SPEAKING FROM EXPERIENCE:

Integrating Excellence as a Culture

Créer une Culture D’Excellence

À PARTIR DE L’EXPÉRIENCE PRATIQUE

QUÉBEC CITY CONVENTION CENTRE, QUÉBEC CITY, QC | CENTRE DES CONGRÈS DE QUÉBEC, QUÉBEC, QC

SEPTEMBER 21 TO 23, 2014 | 21 AU 23 SEPTEMBRE 2014
Dynamics of Critical Care Conference

Dynamics is the annual national convention and product exhibition of the Canadian Association of Critical Care Nurses (CACCN). Diverse programming allows participants to choose from a broad selection of evidence-based topics that are geared to enhancing clinical practice, leadership, education and research. With both pediatric and adult critical care opportunities provided, participants design educational agendas to meet their own unique needs. Dynamics brings colleagues together from coast to coast, providing a forum to share ideas and experiences in a new and exciting Canadian location each year.

Dynamics 2014 is pleased to offer a conference presentation in each concurrent session in French.

Dynamics 2014 est heureux d’offrir une présentation en français pour les sessions concurrentes durant la conférence.

Conference Theme: Speaking from Experience: Integrating Excellence as a Culture

Critical care nurses have played a crucial role in the advancement of the specialty of critical care in Canada for more than fifty years. Essential to quality patient and family centered care, critical care nurses utilize reflective practice, clinical reasoning, problem solving, and experience to advance and sustain a practice of excellence. Integrating evidence-informed knowledge, research and high intensity therapies in complex human health contexts positions critical care nurses to expertly navigate critical, life-threatening situations with skill, compassion, healing and humane caring. Join us for the CACCN Dynamics of Critical Care Conference 2014 in Québec City, Québec to share your experiences of excellence and innovations in critical care nursing. Together, we can continue to create and sustain a culture of excellence.

Créer une culture d’excellence: À partir de l’expérience pratique

Depuis plus de cinquante ans, les infirmières et infirmiers en soins critiques jouent un rôle primordial dans l’avancement de la spécialité des soins critiques au Canada. Indispensables à l’administration de soins de qualité et sensibles à la vie familiale, les infirmières et infirmiers en soins critiques exploitent des pratiques réfléchies, le raisonnement clinique, la résolution des problèmes et l’expérience pour promouvoir et soutenir une pratique motivée par l’excellence. Le fait d’intégrer l’information factuelle, la recherche et les thérapies hautement intensives à des contextes de santé humaine complexes permet aux infirmières et infirmiers en soins critiques de gérer, de façon experte, des situations critiques mettant en danger le pronostic vital et ce, avec habileté et compassion dans un esprit serein et humanitaire. Venez vous joindre à nous lors de la Conférence sur la Dynamique des soins critiques de 2014 de l’ACIISI qui se tiendra dans la ville de Québec et partagez avec nous vos expériences en matière d’excellence et d’innovation dans la pratique infirmière en soins critiques. Ensemble, nous pourrons continuer à cultiver et à soutenir une culture d’excellence.

Certified Nurse in Critical Care (Canada) – CNCC(C), CNCCP(C)

Numerous educational opportunities are provided at Dynamics to assist nurses who are preparing to write the national examination in critical care nursing offered by the Canadian Nurses Association (CNA). Representatives from CNA will be in attendance to provide information about certification and nurses certified in critical care nursing will be recognized during Dynamics.

Continuing Learning Hours (CL Hours)

Continuing education hours are calculated based on time spent in sessions (i.e. six hours per conference day). Continuing learning certificates will be provided upon full completion of the overall and conference session online evaluation. Please contact CACCN/ACIISI National Office if you have any questions regarding CL Hours.

CACCN/ACIISI Board of Directors

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Dynamics 2014 Conference Planning Committee

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KEYNOTE SPEAKER

Franco Carnevale

Franco Carnevale is a nurse, psychologist and clinical ethicist. He completed his undergraduate nursing degree, and master's degrees in nursing, education, and bioethics, and a doctorate in counseling psychology at McGill University, as well as a master's degree in philosophy at Université de Sherbrooke and a second doctorate in moral philosophy at Université Laval. He has also completed graduate studies in health law, anthropology, and cultural psychiatry. Dr. Carnevale’s primary research interests include a wide range of concerns in pediatric ethics. His current academic appointments include (all at McGill University): Full Professor, School of Nursing; Associate Member, Faculty of Medicine (Pediatrics); Adjunct Professor, Counselling Psychology; Affiliate Member, Biomedical Ethics Unit. His clinical appointments include: Co-Chair of the Pediatric Ethics Committee, Nursing Consultant, and Associate Member of Pediatric Critical Care, all at the Montreal Children's Hospital-McGill University Health Centre; as well as Clinical Ethics Consultant at Le Phare, Enfants et Familles (pediatric hospice and respite care).

PLENARY SPEAKER

Michael J. Villeneuve

Michael Villeneuve is well known across Canada for his leadership and innovative thinking in nursing and health system policy, strategy and transformation. For more than 30 years he has held a variety of roles in nursing clinical practice, education, research, administration and policy. After serving as executive lead for the National Expert Commission (2011-2012), Mike took on the role of lecturer and associate graduate faculty in the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto where he teaches public policy in the master’s program and is on the team designing the new Master of Nursing, Health Systems Leadership and Administration. Mike also leads his own consulting firm in Ottawa and serves as editor, health policy and innovation, for the Canadian Journal of Nursing Leadership. Since the year 2000, Mike has led and participated in numerous national and international health system initiative in his roles as scholar in residence at the Canadian Nurses Association, visiting consultant with the Organisation for Economic Co-Operation and Development in Paris, and senior nursing policy consultant with the federal Office of Nursing Policy. In his clinical career Mike was a staff nurse, clinical instructor, clinical nurse specialist and then manager in the Neuro ICU and Neuro-trauma units at Sunnybrook health Sciences Centre in Toronto. Mike is well known for asking – and pushing us to answer – some of the hard questions in nursing and health care. He publishes and speaks widely about the critical importance of nursing leadership and action to health system policy and transformation.

CLOSING SPEAKER

Graham Chittenden

Fresh and clean…but still relentlessly funny, Graham Chittenden is an audience favourite as a comedian or host. A familiar face at the Just For Laughs festival, on television and on the radio in programs such as Match Game and The Debaters, Graham has shared tours and stages with Gerry Dee, Andrea Martin, Howie Mandel, John Pinette, and Bob Saget (to name just a few). And when it comes to corporate audiences, Graham never disappoints, boasting performances for clients ranging from the Foundation Fighting Blindness to the Ontario Home Builders Association. Graham has appeared in numerous comedy specials, including his own show, What A Guy, which aired on The Comedy Network and was nominated for a 2012 Canadian Comedy Award. On The Comedy Network, Graham also took part in a talk show which saw him sitting down with the likes of Aziz Ansari and Sarah Silverman. Recently, Graham was a part of the ensemble cast of MTV’s flagship comedy talk series MTV Showtown, where he deliberated over the day’s random hot topics and pop culture snippets. Graham has written for The Debaters, The Genie Awards, and Just For Laughs, as well as working as a creative consultant for Wipeout Canada. An animal lover, Graham donates his time to the SPCA, and can’t bring any more dogs home because he’s maxed out his city limit of three.
Jane Chambers Evans
Recently retired in Spring 2014, Jane worked as Nursing Practice Consultant in Clinical and Professional Staff Development with a Clinical practice mandate related to harmonization of clinical practice. Prior to this she was a Clinical Nurse Specialist in Critical Care for 15 years with a primary focus on end of life care and decision-making support. She is a Reflective Practice Facilitator and has a background in conflict resolution, communication and working with families in crisis. Jane is also a Clinical Ethicist, an Affiliate of the Biomedical Ethics Unit Faculty of Medicine and an Associate Professor (retired), School of Nursing McGill University and has taught Nursing Ethics at both the baccalaureate and Masters level.

Vicki Good
Vicki Good is the immediate Past President of the American Association of Critical-Care Nurses (AACN) board of directors. Vicki has served on the AACN board since 2008. As administrative director of patient safety for CoxHealth in Springfield, Mo., she conceptualizes and develops various safety programs, including the patient safety, medication safety and infection prevention offices. Vicki was recently named one of the “50 Experts Leading in the Field of Patient Safety” by Becker’s Hospital Review, a leading publication for healthcare executives. She writes and presents on a variety of topics — including patient safety and communication — and has edited and authored content for many AACN publications, including Critical Care Nurse and AACN Advanced Critical Care.

Karen Kinnear
Karen Kinnear is a senior healthcare leader with over 20 years of healthcare experience, including over 12 years of director level leadership in Paediatric Academic Health Care. Karen is the Executive Director of Critical Care Services at the Hospital for Sick Children in Toronto, Ontario. A results oriented, innovative, values driven leader with financial acumen, business and strategic planning skills, Karen has led and managed the operations of some of world’s best paediatric clinical programs. Karen’s role as Executive Director includes responsibility for the Labatt Family Heart Centre, Paediatric ICU, Neonatal ICU, Acute Care Transport, Respiratory Services, Clinical Nutrition and Social Work Services. Karen is currently the co-chair of the Critical Care Services Ontario Paediatric Critical Care Advisory Committee.

Pierre Marsolais
Dr. Pierre Marsolais is an Internist and Intensivist at Montréal Sacré-Coeur Hospital and Associate Professor at the Université de Montréal, Faculty of Medicine. Dr. Marsolais has been the President of the Organ and Tissue Donation Committee at Sacré-Coeur Hospital since 2004, and was the hospital development counselor for transplant Québec from 2006 to 2013. Currently Dr. Marsolais is the Medical Coordinator for the organ recovery program at Sacré-Coeur hospital.

Linda Morneault

Renée Chauvin
Renée’s career in critical care started twenty-seven years ago at the McGill University Health Centre. She has enjoyed many great experiences such as clinical nurse, mentor, Assistant Head Nurse, Professional Development Educator, Practice Consultant and the last five years as an ICU Manager in Ottawa. Renée is currently the Vice President of the CACCN National Board of Directors and Chairperson for the Dynamics of Critical Care Conference 2014.
Karen Dryden-Palmer
Karen Dryden-Palmer is a clinical nurse specialist with over twenty-five years experience in critical care at Toronto's Hospital for Sick Children. Karen is the President of the Canadian Association of Critical Care Nurses.

Marie Edwards
Marie currently works in the Faculty of Nursing at the University of Manitoba and carries out research in the area of conflict in intensive care units, ethical practice, moral distress and napping on breaks on night shift in critical care environments. Marie is a current member of the Canadian Association of Critical Care Nurses Board of Directors.

Barb Fagan
Barb is an instructor for the Critical Care Nursing Program with the Registered Nurses Professional Development Centre (RN-PDC) in Halifax, NS. Barb has over 15 years of amazing intensive care experience as a staff member, preceptor and charge nurse. Barb is a current member of the Canadian Association of Critical Care Nurses Board of Directors.

