

TALK MUIR

PassyMuir News, Events and Education

Passy-Muir, Inc. | Summer 2018

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Meet Our New Consultants

Centers of Excellence

Patient Spotlights



Mabry
PMV® 2001 (Purple Color™)

Millions of Voices, ONE VALVE™

PassyMuir®



Passy Muir Centers of Excellence

What is the Centers of Excellence Program?

In our efforts to provide continuing educational opportunities for our clinicians, patients, and families, we honor the facilities which have utilized Passy Muir® Valves as their standard of care for their tracheostomized and ventilator dependent patients, aiding in the decreased recovery time and enhanced quality of life. In order to showcase these success stories, we developed the Passy Muir Centers of Excellence Program.

Centers of Excellence Program opportunities:

- Recognize and honor the facilities that utilize Passy Muir Valves as their standard of care
- Meet the teams and their philosophy of care
- Review and download their protocols, procedures, research, and publications
- Learn from videos of success stories and practices across the continuum of care

How can my facility be considered for the Centers of Excellence Program?

In order to be considered for our Centers of Excellence Program, all facilities must meet the program requirements and additional criteria. To view these requirements or to fill out an application, please visit:

www.passymuir.com/coe



Our Current Centers of Excellence

- Ambassador Health
- Barlow Respiratory Hospital
- The Brian Center
- The Children's Institute of Pittsburgh
- CuraHealth Hospital Jacksonville
- Gaylord Specialty Healthcare
- Lake Taylor Transitional Care Hospital
- Madonna Rehabilitation Hospital
- Nationwide Children's Hospital
- Pediatric Home Service
- Silvercrest Center for Nursing & Rehabilitation
- Silver Lake Specialized Care Center
- Swiss Paraplegic Centre



CuraHealth Hospital Jacksonville Center of Excellence Team



Barlow Respiratory Hospital

Los Angeles, California

The Centers of Excellence Program (COE) developed by PassyMuir recognizes facilities that demonstrate exceptional clinical management of patients with tracheostomies and mechanical ventilation. These facilities not only exhibit a high standard of care, but display a dedication and exceptional effort by their clinicians and medical team to enhance their patient's quality of life. At Barlow Respiratory Hospital, the team of clinical personnel, consisting of respiratory therapists, speech-language pathologists, and physicians, have worked together to create an environment that promotes early intervention and forward thinking in the management of patients who are mechanically ventilated.

Founded in 1902, Barlow Respiratory Hospital is a not-for-profit Long-Term Acute Hospital (LTACH) in Los Angeles specializing in serving patients with chronic critical illness and complex respiratory conditions who are ventilator dependent. While Barlow has a long standing history dedicated to successful weaning, with rates at nearly 60%, and has established a nationally recognized evidence-based weaning protocol, TIPS®, the trach team at Barlow sought to increase their patient care and continue improvement of patient quality of life by pursuing the Center of Excellence recognition by PassyMuir.



Barlow Respiratory Hospital Center of Excellence Team



The team at Barlow Respiratory Hospital report that:

“The PassyMuir® Tracheostomy & Ventilator Swallowing and Speaking Valve improves quality of life for our patients. After prolonged mechanical ventilation, the PassyMuir Valve (PMV®) makes it possible for patients to speak. After the isolation and silence of long hospitalization, this allows a precious connection to loved ones and provides valuable communication with medical and care-giving teams.”

The team at Barlow is led by respiratory therapist, Hao Chen, who shared that while Barlow began using the PMV before 2004, in-line use of the valve with mechanically ventilated patients occurred around the year 2010. Hao Chen stated, “at that time, we used PMV just for speaking and swallowing same like everybody did.” Initially, the respiratory therapist would work with the speech-language pathologist, either at the request of the speech-language pathologist or because the respiratory therapist identified the need with a patient on mechanical ventilation. However, Hao Chen noted that as they continued to use the Valve with their patients on mechanical ventilation, the clinical professionals began to realize that when using the “PMV for those patients,... PMV really helps them to reduce anxiety, patients became more relaxed, breathing much easier, [with] PMV... patients weaning more smoothly.” For these reasons, Hao Chen and others worked together to establish a team perspective and to develop a protocol specific to in-line ventilator use. He noted that “after we [implemented] in-line PMV in the ventilator weaning protocol, everybody used PMV more and more.” Now, it has become a routine standard of care for patients at Barlow Respiratory Hospital.

