SHATTERING THE SILENCE

Voices of Advocacy in
CRITICAL CARE NURSING
SEPTEMBER 22 TO 24, 2013
WORLD TRADE AND CONVENTION CENTRE
HALIFAX, NOVA SCOTIA

CACCN
Celebrating 30 years
THE VOICE FOR EXCELLENCE IN
CANADIAN CRITICAL CARE NURSING
Dynamics of Critical Care Conference

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

Conference Theme:
Shattering the Silence: Voices of Advocacy in Critical Care Nursing

As critical care nurses we must unite our voices to speak with conviction to shatter the persistent silence surrounding the pivotal role we play in the care of critically ill patients and their families. The critical care nurse is the key coordinator of the complex minute by minute care each patient and family needs in the Intensive Care Unit (ICU). ICU nurses draw on a vast scope of knowledge and scientific evidence, combining it with superb technical skills and organizational ability to ensure each patient is provided with an accurate diagnosis and a plan of action. As the most consistent bedside care providers, nurses ensure that ethical, culturally competent, compassionate, evidence based health service is coordinated within the vastly complex systems of health care organizations and individualized to meet the unique strengths and needs of each patient and family. We must break through and shatter any barriers that silence our voices while we embrace partnerships with the media and the public to assist us in getting our messages out, as we speak to issues where our knowledge, experience, expertise and unique perspective need to be shared and our voices heard. No longer will the crucial role of critical care nurses be kept a well guarded secret. Dynamics 2013 in Halifax, Nova Scotia will be a showcase of what we know and what we do to advocate for patients, families, colleagues and ourselves. Join your voice with colleagues nationally and internationally to tell your story of advocacy and to... shatter the silence!

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

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

Continuing Learning Hours (CL Hours)

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

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                           Christine Halfkenny-Zellas, CIM (CACCN COO), London, ON
Keynote Speaker  Suzanne Gordon
Suzanne Gordon is an award winning journalist and author of 15 books, who writes about healthcare delivery and health care systems. Ms. Gordon's latest publication is Beyond the Checklist: What Else Healthcare Can Learn from Aviation Safety and Teamwork. Ms. Gordon’s books on healthcare have been published by the Culture and Politics of Healthcare Work Series at Cornell University Press, which she co-edits. Ms. Gordon has lectured all over the world on healthcare issues and has appeared frequently on radio and television. She is also a Visiting Professor at the University of Maryland, School of Nursing, Assistant Adjunct Professor at the University of California at San Francisco School of Nursing, is an Affiliated Scholar at the Wilson Centre at the University of Toronto's Faculty of Medicine and at the Center for Innovation in Interprofessional Education at UCSE. She is an editorial board member of the Journal of Interprofessional Care. Ms. Gordon is currently at work on a new book on how to create and sustain Team Intelligence in Healthcare and is also editing a book of team stories in healthcare.

Plenary Speaker  Linden McIntyre
Since 1990, Linden MacIntyre has been a co-host with the fifth estate, CBC Television's investigative program. From 1964 to 1976, MacIntyre worked as print reporter in Halifax, Ottawa and Cape Breton; he joined CBC in 1976. Based in Halifax, he hosted, for three seasons, a regional current affairs program called The MacIntyre File. From 1981-86, Mr. MacIntyre worked for CBC's ground-breaking national current affairs program, The Journal, and was assigned to documentary reporting in various parts of the world, including the Middle East, Central America and the USSR. For two seasons, he was host and national editor for Sunday Morning on CBC Radio; then in 1988, Linden returned to television and The Journal, and worked extensively on stories related to the collapse of the Soviet Union. Mr. MacIntyre has won many accolades, including nine Gemini Awards, three Gordon Sinclair Awards, an International Emmy, several Anik Awards, and the Michener Award for meritorious public service in journalism. Mr. MacIntyre has also written and presented award-winning documentaries for the PBS program Frontline. In addition to his reporting/broadcasting career, Mr. MacIntyre is a published author of several novels, including The Bishop's Man, which won the 2009 Scotiabank Giller Prize. Mr. MacIntyre was born in St. Lawrence, NL, and grew up in Port Hastings, Cape Breton, Nova Scotia.

Plenary Speaker CACCN 30th Anniversary Plenary Speaker  Francis Loos
Francis Loos has over 38 years of experience as a Registered Nurse in Alberta, Manitoba and Saskatchewan. Francis has held positions in Critical Care Nursing for the past 33 years as an educator, clinical nurse specialist and clinical nurse. He has a Master’s of Nursing Degree and has been certified in Critical Care Nursing with the Canadian Nurses Association. Francis participated in developing the first CNA Critical Care Certification Exam. Since formally retiring in 2012, Francis maintains a practice as a Clinical Nurse in the Recovery Room of the Pasqua Hospital and part time as Simulation Program Coordinator in the Dilawri Simulation Center of the Regina Qu’Appelle Health Region. Francis has been involved in numerous clinical research projects and awarded three research grants. He is the author of 19 journal articles, was the winner of CACCN’s Critikon publication award in 1990, and served as editor of Dynamics: the Official Journal of the Canadian Association of Critical Care Nurses from 1990-1995. Francis was the recipient of the CACCN Brenda Morgan Leadership award in 2010. Francis has provided oral and poster presentations at national, provincial and local workshops and conferences and been involved in the planning of three national specialty conferences.

Closing Speaker  Mark Black
Best-selling author of the acclaimed self-help book, “Live Life from the Heart: 52 Weeks to a Life of Passion and Purpose”, Mark Black is a Heart and Double-Lung Transplant Recipient, 4-Time Marathon Runner, and much sought after speaker, trainer and success-coach. Mark learned about success in life by facing death. Born with a congenital heart defect, Mark battled heart disease for twenty-three years before he faced the biggest obstacle of his life. In May 2001, at twenty-three years old, Mark saw his doctor and was given news no one wants to hear, his heart was failing fast. He had less than 2 years to live. After waiting on the transplant list for 10 months and near death, Mark received a life-saving heart and double-lung transplant. Since that day, Mark has beaten all the odds and uses his new gift of life to inspire people to "live life with passion and purpose". Mark's presentations have inspired more than 65,000 people across North America and his best-selling book has impacted the lives of countless others. For more information about Mark go to: www.MarkBlackSpeaks.com.
Karen Dryden-Palmer
Karen has over 25 years of experience in critical care and has worked in numerous clinical, education and leadership roles. Her current role at the Hospital for Sick Children in Toronto, ON is Clinical Nurse Specialist Paediatric ICU, Bereavement Coordinator. Karen has a long commitment to advancing the specialty of paediatric critical care nursing and the CACCN. Over the years, Karen has presented many excellent paediatric presentations at Chapter Education Days and Dynamics conferences. Karen is the past President of the Toronto Chapter and the current Vice President of the CACCN.

Air Medical Flight Crew - EHS LifeFlight
Flight team crew members of the Nova Scotia air medical transport team from EHS LifeFlight will share their experience as nurses, paramedics and registered respiratory therapists providing critical care in the air.

Kathy Johnston
Kathy has been a Registered Respiratory Therapist for the past 33 years. Twenty-three years have been spent at the IWK Health Centre in Halifax, NS where she has worked in Neonatal/Paediatric Critical Care, as Flight RRT with the LifeFlight program, as Educator for Respiratory Therapy centre-wide and most currently as Simulation Coordinator. The Simulation program at the IWK Health Centre has provided Kathy with many exciting opportunities in which to grow as an educator while simultaneously fulfilling some of her goals as a lifelong learner while she supports the learning needs of multidisciplinary learners in the simulated critical care environment.

Janet Knox
Janet began her career as a staff nurse; she has held clinical, leadership and education roles in health throughout her career. Janet has held various positions at the IWK Health Centre in Halifax, NS, including Director of Nursing for Children’s Services and Program Director of Children’s Acute and Continuing Care. Before coming to the Annapolis Valley District Health Authority in 2004, Janet spent a year as the Executive Director of Acute and Tertiary Care Branch at the Nova Scotia Department of Health. She holds a Bachelor of Nursing from the University of New Brunswick; a Master of Nursing from Dalhousie University, a Master of Business Administration from Saint Mary’s University and is a Certified Health Executive (CHE). Janet has served on numerous boards and committees and is a member of the Canadian College of Health Services Executives. She is an adjunct faculty member of Dalhousie University where she is a member of the Professional Advisory Committee for the Master of Health Administration. She is currently a member of the Board of Governors of the Nova Scotia Community College and a member of the Board of Directors for 211 Nova Scotia. She is past Board Member of the Brigadoon Children’s Camp Society.

Kate Mahon
Kate Mahon has a long history with CACCN beginning as a founding member of the Nova Scotia Chapter of CACCN in 1986 and has held various Chapter Executive roles over the years. She has worked in paediatric nursing for over 30 years and in critical care for over 28 of those years including as a bedside PICU nurse and then in a variety of management roles at the IWK Health Centre for over 25 years where she retired recently as Director for Perioperative, Emergency and Critical Care Services. She is currently President of the company she established “Authentic Leadership by Design Inc.” where she uses her past leadership experience as a health care consultant. Kate spent 5 years on the National Board of Directors of CACCN and is the immediate Past President. She is the Chair of the Dynamics 2013 conference. Kate has provided the CACCN Chapters and previous Dynamics conferences with many entertaining and memorable presentations, such as “Find Your Voice” and “Now That You Have Found It (Your Voice), Use It Effectively”. Delegates come away from Kate’s presentations feeling motivated, challenged and proud to be a critical care nurse!

