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

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Hong Kong College of Gerontology Nursing 2014 Annual Scientific Meeting CUM AGM
香港老年學護理專科學院 2014年度科學研討會暨周年會員大會

Strength and Opportunity for Elderly Healthcare
護老服務：優勢及機遇

President's Report

2014-2016 HKCGN Council Members

My Dear College Fellow Members,

Time passes so quickly and I would like to take this opportunity to update with you some of our College's achievements in 2013.

In light of the establishment of the Provisional Hong Kong Academy of Nursing and to truly reflect the enhanced core missions and roles as one of the Academy Colleges, we have further modified and fine-tuned our College Fellowship Programme Outlines in 2013. With this programme outlines, we are able to enhance incorporation of our specialised clinical knowledge and experience into efficient and effective nursing practices in elder care. We are delighted to announce that 46 Fellows are additionally admitted as our College Founding Fellows and we had also participated in "The Provisional Hong Kong Academy of Nursing Annual Fellowship Conferment Ceremony" on 10 May 2014.

*In meeting with the ever-challenging health care system and the complex community environment, we have invited **Dr Felix CHAN**, Member of the Elderly Commission, as our Keynote Speaker and shared his foresight with us on "Collaboration in Aged Care" at our 7th Annual Scientific Meeting on June 29th 2013. This year our Scientific Meeting has received an overwhelming response of approaching 70 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 collaborated with the "Abbott" to conduct the Seminar on Management of Malnutrition in Older Persons on 23rd January 2013 with more than 110 College Members participated.

During 2013, we have also collaborated with the "廣東省省護理教育中心" to organize their first Gerontology Nurse Specialist Certificate Training Course for the nursing colleagues of Guangdong province. Such course was successfully held with more than 70 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 works in past years.

With that I end my report.

Anders Yuen
***President** (2012-14),*
Hong Kong College of Gerontology Nursing
12th May 2014

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Strength and Opportunity for Elderly Healthcare
護老服務：優勢及機遇

Keynote Speaker

Professor Sophia Chan, JP
Under Secretary for Food & Health
Government of the HKSAR
陳肇始教授, JP
食物及衛生局副局長

HK Elderly Healthcare: Challenges, Strengths & Opportunities

The healthcare system of Hong Kong runs on a dual-track basis encompassing the public and the private sectors, supported by a group of professional healthcare practitioners. Public healthcare, which serves as the safety net for the whole community, provides comprehensive medical and healthcare services to patients either for free or at a relatively low cost, while the private healthcare sector provides personalised choices and more accessible services. However, like many other jurisdictions, Hong Kong is facing the serious challenge of a rapidly aging population which results in surging demand for healthcare services. While the Government is determined to uphold its firm commitment to providing quality and affordable public healthcare services, increasing public health expenditure alone cannot meet the surging demand for healthcare services.

We need to seek to ensure the long-term sustainability of Hong Kong's healthcare system. Among a series of reviews and reform measures, the introduction of primary care and the Health Protection Scheme (HPS) are fundamental.

A good primary care system provides the public with access to better care which is comprehensive, holistic, and coordinated. It also provides preventive care as well as quality management of diseases to everyone which is important for promoting health of the population. With a greater emphasis on preventive care, the overall burden on society caused by common diseases such as chronic diseases can be reduced.

On another hand, by improving the quality, accessibility and certainty of health insurance protection, the HPS aims to enhance protection and to foster confidence of consumers who are able and willing to use private health insurance and private healthcare services, thereby providing relief to the public healthcare system by better enabling it to focus on serving its target areas. Hence, in addressing the growing health expenditure, and the long-term sustainability of our healthcare system due to an aging population, HPS is one of the key policy initiatives and a positive step forward to balance the public-private healthcare services in a continuous manner to better serve public needs..

Therefore, it is essential for us to maintain our unique dual-track healthcare system. The introduction of the HPS can help ensuring the sustainability and balanced development of our healthcare system which is essential for meeting the surging demand for healthcare services.

Guest Session

Ms. Alice, Dick Wah Chiu
Accreditation Officer,
Hong Kong Association of Gerontology

Improvement of Residential Care Services for the Elders in Hong Kong through the Residential Aged Care Accreditation Scheme in the Past 10 Years

Hong Kong is experiencing rapid population ageing. By the end of 2010, the number of elderly living in private elderly homes (profit-making) reached 51,723, accounting for 70.9% of the total residential places for the elderly in HK. Since the private sector is profit making oriented and the licensing requirements in HK is just the basic standards for residential homes, the service quality of private aged homes is always a matter of public concern. It is crucial to set up high-quality residential service to protect the frail elderly living in residential homes.

Hong Kong Association of Gerontology (HKAG) initiated the 2-year Pilot Project on Accreditation System in 2002 in which formulated a set of culturally appropriate service standards and accreditation mechanism for aged care homes after studying international systems through overseas visits, literature review and 39 aged care homes joined in pilot study. The Pilot Project was completed in October 2004. Afterward the Residential Aged Care Accreditation Scheme (RACAS) was launched on a self-financing basis in March 2005 with the aim to improve the quality of residential homes.

