Bridging the Nation with
COMPASSION, IMAGINATION, and INNOVATION
SEPTEMBER 27 TO 29, 2015

DYNAMICS
OF CRITICAL CARE
2015

RBC CONVENTION CENTRE, WINNIPEG, MB
In units across Canada, critical care nurses work tirelessly and collaboratively with others to provide safe, competent, compassionate, and ethical care to critically ill patients and their families across the lifespan. As we come together at Dynamics 2015 in Winnipeg, the heart of the continent and the city of rivers and bridges, we will examine compassion in the work of critical care nurses. We will ask people to imagine the possibilities in critical care nursing in terms of both the present and future. We will explore innovation in practice, as critical care nurses are invited to share ideas, knowledge, and evidence to improve care. Together we can tell our stories, use our imaginations, and learn from each other to ensure the highest quality of care for our patients and families.

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 paediatric and adult critical care learning 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.

CONFERENCE THEME: BRIDGING THE NATION WITH COMPASSION, IMAGINATION, AND INNOVATION

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Karen Dryden-Palmer, MN, RN, BOD Dynamics Liaison
Christine Halfkenny-Zellas, CIM (CACCN COO)
KEYNOTE SPEAKER

KRISTIN MILLAR
This feisty 28-year-old is hardly the picture of someone who has already had to deal with a multitude of health issues usually associated with older people. In 2009, Kristin Millar experienced sudden heart failure and a series of strokes which left her attached to a battery-operated heart pump while she waited for a heart transplant. During the next two years, Kristin never saw herself as a victim, and instead, preferred to be known “not as sick, but accessorized”, as she stowed the heart pump in her purse. In 2009, Kristin boarded the plane for Ottawa and her new heart, however, the match was not to be. This dress rehearsal complete with heart failure, several strokes, 2 years accessorized with the LVAD/heart pump, and the highly anticipated and hugely successful heart transplant are what Kristin believes to be “the best things that ever happened to me”. Her miraculous story is heart-warming and shows everyone how each day is truly a gift.

PLENARY SPEAKER

BRENDA MORGAN
Brenda Lynn Morgan received a Diploma in Nursing from Centennial College, Toronto (1975), BScN from the University of Western Ontario, London (1999) and MSc from McMaster University, Hamilton (2005). She is currently a Clinical Nurse Specialist in the Critical Care Trauma Centre at London Health Sciences Centre. During Brenda’s 36 years in critical care, she has held a variety of positions and has spoken on numerous clinical and professional topics. Brenda has been actively involved in the Canadian Association of Critical Care Nurses, holding the honour of “Life Member”, and has been actively involved in the development of the national certification examination for critical care nursing.

CLOSING SPEAKER

STEPHANIE STAPLES
Founder of Your Life, Unlimited, Certified Speaking Professional, and 2014 Manitoba Women Entrepreneur of the Year award winner, Stephanie Staples is a woman on a mission – to re-inspire, re-energize and re-engage individuals to live their lives with full gusto! She does that by connecting with audiences in Canada, United States and internationally by offering humorous motivational presentations and seminars that inspire people to create something more. She has a special love for health-care audiences!
INVITED SPEAKERS

KAITLIN AMES
Kaitlin is an Advanced Practice Nurse, Clinical Nurse Specialist in the Paediatric Intensive Care Unit (PICU) at the Hospital for Sick Children, Toronto, where she has worked for close to seven years. She graduated with a Bachelor degree in Physiology and Religion from the University of Toronto and with a Master of Nursing from McGill University. Her clinical focus is the child and family experience throughout the trajectory of critical illness as well as expertise development of the critical care nurse. Her current quality improvement and research focus is on developing an early and consistent movement program for critically ill children in the PICU.

JOHN BOND
John Bond was a professor in the Department of Family Social Sciences (formerly Family Studies) at the University of Manitoba for 32 years, retiring in 2006. In addition to conducting research related to both aging and death and dying, he helped design and deliver the undergraduate Option in Aging, and developed and taught the course Death and the Family for almost 30 years. Upon retirement, he accepted the positions of Advisor on Research and Applied Learning and Manager of Research at Riverview Health Centre.

ELAINE BORG
Elaine Borg is a Legal Advisor with the Canadian Nurses Protective Society. She received her undergraduate degree in nursing from Queen's University at Kingston, Ontario. She worked in the infant neurosurgery unit at The Hospital for Sick Children in Toronto prior to focusing on her main interest, obstetrics, which she practiced at Mount Sinai Hospital, Toronto and The Ottawa Civic Hospital. Her interest in ethical decision-making led to a position on a hospital clinical ethics committee, and from there, to a career in law after graduating from University of Ottawa's law school. Elaine is a member of the College of Nurses of Ontario, the Registered Nurses Association of Ontario, and the Law Society of Upper Canada. She was on the working group that drafted the National Disclosure Guidelines published by the Canadian Patient Safety Institute and the Advisory Council for Queen's University's Master in Healthcare Quality.

KAREN DRYDEN-PALMER
Karen Dryden-Palmer is a clinical nurse specialist with over twenty-five years of 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 Edwards is an Associate Professor with the College of Nursing, Faculty of Health Sciences, University of Manitoba, where she teaches and carries out research in the area of ethics, with a particular interest in critical care. She served a term on the board of the Canadian Association of Critical Care Nurses and is a member of the Editorial Review Board for the Canadian Journal of Critical Care Nursing.

JOHN M. EMBIL
John Embil is a professor of medicine, and a specialist in internal medicine and infectious diseases at the University of Manitoba, Winnipeg, Manitoba, Canada. He is the Director of the Infection Prevention and Control Unit at the Health Sciences Centre, and he sits on several Public Health Agency of Canada Infection Control Committees. John is a member of the International Working Group for the Diabetic Foot and one of the co-authors of the Infectious Disease Society of America guidelines for the management of the diabetic foot. John has published nearly 200 scientific articles in the fields of Infectious Diseases, Infection Control, Antimicrobial Utilization, and infections in persons with diabetes. His research interests include: the diabetic foot, blastomycosis, hospital infection control, and clinical trials for new anti-infective agents and wound care therapies.
INVITED SPEAKERS cont’d

**GREGG ESCHUN**

Gregg Eschun is currently the Medical Director of the Medical Surgical ICU at St. Boniface Hospital in the Winnipeg Regional Health Authority. He is an Assistant Professor of Respirology, Department of Internal Medicine at the University of Manitoba. Dr. Gregg Eschun is a strong advocate for critical care nursing education, is an active TEAMSTEPPS master trainer and a leader in implementing quality initiatives in the intensive care unit.

**REBECCA GREENBERG**

Rebecca Greenberg is a Bioethicist at the Hospital for Sick Children. Previously, she worked as a Bioethicist at the Centre for Clinical Ethics. Prior to starting her career in bioethics, she worked as a registered nurse in General Medicine. She is an assistant professor in the Department of Paediatrics, and a bioethicist member of the Joint Centre for Bioethics, at the University of Toronto. Rebecca has a Bachelor of Arts (psychology) from the University of Manitoba, and a Bachelor of Science in Nursing and PhD (bioethics) from the University of Toronto. She has completed an ethics internship at Baycrest Centre and a post-doctorate fellowship in Clinical and Organizational Ethics at the University of Toronto Joint Centre for Bioethics. Her main research interests include moral distress, transplant ethics, ethics education and priority setting.

**KAREN SCHNELL-HOEHN**

Karen Schnell-Hoehn is a registered nurse with over 20 years of experience. She has worked in adult critical care for eight years as a staff nurse, nursing educator and instructor in the Adult Intensive Care Nursing Program in Winnipeg. She has been a long-standing member of the Manitoba Chapter for the Canadian Association of Critical Care Nurses and was awarded the Critical Care Nurse of the Year in 2010. Karen is currently working as the Palliative Care Clinical Nurse Specialist at St. Boniface Hospital where she provides clinical expertise on end-of-life care and symptom management as a member of the Palliative Care Consult Team. She has acted as the principal investigator for palliative care and cardiac nursing research, published in peer-reviewed journals, and is a member of the Editorial Board for the Canadian Journal of Cardiovascular Nursing.

**FAISAL SIDDIQUI**

Faisal Siddiqui received a Doctor of Medicine degree from the University of Manitoba in 2001, then completed a residency in Anesthesiology at McGill University, and a fellowship in Critical Care at the University of Manitoba. He is an Assistant Professor, Department of Medicine and Department of Anesthesia, Training Program Director, Critical Care Medicine, Faculty of Medicine, University of Manitoba, and Organ Donor Physician, Gift of Life Program, Transplant Manitoba.

**KIM WIEBE**

Kim Wiebe received a Doctor of Medicine degree from the University of Manitoba in 1992, then completed a residency in Internal Medicine (Dalhousie University), a fellowship in Critical Care (University of Manitoba), and Master of Public Health degree from Johns Hopkins School of Public Health. She is an Assistant Professor, Department of Psychiatry and Section of Critical Care, Department of Internal Medicine at the University of Manitoba, and is currently completing a Palliative Care Fellowship at the University of Manitoba.

**CLAREEN WIENCEK**

Clareen Wiencek is the President-Elect for the American Association of Critical-Care Nurses (AACN) board of directors. Clareen is an associate professor of nursing at the University of Virginia (UVA) School of Nursing and coordinator of the ACNP program. She has almost 40 years of experience as a bedside nurse in critical care, nurse manager, educator and researcher. Clareen was the nurse manager for the acute care-based palliative care unit and program director for the Center for Integrative Pain Management at Virginia Commonwealth University Health System in Richmond, Virginia, for four years before joining the faculty at UVA.
SPONSORED SPEAKERS

JOYCE BLACK
Joyce Black is an Associate Professor in the College of Nursing at the University of Nebraska Medical Center in Omaha, Nebraska. She has had years of clinical experience as a medical surgical nurse at Saint Mary’s Hospital in Rochester, Minnesota, affiliated with the Mayo Clinic. Her clinical practice has been in orthopedics, critical care, burn care, respiratory diseases, wound care and plastic surgery. Joyce Black is the Past President of the National Pressure Ulcer Advisory Panel and has served as the co-chair of the task force to define deep tissue injury.

Sponsored by Sage Products

JENNIFER HANCOCK
Jennifer Hancock maintains a full-time critical care practice in addition to a part-time Internal Medicine practice at Dalhousie University/Nova Scotia Health Authority (NSHA). Her interests lie primarily in organ donation and medical education. Toward these ends, Jennifer completed her certificate in medical education at Dundee University, is a member of the Royal College Critical Care Nucleus Committee and the Royal College Internal Medicine Oral Exam Board. She is an active member of Legacy of Life, Nova Scotia’s provincial organ donation program in addition to NSHA’s Critical Care Organ Donation Program. Dr Hancock’s interest in both medical education and organ and tissue donation led to the development of a provincial donation workshop targeted toward educating the province’s physicians in this important area. The interactive presentation is designed to enhance the competency and knowledge of healthcare professionals regarding all aspects of organ donation, including the delicate topic of how to approach families in crises about organ donation. More recently, Jennifer has partnered with Canadian Blood Services, working toward the development of a national education program for Deceased Donation.

