



# Enhancing Nursing Roles in Western and Chinese Medicine under Integrated Chinese-Western Medicine Pilot Programme (Phase II) - Cancer Palliative Care

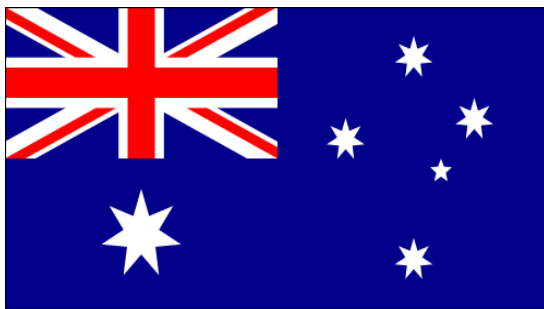
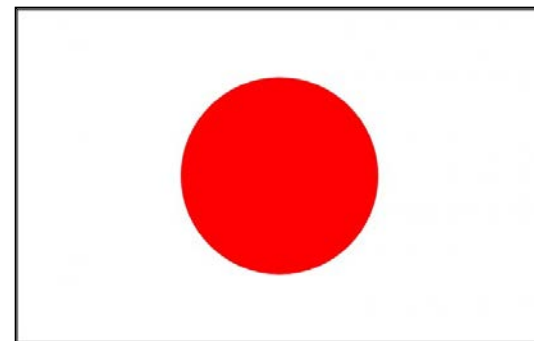
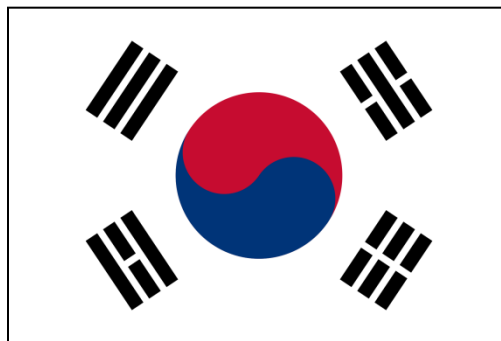
Speaker: Ms LEUNG Pui Yan  
Advanced Practice Nurse  
Tuen Mun Hospital  
Department of Clinical Oncology

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# Chinese Medicine Worldwide



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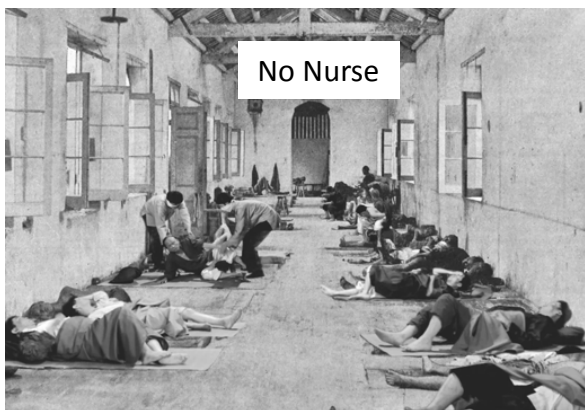
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## Chinese Medicine

19th century or before  
No Nurse provided

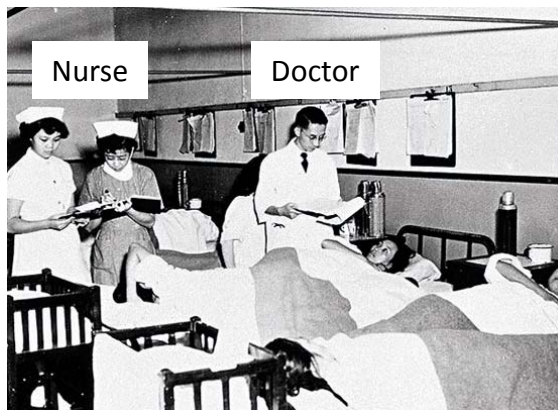
中醫疫症醫院 (東華醫院營運)  
Tung Wah Hospital



## Western Medicine

20th century  
Nurse for WM only

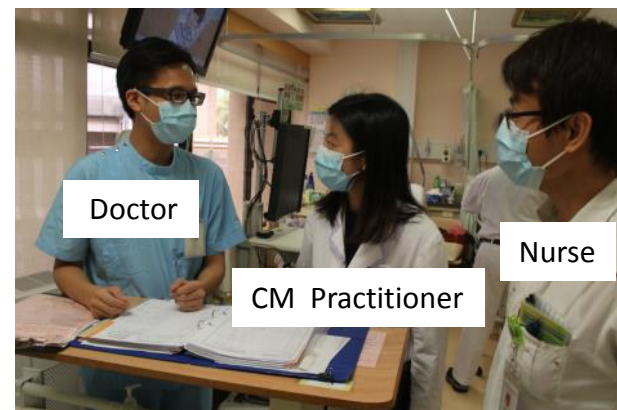
贊育醫院  
Tsan Yuk Hospital



## Integrated Chinese-Western Medicine

21st century  
Nurse for WM & CM

屯門醫院  
Tuen Mun Hospital



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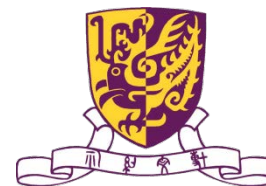
# Tripartite Collaboration