Under the Scheme, residential homes participate on a voluntary basis, peer review, and process-and-outcome-focused. They would be impartially accredited on-site based on 40 objective criteria by professional assessors. Apart from assessing the quality of the services rendered by the aged homes, assessors would give suggestions for improvement and follow-up the implementation of such suggestions.

RACAS runs for three years cycle. In the first year, an overall assessment would be performed and annual reviews in the interim to maintain their quality.

In the 10 years from 2003, over 100 aged care homes, which were about 14% of the 700 aged care homes in Hong Kong, had joined and completed accreditation under RACAS, which is evidence that accreditation could improve the quality of their services and this serves as a benchmark for the public in identifying reliable elderly homes. Also, In May 2008, the service standards of RACAS were granted accreditation status by the International Society for Quality in Health Care, and is the only accreditation scheme in Hong Kong being recognized by an international organization.

The accreditation standards are divided into 4 domains that consist of governance, environment, care process and information management and communication. The achievements of the RACAS is to enhance the quality of care of accredited home, to assist elderly homes to build up a continuous improvement system of clinical care such as drug management, continence care, feeding, nutrition in residential homes as well as to promote the best practice amongst elderly homes which have been accredited. Moreover, for the past few years, over 97% of residential homes joined RACAS expressed the opinions that RACAS can improve the quality service of the elderly homes.

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Snapshots of Scientific Meeting cum AGM

Opening Remarks – President Mr Anders YUEN

Mr Anders YUEN (President, HKCGN), Prof Sophia CHAN (Under Secretary for Food & Health) & Ms Joan HO (Vice President, HKCGN) (Left to right)

Dr LEUNG Man Fuk (Chairman of Hong Kong Association of Gerontology), Professor Diana LEE (The Nethersole School of Nursing) & Mr Anders YUEN(President, HKCGN) (Left to right)

Prof Claudia LAI (School of Nursing, Hong Kong Polytechnic University), Ms Jane LIU (Chief Manager, Nursing, HA), Dr Esther WONG (Chair of Promotion and Public Relations Committee, The Provisional HK Academy of Nursing) & Dr Susie LUM (President, The Provisional HK Academy of Nursing)

We have invited lots of honourable guests and academic health professionals to join our Scientific Meeting

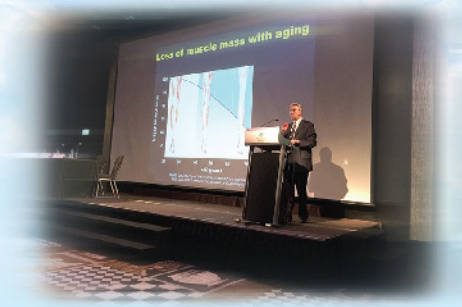
All participants were attentive to the Scientific Meeting

Discussion session – Dr LEUNG Man Fuk (Chairman of Hong Kong Association of Gerontology) shared with participants his expertise opinion

Nutrition & Healthy Aging: Improving muscle & cognitive health

on 16 June 2014, at Sheraton Hotel.
A joint program with
"Hong Kong Geriatrics Society"

Keynote Speaker:
Dr. Jean-Pierre Michel



Gratitude thanks to Dr. Jean-Pierre Michel gives us an interesting and informative talk

Over 100 professional attendance

Thanks to Dr. Au Yeung Tung Wai & Dr. Pau Mei Lin, Margaret as the moderator of the symposium

支援長者政策仍欠全面

今次的《施政報告》中安老、扶貧、弱勢社群等佔了很大篇幅，包括增加長者醫療券至二千元及社區照顧服務券的資助名額，這亦是我一直爭取的。少數族裔長者須照顧然而，要真正達至政策目標「居家安老」，當局尚有不少地方需要改善。例如長者醫療券並非只在有病時用作看醫生，更可通過一系列的健康服務促進市民的健康，包括牙齒保健、營養護理、物理治療、言語治療、脊醫等，讓他們能為自己的健康做多些「預防性」的工作，長遠而言能有效減少公營醫療服務的負擔。

另一方面，少數族裔長者的健康是我所關注的，少數族裔的人口愈來愈多，他們往往因文化差異及溝通困難，而不懂得合適的方法保障健康，欠缺妥善的照顧。因此，我冀望當局除了在教育上提供支援外，亦應關注少數族裔長者的需要。再者，要達至「居家安老」，當局應進一步推動「晚晴計畫」，有關計畫是為患有末期癌症、器官機能衰竭及末期腦退化症的長者，提供到診紓緩治療服務，使他們在身、心、社、靈方面均得到全面照顧，並協助他們及家屬訂定臨終照顧計畫，讓長者能在家/院舍/熟悉的環境終老，進一步貫徹「居家安老」的政策。

