

# TALK MUIR

PassyMuir News, Events, and Education

Volume 9 | Issue 1

Passy-Muir, Inc.



## **In this Issue:**

**Advancing Patient Care  
through Education**

**Meet Our New Consultants**

**Convention Highlights**

**Centers of Excellence**

**Patient Spotlight**

Loa Griesbach

Millions of Voices, ONE VALVE™

*PassyMuir*®



## Patient Spotlight: Living Life as Loa

Interview with Loa Griesbach, conducted by Douglas Kalagian

**Even before meeting Loa Griesbach,** she had made an impression on me. Our Vice President of Clinical Education and Research, Dr. Kristin King, had just returned to the Passy Muir offices after attending the AARC (American Association of Respiratory Care) Congress in Las Vegas, NV, when she shared a story about a remarkable young woman she met while there. Dr. King suggested that I must meet and interview her because she had such an inspiring story from which others may learn. A quick internet search for Loa's name brought up a documentary that explained how an automobile collision in 2002 left her as a complete C2 ventilator-dependent quadriplegic. Where many people would feel they have lost everything, Loa turned her condition into an opportunity to help and inspire others. Not only did she receive her physiology degree and become a VOCSN ambassador for Ventec Life Systems, but she also blogs to share life lessons learned from her daily challenges living as a person with ventilator dependence.

The stories she shares are warm, reflective, and comical; an unmistakable sign of someone who writes from the heart. According to data from the National Spinal Cord Injury Statistical Center, Loa would be one of approximately 288,000 people living with a spinal cord injury in the United States (NSCISC, 2018). The leading cause of spinal cord injuries is vehicle collisions (NSCISC, 2018). Hopefully, sharing Loa's story will help others with similar conditions recognize that no matter the obstacles, life is full of meaning and value. I had the honor of interviewing Loa to better understand her journey and see how the Passy Muir® Valve has played a role in her rehabilitation and continuity of care. Here is our conversation:



### **After your accident, what education were you first provided about the impact of a tracheostomy and ventilator on your life? Who provided the education?**

My primary nurse in the ICU was the one who explained to me what a tracheostomy would mean for my life. I could tell that he was trying to talk me into it, thinking I would be resistant, but I was so excited to get the intubation tube out of my throat that they could not schedule the surgery soon enough. What he had to say regarding a tracheostomy in technical terms has not stuck with me; it has been many years and I have had a lot of medical exposure since, so most of it has blended together. What I do remember him telling me is that he had a friend who had a tracheostomy, and he explained how his scar was very small when the tracheostomy was allowed to close, after he no longer required it. This may seem like a strange thing to remember, but somehow, in the short time he took care of me, he realized that I was a little bit vain and that I would be concerned about how it would look. That was one of the things that made making the decision to have a tracheotomy that much easier.

*"No matter the obstacles,  
life is full of meaning and value."*

### **Were communication options shared with you from the beginning? If so, what options were presented to you?**

I initially had a cuffed trach, and they dropped [deflated] the cuff at one point before I left the ICU in California where I was hurt and before returning home to the Seattle area for rehab. It was difficult and frightening, but I was able to call my mom, who had returned [home], and I was able to thank the people who were taking care of me before going home, which was really important to me. I do not remember them talking about speaking valves or anything specific regarding communication, but there was a lot going on at the time and I was still very freshly injured, so that was something that came about when I got to rehab.



# LOA GRIESBACH

## At what point did you receive speech therapy and what was the focus?

I received speech therapy for several years after my injury, in order to teach me glossopharyngeal breathing (GPB) so that I could sustain myself in the instance of a power failure or ventilator disconnect. During the process of learning the GPB technique, I found I also was able to take breaths using my auxiliary neck muscles. I was able to sustain myself much better this way and for much longer than I was able to do using GPB, though initially, it was just a few breaths. I have built up the endurance to be able to breathe on my own for several hours at a time.

## Do you still receive any therapies? If so, what are they?

I still receive several therapies on a regular basis. I see my physical therapist, who is largely responsible for my breathing ability, once a week. He was aware that people were able to breathe using auxiliary muscles and spent many years of my therapy strengthening those muscles. I also regularly have massage therapy and do a lot of exercises and strengthening at home.

