



Annual Report

Canadian Association of Critical Care Nurses

APRIL 1, 2010 — MARCH 31, 2011

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Vision Statement

The voice for
excellence
in
Canadian Critical Care Nursing





CACCN...
 The Voice for
 Canadian
 Critical Care
 Nurses

Board of Directors

Kate Mahon
 President

Kate is from Halifax, NS representing the Eastern Region. Kate has done an outstanding job leading the board and implementing the “Find Your Voice” campaign. Kate will be the CACCN President until March 2012 and is the Chairperson for Dynamics 2013 in Halifax, NS.

Teddie Tanguay
 Vice-President

Teddie is from Edmonton, AB and represents the Western Region. Teddie is no stranger to the CACCN Board and her experience is appreciated. Teddie is responsible for the website portfolio ensuring the needs of our members are met—on time and on budget. Teddie was the Chair of three position statement revisions and was the Chairperson for Dynamics 2010 held in Edmonton, AB.

Joanne Baird
 Treasurer

Joanne is from Grand-Falls, Windsor, NL representing the Eastern Region. Joanne accepted the difficult position of Treasurer. Joanne continues to do an excellent job managing our finances. Joanne is also working on CACCN Position Statement review for Organ Donation.

Pamela Cybulski
 Secretary

Pam is from Brampton, ON and represents the Central Region. Pam is the Board Secretary with responsibility for the Recruitment / Retention Portfolio. Pam has also been instrumental in building a stronger reciprocal relationship with the Canadian Nurses Association, Certification Program. Pam is the Chair person for Dynamics 2011 in London, ON.

Tricia Bray
 Director

Tricia is from Calgary, AB and represents the Western Region. She currently holds the portfolio of Publications and Research. Tricia has been instrumental in the redesign of Dynamics: The Journal of CACCN. Tricia also led the Standards Review Committee and is currently leading CACCN Position Statement Review Committees and working towards creating a CACCN Research Committee. Tricia is the Chairperson for Dynamics 2012 in Vancouver, BC.

Ruth Trinier
 Director

Ruth is from Toronto, ON and represents the Central Region. She currently holds the portfolio of Awards and Corporate Sponsorship. Ruth has been instrumental in raising the awareness of the Awards/Grants CACCN has available for members. Ruth was a member of the Standards Review Committee and is also working on CACCN Position Statement review.

Local Chapter Presidents



BC Chapter	Lisa Krueckl
Calgary Chapter	Kathy Bouwmeester
Greater Edmonton Chapter	Ellen Riel
London Regional Chapter	Brenda Morgan
Manitoba Chapter	Lissa Currie
Montreal Chapter	Kathy Yeomans
New Brunswick Chapter	Brenda Gallagher
Nova Scotia Chapter	Rhonda Porter / Sharon Gavin, Co-Presidents
Ottawa Regional Chapter	Leesa Blakeley
Saskatchewan Chapter	Angela Kubiak
Toronto Chapter	Karen Dryden-Palmer
<hr/>	
Dynamics Editor	Paula Price
Chief Operating Officer	Christine R Halfkenny-Zellas

President's Letter



It is with great pleasure that I share this annual report of the National Board of Directors (BOD) of the Canadian Association of Critical Care Nurses (CACCN) for the fiscal year April 1, 2010-March 31, 2011. The BOD is here to serve its membership and to provide the operational oversight to the many activities of the CACCN. It is a volunteer board, supported by one paid full time employee, Christine Halfkenny-Zellas, the Chief Operating Officer who maintains the office of CACCN from her home in London, Ontario. The BOD conducts its business through quarterly teleconferences, use of the on-line discussion forum on the CACCN web site and two face-to-face meetings, one in London, Ontario each March where handovers are done from outgoing Board members to new Board members and another that occurs in conjunction with Dynamics. The BOD supports the work of the 11 Chapters across the country and applauds the leadership and passion of the Chapter Presidents and their Executives in their home provinces.

Building on the strong foundation created by previous boards, the work of this year's BOD revolved around the President's theme of "**Find Your Voice!**" The theme was a natural "fit" with the conscious direction the BOD has chosen to begin to proactively seek ways to raise the public and professional profile of the Canadian Association of Critical Care Nurses through multiple strategic initiatives. One example is the development of a media campaign to actively engage reporters on topics where the voice of critical care nurses can and should be sought and heard on issues. This initiative has resulted in a number of media interviews in the past year including myself speaking on the topic of what a critical care nurse is and our role in end of life care. Teddie Tanguay was interviewed on the topic of the challenges of care for the bariatric patient in the ICU. Both of these interviews were for daily newspapers and were picked up on the Associated Press wire services resulting in exposure in several newspaper editions across the country. Teddie Tanguay was also interviewed in late 2009 by CBC Radio and the Canadian Medical Journal regarding the H1N1 pandemic.

CACCN chose to express our views on the Baby Joseph case in London Ontario sending letters to the Editors of the Globe and Mail and to the reporters at the London Free Press covering this unfortunate patient/family situation. We also sent a personal note to our colleagues in the Pediatric ICU in London to let them know they had our support, we were proud of them and we were thinking of them.

A list of topics that the BOD can confidently speak to has been developed and will be sent to media contacts for their future reference so when a topic arises reporters will know they can contact us for a media interview to seek the opinions and consult the expertise that CACCN has to offer as "**The voice of excellence in Canadian critical care nursing.**"

As you read through the portfolio reports of each of the Directors, the Editor of Dynamics, Paula Price and the Chief Operating Officer, the extensive and thorough work of the board is visible in this annual report to the membership.

CACCN has been an Association since 1983 and throughout these past 27 years, the Association has steadily grown under the watchful eyes and diligent work of many previous critical care leaders. These critical care leaders guided the association through the early years when obtaining financial stability was a primary goal, to today where the fiscal health of the organization is solid, enabling the BOD to reinvest into resources to improve member benefits. This includes such things as the ongoing website development (currently "static" information is being translated into French), on-line Dynamics registration and abstract submission, development or revision of CACCN position statements, on-line education resources, publication of the Standards of Practice document (in two official languages), awards and contests, and of course the annual Dynamics conference held this past year in Edmonton, chaired by Teddie Tanguay.

con't on Page 4

Membership

Membership in CACCN as of March 31, 2011 was **1147**. This compares with a membership of 1051 at this time last year.

CACCN continues to strive to increase the voice of critical care nursing in Canada through a stronger membership and a more visible presence.

CACCN recognizes the hard work of all chapters with recruiting new members and retaining current members.

Thank you !

