



Extraordinary EVERY DAY



CANADIAN
ASSOCIATION OF
CRITICAL
CARE
NURSES

CANADIAN CRITICAL CARE NURSING CONFERENCE 2023

Fredericton Convention Centre, Fredericton, New Brunswick

SEPTEMBER 25 TO 27, 2023

CANADIAN ASSOCIATION OF CRITICAL CARE NURSES (CACCN)

The Canadian Association of Critical Care Nurses (CACCN) is celebrating 40 years of critical care nursing excellence. The CACCN is a volunteer organization of critical care nurses and is the voice for excellence in Canadian critical care nursing. Our shared goal is to promote quality patient- and family-centered care for Canadian's experiencing life threatening illness and injury. CACCN

welcomes all registered nurses, nursing students, allied health professionals and our interprofessional colleagues who are interested in advancing the science and craft of critical illness care.



CANADIAN CRITICAL CARE NURSING CONFERENCE

The Canadian Critical Care Nursing Conference is the annual national convention and product exhibition of the Canadian Association of Critical Care Nurses (CACCN). Diverse programming of evidence-based topics geared toward enhancing clinical practice, leadership, education, and research are offered, allowing participants to design educational agendas to meet their own unique needs. The conference brings colleagues together from coast to coast and abroad to share ideas and experiences.



CANADIAN
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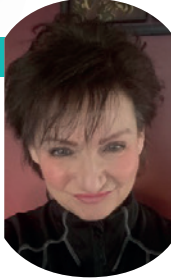
The Local Operations Committee appreciates the support provided by the CACCN Board of Directors.

SPEAKERS

KEYNOTE SPEAKER

JUDY BOYCHUK DUCHSCHER

Dr. Duchscher comes with 44 years of nursing history as a direct-care practitioner, researcher, scholar, administrator, and educator in both academic and clinical settings in Canada and the United States. Judy's commitment to advanced education can be seen in her acquisition of a Post-Graduate Diploma in Intensive Care Nursing from the University of Manitoba, a Diploma in Cardiovascular Nursing from Stanford University in California, a Clinical Transplant Coordinator Diploma from Johns Hopkins in Baltimore, Critical Care Registered Nurse (CCRN) certification through the American Association of Critical Care Nursing, a Post-RN Baccalaureate and Master's degree in nursing from the University of Saskatchewan and a PhD from the University of Alberta. Dr. Duchscher holds Associate and Adjunct Faculty positions with the University of Saskatchewan, University of Alberta, University of Hawaii, and the University of Western Sydney in Australia.



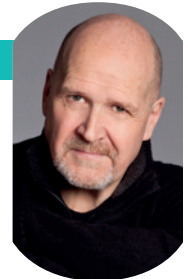
For the past 23 years Dr. Duchscher has been an active researcher and consultant in the area of new graduate professional role transition – work for which she has received over 32 national and international grants, awards, and scholarships. The findings of her research have generated a theory of Transition Shock and a model of the Stages of Transition resulting in the publication of more than 18 peer-reviewed articles, 2 books, 9 book chapters and the delivery of over 300 keynotes and workshops throughout Canada, the United States, Australia, and Asia on the topic of new nurse integration. Dr. Duchscher founded and acted as the Executive Director of a federally registered non-profit nursing organization entitled Nursing the Future (NTF) that served as a bridge between the ideals taught in undergraduate nursing education and the realities of the 'real' world of professional practice.

As an Associate Professor of Nursing at Thompson Rivers University and an international expert in the area of new nurse transition, Dr. Duchscher maintains that "it is the vision, creativity and passionate commitment of these young professionals, supported by the expert knowledge and practice experience of their senior mentors that will drive nursing and healthcare forward".

CLOSING SPEAKER

BILL CARR

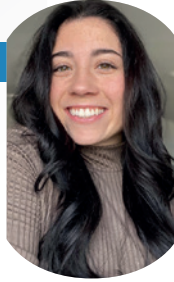
For over twenty-five years, Bill Carr has been making people laugh at what's trivial while helping them think deeply about what counts. His unique blend of humour and insight inspires laughter and helps people see their world with a fresh perspective. An award-winning writer, speaker, actor, and coach, Carr offers custom-tailored performances, keynotes, and workshops to deliver exactly what organizers need, no matter the event. Carr's career has seen him perform on stages across the country most notably in Nova Scotia at Neptune Theatre, Mermaid Theatre, and the Atlantic Theatre Festival. He has written and performed in numerous radio dramas and news programs for CBC and has appeared on countless television programs and several movies. Carr can currently be seen as "Judge Campbell" in season 2 of Diggstown on CBC and has a principal role as Jack in the movie, Spinster, which premiered at the Whistler Film Festival in December 2019. He has previously played Lloyd Dallas in Neptune Theatre's live production of Noises Off. In 2020, Carr began hosting a weekly radio segment on Rogers 97.5 FM in Halifax called "Shift for Brains", which examines current affairs and news.



PANEL PRESENTERS

GABRIELLE DEGRACE

Gabrielle DeGrace is a registered nurse (RN) in the intensive care unit (ICU), at Chaleur Regional Hospital in Bathurst, NB. She completed her Bachelor of Science in Nursing (BScN) in 2019 with the Université de Moncton. Gabrielle started her nursing career in 2019 as a paediatric nurse, before transitioning to critical care nursing a year and a half later. She completed her critical care course in 2020 and has been working in the ICU since that time.



BRENDA MORGAN

Brenda is a Clinical Nurse Specialist (CNS) in the Critical Care Trauma Centre (CCTC), Victoria Hospital, London Health Sciences Centre. She has 43 years of critical care experience, including more than 39 years as an educator. She has extensive critical care teaching experience, including the development and instruction of a hospital-based critical care program. She has spoken locally, nationally, and internationally on a variety of professional and clinical topics. In her roles as educator and CNS, Brenda has developed evidence-based nursing procedures, standards of care, quality improvement protocols and educational websites for both CCTC health professionals and family members. A strong advocate for the value of certification in critical, she was a member of the committee that prepared the Proposal for Specialty Designation for the Critical Care Nursing in Canada in 1993. She was an item writer and member of the national critical care nursing certification examination committee from its inception in 1993 until 2009. She authored 3 versions of an examination preparation study guide for the Canadian Association of Critical Care Nurses, with the most recent edition being available on-line to members only. A long-standing supporter and life member of the CACCN, Brenda has held a variety of positions on both the national Board of Directors and the London Regional Chapter Executive including President. She was also the chair of four CACCN Dynamic's conferences and was a member of the 2011 planning committee.



FRANCES FOTHERGILL BOURBONNAIS

Dr. Frances Fothergill Bourbonnais was a full professor in the University of Ottawa, School of Nursing, Faculty of Health Sciences. She joined the university in 1976 and has taught at both the undergraduate and graduate level. Her teaching has been in life threatening and complex health problems. Her research has centered on pain assessment of patients as well as various aspects of intensive care nursing such as Continuous Renal Replacement Therapy. Frances' research has also focused on palliative care including an exploration of the learning needs of nursing students and educators related to palliative care. Frances has been a long-time member of the Canadian Association of Critical Care Nurses (CACCN) and received the CACCN life member award in 2022.



