovated with similar concept for redesigning with more elder-friendly design elements.



Ms Leung R

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落實居家安老政策

今年《施政報告》的封面顏色與去年的十分相似，不知是否意味施政無甚改變；細看內容，大部分有關醫療衛生、安老等政策皆是一些已推行的政策，今次只是重新包裝，令人覺得根本是敷衍了事，毫無新意。

本周筆者首先討論《施政報告》的安老政策。《施政報告》指將持續增加資助安老院舍名額，當中提到勞工及福利局正積極推行「私人土地作福利用途特別計劃」，如計劃得以落實，可增加大約 9000 個安老服務名額與大約 8000 個康復服務名額云云。必須指出，這計劃並非什麼新計劃，去年的《施政報告》已經提出，而且增加有關名額需時 5 至 10 年；筆者擔心有關計劃未能及時令正在輪候住宿、日間護理或康復服務的長者受惠。

人口老化，安老院舍的需求大增，政府計劃增加名額當然是好；除了增加資助宿位，政府必須加強監管，改善私營院舍的質素。其實，現時私營安老院的數目不少，只是不少長者不願入住，除了收費問題，另一更重要的原因是質素沒有保證，可惜《施政報告》對此着墨不多。政府必須透過修訂已經過時的《安老院條例》、引進有效的認證制度、提升院友與護士的比例，從而改善私營安老院舍的護理服務質素，以應付需求，讓有經濟能力的長者有更多選擇之餘，亦有助紓緩政府資助院舍的需求壓力。

此外，政府為配合「居家安老為本」的原則，計劃建設長者友善環境，讓長者可以在社區內安全、舒適地居住、走動。要令長者可在社區安老，除了要有各種家居和社區設施的硬件配合，長者的身心、精神健康同樣重要。

患上認知障礙的長者人數持續上升，以往有關檢測並不普及，部分社會服務機構的記憶診所或早期檢測計劃雖可提供評估，但要在公立醫院轄下的老人科、老齡精神科接受評估則須經醫生轉介。筆者去年曾建議加強有關早期檢測服務，例如在各區長者健康中心、長者日間護理中心增設有關檢測服務，方便長者可在就近地區接受評估。今年樂見政府推出為期兩年的先導計劃，以「醫社合作」模式，透過長者地區中心，為患有輕度或輕至中度認知障礙症的長者提供評估服務。這只是一個起步點，長遠而言，政府應就認知障礙症的早期檢測、治療、社區照顧、家屬和照顧者支援、公眾教育等各方面制訂長遠和全面的政策，讓患者能及早接受治療，可以繼續在社區走動、在家中安老。

要令長者可以在社區、家中安享晚年，除要做到「居家安老」，亦要讓他們可「居家終老」。生老病死是人生必經階段，很多長者均不想臨終前仍要接受不必要的治療程序，增添痛苦，也希望可在熟悉的環境離世。筆者近年曾在不同平台建議政府應制訂一套完善的臨終照顧政策，例如加強發展家居、院舍的晚晴計劃，讓長者可按自己意願選擇合適的環境「居家終老」。去年的《施政報告》稍稍提到會加強對年長病人的紓緩護理服務，可惜今年卻隻字不提，是否意味有關工作已經擱置？

要令長者可以在社區內安享晚年，我們除要照顧他們的起居生活、健康的同時，他們的精神健康，以及在人生最後階段的需要亦不容忽視，筆者期望政府可以聆聽訴求，不時檢討，作出改善，讓長者可以真正正的在社區頤養天年。

Recharging the Body to Promote General Well-being

Tang SW¹, Woo Mimy², Ho PL Erica³, Jong CW¹, Li C Y¹, Tai S K Rosetti¹

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Ms T Tai S K Rosetti

Background

Water is an essential nutrient for human body to function effectively, but is often overlooked. Report from the Care Quality Commission (2011) identified that many hospitalized patients particularly the elders are suffering from dehydration. Schols, et al (2009) addressed the reason was partly due to (1) lack of thirst sensation, (2) the natural changes in water and sodium balance, and (3) various impairments and disabilities to some degree, as people aged. Multi-morbidity and polypharmacy often overstress the normal age-related physiological changes in the water and sodium balance and therefore increase elderly people's risk of dehydration. In Tung Wah Eastern Hospital, over 90% orthopaedic rehabilitation patients were elderly at risk of dehydration.

Objective

To monitor the hydration status and to ensure adequate fluid intake of patient proactively in order to promote their general well-being in Orthopaedic Rehabilitation Wards.

Method

The programme was launched in orthopaedic rehabilitation wards from 1/12/2014 to 31/3/2015. Target patients were those with fractured hip without cognitive impairment. Patients with swallowing problem, congestive heart failure and renal failure were excluded. They were randomly assigned to the experimental group or the control (usual care) group. Patients' body composition was analyzed using a bioelectric impedance analyzer to directly measure and monitor patients' lean body mass and hydration status on admission and after 1 week. The estimated requirement of fluid in a day was calculated based on the patients' body weight (kg x 30ml) and the fluid provision was dispersed throughout the day to the experimental group.

Result

40 patients with mean age 83.5 were recruited in the programme. 60% of the recruited patient's total body water was below normal range on admission. In control group (n=20), average age was 85.95. Their total body water was decreased, from 23.29 + 4.25 liters on admission to 22.11 + 5.57 liters after one week (P = 0.022). In experimental group (n=20), average age were 82. Their total body water was increased from 26.58 + 4.54 liters on admission to 28.26 + 4.12 liters after one week (P=0.002). Total body water was improved 5.86% in which intracellular water and extracellular water were also increased 5.33% and 7.6% respectively.