Continued next page



Barlow Respiratory Hospital Continued

In establishing the team at Barlow Respiratory Hospital, a first step noted by Hao Chen was the establishment of a policy and procedure with a protocol that stipulated proper use of the PMV in-line with patients on mechanical ventilation. Rachel dela Rosa, speech-language pathologist, shared, that prior to working at Barlow, she did not use the PMV. But upon joining the team at Barlow, she saw that for her patients, use of the Valve “affected their ability to communicate and eat, as well as early upper airway restoration.”

While the benefits of using the Valve with patients appeared obvious, Rachel shared that establishing the team was not “too difficult” but required “training and education on how to adjust the vent settings to allow patients to tolerate the PMV in-line.” Training was received from Passy Muir through both online webinars and on-site inservices to help with establishing new programs. She also stated that educating the staff and physicians on the “benefits of early use” helped to facilitate the growth of the program. The team at Barlow Respiratory Hospital now recognizes that the use of the Valve in-line with patients on mechanical ventilation goes beyond speech and swallowing. They educate their fellow professionals, patients, and families that with early intervention “using the PMV [in-line] improves the quality of life, including speech, swallow, mobility, upper airway restoration, and ventilator weaning.”

Recently, a perspective from a patient on how the lack of communication was affecting his care brings home the need for team management and early intervention. Mr. Patel shared that prior to using a PMV, he was reliant on gestures to communicate. Frequently, his gestures and attempts to communicate were interpreted as anxiety, and he was medicated for anxiety which led to nausea, especially when moved. The medications he was given also had a sedating effect which slowed his weaning process. However, when the team, lead by Hao Chen, became involved – Mr. Patel was evaluated for the use of PMV in-line, and he was very successful with it. Mr. Patel described his experience:



Barlow Respiratory Hospital, Rachel dela Rosa, MA, CCC-SLP

“Usually it was trying to describe the pain that I have... or just comfort... I was just prescribed pain medications or sedating me... heavily medicated... more medicated than I need be... because I couldn’t communicate the level of pain I was having. Because I was on a lot of medication I didn’t need, I had a lot of nausea and couldn’t communicate when I was being transported or moved. I was vomiting a lot... so having a valve to communicate when I was nauseous or motion sick... things like that was important.”

In asking Hao Chen, respiratory therapist, Rachel dela Rosa, speech-language pathologist, and Rose Gummadi, Director of Respiratory, about their perspective on the strengths for their program in pursuing use of the Valve in-line, they collectively noted that being able to restore the upper aerodigestive tract to a more normalized state at an earlier stage in recovery had a key role in weaning and recovery. They report that it assists with transitioning their patients from ventilator to a cool aerosol sooner than without use of the Valve in-line. Their accounting of their clinical observations is consistent with the findings reported in several research studies (Sutt, et al, 2016; Speed and Harding, 2013; Perme and Chandrashekar, 2008).



As the team at Barlow Respiratory Hospital reflects on establishing a team and becoming a Center of Excellence, they recommend that other facilities wanting to do the same “implement or use the PMV as early as possible, whether in-line or off mechanical ventilation.” The focus is not on the team or the clinical professionals, the team at Barlow Respiratory Hospital always looks to the patient; this process of establishing a team and becoming a Center of Excellence has taught them that “early PMV use promotes the patients to become more successful in achieving a better quality of life.”

When reflecting on their history of treatment and care for their patients who are tracheostomized and mechanically ventilated, they share the story of Dr. Lulu Hishmeh, known to the Barlow Team as “Dr. Lulu.” Upon coming to Barlow Respiratory Hospital, Dr. Lulu agreed to try the speaking valve and summed up her experience of being unable to speak before being transferred to Barlow Respiratory Hospital concisely with “It was awful.” She was afraid the previous hospital had given up on her.

