

Perspectives in Respiratory Nursing

A Publication of the Respiratory Nursing Society

VOLUME 17 ISSUE 4

WINTER 2009

A Message from the President of RNS: Donna Hoffman RN, BSN, CCRN

This year's conference was held over a beautiful fall weekend in Boston, Massachusetts at the Courtyard Boston Downtown/Tremont. The weather was gorgeous, warm and sunny, and afforded attendees the opportunity to see what an Indian summer is like in the northeast. In the evening, participants took full advantage of the area restaurants, historic tours and world class shopping; several attendees were able to turn their weekend in Boston into a memorable vacation. Friday evening's Welcome Reception was hosted by our long time Gold Sponsor, Passy-Muir. We sampled a Mediterranean antipasto and delighted in chocolate covered strawberries, all of which were suggested by our Marriott event planner, Richard Di Mare. While sipping a delightful selection of wine, attendees were able to view our 2009 Poster choices in the ambiance of the wood paneled Library. We had 5 posters presented which improved our knowledge base on topics related to tracheostomy teams, effects of moisture on tracheostomy ties, VAP in both the acute and rehab settings and Churg-Strauss Asthma. This year, RNS worked hard to meet the needs of our membership by breaking the conference down into 2 full days, which allowed our attendees to attend the number of days that would best meet their needs. This could not have been accomplished without the invaluable

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A Note from the President-Elect: Anne Boyle **RNS 2010 Educational Conference Highlights** **20th Anniversary Meeting**

October 7-8, 2010

Richmond VA

Richmond Marriott

500 East Broad St

Tentative Topics: Respiratory technology, Health behaviors related to asthma, Sneezes and Wheezes, Alpha-1 antitrypsin, Update on Pulmonary Research, Tobacco related cancers, Living with CF, Pulmonary HTN

Can't wait to see you there!

Anne

assistance and support of our contact hour provider, Children's Hospital of Boston. One of our own RNS members and conference presenter and planner, Mary Horn, worked tirelessly to assure that we would be able to meet our goal of 13 contact hours for attendance at the full conference. I would like to extend my sincere appreciation to Children's Hospital and Mary Horn for helping us achieve our goals. I would also like to add, that this year's conference bag was generously supplied by the Massachusetts General Hospital.

Saturday morning dawned bright and sunny as we assembled for Day 1 of the conference. Mary Findeisen, PhD, RRT, RN, outgoing President, delivered the opening address for the conference. Donna Hoffman, RN, BSN, CRRN, the President Elect and the 2009 Conference Chair, then took the podium and extended a heartfelt thank you to Mary F for her ongoing support and commitment to RNS. Our first speaker of the day was Jeremy Richards, MD, a Pulmonary/Critical Care Fellow at Massachusetts General Hospital. Dr. Richards presented us with an enlightening lecture on Chest X-ray Interpretation. Our next speaker was Ann Peterson, RN, MS, Clinical Nurse Specialist at the National Institutes for Health in Bethesda MD. Ann discussed the complexities of Atypical Mycobacteria. After a mouthwatering lunch called the "Proper Bostonian", we resumed the conference with our afternoon speakers. David Christiani, MD, an attending in the Pulmonary/Critical Care division at MGH and a Professor at Harvard Medical School and the Harvard School of Public Health, discussed the complexities of Acute Respiratory Distress Syndrome. Our final speaker of the day was Lori Burkhead, PhD, CCC-SLP, Assistant Professor in the Department of Otolaryngology, and the Center for Voice and Swallowing Disorders at the Medical College of Georgia. Lori spoke to us about the benefits of Early Rehabilitation of Swallowing and Communication in the ICU Patient. We broke for the day at 4:30 pm and everyone went off to enjoy the lovely city of Boston.

Sunday morning, we enjoyed a hearty breakfast while we attended the Annual Business Meeting. At the conclusion of the meeting, the new Board members were announced: Donna Hoffman would assume the position of President, Anne Boyle, would transition to the President-Elect, Donna Bond would transition to Secretary and Tracy Estes would become the new Treasurer. In addition, we welcomed back Gay Martin to another term as Director and learned that Heidi Putman – Casdorff would be joining us as a Director. Margaret Clifton and Mary Hagen will continue in their positions as Directors. We would like to extend a "Thank You" to Penny Striz for her role as Secretary as well as a heartfelt round of applause to our outgoing President, Mary Findeisen,

for her immeasurable support for all that RNS stands for! Mary, your valuable expertise in caring for respiratory patients will continue to be sought as the Immediate Past President.

