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President's Report

My Dear College Members,

Time really flies and we are now in the Annual General Meeting of 2018. May I take this opportunity to update you some of our College's major achievements in the first half year of 2018.

In meeting with the ever-challenging health care system and the complex community environment, we have invited Dr James LUK, the President of the Hong Kong Geriatrics Society, to be our Keynotes Speaker today and shared his foresight with us on "New Frontiers in Geriatric Care in Hong Kong" in our 2018 Annual Scientific Meeting. This year our Scientific Meeting has received an overwhelming response of approaching 100 participants. In the event, our Fellows and members will share their successful collaboration projects and excellent updates of their current nursing practice for "Building a Sustainable Quality Gerontological Healthcare".

We have also organized two "Journal Club" forums in the past 6 months. Each forum has covered different gerontological nursing professional in-depth practice issue and all were well received by our members.

During 2017 & 2018, we have also collaborated with the "廣東省護士協會" to organize their third and fourth 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 each year. We are also planning to organize jointly for the "2018 Nursing Forum in Gerontological Care" between the 2 organizations in coming September, 2018 in Guangzhou, which will also celebrate the 10th Anniversary of the "廣東省護士香港培訓計劃 (老人科)".

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 two years. Since the new 2018-2020 College Council was elected, I would like to wish them an every success and also bring our College to a new cutting edge of professionalism for Gerontology Nursing.

Thank you very much!



2018-2020 Council Members & Invited Guests



Anders YUEN
President (2016-18),
Hong Kong College of Gerontology Nursing
26th May, 2018.

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Scientific Meeting cum AGM 2018



KEYNOTE PRESENTATION

NEW FRONTIERS IN GERIATRIC CARE IN HONG KONG
BY DR LUK KA HAY, JAMES
PRESIDENT OF THE HONG KONG GERIATRICS SOCIETY
COS (MED)/FYKH/MMRC ICO, HOSPITAL AUTHORITY



Participants listened to Keynote Speaker's presentation attentively



President delivers souvenir to Dr LUK
Thanks him for his brilliant and inspiring presentation

Honourable Guests and Participants Actively Participated into Sparkling Discussion with the Speaker



Dr LUK had made invaluable comments in response to contents of oral presentations



President raised inspiring questions which led to challenging discussion

Opening Ceremony

Scientific Meeting cum AGM 2018



Dr LEUNG Man-fuk (President, Hong Kong Association of Gerontology)
Mr YUEN Chi-man, Anders (President, HKCGN)
Dr CHUI Tal-yi, JP (Under Secretary for Food & Health)
Dr LUK Ka-hay, James [President, Hong Kong Geriatric Society]
Prof Agnes Tiwari (Chairman of The Nursing Council of Hong Kong)
Mr Lawrence POON (Chief Manager [Nursing], Hospital Authority)



Front row from left to right:

Dr LEUNG Man-fuk [President, Hong Kong Association of Gerontology]
Mr YUEN Chi-man, Anders [President, HKCGN]
Dr CHUI Tal-yi, JP [Under Secretary for Food & Health]
Dr LUK Ka-hay, James [President, Hong Kong Geriatric Society]
Prof Agnes Tiwari (Chairman of The Nursing Council of Hong Kong)
Mr Lawrence POON (Chief Manager [Nursing], Hospital Authority)

Back row from left to right:

Dr Elsie HUI [SD (P&CHC)/ NTEC, Hospital Authority]
Prof. Frances Wong [President, Hong Kong Academy of Nursing]
Prof. Claudia Lai [Hon Professor, Hong Kong Polytechnic University]
Prof. Samantha Chong [School of Nursing, HKU]
Dr Stephen KWOK [President of ICON Medical GP]

Annual Scientific Programme Oral Presentation 1

Turning Patient: At The Right Time - A Hospital-wide Strategies in Ruttonjee and Tang Shiu Kin Hospitals (RTSKH)

PangSY¹, Leung YP¹, Sabrina Ho², Monica Ng¹, Flora Mak², Angela Lee³, Leung YL⁴, Harris Lam⁵, Pressure Injury & Wound Nursing Management Team, RTSKH



*Department of Surgery & Orthopaedics, Ruttonjee and Tang Shiu Kin Hospitals¹,
Department of Geriatrics, Ruttonjee and Tang Shiu Kin Hospitals²,
Department of Acute Integrated Medicine Services, Ruttonjee and Tang Shiu Kin
Hospitals³,
Department of Respiratory Medicine,
Ruttonjee and Tang Shiu Kin
Hospitals⁴,
Nursing Service Division, Ruttonjee
and Tang Shiu Kin Hospitals⁵.*

Ms Sabrina HO

Introduction

In the aims to transform the evidence based nursing practices on patient turning and reduce pressure ulcer rate in RTSKH, a quality improvement program was initiated by Pressure Injury & Wound Nursing Management Team from June 2016 – June 2017.

