香 港 老 年 學 護 理 專 科 學 院
Hong Kong College of Gerontology Nursing

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President's Message

My Dear College Members,

KUNG HEI FAT CHOY !

Time really flies and we are now in the beginning of 2018. May I take this opportunity to wish you and your family a healthy and prosperous year of the "DOG" ! I would also like to take this opportunity to update you some of our College's achievements in 2017.

In meeting with the ever-challenging health care system and the complex community environment, we have invited Dr SZETO Wing Fu, the Executive Director and General Manager of Hung Fook Tong Group Holding Limited, to be our Keynotes Speaker and shared his foresight with us on "Innovation & Transformation of a Traditional Enterprise: From Theory to Practice at Hung Fook Tong" in our 20th Anniversary Annual Scientific Meeting on May 27th 2017. This year our Scientific Meeting has received an overwhelming response of approaching 100 participants. In the event, our Fellows and members have also shared their successful collaboration projects and excellent updates of their current nursing practice innovations.

We have also organized three "Journal Club" forums on June 19th, September 25th and December 18th, 2017 respectively. Each forum has covered different gerontological nursing professional in-depth practice issue and all were well received by our members.

During 2017, we have also collaborated with the "廣東省省護理教育中心" to organize their third Gerontology Nurse Specialist Certificate Training Course for the nursing colleagues of Guangdong province. Such Course was successfully held with more than 80 nurse specialist graduates.

May I 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, outstanding contributions in past years. Thank you very much !

With that I end my report.

Anders YUEN
President (2016-18)
Hong Kong College of Gerontology Nursing
8th January, 2018.

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Annual Scientific Programme 2017 Oral Presentation 1

Shortening the waiting time of high risk elderly at Geriatric out-patient clinic through Comprehensive Assessment and Management (CAM)

Chan OL, Sha KY, Tang SK, Ng YB

Department of Medical and Geriatric, United Christian Hospital

Background

- Older people are the highest risk group for acquired disability, cognitive decline, or admission to residential care. Furthermore, their needs are more complex, with the potential for a combination of medical, functional, psychological and social needs. These can lead to an atypical presentation which can often be misunderstood. They therefore require a different approach to care.
- In order to improve the identification and integrated care of elderly patients at high risk, or with complex needs, a joint clinic of doctor and nurse --- Comprehensive Assessment and Management (CAM) is established with the approach of Comprehensive Geriatric Assessment (CGA).

Objective

- Those frail elderly waitlisted at United Christian Hospital (UCH), Specialty Out-patient Clinic (SOPD) can be identified earlier to shorten their waiting time. Integrated care thus can be provided for better self-management of their chronic condition. Moreover unnecessary hospital admission can be reduced by earlier management in the community.

Method

- In UCH, all referrals for SOPD appointment are arranged by general registered nurses. Having collaborated with SOPD, a geriatric Advanced Practice Nurse (APN) is assigned to involve in screening those referrals for Geriatric out-patient services. Early appointment will be offered to those elderly fulfilling the following selection criteria:
  - Home care, aged of 76 or above
  - Obvious decline in cognitive and/ or functional abilities
  - Perceived to have caring problem from caregivers
  - High risk of fall
- Services include:
  - Perform Comprehensive Geriatric Assessment
  - Provide individual management plan
  - Provide counselling and education to patients and caregivers on disease management and home care skills
- Make referral to other disciplines when indicated

Result

- Within the period of April 2016 to December 2016, 43 elderly patients (11 males and 33 females) were recruited to attend the CAM Clinic. The mean age of these elderly patients was 83. Their waiting time was significantly shortened from 22 months to 2 months on average. Within a six month period of attending the CAM clinic, 35 out of 43 elderly patients can be maintained to receive their treatment in the community, 7 were admitted. 1 died in an accident at home.

Conclusion

- Through CAM clinic, timely intervention can be provided to reduce the risk of developing other deficits, comorbid condition and unnecessary hospital admission.