Gail Tomblin-Murphy
Gail Tomblin Murphy (PhD, RN) is a Professor in the School of Nursing, Faculty of Health Professions and Department of Community Health and Epidemiology in the Faculty of Medicine at Dalhousie University in Halifax, NS. She is also the Director of Dalhousie’s WHO/PAHO Collaborating Centre on Health Workforce Planning and Research, and a Co-investigator at the Faculty of Nursing, University of Toronto. Gail is an internationally recognized expert in Health Human Resources (HHR) and health systems planning, particularly in needs-based and competency-/service-based approaches to HHR planning and testing health service delivery models. Dr. Tomblin Murphy has extensive experience working with policy-makers and senior decision-makers across Canada and internationally. She has been a consultant on HHR for the WHO and PAHO for the past eight years and has long been involved in the Federal/Provincial/Territorial work on HHR in Canada as a member of the Advisory Committee on Health Delivery and Human Resources (ACHDHR). In 2006, the conceptual framework she developed with Drs. Birch, O’Brien-Pallas and colleagues was adopted by ACHDHR as the guiding framework for Pan-Canadian HHR policy and planning in Canada. Her research has garnered widespread interest from governments and other stakeholders because of its potential to significantly impact HHR planning policy in Canada and abroad. Dr. Tomblin Murphy co-leads national and international research teams consisting of clinicians, health care leaders, senior policy-makers, and researchers from government, universities and health care organizations. Her current projects are in Brazil, Canada, Jamaica and Zambia with future projects planned in other pan-American countries and Africa. Gail worked as a bedside nurse in critical care in her early career days and was the President of the CACCN in 1989.
Noel Pendergast
Noel is a Registered Respiratory Therapist (RRT) educator at the School of Health Sciences, Dalhousie University in Halifax, NS. Noel has been an RRT for over 20 years and has worked in various hospitals in Nova Scotia as well as overseas in the Middle East. Noel has completed his Masters in Public Health with his thesis examining tobacco control in the Middle East. Noel areas of interest include smoking cessation and tobacco control, critical care, and asthma/COPD education. Noel has provided several informative and entertaining learning sessions for the Nova Scotia Chapter of CACCN on a variety of ventilation topics at their chapter education days.

Chris Power
Chris Power began her health care career as a frontline nurse. Over the years she has served in progressively more responsible leadership roles, both in Halifax and at Trillium Health Centre in Ontario, always maintaining the passion and compassion that led her to health care. In 2006, Chris became President and CEO of Capital Health where she provides strategic leadership to an organization that serves the health needs of the residents of Halifax Regional Municipality and West Hants, and patients throughout the Maritimes. Chris holds a Bachelor of Science in Nursing from Mount Saint Vincent University and a Masters in Health Services Administration from Dalhousie University. She is a Certified Health Executive with the Canadian College of Health Leaders and holds a Fellowship in Management for Executive Nurses from the Wharton School, University of Pennsylvania. In 2003, she received the Award for Excellence and Innovation from the Canadian College of Health Services Executives, in 2007 received an Award of Excellence from the Halifax Progress Club. In 2010, she was inducted into the Hall of Fame as one of Canada’s Top 100 Most Powerful Women. Chris has been named one of the top 50 CEOs in Atlantic Canada four times. In 2010, she received the Consumers Choice Award for Business Woman of the Year in Nova Scotia. She holds appointments on several Boards, including Chair of the Association of Canadian Academic Health Organizations. Chris's love of family, strong faith and gift of singing keep her grounded in what's important.

Teddie Tanguay
Teddie has a long history of commitment to CACCN as a member since its earliest days. She is a past president of the Edmonton Chapter as well as a member of the National Board of Directors in the 90’s. Teddie returned once again to the National Board of Directors in 2008 and is the current President of CACCN. She has also chaired past Dynamic conferences in Banff and Edmonton. She has a varied background as a critical care bedside nurse, manager and now as a Nurse Practitioner at the Royal Alexandra Hospital in Edmonton where her knowledge, skills, expertise and compassionate care are highly recognized by both her nursing and medical colleagues. Teddie has provided many interesting advanced clinical topics at Chapter Education Days and Dynamics conferences.

Sponsored Speakers

Melissa Fitzpatrick  **Sponsored by Hill-Rom Canada**
Melissa Fitzpatrick has held a variety of nursing and healthcare leadership roles including Vice President of Critical Care and Cardiac Services at the Dartmouth-Hitchcock Medical Center and Senior Associate Chief Operating Officer and Chief Nurse Executive at Duke University Medical Center. Melissa also served as the Editor-in-Chief of the Nursing Management Journal and then as the Chief Healthcare Strategist at the SAS Institute. Melissa joined Hill-Rom in 2007 as the first ever Vice President and Chief Clinical Officer. She provides domain expertise, thought leadership and clinical guidance to the teams at Hill-Rom as they work to achieve the vision of enhancing outcomes for patients and their caregivers. Melissa serves as a mentor and role model to the hundreds of clinicians across Hill-Rom and works closely with customers to improve clinical and operational outcomes and to reduce preventable adverse events.
THANK YOU TO OUR SPONSORS FOR THEIR GENEROUS CONTRIBUTIONS TO THE DYNAMICS 2013 CONFERENCE

3M Canada, Braun Medical, the Canadian Association of Critical Care Nurses Board of Directors, the Canadian Intensive Care Foundation, Codman Neuro, Draeger Medical Canada, GE Healthcare, Hill-Rom Canada, Philips Healthcare
Paediatric Certification Review Workshop  Maximum 50 participants
This mastery level workshop is for nurses who are planning to take the CNA certification examination or nurses wishing to refresh their paediatric critical nursing knowledge. Workshop material is based on the CNA exam blueprint and study guide. Content covers concepts specific to caring for the critically ill child and family including: physiologic and developmental concepts, pathophysiologic processes, assessment strategies, and treatment options for children whose ailment originates from trauma, medical illness or surgical intervention.

By the end of this session, the participant will be able to:
1. Identify the common acute care needs of children with single and multi system illness or injuries.
2. Discuss important aspects of the cardiovascular, respiratory, renal, neurological, gastrointestinal, endocrine systems.
3. Review the multi-system assessment, clinical aspects and interventions for critical childhood illness and injuries.
4. Describe developmental and family centered approaches to caring for critically ill children and their families.

This course benefits those who have step-down or cross over experience with children in the adult critical care units.
Facilitators: Karen Dryden-Palmer and Ruth Trinier

Adult Certification – Neurological Review Workshop  Maximum 50 participants
This mastery level workshop is for nurses who are planning to take the Critical Care Certification Adult examination through the Canadian Nurses Association or those wishing to refresh their knowledge. Workshop material is based on CACCN Study Guide, as well as the CNA examination blueprint and study guide. During this full day workshop, neurological competencies for the adult critical care examination will be reviewed. Case scenarios will be used to illustrate significant assessment findings, recall normal anatomy and physiology and highlight the management of key neurological emergencies.

By the end of this session, the participant will be able to:
1. Recall major anatomical structures and functions of the brain and spinal cord
2. Perform a neurological assessment
3. Identify critical assessment findings
4. Describe the pathophysiology and evidence-based management strategies for critical care emergencies including:
   a. Acute stroke
   b. Subarachnoid hemorrhage (aneurysm)
   c. Traumatic Brain Injury
   d. Intracranial hypertension
   e. Acute Spinal Cord Injury
   f. Seizures
   g. Autonomic dysreflexia
5. Demonstrate intracranial pressure monitoring and drainage.

This course benefits those who have step-down or cross over experience with children in the adult critical care units.
Facilitators: Brenda L Morgan

Advanced Respiratory Techniques Workshop: Bringing the Science to the Bedside  Maximum 50 participants
This interactive master level workshop is focused on exploring and applying advanced ventilation strategies for critically ill patients. The content of this workshop will reflect current approaches to ventilation in adult and paediatric patients. The session will review respiratory physiology and pathophysiology including gas exchange, ventilation/perfusion mismatch as well as critical disease states including hypoxemic and hypercapnic respiratory failure. There will be a review of basic ventilator types, modes, and waveforms. Specific ventilation strategies to optimize oxygenation and ventilation in critical disease states will be discussed. There will be an opportunity to apply the concepts covered in this session during case studies with the Draeger ventilators.

Objectives:
1. Review respiratory physiology and pathophysiology.
2. Review basic ventilator types, modes, and waveforms.
3. Discuss appropriate action when dealing with ventilator alarm situations.
4. Discuss advanced modes of positive pressure ventilation and their application with hypoxemic and hypercapnic respiratory failure.
5. Apply learning to clinical problems with interactive case studies

Prerequisites: Experienced front line health care personnel - comfortable with caring for ventilated patients
Facilitators: Kathy Johnston and Noel Pendergast

Sponsorship: This session is generously sponsored by Dräger
SATURDAY, SEPTEMBER 21, 2013

1900 – 2100  EARLY REGISTRATION and POSTER SET UP
Registration Desk, Level 1, World Trade and Convention Centre

SUNDAY, SEPTEMBER 22, 2013

BREAKFAST: ON YOUR OWN
0700 – 0750  REGISTRATION
Registration Desk, Level 1, World Trade and Convention Centre
0715 – 0750  MEDLEYS, DANCE AND MUSIC FROM NOVA SCOTIA
Don’t fiddle around...be in your seat in plenty of time to enjoy the opening ceremonies with music and dancing performances from a variety of cultures within Nova Scotia.