## At what point were you introduced to the Passy Muir Valve?

The Valve was introduced to me as a way to improve speaking when I was in rehab. I had been uncomfortable and frightened when the cuff was dropped [deflated] in the ICU. The air was rushing all around and felt very awkward. My primary respiratory therapist explained that it would be much more comfortable with proper ventilator settings and a one-way Passy Muir Valve. The first couple of times I used it, it took a little bit of time to get used to it and I tired rather quickly. However, once I got used to it and got a little bit stronger after a few uses, they had to slow me down because I was ready to have that thing all the time. They had to convince me that it was important to slowly build up strength and tolerance.



## How does having a Passy Muir Valve impact your life?

The ability to use my voice, not only to express my wishes, desires, and feelings but also to gain a sense of independence using voice-activated adaptive technology, is truly the way that I interact with the world. Having the ability to speak has made a less than ideal circumstance far easier to bear.

## With the impact the Valve has on your daily life, what is your routine with wearing the Valve?

I have always had an incredibly positive outcome keeping the Valve in and would not be willing to change that. I am very physically uncomfortable without the Valve; taking it out, in addition to the physical discomfort, also causes me anxiety.

## From your experience, what makes the VOCSN respiratory system different from other ventilators? What has it enabled you to do that other ventilators may not?

By combining multiple therapies into a single device, VOCSN not only streamlines my care but also makes it much easier to live an active and fulfilling life while on a ventilator. The small hot-swappable batteries make it possible to be out and about for as long as I need in order to do everything that I would like. Although I never let the complexity of being on a ventilator stop me in the past, VOCSN makes it much easier to travel and engage in large-scale adventures!



PMV® 005  
(white)

*Continued next page*



## Patient Spotlight: Loa *continued*

### **What information about living with a ventilator do you think is important for healthcare practitioners and other people with mechanical ventilation to know?**

I think that the most important thing for healthcare practitioners and users of mechanical ventilation to know and remember is that everyone is different, and it is important to find the settings and set-up that is comfortable for them. I also think it is important for them to know that it does not have to limit what they do, everything that they want to do is still possible. It will just require a little bit more creativity and a lot more planning!

### **What advice would you give parents or caregivers whose child has a newly acquired injury requiring the use of a tracheostomy and a ventilator?**

My advice to parents of the child who has recently sustained injuries resulting in the need for use of a tracheostomy and ventilator begins with fighting for what is best for their child. Everyone is different, and it is important to find what is most effective, most comfortable, and has the best outcomes for each individual. I would advise them to take the time to strengthen the muscles their child has that retain function, as it will give them more options and improve their overall well-being. I would also encourage them to support and encourage their child to not give up when some things seem uncomfortable or difficult because it can take time to build up strength and become accustomed to new and different settings, which ultimately may improve the overall quality of life. Finally, I would encourage them not to let a ventilator and tracheostomy hold them back from doing anything that they want to do. Even things that might seem impossible to do can be accomplished with enough planning, creativity, and persistence.

*“It is not what happens to a person that defines them, but what they choose to do with what they are given.”*

### **Bringing Loa’s story full circle, she shares this point for all people:**

Life is often full of unexpected, and sometimes unpleasant things. It is not what happens to a person that defines them, but what they choose to do with what they are given. When people ask me for advice, I typically encourage them to make the most of their life with what they have been given; it can still be full, beautiful, and fulfilling. I think this advice is pertinent for all people; it does not just apply to those who have difficult diagnoses or tragedies in their life. I also believe that everyone has their own challenges, and just because some may seem more dramatic, it does not make them any more important than anyone else’s struggles in life.

If you are interested in reading more about Loa, visit her blog which details her life while living on a ventilator, available at [www.venteclife.com/loa](http://www.venteclife.com/loa)

#### Reference:

National Spinal Cord Injury Statistical Center, Facts and Figures at a Glance [NSCISC]. Birmingham, AL: University of Alabama at Birmingham, 2018. Retrieved from <https://www.nscisc.uab.edu/Public/Facts%20and%20Figures%20-%20202018.pdf>





## Announcing Three New Centers of Excellence

Kristin King, PhD, CCC-SLP

**The Passy Muir® Centers of Excellence program** was developed to recognize medical facilities that are well-versed in working with patients following tracheostomy and mechanical ventilation. These facilities address the needs of their patients with a multidisciplinary team approach to provide a standard of care that includes use of the Passy Muir Tracheostomy & Ventilator Swallowing and Speaking Valve (PMV®). These Centers recognize that use of a PMV to provide early intervention for their patients may provide access to the many benefits that enhance secretion management, swallowing, communication, respiratory function, weaning, and decannulation.

