



Linde RSS – Delivering the Benefits of Better Care!

Rob Stauder, Head of REMEO® RNA

The acquisition of G3 Home Medical (Respiratory Support Services or RSS) in September 2008 marked the start of REMEO®'s expansion in the US. Since then, Linde RSS has grown from two ventilator units in Tennessee to eight REMEO® Centres in four states. 2010 marked a key milestone in the REMEO® journey with the opening of Linde's first paediatric ventilator unit in Albany, New York. This effort brought our cylinder, bulk oxygen and respiratory services together into a single package, also developing valuable competencies and procedures for further expansion. In addition, we already have a few early success stories to celebrate. ►►

Previous page: Christopher, resident of St. Margaret's. Left: St. Margaret's staff with patient. Right: St. Margaret's facility.



►► Teamwork

St. Margaret's, which started out as a home for abandoned children 127 years ago, now cares for about 90 paediatric and adolescent residents with unique physical, mental and emotional needs. For years, LifeGas supplied medical gases to St. Margaret's Center in Albany, New York. Darrell Hazen, a LifeGas sales representative, discovered that St. Margaret's intended to build a new wing dedicated to respiratory patients. Darrell quickly brought in Gene and Scott Gantt from Linde RSS to explore partnership options with St. Margaret's. Together they worked out an elaborate technical plan and secured new contracts for bulk oxygen and REMEO® respiratory services and equipment.

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Technology

For patient safety, Linde RSS installed the Masimo Patient SafetyNet. This system continuously monitors each resident's pulse oximetry, heart rate, end tidal CO₂, respiration and fraction of inspired CO₂. When abnormal conditions are detected, the system pages the respiratory and nursing staff. To accommodate infants weighing less than 11 pounds (5 kg), the project team evaluated and acquired specialised ventilators and supplies. On site, the local staff worked with multiple vendors to integrate ventilator alarms into the central patient call system. Finally, policies and procedures were extensively updated for the non-adult population.

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Success Stories

The successful opening was also attributable to the extensive preparatory work, travel and ongoing support from Kendra Milliron and Jodie Cline, REMEO®'s Clinical & Area Managers. One of our first patients was a twin who was born after 23 weeks of gestation. She and her sister arrived at St. Margaret's on July 10, 2010 weighing about 8 pounds (3.6 kg) each. Within two months, the Albany staff reported their first big success story in weaning this infant off the ventilator completely, but that was just the beginning. ►►



Left: Angelica², resident of St. Margaret's.
Right: Kendra Milliron, REMEO[®] Clinical Manager with patients.

►► “Every year the Center for Disabilities in Albany has a telethon to help raise money for all the centres,” reported Sue Wright, REMEO[®] Unit Manager. “Our very own Christopher¹ was selected as a child representative for the telethon! What a great opportunity for all of us.”

This seven-hour broadcast, featuring local celebrities and multiple REMEO[®] residents, was televised across New York. During the telethon, Gene Gantt and Sue Wright provided interviews that described Linde’s partnership with St. Margaret’s. For Jodie Cline, the highlight was transporting Angelica² (and her portable ventilator) to the studio to appear in a live broadcast. All told, the effort helped raise \$1.9 million in donations for St. Margaret’s.

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Future Growth

Looking ahead, Linde’s experience with St. Margaret’s is creating new opportunities for 2011 and beyond. While our main competitors focus on adults in skilled nursing homes, we now offer innovative REMEO[®] services to patients of all ages in varied care settings. The combination of expert clinicians, advanced monitoring technology, portable ventilators, medical gases and home ventilator services gives us a distinct market position. Continuing to focus on innovation and weaning will generate more success stories that confirm Linde is the leader in non-acute respiratory care.

¹ Resident of St. Margaret’s.

² Resident of St. Margaret’s. As of April 21, Angelica was weaned from the ventilator and now we are working on removal of the tracheostomy. We stated on the air at the telethon that we hoped to bring her back next year ventilator free and we succeeded!

³ O’Brien JE, Dumas HM, Haley SM, et al. Ventilator weaning outcomes in chronic respiratory failure in children. *Int J Rehabil Res.* 2007;30:171-4.

Published studies³ indicate that up to 50% of ventilator-dependent children can be successfully weaned, although weaning takes much longer than with adults. Generally, children outgrow the condition that initially created ventilator dependence so weaning may take years. During the process between admission and readiness to wean, it is extremely important that care-givers work with patients on their overall general development (gross motor skills, socialisation, education, etc.) Our paediatric REMEO[®] respiratory care staff members work hand in hand with nursing, physical, occupational and speech therapists to actively help develop the essential skills.

In our discussions with payers and state Medicaid agencies, we have found that paediatric care represents the largest expenditure item in their budgets. Young patients are also the most difficult to place in a facility setting. Very few facilities are willing to accept them and even fewer are equipped clinically to produce results. From a business development standpoint, we feel that this gap represents a big opportunity for REMEO[®] going forward. We are now evaluating several other potential sites. The concept of weaning children is an extremely exciting and rewarding prospect for REMEO[®] respiratory therapists. ■