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# Safer Ventilation in Emergency (SaVE)

Initiative Type

Redesign

Service Improvement

Status

Deliver

Added

15 April 2021

Last updated

28 October 2024

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/safer-ventilation-emergency-save>

## Summary

Safer Ventilation in Emergency (SaVE) is a bedside resource to promote safe care of the ventilated patient in Emergency Departments (EDs). It assists with:

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- early deterioration and recognition
  - clinical decision making
  - prevention of ventilation-associated adverse events
  - a solution for digital EDs is available

## Key dates

Mar 2021

## Implementation sites

Queensland Health Emergency Departments

## Partnerships

Queensland Emergency Department Strategic Advisory Panel (QEDSAP) Bundaberg Hospital ED, Wide Bay Hospital and Health Service, Patient Safety and Quality Improvement Service

## Key Contacts

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## **Aim**

To ensure safe and comprehensive care of the ventilated patient in emergency departments.

## **Benefits**

- facilitate provision of optimal care to patients requiring invasive ventilation in the ED
- minimise the risks of hospital acquired complications in intubated and ventilated ED patients

## **Background**

SaVE originates from a ventilation care bundle developed in Bundaberg Hospital by ED Nurse Educator, Samantha Hoole. Various factors such as vast geography and organisational can lead to patients requiring invasive ventilatory support being cared for over extended periods in the ED. These patients are at high risk for hospital acquired conditions such as lung injury, ventilator acquired pneumonia and pressure injuries. Routine nursing and medical interventions can significantly reduce the risk of harm, however, there is a lack of knowledge and confidence in ED clinicians who infrequently care for ventilated patients.

SaVE provides a valuable resource to manage this issue and to ensure patients are receiving the best possible care.

## **Solutions Implemented**

The PROV-ED team has worked with the CEQ Patient Safety and Quality Service (PSQIS) to incorporate the ventilation care bundle into the ED Resuscitation area of the Q-ADDS form. A solution for digital EDs is available. A brief education campaign is required to ensure clinical staff are aware of the resource and confident in its use.

## **Evaluation and Results**

Pre- and post-implementation audits at the pilot site reported significant improvements in care provided to ventilated patients in the ED. This included such components as checking cuff pressure,

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head position, suctioning, oral care and pressure care etc. Evaluation of SaVE under the PROV-ED Project will include:

- pre- and post-implementation snapshot chart audits to evaluate care compliance
- pre-and post-implementation staff surveys

## **Lessons Learnt**

Increasing pressures on healthcare organisations, particularly in EDs will require ongoing evaluation and modification of resources, staff education, systems and models of care.

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