## CONFERENCE AGENDA *cont'd*

### WEDNESDAY, SEPTEMBER 27, 2017

**0700 – 0800** **REGISTRATION**

**0745 – 0845** **EDUCATIONAL SESSION 9 - CONCURRENT (60 minutes)**

#### 9A Three Teams, One Important Goal: Cardiac Arrest and the Pregnant Patient

Cardiac arrest happening with a pregnant woman are rare but have worse outcomes that other code blue. Concerns regarding the fetal health have often lead to less effective care of the mother and/or fetus. In 2015, the American Heart Association published their first ever statement of care of the pregnant cardiac arrest pregnant women. A needs assessment of the code response in our organization lead to us developing an organized approach to how to change practice to meet the needs of this population. Our team developed a new code, code blue maternal. In 2015 the American Heart Association published their first guidelines regarding the care of a pregnant woman experiencing a cardiac arrest. With the publishing of these our code blue team leadership discussed how to provide the right care for these patients. We devised a new code called "code blue maternal': which would involve the code pink team, code blue team, and a team from obstetrics. Each team was given a specific role and responsibilities. We also developed a policy and implemented many educational sessions for the various teams as well all physicians were invited to a session. We further updated the code blue carts to include a scalpel and a laminated algorithm and updated the code blue documented tools provide the tools necessary. As these team members did not know each other we ran mock code blue maternal and provided education for each team to ensure all team members were aware of their roles and responsibilities.

***Pre-requisite:*** *An understanding of AHA resuscitation guidelines would enhance learning.*

*Shirley Marr and Catherine Judd-Morin*

#### 9B Blazing a Trail for Nurse-Led Clinical Research: Dreams of a Veteran ICU Nurse and Novice Researcher

Critical care nurses have an invaluable role to play in leading clinical research that has the potential for improved patient outcomes but to date, this is unrealized. This presentation will review the barriers we face and begin the dialogue on how we can address them. Critical care nurses are trained to be vigilant observers, responsible for implementing and evaluating most therapies provided to critically ill patients. This vantage point make nurses invaluable, as partners but also leaders of clinical research, yet this has not been fully taken advantage of (Albert et al., 2016; Mackay, 2009). While progress has been made for critical care nurse researchers, several barriers continue to exist. Not only is there scarce funding for nurse-led clinical research, there are also limited logistic support, mentorship, and cultural barriers to overcome. Considering the potential for nurse-led clinical research to improve patient outcomes (Black, Bungay, Mackay, Balneaves, & Garossino, 2016), we as individuals and collectively must develop innovative strategies to leverage what resources we have, lobby for more financial and logistic support, and implement the impactful knowledge we create. The question is, what will we commit to doing next?

***Pre-requisite:*** *Daring and curiosity!*

*Vininder Bains*

#### 9C No Fibbing Around: New Onset Atrial Fibrillation (NOAF) in Critical Care

New onset atrial fibrillation (NOAF) is a common arrhythmia among critically ill patients, within noncardiac intensive care units, increasing overall morbidity and mortality. Critically ill patients have unique risk factors for NOAF. This session will identify risk factors among critically ill populations including medical, general, and thoracic surgical patients for development of NOAF. Specific strategies to modify risk factors and rate versus rhythm control will be explored. Electrical and pharmacologic therapies, mechanisms of action, contraindications and adverse reactions will be reviewed. Stroke risk and safety of anticoagulation in critical care will be discussed.

*Lesley LaPierre*

## CONFERENCE AGENDA *cont'd*

### 9D ECMO CPR (E-CPR): Implementing a Service for Out-of-Hospital Cardiac Arrest Victims

This presentation will share the experience of an ECMO CPR (E-CPR) service for out-of-hospital cardiac arrest patients, and to highlight the extraordinary teamwork required to initiate a highly organized and resilient service. An introduction to ECMO CPR (E-CPR) and the global implementation of this service will begin the session. The presenter will discuss how their hospital began the journey to implement an E-CPR service, including a video of the first patient treated. The inclusion and exclusion criteria will be discussed, at which point the presenter will walk the audience through the E-CPR service, as though they were a part of the patient's journey. The session will then break into an interactive exercise that will ask the audience, "How can we achieve the worst result imaginable with respect to providing E-CPR?" The purpose of this exercise will be to generate new learning on patient safety concepts. The session will end with real-life cases treated at our hospital, lessons learned, and what the future holds. ***Pre-requisite:*** *It is beneficial to have a basic understanding of ACLS, including an awareness of the purpose for initiating ECMO on adults in emergency cases.*

*Sarah Carriere*

### 9E On Being Present, Not Perfect: The Promise, Power and Pitfalls of Bedside Conversations

***Co-sponsored by*** SickKids®

This session will highlight the take-home messages of Dr. Meyer's popular TEDx Talk, On Being Present, Not Perfect, and its relevance today for critical care nurses. She will emphasize the deep value that patients and their families place on good bedside communication and relationships with healthcare staff, and the opportunities to tell their stories and to be known. In this way, nurses can tend to the emotional standard of care that can often be shortchanged in busy intensive care units. Dr. Meyer will address the promise and power that such conversations can hold, as well as common pitfalls that can surface. In addition to serving the needs of patients and families, bedside conversations can also be a vital source of professional renewal and pride for nurses.

