

Hospital Authority Convention 2016

Integrated Chinese-Western Medicine Pilot Programme | Department of Clinical Oncology, Tuen Mun Hospital

Integrated Chinese-Western Medicine Pilot Programme

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Tuen Mun Hospital

1999

- **Legislation** of CM Ordinance

2000

- Policy Address: establishing 18 **CM outpatient clinics (CMCTRs)** by phases

2013

- Policy Address: promoting treatment with **ICWM**; introducing CM **in-patient** services

2014

- Development of the **ICWM Pilot Programmes** for HA patients





Objectives of the Pilot Program

- To utilize ICWM for maximizing patient care
- To gain experience for facilitating the development of Chinese Medicine(CM) in-patient service and hospital
- To facilitate postgraduate CM development and training



Implementation

- The Integrated Chinese-Western Medicine (ICWM) Pilot Programme has been started in 3 hospitals (TWH, PYNEH & TMH) on 22nd Sept 2014.
- The Phase 2 ICWM pilot project implementation on 21st Dec 2015.

	Hospital	CMCTR	Phase I	Phase II
Cancer Palliative Care	TMH	YOT	✓	✓
	PMH	HKC		✓
Acute Low Back Pain Care	PYNEH	ED	✓	✓
	KWH	HMT		✓
Stroke Care	TWH	TW	✓	✓
	PWH/SH	ST		✓

CMCTR: Chinese Medicine Centre for Training and Research





Tripartite Model of CM Service

- Chinese Medicine Centre for Training & Research operated by
 - Hospital Authority
 - University
 - NGO




Governance

- Task force on the Development of ICWM
- Clinical Working Groups on Stroke Care, Cancer Palliative Care & Musculoskeletal Pain Care for development of evidence-based clinical protocols
- Operational Working Group
- Expert Panel on CM safety for ICWM Pilot Projects
- Programme Audit Working Group
- Cluster ICWM Committees
- Financial Audits
- Evaluation Studies



Develop the Protocol

	Hospital Authority Head Office	Document No.	HAHO-IM-PD-CMD-001-V2
	Pilot Project on Integrated Chinese-Western Medicine Programmes – Operational Manual	Issue Date	December 2015
		Review Date	1 June 2016
		Page	1 of 380

Pilot Project on Integrated Chinese-Western Medicine Programmes


Operational Manual

Version	Effective Date
1	September 2014
2	December 2015

Document Number	HAHO-IM-PD-CMD-001-V2
Author	Chinese Medicine Department, HAHO
Custodian	Secretary, Task Force on the Development of Integrated Chinese-Western Medicine
Approved/ Endorsed By	Task Force on the Development of Integrated Chinese-Western Medicine
Approval Date	December 2015
Distribution List	Task Force on the Development of Integrated Chinese-Western Medicine (ICWM), ICWM Working Groups, Cluster ICWM Committees, Cluster Chief Executives, Hospital Chief Executives, Pilot Hospital Sites

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Annex 5.3 Protocol on Integrated Chinese-Western Medicine Pilot Programme in Cancer Palliative Care

	Hospital Authority Head Office	Document No.	HAHO-IM-PC-CMD-001-V3
	Protocol on Integrated Chinese-Western Medicine Pilot Programme in Cancer Palliative Care	Issue Date	July 2015
		Review Date	1 JUN 2017
		Page	1 of 48

Protocol on Integrated Chinese-Western Medicine Pilot Programme in Cancer Palliative Care

Version	Effective Date
1	September 2014
2	7 January 2015
3	14 July 2015

Document Number	HAHO-IM-PC-CMD-001-V3
Author	Integrated Chinese-Western Medicine Clinical Working Group (Cancer Palliative Care)
Custodian	Secretary, Task Force on the Development of Integrated Chinese-Western Medicine
Approved/ Endorsed By	Task Force on the Development of Integrated Chinese-Western Medicine
Approval Date	July 2015
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Standards/ Guidelines Developed or Revised

Revised version, as endorsed by COC-G(N) on 90th Meeting held on 26 Sep 2014

 Hospital Authority 醫院管理局 專科護理服務指引—中醫護理	Hospital Authority Head Office	Document No.	13/2008
		Issue Date	28 September 2014
		Revised Date	8 September 2017
		Approved by	COC-G(N)
		Page	1 of 24

