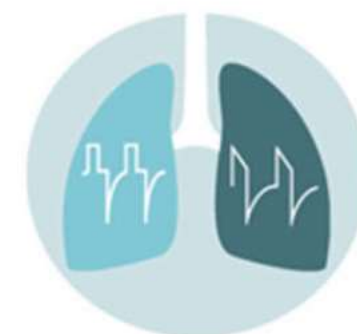




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SimVA
Ventilation Artificielle Virtuelle



June 2020

Hadrien Rozé, MD, PhD, head of Thoracic ICU, co-inventor of SimVA

Ventilation in France



- >9 millions people ventilated per year in France

Severity

Simulation in Healthcare

HAS

HAUTE AUTORITÉ DE SANTÉ



Anesthesiology
ICU
Emergency

Drip

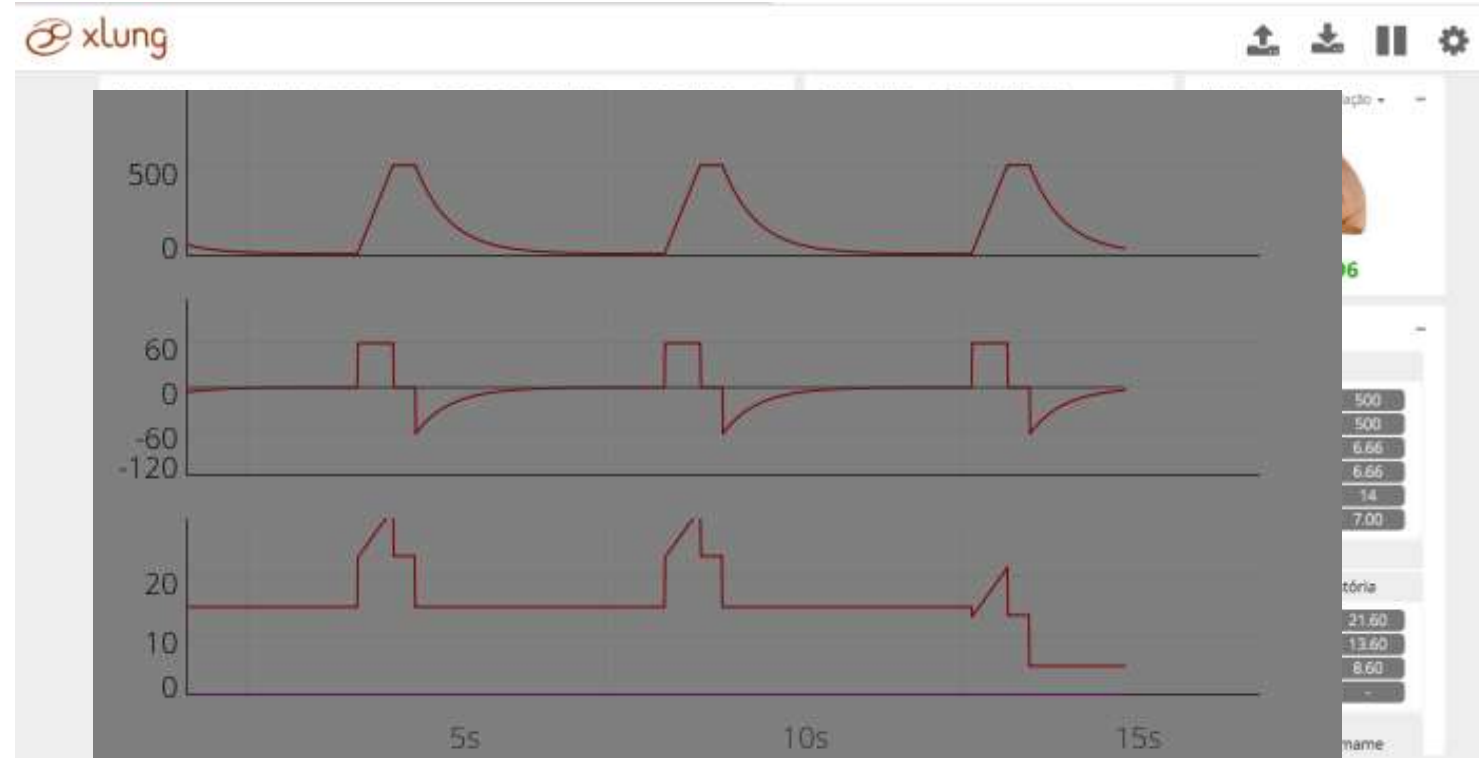
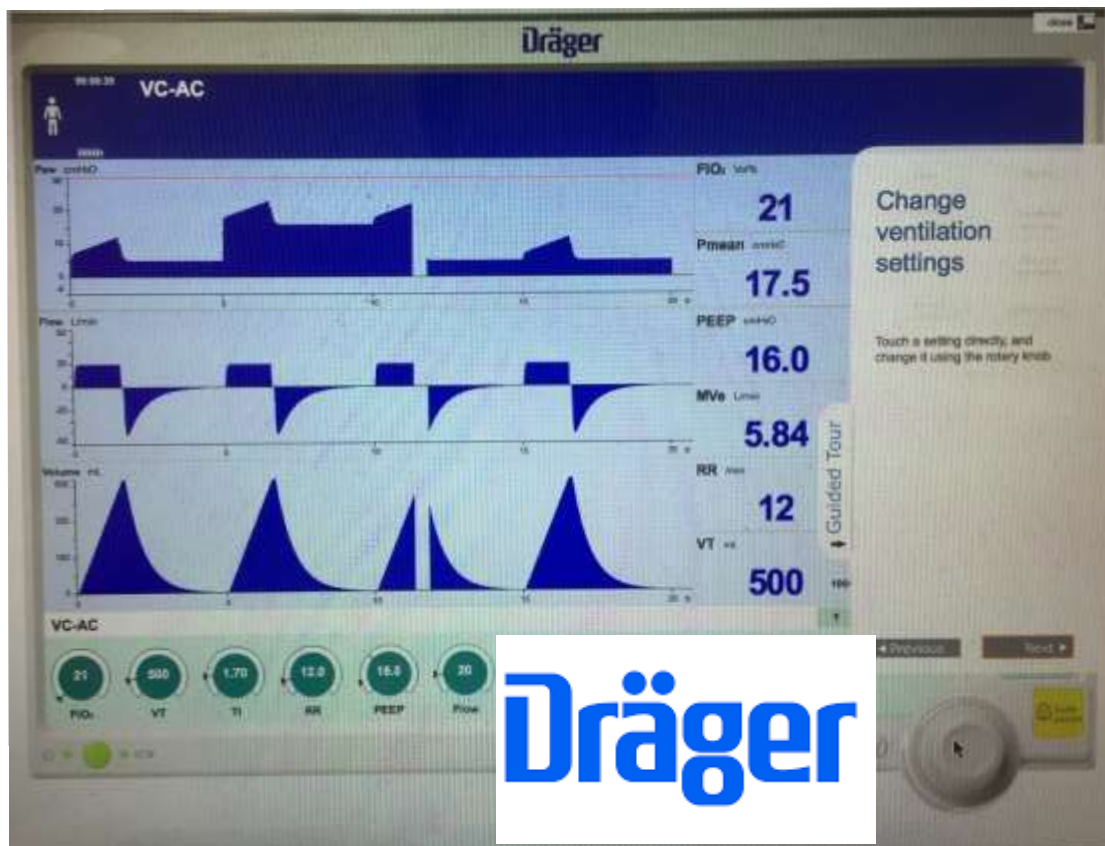
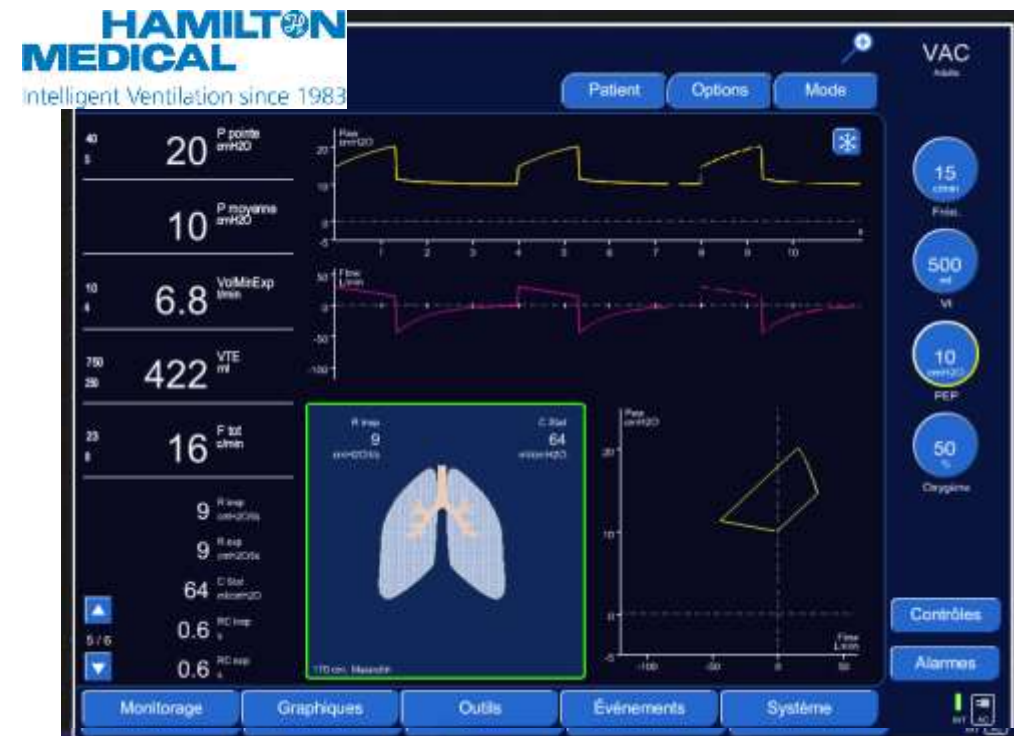
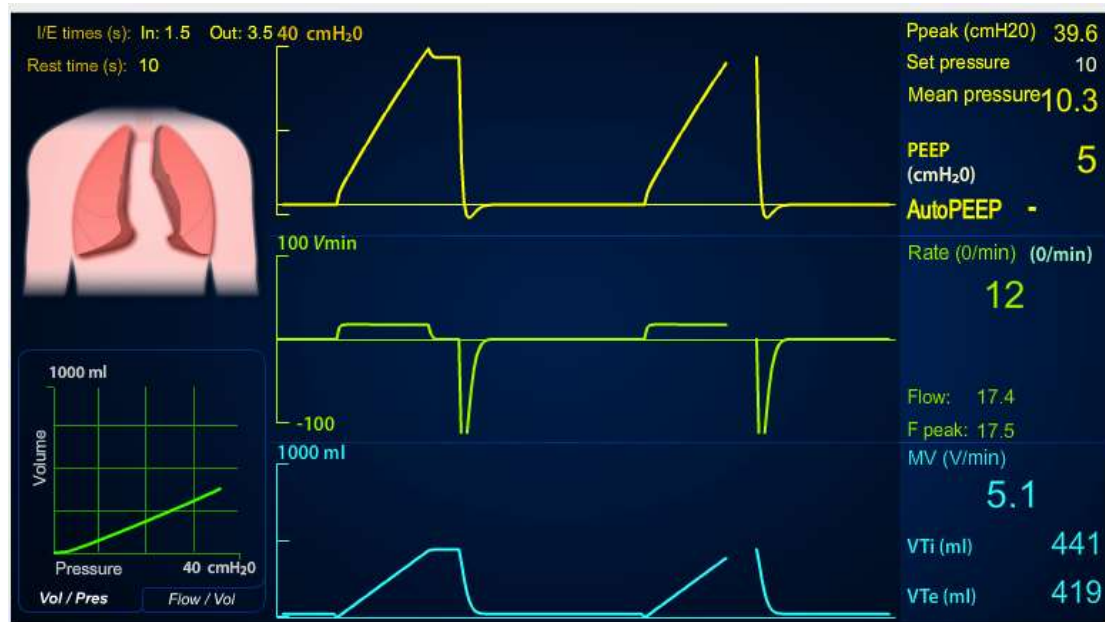
Frequency