LISA GILLIS ROCHON

Lisa Gillis Rochon graduated from nursing school in 1993. After graduation, she specialized in neurological critical care as well as the intensive care unit (ICU), critical care unit (CCU) and the emergency room (ER) at various facilities in Texas. Afterward, Lisa worked in the medical, surgical, neurological, and cardiovascular ICU, and as an Organ Donation Coordinator in Halifax, NS. During this time, Lisa completed her Bachelor of Nursing (BScN) degree from Athabasca University and obtained national certification in Critical Care Nursing (CNCC(C)) and the Canadian Certified Simulation Nurse Educator program. Lisa is currently enrolled in the Master of Education program at Mount Saint Vincent University and is faculty at a hospital-based critical care nursing program (CCNP).



BRANDI VANDERSPANK-WRIGHT (MODERATOR)

Brandi Vanderspank-Wright is an Associate Professor in the School of Nursing at the University of Ottawa. She is also an affiliate investigator at the Ottawa Hospital Research Institute, vice-president of the Canadian Association of Critical Care Nurses, and former chief editor of the Canadian Journal of Critical Care Nursing. Her clinical practice experience includes adult critical care and end-of-life care in both critical care and residential hospice settings. She maintains certification in adult critical care through the Canadian Nurses' Association Certification Program. The focus of Professor Vanderspank-Wright's doctoral research, completed in 2014, was the development of critical care nursing in Canada over a period of 40+ years. This detailed history was the first to consider how critical care nursing was established in Canada and was later solidified into a nursing specialty practice. Her work explored nursing education & practice development, the intersection of technology & critical care nursing practice and ultimately, the formation of a professional critical care nursing identity. Her doctoral work is publicly available the University of Ottawa Library as well as Library and Archives Canada. Two manuscripts specific to this work were published in the Canadian Journal of Critical Care Nursing™ under the editorial portfolio of the late Dr. Paula Price.



INVITED SPEAKERS

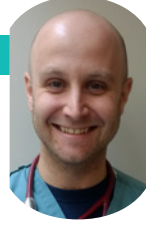
LEIGH CHAPMAN, CHIEF NURSING OFFICER CANADA



Leigh Chapman's nursing career has spanned almost 20 years, and in that time, she has gained a deep understanding of nursing through a variety of clinical leadership positions in home and community care, research, academic, regulatory, and professional practice environments. Before her appointment as Canada's Chief Nursing Officer, her background in direct service provision includes critical care (i.e., intensive care unit (ICU), emergency department (ER)), community care (i.e., home care, harm reduction, camp nursing), as well as education in professional associations (i.e., the Registered Nurses' Association of Ontario (RNAO)). Most recently, Leigh was the Director of Clinical Services with Inner City Health Associates in Toronto. Her work there encompassed strategic, operational, and clinical oversight of the nursing program for the care of people experiencing homelessness who were affected by COVID-19 in Toronto. As the senior nurse executive responsible for developing, launching, and overseeing the program, she garnered significant change management expertise.

SPONSORED SPEAKERS

CHRISTOPHER PICARD



Christopher Picard is an Emergency Department Clinical Nurse Educator at a level two trauma center. He is also an Editor with the Canadian Journal of Emergency Nursing (CJEN) and the Vice President of the National Emergency Nurses Association (NENA). Christopher's research focuses on resuscitation care, big data, and artificial intelligence. He helped develop the Alberta Health Services ultrasound guided intravenous (USGIV) learning package and has conducted ultrasound guided IV learning courses with the University of Calgary Cummings School of Medicine.

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SHARING EXPERTISE

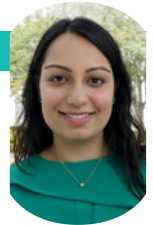
LEE JAMES



Lee James has been a senior project manager at Canadian Blood Services since 2019. With over 14 years of experience in the organ donation system, Lee supports national initiatives aimed at improving organ donation. Lee is an RN and holds a Master of Nursing from Athabasca University. Lee previously worked at BC Transplant in various roles for 10 years.



JEHAN LALANI



Jehan Lalani is a senior project manager at Canadian Blood Services. Jehan supports development of leading practices and national initiatives aimed at improving deceased organ donation in Canada. Jehan has a Master of Health Administration from the University of British Columbia and has previous experience in quality assurance.



ALLANA LEBLANC



Allana LeBlanc is the Clinical Nurse Specialist for Intensive Care and High Acuity at Vancouver General Hospital. She completed her Bachelor of Nursing at Dalhousie University and her Master of Nursing at the University of Ottawa. Her interests include enhancing patient and family engagement in critical care, promoting excellence in end-of-life care, and evidence informed nursing practice.



KIM WIEBE



Kim Wiebe trained in internal medicine, critical care, addictions medicine, public health, and palliative care. Her work experience included being medical director of the organ donor organization (ODO) in Manitoba. She is currently medical director of the Manitoba medical assistance in dying (MAiD) service.



WELLNESS PROVIDERS

A wellness option will be offered on each day of the conference. Pre-registration for each will be required. Participation in all wellness activities will be at your own risk. The Canadian Association of Critical Care Nurses, the Canadian Critical Care Nursing Conference, the Fredericton Convention Centre and the wellness service providers do not accept any responsibility for any individual or group of individuals, who may be participating in the wellness activity. It is the responsibility of the participant to determine their fitness and/or comfort level around their participation.

CHAIR YOGA

BROOKSIDE WELLNESS CENTRE

Chair Yoga combines both fully seated and chair or wall supported standing poses and provides a wonderful stretching and strengthening experience for challenged bodies. Gentle movement, deep breathing, and an awareness of posture are key elements. A few strengthening exercises and meditative relaxation complete each class.



SPREADING JOY AND PAWSITIVITY

ST. JOHNS AMBULANCE THERAPY DOGS

Join us in the exhibit hall for the St. John Ambulance Therapy Dog Program. This program is a truly Canadian initiative, established in 1992 in Ontario. The program builds on an outstanding tradition of providing expert First Aid, Health and Community Services. The Therapy Dog Program has grown over the years to become a recognized leader in animal assisted intervention. Join St. Johns Ambulance in the exhibit hall for Pet Therapy!



MORNING RUN

CAPITAL CITY ROAD RUNNERS

Capital City Road Runners is Fredericton's oldest running club. They have been in existence since 1983 and host events each month of the year. The Capital City Road Runners are the proud hosts of the annual Fall Classic run held each September, one of the most anticipated races in the Fredericton area. They run as a group every Wednesday evening and Saturday mornings. One of the objectives of the CCRR is to promote and encourage its members in becoming active participants in the sport of running, as a means to better health and as a positive social activity. In the past several years, the CCRR has also started a walking group, so that more members can come out and participate. As a result, each week, the CCCR has groups of runners and walkers participating. The social aspect of the club is a huge drawing card for members. For more information, please check out their website. Ccrr.ca



SESSION SELECTIONS

- Pre-selection of educational sessions is not offered for the Canadian Critical Care Nursing Conference.
- Attendance at sessions is on a first come, first serve basis.
- Due to fire code/safety regulations, attendees for each session will be limited to the number of available chairs in the room.
- Attendees may not stand on the perimeter or sit on the floor during presentations.
- Once all chairs are filled, the doors will be closed, and delegates will be requested to attend an alternate session.

SESSION TYPES

THE CANADIAN CRITICAL CARE NURSING CONFERENCE OFFERS THE FOLLOWING SESSION TYPES:

SESSION TYPE	SESSION LENGTH	SESSION INFORMATION
Plenary	60 to 90 minutes (Including questions)	Plenary sessions are sessions where all delegates come together for one session.
Oral Poster	20 minutes (Including questions)	Quick-fire sessions to present poster presentations.
Fast and Focused	45 minutes (Including questions)	Fast and focused sessions provide concentrated exposure to the content area. These sessions are intended to deliver defined take away messages to enhance further learning and inspire practice.
Concurrent	60 minutes (Including questions)	Concurrent sessions provide more extensive exposure in the content area. Important information related to the topic and take away resources/ideas will be offered.
Mastery	Poster	Poster presentations are available in the exhibit hall for viewing and interacting with presenters.

