Safer Ventilation in Emergency (SaVE)

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Redesign
Service Improvement
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Deliver
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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:

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
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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.

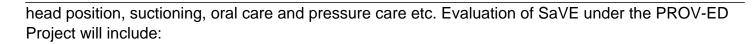
SaVE provides a valuable resource to manage this issue and to ensure patients are receiving the best possible care.

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,



- 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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