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President's Message

My Dear Fellow Members,

Time really flies and we are now approaching the end of the year 2016!

As mentioned in the last issue of newsletter, the year of 2015-16 was a very busy one for our College. In meeting with the ever-challenging health care system and the complex elderly care environment, our College has organized our 2016 Annual Scientific Meeting: "Re-generate the Profession" cum AGM on 28/5/2016, in which we have shared with you the excellent updates of our current gerontological nursing innovations. In this issue, we shall continue to share with you the other parts of the essence of Scientific Meeting, four abstracts of poster presentation which covered the nursing topics of "Comfort-oriented Care for imminently Dying Patients", "Nurse Initiated Weaning off Indwelling Catheter", "Use of Care Plan Checklist" and "Workplace Healthy Staff".

Nurses are the distinct profession and we should continue to take every opportunity to enrich our knowledge and enhance self-reflection. To materialize such movement, we have launched "Journal Club" meeting for members on quarterly basis. Our College has organized the 8th Journal Club Meeting on 19/9/2016 and the topic was "Poly-pharmacy in Older Adults – Pharmacological Treatment & Nursing Management of OA Knee". The turn up rate was very positive and there were more than 40 College Members participated in such event. With this up-to-date knowledge and reflective intelligence, I hope we can enhance incorporation of our clinical knowledge and experience into effective & efficient gerontological nursing practices.

Since we got a newly elected College Council for 2016-18, we have posted up our new Council Members and Co-opt Members List in this issue of newsletter for your update information.

I would also like to take this opportunity sending my heartfelt gratitude to all our devoted Council Members for their wholehearted support to the College.

Wishing you all a very Merry Christmas and Happy New Year in 2017!

Anders YUEN
President (2016-18)

Hong Kong College of Gerontology Nursing



2016-2018 Council Members &
Co-opt Members

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推動護理臨床專科化

李國麟 立法會（衛生服務界）議員

隨着人口不斷老化，病人的護理需要愈趨複雜，加上醫療技術日新月異，護理臨床專科化能為照顧對象提供更有效和高質素的護理服務；而專科護士的發展在落實臨床專科化與提升護理服務質素上起着關鍵作用。

國際上，護理臨床專科化已成為護理專業的發展方向，專科護士的角色和功能已獲肯定，他們具有專科護理的核心才能，解決複雜臨床問題的決策能力，以及能勝任進階臨床專科實務的各項操作。雖然各國按其護理發展步伐，在培訓和規管專科護士上各有不同，例如美國按其學歷資格和認證資格，分為資深護師和護理專家；加拿大、英國、德國、澳洲、荷蘭、新加坡等也開始實施臨床專科護士制度。

她們均以提高護理水平，改進病人的醫療成效為目標，從而達致降低感染率、死亡率、縮短平均住院日、降低醫療成本，以及增進病人的滿意度等效益。再者，不同的臨床專科護士均有特定的角色和實務範疇，例如糖尿病科、造口科的專科護士會負責開設護士診所，給予病人適當的護理和指導，促進他們的康復。

護理專家會進行科研，透過檢視病人對不同專科護理出現的實況，把實證結果在臨床應用，作出調節，提高護理水平，增進病人的理療效果。從上述可見，護理臨床專科化實有助改善醫療護理服務質素，對病人有莫大裨益。

在香港，我與香港護士協會多年來一直致力推動護理專科發展，早於 1992 年倡議醫管局推行專科護士先導計劃，其後經多番爭取，至 2005 年成功爭取在醫管局開設資深護士，再在 2011 年促成增設顧問護士的要求，使醫管局的護理服務朝臨床專科化的方向進發。

然而，在這個以「僱主主導」的方式發展，臨床專科護理服務只能在部分公營醫療體系上發揮功能，在學歷資格和資歷上仍未有完善和統一的監管制度，遑論規管和認可專科護士的執業權限和職能，這無疑有礙護理臨床專科化的進一步發展。

其實，美國是最早發展護理專科訓練，包括深切治療科、糖尿科、造口科、腫瘤科等，他們更訂立認證機構，規範專科護理實踐的能力和教育要求，以及專科護士的資格。因此，為進一步在本港推動護理臨床專科化，除了以「專業主導」的模式確立和訂定臨床專科護士的角色和實務範疇，我們認為政府必須設立法定的專業規範制度，訂明專科護士的執業權限和職能，這樣才能讓病人清晰了解在「規範化」下，他們所能提供的各項專科護理服務，從而獲得公眾和不同持份者的信心和支持。

