Advanced nursing practice - Nurses' role in disease management

The Fourth Macau-Hong Kong Nursing Conference
14 November 2009

Dr. Susie Lum
The Hong Kong Academy of Nursing Preparatory Committee
Nurses make differences in people’s lives
from cradle to grave
Nurses Commitment

Our mission is to lead our societies toward better health. Working together ... we harness the knowledge and enthusiasm of the entire nursing profession to promote healthy lifestyles, healthy workplaces, and healthy communities. We foster the health of our societies as well as individuals by supporting strategies of sustainable development that mitigate poverty, pollution, and other underlying causes of illness.

(From ICN Vision Statement 2007)
“Only nurses are privileged to intimately enter a patient's life!

Nurses operate in special ways, nurses guide, prompt, reinforce decision, give strength and receive strength for spur-of-the moment decision that might save a life!

People have been touched by the healing hands caring approach of a nurse”

Making a Difference – Stories From The Point of Care

Hudacek, 2000
“The work world of nurses has no boundaries, their work occurs in schools, clinics, or almost anywhere on the globe.

The effect of nurses' work on the lives of many is astonishing as they become friends and confidantes!”

For too many years nurses' work has been silently taken for granted. Too often nurses have not taken time to look back on the lives they have touched and rarely seek credit for their work.”

Making a Difference – Stories From The Point of Care
Hudacek, 2000
A collection of poignant stories of nurses in HK

Published in 2004 by HA and distributed to all public libraries & Legislative Council members
A collection of poignant stories of nurses in HK

Their stories highlight the art and science inherent in nursing, they also illustrate vividly nurses’ unique & selfless contribution to healthcare. These moving experiences are life of Florence Nightingale retold.

Dr. Leong Chi-Hung
Former chairman of Hospital Authority
Member of Executive Council, HKSAR
A collection of poignant stories of nurses in HK

This collection of seemingly ordinary day-to-day stories of Hong Kong nurses explicates the extra-ordinary depth, intimacy and complexity of the essence of nursing. It is an authentic documentary of nurses’ work, from applying the newest technologies of medicine to offering the oldest panacea of love and care in all phases of human life.

Mrs. Betty Tung
Wife of the Former Chief Executive
Hong Kong SAR
A collection of poignant stories of nurses in HK

• In AED, the nurse, is the first stop
• Nurses are not only clinical saviors but also parent surrogates
• Nurses help patients heal, prevent complications & reduce hospital stays & readmissions & thus health care costs
• Nursing often involves a great deal of detective work
• Nurses mobilize their scientific knowledge to prevent & control the chronic disease once it appears, and lower the risk of complications (diabetes)
• Nurses’ job isn’t only to keep patients physically stable and speed their recovery. For victims as spinal cord injuries, strokes, and other disabilities, emotional recovery is also part of the journey.
• Nurses are the ones who actually help the patient learn to gradually build up the strength and confidence to take in air on their own

Suzanne Gordon, 2004
NURSES play a pivotal role in contemporary health care system. Every day, NURSES are meeting the dynamic, complex, and challenging health care needs of their clients, families and the community.
Disease Management Association of America (DMAA, 2006), the definition of disease management:

- "... is a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant. Disease management supports the physician or practitioner/patient relationship and plan of care, emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies, and evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health"
Nursing has been given an unprecedented opportunity, at the federal legislative level, to assist in shaping this rapidly evolving segment of the U.S. health care system. Private insurers and other federal and state programs will adopt many features of disease management initiatives in the near future. This will surely include integrating academically trained, bachelor's and master's degree nurses within interdisciplinary treatment groups as part of disease management organizations (DMOs).

Impact of disease management programs on hospital and community nursing practice Nursing Economics, Nov-Dec, 2006 by Perry C. Goldstein
Providing Information to Members

- 24x7 Nurse Triage services empower members to make the best decisions about their health care. One call to a nurse can provide members with immediate symptom assessment, health information and advice from a registered nurse. At the same time, the Nurse Triage service reduces costs for payors by helping members choose the most appropriate time and place for care.
CareEnhance 24x7 Nurse Triage

Delivering Wide-Ranging Benefits in one Nurse Call

• Directs members to appropriate and often lower cost care
• Identifies symptoms that could lead to hospitalization if not promptly treated
• Assesses additional health factors, such as chronic or newly diagnosed conditions, that can be managed through programs such as disease or case management or informed decision support
CareEnhance 24x7 Nurse Triage

Advising with Expertise

- Registered nurses who staff the Nuse Advice Line provide general health information, algorithm-based symptom assessment, care advice and follow-up as necessary, as well as self-care recommendations on more than 1,200 topics.