Sponsored by Canadian Blood Services

TIMOTHY KAVANAGH
Timothy Kavanagh is a graduate of McGill University with a Bachelor of Science in Nursing. He has seven years of bedside experience in the Paediatric Intensive Care Unit at the Montreal Children’s Hospital. Timothy is ACLS and PALS certified. As the Manager of Clinical Services for Canada at BBraun of Canada Limited, Timothy has lead successful implementations of products in over 50 hospitals across Canada and the United States.

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JUDY KING
Judy King has been a Registered Dietitian for 25 years; she completed her undergraduate degree at Ryerson in Toronto and her dietetic internship in Ottawa. At Southlake Regional Health Centre in Newmarket, Judy’s main areas of patient care are nutrition support in the ICU and Surgery. She is also a Professional Practice Facilitator and Ethics Associate at Southlake. Judy is a sought after speaker locally and internationally. Her speaking engagements at Canadian and international conferences include topics such as the use of parenteral and enteral nutrition in critically ill patients, malnutrition in hospitalized patients, nutrition support in the palliative patient and nutrition support in the complex surgical patient. Judy is currently a co-investigator on a research study identifying opportunities to improve the nutrition care provided to post-esophagectomy patients.

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SPONSORED SPEAKERS cont’d

ADRIAN ROBERTSON
Adrian Robertson is an Assistant Professor in the Department of Medicine at the University of Manitoba, and is trained as an Emergentologist, Intensivist and Ethicist. Adrian has had a long interest in Organ Donation starting with working with Trillium in Ontario in 2004 and now as the medical director for the Manitoba Organ Donation Organization – Gift of Life. Adrian combines clinical care with ethics in his role as the Director of the Clinical Ethics Consult Service, providing ethical consultation and education to the Health Sciences Centre (Winnipeg). Adrian is currently the Donation Chair for the Canadian Society of Transplantation and Medical Director Total Parenteral Nutrition Service at the Health Sciences Centre.

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MATTHEW WEISS
Matthew Weiss is a paediatric intensivist working in Quebec City. Originally from Kansas City, a love of French fries and cheese curds brought him to finish his paediatric and PICU training at the Montreal Children’s Hospital, which he did in 2010. His interest in Paediatric Donation After Circulatory Death began after caring for a potential donor patient, and realizing that neither his own hospital, nor any other in the province of Quebec, had a protocol in place to perform pDCD. Since then, he has worked with CBS and a multidisciplinary team to develop the first national pediatric specific DCD guidelines.

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Thank You

TO OUR SPONSORS FOR THEIR GENEROUS CONTRIBUTIONS to the
DYNAMICS 2015 CONFERENCE

BBraun of Canada Ltd, Canadian Blood Services,
Canadian Intensive Care Foundation, CareFusion, GE Healthcare,
Nestlé Health Science, Sage Products and Spacelabs Healthcare
CONFERECE AGENDA

SATURDAY, SEPTEMBER 26, 2015

1900 – 2100  Early Registration
RBC Convention Centre, Southeast Concourse

SUNDAY, SEPTEMBER 27, 2015

BREAKFAST: ON YOUR OWN
Breakfast is not provided at the conference. Dynamics provides a light morning nutrition break, lunch and an afternoon beverage break.

0700 – 0750  REGISTRATION
RBC Convention Centre, Southeast Concourse

0800 – 0935  OPENING CEREMONIES
OPENING KEYNOTE SPEAKER
This Heart Loves to Dance
The truth is I wouldn’t have called myself positive before I went into heart failure. This heart condition, which somehow suddenly appeared now at 18! When I’m supposed to feel invincible? How was I supposed to deal with the fact that I could die at any moment? Multi-organ failure, seven strokes later, the doctors confirmed I would be blind, paralyzed, and unable to speak…recovery wasn’t quick or easy as I had to learn how to walk, talk, and eat all over again. Then I am listed for a heart transplant. I waited, and waited and waited by my phone, the way I waited for my grade 9 crush to call, “I’m ready, I’m ready”. Nope, no call that weekend or the next. People often ask how I think my recovery happened. I don’t think I’ll ever know. I just know that I didn’t do it alone. I had a young brain, a bit of stubbornness, and a whole bunch of people who believed in me. Through everything I have never felt alone. Go home tonight and be thankful your heart beats…..it’s truly amazing how the weather or a traffic jam doesn’t seem to have all that much power anymore.
Kristin Millar

0945 – 1030  OFFICIAL OPENING OF THE DYNAMICS 2015 EXHIBIT HALL

1030 – 1115  CONCURRENT SESSION ONE

1A  You Give Me Fever! Removing the Mystery of Malignant Hyperthermia
An unstable patient, an elevated temperature and a swift, unexpected admission to the Critical Care Unit. An inherited and potentially fatal disorder, Malignant Hyperthermia often strikes suddenly and without warning. This presentation will identify and describe the physiological basis of Malignant Hyperthermia and role of the Critical Care team in management and care of the adult patient with this rare but potentially life-threatening condition. The pathophysiology of malignant hyperthermia, epidemiology, and identification of at-risk patients will be reviewed. Triggers that may potentially elicit this unusual disorder and the necessity of rapid identification will be stressed. More importantly, management of the critical care patient with malignant hyperthermia, and the role of the Critical Care Nurse, emphasizing hemodynamic stability, pharmacological therapy, the importance of cooling, and avoidance of potential complications will be highlighted.
Lesley LaPierre and Eugene Mondor

1B  Utilizing 2-Way Wireless Communication in Smart Pumps to Improve Patient Outcomes
Two-way communication has been available for years on smart pumps but how is it benefiting your team and most important your patients? Throughout this session, we will explore how a bidirectional communication system between an infusion device and a networked server can generate data for analysis and to turn this data into actionable items. These meaningful action items can then be put to action to benefit the workflow in your department/ward and the patient population.
Timothy Kavanagh

1C  What every Critical Care Nurse Needs to Know: Abdominal Compartment Syndrome 101
The prevalence and importance of early identification of Intra-abdominal Hypertension (IAH) and its progression into Abdominal Compartment Syndrome (ACS) will be discussed. The critical care nurse plays a vital role in identifying patients at risk for developing ACS and assessing the need for bladder pressure measurement. The session will include a review of the latest guideline recommendations from The World Society for Abdominal Compartment Syndrome (WSACS) for ACS management and a discussion about the fundamental aspects of supportive medical care and surgical interventions for patients with IAH/ACS, as well as potential complications associated with ACS.
Amanda Di Florio and Sandra Cook
1D **Nursing Workload and Patient Care Error: An Observational Study**

Patient care error contributes to patient suffering; can precipitate an emotional crisis for health care staff; and increases costs to the health care system. Critical care nurses have reported that increased workload can contribute to negative patient outcomes. Studies of this relationship have been inconclusive, as few studies have used direct observation for error detection or a comprehensive recording of complications of care. This observational study used a correlational design to examine the relationship between nursing workload and patient care error. Data using direct observation strategies recorded the presence or absence of 13 complications of care of all patients admitted to a critical care unit for 5 months. Corresponding nursing workload scores for each patient were determined by the patient’s nurse. This presentation will review the results of this study in an effort to advance understanding of the relationship between nursing workload and patient care error.

*Ruth Trinier*

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1E **End-of-Life Care in ICU: Online Support for Nurses**

The Canadian Virtual Hospice (CVH) provides support and personalized information about palliative and end-of-life care to patients, family members, health care providers, researchers and educators. The CVH has been online since 2004, and offers evidence-based information and an e-health pioneering feature called “Ask a Professional.” Nurses have direct access to End of Life Health Specialists through this feature. This is a safe place to sort through issues related to death and dying. The information and support found here helps make sense in times of confusion, offers compassion in times of isolation, and reassurance in times of anxiety. There are new tools under development for the site addressing the concerns of First Nations, Inuit and Metis; cultural, spiritual and religious perspectives of some of the diverse immigrant communities in Canada; and grief and loss support. A final tool explores Methadone as a solution for intractable pain.

*Brenda Hearson and Jo-Ann Lapointe McKenzie*

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1F **Exploring the Predictors of Intent to Leave in Critical Care Nurses: What Nursing Leaders Need to Know**

The shortage of critical care nurses is reaching crisis proportions in Canada and throughout the industrialized world. However, there is a paucity of published research on turnover intention in critical care nurses. Therefore, the purpose of our study was to explore the predictors of intent to leave in critical care nurses in Manitoba. Of the 188 respondents to our on-line survey, twenty-four percent reported that they would probably/definitely leave critical care within the next year. The significant factors for intent to leave included issues related to: professional practice, management, physician/nurse collaboration, nurse competence, autonomy, staffing resources, positive scheduling environment, and control/responsibility, in particular. This study highlights the importance of developing compassionate, imaginative, and innovative strategies for retention in critical care areas. These strategies will ultimately have a favorable impact on economic, patient, and nursing outcomes.

*Jo-Ann V. Sawatzky, Carol Enns and Carol Legare*

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1125 – 1215 **LUNCH: Exhibits and Poster Viewing**

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1225 – 1315 **LUNCH: Exhibits and Poster Viewing**

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**Pressure Ulcers in ICU: Issues and Opportunities**

Pressure ulcers occur often in critically ill patients. This lecture will address deep tissue injury as a common cause of ulcers. We will also examine how to interface pressure ulcer prevention with other aspects of patient care in ICU.

*Joyce Black*

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**Focus the Flame: Attention on Excellence**

As acute and critical care nurses, we have the opportunity — some would say the responsibility — to "create a healthcare system driven by the needs of patients and families where acute and critical care nurses make their optimal contributions.” Contributions that represent the flame of our nursing passion. Yet the tumultuous health care environment, the rapid pace of change and ever-increasing resource constraints derail nurses’ attention from providing high quality care that produces excellent outcomes. Cognitive science tells us we need three kinds of focus: inner, outer and other to achieve excellence. In order to focus, it is imperative that we develop capacity in four domains: fearlessness, inquiry, resilience and engagement—the FIRE that allows our flame to continue to shine brightly.