Linda Massé
Linda is an Advanced Practice Nurse at the Montréal Children’s Hospital in paediatric critical care. Areas of expertise include complex pediatric critical care, tracheostomy and wound care, and extracorporeal life support specialist (ECLS) for children with cardiac & respiratory failure. Linda is currently a member of the Dynamics of Critical Care Conference 2014 Planning Committee.

Teddie Tanguay
Teddie is currently a nurse practitioner in Critical Care at the Royal Alexandra Hospital. Over the years, Teddie has presented at several Dynamics conferences and has been an integral member of CACCN. Teddie is the immediate Past President of the Canadian Association of Critical Care Nurses.
Nicole Kupchik
Nicole Kupchik has been a registered nurse specializing in Critical Care for over 20 years. She graduated in 1993 from Purdue University with an Associate Degree in Nursing. In 2002 she received a Baccalaureate degree from the University of Washington, Bothell and received a Master’s Degree in Nursing specializing as a Clinical Nurse Specialist from the University of Washington Seattle in 2008. As founder of Nicole Kupchik Consulting Inc, she finds her passion in educating nurses and arming them with tools to create safe work and practice environments.

Kevin Woo
Dr. Kevin Woo is an Assistant Professor at Queen’s University, School of Nursing in Kingston, Ontario. Kevin also holds an academic appointment at the University of Western Ontario Masters of Clinical Science in Wound Healing program. He has been the core faculty member for the International Interprofessional Wound Care Course offered by University of Toronto and Canadian Association of Wound Care over 10 years. He received the 2012 International Association for the Study of Pain (IASP) Early Career Research Award for his work in exploring the issue of stress and pain in people with chronic wounds. He is the co-editor of Chronic Wound Care 5, a clinical source book for health care professionals. He served on expert panels to develop Best Practice Guidelines (BPG) in collaboration with Registered Nurses Association in Ontario for the Assessment and Management of Stage 1 to 4 Pressure Ulcers and Screening for Dementia, Delirium and Depression in older persons. These BPGs are widely used knowledge tools in Canada and internationally. Kevin maintains his clinical expertise and functions as an Advanced Wound Consultant at the West Park Health Center, a specialized chronic care and rehabilitation hospital in Toronto.
THANK YOU TO OUR SPONSORS FOR THEIR GENEROUS CONTRIBUTIONS TO THE DYNAMICS 2014 CONFERENCE

3M Canada, Baxter Corporation, Canadian Intensive Care Foundation, CareFusion, Codman Neuro, Physio-Control
We are offering four (4) exciting full day (8 hour) educational sessions. Register early for your opportunity to participate. Morning break, lunch and afternoon break provided.

**Advanced Practice Based Learning in CRRT: The Science or the Art?**
*Facilitators will include Alexandre Marcil, Jessica Huck and Nathalie Delmaire*

This workshop is designed to provide participants with the advanced knowledge and understanding of best practices to improve patient outcomes, when utilizing continuous renal replacement therapy (CRRT) for renal replacement therapy (RRT) in the acute kidney injury (AKI) patient population.

This interactive workshop will focus on (1) these recent developments in research associating RRT modalities and patient outcomes, (2) as well as pharmacological and (3) nutritional considerations related to the AKI patient receiving RRT. Additionally, this workshop will provide (4) practical approaches on how to optimize the hemofilter set when providing CRRT.

Delegates will participate in CRRT hands-on station reviews exploring common troubleshooting - patient mobilization strategies and a review of the upcoming Prismaflex® software 7.11 upgrade highlights. This session has been accredited by University Laval for 0.7 CEU (7 hours). Participants will have the opportunity to request an accreditation certificate for this session.

*This session is suitable for any critical care practitioner with experience in CRRT. An understanding of basic CRRT management is recommended.*

**Emergency Response and 12 Lead ECG**
*Facilitator: Nicole Kupchik*

This full day course will focus on emergent situations nurses commonly encounter in critical care areas. A review of the Surviving Sepsis Guidelines will be accompanied by methods to assess fluid responsiveness & early management of severe sepsis and septic shock. This will be followed by a review of the 12 Lead ECG, emergent pacing and management of cardiac arrest. The day will finish up with evidence-based therapies to improve outcomes from cardiac arrest.

**A Critical Review of Organ and Tissue Donation**
*Facilitator: Wendy Sherry*

This workshop will provide a comprehensive review of organ and tissue donation from the recognition of neurological death to advocating for the family’s right to be offered the option of donation. Legal aspects will be explored in addition to care of the donor during neurological determination of death (NDD) or donation after cardiac death (DCD). Cultural and religious beliefs will be discussed and bereavement follow-up.

**Critical Care Neurological Review Workshop**
*Facilitator: Brenda L. Morgan*

This full day workshop will benefit nurses preparing for the adult critical care examination specific to neurological competencies and for those critical care nurses interested in refreshing their skills. Assessment and management of neurological emergencies will be illustrated using case scenarios.

**Where:** HOTEL DELTA QUÉBEC  **When:** SATURDAY, SEPTEMBER 20, 2014  **Time:** REGISTRATION OPENS AT 0700 / WORKSHOPS: 0800 – 1600
CONFERENCE AGENDA

SATURDAY, SEPTEMBER 20, 2014

1900 – 2100  REGISTRATION and POSTER SET UP
Registration Desk, Québec City Convention Centre

SUNDAY, SEPTEMBER 21, 2014

BREAKFAST: ON YOUR OWN

0700  REGISTRATION
Registration Desk, Québec City Convention Centre. Registration desk will close from 0750 – 0845

0800 – 0935  OPENING CEREMONIES

KEYNOTE SPEAKER

Confronting Ethical Concerns in Critical Care Nursing: Recognizing Nurses as Moral Agents

Moral distress is a recognized concern among critical care nurses. This concept highlights nurses' conscientious engagement in their practice when confronting practices or environments that impede them from practicing according to their ethical standards. Despite the important insights fostered by this concept, it can convey nurses in a reactive and deficient manner. Moral agency will be examined as a stronger framework for understanding the moral dimension of nursing practice. Strategies for promoting the recognition of nurses' moral agency will be outlined.

Franco Carnevale

0945 – 1030  OFFICIAL OPENING OF THE DYNAMICS 2014 EXHIBIT HALL

1030 – 1115  CONCURRENT SESSION ONE

1A Rapid Response Team: Initial phases and Implementation Within A Small Urban Paediatric Health Centre

As a centre that prides itself on evidence-informed practice, it is our goal to develop and implement a Rapid Response Team (RRT) in order to provide the best possible care for our paediatric patients. We are a group of Registered Nurses and Respiratory Therapists working in collaboration with nurse managers, clinical leaders, intensive care physicians and other disciplines with the end goal of rolling out a RRT in the near future. We have developed ten steps for the implementation of a RRT with the use of Safer Healthcare Now’s “Getting Started Kit: Rapid Response Teams How-to Guide”. We committed to developing a RRT and are excited to present to you our progress and findings as we move forward with this project.

Kailee Joudrie, Joanne Gallant, Emily Bales and Christine Donnelly

1B Beyond Expectations: Fostering Nursing Leadership in Critical Care by Integrating Excellence in Mentorship and Preceptorship

This presentation will explore the progression of a preceptorship experience that occurred between a Registered Nurse and nursing student in a critical care unit at an academic health sciences centre. The subsequent evolution of a decade-long mentoring relationship and its outcome will be described. The outcome of this reciprocal relationship was beyond expectations: a role-reversal in which the preceptee, now a strong nurse leader, became a preceptor for her mentor.

Leigh Chapman and Andrea Bodnar

1C Fostering Excellence in Communication: Shift to Bedside Nursing Handover to Enhance Patient Safety and Patient Family Partnerships

Since the pivotal report To Err is Human, a central discourse has asked how to make healthcare safer. Nurses play key roles keeping patients safe and optimizing outcomes. Patient handovers at nursing shift change are common, high-risk procedures due to the potential of forgotten or erroneous information transfer. Another prominent question asks how to form stronger partnerships with patients and families for safety and capacity building. In one intensive care unit a quality improvement initiative was undertaken to address these questions and facilitate a shift to bedside nursing handover, including patients and families. Using stakeholder engagement and positive deviance to inform the change process, needs assessments, ongoing feedback and targeted education were done to engage nurses, identify strengths and barriers. Pilot testing and rapid cycle improvement were used to test and modify the process. Nursing feedback and incident data pre- and post- implementation will be assessed.

Sally Kilborn

1D Fighting the Fog - A Collaborative Approach to Decreasing ICU Delirium

Implementation of a delirium prevention strategy is important in improvement in the long term cognitive outcomes of ICU patients. This abstract describes one ICU’s interdisciplinary approach to delirium and the improved patient outcomes associated with this important initiative.

Kimberly Scherr and Jennifer Barker
1E  **Cardiomyopathy Code Blue... Then There Were Two**

Pregnancy should be an exciting and happy time. This dramatically changed for a pregnant woman who experienced extreme fatigue and shortness of breath. With critical thinking, complex therapies and compassion our team showcased our culture of integrating excellence into patient care. In the adult intensive care unit we are prepared to expect the unexpected. It wasn't surprising to care for an unstable pregnant woman with cardiomyopathy. Calling an obstetrical code blue was something we didn't expect. This presentation will cover the pathophysiology of peripartum cardiomyopathy, including the increased hemodynamic burden of pregnancy and its associated complications. This presentation will cover the pathophysiology of peripartum cardiomyopathy, including the increased hemodynamic burden of pregnancy and its associated complications using a case study. We will discuss the devastating impact of peripartum cardiomyopathy on the lives of the mother and family.

*Lissa Currie and Tannis Sidloski*

1F  **Un TCC sévère : 1001 Traitements**

En 2010, plus de 190 000 personnes ont subi un traumatisme crânien cérébral (TCC) au Canada. D'ailleurs, les TCC restent l'une des principales causes de mortalité chez les personnes de 45 ans. L'objectif principal du traitement demeure toujours la prévention des lésions secondaires telles que : l'hypoxie, l'œdème cérébral et l'hypertension intracrânienne (HTIC). Conséquemment, le monitoring intracrânien possède toujours une place importante dans l'identification, le suivi et la détermination du traitement de ces complications. Depuis quelques années, il est possible d'observer une émergence d'avenues thérapeutiques où l'approche individualisée semble se démarquer. Dans cette présentation, il sera question de la physiopathologie de la lésion cellulaire (au niveau biomoléculaire), l'autorégulation, les différents types de lésions cérébrales ainsi que les traitements actuels. Enfin, il sera question des perspectives d'avenir et de la recherche en matière de TCC sévères.