Passy Muir is proud to announce that three medical facilities have been added to the prestigious list of recognized Centers of Excellence. They are:

-  **Children's Hospital of Wisconsin**
-  **Northwest Texas Healthcare System**
-  **St. Mary's Hospital for Children**

Each of these facilities brings a unique aspect to the Centers of Excellence. Children's Hospital of Wisconsin is the second pediatric acute care hospital to receive the designation as a Center of Excellence from Passy Muir. Northwest Texas Healthcare System in Amarillo is the first acute care trauma center for both adults and pediatrics, and St. Mary's Hospital for Children is the first rehabilitation and long-term care facility for pediatrics to receive this distinction. All three facilities provide exceptional care and state of the art recognition of the needs for patients following tracheostomy. The teams at these facilities work together to provide early intervention with in-line use of the Valve in the critical care units and to extend use of the Valve throughout the patient's hospital stay. Each of these facilities is involved in conducting research related to the care of these patients and have published in peer-reviewed journals or clinical publications. They have team members directly involved in providing education at both the state and national levels. Their team members strive to provide the highest and best level of care.



### Our Current Centers of Excellence

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

Continued next page



# Talk Muir 2019



## Children's Hospital of Wisconsin Milwaukee, Wisconsin

**Children's Hospital of Wisconsin (CHW)**, a medical college-affiliated quaternary pediatric care center, established its Tracheostomy/Home Ventilator Program in 1984 and has served over 800 tracheostomy-dependent children. As the premier program in the region, they cared for 206 children with tracheostomies in 2016, 50% of whom depended on home mechanical ventilation (HMV). This data from 2016 is representative of the care they provide to children with tracheostomies each year. Their pediatric multidisciplinary team consists of pulmonologists, otolaryngologists, respiratory therapists, advanced practice nurses, nurse clinicians, registered nurses, speech-language pathologists, nutritionists, and social workers. The PMV® has been part of the care for children at CHW for over 15 years. Historically, the PMV was limited to children who were on a trach collar. In 2014, the CHW program expanded their practice to include PMV for children with home mechanical ventilation, whose settings met their Policy and Procedure criteria for PMV use in-line with mechanical ventilation. In 2015, a PMV Quality Improvement (QI) project demonstrated that the rate of PMV evaluation improved to 90% prior to initial hospital discharge. Interventions to improve PMV use included intensive PICU staff education and discussing PMV evaluations in the multidisciplinary rounds before initial hospital discharge.



The Tracheostomy/Home Ventilator Program at CHW includes nationally ranked physicians and multidisciplinary team members who provide inpatient care, as well as outpatient treatment in dedicated TrachVent clinics. Education is provided for children and their families, as well as medical providers, locally and nationally. CHW is involved in local and international organizations promoting quality tracheostomy care for children. Their QI and research efforts dedicated to improving care for children with tracheostomies have been presented at national conferences and published in peer-reviewed journals.



CHW Tracheostomy/Home Ventilator Program Team:  
*(back row, left to right):* Dr Michael McCormick; Christine Bueckers, SLP; Anne Beeson, SLP; Grace Robers, RCP. *(front row, left to right):* Lisa Molkenline, RCP; Dr Lynn D'Andrea; Cecilia Lang, APNP; Dr Jennifer Henningfeld; Cindy Griffith, RN; Sunita Hermon, RN



Children's Hospital of Wisconsin Center of Excellence Award





## Northwest Texas Healthcare System (NWTHS) Amarillo, Texas

**The Northwest Texas Healthcare System (NWTHS)** is the first acute care trauma center to become a Center of Excellence. NWTHS serves residents from a 160-mile radius in 26 counties throughout the Panhandle and in parts of New Mexico, Oklahoma, Colorado, and Kansas.

The physician-led interdisciplinary Tracheostomy Team at NWTHS includes speech-language pathologists, respiratory therapists, physical and occupational therapists, nurses, nurse educators and leaders, social workers, case managers, and a specialized wound care team.

