

CACCN Critical Connections Bulletin

March 2021

WHAT'S HAPPENING

March

- 15 [Initial Certification Bursary Deadline.](#)
 19 [National Certified Nurses Day 2021.](#)
 23 Join the Conversation: Open Forum with CACCN President
 25 Join the Conversation: Open Forum with CACCN President
 30 Join the Conversation: Open Forum with CACCN President
 31 [Board of Directors Call for Nominations](#) [opens.](#)

April

- 02/05 Happy Easter – our office will be closed.
 12 [London Regional Chapter Journal Club.](#)
 15 [British Columbia Chapter Spring Innovation Roundtable.](#)
 30 [World Congress Abstract Deadline.](#)

May

- 10-16 [National Nurses Week.](#)
 12 Florence Nightingale's Birthday.

June

- 01 [Awards, Grants and Bursaries deadline:](#)

July

- 05 [Board of Directors Call for Nominations](#) [deadline.](#)
 10–24 National Office Closed.



Certified Nurses Day message from the Board of Directors



NEW & RENEWING MEMBERS

We are pleased to have you as a member!

CACCN Website: caccn.ca
 Resources: <https://tinyurl.com/CACCNResources>
 Members Only: <https://caccn.ca/login/>
 Standards: <https://tinyurl.com/CACCNStnds>
 Statements: <https://tinyurl.com/CACCNPStmts>

Should you have any questions or concerns,
 please do not hesitate to contact us at caccn@caccn.ca or
 866-477-9077 Mon-Thurs > 0800-1600 hrs ET.

facebook

twitter



Message from the CACCN Board of Directors

(sent March 11, 2021)

As we mark the one-year anniversary of the COVID-19 pandemic, the **Canadian Association of Critical Care Nurses (CACCN)** Board of Directors wish to thank you and your critical care team for your ongoing efforts in this fight against the COVID-19 virus and the compassionate expert care you provide daily for critically ill patients and their families. As critical care nurses we routinely practice in times of uncertainty, constant change, and evolving acuity; and do so with exceptional knowledge, expertise, and unwavering professionalism. **Read more:** <https://caccn.ca/thank-you-critical-care-nurses-and-our-colleagues/>



Congratulations!

Julie Kolanko

winner of the final Dynamics 2020
ONLINE! tuition refund draw!
(\$113 value)

Draw included all current registered delegates,
completed using online software.

Nurse Empowerment Program

Deadline April 1

Sigma Theta Tau International Honor Society of Nursing (SIGMA) has partnered with the Johnson & Johnson Foundation on a study to bring **FREE** leadership and nursing courses to frontline clinical registered nurses. The **Canadian Nurses Association** is proud to be able to make this program available to our RN members! Applicants **must be members of CNA** to qualify for this free program. The program is offered only in English at this time. For more information:

https://www.sigmanursing.org/learn-grow/education/nurse-empowerment-program?utm_source=Collaborators&utm_medium=Various&utm_campaign=NEP_Collaborators

Do Canadians care which vaccine they get?

With three vaccines on the market and a fourth approved, **Dr. Peter Loewen** asked Canadians if they prefer one vaccine over the other. Join PPF for a briefing of his findings including the public policy implications of preferences mirroring consumer choice. This report will rely on data from February 2021 and will make connections to trends over the last 10 months.

Date: March 16 - 1100 hrs – 1145 hrs ET

<https://www.eventbrite.ca/e/ppf-briefing-do-canadians-care-which-vaccine-they-get-registration-140116240447>

Certification Resources



[Resource Guide \(adult\)](#)

[Becoming Certified](#)

[Systems Webinars \(10 available\)](#) (adult)

[Pediatric Webinars](#)



To recognize the challenging times we are experiencing, and in support of mental health services for frontline workers, CACCN has 300 **Beat the Burn** pins available to CACCN members on a first come/first served basis. Please visit: [CACCN Beat the Burn](#) to request a pin. Pins will be mailed via Canada Post.



JOIN THE CONVERSATION

OPEN FORUM WITH THE CACCN PRESIDENT

The Board of Directors of CACCN are embarking on a new **strategic plan/direction** for the coming 5-10 years. We welcome CACCN members to attend one of three open forums to discuss your needs and how the Association can work towards meeting those needs.

MARCH 23 - 1900 HRS ET

MARCH 25 - 1200 HRS ET

MARCH 30 - 1600 HRS ET

WATCH THE MARCH CACCN CRITICAL CONNECTIONS BULLETIN AND YOUR EMAIL FOR THE MEETING INFORMATION AND PLAN TO JOIN US!

ATTENDANCE IS LIMITED TO 100 PER SESSION.