支援購罕見疾病藥物還有，我想談談另一弱勢社群－罕見疾病病患者。現時，本港仍然未有就罕見疾病制定政策，對罕見病患者的支援極為不足。在藥物方面，新藥研發成本高昂，製藥商未必願意投資研發；即使有藥物，病人在確診後，須等待醫院管理局專家小組商討及評核，按個別情況決定是否批准用藥及作出經濟支援，病人難以及時獲得所需治療。罕見疾病藥物一般都十分昂貴，醫療費用每年動輒幾十萬、甚至幾百萬元，根本不是一般基層市民所能負擔。在嚴重缺乏支援的情況下，罕見病患者孤立無援。因此，他們需要的援助極為急切。現時，世界各地已就「罕見疾病」制定政策，他們在藥物審批、補助、研發藥物等方面都制定了支援政策，令罕見疾病病患者得到更快、更適切的治療。

因此，我冀望當局通過關愛基金，又或者行政安排上支援罕見疾病病患者。總的來說，《施政報告》中雖然就長者及少數族裔提供了不少援助，然而這些政策仍欠全面，因此，我冀望當局繼續改善各項服務，讓長者能在社區中得到妥善的照顧，真正達至「居家安老」。

李國麟教授
立法會（衞生服務界）議員

An Education Initiative to Digitalize Pre-discharge Planning for Older Patients and Family Member using an eLearning Information Package (eLIP)

Lisa P.L. LOW, FAN Kim Pong, LING Chi Fung

Background

Effective discharge planning can enhance the health and bring long-term benefits to the well-being of older patients and their family members. The need to support family members who, in turn, can support their older relatives to deal with a wide range of discharge decisions concerning health/medical care, psychosocial care and choice of discharge locations is urgently needed. Often families are unsure about alternative choices available to them to enable elders to age in place, or be able to explore alternative placement options. The ease with which health care information can be accessed on the internet has made it possible to search for healthcare-related information. Accessing such information is, however, widely-distributed and can take time to locate the desired or undesired information. A 4-year project (2009-2013) was conducted to conceive, develop and test the effectiveness of an interactive eLearning Information Package (eLIP) discharge programme for older patients and their family members. eLIP is a one-stop online and offline solution that integrates various sources of information in one website to provide vital information needed to devise appropriate discharge plans.

This project was a 4-year journey to conceive, develop and trial the interactive eLIP. First, it collected discharge information needs and challenges of 66 older patients, 55 family members and 60 nurses in two acute and two convalescent hospitals in the Phase I study. In the Interim Phase, these findings were analyzed and then informed the development of multi-media resources (e.g. user-videos, case-sharing, flowcharts, photo-taking and access web resources) from a selection of community support and residential care home services at four collaborating elderly organizations. In striving to develop a comprehensive, accurate and updated eLIP website and booklets, challenges encountered and overcoming strategies were encountered. Lastly, the project involved trialing the eLIP intervention in the Phase 2 study in the hospitals. The eLIP website and the content of the booklet that were developed are made available at **http://www.cuhk.edu.hk/proj/eLIP/**, where you can navigate the user-centred website design and booklets.




捐助機構
Funded by:
香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

The Nethersole School of Nursing
The Chinese University of Hong Kong

The eLIP multi-media/interactive resources include users-videos, case-sharing scenarios, flowcharts, videos, and photos of NGO facilities. Family carers and other users can benefit from eLIP including educating older people, orientation/refresher programmes for nurses, training for volunteers, and those directly caring for elders.

Currently the eLIP website is being packaged to make it known to elders, families and staff in hospital, community care and residential care services. The deliverables include: A4 posters to introduce the website link, A5 website booklets to read when computers are unavailable, DVDs of 21 videos to distribute, and reprintable PDF discharge booklets available on request.

Conclusion

eLIP is the first comprehensive bilingual platform that offers an effective solution in breaking through the current impasse in discharge planning due to a lack of time and information resources available to older patients. It can provide timely information in a simple and interactive format. The constraints of not being able to access information because of a busy and constrained-working environment are overcome, and can empower users to know more. The set-up and maintenance of eLIP involves only a small team of researchers so it is highly cost effective and can be sustained with minimal inputs. The pioneering efforts of eLIP can be easily duplicated to target the information needs of other patient-types, and enhancing the quality of discharge planning in other specialties.

Acknowledgement

Project Title: Effects of an Interactive eLearning Information Package (eLIP) for Hospitalized Older People and Families to Make Decisions about Discharge Locations.

Project Code : 7103747




Coming Overseas / Local Conference for Elder Care
會議/座談會

1. **25th International Nursing Research Congress**, 24-28 July 2014, Hong Kong.
   http://www.nursingsociety.org

2. **Advanced Nursing Practice: Expanding Access and Improving Healthcare Outcomes, 8th ICN INP/APNN Conference 2014**, 18-20 August 2014, Helsinki, Finland.
   http://international.aanp.org/

3. **CUHK Sleep 2014**, 24-26 September 2014, Hong Kong.
   http://www.pae.cuhk.edu.hk/SLEEP2014

4. **Aging and Society: Fourth Interdisciplinary Conference**,
   7-8 November 2014, Manchester, United Kingdom.
   http://agingandsociety.com/2014-conference

5. **9th Pan-Pacific Conference on Rehabilitation cum 21st Annual Congress of Gerontology**,
   29-20 November 2014, Hong Kong.
   http://www8.rs.poly.edu.hk/ppcr/2014/index.html

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