Importantly, a recent UCLA random control study showed no statistically significant difference in advice given to callers by an algorithm-based nurse triage line and a physician.¹ With nurse triage, virtually the same information is provided at greater convenience and less cost to members and payors.
CareEnhance Asthma Program

• The Asthma Care Management Program is unique because it does not focus solely on disease management for respiratory conditions. Rather, it addresses the whole person by also helping with comorbidities and access to care issues, such as allergy, reflux disease and anxiety.
CareEnhance Asthma Program

Serving Multiple Needs
Through a combination of telephonic, mail, face-to-face and Web-based communication, the Asthma Care Management Program provides the following:

• One-on-one nurse counseling, including instruction in asthma self-care management for strategies such as peak flow meter use, inhaler technique, asthma medication compliance, use of spacers, smoking cessation and environmental control
• Condition monitoring for early detection of problems and 24x7 symptom evaluation
• Written support materials and general health information as well as online asthma-specific education
CareEnhance Asthma Program

Reducing Utilization
Payors using McKesson's Asthma Care Management Program have shown impressive results to date. Studies have reported results ranging up to:

- 66% decrease in inpatient hospitalizations
- 61% reduction in ED visits
- $243 net savings per person per year
- 2.14 to 1 ROI
Our Vision for Primary and Community Care sets out a vision:

- where people shape services – giving people more say and more choice and more control in their own healthcare
- which promotes healthy lives and tackles health inequalities – working with key partners
- where services are continuously improving quality through effective clinical leadership, new freedoms and improved infrastructure
- where public and clinical professionals are leading local change and developing best practice and joined up local services.
## Vision of the future of the registered nurse

### Role of nurses
- Practitioners, partners and leaders at the heart of care, coordinating multidisciplinary teams and resource, across care settings and agencies.
- Carers, advocates, and managers of care pathways, working in partnership with patients.
- Influence and credibility from point of care to boardroom.
- Accountable for quality of nursing care, and an accountable partner in the whole patient experience.

### Values and mindsets
- Clarity about, and commitment to, the values of the profession: integrity, compassion, continuous improvement, advocacy and partnerships working.
- Continually challenging and improving care quality and championing patient experience.
- Pride in the work of nurses and ambition for nursing as a profession.
- Confident innovators, keen for our contribution to be demonstrated.

### Careers
- Respected, socially valuable profession offering inspiring, rewarding and fulfilling careers.
- Degree level education and training, balancing practice with theory, with continuous career development.
- Flexible, personalised career paths across practice areas and fields (practice, academia, practice development, management).

### Public perception
- Highly qualified, competent professionals with relevant experience and expertise.
- Conscientious, competent, safe, compassionate, care-focused and patient-orientated.
The Prime Minister's Commission on the Future of Nursing and Midwifery will build on the existing work identified in Lord Darzi's report *High Quality Care for All* and consider:

- how nurses can further improve safety,
- champion high quality patient care, and
- give nurses and midwives more freedom to manage, commission and run their own services.
- All branches of nursing and midwifery will be considered including health visitors, mental health and learning disability nurses and paediatric nurses.
These leading experts in the field of nursing will:

- identify the skills and support that frontline nurses and midwives need to take a central role in delivering 21st century health services for patients;
- consider how to build on these expanding roles, including giving nurses and midwives more freedom to manage and run their own services; and
- work together with the profession, patients and the public to advise on how nurses can contribute to the implementation of Lord Darzi's vision to improve the safety and quality of patient care.

- They will report to the Prime Minister by March 2010.
HONG KONG SCENARIO
Health Care Reform Directions

1. Enhance primary healthcare and promote **family doctor-based services**
2. Introduce more services through public-private-partnership
   - encouraging healthy P-P competition
   - purchasing private healthcare services
3. explore alternative models of PPP and develop medical centres
   of excellence (paediatrics and neuroscience)
4. develop a HK-wide, **patient-oriented e-health record**
5. [supplementary] healthcare financing to support healthcare reform and ensure sustainability of healthcare system

CE SAR Policy Address 2008-09 set the direction for health care reform and areas for explorative study in the coming few years.
More nurses for the future healthcare system
More nurse-led services as the mode & mix of services evolve
Bigger role to play in community-based healthcare services
Specialization of nursing skills is the trend
Nurses must seize the opportunity for change & put themselves firmly in a position to assume their greater role
From patients’ perspective: Patients will be mostly elderly and have multiple chronic conditions, with respiratory illness, cardiovascular disease, cancer, and mental illness at the top of the list.
All HA patients with chronic diseases will participate in self-management programmes.