*Luc-Etienne Boudrias et Sébastien Touchette*

1125 – 1215  **L1 LUNCHEON SPEAKER**

**Improving Outcomes from Cardiac Arrest**

*National survival from In-Hospital cardiac arrest is 18%. Nurses play a key role in resuscitation efforts. They are also stakeholders to successful implementation of practice that will result in improved survival. This session will focus on the evidence behind the current BLS and ACLS Guidelines as well as emerging resuscitation technology and research. Case-based studies demonstrating intra-arrest feedback technologies will be discussed as a way to improve the quality of chest compressions and minimize interruptions in compressions as well as pre and post shock pauses. Innovative training strategies will be presented that can be easily implemented in any hospital resuscitation program. Evidence-based post resuscitation care will also be discussed.*

*Nicole Kupchik*

**OR LUNCH:** Exhibits and Poster Viewing

1225 – 1315  **L2 LUNCHEON SPEAKER**

**Evidence-based Wound Care for Critical Care Nurses**

*Pressure ulcers are common in critical care settings. This interactive presentation will discuss the specific risk indicators for the development if pressure ulcers and other difficult to treat wounds in patients who are acutely ill. Discussion will also include how to recognize wound infection and when to use topical anti microbial agents. Participants will understand the key principals of wound management and integrate a toolkit into their practice to address a variety of needs in patients with difficult to heal wounds.*

*Kevin Woo*

**OR LUNCH:** Exhibits and Poster Viewing

1325 - 1410  **CONCURRENT SESSION TWO**

2A  **An Integrated Approach to Service Excellence**

*Acute Respiratory Distress Syndrome results in devastating complications for patients in critical care. Recent studies have indicated that the prone position has shown to improve patient outcomes. Development of an ARDS management strategy based on best practice guidelines requires a collaborative integrated approach to support quality and safe care delivery. Consultation with internal partners combined with a coordinated implementation plan is necessary to promote a culture of integrated excellence.*

*Alison Eichler and Lisa Parker*

2B  **Alcohol Withdrawal Syndrome**

*Alcohol Withdrawal Syndrome is a common complication of critical care patients that can lead to increased morbidity, mortality, and length of stay. Any individual admitted to the hospital may be at risk for developing alcohol withdrawal syndrome. This presentation discusses the chronic effects of prolonged alcohol intake, potential symptoms associated with the four phases of alcohol withdrawal, treatment strategies including early recognition, and medications used to treat alcohol withdrawal. Evidenced based nursing interventions will be incorporated throughout the presentation.*

*Tom Scullard*

Intensive care units (ICUs) emerged across Canada during the early 1960s and quickly flourished across the country, growing in size and number to accommodate diverse patient populations and treatment options. Early ICU nurses played a pivotal role in socially constructing a new and specialized practice identity. The experiences of these early nurses influenced ICU nursing in important and lasting ways. Over time the development of their knowledge, skills, and ultimately expert nursing practice helped to reconcile contemporary debates such as how nurses working in such a highly technological environment could provide a humanized type of care. Using a social history approach with primary sources including oral history interviews, this study examined the nature of ICU nurses’ work in Canada from 1960 to 2002, identifying three main themes: ICU nurses education and learning in the context of developing ICUs, situating technology in ICU nursing practice, and ICU nursing as an identity.

Brandi Vanderspank-Wright

2D  Citrate vs. High Flow for Continuous Renal Replacement Therapy (CRRT) in Critically Ill Patients: What Method Best Suits Our ICU

Anticoagulation during CRRT is the preferred method for renal replacement therapy at our institution. Patients are either treated on a standard CRRT citrate or CRRT High flow order sets. Anecdotal feedback from critical care staff stated that since the preference and introduction of citrate CRRT, they feel that they are able to efficiently run high flow CRRT with no difference in filter longevity and that there is a significant decrease in workload, laboratory use and decreased reporting of adverse events. We therefore seek to collect data to determine the association of (1), citrate vs. high flow CRRT in critically ill patients, and (2), factors associated with filter longevity, laboratory costs, workload, and reportable adverse events in both groups. The study design will be a retrospective cohort of 100 patients treated with CRRT within 24 hours of admission to the ICU.

Sarah Carriere and Kevin Carriere

2E  Ventilation: What Every Critical Care Nurse Needs to Know

One of the main reasons that patients are admitted to the ICU is the need for mechanical ventilation. There have been many advances in mechanical ventilation, increasing the number of ventilation strategies available to ensure adequate ventilation. The ventilation strategy that is chosen allows us to best ventilate patient's according to their clinical problem whether that is ARDS, or COPD as examples. The critical care nurse, as the constant care provider plays a crucial role at the bedside as the one that will be able to evaluate whether the patient is receiving the best mode of ventilation. This presentation will include review of the different modes of ventilation, the terminology for those modes and how to assess patients tolerance through a case study approach. Learning from the presentation will allow the nurse to better understand what the assessment strategies required to determine the best mode of ventilation for increasing patient comfort and tolerance to ventilation.

Teddie Tanguay

2F  Infirmière praticienne spécialisée en néonatologie – 20 ans plus tard. Avons-nous vraiment progressé?

Malgré 20 ans de présence, les IPS en néonatalogie sont toujours soumises à la résistance que leur opposent les infirmières, médecins et autres professionnels de la santé. Les facteurs limitant le développement de la pratique de l’IPS au Québec sont entre autres : l’insuffisance de ressources humaine en soins infirmiers, la résistance du corps médical, l’opposition des syndicats aux changements de pratique, l’inertie des administrations hospitalières, et les programmes universitaires.

Linda Morneault

1410 - 1455  BREAK: Exhibits and Poster Viewing

1455 - 1540  CONCURRENT SESSION THREE

3A  Blood Prime, what is it? Why is it? Let’s do it!  Maximum: 20 participants

Critically ill infants and children frequently require the addition of continuous renal replacement therapy (CRRT) to their treatment. Preparing the dialysis circuit requires priming the filter and tubing with a physiologically compatible solution, in order to remove air and any remaining sterilization agents. Significant complications of hypotension and inadequate oxygen carrying capacity as a result of hemodilution can been seen on initiation of therapy as the child's blood is mixed with the priming solution. To prevent these complications, circuit priming with blood is recommended for those patients who are less than 10-15 kg. This presentation, designed to prepare nurses to successfully initiate CRRT therapy with improved confidence and skill, will include a review of the indications for blood prime, potential complications and appropriate interventions, followed by a simulation session, preparing a blood-primed circuit on the Gambro Prismaflex® system.

Ruth Trinier, Lori Liske and Cecilia St. George-Hyslop
3B **STEP-Up to Excellence: A Change in Culture in Critical Care**

A progressive early mobilization program for critically ill patients. The purpose of this initiative was to develop and implement a progressive four step mobility program specifically designed for critical care registered nurses; however respiratory therapists and physiotherapists working in a critical care unit need orientation and education to this mobility program as it includes an interprofessional team effort to accomplish safety. This initiative is intended to increase awareness about the detrimental effects of prolonged bed rest and heavy narcotic sedation, morbidity and mortality rates of critically ill patients and nursing interventions that will improve overall patient outcomes.

*Mary Kobylecky, Suzanne Watts, Jeannene Luckhardt and Celina Rogers*

3C **The Development of Functional Data Tracking and Research Tools: A Practical Guide to Aid in Research and Quality Improvement**

This talk will use practical examples to discuss methods for the development, and sustainability of the data collection process for research, reporting and quality improvement initiatives in health care. Practical uses will be highlighted through examples that include the development of novel tools, using administrative and clinical data, and data linkage systems. This focus would allow for strategic decision making to be implemented using evidence ensuring that changes are rooted in a practice of excellence.

*Alana Harrington, Ellen Lewis, Mary Mustard and Mark Kataoka*

3D **Putting the Pieces Back Together; Un-fracturing Sleep for the Critically Ill**

Sleep is recognized as an important physiological requirement for health and recovery from illness. It enhances wound healing, refuels cells, and stabilizes many endocrinological systems. During critical illness when the need for effective sleep is the greatest however, patients are least likely to achieve it. Instead sleep for the ICU patient is highly fractured, consistent of many micro naps, and deprived of REM sleep. Many environmental factors contribute to poor sleep and this has resulted in sleep for the critically ill to be as poor today as it was decades ago when sleep was first researched. Nurses hold the key to changing this. Will we make that difference in the future?

*Vininder K Bains*

3E **Nuts and Bolts: Brain Tissue Oxygenation Monitoring in the ICU**

Brain tissue oxygenation monitoring (Pbt02), through the use of a Licox® intraparenchymal catheter, has become our standard of care for the treatment of severe TBI. The Licox® system allows for continuous measurement of oxygen tension, trending, and management of Pbt02 values. This presentation will review basic concepts of secondary brain injury, brain tissue oxygenation and the advantage of multi-modal monitoring systems in the management of severe TBI patients. In addition we will present our standardized approach for managing this patient population using Pbt02 monitoring.

*Grace Walter and Julie Mauceri*

3F **L’environnement de travail des infirmières des USI**

Les USI sont exigeant, bruyant et chaotique. La rétention de ces infirmières qualifiées est donc très importante, surtout que les projections indiquent que le nombre de patients en soins critique doublera d’ici à 2026. But: Déterminer dans quelle mesure l’empowerment et l’environnement de travail (ET) prédisent la satisfaction au travail, l’intention de quitter et la qualité de soins chez les infirmières des USI. Méthodologie: Un échantillon de 533 infirmières a répondu à un sondage en ligne. Résultats : Notre étude indique que les infirmières perçoivent leur environnement de travail comme modérément sain. La satisfaction au travail est prédite par l’empowerment et l’environnement de travail. Des stratégies axées sur le développement du leadership de la gestionnaire permettront d’améliorer l’environnement de travail des infirmières des USI.

*Myriam Breau*

1600 – 1730 **30th Annual General Meeting**

**Canadian Association of Critical Care Nurses**

All CACCN/ACIISI members are invited to attend. This meeting will be called to order at 1600.

1900 – 2100 **Speaking from Experience: A Showcase of Excellence**

**Poster Reception**

Join us to view the excellent Dynamics 2014 Poster Presentations as you catch up with your critical care colleagues. **Light snacks** and cash bar will be available.

*The poster reception is a complimentary ticketed event. Delegates must indicate attendance at the time of registration in order to receive a ticket.*

*Sponsored by the Canadian Intensive Care Foundation*
Monday, September 22, 2014

Breakfast: On Your Own

0700 Registration
Registration Desk, Quebec City Convention Centre

0800 – 0950 Plenary Speaker
A Global Call for Transformative Change: Courage, Imagination and Evidence as the Basis for Practice Excellence in Critical Care

Canada and the United States are both on the cusp of transformational changes across their health systems—driven by steadily climbing costs, a growing gap between population health needs and the services we deliver, and by mediocre outcomes including serious safety concerns across the system. For nurses to meet the needs of a transformed system, experts in both countries have issued battle cries for new models of nursing education, more effective transitions from nursing schools into nursing practice, expanded scopes of practice, and a dramatic overhaul of our approach to safety and quality in all practice settings. Perhaps in no other place in the system is the care more complex than in ICU settings, and nowhere are nurses more critical in the safety chain that must work seamlessly to prevent adverse events including preventable deaths. If we are to create and sustain cultures of excellence, specialty organizations like CACCN/ACIISI should be active and engaged in accelerating the safe transition of generalist graduates into a world of highly specialized clinical knowledge where the practice capabilities of all nurses will need lifelong support and testing. In his multi-media presentation, Mike will harness humour and compelling evidence to encourage us to imagine our place in a new and safer system—and to understand the need for all of us to respond with urgency to the transformation challenges laid down across the continuum of care.

