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Pharmacist: Your Healthcare Partner

**2012 Hong Kong Pharmacy Conference**

4<sup>th</sup> – 5<sup>th</sup> February, 2011

## Day 1 Program

### Speakers and topics introduction

All sessions will be conducted in English except stated otherwise.

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| <p><i>Theme 1</i></p> <p><b>Planting the Seed – Training the Next Generation of HK Pharmacists</b><br/>培训下一代 为香港药剂师播下种子</p> <p>by Prof. Ian WONG, Professor of Pharmacology &amp; Pharmacy, The University of Hong Kong</p> | <p><b><u>Training the next generation of HK Pharmacist</u></b><br/>2012 is a turning point for university education in HK; the conversion of the 3-year system to a 4-year system presents a unique opportunity to develop a new generation of pharmacists. Unlike the UK and other well-developed pharmacy systems, the HK regulatory body does not provide an indicative syllabus or recommended content for BPharm programmes. It lends a high degree of freedom for local universities to develop their pharmacy curricula. I will share my experience of the development of the new pharmacy curriculum in the University of Hong Kong (HKU).</p> <p><b><u>Needs-based education system</u></b><br/>The International Pharmaceutical Federation advocates a needs-based education system to train pharmacists. In essence, needs-based education raises the question: What does society need from pharmacists and what do pharmacists need to learn in order to deliver those services to society?<br/>The Department of Pharmacology and Pharmacy of HKU has initiated a review of “societal needs” so a new generation of pharmacists can be developed to deliver the appropriate services.</p> <p><b><u>Skills-based and value-based system</u></b><br/>HK students in general have demonstrated their extraordinary ability in acquiring and retaining knowledge. Although knowledge underpins pharmacy practice; our society needs pharmacists with the right skills in “clinical practice”, in “communication” and “leadership”. More importantly, it needs pharmacists with the right personal values particularly “vision for the future” and “integrity”.<br/>In summary, I advocate a “3Bs” approach to train the next generation of HK Pharmacists:<br/>1) Needs-Based<br/>2) Skills-Based<br/>3) Value-Based</p> |
| <p><i>Theme 2</i></p> <p><b>Environmental Toxins – What Pharmacists Should Know</b><br/>环境毒素的知识 – 于药剂业的应用和实践</p> <p>by Dr. Sze Hong NG, Associate Consultant, Hong Kong Poison Information Centre</p>                       | <p>Dr. Ng is the Associate Consultant of the Hospital Authority Hong Kong Poison Information Centre. He joined the Accident and Emergency Department of United Christian Hospital after his graduation and later joined the Hong Kong Poison Information Centre since its establishment in 2005. He is actively involved in the Toxicology work of the Hospital Authority Toxicology Service and is specialized in emerging drugs of abuse, environmental toxins and pesticides poisoning.</p> <p>Recently the possibility of chronic health effects of exposure to environmental toxins has drawn a lot of attention from toxicologists, public health agencies, mass media and the public. These toxins can cause various health effects including endocrine disruption, neurological, reproductive, developmental, hepatotoxic, nephrotoxic and carcinogenic effects in animals. However, studies on their effects on humans are</p>   |



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|   | <p>limited and much remains unknown. The general population is exposed to these toxins by merely living only, from the food and water we take and the air we breathe. Common examples of these environmental toxins include dioxins, phthalates, polybrominated diphenyl ethers (PBDE) and polychlorinated biphenyls (PCB). The use of these chemicals, the common sources of exposure and their possible adverse health effects will be reviewed.</p>  |
| <p><i>Theme 3</i></p> <p><b>Enhancing Compliance to Chronic Medications with Antihypertensive Agent as an Example - the Way Forward</b></p> <p>以抗高血压药物为例 加强长期药物服藥順從性之未来路向</p> <p>by Prof. Martin WONG, Associate Professor, School of Public Health and Primary Care, The Chinese University of Hong Kong</p> | <p>Professor Martin Wong graduated from the Faculty of Medicine of the Chinese University of Hong Kong, and completed his Doctorate of Medicine via his studies on clinical pharmacology. He is currently Director, CUHK bowel cancer education centre and also associate professor of the School of Public Health and Primary Care, CUHK. His research interests focus on the pharmaco-epidemiological profiles of cardiovascular medications, as well as the use of large clinical datasets to evaluate compliance profiles. He is the editorial board members and reviewers in more than 40 international journals, and published more than 180 peer-reviewed articles in prestigious journal venues. He was awarded more than 10 international and local research awards in recognition of his achievements in studies of chronic medications. On the teaching front, he is an awardee of outstanding teacher award of the Faculty of Medicine for 5 years, and conferred a title of "master teacher" in 2012. He is currently grant review board members of the Medical Research Council (MRC) of the UK, Health and Health Service Research Fund, and Research Fund for the Control of Infectious Disease of the Food and Health Bureau, HASRS Government. One of his future research objectives is to evaluate the service effectiveness of various community-based compliance-enhancing programmes in different settings, and promote interdisciplinary collaborations.</p> <p>Chronic diseases have now become a global epidemic and exert a substantial public health burden, in terms of patient morbidities and economic expenses. Take hypertension as an example, approximately half of all hypertensive patients discontinued their medications 6 to 12 months within their initiation. An economic analysis estimated that the total costs of hypertension were around 76.5 million pounds sterling per annum, of which 26.9 million pounds sterling could be attributed to patients who have their therapy discontinued.</p> <p>The first step towards addressing compliance problems includes (1). a thorough analysis of the barriers and risk factors for suboptimal medication compliance, followed by (2). identification of the most effective compliance-enhancing strategies at both clinical and community levels. This should be substantiated by (3). a local needs assessment to explore the service needs and (4). planning of resources required for the primary care team to implement compliance-enhancing programs.</p> <p>The speaker will critically review the above issues based on evidence from international literature, and conclude by raising opportunities and challenges for future multidisciplinary initiatives to combat the problem of poor medication compliance locally in Hong Kong.</p> |



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Theme 4:

**The current status of Medication Safety in hospital pharmacies in China**  
全国医院药师用药安全现状的实证研究

by Mr. Xiaole ZHANG, Associate Chief Pharmacist, Peking University Third Hospital

