

Ventilator Patient Independence, Weaning, Respiratory Therapist and The Team

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Objectives of Today's Talk

- Define successful strategies in promoting highest level of independence, successful weaning, and **teamwork** for ventilator patients
- Describe the ideal roles and models for the respiratory therapist and team in weaning, promoting teamwork, and creating an environment where the **"right people are doing the right work at the right time"**
- **Respiratory Therapist** as **leaders for the future**



Brooke Ellison Story



- "One of the few guarantees in life is that it will never turn out the way we expect. But, rather than let the events in our lives define who we are, we can make the decision to define the possibilities in our lives."



Brooke Ellison and Christopher Reeve



Alyssa's Story







If you are a ventilator patient, where will you receive your care?



- Acute Care Hospital ICU
 - Step down unit
 - Long Term Acute Care Hospital
 - Skilled Nursing Facility
 - Other?
-
- How well will the care be coordinated?

Is the ICU the best place to wean?



Breaking down silos in healthcare



Jazz and Multidisciplinary Team Approach to Care



Vallejo Experience on Respiratory Therapy Teamwork



California



Kaiser Vallejo 1994 NIV Use



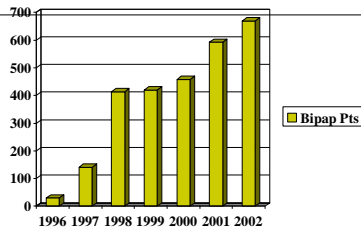
- 73% success
- 155 Episodes of NIV
- 113 Episodes of Intubation Avoided
- 565 ICU days were saved
- \$678,000 cost savings

Kaiser Vallejo 1995 NIV Use



- 85% Success
- 196 Episodes
- 166 Episodes of Intubation Avoided
- 830 ICU days were saved
- \$996,000 Cost Savings

Implementation of NPPV Protocol in a Community Hospital



50 Consecutive patients using NPPV in 2003



- 32/50 (64%) have at least 2 signs or symptoms of respiratory failure
- 37/50 (74%) NPPV use initiated outside of ICU
- 43/50 (86%) did not require intubation
- 19/50 (38%) NPPV initiated in the ER

Community Hospital Respiratory Staff Survey



- The Respiratory consult service has resulted in improved patient care 16/17 (94%)
- The ability to make adjustments in care has resulted in more timely interventions 16/17 (94%)
- NPPV protocol has resulted in avoiding unnecessary intubations 16/17(94%)

RT Staff Survey



- The Respiratory Therapy Consult Service along with the NPPV protocol and the Weaning protocol has resulted in improved job satisfaction 94% (16/17)

Respiratory Therapist Leadership Whitney Schauer



Patient, Respiratory Therapist, and Team



- Empowered Respiratory Therapist
- Empowered Nurse
- Empowered Nurse Assistant



- And do not forget family

Patient Satisfaction: Two most important factors correlated with recommending the hospital



- #1 How well staff worked together to care for you
 - #2 Overall Cheerfulness of the hospital
- The Press Ganey Satisfaction Report 2003

Value of bedside multidisciplinary care team rounds



What do we discuss on rounds?



- Nutrition
- Advancing diet, swallowing eval,
- Safety concerns
- Goals for weaning, consideration for NPPV
- Therapy needs
- Communicating successes

Patient/ Family Surveys - Fall 2001



- Overall "positive experience" - 86%
- Increased ability to get questions answered - 82%
- Increased understanding of my family member's condition - 86%
- Understood what was discussed at Core Care Rounds - 88% (only measured in 2002)

Staff surveys - Fall 2001



Compared to previous Core Care Rounds:

- Better understanding of plan for the day - 100%
- Increased communication among team members - 100%
- Increased timeliness of tasks being performed - 75%
- Increased patient/family understanding - 95%
- Increased education of team members - 85%

Thinking outside of the box



- Role of socialization
- If NPPV helps prevent intubation, can NPPV be used to help liberate patient from invasive mechanical ventilation?
- Value of Passy Muir Talking Valve

Do ventilator patients have to stay in their room? Is there benefit in weaning?



Socializing in the common room



Sheila with her sons



Role of NPPV

- NPPV in preventing intubation
- What about role of NPPV in weaning???



Conversion to NPPV going home!



Patients coming back to the Vent Unit





Desensitizing to nasal mask prior to conversion to NPPV.
will wear nasal mask for 7 consecutive nights prior to trach removal



Tracheostomy tube has been removed;
now using NPPV every night and for naps.



Ready to go home;
will continue using NPPV every night and for naps.

Vent Unit Comparison



Vent Unit	% Weaned	% Neuro
• Wi Program*	67%	27%
• Scheinhorn	56%	7.8%
• Mayo (Gracey)	60%	NR
• Bagley 97	38%	19%

*Lindsay JCJQS 04

Nursing Home Vent Unit Comparison



NH Vent Unit	%weaned	%alive 1yr
• John Hopkins Geriatric Center	15%	19%
• Wisconsin NH	67%	>70%

Patient Centered Care



- Not all patients wean
- Focus on promoting highest level of independence
- Passy Muir Talking Valve
- Emphasis on Socialization
- Take away the 4 walls of their room

Patient with daughter receiving diploma



**Impact Multidisciplinary Care Team
Members can have on Patients/ Families**



**Blake, avid Packer fan on the computer
with his Dad.**



Patient with ALS playing the harp with Music Therapy Student from University Wisconsin Eau Claire



Quality of Program Drives the Referrals.



- Standard Training, Education and Weaning
- RT and Nurse Driven Weaning
 - 24 hour MD and NP Coverage
 - Conversion to NPPV
 - Socialization
 - Deemphasizing Technology
 - 103 (55%) of 188 patients were liberated from invasive mechanical ventilation.
 - 78 (76%) of 103 patients liberated from invasive mechanical ventilation were decannulated. In 48 patients, NPPV was used. 31 patients were directly converted from nighttime invasive mechanical ventilation to NPPV with decannulation.
 - NPPV failed in facilitating liberation from invasive mechanical ventilation in 6 patients.
 - In future plan to desensitize all vent patients to NPPV mask prior to decannulation
 - Add Diaphragm pacing to the treatment options

What are the future opportunities?



- How can we better support patients on prolonged mechanical ventilation in the future?
- What have we learned and what can we do better?

Questions??