The Enhanced Role of Respiratory Nurse in MOBILE VEntilator Support (MOVES)  
Team  
CHAN YY(1), SUEN KM(1), CHAN PF(1), CHOI MW(1), CHENG SY(1), YU CW(1),  
MA SC(1), POON CL(1), TSUI SN(1), CHENG SL(1), CHU CM(1)  
(1) Respiratory Division of the United Christian Hospital

Keywords:  
Ventilator  
Mobile  
Role  
Respiratory

Introduction  
Invasive mechanical ventilation (IMV) and non-invasive ventilation (NIV) support are  
common treatment for patients with acute respiratory failure in acute hospital. As not  
all these patients who received IMV and NIV support are suitable candidates to be  
admitted to Intensive Care Unit, some of them are cared in general wards. Since  
healthcare providers in general wards most often do not have respiratory specialty  
related knowledge and skill to care patients with IMV and NIV support, the quality of  
care received by these patients may not be optimized. Therefore, in August 2016,  
our respiratory team launched a new program “MOBILE VEntilator Support (MOVES)”  
aims to provide professional support to these patients in general wards of the  
Medicine & Geriatrics Department in the United Christian Hospital.

Objectives  
To optimize the quality of care provided to patients on IMV and NIV support in general  
medical wards.

Methodology  
The MOVES team consisted of respiratory physicians and nurses. When patients  
required IMV and NIV support from general medical wards, the team would be notified  
either by fax or phone contact. Every day, except Saturday and Sunday, one  
respiratory physician and nurse will see these patients and provide professional  
opinions and care. The service included adjustment of the ventilator settings, proper  
mask fitting of NIV, adjustment of ventilator treatment time, prescription of inhalation  
drugs, take over suitable patients to respiratory ward for further management. The  
role of the MOVES nurse is to monitor the progress of these patients, answerses to the  
troubleshooting, provide education and related to inhalation therapy and ventilator  
nursing care, and communicates with respiratory physician for further adjustment of  
care.
Result
In our program, MOVES nurse not only enhanced the nursing care on to patients on ventilator support, he/she also transferred the respiratory specialty knowledge and skills to other nurses working in general medical wards. The feedback from healthcare providers to our MOVES program were positive and appreciated. The quality of care provided to these were optimized and the duration of ventilator support were appropriately adjusted.

Conclusion
Our MOVES team could enhance the quality and safety of patients on ventilator support in general medical wards. The role of respiratory nurse was also enhanced by providing professional skills and made clinical adjustment to the related nursing care.