然而，在未能訂立法例規管專科護士執業註冊前，我們認為當局應盡快設立認證制度，訂明他們的執業權限和職能，透過行政機關如衛生署設立「專科護士名冊」，確認專科護士的執業註冊，並設立「專科護士管理局」，由各持份者組成，如政府官員、醫管局、大學、公眾人士、護士管理局和護士等，以確認專科資歷和監管其運作。長遠而言，政府必須立法監管專科護士的執業權限和職能，提高整體香港護理服務的質素，讓更多市民受惠。

Promotion of Comfort-Oriented Care for Imminently Dying Patients & Bereaved Family (去者善終, 留者善別) in Yan Chai Hospital

Cheng PPP, Wong HYR

Central Nursing Division, Yan Chai Hospital

Background

- Everyone is entitled to have "Good Death". It is an art and challenge in preparing patients and family facing the dying scene. In order to maintain patient's comfort and dignity leading to peaceful death, "Comfort-Oriented Care Program" is developed to address patients' advanced irreversible conditions and their needs in the last days of life
- The pilot program is designated at an infirmary ward, targeted to patient who has an irreversible deterioration due to advanced progressive disease, with DNACPR order in place



Objective

- Established referral criteria and practice guidance, in reference with Golden Standards Framework from UK
- Cultivated a caring environment and encourage interaction with patient and their families

Method

- In 2013, a group of students from summer attachment programs were supported to do false ceiling painting at 10W side room in regards to the preparation of the comfortable and leisure environment
- The workflow and the comfort-oriented care pathway were developed to serve as guidance in providing the accepted practice and support for terminal ill patients and their significant others

Result

- From January to December 2014, 25 patients were recruited, with 19 male and 6 female. 11 cases (44%) were cancer patients. Others were suffered from multiple chronic illnesses and serious pressure injuries problems. The duration of stay in designated room was various from 1.25 to 11 days, in average 49.67 hours
- In March 2015, a questionnaire using 5-point Likert scales was distributed to nurses for comments. Nurses highly agree that the care pathway is beneficial to patient and relatives (score 4.38 ± 0.768). They support that it can provide guidance to identify the patient in entering the EOL phase and increase their awareness in caring the dying patient (score 4.15 ± 0.689). The mean scores of satisfaction is 4.11 ± 0.121
- Based on such satisfactory data, passing through a series of consultation and discussion among Department Management Committee, the revised pathway is endorsed and put into practice at all acute medical wards since 13 April 2015
- A compliance check on the implementation of COC pathway in acute medical wards will be conducted on July & December 2015

Conclusion

- The result of compliance check in December has much improvement in comparative with the result at July 2015. Definitely, great effort and improvement have been executed into the "End of Life" care program. It is believed that the pathway would not be easily implemented to emergency cases with short hospitalization
- The compliance check is worthwhile to perform at regularly to review the standard practice

Annual Scientific Programme 2016 Poster Presentation 2

Empowerment of Nurses to Initiate Weaning Off Indwelling Catheter

Chan SK¹, Man SL², Cheng SL², Choi WM³,
Leung SF⁴, Leung TW², Wah SH⁵, Chan KS⁵

¹Contenance Care Team, United Christian Hospital,

²Medical and Geriatric Unit, Haven of Hope Hospital

³Pulmonary Unit, Haven of Hope Hospital,

⁴Infirmery Unit, Haven of Hope Hospital,

⁵Department of Medicine, Haven of Hope Hospital

Background

- ◇ An indwelling catheter may cause embarrassment of patients. Their family members feel frustrated in daily life. Immediate removal indwelling catheter can reduce potential complications associated with prolonged catheterization, such as Catheter-associated urinary tract infection (Scott, R.D., 2009). A protocol and a precise checklist of weaning off indwelling catheter are developed to empower ward nurses and also to initiate weaning off the catheter systematically and promptly

Objective

- ◇ To empower nurses to initiate weaning off indwelling catheter systematically and improve the quality of life of patients

Method

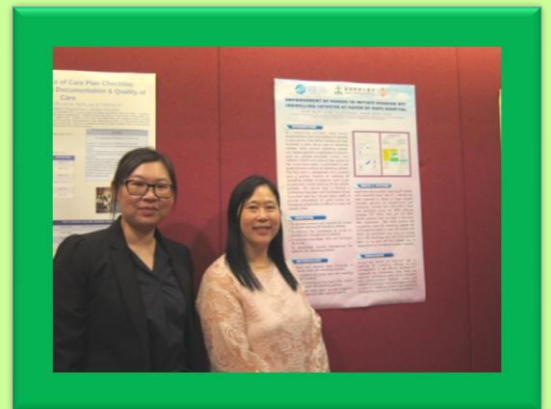
- ◇ Protocol was introduced to nurses for wean off indwelling catheter
- ◇ Select patients by using wean off indwelling catheter checklist
- ◇ Refer to Contenance Care team when patient failed to wean off indwelling catheter
- ◇ Contenance Care Team provide suggestion and management after received referral