There will be additional choices beyond the HA’s core service offering, but this will require patient co-payment.

All Hong Kong citizens will have an extract of their own electronic health record.

Patients will go to hospitals less often.

An increase in community nurses, and specialised teams will be formed to focus on those at the highest risk of re-hospitalisation because of severity of their condition.

Patients will administer many diagnostic tests themselves.

New technologies and treatments will emerge.
Patients will be better educated and have even higher expectations than now.

More evidence comes to light about mistakes in hospital and the risks of some interventions.

rely on the family doctor

Follow-up maintenance care will be delivered more by primary care practitioners than specialists.

The family doctor supported by skilled nurses and allied health professionals in the one location, mixing public and private sector practitioners.
From the nurse perspective

- Staff will be negotiators, not only carers. Instead of being ‘patient focused’. They will be “patient collaborators.”

- Many staff will work in the community or even on the telephone or home computer screen.

- Modern technologies and treatment innovation will require staff to be constantly re-trained, with more specific and specialised skills.
VALUE FOR THE SOCIETY
Hospital Authority Convention 2008

- Keeping people healthy and supporting them to be able to live in the community.
- Embracing information technology and automation.
- Reforming our workforce. Nurses should not be doing jobs that clerks can do. But nurses and allied health professionals can do more highly skilled jobs, such as independent practice clinics.
- Introducing a new case mix funding system that ties workload to patient load.
- Continuing to use our economy of scale for purchasing of drugs, medical supplies, and equipment.
- Keeping our management overheads to a minimum, so resources are directed to the front line.
HA Strategic Service Plan 2009-2012

Major Shifts in Focus

- Acute / hospital focus
- Paternalistic model of care
- Traditional care process

- Focus on wellness and community care options
- Partnership model – patient empowerment and engagement
- Redesigned roles and process with focus on workflow and optimal use of staff & technology
Enhance chronic disease management

• (i) multidisciplinary team care to provide early identification and intervention of complications,
• (ii) developing disease-specific protocols to facilitate proactive care, and
• (iii) empowering patients and their family to take care of their chronic conditions.

The aim is to provide comprehensive and proactive care for chronic disease patients.

HA Strategic Service Plan 2009-2012
Impacts of Change

**Setting**
- GOPC Community
- SOPC
- Hospital

**Problems**
- Ageing population
- Multiple diagnoses
- Change of lifestyle pattern
- Change of family structure
- Decrease acuity of problems
- Increased chronic illness
- Long waiting list
- Changing disease pattern
- Unplanned readmission
- A&E attendance

**Service Demands**
- Follow up /rehabilitation care
- Patient empowerment and education
- Self-management program
- Telephone consultation
- Specialized care home/outreach care program
- Mental health education
- Family focused nursing
- Integrative care across health & social system
- Gate-keeping

- Disease management program
- Complication screening
- Specialized skills assisted with medical technologies
- Self-directed and professionally accountable nursing teams
- Discharge planning

14/11/09
New nursing roles

**Proficient**
- Provide more self-directed and professionally accountable care
- Case manager
- Provide pathway-base care
- Educator & counselor
- Carer support
- Discharge planner
- Provide care based on evidence and critical thinking and assisted by new technology

**Advanced**
- Provide complex care
- Complex case manager
- Care coordinator
- Develop care protocols
- Develop clinical pathways
- Triage role in line with and complimentary to doctor work reform
- Nurse clinic

**Advanced Expert**
- Lead clinical advancement in specialty
- Link disciplines and services development across care spectrum
- Develop care model
- Develop standards for advanced level skills
- Research
- Training

Modernized titles

- RN(Specialty nurse)
- APN
- Nurse consultant

Communi/GOPD/SOPC/Hospital

14/11/09
New Career Progression Model for Nurses

Endorsed in May 2008

Modernizing titles

Progression Pathway

(Old)