SESSION TYPES DO NOT INDICATE THE TARGET LEARNING LEVEL FOR EACH SESSION.

Pre-requisites are noted on sessions where required.

CONFERENCE AGENDA

DAY 1

MONDAY, SEPTEMBER 25, 2023

0700-0750	REGISTRATION	
0800-0825	OPENING REMARKS & INDIGENOUS PRESENTATION: CHRIS BROOKS, ST. MARY'S FIRST NATION	
0825-0925	KEYNOTE	<p>LEADING AN EXTRA ORDINARY LIFE!</p> <p><i>(Leadership – Applicable to All)</i></p> <p>If there is anything Judy Duchscher has learned in her decades of leading as a nurse, it is that it is ALL about you - not the leading part, but the part about becoming the kind of person others want to follow. Being someone who lives the extraordinary - spends time in the trenches, takes every opportunity to try, fails but gets back up again, and knows that living is about carrying on despite the trials. Living such a life seeks to understand the life of the follower. Through Judy's stories, we hope to inspire you to see the extra-ordinary in yourself.</p> <p>Judy Boychuk Duchscher</p>
0925-1005	Nutrition Break · Posters · Networking	
1005-1050	SESSION 1	FAST & FOCUSED - 45 minutes
	1A	<p>TECHNOLOGY FOR LIFESAVING: RESUSCITATION WITH ARTIFICIAL INTELLIGENCE, WEARABLE TECHNOLOGY, VIDEO ANALYSIS AND MORE!</p> <p><i>Clinical Practice</i></p> <p>This presentation will provide a fast-paced overview of the technology of resuscitation and cardiac arrest care. Hot topics like artificial intelligence, video analysis, predictive models, wearable technology, massive datasets, automated medication delivery, artificial blood products, robotics, remote nurse support, and more will be discussed.</p> <p>Matthew Douma</p>
	1B	<p>BEYOND THE INTENSIVE CARE UNIT (ICU): CRITICAL CARE OUTREACH DATA TO INFORM SITE WIDE TRAINING TO IMPROVE EARLY RECOGNITION OF DETERIORATING PATIENTS.</p> <p><i>Leadership</i></p> <p>The ability to quickly detect a clinically deteriorating patient and intervene appropriately is a skill nurses are expected to bring into practice, but often struggle with. Critical care outreach, or rapid response teams (RRT), were designed to provide care to deteriorating patients in non-critical care areas of the hospital to help better support staff. This presentation will provide an overview of how critical care outreach data was used to improve patient outcomes by identifying a learning opportunity and creating and implementing a simulation based educational curriculum. The presentation will also share an evaluation of the education, including the sustainment post implementation.</p> <p>Sarah Crowe</p>

1C

Sponsored by



ICE, ICE MAYBE: TARGETED TEMPERATURE MANAGEMENT AND PATIENT MANAGEMENT AFTER CARDIAC ARREST RESUSCITATION.

Education

Post cardiac arrest syndrome (PCAS), an inflammatory state resulting from an ischemiareperfusion injury impacting multiple organ systems. Hospital teams from the ED to Cath Labs to the ICU must practice in synchrony to optimize care. Key priorities in patients who remain comatose following return of spontaneous circulation are imperative to reduce the impact of PCAS. The team must focus on interventions and coordinated care to limit the damage of reperfusion injury to the brain/body. The complexity and heterogeneity of this patient population presents the team with challenges related to time, place, intervention sequence and elements. This presentation will focus on delivering care to the cardiac arrest and comatose post cardiac arrest patient selecting interventions maximizing oxygenation/ventilation and hemodynamics while implementing the strategies of TTM, Neurologic care, seizure surveillance and management to lessen the pathologic impact of PCAS. The specific interventions and targeted goals/parameters will be discussed. Actual case studies will be used to integrate the bundles into patient management.

Mary Kay Bader

1D

ORAL POSTER 1: THE PRESSURE INJURY PREVENTION AND MANAGEMENT (PIPA) PROJECT: A QUALITY IMPROVEMENT PROJECT IN THE PAEDIATRIC INTENSIVE CARE UNIT (PICU) AND ACUTE CARE UNIT (ACU).

Quality Improvement

This oral poster presentation will introduce nurses to an algorithm including current evidence-based paediatric pressure injury (PI) prevention and management strategies developed in the context of a quality improvement (QI) initiative. The steps undertaken to develop the algorithm, including needs assessment, barriers and facilitators analysis, and tool implementation will be reviewed. Critical care nurses play a vital role in preventing and managing PIs in their patients, notably in intensive care unit (ICU) settings. In practice, the Pressure Injury Prevention and management (project can be used to optimize nurses' knowledge and autonomy in identifying, preventing, and managing PIs in the paediatric intensive care (PICU) setting.

Serina Colatrella, Kathleen Nicoghosian, Sarah Shea, Janet E Rennick, Stephanie M Hwang, and Shannon Burns

PRESENTATION 2: CACCN COMMUNITIES OF PRACTICE (CoPs)

Other

The CACCN Member Relations Committee has created Communities of Practice (CoPs), to support critical care nurses and the interprofessional team across Canada and internationally to collaborate, share, and support each other as we work to advance our practice, the care we give and the science of intensive care nursing. Attend this quick 20 minute presentation to find out how you can participate!

Christine Filipek and Adam Gagnon, CACCN Directors, Co-Chairs, Member Relations Committee

1055-1155

SESSION 2

CONCURRENT - 60 minutes

2A

WILL CRITICAL CARE NURSING SURVIVE? IT IS UP TO YOU! REFLECTING ON THE PAST AND PRESENT: BUILDING YOUR EXTRAORDINARY FUTURE.

Leadership

This session will examine the current state of critical care nursing (CCN), allowing individuals to reflect on a vision for a better CCN future. Interactive polling technology will be used to build a strengths, weaknesses, opportunities, and threats (SWOT) analysis to guide change. Participants will be challenged to consider strategies from the following perspectives: their personal needs, their patients and families, the nursing team, the employer, and the government.

Brenda Morgan

2B

This session has been moved to Session 10

ENHANCING ACUTE STROKE TREATMENT*Quality Improvement*

Thrombolytic therapy and endovascular thrombectomy (EVT) for stroke are time dependent therapies with nationally recognized benchmarks. An interdisciplinary team came together to review local thrombolytic data and current processes. The local code stroke protocol was revised and changes in process implemented which resulted in increased efficiency in patient assessment and treatment for patients presenting with acute stroke. This presentation will provide the results of the review and revision of the local code stroke protocol.

Lindsey Patterson and Amelia MacKenzie

2C**A HYBRID EDUCATIONAL APPROACH TO PREPARE NOVICE NURSES FOR SUCCESS IN AN ACCELERATED CRITICAL CARE NURSING PROGRAM.***Education*

In recent years, accelerated critical care nursing programs (CCNP) have experienced a substantial increase in the number of novice and new graduate nurses enrolling. This presentation will discuss the development stages of a new hybrid transitional education approach that was implemented to prepare novice and new graduate nurses for the successful completion of an accelerated CCNP, including an exploration of the impact of this education on the novice/new graduate nurse experience in an accelerated CCNP.

