



Manitoba Chapter

CACCN Manitoba Chapter Newsletter



Fall 2010

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Greetings from the Manitoba Chapter CACCN Executive

Hello everyone and welcome to all new and returning members! We would like to welcome and introduce our 3 new executive members: Stacey Ross, Ashleigh Shearer and Jennifer Fulcher. Stacey and Ashleigh will be sharing the role of Programs Chairperson. Stacey Ross is currently working as a Critical Care Clinical Educator in the Winnipeg Critical Care Nursing Education Program, previously in the Medical Surgical ICU at St. Boniface Hospital, as Clinical Resource Nurse and staff nurse. Ashleigh

Shearer is working in the Cardiac Sciences Intensive Care Unit as staff nurse and working on completing her Masters in Nursing. Jennifer is our new Membership Chairperson. She is currently working at the Victoria General Hospital ICU as a staff nurse. Please join us in welcoming them to the 2010-2011 Chapter Executive.

In June 2010, the Executive met to formulate a plan for the upcoming year. We developed a list of goals and objectives focusing on the continued retention and recruitment of the Chapter as well as providing the critical care nursing profession with support for further knowledge acquisition and advancement of the science of critical care nursing.

The Heart Sounds Seminar was held on September 29, 2010 at St. Boniface Hospital. We had an excellent turnout from various units and hospitals throughout the province and Ontario. Dr. Andrew Morris kept the audience captivated and entertained with concepts relating to heart sounds.

COMING SOON: Please watch for a "Bug Talk" featuring Dr. Rob Ariano.

If you have any ideas or suggestions for upcoming seminars/educational sessions,

please forward them to Stacey Ross or Ashleigh Shearer. We would love to hear from you!

The revised constitution and bylaws are available on the website at www.caccn.ca. We will continue to use the website as a means to communicate as we work towards being "green".

Mark your calendars for our annual Manitoba Chapter CACCN Critical Care Conference, "Edge of Excellence 2011" to be held in May 2011 (date to be confirmed) at the Norwood Hotel. Stay tuned for further details.

CACCN Executive:

Lissa Currie (President)
Tannis Sidloski (Vice-President)
Rhonda Matheson (Secretary)
Andre Dube (Treasurer)
Stacey Ross (Co-Programs)
Ashleigh Shearer (Co-Programs)
Jennifer Fulcher (Membership)
Sara Unrau (Publicity/Newsletter)
Joy Mintenko (Member at Large)





CACCN Executive 2010/2011 (Missing Tannis Sidloski)

Edge of Excellence Winnipeg, Manitoba Conference Report

Edge of Excellence 2010 was held on May 11, 2010 at the Norwood Hotel. The day was a success with many sponsors and 44 attendees. The day started off with a presentation on Sending and Receiving: Coles Notes Version of Skilled Communication by Colleen Sklar, followed by The Impact of AKI on the Critically Ill Patient: What it is, How To Recognize, & How to Intervene by Kathleen Kirk. Dr. Kendiss Olafson captivated the audience with Sedation and Mobility in the ICU: What is the Evidence? where current evidence and support for early mobilization was presented. Chris Kuttig followed with a presentation on new therapies that are being initiated for Heart Failure Patients in Winnipeg with "Help Me – I'm Drowning!: Care of the Acute Decompensated Heart Failure Patient. The day closed with a Case Study: CSI 2010 by Shanley Teetaret and Mary Jennifer Liberato. They kept the audience engaged with their unusual case study and CSI approach to the case study. The Conference Planning Committee would like to extend a special thank you to all the speakers. A big thank you is extended to the Edge of Excellence 2010 Planning Committee for all their hard work and support to make this event happen.

Sara Unrau (Conference Chair)

Critical Care Nurse of the Year Award

Every year at Edge of Excellence the Critical Care Nurse of the Year Award is awarded to a nurse nominated by a fellow colleague. At Edge of Excellence, May 2010 the award was presented to Karen Schnell-Hoehn.

Karen began her critical care career in 1997, when she graduated from the Adult Intensive Care

Nursing Program (AICNP). She worked in both intensive care units at St. Boniface General Hospital and was a preceptor and mentor to many AICNP students.

