

Inpatient Ventilator Outcomes

Vent Weaning is the active process of liberating the patient from the ventilator.

Vent Weaning

2009					
Level of Injury	Total Volume	# D/C Home on Vent	# Weaned	Avg Days to Wean	Wean Rate
C1 - C2	10	8	2	19	20%
C3	8	4	4	15	50%
C4	20	7	13	32	65%
C5 - C7	31	5	25	19	80.60%
T1 - T12	11	1	10	24	90.90%
Rancho 1 - 3	17	2	15	9	88.20%

2010					
Level of Injury	Total Volume	# D/C Home on Vent	# Weaned	Avg Days to Wean	Wean Rate
C1 - C2	1	1	0	0	0%
C3	5	2	3	38	60%
C4	22	4	18	25	81.80%
C5 - C7	53	5	48	24	90.60%
T1 - T12	7	0	7	17	100%
Rancho 1 - 3	21	2	19	20	90.50%
Rancho 4 - 6	7	0	7	11	100%

Vent weaning data analyzed annually by Andrew Zadoff, MD, Medical Director, ICU and Pulmonary Services.

Data represents medically complex patients only.

Influenced by clinical acuity and primary/secondary diagnoses, the following are considered significant influences in determining the potential capability to wean patient from ventilator assistance:

- Level of Injury
- Patient age
- Complete vs. Incomplete spinal cord injury
- Co-morbidity

Data includes patients admitted within the calendar year.

The table reflects calculations for:

- Patients with a primary diagnosis of either SCI or ABI.
- Patients who discharged by reporting cut-off date (TBD).

SCI/ABI dual patients are reported according to their SC injury level.

Extubated patients or patients with a trach that are liberated from the ventilator and subsequently are unsuccessful at sustaining that liberation and must return to a ventilator are counted as another episode.

Diaphragm Pacing System (DPS) patients are not weaned from mechanical ventilation At Shepherd Center. Patients are discharged home on a ventilator.

For an explanation of how ventilator-associated pneumonia is calculated, please see:
<http://www.cdc.gov/ncidod/dhqp/pdf/nnis/NosInfDefinitions.pdf>