Referring to respiratory therapist Hao Chen, she said, “he is my big supporter, he has been a big help. He and his team are remarkable. They encourage you and celebrate every small step forward. The voice [speech], occupational, and physical therapists provide a strong team to encourage a patient and help them move towards a regular life.”

Overall, the difference it makes for patients is remarkable. The ability to speak changes a patient’s perspective and empowers them in countless ways. The ability to communicate their needs to medical and other staff make it possible for patients to be more comfortable, and the ability to communicate with family and friends allows patients to imagine and work towards full recovery. Recently, Dr. Lulu’s friends were visiting. They were so impressed that she was able to speak and to talk about returning to her full life at home, they packed up the gifts they had brought for her and cheerfully said, “We’ll see you at home next week and we’ll bring these to you then!” and Dr. Lulu agreed. She is able to see herself back at home and back to her life.



Updated TRACHTOOLS™ Communication App v1.3

Now in both English and Spanish, this tracheostomy patient-friendly app enables communication at the touch of a button. Featuring an intuitive menu, user-defined voice options, prerecorded phrases, a custom phrase record option, patient videos, and easy access to resources, TRACHTOOLS™ is designed to facilitate patient communication, provide useful tracheostomy information, and foster patient participation.

The redesigned app also allows patients and clinicians to cross language barriers with a new prerecorded phrase translation feature. The app is perfect for patients, families, and caregivers. Now available free of charge from the App Store or Google Play.

For more information, or to view videos, please visit www.passymuir.com/app



Patient Spotlight: Mabry

Interview with Anne Thomas, conducted by Dr. Kristin King

“I think she knows it gave her a voice, and I think it is something that means a lot to her for that reason.”

One of our clinical specialists sat down with Anne Thomas, mother of Mabry, to find out a little bit about Mabry’s recovery, her use of the Passy Muir® Valve, and her life now without a tracheostomy tube.



Can you share a little of what life was like during her first 4 years and having tracheostomy?

“We made the decision so early on, to enroll her in LEAD (an early intervention system) so she would have early access to necessary therapies, and to discontinue in-home nursing services. We wanted to be her biggest advocates and best caregivers so my husband quit his job to stay home with her full time.

We also made the decision to expose her to as many things as possible (zoo, shopping, playground, out of town trips) while maintaining awareness and care around exposure to illness.

We made the decision to start her in preschool this past January, after her trach was removed in October 2016, and it was one of the best decisions that we have made. She has flourished and though she says she doesn’t remember having a trach, she still has one of her “purple caps”.”



About the Author

**Dr. Kristin King
PhD, CCC-SLP**

Vice President of
Clinical Education & Research
Passy-Muir, Inc.



Kristin King, PhD, CCC-SLP has been a speech-language pathologist in a variety of settings since 1995. She earned her PhD in Communication Sciences and Disorders from East Carolina University in 2008. Her expertise is in cognitive-communication and swallowing disorders with medically complex patients of all ages, particularly those with needs secondary to traumatic brain injury (TBI), tracheostomy/ventilator, and pre-term birth. Dr. King has published several peer-reviewed articles regarding evaluation and treatment of TBI, and she speaks to both domestic and international audiences regularly on the use of speaking valves, evaluation and treatment following TBI, and swallowing disorders.



MABRY



You mentioned that Mabry is advanced in her vocabulary and excelling in school. What do you feel has helped her to advance? What impact might there have been if she had not had a Passy Muir® Valve?

“Once Mabry got her Passy Muir, she absolutely took off, verbally. She had been exposed to alphabet songs and other materials from a very early age, and once she started using the valve, she was able to demonstrate everything that she had absorbed but had not been able to communicate. She was reciting her ABC’s when she was about 18 months old and it helped us to then start teaching her the written alphabet.