*Elaine Meyer*

**0900 – 0945 NUTRITION BREAK - EXHIBIT HALL and POSTER VIEWING**

**0945 – 1045 EDUCATIONAL SESSION 10 - CONCURRENT (60 minutes)**

### 10A The Frequency and Urgency of It All: Managing Genitourinary Emergencies in Critical Care

Approximately 40% of patients sustain some degree of renal dysfunction during hospitalization. Although the relationship between critical illness and renal disturbance is not always clearly understood, a significant potential exists that a genitourinary condition may adversely affect patient outcome. This presentation reviews the overall assessment and management of the adult patient with a genitourinary emergency in Critical Care. Physiology of the genitourinary system, including alterations in genitourinary function that occur because of critical illness and/or injury, will be identified. The role of the Registered Nurse in assessment and management of adult Critical Care patients with Acute Kidney Injury (AKI), contrast-induced renal failure, rhabdomyolysis, and Fournier's Gangrene, are highlighted. Learning activities in this presentation include selected ëproblem-based' situations for each condition requiring attendee participation through interactive discussion.

*Eugene Mondor*

## CONFERENCE AGENDA *cont'd*

### 10B The Flip List: A Systematic Approach to Prone Positioning

The PROSEVA trial published in 2013, demonstrated significantly increased survival and lower complications in patients with severe Acute Respiratory Distress Syndrome (ARDS) who were proned in comparison to those in supine position. As part of a quality improvement initiative we performed a literature search, reviewed our previous protocol, consulted peer hospitals, and developed a comprehensive guideline and ëjust in time' checklist for staff. It addresses patient safety by focusing on interventions to prevent possible complications prior to initiating the prone position, routine care, and patient monitoring. Moreover, our guideline differs from others in that it includes direction for what to do in the event of a cardiac arrest consistent with AHA guidelines, a rare but critical complication. The guideline, checklist, and strategies to mitigate risk will be reviewed in this presentation using interactive technology and case studies.

*Grace Walter*

### 10C Supporting Critical Care Nurses Through the Experience of Moral Distress

There is a growing body of literature that has identified moral distress as a prominent issue that negatively affects critical care nurses. McCarthy and Deady (2008) describe moral distress as "the range of experiences of individuals who are morally constrained" (p. 254). While many studies have described the experience of moral distress, few have articulated how nurses can be supported through it. Lack of support within the workplace can cause nurse attrition (MacKusick & Minick, 2010) and influence nurses to morally disengage from their practice (Fida et al., 2016). This presentation will discuss how nurses in all types of roles can work together within their practice environments to implement strategies to support nurses who experience moral distress. These strategies include legitimizing the experience, mentoring and empowering one another, allocating a safe haven, and improving the ethical climate of organizations. ***Pre-requisite:*** *A basic understanding of what the concept of moral distress means and situations in which it can arise within critical care would be beneficial to learning.*

*Dana Forozeiya, Brandi Vanderspank-Wright, Frances Fothergill-Bourbonnais, David Wright, and Denise Moreau*

### 10D Donor Management – Best Practice and Emerging Trends



An important aspect of a comprehensive organ donation program is to ensure that best practices regarding organ donor management are both identified and followed. The most recent Canadian guidelines for donor management were published in 2006 – since that time there has been a significant increase in scientific evidence in this area of practice and an improvement in the research methodology available for evidence evaluation. The Canadian Blood Service Deceased Donation program has identified a revision of the 2006 Canadian guidelines as a priority in light of new evidence and improved methodology. This presentation will focus on current best practice for donor management including current practice and emerging trends.