Annual Scientific Programme 2017 Oral Presentation 2

Quality Enhancement Program: A Delirium-caring Culture Nurturing Program in Acute Geriatric Setting- 3-years Review

Tang L N
Department Medical & Geriatric, United Christian Hospital

Background

✧ Delirium in elderly is not only associated with higher mortality and morbidity, it also leads to prolonged hospital stay, falls and workplace violence causing harms to both patients and frontline staff. However, delirium is often under-diagnosed or mismanaged. The main reason is lack of awareness and understanding of delirium among healthcare workers (HCWs). Thus, a structured Delirium-caring Culture Nurturing Program (DCNP) was established since November 2013.

Objective

- ✧ To enhance HCWs knowledge and awareness on delirium management.
- ✧ To establish a strong delirium-caring culture.

Method

- ✧ Functional Group
  - Delirium functional group was set up for data collection and to provide specialty trainings. It also played a leading role in implementing a delirium program.
- ✧ Quality Assurance
  - An algorithm was established based on the guideline for geriatric care of Hospital Authority to demonstrate a standardized workflow of delirium care in ward.
- ✧ Knowledge Enhancement
  - Up-to-date and evidence-based trainings were provided to HCWs from theory to practice. Activities included seminars, behavior-based safety program, simulation workshops, self-initiative talks and case sharing etc.
- ✧ Environmental strategies
  - Delirious patient would be clustered to less disturbed cubicle, single room would be provided if possible. 'Reality orientation' signage was used to promote effective communication between HCWs.
- ✧ Caregivers engagement
  - Caregivers were empowered to actively participate in the delirium nursing care plan by providing disease education and allowing flexible visiting hours.
- ✧ Multidisciplinary collaboration
  - Nurses collaborated with other health professionals to initiate discharge planning for some delirious cases with anticipated discharge problems.

Result

✧ From 11/2013 to 12/2016, 308 patients with mean age of 83.1 were recruited to the delirium program. 224 (72%) of them were diagnosed delirium and prompt interventions were provided. Of these patients, 136 (61%) returned their mental status upon discharge or before transfer. Recruitment rate and conversion rate from delirious to premorbid status increased around 21% and 7% through 3 years respectively. Moreover, 100% of HCWs agreed enhancing in delirium knowledge and 98% agreed that the delirium-caring culture in ward was getting stronger, hence beneficial to delirium management.

Conclusion

✧ The comprehensive DCNP is effective in establishing a strong delirium-caring culture in ward, thus increasing staff knowledge and awareness on delirium. As a result, early detection of delirium and early interventions can be provided.

香港老年學護理專科學院

Hong Kong College of Gerontology Nursing

Journal Club Meeting

Focused topic : "Care in Place – Dying at Home"

We were honored to have invited Ms. Connie CHU (Chief Operating Officer, Society for the Promotion of Hospice Care 善寧會) to share her excellent experience in case management for person with advanced illness.

Date: 19 June 2017 (Monday)

Time: 6:30pm – 8pm

Venue: AG101, Hong Kong Polytechnic University

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Focused Topic: "New Public Policy in dealing with Community Support for Older Adults"

We were honoured to have invited Ms. Bella LUK

(Executive Director, Helping Hand/伸手助人協會總幹事)

to share her opinion on the new public policy and excellent experience in community service for elderly people.

Date: 25 September 2017 (Monday)

Time: 6:30pm – 8pm

Venue: AG101, Hong Kong Polytechnic University

Journal Club Meeting

Focused topic :
"Ageing Family Caregivers and Ageing Adults with Intellectual Disability: Issues arising from a Hong Kong Study"

We were honoured to have invited Dr. LOW P.L. Lisa (Associate Professor of Caritas Institute of Higher Education) to share with us her views and opinions on this topic.
She has experience in conducting community-based elderly service projects.

Date: 18 December 2017 (Monday)

Time: 6:30pm – 8pm

Venue: AG101, Hong Kong Polytechnic University

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Focused Topic:
"New Public Policy in dealing with Community Support for Older Adults"

Annual Scientific Programme 2017 Oral Presentation 3

Frailty at the Front Door - Outcomes of a Winter Surge Collaborative Service Measure for the Older Adults

S Ho, D Tse, MY Mak, YM Chau, MC Wan, C Kng, KA Wan, PG Kan, F Mak
Department Of Geriatrics, Accident And Emergency Department
Ruttonjee and Tang Shiu Kin Hospital, Hospital Authority

Background

✧ Elderly admissions during winter surge heavily burdens hospital services. Overseas reports of 'front door' AED gatekeeping is promising in reducing avoidable admissions safely by early frailty detection, yet evidence for effective local service models is scarce. Hence, preliminary outcomes of a tripartite collaborative service model (AED, community & geriatric teams) for selected AED elderly patients at RTSKH are described here.