OPEN FORUM WITH THE CACCN PRESIDENT

An invitation to participate and contribute to the strategic direction of the association!

An email with links to the sessions on March 23, March 25 and March 30 was sent to all members on March 9. If you did not receive the email and wish to attend, please contact caccn@caccn.ca



CANADIAN ASSOCIATION OF CRITICAL CARE NURSES



MEMBER BENEFIT CONTINULUS MORE INFORMATION!

<https://caccn.ca/education-certification-resources/continulus/>

CACCN membership updates are sent to Continulus on or about the 5th day of each month. If your registration is after the 5th of the month, you may still register for a Continulus account and posted webinar without access to the CACCN member benefit as the first webinar with Continulus is complimentary for new registrants!



An exclusive educational offer for CACCN members

In recognition of the interest and commitment to palliative care, CACCN and Pallium Canada have teamed up to extend a 50% discount on [LEAP Online](#) to CACCN members. For more [information](#).



Une offre de formation exclusive pour nos membres

En reconnaissance de l'intérêt et de l'engagement envers les soins palliatifs, la ACIISI et Pallium Canada se sont associés pour offrir un rabais de 50 % sur les cours [LEAP En ligne](#) aux membres de la ACIISI. [Pour plus d'informations](#).



Changes for 2021

All [future publications](#) of the CJCCN will be **electronic only**.

While there may be some exceptions where print is available (i.e., for archival purposes, fulfilling pre-existing agreements and organizational subscribers), moving forward in 2021, **CACCN members and CJCCN readers** will be provided with electronic access via the new CJCCN website – coming soon.



Manage Your CACCN Member Data

We need your help! Please take a moment to log into your **CACCN member file** to review and update any outdated information. <https://www.xcdsystem.com/caccn/member/>



Visit the Exhibit Hall!

Although the exhibit hall may look different this year, but our exhibitors are waiting to meet you. Visit the exhibitors to view products, services information, videos and to connect. *All members have access to the Exhibit Hall.*

EXHIBIT SPOTLIGHT

Canadian Vascular Access Association (CVAA)

Vision Statement—To be the national advocate for excellence in vascular access and infusion therapy. CVAA Mission Statement—CVAA will advocate for safe, quality care across the healthcare continuum by providing leadership and empowering/engaging its members and the broader healthcare community to promote education, partnerships, knowledge and research in vascular access and infusion therapy for optimal patient outcomes.

Cardinal Health

The Kangaroo™ brand offers a safe, innovative, and complete line of enteral feeding products for use across the continuum of care. The Kangaroo™ brand has a long history of providing innovative, reliable, and trusted products for clinicians and caregivers to optimize clinical efficiency. Our high-performing products are preferred by both clinicians and procurement professionals.

GE Healthcare

GE Healthcare provides transformational medical technologies and services that are shaping a new age of patient care. Our broad expertise in medical imaging and information technologies, medical diagnostics, patient monitoring systems, drug discovery, biopharmaceutical manufacturing technologies, performance improvement and performance solutions services help our customers to deliver better care to more people around the world at a lower cost. In addition, we partner with healthcare leaders, striving to leverage the global policy change necessary to implement a successful shift to sustainable healthcare systems. Our “healthymagination” vision for the future invites the world to join us on our journey as we continuously develop innovations focused on reducing costs, increasing access, and improving quality around the world.

DYNAMICS
OF CRITICAL CARE
2020

ONLINE

20+ HOURS OF LIVE &
ON-DEMAND
CRITICAL CARE
NURSING EDUCATION
CL HOURS
NETWORKING
INTERACTIVE EXHIBIT HALL

MEMBERS \$ 100
NON-MEMBERS \$ 250

REGISTER TODAY
[HTTPS://CACCN.CA/](https://caccn.ca/)

A few of the amazing [Dynamics 2020](#) presentations now available on demand until approximately August 2021

- LEADDR: The Legislative Evaluation: Assessment of Deceased Donation Reform (LEADDR) Program.
- Building interdisciplinary pediatric competency in adult ICUs: A response to changing needs.
- Encouraging authorship: Building capacity among critical care nurses.
- The patient stories project: A solution-based approach to decrease burnout in critical care.

Register for full access today!

<https://caccn.ca/events/dynamics-2020-online/>



WCICC 2021
WORLD CONGRESS OF
INTENSIVE AND CRITICAL CARE
SEPTEMBER 11-15, 2021 - VANCOUVER, CANADA
Caring Intensively

Abstract Submission OPEN

Deadline April 30th, 2021

Submit your abstract for **poster** and/or **oral presentation** at the **World Congress of Intensive & Critical Care** hosted by the **CCCS** and **CACCN** **September 11 to 15, 2021.**

<https://www.worldcriticalcarecongress21.com/abstracts-call>

SUBMIT NOW

IS IT YOUR TIME?