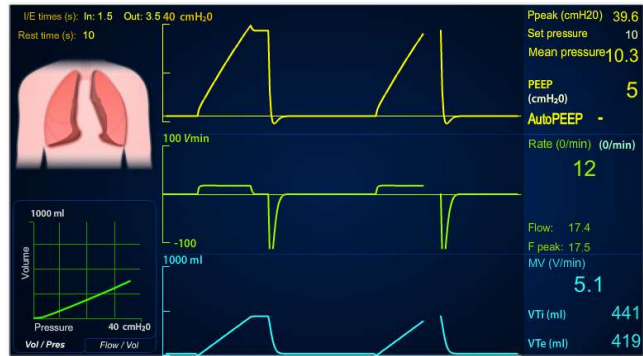
>50000€



Softwares



SimVA Project



CHU
Hôpitaux de
Bordeaux



What is SimVA

*«A tool to teach, train and improve knowledge
on mechanical ventilation
from baseline to expert levels»*



SimVA Background

- The synergy of 2 experts
 - 1 clinical expert in Mechanical Ventilation (Bordeaux Hospital, France)
 - 1 expert in mathematics (Bordeaux University, Liryc Institute)
- 2 years of development
- 2 patents & Copyright on SimVa app



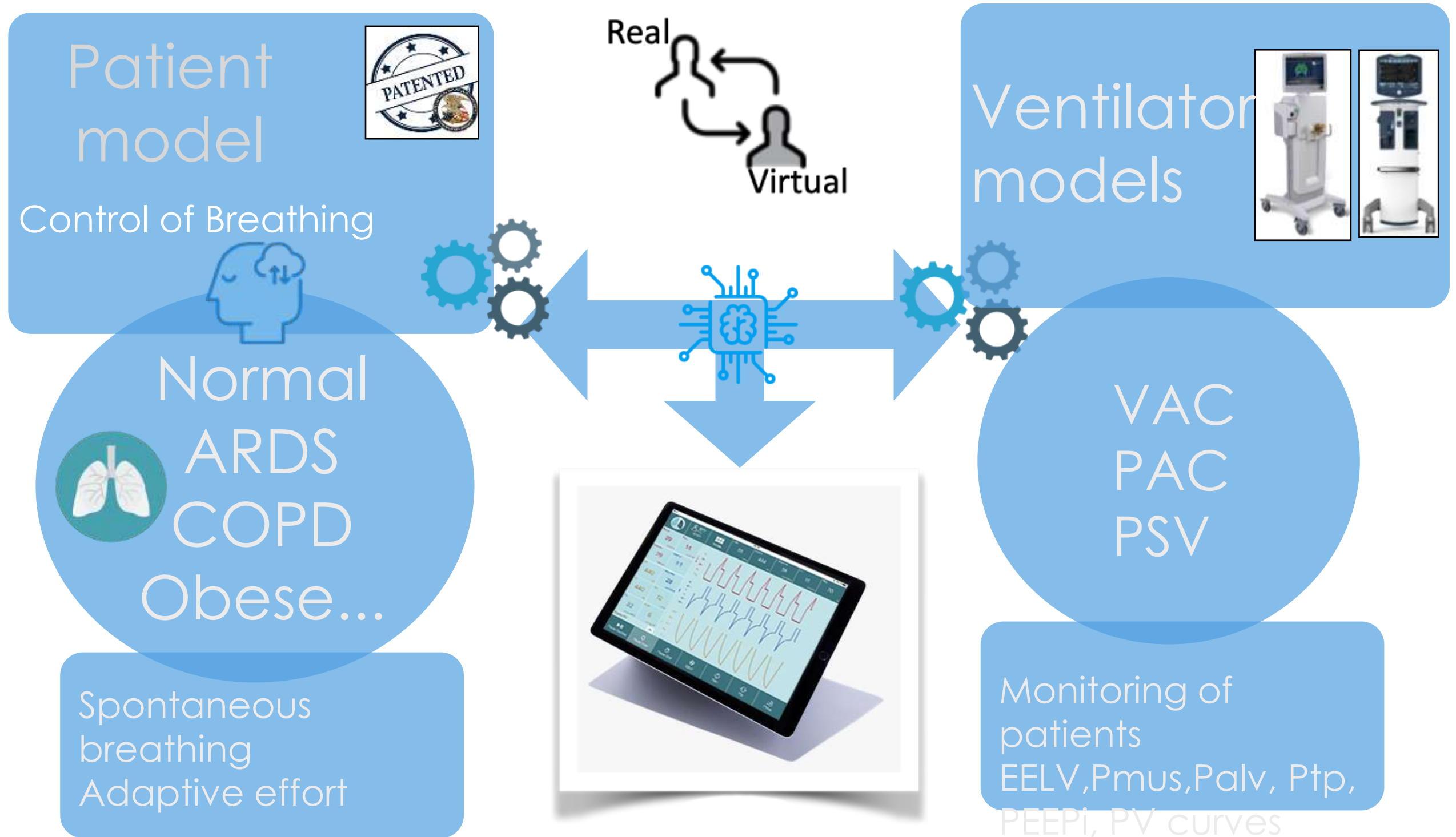
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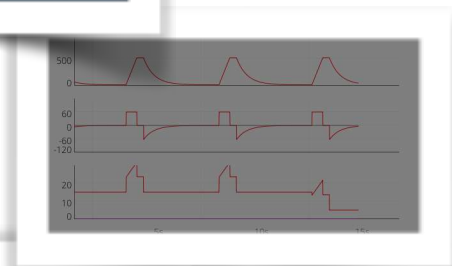


