The Passy-Muir® Valve: Changing the Road to Recovery

Arousing the Minimally Conscious Patient
Turning Tragedy into Triumph
Heather’s Miracle Moment
The RT’s Answer to the Question
New Centers of Excellence
Publius Syrus, a first century Latin writer, once said, “Speech is the mirror of the soul; as a man speaks, so he is.”

In the rapidly changing landscape of healthcare reform, there are ever increasing demands being placed on the providers of healthcare to “increase outcomes” and “bring value to their services”. Often, these goals are measured by specific data, detailed statistics and improving the bottom line. However, there are just some aspects of patient care on which one cannot place a price tag.

In my educational lectures, I speak to the many clinical benefits of the Passy-Muir® Tracheostomy and Ventilator Swallowing and Speaking Valve. I love to share the details of the many important studies that provide the quantitative evidence of how the valve improves swallowing, reduces aspiration, improves secretion management and oxygenation, expedites weaning and decannulation, and reduces healthcare costs. However, nothing excites me more than to share my own patient stories of those magical moments the first time I place a Passy-Muir Valve on my patients and hear their voices!

This issue of Talk Muir features the “evidence” of the true magic and power that restoring one’s voice can have on recovery.

Clinical Expert Interview – Early Use of the Passy-Muir® Valve with Minimally Conscious Patients

By Julie Kobak, MA, CCC-SLP, Vice President of Clinical Education, Passy-Muir, Inc.

Leigh Anne Baker, MS, CCC-SLP, BCS-S, is a speech-language pathologist from Promise Hospital of Baton Rouge with specialized training in working with patients requiring mechanical ventilation in the LTAC setting. She has presented on communication and swallowing evaluation and treatment of tracheostomy and ventilator patients at local, state and national levels. Leigh Anne is a Board Certified Specialist in swallowing and swallowing disorders. She is currently one of 27 participants of the 2014 ASHA Leadership Development Program for Health Care, a year-long program, in which she is creating within her facility a national model for the development of a multi-disciplinary tracheostomy team.

Why is it important to consider using the Passy-Muir® Valve early in a patient’s recovery from traumatic brain injury?

Patients with traumatic brain injury require cognitive functioning assessments early in their medical care as the patient begins to emerge from a deep coma. One standardized assessment tool that can be used to score a patient’s responses to various stimuli across all sensory domains is the Rappaport Coma/Near Coma Scale, in which responses to visual, auditory, olfactory, tactile and painful stimuli are rated. Patients with open tracheostomy tubes are not able to breathe through the oral and nasal tract for olfaction nor are they able to vocalize or verbalize responses during this type of assessment. As a consequence, this scale may be invalid for some tracheostomy patients and therapeutic plans based on this scale may be misguided.

It is well known that the bias-closed position of the Passy-Muir® Valve improves voice and speech production by restoring upper airflow. After tracheostomy, the Passy-Muir Valve can be placed as soon as 48 hours. When a patient hears his own voice it helps to facilitate a return to a more conscious state and hastens recovery. Early placement of the valve while a patient is in a minimally conscious state also enhances sensory stimulation such as smell and taste and provides for a more complete and meaningful cognitive assessment.

Additionally, the presence of an open tracheostomy tube with an inflated cuff can have significant effects on respiratory function. Reduced airflow through the upper airway results in reduced airway closure and ability to expectorate secretions. Physiologic PEEP is abolished, resulting in reduced surface area of alveoli, poor oxygenation, and possible atelectasis. Even though a patient is not fully conscious, they can still derive the benefits of restoring a closed respiratory system and more
Clinical Expert Interview  (continued)

Are there any differences in how you evaluate and treat a minimally conscious patient for use of the Passy-Muir Valve?

An evaluation with a minimally conscious patient follows all of the guidelines of a conventional Passy-Muir assessment with a few special considerations in the following areas.

- **Assessment criteria:** Patient assessment criteria typically require the patient to be medically stable, awake and attempting to communicate. For a patient in a minimally conscious state, the patient must be medically stable but may not be fully awake or attempting to communicate. However, they do have to have at least a low level of responsiveness, such as responding to pain, opening eyes, moving limbs and/or cough reflex at the carina with tracheal suctioning.