Result

- ◇ Total 611 referrals had been assessed in Haven of Hope Hospital from 2014-2015. After consultation, 282 patients had successfully wean off the catheter. 166 patients failed to wean off catheter and 163 patients unable to wean off the catheter due to unfit medical condition or other reasons

Conclusion

- ◇ Nurses can empowered to initiate weaning off indwelling catheter according to a well-defined protocol with supported by Contenance Care Team



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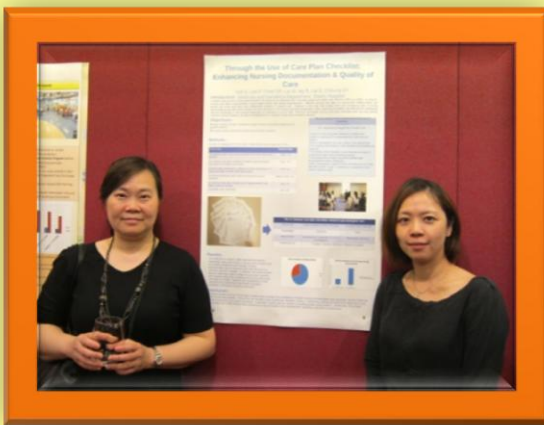
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Annual Scientific Programme 2016 Poster Presentation 3

**Through the Use of Care Plan Checklist:
Enhancing Nursing Documentation & Quality of Care**

Lee SC; Chan OF; Lai WS; Ng WP; Lai KK; Cheung SY; Sze YM.

Medical & Geriatric Department, Shatin Hospital



Background

- ✧ In patient care journey, nursing documentation has acted as an important role in durative quality and safety care (Keenan GM et al, 2008). In practice, nursing care plan is documented in open-ended clinical note during hospitalization
- ✧ Efficient nursing care plan is a resourceful material which can present the useful information and collaborative problems in patient care. However, in the case note review 2014, the compliance rate of nursing documentation was 89% which showed the time constraint in the nursing document preparation. Also, weak documentation has reflected the inadequate skill and knowledge in care process especially it is significant in junior staff. And thus, formulated nursing care plan checklists were not only guiding nurses in caring of

patients, as well as facilitated them to maintain proper documentation practice

Objective

- ✧ Using nursing care plan checklists to guide nurses in providing quality care to geriatric patients
- ✧ To assist nurses maintaining proper documentation practice

Method

- ✧ A workgroup was formed with nurse representatives from each ward in September 2014 to discuss strategies to maintain proper documentation as well as to improve quality of care during patient's journey. 11 common care plan checklists related to gerontological care were formulated and piloted in December 2014. A survey was then conducted for gaining nurses' perception of it. Four training workshops were held to educate nurses the use of checklist in May & June 2015. Implementation was rolled out in 10 M&G wards in July, 2015. Evaluation on its use was conducted in 6 months later by retrospective case note review

Result

- ✧ 70 % (80/115) of nurses in M&G attended the training workshops. Case note review in January 2016 showed that the overall compliance rate of proper nursing documentation was increased to 92% with the use of 11 common care plan checklist. In addition, the result showed that all nurses were able to initiate the care plan checklist with ongoing review and completing the nursing discharge summary accurately. However, the completeness of the comprehensive assessment and health education providing in discharge should be reinforced

Conclusion

- ✧ Preliminary results in the use of care plan checklist demonstrated that compliance of proper nursing documentation was improved. Nurses' feedback from the survey was positive. It found that the checklist could significantly facilitate nurses in maintaining nursing documentation especially during the initial assessment upon patient admission. It was also a good guide for nurses in providing quality care to patient. Additionally, this project demonstrated that nurses reduced time consuming on documentation which allowed them spending more time on patient care

Annual Scientific Programme 2016 Poster Presentation 4

Workplace Healthy Staff: A Small Pace Forward

Wong KL; Lau YLA

Medical Department, Yan Chai Hospital

Background

- Human work force is one of the precious resources in a company. Keeping staff healthy in the work field will maintain and improve staff performance, increase the productivity, attract and retain staff, promote team spirit, and, save time and money

Objective

- To build up a healthy workplace and to minimize Incident On Duty (IOD) by providing relevant training and rolling out a pilot scheme of Workplace Physical Activity Program before duty in an acute ward, and in Geri-Day Centre and Medical outreaching team