Our first speakers of the day were Mary Horn, RN, MS, RRT, Surgical Clinical Nurse Specialist at Children's Hospital Boston followed by Jo Ann Frey RN, MS, CNS, ACNS-BC, CRRN, TriHealth Pulmonary Clinical Nurse Specialist for Good Samaritan Hospital/TriHealth of Cincinnati, OH. They did a co-presentation called Discharging the patient with a Tracheostomy: An Adult and Pediatric Perspective. They were able to enlighten us on the similarities and differences of discharging tracheostomy patients from both ends of the life span. Our next speaker was Nalton Ferraro, MD, DMD, of Children's Hospital Boston, who works closely with Mary Horn in her CNS role. Dr. Ferraro spoke to us about Maxillofacial Conditions and their Impact in the Airway. He focused our attention on thinking "inside the box" when it comes to looking at management of airway abnormalities.

Our first afternoon speaker was Pamela Calarese, RN, MS, CS, APRN. Pam is a Thoracic Nurse Practitioner at the Dana Farber Cancer Institute in Boston MA. Pam spoke to us about the new treatment option of Targeted Therapies for Lung Cancer. Our final speaker was Martha DeSilva, M. Ed, RRT, Director of the Respiratory Care Program at Massasoit Community College in Brockton MA and the current President of the Massachusetts Society for Respiratory Care. Martha brought the conference to a close by enlightening participants on the positive benefits of Pulmonary Rehabilitation.

As always, we would like to extend our sincere appreciation to our Sponsors and Exhibitors for their continued support of RNS, without them, we would not be able to provide you with the caliber of speakers that we do. This year, we were honored to receive support from:

Passy-Muir: Gold Sponsor
Welcome Reception
Massachusetts General Hospital: Silver Sponsor
Conference Bags and advertisement
Hill-Rom: Bronze sponsor
New England Sinai Hospital: Bronze Sponsor
Dale Medical Products: Bronze Sponsor
Electromed: Bronze Sponsor
TriHealth: Advertisement
Kennedy's Disease Association: Advertisement
American Lung Association

Before we called the conference to a close, Anne Boyle, our incoming President Elect, came to the podium to tell us all to "Save the Date" for next year's conference. We will be heading to Richmond, VA October 6-8, 2010. We are looking forward to another exciting conference and we hope you will all be able to join us!

The RNS Board 2009-2010

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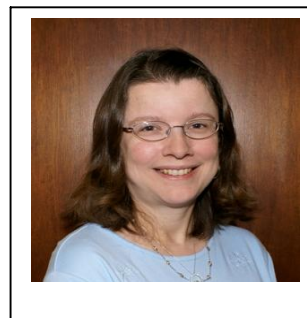
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Spotlight on your Board Members

Heidi Putman-Casdorff, PhD, RN, AE-C

Board of Directors

Heidi is an Assistant Professor of Nursing at West Virginia University School of Nursing in the Health Promotion, Risk Reduction Department. She focuses her research efforts in asthma and has studied adherence with asthma treatment regimens and more recently asthma in patients with cardiovascular disease. She also has an interest in asthma education delivered via distance technology in the public school system. She has published research in asthma and COPD. She has also worked with adults and children with allergies and asthma in the clinical setting. In addition, she teaches pathophysiology and research in the graduate program, as well as fundamentals of nursing in the undergraduate program. She received a BSN from Saint Francis College a MSN from Indiana University of Pennsylvania and a PhD from Widener University School of Nursing.



Donna Hoffman President

Donna Hoffman is a graduate of the Youville Hospital School of Practical Nursing in Cambridge MA; she went on to complete her ADN at Massasoit Community College, Brockton MA and her BSN at UMASS Boston where she was inducted into the Theta Alpha Chapter of Sigma Theta Tau. She is also a Certified Rehabilitation Registered Nurse and a member of the Association of Rehabilitation Nurses.

Donna has worked in a variety of healthcare settings both in MA and CA. On a home care assignment in CA, she developed her love of caring for patients with pulmonary diseases when she took care of a wonderful lady named Eleanor. When she returned to MA, she started working at the Mass Respiratory Hospital (then called The Norfolk County Hospital) in Braintree. Initially hired as a staff nurse on the units, she transitioned to the newly created role of Chest Therapist in the Pulmonary Rehabilitation Department where she learned the skills needed to provide chest physical therapy services to both inpatient and outpatient populations. The number of nurses in the department grew and the position later advanced the "non-traditional" role of the nurse into the position of Rehabilitation Coordinator; in this capacity, the nurses in the rehab department provided the educational

component of the Pulmonary Rehabilitation program. In addition, Donna became both the Better Breathing Club and the Freedom from Smoking Coordinator for the Norfolk County chapter of the ALA. During this time, she completed her BSN and her position again advanced the role of the rehabilitation nurse into another arena, that of the Pulmonary Rehabilitation Nurse Clinician. She then learned the skills necessary to improve the functional status of patients with pulmonary diseases.