**HA-TMH**



**YOT-CMCTR**



**CUHK**



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# Integrated Chinese-Western Medicine (ICWM) Pilot Programme

## Phase I

Sept 2014 – Dec 2015

## Phase II

Dec 2015 – Mar 2018

## Phase III

2018 – 2020  
(Tentative)

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**Nurse is resource person**

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# Challenges - Multiple Specialties



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# How do we team up?

**Dae Jang-geum**

大長今



**Florence Nightingale**

弗羅倫斯·南丁格爾



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# Chicken Talks To Duck



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# Common Language

1. Clinical Symptoms in Patients
2. Radiology & Pathology Reports



RADIOLOGY



I KNOW  
YOU

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# Mutual Understanding

## Herb-Drug Interaction

### Warfarin



### Gin Seng



Drug classification	Drug	CM	Risk level	Effects	Recommendations
Anticoagulants	Warfarin	人參	Moderate	May <i>reduce</i> INR	Routine monitoring & weekly monitoring of INR until 2 weeks after stopping the CHM. Countersigning for CM dose exceeding the recommended range when used with the drugs.
		當歸	Moderate	May <i>increase</i> INR	Monitor INR 2-3 times/week. Countersigning for CM dose exceeding the recommended range when used with the drug(s).
		枸杞子	Low	May <i>increase</i> INR	Monitor INR weekly.

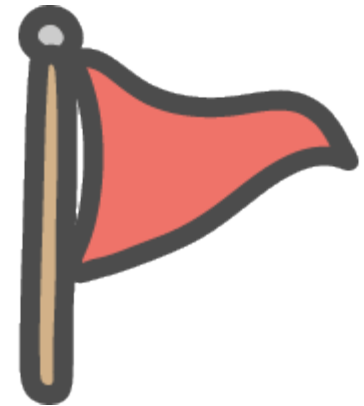
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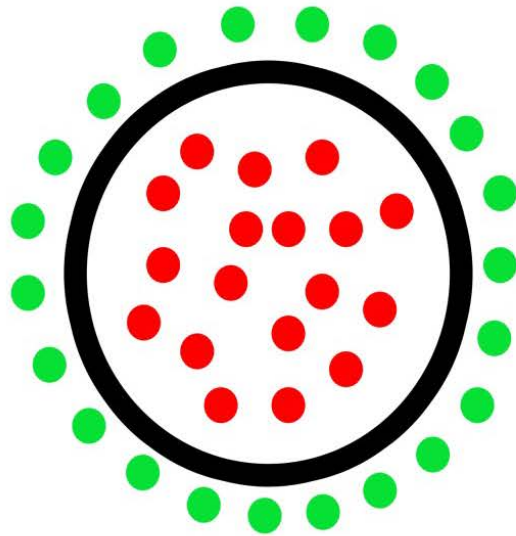