專科護理服務指引
中醫護理

中西醫協作
先導計劃
2014 - 2016

Version	Effective Date
1.0	27 November 2008
2.0	26 September 2014

Document Number	COC-G(N) Approved Paper 13/2008
Author	SAG(Traditional Chinese Medicine)
Custodian	NSD/HOCS
Approved By	COC-G(N)
Approver	(Signed)
Approval Date	Pending

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Training

Year	Training course	Course duration
2014-2015	中醫專科護理	中醫護理基礎 (36 小時) 中醫專科護理 (30 小時) 中醫專科護理藥用及技術(24小時)
	Certificate in CM Training Program for Medical and Healthcare Professional (SPACE)	Theory (102 hours) Practicum (16 hours)
	Briefing session for ICWM pilot program	Protocol training on CM treatment plan - 4 hours Workshop on operational procedure - 3 hours
	海外培訓: 廣東省中醫院 中醫護理訓練	4 weeks Corporate Overseas Training
	Commissioned Seminars: Fundamental in Stroke, Cancer and Pain Management in TCM Perspectives	6 whole day (42 hours)
2015-2016	Certificate in CM Training Program for Medical and Healthcare Professional(SPACE)	Theory (92 hours) Practicum (12 hours)
	Intermediate Chinese Medicine Training Programme in Nursing Care 2015 (OUHK)	Theory (45 hours) Practicum (16 hours)
	Commissioned Seminars: Non-invasive TCM Nursing Practice for Pain Management, Insomnia, Nausea, Cold Intolerance, Vertigo and Fatigue	6 whole day (42 hours)
	海外培訓: 廣東省中醫院 中醫護理訓練	4 weeks Corporate Overseas Training



Overseas Corporate Scholarship Program for Clinical Leaders 2014/15 & 2015/16

廣東省中醫院



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Integrated Chinese-Western Medicine

Department of Clinical Oncology, Tuen Mun Hospital



培訓內容

時間	第一個星期	第二個星期	第三個星期	第四個星期
培訓內容	<ul style="list-style-type: none">中央護理部報到腫瘤科腫瘤科座談會骨科參觀護士學生考試護理程序座談會	<ul style="list-style-type: none">針灸科傳統療法中心大學城分院肝病科中醫藥博物館治未病中心	<ul style="list-style-type: none">練習各種中醫護理操作觀摩中醫院首屆個案護理展示大賽二沙島分院婦科、音樂療法骨科座談會	<ul style="list-style-type: none">拍攝各種中醫護理操作腦病科腦病科名中醫座談外科兒科、皮膚科總結頒發證書



Implementation of the project in hospitals

Pre-pilot drills & Inter-hospital visits



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ICWM Cancer Palliative Care in TMH



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Service Framework

- CM doctors round 7 days a week
 - On call phone support after off duty
- Use Herbal Medicine or Acupuncture
 - 50 CM formulas & 140 single CM items
 - Traditional acupuncture, auricular acupuncture, electro-acupuncture
- Cost: HKD 200/ day (waive in CSSA patient)
 - Charge by CMCTR



Inclusion & Exclusion Criteria

Inclusion Criteria

The patient meets ANY of the following criteria:

- a) Poor symptom control despite receiving a normal dosage of western medications.
- b) Low tolerance for the side effects of western medications or susceptible to significant adverse drug reactions.
- c) Patient intends to accept Chinese Medicine treatment.

Exclusion Criteria

The patient may not enter the program if ANY of the following apply:

- a) Symptoms with surgical indications.
- b) Unstable medical conditions as judged by the clinicians, e.g. sepsis with high fever, shock, respiratory failure, comatose.



Symptoms Covered

- Pain
- Constipation
- Insomnia
- Lymphoedema
- Anorexia
- Lethargy



Case Selection

- 1st screening by Ward Nurse
- 2nd screening by Ward Doctor
- Explain program to patient by Executive Assistant & CMP
- Written consent



Ward Round & Case Conference

- Both Doctors & CM doctors have morning round on patient
- Senior round weekly
- Multidisciplinary meeting weekly
- Facilitate the collaboration of CM practitioners and all team members



Examples of Problems Encountered



Steps of Dissolve the Herbal Granules

Pour hot water from pantry into thermo bottle
Measure temperature at 85 °C with the thermometer.

