

香港老年學護理專科學院 Hong Kong College of Gerontology Nursing

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President's Message

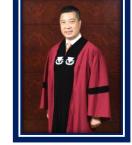
Letter to support the inclusion of Gerontology Nursing into the Voluntary Scheme on Advanced/Specialized Nursing Practice under the Nursing Council of Hong Kong

March 8th, 2019 Chairlady, Nursing Council of Hong Kong

Dear Professor Agnes TIWARI,

RE: Support the Inclusion of 'Gerontology Nursing'
into the Voluntary Scheme on Advanced/Specialized Nursing Practice
under the Nursing Council of Hong Kong

On behalf of the Hong Kong College of Gerontology Nursing (HKCGN), I ask for full inclusion of 'Gerontology Nursing' into the Voluntary Scheme on Advanced/Specialized Nursing Practice. Our Founding Association is the "Hong Kong Nurses Association of



Gerontology", which was established in 1997 by a group of enthusiastic and dedicated gerontological nurses. The Association was renamed as the "Hong Kong College of Gerontology Nursing (HKCGN)" in January 2010. Since its inception in 1997, the College has provided a wide variety of educational activities that are specific to the care of older people with the aims to raise the awareness of carers and health care professionals with updated knowledge and practices in gerontological nursing care. Our College has been accredited as a Continuing Nursing Education (CNE) Provider since 2006. HKCGN is one of the Academy Colleges in the Hong Kong Academy of Nursing (HKAN) since its establishment in 2012 and have developed a full set of Advanced Practice Nursing (Gerontology) specialty core competence, curriculum and training logbook, as enclosed, to govern the nursing training and practice standard of our specialty nurses.

We are very disappointed to learn that 'Gerontology Nursing' is not being included as one of the category under the Voluntary Scheme on Advanced/Specialized Nursing Practice. Indeed, our gerontological team has diligently devoted support to various topical and much needed elderly care projects in Hong Kong which are being coordinated by either the Hospital Authority or the Government of the HKSAR including, most recently, the 'concept of aging-in-place', Geriatric @Front Door, the involvement of geriatric nurses at Accident and Emergency Departments to perform timely frailty assessment that can matched against the coordination of appropriate community and ambulatory services. Such initiatives aim at providing safer discharge for frail elders with options of care. Other highly recognized projects have included supporting frailer elders with dementia, namely the "Dementia Community Support Scheme" that not only enhances medical-social collaboration for early detection, but also can provide early interventions to patients with mild and moderate dementia. Our College members have also been supporting the training of geriatric specialty nurses of Guangdong Province through our collaboration with the Guangdong Provincial Nurses Association. There are more than 300 geriatric specialty nurses being trained in the past 5 years for Guangdong Province.

Undoubtedly, the 21st Centenary is contended with an aging population and its challenges and impacts are putting a strain on the current Hong Kong's public healthcare system. There are numerous issues at play here for the much-needed inputs of gerontological nurses. Not only do older adults use more healthcare than younger population, they also have different healthcare needs and therefore require high levels of support. With reference to the Census and Statistics Department, the population will increase to around 8% from 7.24 million in 2014 to 7.84 million in 2026. A significantly high increase in the growth of the elderly population aged 65 years or above is anticipated – from 1.07 to 1.83 million, with the percentage of elderly in the population escalating from 14.7% to 23.3%.

Currently, our College has more than 300 members and most of them have acquired the Post-Registration Certificate Course in Gerontological Care of the Hospital Authority. Moreover, we also got nearly 70 members being awarded as the Fellow of Gerontology Nursing in the Hong Kong Academy of Nursing. We believe that Gerontological nurses are specially trained and equipped to have the knowledge to undertake comprehensive geriatric assessment, to prioritize the holistic needs of the elderly and their informal carers, and thereby offer timely and effective, seamless and high-quality care in the primary care, community and hospital settings in Hong Kong. Therefore, "Gerontology Nursing" should be included into the Voluntary Scheme on Advanced/ Specialized Nursing Practice under the Nursing Council of Hong Kong.

Yours sincerely,

YUEN, Chi-man Anders President Hong Kong College of Gerontology Nursing

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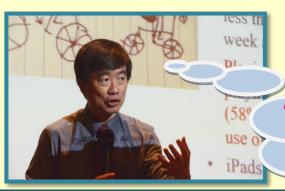


Hong Kong College of Gerontology Nursing



Annual Scientific Programme 2019

We Are Designers: Bringing Gerontechnology to Daily Nursing Practice



Keynote Presentation

"Design technology and environment for independent living and social participation of older persons in good health, comfort and safety"

Scope of Gerontechnology: Health, Housing, Mobility, Communication, Leisure, Work.....