0800 – 0935  OPENING CEREMONIES
Keynote Speaker
Team Intelligence in Action: How Critical Care Nurses Can Take the Lead in Creating Genuine Teamwork and Patient Safety
Today many hospitals, practices, health care facilities and educational programs are talking about and moving toward Interprofessional Education, Care, and Practice. The question is: What does it mean to practice, and educate healthcare professionals and others who work in health care in an interprofessional manner? What do you need to know to practice interprofessionally. This talk will focus on the issue of Team Intelligence. It will explain what Team Intelligence is and why it is central to Interprofessionalisms, safe practice, patient safety, and reduction in healthcare costs. The talk will use the creation of Team Intelligence in the Aviation Safety Model (ASM) as an example of how Team Intelligence can be taught and the benefits it can bring. It will argue that Critical Care nurses and other nurses should lead in learning and teaching and role modeling Team Intelligence for better care.
Suzanne Gordon

0945 – 1030  OFFICIAL OPENING OF THE DYNAMICS 2013 EXHIBIT HALL
BREAK: Exhibits, Exhibit Stage and Poster Viewing

1030 – 1115  CONCURRENT SESSION ONE
1A Understanding Nursing Grief in the Paediatric 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, 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

1B Critical Care Obstetrical Care; It Takes a Village To Ensure Quality!
This presentation will use case scenarios to highlight a multidisciplinary initiative to promote excellence in the care of the critically ill obstetrical patient and her baby. Checklists, protocols and care planning strategies will be shared to support colleagues interested in building similar plans within their own facilities.
Brenda Morgan and Nancy Watts

1C Do You See What I See? The Use of Ultrasound in Critical Care
Technology in the critical care arena is continually evolving. Practice changes are based on the development of new equipment and the application of the pre-existing technologies into new frontiers. Ultrasound is a technology that fits both of these criteria. Equipment is becoming smaller and more portable with an easy end-user interface. Within critical care, ultrasound is evolving from a static bedside test performed by technicians to a dynamic test being performed by clinicians in search of immediate answers to clinical questions. This presentation will explore the potential uses of ultrasound within critical care and compare it to current diagnostic modalities. It will describe its strengths, as well as the limitations of the technology.
Mary Mustard and Robert Chen
**CONFEREECE PROGRAM**

**1D Cognitive Contemplations in Critical Care**
Described as a complex invisible process requiring the integration of basic science and medical knowledge accompanied with clinical experience, clinical reasoning is one of the most important components of critical care practice. Because effective and safe patient care depends on sound clinical reasoning, an understanding of how the mind works when processing and retrieving information will improve our ability to learn, teach, and provide care. This presentation will explore knowledge structure and learning approaches that can be used to enhance retrieval of learned information to improve clinical reasoning. Theoretical perspectives as well as strategies to reduce clinical error will also be provided to engage critical care nurses in deliberate practice.

*Pam Hruska*

**1E Shh! Can You Hear It? Quiet Delirium, Quietly Dying**
Hypoactive delirium. A frequently unrecognized and undiagnosed form of delirium. Definition of hypoactive delirium, the impact on the healthcare system, morbidity and mortality, pros and cons of current assessment tools, treatment and prevention modalities.

*Fae Marie Donathan*

**1F The Relationship Between Empowerment, Work Environment, Work Satisfaction, Intent to Leave and Quality of Care of Canadian Nurses**
This presentation will explore a study examining the relationship between empowerment, work environment, job satisfaction, quality of care and intent to leave among ICU nurses in Canada.

*Myriam Breau and Ann Rhéaume*

**1125 – 1215 L1 LUNCHEON SPEAKER**

**Critical Care in the Air**
Have you ever thought about putting the knowledge and skills you have learned in the intensive care unit to the test at 20,000 feet as a member of an air medical transport team? Do you have the courage it takes-knowing that the difference between a good outcome and a bad outcome for your patient depends on your ability to diagnose what is wrong? Do you have the confidence needed to draw upon your past critical care experience and knowledge and combine it with the technical capability to do what is needed in a challenging and ever-changing environment? Have you ever wondered what is it like to be a member of an air medical transport crew? This interdisciplinary presentation from members of the Nova Scotia EHS LifeFlight team will give you a view of what it takes to be part of the air medical crew, as two case studies are presented, one by the adult team and the other from the neonatal-paediatric team. You will come away inspired by the courage, stamina and expertise of these critical care colleagues who put themselves to the test every time they take off. Come listen to their stories of “critical care in the air!”

*Members of the EHS LifeFlight Crew, Nova Scotia's accredited critical care air medical transport program*

**1225 – 1315 L2 LUNCHEON SPEAKER**

**Using People, Process and Technology to enhance Care for Patients and Their Caregivers**
Patient care quality and safety are among the leading issues in the healthcare industry and in the minds of those that we serve. Since the Institute of Medicine reported that 100,000 patients die each year because of errors and preventable adverse events in hospitals, it has become essential that we discuss and validate that the care we deliver is safe and of the highest quality. Doing so requires that all providers use data to drive patient care decision making and that tools are in place to assist them in managing and improving performance. Any successful approach must combine the best in people, process and technology if sustainable quality improvement is to be achieved. Explore how these integral forces can be aligned to care for patients and their caregivers.

*Melissa Fitzpatrick sponsored by Hill-Rom Canada*

**1325 – 1410**

**CONCURRENT SESSION TWO**

**2A Canadian Forces Nursing Officer Clinical Preparedness for Treating Children in Disasters**
Canadian Forces nursing officers (CFNOs) must be prepared to provide life-sustaining interventions for casualties on combat and humanitarian missions, delivered in austere environments with limited resources and staffing. This qualitative research project asked, “How clinically prepared are CFNOs to treat children in disasters?” Interviews were conducted with CFNOs deployed on missions to Afghanistan, Haiti, Pakistan and Sri Lanka between 2002 and 2012. This presentation will share the research findings and the implementation of updated deployable medical facility response plans and annual training exercises.

*Stephanie Smith*
2B End-of-Life Conversations in Critical Care: An Education Intervention for Bedside Practitioners

The provision of evidence based nursing care for patients and family at the end-of-life is thought to have a direct effect on the ongoing health and well being of surviving family and the professional team. Critical care nurses are often called upon to deliver this type of care. The skills required to do so are informally acquired and there are infrequent opportunities for nurses to evaluate their end of life practice. Nurses have described emotional distress associated with their uncertainty in these clinical situations and require novel ways to exercise and develop their competence in end-of-life care. We report on a 3 year capacity building program to address end-of-life care in our unit. The findings of a needs assessment and the resulting end of life education strategies will be shared. The education program utilized high emotional and physical fidelity and focused on communication and family assessment at the end-of-life.

Karen Dryden-Palmer

2C R.A.T. Team to the Rescue: The Development and Implementation of a Rapid Response Program at a Regional Facility

Every day hospital patients experience acute clinical deterioration placing them at risk for permanent disability or death. Research shows that approximately 2/3 of these patients will display physiological signs of worsening condition 6 to 8 hours prior to arresting (Institute for Healthcare Improvement, and Safer Healthcare Now! (2009). Unfortunately, not all of these patients are identified quickly and/or do not receive the support they require. The goal of rapid response programs is to identify deteriorating patients quickly and to implement care strategies to prevent further deterioration and improve overall patient outcomes. This presentation will outline the need for a rapid response program and detail how the Rapid Assessment and Treatment (R.A.T.) Team was born.

Kathy Sassa, Victor Kemble and JoAnne Taylor

2D Taking Charge: Evolution of an ICU Charge Nurse Role

This presentation shares the journey of Charge Nurses (CNs) as they reviewed and revised their role in response to a merger of two adult intensive care units at a tertiary teaching facility in Ontario. CNs met to define the role required in the expanded unit at the new facility with a goal to merge practices from both units, address role variation, and develop a new role to meet staff and operational expectations.

Pamela Westover and Erlene Seaborne

2E CODE BURN!

A patient was using a BBQ when the propane tank exploded. He sustained a 40% burn to the face, upper torso, both arms, and left upper leg. Advanced Burn Life Support (ABLS) guides the assessment and management of burn patients from the scene of the injury to the early, acute phase of care. This presentation includes a review of basic burn path physiology; burn wound assessment and fluid requirements. Provision of key information about the resuscitative phase of burn care will ensure that all ICU nurses can advocate for and meet the unique needs of these critically ill patients.

Julie Airth, Anita Au, Mafalda Concordia, Judy Knighton, Karen Smith, Mitzi Snetsinger, and Melissa Adamson

2F Challenges and Lessons Learned in Assessing Pain in the ICU

Pain assessment the intensive care setting presents an array of challenges. Sedation, ventilation and the non-verbal patient are just the tip of the iceberg. Various uni- and multi-dimensional tools exist to assess patient's pain. The challenge in the ICU lies distinctly in the uniqueness of the patient populations, the pharmacological treatments utilized and most importantly, the reliability and relevancy of the pain assessment tool the bedside RN. After an intensive review of the literature, our community-based ICU of 18 beds selected the Critical-Care Pain Observation Tool to pilot within our facility. This presentation will report findings of our pilot study, along with the systematic review of the literature.

Danielle Dunwoody and Nicole Desmarteaux Halton

1410 – 1455 BREAK: Exhibits, Exhibit Stage and Poster Viewing

1455 – 1540 CONCURRENT SESSION THREE

3A Having Half a Heart: Past, Current and Future Surgical Options-What every ICU Nurse Needs to Know in Caring for Children with Hypoplastic Left Heart Syndrome (HPLS)

Children born with HPLS essentially have only a single ventricle (either left or right) to circulate blood. For all intents and purposes, anatomically they have only half a heart. Only a few short years ago, the surgical options for a child born with this life threatening congenital heart defect were very limited and so was their life. This presentation will describe the evolution of the surgical options over the years while highlighting current and future surgical repairs.