Klara Malkova and Stefanie Lamoureux

2D**“GOALS OF CARE” (GOC): TAKE FOR GRANTED LANGUAGE IN THE INTENSIVE CARE UNIT (ICU): A CONCEPT ANALYSIS.***Clinical Practice*

The COVID-19 pandemic has created an urgent need for clear and concise communication in the intensive care unit (ICU) regarding goals of care (GOC). The ambiguity surrounding the concept of GOC in the ICU can lead to confusion and miscommunication between patients, families, and healthcare providers. This presentation will clarify the complexities and nuances of GOC, drawing from critical care cases, and a concept analysis using Walker and Avant's approach. The goal of this session is to provide a deeper understanding of the concept GOC and how clarifying this concept can improve patient care for those experiencing life-threatening illnesses.

Natalie DiLabio

1155-1310

Lunch · Posters · Networking

1230-1310

LUNCHEON SPEAKER**IMPLEMENTING HEALTH WORK ENVIRONMENT STANDARDS: DOES IT HAVE TO BE SO DIFFICULT?**

This presentation discusses the challenges of implementing the HWE standards and offers solutions using implementation science.

Amanda Bettencourt, AACN

1315-1400

SESSION 3

FAST & FOCUSED - 45 minutes

3A

NURSE-LED QUALITY IMPROVEMENT (QI) PROJECT DECREASING DELIRIUM USING ELECTROENCEPHALOGRAM (PEEG) MONITORS TO GUIDE TITRATION OF INTRAVENOUS (IV) SEDATION IN VENTILATED PATIENTS.

Clinical Practice

This session will provide information on a quality improvement (QI) project. Intravenous (IV) sedative medications in ventilated patients (Midazolam and Propofol) are subjectively titrated by registered nurses (RNs) using observation scales, such as the Richmond Agitation-Sedation Scale (RASS). Although the RASS is a valid and reliable tool, there is a great deal of subjectivity to the titration of sedation that can result in over sedation. This project entailed utilizing processed electroencephalogram monitors (pEEG) for RNs to guide the titration of IV sedation in ventilated patients. This resulted in a reduction in the occurrence of delirium by 64% and decreased ventilated days by 36%.

Fiona Howarth

3B

TRANSITION SUPPORT FOR NOVICE CRITICAL CARE NURSES: MAKING THE CONNECTION.

Leadership

Critical care units have increased numbers of novice nurses. Time, practice, and connections are required for nurses to move from novice to experienced nurse. In one health authority, a transition clinical nurse educator (CNE) role was created to provide a personal connection during the challenging role of a novice critical care nurse. This presentation will discuss the implementation of this invaluable role.

Caroline Penner and Alana Larkin Grant

3C

SURVIVING THE INTENSIVE CARE UNIT (ICU): CONSEQUENCES OF CARE.

Education

This presentation will discuss key aspects of post intensive care syndrome (PICS), assessment and prevention and will highlight, the role of intensive care unit (ICU) nurses in identifying patients at risk, follow-up that can be beneficial to patients, and the ICU nurse's role in educating patients and families about PICS.

Carmel Montgomery, Lisa Gaglione, Angie Grewal, Nancy Hammer, and Lazar Milovanovic

3D

L'ÉVALUATION NON-INVASIVE DE LA VOLÉMIE EN CONTEXTE DE CHOC DISTRIBUTIF : UNE ÉTUDE DE CAS.

Pratique Clinique

L'administration de liquide intraveineux peut améliorer le statut hémodynamique d'un patient atteint de choc distributif. Cependant, cela n'est pas toujours le cas. En fait, presque la moitié de ces patients n'obtiendront pas l'augmentation du débit cardiaque et du volume d'éjection systolique désirée, à la suite de l'administration d'un volume de remplissage liquidien. De plus, une surcharge volémique peu poser des risques aux patients en augmentant le temps d'hospitalisation et la mortalité.

Emilie Collins, Marie-Michelle Roy, and Monica Lavigne

1405-1450

SESSION 4

FAST & FOCUSED - 45 minutes

4A**H'S AND T'S TO WORKPLACE HAPPINESS IN NURSING.***Clinical Practice*

This presentation will start the conversation about what elements aid in creating the ideal workplace environment for nurses who work in healthcare. The session will bring light to the relevance of having an atmosphere that is deemed healthy and non-toxic and will outline various ways a workplace setting can become a positive environment to work in for nurses. A literature-based list similarly outlined in ACLS' H's and T's format will be shared regarding ways to encourage a positive workplace for nurses. Finally, attendees will be led by the presenter in a discussion to outline strategies, potential solutions as well as gaps faced with tackling this healthcare crisis.

Chantel Glenn**4B****USING CO-DESIGN TO INTRODUCE PURPOSE-BUILT BITE BLOCKS FOR MECHANICALLY VENTILATED NEUROTRAUMA PATIENTS: OUTCOMES AND LESSONS LEARNED.***Quality Improvement*

Pre-requisite: General knowledge of and/or clinical experience providing oral care to intubated and mechanically ventilated adult patients; caring for neurotrauma patients; using the oropharyngeal airway.

This presentation will describe the introduction of purpose-built bite blocks to facilitate oral cavity access and care among mechanically ventilated neurotrauma patients in the intensive care unit (ICU) using the principles of co-design. Key challenges in providing evidence-based oral care to neurotrauma patients will be highlighted as a basis for a quality improvement initiative comprising the selection and pilot introduction of purpose-built bite block devices in a level three ICU. Project outcomes including knowledge gained pertaining to successful implementation science strategies, including co-design and theoretically informed evaluation outcomes (acceptability, appropriateness, feasibility), will be shared.

Sherry O'Connor, Beth Linseman, Kimberley Capoccitti, Julia Zamperion, Linda Rawe, Margaret Lo Dico and Craig Dale**4C****This session has been moved to Session 7B****PREPARING TO PUBLISH.***Education*

Writing for publication can be a daunting undertaking, but as a professional critical care nurse, you have unique knowledge, insights, and perspectives to contribute to the profession's collective knowledge base. The Canadian Journal of Critical Care Nursing (CJCCN) Chief Editor, Asha Pereira, and Co-Editor Michelle House Kokan will walk participants through the process of writing for publication in the journal. Participants are encouraged to bring their ideas or any works-in-progress to build upon as the presenters engage them in creating a step-by-step plan for writing an article for publication.

Asha Pereira and Michelle House-Kokan**4D****SPOT THE CRITICALLY ILL CHILD! THE USE OF RAPID RESPONSE TEAMS (RRT) IN PAEDIATRIC CENTRES.***Clinical Practice*

Pre-requisite: Basic understanding of paediatric vital signs.

This presentation will introduce nurses to the use of specialized rapid response care teams (RRTs) in paediatric centres. The session will also discuss the benefits and challenges of implementing a paediatric RRT and will review current practice using high-flow nasal cannula on general paediatric wards. Discussion will include RRT use in helping to identify early warning signs and the prevention of deterioration in the paediatric patient through data and case studies. There will be a particular emphasis on rapid response activations of respiratory patients.

Alexandra O'Hanley, Kurt Brothers, and Marie-Dominique Leger

1450-1530 **BEVERAGE BREAK • POSTERS • NETWORKING**1530-1615 **SESSION 5** FAST & FOCUSED 45 MINUTES**5A****CREATION OF AN ESCAPE ROOM TO ENHANCE HEMODYNAMIC LEARNING: A METHOD TO IMPROVE PATIENT OUTCOMES.***Education*

Creating innovative education to promote learning and retention of concepts is key in the development of any program. Interpretation and insertion of a pulmonary artery catheter is becoming a high-risk low frequency task for the nursing staff. This presentation will share the creation of an escape room to deliver education to bedside staff in a fun, engaging, and informative manner, by a multidisciplinary team led by the clinical nurse specialist (CNS).