Objective

✧ To strengthen front door gatekeeping during winter surge through (a) frailty assessment and intervention, (b) front door mobilization of community and ambulatory services and (c) a shared multi-disciplinary care plan bridging the hospital to community interface.

Method

✧ Patient aged >65 of Category 3 and 4 in AED, with low medical acuity initially planned for admission were selected by AED doctor for referral to experienced geriatric nurse for initial care plan with a standard form based on a quick multi-domain frailty assessment tool (reported Edmonton Frailty Scale and Clinical Frailty Scale) at AED. Through geriatrician input, a conjoint care plan with AED doctor facilitates access to a range of community and ambulatory resources for front door elderly tailored to patient needs, including Integrated Care Model, Community Nursing & Community Geriatrics Assessment Service, Geriatric Day Hospital (GDH), Fast Track Clinic, phone follow up and weekly case conference.

Result

✧ 44 patients were recruited in the first 3 months of implementation with 20(45%) male, age ranged from 65 to 93, average 80 years, 89% (39) community dwelling, with 61% (27) being frail or vulnerable. Top reasons for attending AED were Fall 32% (14) and dizziness 23% (10). 80% (35) patients were discharged from AED with 59% (26) supported by community teams using a shared care plan based on frailty needs assessment, 39% (17) followed up by SOPD and GDH. 20% (9) patients were admitted to Geriatric ward or EMW. Of the 26 patients who had completed 28 days discharge support till 28 Feb 2017, 2 patients were readmitted (7.7%). Patient satisfaction survey conducted one week later revealed high satisfaction.

Conclusion

✧ This study confirms critical success factors include skillful case selection by AED doctors, quick frailty assessment to guide geriatric care plan, front door access to coordinated community & ambulatory services and a shared care plan among teams resulted in 80% being discharged with low readmission rate. Front door interface geriatrics can deliver safe yet quality care for frail elders with options other than hospitalization and merits further study and development.

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歡迎各會員投稿，請將稿件或照片（請註明相片標題)
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Annual Scientific Programme 2017 Oral Presentation 4

Use of "My Passport" to promote person-centred care for dementia patients

Sze S, Chan, O.F., Chui, M., Lee, P., Cheung, S.Y., Woo, L.C., Lai W. S, Ng W P & Lai K K,

Medical & Geriatric Department, Shatin Hospital

Background

- ✧ Prevalence of Chinese older people who suffered from dementia in Hong Kong was 11.1% in the age group of 80-84 and it shot up to 23.6%for people aged over 85 (Chiu et al, 1998).
- ✧ SCMP (2015) also mentioned that prevalence of dementia was already increased to one in 10 Hongkongers which accumulated 80,000 people have dementia. There would be one third of Hongkongers over 80 will have dementia by 2050.
- ✧ More vulnerable older persons admitted to hospital with dementia features because of aging population. In an extended care setting, there was approximate 47% of in-patients have the dementia features in one day point prevalence. Care of dementia persons are challenging because they can be unpredictable when they are experience the stress of being in hospital. Nevertheless, nurses lack of knowledge and information to care them will make the dementia patients frustrated when they are unable to do what they wanted which causing them more aggressive.
- ✧ Therefore, a personalized diary, namely 'My Passport' was introduced for dementia patients which aimed to use the person centred approach in caring older persons with dementia during hospitalisation. The Passport stated about one's life story, personal experience, caring tips, and preference when caring of cognitive impaired patient in their daily living.

Objective

- ✧ Allow carers, including families & nurses, to know more about the needs and preferences of the cognitive impaired patient
- ✧ Promote the person-centred care to cognitive impaired patients and encourage them to maximise their remaining abilities.
- ✧ Be a good communicating tool for ward nurses in the care of dementia persons to minimize patients stress of being in hospital and promote recovery.