Her dad spent time EVERY day, working with her on letters, shapes, colors, movement, and really invested himself in providing her with as much exposure as possible. His deliberate interactions with her definitely worked!

Before she was two, she could identify most of her upper case letters. At four and a half, she is already starting to read, has an amazing vocabulary, can easily identify 20 – 25 sight words, and is very expressive verbally.

Had she not been exposed to the Passy Muir Valve, I believe she would have been frustrated by an inability to communicate freely and believe it would have limited her ability to get where she is now.”

Why was it important for Mabry to have access to the Passy Muir Valve at such a young age?

“We wanted her to be able to communicate without frustration and to be able to express herself freely, as soon as she could. We also wanted her to be able to start reaching whatever verbal milestones she could, so she would be ready for school on time.”

What is it about Mabry’s story that you would like other parents to know and understand?

“I think the biggest thing is to never lessen your expectations or your efforts, and to never let a tracheostomy prevent you or your children from living life. Don’t be afraid to get out and have experiences! Mabry really thrived once she had the free ability to speak, to sing, to cry and to be who she was meant to be. I am glad we persisted in asking for the Passy Muir!”



Lake Taylor Transitional Care Hospital Norfolk, Virginia

Lake Taylor Transitional Care Hospital in Norfolk, Virginia was recognized through the Center of Excellence Program (COE) developed by Passy-Muir, Inc. for demonstrating exceptional clinical management of patients with tracheostomies and mechanical ventilation. Lake Taylor Transitional Care Hospital is the only free standing Long-Term Sub-Acute Care Hospital (LTACH) in Norfolk, VA, and the history of this facility is extensive, providing medical care in various forms for 125 years. Lake Taylor, which was established in December 2016 on the same site as the predecessor hospitals, celebrated the 125th anniversary of these previous facilities. Over this extended time, Lake Taylor served as an Alms House, an Infectious Disease Hospital, a Tuberculosis Sanatorium, and a “City Hospital.” Its current role is to serve as a transitional care and LTACH facility. Lake Taylor is licensed to serve up to 296 individuals, with 104 beds dedicated to adult and pediatric patients in the Long-Term Acute Care Hospital.



CENTER of EXCELLENCE

The professionals at Lake Taylor manage patient care with a multidisciplinary approach, and the Respiratory and Speech departments are integral members of the team who work hand in hand to assess and treat medically complex patients for use of the Passy Muir® Valve (PMV®), enabling them the freedom of speech, progressed weaning trials, improved swallow function, amongst other benefits. While visiting Lake Taylor, it was clear that this facility has a committed staff who not only addresses patient needs but encourages patients to push and take steps towards more independence by re-establishing communication. Observing the use of a PMV with one patient, it was reported that she was not attempting to talk and rarely used her Valve. However, on this day, she wore her Valve an extended time, spoke with family on the phone, with staff bringing her meal, and with nursing – declaring: “I have a voice now. Isn't this grand?”

Lake Taylor's ventilator weaning rates are three times the national average.



Lake Taylor Transitional Care Hospital Center of Excellence Team, Pictured (left to right):
 Roberta Bock, CRT, Respiratory Supervisor; Millicent Zanders, CRT, Director of Respiratory; Ignacio Ripoll, MD;
 Terri Lynn Clatty, RRT, Respiratory Supervisor; Susan Dunkley, MS, SLP-CCC; Jacqueline Prado, MS, SLP-CCC



Patient Spotlight: Ariel

Lake Taylor Transitional Care Patient

LAKE TAYLOR

A Successful Not-For-Profit Center

As a state-licensed facility, empowered by a 125 year heritage of serving the citizens of Norfolk and Hampton Roads, Lake Taylor provides a continuum of patient care ranging from long-term acute care hospital services to skilled and intermediate nursing care.