*Clareen Wiencek*
1325 - 1410 CONCURRENT SESSION TWO

2A Palliative Care in Critical Care-Is it Always There?
Limited research has been conducted on how health care professionals in a community hospital (CH) perceive the provision of palliative care in a critical care setting. This presentation will focus on one aspect of a larger study and will examine the needs related to providing palliative care within critical care in a community hospital. Consideration of context is essential in the development of educational as well as system level approaches.
Frances Fothergill Bourbonnais and Angele Landriault

2B Nursing Care of the Post Cardiac-Transplant Extracorporeal Membrane Oxygenation (ECMO) Patient: A Case Study
This presentation is a case study of a cardiac transplant patient whose immediate post-operative course required the patient be placed on life-saving extracorporeal membrane oxygenation (ECMO) therapy. This patient faced many serious post-operative complications while on ECMO including excessive blood loss, hemodynamic instability, limb ischemia, and multi-system organ failure. This case study illustrates the nursing interventions used to address these complications. The presentation will also discuss the inclusion criteria and ethical concerns that arose in this case as well as the care provided to the family of this very ill individual.
Lee Lamb, Crystal Jones, Christina McGuigan, Elizabeth Murray, Melanie Oleskiw, Kalin Payne and Andrew Stanzel

2C Redefining MSICU Nurses’ Approach to Skin Health: a Cultural Transformation
The rate of hospital acquired pressure ulcers in the MSICU is unacceptable. A cultural transformation is required to engage front line nurses to view skin as an organ like the heart and lung. This quality improvement project will change nurses’ practice through improving the identification of risk factors and implementation of prevention strategies. It will involve the implementation of a multimodal strategy including nurse to nurse knowledge translation and a bedside visual tool. It will be constructed upon the framework of an existing program and supported by a mentor who will foster leadership and change leading skills.
Sharon Cudek, Nancy Parslow and Ingrid Daley

2D Resource Manual for Critical Care Nurses Caring for Culturally Diverse Families involved in the Organ and Tissue Donation Process
To provide an overview of a developed nursing resource manual for critical care nurses caring for culturally diverse families involved in the organ and tissue donation process. The manual is guided by Leininger’s (1988) Theory of Culture Care Diversity and Universality, discussions with key stakeholders, and reflects the recommendations made by the Expert Panel on Global Nursing (2010) to integrate transcultural nursing standards into practice.
Wendy Sherry

2E A Lesson from Sisyphus: Recognizing Challenges, Implementing a Novel Role and Using Simple Data to Effect Positive Change
In Greek mythology, Sisyphus was condemned to an afterlife of eternally trying to roll a rock up a mountain, only to have it roll back down every time. Trying to make and sustain positive changes in healthcare, we empathize with Sisyphus. This presentation outlines some of our experiences of rolling that large rock uphill. Recognizing the importance of evidence-based practice, and the challenges of limited time and data, critical care managers worked together with the Health Services Director and Medical Director of Quality to identify resources to hire a Quality Leader, making Quality a priority. We are beginning to see how simple local data, an understanding of facilitators and barriers, and a commitment to engagement can move us in a positive direction. An example is presented outlining how we are using simple data related to delirium in order to shift our focus from the short-term acute care needs of critically ill patients to their long-term physical and cognitive recovery.
Karen Webb-Anderson, Marlene Ash, Patricia Daley, Pam Hughes, Elinor Kelly, Sarah M. McMullen, and Dawnelda Murray

2F Exploring Moral Resiliency in Paediatric Critical Care Providers
Moral distress is a phenomenon of interest in critical care services particularly in the nursing literature. Moral distress has been widely recognized as impacting provider satisfaction, perceptions of empowerment, attrition from health care, provider health, quality of service and ultimately child and family outcomes. In our unit recent interventions designed to provide moral support for front line providers have been launched (CARED rounds), however, we understand little about how these providers manage the cumulative impacts of long term exposure to moral distress. In this project we investigated provider perceptions of sustained exposure to potentially distressing clinical situations and how these providers deal with moral distress.
Karen Dryden-Palmer, Joan Schuermer and Rebecca Greenberg
Using an interpretive phenomenological analysis, interviews were conducted with critical care nurses who have provided critical care nursing education program. Information shared will include the objective, program description, resources, challenges encountered and results.

Susan Launder and Karen Bodnaryk

**3E A Square Peg into a Round Hole: Creating a Neonatal and Pediatric Nursing Education Stream within an Existing Adult Framework**

This presentation will describe the development of a neonatal and pediatric stream within a well-established adult critical care nursing education program. Information shared will include the objective, program description, resources, challenges encountered and results.

Susan Launder and Karen Bodnaryk

**3F Feeding the Critically Ill Patient: A Team Sport and You are a Key Player!**

The delivery of adequate nutrition to critically ill patients is commonly recognized as a team sport, and the critical care nurse plays a pivotal role on this team. A growing body of literature supports the benefits of feeding patients in the ICU. Yet, despite best intentions, many patients are underfed in Canadian ICUs. This session will explore the role of nutrition in improving outcomes for critically ill patients and will discuss collaborative best “team” practices and strategies that the critical care nurse can use to help maximize enteral feeding success.

Judy King
1600 – 1730  ANNUAL GENERAL MEETING

ALL CACCN MEMBERS ARE INVITED TO ATTEND. THE MEETING WILL BE CALLED TO ORDER AT 1615 HRS SHARP.

1900 - 2100  POSTER RECEPTION

COMPASSION, INNOVATION, AND CRITICAL CARE NURSING...

Imagine the Possibilities!

Join us to view the excellent Dynamics 2015 Poster Presentations. Catch up with your critical care colleagues from across the country and abroad. 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.

2115 – 0100  SPACELABS SOCIAL EVENT

Join us from 2115 hrs to 0100 hrs at Shannon’s Irish Pub, 175 Carleton Street (across from the convention centre), Winnipeg, MB

Tickets Available/Capacity: 240 max. (first come / first served)

The Social includes: Live band, dancing and two complimentary beverages (followed by a Cash Bar)

The Spacelabs Sunday Social is a complimentary ticketed event

Delegates must indicate attendance at the time of registration in order to receive a ticket.

No tickets will be available at the venue
MONDAY, SEPTEMBER 28, 2015

BREAKFAST: ON YOUR OWN
Breakfast is not provided at the conference. Dynamics provides a light morning nutrition break, lunch and an afternoon beverage break.

0700 – 0750  REGISTRATION
RBC Convention Centre, Southeast Concourse

0800 – 0950  PLENARY SPEAKER
CRITICALLY ACCLAIMED! Compassion, Innovation and Imagination across a Nation
Critical Care Nurses are Critically Acclaimed... carry this title with pride! Using examples of compassion, innovation and imagination from across Canada, Brenda will challenge participants to recognize excellence, celebrate our profession and inspire a future generation to make meaningful change.

Brenda Morgan

CACCN 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 Moral Distress: A Personal Journey to Recovery
Moral distress has been recognized as a significant problem for nurses working in critical care, where complex patients experience life-threatening crises amidst the use of advanced technology. Perceived futility of care, challenges related to understaffing and inabilities to provide pain relief have all been identified, however causes of moral distress and the experience of physical and emotional manifestations vary among individual healthcare providers. Individuals are often reluctant to speak openly about feelings of distress, and they frequently consider leaving the profession, or the environment where the incident occurred if the threat to their integrity is not adequately resolved. This presentation will discuss moral distress and moral courage and both personal and institutional interventions that have been identified. It will “tell the story” of a journey of discovery of the personal meaning of the literature in preserving moral integrity in the face of moral distress.

Ruth Trinier and Lori Liske

4B Procedural Pain Management in ICU and Beyond: It Takes a Village!
This presentation depicts one patient’s journey from presentation in the ER with necrotizing fasciitis, throughout their stay into the OR, ICU and beyond. Post-operatively, necrotizing fasciitis patients require a team approach to manage their complex needs leading to a successful recovery. A significant component of patient care is the management of procedural pain for the extensive wound care within the confines of the ICU. Effective pain management is key to developing a trusting, therapeutic relationship with a patient and their family, as well as facilitate the healing process. This pain management is a challenge and draws upon the whole multidisciplinary team to practice compassionate, imaginative and innovative patient centred care. This presentation will discuss the successes and challenges that presented themselves during this patient’s stay.

Danielle Dunwoody, Richard Bishop and Catherine Duffin

4C “What are we doing here?” Reflections on the Concept of Futility in the ICU
Critical care nurses’ proximity to the patients and families they care for, and the very nature of that care, can give rise to concerns that are sometimes expressed in the language of futility. In this presentation, the concept of futility and literature related to nurses’ perceptions of what constitutes futile care will be explored, including literature related to the concepts of suffering, moral distress, and moral uncertainty.

Marie Edwards
Recognition and Response: Patient Deterioration on the General Ward

Deterioration can occur at any time during a patient’s hospitalization. Recognizing and responding to patient deterioration is a complex process. Many patients who experience an adverse event show signs of deterioration during the preceding 24 hours. Patients are more apt to be recognized before an event through monitoring of physiological parameters and regular patient assessments. Safety initiatives, such as rapid response systems (RRS) and automated alerts, have been developed to ensure a safe system for recognizing and managing deterioration. As part of a quality improvement initiative, the Modified Early Warning Score (MEWS) and the SBAR (Situation, Background, Assessment and Recommendation) Communication Tool were implemented in the adult general medical wards in a tertiary hospital in a developing country. Results of this initiative will be presented.

Linda Kennedy, Khalid Qushmaq, Benson Ferreras, Lungelwa Magqashele and Helen Dioquino

Identification and Referral of Deceased Donors

Organ and tissue donation is known to save and improve lives, but often donation opportunities may be missed in the ICU and ER. Nurses are critical in identifying patients who are potential organ and tissue donors. This presentation is intended to enhance the ability to identify, through clinical triggers, these donation opportunities. The importance of appropriate timing for referral to the provincial Organ Donation Organization (ODO) will be discussed, as well as what can be done to maintain the donation opportunity during this time, to ensure a patient’s intent to donate can be realized.

Jennifer Hancock

Pins, Plates, Pulleys and Screws: The Orthopaedic Patient in Critical Care

Pins, plates, pulleys and screws. The orthopaedic patient in adult Critical Care represents a growing number of admissions to this fast-paced, highly charged environment. Critical Care Nurses need to be ever-increasingly more knowledgeable about bone, insults to bone that may occur, and more importantly, remain vigilant in preventing serious and possible detrimental sequelae. This session focuses on commonly encountered orthopaedic injuries in adult Critical Care, and serves as a guide for the non-orthopaedically minded nurse as one navigates through the assessment of skeletal injury, surgical repair, essential post-operative assessments, and prevention of complications that may accompany bone injury. Case studies enhance application of newly acquired knowledge to assessment and management of orthopaedic patients, thereby building confidence in the Critical Care Nurse’s ability to implement best practice guidelines for orthopaedic patients.

Eugene Mondor

CONCURRENT SESSION FIVE

Development of an Integrated Spinal Cord Injury Clinical Pathway: An Initiative to Care for Spinal Cord Injury Patients in MSNICU

The early identification of both traumatic and non-traumatic spinal cord injured patients is key to the provision of excellent and evidence-based care. However, there are barriers that currently exist to this identification, with negative impact on patient care, such as increased rates of preventable complications, increased length of stay and reduced patient satisfaction. A Spinal Cord Injury Clinical Pathway may help in the improvement of patient care, but first a survey to determine the barriers and facilitators of early identification by bedside nurses is required to inform the creation of this Pathway and its implementation.