Objectives

1. To implement turning schedule in all ward areas and standardize patient turning practices within hospital.
2. To strengthen the knowledge and skills of supporting staff on patient turnings and pressure injury prevention.

Methodology

The program was a conjoint program led by the nurse consultant of gerontology and wound nurse of RTSKH. It was implemented by phases from June 2016 to June 2017 in all clinical areas except ICU, EMW & Day Services Unit.

1. Interventions:

A "Road Show" mode of training was adopted including theoretical teaching sessions & skill transfer workshops in each clinical areas to PCAs & HCAs. It introduced the use of turning schedule for patient turning to frontline staff and target to align turning practices according to the turning schedule in the whole hospital.

2. Program Evaluation:

Program evaluation including pre and post training knowledge test, Hospital-wide staff compliance audit on the use of "Turning Schedule" and staff satisfaction survey

Result

Twenty sessions of ward based training for supporting staff on "Prevention of Pressure Injury" & Introduction of "Turning Schedule" were run that covered 81 participants. An average score of 44 was increased to 90, with more than 2 folds improvement, after the training. In the compliance audit on the use of "Turning Schedule" which was carried out in September 2017, 358 patients' turning positions were checked. High overall compliance rate of 91.3% was achieved and among the 91 staffs (41 nurses & 50 supporting staffs) who performed the satisfaction survey, more than 87% gave positive feedback on the effectiveness of the turning schedule for prevention of pressure injury. Reasons for the 8.7% non-compliance were reviewed and staff feedback was collected for future improvement.

Conclusion

The turning schedule was well implemented within hospital with high compliance rate of 91%. It allowed flexibility of use in special conditions including contraindications and patient's preference. The "turning schedule" was mostly displayed in common area where staff could easily access. It was well accepted by most of the staff of the hospital as a convenient and useful tool in pressure injury prevention. Therefore, the pressure injury rate is keep at low level in RTSKH.



Annual Scientific Programme Oral Presentation 2

Congestive Heart Failure Reduction Program in Residential Care Home for Elderly

TSE LKD, YUNG YC, CHAN K, LEE HTJ, MAK PKF, KNG PLC

Community Geriatrics Assessment Team, Department of Geriatrics, Ruttonjee and Tang Shiu Kin Hospital



Background

Congestive heart failure was one of the common chronic conditions that increased the utilization of hospital services among elderly. In 2017, there was 302 elderly from Residential Care Home for Elderly (RCHE) had unplanned admission to PYNEH and RTSKH with diagnosis of Congestive Heart Failure (CHF). In addition 118 (39%) of them was unplanned readmission. Therefore, a "Congestive Heart Reduction Program" was conducted in RCHE.

Objectives

1. Empowerment of RCHE staff in monitoring of signs and symptoms of elderly with CHF
2. Reduction of unplanned readmission as related to CHF

Method

CGAT doctor / VMO provided educational talk to RCHE staff to enhance their knowledge on the management of CHF. The post-discharged elderly with principle diagnosis of CHF would be assessed by CGAT nurses. The RCHE staff was advised to perform assessment according to the nurse instruction. CGAT nurses would perform weekly visits for 4 sequential weeks to monitor the conditions of the elderly.

If there was any abnormality detected, the RCHE staff should report to the CGAT nurses for further advices.

Result

- The study was conducted from Dec 2017 to Feb 2018
- RCHE training:
 - 5 RCHE with 45 staff were trained. A pre & post-test with 5 multiple choice quiz was done. In the pre-test, the average score of the respondents was 1.8. After the talk by CGAT doctors / VMO, the post-test average score was increased to 3.6.
- Patient Recruited
 - 22 patients were recruited included 16 female (72.7%) and 6 male (27.3%). The age of the patients ranged from 79 to 100 years old, their mean age was 89.6 years old. The bed days of the patients were ranged from 1-18 days with mean 5.33 days. The number of medical condition patients suffered was ranged from 1-8 conditions with mean 4.2. Besides, they also took 6-18 medications with mean 10.88 medications. In the New York Heart Association Classification (NYHA), there was 5 (22.72%) patients classified as class I, 10 (45.45%) class II and 6 (27.27%) patients classified as class III.
- Provision of interventions
 - 5 patients was advised to have fluid restriction, lasix titration was provided to 4 patients, early following by VMO was arranged to 4 patients and clinical admission was arranged to 4 patients.
- Hospital service utilization
 - 7 patients out of these 22 patients were readmitted, there was 22% reduction of readmission rate with 58.8% reduction of total bed days.

Conclusion

The reduction of CHF readmission rate might be facilitated by two factors. Firstly, closely monitor the vital sign and body weight to detect the early warning signs of CHF. Secondly, increase the RCHE staff awareness on the importance of fluid restriction and good drug compliance, therefore, the risk factors were controlled.