Michael Villeneuve

Welcome from the Canadian Nurses Association

CACCN/ACIISI Awards Ceremony
Share in congratulating your colleagues in critical care on their achievements

0950 – 1030 Break: Exhibits and Poster Viewing

1030 – 1115 Concurrent Session Four

4A Nursing Care of the Paediatric Population with Thoracic and Abdominal injury

According to the literature, the main treatment for thoracic and abdominal injury in children remains surgical intervention. Nevertheless, several nursing skills can have an important impact on patient outcome. This presentation will approach the anatomical and psychological differences of the pediatric population by developmental stage, relevant to thoracic and abdominal injury. It will also discuss the clinical findings that suggest thoracic or abdominal injury, which can be identified during nursing assessment. There will also be focus on the relevant monitoring and supportive care associated with these injuries, as well as the different nursing interventions that can contribute to preventing further complications. Finally, available and adequate patient and family support will be approached.

Sara-Claude Gilbert

4B End of Life Care in the ICU: Creating Nursing Clinical Practice Guidelines

ICU care traditionally focuses on curative treatment but there is an increasing awareness of the key role palliative and comfort care play. Through a review of recent literature on end of life care and withdrawal of life sustaining therapies in the intensive care unit, four themes emerged: the challenges of making the decision to withdraw life sustaining therapies, the barriers to providing good end of life care, factors that support good end of life care, and specific guidelines for the withdrawal of life sustaining therapies. Using this information, a framework for creating clinical nursing practice guidelines for the withdrawal of life sustaining therapies was suggested, along with an example of a potential bedside checklist.

Sarah Crowe and Kim McFarlane
**4C** Bringing Education Alive: Connecting Theory and Practice with iBooks and iPads

The Faculty of a Critical Care Nursing Program is challenging the boundaries of Critical Care Nursing education by creating course modules as iBooks and providing them to students on iPads. Used in distance, classroom and clinical learning contexts, this innovative approach helps prepare practice ready nurses by engaging students at higher levels. iBooks enable the integration of multimedia alongside of theory discussions supporting interactive learning, thereby accommodating various learning styles and effectively bridging any potential ‘theory-practice gap’. During this engaging and interactive presentation, participants will experience iBooks from a student’s perspective, allowing them to understand and explore the impact of embedded multimedia and how it supports and engages learners. The role of iPads in providing point-of-care access to information during clinical learning will be highlighted.

*Lara Parker, Andrea Ford, Michelle House Kokan, Petra Davis, El Ladha, Sarah Desrosiers and Cecilia Baylon*

**4D** Multiple Intravenous Infusions: Using Human Factors to Move Research Evidence Into Practice

Recent research has shown that the administration of multiple intravenous infusions is prone to safety risks. While evidence-based interventions have been identified to reduce these risks, the successful and timely adoption of innovation is often challenging and requires well-designed tools. Using multiple IV infusions as a case study, this presentation will explore how the discipline of human factors (HF) can be used to systematically incorporate the feedback of critical care nurses (among others) into the design of two implementation tools: a toolkit that will guide clinicians on how to implement the interventions, and an interactive training tool that will cover fundamental principles in infusion nursing. It will explain how different, but complementary HF methods can build relevant and effective tools based on user needs. The audience will also benefit from a preview of the prototype tools.

*Sonia Pinkney, Mark Fan, Andrea Casano-Piche, Christopher Colvin, Caterina Masino, Tony Easty and Patricia Trbovich*

**4E** La prise de décision par les proches du patient en contexte d’unités de soins intensifs : une recension des écrits

Dans le contexte des unités de soins intensifs, la famille a un rôle pivot dans toutes les prises de décision, puisque les patients gravement malades sont souvent incapables d’exprimer leurs souhaits. Alors, il est important de comprendre comment ces proches vivent l’expérience de prendre des décisions pour autrui. Les données indiquent plusieurs facteurs pouvant influencer les habiletés des proches à prendre des décisions et doivent être considérés par l’infirmière.

*Pascale Bouchard et Mireille Lavoie*

**CONCURRENT SESSION FIVE**

**1125 – 1210**

**5A** Development and Utilization of a Cardiac Handover Tool in a Pediatric Intensive Care Unit

The PICU at the IWK Health Centre in Halifax initiated the usage of a transfer tool to facilitate the transfer process of cardiac surgical patients into our unit from the OR. The benefits of this would be numerous including: the entire team hearing the same information, the entire team knowing the ongoing plan of care and decreasing the noise level during handover. The use of this evidence based tool aims to enhance the superb care we already provide to our cardiac population. Sharing our journey in this endeavor with our colleges at Dynamics 2014 seems fitting as this affiliates nicely with the theme of the conference.

*Denise MacIntyre, Kimberly Pellerine, Barb Ellsmere and Catherine Whitelaw*

**5B** Complexity Science: Understanding the Implications for Critical Care Nursing

The Critical Care environment is a dynamic system comprised of interconnected smaller systems that interact through information exchange. The nurse-patient feedback loop is the primary unit of information exchange and treatment. Near continuous observation and a small time scale for response to patient changes allows expert nurses to recognize and identify patient physiological behavioural patterns. Variables that enhance information flow can improve patient outcomes while barriers can lead to errors and adverse events. Examining patient information flow in the critical care environment from a dynamic systems perspective provides insight into nursing delivery of patient care and its impact on outcomes. This presentation will examine the dynamic, complex critical care environment, leading to better understanding of information flow and its impact on patient outcome.

*Ruth Trinier, Lori Liske and Vera Nenadovic*

**5C** The Use of High-dose Insulin Therapy in Beta-blocker and Calcium Channel-blocker Overdose

Calcium-channel blocker and beta-blocker overdoses are associated with a high morbidity and mortality rate, due to hemodynamic instability and conduction disturbances. High dose insulin therapy has been shown to be an effective treatment for the patient who has overdosed on calcium-channel blockers and beta-blockers. The pathophysiology of beta-blockers and calcium channel blockers and the physiologic changes associated with an overdose will be discussed. The pathophysiology and effects of high dose insulin will be examined. A case study will be used to demonstrate the use of high dose insulin therapy and nursing management.

*Tom Scullard*
5D Responding Ethically When Asked ‘What Would You Do’?

Critical care nurses and other health care providers may find themselves faced with questions from patients or family members as they seek advice regarding what treatment decisions to make. In this presentation, the literature related to professional recommendations will be summarized and strategies for developing ethical responses to such questions will be explored.

*Marie Edwards*

5E L’Evacuation aéromédicale : quand la culture d’excellence est essentielle!

En 2011-2012, l’avion-hôpital du gouvernement québécois a participé à plus de 1 800 évacuations aéromédicales d’urgence, en plus de celles effectuées par les entreprises privées. Lorsque l’attente n’est pas une option, l’évacuation aérienne devient cruciale dans la chaîne de survie. L’évacuation médicale requiert des soins spécialisés, particulièrement parce que le syndrome sérotoninergique ainsi que les 8 stress de vol peuvent influencer l’état de santé du patient. Les infirmiers à bord doivent également réaliser leurs soins dans un espace restreint, là où le matériel et le personnel sont limités. À bord de l’appareil, un leadership spécifique est nécessaire pour le bien des patients. C’est pourquoi, pour certains types d’évacuations, le pairage infirmier-paramédic est bénéfique. De plus, la formation est très importante et comprend un nombre important d’heures théoriques et pratiques.

*Nicolas Poissant-Gilbert, Sébastien Gauvreau, Sylvain Lavoie et Pierre Carrier*

1215 – 1305 L3 LUNCHEON SPEAKER

The Challenge of an Organ Donor Program: When Professional and Social Responsibilities Meet

Besides the donor’s will, organ donation is subjected to many limiting factors. In 2004, the Department of Health and Human Services published their conclusions. Some of the limiting factors were: resources dedicated to organ donation, access to an intensive care bed, physician’s lack of knowledge, access to an operating room and the reality that transplantation disturbs the regular operating room (OR) schedule. Dr. Marsolais’ presentation will take you through a pilot project highlighting a new organizational structure to optimize organ donation.

*Pierre Marsolais*

OR LUNCH: Exhibits and Poster Viewing

1315 – 1405 L4 LUNCHEON SPEAKER

Nursing Panel

Critical Care Nurse leaders: Speaking from Experience!

Lifelong learning and skilled knowledge of clinical practice and leadership 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 judgments is based on a solid foundation of knowledge and experience. Panel members will speak about integrating their experiential knowledge into their practice and the importance of synergy between clinical, research and education in the continued development of critical care nursing science.

*Karen Dryden-Palmer, Marie Edwards, Barbara Fagan, Linda Massé and Teddie Tanguay; Moderator: Renée Chauvin*

OR LUNCH: Exhibits and Poster Viewing

1415 – 1500 CONCURRENT SESSION SIX

6A A Call for Action: Preventing Catheter Acquired Urinary Tract Infections (CAUTI) in Pediatric Intensive Care

The use of urinary catheters in the Paediatric Intensive Care Unit (PICU) is a frequent phenomenon. Unnecessary catheterization often increases the risk of complications in children suffering from critical illnesses. The goal of this presentation is to demonstrate the need for rigorous and evidence-based practices for urinary catheterization in the PICU. Comparing the evidence-based guidelines with current practices will serve to highlight potential discrepancies, heighten awareness, and facilitate the dissemination of best practice guidelines to provide safe and high quality care while optimizing patient outcomes in the PICU.

*Annie Chevrier, Elaine Doucette, Kathryn Jones, Audrey Michaud, Teodora Pecingina, and Estelle Simon*

6B Augmentative and Alternative Communication: Helping the ‘Communication Vulnerable’ Patients in Critical Care

Participants will have a detailed description of the direct Augmentative and Alternative Communication Service (AAC) offered to patients in Critical Care. Results from the team’s research looking into the impact of this direct AAC service using ASHA’s ‘Quality of Communication Life’ scale will be included. Unique graphic materials in eighteen (18) languages and materials to support end-of-life discussions, critical care specific vocabulary layouts designed for Speech Generating Software for computers and the iPad will be shown. These layouts incorporate previous research (ICU Talk) by the University of Dundee, UK. Case studies will be used to demonstrate the value of non-verbal patients being able to direct their care, report their symptoms, ask questions, and direct their end-of-life and treatment decisions in critical care. The impact of AAC for enhancing social closeness and ensuring a positive emotional legacy for communication partners will be highlighted, as well as the human rights of the communication vulnerable in critical care.