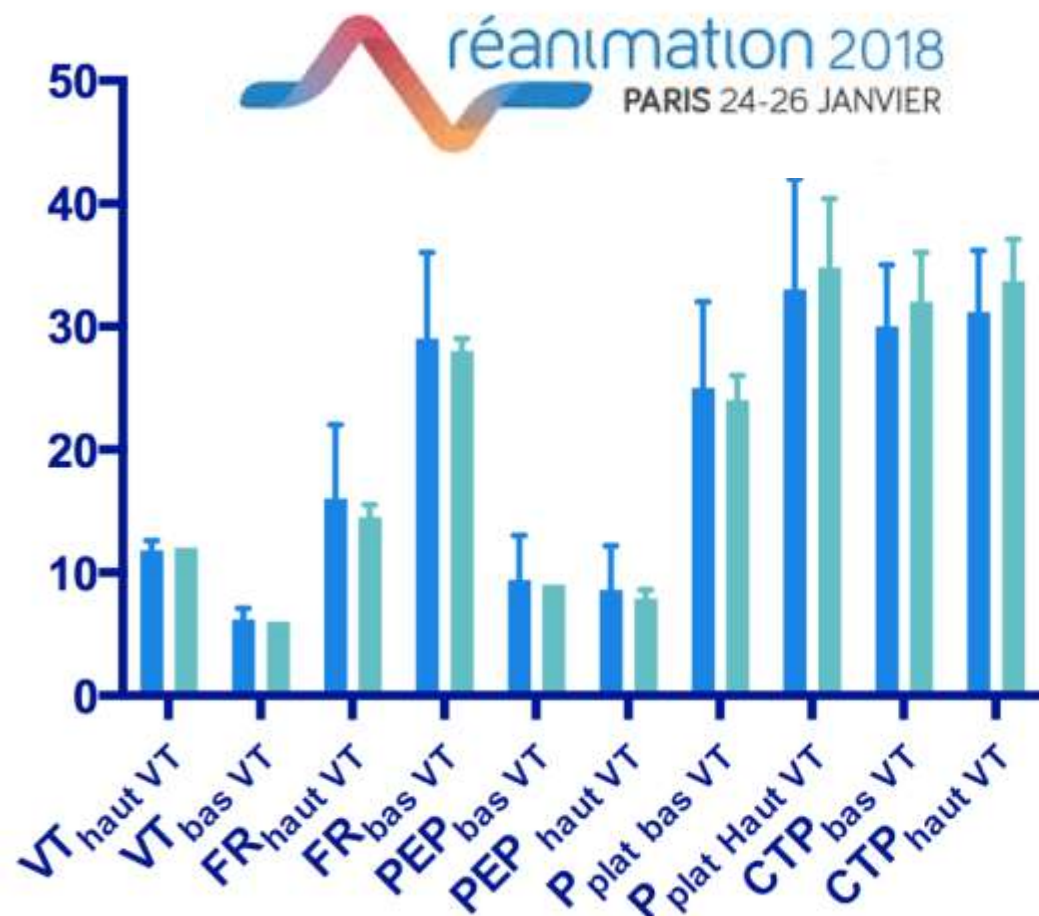
SimVA Principles



Simulators functionalities

	Others	SimVA
VAC	✓	✓
PAC	✓	✓
PSV	✓	✓
Pmus	✓	✓
EELV		✓
Recruitment		✓
Trans Pulmonary		✓
Palv		✓
Adaptive Effort		✓
Control of Breathing		✓
Asynchronies		✓
PAV+/NAVA		✓





ARMA n=783
SimVA

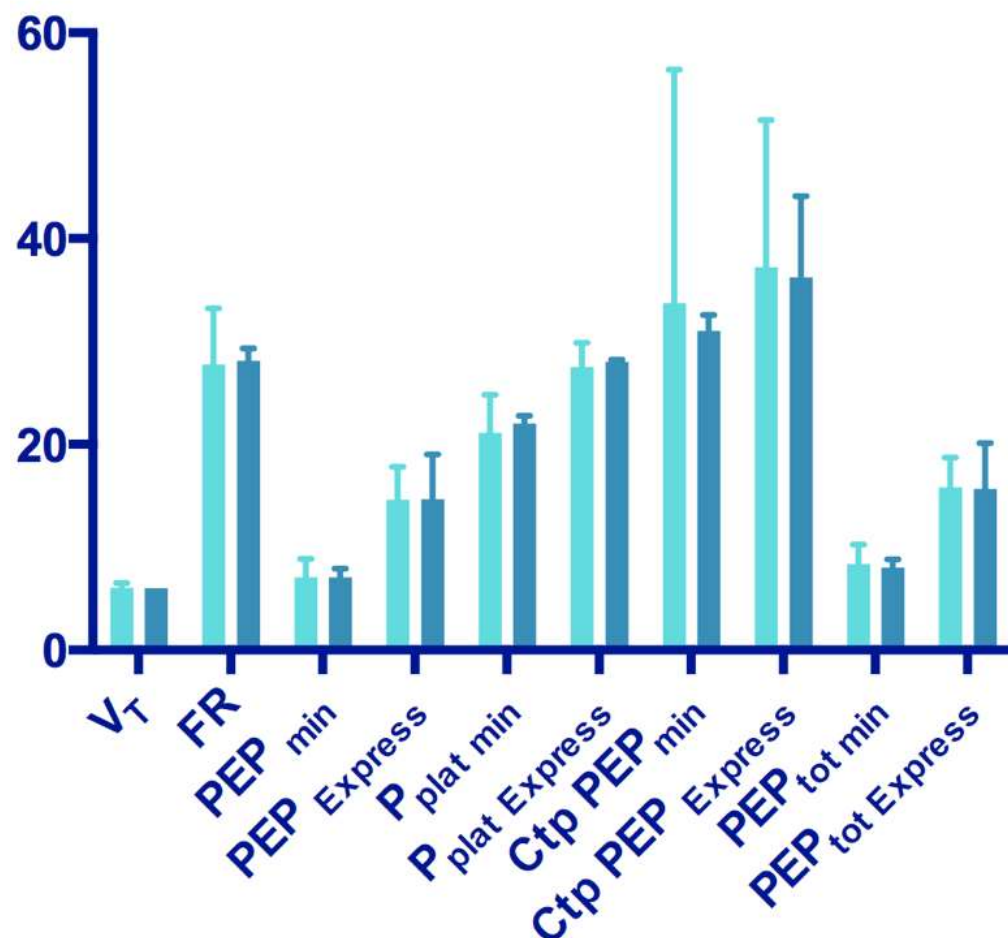
Arma Study

High vs Low VT



ARDS

N Engl J Med 2000;342:1301-8



Express n=743
SimVA

Express Study

High vs Low PEEP



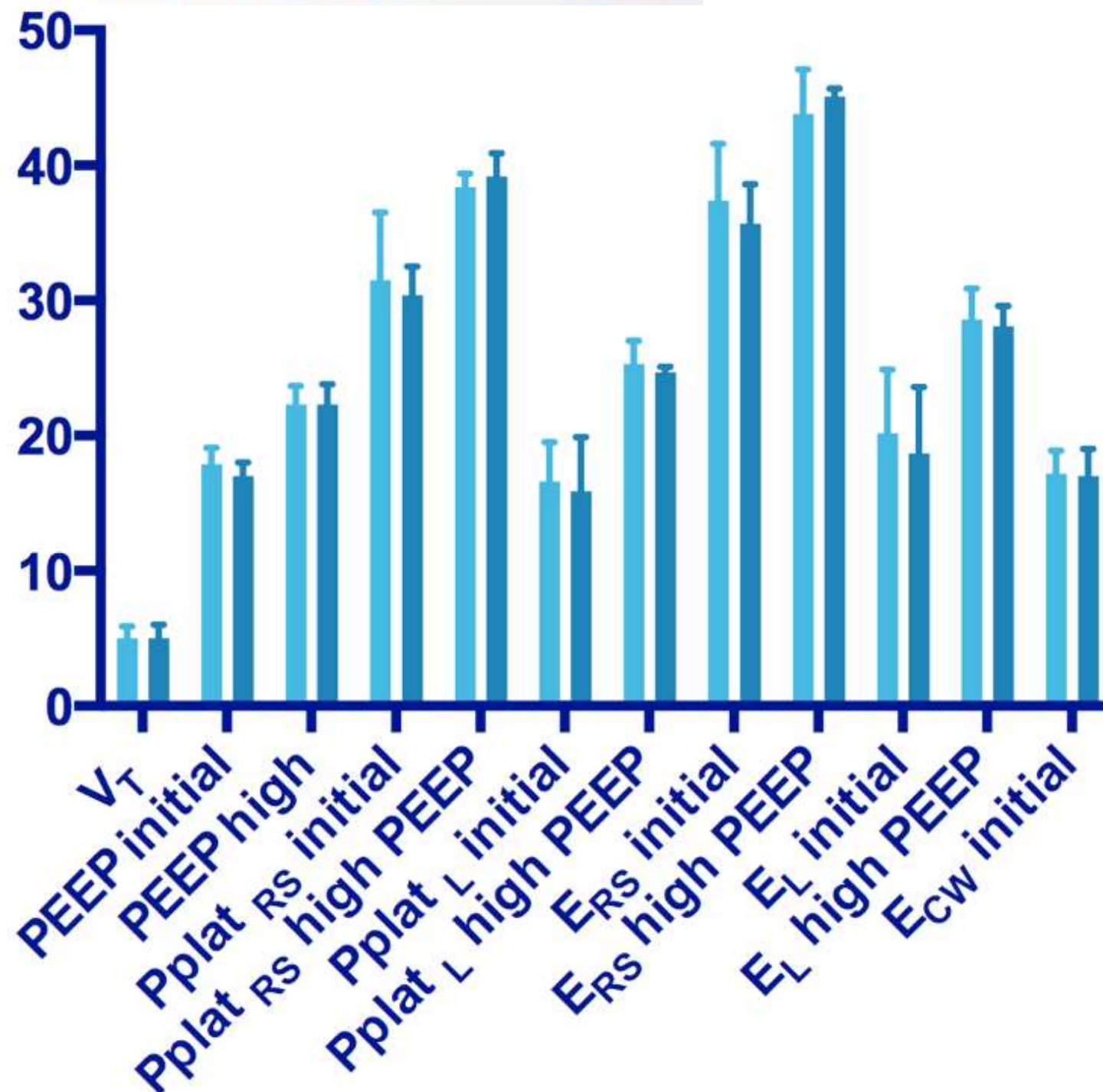
JAMA. 2008;299(6):646-655

ECMO criteria for influenza A (H1N1)-associated ARDS: role of transpulmonary pressure

Salvatore Grasso
Pierpaolo Terragni
Alberto Birocco
Rosario Urbino
Lorenzo Del Sorbo
Claudia Filippini
Luciana Mascia
Antonio Pesenti
Alberto Zangrillo
Luciano Gattinoni
V. Marco Ranieri



Transpulmonary pressure



Grasso et al.
SimVA



Reduction of patient-ventilator asynchrony by reducing tidal volume during pressure-support ventilation