Clinical

Management

Restrictive

Liberal

CGMN

GMN

DOM

WM/NS/NO

RN

RN(Specialty Nurse)

RN (preceptee level)

Advanced Practice Nurse

Department Operations Manager

Ward Manager/Advanced Practice Nurse (W&UM)

Clinical Management Progression Pathway

(Old) CGMN GMN

DOM

WM/NS/NO

RN

RN(Specialty Nurse)

RN (preceptee level)

Advanced Practice Nurse

Department Operations Manager

Ward Manager/Advanced Practice Nurse (W&UM)

New Career Progression Model for Nurses

Liberal

Restrictive

Modernizing titles

Endorsed in May 2008
The Role of Nurse Consultant in Diabetes Care & Management

Rebecca Wong
Diabetes Nurse Specialist
29 February 2008
Disease Burden

In 2006:

- **Total 240,000 patients under HA care**
- **14,378 (34.7%) of cardiovascular disease**
- **4,559 (27.2%) of stroke**
- **371 (38.0%) of new dialysis**
Service Pressure for Diabetes

Unsatisfactory Control in SOPC

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<th>Hba1c</th>
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<td>Documented Patients Data</td>
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<td>Unsatisfactory Control</td>
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14/11/09
Key Elements of Disease Management

Care Intensity

Disease Progression

High Risk
Complicated DM

Intermediate Risk
Complex DM

Low Risk
Mid DM

DM Centre
SOPC
Hospital

SOPC
± FMSC

Home
Community
GP
± GOPC

Early

Intermediate

Late

Case Management
- Coordinated care
- Target at high risk group
- Good diabetic control
- Reduce complication
- Avoid hospitalization

Disease Management
- Patient education & empowerment
- Structured protocol
- Monitoring System
- Multi-disciplinary Care
- Good diabetic control

Education & Empowerment
- Symptom intervention
- Access & coverage
- Risk Management
- Good diabetic control & self care

14/11/09
Organization Missing Links

Patient Empowerment & Self Care

Diabetes Patient → Poor diabetes Control → Complications & hospitalizations

Risk Stratification → Monitoring & Evaluation → Screening & Intervention

HA Services
ESRF
Stroke
Heart Disease
Blindness

Health Plan
Patient Empowerment

- Self-care program (SCP)
  - Specialist Nurse consultation
  - Patient reminder
  - Risk stratification
  - Diabetes Education & Self Care Training
  - Phone diabetes information center
- DM Health Plan: Annual Package (糖尿病個人護理套式計劃)
  - SCP program
  - Pharmacist compliance check (individual/group)
  - Dietetic education (individual/group)
  - Self-care training & assessment (group)
  - Self-help group formation (group)
  - Instruments for self-evaluation (individual)
  - Target phone follow-up (individual)
  - Tests: annual HbA1c, chol, fundus exam, leg exam, urine test, vaccination, renal function (individual)
Building Blocks

- Self-empowerment package
  - Commission projects to Nursing Association

- Health Plan Charge (糖尿病個人護理套式計劃)
  - Discuss with Finance for charging package

- IT risk profile stratification system
  - Flagship project in IT enhancement

- Expand the roles & facilities of nursing/pharmacist clinics
  - Setup full-time pharmacist clinic and nursing clinics

- Protocol DM care pathway
  - Established by HA Central DM committees
Empowerment Instrument

- **Package**
  - Diet education
  - Life style & regular activities
  - Drug knowledge
  - How to monitoring diabetes
  - Problem solving skill
  - How to do records
  - Information sources
  - How to seek help

- **Self-care assessment tools**
  - Patient log book
  - Self-care evaluation marking
Health Plan
(糖尿病個人護理套式計劃)

- Service Package
  - Scheduled specialist consultation, Dietitian consultation, Pharmacist consultation, Nursing consultation, Training course, Blood checking (optional), Fundus exam, Urine Test, vaccination
  - Patient reminder, patient information package
  - Self-care examination
  - Telephone FU
Outcomes

- Improve metabolic parameters e.g. HbA1c, lipid, BP
- Enhance patient self-care capacity
- Formation of self-help groups
- Reducing doctors’ working hours
- Pave for private public interface
- Career progression of nurses & allied health professionals
Nurse Consultant (DM)
1. Direct clinical care (complex cases)
2. Develop policies of DM service between primary to tertiary care
3. Education, training & development of APN in clusters
4. Develop an infrastructure between hospitals specialists and primary point of care
5. Establish mechanism for auditing diabetes service and provision on nursing between primary to tertiary care