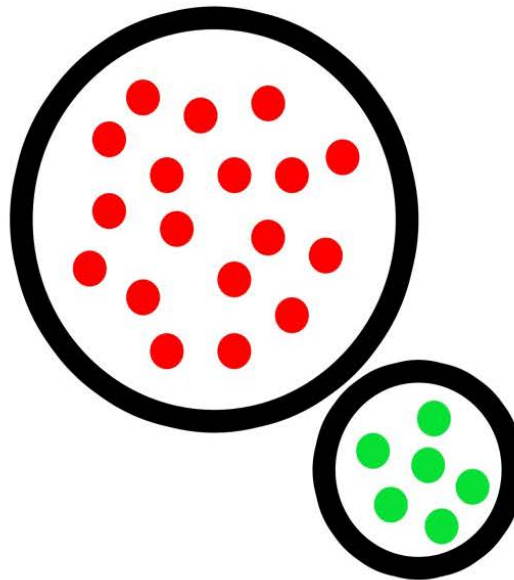
# ICWM- I= Integration



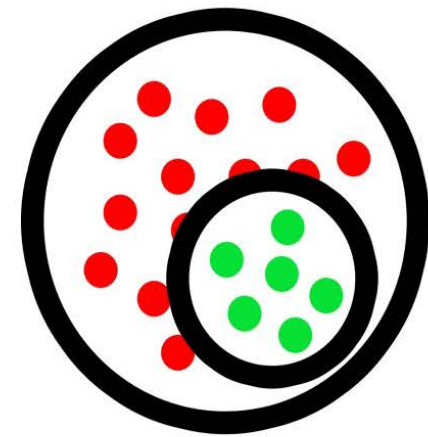
## Exclusion



## Separation



## Integration



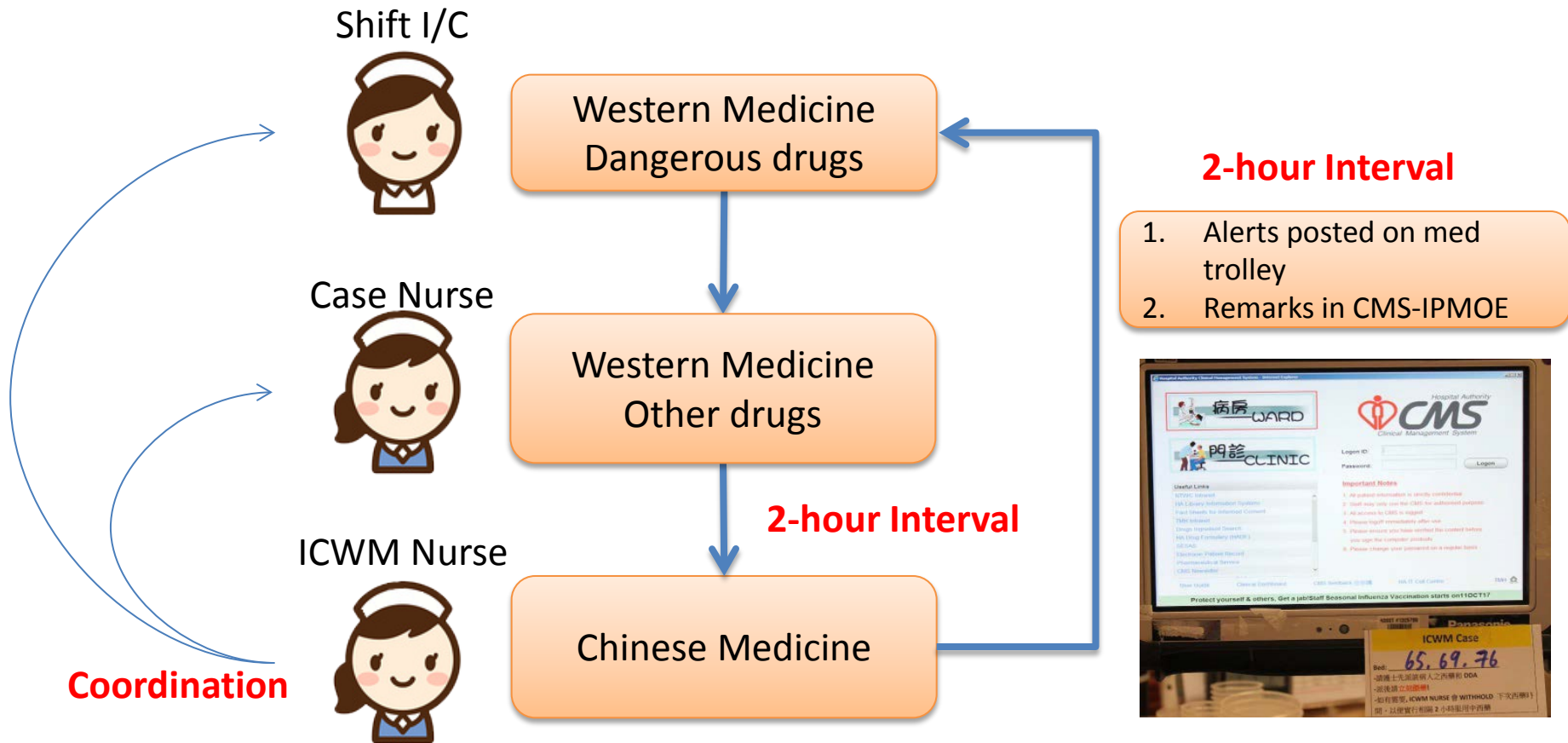
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# Administration of medications



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# Special Features of Herbal Granules

1. No drug name (Individualized CM formula & Dose)
2. Optimal temperature of dissolved CM and well stirred for intake
3. Unique CM Prescription Number (Px No)



