NEWSLETTER

Hong Kong Association of Critical Care Nurses (HKACCN)
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Message from the Chief Editor

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Time flies like an arrow and almost two quarters of 2006 slipped by. June has arrived.

After working in Newcastle (Australia) for almost ten years as a clinical nurse and academic I returned to Hong Kong 7 months ago. As a 'new' comer I feel honored to be nominated to the HKACCN as the new Chief Editor by my department's Head Dr. Sophia Chan of the Department of Nursing Studies (HKU). My sincere thanks also go to the HKACCN President Ms. Esther Wong for her kind invitation to me to taking up the Chief Editor position upon Dr. Chan's nomination. Greetings to all members with my best wishes! I look forward to working with you for the best interests of our professional activities and development in critical care nursing.

Twelfth of May is the International Nurses Day and the theme established by ICN for 2006 is "Safe Staffing Saves Lives (ICN, 2006a). There is no general consensus in the literature that suggests what a safe staffing level for nursing practice is, and few definitions suit all international settings (ICN, 2006b). Research on the relationship of staffing level and safety is just beginning in the hospital settings and in the Western context. In Hong Kong questions have been raised in the Legislative Council regarding what is the appropriate nurse-to-patient ratio but no clear answer is available (for instance see Hong Kong Government, 2004). Nevertheless a positive relationship has generally been observed between nurse staffing and outcomes of patient care (Duffield, Roche & Merrick, 2006; ICN, 2006b).

While in some hospitals the conventional 1:1 nurse to patient ratio in ICU may not be sustained due to a variety of reasons, there has not been much systematic research conducted to investigate safe nurse-to-patient ratios in various critical care settings like emergency room and CCU, etc. In the era of evidence-based practice, and also urgent need of costs containment in many developed or developing societies, studies of this sort is essential to assure cost-effectiveness and quality of care to patients. Cost containment and quality of care (patient safety is an important component of this) are also common goals for clinicians, health care managers, researchers, and policy makers.

The Nursing Division of Hospital Authority Head Office (2005) is committed to a mission of advancing "*nursing in meeting the present and future challenges of health care through integration of* ***nursing practice***, ***management***, ***education*** *and* ***research*** *for the provision of patient-focused quality care in a seamless health care system*". A success in the collaborative work of clinicians, managers, educators, researchers, and policy makers is the key to assure cost-effectiveness and quality of care for patients.

It is timely that the ICN has reminded us to look seriously and scientifically into the relationship between staffing level and outcomes of patients care. Although it is a tough challenge to measure workload of nurses (Duffield, Roche & Merrick, 2006), this important question cannot be ignored and answered if we as nurses do not take the first step. Evidence can be further built to determine what is/are safe level(s) of staffing. An immediate action is to actively participate in your roles as advanced practitioners or senior clinicians to establish evidence for the benefits of good quality and safe patient care and cost-effectiveness. This can be achieved by starting with quality assurance and small research projects through professional commitment, open communication, partnership, and collaborative work of clinicians, academics, managers, researchers, and policy makers. Within this partnership framework, clinicians can become active partners in the evidence-based research process.

Good luck to us all for the rest of the year of dog!!

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Celebration in style – HKACCN 8th Annual General Meeting & 7th Anniversary Dinner

LEUNG Fung-Yee
Vice-President, HKACCN

In recognition of our Association's success in the past year, we celebrated in style. The 8th Annual General Meeting and Anniversary Dinner were held in January, 2006. Over 200 members joined this gala celebrating HKACCN's eighth birthday with joys and appreciations. This year, we had great pleasure to have invited Dr. Vivian Wong (former Deputizing CE, HA) to join us, and Dr. Cheung Wai-Lun (Director, Professional Services & Operations, HA), who enlightened us on "Social responsibilities and equitable access in public health care". The full text of this important message is attached in this Newsletter for your retention. Respectable nurse leaders, renowned representatives from other professional bodies, and distinguished guests were also invited. With their continuous support and inspiration, we strive to continue to serve our critical care nurses and promote excellence in critical care.