Karen also worked as an educator both at the unit level and in the AICNP. In both these roles she was instrumental in developing unit orientation packages, skills packages, staff education, and essential manuals. She encouraged students and staff alike to learn and to grow. She also encouraged involvement with CACCN.

Karen was a member of the CACCN Executive for 7 years, including the role of president for 3 years.



Karen graduated from the Masters of Nursing Program at University of Manitoba in 2004, and is currently a Clinical Nurse Specialist for the Cardiac Sciences Program at St. Boniface Hospital.

Throughout her career Karen has been involved in many committees that dealt with best practice, patient and staff information.

Karen is an outstanding critical care nurse who displays professionalism, encouragement and support to all critical care nurses.

**Manitoba Chapter CACCN Executive
would like to congratulate
Karen Schnell-Hoehn
on receiving the
Critical Care Nurse of the Year Award!**

Sara Unrau (Conference Chair)

Edge of Excellence 2011

Call for Abstracts



The Manitoba Chapter will be holding its Annual Edge of Excellence Critical Care Nursing Conference in May 2011, Winnipeg (date to be confirmed)

The Manitoba Chapter is extending an invitation to nursing and other health care professionals to submit abstracts for oral presentations in Adult, Pediatric, and Neonatal Critical Care.

Deadline: March 1, 2011

Please include the following with your submission:

1. An abstract of approximately 250 words.
2. A reference list.
3. Presentation experience.
4. Speaker's mailing address, telephone, and email address.

Selection of abstracts will be completed and acknowledged by March 15, 2011.

Please email submissions to sunrau@sbgh.mb.ca.

If you have a submission idea and would like to discuss it or need assistance with preparing a submission, please call Sara Unrau at (204) 237-2898.

Dynamics of Critical Care 2010: Chapter Connections Day

Chapter Connections Day provides a forum for National's Board of Directors to discuss their goals and objectives for the year as well as an opportunity for the chapters from across Canada to share their successes and challenges. It is an excellent opportunity to learn from each other ways to improve our local activities. One of the messages National wanted us to share with our membership is around one of their goals for the year. They would like to increase the association's political voice. In order to do so they would like to ensure members have an opportunity to share their views so that they may represent their members accurately. Make a point of checking the website on the member's only page, to let **your** vote be known on important political issues.

(Lissa Currie, Manitoba Chapter President)

Dynamics of Critical Care 2010: Changing Lives, Pushing Boundaries, Striving For Excellence: The Power of Critical Care

Dynamics was an experience like no other, bringing colleagues together from all across Canada. It was held in Edmonton Alberta, and for the few of us who had never been to this city, it was truly amazing!

The theme this year was "The Power of Critical Care" and the conference began with Cassie Campbell who was Captain of Canada's National Women's Hockey Team. A truly inspirational speaker, who gave us "The Seven rules of Continued Leadership" which included: learn from challenges, we all must be responsible for our actions, coming out of your comfort zone, know how to have fun, make everyone feel they have a contribution to make, preparation, and lastly the importance of communication.

As a delegate attending the Dynamics conference, I was overwhelmed with the different speakers and educational opportunities to enhance clinical practice. Different evidence-based topics included: ACS, shock, acute spinal injury, therapeutic hypothermia, mentorship, and end of life discussions. There were also many poster presentations with a wide variety of topics that were accessible throughout our 3 days.

There was loads of fun to be had at the Baxter party, an Annual dinner, many local tours to participate in, including a trip to West Edmonton Mall. What a fabulous experience, and the knowledge and understanding you leave with is empowering! From education, to leadership, and the ability to network with other Critical Care nurses was a tremendous opportunity!

Next year's Dynamics conference will be in London, Ontario, and we are looking forward to see you there!