# Administration of CM

## 沖中藥有學問 護士上「雞精班」

**特島** 本港醫療體制以西醫為主導，加入中醫治療，對醫護人士造成不少衝擊。當中也有不少學問。

**沖調不可攪拌 派藥時間倍增**

屯門醫院臨床腫瘤科資深護師何佩珊表示，中醫配製的中藥，由中醫門診送到醫院，原來沖中藥的藥粉，一定要用85度的熱水，而且熱水倒入藥粉內，需花3分鐘時間等其慢慢溶和，其間不可搖勻或攪拌。故每次由準備藥物至完成派給病人都需要約10分鐘，較派西藥僅需3、4分鐘多一倍。

她又指，由於參與計劃的病人同時要服用中西藥，護士亦要留意中西藥服用時間必須相隔小時。雖然醫管局已因應計劃增加一名護士人，但人手仍然緊絀。

**初接觸住院病人 中醫新挑戰**

屯門中西醫結合治療計劃與仁愛堂中大中醫藥研究中心合作，該中心註冊中醫邵廣緒時指出，由於本港未有中醫藥，故處理住院病人對中醫是新的治療模式。「初時困難，香港無中醫入院服務，很少機會可以接觸住院病人，初時還要寫慣、寫牌版、藥和西醫和其他藥房人員溝通……在醫院的病人，情況是比門診嚴重得多。」

中醫邵廣緒和邵廣緒及開會，與西醫及其他醫療專業人員及社工等討論病人病情。該院臨床腫瘤科副總監王貴強表示，雖然中西醫不是日日一起巡房及開會，但幾乎日日都會在病房見面，故遇到任何問題都可以隨時溝通。

因應計劃，病房的西醫及護士都要進修，該病房全部30名護士都參加了一個為期8小時的中醫「雞精班」。其中3人更完成一個半年的基礎中醫理論文憑課程，另有4人已報讀課程，下月開始上課。而醫生亦有5人完成了基礎中醫理論的課程。邵



▲屯門醫院臨床腫瘤科資深護師何佩珊表示，由中醫門診送到醫院，原來沖中藥的藥粉，一定要用85度的熱水，而且熱水倒入藥粉內，需花3分鐘時間等其慢慢溶和，其間不可搖勻或攪拌。故每次由準備藥物至完成派給病人都需要約10分鐘，較派西藥僅需3、4分鐘多一倍。

## 屯院增護士派中藥 流動電腦查病歷

【本報訊】公立醫院首次為住院病人提供中醫服務，運作流程需時磨合。屯門醫院臨床腫瘤科資深護師何佩珊稱，中醫門診及住院電腦系統不互通，護士派發中藥時，中藥附上病人中醫門診登記編碼，未能單靠住院編碼核對，需同時核對病人個人資料，如身份證號碼。此外，中藥沖泡程序多，約十分鐘才完成派藥，比派西藥多一倍時間。

註冊中醫羅綺玲稱，中醫以往無住院服務，現在需要巡房、填寫病歷，用藥及針灸位置亦有限制，若超出臨床指引則要申請，需要兼顧顧略較多。

院方推出多項

措施支援前線，包括加派一名護士派中藥，增設流動電腦，方便前線查閱病人的中西醫治療紀錄等。醫管局中醫部主管謝達之稱，將改善中醫醫療資訊系統，配合住院服務流程及醫療紀錄分享。

### 末期肺癌漢 中西合璧治

六十四歲李先生早前因氣促入住屯院，他患末期肺癌，體虛力弱，連落床也無力，加上生蛇面持續頭痛，經常失眠，但止痛藥效果短暫。他獲轉介參加先導計劃，住院期間接受針灸及中藥治療。「頭痛少咗，顯得好咗，仲可以落床行，好開心」。他認為同時有中西醫照顧，較為安心。