*Fiona Campbell and Jennifer Burch*
6C Guideline for Resuscitation in Cardiac Arrest After Cardiac Surgery
The incidence of perioperative cardiac arrest after heart surgery ranges from 0.7% to 2.9%. Remarkably, a relatively good outcome occurs in those suffering a cardiac arrest with 17—79% of patient surviving to hospital discharge, a far higher proportion than can be hoped for when cardiac arrest occurs in other settings. Recent published protocol-based arrest management guidelines have been shown to significantly decrease the time to adequate resuscitation maneuvers, including chest reopening, and reduce complications in the conduct of the resternotomy after cardiac surgery. As many patients may potentially be saved by prompt treatment, caregivers must be well versed in managing cardiac arrests.
Marie Pagé

6D Using the Knowledge to Action Cycle to Improve Delirium Management: From Knowledge, To Action, To Research Informed by Practice
Delirium has been recognized to negatively impact critically ill patients and is identified as a priority for practice change. Prior initiatives included education and the development of a delirium protocol. While our team became knowledgeable about delirium, its management, and were motivated to act; practice changes were not achieved. We continued to have inconsistencies with ICDSC completion, delirium discussion on rounds and protocol utilization. Our team wanted to change this; we used the Knowledge-to-Action (KTA) cycle to improve care. Ignorance or apathy were not the key barriers to change, rather structural, process and communication barriers impaired our care. In developing strategies to address these barriers we discovered some unexpected facilitators, ultimately improving delirium care. We came to recognize nursing actions may play the biggest role in preventing delirium, but it is under-researched. It was time to close the loop and develop research informed by practice.
Alana LeBlanc, Vininder K Bains, Christina Choung and Simmie Kalan

6E Soutenir la démarche de certification nationale en soins intensifs adultes pour optimiser la santé psychologique des Infirmières
Présentation d’une démarche de co développement basée sur l’approche humaniste et la méthode d’apprentissage par problème pour soutenir et optimiser l’apprentissage des infirmières travaillant aux soins intensifs adultes engagées dans le processus de certification nationale dans leur spécialité. L’objectif global était de permettre aux infirmières de bénéficier de l’expérience de la certification pour favoriser leur santé psychologique.
Genevieve Beaudoin, Marie Alderson et Lyne St-Louis

1500 – 1540 BREAK: Exhibits and Poster Viewing
1540 – 1625 CONCURRENT SESSION SEVEN

7A Care and Reflective Ethics Dialogue (CARED)
The increasing complexity of critical illness has catalyzed evolving ethical challenges for critical care providers. Integrating ethics expertise to help nurses identify ethical concerns and providing a supportive platform for nurses to express themselves in an ethics language are paramount to building an ethical community of practice. The Care And Reflective Ethics Dialogue (CARED) initiative was established in our paediatric critical care program to build recognition, language and a space to address ethical issues in real time for bedside nurses. CARED rounds have increased supportive bioethics activity and have been a valuable source of information and support for nurses to address new clinical realities.
Karen Dryden-Palmer

7B No Excellence Without Evidence: The Therapeutic Use of Oxygen
The drug most commonly administered by critical care nurses is oxygen; beyond improving arterial oxygen content, the effects of oxygen as a drug are underappreciated. The session will review the relationship between oxygen dose and outcomes in neonatal and adult resuscitation and the perianesthesia use and overuse of oxygen therapy. The cellular injury caused by high oxygen levels and the etiology of hyperoxia-induced acute lung injury (HALI) will be discussed. Last, this session will summarize systematic reviews from the Cochrane database about the evidence for oxygen therapy in relation to outcomes in stroke, acute myocardial infarction and maternal use for fetal distress.
Penelope Benedik

7C Maternal Brain Death and Pregnancy
Prolongation of maternal brain death is fortunately a rare occurrence. Our staff was presented with the immense challenge of caring for a thirty two year old, brain dead patient in her twenty second week of gestation. The challenges of caring for the medically unstable brain dead patient were familiar to us but caring for the unborn fetus in this environment was both daunting and rewarding. Decisions needed to be made, ethical dilemmas surfaced and a devastated family required continuous emotional and educational support. Our case study will present the patient’s and her unborn child’s journey from admission to delivery. We will explore and share how one family coped with such tragedy, discuss the emotional and intellectual challenges that our team faced and examine the ethical dilemmas that we wrestled with. At the time of the abstract submission the patient continued to be maintained and her unborn child was nearing twenty seven weeks gestational age.
Ann Doll and Elizabeth McMullen
While family-centered care (FCC) has been implemented in paediatric intensive care unit (PICU) settings for some time, work continues to implement this approach to care in adult intensive care units (ICU). The purpose of this study was to identify Canadian critical care nurses’ attitudes about the importance of families in nursing care in adult ICUs using the Families Importance in Nursing Care: Nurses' Attitudes (FINC-NA) instrument to explore their perceptions of FCC, and examine policies and practices in place in their units to promote FCC.

Sandy Alguire, Marie Edwards, Kendiss Olafson and Janelle Plouffe

L'utilisation de l'écho-guidage à l'urgence pour l'insertion de cathéters intraveineux périphériques par les infirmières

Dans le cadre d'une démarche de gestion de projet, 4 stratégies de changement de pratique visant l'utilisation de l'écho-guidage pour l'insertion de cathéters intraveineux périphériques chez l'adulte à l'urgence ont été élaborées. Formation pratique et théorique, méthode de soins interactive, carte mémoire et évaluation de type ECOS ont permis de former 12 infirmières d'urgence. L'intérêt suscité a motivé à étendre ces stratégies aux infirmières des autres unités de soins, incluant la pédiatrie.

Marie-Audrey Roy, Geneviève Roch et Maria Cécilia Gallani

Masquerade Ball
Mask & Mystery

Disguise the mystery and unmask the night's enjoyment!

Cocktails 1800 – 1900 hrs  Dinner 1900 hrs
Hotel Delta Québec, Ballroom Salon
Tickets $ 70.00 per person (cash bar available)
8A Continuous Renal Replacement Therapy (CRRT): Adding Complexity to the Nursing Care of the Critically Ill Child

Acute kidney injury (AKI) is a common occurrence in critically ill children, frequently seen as a result of complications from other disease treatments or processes. Continuous renal replacement therapy (CRRT) is often considered the treatment of choice for these children however, morbidity and mortality remain high, and complications of therapy are frequent. The addition of this highly invasive therapy requires a solid understanding of the critically ill child, continuous renal replacement therapy and the potential for complications. This presentation will include a case-based approach to the nursing care of critically ill children requiring CRRT to assist the expert nurse CRRT clinician anticipate, monitor, assess and intervene appropriately thus positively impacting patient outcomes and minimizing complications.

Ruth Trinier and Cecilia St. George-Hyslop

8B Endocarditis: More Than A Problem of the Heart

Endocarditis is an infection of the inner lining of the heart, but its impact extend far beyond. Endocarditis can compromise multiple organ systems, including (but not limited to) the heart, brain, spleen, and kidneys. The identification and management of endocarditis begins with early clinical diagnosis. Intensive care nursing care is integral to its timely diagnosis and treatment. This presentation will examine endocarditis in relation to: the associated anatomy and physiology; clinical assessment findings; diagnostic testing; and, therapeutic options. Integration and consolidation of evidenced-based knowledge, through case-based learning strategies, promotes the practice of excellence in caring for these complex patients.

Mary Mustard and Cara Silva

8C “In The Moment”: Supplemental Education Tools Provide “Just in Time” Clinical Support

The objective of this presentation is to demonstrate the use of novel approaches and tools to engage learners. We need to recognize differences in learning styles and provide opportunities for engagement in learning through a variety of modalities. This may mean that as educators we need to step out of our own comfort zone and seek out innovative methods. Although there is benefit in using traditional forms of providing education, gaps may still be found. Through discussion of our experience we aim to show that although intimidating, there are great benefits to exploring other approaches. A review of the literature identified that supplemental videos enhance clinical skills. Thus began our steep learning curve as we developed skills as writers, producers, directors and marketers in the mysterious world of film. Six videos were produced outlining key steps in a challenging therapy. The team now has access to written, audio and visual supports in the moment.

Maria Teresa (Tessa) Diston and Karen Wannamaker

8D Top 10 Problems that Anesthesia Creates for Critical Care Nurses

Despite its usefulness in creating expected conditions for surgery, anesthesia engenders multiple opportunities for potential harm in major organ systems and that potential for harm extends into the post-operative period. This talk will review the top 10 post-operative problems that anesthesia creates: anesthesia-induced atelectasis, inappropriate or incorrect type or placement of endotracheal tube, inadequate pulmonary humidification, lack of oral care, intraoperative fluid overload, prolonged immobility, anesthetic agents or adjuncts left in intravenous lines or their residual effects, inadequate pain control, potential temperature imbalance, and post-operative nausea and vomiting.

Penelope Benedik

8E La fin de vie dans les USI : les pistes de solutions organisationnelles, professionnelles et émotionnelles des Infirmières


Diane Francoeur, Céline Gélinas, Marie-Anik Robitaille et Lise Fillion
CONCURRENT SESSION NINE

9A Risk Factors for Unplanned Extubations in the Paediatric Intensive Care Unit (PICU)
An unplanned extubation is a potentially life threatening event associated with complications such as laryngeal/tracheal injury or spasm, pulmonary or cardiac failure, increased length of mechanical ventilation, and increased PICU length of stay. The rate of unplanned extubations is a quality measure for care in the PICU. Understanding the factors that lead to unplanned extubations is of paramount importance. Risk factors associated with unplanned extubations in a tertiary care Pediatric Intensive Care Unit were identified over a three year period. A total of eighteen (18) unplanned extubations were reported. Of these, eight (8) children required re-intubation. This preliminary quality assurance project revealed a significant number of risk factors for unplanned extubations, the most common being age less than nine months. Validation of these findings in a bigger population as well as research into preventative measures for unplanned extubations is warranted.

Belinda Dundon, Kusum Menon, Betty Lou Twolan and Salman AlShammari

9B Family Centered Care: Aiming for Excellence. Exploring the Past, Present, and Future
Across Canada, patients are admitted into critical care units probably accompanied by a distressed family experiencing psychological and social alterations due to their loved one's admission. These families are in crisis. A task force for The Society of Critical Care Medicine has coined the term, post-intensive care syndrome-family (PICS-F). Family centered care is the response and essential approach. It distinguishes family as more than extensions of the patient placing emphasis on their needs, fostering relationships, and recognizing the importance family presence has on patient's response to treatment (McLaughlin, 1993). This presentation will engagingly explore family centered care from its grassroots and current practice. Case examples will be presented, boundaries explored, known practices challenged stimulating discussion and reflection thereby creating a vision for the future so that advancements can be made for excellence in family centered care as a critical care nurse culture.