Annual Scientific Meeting Oral Presentation 3

Effect of a Theory-driven Educational-intervention for Improving Adherence to Inhalation Therapy in Patients with Chronic Obstructive Pulmonary Disease: A Pilot Study



To KW¹, Lee FKI²

(1) Hong Kong Baptist Hospital, (2) The Nethersole School of Nursing, The Chinese University of Hong Kong

Background

Patients with chronic obstructive pulmonary disease (COPD) show poor adherence to inhalation therapy, thereby reducing the treatment effect. Information-motivation-behavioral (IMB) model is recommended as a theoretical framework for adherence intervention but the use of this model in patients with COPD has not been adequately evaluated.

Prof Iris LEE

Objective

The objectives were to evaluate the effect of an IMB model-based educational intervention on adherence to inhalation frequency and inhalation techniques.

Method

This study was a randomized controlled trial. The subjects were older people with COPD recruited from a specialist outpatient clinic of a public hospital in Hong Kong and randomized into intervention and control groups after collection of informed written consents and baseline data. The intervention was an IMB model-based educational intervention which consisted of a one-hour face-to-face educational session and two telephone follow up sessions on the second and fourth weeks. The control was usual care. The intervention was conducted on the day of subject randomization. The adherence to the inhalation frequency was calculated by using the ratio of the number of doses taken to the number of doses prescribed. The adherence to inhalation techniques were assessed by the checklists designed by the National Asthma Council Australia in 2008. Data were collected before and six weeks after randomization. Regarding data analysis, a generalized estimating equations (GEE) model was used to assess the differential change of inhalation frequency and inhalation techniques.

Results

The final sample consisted of 15 intervention and 15 control subjects with a mean age of 75.7 years (SD = 4.8). There were not any significant differences in baseline socio-demographic and clinical characteristics between the intervention and control groups. No significant difference was found between the two groups in terms of medication adherence ($p = 0.388$) and inhalation techniques ($p = 0.557$) at baseline. Although the GEE model did not show a significant difference in the change of inhalation adherence across the two study time points between the two groups ($B = 18.19$, 95% CI: [-4.72, 41.10], $p = 0.120$), it showed a statistically significant difference in the change of inhalation techniques across the two study time points between the two groups ($B = 15.57$, 95% CI: 5.73, 25.42], $p = 0.02$) indicating that the intervention group had significantly greater improvements in their inhalation techniques compared with the control group.

Conclusion

The IMB model-based educational intervention could improve COPD patients' adherence to inhalation techniques but could not demonstrate a statistically significant effect on medication adherence.



Annual Scientific Programme Oral Presentation 4

Challenges of Engaging patients in Advance Care Planning in Hospital Care Setting: A Qualitative Study on the Experiences of Nurses



Cheng PPP¹, Chan HYL²

(1) Central Nursing Division, Yan Chai Hospital; (2) The Nethersole School of Nursing, The Chinese University of Hong Kong.

Introduction

Advance Care Planning (ACP) is defined as a communication process among patient, family and healthcare providers about end-of-life (EOL) before patients lose their capacity to decide their treatment plan. It has been much elaborated in detail and promulgated recently by Hospital Authority (HA). It highlights in relevant guidelines that advance care planning (ACP) should be promoted "as an integral part of clinical care for patients with advanced progressive diseases". However, much attention has been focused on the clients' experiences with the ACP process; little is known about the experiences of health professionals.

Objectives

It aimed to explore the enablers and barriers perceived by Nurses in the ACP process.

Methodology

- Qualitative exploratory approach was adopted to achieve the study objective. This is part of a 24-month stepped-wedge cluster randomized controlled trial study in Department of Medicine, which examines the effects of a structured ACP program in the hospital care setting.
- In Nov – Dec 2017, 27 staff volunteers (5 WMs, 8 APNs & 14 RNs) are recruited from Department of Medicine and Central Nursing Division. They were trained as ACP facilitators to engage discussion about end-of-life care issues with patients who met the criteria of the Supportive and Palliative Care Indicators Tool (SPICT).
- Two focus group interviews were conducted to understand their experiences, with each last for around 60 minutes. Qualitative content analysis was used for analysis. All participation is on a voluntary basis with no obligation on official release. Ethics approval for the study was obtained from the KWC research ethics committee.

Results and Outcomes

- The findings showed that the participants generally realized the importance of ACP in preparing patients with advanced progressive diseases and their family members and the support from the hospital and the management level was imperative to recognize its value.
- From the participants' sharing, some patients who were aware of their deteriorating conditions welcomed the discussion for clarifying their care wishes. However, several barriers were identified in the process. While heavy clinical workload may deter them from approaching the patients, the lack of understanding from colleagues and family members were the major hindrances. Some patients worried that their family would not respect their choices and some doctors and nurses were unfamiliar with ACP.
- Therefore, more promulgation work is needed to promote the concept to hospital staffs across disciplines at all levels and thus enhances partnership with patients.