After 11 years and many changes at Mass Respiratory, she moved on to the position of Rehabilitation Nurse Specialist in the newly created Outpatient Rehabilitation Program at South Shore Hospital in Weymouth MA. This time her nursing role again involved many changes of "hats" including those of office nurse to the Physiatrists, staff nurse to the multitude of patients receiving care in the center, case management coverage as needed and participation in all areas of program development within the department. She also became responsible for teaching pelvic muscle re-education

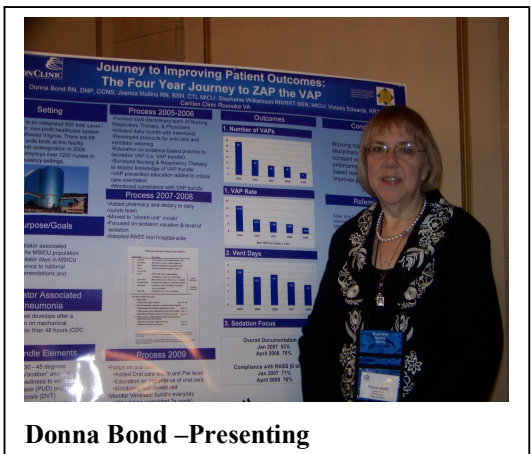
to clients in the Incontinence Clinic as well as providing education and support to participants in the Fibromyalgia and Caregivers Support Groups. She participated in the development of the Outpatient Pulmonary Rehabilitation Program at SSH. As the Pulmonary Rehab Coordinator she was responsible for the management of all phases of the program.

In 2002, she moved on to the role of staff nurse in the Respiratory Acute Care Unit at Mass General Hospital in Boston MA. The unit was established as a step down area for patients from the ICU's who continue to need ventilator weaning. It was here that she met Mary Findeisen, who introduced her to the Respiratory Nursing Society. She started to attend the RNS conferences in 2006, and when Mary became the President in 2007, Donna became a member of the 2008 Conference Planning Committee. In Providence, she was elected to the Board as the President Elect and spent a very busy year planning the 2009 conference in Boston, with much help from her mentor, Mary Findeisen!

Member News

Have you made a career change? Written an article or a book? Are you conducting research? Have you received a degree or credentials? Enrolled in a new program? Are you trialing a new product? Any new accomplishments you would like to share with us for Perspectives? We want to hear from you!!

Email your information to: DCBond@Carilion.com



Donna Bond –Presenting

2009 Conference Abstracts

The following 2 abstracts were presented by Donna Bond and C. Bruynell, RN,BSN, H. Kennedy, RN,BSN,CCRN, L. Sullivan-Galvin, RN,BSN, M. McDonald, RN,BSN, J. Ormsby, RN,BSN, S. Gray, RN,PNP and M. Horn, RN,MS,RRT at the 2009 Respiratory Nursing Society Conference in Boston MA. In following issues the other abstracts will be highlighted

Thank-you to the presenters for your informative displays.

Journey to Improving Patient Outcomes---The Four Year Journey to ZAP the VAP

Goal; To describe one unit's journey in incorporating research into daily practice

Objectives:

- Discuss the CDC definition of ventilator associated pneumonia (VAP)
- Review the history of the VAP bundle
- Describe the evidence based interventions put into place in one critical care unit to help decrease VAP

In the 1990's we knew from the literature that patients on mechanical ventilation had a higher risk of developing and dying from pneumonia than the general population in critical care. In 2005 changes were implemented to improve our care of this population. Carilion had hired a medical director for the unit, reassigned a Clinical Nurse Specialist to the unit, and in the literature the first articles on the bundle of care practices to prevent ventilator associated pneumonia (VAP) were published.

In 2005 a team formed of respiratory, nursing and physicians with the goal of improving patient outcomes by decreasing VAP. The measures that were instituted were daily rounds with the medical director, development of the ventilator management and oral care protocols, and education of the ventilator associated pneumonia bundle. In 2006 and 2007 we continued the protocols that had been put in place, monitoring compliance with the bundle. This past year, 2008, we focused on the sedation portion of the VAP bundle and changed to a "closed unit" model with the majority of patients being cared for by intensivists, which has been shown in the literature to improve patient outcomes. In 2009 our initiatives include re-education of all staff on the bundle and oral care, introduction of oral care kits, and increased bundle monitoring to daily (was three times a week)

Results:

In 2005 we had 29 documented cases of VAP. This decreased to 14 cases in 2006, 10 cases in 2007, ten cases in 2008 and five so far this year. Our rate decreased from 16.97 in 2005 to 6.0 in 2008. Our current rate for the past 9 months is 4.0

Pictures from the Reception at the 2009 Conference



Susan Gray, Joyce Lewis, and JoAnn Frey Julie Zuis and Ann Peterson

Will Velcro® tracheostomy ties used on pediatric tracheostomy tubes expand when wet?