*Ian Ball*

### 10E Medication Errors in the Intensive Care Unit (ICU): Exploring Why Mistakes Happen and Strategies for Prevention

Adverse events associated with clinical error have been observed in 9-11% of hospital admissions (Sari et al., 2007), which, in turn, can result in increased clinical expenditure, length of hospital stay and potential patient mortality and morbidity (Fortune et al., 2013). Furthermore, clinical errors have been noted to occur more frequently in critical care settings, due to patient complexity and acuity (Garrouste-Orgeas et al., 2012). This session aims to explore some of the theoretical perspectives associated with such clinical errors and why mistakes might occur within a critical care setting. In addition, discussion will highlight a selection of evidence-based strategies and interventions that have been effectively used to mitigate the risk of clinical errors occurring within the critical care setting; these will include the use of safety check-lists, communication tools and educational approaches to support their integration, such as simulation and role-play. Lastly, the presenters will share personal reflections on how error reduction interventions have been implemented within their own clinical experience.

*Sandra Goldsworthy and David Waters*

## CONFERENCE AGENDA *cont'd*

### 10F When Care and Comfort Matter: Palliative & End-of-Life Care in the Intensive Care Unit (ICU)

Palliative and end-of-life care need to be fundamental concepts within the intensive care unit (ICU). Current literature states that 20% of Americans die in ICU or shortly after a stay (Glorioso, 2011). Because critical care and palliative care are often perceived as opposites (Byock, 2006), It is important to educate critical care nurses on this important aspect of care. A review of current literature provides the basis for this presentation. During the presentation information to differentiate the concepts of palliative care and end-of-life care will be provided, as well as a brief discussion regarding two care models that can be used as frameworks to provide palliative and end-of-life care within the ICU. While research indicates many benefits to early integration of palliative and end-of-life care, challenges remain. For this reason, the presentation will elaborate on seven key domains that nurses can use to structure a holistic care plan (Levy & McBride, 2006; Nelson, 2006). In conclusion, attendees will be asked to reflect on their individual responsibility to provide palliative and end-of-life care within their respective units.

*Tina Breckenridge*

## MASTERY SESSION 6 (1000 - 1200 120 minutes)

### 10G Chest Radiography in Critical Care: Pathology Photobomb!

Chest radiography occurs daily in critical care and can provide important diagnostic information to formulate appropriate daily treatment plans, as well as emergent management of unstable patients. This session will provide a systematic approach to chest radiography interpretation. Specific common pulmonary and cardiac pathologic processes detectable on chest radiographs will be explored, challenging participants to utilize radiograph interpretation skills. Additionally, confirmation of device placement and complication detection will be reviewed. Correlation with specific clinical exam findings will also be included.

*Lesley LaPierre*

**1100 – 1200** ***PLENARY SPEAKER***

### 'Do I look odd to you? Fostering a sense of belonging.'

If someone like me walks past you on the street, what do you see? Are you interested in knowing my story? We see the world - not as it is - but as we are. Our own beliefs, preconceptions, interpretations, and attitudes will be the lens through which we view the world around us. It is not what we see, but what we perceive that is significant. By changing our cultural lenses, we can transform the way we interpret our world. Nurses today are challenged with the reality of working in very diverse environments. There is a wondrous heterogeneity of both clients and colleagues, within the multiple diverse layers of practice contexts. Frustrations can arise when we interact with people from diverse backgrounds, unaware or impassive to their world views, possibly resulting in their feelings of being undervalued and misunderstood. This presentation will focus not only on addressing the strength and beauty of diversity but also acknowledging the inherent need for humans to connect and belong. Successful health care settings will be those in which everyone is intentional about inclusion. While we value individuality, we also acknowledge the shared goals that bind us together – to care for our patients safely, competently and ethically.

*Mary Elizabeth Roth*

## OR LUNCH, EXHIBITS, POSTERS

## CONFERENCE AGENDA *cont'd*

**1215 – 1315** ***PLENARY SPEAKER***

### Lessons Learned in Critical Care

Critical care provides a rich learning environment. With the complexity of the human body, state of the art technology, and the adrenalin rush of unpredictability challenging the delivery of complex compassionate care, what more could a nurse ask for? We all chose to work in critical care for different reasons. I am amongst the many who claim to be a "life-long learner". In elementary school, I dreamed of becoming a teacher. My passion to teach has led me to a very rewarding career in critical care education. While I would love to share some simple hemodynamics formulas, the lessons I am interested in sharing are the human lessons learned over many years in the Intensive Care Unit (ICU). Join me, as we explore some of the life lessons that critical care offers including diversity, teamwork, resilience, leadership and effective communication to name a few.

