

NUH Prestige Awards

Total team liberation in the Medical Intensive Care Unit (2017)

Mechanical ventilation (MV) is an important intervention in the Intensive Care Unit (ICU). However, prolonged MV is associated with significant morbidity and mortality. A total multi-professional team synchronised strategy, comprising physicians, nurses, respiratory therapists, physiotherapists and pharmacists, was integral to the success of liberation from mechanical ventilation in our ICU. The results of the various experimental and well-resourced multi-centre clinical trials of ABCDE bundles were replicated in a real world pragmatic setting with improved coordination, collaboration and orchestration between the team members playing different roles with zero added resources.

Implementation of an Advanced Practice Nurse (APN) led delirium screening education programme in the Medical Intensive Care Unit (2017)

Delirium in the Intensive Care Units (ICU) is associated with several poor patient-centric outcomes. The aim of the intervention is to enhance the nurses' knowledge, competency and compliance of accurately performing delirium screening in the ICUs. The education programme consisted of two 1.5 hour didactic lectures. Two tests, before and after the lectures, are used to assess the subjects' knowledge change. Hands-on sessions included a one-hour of one-to-one training, followed by caring for patients. Following the educational intervention, it was established that the knowledge of nurses improved significantly. Screening subsequently improved at ten-month following further emphasis by senior staff.

PEACE (Palliative approach and advance care planning conversation enhancement) project (2017)

This was a collaborative effort between various departments including the Division of Respiratory and Critical Care Medicine. The aim was to implement a shared care approach to identify patients approaching the end of life, so as to address any unmet needs, offer advance care planning discussions and provide proactive support to maximise quality of life. Implementation of screening tool was initiated in two of the NUH wards during the pilot phase in 2016. During the pilot phase, the Advance Care Planning (ACP) completion rate was at 45%, as compared to the NUH average of 30%.