Heather Przybyl and Kathleen Przybyl**5B****A NARRATIVE LITERATURE REVIEW OF PATIENT AND FAMILY CENTRED CARE IN ADULT INTENSIVE CARE UNITS (ICUS).***Clinical Practice*

Explaining critical illness to family members of a patient admitted to an intensive care unit (ICU) is a sensitive and challenging duty for nurses. This literature review shows that patients and families consistently report receiving inadequate communication. Various methods have been proposed to improve patient and family-centred care with mixed results. This presentation will review the current literature to discuss the challenges and opportunities of patient and family-centred care in adult ICUs.

Bethany Trotter**5C****KEEPING A SAFE PACE: TEMPORARY VVI PACING.***Clinical Practice*

This presentation is designed to review VVI pacing concepts as they relate to the assessment and care of patients with temporary transvenous pacemakers. Potential pacing problems that can occur will be presented as well as associated troubleshooting. Strategies to enhance proficiency and deal with changing products will also be discussed.

Ian Dashnay and Sheila Hunt**5D****DECEASED ORGAN DONATION: HOW LEGISLATIVE CHANGE HAS IMPACTED NURSING PRACTICE.***Clinical Practice*

This presentation will introduce nurses to legislative changes in deceased organ donation by introducing the concepts of deemed consent, mandatory referral, and recipient-donor family meetings. The session will explore how these concepts have impacted the clinical practice of critical care RNs, and how these changes have been reflected in the referral and organ donation rates.

Marty Butler, Lucie Appleby, and Rhonda Porter

1800-2000

RECEPTION ● EXHIBIT HALL OPENING ● POSTERS ● NETWORKING

OPENING RECEPTION

Extraordinary Every Day!

Join us for the Opening Reception in the Exhibit Hall. This event is an opportunity to relax, network, interact with our poster presenters, sponsors, and exhibit partners. Enjoy light snacks and a complimentary beverage (wine or soda).

This is a complimentary ticketed event. If you are attending Monday, September 25, 2023, and wish to attend the reception, please order tickets at the time of registration.



2030-2400

SPACELABS SOCIAL ● NETWORKING ● MUSIC ● DANCING



SOCIAL

Nurses Night Out!

Delegates, exhibitors, and sponsors are invited to join us for the social! Mix and mingle! This event is always a highlight of the conference!

This is a complimentary ticketed event. Please order tickets at the time of registration.

Generously supported by



DAY 2**TUESDAY, SEPTEMBER 26, 2023**

0630-0745	SUNRISE BREAKFAST - PHILIPS HEALTHCARE - This session is at capacity.	
0645-0730	SAINT JOHN RIVER MORNING RUN	Join the Capital City Runners for a refreshing wake up morning run along the Saint John River.
0700-0750	REGISTRATION	
0800-0805	OPENING REMARKS	
0805-0930	PLENARY: PANEL PRESENTATION	

**CRITICAL CARE NURSING IN CANADA: 40 YEARS OF EXCELLENCE.**

From acute treatment areas to specialized intensive care units (ICUs): Tracing the history of extraordinary nursing practice in Canada.

Critical care nursing has undergone significant changes in Canada since its inception in the early 1960s. Join us for a panel discussion that will delve into the history of critical care nursing in Canada, tracing its evolution from caring for grouped acutely ill patients in “Acute Treatment Areas” to the current era of highly specialized intensive care units, coronary care units, emergency departments, and high acuity units. We will explore the historical context in which critical care nursing emerged in Canada, and how the Canadian Association of Critical Care Nurses was founded in response to the need for specialized education and advocacy for critical care nurses from a Canadian perspective. Our panelists, whose experiences in critical care nursing range from practicing at the genesis to novice nurse, will provide insights into the challenges and triumphs that have shaped the development and continuity of critical care nursing in Canada. They will examine both the historical and modern contexts in which critical care nursing exists and explore how it must continue to evolve in response to changing patient needs, advances in medical technology, and shifts in healthcare policy, all while navigating generational changes and worsening chronic nursing shortages. This panel discussion will appeal to nurses, healthcare professionals, and anyone interested in the history of critical care nursing and the impact of professional associations on healthcare practice. Come join us for an engaging discussion that demonstrates how critical care nurses have been practicing extraordinarily in the past, present, and will continue to do so in the future and the vital role that the CACCN has played, and will continue to play, in shaping this important profession.

Gabrielle DeGrace, Frances Fothergill Bourbonnais, Lisa Gillis Rochon, Brenda Morgan and Brandi Vanderspank-Wright (moderator)

0930-1010	CACCN AWARDS, GRANTS, BURSARIES RECOGNITION CEREMONY	
		Celebration time! We have so many things to celebrate! It is time to recognize your CACCN colleagues who are EXTRAORDINARY EVERY DAY!

1010-1055	NUTRITION BREAK ● EXHIBIT HALL ● POSTERS ● NETWORKING	
		Breaks/Lunches for Tuesday, September 26 and Wednesday, September 27 will be served in the Exhibit Hall.

1055-1155

SESSION 6

CONCURRENT - 60 minutes

6A

EUGLYCEMIC DIABETIC KETOACIDOSIS (EUDKA): ARE YOU KIDDING ME?*Clinical Practice*

Pre-requisite: Knowledge of diabetic ketoacidosis (DKA).

With the advent and increasing use of sodium-glucose cotransporter-2 inhibitors (SGLT2) inhibitors there has been a seven-fold increase in diabetic ketoacidosis (DKA) despite normal blood sugar levels. The presentation, treatment and recovery of these patients is different than normal DKA. This presentation will discuss this novel patient presentation, treatment and will share an order set designed to support care.

Shirley Marr

6B

**This session has
been cancelled**

THE TRANSITION SHOCK OF NEWLY GRADUATE REGISTERED NURSES IN THE INTENSIVE CARE UNIT (ICU).*Leadership*

This presentation will explore transition theories explaining the challenges and needs of newly graduated nurses in the intensive care unit (ICU). The session will also explore senior nurses' feelings of added pressure and key strategies to improve their mentorship. Managerial strategies to ease the transition will be discussed. Finally, critical care nursing entry-to-practice programs will be reviewed.

Myriam Breau, Stéphanie Maillet, and Ann Rhéaume-Brüning

6C

KEEP IT SIM-PLÉ: CREATING A SAFE SIMULATION SPACE DURING THE PRE-BRIEF AND DEBRIEF.*Education*

This presentation will introduce nurses to pre-brief and debrief techniques to create a safe simulation space within critical care education. Strategies for pre-briefing and debriefing critical care learners while promoting psychological safety will be discussed using examples and demonstrations. Given the influx of younger and less experienced nurses, the need for initial and continuing education featuring high-risk, low-frequency (HALO) situations in a safe environment can enable learners to become comfortable with rare occurrences. Simulation can assist newer critical care nurses in increasing their understanding, applying newly acquired knowledge, and developing their critical thinking skills.

Lisa Gillis Rochon, Rachel Rizcallah, and Jamie Ingram

6D

UNDER PRESSURE: INTRACRANIAL PRESSURE MONITORING IN PATIENTS WITH ACUTE LIVER FAILURE.*Clinical Practice*

This presentation will review the pathophysiology of cerebral edema in acute liver failure patients. Two case studies will be presented to describe the use and principles of intracranial pressure (ICP) monitoring in this patient population. This will be followed by a discussion of the benefits and risks of ICP monitoring, implications to practice and lessons learned along the way.