HSU Yeh Liang, 徐業良

Professor, Mechanical Engineering Department Director, Gerontechnology Research Center Yuan Ze University, Taiwan Editor-in-Chief, Gerontechnology

Bed is the core of living and care for residents
in hospitals and nursing homes WhizPad is an extremely comfortable mattress
capable of motion sensing;
Pressure-relieve material for prevention of bedsore



Bluetooth IoT gateway WhizConnect: AloT bedroom integrating Bluetooth products

Real time status and event alerts

Long term health and living pattern

Family is the trigger... Care, interaction, connection, in addition to health monitoring





President and Vice President assist in demonstration of functions of "WhizConnect"

Serious Games for Persons with Dementic

Which guarantee enjoyment & commitment to the games and foster social behavior and interaction





Hong Kong College of Gerontology Nursing

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Annual Scientific Programme 2019





Ms WONG Miu Shan (MC)

The Honourable Guests

[Front: From Left to Right]
Prof Diana LEE [Professor of Nethersole School of Nursing, CUHK]
Prof Hon Joseph KL LEE, SBS, JP [Member of the Legislative Council]
Prof HSU Yeh Liang [Keynote Speaker]
Mr YUEN Chi Man, Anders [President, HKCGN]
Prof Agnes TIWARI [Chairman of The Nursing Council of Hong Kong]
Ms Samantha CHONG [Associate Professor, School of Nursing, HKU]
Ms HO Kam Yee, Joan [Vice President, HKCGN]
[Back: HKCGN Council Members]





Welcoming speech
Mr Anders YUEN (President, HKCGN)

Mr Lawrence POON (Chief Manager [Nursing], Hospital Authority)





Hong Kong College of Gerontology Nursing

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Annual Scientific Programme 2019



Participants Were Actively Engaged in the Sparkling Discussion with the Keynote Speaker Appealing Interaction: Prof Frances WONG (President of The Hong Kong Academy of Nursing) with Keynote Speaker



Ms Becky CHAN, Vice President (1st from Left) with participants



Ms Joan HO, Vice President (3rd from Left) with participants



Annual General Meeting 2019
(From Left to Right)
Ms LEUNG Yin Ling, Ruth (Hon Secretary)
Mr Anders YUEN (President)
Ms LAW So (Hon Treasurer)



President & Vice President with Organising Committee of Scientific Meeting





Hong Kong College of Gerontology Nursing



Annual Scientific Programme Oral Presentation 1

A tailored group-based Tai Chi program on improving aerobic endurance among patients with coronary heart disease

Ting LIU¹, Iris F.K. LEE¹, Aileen W.K. CHAN¹

¹The Nethersole School of Nursing, Faculty of Medicine,
The Chinese University of Hong Kong, Shatin, N.T., Hong Kong SAR.



Background Aerobic endurance represents the ability of the cardiovascular and respiratory system to provide oxygen and fuel to the muscles to allow sustained exercise. CHD patients tend to perform daily life at a lower intensity and have significantly lower aerobic endurance than healthy age-matched person. Tai Chi is an effective, feasible, attractive, safe and economical complementary therapy for cardiovascular health, yet lack of rigorous studies examine the effectiveness of Tai Chi exercise on improving aerobic endurance among patients with CHD.

Objective To evaluate the effectiveness of a 6-week group-based Tai Chi program on aerobic endurance in Chinese patients with CHD.

Methods A total of 98 participants (mean age=69.2±4.68 years, 70.4% female) with

CHD were randomly assigned to either Tai Chi (n=49), or control (C, n=49) groups. Participants in Tai Chi group attended the gradual group-based Tai Chi classes, namely, twice a week at first two weeks, three times a week at the following two weeks, and then four times a week at last two weeks, with 60 minutes per class. Control participants maintained their usual daily activities and attended non-exercise community activities once a week for six weeks. The outcome was aerobic endurance in term of 2-Minute Step Test (2MST). Data were collected at baseline and 6-week (post intervention). Generalized estimating equations (GEE) model was used to compare changes in outcome over time between groups.

Result At baseline, no significant differences between groups. Compared with control group, Tai Chi group showed significant increasing of the score of 2MST (10 scores) at 6-week (p<0.023). Intervention adherence

rates were Tai Chi=81.6%, Control=79.6%; with 19.4% study attrition at 6-week.