Are you passionate about
Critical Care?



Are you looking for an
opportunity to share your
passion with your colleagues?



Are you ready, willing and able
to lead?



Are you eager to promote the
value of CACCN Membership?

If you answered YES to one or more of
the above, CACCN needs you! Submit a
nomination for the Board of Directors!

It is Your Time!



INTERESTED IN JOINING THE BOARD OF DIRECTORS? Nominations open March 31!

Join Sarah Crowe, Vice President
to have your questions answered!

April 21 @ 1300 hrs ET

<https://tinyurl.com/BODINFO1>

Meeting ID: 853 1172 5231 Passcode: 860099

May 12 @ 1600 hrs ET

<https://tinyurl.com/BODINFO2>

Meeting ID: 856 5477 4087 Passcode: 076894

June 9 @ 1300 hrs ET

<https://tinyurl.com/BODINFO3>

Meeting ID: 825 4205 7042 Passcode: 427690

View Required Information

<https://caccn.ca/board-of-director-nominations/>



Dynamic Career Connections & JobLINKS – Apply Now!

Looking for YOU and your expertise!

CHEO

Interior Health Authority

Lakeridge Health

Muskoka Algonquin Healthcare

Scarborough Health Network

<https://caccn.ca/employment-opportunities/>



COMPLIMENTARY WEBINAR

Turning Data into
Knowledge:
Combatting cognitive
overload

Wednesday, March 17
01:00 pm – 02:00pm EST

Register

www.bomimed.com/en/e-learning

Qualitative Study

Critical incidents
among intensive care
unit nurses and their
need for support:

**SAVE THE DATE
FOR OUR NEXT
JOURNAL CLUB**

Journal Club Event April 12th, 2021 at 1900 EST
Hosted by the Canadian Association of Critical Care
Nurses London Regional Chapter
Facilitated by Karina Redick, RN, M.Sc.N Student,
University of Ottawa

London Regional Chapter Event

April 12 @ 1900 EST

Email Londonregional@caccn.ca to register!



COMING SOON! Volume 32, Number 1, Spring 2021

1. **Diagnosis of chronic post-hypoxic myoclonus in near hanging survivor: Case Report.**

A 39-year-old male, who attempted suicide by hanging, developed chronic myoclonus with intact cognitive function. Chronic post-hypoxic myoclonus is a rare syndrome that may develop after a respiratory arrest and it presents as late onset and persistent purposeful myoclonus with preserved or slightly impaired cognitive function. Increasing critical care nurses' awareness of chronic post-hypoxic myoclonus will lead to earlier diagnosis of this rare syndrome.

2. **Explicit recall related to mechanical ventilation: An evolutionary concept analysis.**

Mechanical ventilation combined with sedation is widely used in the intensive care unit (ICU). However, this intervention is not without consequence on the patient. ICU patients can, in fact, remember perceptions that occurred during their mechanical ventilation—a phenomenon known as explicit recall. This phenomenon is not well defined, and no common terminology exists in the medical and nursing literature, where a variety of concepts are used interchangeably to describe the same experience. The goal of this concept analysis was to address the conceptual vagueness that surrounds explicit recall. Using Rodgers' evolutionary approach, a total of 68 articles were analyzed to identify the concept's antecedents, attributes, and consequences. The findings revealed that the explicit recall concept is perceptive, interpretative, subjective, dynamic, and temporal. It occurs following treatment that requires general anesthesia or sedation. It is also shaped by the modalities of anesthesia and sedation, as well as individual characteristics. Consequences of explicit recall can include anxiety, flashbacks, and post-traumatic stress disorder.

3. **Supporting ethical ICU nursing practice in organ donation: An analysis of personhood.**

Organ donation is critical to the survival of thousands of people waiting for an organ transplant. While nurses take responsibility for patient and family comfort and quality of dying whenever patients die in the intensive care unit (ICU), organ donation presents unique challenges to these ideals. Critical care settings are essential for organ donation, where candidates for donation are identified, referred, stabilized, and maintained until organs can be retrieved. Nurses may feel challenged in completing organ donation-related tasks without forsaking values and practices that are typically associated with a palliative nursing approach and the achievement of a 'good death' in the ICU. Further, the moral uncertainty in this context could be increasing, given the advent of a new pathway for organ donation in ICU: medical assistance in dying (MAiD). In this paper, we reflect on the ethical meanings, challenges, and possibilities of a good death in the context of organ donation in ICU nursing.