Karen Bennett, Andrea Dyrkacz, Rosalie Magtoto, Jennifer Morgan, Elizebell Rooplal, Maureen Anderson, Debra MacGarvie, Angela McGauley, Lisa Mac, and Louise Pothier
5B Patient and Family Centered Care during End of Life in the Adult ICU. The Three C’s: Compassion, Communication, Collaboration

The palliation of a patient in critical care has many descriptors: end of life care, cessation of medical care, and comfort care. Nurses have a ‘front row seat’ to bear witness to this patient and family journey and are privileged to be present and ultimately provide a ‘good death’. End of life care is not only for the patient but encompasses the family as well. Providing family centered care is a necessity knowing families are in crisis (Davidson, 2009) and can be diagnosed with post-intensive care syndrome-family (PICS-F). The three C’s of compassion, communication and collaboration are foundational to providing a ‘good death’, integrating patient and family centered care. The challenges of a ‘good death’ are formidable and typically not taught. This presentation will engagingly present the role of the three C’s on end of life care including exploring how to better prepare new critical care nurses and examining key aspects that families need during this journey towards end of life.

_Lara Parker and El Ladha_

5C Development of Crisis Resource Management Skills using High-fidelity Simulation Education: A Review of Current Literature

A literature review exploring the effectiveness of high-fidelity simulation (HFS) learning programs on the acquisition of the crisis resource management skills of problem solving, situational awareness, resource utilization, communication, and leadership. This presentation offers critical care nurses current evidence that may support the use of HFS educational programs as a method to teach and learn crisis response skills.

_Amanda Lucas_

5D Donation after Circulatory Death – From Adults to Paediatrics

Donation after circulatory death (DCD) is emerging as the fastest growing form of donation in almost all provinces in Canada. While firmly established in the adult patient population, the number of DCD donors in children and neonates remains small.

Dr. Weiss’ interest in pediatric DCD began after caring for a potential donor patient, and realizing that neither his own hospital, nor any other in the province of Quebec, had a protocol in place to perform this procedure. Dr. Weiss will discuss the challenges in bringing together pediatric nurses, intensivists and ethicists from across the country to develop the first national pediatric specific guidelines for DCD. He will also discuss the impact and importance critical care nurses can play in implementing pDCD in their own programs.

_Matthew Weiss_

5E High-dose Insulin Therapy in Beta-blocker and Calcium Channel-blocker Poisoning

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 beta-blockers and or calcium-channel blockers. The pathophysiology of beta-blockers and calcium channel blockers and the physiologic changes associated with an overdose will be discussed. The proposed mechanism of action 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_

1410 – 1500

_PLENARY SPEAKER_

THE ICU NURSE’S ROLE IN DECEASED DONATION

The critical care nurse plays a key role in the deceased donation process and can make-or-break the opportunity of donation for the patient. This presentation is designed to enhance knowledge regarding all aspects of organ donation, including initial identification of the potential donor, clinical management of the patient and determination of death through neurological or circulatory criteria. Dr. Hancock will also discuss how to approach families in crises about organ donation. A number of emerging issues and challenges will also be highlighted.

_Jennifer Hancock_

1500 – 1545

BREAK: Exhibits and Poster Viewing

1545 – 1630

_CONCURRENT SESSION SIX_

6A Mixed-methods Evaluation of the Interior Health Authority’s High Acuity Response Team

Interior Health Authority’s High Acuity Response Team (HART) is an innovative model of emergency ground transportation designed to support rural communities in the Interior of British Columbia – to ensure that local physicians and nurses may remain in their community to provide care – while high acuity patients are safely and efficiently transported to tertiary centres through use of highly trained Critical Care Registered Nurses and Respiratory Therapists.

_Brent Hobbs, Jude Kornelsen and Stefan Grzybowski_
6B  **Suffering: A Gift or a Burden**

Suffering is woven into the tapestry of life. Within the fibres of each unique tapestry, suffering leaves jewels of hope, understanding, and meaning. At times, these gifts are woven so deeply within the fabric that years may pass before the gifts shine through. There are also times when suffering shreds the fabric, leaving ragged edges and loose threads that damage the material of life beyond repair. Suffering is a complex, subjective, and multi-dimensional concept. Many factors may impact the experience of suffering, creating or diminishing opportunities to find new meaning. In this presentation, based on lived experiences, the meaning of suffering will be explored. The presence of the burden and the gifts of suffering will be debated, with examples to support the discussion. Factors that influence the discovery of the gifts of suffering will be discussed. Participants will be encouraged to explore their personal and professional experiences of journeying with the suffering.

*Colleen Breen*

6C  **Acute Upper Gastrointestinal Bleeding: We’ve Got a Gusher**

A rapidly bleeding patient with upper gastrointestinal bleeding can be very challenging to resuscitate. It can take an army of critical care nurses to manage all aspects of caring for an acutely bleeding patient. This presentation will describe the pathophysiology and presentation of acute upper gastrointestinal bleeding and hemorrhagic shock. Resuscitation of acute bleeding and specific therapeutic interventions for variceal and non variceal bleeding will be reviewed. Current evidence regarding blood transfusions in the setting of gastrointestinal bleeding will be highlighted. This session will be of interest to emergency and critical care nurses.

*Lesley Lapierre*

6D  **‘War Stories’ in Critical Care Nursing: Using Intentional Storytelling to Foster Compassion through Imaginative Insight**

Critical care nurses suffer compassion fatigue, or secondary traumatic stress, through vicarious traumatization. Compassion fatigue may affect up to 90% of critical care nurses at least once during their career (Charlescraft, Tartaglia, Dodd-McCue, & Barker, 2010). Interventions to address compassion fatigue must include education strategies designed to stimulate self-awareness and transcend the individual nurse. This presentation will explore the potential of using intentional storytelling, particularly the sharing of critical care “war stories” as a creative educational strategy to promote and maintain compassion in the critical care setting. Intentional storytelling provides a reflective opportunity for critical care practitioners to deliberately share memorable patient experiences. It is through sharing that practitioners are able to achieve a more in depth understanding and thoughtful recognition of the often invisible practice of compassion (Dewar, 2012).

*Andrea Bodnar and Leigh Chapman*

6E  **Conversations with Families at the Intersection of End-of-Life and Deceased Donation**

Conversations about the opportunity of deceased donation at the end of life, with families who are in a stressful and traumatic situation, are difficult and must be done with sensitivity to the family’s unique situations, values and beliefs. These conversations can be carried out in a way that supports an optimal and enduring decision-making process for the family and can have a positive impact on donation rates. This presentation will give a summary of leading practices guidelines in offering the opportunity for deceased donation, developed for the Canadian context, outlining the elements and steps of an effective donation conversation; the separation of health care provision and deceased donation request; the timing and provision of meaningful information to families; and the key traits of an effective communicator.

*Adrian Robertson*

6F  **An Interdisciplinary Early Movement Strategy with Critically Ill Children in the Paediatric Intensive Care Unit**

It is well documented that early movement of patients in adult intensive care units (ICU) is safe, reduces morbidity and decreases ICU length of stay (LOS) (Adler & Malone, 2012). For children in the paediatric intensive care unit (PICU) there is minimal literature demonstrating the feasibility and impact of consistent early movement. Similar to adult ICU patients, children in the PICU may experience prolonged bed rest and sedation, placing them at risk for hospital-acquired morbidities, musculoskeletal weakness and in addition, may cause delays in reaching developmental milestones. A consistent approach to early movement that incorporates developmental considerations in the context of critical illness would greatly inform the rehabilitation of critically ill children.

*Kaitlin Ames*
1800 CACCN ANNUAL DINNER

Dress like a rock star and come experience a “Manitoba Social”

Cocktails 1800 – 1900 hrs  Dinner 1900 hrs
Live Band: Danny Kramer Dance Band  •  Cash Bar
RBC Convention Centre, Winnipeg, MB
Tickets $ 70.00 per person
Pre-purchase required/non-refundable
Dynamics 2015 will be recognizing GE Healthcare for their educational support at the Annual Dinner
Conference Agenda

Tuesday, September 29, 2015

Breakfast: On Your Own
Breakfast is not provided at the conference. Dynamics provides a light morning nutrition break, lunch and an afternoon beverage break.

0710 – 0800 Sunrise Session

Registration Fee $10.00 p.p for continental breakfast
Registrants: Minimum of 15 required to offer the session;
Maximum of 50 registrants – first come, first served.

The Right to Life is not a Duty to Live: Behind the Headlines of the Carter Decision
On February 6, 2015, the Supreme Court of Canada released its unanimous ruling on physician-assisted death. As a result of this ruling, in February 2016, it will be legal for a physician to assist in the death of a competent adult person in certain circumstances who clearly consents to the termination of his or her own life. The details of the Carter decision will be discussed, along with implications for nurses now and when the decision becomes law.

Elaine Borg

0745 – 0815 Registration

RBC Convention Centre, Southeast Concourse

0815 – 0900 Concurrent Session Seven

7A First Line of Defence: Decreasing Medical Adhesive Related Skin Tears in the Intensive Care Unit
This presentation will describe the educational program developed to decrease the incidence of medical adhesive related skin tears in critically ill patients. It will highlight the knowledge required in prevention, categorization, and treatment of these wounds in critical care. Educational tools implemented, the weekly incidence tracking audits, and an evaluation of the healthcare staff knowledge will be discussed, as well the pilot implementation of skin tear bundle kits to critical care units.

Sarah Haimes, Angela Robinson, Audrey Beaulieu, Debra Johnston, Ingrid Daley, Karen Lesiak and Marinella Vasquez

7B Due to unforeseen circumstances, this presentation has been cancelled

7C Growing Staff Experts through the Clinical Ladder System
At the Robert Wood Johnson University Hospital, the clinical ladder program is the gateway and the driving force to exemplary professional nursing practice. It provides the framework and the structure for our nurses to demonstrate their commitment to quality patient care, professional growth as well as promote the nursing profession. Their participation in the clinical ladder motivates and empowers them to get involved in planning, implementing and evaluating innovative healthcare programs. In their journey to climb up the clinical ladder, the Clinical Nurse Specialists / Clinical Nurse Educators (CNS/CNE) guide, mentor and coach the nurses in achieving their goals. These projects have transformed our nurses into expert resources and leaders at the bedside. The staff’s ability to intervene at the bedside allows the nurse to advocate for the patient, provide education, and provide expert nursing care.

Suzanne Gregory and Myrna Young

7D It’s Alarming! Clinical Alarm Reduction in the ICU
The literature reveals that most clinical alarms are non-actionable leading to alarm fatigue. An ICU Alarm Task Force formed to standardize alarm default settings and decrease alarm fatigue in accordance with the Sentinel Event Alert, 2013. Heart Rate and SpO2 defaults were agreed upon resulting in alarm reduction and mirrored quiet at night scores.