Lara Parker

9C Where are the Zzzzs in ICU? Creating a Culture of Sleep Promotion in the Intensive Care Unit
In response to an increasing awareness that delirium in the Intensive Care Unit (ICU) is associated with adverse patient outcomes, a ten (10) bed, adult, medical-surgical intensive care unit (MSICU) has successfully implemented delirium prevention and reduction strategies aimed at: increasing patient mobility, optimizing analgesia and sedation use, and earlier extubation. Sleep deprivation has also been noted to contribute to delirium in the ICU, and presents its own unique challenges due to the intrusiveness of the ICU environment, physiological alternations during critical illness, and subjectivity of sleep assessment. In this presentation, we will report on the development and implementation of a night routine as another element of delirium prevention and management in the ICU. The guidelines developed and future findings will be shared so that other ICUs may benefit from this work.

Katherine Kissel, Victoria Bohm, Rachel Lessoway, Karen Nadeau and Melissa Redlich

9D Should We Rethink the Use of Epinephrine in Cardiac Arrest?
Epinephrine has been considered one of the foundations of advanced cardiac life support since the first course was designed in 1973. It is the first drug you see characters calling for in the movies and on television when a patient has a cardiac arrest. No one has thought to question its utility in cardiac arrest management until recently. How can we question what is thought to be the most important cardiac arrest drug we give patients? Does epinephrine improve return of spontaneous circulation? Does it improve cardiac arrest patient's hospital admission rates? Does epinephrine improve patient's hospital discharge rates? Most importantly, does epinephrine help to preserve patients neurologic function? This presentation will look at the previous and more recent published evidence regarding the use of epinephrine in adult cardiac arrest. Some of the results may surprise you.

Michelle Cleland

9E Mental Health: Is It Critical? Evidenced-Based Practice for Patients with Mental Illness in a Critical Care Setting
Nurses in critical care settings are often required to care for patients with both mental and serious physiological life-threatening illnesses. However, the knowledge and skills to care for individuals with a mental health illness is often perceived to be out of the realm of their critical care competencies. Other factors that may contribute to this situation are personal beliefs and biases towards mental illnesses. The goal of this presentation is to provide insight about the experiences of critical care nurses having cared for patients with co-morbid mental illnesses. We will discuss their perspectives on what constitutes evidenced based holistic care for the mentally ill patient during a life threatening illness

Elaine Doucette, Annie Chevrier, Mélanie Gauthier, Maude Bellemare, Ismahane Ghersi, David Olmstead, Clarice Poirier and Sasha Selby
0955 – 1045  **BREAK:** Exhibits and Poster Viewing

1045 – 1145  **PLENARY:** PANEL DISCUSSION  
**Ethical Issues in Critical Care**  
The current complexity of critical illness, advancing technologies and evolving societal expectations have resulted in an array of ethical challenges for the critical care nurse. Dr. Carnevale and Ms. Chambers-Evans discuss ethical issues in critical care, the importance of moral agency and the role of the critical care nurse in an ethical culture of care.  
*Franco Carnevale and Jane Chambers Evans;  
Moderator: Karen Dryden-Palmer*

1155 – 1245  **L5 LUNCHEON SPEAKER**  
**Building a Culture of Safety, Teamwork, and Communication**  
It is 2am on a Sunday morning, your patient is displaying symptoms you have not witnessed before but you are not feeling safe or supported. You need a colleague to mentor you, a physician who will listen, and a leadership team to support you, but the culture on your unit is toxic. Where do you turn? This lecture will discuss methods to build a healthy work environment which leads to a culture of safety, teamwork, and communication for your acute care patient. This general session will enable you to: Identify the elements of a healthy work environment and their impact on patient safety, Understand the science of safety and describe key steps to build a culture of safety on your unit.  
*Vicki Good*

**OR**  
1155 – 1245  **LUNCH:** Exhibits and Poster Viewing

1255 – 1345  **L6 LUNCHEON SPEAKER**  
**Achieving a Vision of Service Excellence: When a ‘good place is in a bad place’**  
Authentic leadership, engaged teams and clear vision are essential to the effective delivery of quality paediatric critical care service. Strategies for program innovation and sustained improvements are the framework from which leaders build success. An extensive 5 year improvement plan and the systematic leadership interventions which successfully achieved our high performance team vision will be described.  
*Karen Kinnear*

1400 – 1500  **CLOSING SPEAKER**  
**Laughter is the Best Medicine**  
If laughter is the best medicine, then what a great way to end the conference on a happy healing note. Graham will tickle your funny bone as he shares his personal experiences from a comedian's point of view.  
*Graham Chittenden*

1500 – 1520  **CLOSING CEREMONIES**  
*Invitation to Dynamics 2015 – Winnipeg, MB*  
*OFFICIAL CLOSING DYNAMICS 2014*
1. Implementation of Evidence-Based Practices: Integrating a delirium assessment tool into clinical practice  
   Karine Allard

2. L’orientation en soins critiques pour l’infirmière novice basée sur l’approche par compétence  
   Judith Allard, France Patenaude, Sophia Merisier, Claudia Reuzé, Catherine Dieu, Joëlle Jolicoeur and Nadia Perreault

3. Errors are part of being human, but should we accept the cost of medication errors to patients/families?  
   Anita Au, Barb Duncan, Nicky Holmes, Maria Barnes, Dara Gurau, Jonathan Russells, and Dr. Andre Amaral

4. Power Injectable Peripheral Inserted Central Catheters (PICC): East Meets West  
   Anita Au, Barb Duncan, Education Practice Council Members, Judy Knighton, Karen Smith, and Ellen Riel

5. Prepare Patient/Family for Transferring Out of ICU  
   Anita Au, Biji Thomas, Liseth McMillan, Peggy Escalona, Barb Duncan, Nicky Holmes, and Dr. Andre Amaral

6. Speaking from experience: This was a septic shock puzzler  
   Marie Aue

7. Perception des infirmières sur l’application de lignes directrices pour le soulagement de la douleur à l’unité de soins intensifs  
   Dominique Beaulieu

8. Integrating Research to Create Excellence in Nursing Practice in CVICU  
   Sandra Belbeck, Yue Gao, Alexandra Juhasz, Kiok Kim, and Heather Harrington

9. The development of a temporary cardiac pacing program: A quality improvement initiative  
   Patrick Blute, Mary Mustard and Alana Harrington

10. Les autosoins et l’insuffisance cardiaque : une valeur à être ajoutée à la pratique de l’infirmière aux soins critiques  
    Sophie Boisvert, Julie Francoeur, Céline Gélinas and Cécilia Gallani

11. Arrhythmias: at the heart of nursing skills! A self-directed multimedia for nursing students  
    Michel Doré, Cécilia Gallani, Jean-François Giguère and Amélie Véronique Dubé

12. Palliative care in ICU: not there yet, but one step further  
    Diane Guay, Cécile Michaud and Luc Mathieu

13. Integrating excellence into culture: Developing procedures for the TOA from CVICU to the ward  
    Alana Harrington, Angelo Cruz, Brenda Bjerkseth, Janice Glen, Alison Carre, Mary Mustard and Ellen Lewis

14. Nurse perceptions of care provided in a virtual Neurocritical Care Unit  
    Lars Kure, Grace Walter and Martin Chapman
15. Contribution of a debriefing after simulation to student nurses' clinical judgment regarding patient deterioration: a protocol
   Patrick Lavoie, Jacinthe Pepin and Sylvie Cossette

16. Comparing Nursing's Experience Caring for Critically Ill Patients with H1N1 Influenza A
   Shirley Lee, Wayne Fritz, and Louise Warnock

17. Checking All the Right Boxes: The Development of a Checklist for Prone Positioning of the Adult Critical Care Patient
   Beth Linseman, Kaitlin Black, Dee Dee Corey, Amanda Cornacchia, Rowena Odejar and Grace Walter

18. Piloting the Corporate Approach to Shift to Shift, RN to RN Bedside Transfer of Accountability in the Coronary Care Unit
   Norine Meleca, Cecilia Santiago, Norma Ferrer-Pilarta, Jacqueline Little and Miriam McFadyen

   Marian Racco

20. Enhancing a culture of excellence utilizing a shared governance model
   Lisa Rodger, Carolyn Roche, Jennifer Wright, Sabrina Drepaul Jeethan, Johanna Zantinge, Susan Papp and Ruth Milton

21. Nursing Advocacy in Mobilization Of Patients in ICU
   Catherine Rodriguez and Sherly Mathew

22. Nurses' evaluations of the Critical-Care Pain Observation Tool use at 12-month post-implementation in the intensive care unit
   Melody Ross, Madalina Boitor, Sylvie Desjardins, Francine Vaillant, Cécile Michaud and Céline Gélinas

23. Nursing Perspectives on Designing a Space to Deliver Quality Care
   Cecilia Santiago, Lara Zinagano, Karen Wannamaker, Kathryn Bell, Prafulla Savedra, Maria Teresa Diston and Orla Smith

24. Blood Sampling Practices in Critical Care: how critical are they?
   Janie Venis, Mia Marles, Martina O'Regan and Martha Mackay

25. A Quality Improvement Project to Decrease Non-Value Blood Work in Critical Care
   Grace Walter, Andre Amaral, Barb Duncan, Heather Harrington and Lars Kure

26. Ambulating Patients with Pulmonary Artery Catheters Who Are Awaiting Heart Transplant in the Cardiac ICU
   Joanna White, Sarah Gillespie-Heyman, Mary Harris, Prasam Sangkachand, Janet Parlosewich, Marjorie Funk, and Elisa Mattioli

27. Nurse to Nurse Inter shift Transfer of Accountability in the Intensive Care Unit
   Cecilia Santiago, Karen Michelsen, Angelina Berlin, Karen Wannamaker and Orla Smith
TRANSPORTATION INFORMATION

**AIR CANADA**

Air Canada Discount Booking Code
MRCR6QF1

**WESTJET**

West Jet Discount Booking Code
CC8269

**VIA RAIL CANADA**

VIA Rail Discount Booking Code
12865

Please refer to the CACCN website at [www.caccn.ca/dynamicsandevents](http://www.caccn.ca/dynamicsandevents) for more information / restrictions for using the discount booking codes.