Sheila Hunt and Ian Dashnay

1200-1245

SESSION 7

FAST & FOCUSED 45 MINUTES

7A

UNDERSTANDING CRITICAL CARE NURSES' PRIORITIZATION OF CARE IN RELATION TO DELIRIUM PREVENTION.*Research*

Delirium is a significant complication experienced by many critically ill patients. Research has provided evidence for early recognition, mitigation, and management. However, many of these practices are not consistently implemented. This session will present the findings of a mixed method study that examines how critical care nurses prioritize care and the relationship to delirium and will provide ideas for changes to improve delirium prevention practices within the critical care context.

Sarah Crowe and Fuchsia Howard

7B

This session has been moved to Session 4

THE BENEFIT OF INTERDISCIPLINARY EDUCATION DURING TIMES OF RAPID CHANGE: A LOCAL EXPERIENCE.*Education*

The unique challenges presented during the Covid-19 pandemic required the ability to quickly adapt to change to ensure staff were prepared, informed, and supported during this time of uncertainty. Despite the circumstances, one team determined potential safety issues and developed in-time education and solutions to mitigate these risks. In this presentation, various methods of interdisciplinary education that was offered at a large level 1 trauma centre will be explored, including low- and high-fidelity simulation, videos, and development of on unit resources. Lessons learned to help with future fast paced change that healthcare teams may encounter such as mass casualty incidents, pandemics, or alterations to unit capacity will be shared.

Vanessa Doiron and Laura Robinson

7C

RAPID ASSESSMENT OF CRITICAL EVENTS (RACE) TEAM IN A RURAL HOSPITAL SETTING: PROGRAM DEVELOPMENT, IMPLEMENTATION, AND EVALUATION.*Clinical Practice*

This presentation will discuss the formation of a nurse-led rapid response team (RRT) in a 170-bed rural hospital without additional provincial funding. Benefits to patient outcomes, telemetry monitoring, intensive care unit (ICU) staffing and patient flow will be discussed. The presentation will also include a strategy to defer transfers from inpatient nursing units to the ICU while incorporating education of inpatient staff on management of deteriorating patients.

Brad Joosse, Marianne Rowland, and Paula North

7D

ULTRASOUND GUIDED PERIPHERAL INTRAVENOUS (USGPVIC) INSERTION IN A DIFFICULT INTRAVENOUS ACCESS (DIVA) PATIENT.*Education*

No patient asks to be stuck more than once. Additional planning is required for the vascular access assessment of Difficult IV Access (DIVA) patients. Utilization of DIVA assessment tools are increasing in practice with the goal of providing patients the best possible care on the first stick. Visualization technologies are recommended for peripheral intravenous catheter (PIVC) insertion. Ultrasound-guided PIVC insertion is increasing in practice, allowing vessel assessment and visualization of the PIVC from skin puncture into the vein. This session will provide real patient scenarios (via photo story boards or short YouTube™ videos). Attendees will practice applying the DIVA score and will discuss appropriate device selection (i.e., use of ultrasound and deep access). This skills-based session will review the assessment and device selection for DIVA patients with real-world scenarios and provide hands on USGPVIC skill simulation.

Christopher Picard

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B|BRAUN
SHARING EXPERTISE

1245-1345 LUNCH • EXHIBIT HALL • POSTERS • NETWORKING

1345-1430 SESSION 8 FAST & FOCUSED 45 MINUTES

8A**ORAL POSTER 1: A CLINICAL NURSE-LED QUALITY IMPROVEMENT INITIATIVE TO ENSURE BEST PRACTICE IN PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) DAILY LINE CARE AND MAINTENANCE IN THE INTENSIVE CARE UNIT.**

This oral poster presentation will discuss a nurse-led quality improvement (QI) initiative launched at an urban community hospital intensive care unit (ICU) where most patients have peripherally inserted central catheters (PICCs). The “3D PICC defense” initiative aims to enforce best practice PICC line care to prevent infection. PICCs provide a direct route to the heart for administering vital medications, but they expose patients to potentially fatal bloodstream infections, increasing hospital costs and mortality. Included will be discussions on why PICC line care is so critical, how and what this QI initiative measures, and will highlight the quality improvement journey and creative solutions, including visual management systems, standard operating procedures, and electronic medical record team recommendations.

Rozmin Momin and Jennifer Reguindin**ORAL POSTER 2: “PAUSE FOR THE CAUSE”: POST-CARDIAC ARREST HOT DEBRIEFING.**

This oral poster presentation will focus on the integration and importance of hot post-cardiac arrest debriefing facilitated by intensive care unit (ICU) teams. Discussion will outline the aims, measurements, goals achieved, and lessons learned from this quality improvement initiative. Additionally, the presentation will outline the benefits of post-cardiac arrest debriefing for both systemic organizational levels and local unit levels. A description of specifically how the hot post-cardiac arrest debriefing tool STOP- 5, can be used in practice to facilitate collective reflection and complete hot debriefing will be provided, along with exploring the barriers to complete post-cardiac arrest debriefing and how to mitigate these factors.

Sarah Bate**8B****OB OH MY: USING SIMULATION TO INCREASE COMFORT OF NEW AND EXPERIENCED CRITICAL CARE NURSES WHEN CARING FOR OBSTETRICAL PATIENTS.***Education*

This presentation will examine the use of obstetrical simulation scenarios with new critical care nurses, as part of the critical care orientation program, and drop-in education sessions for experienced critical care nurses. The use of simulation to enhance classroom learning and increase comfort in high acuity low occurrence (HALO) situations has been supported by evidence to increase participants reported comfort level. Attend this session to discuss the value of simulation-based learning, review examples of patient scenarios used, and reflect on the successes and areas for growth.

Rebecca Park and Tiffany Dubreuil**8C****FAMILY MEMBERS’ EXPERIENCES OF MULTIDISCIPLINARY ROUNDS IN AN ADULT INTENSIVE CARE UNIT (ICU).***Clinical Practice*

The participation of family members in adult multidisciplinary rounds is a recently accepted practice in some centers. With a qualitative interpretive description approach, seven family members of critically ill patients in one adult intensive care unit (ICU) were individually interviewed about their experiences of participating in multidisciplinary rounds. Participants spoke about their desire to be prepared to participate in rounds, including what types of questions to ask, and the value of being present at rounds, how it made them feel and what they learned from and offered to the healthcare team about the critically ill patient. In this presentation, recommendations for family inclusion and participation will be discussed.

Tannis Sidloski, Marie Edwards, Donna Martin, and Kendiss Olafson

1435-1535

8D

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PREVENTABLE HARM IN THE CANADIAN ORGAN DONATION AND TRANSPLANTATION SYSTEM: A DESCRIPTIVE STUDY OF MISSED ORGAN DONOR IDENTIFICATION AND REFERRAL

Many Canadian provinces have legislated mandatory referral of potential deceased donors; yet, untimely or missed identification and referral (IDR) are examples of missed donation opportunities (MDO) which are safety events where best or expected practice has not occurred. MDOs cause preventable harm to patients and families denied the opportunity of donation at end-of-life (EOL), and transplant waitlist patients denied access to lifesaving organs. This presentation will cover the objectives of this work: determine the national rate of donor IDR, estimate the number of MDO from missed IDR, and quantify the consequential preventable harm to Canadians patients and their families at the EOL and on the transplant waitlist.