Method

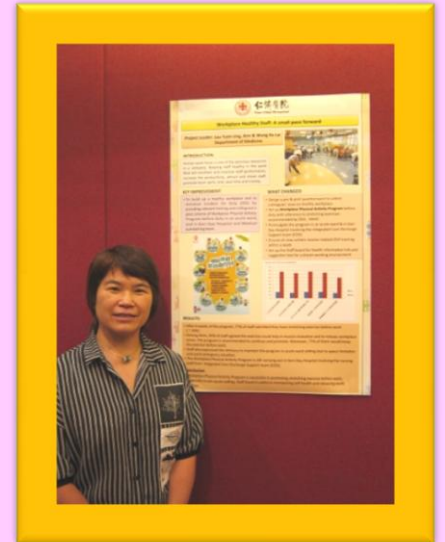
- Design a pre and post questionnaire to collect colleagues' view on healthy workplace
- Set up the Workplace Physical Activity Program before duty with reference to stretching exercises recommended by OSH, HAHO
- Promulgate the program in an acute ward and in Geri-Day Centre involving the outreach team
- Ensure all new comers receive related OSH training within a week
- Set up the Staff board for health information link and suggestion box for a dream working environment

Result

- After 6 weeks of the program, 77% of staff admitted they have stretching exercise before work (↑59%)
- Among them, 95% of staff agreed the exercise could help in muscle relaxation and to release workplace stress. The program is recommended to continue and promote. Moreover, 77% of them would keep the exercise before work
- However, staff also expressed the intricacy to maintain the program in acute ward setting due to space limitation and ward emergency situation
- The Workplace Physical Activity Program is still carrying out in Geri-Day Centre involving the nursing staff from outreach team

Conclusion

- Workplace Physical Activity Program is successful in promoting stretching exercise before work, especially in non-acute setting. Staff found it useful in maintaining self-health and releasing work tension



歡迎投稿

歡迎各會員投稿，請將稿件或照片（請註明
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3. Ms Joan HO	Vice-President	Tseung Kwan O Hospital	GM(N)
4. Ms Patricia LEE	Vice-President (Edu. committee)	SH	DOM
5. Ms LEUNG Yin Ling	Hon. Secretary (R&MC)	WTSH	WM
6. Ms Peggy CHENG	Hon. Secretary (R&MC)	YCH	NC (Gerontology)
7. Dr Noble LAW	Hon. Treasurer Journal Club/ IT / Accreditation	CUHK	Professional Consultant
8. Ms Becky CHAN	Academy Council Representative	UCH	NC (Contenance)
9. Dr Katherine SIU	Academy Council Representative	Gleneagles Hong Kong	Senior Nurse Manager
10. Ms. Flora MAK	Council Member (Accreditation)	RTSKH	DOM
11. Ms Sabrina HO	Journal Club / Education	RTSKH	NC (Gerontology)
12. Ms Phyllis PANG	Journal Club / Education	HKPU	Clinical Associate
13. Ms Edwin TSANG	Education 國內交流活動	FYKH	NS (Geriatrics)
14. Ms Bella LUK	Council Member (P&PR comm.)	Helping Hand	Executive Director
15. Dr Margaret PAU	Council Member (P&PR comm.)	CIHE	Assistant Professor
16. Dr Carol YUEN	Council Member (P&PR comm.)	Government	NO

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19. Prof Iris LEE	Professional Development	CUHK	Associate Professor
20. Ms CHOW Sze	Professional Development	HKU	Assistant Professor
21. Ms YU Ching Mui		CIHE	Senior Lecturer
22. Ms WONG King Chi	Accreditation/ Education 國內交流活動	FYKH	DOM
23. Ms Connie CHU		Society for the Promotion of Hospice Care	Chief Operating Officer
24. Ms IP Kam Tin		Retired	
25. Ms Ivy TANG		KWH/WTSH	DOM
26. Ms LEE Man Ying		NTEC/Shatin Hospital	NS (Gerontology)
27. Ms CHAN Mei Wai		CMC	NS (M&G)
28. Ms LAW So	Accreditation/ Education 國內交流活動	FYKH	APN
29. Ms YUNG Yim Chu		RTSKH	APN



8th Journal Club Meeting

Polypharmacy in Older Adults - Pharmacological treatment and Nursing Management of OA Knee



Date: 19 September (Monday)
Time: 18:30 – 20:00
Venue: AG101, Hong Kong Polytechnic University



We have invited
Ms. Eliza Lee (DM, Dept of Pharmacy, TWH)
and Ms. Ellen Wong (DOM, FYKH),
to share their expertised experience in clinical management of OA Knee for older adults

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