Conclusion This 6-week group-based Tai Chi program has a gradual exercise frequency design to meet the recommend exercise frequency for CHD patients and could be benefit for improving aerobic endurance among Chinese patients with CHD. Such a tailored Tai Chi program would consider as an important exercise component in healthcare systems.



歡迎投稿

歡迎各會員投稿,請將稿件或照片 (請註明相片標題) 連同個人聯絡資料電郵至 publication@hkcgn. org



Hong Kong College of Gerontology Nursing



Annual Scientific Programme Oral Presentation 2

Effective Way to Treat Anxiety and Behavioral Problems in Patients with Dementia

Yeung, S.Y., So, K.N., Chu, K.W., Man, S.L., Wong, S. B. A. Department of Medicine, Haven of Hope Hospital



Background There is an increasing trend in dementia population in the world. Demented patients complicated with medical conditions are more prone to behavioral problems in hospital such as wandering, delusion and agitation and need for more comprehensive and individualized care. Caring for dementia can be very stressful and challenging, which may also increase the use of sedative or physical restraint. To avoid this unfavorable care, different strategies are established that Doll therapy proved to be effective in dealing with mood problems, Merry Walker enabled safety mobilize activities even the patient has high fall risk, and Dementia Passport provided a platform to deliver a continuity client-center care in between hospital and community.

Objective Evaluate the effectiveness of a tailor-made dementia programme for facilitating care for demented patients.

Method Patients diagnosed in dementia admitted to geriatric and rehabilitation wards of Haven of Hope Hospital since March of 2019 were recruited in the programme. Suitable samples were given a baby doll or merry walker until discharge. A dementia passport for each sample would document the specific caring information collected by observation and communicated with main caregivers. Upon discharge, the dementia passport was given to caregivers. Evaluation would be made by phone follow-up 3 months after discharge. For assessing the behavioral and psychological symptoms of dementia (BPSD), Abe's BPSD Score (ABS) was adopted and conducted on day 2 of admission, discharge day and 3 months after discharge. Results were analyzed to evaluate the effectiveness of the programme.

Total 7 samples (5 male and 2 female) were recruited in the programme. Five of them discharged home or old aged home. Average age of samples was 84.9±9.1. For the 5 samples discharged, paired t-test was done to compare the mean between ABS at day 2 of admission and upon discharge. Mean of ABS at day 2 was 10.2±4.9 and upon discharge was 5.4±2.9. Mean difference was 4.8±2.6 (p=0.014, 95%CI) which meant

there was significant difference of ABS after the programme. Due to small sample size and absence of control group, whether the effect of difference in ABS score was due to the programme was unknown.

Conclusion The tailor-made dementia programme is still in pilot stage. Larger sample size and introduction of control group are needed to examine the effect of the programme. From preliminary results, the dementia programme was able to improve BPSD symptoms of dementia patients.





香港老年學護理專科學院 Hong Kong College of Gerontology Nursing



Annual Scientific Programme Oral Presentation 3

Enhancement Program on Peritoneal Dialysis: Development of a PD Connection Device for Patient on CAPD

Veronica S K Chan, S F Cheung Department of Medicine, Yan Chai Hospital

Background The incidence and prevalence of patients with end stage renal failure (ESRF) requiring renal replacement therapy (RRT) have been increasing in Hong Kong. According to Hong Kong Renal Registry, over 9500 patients required RRT in 2017. Peritoneal dialysis (PD) has been the predominant modality of RRT in Hong Kong. PD can be performed by patients or helpers, depending on their physical or mental capacity. Although helper-assisted PD is an acceptable treatment, there are significant impacts on autonomy and quality of life of patients, carer burden and community healthcare system. Patients with ESRF and physical limitation to perform independent PD catheter connection will be identified by renal specialty nurses. Occupational therapist will assess the need of PD assistive device. The PD connection device will be prescribed for those who fail the 100% hit of connection of catheters. PD connection device aim at 100% hit of the connection of renal catheter and the transfer set of Ultrabag.

1. Involvement of occupational therapy in prescription of PD connection device. 2. Before the application of the device, ESRF patient who cannot perform independent CAPD will move to old aged home if there is no helper for CAPD. The connection device empowered patient for self-management of independent CAPD at home. 3. With the accuracy of the connections, peritonitis rate and re-admission are reduced. 4. The quality of life of CAPD patient was improved.





