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The Enhanced Role of Respiratory Nurse in MOBILE VENTILATOR SUPPORT (MOVES)

Team

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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, answers 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.