Pat Bryan
**3B A Role for Nurse Practitioners in the ICU: Advocating for Change**

The dynamic and demanding state of critical care often leaves the multidisciplinary team struggling to manage their patients while ensuring availability and excellence is provided to all patients. As critical care nurse, our role is to not only advocate for our patients, but to advocate for ourselves. As highly specialized nurses with advanced education and training we have much to offer patients and their families. One way that we can advocate for our profession is to look to educating critical care nurses as acute care nurse practitioners (ACNPs). The role of the ACNP is innovative and will challenge the boundaries of existing nursing practice, and current health care delivery. While many areas have adopted this role and implemented ACNPs into their teams, there are still areas that have yet to embrace this role. This presentation will strive to demonstrate the benefits of implementing such a role, as well as recognizing the challenges associated.

*Sarah Crowe*

**3C Obstetrical Emergencies 101: High Stakes High Anxiety!**

This session will use a variety of case scenarios to illustrate best practice and essential concepts in the care of obstetrical patients requiring critical care support.

*Brenda Morgan and Nancy Watts*

**3D Do You Dare To…?**

Using the AACN theme “Dare To” as a framework, this interactive presentation will enable participants to identify strategies they can use to optimize their contributions to their patients and their families, their colleagues and to themselves. Approaches to overcoming the barriers that often stop us from achieving our optimal contributions will also be discussed.

*Kathryn Roberts*

**3E Current CRRT Practices in Canadian Hospitals: What a Survey Found**

Background. Acute renal failure (ARF) is a common complication in critically ill patients (Dirkes & Hodge, 2007; Van Bommel, 2003). CRRT has been a treatment modality for acute renal failure for over 20 years. The nursing work with CRRT is highly complex and the learning requirements are challenging (Bellomo, et al., 2005). Critical care and nephrology nurses have developed expert knowledge to meet the demands of practice. Purpose and methods of study: The authors conducted a national survey to gain insight into nursing practices in CRRT. The target population for this survey was ICU nurse educators at Canadian teaching and community hospitals. Preliminary findings. One hundred and twenty-nine surveys were sent out and seventy-three were returned (a response rate of 57%). Thirty-six hospitals (49%) used CRRT and the Prisma Flex® machine was widely employed. This presentation will examine results from the survey in areas such as which patients are started this treatment, reasons for treatment interruption and background experience and readiness required for learning this skill.

*Frances Fothergill Bourbonnais, Sharon Slivar and Sue Malone-Tucker*

**3F ICU Discharge Pathway as a Means for Patient and Family Empowerment**

ICU patients experience significant psychological, emotional and physical stress during their admission. Stay in ICU can be a time when hypervigilance of constant monitoring, team rounds, medical interventions and loss of control can greatly affect the well-being of patients and their families. Patient transfer out of ICU feelings can create of helplessness, distress and anxiety. Discussion and development of a structured and focused model of transfer planning could decrease the incidence of significant impairments for patients and their families. This presentation will explore possible strategies to support patients and families in this transition.

*Jacquie Odiorne and Leanne Gosse*
CONFERENCE PROGRAM

MONDAY, SEPTEMBER 23, 2013

BREAKFAST: ON YOUR OWN

0700 – 0755
REGISTRATION
Registration Desk, Level 1, World Trade and Convention Centre

0800 – 0855
PLENARY SPEAKER
Message Matters
Technology offers unprecedented scope for communication. Individuals and groups obsessively “communicate --- the messages range from trivial chatter to sinister propaganda. As the volume increases, it becomes more difficult to be heard and tactics for getting attention become more imaginative, more aggressively manipulative. The challenge isn’t to be heard, but to be listened to and taken seriously. The key to that achievement will be found in principles that predate the technology of communicating --- respect, consistency and truth.
Linden McIntyre

0855 – 0905
WELCOME FROM THE CANADIAN NURSES ASSOCIATION

0905 – 0950
CACCN Awards Ceremony
Share in congratulating your colleagues in critical care on their achievements

0950 – 1030
BREAK: Exhibits, Exhibit Stage and Poster Viewing

1030 – 1115
CONCURRENT SESSION FOUR

4A Hearing from the Silent: Patients Experiences of Family Presence During Resuscitation
A review of a philosophical hermeneutic study that explored patient’s experience of family presence during resuscitation. The findings provided an understanding of the patient’s experiences of FPDR and this study suggests that FPDR can continue to evolve and be integrated into practice.
Michael Metzger

4B Cerebrovascular Pressure Reactivity Monitoring: Determining Optimal Cerebral Perfusion Pressure in Traumatic Brain Injury
Traumatic brain injury impacts patients and their families in an often devastating way leading to long term disabilities or death. Advanced neuro-monitoring of the critically ill traumatic brain injured patient is important to prevent secondary ischemia and hypoxic injury in the days following trauma. One new modality is cerebrovascular pressure reactivity monitoring. Pressure reactivity is a key component of auto regulation; auto regulation is the capacity of the brain to regulate its blood supply in accordance with its underlying functional or metabolic needs. This technology allows the clinician to tailor the cerebral perfusion pressure to the individual patient’s needs. This presentation will review the physiology behind this technology as well as how it is used clinically at the bedside.
Kathryn Holodinsky

4C Critical Care Nursing in Haiti
Our trip to Haiti is scheduled for March of 2013. There are many questions that are arising as we prepare for this trip. Can Medishare maintain their vision and energy, to create change that is meaningful over a prolonged period of time? Can their vision be translated over time to multiple teams who stay in Haiti for only one week? Are the teams providing relief and development, or relief for development? What education pre-deployment will be provided to communicate Medishare’s vision? These are some of the types of questions we will explore and hope to answer after travelling to Haiti March 2013.
Carrie Homuth and Ann Doll
4D Data Collecting to Direct and Track Quality and Care Improvements: The Experience of One ICU
A look at how data collection focusing on processes and patient care can be used to identify areas for improvements. Data collection centered on process and care can provide targets for improvement thus allow for positive changes that ultimately improve care delivery and patient outcomes.

Alana Harrington Mary Mustard, Ellen Lewis, Angelo Cruz and Mark Kataoka

4E Implementation and Impact of a Program to Improve Sedation Practices and Delirium Screening in a MSNICU
Analgesia and sedation are essential in the ICU to ensure patient comfort and treatment. However these drugs have adverse effects: excessive sedation interferes with physical therapy, timely liberation from the ventilator prolonging ICU and hospital stay. For these reasons sedatives should be used judiciously in all patients. We describe a two-step plan to improve sedation practices in our mixed MSNICU. First we implemented a bundle for coordinating daily spontaneous awakening trial (SAT) and spontaneous breathing trial (SBT), delirium monitoring, and early mobilization (ABCDE). Second, we introduced a sedation protocol of assessment and intermittent administration of pharmacologic agents, with a specific focus on assessing pain, agitation and delirium (PAD tool). We report the challenges and successes of implementing such protocols, as well as patient-centered clinical outcomes.

Mandy Sivananthan and Jennifer Bell

4F Pathways to Specialty Practice: An Innovative Education/Practice Partnership
In response to an emerging shortage of critical care nurses at the Capital Health District sites, the Chief Nursing Officer and the Dalhousie nursing faculty met to discuss how we could collaborate to narrow the gap between a generalist preparation and service sector needs. Using an opportunity funded by the Nova Scotia Department of Health and Wellness for co-op placements for nursing students, we designed an approach that would stream students who expressed an interest in acute care practice through existing courses in the undergraduate curriculum and then offered a limited number of co-op placements to high achieving students. Placements were selected to provide students with experiences with high acuity patients under the supervision of staff nurse preceptors. The ultimate objective is to provide students with knowledge and skills that prepare them for success in post-graduate critical care courses and readiness for a critical care practice. This panel presentation will describe the experience of students, faculty and the agency and report on initial outcomes of the approach.

Mary Ellen Gurnham, Shauna Houk and Nursing Students from Dalhousie University School of Nursing

4G Get Your Sim Face On! (Paediatric)
During this semi-scripted simulation session there will be an opportunity for approximately 15 participants to practice a paediatric scenario while other members of the audience observe the interaction. Not only is this session designed to enhance your understanding about simulation, the role of the assessor during simulation and the importance of debriefing, it is guaranteed to be an entertaining method of enhancing your leadership, strengthening interprofessional teamwork and improving communication skills in crisis situations that are regularly part of any paediatric ICU.

Note: This is not a “hands on” simulation session as has been offered in previous years. Fifteen (15) participants from the audience will be provided the opportunity to participate in a semi-scripted scenario. The only previous experience you need is to be a critical care nurse!

Stephanie Watton and Kathy Johnston

CONCURRENT SESSION FIVE

5A Can Our Resuscitation Efforts Be Resuscitated?
Successful resuscitation depends on multiple factors - the knowledge, skills, and teamwork of health care providers all factor in for optimizing patient outcomes. Initial actions of first responders are crucial delays in basic ABC’s (airway, breathing, circulation) can lead to poor outcomes. Simulations of emergency and arrest scenarios have assisted in providing additional opportunities to expose staff to clinical emergencies and regrettably mock code data consistently demonstrates delays in initiation of chest compressions, application of oxygen and time to defibrillation. Traditional resuscitation education for health care teams (basic life support and advanced life support) deteriorates after as little as 6 weeks. This presentation describes an intervention to optimize the resuscitation skills of health care providers through the use of simulation, deliberate practice and adaptation of basic and advanced life support skills to the clinical practice environment.