Anita White

7E Bridging the Pain Gap
This presentation will highlight the use and impact of using the Critical Care Observation Tool (CPOT) to aid in ensuring adequate pain management in patients unable to self-report. This presentation will discuss findings on how it has improved multidisciplinary staff education, changed nurse attitudes towards sedation and improved patient outcomes.

Carlo Dorado, Ashleigh Dunnington and Maria Kobylecky
CONFERE NCE AGENDA cont’d

7F  Never Be the Same
Have you been searching for inspiration, but don’t know where to find it? Do you have any relationships you would like to improve personally or collegially? Are you looking for something more, but aren’t sure where to look or what exactly to look for? You will find answers, insight and inspiration in this session if you want to make the world a better place and get concrete ideas to grow yourself personally and professionally. Learn how to take relationships, personal growth and gratitude to the next level in this is uplifting, fun and game changing program. You may never be the same.

Stephanie Staples

0910 – 0955  CONCURRENT SESSION EIGHT

8A  So What’s Eating You? Necrotizing Fasciitis!
The appearance of this devastating soft tissue infection not only disrupts functioning of the largest organ system in the human body, but it also predisposes susceptible individuals to numerous potential complications. This presentation provides an in-depth examination of Necrotizing Fasciitis, including the pathophysiology, epidemiology and known risk factors for this unique condition. Recognition of pertinent signs and symptoms, aided by laboratory and diagnostic findings, assists health care professionals in initiating immediate life-saving treatment. The role of early, operative surgical debridement is emphasized, in conjunction with antibiotics, vacuum-assisted devices and skin grafting. Admission to Critical Care, with an emphasis on hemodynamic stability, prevention of infection and wound care, is discussed. A case study is utilized to identify priorities in management and care of patients with this devastating infection.

Eugene Mondor

8B  Understanding Nursing Grief in the Critical Care Unit: Creating a Rainbow of Caring
Grief is a powerful reality in nursing. In the Paediatric Intensive Care Unit (PICU), many children die from traumatic injury or acute illness. The suffering and death of children and the anguish of families cause significant nursing grief reactions. Although grief is a normal response to loss, lack of grief awareness, validation, and support can lead to decreased job satisfaction, career change, and loss of meaning, compassion fatigue, and burnout. As a result, patient care may suffer. In this presentation, based on lived experiences, nursing grief associated with caring for children in the PICU will be explored. The creation of a rainbow of caring to deal with nursing grief will be described. A literature review on nursing grief, along with key themes and concepts, will be identified. Interactive activities will be used to encourage participants to explore their professional grief and development of resilience and hope. Implications for nursing practice and future directions will be outlined.

Colleen Breen

8C  Pass the Salt: An Innovative Look at Cerebral Salt Wasting Syndrome in the Adult Traumatic Brain Injury Population
Salt wasting in the adult traumatic brain injury patient population can pose as a significant secondary complication and requires early diagnosis, vigilant assessment and accurate management. Hyponatremia is a hallmark characteristic of both cerebral salt wasting and the syndrome of inappropriate antidiuretic hormone. Differentiating between the two involves assessment of key factors such as kidney function, urine osmolality, urine sodium concentration and patient volume status. This presentation will be supported by recent literature on cerebral salt wasting and describe the pathophysiology of natriuresis, the type of neurological patients the syndrome affects, assessment of clinical findings, and treatment options. With these concepts the participant will be able to distinguish the difference between cerebral salt wasting and the syndrome of inappropriate antidiuretic hormone.

Mat Wenger

8D  Informatics RNs as Part of the Critical Care Team: Connecting Clinicians with Clinical Data to Support Practice in an ICU
The adoption of evidence based practice has not kept pace with the explosion of healthcare knowledge. Access to clinical data is key to the evaluation of current practice, and the adoption of evidence based practice, yet access to data does not guarantee change. We discuss how the Critical Care Network is bridging this gap by supporting extensive data collection in intensive care units, and by ensuring that data collection reflects evidence based practice, such as the ABCDE Bundle. We demonstrate the value of the clinical data collected by Critical Care Informatics RNs, using an example from an ICU’s experience when implementing the ABCDE bundle. We discuss how evaluation of RASS score and goal documentation helped to fuel local engagement in adopting the ABCDE bundle, and conclude that the Critical Care Network is assisting clinicians to adopt evidence based practice by supporting practice initiatives and providing the means to evaluate changes.

Lynne James, Karen Bruce, Tracy Canuel, Jaymi Chernoff, and Crystal White

8E  Privacy in the Electronic Age
New technologies like the electronic health record are changing the ways in which nurses collect, access, and use patient’s health information. At the same time, health information privacy legislation across the country has made an old idea new again: confidentiality of patient health information. Attend this session to learn what the law says about your privacy obligations, as illustrated by Canadian case studies. Learn what you can do to avoid becoming a legal case study.

Elaine Borg
8F Therapeutic Hypothermia: Is it still Cool?
Post-cardiac arrest resuscitation care emphasize early, advance treatment to alleviate the severity of neurological impairment due to cerebral ischemia and edema for OHCA patients with a return of spontaneous circulation (ROSC). ILCOR and several resuscitation committees globally have advocated the use of mild therapeutic hypothermia at 32-34 C as a Level 1 recommendation for comatose survivors of V. Fib and V. Tach. ACLS guidelines strongly recommend avoiding hyperthermia for all patients after resuscitation.
Norma Ferrer-Pilarta

0955 – 1050 BREAK: Exhibits and Poster Viewing

1050 – 1200 PLENARY: PANEL DISCUSSION
Enhancing End-of-life Care in ICU
Critical care nurses are called upon to provide end-of-life care in paediatric and adult settings. There is a growing body of literature exploring best practice in relation to this care. Drawing on their experiences, four panelists, a family member, a palliative care clinical nurse specialist, a critical care physician, and a clinical nurse specialist from a paediatric ICU, will offer their insights on concerns, possibilities, innovations, and best practice in relation to end-of-life care in the ICU.
John Bond, Karen Dryden-Palmer, Kim Wiebe and Karen Schnell Hoehn;
Moderator: Marie Edwards

1200 – 1250 L5 LUNCHEON SPEAKER
A Primer on Negligence
Nurses worry about professional negligence lawsuits but knowledge, not worry, is the best defence. Canadian case studies will be used to reveal how evidence is used by patients to prove negligence and by health care professionals to defend themselves. The Court decisions will provide you with insight that can be applied to your practice, and used to the advantage of your patient and yourself.
Elaine Borg

OR LUNCH: Exhibits and Poster Viewing

1300 – 1350 L6 LUNCHEON SPEAKER
Infection Prevention and Control: The Adventure Never Ends!
There are many different types of healthcare associated infections. Any procedure which violates the patient’s protective barriers such as the skin, respiratory and urogenital tract, may lead to an infection. Both healthcare workers and patients come in contact with infectious agents and material in hospital. The “super bacteria” which are frequently encountered in the community and in hospitals are methicillin resistant Staphylococcus aureus (MRSA) and vancomycin resistant enterococcus (VRE). The incidence of Clostridium difficile associated disease has been rising dramatically over the past few years. An overview of hospital acquired infections and the situation in Winnipeg with the “super bacteria” will be reviewed.
John Embil

OR LUNCH: Exhibits and Poster Viewing

1400 – 1450 CLOSING SPEAKER
Bring Your ‘A’ Game to Work and Life!
If you have ever been tired, overwhelmed, stressed and it’s not even lunch time yet, you will need to hear this presentation. Stephanie has burnt out and bounced back and she knows firsthand that we can only do good if we feel good and we can only feel good if we are willing to look at our lives beyond our work. Journey on this high energy, no holds barred presentation as Stephanie peels the layers back and exposes not only what you need to do to achieve uncommon success in your life and livelihood, but how to do it!
Stephanie Staples

1500 – 1520 CLOSING CEREMONIES
Invitation to Dynamics 2016 – Charlottetown, PEI
OFFICIAL CLOSING DYNAMICS 2015
**POSTER PRESENTATIONS**

**P1:** Follow us on Twitter: Using Mobile Technology in Education
This poster will discuss the use of a Twitter account and mobile technology to enhance learning critical care lab skills in the Winnipeg Critical Care Nursing Education Program.
*Maurita Kiesman, Catherine Campbell and Joanne Browning*

**P2:** Risk Factors for the Occurrence of Delirium in Surgical Intensive Care Unit Patients
Delirium is characterized by changes in mental status, inattention, disorganized thinking, and altered state of consciousness. The prevalence of delirium in critically ill patients has varied from 20~80% depending on the severity of illness. The purpose of this study is to analyze the prevalence of delirium and risk factors for delirium in critically ill surgical patients. The general characteristics, disease-related factors, and predicted risk factors for delirium of the patients were recorded. The prognosis for delirium in critically ill patients is unfavorable. However, delirium appears to be largely underdiagnosed in spite of its prognosis. We need to pay more attention to the prevention and the treatment of delirium.
*Kyoung-eun Moon, Soo-jin Oh, Yooun-joong Jung, Yeon-Hwa Chung, Sun-ju Lee and Soon-hang Lee*

**P3:** Incontinence Associated Dermatitis and Immobility as Pressure Ulcer Risk Factors: A Multisite Epidemiologic Study
Urinary and fecal incontinence are linked to the development of Incontinence Associated Dermatitis (IAD) and pressure ulcer (PU) development. Immobility is an independent risk factor for PU, and in combination with IAD, further increases patient risk. The purpose of this study was to measure the prevalence of IAD, immobility and PU in a group of adult patients with urinary and/or fecal incontinence. Specific study aims were: 1) to measure the prevalence of IAD, immobility and PU in adult patients with incontinence, 2) determine the proportion of IAD that was facility acquired, 3) determine the proportion of PU that were facility acquired, and 4) analyze risk factors associated with facility acquired PU.
*Karen Giuliano and Mikel Gray*

**P4:** Advocating Your Patient’s End of Life Wishes: The Compassionate and Ethical Thing to Do
This poster looks at promoting nurse advocacy in critical care to facilitate end of life decision making. All nurses may not have the same comfort level in advocating for their patients. The utilization of questionnaires facilitate the development of therapeutic relationships and ensure that decisions are based on the patient's values or previously expressed wishes has assisted staff in advocating for quality end of life care. This information is shared with the health care team electronically to ensure that undesired treatment options are not implemented. Advocacy for quality end of life care demonstrates the critical care nurse's commitment to compassionate care and respect for ethical values.
*Pamela Cybulski and Kim Charman*

**P5:** Critical Care Research and Education Discussion Time (CREDIT): A Critical Care Journal Club for Nurses and Health Disciplines
Research impacts the clinical practice of critical care and fosters the development of skills necessary for evidence-based practice (EBP). To determine whether establishing a journal club for the MSICU nurses and health discipline professionals supports the dissemination of current critical care research, enhances research appraisal skills, and increases awareness of research's contribution to the provision of optimum critical care the Critical Care Research and Education Discussion Time (CREDIT) was created. One recently published article is discussed per month. Multiple strategies to raise awareness about the CREDIT have been employed. During the discussion, we appraise the evidence and determine implications to clinical practice, education and research. Participants found the sessions beneficial but the number of participants has fluctuated. The results will inform us about the areas for improvement including attendance. A quarterly interdepartmental journal club has commenced.
*Eliane Stockler Leite, Cecilia Santiago and Orla Smith*
P6: Use of Peer Interviews to Examine Critical Care Nurses’ Need for Guidance in Addressing Spirituality in Critically Ill Patients.