Method

- ✧ A specialized booklet, "My Passport", was designed with reference to the literatures.
- ✧ Targeted patients would be identified and recruited in the project by link-nurses.
- ✧ Ward nurses were trained with the use of the information in the booklet to formulate individualised person-centred care plan for the dementia patient
- ✧ "My Passport" was fully implemented in all M&G wards, including in-patient and day patient since Aug 2016
- ✧ The program will be evaluated in 1Q of 2017

Result

- ✧ In 2016, total 36 nurses in M&G were trained as the link nurse to participate in the program.
- ✧ From Aug to Dec in 2016, 13 patients were recruited in the project.
- ✧ In the sharing session during the pilot period, feedback from nurses, patients and families were positive. They reflected that use of 'My Passport could facilitate the health care workers in more understanding about the patient. Hence, targeted nursing care was provided to the patients more effectively especially when handling their behavioural problems. However, in the recent retrospective documentation audit, documentation of care plan provided to the targeted patients using 'My Passport' was 45%. It was explained by time constraint for nurses to document the care process in patient notes. Therefore, nursing care plan checklists would be formulated to facilitate nurses in maintaining proper documentation.

Conclusion

- ✧ In conclusion, caring the dementia person is not an easy job as we imagine. However, the prevalence of dementia is getting higher in Hong Kong. Therefore, getting to know more about them before planning or providing the care using the person centred approach can promote the establishment of respectful relationship, minimize the psychological or emotional trauma and facilitate the daily care to the dementia patients.

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虐老

虐老是一個嚴重的公共衞生及社會問題。虐老形式包括身體，精神及性虐待，侵吞財產和忽視及遺棄長者。根據世界衛生組織的資料顯示(WHO, 2017; Yan et al., 2017)，在過去多年，每六位年齡在六十歲或以上的長者中，一位有被虐待的經歷。在香港方面，約27百分率 (Yan & Tang, 2004) 的受訪長者曾經歷最少一種形式的虐待。相信這些發生率是低於實際的數字。因為,一些原因令很多虐老個案不被發現或沒有被舉報。

由於人口老化及社會…經濟的改變，虐老問題日趨嚴重。香港社會福利署的虐待長者個案統計資料顯示香港的虐老個案每年遞增。並且在身體及精神虐待和侵吞財產方面的發生率相對較高 (SWD, 2017)。為了令長者獲得生存,自由及安全的權力，預防虐老是一項重要的工作。了解虐老的危機因素及留心長者被虐的表徵是預防虐老的第一步。

(1) 虐老的危機因素，下列長者被虐的機會較高 (SWD, 2006)

- 表達能力弱的長者
- 認知能力衰退的長者
- 須長期被照顧的長者
- 社交網络薄弱的長者: 當長者的朋友及/或和外界接觸很少時，,長者更倚賴家人。当他/她們受虐待時，較難尋求外界的協助
- 和家人或照顧者的關係欠佳的長者: 為日積月累的個人，家庭及 / 或生活問題和家人常產生衝突及喝罵
- 不能適應家庭結構轉變的長者: 例如配偶過世，須和兒媳同住。但家庭成員不能互相適應
- 照顧者壓力很大
- 照顧者的身體狀況出現問題，如患精神病或酗酒等令虐老機會增加

(2) 當長者被虐待後，她/他們的身體，精神及行為可能會顯示下列一些表徵。這些表徵可協助評估長者有否被虐待 (SWD, 2006)

- 長者虐待表徵：身體上出現瘀傷，肌肉撕裂，骨折，燒傷及/或燙傷。但不是意外受傷造成
- 精神虐待表徵：怒視或害怕照顧者，驚惶失措，情緒波動, 及/或抑鬱
- 長者行為表徵：非常被動，避免與人接觸，不願透露身體表徵的相關資料或吞吐地表示因不小心造成，拒绝接受檢查及醫療身體表徵，及 / 或企圖自殺。

總結

虐老對長者的身、心、社、靈多方面產生負面結果。照顧者須細心注意長者被虐後的表徵，找出施虐者及作出恰當處理去制止虐老的發生。

撰文：鄺惠容博士

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