Karen LeComte and Heather Brasset

5B What Are We Waiting For? Say ‘No’ to Iatrogenic Pneumothorax!
This radiograph case-based interactive discussion will examine the incidence, implications and prevention of iatrogenic pneumothorax during feeding tube placement. If you don't have a prevention protocol or don't believe you need one, this session is for you!

Brenda Morgan
“Got You Surrounded” - An Exploration of Issues Associated with Pericardial Dysfunction in Postoperative Cardiac Surgery Patients

The pericardium is a fibroelastic sac made up of visceral and parietal layers separated by a (potential) space. Issues with the pericardium are common following cardiac surgery and can result in conditions that range from benign to life threatening. Astute nursing assessment can be vital in identifying when pericardial dysfunction is hindering recovery of patients post cardiac intervention. The critical care nurse plays an important role identifying patients with pericardial dysfunction, managing resulting hemodynamic changes and monitoring the effects of therapies aimed at resolving pericardial dysfunction. This presentation will assist the nurse to hone assessment skills useful in monitoring and managing post cardiac surgery patients with pericardial dysfunction.

Glenda Pack

Strategies to Reduce Risk When Administering Multiple Intravenous Infusions: Research and Recommendations from a Provincial Study

Critical care nurses are required to administer and manage an increasing number of intravenous (IV) infusions for their patients. The risk of error increases with each additional infusion at the bedside for a variety of reasons, including physical complexity (e.g., tangled IV tubing) and cognitive demands (e.g., drug compatibility). Minimal systematic research has been conducted to identify IV infusion errors and their contributing factors in multi-infusion environments. Thus far, efforts to improve safety tend to focus on single infusions and fail to account for the unique risks associated with multiple infusions. This presentation aims to empower nurses to critically review their practices and environment for the administration and management of multiple IV infusions. Findings from a multi-year study will describe risks specific to the administration of multiple IV infusions, and provide clinical practice, technological and training-related recommendations to improve patient safety.

Mark Fan

Advocating for Haitian Cultural Considerations with Organ and Tissue Donation

Registered nurses need to understand the cultural nuances that can influence a family's decision to donate their deceased member's organs and tissues. Previous studies suggest lack of information, fears, and prejudices prevented some cultural minorities from donating. A qualitative descriptive design was used to explore knowledge, beliefs, and attitudes toward organ and tissue donation (OTD) among adult Haitians. The presentation will discuss how participants' knowledge about OTD was influenced by media, personal beliefs, experience and level of trust in the healthcare system and recommendations on how to address OTD issues. The presentation will underscore the need to identify a starting point for an OTD discussion and the use of tailored nursing interventions. If the belief system is contrary to OTD, the discussion should focus on grief and loss.

Wendy Sherry, Bernard Tremblay and Andrée Maria Laizner

Dare to Mentor-Inspiring Others to Excel

Using the framework of the Synergy Model for Patient Care, this session reviews the concept of mentorship as it applies to critical care nursing practice and examines how to apply its attributes to inspire others to excel. The concepts of mentor and preceptor are compared and contrasted and the advantages of mentoring are highlighted. Case studies illuminate positive and negative mentoring situations. The participants are encouraged to engage in dialogue about strategies used in successful mentoring, including methods to transition from the mentor/protégé relationship to one of peers/colleagues.

Monica Simpson and Janis Smith-Love

Palliative and Therapeutic Harmonization (PATH): A New Model for Optimizing Care for Older Adults

PATH clinical program addresses and organizes the complexity and challenge of frailty. This program assists individuals over the age of 65, as well as their families to learn how to make health care decisions that support the patients’ health and quality of life. As individual’s age, they often experience multiple health problems which results in frailty. Frailty means that older individuals often experience more difficulty recovering from illnesses and injuries than people who are healthier. Actually some interventions can worsen their overall health status and quality of life. The PATH Clinic goal is to assist patients and families to understand these issues in relation to their own health status and learn to ask the right questions as new health problems emerge. This way, they can realistically consider the risks and benefits of potential treatments and make wise decisions.

Christina McNamara

From Little to Large - How Important are Tidal Volumes? Innovations in Mechanical Ventilation

There is a growing body of evidence that smaller tidal volumes are beneficial for all ventilated adult patients regardless of their diagnosis. As well, tidal volume measurement and ventilation is becoming more common in neonates and paediatrics. This presentation will focus on innovations in mechanical ventilation across all age groups. Discussion will be held on strategies for mechanical ventilation in the critical care environment.

Kathy Johnston and Noel Pendergast
Elaine Doucette, Danielle Brandys, Tieghan Killackey, Annie Coulter, Meghan Daoust, Joanna Lynsdale, Emma Millson-

Approximately 20% of patients who are admitted to critical care units will die. If we compare the complexity of treatments

Janet Knox, President & CEO, Annapolis Valley District Health Authority and Chris Power, President & CEO,

Moral distress occurs when a healthcare professional perceives that their personal and professional obligations are in conflict

1415 – 1500

or LUNCH:

Join in for an informative presentation as two CEOs from Nova Scotia who are nurses share their thoughts on health system

Nurses as Health Care System Leaders - Two CEOs Speak

Join in for an informative presentation as two CEOs from Nova Scotia who are nurses share their thoughts on health system

1315 – 1405

or LUNCH:

or LUNCH:

CONCURRENT SESSION SIX

L4 LUNCHEON SPEAKER

CEO Panel

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Nurses as Health Care System Leaders - Two CEOs Speak

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6F The Benefit of Focus Groups: The Experience of Critical Care Nurses Who Participated in a Needs Assessment

The intent of this presentation is to discuss the unanticipated benefits focus group discussions had for nurses in a community hospital and referral hospital. Focus groups were conducted as part of a needs assessment exploring the different elements that impact care of critically ill patients in the community, including the relationship between a community hospital and a referral hospital to identify system-level and educational gaps that could be addressed to improve care. In addition to providing rich data on the different elements that impact the care of critically ill patients, the focus groups provided a venue for nurses to share their experiences, gain a better understanding of the system and build a collective vision for patient care.

Angele Landriault and Frances Fothergill Bourbonnais

6G Shattering the Silos: The Use of Simulation to Strengthen Interprofessional Collaboration in the ICU

During this session, interprofessional facilitators will guide and support you through an interactive adult simulation scenario where you will learn why it is crucial for all ICU team members to learn with, from and about each other. Through a better understanding of individual roles, and leveraging specific knowledge and skills, team members are better able to work interdependently toward achievement of improved patient outcomes.

Note: This is not a “hands on” simulation session as offered in previous years, however if you ever wanted to see first-hand how using simulation can enhance your practice then this is the session for you to attend! A select number of participants from the audience will be provided the opportunity to play a number of roles while the rest of the audience will be asked to provide feedback. The only previous experience you need is to be a critical care nurse.

Valerie Banfield, Kelly Lackie, Barbara Fagan, Noel Pendergast and Narendra Vakharia

Thank you to BBraun Medical, Draeger Medical Canada, Hill-Rom, and Philips for providing equipment

1500 – 1540
Break: Exhibits, Exhibit Stage and Poster Viewing

1540 – 1630
Plenary: CACCN 30th Anniversary Speaker
Critical Care Nursing – 30 years of Advocacy for Patients, Families and Nurses

This year, 2013, CACCN celebrates 30 years of advocacy for patients, families and nurses. Critical Care Nursing has changed over the last 30 years. Technology, caring practices, the environment, educational strategies, and the relationships of professionals have all changed. This presentation will highlight these changes while celebrating the contribution of critical care nurses to the care of patients, families and the profession of nursing.

Francis Loos

1830
CACCN Annual Dinner

Denim, Diamonds and Pearls

Join us for Denim, Diamonds & Pearls in honour of CACCN’s 30th Anniversary. Don your favourite jeans...add some dazzling “bling” and pearls and you will be sure to sparkle as you dance the night away to the sounds of the Big Fish band and 300 of your closest friends!