- **Airway patency evaluation:** Minimally conscious patients are usually not vocalizing or following commands, therefore, airway patency can be assessed by carefully observing or feeling for airflow through the upper airway via movement of a tissue or fogging of a mirror placed in front of the mouth or nose after the cuff is fully deflated and the tracheostomy tube is occluded with a gloved finger. For patients on mechanical ventilation, patency can be determined by also observing ventilator parameters, e.g. decreased exhaled tidal volumes and decreased inspiratory pressures once the cuff is deflated.

- **Monitoring:** Because a minimally conscious patient cannot communicate independently or alert staff to distress, it is very important that the patient be continuously monitored at all times by the clinician at the bedside.

- **Treatment:** With the Passy-Muir® Valve in place, therapeutic interventions, such as sensory stimulation techniques for touch, sound, movement, position, smell, taste, and oral stimulation can be provided and may be more effective. In addition, the speech pathologists can also initiate voicing and dysphagia treatment interventions.

Finally, swallowing can also be impaired for the minimally conscious patient with a tracheostomy tube. With the absence of airflow through the oropharynx and larynx, normal sensation is diminished and subglottic pressures are absent. In a study of patients with a Glasgow Coma Scale score below 8 points, Seidl and colleagues found the presence of a tracheostomy tube decreased the frequency of swallowing. When the tracheostomy tube was removed, swallowing frequency significantly improved for this group of patients. Therefore, the authors recommended deflation of the cuff or removal of the tracheostomy tube as a therapeutic measure to improve swallow function based on improved sensation under reestablished physiology expiration. For the minimally conscious patient not ready for decannulation, cuff deflation and early use of the Passy-Muir Valve can significantly contribute to the improvement of swallow safety and secretion management, thereby reducing risk of aspiration.
Early Use of the Passy-Muir® Valve

What outcomes have you seen when using the Passy-Muir® Valve with this patient population?

I have seen many positive outcomes when using the Passy-Muir® Valve early in treatment. For some of my minimally conscious patients, it has contributed to a significant change in the patient’s course of treatment, e.g. a discharge to an inpatient rehabilitation setting versus a nursing home placement. Here is an example of one patient who had a significant change in recovery once the Passy-Muir Valve was introduced.

John, a 68-year-old male who sustained a traumatic brain injury by falling off a roof. When he was transferred to Promise Hospital, John was evaluated by PT, OT, and SLP and was found to be in a minimally conscious state and not actively participating in therapeutic sessions. Therefore, he was placed on a functional maintenance program and received a trial of sensory stimulation by the speech pathologist that was covering for me when I was on medical leave. The day I returned to work, I was told by the discharge planner that John was not responding to treatment and that the team and his family decided to have him transferred to a nursing home with hospice services.

I went to John’s room for his last treatment session before discharge, and I was surprised to find that he had a tracheostomy tube and that the cuff was still inflated. Through my training and prior experience, I observed patients in a minimally conscious state increase their responsiveness once the cuff was deflated and the Passy-Muir Valve was placed, so I was anxious to see if John had a patent airway. John’s eyes were open and he would look at his wife but he did not move any body parts or follow any commands. The RT who completed the evaluation with me slowly deflated the cuff and then assessed for airway patency by placing a gloved finger over the tracheostomy tube. When we saw air began to flow, we knew John was exhaling through his mouth. We placed the Passy-Muir® Valve and monitored his tolerance by watching his vital signs and visualizing the valve opening on inhalation and his cheeks expanding on exhalation.

John’s wife desperately wanted to hear his voice, so we tried to get him to respond by asking him the names of his children. Each time his wife said a name, John would fill his cheeks with air and let out a puff for each syllable of the name.

He was too weak to vocalize but he was definitely making a purposeful attempt. We were all excited and encouraged by his responsiveness, so the RTs placed the Passy-Muir Valve on John throughout the weekend. By Monday, John began to actively participate in the functional maintenance program. His wife said to me, “John seems to wake up when you put that valve on and then go back to sleep when it’s off.”

John rapidly regained consciousness and improved so much in the next couple of days that he was discharged to an inpatient rehabilitation hospital instead of the nursing home. There, the clinicians were able to decannulate him and begin an oral diet. He was discharged home with his wife about three weeks later. He came to visit us after one of his follow-up appointments, and it was overwhelming to see him completely independent, especially when I remember how I was introduced to him. I know that John was given a chance at life when we placed the Passy-Muir valve and I am not sure where he would be today if we didn’t take that step.

