NEWSLETTER

Hong Kong Association of Critical Care Nurses Limited (HKACCN Ltd)

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Inauguration Dinner of the HKACCN Ltd (April 2007)

CHIANG Vico
Chief Editor
HKACCN Newsletter

The Hong Kong Association of Critical Care Nurses (HKACCN) was established as a non-profit specialty organization in 1998. Since this year the HKACCN has been a very active professional body in Hong Kong, Mainland China and overseas. Mission of the association is dedication to promoting quality and cost-effective care for critically ill patients, and strengthening ties with their families and the community. The HAKCCN believes in health education to the public and healthcare professionals; promotion of research activities to support evidence-based nursing practice; and implementation of agreed practice standards of critical care nursing.

Apart from its work of education and promotion of critical care nursing in Hong Kong, the association collaborates with many provincial governments and nursing organizations in Mainland China to offer structured basic and enhanced critical nursing care courses. There exists the annual National-wide Intensive Care Nursing Program in Beijing (since 2002). Achievement of the HKACCN in recent years includes publication of the Textbook for Critical Care Nursing Program in 2005 and the first Advanced Cardiac Life Support (ACLS) Program conducted in Shanghai, China (2006).

On 13 April 2007, HKACCN Ltd was incorporated in Hong Kong under the Companies Ordinance. On inauguration new board of directors were appointed and commenced their duties on 27 April 2007. The new HKACCN Ltd also hosted an extra-ordinary meeting and dinner for all members in the evening on that day. There were more than 260 members, nursing leaders and honorable guests who attended the dinner to celebrate the inauguration. There were also 16 industrial partners who sponsored the event. Furthermore, it was our great pleasure that Ms. Isabelita Ragado, President of the WFCCN, also joined us in the dinner and delivered an inspiring speech for our members. It was a very enjoyable and meaningful evening for the new HKACCN Ltd and its members.

香港危重病學護士協會有限公司
Hong Kong Association of Critical Care Nurses Ltd.

All board of directors toasted the success of the new HKACCN Ltd

Directors, advisors, General Manager (Nursing), nurse leaders of HK , and professional friends of the HKACCN Ltd

Ms. Esther Wong is the founding President of the new HKACCN Ltd. Ms. Wong has served the association for years and been a renowned nurse leader in HK and Mainland China for her work in promoting critical care nursing and management. According to the decision of all new board directors, the HKACCN Ltd will collaborate closely with more professional organizations in terms of training for nurses, particularly in the development of the professional and academic qualification of the specialty. And in the international arena, the HKACCN Ltd will continue to work hard and be visible in representing critical care nurses in Hong Kong and share the achievement with WFCCN members in other countries. We look forward to a new era and work of the HKACCN Ltd.

Congratulations to the incorporation!!

Message for the Inauguration Dinner of HKACCN Ltd (27 April 2007): QUALITY & SAFTY FOR PATIENTS AND THE CARE PROVIDERS

Ms ROGADO Isabelita C., RN, MAN
President, WFCCN
Vice President, SLMC, Philippines

I am very honored to be here and I bring greetings from the Council of the World Federation of Critical Care Nurses. I feel very privileged to be serving as the elected President of the Council and want to extend my sincere appreciation to you for inviting me here to speak to "you" today. I also want to recognize Esther Wong, President and the directors and members of the HKACCN Ltd.

Many of you may know that since the foundation of the World Federation of Critical Care in 2001 more and more countries from all over the world have become its members. This is so because we want to collectively join together so that we can work and decide on issues that are of mutual concern to nurses in the field of critical care. Our focus is always for the welfare of the critical care nurses and the critically ill patients that we care for.