Add at least 50 ml ~85°C hot water in the cup with lid

Add checked herbal granules into the cup
Cover it for 2~3 minutes

Stir the mixture until totally dissolved.
Add some warm water if necessary

Check the patient bracelet with CMMAR:
→ Patient Name & HK ID no

Educate patient to take CM with CMP's instruction

Administer the medication to patient
Sign the CMMAR

1



2



3



4



5



6



Acupuncture Safety Enhancement

Standardized procedure & Audit

warfarin

- 精神過於緊張
- 過飢或過飽
- 感染須隔離之傳染病
- 皮膚有感染、潰瘍、癩痕
- 發熱, T: 35.4°C
- 血壓過高或過低, BP: 93/55 mmHg
- 心率過速或過緩, PR: 68 min
- 婦女正值行經期間: LMP: _____ min

病人今天是否適合針灸:

- 是
- 否, 請說明原因: _____

針刺記錄



Needles Disposal: Before

Count the needles before disposal



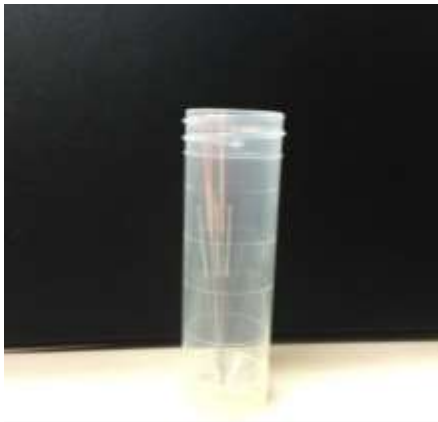
Needle weight < 0.1g

Easy to bounce off from the sharp box

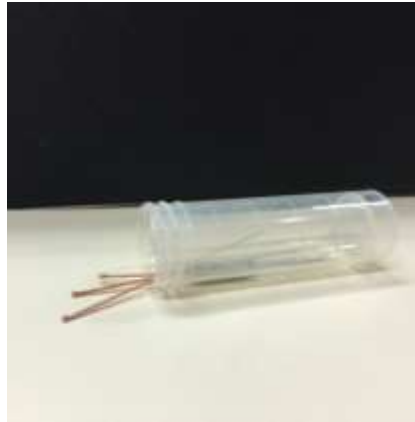


CQI

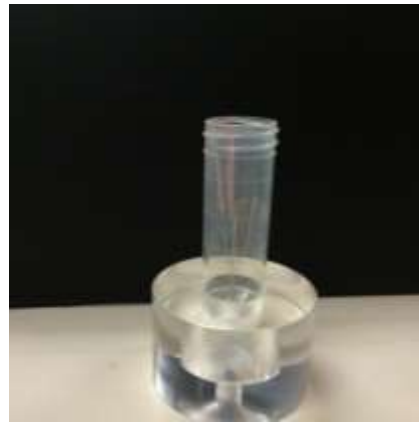
Use a small transparent bottle to collect the needles



Too light and pour down easily



A heavy based stand was designed



More **safe** and **effective**



Risk rating on Herb-Drug interactions (common-by drug)

No.	Drug classification	Drug	CM	Risk level	Effects	Recommendations
1.	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.
2.	Antihypertensive drug	Norvasc, Terazosin, Herbesser, Renitec, Hydralazine, Zestril, Adalat Retard	甘草	Low	May <i>reduce</i> the effectiveness of antihypertensive drug	Strict adherence to dose recommendation If CM dose exceeding the recommended range, countersigning when used with the drug(s).
3.	Calcium-channel blockers	Felodipine, with exception of amlodipine (Norvasc)	枳殼、枳實	Moderate	May <i>increase</i> the concentration of felodipine	If amlodipine is used, monitor BP.
4.	Corticosteroids	All Drugs (Dexamethasone, Prednisolone, Becloforte) Oral/ IV	甘草	Moderate	May <i>increase</i> corticosteroid adverse effect	Regular BP, LFT&RFT monitoring Countersigning for CM dose exceeding the recommended range when used with the drug(s)
			麻黃	Moderate	May <i>increase</i> clearance of corticosteroids	CM dose cannot exceed recommended range.
5.	Cough preparations	Dextromethorphan (Phensedyl)	枳殼、枳實	Moderate	May <i>increase</i> the bioavailability of dextromethorphan	Not recommend.
6.	Diuretics	All Drugs (Lasix, Aldactone) Oral/ IV	甘草	Low	May <i>increase</i> risk of hypokalaemia and/or reduce effectiveness of the diuretic	Strict adherence to dose recommendation If CM dose exceeding the recommended range, countersigning when used with the drug(s).
7.	Drugs used in diabetes	All drugs (Metformin, Gliclazide, Mixtard, Insulin "long/short acting")	人參	Moderate	May <i>lower</i> blood glucose level	Monitor blood glucose level
			桑葉	Moderate	May <i>lower</i> blood glucose level	Monitor fasting H'stix.
			麻黃	Moderate	May <i>increase</i> blood glucose level	Monitor blood glucose level. CM dose cannot exceed recommended range.
8.	Fibinolytic drugs	Transamin Oral/ IV	生薑	Low	May <i>increase</i> INR	Monitor bleeding tendency.
			黃芪	Low	May <i>increase</i> risk of bleeding	Monitor bleeding tendency.
9.	Hypnotics and anxiolytics	Midazolam (Dormicum)	丹參	Moderate	May <i>reduce</i> midazolam level	Titrate dose with clinical response