C. Bruynell, RN,BSN, H. Kennedy, RN,BSN,CCRN, L. Sullivan-Galvin, RN,BSN, M. McDonald, RN,BSN, J. Ormsby, RN,BSN, S. Gray, RN,PNP and M. Horn, RN,MS,RRT

Problem: Accidental decannulation of tracheostomy tubes on pediatric patients. Perceived cause by nurses is stretching and consequential loosening of tracheostomy ties.

Background : Due to the improvement in ICU and Neonatal care more infants and pediatric patients are surviving on mechanical ventilators and or with tracheostomies. A major concern of staff and families are complications that can occur with tracheostomies, primarily from accidental decannulation or obstructed tracheostomy tubes.

Accidental decannulation can occur if tracheostomy ties are too loose. This is extremely important consideration in infants due to the short inner length of the infant tracheostomy tube. Therefore it is important to evaluate whether velcro® ties can stretch when moist therefore loosening past the expected one finger distance. This would allow the child to pull at the tracheostomy tube loosening the ties.

Methodology: Four types of commercially available Tracheostomy ties from two companies were tested to identify if moisture would contribute to increased expansion on the tie. The 4 types of ties were the Dale®242 Pedi Ducks Tracheostomy Tube Holders, the Dale® adult 240 tracheostomy tube holders the Marpac®203 neo-natal pediatric tracheostomy collar and the Marpac 103 infant collar. The range of length (shortest length to longest length) available with each tie was measured dry, on a flat surface. Each tie was then moistened with 3cc of water and within 10 minutes each tie was again measured wet. They were then stretched by one investigator while another investigator measured the ties at two different points. Another set was measured by using the same procedure but having two investigators stretch the ties and then measure the length to compare the

difference

CONCLUSION: This QI Project was performed by nurses who anecdotally felt tracheostomy ties would stretch when wet, found none of the tracheostomy ties were markedly longer when wet as compared to dry. The Dale 240Adult ties stretched to a maximum of 3.7 cm above the original length. The smallest commercially available non-metal infant tracheostomy tube is 3 cm (2.5 I.D. Neo Bivona and 3.0 Shiley). Since the Dale Adult ties can stretch beyond the total length of the smallest available tracheostomy tube, Dale Adult 240 ties should not be used for infant/pediatric patients. The second largest change in tracheostomy tie length was seen with the Marpac 203 Neo-Pedi. Based on this information, caregivers should use caution if using Marpac 203 Neo-Pedi ties on the infant population. Results from this small pilot QI Project **would be to recommend using only pediatric ties without elastic on neonatal and pediatric patients.**

Trach Ties	Marpac Inf 103 (1piece)	Marpac Neo-Pedi 203 (2piece)	Dale Pediducks (2 piece)	Dale Adult 240 (2 piece)
Shortest Dry (D)	12.5 cm	20.13 cm	17.5 cm	20.8 cm
Shortest Wet (W)	12.5 cm	20.13 cm	17.5 cm	20.8 cm
Shortest D Stretched	13 cm	21.25 cm	18 cm	24.5 cm
Shortest W Stretched	13 cm	21.25 cm	18.13 cm	24.5 cm
Difference W-D Stretched	0 cm	0 cm	0.13 cm	0 cm
Dry-Maximal ** Change in L	0.5 cm	1.13 cm	0.5 cm	3.7 cm
Wet-Maximal ** Change in L	0.5 cm	1.13 cm	0.63 cm	3.7 cm
**Maximal Change in Length = Difference in Length for Stretched as Compared to Non-Stretched Ties				
Other Data Collected				
Longest Dry	15 cm	29.5 cm	25.5 cm	42.5 cm



Mary Horn and Susan Gray presenting

Call for Articles

RNS Members: We are looking for articles of interest to our members for upcoming issues of *Perspectives in Respiratory Nursing*. Articles may be of clinical practice, research or evidenced based practice. If you have an article or an idea for an article, please submit it to: DCBond@Carilion.com. Articles should be 300-450 words and cited using APA format. Longer articles will be considered. If you have any questions, please contact us.



2010 Board Members at the 2009 Conference---Donna Bond (secretary), Donna Hoffman (President), Mary Findeisen (Immediate Past President), Gay Martin (Director), & Anne Boyle (President-elect)

Donna Hoffman and Gay Martin