HOTEL INFORMATION

**Hotel Delta Québec**

690 Boulevard René Lévesque East, Québec, QC G1R 5A8

- Accommodation is available until the room block is full or **August 17, 2014**, whichever occurs first
- A personalized web site for booking accommodation is available at [www.caccn.ca](http://www.caccn.ca)
- Booking may also be made by telephone **1-888-890-3222**
- Booking Codes: **CACCN, Dynamics 2014** or **Canadian Association of Critical Care Nurses**
- Attendees may be required to guarantee the reservation with one night’s pre-paid room and tax with a major credit card valid on check in September 2014
- Accommodation rates are available 3 days prior to/after the conference

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Rates From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mode Rooms</td>
<td>$195.00 plus applicable taxes</td>
</tr>
<tr>
<td>Mode Club Rooms</td>
<td>$225.00 plus applicable taxes</td>
</tr>
<tr>
<td>Additional Persons</td>
<td>$20.00 per room, per night (max 4 persons per room)</td>
</tr>
</tbody>
</table>

BOOK EARLY, AS THE ROOM BLOCK SELLS OUT QUICKLY!

TOUR QUÉBEC CITY

**SATURDAY, SEPTEMBER 20, 2014**

Dynamics 2014 has partnered with Forum Québec DMC to offer two half day tours:

**1330 – 1600**

**Historic and Modern Québec – 2.5 hours**

$49.50 per person

Visit the only walled city in North America. Fine old buildings and proud monuments line winding streets, picturesque lanes and public places such as: the National Assembly and Parliament Hill, the Battlefields Park, the Citadel and the walls surrounding the old city, Notre-Dame-de-Québec basilica and Place d'Armes. A stop will be made at Place Royale, the cradle of French civilisation in North America. It is the heart of the old Lower Town along the river-front and represents the greatest concentration of 17th and 18th century buildings in North America. This area is also the site of the Old Port and Petit-Champlain district with its boutiques and art galleries. Several stops will be made along the way in order to admire the different sites and enjoy a bit of walking.

**Program includes:** Roundtrip transportation by motor-coach, sightseeing tour of Historic Québec, walking tour of Place Royale and area, professional guide from FORUM QUÉBEC DMC, coordination by a FORUM QUÉBEC DMC representative and professional fees, gratuities and taxes.

**1300 – 1700**

**The Beaupré Coast and Montmorency Falls – 4 hours**

$65.00 per person

Discover Québec City's countryside as you travel through small historical villages overlooking the St. Lawrence River. As you ride along the 40 kilometres of Avenue Royale leading to Sainte-Anne-de-Beaupré, you will pass through the many traditional villages of rural Québec. In Sainte-Anne-de-Beaupré, you will be given ample time to visit the world-famous shrine. Your guide will lead you through the basilica and explain its history and wonderful architecture. Furthermore, along the way, you will be introduced to one of French Canada’s most popular legend Albert Gilles’ copper shop with its display of 50 hand- wrought silver panels depicting the story of the life of Christ. A stop will be made at a stone house built in 1652 to taste its fresh bread topped with Québec’s famous maple spread and enjoy a fresh cup of coffee. A final stop will be at the Montmorency Falls to visit and admire a natural waterfall 1.5 times higher than Niagara Falls.

**Program includes:** Roundtrip transportation by motor-coach, a guided tour of the Beaupré Coast, a stop at the world-famous shrine, a stop at Albert Gilles’ copper shop, a stop at the Montmorency Falls, fresh bread with maple spread & coffee, a professional guide from FORUM QUÉBEC DMC, coordination by FORUM QUÉBEC DMC and professional fees, gratuities and taxes.

Visit the CACCN website: Dynamics 2014 for information on registering for a tour
**REGISTRATION DEADLINES**

**EARLY BIRD**
- Registration and payment are received on or before midnight EST – **AUGUST 18, 2014**
- Faxed registrations must be received in the CACCN/ACIISI National Office by midnight EST – **AUGUST 18, 2014**
- Mailed registrations **must be postmarked** prior to August 18, 2014

**REGULAR**
- Registration and payment are received on or before midnight EST – **SEPTEMBER 4, 2014**
- Faxed registrations must be received in the CACCN/ACIISI National Office before midnight EST – **SEPTEMBER 4, 2014**
- Mailed registrations **must be postmarked prior** to September 4, 2014 and be received in the CACCN/ACIISI National Office by September 10, 2014 at the latest to ensure processing prior to the conference

**REGISTER EARLY!** First choice options are not guaranteed

**Online Registration available June 3, 2014 at www.caccn.ca**

**Registrations are not complete until registration form and full payment is received**
- Registration may also be processed by completing the registration form and forwarding with payment information to:
  - Email: caccn@caccn.ca
  - Facsimile: 519-649-1458
  - Mail: CACCN, P. O. Box # 25322, London, ON, N6C 6B1
- Registrations via Canada Post should be mailed to reach CACCN National Office by the registration deadlines. CACCN/ACIISI/Dynamics will not be responsible for applications held up or lost in the mail
- Registrations are not complete until registration form and full payment is received
- Registration confirmation will be provided via email only – please include an email address
- Registration **will not** be available on-site at the conference

**CACCN/ACIISI MEMBER CRITERIA**

**Member Rate**
- The delegate must have a CURRENT/ACTIVE CACCN/ACIISI membership **prior** to conference registration
  - OR
- The delegate must **JOIN CACCN/ACIISI** at the time of registration.
- Refunds for membership applications processed AFTER the conference registration

**Non-Member Rate**
- The delegate does **NOT** have a current CACCN/ACIISI membership and **does not** join at the time of conference registration

**Student Rate**
- Any student in an accredited professional nursing program, currently **NOT** licensed as a Registered Nurse / Graduate Nurse. CACCN/ACIISI may request proof of nursing student status at time of registration
IMPORTANT INFORMATION

TUITION DISCOUNTS

- Tuition discounts refer to discount coupons issued to presenters and CACCN/ACIISI Chapters
- The Tuition Coupon policy includes the following information:
  - may only be used by CACCN/ACIISI Members
  - one must be a member at the time of registration or
  - join CACCN/ACIISI at the time of registration
- are valid on early bird registration only
- are not applicable on Preconference Day registration
- code(s) must be entered at the time of online registration
- codes may only be used once
- coupon must be included with all registrations completed by mail or facsimile
- refunds will not be provided for coupons not used at the time of registration
- for additional information regarding tuition coupons, visit: www.caccn.ca

RECEIPTS

- Registrants will receive an email confirmation of conference registration
- Online registrants will receipt a transaction email showing the payment processed
- Official Receipts will be included in the conference registration package at the venue.
- Receipts are issued for the tuition portion/taxes of the conference registration fees only
- Receipts are not issued for dinner ticket purchases
- Dynamics will not issue receipts prior to the conference
- Replacement receipts:
  - will be issued if there is an error on the receipt and
  - a written request is received by CACCN/ACIISI National within 60 days of the conference closing date

CANCELLATION POLICY

- Cancellations of conference registration will only be accepted in writing
- A 20% cancellation fee will be withheld from the full value of the registration fees if written notice of cancellation is received prior to midnight EST on September 4, 2014
- No refunds will be issued for cancellation after September 4, 2014
- Cancellations must be sent via mail to Dynamics 2014, P. O. Box # 25322, London, ON, N6A 6B1 or fax to 519-649-1458 or email to caccn@caccn.ca
- Dynamics/CACCN/ACIISI will not be responsible for refund requests that do not reach CACCN/ACIISI National Office by the cancellation date
- Refunds will be issued by cheque via Canada Post, after the conference concludes
- In the event of cancellation of Dynamics, CACCN/ACIISI/Dynamics will be responsible for the refund of tuition fees only

PHOTOGRAPHY AT THE CONFERENCE

- Photographs will be taken during sessions, special events and breaks at the conference
- Photographs may be used in CACCN/ACIISI publications (print, website, etc)
IMPORTANT INFORMATION

Fragrance/Scent Free Environment

- Delegates attending previous Dynamics conferences report sensitivities to fragrance and scented products
- We are asking everyone’s cooperation in our efforts to accommodate their health concerns

Dietary Requirements

- Delegates with food allergies and/or a dietary restriction (i.e. celiac) should contact CACCN/ACIISI National Office at caccn@caccn.ca or 866-477-9077 to advise of the allergy or dietary restriction.
- CACCN/ACIISI will provide information to the Conference Centre in an effort to accommodate your requirements.
- Delegates with food allergies and dietary restrictions will be required to self-identify to the catering staff at the centre during breaks/lunches

Tuition Fees

Preconference Tuition
- **Preconference Registration:** received including full payment on/before: September 4, 2014

<table>
<thead>
<tr>
<th></th>
<th>Members</th>
<th>Non-Members</th>
<th>Students**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconference</td>
<td>$130*</td>
<td>$230*</td>
<td>$75</td>
</tr>
</tbody>
</table>

*Payment required: Tuition Plus 5% GST

Registration Deadline: September 4, 2014

Conference Tuition
- **Early Bird Registration:** received including full payment on/before: August 18, 2014
- **Regular Registration:** received including full payment between August 19 and September 4, 2014

<table>
<thead>
<tr>
<th></th>
<th>Members</th>
<th>Non-Members</th>
<th>Students**</th>
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</thead>
<tbody>
<tr>
<td>Three Day Tuition</td>
<td>$450*</td>
<td>$650*</td>
<td>$235*</td>
</tr>
<tr>
<td>Two Day Tuition</td>
<td>$345*</td>
<td>$545*</td>
<td>$175*</td>
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<tr>
<td>One Day Tuition</td>
<td>$200*</td>
<td>$400*</td>
<td>$100*</td>
</tr>
</tbody>
</table>

*Payment required: Tuition PLUS 5% GST

**Nursing students:** any student nurse in an accredited professional nursing program, who is not currently licensed as a registered nurse or a graduate nurse.

For Member, Non-Member and Student criteria, please refer to page #23
For Tuition Discount information: please refer to page #24
Please only fill out membership registration if you are renewing or joining the CACCN at this time.

A SEPARATE cheque payable to CACCN or VISA/MASTERCARD information MUST be enclosed along with this completed application for CACCN membership. Please do not include membership fees on the same cheque as the conference registration fees.

Active Member: Any Registered Nurse who possesses a current/valid license/certificate in the province/territory/country in which they practice.
Student Affiliate: Any student in an accredited professional nursing program, currently not licensed as a registered nurse / graduate nurse.
Associate Affiliate: Any person with an interest in critical care, who does not meet the requirements for an Active Member.