First I want to tell you a little bit about myself. I've worked primarily in a cardiovascular center in one of its critical care areas. I also have experience in teaching nursing as well. For 15 years I have been in nursing education before I took an early retirement from the government service to further continue my profession in the private sector as vice president of nursing of St. Luke's Medical Center in Philippines. Recently, the Joint Commission International, very similar to the JCAHO of the United States, had reaccredited our hospital. For the first time I was immersed into an experience that made me think of no other thing except **quality and safety** for the patients and the care providers. To be subjected to accreditation and surveys means that tremendous efforts should be placed on **quality and safety** practices. And when the survey is finished you sit back and think that these **quality and** safety concepts are not just something superficially done just because of the survey but rather should be developed as a culture and a way of life.

Yes, **quality and safety** should indeed be a way of life. This is exemplified by Maslow's concept of the hierarchy of human needs. Maslow stated that when man lives he finds his way to be secured and safe and strive to reach actualization through self-improvement. This is a universal phenomenon for all human beings. And indeed, right now in this hall we are metamorphosing to become better persons, striving so that we can improve the way we provide service to our clients.

In this period of the new millennium, new drugs, new procedures, new technologies have allowed us to live longer and better lives. But these growing advances have also been accompanied by growing complexity in the health care delivery system. And as the population ages, medical demands surge and the health care cost rise. Practitioners, like us nurses, are being tested like never before. We know that solving the health care crisis is a formidable task, but we are innovatively rising to meet the challenge – because we have been reforming many of our services.

The most urgent hurdle of all is to improve patient safety. Most of you probably know that the Institute of Medicine came up with a report about errors called ***To Err Is Human***. It got wide public attention because Newsweek, Time, almost every major newspaper in the United States carried this article. The Institute Of Medicine declared in 1999 that close to 100,000 Americans die annually from medical errors.

How about the Philippines scenario? Do we meet the standards of quality and safe care? Are the standards of quality and safety defined? It has been published that five out of ten Filipinos die without receiving medical attention. Ten mothers die daily because of pregnancy and childbirth-related cases. Neonatal sepsis issues claimed the lives of at least seven infants in one of the medical center in the NCR and were attributed to negligence on the part of the staff of this hospital in question. However this kind of negligence cuts across all levels of the public health care delivery systems in our country, along with environmental tragedies, diseases plagued our country in 2006. Eight out of the ten causes of mortality in the country are infectious in nature. Can the government implement proper public health measures like clean water and sanitation? Our government is failing miserable in this aspect.

Now the question is, "Can "we" as health care providers, create an environment of accountability?" I would say that we should be answering this question with a big yes! We can do this by putting quality and safety in the definition of our respective practices, these are the same concepts that are being looked at across the world by all health care providers, to build a global community where quality and safety are important. But before we look at the aspect of specific practices we have to look at

how we as an **individual** can contribute to being part of this global community of quality and safety.

What we can do is to just take a step back and ask ourselves, “How can we help redesign the system to reduce error in critical care? Do we adequately coordinate with, and communicate with, one another? Do our critical care settings have the right kinds of teams and systems in place to minimize mistakes?”

We also should replace what some call a “culture of silence” with a “culture of safety”; an environment that encourages others to talk about errors, what caused them and how to stop them in the first place. We have to support legislation that protects provider and patient confidentiality, but that does not undermine individual rights to remedies when they have, in fact, been harmed. People should have access to information about a preventable medical error that causes serious injury or death of a family member, and nurses should have protections to encourage reporting and prevent mistakes from happening again.

Moving onward to the discussion of global community of quality and safety let me tell you that I have the opportunity to have met quite a number of nurses, from across the world. I can say that we are the same, our needs are the same and what we strive for are the same. We all strive for improvement in practice that will promote quality and safety for the patients that we care for.

If you’ve read the Book entitled “The World is Flat”, it talks about how connected we are and how that connection will change the ways we do things in the future. Building a global community of health care providers pursuing quality and safety for all.

For the next few minutes I’d like for us to look at the three aspects of a global community that President Bill Clinton have talked about, *shared responsibilities, shared values, and shared benefits*, and use this as a spring – board to generate on how we can be part of a global community.

First there is **SHARED RESPONSIBILITIES**.