北京大学第三医院张晓乐主任

*This session will be conducted in Putonghua*

张晓乐，北京大学第三医院药剂科副主任药师。1984年毕业于江西中医学院药学系，2007年7月毕业于澳大利亚国立大学，获管理学硕士学位。

长期从事医院药学、临床药学及药事管理工作。发表学术论文50余篇；主编的《调剂学》（中央广播电视大学教材）、《现代调剂学》于2011年出版；为《新编药理学》、《现代医院药学》、《药物治疗学》等10余种书籍编委；国家四类新药“双氯芬酸钠乳膏”和“盐酸克林霉素溶液”研制人。

担任中国医学装备协会医院药房装备与技术专业委员会（筹备）常务副主委、中国医院协会药事管理专业委员会调剂学组委员；《中国医院用药评价与分析》、《中国现代医药杂志》和《临床药物治疗杂志》等期刊编委。

Pre-Conference Dinner Symposium  
**Novel Treatment Target for Osteoporosis**

治疗骨质疏松症的新疗法

By Dr. Annie Wai-chee KUNG  
Specialist in Endocrinology, Diabetes & Metabolism

Dr. Annie Kung is a private specialist in Endocrinology, diabetes and metabolism. She is also the Honorary Clinical Professor at the University of Hong Kong where she was the Director of the Osteoporosis Centre.

Dr. Kung holds numerous professional memberships and sits on a number of committees. Apart from being the Founding President of the Osteoporosis Society of Hong Kong, she was a Board Member of the International Society for Clinical Densitometry in 2002-2005, and is currently the chairperson of the Asia-Pacific Panel of ISCD. She is also a member of the National Society Committee of the International Osteoporosis Foundation.

Dr. Kung holds positions as a reviewer of health research funding proposals in Hong Kong and as a licensed examiner of the Royal College of the United Kingdom.

Dr. Kung has published widely in the international peer-reviewed literature with over 180 papers and has given over 300 conference papers presentation.



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## Day 2 Program

### Speakers and topics introduction

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| Concurrent session I   |   |
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| <p><i>Concurrent session I / 8.30am</i></p> <p><b>In-patient Medication Order Entry – What’s in it for me?</b></p> <p>住院病人电子药物系统</p> <p>by Mr. Frank CHUNG &amp; Ms. Bonnie LAM,<br/>Pharmacists, Chief Pharmacist’s Office,<br/>hospital Authority, Hong Kong</p> | <p>Frank Chung<br/>With a Bachelor Degree in Pharmacy from CUHK, Frank joined the Chief Pharmacist’s Office of the Hospital Authority (HA) in 1998. He focused on development and support of various pharmacy-related computer systems in the HA hospitals – Express Dispensing System (EDS), Computerized Automatic Refill System (CARS), Corporate Drug Dispensing History (CDDH), Medication Order Entry System (MOE), etc. He obtained a Master of Information Technology from the University of South Australia in 2002. After that, he rejoined HA and contributed his expertise in technology development in the public healthcare industry. In recent years, Frank has put his focus on development of in-patient Medication Order Entry System in collaboration with doctors, pharmacists, nurses and technology professionals.</p> <p>Bonnie Lam<br/>With the Bachelor Degree in Pharmacy and Master Degree in Clinical Pharmacy, Bonnie has served in United Christian Hospital for over ten years. Apart from her clinical and administrative roles, Bonnie is the expert user on various computer systems in the hospital. She provided the professional and technical support to the hospital MOE users of all disciplines - doctors, pharmacists and nurses. Recently, Bonnie has joined the Chief Pharmacist Office and contributing her frontline experience in development of the in-patient Medication Order Entry System in the Hospital Authority.</p> <p>Starting from the 1990’s, there has been a movement among hospitals in the United States to improve patient outcomes through large-scale adoption of information technology, and one important tool for doing so is computerized physician order entry (CPOE).</p> <p>In Hong Kong, the adoption of CPOE has been limited to out-patient settings, but this changed in the late 2000’s with the launch of in-patient CPOE systems in private hospitals.</p> <p>Starting this year, the Hospital Authority will also start implementing In-Patient Medication Order Entry (IPMOE). Despite the misnomer, IPMOE’s impact is not just confined within order entry, but actually spans across the daily medication related workflow of doctors, nurses and pharmacists.</p> <p>This session is an attempt to answer the most frequently asked questions about IPMOE, including:</p> <ul style="list-style-type: none"> <li>• What is it?</li> <li>• Why now?</li> <li>• What changes will it make to (or demand from) pharmacy service?</li> <li>• What do I have to do?</li> <li>• Is it a trap?</li> <li>• And of utmost importance: What’s in it for me?</li> </ul> <p>Presented by two of the pharmacists directly involved in the development of IPMOE, this session is your chance to learn first-hand what is in store for public hospital in-patient pharmacy service in the next few years.</p> |



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Concurrent session I / 9.10am

### The Journey in Achieving Track and Trace of Pharmaceutical Products in Public Hospitals

于公立医院实现追踪医药产品之旅

by Ms. S. C. CHIANG, Senior Pharmacist,  
Chief Pharmacist's Office, Hospital  
Authority, Hong Kong

With a Bachelor degree in Pharmacy, a Master Degree in Health Administration and being Fellow members of both the Hong Kong and Australian College of Health Service Executives, Miss Chiang has gained a wealth of experience, working in the Hospital Authority of Hong Kong.

In the thirty long years of her employment in the public sector, Miss Chiang is the first pioneer to have developed the first Dispensing and Labelling System that was used in all the pharmacies in the public sector. From then on, her leadership role and active engagement in the development of IT systems to improve the efficiencies and safety of the operations of pharmacies have never stopped. She continued to integrate her innovative ideas by further developing the Pharmaceutical Supplies System that was subsequently used by all pharmacies to manage the inventory, procurement functions and expenditure reports of the pharmacies; re-engineered the pharmacy dispensing workflow at the busy out-patient clinic pharmacies by introducing the Express Dispensing System to dramatically shortening the patients' waiting time as well as eliminating the dispensing errors. She is the first to introduce dispensing automation technologies into the pharmacies as far back as in the early 1990s to relieve the manual dispensing tasks. She extended her influence beyond pharmacies when she helped to develop and implement the Medication Order Entry system for use by clinicians for prescribing for the out-patient clinic patients. She enhanced the safety in both the electronic prescribing and dispensing systems by working with external vendors to interface these systems to clinical intelligence knowledge database for clinical decision support features.