*Excellence in Care.
For an Excellent Return Home.*

Lake Taylor provides exemplary care for patients requiring long recovery times and is known for its management of medically complex patients with mechanical ventilation in the LTACH section of the facility. Lake Taylor averages over 50 patients on ventilator and 14 patients on trach collar per day. To accommodate this high volume of patients with mechanical ventilation and tracheostomies, the hospital has adopted Policies and Procedures which provide current and exceptional management of this patient population. The team institutes the use of the PMV early in the patient's care and progresses the patient through multiple steps of rehabilitation to assist with weaning, restoring communication, and managing overall care. This provided opportunities for the clinicians at Lake Taylor to liberate 70 patients from mechanical ventilation and decannulate 46 trach collar patients in the past 2 years; patients who were medically complex and considered to be patients with long-term tracheostomies. The trach team works together to manage patient care and to provide the best practice in management of tracheostomies and ventilator care.

Lake Taylor's ventilator weaning rates are three times the national average. Through a multi-faceted approach to establish patient independence, its commitment to training and the latest advances in respiratory rehabilitation, Lake Taylor Transitional Care Hospital became a part of Passy Muir's Centers of Excellence Program.

Ariel is a 22 year-old Sonar Technician in the United States Navy. In 2016, Ariel began to lose sensation in both her arms and legs, and was eventually diagnosed with Guillain-Barre Syndrome. She came to Lake Taylor Transitional Care Hospital soon after the diagnosis, and began participating in therapy with the medical staff.

Some of this therapy included applying the PMV® 007 in-line with a ventilator. By using the Passy Muir Valve, she was able to restore some of her basic freedoms, such as speaking and eating, during this transitional period. Use of the Valve also helped strengthen her diaphragm and made breathing much easier. Ariel expressed her feelings about being able to communicate again:

*"The worst feeling ever was lying in bed
and not able to move, not able to speak.
Now that I can, I am so grateful."*

As she continued with her therapy, Ariel began to make great strides in her recovery. She was discharged from Lake Taylor and continued her recovery journey at a military medical facility. A few weeks later, Ariel was finally able to stand!



For additional information about Ariel's journey, or to learn more about Lake Taylor Transitional Care Hospital:

www.passymuir.com/laketaylor



Meet our **NEW** CONSULTANTS!

The Passy-Muir, Inc. National Consultant Program was established in 1992 to educate healthcare professionals about tracheostomy and the Passy Muir® Valve. This program brought together the expertise, commitment and spirit of leading clinicians in the treatment of tracheostomized and ventilator dependent patients. Many of our consultants are published authors, as well as being the nation's most recognized researchers in this field. The consultants have served as a vital resource for educating other healthcare professionals and staff members at facilities across the country on the use of the Passy Muir Valve. This program provides unique access to working clinical professionals who facilitate patient care and communication on a daily basis.

Our consultants are the most knowledgeable, accomplished, and committed specialists in their fields. As they educate other clinicians on the importance of communication and use of the Valve, they also provide valuable feedback to Passy Muir. We rely on this vital line of communication to continue improving our products and educational services. Meet some of the newest members of the Passy Muir team!



Anne Bauer, MA, CCC-SLP

Ann Bauer is a Speech-Language Pathologist, working in the greater Detroit metropolitan area. She earned a Master's Degree in Communication Sciences and Disorders from Wayne State University in Detroit and has enjoyed working in a variety of healthcare settings, including inpatient and outpatient rehab, home assessment, and long-term care facilities. Ann has worked for Select Specialty Hospital in Detroit Michigan since 2009, caring for medically complex and critically ill patients. At Select Specialty Hospital, Ann's primary focus has been evaluation and management of swallowing and communication disorders. In this role, Ann regularly provides staff and physician education regarding benefits of early PMV intervention and has played a pivotal role in implementing in-line Passy Muir use with patients on mechanical ventilation.



Devan Clark, MS, CCC-SLP

Devan Clark earned her undergraduate degree in Biology in Oklahoma and her Master of Science in Speech-Language Pathology at the University of Nebraska-Lincoln. She has worked throughout the continuum of care with adults, children, and neonates. She is currently working in an acute care setting, serving patients from the NICU to adult. Devan has specialized in the care of patients with tracheostomies and the medically complex, including ECMO, transplant, LVAD, trauma, and burn ICU. She has a passion for providing education to patients, families, and staff on the use and benefits of the Passy Muir Valve.