The following chapters received CACCN Tuition Coupons for Dynamics 2011 to recognize their recruitment and retention efforts for the fiscal year, April 1, 2010 to March 31, 2011:

Recruitment:

Min. 25% of membership is "new" The following will be receiving one full tuition coupon for Dynamics 2011:

British Columbia **New Brunswick**
Calgary **Nova Scotia**
Greater Edmonton **Ottawa Regional**
London Regional **Saskatchewan**
Manitoba **Toronto**

Min. 33% of membership is "new"
The following will be receive the one full tuition coupon noted above and one \$100 tuition coupon to Dynamics 2011:

British Columbia **Manitoba**
Calgary **Ottawa Regional**
Greater Edmonton **Saskatchewan**
London Regional

Note: 397 new members

Retention:

Greater than 60% renewal
The following will receive one \$100 tuition coupon to Dynamics 2011:

British Columbia **London Regional**
Nova Scotia **Toronto**

Greater than 70% renewal

The following will receive **two** \$100 tuition coupons to Dynamics 2011:

Manitoba

Greater than 80% renewal

The following will receive **three** \$100 tuition coupons to Dynamics 2011:

Calgary **Ottawa Regional**
Greater Edmonton **Saskatchewan**

Note: overall retention is 68.1 %
An increase of approx. 10%

Membership Notes

The 2010 Twin and Win Campaign was completed with **19 new members** between January 1 and April 30, 2010

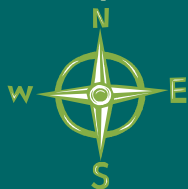
The Olympic Chapter Challenge provided funding of \$ 300.00/each (\$ 2,100) to **seven** chapters for recruitment initiatives.

**Thanks
to
you
our
numbers
are**

growing



Like a compass pointing to true north, a strong strategic plan will focus the work of the successive Boards, ensuring there is clarity and continuity of purpose year after year.



President's Letter (con't)

To do all these things requires an investment of operating funds and while membership dues generate some revenue, it certainly is not enough to cover the annual operating costs of the Association. The Dynamics conference profit is the primary source of funding to maintain financial viability year to year. Balancing the need to make the conference registration costs reasonable for members, while achieving a profit that can support other CACCN activities, ensures the longer term sustainability of the Association. Investments are carefully and safely chosen and monitored to ensure the future security of the organization with a goal to minimally have two years of operating funds in accessible investments in the event there was a year that Dynamics did not achieve the profit needed to run the Association in any year. Each year the BOD develops an annual budget that it must live within. Financial audits are conducted annually by MacNeil and Edmundson, Chartered Accountants from London Ontario, to ensure the affairs of the organization have the appropriate financial oversight required to be accountable to its members. An annual general meeting (AGM) is held each year in conjunction with Dynamics, where the audited financial reports are shared in detail with members present. In addition at the AGM resolutions or motions brought forward are discussed and voted on by the members present. Elections are held annually as the terms of office of the BOD expire.

With these operational affairs in order, along with a strong organizational and governance structure in place, the National BOD has begun to focus its energy on developing a multi-year strategic plan for the Association that will continue to raise the profile of the critical care nurse in the public eye while simultaneously increasing membership numbers and improving the benefits of membership. The BOD has made a conscious decision to increase exposure to other similar professional organizations, in particular the American Association of Critical-Care Nurses (AACN) who has been in existence for 42 years in order to strengthen cross border ties, learn from their experience and share expertise. For the first year in many years, the membership numbers are on a steady upward trend, as we gain new members and retain previous members. International and student memberships are also on the rise. However this still only represents one percent (1%) of the critical care nurses in Canada so we remain with work to do to make CACCN a professional organization that critical care nurses want to join year after year.

Over the coming year the BOD will continue to refine the strategic blueprint needed to raise the profile of CACCN nationally and internationally by marketing and "branding" the Association, strengthening relationships with our corporate sponsors to ensure consistency in conversations year to year, increasing membership and finding our voice with the media. We are maturing as an Association and this will require wise investment of our resources to achieve the longer term results we desire. Like a compass pointing to true north, a strong strategic plan will focus the work of the successive Boards, ensuring there is clarity and continuity of purpose year after year. We are at a turning point and if we are to continue to grow as an Association we need to find other ways to increase our membership so that critical care nurses desire to be a part of CACCN to enhance their professional development and status. And if we are to grow we need to find ways to have organizations who employ critical care nurses encourage and support their staff's involvement with CACCN and conceivably receive recognition for the work going on within their ICU. So as my first year in office comes to an end on the National Board, I applaud the authentic leadership of my colleagues on the BOD, the Editor of Dynamics (along with her Editorial Review Board), the Chapter Presidents and their Executive teams and finally to our Chief Operating Officer. I thank you for your unwavering commitment to the work of CACCN over the past year as described in this report. I value our friendship and finally... I share your passion in being a critical care nurse.

I respectfully submit this annual report for 2010-11 to all our members.

Kate Mahon

**Kate Mahon
President**

Board of Directors April 2010 to March 2011

BR L-R: Pam Cybulski, Kate Mahon,
Joanne Baird and Ruth Trinier
FR L-R: Tricia Bray and Teddie Tanguay
Inset: Christine Halfkenny-Zellas, COO



CACCN Life Member Awards



(l to r) Kate Mahon, Bernice Budz and Brenda Morgan
Dynamics 2010, Edmonton, AB

The CACCN National Board of Directors

awarded

CACCN Life Member Status

to

Bernice Budz
Vancouver, BC

and

Brenda Morgan
London, ON

for their significant contributions to

our Association

Congratulations and Thank You !

CNA Critical Care Certification

CACCN encourages nurses to write the Canadian Nurses Association's Certification Examination in Critical Care. As per CNA, the purpose of certification is:

"To promote excellence in nursing for the people of Canada through the establishment of national standards of practice in nursing specialty areas;

To provide an opportunity for practitioners to confirm their competence in a specialty; and

To identify through a recognized credential, those nurses meeting the national standards of their specialty". (CNA website, 2007)

Adult certification CNCC(C) in critical care continues to increase each year.

In pediatrics CNCCP(C) because it is such a sub-specialty, movement in certification is much slower.

The 2010 Canadian Nurses Association Adult and Pediatric Critical Care Certification examinations were written on April 17, 2010.

Forty-one (41) CACCN members wrote their CNCC(C) for the first time and forty-two (42) CACCN members renewed their CNCC(C) certification in the adult category.

Two (2) CACCN members wrote their CNCCP(C) for the first time and three (3) CACCN member renewed in the pediatric category.

CACCN holds an annual certification draw at the Dynamics of Critical Care Conference to award members who successfully completed the examination.

In September 2010 in Edmonton, AB, the following nurses were drawn to receive \$250.00 each in support of their efforts in successfully passing this examination and obtaining the adult credential- CNCC(C) and the pediatric credential- CNCCP(C):

Adult certification:

- Jennifer Cullimore, Calgary, AB
- Monica Klein, Richmond Hill, ON
- Clarice Watt, Timmins, ON

Adult Recertification:

- Dawna Van Boxmeer, Ilderton, ON
- Marina Bitton, Thornhill, ON

Pediatric Certification:

- Charlotte Ryan, St. John's, NFLD
- Laurel Kathlow, Coquitlam, BC

Pediatric Recertification:

- Paula Mahon, Vancouver, BC

*Congratulations
to all members who
successfully certified
and re-certified!*



Awards and Corporate Sponsorship



Congratulations

to
London
 Chapter
 Sorin
 Chapter
 of
 the Year
 2010

Along with our corporate partners, CACCN is pleased to acknowledge and reward the outstanding contributions of critical care nurses through our various awards. Critical care nurses make a difference every day in the lives of their patients and families, and their peers and workplaces. The CACCN awards provide recognition of these contributions.