The designation as a Center of Excellence was influenced by the use of a Tracheostomy Team to deliver collaborative care. They conduct research studies and gather data related to tracheostomies and Passy Muir® Valve use. Through this comprehensive program and the tracheostomy team for implementation of the Valve, they have seen a 50% decrease in their ICU and total hospital length of stay. The patients are successfully weaned from the ventilator 50% faster than prior to implementation of this program. Their oral feeding progression rate has increased by 83% (return to oral feeding), and the decannulation (removal of tracheostomy) rates have improved by 50%. More than 50% of their patients are discharged home from the acute care setting, while many patients are discharged to acute rehabilitation, where they later decannulate prior to discharge home.

## Northwest Texas Healthcare System

The team at NWTHS shares that the patients, families, and staff are very thankful that the Passy Muir Valve is an option and that it is available to enhance the treatment and quality of life at their facility.



*Pictured, left to right: Buffy Buchanan, SLP; Shane Harper, PA; and Susan Gandy, RRT*



NWTHS SLP Team:

*(back row, left to right):* Brittany Block, SLP; Ryan Cotgreave PT, DPT; Buffy Buchanan, SLP; Ashley Schilling, SLP; Jessica Atwater, SLP; Paige Fluhman, SLP.  
*(front row, left to right):* Rebecca Hutchison, SLP; Kimberly Miller, SLP





## St. Mary's Hospital for Children Queens, New York

**St. Mary's Hospital for Children** is a 97-bed pediatric rehabilitation and long-term care facility located in Bayside, Queens, New York. This facility provides care for children with multiple medical complexities from birth – 21 years of age. One reason children are referred to St. Mary's is for ventilator and respiratory support and weaning.

The St. Mary's interdisciplinary team who cares for these children includes a pediatric pulmonologist, a pediatric otolaryngologist, a pediatrician, respiratory therapists, nurses, and speech-language pathologists (SLP). Together, they evaluate children with tracheostomies for possible PMV® candidacy, including both those children with mechanical ventilator dependency and with trach collar. Patients who are medically appropriate are evaluated for PMV use and then placed on a program with the SLP department for continued care and monitoring until they wear the Valve for a minimum of one hour. Once the child reaches this marker, transitioning to nursing staff use occurs until a child begins to wear the PMV for all waking hours.



**Where big hearts help little patients**

Success at St. Mary's is directly tied to the excellent transdisciplinary work that is provided, and to the contribution from all departments towards the carryover and implementation of the goals related to respiratory weaning and PMV use. At St. Mary's, the team strives for the highest level of care for their patients and pushes themselves to be the best in their clinical work. The team achieves this through facility-wide education to nursing and clinical staff on PMV safety, use, education, and support to caregivers. They also organize facility-wide continuing education on PMV use and how the Valve can further benefit the medically complex pediatric population.

*Passy-Muir, Inc. welcomes these three facilities as Centers of Excellence and as representatives of the high quality of care that Passy Muir advocates for patients with tracheostomy and mechanical ventilation. For more information on how to become a Center of Excellence or to read about the current Centers, please go to [www.passymuir.com/coe](http://www.passymuir.com/coe).*



St. Mary's Hospital for Children Interdisciplinary Team:

(back row, left to right): JoKathleen Rodriguez, PNP; Lan Tu, RRT; Ananda Weinblatt, MHA, RRT-NPS; Matthew Charest, SLP; Sean Lally, VP; Norma Gorecki, SLP; William Mead, COO, CFO; (front row, left to right): Marianna Mazza, PA; Victoria Edmundson, SLP; Brynn Seelig, SLP; Thomas Quinn III, SLP; Tiffany Damers, SLP; Jamie Desmond, SLP; Carla Villanella, SLP; Stephanie Halvax, SLP; Michelle Bernabeo, SLP; Jenna Capozzi, SLP



## Meet our **NEW** CONSULTANTS!

The Passy-Muir, Inc. National Consultant Program began in 1992 to establish a program that brings clinical professionals into the world of education. This program brings together the expertise, commitment, and spirit of clinicians who have extensive experience in working with patients following tracheostomy and mechanical ventilation. A primary focus of the Consultant program is to provide education about tracheostomy and use of the Passy Muir® Valve to healthcare professionals and staff at facilities across the country. Many of our consultants are published authors, as well as being recognized researchers in this specialty area. This program provides unique access to working clinical professionals who facilitate patient care and communication on a daily basis.

