Welcome to Passy-Muir’s Event Webinar:
OVERCOMING BARRIERS TO SPEAKING VALVE USE
Success Through Teamwork

- If you have not registered for this event, go to the Education Portal to complete your registration, ep.passy-muir.com.
- This is an "Audio Broadcast" meeting, which means that the audio signal will be sent out through your computer. A toll telephone number will also be available. Use the "Audio" section of the file menu for audio options.
  - Call-in toll number: 1-800-455-0005
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- The audio for this meeting is one-way, so the presenter will not be able to hear the attendees, nor will the attendees be able to hear each other.
- If you have a question for the presenter, please use the Q and A (not the chat box), to the lower right of meeting window.
- After the webinar ends, you will have an opportunity to fill in your evaluation on the Passy-Muir Education Portal.
- If you have a technical issue, please call Passy-Muir at 949-833-8255, or email Daniel at dcarrillo@passy-muir.com.

Disclosure Statement
• Passy-Muir, Inc. has developed and patented a licensed technology trademarked as the Passy-Muir® Tracheostomy and Ventilator Swallowing and Speaking Valve. This presentation will focus primarily on the bias-closed position Passy-Muir Valve and will include little to no information on other speaking valves.

Presenter
Nicole Riley, MS CCC-SLP
Director of Clinical Education
Passy-Muir Inc.
nriley@passy-muir.com
(949) 783-3755

Nonfinancial — No relevant nonfinancial relationship exists.

Course Outline
1. Evidence for Passy-Muir Protocols
2. Common barriers and practical strategies to overcome barriers to Passy-Muir® Valve Use
3. How to implement a Passy-Muir protocol
4. Forming a tracheostomy team
5. Outcomes and Case Studies

My Story at Barlow

Nicole Riley, MS CCC-SLP
Director of Clinical Education
Passy-Muir Inc.
Why make the Passy-Muir® Valve a standard of care?

Benefits of the valve:
- Voice/Speech Production
- Improved swallowing
- Secretion management
- Restores positive airway pressure
- Restores PEEP
- Weaning
- Decannulation
- Quality of Life

Goal

Influence of the cuff pressure on the swallowing reflex in tracheostomized intensive care unit patients


Common Barriers to this Goal
- Myths, misconceptions and excuses
- Sociological Issues

Barrier 1: “We can’t deflate the cuff because the patient will aspirate”

Cuff deflation REDUCES aspiration
- Laryngeal elevation is improved
- Aspiration rate is lower
- Reduced cases of silent aspiration

Overcoming Barriers to Speaking Valve Use: Success Through Teamwork

Nicole Riley, MS CCC-SLP
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Passy-Muir Inc.

"Deflating the tracheal cuff in tracheostomized patients shortens weaning, reduces respiratory infections, and probably improves swallowing."


One Way Valve Reduces Aspiration Further

- Improved scores on penetration-aspiration scale
- Restores expiratory airflow
- Improves laryngeal clearance
- Improved secretion rating scale
- Maintains lung volumes
- Restores subglottic air pressure


Barrier 2: "The patient has too many secretions"

Before Passy-Muir Valve

After Passy-Muir Valve

Barrier 3: "We need to wait until the patient is on a trach collar"
Disuse Atrophy
- Mechanical ventilation can cause atrophy, and injury of diaphragmatic muscle fibers
- “Patients in intensive care lose about 2% of muscle mass a day during their illness.”
- Muscle weakness predicts pharyngeal dysfunction


Use of the Passy-Muir can facilitate weaning

Barrier 4: “The patients are too sick”

Patients should be medically stable

Barrier 5: “The Ventilator will continuously alarm”

Nicole Riley, MS CCC-SLP
Director of Clinical Education
Passy-Muir Inc.
Set your pressure alarms appropriately

Barrier 6: "Tracheostomy tube is too large"

Tracheostomy Tube is Too Large

Barrier 7: "Absence of a Team"