Celebrating the 8th AGM & 7th Annual Dinner

At the AGM, Ms. Esther Wong our President presented the major achievements and the development of our association in the past one year, both locally and internationally. Our vision to enter the international arena of critical care nursing has come true and we are now a founder-member of both the International and Asia Pacific Federations of Critical Care Nurses. We are proud of the challenges we have tackled during the past and the new initiatives we plan to take on in the coming months – to establish the HKACCN Ltd and assume a leadership position with other critical care organizations in the world. I look forward with our entire members to celebrate the inauguration of the HKACCN Ltd in the nearest future and take a further step to meet the challenges of a bold new world facing us in critical care nursing!

Dr. Cheung Wai-Lun and
Ms. Esther Wong in the AGM

2006週年大會及晚宴主講嘉賓－香港醫院管理局專業事務及運作總監張偉麟醫生 (Dr. Cheung Wai-Lun) 講詞

公共醫療之公平分配及社會責任

近年有關醫療融資的討論相當熾熱，當中涉及資源分配的公平性與社會責任，我希望與大家分享一下我在這個課題上的一些觀點。

這些年來，香港逐步建立了一個令人稱羨的醫療系統。然而，我們亦爲這些優質的醫療服務付出大量的公帑。而公共醫療服務相對私營醫療系統而言，提供了大部份兼且是較昂貴的住院服務。

我們的共同理想是確保香港社會可以繼續享用既能長遠維持、又方便市民使用和負擔得來的醫療服務。因此，我們必須審慎檢討和重新考慮日後公共醫療資源應如何公平分配及社會責任的問題。

醫院管理局透過提升公立醫院的運作效率及以醫院聯網安排減少不必要的資源重疊，已積極回應資源緊絀所帶來的挑戰。提高運作效率是理所當然的，卻不能

夠解決公共資源有限這個根本問題。訂立一個以優次定位，指引醫療資源公平分配的框架極爲重要。

許多社會應用了倫理學的理論作爲資源分配的指引，我想概括地帶出其中影響醫療服務分配較深的幾個常見理論。

首先就是效益主義所提倡的資源按成本效益分配。很明顯，按成本效益分配資源就是務求在有限的資源下爲全民尋求最大的健康利益。一隻新藥，對個別病人可能有療效，但對整體人口而言，可能並不符合成本效益。效益主義認爲政策應時常以達至社會最大效益爲目標 — 也就是爲最多數人謀最大的利益。單單建基於效益主義的政策傾向歧視老弱、長期和末期病患者，因爲把資源投放在這幾類病人身上不會帶來很大的社會利益。然而，何謂「最大的健康效益」一向備受爭議。然而，「大包圍」式地理解「最大的利益」或「健康效益」只會削弱效益主義在指引資源分配方面的參考價值。

第二派主義，是按病人需要分配。此派理論強調病人健康的需要，而非社會整體的效益。依照臨床守則及慣例，評估及比較病人需要的急切性、嚴重性，並平衡有關的風險及好處。要注意的是生病本身並不自動代表一個人會獲得優先排序，醫生需要評估及考慮病人能否透過治療獲益，病人自己的選擇反而重要性很低。這一派主張的弊端是我們無從比較不同組別病人的醫療效益，如心臟搭橋或洗腎哪一樣比較值得就沒有一個絕對的答案。另外，醫學上的共識未必就能輕易轉化成公共資源分配政策。

第三派是公平主義者，此派提倡保障市民平等獲取醫療服務的機會。不論階級、年齡、性別和其他個人特徵，比如說吸煙或吸毒者，都應該獲享平等機會。但「平等」在這裡是一個質化，而非量化的概念；它指平等被評估和分流的機會，而不是每個人都會有等份或同樣地少的醫療服務。

另外一派則主張反映主流社會價值觀。社會價值常常反映在「宏觀」資源分配的層面，例如照顧病童、長者、精神病人所需的資源比例。社群主義提倡任何資源分配政策都要符合該群體的信念，而不是貿貿然採納國際標準。實踐此主義最大的挑戰在於如何邀請各界社會人士及持份者參與複雜的醫療資源分配討論與取得共識。