Visit passy-muir.com/ceu to take Leigh Anne’s self-study webinar: Early Intervention in Persons with Minimally Conscious State and Tracheostomy

References:
Jim Mullen
Turning Tragedy into Triumph

“On October 16, 1996, my life changed in a major way.” I was a Chicago police officer in the Rogers Park neighborhood and one night, I responded to a call regarding a man with a gun. While we were on the scene we tried to gain entry into the apartment. We were unable to do so at the time. He exited his door and fired two shots. One struck me in the cheek and went into my spinal cord. I was instantly paralyzed from the neck down and became ventilator-dependent.

I wasn’t supposed to live. For the first few months I was sedated. When I first woke up, I remember that I was unable to speak and it was very difficult. I was on a ventilator and I also had my jaw completely wired shut. My only means of communication was blinking at an eye board.

I don’t remember when I first started using the Passy-Muir® Valve, but it did take me some time to build up my tolerance to wear it all day. Now I’d be lost without it! It’s changed my life completely because it allows me to operate my company, Officer Mullen’s Apple Sauce. I started the company because I still wanted to work and contribute to society. Growing up, my mother’s apple sauce was a hit with everyone. She was a self-taught chef, and we used to tease her about how her apple sauce was so good that she should bottle it. So we bottled mom’s apple sauce and now I am able to run my company.

“With the Passy-Muir Valve, I’m able to communicate like any other non-disabled person”

...so it puts me on an equal playing field. Many people who I speak to on the phone do not even realize that I am on a ventilator. It has also allowed me to use other technology, including Dragon Speech recognition software, which converts my speech into text. The Passy-Muir Valve coupled with Dragon Speech has given me a great deal of independence and has enabled me to run my own business.

My experience was very traumatic and I wasn’t expected to live. And now every day is like a bonus to me. Some people may think I’m nuts, but it’s sort of like winning the lottery. People say, “That poor guy, he can’t move and is on a ventilator.” But it sure beats the alternative.

Watch Jim’s story and buy his applesauce here: http://mullenfoods.com/media/
Kathryn Thorson Gruhn, the author of the My Baby Compass series, was a contracted Speech Pathologist for a Home Health Agency in the late 1980’s and early 1990’s. At that time, she had recently attended the American Speech and Hearing Convention and met David Muir at his exhibit booth, where he was advertising his new invention, the Passy-Muir® Tracheostomy and Ventilator Speaking Valve. He gave her an instructional video tape about the Passy-Muir Valve along with his phone number, in case she ever came across a patient that could use it. She didn’t realize how quickly she would need that video tape and phone number. Here is her story…

Heather’s Miracle Moment

The ventilator whooshed in a rhythmic beat, sustaining the frail eighteen-month-old body. Her mother was checking the gages and hovering over her like an eagle protecting her nest. The living room had been transformed to a make shift hospital ward. Pads, swabs, alcohol, syringes, and suction tubes, were abundant, not anything that should be surrounding a baby in her crib.

"I’ll need to get a little history from you before the evaluation," I quickly commented not wanting to distract mom’s gentle routine.

“Sure,” she responded in a rote manner as if she had heard this phrase many times.

“In reviewing my records, I see your baby received an oral polio vaccine at ten months resulting in a fever and then full fledge polio. Is this correct?”

“Yes,” the mother responded with a long, awkward, pregnant pause. “I called the doctor that night when she had a seizure. We went to the hospital. She hasn’t been home long. It was a long hospital stay. My baby is totally paralyzed accept she can move her eyes. The doctors think she is brain damaged. I know you are here for a routine evaluation. Just to make me happy. Not to fill me with false hope. It’s okay. I’ve accepted it.”

Her blank stare and rehearsed conversation mimicked a bad screen play, a defensive move rescuing her from her thoughts or emotions. The reality that her child will never walk, talk or play in the sand box with other children was too much to bear.

I walked over to the sweet little girl lying with tubes protruding from her thin frame. It was a scene that didn’t match the beautiful curls and small bow enveloping her porcelain face. As I approached the crib, I noticed she followed my movements with her eyes for short periods of time, but her usual posture was staring straight ahead while she lay on her back staring at the white, sterile ceiling.