At the present moment, Miss Chiang is concentrating her focus in working in three areas. These include the development of the in-patient Medication Order Entry System, the Supply Chain Modernisation of the pharmaceutical products and the Medication Terminology Table for the eHR project. All of these would make significant impact to the ways things would be done in the next decade to improve the operational support in the delivery of the health care system in Hong Kong.

The Hospital Authority spent about three billion Hong Kong dollars annually on drugs to meet the on-going medication needs of both the in-patients and the out-patients who are using the public health service. There are about one thousand drug items in the hospitals' drug list, being sourced from over one hundred suppliers, to be dispensed through over one hundred pharmacy locations. The distribution process for these drugs items should be safe and efficient enabling tracking and tracing so that in the event of quality issues, the whereabouts of the drugs can be identified quickly for appropriate recall actions to be initiated.

In the entire process of the supply chain of pharmaceutical products beginning from the manufacturers to the suppliers or distributors and then to the pharmacies and finally to the wards and patients, how and what is done to support track and trace? When there is a product recall, how is this being handled? Is there any batch control? What technology and system are being used, bar code or RFID? What are the technical requirements? What is the business standard? How is the progress? What difficulties are there to be overcome? What are the incentives for the suppliers and the users? How can this be achieved? Is there a roadmap? These are just but some examples of the initial questions that would spring to one's mind in order to understand the process.

Ms Chiang who is now leading the project on Supply Chain Modernization for the pharmaceutical products in the Hospital Authority will share with you some of the answers to the questions raised. But she will also share the pains and gains in the process as HA embarks on this journey to achieve the ultimate goals of track and trace



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|   | <p>of pharmaceutical products.</p> <p>蔣女士於一九七九年取得英國布拉福大學藥劑學學士學位，並於一九九七年獲澳洲新南威爾斯大學頒授衛生管理學碩士資格。一九九六年至今，獲香港中文大學委任為藥劑學榮譽教授。二零零六年，獲得澳洲及香港醫務行政學院的學員資格。</p> <p>蔣女士在香港的公營醫療服務機構工作將近三十年。在此期間，她曾在藥劑部的不同部門工作，故對香港公營醫療服務的運作及藥劑服務的發展，具有豐富經驗和深切了解。</p> <p>蔣女士現為醫院管理局總藥劑師辦事處的高級藥劑師，過去十七年一直主導公立醫院藥房所有的電腦化管理系統的發展和實施，並引進自動化配藥機器；最近五年內並鑽研改進醫生處方電腦化系統的設計；以增加系統的安全和臨床可用性。同時蔣女士亦是香港醫院藥劑師學會的資深執委，一直支持及推廣香港醫院藥劑業的服務水平。</p>   |
| <p><i>Concurrent session 1 / 9.50am</i></p> <p><b>e-Health Records: Informatics – Pharmacist’s Ambition</b></p> <p>电子健康记录：資訊學 药师的抱负</p> <p>by Mr. Johnny WONG, Pharmacist, Chief Pharmacist’s Office, Hospital Authority, Hong Kong</p> | <p>With a Master of Pharmacy and Master in Clinical Pharmacy, Mr. Johnny Wong is a member of the UK General Pharmaceutical Council and Royal Pharmaceutical Society. He has been serving in the Society of Hospital Pharmacists of Hong Kong as a General Committee member of the since 2007, with main activities in the publication of Hong Kong Pharmaceutical Journal. He is a Pharmacist from The Chief Pharmacist’s Office in Hospital Authority. Mr. Wong has clinical experience of hospital pharmacies in both United Kingdom as well as Hong Kong. He has previously been involved in the development of the HA’s IPMOE project and modernization of HA-PHS Drug information database. With this knowledge in drug information database and clinical system design, he is currently working for eHR Information Standard Office, involved in the shaping, development, and application of standard medication terminology, eHealth Applications, and eHR medication record, with a commitment to bring positive influence in the delivery of healthcare to the general public.</p> <p>As part of the foundation structures in the Healthcare Reform, the government has proposed the development of a territory-wide patient-oriented eHR sharing system in the Consultation Document “Your Health, Your Life” in March 2008.</p> <p>This eHR sharing system provides an essential infrastructure for implementing healthcare reform, with the LegCo injecting a sum of over 700 hundred million Hong Kong Dollars for implementing the first stage of this programme. The eHealth Record Office (eHR Office) was then set up by the Food and Health Bureau in 2009. In order to support data interoperability between healthcare information systems, as well as to reduce error in miscommunication, mistranscription and duplication, there needs to be pan-territory standardization of clinical data, for secure accurate and efficient communication of such electronic clinic data, leading to the formation of the eHR Information Standard Office (eHR ISO), which acts as an executive arm to support the overall development of health information standards.</p> <p>Pharmacy has long been a health information leader by exchanging patient and medication information in driving the medication, billing and technical processes, via which brings benefit to patient’s in terms of pharmaceutical care and safety. Hence in the process of developing such health information standards, pharmacists are taking active lead as domain experts in defining medication terminologies, development of syntactic</p> |



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standardized medication record, as well as implementing such standards in the development of clinical systems. But the advances in medicines, clinical and IT technologies, we are dealing with highly sophisticated and complex processes that pose huge challenge, in terms of complexity and magnitude.

Now two years on this pursue for standardization, what and how is done by the pharmacy team in creating the medication table? Who governs the whole process? Are we making any progress? What are the hurdles and how was it tackled? What is the way forward? What is our ultimate goal?

Join us and discover the informatics pharmacists' ambition in the eHealth programme.

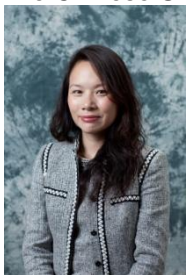
黃思豪先生於二零零一年取得英國地蒙佛大學藥劑學碩士學位，並於二零零九年考獲英國新特蘭大學臨床藥劑學碩士。黃先生現為英國皇家藥劑學會及英國藥業委員會會員，於二零零七年加入香港醫院藥劑師學會常委，主要參與香港藥刊的統籌及社區義務工作，支持及推廣香港醫院藥劑業發展。

黃先生曾於英國皇家倫敦醫院任職兒科臨床藥劑師的工作，並曾在醫院不同專科工作，對臨床藥劑服務具有一定經驗。二零零六年回港後加入醫院管理局總藥劑師辦事處任職信息藥劑師，近年曾參與住院藥物處方系統和醫院管理局藥物資料庫的設計及發展。黃先生現職電子健康紀錄統籌處，為香港全民藥物記錄電子化作深入研究。致力建立及推動香港藥物標準詞彙列表，並積極參與電子健康醫生處方系統的設計。