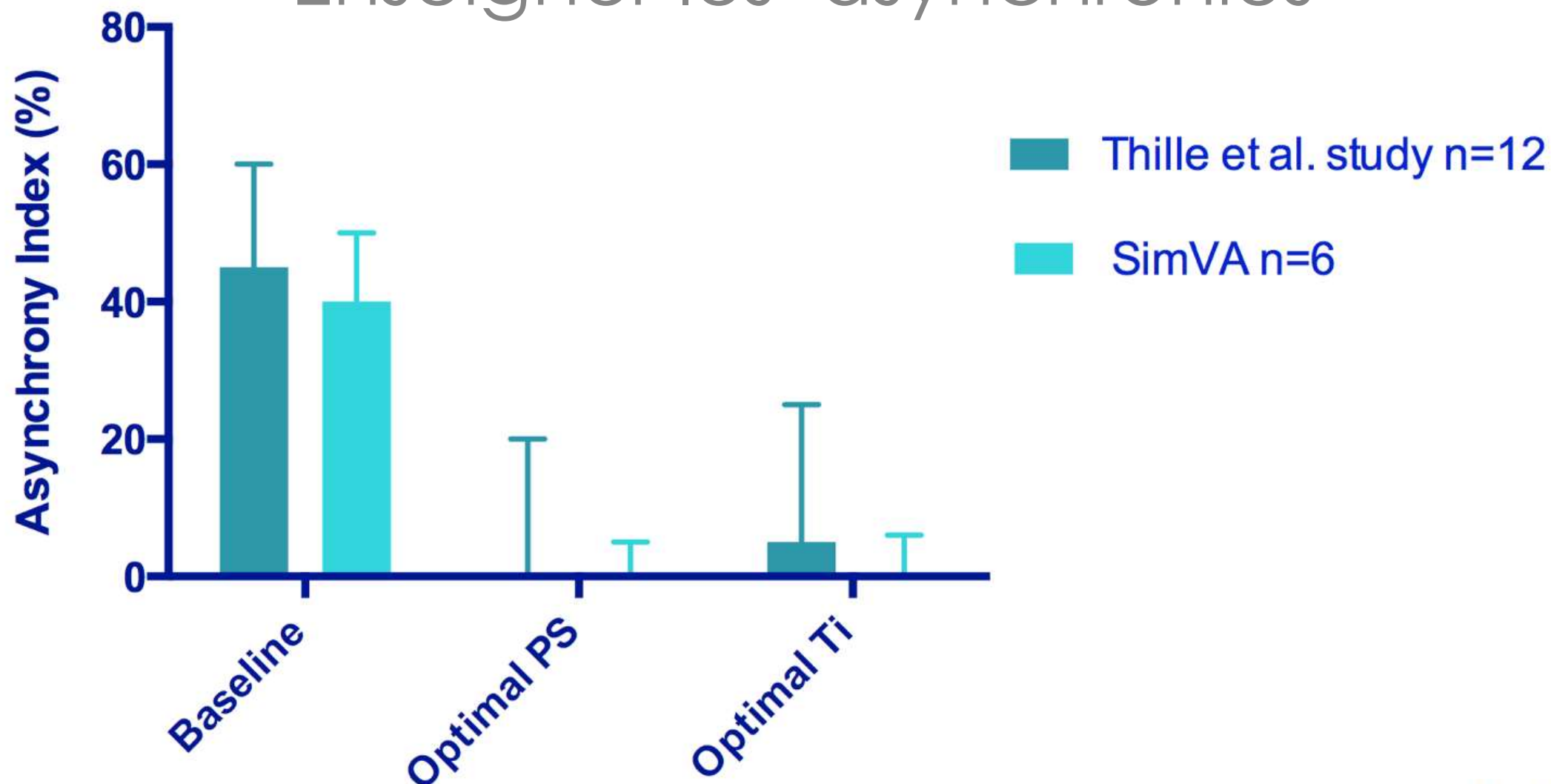
Arnaud W. Thille
Belen Cabello
Fabrice Galia
Aissam Lyazidi
Laurent Brochard