Thank you to the Awards Review Committees: BBraun Mentorship Award/Spacelabs Innovative Project Award: Gwen Thompson, Chad Johnson and Glenda Roy; the Editorial Award Reviewers: Penny Nickle, Karen Leconte and Sandra Matheson; and the CACCN Research Grant Reviewers: Franco Carnevale, Paula Price, Gwynne MacDonald and Cathy Mawdsley.

Award sponsors for 2010-2011 were Baxter Medical, Sorin Group, Edwards Lifesciences, Smiths Medical Canada, Spacelabs Medical, BBraun Medical, Cardinal Health Canada and CACCN.

Formal recognition of each award recipient by CACCN members and corporate partners took place Monday, September 20, 2010 in Edmonton, AB. The following nurses received awards in 2010/11:



Chapter of the Year Award:

Congratulations to the London Regional Chapter.

This award, \$500, along with a plaque recognizes the efforts, contributions and dedication of a CACCN chapter as they carry out the purposes and goals of the association. London Regional won the 2010 award for their outstanding work. Accomplishments include timely completion of Chapter Reports, offered a 35hr CC certification review program, hosted two full day educational workshops, completed an electronic survey of CC nurses in the area, hosted the Nursing Journal Club and sponsored a Nurses Week breakfast.

Thank you to **Sorin Group Canada** for continuing to support this award.



Spacelabs Innovative Project Award:

This award is presented to a group of critical care nurses who develop a project that will enhance their professional development. The total award available is \$ 1,500.00.

The Spacelabs Innovative Project Award was not awarded for the 2010-2011 fiscal year due to a change of deadline date from March 31 to June 1.

Thank you to **Spacelabs Medical** for continuing to support the Awards.

Baxter

The Guardian Scholarship:

The Baxter Corporation Award for Excellence

Recipients of this award will identify ideas that encompass safety and improve the quality of care in their practice area. The award provided is \$5,000.00 or 2 prizes of \$2,500.00 each,

The Baxter Guardian Scholarship was presented to Tracie Northway, Langley, BC, Kim Streitenberger, Toronto, ON and Janelle Plouffe, Winnipeg, MB for their project: *A Collaborative Approach to Improving Nursing Shift to Shift Handover in Pediatric Critical Care.*

Thank you to **Baxter Medical Canada** for continuing to support the Awards.

B|BRAUN

The **BBraun "Sharing Expertise" Award** is presented to an individual who exhibits stellar leadership and mentoring abilities in critical care.

The deserving recipient was Arkadi Shuman, a Nurse Clinician from Rockeyview Hospital, Calgary, AB.

Arkadi was nominated by: Lois Crossman, Carol Logan and Kimberly Tateson-Bennett.

Thank you to **BBraun** for continuing to support the "Sharing Expertise" Award.

Editorial Awards:

Our 2 Editorial Awards are generously sponsored by Edwards Life Sciences (\$750.00) and CACCN (\$500.00). These articles are expected to demonstrate the achievement of excellence in the area of critical care nursing and appeared in Dynamics, the Journal of the Canadian Critical Care Nurses.



Edwards Lifesciences:

The first prize award winner recipients were Margot Thomas, Sonny Dhanani, Danica Irwin, Hilary Writer and Dermot Doherty from Ottawa, ON for their article: "Development, dissemination and implementation of a sedation and analgesic guideline in a pediatric intensive care unit...it takes creativity and collaboration", published in Winter 2010.



CACCN:

The second prize was awarded to Gwen Thompson, Wendy Austin and Joanne Profetto-McGrath from Edmonton, AB, for their for their article, "Novice Nurses' First Death in Critical Care", published Winter 2010.

Awards Continued...

smiths medical
bringing technology to life

SMITHS Educational Awards

This Educational award (\$1000.00) provides funds to assist critical care nurses to attend continuing education programs at the baccalaureate, masters and doctoral level. Smiths Medical sponsors 2 educational awards each year.

Fall 2010 award recipient was Marie Aue, Toronto, ON. Marie is enrolled in the Master of Arts in Education Program through Central Michigan University,

Winter 2011 award recipient was Ingrid Daley, Mississauga, ON. Ingrid is pursuing her Masters of Science in Nursing at York University.

Thank you to **Smiths Medical Canada** for their continued support of the Educational Awards.



Cardinal Health Chasing Excellence Award

This award is presented to a CACCN member who consistently demonstrates excellence in critical care nursing practice. Valued at \$1000, the funds are to be used for continued professional/leadership development.

The Cardinal Health Chasing Excellence Award was presented to Debra Bosley, Calgary, AB. Debra was nominated by Kathy Bouwmeester, Gail Liggett and Diane Schmidt.

Thank you to **Cardinal Health Canada** for their support of the Chasing Excellence Award.



CACCN Research Grant

A CACCN research grant has been established to provide funds (\$2,500) to support the research activities of a CACCN member that are relevant to the practice of critical care nursing.

The recipient of the CACCN Research Grant was Paula Mahon, Vancouver, BC for her research project "From the Inside Out: A Critical Ethnographic View of PICU Nurses."

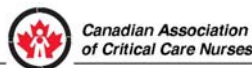


Brenda Morgan Leadership Excellence Award

This award for excellence in leadership is presented to a nurse who, on a consistent basis demonstrates outstanding performance in the area of leadership in critical care.

The deserving recipient of the 2010 Brenda Morgan Leadership Award was Francis Loos from Regina, SK.

Francis was nominated by: Brenda Morgan, Sandra Matheson and Gwynne MacDonald.



CACCN Life Member Award

This award is presented at the discretion of the CACCN National Board of Directors to any member in the association who has made significant contributions to the association.

The deserving CACCN Life Member recipients for 2010 were Brenda Morgan from London ON and Bernice Budz from Vancouver, BC.

Brenda Morgan has been a long time member of CACCN serving as President and Dynamics chair in the past. Brenda was on the first certification examination writing committee, developed the certification review for CNA, and has written a certification study guide for CACCN members. She is a frequent presenter who has been recognized for her contributions to critical care nursing by CNA and AACN. Brenda was the first recipient of the CACCN Brenda Morgan Award. She is currently the London Chapter President and a member of the London Dynamics 2011 Planning Committee.

Bernice Budz has also been a long time member of CACCN. Bernice joined the Manitoba Chapter in 1981, a stand alone chapter before CACCN was formed in 1984. She was the Western Representative on the Board of Directors for 8 years, holding the publications and award portfolios. Bernice has also been a Chair of Dynamics. Bernice was a member of the first certification examination writing committee and helped to develop the first CACCN standards. Bernice was elected to the WFCCN in 2001 at the inaugural meeting in Australia. She has served as Treasurer of WFCCN and has been the CACCN liaison with this association from 2001 to 2010.

The National Board of Directors is pleased to have the continued support of our sponsors for these awards.

Thank you!

Ruth Triner, RN, BScn, CNCCP(C)
CACCN Director
Awards and Corporate Sponsorship

Thank you

to our
corporate sponsors

BBraun Medical

Baxter Medical

Cardinal Health

Edwards

LifeSciences

Smiths Medical

Sorin Group

Spacelabs

for their ongoing

commitment

through support of

nurses awards and

sponsorship.

Application criteria

for all awards can

be found at

www.caccn.ca.