NS/ APN (DM)
1. Direct clinical care
   - Case Management for high risk patients
   - Plan different education programmes
2. Staff Training (within hospital)
3. Formulation of nursing standard / guidelines/CQI programme

R/N with DM specialty training
1. Conduct structured group education programme
2. Individual teaching for low to moderate risk DM patients
Role of Nurse Consultant in Diabetes Care Management

- Patient Risk Stratification (2000 patients in 2007)

  - High Risk: Complicated DM
  - Intermediate Risk: Complex DM
  - Low Risk: Mild DM

  Patient Risk Stratification

  - Care Intensity:
    - Education & Empowerment
    - Disease Management
    - Case Management:
      - Develop agreed protocols with medical team to see patients with multiple problems co-ordinated care, e.g. case conference among team members
      - ↑ drug adherence
      - ↓ risk of DM complication

  - DM Centre
  - SOPC ± FMSC
  - Hospital ± SOPC
  - Home ± GOPC

  Case Management:

  - Patient Risk Stratification
  - Care Intensity

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Statistics in Diabetes & Endocrine Centre
(1 Mar 07 to 25 Feb 08)

- Case Management
  - Nurse clinic attendance: 3575
  - Phone consultation: 391
- Doctor consultation: 127
Role of Nurse Consultant in Disease Management

Patient Risk Stratification
(2000 patients in 2007)

Care Intensity

High Risk
Complicated DM

Intermediate Risk
Complex DM

Low Risk
Mild DM

Disease Management
- Patient education & empowerment
- Structured protocol
- Monitoring System
- Multi-disciplinary Care
- Good diabetic control

Education & Empowerment

Case Management

DM Centre
SOPC
Hospital

SOPC
± FMSC

Home Community
GP
± GOPC
Role of Nurse Consultant in Disease Management - Structured multidisciplinary care improves clinical outcome

Primary composite endpoint (%)

Months of follow up

Risk reduction, 47.7%
p=0.010 (log-rank test)

Usual care
Structured care

Number at Risk

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Leung et al, AJM 2005

Structured Group Empowerment Program 2007 : 2849
Role of Nurse Consultant in Community

Patient Risk Stratification
(2000 patients in 2007)

Care Intensity

High Risk
Complicated DM

Intermediate Risk
Complex DM

Low Risk
Mid DM

Disease Management

Education & Empowerment
Symptom intervention
Access & coverage
Risk Management
Good diabetic control & self care

Case Management
Role of Nurse Consultant in Community

- Shared Diabetes Mellitus Care Program with GOPC since 1995
- Collaborate with CRN to run Patient Empowerment Program since 2002
- Collaborate with CU Diabetes Research Team (attendance: 3044)
- Collaborate with CUHK YCK Diabetes Centre in 2008
- Shared Diabetes Mellitus Care Program with Private Practitioners since 2004
  - Enrolled: 3710
  - Attendance: 512
  - PP enrolled: 21
Role of Nurse Consultant - the link between HA and the World

- The liaison officer of IDF
- Trainer of China nurses and Health Care workers
- The link with Academia - Translation of research into clinical practice
  - Adopt protocol care model in clinical practice
  - Liaise between HAIT and JADE program
Telephone Nursing Consultation Service

「護訊鈴」健康諮詢服務

A Joint Project by HKEC CGAT & CNS

Joan HO
DOM(IMS2), RHTSK
Telephone Nursing Consultation Service (TNCS)

- Telephone triage
- Referrals to appropriate community resources
- Provides Home Care Instructions
- Gives advice on disease management

電話分流
轉介適當社區資源
家居照顧指導
提供疾病管理意見
Principle Diagnosis of TNCS Clients (2006)

- COAD: 24%
- DM: 14%
- Hypertension: 9%
- Carcinoma: 3%
- Coronary Heart Disease: 9%
- Renal: 5%
- Congestive Heart Failure: 28%
- Others: 8%

14/11/09
TNCS Package can....

- Improves the accessibility to health care service
  增加醫療服務的可近性
- Identify high-risk elders through IPAS
  經病人資訊系統識別高危長者
- Monitor their health
  健康監察
- Serves as a good platform for service collaboration
  聯繫各醫療服務的平台
- Empower elderly clients and their care-givers for self-management
  授權長者及照顧者的自理能力
TNCS Package can....