PSV
COPD

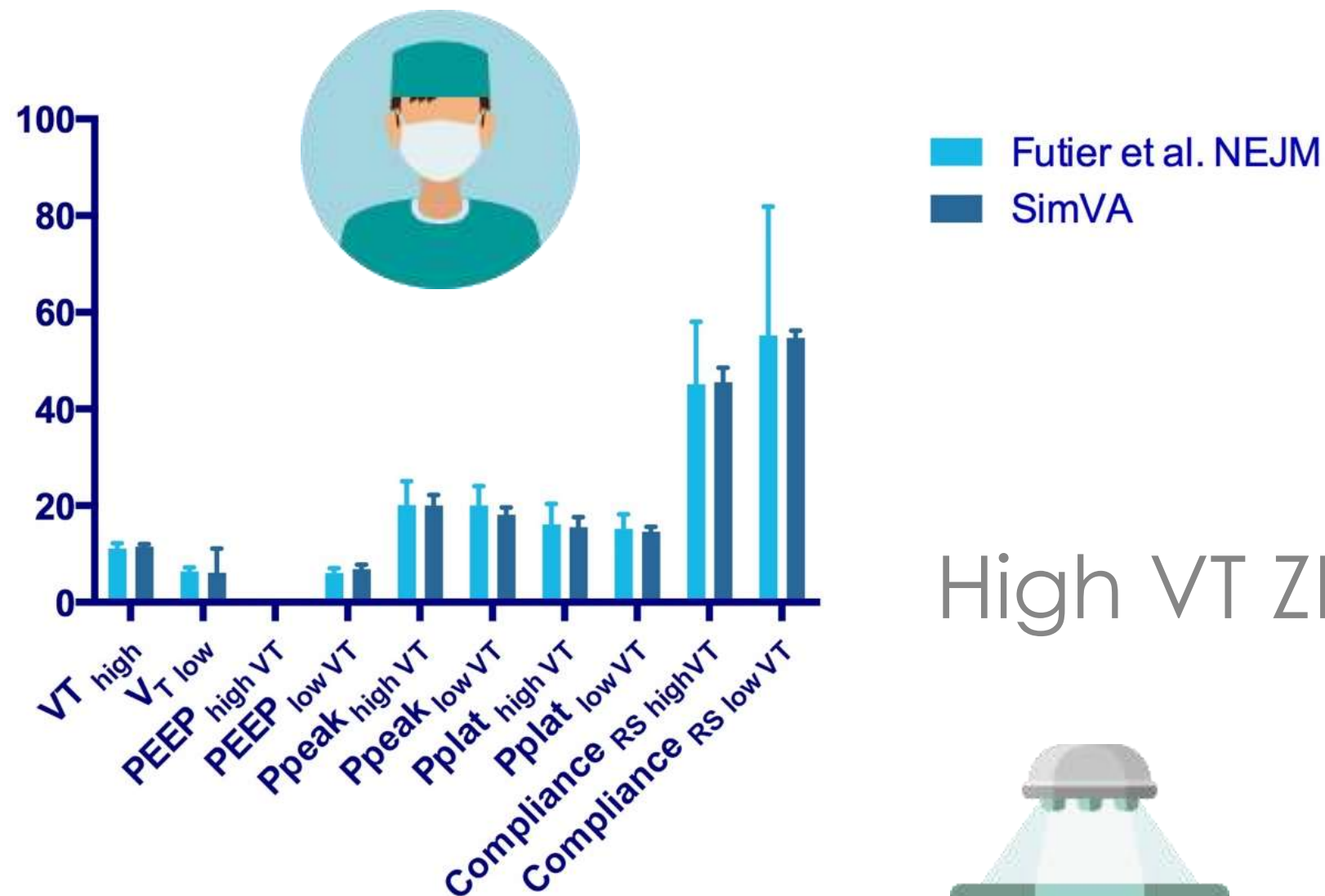


Enseigner les asynchronies



Per operative ventilation

Improve Study



High VT ZEEP vs Low VT PEEP

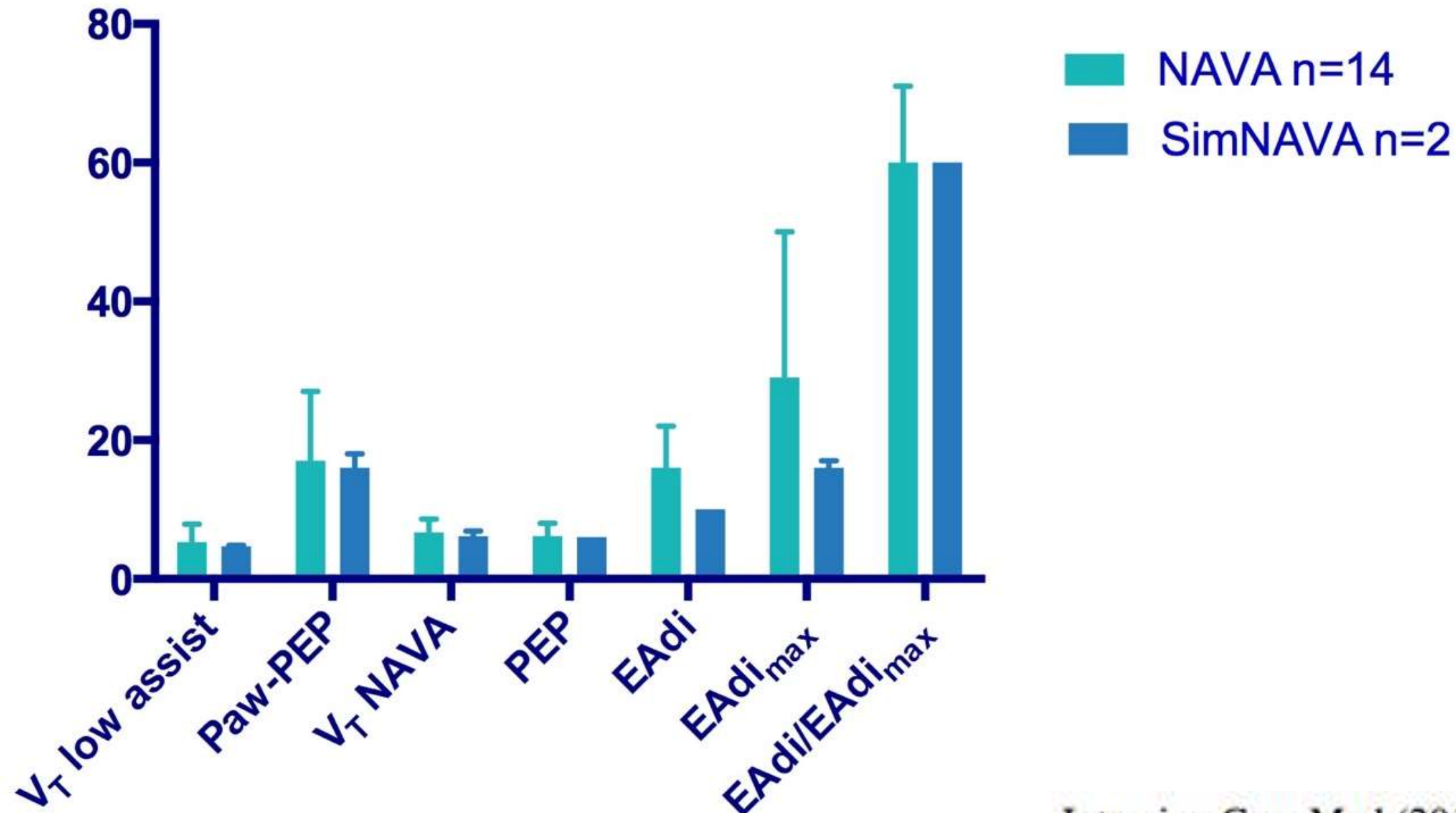


Daily titration of neurally adjusted ventilatory assist using the diaphragm electrical activity

Hadrien Rozé
Abdelghani Lafrikh
Virginie Perrier
Arnaud Germain
Antoine Dewitte
Francis Gomez
Gérard Janvier
Alexandre Ouattara



NAVA



Bedside Adjustment of Proportional Assist Ventilation to Target a Predefined Range of Respiratory Effort

Guillaume Carteaux, MD^{1,2}; Jordi Mancebo, MD, PhD³; Alain Mercat, MD, PhD⁴; Jean Dellamonica, MD, PhD^{5,6}; Jean-Christophe M. Richard, MD, PhD^{7,8}; Hernan Aguirre-Bermeo, MD³; Achille Kouatchet, MD⁴; Gaetan Beduneau, MD^{7,9}; Arnaud W. Thille, MD, PhD⁸; Laurent Brochard, MD^{10,11}

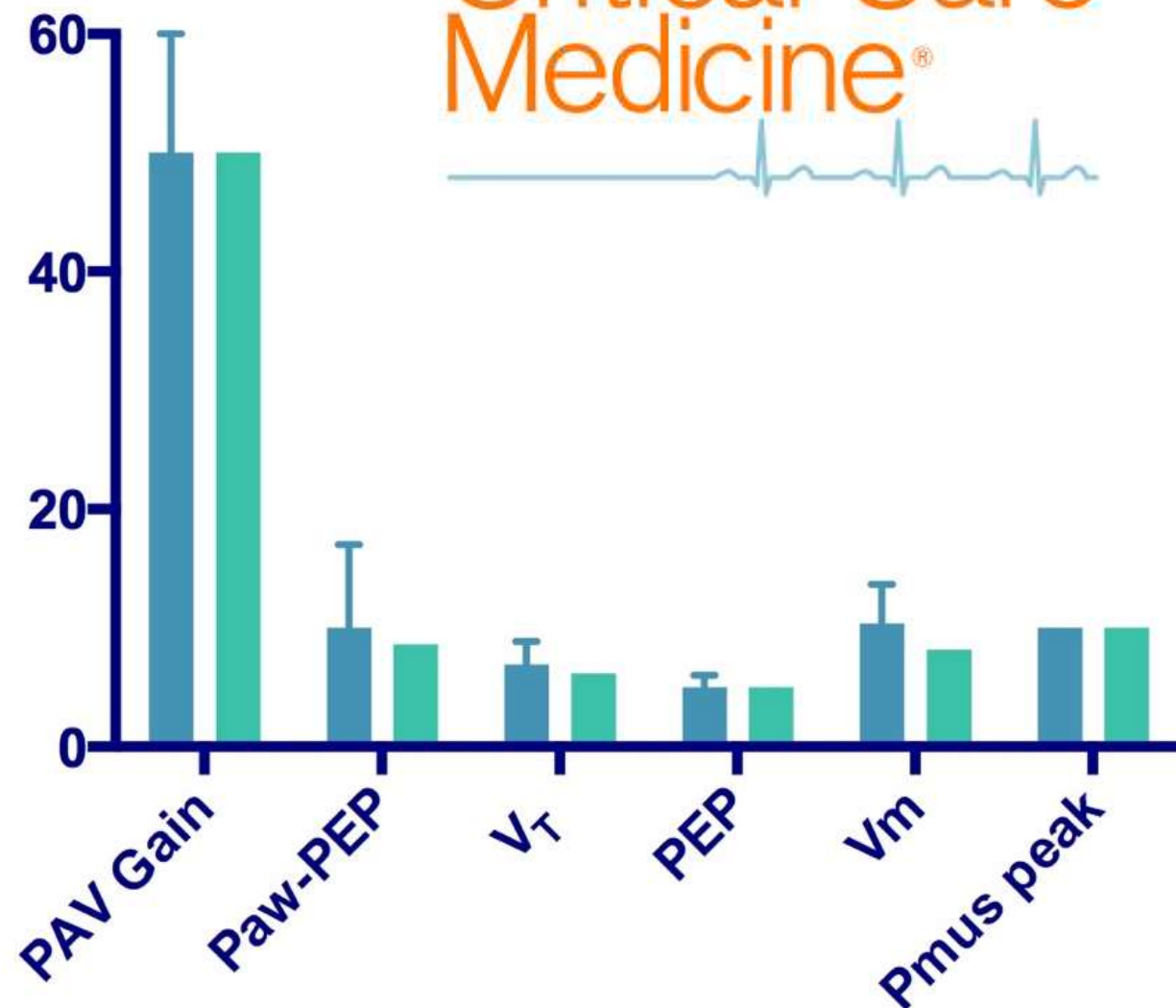
PAV+

Critical Care
Medicine®

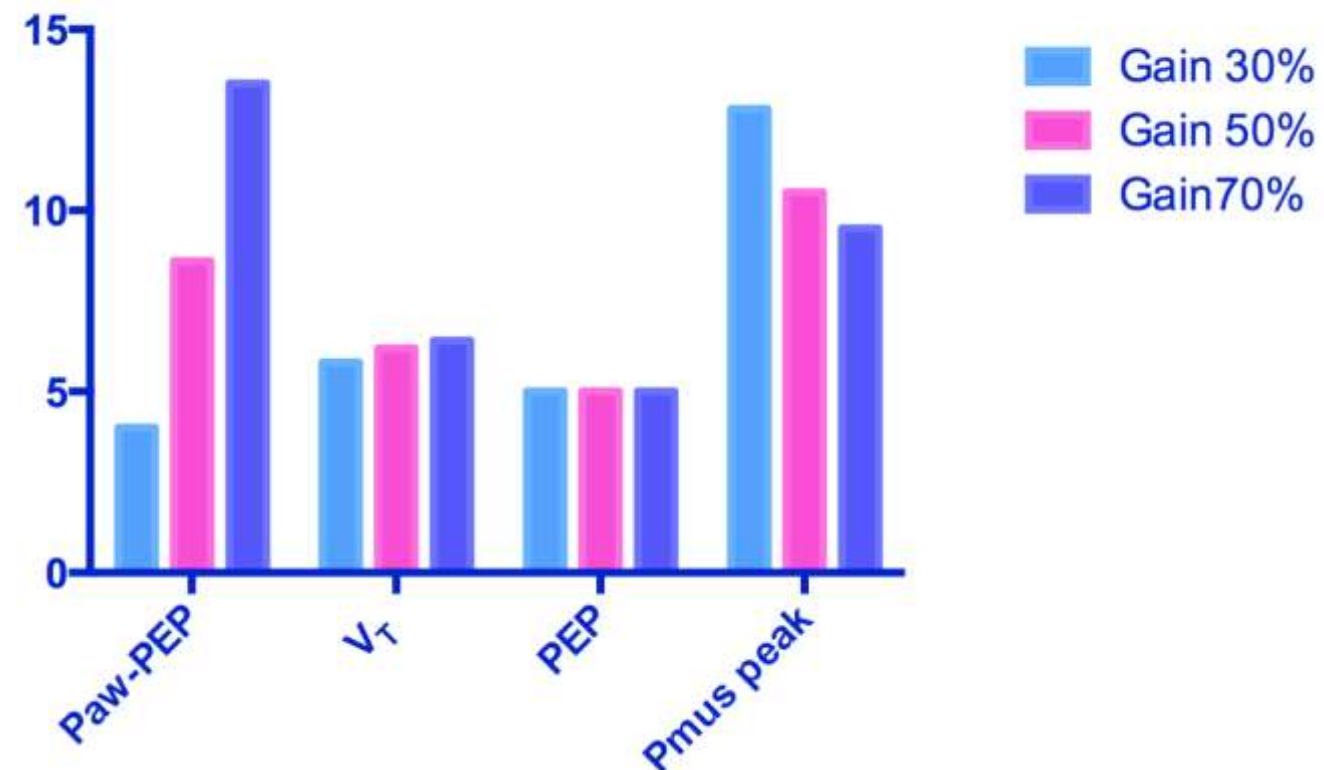


PAV
SimPAV n=53

Medtronic



Titration on 1 virtual patient



Educational study SimVA

Teaching Mechanical Ventilation for Residents in Intensive Care A randomized Trial Using Traditional Lectures VS Computer-Based Simulation (SimVA®)