Concurrent session I / 11.00am

**Drug-related Problems: Hidden in the Elderly Population** 隱藏在老年人口的藥物問題

By Prof. Vivian LEE, Associate Professor, School of Pharmacy, Faculty of Medicine, The Chinese University of Hong Kong



The rapidly aging population demands a system that promotes better healthcare by decreasing morbidity and mortality in our community. Over 50% of our elder subjects had multiple chronic diseases including hypertension, diabetes and hypercholesterolemia that required both pharmacological interventions and lifestyle modifications. In our previous pharmacy outreach project, more than half of subjects had polypharmacy. Over 80% of them had drug-related problems including those stemming from non-compliance, adverse drug reactions (ADRs), sub-optimal drug storage, and/or drug-drug/drug-traditional Chinese medicine interactions; there were also cases of ineffective drug regimens. Elder subjects or their caregivers may not know how to correct or seek help when facing those drug-related problems. In the past 5 years of community elderly pharmacy outreach program, we have identified and observed various drug-related problems faced by our elderly patients in the community.

In this presentation, the following topics will be discussed:

1. The current issues of drug related problems in elderly;
2. Roles of pharmacists in managing those observed drug related problems;

The challenges faced in addressing those drug related problems

Dr. Vivian Lee is currently the Associate Professor of the School and Assistant Dean (Student Affairs) of the Faculty of Medicine. Before her current appointment, she had worked as a hospital clinical pharmacist at Cedars-Sinai Medical Center, in Los Angeles, USA. Dr. Lee received her bachelor of sciences degree in Biochemistry at the University of California, Los Angeles (UCLA) and her doctor of pharmacy degree in the School of Pharmacy, University of Southern California (USC). She had pursued post-doctoral training in Pharmacy Practice residency at the Huntington Memorial Hospital in Pasadena, USA.



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|   | <p>Dr. Lee is dedicated for the clinical pharmacy development. She started the first clinical pharmacy clerkship program in Hong Kong as well as the overseas student exchange in clinical pharmacy with USC at CUHK. In addition, she tries to expand the roles of pharmacist through various innovative ways including the launch of the first interactive online drug information platform in Hong Kong-Ask My Pharmacist Online University Led drug Enquiry Platform (AMPOULE), the Paediatric Health: easy Access Resources on Medicines (PHARM) and the community pharmacy outreach program to cope with the demands of pharmaceutical care to improve medication adherence and chronic disease management in elderly patients of Hong Kong.</p>   |
| <p>Concurrent session I / 11.40am</p> <p><b>Use of Technology to Improve Medication Safety in Elderly Homes 用科技改善老人院的药物安全</b></p> <p>By Ms. Teresa Li, Pharmacist, ActiveCarePharmacy</p> | <p>The alarm on medication safety in elderly homes in Hong Kong has rung many times, leaving the same old recurrent problems unsolved regardless of more guidelines adding into place. The root problem may well lie with difficulty in recruiting and/or retaining suitably skilled staff, which results in decline in quality of service and putting life at risk.</p> <p>The very issue of one patient obtaining multiple medications from various different sources under many different drug names/colours/shapes has been an area of great challenge to the frontline healthcare workers who have barely any training in pharmacy or pharmacology. Overdose, drug-drug interactions, and therapeutic duplications are amongst the most undetected, unnecessary but frequently-occurring treatment regime, exposing the frail elderly to dangerous intoxicification resulting in unnecessary hospital re-admissions. Coupled with intense clinical work load and immerse paper work, irregular dosage such as "every odd day", "1/4 tablet", "1mg 5days a week", "1mg on Mon, Tues, Thurs, Fri, Sat, 1.5mg on Wed and Sun", "1tablet q3h prn", etc, increases dangers of medication incidents.</p> <p>From our observations, a lot of medication incidents are either not recognized or not reported, and lucky enough not to have caused too much damage.</p> <p>A small number of elderly homes have been using monitored dosage system to prepack 7 days of medications in advance, using software which is designed for use overseas where residences have all their medicines dispensed and packed from a single pharmacy that has the expertise and control over all the medicine for each residence. The unparallel healthcare system in Hong Kong requires more surveillance and alerts than our professional colleagues need in western countries.</p> <p>After the exhausting repetitive exercise in preparing the right medicines for the patient, the challenge continues to giving the right medications to the right patient at the right time via the right mode, and to record such, including any refusal or omission with reason, in the right manner at the same time of drug administration. The frontline staff also needs to know what other medicines besides those packed are to be given at the same time, and to record such on the corresponding forms.</p> <p>We categories all the failure-contributing factors into 2 major area – one requiring immediate rescue to stop the vicious cycle hence improving the effectiveness of the frontline staff, and the other one which requires long term effort including education and continuous lobbying to promote policy and culture change.</p> <p>In 2008, we started off focusing on increasing effectiveness of frontline staff of elderly homes by designing local-specific medication management software, taking care of their residences' medications for them, and providing peace of mind monitored dosage</p> |



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system for efficient administration.

At the same time, we provide virtual pharmaceutical service like consolidating prescriptions, medication review, contacting prescribers and offering sound advice, alerting elderly homes upon recalls, and disposal of no-longer-needed medications.

Home leave packs or printing home leave labels on demand, instant printing of Medical Enquiry Form with medical history and updated medical treatment for doctor's reference at each hospital admission, web-based query system for authorized users on current and past medical treatment for particular patient, reminder for follow up and brief drug information are all handy features available in our system.

This year, we move ahead to ensure the 5 rights in drug administration with our top-of-the-world drug administration module using iPad2 pairing with RFID technology. This will eliminate the all too often occurring administering to the wrong patient while dramatically increases the efficiency of medication rounds. All drug administration activities are recorded electronically for lifelong storage and easy retrieval. Alert on missed doses or other irregularities are important added features to the system.

Instant messaging and video conference between the frontline staff or visiting medical officer and the pharmacist is easy and possible around the clock to solve urgent issues.

We dare to dream, not in Utopia but soon here in Hong Kong, seamless care for residences in elderly homes through real public-private interface will be in place to cut down unnecessary and undesirable double/triple handling to streamline procedures, to minimize drug wastage, and to make Hong Kong a better place to live in, especially if we are to live into our 70s or longer.