Management of adverse effect and herb-drug interactions

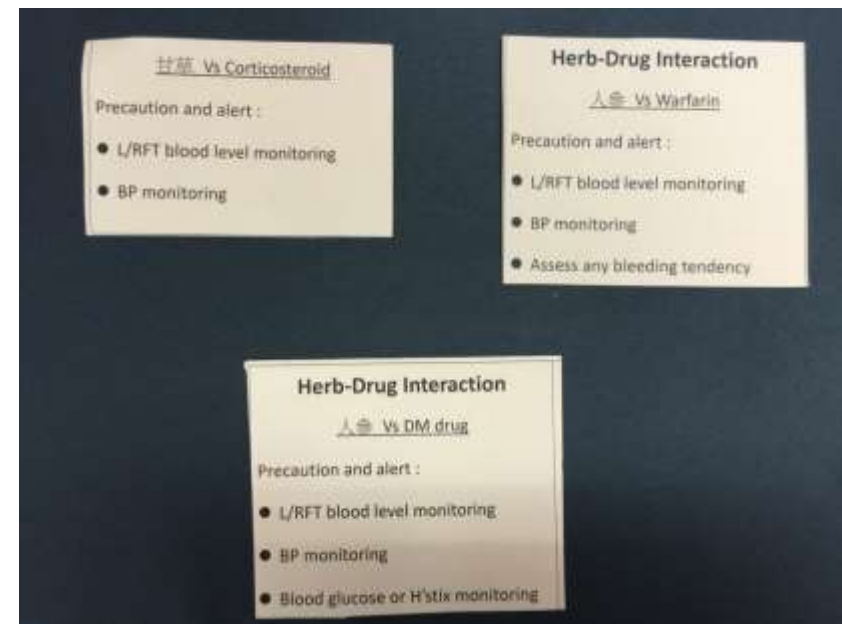
		CMOs	CMPs	ICWM Nurses	Case Nurses
Before Enrollment	Initial screening			✓	
	2 nd screening	✓	✓		
	Risk assessments	✓	✓	✓	
After Enrollment	Review WMs & CMs	✓	✓	✓	
	Advocate relevant care suggestions	✓	✓	✓	
	Progress monitoring	✓	✓	✓	✓
	Reporting	✓			



Safeguard against the possible risks of Western and Chinese Medicine interactions

- Act as a bridge between CMOs and CMPs
- Follow the tips for the monitoring and assessment from the protocol recommendations

Cue Cards



Audits

Name	Compliance
Administration of oral Chinese Medicines	100%
Documentation of ICWM by CMP	96.5%
Filing & completion of ICWM medical records by all related staff	100%



A glance of outcome

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Program Statistics - TMH

Period: 22/09/2014- 29/02/2016

Number of patient						
Initial screening	Screened	Enrolled	Recruitment rate	Discharged	Self-initiated drop out	Exit (Include dead cases)
1121	214	111	52%	28	7	72



Total unsuccessful enrollment= 103

Not fulfilling inclusion & exclusion criteria	Number	
Poor patient's condition / Unable to give consent	25	57 (55%)
CMO did not recommend	18	
Discharged / transferred	10	
Different expectations	4	