As the consultants 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!



### **Nicole DePalma**, MS, CCC-SLP

Nicole DePalma received her BA at Georgetown University and subsequently earned her MS at NY Medical College in Speech-Language Pathology. She is the owner of Speech and Swallowing Management, LLC working primarily in hospitals, subacutes, and skilled nursing facilities in New York City with an expertise in the tracheostomy and mechanically ventilated population. She has been instrumental in developing and implementing new protocols, performance improvement strategies, and providing comprehensive education to clinical staff. Through her leadership, she has aided in establishing interdisciplinary tracheostomy teams. She was previously Director of

Speech-Language Pathology at Barlow Respiratory Hospital and Research Center, a PassyMuir Center of Excellence. As a member of the Passy Muir team, she has presented courses on dysphagia and communication management at conferences and universities throughout the nation.



### **Elizabeth Hall**, MEd, CCC-SLP

Elizabeth Hall has been a speech-language pathologist in a variety of settings since 1996. She earned a bachelor's degree in Communication and Business Management from Whitworth College in Spokane, Washington. She then received her master's degree in Speech-Language Pathology from the University of Central Oklahoma. Since that time, she has primarily worked with patients following stroke, TBI, and Parkinson's disease. She provides services for both cognitive-communicative disorders and dysphagia. She currently works in Oklahoma City, where she sees patients in acute care, inpatient rehab, and outpatient rehab. She also has several years of

experience supervising speech-language pathology graduate students in a university clinic. Elizabeth attended her first PassyMuir speaking valve conference in 1996. She is VitalStim certified, trained in both SpeakOUT! Voice therapy and Lee Silverman Voice Therapy for Parkinson's patients, and frequently evaluates patients for use of the Passy Muir Valve.



### **Kimberly Morris**, MS, CCC-SLP, BCS-S, IBCLC

Kimberly Morris has been practicing speech-language pathology since 2006. Her experience includes evaluating and treating patients with feeding and swallowing impairments, as well as cognitive-communication impairments in neonates through young adults. She is recognized as a Board Certified Specialist in swallowing disorders and is an International Board Certified Lactation Consultant. Kimberly joined Rady Children's Hospital San Diego in 2018, after previously working at Al duPont Hospital for Children and Miller Children's Hospital Long Beach. She is certified in Fiberoptic Endoscopic Evaluations of Swallowing and is a Modified Barium Swallow Impairment

Profile (MBSImP) registered clinician. She also participates in national research initiatives to optimize dysphagia outcomes for neonates with congenital heart disease and for children who are tracheostomy-dependent.



## Watch One - Do One - Teach One: Passy Muir Education in 2019

Gail M. Sudderth, RRT

**Tracheostomy** is reported to be one of the most frequent procedures performed on patients in the intensive care unit (ICU) (Mehta, Syeda, Bajpayee, Cooke, Walkey, & Wiener, 2015). Healthcare professionals are now, more than ever, attending to these individuals throughout the continuum of care; even as early as during the ICU stay, a critical care state. The literature supports giving all patients a voice in their care (Freeman-Sanderson, Togher, Elkins, & Phipps, 2016a, 2016b, 2016c), however, many healthcare professionals do not feel sufficiently prepared to develop a plan of care or to treat this patient population. Because of this deficiency, many healthcare professionals seek opportunities to gain the necessary knowledge and experience for evidence-based practice through both live and on-line education.

At Passy Muir, it has always been the belief that patient care is advanced through education. That belief led to the decision to provide education to healthcare professionals on the safe and efficacious use of the Passy Muir® Valve and on the care of patients with tracheostomy. This belief and the company mission coincide with the needs of healthcare professionals across the globe. Over the last few decades, and to meet these needs, the education offered by Passy Muir has occurred in various formats, such as on-site in-services; recorded, self-study webinars; and live, web-based programs. Experienced clinicians in both speech-language pathology and respiratory therapy, who have practiced in all aspects of patient care, provide the education that is offered. PassyMuir also offers many printed educational materials and teaching models. As approved continuing education providers for American Association of Respiratory Care (AARC), American Speech-Language and Hearing Association (ASHA), and the California Board of Nursing, participants in the education may earn continuing education credits.