Technology is advancing to be able to carry us forward from this stagnated area, how hard is it to determine when to make our own future better?

*Concurrent session I / 12.20pm*

**Partnering with the Old Age Homes:  
Lost and Found by the Visiting  
Pharmacists** 药剂师：老人院的合作伙伴

by Ms. Stella HO, Mr. Alessandro LEUNG  
& Ms. Grace TANG, Visiting Pharmacist,  
The Hong Kong Pharmaceutical Care  
Foundation

Dr. Chui Ping LEE  
Senior Instructor, School of Pharmacy,  
Faculty of Medicine, The Chinese  
University of Hong Kong

The VP scheme has completed the first year of their service term from June 2010 to May 2011. During the year, major efforts have been made in collaborating with staff of OAH to improve their standards of drug management as well as various healthcare professionals in both private and public sectors to facilitate medication reconciliations and reviews. The results have been encouraging while certain imperfections remain to be addressed. Lost and found have been identified across areas of drug management, medication reconciliations and reviews. In the drug management front, medication incidents continued to be reported while improvements in areas like staff knowledge and safety awareness can be found. Though probable unintentional discrepancies and drug-related problems have been identified, some remain to be accepted by doctors which would have otherwise been disease modifying or even life-saving. Yet considerable proportion has been found and well-received, the continued efforts of which will help improve pharmaceutical care in the elderly.

In this session, Dr. Lee will summarise the results on the major performance indicators achieved by the scheme. Acceptance of interventions conducted during the medication reconciliation and review process, results of satisfaction by old aged home staff and medication incident reporting will be presented. The three VPs will also share some examples of lost and found in the three major areas of VP service.

Dr. CP Lee graduated from the University of Rhode Island, USA with her Doctor of



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Pharmacy degree in 2002 and subsequently completed a residency in managed care in 2003. She then joined the School of Pharmacy of the Chinese University of Hong Kong and assumed a variety of didactic and experiential teaching. In 2008, she was appointed the programme director of the Master of Clinical Pharmacy Programme, a 2-year part-time program designed for pharmacists interested in pursuing clinical pharmacy practice. Since then, she has also been involved in organizing postgraduate specialty training in geriatrics, oncology and paediatrics to fit the needs of pharmacists in Hong Kong. In June 2010, the School of Pharmacy was appointed as the evaluation institution for the Visiting Pharmacy Service Scheme funded by the Labour and Welfare Bureau. Representing the school, CP has been working closely with the VP scheme in developing various performance indicators and documentation for the evaluation.

Ms. Stella Ho graduated from National Taiwan University in 1994, then came back to Hong Kong and got her registration as pharmacist in Hong Kong. She worked in both hospital and community setting. She then went to England in 2000 and started to work in hospitals as pharmacist. She joined British army as civilian pharmacist and went to Afghanistan in 2009. She came back to Hong Kong end of 2009 and began to work with PCF in June 2010 until now.

Ms. Grace Tang graduated from the University of British Columbia, Canada with her Bachelor of Science in Pharmacy degree. She began her career as Pharmacist in Canada, and served local community and long-term care facilities. She then continued her profession in Hong Kong in both hospital and community pharmacy settings. In 2002, she received her Master of Health Administration degree from the University of New South Wales, Australia. She joined the Hong Kong Pharmaceutical Care Foundation as Visiting Pharmacist in 2009. Since then, she has been actively involved in providing Visiting Pharmacy service to various Residential Care Homes for the Elderly under the Visiting Pharmacy Service Scheme sponsored by the government Labour & Welfare Bureau.

Mr. Alessandro Leung graduated from the Chinese University of Hong Kong with his Bachelor of Pharmacy degree in 2006. He then completed one year of residency in the Princess Margaret Hospital and the Chief Pharmacist's Office under the Hospital Authority. In 2008, he started his work in the elderly sector by joining a nursing home and working as the Pharmacy-in-charge. He obtained his Master of Science in Clinical Pharmacy from the University of Sunderland, UK in 2010 and became a full-time Visiting Pharmacist of the Pharmaceutical Care Foundation.

## Concurrent II

Concurrent session II / 8.30am

### Communication in the Community – the Art, the Science and the Balance

社区作業的沟通艺术

by Mr. Eric YAU, Pharmacist (Drug information), Watson's The Chemist & Mr. Philip CHIU, Senior Pharmacist, Mannings Health & Beauty Chain Store

Most community pharmacists work in pharmacies that are independent or part of a franchise of pharmacies. Community pharmacists often run a commercial business alongside their healthcare service. Community pharmacists are 'front line' health care professional and are involved in dispensing medicine and giving health advice about medicines and treatment of minor ailments to members of the public. However, besides the science of pharmacy, a community pharmacist should also equip with the art of communication in order to provide the best pharmaceutical caring to the customers.

It is not uncommon to face a dilemma in our day-to-day practice. The solution often relies on a mixture of personal opinion, peer consensus, cultural influence and institutional rules. Eric and Philip will share with you on some common cases happened in community pharmacy in Hong Kong. How to handle a suspected forge prescription?



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*This session will be conducted in Cantonese*

What will you discuss with your customer on some drug side effects? In this workshop, participants can share and learn together on the art and science on community pharmacy practice.

Mr. Eric Yau graduated from The School of pharmacy, University of London. He has been working in community setting throughout his career in both the UK and HK.

Mr. Philip Chiu graduated with Bachelor of Pharmacy Degree from the Chinese University of Hong Kong. He then obtained a Master Degree in Community Pharmacy from the Queen's University Belfast, UK. He has been working in the community pharmacy sector for 10 years.

*Concurrent session II / 11.00am*

**Evidence based herbal medicines 草药的循证医学**

By Prof. Clara LAU, Assistant Director, Institute of Chinese Medicines, The Chinese University of Hong Kong



Clara Lau obtained both her Bachelor of Pharmacy and PhD in Pharmacy (Pharmacognosy) from King's College London, University of London, United Kingdom. She obtained her first lecturing post in Pharmacognosy at Bradford University, UK, in 1997. She has a continuous interest in medicinal plants and has almost 18 years' experience in natural products research. In year 2000, she joined the School of Pharmacy at the Chinese University of Hong Kong (CUHK) as an Assistant Professor. Since 2008, she is the Assistant Director of the Institute of Chinese Medicine at CUHK and also recently serves as the Manager of the State Key Laboratory of Phytochemistry and Plant Resources in West China (CUHK). Besides, she is having a courtesy appointment as Associate Professor at the School of Chinese Medicine, CUHK. In addition, she is the Programme Director of the part-time MSc in Chinese Medicines and Herbal Drugs. Her main research interests include investigations on the potential anti-diabetic, wound-healing, anti-tumor and immunomodulatory activities of natural products. So far, she has over 80 research publications as refereed journal articles and refereed conference abstracts in international journals, as well as book chapters. Currently, she is the International Advisory Board member of the Journal "Complementary Therapies in Medicine" and the Editorial Board member of the Journal "Chinese Medicine". She also serves as a member of the Advisory Group on Traditional Chinese Medicines (ChP-USP Advisory Group on Monographs for Traditional Chinese Medicine Ingredients and Products).