The term ‘spirituality’ is highly subjective. This study sought to identify individual Critical Care Nurses’ definition of spirituality, their comfort in providing spiritual care to patients, and their perceived need for education. Additionally, the researchers sought to develop a working definition of spirituality in healthcare to guide nursing practice within the organization. Analysis of peer interviews revealed that nurses generally feel comfortable providing spiritual care to critically ill patients but expressed a need for further education about multi-cultural considerations. Nurses also identified opportunities to address spiritual needs throughout the stay but cited that it is usually not addressed until the end of life. A working definition for spirituality in healthcare was developed.

Christina Canfield, Debi Taylor Sutter, Kimberly Nagy, Claire Strauser, Karen VanKerkhove, Stephanie Wills, and Patricia Sawicki

P7: Assessing Responsiveness of Critical Care Nurses to Telemedicine

A recent quality improvement study sought to assess nurses’ perceptions of a home-grown telemedicine program piloted in three Intensive Care Units at a large health system. The program utilizes risk predictive modeling technology in an “Operations Center” staffed by two critical-care registered nurses and an intensive care physician during the hours of 1900 to 0700, 7 days a week. Data analysis revealed an increase in the proportion of nurses who “strongly agreed” with an improvement in clinical support following implementation of the program. Additionally, the perception of availability of information to facilitate early intervention in the setting of clinical decline also improved after implementation. This targeted survey shows promising pilot data suggesting that the use of a well-designed ICU telemedicine program may improve physician-nurse communication and facilitate early intervention in the “vulnerable” timeframe of 1900 to 0700.

Christina Canfield, Lara Jehi, Chiedozie Udeh, Tarik Hanane, Jorge Guzman, Bo Hu, and John Tote

P8: MSICU Undergraduate Nursing Preceptorship Weekly Plan

There is a paucity of tools for and literature on the preceptorship of undergraduate student nurses in critical care. Using Benner’s proficiency levels as a framework, a weekly plan was developed to guide preceptors and preceptees in MSICU. The objective was to devise a user-friendly, flexible, and accessible tool that facilitates and enhances the preceptorship experience. Two questionnaires were utilized during the project to identify the needs and challenges of MSICU preceptors and to evaluate the weekly plan’s acceptance, usefulness and relevance. The MSICU Undergraduate Nursing Preceptorship Weekly Plan has been available as of December 2013. It is currently in use by an undergraduate nursing student and his preceptors in MSICU and has been shared with another critical care unit. A single tool cannot meet all the needs of preceptors and preceptees but can be a starting point upon which to build. Next, the tool will be re-evaluated and modified accordingly.

Eliane Stocker Leite and Cecilia Santiago

P9: Implementing Evidence-Based Interventions & Protocols to Improve Pressure Ulcer Prevention

Hospital Acquired Pressure Ulcers have been identified as impacting a client’s quality of life. The following abstract will discuss evidence-based interventions and protocols to improve pressure ulcer prevention. Accreditation Canada has established Required Operational Practices (ROPs) to encourage organizations to implement a standardized approach to reduce the occurrence of pressure ulcers and optimize quality of care. Our 7 bed adult medical/surgical ICU initiated a process to improve pressure ulcer rates and also promote ergo dynamic movement techniques. The overall goals are the prevention of pressure ulcer development, through implementation of best practice guidelines, and the reduction of healthcare provider injury with repositioning.

Kelli Gambin and Colleen Sharpe

P10: Measuring the Impact of Room Configuration on Clinical Performance in a Simulated MSICU Setting

St Michael’s Hospital is constructing a new 17-storey patient care tower that will feature an updated Medical-Surgical Intensive Care Unit (MSICU). The new MSICU will feature large, all-private rooms configured in pairs with beds placed in a “mirrored” fashion. The purpose of this project was to use simulation to investigate the impact of two different room configurations on non-technical performance and efficiency and identify clinician preferences for room configuration and equipment placement.

Karen Wannamaker, Cecilia Santiago, Orla Smith and Kirsten Martin
P11: The iPad® and TalkRocket Go™ Application as Communication Strategy for Patients with Endotracheal or Tracheostomy Tubes in MSICU

Critically ill patients commonly require mechanical ventilation. Although some patients with artificial airways are still able to communicate through mouthing words, gesturing, or writing, many are unable to do so effectively. Difficulties in communication can result in unmet needs and communication breakdowns. This Research Ethics Board-approved study aimed to explore the feasibility and usefulness, from the perspective of bedside clinicians in the intensive care unit (ICU), of using an iPad® equipped with TalkRocket Go™, a communication aid for patients who are unable to communicate using verbal speech. Twenty patients were enrolled in the study and used the iPad®. Twenty clinicians completed an evaluation form. The results of the study showed that it is feasible for ICU clinicians to learn and use an iPad® enabled communication tool for patients with artificial airways. The iPad® is a useful adjunct to current communication techniques in this population of patients.

Cecilia Santiago, Orla Smith, Darcy Roza, Heather McPhail, Margaret Oddi and Kerri Porretta

P12: My Story: Humanizing the Critical Care Experience

Involvement of patients’ families in the intensive care unit (ICU) is important because patients are too ill to advocate for themselves or encounter significant barriers to communication and are unable to provide us with their stories. Family members often have first-hand insight into patients’ preferences. In 2009, the MSICU adapted the My Story poster to facilitate the therapeutic exchange between a nurse and patients and family members. Despite its early adaption to MSICU’s local context, the impact of My Story as a communication tool on the ICU experience of families is unknown to us. Using interviewer-administered survey of families/substitute decision-makers of patients intubated and mechanically ventilated for at least two days in the MSICU, we elicited their perspectives on the impact of My Story as a communication tool on their ICU experience. The survey results showed that My Story has potential in conveying to families that we care about the patient as a person.

Cecilia Santiago and Orla Smith

P13: Releasing Time to Care: Promoting Bedside Presence in a World filled with Documentation, Tasks and Distractions - the ICU

A multitude of tasks, communications, and distractions consume the time of Critical Care Nurses, reducing the amount of direct contact they are able to spend with their critically ill patients. Most critical care nurses express concern that valuable time is spent looking for information and equipment, preparing diagnostics and medications, fulfilling documentation requirements, and addressing questions from both team members and non-team members alike. One would theorize that a critical care unit should assign exceptionally high value to direct care activities. One ICU’s experiences identified a need and desire to increase this Direct Care Time from a measured 21% of a nurse’s day to a goal of 50%. The unit employed a methodology called ‘Releasing Time to Care’ to revolutionize the way care was being organized and carried out, to maximize efficiency, staff satisfaction, and to improve patient and family satisfaction.

Trudy Nernberg and Gladys Ens

P14: Family Meeting Initiative in the Medical Surgical Intensive Care Unit

Interprofessional structured family meetings reduce family’s stress and confusion as they facilitate communication between clinicians and family members regarding patient’s treatment plans and goals of care. Like many critical care areas, the MSICU faces various barriers in providing structured family meetings. In addition, little is known about how family meetings are conducted in the MSICU. We developed, implemented and evaluated the utility of a new tracking tool for family updates and meetings. Although most received the in-service, the tool was not routinely updated by nurses and other clinicians who attended family meetings. Most physician-led meetings during this period were not well attended by other team members. Areas for potential future exploration include improving representation of interprofessional team members during family meetings and determining the proportion of family meetings documented in patients’ charts.

Cecilia Santiago, Kristy Buck, Christine Lee, Rose Piacentino, Maria Eusebia Da Silva and Orla Smith

P15: Tracking Patient Compliments and Complaints in the MSICU

Promoting patient centred care is one of the quality dimensions and embedded in the mission, vision and values of our organization. To align with the corporate philosophy, the Critical Care Department (CCD) highlighted the goal of optimizing the care experience of patients and families in its strategic plan. Our objective was to improve the collection of compliments and complaints about the quality of care received from patients and families. We created a tracking tool and shared it with the Patient Relations Office and CLM. We set up a holder and bulletin board to display written compliments and cards at the nursing station. Results indicated that with the formalized process of tracking compliments and complaints, we have observed a significant increase in the number of compliments and no complaints following the implementation period. Results are fed back to staff as part of the performance dashboard review during staff meetings. The feedback process engages staff, celebrates accomplishments and increases staff morale.

Karen Wannamaker, Lisa Poon and Cecilia Santiago
**POSTER PRESENTATIONS cont’d**

**P16: Ticket to Ward: Transitioning Patients from MSICU to Inpatient Areas**

Through a Best Practice Guideline fellowship, we set out to assess the current state of transitioning patients from MSICU to inpatient areas through process mapping, and to evaluate revised and new Transfer of Accountability (ToA) tools. Staff education was provided and audits were conducted to assess utility. The fellowship facilitated the revision of existing ToA tools, development of new tools, and streamlining of processes. A post education evaluation revealed that 98.5% (n=69) agreed that they understood the significance of the various ToA tools to provide safe patient discharge. Most respondents agreed that they plan to incorporate the ToA processes. For next steps, we will continue audits to identify areas for improvement, feedback audit results, and engage team in the sustainability of the ToA processes.

Karen Wannamaker, Karen Michelsen and Cecilia Santiago

**P17: Simulation: Expect the Unexpected**

The use of simulation to facilitate team competency during emergent resternotomy has delivered unanticipated quality improvements. Emergent resternotomy is a rare event in our hospital. Surveys revealed only four nurses had assisted in the reopening of a sternum during the last twelve months. For this reason, simulation sessions for all staff were conducted, using high fidelity simulation. In our hospital, simulation is used to teach and refine new skills and to review skills that are used less frequently. For our resternotomy simulation, clear educational goals were set. What was not anticipated was the effect of simulation on quality improvement outside of the educational component. Potential gaps in equipment and supplies were discovered both during the planning and implementation stages. A working group was formed to analyze our resternotomy process, identify gaps, and propose and implement changes.