*Renée Chauvin*

**OR LUNCH, EXHIBITS, POSTERS**

**1330 – 1415** **EDUCATIONAL SESSION 11 - FAST AND FOCUSED (45 minutes)**

**11A** ### Nurses' Experiences Providing Patient and Family Centred Care in the Adult ICU

Patient and family centred care (PFCC) was adopted by critical care nurses, however, little is known about how PFCC is practiced in the fast-paced, technological and complex environment of the intensive care unit (ICU). This qualitative descriptive study explored 11 nurses' experiences providing PFCC in a quaternary, Level I adult ICU. Thematic analysis of the semi-structured interviews generated three themes: 1) Nurses navigate critical journeys with patients and families; 2) Nurses persevere through challenges; and 3) Nurses receive support that replenishes their energy. Nurses' understanding of PFCC varied in depth and this variation was reflected in nurses' years of experience and in their narratives that illustrated how they practiced PFCC. Despite the contextual challenges, nurses described compelling instances of PFCC in the ICU. This study underscores the range in the provision of this type of nursing care and the importance of having a common vision to advance PFCC in the ICU.

*Kiesha Dhaliwal, Alejandra Segura, Catherine Becker, Bita Danechi, Andrea Maria Laizner, and Margaret Purden*

**11B** ### Reconceptualising Nursing Orientation: Reducing Cognitive Load to Improve Learner Outcomes

Hiring novice nurses into Critical Care units pose challenges pertaining to learner retention and comprehension despite the provision of rigorous orientation programs, largely due to the need for the acquisition of a vast body of speciality knowledge and the natural development of clinical competency (Chestnutt & Everhart, 2007; Maguire, 2013). Though nursing literature examining cognitive load theory within the orientation period was not found, it is noted that this perspective recognizes the limitations of cognitive processing and memory capacity when new learning occurs (Weidman & Baker, 2015). Utilizing this theoretical perspective, we will describe the revision of an orientation program from that of bolused to interspersed delivery in one mixed 10-bed adult medical-surgical intensive care unit (ICU) and 7 bed coronary care unit (CCU) in Calgary, completed in the Fall of 2014. Evaluation of learner and primary care provider satisfaction with program revision will be reviewed.

*Katherine Kissel and Christine Filipek*

## CONFERENCE AGENDA *cont'd*

### 11C Hearing Silent Voices: Augmentative Communication in Critical Care

When critical care patients are experiencing the most powerful and painful moments in their lives, communication is often hindered, not only by illness, but by ventilation, medication, and treatment. This may lead to frustration, fear, and sadness for both patients and their families, which can jeopardize recovery. Often, increasing doses of medications may be required to promote comfort, to alleviate anxiety, and to enhance care. When nurses witness the impact of their patients' inability to share concerns, needs, and emotions, they may feel helpless and ineffective in their ability to understand their patient's needs to provide appropriate support. Methods to enhance patient communication may lead to better quality of care, improved outcomes, and decreased morbidity, while improving job satisfaction for nurses. Technology has been used to enhance the physical care of patients for many years. Now evidence based technology can be used to enhance their emotional care as well. Based on current literature and lived experience, this interactive presentation describes and demonstrates augmentative communication for children in critical care, focusing on the benefits to patients, families, care providers, and health care organizations.

*Colleen Breen and Jane Houghton*

### 11D Another Tool in the Weaning Toolbox? All About Proportional-Assist Ventilation (PAV)

Patients who become difficult to wean are at risk for prolonged mechanical ventilation (PMV). PMV leads to an increase in ICU length of stay (LOS) and mortality and a decrease in the patient's quality of life. A suggested framework is to identify early those patients at risk for PMV and optimize their weaning. Weaning methods include progressive decreases in pressure support ventilation, tracheostomy mask and recently the use of PAV. With PAV, the patient determines when inspirations begin, how deeply to breathe and when to end the breath. This affords the operational advantages of better patient-ventilator synchrony, reduced need for sedation, reduced incidence of ventilator-induced diaphragm dysfunction (VIDD) and a physiology-based approach to weaning. Our successful use of a structured protocol used at our facility to wean and liberate patients from PMV will be discussed. ***Pre-requisite:*** *Knowledge of ventilator weaning would enhance learning.*

*Shirley Marr, Domenico Capolongo, and Robyn Klages*

**1430 – 1600** **CLOSING SPEAKER and CLOSING CEREMONIES**

### Seven Humour Habits for Workplace Wellness

As Critical Care Nurses, we face urgent demands, responsibilities and pressures. Seven Humour Habits gives us an hour to step away from all of that, and focus on strategies for our own well-being. Paul Huschilt, Professional Speaker, and Humour and Wellness Expert will make us laugh and re-think our relationship with workplace and personal wellness. He will share his techniques on how to get the most out of work, life, and laugh at just about anything. His world-famous Seven Humour Habits uses laughter, interaction, personal reflection and creativity to inspire you to be your best at work, at home, and everywhere in between.

*Paul Huschilt*

**Invitation to Dynamics 2018**
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