Refused by Patient after EA explanation	Number	
Financial Difficulties	18	45 (44%)
Patients refused / No interest	11	
No Additional benefit	9	
Relatives refused	3	
Patient would like to complete RT treatment first	3	
Patient has been receiving CM treatments provided by a private CM practitioner	1	

Refused Patient after CMP assessment	Number	
Fear of taking CM	1	1 (1%)



Period: from 22-09-2014 to 29-02-2016

Patient status after Enrollment

(Final status in programme as at 29th Feb 2016)

Active in ward	4
Discharged	28
Exited	68
Dead	11

Total

111 patients



Patient Profile (111 patients)		Number	Percentage
Demographic Characteristics	Age (mean, year of enrollment)	65	N/A
	Gender, Male	63	57%
	Gender, Female	48	43%
Payment	No. of CSSA receivers	57	51%
	No. of Self-financed patients	54	49%
Symptom Control	Pain 疼痛	70	63%
	Constipation 便秘	41	37%
	Insomnia 失眠	21	19%
	Lymphoedema 水腫	37	33%
	Anorexia 食慾不振	59	53%
	Lethargy 怠倦嗜睡	72	65%
Inclusion Criteria	Low tolerance for the side effects of western medications or susceptible to significant adverse drug reactions	20	18%
	Poor symptom control despite receiving a normal dosage of western medications	33	30%
	Patient intends to receive Chinese Medicine (CM) treatment	101	91%



Average LOS (day)	Average Waiting time (day)	
	12.9 (Min 1, Max 63)	Screening to assessment
1.7		0.0

Attendance	
In-patient (bed-days)	Out-patient average
Total: 1427	Around 5 per patient (Total 12 patients)

Number of treatment	
Chinese Medicine	Acupuncture
15.1 per patient	5.2 per patient

Number of incident	Number of complaint
0	0



Summary of Outcome measurements

Week 1

Indicators	Min - Max	Pre Day 0	Post Day 7	Results
# Higher scores indicate more severe symptom + Higher scores indicate higher functioning				
Pain Score #	0-10	5.3	3.7*	Statistically significant
Lymphoedema circumference (mm)	N/A	320.9	318.2	
QOL Dyspnoea #	0-100	28.5	21.3	
QOL Pain #	0-100	48.6	36.0*	Statistically significant
QOL Insomnia #	0-100	45.9	37.7	
QOL Fatigue #	0-100	54.9	50.7	
QOL Appetite loss #	0-100	50.7	45.4	
QOL Nausea and vomiting #	0-100	12.8	12.8	
QOL Constipation #	0-100	51.2	37.2*	Statistically significant
QOL Psychological functioning +	0-93.3	23.0	20.8	
QOL Emotional functioning +	0-100	77.1	83.5*	Statistically significant
QOL Global health status +	0-100	53.2	53.4	

Comparison of Pre and Post by using Wilcoxon signed-rank test, values are mean, sample size = 69

*P<0.05 : statistically significant

Post: Day 7 / before discharge or exit



Summary of Outcome measurements

Week 3

Indicators	Min - Max	Pre Day 0	Post Day 21	Results
# Higher scores indicate more severe symptom + Higher scores indicate higher functioning				
Pain Score #	0-10	6.3	3.6*	Statistically significant
Lymphoedema circumference (mm)	N/A	N/A	N/A	
QOL Dyspnoea #	0-100	26.1	29.0	
QOL Pain #	0-100	60.1	27.5*	Statistically significant
QOL Insomnia #	0-100	59.4	34.8*	Statistically significant
QOL Fatigue #	0-100	61.4	46.4*	Statistically significant
QOL Appetite loss #	0-100	56.5	43.5	
QOL Nausea and vomiting #	0-100	17.4	17.4	
QOL Constipation #	0-100	52.2	26.1*	Statistically significant
QOL Psychological functioning +	0-93.3	19.4	24.1	
QOL Emotional functioning +	0-100	68.5	76.4	
QOL Global health status +	0-100	45.5	50.4	

Comparison of Pre and Post by using Wilcoxon signed-rank test, values are mean, sample size = 23