Jehan Lalani and Lee James

1435-1535

PLENARY: PANEL PRESENTATION

A CONVERSATION WITH CANADA'S CHIEF NURSING OFFICER

The Canadian Association of Critical Care Nurses (CACCN) and the Canadian Critical Care Nursing Conference (CCCNC) is pleased to welcome Leigh Chapman, Canada's Chief Nursing Officer. In this presentation, the role of the federal Chief Nursing Officer will be discussed. As well the Chief Nursing Officer will share information on her role priorities as they relate to critical care nurses, the cross-Canada engagement that she has completed in the first year of her appointment, and the importance of nursing retention in optimizing the working conditions for nurses in Canada.

Leigh Chapman

1535-1620

BEVERAGE BREAK • EXHIBIT HALL • POSTERS • NETWORKING

1620-1705

SESSION 9

FAST & FOCUSED 45 MINUTES

9A

THE CRITICAL CARE RESPONSE TEAM (CCRT) NURSE'S INVOLVEMENT IN END-OF-LIFE (EOL) DISCUSSIONS.

Clinical Practice

This presentation will review the critical care response team (CCRT) nurse's role in end-of-life (EOL) discussions. Current literature will be presented, and the use of a case study will be used to highlight how CCRT nurses are engaging in EOL discussions in their practice. Audience feedback regarding their own experiences is strongly encouraged. Exploring this topic in an interactive way will help bridge the gap between the literature and clinical practice and encourage greater discussion about this area of nursing practice.

Marley Gregorio, Yolanda Babenko-Mould, and Brandi Vanderspank-Wright

9B

SUPPORTING TRAVEL NURSE ORIENTATION IN A RURAL INTENSIVE CARE UNIT (ICU) SETTING.*Education*

Maintaining adequate staffing in a rural intensive care unit (ICU) has been a longstanding challenge. Over the past 2 years one rural ICU has orientated approximately 40 travel nurses for varying lengths of tours. This presentation will explain the journey one rural hospital has taken from having minimal resources to developing supportive approaches, helpful resources, and accessible tools to support our ICU team. This presentation will delve into the challenges of supporting travel nurses who are onboarding – including the tools developed and approaches used to facilitate the orientation process, which is often fast-paced and needs to be adapted to the individual learner.

Kelly Bellamon and Taylor (Helen) Kerr

9C

THE PATH TO PERIPHERAL INTRAVENOUS MASTERY: BUILDING AN ULTRASOUND GUIDED INTRAVENOUS PROGRAM FOR CRITICAL CARE.*Education*

Our patients are suffering from unsuccessful and short-dwell peripheral IV sticks. Join us to learn how an ICU addressed this patient safety issue by embarking on the journey to first stick success with hand-held peripheral IV guidance.

Tonya Hartley and Daphne Broadhurst

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9D

IN HOSPITAL CARDIAC ARREST - WHAT IS ON THE GUIDELINE HORIZON*Clinical Practice*

Pre-requisite: Having knowledge of basic cardiac life support (BCLS) is required, advanced cardiac life support (ACLS) is preferred, and knowledge of code blue program operations is ideal.

Interested in improving outcomes from cardiac arrest in your hospital? Do you want to know what treatment recommendations are on the horizon? Do you want to understand the rationale behind the algorithms? This session will provide a sneak peek into the science informing the 2025 advanced and basic cardiac life support guidelines, as well as the upcoming in hospital cardiac arrest scientific statement.

Matthew Douma

DAY 3

WEDNESDAY, SEPTEMBER 27, 2023

0645-0730 **MORNING STRETCH**

Join Brookside Wellness Centre for gentle chair yoga to start off your morning.

0700-0750 **REGISTRATION**0800-0805 **OPENING REMARKS**

0805-0905

BRAIN-BASED DEFINITION OF DEATH AND EVIDENCE BASED CRITERIA FOR ITS DETERMINATION AFTER ARREST OF CIRCULATION OR NEUROLOGIC FUNCTION IN CANADA

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When proceeding with deceased organ donation, a clear definition and determination of death are of critical importance. The concepts currently in practice have created the idea of two distinct forms of death – brain death and cardiac death. A Brain-based Definition of Death and Evidence based Criteria for its Determination after Arrest of Circulation or Neurologic Function in Canada: a 2023 clinical practice guideline was published in a special edition of the Canadian journal of Anesthesia. This presentation will review the conceptual basis and key elements of the clinical practice guideline with emphasis on the implications for nursing practice.

Allana LeBlanc

0910-1010

SESSION 10**CONCURRENT 60 MINUTES****10A****This session has been cancelled****ACCIDENTAL HYPOTHERMIA.***Clinical Practice*

This presentation will define accidental hypothermia, discuss how it affects different body systems, review current rewarming practices, and provide the critical care nurse with the knowledge to recognize and care for the patient with accidental hypothermia. A case study will be analyzed to assist the nurse in applying the information learned from this presentation into everyday practice.

Tom Scullard**10B****TARGETED REFRESHERS: A RETENTION STRATEGY FOR EXPERIENCED CRITICAL CARE NURSES.***Education*

This presentation will share a retention strategy consisting of a funded 4-hour self-directed, self-scheduled refresher program where high acuity, low occurrence (HALO) concepts will be shared. This presentation will describe the process, strategies, and evaluation of this novel approach to ongoing nursing education.

Rebecca Park and Brenda Morgan**10C****This session has been cancelled
Replaced with
presentation Session
2B****JUST BREATHE: EMERGENCY AIRWAY MANAGEMENT, AN INTERACTIVE EXPERIENCE.***Clinical Practice*

This presentation is an interactive, hands-on approach to reviewing emergency airway equipment use, sharing clinical tips and tricks when using the various airway devices. Discussion will include experiences with the implementation of checklists, cognitive aids, and use of simulation to provide emergency airway management education to nursing staff. Examples of cognitive aids, specifically designed to support interprofessional team members when caring for tracheostomy and laryngectomy patients during an emergency will be provided.

Kendrah Krouskos and Michelle Stephens

10D

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**MEDICAL ASSISTANCE IN DYING (MAID) AND ORGAN DONATION – UPDATES ON THE REVISED GUIDANCE FOR EXPERTS**

Canadian federal legislation related to medical assistance in dying (MAiD) changed in 2021 requiring updates to the original 2019 donation following MAiD guidance for policy. An imminent publication in CMAJ will provide updated guidance for clinicians, organ donation organizations, end-of-life care experts, MAiD providers and policymakers on the impact of these changes. This presentation will review the details of these updates which include referral, consent, directed donation, MAiD procedures, support for healthcare professionals, and reporting.

Kim Wiebe

1010-1055

NUTRITION BREAK • EXHIBIT HALL • POSTERS • NETWORKING

1055-1140

SESSION 11**FAST & FOCUSED 45 MINUTES****11A****THE SHOCKING TRUTH: DOUBLE SEQUENCE DEFIBRILLATION OR VECTOR CHANGE.***Clinical Practice*

This presentation will review the recent research on double sequential defibrillation (DSD) and vector change to discuss its safety, how to use it and when to consider using it. Additionally, this presentation will discuss how to fit this new intervention into current advanced cardiac life support (ACLS) guidelines.

Shirley Marr and Catherine Judd Morin**11B****THERE'S NO PLACE LIKE PRONE: A PILOT IMPLEMENTATION OF THE PRONATORPLUS™ IN CRITICAL CARE UNITS.***Quality Improvement*

Historical approaches to patient proning required regional intensive care units (ICUs) to transfer patients to the tertiary care centre. This presentation will describe the outcomes and key lessons learned from the pilot implementation of the PronatorPlus™, a Health Canada-approved device used to prone patients, across one province's ICUs. This pilot study explores whether the PronatorPlus™ reduces the number of staff required to safely prone patients, time to prone, and potential for health care worker injury, thereby supporting patients to receive optimal care, closer to home. A video demonstration of the PronatorPlus™ will be provided, together with a report on the findings of the pilot project, describing uptake, lessons learned from implementation, and considerations for future use and widespread adoption.