☑ 1 Year Membership $ 75.00  ☑ 2 Year Membership $140.00  ☑ 1 Year Student Membership $50.00

Plus applicable taxes based on province of residence

☐ I am renewing my CACCN membership # ________________________________ expires: _____________________  ☐ I am joining CACCN now

Membership Payment:  ☐ Cheque   ☐ Money Order   ☐ VISA/MASTERCARD

VISA/MASTERCARD NUMBER: ____________________________  EXPIRATION DATE: ________________________

Cardholder’s Name: ________________________________

Signature: ____________________________________________

Name (If Different from Above): ________________________________

Credentials: ____________________________________________

Home Address: __________________________________________

City: ________________________ Prov/State: ____________ Postal/Zip Code: ________________________

Country: _______________ Home Telephone: ________________________

Email Address: ___________________________________________

Name of Employer: _________________________________________

Area of Employment (eg. ICU, CCU): ____________________________

Nursing Registration Number: _____________________ Prov/State CNCC(C) OR CNCCP(C) No.: ____________ Year of Certification: ____________

Person who recommended joining CACCN: __________________________

Are you a member of CNA or RNAO?  ☐ Yes  ☐ No

Your highest level of education is:

Nursing  ☐ Diploma  ☐ Specialty Certificate
☐ Baccalaureate  ☐ Masters  ☐ Doctorate

Non-Nursing  ☐ Diploma  ☐ Specialty Certificate
☐ Baccalaureate  ☐ Masters  ☐ Doctorate

You are presently studying towards:

Nursing  ☐ Diploma  ☐ Specialty Certificate
☐ Baccalaureate  ☐ Masters  ☐ Doctorate

Non-Nursing  ☐ Diploma  ☐ Specialty Certificate
☐ Baccalaureate  ☐ Masters  ☐ Doctorate

Are you interested in being contacted by your local Chapter regarding involvement in any of the following activities?

☐ Fundraising  ☐ Certification  ☐ Education
☐ Professional Issues

☐ I am interested in becoming a Chapter liaison representative.

☐ I would like more information on starting a Chapter in my area.

☐ I am interested in becoming involved with the Chapter Executive.

Total size of hospital (# of beds) ____________

BENEFITS OF CACCN MEMBERSHIP

As a member of the Canadian Association of Critical Care Nurses, you can make a significant contribution to advancing both Critical Care Nursing and your Association. Membership in CACCN includes both national and local chapter membership, as well as the following: a subscription to the quarterly peer-reviewed Dynamics Journal of CACCN, a copy of the CACCN Standards for Critical Care Nursing Practice, publications such as CACCN’s Annual Report and position statements, awards and educational funds, reduced conference fees at chapter and national conferences, access to CACCN’s website, and various opportunities to accumulate continuing learning hours.

CACCN... THE VOICE FOR EXCELLENCE IN CANADIAN CRITICAL CARE NURSING
Detach and complete both sides of this registration form and mail with your cheque or money order (made payable to Dynamics 2014) or VISA/MASTERCARD information. 
Faxes only accepted with VISA/MASTERCARD as method of payment.
Student registration cannot be processed online. Please forward the registration form with payment to CACCN National Office prior to the deadline.

PLEASE PRINT CLEARLY.

Name as it will appear on name badge

Credentials

Home Street Address

City Prov/State Postal/Zip Code

Country

Home Telephone

Work Telephone Ext Fax

Email Address

Name of Employer

Area of Practice: q Adult q Pediatric/Neonatal q All Ages/Multifocus

Area of Focus: q Clinical q Administration q Advanced Practice

q Education q Research

Are you CNCC(C) or CNCCP(C) certified? q No q Yes Number Year

Is this your 1st Dynamics conference? q Yes q No

Release of contact information: CACCN/ACIISI offers lead retrieval to our exhibitors. Exhibitors who purchase lead retrieval will be provided with delegate names, position, hospital and email address. Please indicate if you wish to have your information included.

May we share your information with our exhibitors: q Yes q No

EARLY REGISTRATION

Form and payment is received on or before midnight EST on August 18, 2014.

REGULAR REGISTRATION

After August 18, 2014, registrants must pay the regular Conference fee.

REGISTRATION DEADLINE

Registrations must be received by midnight EST on September 4, 2014.

No further registrations will be accepted after September 4, 2014.

CANCELLATION POLICY

Cancellations of conference registration will only be accepted in writing

A 20% cancellation fee will be withheld from the full value of the registration fees if written notice of cancellation is received prior to midnight EST on September 4, 2014.

No refunds will be issued for cancellation after September 4, 2014.

Cancellations must be sent via mail to Dynamics 2014, P. O. Box # 25322, London, ON, N6A 6B1 or fax to 519-649-1458 or email to caccn@caccn.ca

Dynamics/CACCN/ACIISI will not be responsible for refund requests that do not reach CACCN/ACIISI National Office by the cancellation date

Refunds will be issued by cheque via Canada Post, after the conference concludes

In the event of cancellation of Dynamics, CACCN/ACIISI/Dynamics will be responsible for the refund of tuition fees only

Registrations will NOT be processed until both registration form and payment are received at National Office.
PRECONFERENCE CHOICES
(Note: separate tuition fee applies for preconference workshops.)

SUNDAY, SEPTEMBER 20, 2014
- PC001CRRT (CRRT)
- PC002EMGRES (Organ Donation)
- PC003ORGNDON (Organ Donation)
- PC004CCNEURO (Neuro Review)

CONFERENCE CHOICES
Delegates must select “Lunch” as one of the L1/L2, L3/L4 and L5/L6 options. If speaker selected in L1, lunch selection will be L2. If delegates do not select a time for lunch, the registration will be revised to include a luncheon period.

SUNDAY, SEPTEMBER 21, 2014
SESSION 1: 1ST CHOICE
- A
- B
- C
- D
- E
- F
2ND CHOICE
- A
- B
- C
- D
- E
- F
SESSION L1: 1ST CHOICE
- Speaker
- Lunch
SESSION L2: 1ST CHOICE
- Speaker
- Lunch
SESSION 2: 1ST CHOICE
- A
- B
- C
- D
- E
- F
2ND CHOICE
- A
- B
- C
- D
- E
- F
SESSION 3: 1ST CHOICE
- A
- B
- C
- D
- E
- F
2ND CHOICE
- A
- B
- C
- D
- E
- F
POSTER RECEPTION:
- Yes
- No

The poster reception is a complimentary event, however tickets are required to attend. Delegates must indicate attendance at the time of registration in order to receive a ticket.

MONDAY, SEPTEMBER 22, 2014
SESSION 4: 1ST CHOICE
- A
- B
- C
- D
- E
2ND CHOICE
- A
- B
- C
- D
- E
SESSION 5: 1ST CHOICE
- A
- B
- C
- D
- E
2ND CHOICE
- A
- B
- C
- D
- E
SESSION L3: 1ST CHOICE
- Speaker
- Lunch
SESSION L4: 1ST CHOICE
- Speaker
- Lunch
SESSION 6: 1ST CHOICE
- A
- B
- C
- D
- E
2ND CHOICE
- A
- B
- C
- D
- E
SESSION 7: 1ST CHOICE
- A
- B
- C
- D
- E
2ND CHOICE
- A
- B
- C
- D
- E

TUESDAY, SEPTEMBER 23, 2014
SESSION 8: 1ST CHOICE
- A
- B
- C
- D
- E
2ND CHOICE
- A
- B
- C
- D
- E
SESSION 9: 1ST CHOICE
- A
- B
- C
- D
- E
2ND CHOICE
- A
- B
- C
- D
- E
SESSION L5: 1ST CHOICE
- Speaker
- Lunch
SESSION L6: 1ST CHOICE
- Speaker
- Lunch

ANNUAL DINNER TICKET - $70.00
(Tickets are non-refundable)

PLEASE CHECK ALL DAYS YOU WILL BE ATTENDING
- Sat, Sept 20
- Sun, Sept 21
- Mon, Sept 22
- Tues, Sept 23

Pre Conference Tuition Fees
See page #22

Conference Tuition Fees

Sub-Total

LESS: Tuition Discounts
List Tuition Code(s):

Subtotal Tuition Fees less discounts
(Sub 3 minus Box 4 and 5, Balance less than zero, enter zero)

ADD: GST 5%
(Calculate on total of Box 6, Balance less than zero, enter zero)

Subtotal of Tuition Fees plus Taxes
(Sub 6 + 7)

ADD: CACCN/ACIISI Annual Dinner Tickets
Pre-purchase required; Tickets are non-refundable
# _________ Tickets X $70.00 per person

MENU CHOICE:
- Chicken
- Veal
- Vegetarian

TOTAL AMOUNT OWING
(Total Boxes 8 and 9)

CONFERENCE FEE:
- Cheque
- Money Order
- VISA
- MASTERCARD

VISA/MASTERCARD NUMBER / Exp. Date

CARDHOLDER'S NAME

SIGNATURE

IMPORTANT NOTE: Early registration is strongly recommended. 1st choice options are not guaranteed and are issued on a first come first serve basis.

ON-SITE REGISTRATION WILL NOT BE AVAILABLE.

For Member, Non-Member and Student registration criteria please refer to page 23.
September 21 to 23, 2014 Québec City Convention Centre, Québec City, QC

Andrea Casano-Piche
Montréal QC

Sandy Algire
West St Paul MB

Karina Allard
Montréal QC

Judith Allard
Montréal QC

Andre Amaral
Toronto ON

Anita Au
Toronto ON

Marie Aus
Markham Ontario

Vininder Kour Bains
Vancouver BC

Emily Bales
Halifax NS

Jennifer Barker
Edmonton AB

Maria Barnes
Toronto ON

Cecilia Baylon
New Westminster BC

Genevieve Beaudoin
Montréal QC

Dominique Beaulieu
Québec QC

Sandra Belbeck
Toronto ON

Kathryn Bell
Toronto ON

Maude Bellemare
Montréal QC

Penelope Benedik
College Station TX

Angelina Berlin
Toronto ON

Brenda Bjerkseth
Toronto ON

Kaitlin Black
Toronto ON

Patrice Blute
Toronto ON

Andrea Bodnar
Toronto ON

Victoria Bohm
Calgary AB

Sophie Boisvert
Québec QC

Madalina Boitar
Montréal QC

Pascale Bouchard
Québec QC

Luc-Étienne Boudrias
Montréal QC

Marie-Aurore Boulin
Toronto ON

Myriam Breau
Montréal QC

Madalina Boitor
Montréal QC

Sandra Belbeck
Québec QC

Dominique Beaulieu
Québec QC

September 21 to 23, 2014 Québec City Convention Centre, Québec City, QC

DynamicS of Critical Care Conference 2014
Canadian Association of Critical Care Nurses
Association Canadienne des infirmiers/en soins intensifs

Barb Duncan
Amélie Véronique Dubé
Karen Dryden-Palmer
Etobicoke ON

Penelope Benedik
College Station TX

Angelina Berlin
Toronto ON

Brenda Bjerkseth
Toronto ON

Kaitlin Black
Toronto ON

Patrice Blute
Toronto ON

Andrea Bodnar
Toronto ON

Victoria Bohm
Calgary AB

Sophie Boisvert
Québec QC

Madalina Boitor
Montréal QC

Pascale Bouchard
Québec QC

Luc-Étienne Boudrias
Montréal QC

Marie-Aurore Boulin
Toronto ON

Myriam Breau
Montréal QC

Madalina Boitor
Montréal QC

Sandra Belbeck
Québec QC

Dominique Beaulieu
Québec QC

September 21 to 23, 2014 Québec City Convention Centre, Québec City, QC

DynamicS of Critical Care Conference 2014
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