Ensuring patient safety is a shared responsibility by all stakeholders. Each one of us here has a responsibility to see that no harm occurs to the patients. We put on our professionalism and our credibility everyday as we interact with our patients and others in the health care profession. We share a responsibility to know our scope of practice and to maintain our competence to practice. In May 2005, I was privileged to attend the ICN (International Council of Nurses) in Taiwan and I was amazed to see that the issues facing the many countries represented there were so very similar. We were all dealing with how nurses should maintain their continued competence to practice safely.

It is difficult to address patient safety without acknowledging the current nursing shortage and its impact on practice. The nursing shortage endangers quality of care, places patients at risk, and could ultimately undermine the entire health care industry. This present nursing shortage should provide an opportunity to stop this cycle. But, first we have to answer the question whether or not the motivation to change this cycle is present. The health care system has long failed to appreciate that, in most health care settings; the main commodity that is being provided is nursing care because the majority of care required by patients is nursing care. What is needed is a workplace environment that successfully supports the delivery of nursing care to the satisfaction of both the nurses and the patients (Ballard, 2002). It will be important for all to work to improve communication, minimize hazards, promote workplace safety, and implement new technologies that automate non-valued tasks. Also, considered necessary are reductions of unnecessary and duplicative paperwork, improving the media and public’s image of nursing and increasing technological support at the bedside.

The second aspect of a global community was **SHARED VALUES**. We have to adopt values that are really global for health care.

These values are **Integrity, Accountability, Collaboration**, **Quality** and **Vision**:

Integrity: Doing the right thing for the right reasons. It is important to us that what we say matches what we do and what we do matches our mission. Martin Luther King said, “The time is always right for doing what is right.”

The second value is *Accountability*: Taking ownership and responsibility.
There is a quote from Paul Romer, a Standford economist who said, “A crisis is a terrible thing to waste.” What I think he meant by this is that when we have a crisis, we should not ignore it, we don’t just wish it would go away; but rather we must address it head on, we should analyze it, study it and use what we learn from it so that we can make improvements and do things better in the future.

Moving on, the next one of the values is

Collaboration: Forging solutions together.
Commitment to the future of critical care nursing and building global partnerships among critical care nurses is the essence of critical care nursing. The globalization of critical care nursing warrants us to take an international perspective and become informed about issues facing critical care in other parts of the world. We forged to find solutions and help one another by sharing our best practices. In this way we become partners as well.

Quality is the next value… that of pursuing excellence.
Undoubtedly, quality critical care is a top priority for all of us. Quality critical care serves the interest of the patients, employers, providers and health planners. The issue is how to define quality and how to measure it. The focus should not be on explicit cost containment but on appropriateness of care to ensure that the patients are receiving the right treatment at the right time in the right setting. A process should be in place by which the appropriateness and the effectiveness of critical care are evaluated. In determining quality critical care we must be able to identify indications for interventions, analyze undesirable outcomes during treatment, assess functionality after intervention and identify opportunities for improvement.

Vision is the last one of the values:
To have the vision is to use the power of imagination and creative thought to foresee the potential and create the future. As to the future of health care, where it is going or what it would achieve and accomplish, this is what I have to say. So in relation to the future of nursing, what I can tell you is that we will use what God gave us the most of, twice as many eyes and ears as we have than the mouth, so that we must listen and observe much more than we speak in order to make a final judgment in this regard. But indeed we as a global community must plan ahead to make our future.

The last of the aspects of the global community that President Clinton mentioned was **SHARED BENEFITS**. When I relate this to critical care in the global community, the shared benefits will be: better critical care, safer care practice, continued respect for the critical care nurses by the public and then the public will be protected. Because at the end of the day, that is what critical care practice is all about, ensuring safe practice for the protection of our patients.

Our task is to turn a common vision into a common achievement so that partners in spirit can become partners in fact for we have already come a long way to this day of new beginnings.

I wish you all the best in the endeavors of the HKACCN Ltd. More power to all of you. Again thank you very much for inviting me here and God bless you.

