

St. Mary's sees success with program to wean patients from ventilators

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St. Mary's **Hospital** is getting more money to continue a pilot program that frees beds in intensive care units by moving out patients who've been on ventilators for a long time.

The Waterloo-Wellington Local Health Integration Network has approved continued funding to the program that weans patients from mechanical ventilators.

Many ventilator patients are being moved from **hospital** intensive care units across the region to the 6th floor at St. Mary's **Hospital**. That's where the Waterloo-Wellington Progressive Weaning Initiative is located.

Patients who once stayed in intensive care for months on ventilators are being treated there by a multidisciplinary team of doctors and therapists who help wean them from the breathing machines. Last year, during the first year of the program, St. Mary's was able to discharge nine patients who had been difficult to wean from breathing machines, says a news release from the local health integration network. A total of 11 patients took part in the program.

"The majority of the patients who were part of this start-up have returned home and are living as independently as possible, or with the assistance of community-based support, such as adult day programs and Meals on Wheels," said spokesperson Jane Dawkins.

She estimated the potential cost savings at \$1.35 million.

That's based on the possibility that the nine patients could have spent up to 3,000 days over a one-year period waiting in the intensive care unit to be moved to long-term care beds at Grand River **Hospital's** Freeport site. Transferring patients to the new specialized unit frees up intensive care unit beds for other patients who need them.

Ventilators save the lives of patients who can't breathe on their own. They are connected to ventilators through a tube in their windpipes.

Patients are put on ventilators when they experience respiratory failure, said Dr. Eric Hentschel, medical director of the chest program at St. Mary's. The breathing machines are used for people in collisions with broken ribs, those who run into complications after surgery and patients with severe pneumonia and congestive heart failure, Hentschel said.

Someone with muscular dystrophy or a person who is a quadriplegic may always need a breathing machine, he said.

However, this program is aimed at those who can come off the machines after their medical issues are resolved.

Hentschel said some people have trouble coming off a ventilator because their lungs or hearts are too weak or their muscles have been weakened.

"It's a growing problem. They're taking up beds in ICUs," he said.

Previously, they would stay in intensive care units, where doctors and therapists would continue to work with them until "something would happen," Hentschel said.

They might be moved to Freeport, go home or die. There's pressure on intensive care units to admit more acute cases, such as those in shock after a car accident, he said.

Ventilator patients are now being assessed in the intensive care units to see if they are good candidates for the weaning program.

A team of specialists works with them. St. Mary's has eight respirologists. The team also includes occupational therapists, speech therapists, physiotherapists, social workers and nurses.

"We do conditioning," Hentschel said, "getting them walking even while they're on the machine. We might try to get them home on a breathing machine."

The Waterloo-Wellington Local Health Integration Network has approved funding to St. Mary's **Hospital** of up to \$250,000 for 2012-13 and up to \$500,000 in 2013-14.

The health network was one of 14 created by the Ontario Ministry of Health to plan and fund health services in its local area.