Cocktails: 1830 hrs  Dinner: 1900 hrs
Tickets: $70 per person  (cash bar available)

CACCN will be recognizing GE Healthcare at the Annual Dinner for their continuing and generous support of our educational program for Dynamics conferences
TUeSDAY, SePTeMBER 24, 2013

0745 – 0815  
REGISTRATION  
Registration Desk, Level 1, World Trade and Convention Centre

0815 – 0900  
CONCURRENT SESSION SEVEN

7A  ‘I’m just a Bedside Nurse’: Reflections on Expertise  
This presentation will review current literature describing the ability of the expert nurse clinician to positively impact outcomes through surveillance, knowledge informed judgment and intervention in the critically ill patient. Further discussion will include video reflections of key stakeholders; patients, families, peers, and ancillary disciplines; as they consider the importance of nursing expertise at the bedside.  
Ruth Trinier and Lori Liske

7B  Improving the Management of Delirium  
This presentation will highlight the delirium CQI project of a large tertiary ICU (adult). Tools developed (screening, bedside assessment tips, prevention poster, delirium management protocol); educational strategies used (website, e-learning, FAQs) and documentation methods implemented will be shared. The results of two prospective studies will also be reported including: a) healthcare providers’ perception of delirium management before implementation of routine screening, after implementation of routine screening and after implementation of a delirium management protocol; and b) the incidence of delirium in a mixed adult medical-surgical-trauma ICU.  
Brenda Morgan, Claudio Martin, Amber Davis, Sherri Barton, Julie Esbaugh, Elke Bohdanowich and Jennifer Barr

7C  Out from Under the Covers: An Exploration of Critical Care Nurses’ Experience of Night Shift Fatigue and Workplace Napping  
Fatigue is known to negatively impact workplace health and safety. The critical care setting amplifies the concern, as patients have limited physiological reserve to compensate for errors. Shift work is a key contributor to nurse fatigue. Evidence supports the use of workplace napping to help mitigate the negative effects, yet it has not been widely adopted by nursing. The purpose of this feminist interpretive phenomenological study was to explore the experience of night shift fatigue and napping in a group of critical care nurses. Findings suggest that fatigue affects how nurses perceive their ability to provide safe care and to safely drive home. They describe an experiential method of learning to reduce this threat, with fatigue management being a personal responsibility with minimal professional or organizational support. Workplace napping offers a strategy to manage night shift fatigue and to manage the fear of the detrimental effects on their patients and their personal safety.  
Karen Webb-Anderson

7D  Reduction in Vent Days after Adopting a New Sedation Scale and an Intense Education Effort Emphasizing Lighter Sedation Goals  
This presentation will explore a nursing driven performance improvement project to institute best practice in the sedation of mechanically ventilated patients including the adoption of a new, more precise sedation scale and intense re-education of ICU RNs.  
Richard Simpson, Rachael Gubbins, Barbara Rice, Amy Carissimo-Harris, Jayne Diehl, Eileen Luley, and Carolyn Carleo

7E  Nurses’ Experiences of Working with Individuals with Chronic Critical Illness and their Families in Intensive Care Units  
Chronic critical illness (CCI) is a complex syndrome of refractory respiratory failure requiring prolonged mechanical ventilation. Patients have a 50% risk of dying in hospital, and if they survive, are found to have poor outcomes. Despite this, limiting aggressive treatment is often only when patients are imminently near death. Our purpose was to explore how nurses perceive their work with patients with CCI and their families. This presentation will review the findings from this study including how nurses may require continuing education and institutional support to improve their communication and confidence to mitigate tension with families of patients who have CCI.  
Doris Leung, Margaret Blastorah, Linda Nusdorfer, Angie Jeffs, Doris Howell, Lise Fillion and Louise Rose

7F  Advocating for Comprehensive Post-Resuscitation Care  
Caring for the patient post cardiac arrest does not end at return of spontaneous circulation. For nurses in the intensive care unit often this is when care begins. Recent studies have linked specific care therapies to improved survival and neurological recovery and the American Heart Association has included these strategies in their post-resuscitation guidelines. This presentation will provide front line nurses with the basic knowledge of these strategies, including temperature control, treatment of coronary syndromes, ventilation criteria, optimizing organ perfusion and assessment of recovery. This knowledge will assist nurses to advocate for care strategies that result in good patient outcomes.  
Heather Harrington
7G  Shattering the Silos: The Use of Simulation to Strengthen Interprofessional Collaboration in the ICU  (Adult)
During this session, interprofessional facilitators will guide and support you through an interactive adult simulation scenario where you will learn why it is crucial for all ICU team members to learn with, from and about each other. Through a better understanding of individual roles, and leveraging specific knowledge and skills, team members are better able to work interdependently toward achievement of improved patient outcomes.

Note: This is not a "hands on" simulation session as offered in previous years, however if you ever wanted to see first-hand how using simulation can enhance your practice then this is the session for you to attend! A select number of participants from the audience will be provided the opportunity to play a number of roles while the rest of the audience will be asked to provide feedback. The only previous experience you need is to be a critical care nurse!

Valerie Banfield, Kelly Lackie, Barbara Fagan, Noel Pendergast and Narendra Vakharia
Thank you to BBraun Medical, Draeger Medical Canada, Hill-Rom, and Philips for providing equipment

0910 – 0955  CONCURRENT SESSION EIGHT

8A  Responding to Moral Distress in ICU
In this presentation, a brief historical overview of the concept of moral distress will be provided, differentiating it from other types of ethical concerns. The literature related to moral distress as experienced by nurses working in intensive care unit settings will be examined and the identified causes of nurses’ distress will be discussed. A particular focus of the presentation will be an exploration of possible responses to the situations that cause critical care nurses to experience moral distress.

Marie Edwards

8B  The Critically Injured Elderly: Not Just Another Trauma Patient
Seniors present with different mechanisms of injury, falls being the most frequent injury in the population over 55 years; seniors also have much greater injury from apparently insignificant trauma mechanisms. When comparing high energy mechanisms, such as motor vehicle collisions, to low energy mechanisms mortalities are similar, as well as development of long term disabilities. It is therefore important for critical care nurses to have a solid understanding of the results of trauma in the elderly. This understanding needs to incorporate knowledge of the differences of ageing physiology and the impact these differences have on both injury and treatment. This presentation will include a case-based approach to traumatic injury and treatment of the elderly. Differences in physiology of ageing will be integrated through each case.

Tricia Bray and Susan Gerritsen

8C  Suffering: A Gift or a Burden?
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, through reflective and creative activities. Conclusions about the merit of suffering as a burden and a gift will be summarized.

Colleen Breen

8D  Sustained Low Efficient Dialysis (SLED): A New Look at Renal Replacement Therapy
Out with CRRT and in with SLED! Two years to plan, pilot and implement SLED that is run entirely by the critical care nurse in our ICU.

Deborah Dalton Kischel and Sharon Slivar

8E  A Healthy Work Environment: Dare to Shatter the Cone of Silence
A healthy work environment and silence are like oil and water. Yet nurses often hide under a cone of silence. It feels familiar and protective, even as it endangers patients and their families, makes us dissatisfied with our jobs and keeps us from creating a healthy work environment. Shattering a cone of silence takes courage and daring. But compelling evidence from major studies of silence among critical care nurses and our perception of healthy work environments tells us it’s the right thing to do. What does the evidence show? What does shattering the cone require of us?

Ramón Lavandero and Kathryn Roberts
8F Lightening Our Load: Nursing Support with Family Members of Critically Ill Cardiac Patients

Recently, the theory of ICU nursing support was revealed from the perspective of family members of critically ill patients. However, no CCU or CV-ICU family members volunteered for this study. Is their experience of nursing support different? To address this gap, a grounded theory study was undertaken, targeting the perceptions of family members of critically ill cardiac patients. Seventeen family members representing 15 families were recruited from three hospitals in Western Canada. The essential aspects of the theory of nursing support were reconfirmed and further refined, in particular as it relates to family work. Differences between the experiences of ICU and CCU/CV-ICU family members were related to differences in degree but not in kind. This health promotion theory provides guidance to CCU/CV-ICU and ICU nurses in their interventions and interactions with family members, and supports flexible visitation practices and the development of interventions amenable to testing.

Virginia Vandall-Walker

8G Get Your Sim Face On!

During this semi-scripted simulation session there will be an opportunity for approximately 15 participants to practice a paediatric scenario while other members of the audience observe the interaction. Not only is this session designed to enhance your understanding about simulation, the role of the assessor during simulation and the importance of debriefing, it is guaranteed to be an entertaining method of enhancing your leadership, strengthening interprofessional teamwork and improving communication skills in crisis situations that are regularly part of any paediatric ICU.

Note: This is not a “hands on” simulation session as has been offered in previous years. Fifteen (15) participants from the audience will be provided the opportunity to participate in a semi-scripted scenario. The only previous experience you need is to be a critical care nurse!

Stephanie Watton and Kathy Johnston

0955 – 1045 BREAK: Exhibits, Exhibit Stage and Poster Viewing

1045 – 1145 PLENARY: PANEL DISCUSSION

Families are NOT Visitors in the ICU Shattering the Remaining Myths about Family Presence in the ICU

A culture of “person and family-centred care” (PFCC) in the ICU is about engaging patients and families as full and active partners in care with the health care team. The benefits to critically ill patients when family is present at the bedside have been well established, yet many of our critical care units continue to pose barriers to families being with their loved one. Families are not “visitors” in the ICU is a fundamental concept that critical care nurses must embrace to demonstrate the kind of leadership and advocacy that is needed to improve the family’s experience and ultimately the outcome for patients. Is your ICU family friendly? Are you following best practices for PFCC? In this panel presentation you will hear firsthand the lived experience of a patient and the candid perspectives of families from both adult and paediatric settings. In addition, a bedside Intensive Care Nurse and Liz Crocker, a noted expert in PFCC and author of Privileged Presence will contribute her expertise to the discussion and challenge you to reflect on your practice and the PFCC culture within your ICU.

Mark Black, Liz Crocker, Yarrow Gillis, Paediatric Family Representative, Denise MacIntyre, RN PICU and a Family Representative from the adult ICU

1155 – 1245 LUNCHEON SPEAKER

Motivating Advocacy: Empowering Change through Evidence

The session will focus on how understanding the health needs of people, and the factors that influence them, can be used to inform changes and decisions within health care. Innovative ways to align the health care needs of people with the services available to them will be discussed, with an emphasis on how the voices and experiences of critical care nurses can influence changes in outcomes for people, providers, and the health care system more broadly.