第五就是鼓勵個人選擇的自由主義，這一派理論認爲資源分配的機制應該允許最大的個人自由，特別容許他們自由選擇理想的醫療服務的範圍及質量。當然個人的承担會是這個選擇的自由主義背後的義務。社會可以基於人道立場資助缺乏經濟能力的人士獲得他們所需的醫療服務。自由主義並非香港奉行的原則，然而病人如何決定使用公立還是私家醫院服務，個人選擇的自由主義將會是一個重要的推動力。

多數國家都參考上述多派倫理主義作爲分配資源的基礎。在某些情況下，這些價值或理論會有所衝突，例如，強調某一位病人的醫療效益可能就會犧牲了其他病人獲得醫療服務的機會。多數人的公平治療意味著沒有一個病人可以得到最大的醫療效益；整體而言，這亦未必是最合乎成本效益的政策。按優次定位提供醫療服務實屬一個無可避免的取捨，因爲沒有一個公共醫療系統可以爲全民免費提供全面而高質素的服務。

世界衛生組織提倡一個「新全民保障主義」，意謂公共醫療服務應該保障全民，卻不求「式式俱備」。組織既認同各國政府的限制，但它們還是有責任領導和資助醫療系統。每一個政府應該設立分配現有資源的準則，以確保市民大眾能獲得足夠的醫療服務。

以下我想以醫管局推行藥物名冊爲例，具體分析公共醫療之公平分配及社會責任問題。

現代科技發展日新月異，每年藥物市場均有不少新藥面世，不但數目龐大，而且在售價、臨床效益、治療功效及副作用等方面的支持證據，都存在很大差異。有些新藥明顯可以提昇病人的治療成效，其他的則只見邊際效益。新藥不斷面世，或多或少可爲個別病者帶來一絲一毫的健康，甚或多一天的壽命，但其所需的成本價格則極爲昂貴。每分健康或每天壽命將可以以金錢換取的事實，是每一個人皆需面對的現實。

然而，沒有一個公營機構或醫療保險制度可以涵蓋整個藥物市場的藥品。面對公共醫療資源緊拙，要求公共醫療體制可以爲全民提供全面、高質素但費用全免的醫療服務幾乎是不可能的。當醫療需求不斷競逐有限的公共醫療資源，作爲公共醫療政策的決策者，就有責任去釐清公共醫療制度的宗旨及目標，爲整體社會提供最佳利益。這是醫療決策者的重大挑戰，亦是社會上每一分子應認定的大前題。

醫管局在擬訂標準藥物名冊時，由專科醫生、藥劑師、

藥劑學學者組成的專家小組，參考世界衛生組織意見及國際做法 – 根據循證醫學、合理使用公共資源、目標資助、機會成本考慮，公平地爲所有病人提供有成效的醫療服務。標準藥物名冊內包括的通用藥物和專用藥物，都是經審訂具科研實證的安全藥物，我們會根據標準收費爲有臨床需要的病人提供。至於名冊以外的藥物，如屬有成效但成本明顯昂貴的藥物，則會設立安全網以補助方式爲病人提供治療。至於僅屬初步醫療驗証的藥物，僅具邊際效益的藥物，又或只是生活方式的藥物，政策上因爲希望能爲病人提供選擇，故可以以病人自付的模式爲病人提供治療。

在個人的立場上，假如不幸染病，期望能接受所有對其可能帶來益處的治療及可掌握每個可能的機會是可以理解的。就個別病人的訴求而言，當然希望有更多藥物能夠納入名冊內成爲公帑資助的項目。但大家都應該明白，新藥或售價高昂的藥並不一定具有很高的療效。同時，使用公帑時，在考慮個別病人對某些特定藥物的需求時，我們須全面顧及公平分配及投放資源的原則。亦要顧及成本效益和對整體病人的影响。面對資源有限的現實，若果我們要爲部份病人以公費提供僅屬初步醫療驗証的藥物，僅具邊際效益的藥物，又或者純粹是生活方式的藥物的話，我們就會被迫捨棄爲更多其他病人提供具實效及安全的治療。相信這不是香港社會的主流價值觀；大家亦會不會認爲這會是個負責任的做法。