As I was adjusting the tracheostomy tube protruding from her throat, I asked the child’s mother, “Has anyone ever tried using a Passy-Muir® Valve on her tracheostomy to see if she can make sounds? I just met the man who created it at the American Speech and Hearing Convention in Chicago. He gave me a video tape and talked to me. I don’t know if he has a valve for babies, but I can call and ask him. He gave me his phone number.”

The mother stopped what she was doing and looked in my direction. Tears were welling in her eyes and she whispered in a choked manner, “Did you say she may be able to make sounds? I would be so happy if the only thing she could say was ‘Ma’.”
Kathryn did call David Muir and he assisted her in evaluating and placing the Passy-Muir Valve on Heather. Within a month, Heather was able to vocalize and participate in speech and language therapy and began making real speech sounds. This intervention was a turning point in Heather and her family’s life and opened a window of opportunities as well as hope for her future. Heather developed speech and language skills typical for her age and with the use of a mouth stick, she was able to complete her school work with a computer and operate objects in her environment. Heather moved her wheelchair independently by using the Passy-Muir Valve to direct air through a “sip and puff” controller. She attended public school and her community church and she has graduated from high school. Heather happily lives with her family…and she says “Ma” all the time!
Meet our Newest Passy-Muir Centers of Excellence

By Julie Kobak, MA, CCC-SLP, Vice President of Clinical Education, Passy-Muir, Inc.

Based in Roseville, Minnesota, Pediatric Home Service (PHS) is an independent home health care company specializing in children. They are driven by the belief that even if a child’s legs are wheels or her lungs are controlled by a machine, that child wants to be a “kid.” That child wants to do all the typical kid things, whether it’s going to school, playing with the dog, or talk, laugh and bicker with a sibling – and they want to do it at home. The special needs support, resources, and technology, provided by PHS, including complex respiratory and infusion therapies and use of the Passy-Muir® Valve, makes this possible.

PHS has approximately 250 patients with tracheostomy living at home and over 140 of these are on mechanical ventilation. The PHS team strives to have these children utilize the Passy-Muir Valve on a daily basis because they have witnessed the multiple benefits the valve provides. By using the Passy-Muir Valve, children learn to vocalize and develop speech and language at a more normal rate. They communicate more effectively with their families and loved ones which increases safety and reduces frustration. When children have better airway protection and improved swallowing with the valve, they have more success with overcoming oral aversion issues and initiate oral intake sooner. Parents are so happy when their child can participate in the family meal, one of the most treasured aspects of family life. Because the valve facilitates a stronger cough, these children at home manage secretions more effectively on their own, therefore relieving some of the burden of frequent suctioning by parents and caregivers. Additionally, the use of the valve helps the vast majority of their non-neurologic children successfully wean from their ventilators.

“Education, knowledge, and a constant strive for excellence is extremely important to everyone at PHS, because it means we can provide the very best for our medically-complex patients,” says Bruce Estrem, Manager of Clinical Education at PHS. “Being named a Center of Excellence demonstrates our commitment to providing that highest level of care and will potentially allow us to serve as a Passy-Muir Valve resource for others.”

Learn more about PHS at www.passy-muir.com/phs

Pediatric Home Services patient Ireland with her grandmother at home.
Helping patients along their road to recovery

Ambassador Health operates several skilled nursing facilities in the Midwest. Two of these facilities, located in Lincoln and Omaha, Nebraska specialize in ventilator and tracheostomy care for both adult and pediatric patients with conditions such as brain injuries and neuromuscular diseases. The clinicians at Ambassador Health have utilized the Passy-Muir® Valve for numerous years. In 2013, they made it an organizational goal to meet the rigorous criteria and apply for the Passy-Muir Centers of Excellence Program.

Through patient videos and a two-day visit to these facilities, it was apparent that the Ambassador multi-disciplinary team works together to maximize patient recovery time and improve the quality of life of their patients. Since establishing standardized policies and procedures for valve application, every patient who is actively weaning from ventilator support utilizes the valve to aid in the weaning process. “The Passy-Muir Valve allows our patients to verbally communicate and this communication is invaluable as they work with staff for their daily care and interact with family and friends throughout their stay,” stated Holly Guill, BS, RRT, Director of Pulmonary Services.