*Concurrent session II / 11.40am*

**A Journey to the East — from Western Medicine to Chinese Medicine 西方医学东游记**

by Mr. Chi Keung LAW

*This session will be conducted in Cantonese*

The World Health Organization WHO constitutionally defines health as: "A state of complete physical, mental and social well-being, and not merely the absence of disease". To achieve this health status, the author proposed that utilizing the mainstream western drugs and medical procedures alone is not sufficient. In the past decade, he attempts to integrate Traditional Chinese Medicine (CM) and mainstream Western Medicine (WM) in attaining "Holistic Care" (全人治療) and improving "Sub-Health" (亞健康). He believes that human health is a process of dynamic equilibrium, and true health can only be sustained through preventing and treating diseases before reaching the clinically imminent stage, especially for chronic conditions such as diabetes mellitus, osteoporosis, dysmenorrheal, menopausal syndromes etc. He suggests that the CM practices of "上醫治未病" i.e. controlling and treating the disease before clinical manifestation should be the general approach for effective health maintenance. Whilst there are fundamental and seemingly insurmountable differences in CM and WM clinical approaches and philosophy, he believes that the difficulties of integrating CM and WM drugs and practices could be overcome. These can be achieved by harnessing the



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|   | <p>strengths of CM's 扶正 (raising the central strength) and WM's 驅邪 (removal of external "evils") in benefiting the patients' health conditions. Using integrated WM/CM treatment regimes, the author proposed his principles of clinical practices which he has engaged in his day to day clinical works – the "Four-Abilities Treatment Methods" "四得治療法", namely In-ability "入得", Out-ability "出得", Calm-ability "靜得", Move-ability "動得" in achieving long-term and quality life and life style for the patients.</p> <p>Tarcisius Law Chi Keung (羅志強) is the Medical Director of Wellman Integrative Medical Centre and Elite Medical Centre, Hong Kong. He was the Chairman of the Working Group for Integration of WM and CM of Pamela Youde Nethersole Eastern Hospital (PYNEH), Hong Kong Hospital Authority. For 18 years (2003 -2011) as the General Manager Allied Health of PYNEH, he has led the development and operation of various rehabilitation services, clinical support services and the pharmacy service. He is by profession a registered physiotherapist and Chinese Medicine Practitioner.</p>  |
| <p><i>Concurrent session II / 12.20pm</i></p> <p><b>The New " 3P Patient-Pharmacist Partnership " Model - More Choices for Patients in Primary Healthcare</b></p> <p>病人药剂师的伙伴关系 更多的基层医疗选择</p> <p>By Ms. Iris CHANG &amp; Mr. Godfrey LUI, President &amp; Vice-President, The Practising Pharmacists Association of Hong Kong</p> | <p>The future of healthcare is full of challenges. The dramatic rise in healthcare costs, the increase in prevalence of non-communicable diseases, and the fast-growing elderly population are making health administrators take a serious look at the gaps in the healthcare system. Building a multi-disciplinary patient-centered primary healthcare system may be a way to address some of the gaps.</p> <p>However, because of the patient's current perception that the pharmacist, even though recognized as the most accessible professional, may not always be readily available to provide healthcare service beyond dispensing and counseling, pharmacists are not considered by the public to be a provider- of-choice in primary healthcare.</p> <p>With the introduction of the new "3P Patient-Pharmacist Partnership" patient care model, highly trained and qualified pharmacists providing advanced primary healthcare services aiming to improve the patient's health literacy, to support health risk management, to conduct disease prevention education and vaccination planning, to provide smoking cessation follow-up programs, to promote healthy lifestyle management, and to review, manage, and optimize medication therapies, are now filling the gaps in our healthcare system and offering more choices for patients to obtain valuable and cost-effective primary healthcare advice and services.</p> <p>The objective of this session is to describe how the new "3 P Patient-Pharmacists Partnership" patient care model has changed the public's perception on the role of the pharmacist in primary healthcare and how it promoted the change in consumer behaviour to consider the pharmacists as one of their preferred choices of providers for primary healthcare.</p> <p>Iris Chang</p> <p>Iris Chang is a registered pharmacist in the USA and Hong Kong and is currently the President of The Practising Pharmacists Association of Hong Kong. She is a Certified Specialist Pharmacist in Infectious Diseases and a founding Fellow of the Hong Kong Academy of Pharmacy. She has pioneered tele-pharmacy practice in Hong Kong and is a Certified Consultant Tele-pharmacist.</p> <p>Godfrey Lui Ming-fung</p> |