醫管局一貫的政策是爲多數人提供良好的醫 服務，透過政府及市民共同承擔醫療責任，使每名市民皆可獲得質素合理而又負擔得起的醫療服務是我們的原則。當然，世界上暫時仍未有一個被公認爲絕對公平公正的醫療資源分配機制。本港現行的機制是盡量因應本地的具體社會經濟環境和文化背景等等規劃出來的一個制度，隨著這些環境因素的變遷，公共醫療的分配亦不斷調較、與時並進，我們需要更多的討論，引進新的思維，在座各位作爲醫護界的一分子，我亦希望大家多提意見，爲醫療服務決策者帶來更多新的啓發。

Dr. Cheung has discussed a very important issue in contemporary health care services – the balance of resources allocation and social responsibility in health care. As a member of the professional health care services in Hong Kong we, as critical care nurses, strive to contribute our works to achieve this challenging balance. Active participation in the dialogue of this issue with various members of the community is the first step to go.

Report on the 3rd Congress of World Federation of Critical Care Nurses

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The 3rd Congress of the World Federation of Critical Care Nurses (WFCCN) was held in Manila, Philippine from 26-28 Feb 2006. The host of this congress was the Critical Care Nurses Association of the Philippines (CCNAPI). The Main theme of this congress was “Sharing visions, creating missions – Convergence of Global Perspectives in Critical Care”. This reflects the Critical Care Nurses’ resolute commitment to upgrade our competencies, particularly now that there is a great demand for critical care services worldwide.

Some of the WFCCN Council members

Hong Kong Representatives

On 25th Feb 2006, there was a pre-congress symposium. It was held in St. Luke Medical Centre, which was a very big private hospital with well-equipped facilities. The theme of the pre-congress symposium was about organ transplant. Topics included: Status of Organ Transplantation; Immunology of Transplantation; Donation Process;

Kidney & Liver Transplant; and Nurses' Role in Organ Transplant.

The 3-day Congress was held in the Century Park Hotel in Manila. Normally there should have much more representatives from oversea countries to attend this congress, but due to the demonstration and riots happened in Manila in 23-24 Feb 06, it has put some people off from joining this important event. Representatives that were present in the Congress included: Europe (Slovenia); Africa (South Africa); Pan-America (Argentina, USA, Venezuela, Mexico), Western-Pacific region (Australia, Japan, Korea, and Hong Kong). Hong Kong delegates included the President (Ms. Esther WONG), PDC Chairman (Mr. David CHAN), PDC Vice-Chairman (Mr. Danny Kong), and about 5 other ICU nurses from Hong Kong.

The opening ceremony began with the National Parade of all WFCCN member countries. Representatives had put on their own national costumes and marched in with their national flags. It was subsequently followed by national anthem of Philippine, lighting of the Nightingale's Lamp, and Invocation. The Opening Remark was given by the President of WFCCN Ms. Maria Isabelita C. Rogado before the commencement of the Scientific Program.

The Plenary Sessions included: The Future Directions of Critical Care Nursing; Worldwide Innovative Approaches; Improving Critical Care thru EBP; Advanced Nursing Practice – Certification of Critical Care Nurses; WFCCN Position Statement Consensus Forum – Rights of the Critically Ill; Emerging Roles and Nursing Images in the 21st Century; and Role Development in Critical Care & Avian Flu.

The Symposium included: Safety Issues – Critical Incident, Needle Injury; Cardiac Rehabilitation Program; WFCCN Position Statement about Nurse Education & Rights of Critically Ill Patients; Neurological Monitoring – Creation of a Stroke Center; Family Centred Care; Update Management of ARDS; End-of Life Issues; Writing Publications; World Wide Overview of Critical Care Nursing Organization; Nasogastric Feeding Practice in Europe; Roles of ICU Nurse; ICU Out-reaching Team; and Quality Indicators for Acute Care Settings.

The workshop included: Closed Suctioning System; Using the Laryngeal Mask Airway; and the Stroke Scale Monitoring.

After the Congress, the organizing committee arranged a Hospital visit for the WFCCN Council & some observers. The group visited the Medical City. It was another big private hospital with a very big hospital compound, well-equipped facilities, and various medical services.