H. Rozé, MD PhD (1) ; E.Rivière, MD,PhD, R.Dubois PhD (2), A.Ouattara, MD,PhD

(1) SAR Sud, Thoracic Intensive Care Unit & Lung Transplantation, Bordeaux University Hospital, Pessac-Bordeaux

(2) Internal Medicine Department, Bordeaux University Hospital, Pessac-Bordeaux

(3) IHU LIRYC, Electrophysiology and Heart Modeling Institute, Foundation Bordeaux University, Pessac-Bordeaux

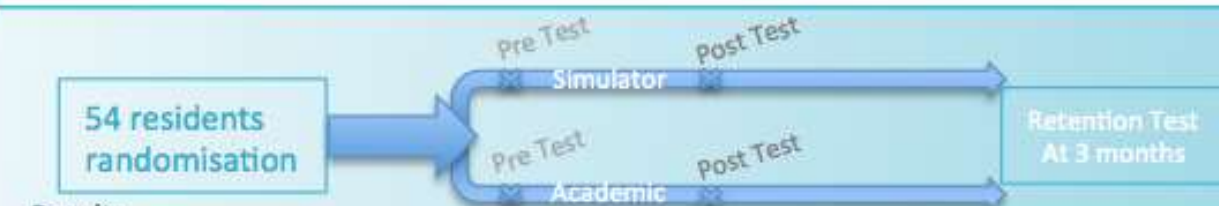


Introduction

During educational process, trainees apply their knowledge to treat patient in intensive care before achieving full clinical competency. Moreover, advances in knowledge regarding mechanical ventilation in particular lung protective ventilation and asynchronies have been shown to be associated with mortality. For these reasons we developed a simulator of controlled and spontaneous artificial ventilation (SimVA) and virtual breathing patients. Mathematical model resolved differential equations of chest and lung movements according to inspiratory effort or not in order to match with a clinical database. The aim of this study was to compare two teaching modalities on mechanical ventilation: traditional lectures versus virtual simulation.

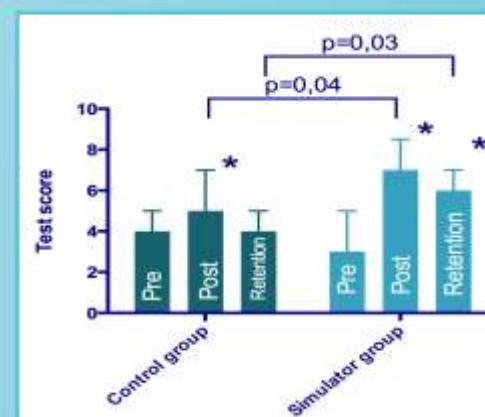
Method

This randomized controlled study involved 54 residents. One group of 23 participants attended the same didactic lecture on mechanical ventilation (3 hours) whereas the other 28 were in the simulator group (3 hours). Performance was measured using a pre and post-test evaluation of knowledge on respiratory settings and pressure flow time curves monitoring. A retention test was done at 3 months (The same questionnaire was used for pre, post and retention test). Comparison was individual in each group (ANOVA, multiple comparison) and between groups (Mann-Whitney), $p < 0,05$ was considered significant.



Results

Baseline knowledge was not different between groups; post-test was significantly improved in both groups (figure) but was significantly higher in the simulator group. Retention test was only significantly different from the pre-test in the simulator group.



Discussion

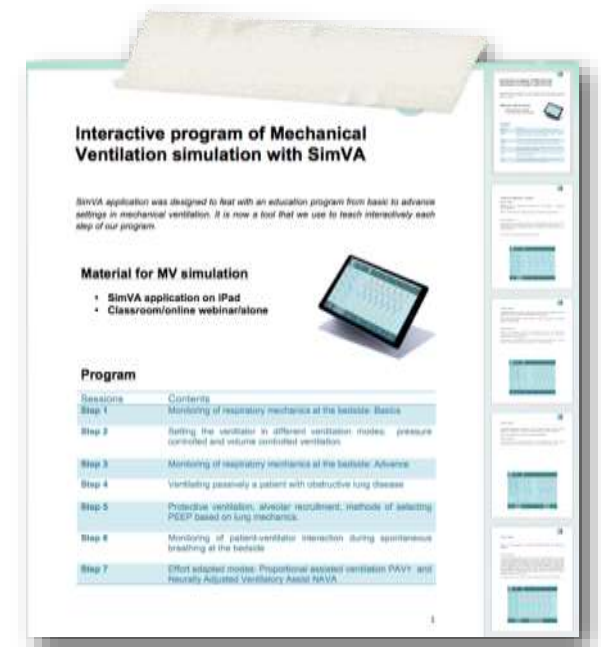
A computer-based simulation with a modelisation of controlled and spontaneous mechanical ventilation has the potential to improve knowledge and skills in ventilator settings in comparison to traditional didactic lectures.

Simulator Course



SimVA Learning Program

Sessions	Contents
Step 1	Monitoring of respiratory mechanics at the bedside: Basics
Step 2	Setting the ventilator in different ventilation modes: pressure controlled and volume controlled ventilation
Step 3	Monitoring of respiratory mechanics at the bedside: Advance
Step 4	Ventilating passively a patient with obstructive lung disease
Step 5	Protective ventilation, alveolar recruitment, methods of selecting PEEP based on lung mechanics.
Step 6	Monitoring of patient-ventilator interaction during spontaneous breathing at the bedside
Step 7	Effort adapted modes: Proportional assisted ventilation PAV+ and Neurally Adjusted Ventilatory Assist NAVA



1 year of tests (feedback & orders)



Education through congresses, conferences, presentations, symposiums, seminars, webinars, continuous training programs, simulation centers meetings and workshops.

Training relating to the medical or paramedical field

Pr Laurent Brochard
Scientific board



LIVES FORUM:
MONITORING IN ACUTE
RESPIRATORY FAILURE

SAVE THE DATE

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LIVES FORUM
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3-5 MAY 2018



2019

27^e Édition

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Chirurgicale d'Aquitaine



14-15-16
Mars 2018

PROGRAMME DFC MEDICAL ET PARAMÉDICAL
ANESTHÉSISTES RÉANIMATEURS
NÉPHROLOGUES
RÉANIMATOLOGUES
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SYMPOSIUMS
ATELIERS



VENTILAÇÃO
O BOM, O MAU E O ESSENCIAL
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MECHANICAL VENTILATION

State of the Art 2018

05-07 JUNE 2018
Brussels



ATELIERS DE
SIMULATION

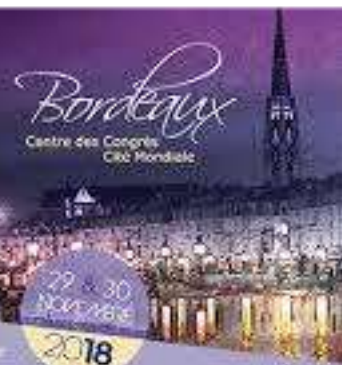
Un Congrès intégralement dédié à la suppléance d'organes
(cardiaque, hépatique, pulmonaire et rénale)...