* short version of the original speech, approved by Ms Rogado

Reference

Ballard, K. A. (2002). The world of nursing practice. In A. Vallano (Ed.), *Your career in nursing* (pp.23-38). New York: Simon and Schuster.

Family Care in ICU

CHIANG Vico
Chief Editor
HKACCN Newsletter

In June, I attended the 8th International Family Nursing Conference in Bangkok, Thailand. Family nursing assists families "to be balanced in risk, deviated, and even normal circumstance" (Theinpichet, 2007, p.1). Experience from this conference reminded me of the important roles and functions of families for critically ill patients. In nursing, we emphasize the importance of holistic care. Nurses would not deny the needs of patient's families and their roles and functions during the course of patient's illness and recovery. Nevertheless, what is the current practice despite a body of literature in family care for critically ill patients (Levy, 2007)? For instance, the pros and cons of open visitation were studied and have these results laid the directions for family care in ICU (Slota, Shearn, Pokersnak, & Haas, 2003)?

The practice of critically ill patient and family care as a unit contributes to better quality of care for critically ill patients (Chiang, 2002). Quality is what we, intensive care nurses, should strive for. In this issue of the Newsletter, shortened version of the speech Ms Isabelita Rogado (President, WFCCN) delivered in our HKACCN Ltd Inauguration Dinner on 27 April 07 was published. Ms Rogado provided us a global view on quality and safety in patient care. While we can share this wisdom regarding the assurance of quality and safety, let us remmeber that Plost and Delores (2007) challenged us with a question, "Why should we treat a patient or family any differently than we would want to be treated if we were a patient or family member?" It is clear that families of the critically ill patients are not to be excluded from any standard nursing care in ICU.

Reference

Chiang, V. C. L. (2004). *Surviving a critical illness through mutually being-there with each other*.

PhD theses, The University of Newcastle, NSW, Australia.
Levy, MM: A view from the other side. *Critical Care Medicine*, *35*(2), 603–604.
Plost, G., & Delores, N. (2007). Family care on the intensive care unit: The golden rule, evidence, and resources. *Critical Care Medicine*, *35*(2), 669-670.
Slota, M, Shearn D, Potersnak K, & Haas, L. (2003). Perspectives on family-centered, flexible visitation in the intensive care setting. *Critical Care Medicine* , *31*(5 Suppl), S362–S366.
Theinpichet, S. (2007, June). *Welcome message*. The 8th International Family Nursing Conference proceedings. Bangkok, Thailand.

Professional Connection with Nanjing, Jiangsu Province of China

KONG Danny
Vice-Chairman, PDC
HKACCN Ltd

It was not the first time that the HKACCN was connected with Nanjing. Since December of 2002, Mr David Chan and Danny Kong of the HKACCN were led by Ms Esther Wong (President of the HKACCN) to build professional connections with intensive care nurses in Nanjing, the capital of Jiangsu Province. During that time, we were invited to celebrate with more than 300 participants in their inauguration ceremony for the establishment of Nanjing Critical Care Association.

In October this year, HKACCN was invited again to organize and teach, in collaboration with the Jiangsu Nurses Association, for the first diploma program of critical care nursing in Nanjing. It was a 3-week program providing theoretical inputs by three stages with a 12-week clinical attachment. By the time this article was written, the clinical attachment was still in progress. The course curriculum, course outlines, case studies group project criteria, examination questions and all related preparatory documents were mainly the products of HKAACN, which have been successfully used in Beijing since 2002. Ms Wong and Mr Chan participated in the course opening with around 80 participants in November last year. They also engaged in teaching for different topics in December 2006 and January 2007, while Mr Kong taught several days in January this year.

We felt great honor that the HKACCN course package was regarded as valuable and practical to be adopted in this Nanjing program and HKACCN could participate in the high level nurses training in Mainland China. This work did

Participants and Mr Danny Kong
(bottom 2nd row 7th from left)
in the Nanjing Critical Care Diploma Program

not only promote the professional image and reputation of HKACCN, it also provided a great opportunity for us to contribute what we could do collaboratively with different nursing bodies in China. This kind of collaboration shortens the time in improving and advancing the nursing standards and nursing development in China to match with the international accepted levels of critical care nursing.