After the Hospital visit, a Post-Congress meeting was held among all the WFCCN Council members to evaluate and conclude the experience of this congress. Overall feedback showed that all participants found the Congress informative, and enjoyed the Congress very much. The host for the next WFCCN Congress will be South Africa. You are welcome to join HKACCN to participate in the Congress in August 2007.

Sharing on the 1st Hong Kong Wound Healing Symposium

PANG Mei-Hing, Anita
Nursing Sister, ICU, HKS&H

This one and a half day symposium was held on the 21st and 22nd April 2006. Wound care is such a discipline that relates to the entire healthcare sector. This is why the event brought about more than 500 attendants. I was not surprised the attendants were mostly nurses because they took care of patients' wound most of the time. The international faculty included physicians, cell biologists, and scientist from India, China, Singapore and Switzerland.

The symposium began with an overview of the challenges and opportunities in wound healing, stem cell research and its clinical application, the advance of wound healing and regeneration research in the Mainland of China, and examination of Indian traditional medicine with Western scientific methodology. Local faculty also presented current challenges in practical wound healing from both medical and nursing perspectives, and roles of lasers in the treatment of scar.

The second day was more focused on small group sessions. Research challenges were explored in the areas of human umbilical cord and cord blood. The stem cell that derived from the cord blood possessed self renewal capability. Researchers investigated and utilized this stem cell renewal capability in the process of wound healing. Concurrent workshops and special forums provided interactive and in-depth discussion opportunities to those who were involved in clinical wound care. In these sessions, new products and devices were also introduced.

Among all the workshops and special forums that I attended, larval and leech therapy session was an eye opening experience for me. I have read and recognized this therapy for a long time. However, this was the first time I saw the maggots applied to a real wound. On the other hand, sessions related to practical nursing care such as wound assessment,

choice of dressings, and flaps and grafts care were particularly useful for general nurses. Surgical aspects of wound healing were also well covered with the discussion on tissue expansion – including its principles and practice, clinical applications of fibrin glue, Versajet wound debridement and so forth.

Finally, I was enlightened by the presentation on analyzing Indian plant extracts for their wound healing efficacy in different phrases of healing. I have asked myself if such scientific validation of herbal extracts can be developed in India, why can't the similar studies be established in Mainland China? I have this vision that Chinese herbal medicine can be evaluated and validated in a scientific way. Therefore, it can also play a major role in the process of wound healing.

EBNP Project on Tracheal Tube Suctioning, RHTSK

KAM Geoffrey, SNO (PD & OSH); WONG Esther, GM(N); CHAN Anne, APN (NSD); TSE Gloria, APN (Med)； LEE CH, APN (SOPD); PANG, SY, APN (Surg); YU Alice, APN (Med); LIU TK, APN (Geri); FUNG Florence, RN (SAW), RHTSK

What is EBNP & its Importance

Evidence based health care is the promotion of concepts and skills aiding to facilitate decision-making and to improve clinical effectiveness and quality of care (Field & Lohr, 1990). The major scope of evidence-based nursing practice (EBNP) is to address issues related to the continuing gap between research findings and clinical practice (Parker, 2005). The steps in EBNP are: 1) reflecting on your practice; 2) framing an answerable question; 3) searching for available evidences; 4) appraising the evidence; and 5) implementing EBNP. In order to promote EBNP in Ruttonjee and Tang Shiu Kin Hospitals (RHTSK), an EBNP project on tracheal tube suctioning was commenced in early 2004. With the adoption of the EBNP steps, nursing audits were conducted to evaluate nurses' compliance with the recommended EBNP guidelines.

Tracheal tube (TT) suctioning is a common but important procedure in hospitals. Along with removing respiratory secretions and maintaining patent airways for patients, suctioning is a traumatic and risky procedure which may results in suctioning-related complications, such as tracheal trauma and unfavorable outcomes. Proper and safe application of suctioning technique could, then, help to safeguard patient and staff safety. However, there were too many guidelines on TT suctioning and the safe application of suctioning technique was rather confusing among nurses. Some of these guidelines were criticized for their validity, reliability and consistency with the advances in research findings, technologies and products (Evans, 2001). The best evidence on performing TT suctioning should be established to form a concrete basis for safe nursing care practice. EBNP guidelines on tracheal tube suctioning had to be developed to ensure the provision of safe patient care.