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|   | <p>Godfrey Lui is a registered pharmacist in the UK and Hong Kong and is currently the Vice-President of The Practising Pharmacists Association of Hong Kong. He is a Certified Consultant Tele-Pharmacist and has experience in academia, community pharmacy, and elderly home sectors.</p>   |
| <p><b>Concurrent III</b></p>  |  |
| <p><i>Concurrent session III / 8.30am</i></p> <p><b>An Update on the Management of Atrial Fibrillation</b><br/>心房颤动的最新治療</p> <p>by Dr. Kai Hang YIU, Clinical Assistant Professor, Cardiology Division, Department of Medicine, The University of Hong Kong</p> | <p>Dr. Yiu Kai Hang received his MBBS degrees from the Faculty of Medicine, University of Hong Kong in year 2001. He finished his cardiology specialty training in Queen Mary Hospital of Hong Kong. He subsequently underwent PhD training in the Leiden University Medical Center, the Netherlands in year 2010 to 2011 on the topic of novel cardiovascular imaging modalities in clinical practice. Recently, Dr. Yiu has joined the University of Hong Kong as a Clinical Assistant Professor in Cardiology. His major area of research is related to (1) pharmacology of cardiac disease, (2) novel cardiology imaging technique (including echocardiography and computed tomography of the heart) and (3) interventional cardiology in particular transcatheter aortic valve implantation. He is an author of over 70 peer reviewed papers including Journal of Internal Medicine, American Journal of Cardiology and European Heart Journal and 30 published abstracts. He is also a manuscript reviewer of number of international journals.</p> <p>Atrial fibrillation (AF) is the most common arrhythmia encountered in clinical practice. Its increasing prevalence, particularly among the elderly, renders it one of the most serious current medical epidemics. Paroxysmal, persistent, and permanent forms require very individualized approaches to management. The general goals in treatment are, in order of importance: reduction in CV events and hospitalizations, prevention of thromboemboli, control of ventricular response, restoration of sinus rhythm, and maintenance of sinus rhythm by preventing recurrences.</p> <p>Several management questions confront the clinician treating a patient with AF: Should the condition be treated? Is the patient at risk of death or serious morbidity as a result of this diagnosis? If treatment is necessary, is rate control or rhythm control superior? Which patients need anticoagulation therapy, and for how long? Which anti-arrhythmic agent should be used? What is the evidence supporting the use of different anti-arrhythmic agents?</p> <p>This symposium will present the latest guidelines on AF management, the current development of the new antiarrhythmic drug and the economic impact of AF management.</p> |
| <p><i>Concurrent session III / 9.10am</i></p> <p><b>The Art of ECG Interpretation – How it Saves Lives</b><br/>解读心电图 如何拯救生命</p> <p>by Dr. Chi Yeung CHEUNG, Pamela Youde Nethersole Eastern Hospital, Hospital Authority, Hong Kong</p>                         | <p>The technology and the clinical usefulness of the electrocardiogram (ECG) have continuously advanced over the past two centuries. Since the discovery of direct recordings of cardiac potentials by Waller in 1887, invention of the string galvanometer by Einthoven in 1903 provided a direct method for registering electrical activity of the heart. By 1910, use of the string galvanometer had emerged from the research laboratory into the clinic. Subsequently, the ECG became the first and most common bioelectric signal to be computer-processed and the most commonly used cardiac diagnostic test nowadays.</p> <p>ECG is simple, safe and non-invasive diagnostic test that could be done at bedside. Although the cost of the test is minimal and mostly affordable by patient, it provides essential information on most cardiac pathologies. The preliminary problem of the heart,</p>   |



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whether it is due to the disease of the heart itself or caused by various drug side effects, could immediately be determined by performing ECG for the patient. For example, presence and severity of acute myocardial ischaemia, sites of origin and pathways of tachyarrhythmias, identification and evaluation of patients with genetic diseases who are prone to arrhythmias, even the therapeutic options and drug titration for patients with heart failure, etc., could all be revealed by the information from ECG. However, ECG should be correctly and accurately interpreted before we could obtain all essential information. To achieve this, a systematical interpretation and analysis of ECG by our Left-brain are crucial. The only way to learn ECG is to look at thousands of ECGs and practice. However, with experience, interpreting ECG becomes a Right-brained exercise in feeling, sensing, perspective and ultimately interpretation. The art of ECG interpretation is on how you use your whole-brain to interpret it and pick up all the essential information in an efficient way with limited time in our daily practice, and act promptly to provide correct treatment to save lives.

Dr. Cheung currently practises at the Department of Medicine, Pamela Youde Nethersole Eastern Hospital as Associate Consultant (Medicine). He graduated from the University of Hong Kong in 1996 and obtained his FHKAM (Medicine) Specialist in Cardiology and Advance Internal Medicine in 2006. Dr. Cheung is very active in participating in cardiology conferences and various teaching activities to medical professionals and public. He is also involved in various worldwide clinical trials as co-investigators.

Concurrent session III / 9.50am

**Treating Chronic Kidney Disease — Mineral and Bone Disorder — para, plar... are they reaching the par?**

治疗慢性肾病

by Prof. Cheuk-Chun SZETO, Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong



Derangements of calcium and phosphate metabolism occur during the early stages of chronic kidney disease (CKD). Hyperphosphatemia develops in the majority of patients with dialysis and has long been associated with progression of secondary hyperparathyroidism and renal osteodystrophy. Recently, fibroblast growth factor-23 (FGF-23) has been implicated as another important pathogenic factor of renal bone disease. Adequate control of serum phosphorus remains a cornerstone in the clinical management of renal failure patients. In fact, hyperphosphatemia is associated not only with bone disease but also increased cardiovascular mortality among dialysis patients. Measures to control hyperphosphatemia include dietary phosphorus restriction and oral phosphate binders. Aluminum hydroxide is an efficient binder but concerns of toxicity have limited its use. Calcium salts are inexpensive and have been used extensively. Vitamin D suppresses parathyroid hormone synthesis. New vitamin D analogues that have minimal effect on serum calcium are now available. Sevelamer hydrochloride is new non-calcium phosphate binder. It is, however, not as effective as calcium acetate in controlling serum phosphate in one double-blind clinical trial. Lanthanum carbonate is a rare earth element and has been studied less extensively. Concerns of long-term administration and toxicity exist. Nicotinamide, which inhibit intestinal phosphate absorption, has also been tested recently.

(below to be confirmed by Prof. Szeto as I have changed his CV to prose form)  
Prof. Szeto has been made professor since 2004 by his present department, Department of Medicines & Therapeutics of the Chinese University of Hong Kong. Prof. Szeto is a fellow of Royal College of Physicians (Edinburgh 2004 and London 2008). Prior to that, he obtained his Doctor of Medicine from the CUHK in 2000. Below are Prof. Szeto's research interests. He has published over 320 indexed publications as of August 2011.