(Jennifer Fulcher, Manitoba Chapter Membership)



(Manitoba Delegates compliments of Nancy Vokey)

Winnipeg Critical Care Nursing Education Program Graduating Class of January 2010



Back Row: Ryan Holland, Nabeel Alfar, Susan Wall, Kristen Harlos, Darcy Hiebert, Michelle Menheer, Laura Braun, Arnold Enano, Olusola Ogundipe
Front Row: Tara Carson, Stacey McLeod, Kathy Harris, Alicia Wieder, Emily Hebert, Adrienne Smalley, Bernadeth Ilag

Missing: Elizabeth Andrzejczak, Precious Dangwa, Jocelyne Doucet, Marian Jose, Norvian Layugan, Cathy Marinelli, Semir Nesib, Crystal Steele, Alexandra Stewart, Tera Walsh

Graduating Class of April 2010



Left to Right:
Richard Quint, Leia Olien, Nancy Despons, Hillary Harbun, Maria Martin, Trisha Orris, Cheryl Johnson, Michelle Reid, Leigh Henry, Suzanne Herda, and Paul Labao.

Congratulations to the WCCNEP Graduating Classes of January 2010 and April 2010

The Winnipeg Critical Care Nursing Education Program (WCCNEP) is proud to celebrate the success of these deserving and hard working nurses. These are the fifth and sixth graduating classes of the WCCNEP.

These nurses completed the 14 weeks of Theory and Clinical, and went on to complete the Specialized portion of the program at the units and sites where they have taken positions. They have taken positions throughout the Winnipeg region in a variety of hospitals.

The rewards and benefits of the WCCNEP are many. The advanced knowledge will help these nurses care for the critically ill patient. We wish them success in their critical care nursing careers.

Remember – **YOU** are our best ambassadors to recruit, so please encourage nurses to take the program and become critical care nurses.

Information about the WCCNEP can be found on the WRHA website at: www.wrha.mb.ca/prog/criticalcare

CACCN Manitoba Chapter would like to recognize Kathy Harris and Hillary Harbun on the receipt of the CACCN Manitoba Chapter Recognition Award!

Spotlight on . . .

We have done a feature on Brandon ICU, Victoria ICU and Seven Oaks ICU and we would like to hear continue to hear from and about your ICUs and your experiences.

Send your story to sunrau@sbgh.mb.ca for the next newsletter!

Spotlight on Concordia Hospital

The Concordia Hospital ICU is a seven bed unit which primarily provides critical care services to the North East sector of Winnipeg. With a baseline staffing of 4 nurses per shift the energetic and enthusiastic staff care for a diverse critical care patient population of, typically 4-5, ventilated patients, and 2-3 cardiac patients while providing telemetry and Code blue response services for the facility. While providing excellent patient care, the ICU team members are proven leaders in quality improvement initiatives, recruiting and teaching new nurses and staff. There is an exciting future at the Concordia ICU as recent and ongoing renovation to the unit have improved the physical space and will allow for improved patient flow within the unit. More change will be coming to the Concordia ICU in the coming year as the unit looks forward to the emergence of new team leaders and the integration of new WCCNEP graduates as they join our health care team.



(Photo from Concordia Hospital Website)

CACCN Website Your Online Resource

www.caccn.ca

The CACCN Website offers many resources:

- CACCN Events
- CACCN Chapters
- Membership application
- Critical Care Publications
- Education and Resources
- Job Links
- Awards and Recognition
- Surveys
- Links to Canadian and International Critical Care Site

Awards

There are many recognition awards made available through CACCN and we would like you to recognize your Manitoba colleagues for their dedication and contributions to critical care. As critical care nurses we work with many outstanding ICU nurses and we would like to encourage you to nominate these nurses for one of these awards. Next time you are at work take a look around at your colleagues and nominate one of them for an award to let Canada know about the amazing ICU nurses in Manitoba.

For further information go to www.caccn.ca

Ask The Expert

Early Mobility? A new approach to delivering care in the intensive care unit

Dr. Kendiss Olafson MD FRCPC
Section of Critical Care

Consequences of Critical Illness

New technology and medical advances in critical care medicine offer patients a chance to survive illnesses that were previously universally fatal. The survivors of critical illness often leave the ICU profoundly weak with impaired functional status (1). These neuromuscular impairments can be persistent and can negatively impact their quality of life (2-7). Multiple studies have found that less than 50% of ICU survivors admitted with respiratory failure return to work by one year (3, 5-7). Prolonged immobility is a risk factor for severe ICU acquired weakness (8). Although it can be difficult to focus on long-term functional and psychological outcomes when treating patients with an acute life-threatening illness, it is important for our patients' overall health to not only focus on resuscitation and survival but also on improving their long-term outcomes. The goals of critical care should not simply be survival, but maintained function and quality of life as well.