Conclusion

Our measurement shows that the majority of elderly orthopaedic rehabilitation patient (1) were dehydrated during their hospitalization and (2) their total body water including the intra- and extra-cellular water was positively associated with adequate fluid intake. Simple estimation and provision of required fluid to patient is a good practice to promote patient's general wellbeing at rehabilitation hospital. Treatment of dehydration is an important multidisciplinary endeavor for in-patients.

Abstract to Care of End-of Life patients using Person-Centred Care Model (PCC) in a convalescent Hospital

*Woo LC, Lau SL, Yuen K, Lai W, Lee P, Chui M.
Medical & Geriatric Department, Shatin Hospital*

Background

Person-Centred Care (PCC) is defined as “treating the patient as a unique individual.” Taking reference from the experience in Taiwan, PCC model in palliative care is highlighted as “四全照顧”(全人, 全家, 全隊, 全程), it was an approach of holistic care focusing on symptom control and individualized care. Hence, PCC model was introduced in an extended care ward aiming to care End-of-Life patient using this model of care.

Objective

1. To improve quality of patient care using person-centred care model
2. To enhance satisfaction of patients and carers during the care journey.

Method

A workgroup was formed to revamp the care model towards PCC in January 2015. It includes restructure of staff mix and daily ward routine. PCC model of Holistic care (全人); Communication & Collaboration (全隊); Empowerment & Education (全程); Individualization; Participation (全家); and Dignity & Respect, were used to revisit the current workflow of patient care. Other than the traditional oral care, Chinese tea was used for oral care which was found more acceptable to the Chinese older patients. Furthermore, nurse and supporting staff work in pairs in direct patient care not only to enhance team work but quality of care could be maintained. Other care such as use of high absorbent diapers to promote patients' sleep; covering patients' body using a bath towel during bathing to preserve patient's dignity; and regarded family members as “partner in care” were also emphasized in the model of PCC.

Result

From January to September 2015, total 67 of Hospital Inpatient Satisfaction Survey was received. The survey was the 5 points Likert-scale ranging from ‘very bad’ to ‘very good’. 85.1% (57/67) of patients/relatives rated ‘very good’ on the provided care of psycho-social support and attention to post discharge care. 94% (63/67) rated ‘very good’ on nurses’ willingness to communicate and help.

Staff satisfaction survey was also encouraging, 86.7% of nurses rated ‘strongly agree’ that they had self-control when providing care to patients; and proactive communication with patients and carers could enhance nurse-patient relationship.

Conclusion

Basic nursing interventions are the hallmark of good nursing care which are left behind as the work of nursing becomes increasingly more complex in nature (Pipe et al, 2012). This program demonstrated that quality of care was enhanced using PCC model and nurse-patient relationship was also improved.



Ms Woo L C

歡迎投稿

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Shaping Future Nurse Leaders: SL Experience of Promoting Healthy Lifestyle in Developing Community

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¹Clinical Associate

²Senior Teaching Fellow



Pang CP Phyllis

Background

Service-Learning (SL) is a course for nurturing students with caring attitudes, skills and knowledge while developing their personal and professional competence. SL reinforces services on the benefits of service-recipients (community residents) as well as service-providers (faculty students). The SL project, named as “Healthy Lifestyle Challenges in Developing Community” focused on eliminating the affective and cognitive factors of the health risk behavior and reinforcing the related behavioral changes. The service project aims at engaging students to promote health of the older citizens in Cambodia villages where the health care resources are limited.

Objective

This paper aims to report the impact of the service project and the process of the participation experience from students and residents’ perspectives.

Method

Students conducted a 57-items health survey in aspect of health needs: dietary habit, smoking, alcohol consumption, and physical exercises. Tailored-made individualized health promotion plans were conducted focused on the cognitive change, affective change and the behavioral change. The outcomes were measured by both quantitative and qualitative data. Students’ learning experiences were measured by a 19-items Service Learning Survey (SLS), 30-items Global Citizenship scale (GCS) and evaluation of students’ pre-and-post reflective journals.

Result

29 students conducted need assessments to 168 service-recipients. For the service recipients’ perspective, the findings indicate the cognitive changes of health concepts and the affective changes of experiencing home exercise that lead to the elimination of the health risk behavior. For the service providers’ perspective, students attain positive changes in level of happiness & friendship, interpersonal skills, problem-solving, leadership and social and civic responsibility.

Conclusion

The SL project engaged faculty students in mobilizing and optimizing resources for the health of older citizens in an under resourceful community. Implications were made to the development of a community collaboration program between the Higher Education Institution and the Community Stakeholders who shared the benefits of improving the health of the community residents.



7th Journal Club Meeting

Complementary & alternative therapy to older people

Complementary and alternative medicine (CAM) is well recognised in many countries and is becoming popular. Older people also used different kinds of CAM especially to relieve pain. The perception of the healthcare professionals is important and greatly influences the progress of integration of CAM with conventional medicine.

On 20 June 2016, Miss Phyllis Pang and Dr Margaret Pau shared their experiences and studies about CAM in older generation in the journal club, our fellows and members showed intense interests in different kinds of CAM".



Phyllis is sharing her experience in **horticulture and art therapy**

Margaret is sharing her experience in **yoga therapy and aromatherapy**



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