1. Vascular and peritoneal function
  - physiology of peritoneal permeability
  - adequacy and complications of peritoneal dialysis
  - vascular disease in renal failure



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|   | <p>2. Glomerular diseases</p> <ul style="list-style-type: none"> <li>- cytokine gene expression in lupus nephritis</li> <li>- podocyte associated molecules in diabetic nephropathy</li> <li>- marker of progression of chronic kidney diseases</li> </ul>  |
| <p><i>Concurrent session III / 11.00am</i></p> <p><b>Basic Skills in Interpreting CXR and CT-Brain</b><br/>解读胸部 X 光片和脑 CT 的基本技能</p> <p>by Dr. Miranda LAI,<br/>Associate Consultant, Department of Diagnostic Radiology and Organ Imaging, United Christian Hospital</p>    | <p>With the wide applications and rapid advances in technologies, radiological investigations have taken a much more core role in patient management over the past decade. Indeed, imaging has become an essential integral part of various health care services, ranging from screening of occult diseases, diagnostic interpretation and therapeutic intervention of acute illnesses, and surveillance during follow-ups upon discharge from hospital.</p> <p>Among all these applications, traditional "basic" imaging modalities such as chest X-ray (CXR) and CT brain are now a commonplace handled by health care providers from different aspects. It is not uncommon for many of us during our clinical practices, either in clinics or in hospitals, experiencing the need of interpreting these images, of which a precise and timely analysis of these radiological investigations may change the course of the patients' management plan.</p> <p>In view of such need, this seminar would introduce basic interpretation techniques in both CXR and CT Brain, with special focus on certain emergent life-threatening conditions.</p>  |
| <p><i>Concurrent session III / 11.40am</i></p> <p><b>Therapeutic Hypothermia</b><br/>低温治疗(脑缺血)</p> <p>by Dr. Kevin BOX, Critical Care Pharmacist, University of California San Diego</p>  | <p>Therapeutic hypothermia has historically been hard to perform in a clinical setting due to difficulty in application. Therapeutic hypothermia has demonstrated improved neurological outcomes in out-of-hospital cardiac arrest victims. As new modalities of cooling patients have become available therapeutic hypothermia has rapidly been gaining acceptance. Pathophysiology of cerebral ischemia, mechanisms and effects of hypothermia, practical considerations of implementing of a hypothermia protocol as well as future applications will be discussed.</p> <p>Kevin Box PharmD received his PharmD from the University of the Pacific in 1993. He is currently a Senior Clinical Pharmacist in the Surgical Intensive care Unit at UCSD Medical Center and Associate Clinical Professor (non-salary) at UCSD Skaggs School of Pharmacy. He has received numerous teaching awards. He is the recipient of the 2008 ASHP Foundation Hospital Pharmacist-Hospitalist research grant for his work on transitions from insulin infusions to subcutaneous insulin. His publications include a diverse selection of ICU topics including, glycemic control, analgesia and sedation, and transplantation.</p> |
| <p><i>Concurrent session III / 12.20pm</i></p> <p><b>Managing Dementia &amp; Agitation in Nursing Home: Drugs or No Drugs</b><br/>管理護老院舍里的老年痴呆症和躁动：用藥否？</p> <p>by Prof. Timothy KWOK, Professor, Department of Medicine and</p>   | <p>Dementia and acute confusion are common among nursing home residents. Nursing home staffs are therefore likely to encounter aggressive behaviour and agitation in their clients. This is associated with caregiver stress and poor job satisfaction. In Hong Kong, there is a strong tendency for nursing home staffs to resort to physical restraints for these behavioural problems. When doctors are called upon to deal with these problems, major tranquillizers are commonly prescribed. However, both physical restraints and phenothiazines do not reduce aggression and agitation in the long term and have major side effects, increasing morbidity and mortality.</p> <p>Environmental modifications, physical exercise and cognitive stimulation may prevent confusion. Staff training in managing problem behaviours alone is effective in reducing</p>   |



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| <p>Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong</p>   | <p>caregiver stress and improving their self efficacy. In addition, a person centred care approach by the staff is effective in preventing and in reducing agitation and aggression in demented nursing home clients.</p> <p>Over one third of demented nursing home residents with behavioural problems have active medical problems which are amenable to medical interventions. Memantine, a drug for Alzheimer disease, has some effect in moderating aggression and agitation. SSRI and anti-convulsants may also be helpful in some patients.</p> <p>There is therefore no shortage of alternatives to major tranquilizers and physical restraints in the management of aggression and agitation in nursing home residents with dementia.</p> <p>Dr. Timothy Kwok graduated from University of Leicester in the UK and received specialist training in Geriatric and Internal Medicine in St George's Hospital in London before returning to Hong Kong, to join the Department of Medicine &amp; Therapeutics in the Chinese University of Hong Kong (CUHK). He was promoted to professorship in 2006. He obtained his MD in 2004. For three years, he was chief of service of the Department of Medicine and Geriatrics in Taipo Hospital. Since 2005, he has been director of Jockey Club Centre for Positive Ageing, a comprehensive care centre for people with dementia. His other research interests include osteoporosis, nutrition and health services. He is a council member of the Hong Kong Geriatrics Society.</p> |
| <p>Day 2 Lunch Symposium<br/><b>Personalized Treatment in NSCLC</b> 非小细胞肺癌的个性化治疗</p> <p>by Dr. Siu Kie AU, Consultant, Queen Elizabeth Hospital, Hospital Authority, Hong Kong</p>  | <p>Dr Au is a consultant clinical oncologist in Queen Elizabeth Hospital with special interest in the management of lung, head and neck cancers. He is the chairman of the Research Committee of Queen Elizabeth Hospital and a Coordinator of Research and Ethics Committee of the Kowloon Central and East Clusters of public hospitals. He is also an honorary Associate Professor of University of Hong Kong.</p> <p>His main research interests include clinical trials in lung cancer, translational research, functional genomics and proteomics, and advanced radiotherapy technologies. He has published extensively and is the reviewer or editor of many international journals.</p>   |
| <p>Plenary session: <b>Regulation of Pharmaceutical Products — Now and Future</b><br/>By Drug Office, Department of Health</p> <p>Speaker: Mr. Lot Sze-tao CHAN, Senior Pharmacist, Drug Office, Department of Health</p> <p>Panel discussion:</p> <ul style="list-style-type: none"> <li>·Mrs. Mary CHENG, President, Pharmaceutical Society of Hong Kong</li> <li>·Ms. Iris CHANG, President, Practising Pharmacists Association of Hong Kong</li> <li>·Ms. Sabrina CHAN, Director, Hong Kong Association of Pharmaceutical Industry</li> <li>·Dr. Celine CHENG, President, The Hong Kong Pharmaceutical Manufacturers Association</li> <li>·Mr. William TSUI, Chairman, The Pharmaceutical Distributors Association of Hong Kong</li> <li>·Mr. William CHUI, Vice President, Society of Hospital Pharmacists of Hong Kong</li> </ul> <p><i>This session will be conducted in Cantonese</i></p> |   |



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