- Reduce Unnecessary Usage of Hospital Services
  - Cuts over 1/3 AED attendance & E admissions
  - Longer service period that the patient joined TNCS, the better the effect (need to be further studied to confirm the assumption)
Future Development 前瞻

- Platform to collaborate with various service and information exchange among different health care stockholders
- Expanded to other specialties
- Accept referrals from NGOs
- Better collaboration with GP/GOPC
- Provide site visit to high risk clients
Vision & Support to Advanced Practice Nursing & INNOVATION

Building on the Past
Nursing needs new metaphors and new images to communicate its essence. "We will be there for you" needs to be dissected and its implications explained in terms of legislative, educational, and health care reform.

Nursing needs to demonstrate its commitment through innovative schemes that bring together its essential ingredients—empowering, enabling, and educating people to take control of their lives.

Alison L Kitson, director
Royal College of Nursing
RCN Institute
Does nursing have a future?

- Nursing's strategy for this must be built on a unity of purpose and a vision that is shared not just among nurses themselves but also with medical colleagues, chief executives, politicians, and the public.

- Nursing in future needs to be seen as part of the solution rather than contributing to the problem.

Alison L Kitson, director
Royal College of Nursing
RCN Institute
“Nursing is the pivotal health care profession, highly valued for its specialized knowledge, skill and caring in improving the health status of the public and ensuring safe, effective, quality care. The profession mirrors the diverse population it serves and provides leadership to create positive changes in health policy and delivery systems. Individuals choose nursing as a career, and remain in the profession, because of the opportunities for personal and professional growth, supportive work environments and compensation commensurate with roles and responsibilities.”
Nursing’s Agenda for the Future

- 19 American Nursing organizations serve on the Call to the Nursing Profession and Nursing’s Agenda for the Future Steering Committee. The steering committee played a leadership role in determining nursing’s desired future state and the goals of the Call to the Nursing Profession Summit.

(April 2002)
The 10 Domains - Areas of Concern Demanding Action

- Leadership and planning
- Economic value
- Delivery systems
- Work environment
- Legislation/regulation/policy

- Public relations/communication
- Professional/nursing culture
- Education
- Recruitment/retention
- Diversity
Nurses will aim to influence how health care is delivered through work with nurse educators, policy-makers and business leaders, armed with sound research on practice models.

**Desired Future Statement (Vision)**

- Nurses unite to create integrated models of health care delivery through education, research, practice and public policy partnerships that improve the health of the nation.
Five strategies were identified to achieve the vision. They are:

- **Design integrated practice models.** “Integrated” practice models are: interdisciplinary, nurse-led (or co-led), applied across the areas of nursing education, practice, research and policy, and blended across practice settings.

- Nursing practice management is redefined and reshaped for positive change.

- Strategic partnerships are created both within the profession and among influential outside groups.

- Nurse leaders contribute to shaping both public and health policy.

- Efforts are successful to advance the value and image of nursing.
If progress is to be made it is critical that nurses — as central figures in primary health care delivery — engage, lead and coordinate care, and that their roles in policy and provision be seen as legitimate and essential in all areas.
Together We Can Build Our Nursing Future

In a miraculous way, nursing leaders from 19 major nursing professional bodies, two statutory bodies, major employers of nurses and four Universities in Hong Kong have come together with the same vision.

The HKANPC is a lively and dynamic group striving to shape, embrace, and collaborate with organizations to realize our mission. We are also indebted to the strong and sustained support of our advisers.
What have we done so far?

至從為止我們做了什麼？

Set up HKANPC & proposal submitted to FHB 食物衛生局，June 2007

2007年6月成立HKANPC并 向FHB提交建 議

Set up temp. office at PMH, SON, June, 2008

2008年6月成立臨時辦 公室


2009年4月IND論壇 及Fulbright學術研討 會 2009年12月成立護專 學院及第二屆 Fulbright學術訪問

www.hkan.hk
包括九專科　冀籌五千萬
護專學院料三年內成立

星島獨家

醫學分不同專科，護士亦可向專科發展。香港護理專科學院可望於三年內成立，學院擬設九個護理專科，包括內外科護理、男女性護理及精神健康、老人健康和輔助與另類醫學等，護士須修畢經評審的專科課程，擁有學士以上學歷，並接受最少五年專科培訓，才可獲得專科護士資格。學院籌備委員會已訂下籌款五千萬元目標，但若獲政府撥款或撥出建築物設立專科大樓，籌款額可大減至一千萬元。