Gail Tomblin Murphy

OR LUNCH: Exhibits, Exhibit Stage and Poster Viewing

1255 – 1345 LUNCHEON PANEL

Developing a National Presence - Speaking from Experience on Issues in Critical Care

Critical care nurses are the single professional role which is present throughout all care processes and is a main presence in the minute-to-minute bedside care of patients. Critical care nursing resides in the intimate, mundane and salient moments of care which unfold daily in every ICU across the country. As a result, critical care nurses as the most constant care providers to patients and families are uniquely positioned to provide an essential perspective on issues of national importance in critical care. CACCN as the voice for excellence in Canadian critical care nursing in Canada has the power to harness the experience, perspective and collective wisdom of critical care nurses across the country to influence policy and legislation and to advocate for processes and regulations that advocate for patients, families and improve the work life of the health care team. Critical care nurses can inform on the impact and weight issues have on the patient, family, substitute decision makers and the health care team. In this panel discussion, past, present and future Presidents of CACCN will share their experience in developing a national presence to enable the voice of critical care nurses to be heard on issues of importance in critical care.

Karen Dryden-Palmer, Kate Mahon, and Teddie Tanguay
**CLOSING SPEAKER**

**Live Life from the Heart™ - Four Keys to Live and Work with Passion and Purpose**

Too many people go through life going through the motions and living on autopilot, but passionate people are productive people. Mark will share the incredible story of how he went from a hospital bed to a marathon finish line in less than three years and the principles he learned along that path that can help you to excel. Mark will share the four life changing principles that he learned while living in a hospital near death. As Mark says, “There is nothing like coming close to death to teach us about how to live.”

*Mark Black*

**CLOSING CEREMONIES**

**Invitation to Dynamics 2014 – Quebec City, QC**

**OFFICIAL CLOSING DYNAMICS 2013**
1. Hearing from the Silent: Patients’ Experiences of Family Presence During Resuscitation  
   Michael Metzger

2. Improving Patient and Family Experience of Transfer from a Level II ICU to a Ward by Understanding and Reducing Stressors  
   Lianne Hogan, Widad Abdulwahab, Biji Thomas, Liseth McMillan and Anita Au

3. Central Vascular Catheter Care in the Bum-ICU: What to Do When the Transparent Dressing Just Won’t Stick?  
   Karen Smith, Sandeep Girn, Judy Knighton, Anita Au and Melissa Adamson

4. Barriers that Delay Achievement of Target Cooling Goal in Post Cardiac Arrest Adult Patients: A Retrospective Chart Review  
   Sarah Shepherd

5. Importance of Nursing Advocacy When Implementing Technology in Critical Care: Our Experience with Novalung® iLA Device  
   Shirley Lee, Lisa Stamnes, Sherly Mathews and Catherine Rodriguez

6. Implementation Factors Which Enhance Integration of Complex Clinical Interventions  
   Karen Dryden-Palmer, Kristen Middaugh and Christopher Parshuram

7. Nurses of Many Talents: Post-pyloric Feeding Tube (PPFT) Insertion by Nurses in a Regional Adult Burn Centre  
   Jaymie Anne Lim, Katelynn Maniatis, Anita Au, Karen Smith, Melissa Adamson, Judy Knighton, Kim Furtado and Beth Linesman

8. Transfer of Accountability: Improve Patient Safety on Transition from ICU to Patient Care Units  
   Barbara Duncan, Melissa Adamson, Anita Au and Nicky Holmes

9. To Evaluate the Effectiveness of Current Methods Used to Disseminate Information from the Education Practice Council to Nurses  
   Maggie Bean, Barbara Duncan, Anita Au, Melissa Adamson, Nicky Holmes, Allyson Mustos and Reena Morar

10. Nurses Empower Families and Patients with Spinal Cord Injuries  
    Susan Young, Barbara Duncan, Nicky Holmes and Anita Au

11. Use of a Silicone Border Foam Dressing to Prevent Sacral Pressure Ulcers in the ICU  
    Kathleen Przybyl

12. Shattering the Silence: Overcoming Communication Barriers with Non-verbal Patients in the Intensive Care Unit  
    Karen Jensen, Kathie Alary, Patricia Berger, Theresa Chipperfield, Gurmeet Mann, Luauna McCartney and Reena Parhar

13. Webinars: A New Approach to Meeting the Educational Needs of Nurses  
    Karen Wannamaker, Cecilia Santiago and Orla Smith

14. Multi-component Bereavement Program in the MSICU: Results of a Pilot, Observational Study  
    Cecilia Santiago, Christine Lee, Maria Teresa Diston, Rose Piacentino, Jamie Villeneuve and Orla Smith
15. Team Building in the Medical Surgical Intensive Care Unit
   Cecilia Santiago, Karen Wannamaker, Franca Nolan, Jasmine Soliven, Christine Lee, DeJaun Sutherland
   and Elizabeth Butorac

16. Shattering the Silence: Let the Team Get With It
   Marie Aue and Juanita MacIsaac

17. Did You Say You Have Chest Pain?
   Marie Aue

18. Shhh!!! Promoting Patient Sleep in the ICU: The Role of the Bedside Nurse as Advocate
   Sarah King

19. Seizures Post-Cardiovascular Surgery in the Intensive Care Unit: A 3-year Review
   Alana Harrington, Mary Mustard, Ellen Lewis, Angelo Cruz and Mark Kataoka

20. “Under Pressure” – Wound Care for the High Risk ICU Patient
   Ingrid Daley, Adrienne Nelson, Sarah Haimes, Linda McCaughey, Kwai Lau, Voula Grigoridis,
   Christine Minerva, Sharran Wong, Pam Rowan, Theresa Zamora, Morrisa McCreavy, Sandra Thant,
   Elizabeth Gordon, Nancy Parslow, Denise Morris and Hanora O’Connell

21. Implementation of Lakeridge Health’s Corporate Resuscitation Strategy
   Shelley Hynes
Air Canada is the official airline for the 2013 Dynamics of Critical Care Conference in Halifax, Nova Scotia. Travel must be booked via the Air Canada website at www.aircanada.com to use the discount code. CACCN/Dynamics 2013 Air Canada Discount Booking Code: XF6KXXA1

Delta Barrington / Delta Halifax
1875/1990 Barrington Street, Halifax, NS ~ Telephone: 1-888-423-3582
or Email: hal.reservations@deltahotels.com

Quaint neighborhoods, bustling shops, historic pubs and sea breezes all await you in delightful Halifax, Nova Scotia. Situated in the city’s heart, the Delta Barrington and Delta Halifax are perfect for your conference stay. These downtown hotels are only steps away from the World Trade and Convention Centre and all that Halifax has to offer!

The Delta Barrington and Delta Halifax are the host hotels for Dynamics 2013. Dynamics 2013 is being held at the World Trade and Convention Centre.

Delegates may book accommodation at either the Delta Barrington or the Delta Halifax.

Reservations:
Reserve online on the CACCN Website at www.caccn.ca
Telephone: 1-888-423-3582 or Email: hal.reservations@deltahotels.com

Booking Codes:
Delta Barrington: Please quote “Canadian Assoc. of Critical Care Nurses” or Block Code “BACCCN”
Delta Halifax: Please quote “Canadian Assoc. of Critical Care Nurses” or Block Code “HACCCN”

- Accommodation is available until the room block is full or August 19, 2013, whichever occurs first.

Guest Rooms Per Night:

<table>
<thead>
<tr>
<th>Room Type:</th>
<th>Rates From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single/Double (2 double beds)</td>
<td>$219.00 night plus 2% marketing levy and 15% HST</td>
</tr>
<tr>
<td>Extra persons</td>
<td>Add $15.00 per night per person (max 4 persons per room)</td>
</tr>
</tbody>
</table>

Book Early, as the Room Block Sells Out Quickly!
IMPORTANT INFORMATION

REGISTER
- First choice options are not guaranteed and are issued on a first come, first served basis

REGISTER EARLY!
- Registration will NOT be available on-site at the Conference Venue
- ONLINE REGISTRATION is available at www.caccn.ca
- Registrations are not complete / confirmed until full payment is received.
- Mailed registrations should be sent to reach National Office by the registration deadlines.
- CACCN/Dynamics will not be responsible for applications held up or lost in the mail.
- Registration confirmation will be provided via email only.

EARLY BIRD – DEADLINE MIDNIGHT EST – AUGUST 16, 2013
- Registration/payment are received on or before midnight EST – August 16, 2013.
- Mailed applications must be postmarked prior to August 16, 2013.

REGULAR – ENDS MIDNIGHT EST – SEPTEMBER 5, 2013
- Registration/payment are received on or before midnight EST – September 5, 2013.
- Mailed applications must be received by September 5, 2013 to be processed. No further registrations will be accepted after September 5, 2013.

CACCN MEMBER CRITERIA

Member Rate
- The delegate must have a CURRENT CACCN membership prior to conference registration or JOIN at the time of 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.
- 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
- Coupons may ONLY be used for EARLY BIRD Conference Registration
- Tuition discounts are NOT applicable on Pre Conference Registration
- Coupons may only be used by CACCN Members
- Coupon code must be entered at the time of online registration exactly as provided
- Coupon codes may only be used once
- Mailed/faxed applications: attach tuition coupon to the registration form
- Refunds will not be provided for coupons not used at the time of registration
RECEIPTS

- Will be included in the conference registration package provided at the Conference venue.
- Receipts are issued for the tuition portion/taxes of the conference registration fees only.
- **Dynamics will not issue receipts prior to the conference.**
- **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.

CANCELLATION POLICY

- Cancellations will only be accepted in writing via mail to Dynamics 2013, 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 date.
- A 20% cancellation fee will be withheld from the full value of the registration fees if written notice of cancellation is received prior to midnight EST on September 5, 2013.
- No refunds will be issued for cancellation after September 5, 2013.