Congratulations to
Francis Loos
 recipient of the
Brenda Morgan
Leadership
Excellence
Award
2010

CACCN Position Statements



The CACCN develops position statements to provide summaries of CACCN views on issues pertaining to critical care nurses and their nursing practice. Critical Care Nurses from across the country participate in the creation of all position statements. CACCN position statements are reviewed at a minimum of every five years to ensure applicability to practice.

The following statements were approved by the CACCN National Board of Directors in 2010-2011:

End of Life Care in the Intensive Care Unit **Critical Care Nurse Practitioner**
Critical Care Nurse Specialist **Structure of the Intensive Care Unit**
Advanced Nursing Practice in Critical Care

The CACCN National Board of Directors would like to express appreciation to the following members for their contribution to the CACCN position statements:

Clinical Nurse Specialist in Critical Care, Advanced Nursing Practice in Critical Care and Nurse Practitioner in Critical Care

Committee Chair: Teddie Tanguay, RN, MN, NP, CNCC(C)
 Committee Members: Gwynne MacDonald, RN, MN, CNCC(C)
 Cathy Mawdsley, RN, MScN, CNS
 Celine Pelletier, RN, BScN, CNCC(C), MN-ACNP, NP
 Judy Rashotte, RN, PhD
 Sandra Statt, BScN, RN, CCNC(C)

Providing End-of-Life Care in the Intensive Care Unit

Committee Chair: Pamela Cybulski, RN, BA, CNCC(C)
 Committee Members: Marie Edwards, RN, PhD
 Sonia Hill, RN, MScN, CNCC(C)
 Bob Parke, BA, BSW, MSW, RSW, MHSc, Bioethics

Structure of the Intensive Care Unit

Committee Chair: Tricia Bray, RN, MN, CNCC(C)
 Committee Members: Ruth Trinier, RN, BScN, CNCCP(C)
 Dale Kastanis, RN, CNCC(C)

Please visit www.caccn.ca to view all CACCN position statements.

Publications ... Journal Redesign

With the Spring 2011 edition, the CACCN Board of Directors and the CACCN Editorial Review Board introduced a new look for our journal, *Dynamics*.

Spring brings the promise of warmth and sunshine; it is a time of renewal and new growth, and so it seemed an appropriate time to present a refreshed *Dynamics* at that time.

The journal name has also been simplified to ***Dynamics*** and each original article shows the full citation at the end of the abstract. The print type has changed and the page format has been altered to a very reader friendly view. The colouring and format of the new look was inspired by our CACCN website.

Special thanks to Heather Coughlin and Sherri Keller from Papp Communications for their ideas, creativity and support.

Tricia Bray
Publications Chair, National Board of Directors



Publications - Dynamics Journal



Editor's Report April 1, 2010 - March 31, 2011

Statement of Purpose and Objectives

Purpose:

To provide a journal which will be of relevance and value to any nurse with an interest or expertise in critical care nursing. The journal should have relevance for all areas of practice in neonatal, pediatric and adult critical care nursing.

Objectives:

1. To provide a vehicle for publication for critical care nurses in Canada.
2. To stimulate critical care nurses to write in their area of expertise.
3. To promote networking regarding critical care nursing clinical, education, research and administrative practices.
4. To disseminate critical care nursing content of interest to Canadian nurses.
5. To publish articles of relevance to clinical, education, research and administrative critical care nursing practice.
6. To disseminate the results of critical care nursing research.
7. To explore issues and problems relevant to critical care nursing.
8. To provide a means for the national Board of Directors to communicate with members of CACCN.
9. To communicate available awards for members.
10. To provide readers the opportunity to earn CEU's.

Subscriptions:

Personal: 1114 (1090 last year)

Institutions: 26 (35 last year)

Complimentary: 5

Journal Profile:

The journal has its own web page on CACCN's homepage and continues to be listed in the Cumulative Index to Nursing and Allied Health Literature (CINAHL), The International Nursing Index, and Medline. Full text articles are available on CINAHL Plus, Academic OneFile, Health Reference Centre Academic, CPI.Q

Editorial Review Board:

My thanks and appreciation are extended to the members of the editorial review board for the work they do to review each manuscript. It is through their diligence that the journal maintains its standard as a scholarly, specialty journal.

The members of the editorial review board are:

Janice Beitel, RN, MSc, CNCC(C), CNN(C), Toronto, ON
 Marie Edwards RN, PhD, Winnipeg, MB
 Kathleen Graham, RN, MScN, Halifax, NS
 Sandra Goldsworthy RN, BScN, MSc, CNCC(C), Oshawa, ON
 Martha Mackay, RN, PhD, CCN(C), Vancouver, BC
 Mae Squires RN, BA, BNSc, MSc, PhD, Gananoque, ON
 Franco Carnevale, RN, MSA, MEd, PhD, Montreal, PQ
 Judy Rashotte, RN, PhD, Ottawa, ON
 Debbie Fraser Askin, RN, MN, Winnipeg, MB

My thanks also go to Tricia Bray as Publications Director. Her leadership and help have been greatly appreciated.

con't on page 10



Dynamics:
The
Journal
of the
Canadian
Association
of
Critical Care
Nurses

Publications - Dynamics Journal (con't)



Annual Editorial Review Board Meeting:

The annual editorial board meeting with members of the Editorial Review Board was held in Edmonton at Dynamics 2010. The main focus of discussion was on the proposed new look of the journal to refresh it. There were still some outstanding issues of paper weight, mailing in paper envelopes or plastic, and invited guest editorials. The next meeting is scheduled for Dynamics 2011 in London, ON.

Report of Activities over the Past Year:

- The journal has a new look. Effective Spring 2011, volume 22, number 1 the look, layout, and font were refreshed and revised. Thanks for the work by Sherri Keller at Pappin Communications and for the insight of Tricia Bray, members of the Board of Directors and Editorial Review Board. Several positive feedback comments have been received.
- We are going to try to put together a Special Issue next year with the theme of "End-of-Life" issues in critical care. Manuscript requests went out with a deadline of May 1, 2011.

Publishing Summary:

The following table provides information about the disposition of manuscripts received in the last year and compares them to those received from previous years.

Manuscripts	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
# Received/Reviewed	12	7	11	7	3	8
# Published [^]	10	7	9	3	4	4
# Rejected	2	0	1	0	0	0
# Not returned	1	1	0	0	2	2
# In review (at year end)	1	3	2	4	1	2
Average Review Time (weeks)	3	5	3-6	6	4	2-5
Average Months Receipt to Publish	5	4	6	5	6	3
Average # of Manuscripts per issue	2	2	3	2-3	1-2	1
Published Total:						
Clinical	5	3	4	3	2	2
Management	2	3	1	0	0	0
CE Quiz	0	1	1	0	1	0
Research	3	0	2	3	1	1
Regular Column	4	9	11	8	6	6
Other	0	1\$	2\$	1\$, 1*	1\$	1\$, 4#

Based on April-March year end.

Information Key: [^] #'s of manuscripts do not add to total received or published because of carry over from previous year; \$ Education, * Program, #Award winners

Strategies to increase submissions continue to include:

- ✓ Offering assistance to all inquiries.
- ✓ Writing to all presenters at Dynamics conference.
- ✓ Encouraging colleagues working on a project or interested in a topic to write.