Method The peritoneal dialysis connection device is modified from original assistive device which can serve 2 purpose in connection during CAPD: 1) connection of renal catheter and transfer set of Ultra bag 2)Capping of disinfected cap ESRF patient who has physical limitations such as hand tremor, , poor hand eye hand coordination cannot perform 100% hit to the connections. The device can help patient with hand tremor by providing stable stand for renal catheter during connection. It also enhances the accuracy of the connections by providing guidance so as to achieve 100% hit. The device can also allow patient with stroke to perform CAPD independently with one handed technique.

Seven patients were prescribed the PD connection device from Feb 2018 to Nov 2018. There is no Result incident of Peritonitis happened for all patients after the use the device.

With assistance of PD adaptive device, patients who would have to undergo helper PD will be empowered to perform PD independently. Their autonomy and quality of life can be optimized. Social burden on helpers, family or community, can be minimized.

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Hong Kong College of Gerontology Nursing



改革醫療制度刻不容緩

李國麟 立法會(衞生服務界)議員

上星期,筆者在立法會就「推動醫療改革」議案提出修正案,當中包括廢除轉介制度,讓物理治療師直接為病人提供治療及護理服務;容許視光師直接轉介病人至公營眼科服務,免除私家或公營醫生的轉介,讓市民直接獲得適切的服務;改善醫管局護士及專職醫療人員的待遇,並繼續推動自願醫保計劃。

很可惜,有關修正案因得不到過半數議員贊成而被否決。究其原因,主要是擔心簡化轉介制度會加重醫療負擔的問題。 筆者認為,現時的醫療制度着重於治療,過度集中醫生的角色,但醫生人手不足,導致輪候時間長,服務不足,市民得不 到切適的治療,情況極不理想。其實,香港醫療質素及水平享譽國際,除了醫生外,其他醫護專業的發展已走向專業化, 大部分醫護專業更可獨立執業,受法例規管,其專業水平不應受到質疑,更不會因簡化轉介制度而大大加重公營醫療服務 的負擔。反之,醫管局應充分利用他們的職能,改變因循守舊,架床疊屋的制度,盡快為市民提供切適的服務。

我在修正案提出廢除轉介制度,讓物理治療師直接為病人提供治療及護理服務,是因應現時香港市民普通都受到都市病困擾,如局頸痛,而物理治療服務能有效舒緩這些痛症,加速病人復康;可是,根據註冊物理治療師專業守則的規定,接受物理治療師的診斷或治療,須由醫生或獲豁免的人士轉介。

換句話說,病人發現有這些問題時,未能直接向物理治療師求診。其實,筆者在第一屆當上議員時已與物理治療專業一起 提出「免轉介」(open referral),讓物理治療師可以直接提供服務。我們認為病人找西醫取轉介信方能獲得物理治療服務 的做法十分落後。其實,現時全球超過30個國家包括英國、澳洲、新加坡等,已實施免轉介安排。因此,取消轉介制度, 不但為病人提供多一個選擇,讓病人更快接受物理治療,省卻看西醫取轉介信的診症費,更可舒緩公營醫療壓力。

此外,筆者在修正案亦提出另一個建議,改善現時醫管局的制度。現時,很多市民特別是兒童都需驗配眼鏡,接受視光服務,大家通常以為視光師只為市民驗視力度數、配眼鏡,其實很多有經驗的視光師在驗眼的同時,已知悉是否有眼疾問題。 今天,除了有經驗的視光師外,理工大學的培訓課程須修讀5年,當中包括眼睛結構、病變等,四、五年級的學生更須臨 床實習。他們受視光師規例監管,對保障市民視力健康有重要的角色。

然而,現時醫管局並不接納視光師轉介信,若視光師發現市民有嚴重眼疾需要治療,均須建議病人先看私家醫生或公營普通科門診的醫生,由醫生發出轉介信方能轉介病人至公立醫院的眼科專科求診。這個安排白白浪費市民的資源,更加重公營普通科門診的負擔。因此,我在修正案提出建議,促請當局容許視光師直接轉介病人至公營眼科服務,免除私家或公營醫生的轉介,讓市民直接獲得適切的服務。

筆者跟進上述問題十多年,但醫管局制度因循,縱使面對服務不足,輪候時間長,都未有因應醫護專業的發展及市民的需要而作出改變,做法令人失望。要長遠改善香港的醫療問題,有關當局應要求醫管局與時並進,以多管齊下的方法,充分利用各醫護專業的職能,改善制度,促進市民健康。

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