PHOTOGRAPHY AT THE CONFERENCE

There will be a professional photographer at the conference taking candid and impromptu photos of proceedings. Photographs may be taken during sessions, special events, and breaks at the conference. If you do not wish to be photographed, please move from the area where the photo is being taken. Dynamics and CACCN will endeavour to respect your wishes however delegates should be aware, photographs taken at the conference may be used in CACCN publications (print, website, etc).

FRAGRANCE 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.

TUITION FEES

<table>
<thead>
<tr>
<th></th>
<th><strong>SAVE • SAVE • SAVE</strong></th>
<th></th>
<th><strong>REGULAR RATE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>EARLY BIRD RATE</strong></td>
<td><strong>Payment received by August 16, 2013</strong></td>
<td><strong>REGULAR RATE</strong></td>
<td><strong>Payment after August 16, 2013</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>MEMBERS</strong></td>
<td><strong>NON-MEMBERS</strong></td>
<td><strong>STUDENTS</strong></td>
</tr>
<tr>
<td>Pre Conference</td>
<td>$130</td>
<td>$230</td>
<td>N/A</td>
<td>$130</td>
</tr>
<tr>
<td>(Sat, Sept 21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dynamics Conference</td>
<td>$450*</td>
<td>$650*</td>
<td>$235*</td>
<td>$495*</td>
</tr>
<tr>
<td>2013 (3 days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Day Tuition</td>
<td>$345*</td>
<td>$545*</td>
<td>$175*</td>
<td>$425*</td>
</tr>
<tr>
<td>(any two days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Day Tuition</td>
<td>$200*</td>
<td>$400*</td>
<td>$100*</td>
<td>$240*</td>
</tr>
<tr>
<td>(any one days)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- Payment required: Tuition PLUS 15% HST

Registration Deadline: September 5th, 2013

For Member, Non-Member and Student criteria, please refer to page # 23
For Tuition Discount information: please refer to page # 23
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 Member: Any student in an accredited professional nursing program, currently not licensed as a registered nurse / graduate nurse

Associate Member: 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) ____________

Home Address ____________

City ____________  Prov/State ____________  Postal/Zip Code ____________

Country ____________  Home Telephone ____________

Email Address ____________

Area of Employment (eg. ICU, CCU) ____________

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

Person who recommended joining CACCN ____________

Are you a member of CNA?  ☐ Yes  ☐ No

Your highest level of education is:

Nursing  ☐ Diploma  ☐ Specialty Certificate  ☐ Masters  ☐ Doctorate

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

You are presently studying towards:

Nursing  ☐ Diploma  ☐ Specialty Certificate  ☐ Masters  ☐ Doctorate

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

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

☐ Fundraising  ☐ Certification  ☐ Education

☐ Professional Issues

☐ I am interested in becoming a Chapter liaison representative.

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

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

Total size of hospital (# of beds) ____________
Detach and complete both sides of this registration form and mail with your cheque or money order (made payable to Dynamics 2013) or VISA/MASTERCARD information. Faxes only accepted with VISA/MASTERCARD as method of payment.

PLEASE PRINT CLEARLY.

Name as it will appear on name badge

Home Street Address

City

Province/State Postal/Zip Code

Country

Home Telephone

Work Telephone Ext Fax

Email Address

Area of Practice:  □ Adult  □ Pediatric/Neonatal

Area of Focus:  □ Clinical  □ Administration  □ Advanced Practice  □ Research

Are you CNCC(C) Certified?  □ No  □ Yes  Number Year

Are you CNCCP(C) Certified?  □ No  □ Yes  Number Year

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

May we share your email address with the exhibitors?  □ Yes  □ No

EARLY REGISTRATION
  ▪ Form and payment is received on or before midnight EST on August 16, 2013.

REGULAR REGISTRATION
  ▪ After August 16, 2013, registrants must pay the regular Conference fee.

REGISTRATION DEADLINE
  ▪ Registrations must be received by midnight EST on September 5, 2013.
  ▪ No further registrations will be accepted after September 5, 2013.

CANCELLATION POLICY
  ▪ Cancellations of conference registration will only be accepted in writing and must be sent via mail to Dynamics 2013, 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 date.
  ▪ A 20% cancellation fee will be withheld from the full value of the registration fees if written notice of cancellation is received prior to September 5, 2013.
  ▪ No refunds will be issued for cancellation after September 5, 2013.

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.
**Conference Choices**

**Note:** You must select “Lunch” as one of your L1/L2, L3/L4 and L5/L6 options. i.e. If you select a speaker in L1, your lunch will be L2. If you do not select a time for lunch, your registration will be revised to include a luncheon period.

**Preconference Choices**
- Pediatric Certification Review Workshop
- Adult Certification – Neurological Review Workshop
- Advanced Respiratory Techniques Workshop

**Conference Choices**

**Note:** Separate tuition fee applies for preconference workshops.

**Saturday, September 21, 2013**

- Paediatric Certification Review Workshop
- Adult Certification – Neurological Review Workshop
- Advanced Respiratory Techniques Workshop

**Sunday, September 22, 2013**

**Session 1:** 1st Choice 1A □ 1B □ 1C □ 1D □ 1E □ 1F □
2nd Choice 1A □ 1B □ 1C □ 1D □ 1E □ 1F □

**Session L1:** 1st Choice Speaker □ OR Lunch, Exhibits, Posters □
2nd Choice Speaker □ OR Lunch, Exhibits, Posters □

**Session L2:** 1st Choice Speaker □ OR Lunch, Exhibits, Posters □
2nd Choice Speaker □ OR Lunch, Exhibits, Posters □

**Session 2:** 1st Choice 2A □ 2B □ 2C □ 2D □ 2E □ 2F □
2nd Choice 2A □ 2B □ 2C □ 2D □ 2E □ 2F □

**Session 3:** 1st Choice 3A □ 3B □ 3C □ 3D □ 3E □ 3F □
2nd Choice 3A □ 3B □ 3C □ 3D □ 3E □ 3F □

**Poster Reception:** Yes □ No □

**Monday, September 23, 2013**

**Session 4:** 1st Choice 4A □ 4B □ 4C □ 4D □ 4E □ 4F □ 4G □
2nd Choice 4A □ 4B □ 4C □ 4D □ 4E □ 4F □ 4G □

**Session 5:** 1st Choice 5A □ 5B □ 5C □ 5D □ 5E □ 5F □ 5G □
2nd Choice 5A □ 5B □ 5C □ 5D □ 5E □ 5F □ 5G □

**Session L3:** 1st Choice Speaker □ OR Lunch, Exhibits, Posters □
2nd Choice Speaker □ OR Lunch, Exhibits, Posters □

**Session L4:** 1st Choice Speaker □ OR Lunch, Exhibits, Posters □
2nd Choice Speaker □ OR Lunch, Exhibits, Posters □

**Session 6:** 1st Choice 6A □ 6B □ 6C □ 6D □ 6E □ 6F □ 6G □
2nd Choice 6A □ 6B □ 6C □ 6D □ 6E □ 6F □ 6G □

**Tuesday, September 24, 2013**

**Session 7:** 1st Choice 7A □ 7B □ 7C □ 7D □ 7E □ 7F □ 7G □
2nd Choice 7A □ 7B □ 7C □ 7D □ 7E □ 7F □ 7G □

**Session 8:** 1st Choice 8A □ 8B □ 8C □ 8D □ 8E □ 8F □ 8G □
2nd Choice 8A □ 8B □ 8C □ 8D □ 8E □ 8F □ 8G □

**Session L5:** 1st Choice Speaker □ OR Lunch, Exhibits, Posters □
2nd Choice Speaker □ OR Lunch, Exhibits, Posters □

**Session L6:** 1st Choice Speaker □ OR Lunch, Exhibits, Posters □
2nd Choice Speaker □ OR Lunch, Exhibits, Posters □

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**ANNUAL DINNER TICKET - $70.00**

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

- Sat, Sept 21
- Sun, Sept 22
- Mon, Sept 23
- Tues, Sept 24

**Pre Conference Tuition Fees**

See page #24

**Box 1**

**Pre Conference Tuition Fees**

**Box 2**

**MINUS: Tuition Discounts**

List Tuition Code(s): ________________

**Box 3**

**Subtotal of Tuition Fees** (Box 1 + 2 minus Box 3 and 4)

If balance less than zero, enter zero

**Box 5**

**ADD: HST 15%** (Calculate on total of Box 5)

If balance less than zero, enter zero

**Box 6**

**Subtotal of Tuition Fees/Taxes** (Box 5 + 6)

**Box 7**

**ADD: CACCN Annual Dinner Tickets**

Pre-registration required (*no tax on dinner tickets)* +

# ____________ Tickets X $70.00 per person

**Box 8**

**Total Amount Owning**

(Total Boxes 7 and 8)

**Box 9**

**Conference Fee:**

- Cheque □
- Money Order □
- VISA □
- MASTERCARD □

- [ ] [ ] [ ] [ ] [ ] [ ] [ ]

VISA/MASTERCARD NUMBER

- [ ] [ ] [ ] [ ] [ ] [ ] [ ]

EXP. DATE

- [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CARDHOLDER’S NAME

- [ ] [ ] [ ] [ ] [ ] [ ] [ ]

SIGNATURE

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

**On-Site Registration Will Not Be Available.**

For Member, Non-Member and Student registration criteria please refer to page 23.