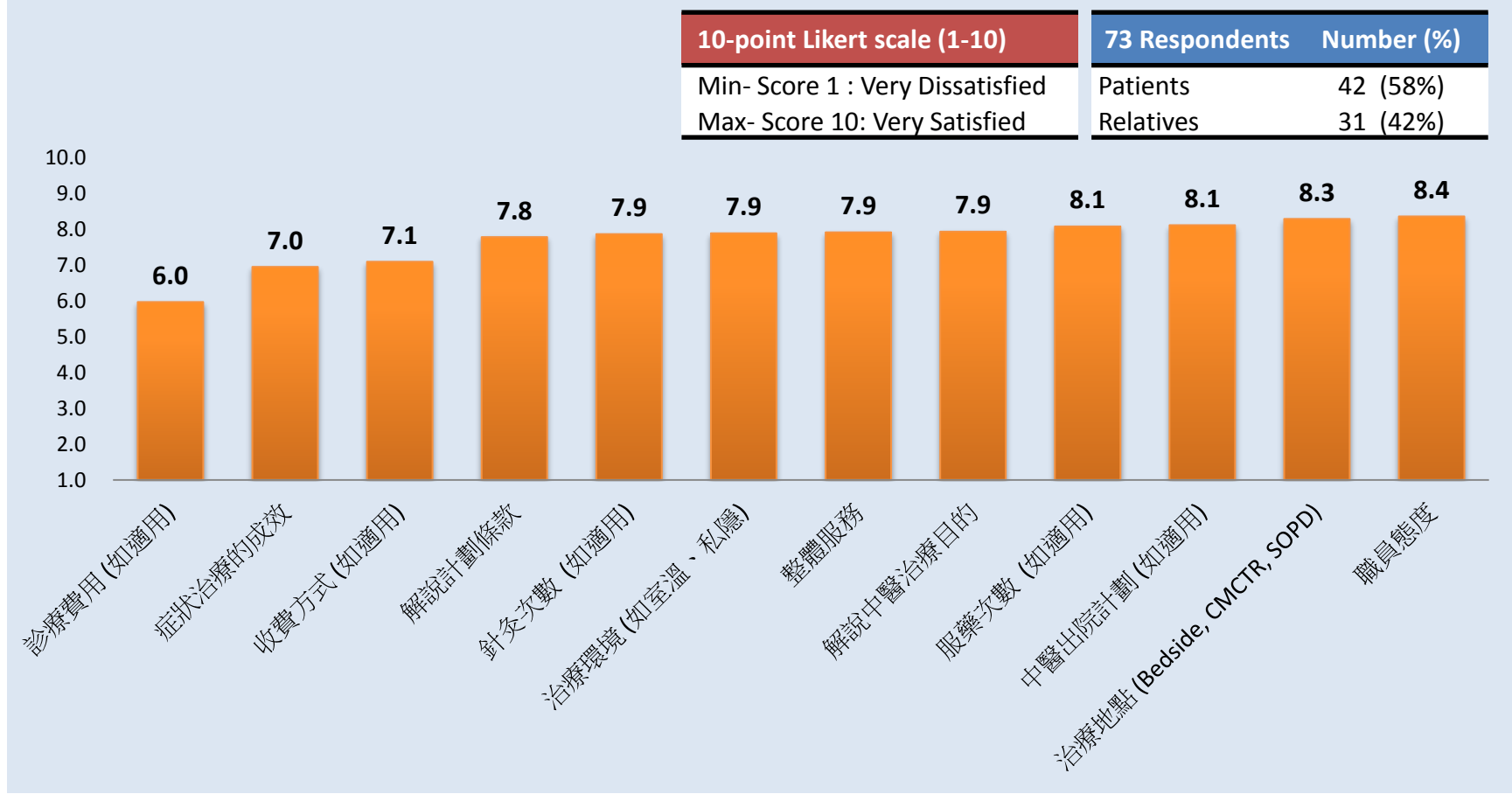
*P<0.05 : statistically significant

Post: Day 21 / Before discharge or exit



Satisfaction Survey

Period: from 22-09-2014 to 29-02-2016



We would like to express our deep appreciation for the professional and kind supports offered by the following units and organizations:

- Yan Oi Tong - The Chinese University of Hong Kong Chinese Medicine Centre for Training and Research (Tuen Mun)
- NTWC, Quality and Safety Division
- NTWC, Cluster Information Technology Section
- NTWC, Cluster Procurement & Materials Management Unit
- NTWC, Cluster Health Information Unit
- HAHO, Chinese Medicine Department
- HAHO, Nursing Services Department
- HAHO, Chief Pharmacist's Office



Thank You!

