



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 1136

**Submitting author:** Mr Ming Wai Cheng

**Post title:** Advanced Practice Nurse, RTSKH, HKEC

**EPS model for enhancing invasive mechanical ventilation (IMV) in general wards**

*Cheng MW (1), YEUNG WT (1), Law KC (1), Kwong E (2), Chan CM (3), Chan YK (1), Chu W (4), Li HY (4), Wong TF (3)*

*(1) Intensive Care Unit, (2) Nursing Service Department, (3) Respiratory Medicine, (4) Geriatric, Ruttonjee and Tang Shiu Kin Hospital*

**Keywords:**

Invasive mechanical ventilation  
Ventilatory care  
Enhancement  
Nursing care  
General wards  
Care model

**Introduction**

The intensive care units is the most appropriate place to support critically ill patients with respiratory failure through IMV when compared with general wards. Whenever infeasible, challenges shifted to general wards nurse who are less experience dealing with complex demands of critically ill patients and in manging emergencies. Without essential training and structural care model in this situation, the care will be compromised, so will be the patient safety.

**Objectives**

(1) to explore the care of IMV patients in general wards from nurses' perspectives (2) to identify any areas of concerns and address if there is any information considered essential to ward nurses when caring IMV patient in the general wards.

**Methodology**

Safety round were performed to all medical general wards with mechanical ventilators in RTSKH. A checklist was designed to assess 7 aspects of IMV care. 24 items were assessed and checked with "YES", "NO" or "Not applicable". Remarks could be made on each item for subsequent discussion. Each safety round was performed by the aforementioned 2 nursing administrators and 3 nurses who were not working in the unit being assessed. Briefing was done prior to each safety round to standardize the criteria and clarifications were made if in doubt. Assessments were performed according to the checklist and based on (1) face-to-face interview with ward nurses, (2) observation of the environment and (3) direct inspection of IMV patients and the documentation. Debriefing was also performed after the safety round and findings were discussed. In case of variations or disagreements among team members, the leader would make the final decision after discussion.

## **Result**

From November 2017 to January 2018, seven medical wards were assessed and one was excluded due to renovation. Five areas were identified with insufficiency. They included inaccessibility of policy, protocol and guideline; lack of structured training; non-standardized ventilator care and maintenance care; and lack of systematic evaluation or improvement program. EPS model was developed to focus on engagement of staff in planning phase; formulate diverse communication channel and disseminate information diversely; and standardizing guideline and promote evidence-based project.