Lynn Godwin, BSRT, RRT *NEW Clinical Specialist!*

Lynn earned a Bachelor of Science in Respiratory Therapy from the University of South Alabama, Mobile, Alabama. She has been a practicing respiratory therapist for 29 years. Lynn's career has included multiple medical settings in the diagnostic and therapeutic aspects of respiratory care. She has worked with every patient population and currently works with adults suffering with comorbidities in a Long Term Acute Care Hospital. Lynn's focus in the LTACH Pulmonary Center of Excellence is to implement early in-line intervention with the Passy Muir Valve, not only as a communication tool, but also for progression of ventilator weaning and decannulation. Lynn's passion for helping those with respiratory deficiencies leads her to hold two Per Diem positions in home care, volunteer at the Health and Hope Clinic, and instruct CPR for the American Heart Association.



Corey Mohnike, BS, RRT

Corey Mohnike is a Registered Respiratory Therapist with 13 years of experience at a Level 2 Trauma Center. Corey joins the Passy Muir consultant team with significant experience regarding the Passy Muir Valve. This unique experience includes having been a patient requiring a tracheostomy after a motor vehicle accident and using the Passy Muir Valve. Corey also worked at Madonna Rehabilitation Hospital, a Passy Muir Center of Excellence, for 12 years in areas that served many ventilator patients using the Valve. He has helped write multiple procedures regarding Passy Muir Valve assessment and application with patients on mechanical ventilation. Corey currently serves as the Clinical Educator for a multidisciplinary staff at Bryan Health in Lincoln, Nebraska. He is also involved with the Nebraska Society for Respiratory Care and has spoken at multiple state meetings and national conferences.



Jessica Nourse, SLP.D., CCC-SLP

Jessica Nourse is a Speech-Language Pathologist in Hershey, Pennsylvania, specializing in evaluating and treating tracheostomized and ventilator-dependent patients. She has worked within a variety of settings including ICUs, inpatient and subacute rehabilitation, skilled nursing facilities, and assisted living facilities. Jessica is a strong advocate for clinical mentoring and supportive education within the clinical setting, and is the student clinical coordinator within her facility. She is also a member of the Irish Association of Speech Language Therapy (IASLT) publications committee. Jessica holds a B.S. in Speech Pathology and Audiology from East Stroudsburg University, an M.A. in Applied History from Shippensburg University, an M.Ed. in Communication Disorders from North Carolina Central University, and a doctorate in Speech-Language Pathology from Nova Southeastern University.



Denise Rogers, MA, CCC-SLP

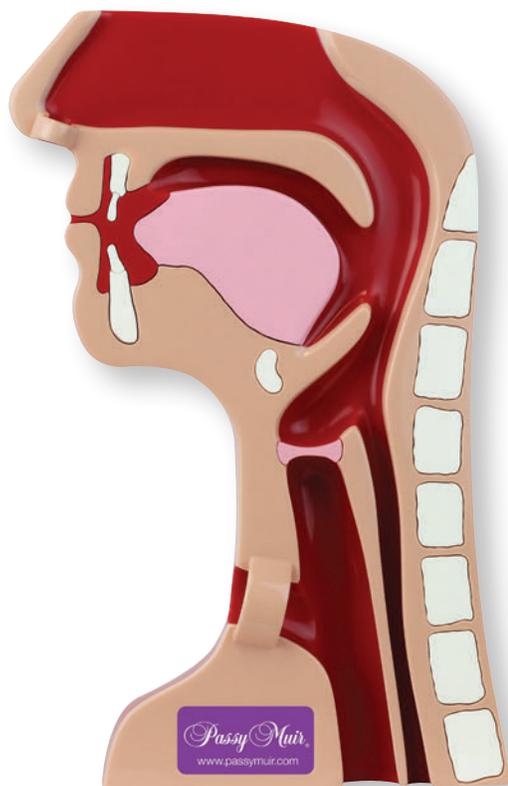
Denise has been a Speech-Language Pathologist since 2003, providing evaluation and treatment of a primarily adult population in acute and long term acute care hospitals, in-patient rehabilitation, skilled nursing facilities, outpatient, and home health. She earned a Bachelor's degree in Communication Studies and a Master's degree in Communication Sciences and Disorders from Montclair State University in New Jersey. Her primary clinical focus has been with swallowing disorders, acquired communication disorders, and the needs of tracheostomized and ventilator-dependent patients. Denise's competencies include FEES and MBSS. She has served as a mentor in ASHA's S.T.E.P. (Students To Empowered Professionals) program and is an active contributor on their online Special Interest Group 13 (swallowing disorders) forum. In addition to providing educational services for Passy Muir, Denise continues her clinical practice in Northeastern Ohio in acute and long-term acute care settings and providing peer reviews for continuing education products.