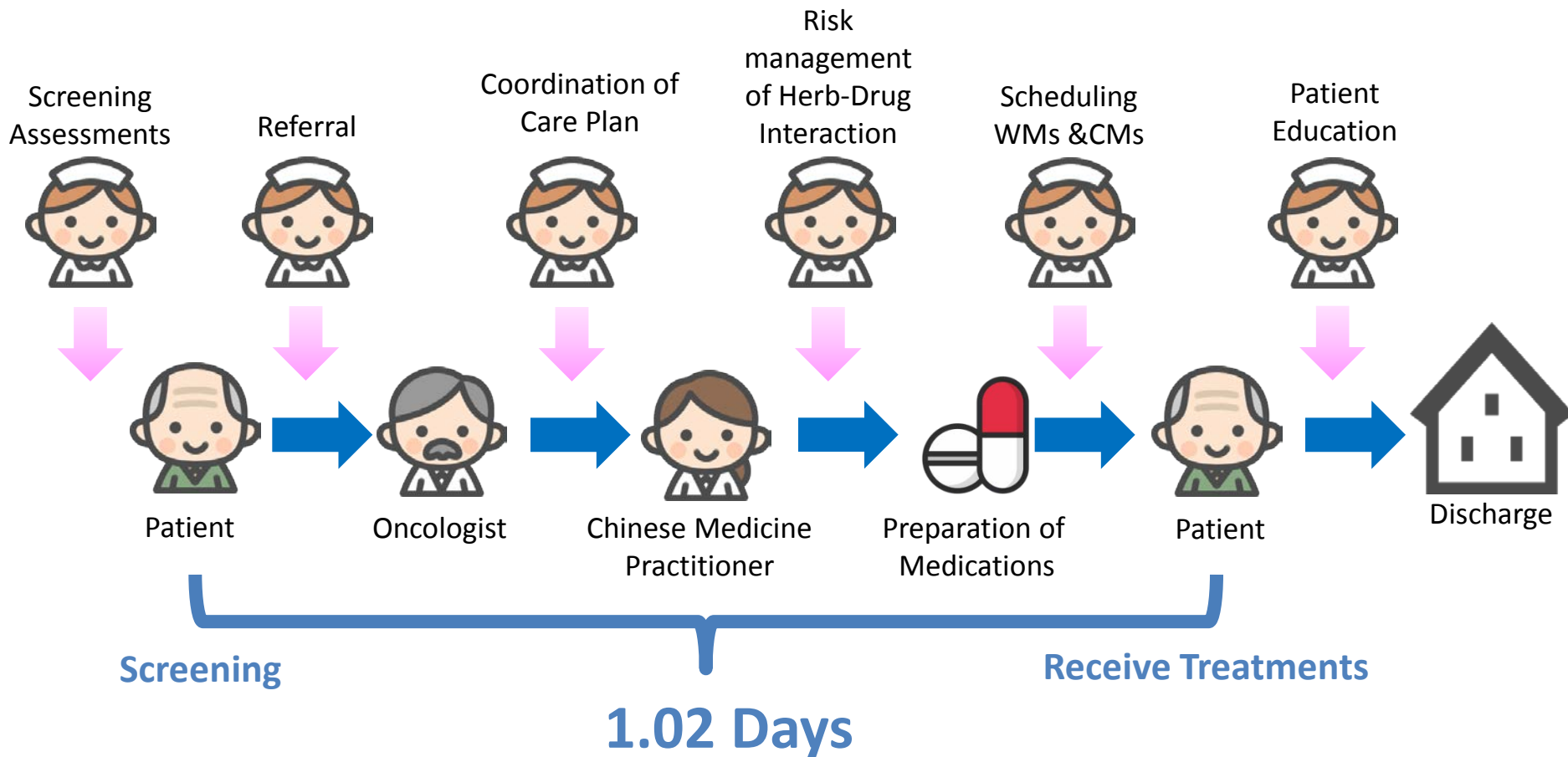
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# ICWM Patient Journey



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# Learn from Real Experience

## Experiential learning workshops



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# More Training

- Oversea Attachment
- Local Certificate Courses



3A CM hospital in China

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# Patient-centered Initiatives

**Relaxing Music  
During Acupuncture**



**Tailor-made  
Acupuncture Needle Stand**



**Optimal Temperature  
of Chinese Medicine**



# Programme Outcome

	4Q 2014	2015	2016	2017
No. of cases enrolled	17	77	90	86
Success rate of referral	44%	57%	91%	88%
Waiting time	2.5 days	1.4 days	1 day	1 day
Medication incident	0	0	0	0
Needle stick injury	0	0	0	0
Patient satisfaction	N/A	7.7/10	8.2/10	8.4/10



# Way Forward

- Monitor, review and update the program
  - More Professional & recognized CM training
  - More research on skillsets & practice
  - Develop protocols and guidelines
  - Formulate standardized procedure
  - Continuous quality management
- 
- Recognized professional body in nursing council of Hong Kong
  - Accreditation of CMN (Criteria and standard)



**They are different  
But same**

**Same Goal  
by Different Ways**



**Better care for the people**



# Video

Acknowledgment:

RN: Mr. CF CHAN

PCA: Ms. WK LO

Oncologist: Dr. PC CHAN

CMP: Ms. Elaine LAW





The End

**THANK YOU**