At the time of submission of this report there is one (1) manuscript in the review process.

con't on page 11

Publications - Dynamics Journal (con't)

Future Plans:

Increasing the number of manuscript submissions remains a priority. All presenters at Dynamics 2010 were contacted to encourage them to submit either their poster or oral presentation and all presenters at Dynamics 2011 will be contacted to consider converting their papers/posters into a written manuscript. Developing further CEU articles is also a priority.

Our hope is to also have more CEU articles and special feature issues.

Summary:

As Editor for *Dynamics* I have received tremendous help and support from all members of the Editorial Review Board, the Publications Chair of CACCN, Tricia Bray, and our publishers - Pappin Communications.

Congratulations are extended to all the authors who have successfully published their work.

Pappin Communications continues to provide quality work in the publication of the journal.

Many thanks to the members of the Editorial Review Board who continue to volunteer their time and expertise to produce a high quality journal. Much appreciation is also extended to Christine Halfkenny-Zellas in the National Office for all of her work supporting the Editor and Editorial Review Board.

Respectfully submitted,



Paula Price RN, PhD, Editor



The CACCN National Board of Directors, the Editor and the Editorial Review Board extend best wishes to

Bruce and CB Pappin

on their recent retirement.

We look forward to continuing our partnership with **Heather Coughlin**, as she takes over the helm of Pappin Communications!

All the Best and thank you for your support of CACCN through the years!



Did you know?

CACCN
returns \$15
from all
Active / Associate
membership fees
collected to
your local
chapter!

2010-2011
Chapter
Reimbursement
\$ 16,372.50

Report from the Treasurer



A financial audit is completed yearly on the finances of the National Association of CACCN by the Accounting firm of MacNeil Edmundson, based in London Ontario and presented at the Annual General Meeting. The activities that generate the most revenue (in order of amount) for CACCN are:

- Dynamics Conference profit
- Membership fees
- Journal advertising
- Advertising sales on the website

Our assets are divided between our operating account and guaranteed investments. I am pleased to report that the financial health of CACCN is solid at this point in time. The Board seeks to ensure that this remains the case through its Constitution by ensuring that there is a zero based deficit budget, meaning the expenses in each budget each year cannot exceed revenues generated.

Service to our members is our priority and some of the revenue generated is reinvested into improving membership benefits and advancing the work of the Association over the past fiscal year 2010-2011:

- \$18,000.00 on awards to individual members (as promoted in the journal)
- \$ 8,000.00 for website improvement
- \$16,372.50 in reimbursements to individual Chapters
- \$12,340.00 in Dynamics 2010 Tuition Coupons to Individual Chapters
- \$43,500.00 to publish *Dynamics The Journal of the Canadian Association of Critical Care Nurses*

The Board of Directors believes it is important for the Membership to have a full awareness and knowledge of the details and the breakdown of the finances of the Association. A complete report of the financial audit will be made available for members to review and discuss at the Annual General Meeting during Dynamics 2011 in London, ON.

Sincerely,

Joanne Baird
CACCN Treasurer

Research

CACCN supports the research endeavours of our members through its Awards and Corporate Sponsorship Program and specifically the Board sponsored CACCN Research Grant award. The award recipient for 2010 is listed under the Awards and Corporate Sponsorship section on [page 5](#).

CACCN Research Committee

In 2010/2011, CACCN actively solicited members interested in critical care nursing research with a view towards building a national network. The long term goal for the research committee is to conduct a national nursing survey. This call for participation was very successful. If you are interested in participating please contact publications@caccn.ca.

Tricia Bray
Chair, Publications and Research



Education - Dynamics 2010 Edmonton, AB



Changing Lives, Pushing Boundaries, Striving for Excellence:

The Power of Critical Care

The Canadian Association of Critical Care Nurses, Dynamics of Critical Care 2010 conference was held in Edmonton, Alberta, from September 19 to 21, 2010. The theme for Dynamics 2010 was **"Changing lives, Pushing Boundaries, Striving for Excellence: The Power of Critical Care"**. This year's conference provided 446 colleagues from across Canada with the opportunity to gain the knowledge and passion that will allow us to change lives, push boundaries and strive for excellence.

Cassie Campbell, former captain of Team Canada and a two time Olympic medalist spoke of consistent leadership leading to strong cohesive teams. These strong teams translate into success, whether that is a gold medal or excellent patient care. CACCN National Board President, Kate Mahon in her Opening Ceremony President's address reminded us that Finding our Voice in Critical Care Nursing generates Power in critical care that makes a difference in patient's lives. Kate invited all of us to become a part of the Voice of Excellence in Critical Care Nursing by becoming a member of CACCN. Charlotte Pooler and Brenda Morgan, both strong national clinical leaders in critical care provided us with the newest evidence to help us push boundaries and strive for excellence while delivering care to our patients. Our final keynote speaker Dr. Brian Goldman of CBC's White Coat, Black Art emphasized the importance of sharing mistakes so we can improve safety while delivering care to our patients.

Dynamics was not just about gaining knowledge. There was ample opportunity to network and join in fun activities with our colleagues from across the country. The Baxter reception was once again a great part of Dynamics. Delegates had a fun filled evening talking and dancing into the night. The CACCN Annual Dinner was a fun filled evening with a wonderful buffet dinner, casino games and a disc jockey. Delegates gambled without losing their shirts and danced into the wee hours.

I would like to thank the members of the Dynamics 2010 conference planning committee: Linda Slater-Maclean, Gwynne MacDonald, Eugene Mondor, Sara Pretzlaff, Gwen Thompson, from Edmonton, AB and Christine Halfkenny-Zellas, COO CACCN. Without their dedication and commitment to critical care Dynamics 2010 would not have been a success.

Teddie Tanguay
Vice President, CACCN
Dynamics 2010 Chairperson



Communication Boards

The CACCN communication boards continue to be a successful way to promote CACCN and provide a means of keeping critical care nurses informed of the activities of the Association.

CACCN currently has 114 communication boards across the country.

Thank you to the CACCN members and non-members who have accepted the responsibility for updating the CACCN Communication Board information.

Nursing Week 2010 theme:

"Nursing...

You Can't Live Without It"

Congratulations to our
Contest winner:

Liz Hamblin
and her colleagues
the Unit 24
Critical Care Nurses
Grey Nuns Hospital
Greater Edmonton Chapter

Liz and her colleagues
won early bird tuition to
Dynamics 2010
in Edmonton, AB.

[View the submission on page 20](#)



Photo: Royal Alexandra Hospital, Edmonton, AB

CACCN Partnership Reports



**CACCN
Partners
offer
Information
and
Education
valuable
to
your
practice**

CANADIAN
NURSES
ASSOCIATION



ASSOCIATION DES
INFIRMIÈRES ET
INFIRMIERS DU CANADA

Canadian Nurses Association (CNA)

The Canadian Association of Critical Care is a member of CNA's Associate Groups. In 2010-2011, we have participated in feedback on position statements and CNA surveys. CACCN's biggest contribution continues to be the connection with CNA's Critical Care Certification and Re-Certification Program in efforts to try and increase the number of nurses across Canada who are CNA certified. CNA is our link to ensure the issues of critical care nurses are brought forward at a National level. Over the past year, CACCN has continued to work towards strengthening our collaborative relationship with CNA. Leslie Anne Patry and Lucie Vachon have been our links to CNA's certification program. For additional information on CNA, please visit: www.cna-aicc.ca.



