



聖保祿醫院
St. Paul's Hospital

NEWSLETTER 院訊

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"I made myself all things to all men" (1 Cor. 9:22)
“我為一切人成為一切” (格前 9:22)

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Chinese New Year Greetings from the Medical Superintendent



Time really flies. It has been my privilege to serve as the Medical Superintendent. We have had to face and handle many challenges in the past year. We have gone through Trent Accreditation, hospital licensing inspections, staff changes, renewal exercise of admission and facility privileges, hospital planning and redevelopment project, go-life of the St. Paul's Hospital Information Project (SHIP), infection control issues and credentialing along with the setting up of new advisory committees. I am sure that with God's blessings and guidance, the leadership of our Provincial Superior, Sr. Jacqueline Ho and Sisters of St. Paul de Chartres, the prayers of all Sisters, and the dedication, support and understanding of our staff and all visiting doctors, we have and will continue to overcome the difficulties that we face.

To further improve our services, we are proud to announce that we have implemented public-private interface in our Diagnostic & Interventional Radiology Department. We are the second private hospital in Hong Kong to partner with Hospital Authority hospitals and implement inter-hospital transfer of digital images. With this interface, patients no longer need to go to the Diagnostic & Interventional Radiology Department of our hospital after radiological investigation to pick up the films and reports for use in subsequent consultation in Hospital Authority hospitals. Referring clinicians of Hospital Authority hospitals can review the films and reports of their patients using their computers. Further, our inpatients and the doctors can also review the films and reports on the bedside terminals after integration of Radiology Information System and Picture Archiving & Communication System (RIS/PACS). In the future, we hope this can be further extended to visiting doctors. This is the initial stage of heading into the direction of becoming a 'filmless' and 'paperless' hospital.

Though we have achieved a majority of the above, I must admit that we can do better, especially in the SHIP project. I apologize to all patients and their relatives, frontline staff, resident and visiting doctors for the inconvenience, stress and tension caused to them, especially during the first three weeks after go-life.

The new Block B is expected to be completed by 2014 and we will have a total of more than 500 beds by then. We will have new departments including the Department of Clinical Oncology and Department of Nuclear Medicine.

To further improve patient care and shorten the recovery period, we will further develop our minimal invasive operations, interventional radiology and management of vascular diseases with multi-disciplinary approach. We will have to face other challenges as well, including infection control issues (eg. New Delhi metallo-beta-lactamase and Avian Flu), having a few more new hospitals in town, having more local patients from Macau and Mainland China, having a shortage of staff (especially nurses and radiographers), and complying with the Australian Council Healthcare Standards (ACHS).

Crisis creates opportunities. We all learn from our mistakes. As I mentioned in one of the staff forums after go-life, all of the above challenges are incomparable to the SARS outbreak in 2003. I do hope that we can all stand together and achieve our Mission Statement and Health Care Goals. I have confidence that St. Paul's Hospital can become one of the leading hospitals in the region very soon.

Last but not the least, I would like to thank the chairpersons and members of all advisory committees, especially the external members Dr. Pamela Leung, Dr. William Ho and Dr. Vincent Cheng and the former Medical Superintendent Dr. David Fang for their contribution and invaluable input; all volunteers of outreach activities; all staff and their families and all visiting doctors for their support and tolerance throughout the years, especially during these times, which are arguably the most difficult times ever encountered since the SARS outbreak.

May God's blessings and grace be with you and your family always. Have a happy and fruitful Year of the Rabbit.

Dr. Lau Kam Ying
Medical Superintendent

Working with Children with Anxiety

General Information

Anxiety is a common problem among children and adults. There is no specific anxiety gene but emotional sensitivity does seem to be genetically based. Anxiety can be both positive and negative. On the positive side – the anxious person is often more sensitive, caring and responsible. On the negative side – the anxious person is more prone to developing anxiety disorders or depression.