We argue that personhood—as a conceptual frame to guide nursing practice—offers one way of reconciling seemingly disparate values and practices. To illustrate the importance of integrating this concept, we draw on real-life case studies from clinical ICU nursing. These examples showcase the emotional engagement and moral tension that nurses could experience when caring for people who occupy a liminal space between life and death. Ultimately, we hope this paper will inspire and support ethical reflection and action among ICU nurses caring for organ donors.

Interested in Publishing?

Information for Authors:

<https://caccn.ca/publications/canadian-journal-of-critical-care-nursing/manuscript-submission/>



CACCN

COVID Information Page

<https://caccn.ca/coronavirus-disease-covid-19/>

CACCN Nurses Toolbox National Dialogue

<https://caccn.ca/nursing-toolbox/>

Royal College of Physicians and Surgeons COVID 19 Resources

<https://www.royalcollege.ca/rcsite/documents/about/covid-19-resources-health-professionals-e>

PHAC

COVID-19 Vaccination Tool Kit for Health Care Providers

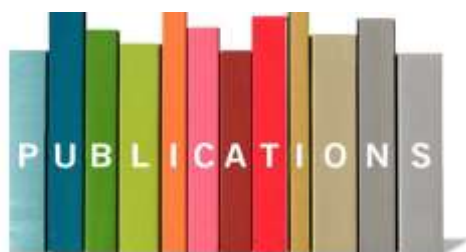
[Trousse à outils de vaccination pour les
fournisseurs de soins de santé.](#)

Detailed preliminary data on confirmed cases of COVID-19, January 15, 2020 to February 28, 2021 (revised data)

<https://www150.statcan.gc.ca/n1/daily-quotidien/210304/dq210304c-eng.htm>

Données provisoires détaillées sur les cas confirmés de COVID-19, 15 janvier 2020 au 28 février 2021 (données révisées)

<https://www150.statcan.gc.ca/n1/daily-quotidien/210304/dq210304c-fra.htm>



CACCN Partner Project

Heart donation and transplantation after circulatory determination of death: expert guidance from a Canadian consensus building process.

Canadian Journal of Anesthesia

<https://link.springer.com/article/10.1007/s12630-021-01926-2>

Comparing vaccines: efficacy, safety, and side effects
Healthy Debate March 2021

<https://healthydebate.ca/2021/03/topic/comparing-vaccines/>

333: Multidisciplinary Collaboration Leads to Increased Nursing Satisfaction

Critical Care Medicine

https://journals.lww.com/ccmjjournal/fulltext/2021/01001/333_multidisciplinary_collaboration_leads_to.301.aspx

Co-Evolutions of Pediatric and Adult Critical Care

Critical Care Medicine

https://journals.lww.com/ccmjjournal/Citation/2021/02000/Co_Evolutions_of_Pediatric_and_Adult_Critical_Care.3.aspx?context=LatestArticles

Is there a relationship between nutritional goal achievement and pressure injury risk in intensive care unit patients receiving enteral nutrition?

Intensive and Critical Care Nursing

<https://www.sciencedirect.com/science/article/abs/pii/S0964339720301294>

Ocular Complications in the Prone Position in the Critical Care Setting: The COVID-19 Pandemic

Journal of Intensive Care Medicine

<https://journals.sagepub.com/doi/abs/10.1177/0885066620959031>

Nursing Care of the Burn Patient

Burn Care and Treatment

https://link.springer.com/chapter/10.1007/978-3-030-39193-5_9

Nursing and precision predictive analytics monitoring in the acute and intensive care setting: An emerging role for responding to COVID-19 and beyond

International Journal of Nursing Studies Advances

<https://www.sciencedirect.com/science/article/pii/S2666142X21000011>

Operational framework for rural hospitals during a pandemic

International Journal of Healthcare Management

<https://www.tandfonline.com/doi/full/10.1080/20479700.2020.1870369>

Invasive Mechanical Ventilation for Acute Viral Bronchiolitis: Retrospective Multicenter Cohort Study*
Pediatric Critical Care Medicine

https://journals.lww.com/pccmjjournal/Fulltext/2021/03000/Invasive_Mechanical_Ventilation_for_Acute_Viral.2.aspx

Structuring a Communication Framework to Address the Challenges of Vulnerable Communities for Building Trust and Ensuring Access to Emergency Health Messages for Compliance during COVID-19

EC Emergency Medicine and Critical Care

<https://tinyurl.com/StructuringCommunication>

Hospital acquired pressure injury prediction in surgical critical care patients.

BMC Medical Informatics & Decision Making

<https://link.springer.com/article/10.1186/s12911-020-01371-z>