The Evidence for Bed Rest in Critical Illness

Until recently, medical dogma prescribed bed rest for all patients with severe illness, assuming that bed rest decreases metabolic demands to promote healing (9). In addition, concerns regarding accidental dislodgement of therapeutic devices were deterrents to early mobilization. Bed rest improves outcomes and prevents complications in specific medical situations such as early, threatened abortion, pre-eclampsia and post cardiac catheterization (9), however only recently has the role of bed rest in the ICU population been studied in a systematic fashion.

The Evidence for Early Mobility in Critical Illness

Weakness is a well described complication of prolonged bed rest as muscle mass can decrease by 1.0 to 2.5% per day (9). Bed rest can also cause systemic inflammation, insulin resistance, microvascular dysfunction, thromboembolic

disease, pressure ulcers and joint contractures (9). Some activity, including passive muscle movement, may mitigate the amount of muscle loss during critical illness (10).

Earlier studies show that mobilizing critically ill patients who require mechanical ventilation is not only feasible but also safe (11). Currently two large prospective clinical trials examine the effect of early mobility in the ICU (12, 13). Both trials have an intervention arm which includes a stepwise progression of activity for all patients. Initially patients are treated with passive range of motion. Once conscious, activity increases to the goal of ambulation. Both ICU and hospital lengths of stay decreased for patients enrolled in an early mobility program (12). The proportion of patients who were functionally independent at the time of hospital discharge significantly increased from 35% to 59% ($p < 0.001$) due to participation in an early physical activity protocol (13).

Further studies are needed since it is still unknown whether early physical therapy will improve the long-term functional status and quality of life in this patient population.

Implementing an Early Mobility Program in the ICU

Based on current evidence, intensive care units across North America are incorporating early mobility into daily practice. However, implementing an early mobility protocol has its challenges. Limiting sedation, identifying and addressing delirium, and sleep promotion are important cornerstones to address prior to implementing an early mobility program. Sedation protocols and daily interruption of sedative infusions are two strategies that can limit effects of sedating agents administered in the ICU which results in improved patient outcomes (14, 15). Delirium screening tools such as CAM-ICU (16) and delirium screening checklist (17) are valid ICU tools to identify delirium in ICU patients. Early mobility in the ICU requires a multidisciplinary approach to face the challenges of changing traditional practices and views on delivery of critical care.

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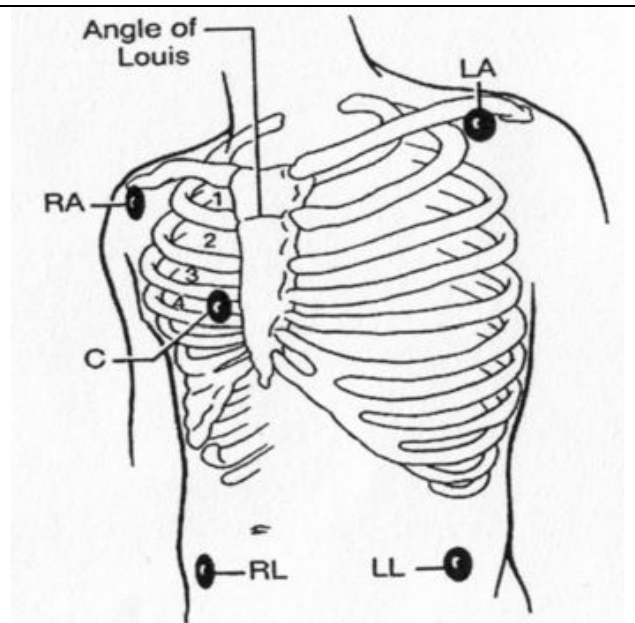
ST Segment Monitoring: What are the Recommendations?

