**Introduction**
In 2013, the Surgical Outcomes Monitoring and Improvement Program (SOMIP) result at Prince of Wales Hospital (PWH) showed the mortality of the emergency operations was extremely high. One of the reasons was the lack of Intensive Care Unit (ICU) beds to accommodate those critically ill patients. Some scheduled and emergency operations were cancelled due to lack of ICU support. Try to improve this situation, a 4-bed High Dependence Unit (HDU) in surgical ward was established in October 2014. To establish the HDU is a big challenge to management level and ward staffs. Several measures included meeting, survey, course and practicum were tailor-made to prepare the challenge.

**Objectives**
1. To set up the HDU and train up a group of HDU competent nurses
2. To establish guidelines and protocols with doctors and standardize the logistic workflow

**Methodology**
Several meetings were conducted to set up the admission guidelines and workflow of HDU. Besides, a survey of 12 HDU staffs and 19 control group (surgical nurses with similar seniority) were conducted to assess the stress level prior the establishment of HDU. Base on the survey analysis, the 2-day critical-care theory course with skill-workshop and 3-weeks ICU practicums were provided with the collaboration of Department of ICU. Moreover, in-service surgical training courses were conducted by doctors and multidisciplinary teams.

**Result**
61% HDU staffs stated very stressful comparing to 47% of control group. The stressful
mainly came from inadequate knowledge (61% of HDU staffs & 26% of control group) and handling advanced medical equipment (38% of HDU staffs & 5% of control group). 53% of HDU staffs claimed not much confident comparing to 21% of control group. After serial measures in the preparation of HDU opening, all of HDU staffs felt useful and practical. They stated that they have more competent to care the critically ill patients and stressful level was decreased. More important, the SOMIP in 2014 had just been announced that the mortality rate of emergency operation was significantly improved and PWH was not the worst. No schedule or emergency operations were cancelled for lacking of ICU beds. The HDU beds were fully utilized and all staff efforts had bought the success of winning the battle of SOMIP.