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2018



SFAR

Société Française d'Anesthésie et de Réanimation

LE CONGRÈS

27 - 29 SEPT 2018
PALAIS DES CONGRÈS DE PARIS

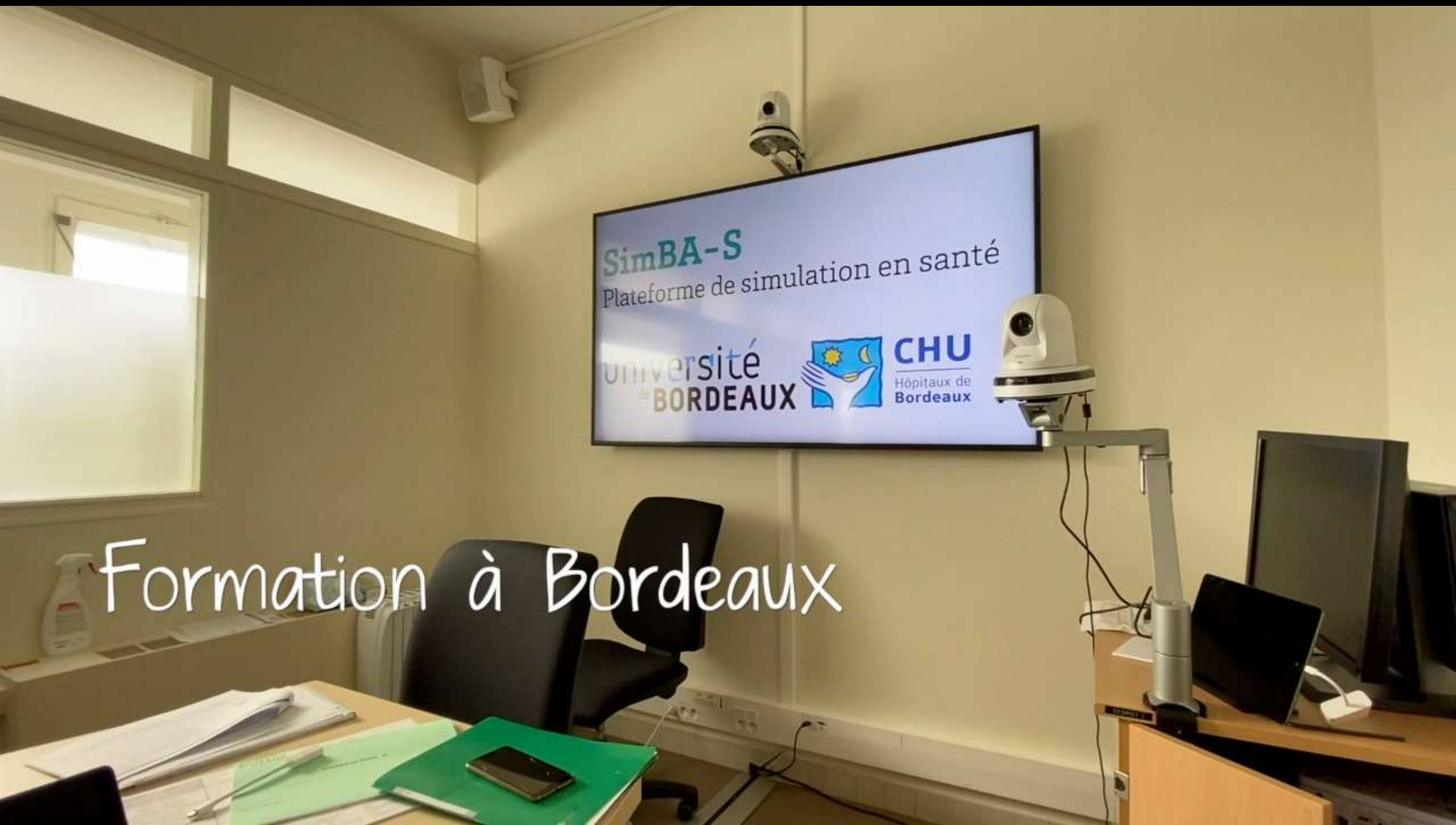
SKR

Société de Kinésithérapie de Réanimation



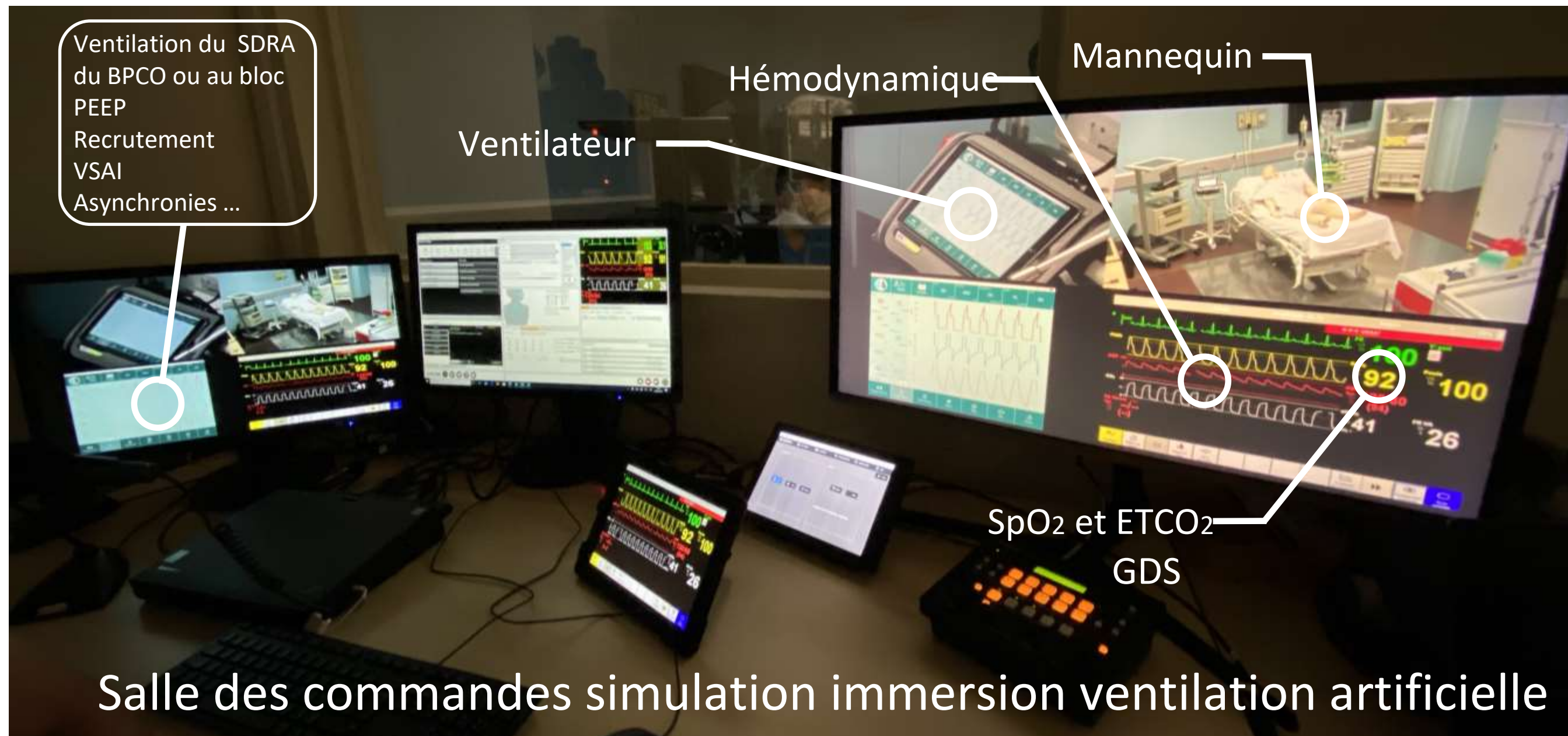
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2018
31ST ANNUAL
CONGRESS
PARIS 20-24
OCTOBER
PALAIS DES CONGRES

réanimation 2019
PARIS 23-25 JANVIER



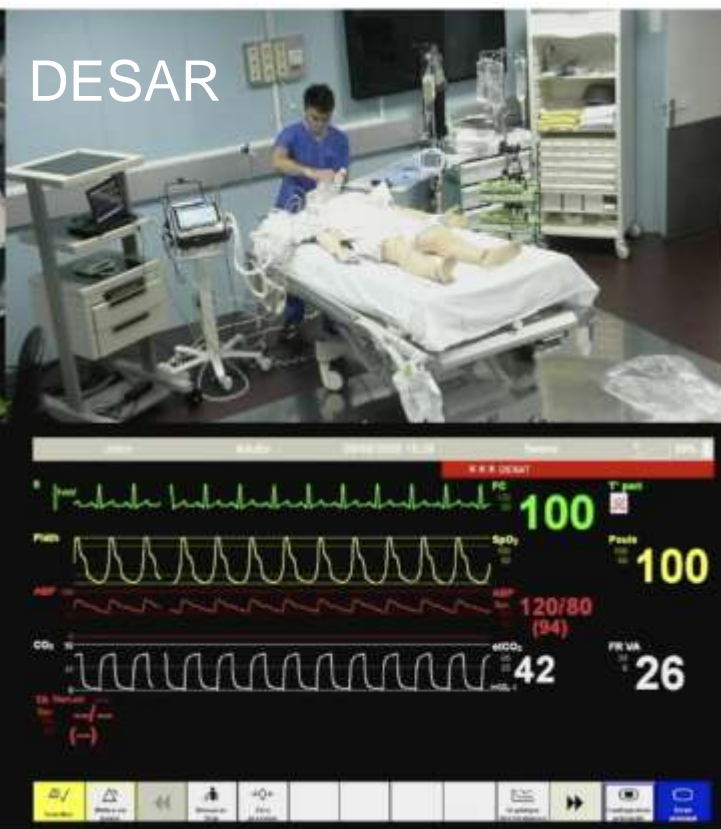
Formation à Bordeaux

Simulation immersive



Plateforme de simulation SimBA du CHU et de l'université de Bordeaux

Simulation à Bordeaux



Plateforme de simulation SimBA-S du CHU et de l'université de Bordeaux



Ouvrez le Mac App Store pour acheter et télécharger des apps.