Canadian Intensive Care Foundation (CICF)

Sandra Matheson continues to serve as liaison between CACCN and CICF. The CACCN includes a CICF membership with every CACCN membership package to encourage this partnership. CICF continues to provide financial grants to CACCN for many of our activities. For additional information on the CICF, please visit: www.cicf.ca.



Canadian Patient Safety Institute (CPSI)

Safer Healthcare Now! (SHN)

The CACCN recognizes the role of the Canadian Patient Safety Institute and Safer Healthcare Now and have encouraged our members to participate in the Quality Initiatives of this organization. For additional information on CPSI / Safer Healthcare Now, please visit: www.patientsafetyinstitute.ca and www.saferhealthcarenow.ca.



Canadian Blood Services

Over the past 18 months Teddie Tanguay, National Board Vice President, has been CACCN's representative on the subcommittee of the National Advisory Committee on Blood and Blood Products. The subcommittee of the National Advisory Committee on Blood and Blood Products was responsible for looking at the allocation of transfusion resources during a red phase of a blood shortage. Guidelines were written to guide clinicians in triaging patients in need of massive transfusion during a red phase blood shortage. The definition of a red phase for red blood cells is that there is less than 48 hours worth of red blood cell units available in Canada, with no foreseeable ability to avert the shortage by increasing collections or reducing elective surgical procedures.

Massive transfusion is defined as 10 or more units of red blood cells in a 24 hours period. The guidelines include a triage tool designed to assist with standardizing care across all jurisdictions, to be transparent, and to allow for fair and just distribution of blood during a red phase. A core concern with the management of patients requiring massive transfusion in a blood shortage is that a single patient with a very poor chance of survival could potentially consume 20 or more units of blood, that could be alternatively diverted to save other patients with a much better chance of survival. A red phase implies that the blood inventory levels are insufficient to ensure that patients with non-elective indications for transfusion will receive the required blood. Also included in the guidelines is consideration of a number of ethical principles: first come, first served; youngest first; maximization of the number of lives saved; and, maximization of the number of life years saved. After 18 months of work the guidelines have been developed and are now being circulated to experts for review. Following the expert review, the guidelines will be submitted to the National Advisory Committee for approval and then will be circulated to the health care sector.

The Canadian Blood Services have also been working on developing a plan for a National System for Organ and Tissue Donation and Transplantation. The CBS has met with stakeholders and the public to obtain input on the proposed system. The National System Design will be presented to the Deputy Ministers of Health in Spring 2011. CACCN supports the proposed system and CBS as the provider.

Con't on page 16

I had the good fortune of attending Chapter Connections Day prior to the official start of the Dynamics 2010 conference. This is a day designated for all of the Chapter Presidents and Board of Directors to meet and share information about what has happened over the last year, the issues chapters face, and plans for the future.

Kate Mahon gave her President's Address with the theme of "Looking Back with Pride and Moving Forward with Vision". There have been many successful initiatives that were accomplished in the past year. Our National Administrator's position was renamed given the responsibilities Christine Halfkenny-Zellas has. Her new title is Chief Operating Officer. CACCN has "stayed the course" despite challenges in the past. The national association is all about the chapters and the chapters are accomplishing amazing things. Last year the vision, mission, and values were revised, the standards were revised, and the website reconstruction was completed. Future initiatives will include increasing our visibility both in the public and with critical care nurses. We need to increase our membership; we currently represent only 1% of Canadian critical care nurses. Kate's vision is to see a stronger liaison with AACN and increased interaction with the members of CACCN. She wants critical care nurses to tell their stories. During the conference Kate will be meeting with the media to talk about critical care nursing and the role of critical care nurses in our healthcare system. Future initiatives also will include developing a new database and looking at succession planning for sustainability. Political activism is a direction the Board of Directors is pursuing.

Board of Directors' Highlights

Website – The members' only website is live and password protected. Members can now go in and change their password. Workopolis is a career advertizing section on the website which has not really taken off yet.

The Board of Directors explored the possibility of having the website translated into French and the cost to maintain the upgrades almost daily proved to be too costly. For Dynamics 2010 all abstract submissions were completed online.

Membership - Our current membership is 1182. This tends to stay quite constant. The two month grace period for renewing membership has been removed. This means that the CACCN membership will expire on the actual expiry date.

Standards – The critical care standards were approved last fall. They have now been translated into French and have been printed and distributed. They are also on the website.

World Federation of Critical Care Nurses – CACCN is a member of the WFCCN. Last year the WFCCN was seeking financial support from CACCN to hold a joint conference in 2012 when Dynamics is hosted in Vancouver. This initiative is not being pursued. The Board and members need more information and time to discuss this. The Board will continue to seek information and continue to negotiate with the WFCCN and then will consult with the members.

Dynamics (the journal) – An initiative the Board of Directors and the Editorial Review Board is pursuing is a "renewal" of the journal. Aspects being discussed are the cover and design, format changes, paper, and theme issues. Discussions about increasing manuscript submissions also occurred.

Finances - The association is financially sound despite the economic downturn this past year.

Some of the current position statements will be updated and there will be some new position statements developed. Some of the new position statements will be on diversity in ICU, organ donation, structure of ICU, family-centred care, healthy work environments, and long-term ventilation.

There were four breakout sessions where participants spent one half hour at two of the sessions and discussed a particular topic. The topics included enhancing chapter communication with members, the care and running of the operations of a chapter, developing/maintaining the chapter websites within the CACCN web page, and constitution/bylaw development and maintenance.

Chapter reports - Each chapter president was given the opportunity to share the challenges, accomplishments, innovative ideas, and goals experienced this past year. The themes that emerged were the small number of people doing the work of each chapter, retention and recruitment issues, geographical issues, difficulties with recruiting executive members. Some of the goals expressed included providing relevant education sessions, exploring the use of webinars, paying attention to all generations in the workforce, needing to establish goals, succession planning, tapping into local talent, developing good handovers, use of Facebook, and chapter website development. Discussions

Brenda Morgan presented London chapter's experience with Webinars. They used Go to Webinar which has a free one month trial. She discussed the process and concepts of webinars, the advantages, and learning curve.

Pam Cybulski facilitated a discussion of strategies for planning education days. Topics discussed included polling members for topics, seeking speakers, sponsorship, door prizes, and pricing/registration incentives.

Tricia Bray facilitated a discussion about succession planning and team building. This was in particular related to recruiting new members to the chapter executives. Many of the suggestions related to seeking out potential members, role-modeling and mentoring others. What then followed was a rich discussion of the meaningfulness of being a member of CACCN and taking leadership roles on either the local or national executives. The rewards include developing new competencies, meeting new people, learning new skills, personal growth and fulfillment, educational opportunities, and a sense of pride and accomplishment that you are contributing to a professional organization.