Mary Mustard, Ellen Lewis and Arshia Najikhoie

**P18: A Square Peg into a Round Hole: Creating a Neonatal and Pediatric Nursing Education Stream within an Existing Adult Framework**

This poster will describe the development of a neonatal and pediatric stream within a well-established adult critical care nursing education program. The poster will include the objective, program description, resources, challenges encountered and results.

Susan Launder and Karen Bodnaryk

**P19: Nursing Respite Room: Naps Aren’t Just for Kids!**

Nurses are expected to remain alert and vigilant in order to respond quickly to changes in patient conditions but this vigilance may be adversely impacted by fatigue, especially during the night. In addition to concerns regarding patient safety, the fatigued nurse is also at risk during the commute home following a night shift. To combat night shift fatigue and potential threats to patient and staff safety, the Surgical Intensive Care Unit (SICU) proposed the creation of a Nursing Respite Room. With administration support, an empty office near the unit was converted to a quiet rest area with adjustable lighting and recliners for napping. Nurses on all shifts have now taken advantage of the opportunity to nap during their break. Staff response has been overwhelmingly positive as evidenced by results of a unit survey conducted six months after the Respite Room opened.

Kathleen Przybyl

**P20: High Fidelity Simulation as an Educational Tool for Ebola Preparedness**

Simulation is being used with increasing frequency in health care as an educational tool. Simulation training was utilized with team of health care professionals to develop knowledge and clinical skills in the care of a patient with Ebola virus disease. The evaluation of the efficacy of this training will inform the development of future simulation programs.

Melissa Guiyab, Lee Barratt, Roger Chow, Prafulla Savedra, Shannon Swift, Karen Wannamaker, Kari White, Nazanin Kodadoust, and Joyce Fenuta
**POSTER PRESENTATIONS cont’d**

**P21: Safe Travels: Keeping Critical Care Patients Safe During Intra-hospital and Inter-hospital Transports**

The management of critically ill patients requires investigations and treatments outside of the critical care units, necessitating intra-hospital transports. Patients sometimes also require transport to other facilities for care and treatment. Adverse events during transport of critically ill patients are reported as ranging from 6-71%. Patient safety is enhanced through standardized policies, appropriately trained personnel and availability and use of appropriate equipment. Our facility was using informal guidelines and processes for transporting critically ill patients, leading to inconsistencies and potentially unsafe patient transports within and between hospitals. The members of the education and practice council developed policies to address the need for a safe, organized and consistent process when transporting critically ill patients.

*Nicola Farrow, Beth Linseman, Erica Chadwick, Orest Kornetsky, Rowena Odejar and Patricia Storey*

**P22: Getting to Zero: Daily Universal Chlorhexidine Bathing in the ICU**

This poster describes a quality improvement initiative that followed an MRSA outbreak and a spike in central line infections in a 20-bed adult intensive care unit. Engaging a team in the review of the cases and their epidemiology, and staff champions in observation and feedback of evidence-based practice helped identify opportunities for improvement. To build on existing interventions, the team identified opportunities to further minimize the risk of infection by reducing skin bacteria. Changes included chlorhexidine (CHG) impregnated dressings and daily bathing with CHG wipes for patients colonized with MRSA. While these interventions reduced the rate of infections, some transmission of MRSA continued. The second phase of the initiative broadened daily CHG bathing to all ICU patients, and included innovations to ensure reliable implementation for every patient, every day. This change eliminated transmission on the unit and a cost-benefit analysis led to its use as the standard of care.

*Jacqueline Torrance, Susan Dunford, Janice Ross, Christina Murphy, Margaret Cameron and Catherine Kerr*

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**TRANSPORTATION INFORMATION**

**WestJet Promo Code YWG01 Coupon Code CRNPSW5**

Please refer to the CACCN website for more information regarding the use of the discount booking codes.
### Hotel Information

**Delta Winnipeg**  
50 St. Mary Avenue, Winnipeg, Manitoba  
Reservations: 888-890-3222

- Accommodation is available until the room block is full or August 28, 2015, whichever occurs first  
- A personalized web site for booking accommodation is available at [www.caccn.ca](http://www.caccn.ca)  
- Booking Codes: **CACCN, Dynamics 2015** 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 2015  
- Accommodation rates are available 3 days prior and 3 days after the conference

**Guest Rooms Per Night:**

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<th>Room Type</th>
<th>Rates From:</th>
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<tr>
<td>Mode Rooms</td>
<td>$213.00 plus applicable taxes</td>
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<tr>
<td>Mode Deluxe</td>
<td>$213.00 plus applicable taxes</td>
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<tr>
<td>Mode Club</td>
<td>$269.00 plus applicable taxes</td>
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<tr>
<td>Additional Persons</td>
<td>$15.00 per room, per night (max 4 persons per room)</td>
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Online Hotel Registration is available on the CACCN website at [www.caccn.ca](http://www.caccn.ca)

**Book Early, as the Room Block Sells Out Quickly!**

### Conference Choices and Tuition Fees

#### Early Bird Registration:
- Registration and full payment received on/before: midnight Eastern Time on August 22, 2015  
- Mailed applications must be postmarked on or before August 22, 2015  
- SAVE on your registration by booking before the Early Bird deadline!

#### Regular Registration:
- Registration and full payment received after August 22, 2015 and on/before midnight Eastern Time on September 5, 2015  
- Mailed applications must be postmarked on or before September 5, 2015

<table>
<thead>
<tr>
<th></th>
<th><strong>Early Bird Rate</strong></th>
<th><strong>Regular Rate</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Payment received by midnight Eastern Time August 22, 2015</strong></td>
<td><strong>Payment received after August 22, 2015 and before midnight Eastern Time September 5, 2015</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MEMBERS</strong></td>
<td><strong>NON-MEMBERS</strong></td>
<td><strong>STUDENTS</strong></td>
</tr>
<tr>
<td>Three Day Tuition</td>
<td>$450*</td>
<td>$650*</td>
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<tr>
<td>Two Day Tuition (any two days)</td>
<td>$345*</td>
<td>$545*</td>
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<tr>
<td>One Day Tuition (any one day)</td>
<td>$200*</td>
<td>$400*</td>
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*Payment required: Tuition PLUS 5% GST

**Final Registration Deadline:** midnight Eastern Time - September 5, 2015

### Member Rate:
- Delegate must have a **current** CACCN membership OR must join at the time of registration

### Non-Member Rate:
- Delegate **does not** have a current CACCN 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.  
- Student registration cannot be processed online.  
- Student registration may be faxed or emailed with credit card information to CACCN National Office by the deadline of midnight Eastern Time on September 5, 2015  
- Student registration mailed to CACCN National Office must be postmarked on/before September 5, 2015

*(All times in noted deadlines are Eastern Time [ET])*
REGISTRATION: IMPORTANT INFORMATION

- **REGISTER EARLY!** First choice options are not guaranteed
- Registration may be processed online at [www.caccn.ca](http://www.caccn.ca) or by completing the registration form and forwarding with credit card 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 Dynamics will not be responsible for applications held up or lost in the mail

- **Registration is 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 MEMBER CRITERIA

**Member Rate**

- The delegate must have a **CURRENT CACCN** membership **prior** to conference registration
  
  OR

- The delegate must **JOIN CACCN** 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 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

- If you hold a registered nursing license, student registration does not apply

- Student registration cannot be completed via the online conference registration system. Registration may be faxed to 519-649-1458 or emailed to caccn@caccn.ca with credit card information or mailed to Dynamics 2015, P. O. Box # 25322, London, ON, N6C 6B1 with cheque or money order

- CACCN may request proof of nursing student status at time of registration
TUITION DISCOUNTS

- **Tuition discounts** refer to discount coupons issued to presenters and CACCN Chapters
- The Tuition Coupon policy includes the following information:
  - may only be used by CACCN Members
    - one must be a member at the time of registration; or join CACCN at the time of registration and are valid on **early bird registration only**.
  - coupon code(s) may only be used once and must be entered at the time of online registration or the coupon must be included with all registrations completed by email, mail or facsimile.
  - 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](http://www.caccn.ca)

RECEIPTS

- Online registrants will receive an email confirmation showing payment processed.
- Official Receipts will not be issued prior to the conference and will be included in the conference registration package received 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.
- Replacement receipts: will only be issued if there is an error on the receipt; and a written request is received by CACCN National within 60 days of the conference closing date; replacement receipts will be issued via mail only.

BADGE BARCADING AND LEAD RETRIEVAL

- All delegate badges will include a bar code containing registration information for lead retrieval purposes in the exhibit hall.
- Dynamics exhibitors may rent lead retrieval scanning equipment at the conference.
- Delegates who wish to provide their information to exhibitors for future contact may allow the exhibitor to scan their registration badge.
- If you do not wish to release your information, you may decline to have your badge scanned.

PHOTOGRAPHY AT THE CONFERENCE

- Photographs will be taken during sessions, special events and breaks at the conference.
- Photographs may be used in CACCN publications (print, website, etc.). By remaining in an area where photos are being taken, delegates are providing consent to be photographed.
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 medical/dietary concerns should contact CACCN National Office at caccn@caccn.ca or 866-477-9077. CACCN will make arrangements with the Conference Centre to attempt to accommodate specific needs. Delegates with food allergies will be required to self-identify to the catering staff at the Centre during breaks/lunches.

GUEST ATTENDANCE

- All conference activities (including educational sessions, exhibit hall, meal functions, etc.) are exclusively reserved for registered conference attendees.
- Non-registered guests (including children, family members, colleagues, etc.) are not granted access to the conference areas without prior approval by CACCN National Office.
- Badges provided at registration are required for entrance into all sessions/events. Please wear your conference badge at all times to be identified as a Dynamics of Critical Care Conference attendee. The badge policy will be strictly enforced.

CANCELLATION POLICY

- Cancellations of conference registration will only be accepted in writing
- A 30% cancellation fee will be withheld from the full value of the registration fees if written notice of cancellation is received prior to midnight Eastern Time on September 5, 2015
- No refunds will be issued for cancellation after September 5, 2015
- Cancellations must be sent via mail to Dynamics 2015, P. O. Box # 25322, London, ON, N6A 6B1 or fax to 519-649-1458 or email to caccn@caccn.ca
- Dynamics/CACCN will not be responsible for refund requests that do not reach CACCN National Office by the cancellation deadline
- Refunds will be issued by cheque via mail, approximately one month following the conclusion of the conference
- In the event of cancellation of Dynamics, CACCN/Dynamics will be responsible for the refund of tuition fees only
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
- [ ] Baccalaureate
- [ ] Masters
- [ ] Doctorate

Non-Nursing
- [ ] Diploma
- [ ] Baccalaureate
- [ ] Masters
- [ ] Doctorate

You are presently studying towards:

Nursing
- [ ] Diploma
- [ ] Baccalaureate
- [ ] Specialty Certificate
- [ ] Masters
- [ ] Doctorate

Non-Nursing
- [ ] Diploma
- [ ] Baccalaureate
- [ ] Specialty Certificate
- [ ] Masters
- [ ] Doctorate

By completing your membership payment with a credit card (Visa or MasterCard), you are agreeing to automatic renewal of your membership when the membership term expires. Automatic Renewal will remain in place until such time as you notify CACCN of cancellation. You must provide a minimum of 15 day’s notice of cancellation of the automatic renewal prior to the renewal date. CACCN will not issue refunds for memberships processed via the auto renewal system.
Detach and complete both sides of this registration form and mail with your cheque or money order (made payable to Dynamics 2015) 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.