Over the last few decades and with the mission of education in mind, the clinical consultants and clinical specialists of Passy Muir have educated tens of thousands of professionals on assessment of patients with tracheostomy and the placement of the no-leak Passy Muir® Valve, including ventilator application. The educational content has expanded to include the plethora of evidence-based research that has been conducted over the years and demonstrates the many benefits of restoring airflow and pressures to the aerodigestive tract (for a full research bibliography, please visit [www.passymuir.com/research](http://www.passymuir.com/research)). Following each educational opportunity in which healthcare professionals participate, they complete evaluations on the course. The feedback has been overwhelmingly positive; however, the evaluations have included requests for expanded educational opportunities, including advanced courses and hands-on training.

To keep up with the demand for more advanced education and hands-on training, in 2016, Passy Muir added full-day seminars to its repertoire of education to fill this education-practice gap. In medical education, 'watch one, do one, teach one' has been a successful model for providing hands-on training. With this model in mind, the instructors have incorporated it into the seminars. The full-day seminars offer healthcare professionals an opportunity to practice and perform skills in a safe, non-threatening environment with teaching models and mannequins. These skills carry over to the work environment, which include services to patients with tracheostomy. For example, the hands-on training includes experience with proper cuff management, using both a syringe and manometer; how to place a Valve on a tracheostomy hub or in-line with mechanical ventilation; intubation of a mannequin, and several other skill stations. During these interactive seminars, attendees receive detailed information on tracheostomies, assessment for Valve use, dysphagia interventions, and early intervention with rehabilitation following critical care and tracheostomy.

*"I really respect Passy Muir and their stance on providing outreach and ongoing education and support to both professionals and patients."*



PMV® 007  
(Aqua Color™)

*“This was by far the best course I have ever taken. I’m a seasoned therapist and I still learned so much. I can see the love for education by your presenters and I LOVED this course.”*

The seminars have been presented throughout the United States and internationally, with invited seminar presentations in England, Ireland, Portugal, Australia, Canada, and Qatar. Providing consistent training both domestically and internationally increases the consistency of the standard of care for these patients by offering evidence-based education on the state of the art for addressing communication and swallowing disorders following tracheostomies. Due to the high demand for advanced education, the seminars have been expanded to include an all-day adult seminar, all-day pediatric seminar, and a two-day comprehensive seminar. All Passy Muir education is supported by research, which has been conducted by independent researchers from around the globe. This research has been published in peer-reviewed journals and numbers over 250 publications to date.

While Passy Muir has an emphasis on providing free educational opportunities as much as possible, the seminars do have a nominal fee associated with them. For this fee, the healthcare professional receives: eight full hours of education (which are approved for continuing education credit for respiratory therapists, speech-language pathologists, and nurses), printed program handouts, hands-on practice stations, and extensive interaction with the presenters. A few highlights of the seminars are the opportunities for healthcare professionals to hear patient stories, observe videos of patients, and to participate in case study discussions. The attendees are encouraged to ask questions and participate in discussions about various treatment strategies.

Education is key to patient care and professional competencies. The high standard set for the quality of the education matches the high standard of care to be provided to patients following tracheostomy. It is through education that healthcare professionals and others learn appropriate techniques and protocols for working with these patients.

To learn more about the seminars presented by Passy Muir in 2019 and about the opportunity to host a seminar in your area, visit our website at:

[www.passymuir.com/seminars](http://www.passymuir.com/seminars)

You will find the descriptions of adult, pediatric, and comprehensive seminars, along with the agendas, cities, and dates where they are being held in 2019 and beyond. Seminars are already being scheduled for 2020. If you would like to host a seminar at your facility, please contact Gail M. Sudderth at: [gsudderth@passymuir.com](mailto:gsudderth@passymuir.com). If you would like to request education at your facility, please email [info@passymuir.com](mailto:info@passymuir.com).