The purposes of our EBNP project were four-folded: First, to review the best evidences on tracheal tube suctioning; second, to incorporate the evidence into our nursing practice guidelines on suctioning; third, to provide evidence-based directives and guidelines for our nurse clinicians; and fourth, to evaluate the compliance of our nurses with the established practice guidelines.

Clinical Question & PICO

In order to define our scope of literature search and review, an answerable clinical question was framed and raised: Are the current method of tracheal tube suctioning (conventional and close-system technique) for hospitalized adult patients consistent with best practice? PICO (population, intervention, counter and outcome) was also used to define the components in our clinical question and to facilitate the search for the answers (Sackett et al, 2000) and they are:

Population	The hospitalized adult patients required tracheal tube suctioning
Intervention	The best practice on tracheal tube suctioning
Counter	The existing practice guidelines on, a) Tracheostomy Tube/ Endotracheal Tube Suctioning (Conventional technique); and b) Tracheostomy Tube/ Endotracheal Tube Suctioning (Closed system technique) (Hospital Authority, 2003)
Outcome	Suctioning related complications

Literature Review and Critical Appraisal

The method of literature review was based on the recommendations of the Center for Reviews and Dissemination's (CRD) (2001) Guidance for those Carrying Out or Commissioning Reviews. Multiple sources were used to search for the best evidence, including: electronic databases; manual searching of key journals and conference proceedings; reference lists of all reviewed articles; HA intranet, internal medical department statistics; and contact with clinical experts. Scientific critical appraisal tools developed by the Critical Appraisal Skills Programme (CASP) (2005) from United Kingdom were used to assess and appraise the quality of

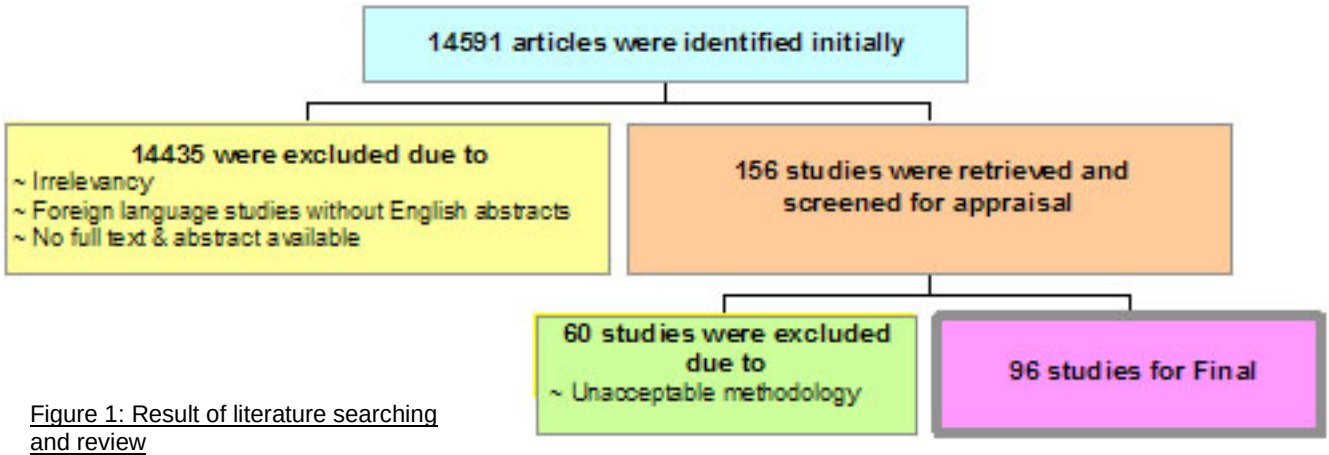

Figure 1: Result of literature searching and review

studies screened. Started from the 14,591 articles initially identified, 96 papers were included for final review (Figure 1).