UPCOMING PROGRAMS

HKACCN Seminar (2007-3) - Drug Overdose & Poisoning in Critical Care

Date and Time:
12 September 2007 (Wed), 6:30-8:30 pm

Venue :
Lecture Theatre, G/F, M Block,
Queen Elizabeth Hospital

Target Group:
All nurses are welcome

Speakers :
Dr. CHAN Yan Fat
Associate Consultant
Intensive Care Unit
Caritas Medical Centre

Language medium :
English & Cantonese (with English Handouts)

Award :
A certificate of attendance will be issued to those who have attended the Seminar. (2 CNE Points)

Program Fee :
HK$50 (Member), HK$150(Non-member)

Enquiry:
2861 2972 (Leo)

醫學普通話班(2007-3)

上課日期:
8月 3, 10, 17, 24, 31日,
9月 7, 14, 21, 28日,
10月 5日 共10晚
上課時間:
逢星期五 晚上 6時 至 9時
上課地點:
香港危重病學護士協會 (HKACCN)
香港灣仔道230號佳城大廈501室
人數:
15-20人
講員:
楊詠男老師
理工大學普通話兼職講師
前城市及浸會大學普通話講師
教學語言:
普通話爲主,輔以廣東話
學費:
$ 1500 (會員), $2000 (非會員)
包括課本及補充材料
出席率達80%,可獲發本會之修讀證明書
(CNE: 30分)
報名及繳費: 填妥報名表格,連同劃線支票,親自遞交或郵寄至HKACCN Ltd.
查詢:
2861 2972 (Leo)
Convenor:
Ms. Frandia WONG , APN (W&UM), ICU / QMH

CONFERENCE ANNOUNCEMENT

14 – 17 August 2007
Critical Care Critical Times 2007 Congress
Place: Sun City, South Africa
Critical Care society of the Southern Africa
In association with
World Federation of Critical Nurses (WFCCN)
South African Burn Society
Trauma of South Africa

Website: http://www.criticalcare.co.za

17 – 19 September 2007
British Association of Critical Care Nurses (BACCN) 2007 Conference
Theme: Encouraging Innovation & Promoting Excellence
Place: Brighton, UK
Website: www.baccnconference.org.hk

9 – 11 October 2008
3rd EfCCNa Congress / 27th Aniarti Congress: Influencing Critical Care Nursing in Europe
Place: Florence, Italy

European federation of Critical Care Nursing associations (EfCCNa) and Italian Association of Critical Area Nurses (Aniarti)

Website: http://www.efccna2008.aniarti.it/

USEFUL LINK

International Nurses Day 2007
Positive practice environments: Quality workplace = quality patient care
IND Kit Download:
http://icn.ch/indkit.htm
Australian Collage of Critical Care Nurses
http://www.acccn.com.au/
Australian & New Zealand Intensive Care Society (ANZICS)
http://www.anzics.com.au/
European Federation of Critical Care Nurses(EfCCNa)
www.efccna.org
World Federation of Critical Care Nurses (WFCCN)
www.wfccn.org

CONTRIBUTIONS TO THE NEWSLETTER

The HKACCN Newsletter is published quarterly. The editor welcomes articles reporting news and views relevant to critical care nursing. The following deadlines for submission of issues, news clips, short articles, and research briefs must be adhered to for 2006. Please email your contribution to:

Dr. Vico CHIANG at vchiang@hkucc.hku.hk
and
Mr. David CHAN at hkaccn@yahoo.com.hk

Article Preparation
Individual submission should be double-spaced and can be sent through emails. Accompanying photographs must be of good quality. The editor reserves the right to accept, modify, reject and/or check material to corroborate information.

Submission Deadlines
October issue - 30 August 2007
January 2008 issue - 30 November 2007
April 2008 issue - 28 February 2008
July 2008 issue - 30 May 2008