*“Fabulous course & presenters. Really great to see an RT & SLP work together as a team. Very well organized with wonderful resources”*

#### References

- Freeman-Sanderson, A. L., Togher, L., Elkins, M. R., & Phipps, P. R. (2016a). Return of voice for ventilated tracheostomy patients in ICU. *Critical Care Medicine*, 44(6), 1075-1081. doi:10.1097/ccm.0000000000001610
- Freeman-Sanderson, A. L., Togher, L., Elkins, M. R., & Phipps, P. R. (2016b). An intervention to allow early speech in ventilated tracheostomy patients in an Australian intensive care unit (ICU): A randomized controlled trial. *Australian Critical Care*, 29(2), 114. doi:10.1016/j.aucc.2015.12.012
- Freeman-Sanderson, A. L., Togher, L., Elkins, M. R., & Phipps, P. R. (2016c). Quality of life improves with return of voice in tracheostomy patients in intensive care: An observational study. *Journal of Critical Care*, 33, 186-191. doi:10.1016/j.jcrc.2016.01.012
- Mehta, A. B., Syeda, S., Bajpayee, L., Cooke, C. R., Walkey, A. J., & Wiener, R. S. (2015). Trends in tracheostomy for mechanically ventilated patients in the United States, 1993-2012. *American Journal of Respiratory and Critical Care Medicine*, 192(4), 446-454.

## Convention Highlights

### Attending AARC

Each year, Passy-Muir, Inc. participates in the **AARC (American Association for Respiratory Care) Congress**, which presents an opportunity for respiratory therapists to attend educational sessions and visit a large, interactive exhibit hall. The exhibits from the numerous companies and professional organizations provide information and education on the products and opportunities available to respiratory therapists for the care of patients. The 2018 Congress was held at the Mandalay Bay Convention Center in Las Vegas, Nevada.

Passy Muir provided both informational materials and a demonstration area with a Ventilator Instructional Tracheostomy Observation (VITO) model. This area allowed visitors to see demonstrations and receive hands-on training with use of the Passy Muir® Valve (PMV®) in-line with mechanical ventilation. Many visitors stopped by the exhibit from locations within the United States, as well as international representatives from Canada, Germany, Spain, and several other countries. The international presence at the 2018 Congress provided much discussion on how the Valve is used in other countries and some of the differences with procedures and assessment practices. Visitors frequently requested information on the benefits of the Valve and on the educational opportunities that Passy Muir provides through its online and live educational sessions.



"Prince" impersonator with VITO at the Passy Muir exhibit

Keeping with the Vegas theme, the exhibit hall was enlivened by appearances from celebrity impersonators, such as Prince, Cher, and Michael Jackson. These impersonators were fascinated by VITO and his human likeness, which caused some discussion and provided photo opportunities. Along with the impersonators, users of the PMV and members of AARC also moved through the exhibit hall and visited Passy Muir to learn the latest news and information about the Valve. While at the booth, the members of AARC discussed practice policy and future goals for both the Congress and respiratory therapy practice guidelines. Since the Passy Muir booth had both respiratory therapists and a speech-language pathologist available, these visits led to stimulating conversations that provided everyone with an interdisciplinary perspective on the care of patients with tracheostomies.

The next AARC Congress is November 9-12, 2019 in New Orleans, Louisiana. Please plan on joining us for an exciting time to learn about working with patients with tracheostomies and speaking valves.



"The King of Pop" impersonator stops by the Passy Muir exhibit



## ASHA 2018 Recap

In November of 2018, Passy-Muir, Inc. sent its team of clinicians, speech-language pathologists (SLP) and respiratory therapists (RT) to Boston, Massachusetts for the annual **ASHA (American Speech-Language and Hearing Association) Convention**. The Convention is an opportunity for SLPs and SLP students to attend sessions for education on a wide range of topics, from school-based information to acute critical care topics. The Convention also offers a large exhibit hall, where attendees can visit the booths of publishers, manufacturers, facilities, private companies, and others to learn about the latest information and products related to the speech-language pathology and audiology professions.