Upon the final review, the best evidence found in the literature were classified and discussed as the following major areas: 1) patient's experience on suctioning; 2) clinical indicators for suctioning; 3) technique of suctioning; 4) oxygenation; 5) prevention of infection & saline instillation; and 6) conventional versus closed system suctioning technique. The existing guidelines (current methods) of TT suctioning are consistent with the best available evidence. With the incorporation of best available evidence we found, we further refined and elaborated our existing practice guidelines on TT suctioning as a set of 3 documents, which includes the, a) EBNP procedure guidelines, b) success criteria, and c) audit form.

Hospital EBNP Seminar

In order to re-inform our nurses on the best available evidence and the EBNP practice on TT suctioning, an EBNP Seminar was held in November 2005 with more than 100 nurses and allied health clinicians attended. Video clips on standard practices of TT suctioning were also produced and presented as demonstration in the seminar. CD copies of the demonstration videos and the Powerpoint presentation were distributed to all wards, units and clinical areas to facilitate the dissemination of guidelines and to ensure that there is 100% coverage of practice standard among local nurses. Two clinical audit exercises, before and after the EBNP seminar, were conducted to evaluate nurses' competence in performing TT suctioning; and to investigate the effectiveness of educational seminar in promoting EBNP guidelines.

Nurses' Compliance with the EBNP Practice Guidelines

Practice samples from daily care of patients with tracheal tubes were collected before and after the seminar. The results of pre-audit revealed that there were discrepancies between the practice of the nurses and the recommended TT suctioning practice in the guidelines. After the EBNP seminar and dissemination of guidelines-related information to clinical areas, the results of the post-audit suggested that there was significant improvement on the nurses' compliance with the EBNP guidelines. This improvement appeared to be a result of an increased understanding and awareness of the details on the practice guidelines from the sharing in the educational seminar and demonstration videos. In addition, strategies should be developed to facilitate nurses' adaptation of any new practice guidelines in our future EBNP projects. Due to various limitations such as staff morale and clinical complexities, the audit period and sample size were minimized to be a workable extent as 3 days and 10 suctioning episodes in each sample group respectively. This small sample size limited the ability of generalization of the results to those uncovered clinical specialties in the hospital. In order to generalize the findings, more samples should be recruited by extending the audit period.

Sharing the EBNP Strategy

In order to share our EBNP project with other colleagues in HA, we submitted and presented this project at the EBNP seminar organized by IANS, HAHO, on 26th January 2006. It is encouraging that our EBNP project was being recognized and awarded as the Best Presentation in the seminar. We planned to present this project at an international conference later this year.

Conclusion

EBNP guidelines development and utilization supported nurses to make evidence-based clinical decisions. From the audit results of this project, structured training sessions could help to improve our nurses' awareness of and adoption to EBNP guidelines on TT suctioning. In order to enhance the quality of nursing practice and to ensure patient safety, EBNP guidelines should be well established. With this pilot EBNP project, we demonstrated that EBNP could also improve the clinical competence of

our nurses. We will attempt to include more practice guidelines as EBNP targets and hope to complement our practice manual into an EBNP reference. Despite the small sample recruited, our EBNP project had identified that nurses required support, education and training related to EBNP guidelines and it was widely validated (Day et al, 2002).

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CONFERENCE ANNOUNCEMENT

23-25 May 2006
National Teaching Institute & Critical Care Exposition (ICU Skill Training Workshop and Exhibition)
Anaheim, CA, USA
www.aacn.org/AACN/nti06.nsf/vwdoc/NTI2006#Untitled%20Section_3

26-27 May 2006
Intensive Care Education (ICE) Program 2006
Melbourne, Australia
www.acccn.com.au/index.php?option=content&task=blogcategory&id=7&Itemid=64

11-13 September 2006
BACCN Conference 2006
Newcastle upon Tyne, UK
www.baccn.org.uk/conferences/index.asp

USEFUL LINKS

Australian Collage of Critical Nurses
http://www.acccn.com.au/

Australian & New Zealand Intensive Care Society (ANZICS)
http://www.anzics.com.au/

European Federation of Critical Care Nurses (EfCCNa)
www.efccna.org

World Federation of Critical Care Nurses (WFCCN)
www.wfccn.org

CONTRIBUTIONS TO THE NEWSLETTER

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

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

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

Submission Deadlines
September issue – August 31
January 2007 issue – December 30