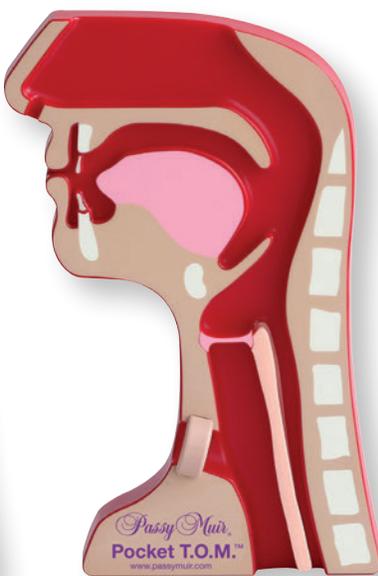
Jacob Tabor, MEd, CCC-SLP

Jacob received his BS in Education with a focus on Speech-Language Pathology from the University of Arkansas, Fayetteville, in 2007 and subsequently received his MEd in Speech-Language Pathology from Georgia State University in 2009. Jacob has worked in various healthcare settings, including subacute rehabs, nursing homes, outpatient clinics, inpatient rehab units, and long-term care acute facilities. Jacob has spent the majority of his career in an acute care setting of a Level II Trauma Center/Certified Stroke Center in Metro Atlanta. Jacob's case load is largely comprised of patients with dysphagia, tracheostomies, and laryngectomies. He is proficient in MBS studies, as well as FEES. Jacob also provides continuing education regarding the prevalence of dysphagia s/p prolonged intubation and is currently a member of a Trach Team to assist in expediting the weaning and decannulation process of trach patients.

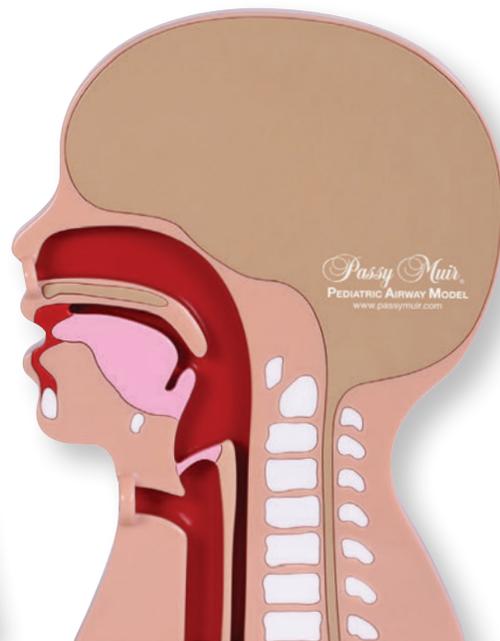
Meet the Family



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Tracheostomy Observation Model



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David A. Muir
Inventor

Talk Muir is published by Passy-Muir, Inc. for clinicians and for tracheostomy and ventilator-dependent patients, their caregivers, and medical professionals in an effort to educate, to support research, and to provide:

- Interesting news and stories
- Resources and clinical guidelines
- Information about new educational opportunities
- Upcoming events

Contributions and comments are welcome.

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