For patients with conditions requiring long-term use of the ventilator, the Passy-Muir Valve provides them every opportunity to gain a sense of normalcy in their lives and engage more fully in therapy sessions and recreational activities. For example, Linda M. has been living at Ambassador Health of Omaha and using the Passy-Muir Valve for 8 years. From her bedroom filled with family pictures and bookshelves lined with crystal angels, Linda is asked what she likes about the Passy-Muir Valve. Her response is simple “My whole way of life would be different without it!”

To see videos of Linda and other patients and to learn more about Ambassador Health please visit: www.passy-muir.com/ambassador

To become a Passy-Muir Centers of Excellence, visit: www.passy-muir.com/coe

Jocelyn Beal, an occupational therapist at The Ambassador Health System works with Kristin Piper who is using the PMV®007 and computer technology in her therapy.
Do you ever get the question “Why did you become a Respiratory Therapist?” I know I have a few times throughout my respiratory career, and yet I always hesitate with my response. I was never quite sure how to answer. I knew it wasn’t because I loved working weekends, taking a night shift, or missing holidays with my family. But on one ordinary Thursday, the answer came to me. I was working in a long-term ventilator unit at a local skilled nursing facility, and the reason I chose this career became quite clear.

On this particular Thursday, I was assigned as the therapist for “Joe,” an elderly man who came to my facility with end-stage pancreatic cancer. Joe was a pleasantly confused, depressed gentleman, admitted on assist control ventilation after many failed weaning attempts in both the acute care and long-term acute care setting. The pulmonologist sent Joe to our facility to live out the rest of his days – which he’d predicted would be limited. Immediately on Joe’s admission, the respiratory department worked collaboratively with nursing and other members of the patient care team to develop a plan of care. The respiratory therapists worked diligently to wean Joe from assist control to an aerosol trach collar. This was not a smooth process, and we had quite a few bumps along the way. However, after a few weeks, we were making steady progress.

During the day shift, when I was working with Joe, he was progressing nicely with the weaning process and had the strength to participate in physical, occupational, and speech therapies. However, we still had communication barriers. He was still too weak to write – and mouthing words was not his strong suit. Sensing Joe’s frustration, I thought that maybe a speaking valve could help him. Once I explained the procedure, I placed the valve and asked Joe to say “hello.” After a little hesitation, I heard a soft, raspy “hello” from his mouth. His face immediately lit up like a child on Christmas morning. I told him that his wife was going to be surprised to hear his voice when she arrived to visit later that day. As Joe wiped a tear from his eye, he looked at me and said, “Thanks, I haven’t heard my voice in eight weeks.”

At that very moment, I realized why 14 years earlier I chose to become a Respiratory Therapist. In 10 short minutes, I improved the quality of life for Joe. The days following, Joe became more interested in his therapy sessions. This man, who initially had been depressed and had begged his wife to sign the terminal wean paperwork, now wanted to go home to mow the lawn. He rediscovered his joy in living.

After a week of speaking valve and capping trials, Joe was successfully decannulated, and did not require any supplemental oxygen. Three weeks later, Joe was discharged home. He was walking independently and able to complete all of his ADLs. A few months after his discharge, we received a letter from Joe’s wife. Joe had passed away at home, but his wife wanted to thank us for giving him the opportunity to mow his lawn one last time.

James Wood has been with Genesis Rehab Services in Towson, MD since 2011 where he first served as Program Manager in a long-term ventilator unit. In 2012, James was promoted to the Manager of Clinical Services. In his current role, he oversees the clinical practice of over 600 respiratory therapists, and ensures these individuals deliver care that is consistent with state and federal regulations.

Did you know?

In a recent study, tracheostomy patients reported that pain and speech were the most important domains that contributed to their quality of life.

Pandian, V. et al. 2014. Exploring Quality of Life in Critically Ill Tracheostomy Patients: A Pilot Study
In this wonderful resource for caregivers, Jennifer Schwertfeger writes about her journey with a premature baby, life after the NICU, and the years following raising a child with special needs.

Over the years Jennifer learned how to care for a child with complex medical needs. This book focuses on the care of a child with a tracheostomy. Jennifer learned a great deal about the tracheostomy, respiratory disease and chronic lung disease. In her book, she documents her experience with the Passy-Muir® Valve, and how amazing and incredible it was to hear first cries and sounds after a long period of silence following the tracheostomy.

Through her book, Jennifer hopes to inspire many families to keep on moving forward, and to look for the support that is available out there. Her book is about her experience, everything she learned over the years, and how she is here today to offer support through “Life with Grace”.