Respectfully Submitted,



Paula Price
Editor
Dynamics Journal



Retention and Recruitment will continue to be the main focus of the 2011-2012 fiscal year.

Let's continue to work together to increase our Membership!



Institute of Safe Medication Practices (ISMP)

The ISMP representative is Christine Koczmar. ISMP is involved in a Multiple Infusion Lines Project in Ontario in collaboration with Human Factor's Engineers at the Centre for Global ehealth, University Health Network. CACCN's representative on this project is Pam Cybulski. ISMP continues to collect, collate and analyze medication incident reports voluntarily in order to ensure recommendations and strategies of reducing medication errors are disseminated to healthcare practitioners through safety bulletins, articles, programs, toolkits, etc. This also provides ISMP Canada with a mechanism to identify project priorities. For additional information on ISMP initiatives, please visit: www.ismp-canada.org.



World Federation of Critical Care Nurses (WFCCN)

The WFCCN has continued to develop since its inception on Oct 30, 2001 at the 8th World Congress on Intensive Care and Critical Care in Sydney, Australia. Canada was on the inaugural Council represented by Bernice Budz from 2001 to 2010. The current executive of WFCCN includes: Wouter de Graff, RN/RCCN, President (The Netherlands), Shelley Schmollgruber, CCRN, MSc (Nursing) PhD Candidate, (South Africa), Vedran Dumbovic (Croatia) and Ged Williams, RN, RM, Crit. Care Cert., Grad. Cert. PSM, Bach. App. Sc. (Adv. Nursing), Grad. Cert Law, LLM (QUT), MHA (UNSW), FRCNA, FACHSE, FAAN, MAICD, Trade & Sponsor Representative (Australia). There are approximately 39 countries represented on the WFCCN Council. The WFCCN continues to provide "**CONNECT**", the electronic journal *free of charge* to all critical care nurses belonging to the WFCCN via their member country. The link for the journal is www.connectpublishing.org. To receive the journal, simply register on the home page and your access to the journal occurs quickly. If you have not yet registered please do so as the articles are well worth reading.

In September 2010, the CACCN National Board of Directors appointed Sandra Matheson as the new WFCCN liaison for CACCN. Thank you to Sandra for accepting this position. We also extend a sincere thank you to Bernice Budz for her support of CACCN as liaison from 2001 to 2010.



Sandra Matheson and Bernice Budz





**CACCN
Core
Values
and
Beliefs**

**Excellence
Leadership
Dignity
Humanity
Integrity
Honesty**

CACCN Mission, Vision, Values, Philosophy Statements

CACCN Vision Statement

The **voice** for excellence in Canadian Critical Care Nursing

CACCN Mission Statement

The CACCN is a non-profit, specialty organization dedicated to maintaining and enhancing the quality of patient and family centered care by meeting educational needs of critical care nurses

Engages and empowers nurses through education and networking to advocate for the critical care nurse.

Develops current and evidence informed standards of critical care nursing practice.

Identifies professional and political issues and provides a strong unified national voice through our partnerships.

Facilitates learning opportunities to achieve Canadian Nurses Association's certification in critical care

CACCN Values and Beliefs Statement

Our core values beliefs are:

Excellence and Leadership

Collaboration and partnership

Pursuing excellence in education, research, and practice

Dignity & Humanity

Respectful, healing and humane critical care environments

Combining compassion and technology to advocate and promote excellence

Integrity & Honesty

Accountability and the courage to speak for our beliefs

Promoting open and honest relationships

CACCN Philosophy Statement

Critical care nursing is a specialty which exists to care for patients who are experiencing life-threatening health crises within a patient/family centred model of care. Nursing the critically ill patient is continuous and intensive, aided by technology. Critical care nurses require advanced problem-solving abilities using specialized knowledge regarding the human response to critical illness.

The critical care nurse, works collaboratively within the interprofessional team, and is responsible for coordinating patient care using each member's unique talents and scope of practice to meet patient and family needs. Each patient has the right to receive care based on his/her personal preferences. The critically ill patient must be cared for with an appreciation of his or her wholeness, integrity, and relation to family and environment. Critical care nurses plan, coordinate and implement care with the health care team to meet the physical, psychosocial, cultural and spiritual needs of the patient and family. The critical care nurse must balance the need for the highly technological environment with the need for safety, privacy, dignity and comfort.

Critical care nurses are at the forefront of critical care science and technology. Lifelong learning and the spirit of enquiry are essential for the critical care nurse to enhance professional competencies and to advance nursing practice. The critical care nurse's ability to make sound clinical nursing judgments is based on a solid foundation of knowledge and experience.

Leadership:

Lead collaborative teams in critical care interprofessional initiatives
Develop, revise and evaluate CACCN Standards of Care and Position Statements.
Develop a political advocacy plan.

Education:

Provision of excellence in education
Advocate for critical care certification

Communication & Partnership:

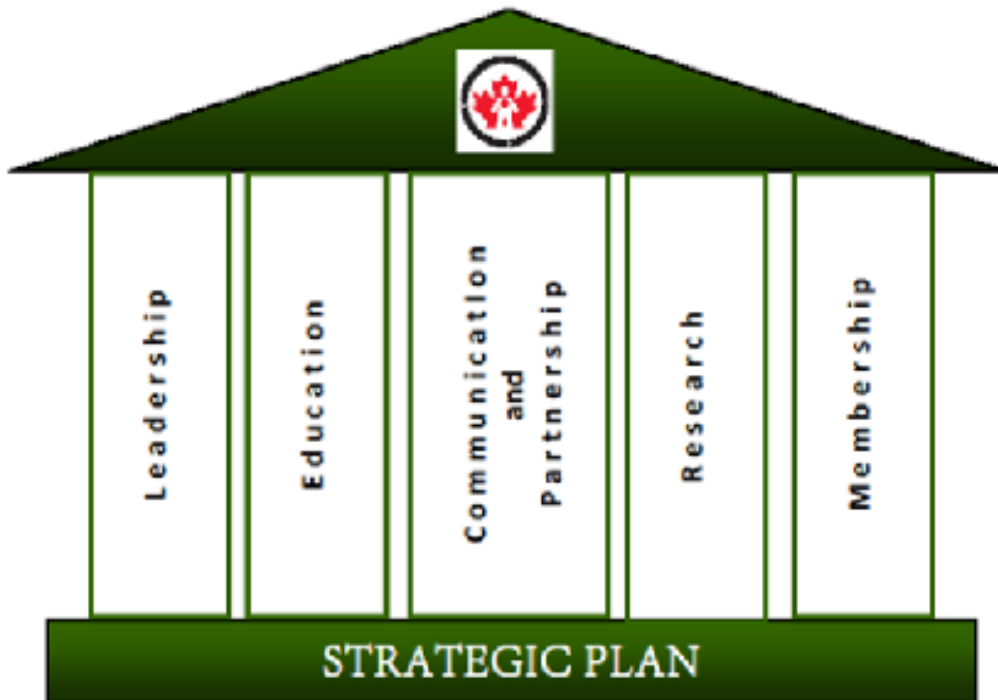
Networking with our critical care colleagues
Enhancement and expansion of communication with our members

Research:

Encouraging, supporting, facilitating to advance the field of critical care.

