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Letter to the Editor,

The best infection control and preventative standards are designed to save lives and reduce healthcare costs. As such, we strive to stay abreast of all new and relevant information in order to enhance our ability to evaluate and apply novel strategies to improve health outcomes and reduce risk. In the age of COVID, this has taken on new urgency. The challenges we face are unprecedented.

According to the CDC, half of COVID deaths involve secondary bacterial infections (VAP pneumonia). Per Dr. Fauci, *"The majority of deaths in the 1918-1919 influenza (Spanish Flu) pandemic resulted directly from secondary bacterial pneumonia caused by common upper-respiratory-tract bacteria."* Ventilated patients cannot swallow so infectious secretions seep from the upper airways into the lower airways causing a secondary bacterial infection. By reducing the seepage of these infectious secretions into the lower airways and lungs, we can significantly diminish the incidence of such infections and save lives.

Over 25 years of clinical research shows that removing secretions from the upper airways utilizing subglottic secretion drainage (SSD) is the most effective form of secretion management. This has been endorsed by the CDC, AHRQ, APIC, ATS, AARC, AACN, and SHEA. Guidelines from Johns Hopkins cite RCTs with a 45% reduction in VAP rates and reduced time on ventilators when using SSD.

So why hasn't this been widely adopted in the U.S.? For a variety of reasons, most facilities in the U.S. have resisted making changes in set protocols even when the scientific evidence suggests otherwise. The challenge is to make SSD more user-friendly to encourage its adoption.

Our company has developed a subglottic secretion management device to 1) simplify SSD protocols, 2) maximize secretion removal via automation, and 3) protect ICU staff from exposure to infectious fluids which can occur with traditional modes of secretion management. It helps reduce the VAP incidence beyond the findings cited in the Johns Hopkins guidelines by removing up to 10x the volume of secretions versus traditional methods (i.e. wall suction or syringe). Secretions are collected in an integrated, disposable canister, eliminating cross-contamination in the ICU. It has been used successfully for many years in Europe and is routinely found in COVID ICUs there.

COVID is a catalyst for rethinking existing protocols and redefining best practices. Our company is committed to working with clinicians and infectious disease specialists to increase SSD awareness and adoption across the United States to improve outcomes, reduce levels of secondary bacterial infections and save lives.

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