Anxious people learned to expect that the world is a dangerous place (physically, emotionally or socially). There is no specific evidence for where this learning comes from. Anxious children may have learned it by observing parents, care-takers, relatives, peers, other adults or other children. They learned by picking up subtle cues about the way other people react to situations, even when that other person might be trying as hard as they can to hide how worried they feel about certain things. Children may model what they see. Anxiety may also be learned based on bad experiences.

Normal Fears and Anxieties

It is normal for young children to show fears. Fears and anxieties progress and change during different stages of life. Young children commonly have apprehension about situations that involve safety, security and “growing up”.

Normal fears and anxieties at various stages in life manifest as follows:

Stage	Focus of Anxiety
Infancy	Stranger anxiety
Toddler years	Separation, sudden, intense, novel
Preschool/Kindergarten	Large, harmful, dark, imaginary
Elementary school	Dangers of the world
Middle school	Academic/social competence, natural dangers, death
High school	Chronic
Adulthood	Abstract, relationships, future

Focus of Intervention

Intervention often involves 5 major parts (1) parent psycho-education on anxiety (for pre-school children); for school-age children: (2) help children identifying physiological responses related to anxiety (3) help children identifying the thinking style triggered by anxiety (4) develop a positive thinking style; (5) develop individualized relaxation strategies.

(1) Parent's psycho-education

- Being the parent of an anxious child is not easy. They place extra demands on parents in terms of time and emotion. Parents may imagine themselves as their anxious children's coach. Your goals will be:
 - Helping them to plan and implement the new skills to fight “anxiety”
 - Exploring ways to communicate and interact with your child differently

- Provide support and encouragement and at the same time try not to reinforce your child to solely depend on you to solve the problem

(2) Physiological responses

- Help the child to identify the physiological responses that are associated with anxiety
- For example, increase heart rate, tense muscles, increase breathing rate, increases in mental awareness
- These physiological responses prepare the body for the follow-up action

(3) Identifying negative thinking style

- Identify the common automatic thinking – thinking “something bad” will happen.
- Overestimating the possibility of an unpleasant event will happen and overestimating how bad the consequences will be if the event does happen (i.e. catastrophise the outcome)
- Anxiety begins as a worrisome thought which the child cannot ignore it

(4) Develop positive thinking style

- Allow the child to explore that there are often "other possibilities" instead of just the "bad" thing will happen
- Catching thoughts – identify the thought behind the emotion by asking questions such as "What is making me feel this way?"; "Why am I worried?"; "What do I think will happen?"; "What is it about this situation that is making me worried".
- Evaluating or challenging the likeliness of the thought
 - Look for evidence for the thought
 - List some alternative possibilities regarding your worried or fearful thought
- Evaluating or challenging the severity of the situation
 - Ask yourself – "What is the worst thing that could happen?"
 - If that really happens, what can I do?

(5) Relaxation strategies

- Progressive Muscle Relaxation
 - Systematically focus on different muscles of your body. It enables you to recognize which muscles are overly tense. Repeat the procedure of tension and release, followed by tension, half release and full release.
- Deep breathing
 - Deep breathing is marked by expansion of the abdomen rather than the chest when breathing. It is generally considered a healthier and fuller way to ingest oxygen and is helpful for hyperventilation.
- Meditative Relaxation

Intervention strategies selected for a given child should be carefully picked, which are relevant to the child's unique circumstances and needs.

Ms Eliza LAU Mei-ting
Registered Psychologist (Clinical)

Comparative Epidemiology of Pandemic and Seasonal Influenza A in Households

St. Paul's Hospital participated in the Hong Kong tertiary-wide study on "Comparative Epidemiology of Pandemic and Seasonal Influenza A in Households" in July and August 2009 as led by the Li Ka Shing Faculty of Medicine, University of Hong Kong. In our hospital, this study was co-ordinated by our staff specialist, Dr Paco W.Y. Lee and the OPD staff. Full article is published in the New England Journal of Medicine 2010;362:2175-84. Below is the abstract of the study.

ABSTRACT

Background

There are few data on the comparative epidemiology and virology of the pandemic 2009 influenza A (H1N1) virus and cocirculating seasonal influenza A viruses in community settings.