Membership

Strive for a steady and continued increase in CACCN membership



**Nurses Week
Contest Winner**

**Liz Hamblin
and the
critical care
nurses
on
Unit 24
Grey Nuns
Hospital
Edmonton, AB**



CACCN
Members Only
on the
CACCN
Website
at
www.caccn.ca

Join a discussion,
start a discussion,
share your
knowledge
and

find
your
voice!

Kit's Story

Liz Hamblin and the Unit 24 Nurses, Grey Nuns Hospital, Edmonton, AB

I am a Registered Nurse, working on an 18 bed combined Intensive Care and Coronary Care unit at the Grey Nun's hospital in Edmonton, Alberta. The CACCN invitation to share an experience that would promote the understanding of the vital role of Registered Nurses in the critical care setting inspired me. I wish to share a story from our unit, on behalf of the entire team of dedicated health professionals I work with, that I think not only demonstrates the importance and impact of expert caring by RN's but that reminded each and every one of us of the privileged contribution we make every day to the lives of those individuals and families in our care.

Kit is a 34 year old husband, father and pharmacist who on April 1, 2009, after multiple visits to various emergency rooms for progressive muscle weakness and shortness of breath, was admitted to our intensive care unit diagnosed with Guillain-Barré syndrome. I was just one of the many team members admitting Kit that evening. An otherwise healthy young man with no significant prior medical history, his paralysis had progressed rapidly requiring rapid intubation and controlled ventilation within hours of his arrival at our hospital. Kit appeared to me anxious and fearful – severe neuropathic pain had started its insult on his body – he was unable to communicate his needs verbally or non-verbally yet perfectly able to feel and hear everything happening to and around him. Tanya, Kit's wife, was understandably in shock over the events of the last few days. Still without answers about her husband's condition and prognosis, she was now torn between staying and supporting her husband and returning home to care for their two children for the night. And so our journey with Kit and Tanya began.

GBS proved a challenging condition for both our patient and the care team. The extent of progression of Kit's course of illness was yet to be determined. The severity of his symptoms was ever changing. The length and the degree of his recovery anywhere from months to years. There was no magic medical cure and no time line. Expert care by a team of critical care RN's was instrumental in meeting the physiological challenges of Kit's disease course including symptom, immune, hemodynamic, and respiratory management and the result was that this patient required critical care for a far longer period than most patients. He required the careful and diligent work of expert nursing care to manage severe neuropathic pain and prevent life threatening complications of paralysis. Yet, what made Kit's story one that illustrates the best of our intensive care unit and I think of critical care nursing, is the outstanding level of commitment, cooperation, and creativity demonstrated in caring not just for this patient physically, but for his family, mind and spirit.

Managing Symptoms and preventing complications:

Expert nursing assessment, advocacy, intervention and care evaluation was required to manage the severity of pain experienced from GBS. Consultation with Kit and the interdisciplinary team was needed to develop both medicinal and non-medicinal pain management strategies. Medications and dosing schedules were constantly reevaluated so that pain management strategies would facilitate rest and healing yet still allow Kit to meet self determined goals for physical therapy. Our team of critical care nurses also worked diligently in preventing complications. Meticulous oral hygiene, a high level of commitment to frequent position changes, excellent skin care, twice to three times daily range of motion exercise sessions and careful management of nutritional status provided excellent results. After 72 days on a ventilator and 14 weeks in hospital, Kit had not a hint of skin breakdown, less than a ten percent weight loss, and only once incident of aspiration. This was the unfortunate result of granting a long awaited wish for a grape popsicle a few days too early during plugging trials.

How can we make that happen?

A true interdisciplinary approach:

An interdisciplinary approach and a commitment to patient-centred care was key factors in Kit's recovery. Daily rounds were attended by the bedside Registered Nurse, a Nurse Practitioner, Intensivist, Respiratory Therapist, Pharmacist and a Registered Dietician. The ocular effects of GBS coupled with complete paralysis rendered Kit was unable to communicate. Physical and Occupational therapy were instrumental in working with nursing to develop creative tools to facilitate communication between patient and care team

To all the staff of unit 24
Thank you for your tireless
effort and kindness. You have
all made an impression on our
family that will last our lifetimes
for making an unbearable event an
experience to cover and ultimately
cherish, Thankyou.
Kit, Tanya, Mayson, Eden, and #3



as well as patient and family. A letter board with an eye patch allowed Kit to work with his care providers and family to spell out requests for pain control, repositioning or fatigue. In consultation with physical therapy, a specialized routine of range of motion exercises was developed.

Personal goals were developed in consultation with Kit and his progress against target tracked. During weaning trials, colourful poster boards were developed and displayed so that Kit could see his progress and plugging trial achievements against targets – targets determined by Kit. Frequent collaboration with respiratory was required to coordinate early mobilization as well as “road trips” for much needed outside and off unit time.

When the story of Kit is talked about on our unit, some of the proudest professional moments are of the times we asked “**How can we make this happen?**” There were no egos – only a unified focus on what was best for this patient and family.

Body, mind and spirit:

I feel blessed to work with a most generous and caring team of critical care nurses. Their creativity and planning created some unforgettable nursing and life moments with this family. There was the birthday party for Kit's daughter, Mayson, hosted on our children's hospital patio. I remember hearing about an in-room movie “date night” planned by a group of nurses for Kit and Tanya. Another especially touching moment was a very special Mother's Day card carefully “written” by Kit and one of our nurses using his letter board so that it could truly be a card from Kit to his wife. These special efforts were on top of the hours of time I saw our team providing help with child minding, a shoulder to lean on during hard times, and ears to listen to an incredible family facing an incredible crisis of health.

Kit and Tanya have been very generous in sharing their thanks for our unit's care. But it is we that feel indebted. Thank-you for reminding us why we are critical care nurses. The sense of accomplishment and joy in seeing Kit recover, the value of knowing what it is to have found truly meaningful work, and the privilege to have been part of this journey together with them is such a blessing. Thank you Kit and Tanya for humbling us with your tenacious spirits and the gratitude you showed for life and love even in crisis. We are looking forward to sharing in your joy as you welcome baby number three this May.

FROM HERE



Kit and Tanya welcomed their third beautiful daughter on May 25, 2010

TO HERE



To view Kit's video:
www.vimeo.com/11166699

Dynamics Editor:

Paula Price

Editorial

Review Board:

Janice Beitel

Franco Carnevale

Marie Edwards

Debbie Fraser

Kathleen Graham

Sandra Goldsworthy

Martha MacKay

Mae Squires

Judy Rashotte

Future Endeavours



Dynamics of Critical Care 2011
October 16-18, 2011
London, Ontario
Chairperson: Pamela Cybulski

Dynamics of Critical Care 2012
September 23—25, 2012
Vancouver, BC
Chairperson: Tricia Bray

Dynamics of Critical Care 2013
September 22—24, 2013
Halifax, NS
Chairperson: Kate Mahon

Dynamics of Critical Care 2014
September 21—23, 2014
Quebec City, QC
Chairperson: Celine Pelletier

Dynamics of Critical Care 2015
October 4—6, 2015
Winnipeg, MB
Chairperson: TBA



Canadian Association of Critical Care Nurses

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Canadian Critical Care Nursing*