Learning Activity:

<table>
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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>First Stage: Planning period. Establish project team</td>
<td>Through interviews, literature review, cause and effect diagrams etc., reasons for unplanned extubation confirmed: 1. Neglect of corner beds and cross-sector nursing care. 2. Inexperience in intubation healthcare. 3. Lack of auditing system. 4. Low compliance from family members. 5. Misunderstanding of high-risk self-extubation patients.</td>
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<td>Second Stage: Implementation period. After discussion and using decision matrix to take feasibility, efficiency, cost and other factors into consideration, solutions are formulated and conducted according to results analysis</td>
<td>1. Implementation of Creative Joint-Defense Network for corner beds and cross-sector nursing care. 2. Implementation of consensus slogan for the unit team’s joint-defense communication: “Joint-Defense Human Figure Diagram”. 3. Implementation of 3D tape three-dimensional fixing method. 4. Implementation of bed-side empowerment tape (wufendai) fixing tutorial. 5. Implementation of audit system for endotracheal intubation. 6. Health education accompanied by doctors for patients’ family members with low compliance. 7. Organization of health education work-shop for “ping-pong-gloves”. 8. Watch patients’ 30% muscle strength’s “UE Video”.</td>
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<td>Third Stage: Evaluation period</td>
<td>After project implementation, statistics collected from 2015 May to July showed that the unit’s unplanned extubation rate was 0‰, and endotracheal intubation completion was 100%.</td>
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