Methods

We recruited 348 index patients with acute respiratory illness from 14 outpatient clinics in Hong Kong in July and August 2009. We then prospectively followed household members of 99 patients who tested positive for influenza A virus on rapid diagnostic testing. We collected nasal and throat swabs from all household members at three home visits within 7 days for testing by means of

quantitative reverse-transcriptase-polymerase-chain-reaction (RT-PCR) assay and viral culture. Using hemagglutination-inhibition and viral-neutralization assays, we tested baseline and convalescent serum samples from a subgroup of patients for antibody responses to the pandemic and seasonal influenza A viruses.

Results

Secondary attack rates (as confirmed on RT-PCR assay) among household contacts of index patients were similar for the pandemic influenza virus (8%; 95% confidence interval [CI], 3 to 14) and seasonal influenza viruses (9%; 95% CI, 5 to 15). The patterns of viral shedding and the course of illness among index patients were also similar for pandemic and seasonal influenza viruses. In a subgroup of patients for whom baseline and convalescent serum samples were available, 36% of household contacts who had serologic evidence of pandemic influenza virus infection did not shed detectable virus or report illness.

Conclusions

Pandemic 2009 H1N1 virus has characteristics that are broadly similar to those of seasonal influenza A viruses in terms of rates of viral shedding, clinical illness, and transmissibility in the household setting.

新年燒烤聯歡會

二零一一年一月十二日

在天氣寒冷低至5度的黃昏及晚上，各部門同事不畏寒風，踴躍地參加由西門子有限公司贊助的新年燒烤聯歡會。活動於紀律部隊人員體育及康樂會舉行，出席人數多達160人。一個個熱烘烘的火爐，散發出無限「溫暖」。本院希望讓各同事在繁忙勞碌的工作中，可以放鬆心情，一齊享受燒烤的樂趣。



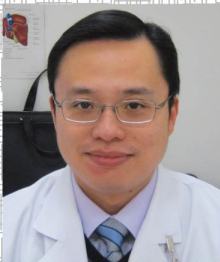
大合照



一齊燒烤，好開心，好溫暖



Introduction of new faces 員工動態



Hello. I am Dr. Lok Ka Ho. I joined the St Paul's family as Gastroenterologist since October 2010. Let me introduce myself. I graduated from the Chinese University of Hong Kong in 1996. Afterwards, I received my basic and higher Physician training in Tuen Mun Hospital. I became a specialist in Gastroenterology and Hepatology in 2004. In 2008, I received overseas training in advanced therapeutic endoscopy (including endoscopic ultrasound and double-balloon enteroscopy) in University of Copenhagen, Denmark. I would like to contribute all my skills and experiences to serve patients in St Paul's Hospital. It is my great pleasure to be able to collaborate with you.

Hi everyone, I am Dr. Lau Tze Wing, just joined the family of St. Paul's Hospital in November 2010. It is my honour to be the first resident ENT specialist in the hospital. Before I came, I worked as Associate Consultant in the Department of ENT of Pamela Youde Nethersole Eastern Hospital. I had been working in PYNEH for more than 15 years since I graduated from University of Hong Kong in 1994. I started my career as an anaesthetist, and then joined ENT since 1996. I obtained my fellowship in otorhinolaryngology in 2003. My special interest is sleep-related breathing disorders with training in Singapore, and I was responsible for the Sleep Clinic in PYNEH since 2008.

It is a real challenge for me to start a new page in my career, with the stress in adapting to all the changes, including the private health system and the general out-patient call duties. Fortunately, all the staff that I worked with here had been very friendly and supportive. Thanks to them, now I already feel well tuned-in. During my leisure time, I like listening to music and playing guitar. The Beatles are one of my favorite. I also like playing football, and I look forwards to having fun on the pitch with my new colleagues in the near future. Lastly, I would like to wish you all peace and joy in the Year of Rabbit, and a healthy and prosperous year to come.