Tracheostomy Teams

- Affordable Care Act
- Joint Commission

Tracheostomy Teams

- Increased speaking valve use
- Improved decannulation time
- Reduce Length of Stay (LOS)
- Reduced costs

Nicole Riley, MS CCC-SLP
Director of Clinical Education
Passy-Muir Inc.
Role of Speech-Language Pathologist
- Help assess airway patency
- Assess swallow ability and diet recommendations
- Assess vocal ability
  - Speech/swallow exercises
- Monitor tolerance
- Recommend wear time
- Educate caregivers

Role of Respiratory Therapist
- Help assess airway patency
- Adjust and monitor ventilator
- Technical troubleshooting
- Monitoring of pt status
- Cough/breathing techniques

Barrier 8: Lack of Knowledge/Inconsistency
- Educate
  - Be a leader
  - Physician support is KEY!
  - Pulmonologists, RTs, SLPs, nursing
  - Use Passy-Muir webinars/inservices

Nicole Riley, MS CCC-SLP
Director of Clinical Education
Passy-Muir Inc.
Performance Improvement

- Protocol to assess all tracheostomy patients for Passy-Muir Valve within 72 hours of admission
- Criteria:
  - Tolerate cuff deflation
  - Patent upper airway
  - 48-72 hrs post trach
  - Medically stable
    - \( FIO_2 > 60\% \)
    - \( PEEP = 10\)
    - \( PIP = 40\)

Track Your Compliance

- SLP completes Passy-Muir Valve evaluation form within 72 hours of admission or states reason patient was not a candidate.
- 98% compliance for PMV assessment at Barlow

Barrier 9: No Protocol

Performance Improvement

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Tracheostomy Weaning Protocols

- Increase the amount of patients decannulated and shorter length of time.
- “The tracheostomy tube decannulation process is well suited for therapist-implemented protocols”

Development of Protocol

- Passy-Muir Valve as part of ventilator weaning and decannulation protocol
- Specific to your ventilator
- Don’t “reinvent the wheel”
  - Centers of Excellence

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Barlow Flow Chart for Decannulation

Success!
- Earlier decannulation times
- Reduced restraint use as patients were less anxious
- Individual success stories

Case
- 56 y/o female
- Dx: Pulmonary Fibrosis
- 2 month vent-dependent
- Portex #8
- Typical weaning methods failed

After PMV Placement:
- Started a diet
- Weaned and decannulated in less than 3 weeks

Summary
- Be a leader
- Provide research to support your information
- Educate the clinicians and MDs
  - Use Passy-Muir webinars
  - Consider live webinars or in-services
- Implement a protocol
- Competencies
- Build your team!

Q and A

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Nicole Riley, MS CCC-SLP
Director of Clinical Education
Passy-Muir Inc.
nriley@passy-muir.com
(949) 763-3705

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Receiving CEU’s for this Course

• You will have 5 days from the time this course ends to complete the evaluation, which is required to receive credit.
  – Look in your email for a reminder link, or type this into your Internet browser’s address bar:
    • ep.passy-muir.com
• If you are a late registrant, the meeting code is passey752
  – If you are already registered, you do not need to use this code
Overcoming Barriers to Speaking Valve Use: Success Through Teamwork

Here are some links and references to get you to overcome your barriers at your facility!

Evidenced-based research on the Passy-Muir Valve:
http://www.passy-muir.com/research

Centers of Excellence (COE):
http://www.passy-muir.com/centers_of_excellence

Policies and Procedures of our COE:
http://www.passy-muir.com/policiesandprocedures

Barlow’s Passy-Muir Valve Protocol-

FEES study, by Lisa Blumenfeld
http://www.passy-muir.com/what_is
Passy-Muir Valve Decannulation Diagram

References:

**Cuff Deflation Benefits:**


**Improved Swallowing with Passy-Muir Valve:**


**Trach tube downsizing benefits:**


**Tracheostomy team benefits:**


Contact us if you would like more information:

800-634-5397 Toll Free
949-833-8255
info@passy-muir.com