Lissa Currie, RN BN CNCC (C)

Accurate ECG interpretation is reliant on proper electrode placement. It has been demonstrated that an electrode (in particular the precordial V leads) that is slightly misplaced, by only one intercostal space, can change the QRS morphology leading to misdiagnosis. A prime example of this is ventricular tachycardia being misidentified as supraventricular tachycardia. So the start of appropriate management begins with proper lead placement. Once the skin is properly prepped, the American Association of Critical Care Nurses recommends placing a mark with indelible ink so that consistency in future lead placement can be accomplished. If the decision is made to monitor in different leads, it should be clearly documented so that false positives ST segment changes are not a problem.

Five Lead System:

- RA** – 1-2 intercostal space, right midclavicular line.
- LA** – 1-2 intercostal space, left midclavicular line.
- RL** – below the 5th intercostal space, right anterior axillary line.
- LL** – below the 5th intercostal space, left anterior axillary line
- V1** - 4th intercostal space, right sternal border.
- V2** – 4th intercostal space, left sternal border.
- V3** – midway between V2 and V4.
- V4** – 5th intercostal space left midclavicular line.
- V5** – 5th intercostal space, left anterior axillary line
- V6** – 5th intercostal space, left mid-axillary line



ST segment monitoring should be based on the patient's needs and risk for ischemia and or dysrhythmias. For patients with Acute Coronary Syndrome their ST fingerprint should be used. An ST fingerprint is defined as the pattern of ST segment elevation and or depression unique to a particular individual based on the anatomic site of coronary occlusion. If the fingerprint is not known for an ACS patient then the recommendation is to monitor in Lead III and V3.

If the patient is not a known ACS but suspect then the recommended leads for monitoring are Lead III and V5. For non cardiac patients who are either surgical or admitted to an ICU the recommendation is to monitor Lead V5. The reason V5 is recommended is that it is very valuable in identifying demand related ischemia.

Most of the monitors available on today's market will calculate the ST segment 60 milliseconds after the J point of the ECG complex. The alarm parameters should be set 1 to 2 mm above and below the patient's baseline ST segment. As patient positioning can affect ST segment monitoring it is recommended that if your ST segment alarm rings or you notice a sustained deviation of 1 to 2 mm from baseline, you should place the patient in a supine position and if the ST segment does not return to baseline, it is considered clinically significant and further assessment is required.



We have the ability to improve patient outcomes. We can not rely on patients' self reporting symptoms of an MI as it has been reported that 70-90% of myocardial ischemia detected through ECG monitoring is silent.

Research needs to be done to assess the impact of ST segment monitoring on patient outcomes. One thing all experts will agree is that if using ST segment monitoring, it is imperative to ensure accurate data is obtained through the proper selection and placement of our patient's monitoring leads.

Referenced from AACN Practice Alert May 2009

If you have a question, chances are half your colleagues will have the same question!

Send us your questions and we will find the expert to answer.

Send any questions to sunrau@sbgh.mb.ca.

If you have an article, case study, or other information to share with the critical care community we would love to hear from you.

Please send them to sunrau@sbgh.mb.ca

Dates to Remember

November 12, 2010

The Trauma of Burns

Club Regent Hotel
1415 Regent Ave
Winnipeg, Manitoba

Registration Deadline: October 27, 2010

Contact Person: Eliana Soto-Guerrero

Email: esguerrero@hsc.mb.ca

Organized by the
HSC Surgical Intensive Care Unit Trust Fund

Coming Soon to the Grace Hospital

A Bug Talk

featuring Dr. Rob Ariano

(end of November, beginning of December)

Stay tuned for further details

Coming Soon to all ICUs!

CACCN Membership Challenge

to run from
January 15, 2011 to February 15, 2011

The ICU with the highest percentage of nurses that
are current CACCN members will win a

Pizza Party!

Membership Recognition

All members that have been a CACCN member for
2 years or less will be entered in a draw for tuition
to the 2012 Edge of Excellence.

All members that have been a CACCN member for
more than 2 years will be entered in a draw for
tuition to the 2011 National CACCN Conference.

For further information go to www.caccn.ca

Remember to visit the Members Only section of the website
to let your voice be heard on political issues.



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