Exceeding Survival Rates for ECMO: Making It Happen

Martina Oswald-Remaly MSN, RN, CCRN, CSC
Lehigh Valley Health Network, Martina.Remaly@lvhn.org

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Lehigh Valley Health Network, Allentown, PA

**Background:** The majority of patients who require extracorporeal membrane oxygenation (ECMO) succumb to their disease without this therapy. Patients in the Lehigh Valley requiring venovenous (VV) ECMO were transferred to other facilities, or they died. Venoarterial (VA) ECMO was provided to post-cardiotomy cardiogenic shock patients but survival was poor. Recognizing the necessity to provide this therapy to our community and region, a multidisciplinary team formed to develop a comprehensive ECMO program, which has exceeded Extracorporeal Life Support Organization (ELSO) reported percentages of survival.

**Interprofessional Team**

**Team members from key disciplines:**
- Cardiothoracic surgery
- Cardiology
- Critical Care
- Nursing

**Program Objectives**

- Standardized patient management and documentation protocols
- Didactic and hands-on training for nursing staff, perfusionists, respiratory therapists, providers
- Nurse Monitored Model of Care

**Nurse Monitored Model of Care**

Nurse has full responsibility for monitoring ECMO circuit and caring for ECMO patient.

**Improvements and Practice Changes**

- A shift in focus from acute care ‘ABCs’ to long term recovery period
- Increased collaboration:
  - Physical Therapy (PT) instituted early mobilization and ‘positioning for function’
  - Nursing initiated a skin care/turning bundle
  - Wound Care Team instituted daily skin rounds on all ECMO patients
  - Pharmacy recommended individualizing level of sedation based on patient response

**Outcomes**

**Extracorporeal Membrane Oxygenation Patients Per Month**

- **July 2012 – January 2015**

**Survival Rates**

**LVHN ECMO Outcomes 2013**

- ECMO Etiologies
- Total 29 runs
  - VV ECMO 15
  - VA ECMO 14
  - VV survival 70%
  - VA survival 23%

**LVHN ECMO Outcomes 2014**

- Total 53 runs
  - VV ECMO 36
  - VA ECMO 17
  - VV survival 69%
  - VA survival 59%

**References:**