CACCN Member Number

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:  
Adet  
Pediatric/Neonatal  
All Ages/Multifocus

Area of Focus:  
Clinical  
Administration  
Advanced Practice

Education  
Research

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

EARLY REGISTRATION

· Form and payment is received on or before midnight EST on August 22, 2015.

REGULAR REGISTRATION

· After August 22, 2015, registrants must pay the regular Conference fee.

REGISTRATION DEADLINE

· Registrations must be received by midnight EST on September 5, 2015.

· No further registrations will be accepted after September 5, 2015.

CANCELLATION POLICY

· Cancellations of conference registration will only be accepted in writing

· A 30% 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 5, 2015

· No refunds will be issued for cancellations after September 5, 2015

· Cancellations must be sent via mail to Dynamics 2015, P. O. Box # 25322, London, ON, N6A 6B1 or fax to 519-649-1458 or email to caccn@caccn.ca

· CACCN Dynamics will not be responsible for refund requests that do not reach CACCN 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 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.

Dynamics 2015, P. O. Box 25322
London, Ontario N6C 6B1
Tel: (519) 649-5284
Fax: (519) 649-1458
Toll Free: 1-866-477-9077

FOR OFFICE USE ONLY

DYN2015: ________________

Amount Pd: ________________

Paid by:  Self  Employer

Method:  Chq  Visa  MC

Chq/Approval #: ________________

Processing Date: ________________

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### Conference Choices

Delegates must select “Lunch” as one of the L1/L2, L3/L4 and L5/L6 options. I.e. if speaker selected in L1, lunch selection will be L2. Non-selection of a lunch period will result in the registration being revised to include a luncheon period.

#### Sunday, September 27, 2015

<table>
<thead>
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<th>Session 1: 1st Choice</th>
<th>A</th>
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<td>Session L1: 1st Choice</td>
<td>Speaker or Lunch, Exhibits, Posters</td>
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#### Monday, September 28, 2015

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#### Tuesday, September 29, 2015

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### Social Event(s):

The following event(s) are **Complimentary** ticketed events. Delegates must indicate attendance at the time of registration to receive a ticket(s).

- **Poster Reception:**
  - Attending
  - Not Attending

- **Spacelabs Sunday Social Event:**
  - Attending
  - Not Attending

### CACCN Annual Dinner Ticket - $70 per person

**Tickets must be ordered in advance and are non-refundable.**

**Please check all days you will be attending**

- Sunday, Sept 27
- Monday, Sept 28
- Tuesday, Sept 29

#### Conference Tuition Fees

- **Less: Tuition Discount(s)**
  - (List Codes and Cpn Amounts)
  - Cpn Code
  - Cpn Code

#### Subtotal (Tuition Fees less Discounts)

- **Add: GST 5%**
  - (Calculate on Sub-total of Tuition Fees)

#### Total Tuition Fees/Taxes (Tuition Fees plus GST)

- **Add: Sunrise Session Ticket**
  - # _______ Tickets X 10.00 p.p

- **Add: Annual Dinner Tickets**
  - # _______ Tickets X $70.00 p.p

#### Total Amount Owning (Total Tuition Fees and Dinner Tickets)

### 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 27.*
Kaitlin Ames
Toronto ON
Maureen Anderson
Toronto ON
Marlene Ash
Halifax NS
Lee Barratt
Toronto ON
Audrey Beaulieu
Toronto ON
Karen Bennett
Mississauga ON
Richard Bishop
Oakville ON
Joyce Black
Toronto ON
Andrea Bodnar
St. Catharines ON
Karen Bodnaryk
Winnipeg MB
John Bond
Winnipeg MB
Elaine Borg
Ottawa ON
Colleen Breen
London ON
Joanne Browning
Winnipeg MB
Karen Bruce
Kamloops BC
Kristy Buck
Toronto ON
Margaret Cameron
Peterborough ON
Catherine Campbell
Winnipeg MB
Christina Canfield
Middlefield OH
Tracy Canuel
Kamloops BC
Erica Chadwick
Toronto ON
Leigh Chapman
Toronto ON
Kim Charman
Brampton ON
Jaymi Chernoff
Kelowna BC
Roger Chow
Toronto ON
Yeon-Hwa Chung
Seoul Korea
Sandra Cook
Montreal QC
Sharon Cudek
Toronto ON
Pamela Cybulski
Brampton ON
Maria Eusebia Da Silva
Toronto ON
Ingrid Daley
Toronto ON
Patricia Daley
Halifax NS
Amanda Di Florio
Montréal QC
Helen Dioquino
Riyadh SA
Carlo Dorado
Mississauga ON
Karen Dryden-Palmer
Barrie ON
Catherine Duffin
Burlington ON
Susan Dunford
Peterborough ON
Ashleigh Dunnington
Mississauga ON
Danielle Dunwood
Burlington ON
Andrew Dyrkacz
Toronto ON
Marie Edwards
Winnipeg MB
John M. Embil
Winnipeg MB
Carol Enns
Winnipeg MB
Glados Ens
Winnipeg MB
Nicola Farrow
Toronto ON
Joyce Fenuta
Toronto ON
Benson Ferreras
Riyadh SA
Norma Ferrer-Pilara
Toronto ON
Frances Fothergill
Bourbonnais
Ontario ON
Kelli Gaminb
Kentville NS
Karen Giuliano
Salem NH
Mikel Gray
Charlottesville VA
Rebecca Greenberg
Toronto ON
Suzanne Gregory
Spotswood NJ
Donald Griesdale
Vancouver BC
Stefan Grzybowsik
Vancouver BC
Melissa Guiyab
Toronto ON
Jorge Guzman
Cleveland OH
Sarah Haines
Toronto ON
Deborah Hamilton
Vancouver BC
Tarik Hanane
Cleveland OH
Jennifer Hancock
Halifax NS
Brenda Heeran
Winnipeg MB
Brent Hobbs
Kelowna BC
Bo Hu
Toronto ON
Pam Hughes
Halifax NS
Lyne James
Warfield BC
Lara Jehi
Cleveland OH
Debra Johnston
Toronto ON
Crystal Jones
Ottawa ON
Yooun-Joong Jung
Seoul Korea
Cherie Kapell Brown
Saskatoon SK
Timothy Kavanagh
Candiac QC
Elinor Kelly
Halifax NS
Linda Kennedy
Riyadh SA
Catherine Kerr
Peterborough ON
Maurita Kiesman
Winnipeg MB
Judy King
Newmarket ON
Maria Kobylecky
Mississauga ON
Nazanin Kodadoust
Toronto ON
Jode Kornelsen
Vancouver BC
Orest Kornetsky
Toronto ON
Jennifer Kryworuchko
Saskatoon SK
El Lauda
Vancouver BC
Lee Lamb
Ottawa ON
Agnieszka Landiault
Ottawa ON
Lesley LaPierre
Spruce Grove AB
Jo-Ann Lapointe
McKenzie
Susan Launder
Winnipeg MB
Christine Lee
Toronto ON
Sun-ju Lee
Seoul Korea
Soon-hang Lee
Seoul Korea
Carol Legare
Winnipeg MB
Karen Lesiak
Toronto ON
Ellen Lewis
Toronto ON
Beth Linseman
Toronto ON
Lori Liske
Toronto ON
Amanda Lucas
Winnipeg MB
Debra MacGarvie
Toronto ON
Lungelwa Magqashele
Riyadh SA
Rosalie Magtoto
Ottawa ON
Angela McGauley
Toronto ON
Christina McGuigan
Ottawa ON
Sarah M. McMullen
Halifax NS
Heather McPhail
Toronto ON
Karen Michelens
Peterborough ON
Kristin Millar
Winnipeg MB
Lorraine Mion
Nashville TN
Eugene Mondor
Edmontom AB
Young-eun Moon
Seoul Korea
Brenda Morgan
London ON
Jennifer Morgan
Peterborough ON
Christina Murphy
Peterborough ON
Elizabeth Murray
Ottawa ON
Dawneida Murray
Halifax NS
Mary Mustard
Etobicoke ON
Kimberly Nagy
Cleveland OH
Arshia Najikhoie
Toronto ON
Trudy Nernberg
St. Paul MB
Margaret Oddi
Toronto ON
Rowena Odejar
Toronto ON
Soo-jin Oh
Seoul Korea
Melanie Oleskiw
Ottawa ON
Lara Parker
Port Moody BC
Nancy Parlow
Toronto ON
Kalin Payne
Ottawa ON
Rose Piacentino
Toronto ON
Lisa Poon
Toronto ON
Ken Perrota
Toronto ON
Louise Pothier
Toronto ON
Kathleen Przybyl
Lansing IL
Haidh Qousmaq
Riyadh SA
Adrian Robertson
Winnipeg MB
Angela Robinson
Toronto ON
Elizzbeth Rooplat
Toronto ON
Janice Ross
Peterborough ON
Darcy Roza
Toronto ON
Cecilia Santiego
Toronto ON
Prafulla Savedra
Toronto ON
Jo-An V. Sawatzky
Winnipeg MB
Patricia Sawicki
Cleveland OH
Karen Schnell-Hoehn
Winnipeg MB
Joan Schuerner
Toronto ON
Tom Scullard
Farmington MN
Colleen Sharpe
Kendall NS
Andrea Beaver
Toronto ON
Stephanie Wills
Cleveland OH
Myrna Young
Spotswood NJ
Masoud Yousefi
Vancouver BC
Patricia Storey
Toronto ON
Claire Strauser
Cleveland OH
Shannon Swift
Toronto ON
Debi Taylor Sutter
Tracy CA
Jacqueline Torrance
Peterborough ON
John Tote
Cleveland OH
Ruth Trinier
Scarborough ON
Chiedozi Udeh
Toronto ON
Brandi Vanderspank-Wright
Ottawa ON
Karen VanKerkhove
Cleveland OH
Marinella Vasquez
Toronto ON
Karen Wannamaker
Toronto ON
Karen Webb-Anderson
Beaver Bank NS
Claren Wienck
Richmond VA
Matthew Weiss
Quebec City QC
Mat Wenger
Ottawa ON
Anita White
Cleveland OH
Crystal White
Kelowna BC
Kari White
Toronto ON
Kim Wiebe
Winnipeg MB
Stephanie Wills
Cleveland OH
Masoud Yousefi
Vancouver BC