記者：胡媚欣

港護理學院籌備委員會主席、醫護學院院長林崇裕接受訪問時說，本港於三十多年前已出現護士到海外接受專科培訓，但做法沒有系統，隨護理服務愈來愈複雜，有需要向專科發展。籌備會於三年前組成，林崇裕說由於立法會時，期望可於三年內正式成立專科學院，籌備會秘書陳慧群補充，去年初曾見食衛局局長周一歲時，他說希望護理專科學院可在他任內成立。

須受五年以上培訓

林崇裕說，於二二年提出護理專科學院的概念時，全港只有數百名專科護士，現已增至近五百，加上醫管局提供
的護理專科培訓有近二十多種，大學護理碩士課程亦發展成熟，「我們已準備好！現在是成立的適當時機，認可專科
護士資格。」

現時於護士管理局註冊的註冊護士，只會被分為普通科、精神科、弱智人士或精神病護理科護士。護理專科學院
擬設九個專科，即為九個專科，成員包括院士（Fellow）、會
員（Member）、附屬會員（Associate）及
名譽院士（Honorary Fellow）等。各科可
自訂門檻，但學生和會員需符合三項要
求，即修畢專科課程、經歷達學士以上
程度、並接受五年以上專科培訓。

將來專科學院負責為專科護士註
冊，並評審專科課程，護士管理局則為
普通護理科護士。林崇裕說，籌備會正
討論各專科的水平，九個專科只是初步
建議，根據護理專科學院的經驗，專科
成員數量會逐漸增加，或者設
設顧問護士。

擬設立九個護理專科

1. 內科/外科護理
2. 男性性護理
3. 兒童及青少年護理
4. 精神護理
5. 公衆/社區護理
6. 老年護理
7. 老人健康
8. 護理管理
9. 輔助與另類醫學

護理專科學院成員資格

■ 修畢經過評審的專科護理課程；
■ 少有持有碩士學位；
■ 以及對有關專科接受最少五年的有系
統專科培訓

薪酬較註冊護士多萬元

籌備會秘書、中大護理學院教授陳
慧慈說：目前全港有四千多名護士有專科資
格，但專科護士診所愈來愈多，社會對專科護士的需求只會有增無減。專科
護士資格認可後，不一定可加薪，但
會符合晉升為專科護士職級的條件，現
時註冊護士月薪為兩萬多元，專科護士
薪酬的多一萬元。

美國密西西里大學康索斯分校研究
副教授、美國護理資格評審小組
（ANCC）委員Tanya D. Whitehead說，
護理專科化能提升護士能力，並
支援護士進行研究，而
專科護士連同其
專業護理
水平和質素，在
護理學科、護理
學士、護理
學士，以及持
續進修課程，
個

■ 護理專科學院籌備委員會主委林崇
裕（左）、秘書陳慧慈（右）和美國護理
學專家Tanya D. Whitehead（中）。
Proposed Academy Colleges

• College of Public & Community Health Nursing
• College of Pediatric & Adolescent Nursing
• College of Women Nursing
• College of Gerontological Nursing
• College of Mental Health Nursing
• College of Acute & Supportive/ Med & Surg Nursing

• College of Critical Care Nursing
• College of Emergency Nursing
• College of Perioperative Nursing
• College of Nursing & Health Care Management
• College of Education

Consultation forum
On 10th October, 09
The Hong Kong Academy of Nursing is preparing to work collaboratively with professional speciality nursing organizations to make the Colleges reflective of global standards and benchmarks in nursing, as well as ‘best practices’ reflecting the excellence already established in the profession of nursing in Hong Kong.
Challenges & Charge

- The road to achieve our mission is still long and rugged
- Partnership, passion, participation
Some Things We Could Focus On

- Redefine health worker as critical strategic asset
- Understand and build a new practice model
- Fit supply – number and skills of nurses to emergent system and practice models
- Use power of the issue to question time and place of education
- Solve problems from the bottom up using rapid cycle improvement – target, fix, move-on
Build new partnerships that solve intermediate problems and re-position for the long term
Position health professionals as agent of change not the status quo
Invest in leadership skills
Exploit problems as opportunities – diversity, technology, demography
TOGETHER WE CAN MAKE THE CHANGE HAPPEN

THANK YOU