You can find out more information about her book and contact her:

www.LifeWithGraceBook.com
https://www.facebook.com/lifewithgracebook
info@lifewithgracebook.com

**New Self-Study Webinars**

**Overcoming Barriers to Speaking Valve Use: Success Through Teamwork**
Nicole Riley, MS, CCC-SLP
Director of Clinical Education, Passy-Muir Inc.

**Pediatric Candidacy for Speaking Valve Use: Journey to Success**
Katy Peck, MA, CCC-SLP, CBIS
Children’s Hospital of Los Angeles

**Communication and Swallowing Management for ALS patients with Tracheostomy**
Nicole Riley, MS, CCC-SLP
Director of Clinical Education, Passy-Muir Inc.

**Early Intervention in Persons with Minimally Conscious State & Tracheostomy**
Leigh Anne Baker, MS, CCC-SLP
Promise Hospital, Baton Rouge, LA
Kelly Abry, BA, AS, CRT
Promise Hospital, Baton Rouge, LA

**Home Care Tracheostomy Team: Navigating and Networking**
Mike Harrell, BS, RRT
Director of Clinical Education - Respiratory, Passy-Muir Inc.
Nicole Riley, MS, CCC-SLP
Director of Clinical Education, Passy-Muir Inc.
Randi Lynne Morgan, MA, CCC-SLP
Mealtime Connections, Tuscon, AZ
Heather Kuzara, RN
Director, Bayada Home Health Care
Erin Ward, Ms. Ed, CAS
Faculty, Boston Children’s Hospital
Stan Perch, RRT, RPFT

**End of Life Care and Patients Communication in Critical Care Settings**
Mary Beth Happ, PhD, RN, FAAN
The Ohio State University, Columbus, OH

**The Speaking Valve and Diaphragm Pacing: Changing Lives**
Rebecca Wills, BA, LRCP, CRT-NPS
Madonna Rehabilitation Hospital, Lincoln, NE

www.passy-muir.com/ceu
A Sudden Turn Around
A Thank You email received at Passy-Muir, Inc. on August 4th, 2012

I have to take a few minutes to express my gratitude to Mr. Muir for inventing his valve. It has brought hope to my family after 4 weeks of despair. In fact, I think this valve is significantly responsible for a sudden turnaround in my wife’s condition after having a bleeding aneurysm that had her in ICU for 4 weeks.

My wife, Debbie, suffered a bleeding aneurysm on July 10, 2012 and had it coiled on July 11. At first, she seemed to be doing well but after about 5 days she quit protecting her airway and was put on a ventilator. For the next 3 weeks she had been unresponsive and barely able to make eye contact. She went from wiggling fingers and toes to barely wiggling a foot and no fine motor skills like fingers and toes. As the time passed that the doctor had originally thought she would be out of ICU, and she was still unresponsive, we became very afraid she would never be the same. Once in a while she would open her eyes and look at us but that was it. We had no way to know if she knew us, knew herself, or even knew she was alive.

After becoming medically stable, she was put into a long-term acute care hospital 3 days ago. Yesterday evening, the doctor ordered a speaking valve for her. The speech therapist came in and put it on and showed me how to put it on and take it off. She said that Debbie might spontaneously talk but if not the upcoming therapy would probably help.

What the valve did for her, I think, was miraculous. With the valve she was able to groan - and do it in her own voice. This morning, she turned to me to tell me she needed me. She said she loved me and she asked where she was. By mid-morning she had spoken to all of the family to at least tell them she loved them. It’s a lot of work for her to speak and it’s not always clear, but often she is quite clear. She has been awake all afternoon. She’s alert, awake, and communicative. She has even asked about her aneurysm and is processing the events that occurred. She raised the question of the aneurysm so she knows what happened on her own.

I firmly believe that hearing her own voice as she breathed with the valve is what pulled her out of the state she was in. Perhaps she would have come out anyway - we certainly believe she would have - but there was no indication it was going to be soon. I firmly believe that the valve did it.

I have to say thank you to David Muir. His valve has brought hope and relief to my whole family. We have a long way to go yet, months, perhaps years, of recovery. But knowing that Debbie is there and that she is working so hard to recover has made today a day full of joyful tears for the Preston family.

Thank you for not quitting.

Regards,
Dale Preston