The team from Passy Muir participated in the 2018 Convention exhibit hall by providing interactive education in the Passy Muir booth. At the booth, the team provided various opportunities and methods for attendees to learn about the impact that a Passy Muir® Tracheostomy & Ventilator Swallowing and Speaking Valve (PMV®) may have on a patient with a tracheostomy. The various stations within the booth included information on the Valve and its benefits and illustrated the impact of the Valve on swallowing through video demonstration. Through patient videos and on-site demonstration, the use of transtracheal pressure measurements for assessing the patency of the upper airway in the pediatric population was demonstrated. Attendees also participated in hands-on training, which involved the use of Tracheostomy T.O.M.® (Tracheostomy Observation Model) to practice cuff management and Valve placement. In addition, respiratory therapists demonstrated techniques for assessment and placement of the Valve in-line with mechanical ventilation on the Ventilator Instructional Tracheostomy Observation (VITO) model. The mechanical ventilation area also provided a review of ventilator settings and included a video wall display which presented patient case studies, providing real-world examples for commonly experienced problems in the field.



Valve use during swallowing, Susan Dunkley, MS, CCC-SLP



Transtracheal Pressure Instruction, Kimberly Morris, MA, CCC-SLP

*Continued next page*



## Convention Highlights *continued*

Outside the main convention hall, attendees received exceptional education through an unprecedented number of sessions on tracheostomy, mechanical ventilation, and the Passy Muir Valve by expert clinicians from speech-language pathology and respiratory therapy. These sessions ran the gamut from ethical considerations when working with patients following tracheostomy to multidisciplinary team development. VITO even made an appearance during a session which discussed the SLP's role when working with patients on mechanical ventilation. Two panels of experts sat before large audiences of greater than 150 people to discuss special considerations when working with the pediatric population and with the adult population. In both "Ask the Expert" sessions, attendees were given the opportunity to interact with the panel and to ask questions related to patients with tracheostomy, and they took advantage of it. Both sessions ran much longer than scheduled due to the number of questions asked and the strong interest of the audience.

One of the highlights of the Convention was the entrance made by Toby Tracheasaurus™ onto the Convention floor. Toby danced his way into the booth and the hearts of the Convention attendees. In a change from previous conventions, this year Toby, along with his wrangler, had a special role. He looked for attendees wearing the Passy Muir "Speech Happens" or "Have a Nice Voice" t-shirts, which had been gifted to all attendees who participated in education at the Passy Muir booth. If a Convention attendee was spotted wearing the t-shirt, they were awarded a Toby Tracheapuppet™.

For more information on the therapy hand puppet, please go to: [www.passy-muir.com/toby-tracheapuppet](http://www.passy-muir.com/toby-tracheapuppet).



Passy Muir exhibit at the 2018 ASHA Convention



Winner of a free Toby Tracheapuppet Plush Therapy Puppet



If you didn't have the opportunity to visit the Passy Muir booth at the 2018 ASHA Convention, a highlight video is available at the following link:

<https://youtu.be/fa9SE0tH934>



*We hope to see you at the 2019 ASHA Convention, at the Orange County Convention Center in Orlando, Florida, November 21–23, 2019.*

Call for Entrants



David A. Muir  
S T U D E N T

*Award*

SPONSORED BY PASSY-MUIR, INC.

Passy-Muir, Inc. invites students in advanced courses of study who specialize in a healthcare field, including respiratory therapy, speech-language pathology, nursing or other healthcare professions, to apply for the

## David A. Muir Student Award

For guidelines and details on the application process, visit  
[www.passymuir.com/david\\_award](http://www.passymuir.com/david_award)

Winning submission will be featured in an upcoming issue of

PASSY MUIR'S  
**AERODIGESTIVE HEALTH**

### AWARD

- ★ **\$1,500.00**
- ★ **\$200.00 donation** to the National Foundation of Swallowing Disorders in honor of the recipient
- ★ **Pocket T.O.M.®** Tracheostomy Observation Model for clinical education

For more information, visit [www.passymuir.com/david\\_award](http://www.passymuir.com/david_award)



*Passy Muir*<sup>®</sup>  
Millions of Voices, ONE VALVE™

ALL PASSY MUIR  
VALVES PROUDLY  
MADE IN USA



© Passy-Muir, Inc.



David A. Muir  
Inventor

Talk Muir is published by Passy-Muir, Inc. for clinicians and for patients with tracheostomy and ventilator-dependence, their caregivers, and medical professionals in an effort to provide education, 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.*

Passy-Muir, Inc.  
PMB 273  
4521 Campus Drive  
Irvine, CA 92612  
1.800.634.5397  
info@passymuir.com  
www.passymuir.com