iVentilate 17+

Hadrien Roze

Conçu pour iPad

N° 171 en Médecine

★★★★★ 5,0 • 8 notes

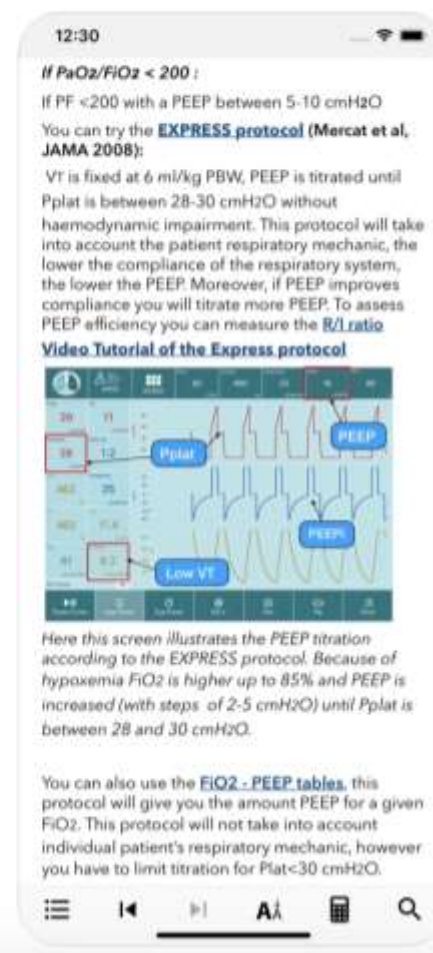
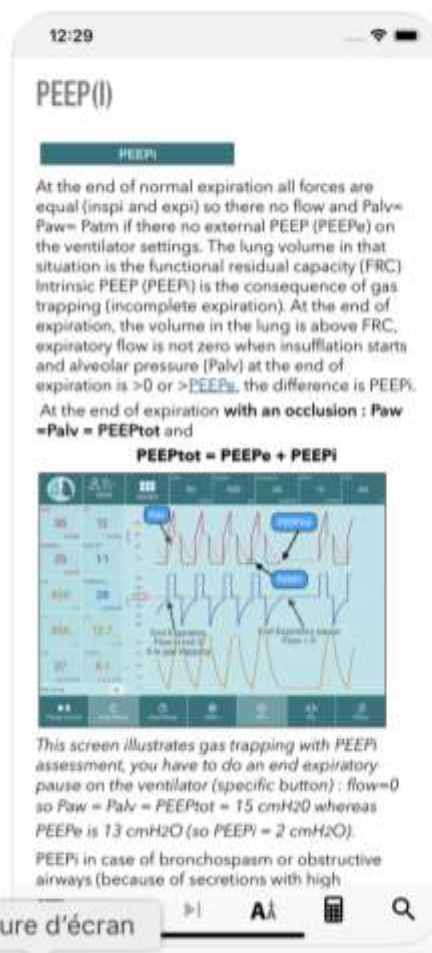
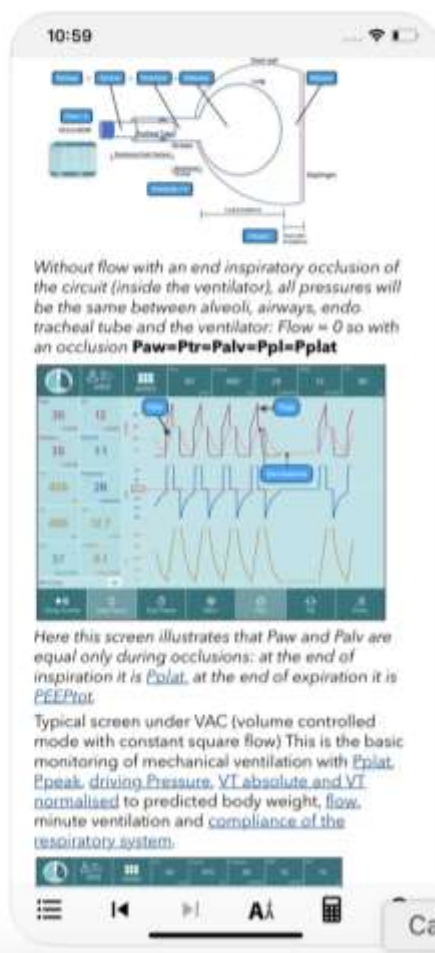
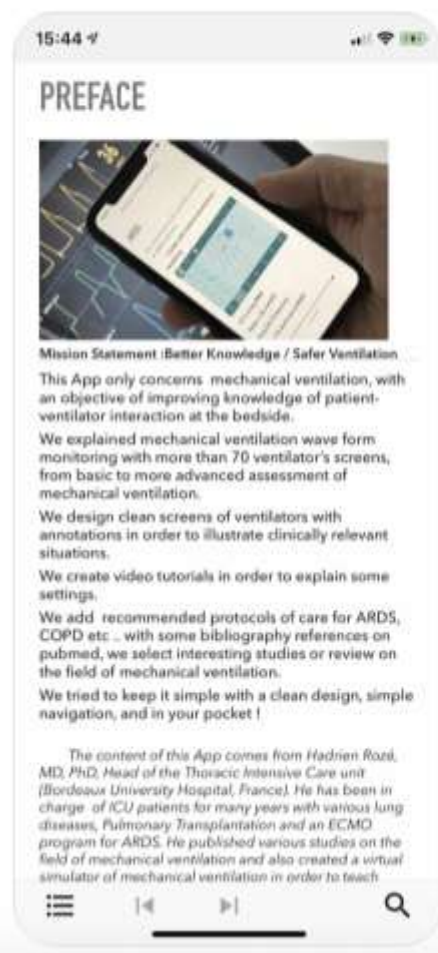
9,99 €

[Afficher dans le Mac App Store](#)



Application **iVentilate** pour l'utilisation des ventilateurs au bloc et en réanimation

Captures d'écran [iPhone](#) [iPad](#)



Now in 35 countries !



www.sim-va.com



Ventilation Artificielle Virtuelle



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SimVA App*

Healthcare simulation is an innovative method to improve safety within patient's care. Our field of interest in simulation is Mechanical Ventilation management in daily practice, for everyone in charge of ventilated patients.

The reason is that millions of patients are ventilated artificially every year in critical care unit, in operating rooms or at home. Experimental and clinical research have demonstrated that improper artificial ventilation settings are responsible for morbidity and mortality.

The goal of SimVA is to reduce it through training.

We created a tool in order to train everyone involved in mechanical ventilation and improve Patient Ventilator Interaction in various respiratory functions (normal, ARDS, COPD...) under controlled modes, pressure support or proportional assist modes. We developed many physiological monitoring tools with an educational point of view, driving and alveolar pressures, end expiratory lung volume, Diaphragm Electrical Activity, muscular inspiratory and trans pulmonary pressures, pressure volume curves...

This tool is a virtual simulator called SimVA, it is a tablet with a software and a learning program with video tutorials from basic to advance level.


Our statement is that mechanical ventilation can be tough through an easier safe unique innovative and interactive way, for everyone from basics to advance levels.

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74 publications

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52 abonnements

SimVA & iVentilate

With SimVA we created iVentilate an App for patient-ventilator interaction. Improve your skills and knowledge on ventilation or Teach ! Website :

www.sim-va.com

PUBLICATIONS

IDENTIFIÉ(E)



The audience: Physicians, Nurses, Paramedics, (operating room, Intensive Care Unit, Emergency Room...), Industry...

Modes of ventilation
Basis: VAC, PAC, PSV and specific monitoring, NIV.

Experts:
PAV+

All pathologies
ARDS, pulmonary

Training on Mechanical Ventilation

- 1) We created **SimVA** a simulator of MV
- 2) An application **iVentilate** with all the protocols and monitoring
- 3) A **Simulation room** of ICU for MV treatment (ARDS COPD PSV ...)

1
2
3



Driving Pressure

Driving Pressure (DP) can be assessed during spontaneous ventilation under PSV: it needs measurements of $P_{0.1}$ and C_{rs} :

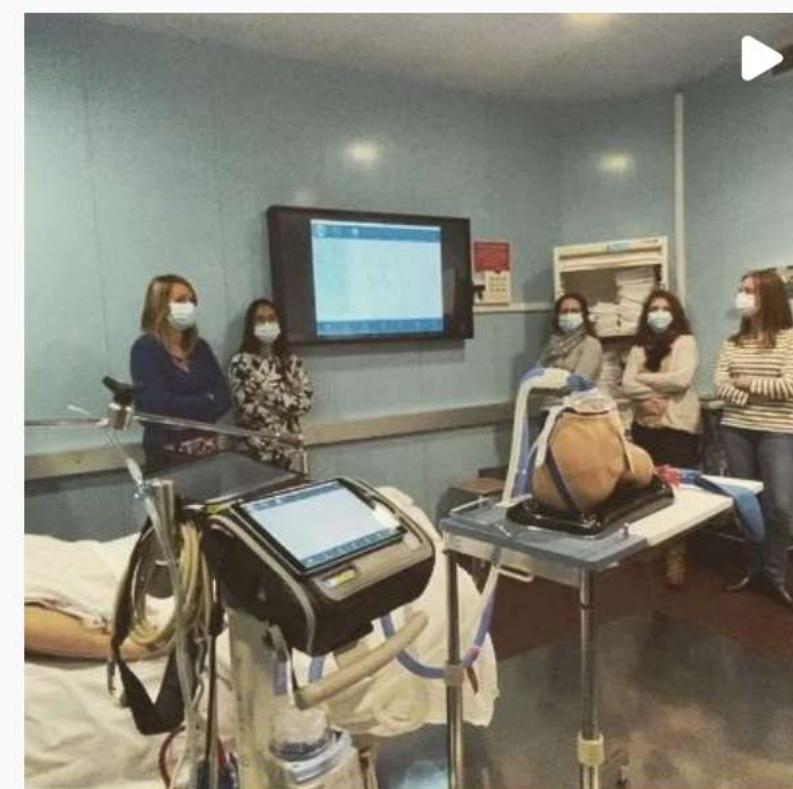
DP = VTE / C_{rs}

It is important to understand that a VT of 6-7 ml.kg⁻¹ under PSV is not always a protective ventilation even if P_{aw} is low at 10 cmH₂O. It depends on C_{rs}. For example an ARDS with C_{rs} <20 ml/cmH₂O will often have a DP > 15 cmH₂O even with a low VT of 6 ml/kg PBW.

Video Tutorial of Driving Pressure under PSV

iVentilate
Hadrien Roze
Designed for iPad
\$8.99
View on Mac App Store

iVentilate
Roze Medical
Everyone
GET IT ON Google Play





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Propriété



Conception



Valorisation Brevet



Financement