Karolynn Holland, Cynthia Isenor, Logan Lawrence, Vishal Sahijwala, Meaghan Sim, and Shayln Henley**11C****PREVENTING CONFUSION IN THE CRITICAL CARE SETTING: USING SIMULATION TO INSPIRE, DEVELOP, AND EMPOWER NURSES.***Education*

With many critical care units experiencing significant health human resource challenges, coupled with experienced critical care nurses either retiring or moving to other areas, there is a significant need for ongoing education and training to ensure safe patient care. This presentation will explore the experiences of a rural community hospital and the journey towards developing a clinical simulation program for the critical care team using limited resources to help improve education needs for staff as well as increase staff satisfaction in the workplace.

Gaelen Armstrong and Daniel Roy

11D

HIGH ACUITY NURSING PROGRAMS (HANP) AS A PREREQUISITE FOR CRITICAL CARE: DEVELOPING EXTRAORDINARY FUTURE CRITICAL CARE NURSES.*Education*

This presentation will explore the implementation of high acuity nursing programs (HANP) that will serve as a prerequisite for critical care nursing programs (CCNP). Training and educating nurses at the high acuity (HA) level will allow for scaffolding of knowledge, skills, and abilities in addition to meeting competencies that are required in both HA and critical care (CC) areas. The knowledge and skills developed in these prerequisite programs would allow for nurses to care for higher acuity patients in HA units which will serve as a steppingstone to transitioning to CC in the future.

Samantha McWilliams

1145-1230

SESSION 12**FAST & FOCUSED 45 MINUTES**

12A

SEARCHING FOR HOPE AFTER THE STORM: EXPLORATION OF A WORKPLACE REINTEGRATION PROGRAM FOR NURSES AFTER OPERATIONAL STRESS INJURY (OSI).*Research*

Nurses are exposed to potentially psychologically traumatic events which can cause operational stress injuries (OSI). This can contribute to nurses requiring time off work or leaving the profession which exacerbates current human resource challenges. This presentation will describe the need for workplace reintegration practices for nurses with OSIs, present a workplace reintegration program that may be contextualized for nurses, and discuss results of ongoing studies on return-to-work. This research includes a scoping literature review and qualitative thematic analysis. Recommendations for the implementation, contextualization, and adaptation of the reintegration program for nurses will also be presented.

Elly O'Greysik, Brenda Juby, Chelsea Jones, Suzette Brémault-Phillips, Shaylee Spencer, Michelle Vincent, Colleen Mooney, and Lorraine Smith-MacDonald

12B

OPTIMIZING CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) PERFORMANCE: A HOLISTIC APPROACH TO SIMPLIFYING AND IMPROVING THERAPY DELIVERY*Education and Clinical Practice*

Providing continuous renal replacement therapy (CRRT) can often be challenging due to numerous factors that impact the ability to deliver an efficient and successful therapy. These challenges may be due to the complexity of our critical care patients, concomitant adjunct therapies and the multitude of components required to provide continuous renal replacement therapy. This presentation will provide insights into how to manage both the mechanical and physiological impacts on therapy delivery with the goal of improving clinicians CRRT performance and quality metrics objectives.

Richard Watt

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Baxter

12C

FAMILY CENTRED CARDIAC ARREST CARE: A PRACTICE IMPROVING CO-DESIGN RESEARCH PROJECT.*Research*

This presentation will provide an overview of a program of research completed with cardiac arrest survivors and family co-researchers and collaborators. The program's goal is to identify the care needs of families experiencing the cardiac arrest of a loved one and provide tangible strategies for meeting those care needs. This presentation will share discoveries, co-designed treatment recommendations, and low cost/high impact strategies for improving the family centredness of cardiac arrest care. This presentation will also provide a summary of new knowledge, insights into family experiences, as well as low, medium, and high resource strategies for providing family centred cardiac arrest care.

Matthew Douma

1230-1330 LUNCH • EXHIBIT HALL • POSTERS • NETWORKING**1330-1430 CLOSING SPEAKER****ESSENTIAL SELFISHNESS: CARE FOR THE CARING**

Self-directed compassion is an idea that is little understood let alone practiced in many helping professions. As caregivers, we understand helping others but all too often we feel the idea of caring for the self is selfish. Nothing could be further from the truth. Through trial and error, many of us have experienced the peril of giving too much to others without taking the time to give to ourselves too. Bill explores how self-directed compassion allows us to achieve an even a greater level of service to others. By taking the time to nurture a healthy mind, body and spirit, we can develop a deeper inner strength, resiliency and stay the course without burn out. As Gandhi taught, we must embody the change that we wish to see in the world. The journey of compassion and service must always begin within. We must restore ourselves before we can restore others. If we believe in our interconnectedness as human beings, then to abandon the “self” as being somehow unworthy of our care is an act of gross negligence. We need to believe that we are worth caring for and then we need to start caring. In “Essential Selfishness”, Bill offers both the perspective and the practical tools to do just that.

Bill Carr**1430-1500 CLOSING REMARKS**

CANADIAN CRITICAL CARE NURSING CONFERENCE 2024
REGINA, SK
INVITATION AND TUITION DRAW

POSTER (PRINT) PRESENTATIONS

POSTER PRESENTERS WILL BE AT THEIR POSTERS DURING LUNCHESS AND BREAKS TO SHARE THEIR POSTER INFORMATION WITH DELEGATES.

P01

5-MINUTE AUDIT: A NOVEL APPROACH TO NURSING QUALITY IMPROVEMENT (QI).

Quality Improvement

This poster will describe a novel approach for real-time nursing practice audits. This strategy provides rapid reviews of expected practice and engages nurses to ensure practice standards are achieved.

Brenda Morgan, Rebecca Park, and Tiffany Dubreuil

P02

A CLINICAL NURSE-LED QUALITY IMPROVEMENT INITIATIVE TO ENSURE BEST PRACTICE IN PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) DAILY LINE CARE AND MAINTENANCE IN THE INTENSIVE CARE UNIT.

Clinical Practice

Note: Being presented as an oral poster presentation September 26 – Session 8A

This poster presentation will discuss a nurse-led quality improvement (QI) initiative launched at an urban community hospital intensive care unit (ICU) where most patients have peripherally inserted central catheters (PICCs). The “3D PICC defense” initiative aims to enforce best practice PICC line care to prevent infection. PICCs provide a direct route to the heart for administering vital medications, but they expose patients to potentially fatal bloodstream infections, increasing hospital costs and mortality. Included will be discussions on why PICC line care is so critical, how and what this QI initiative measures, and will highlight the quality improvement journey and creative solutions, including visual management systems, standard operating procedures, and electronic medical record team recommendations.

Rozmin Momin and Jennifer Reguindin

P03

A TALE OF TWO COUNTRIES

Education

**June 14, 2023:
This poster has
unfortunately been
withdrawn by the
author.**

This poster will share how Canadian nurses can share knowledge and experience to make a true impact on the lives of others around the world. Additionally, the poster will briefly outline the latest advances in recognition, prevention, and treatment of delirium in mechanically ventilated patients and will share stories about nursing in Việt Nam.

Kathie Cowie

P04

EXPLORING INTENSIVE CARE UNIT (ICU) NURSES' CLINICAL DECISION MAKING IN ALARM MANAGEMENT: AN INTERPRETIVE DESCRIPTION STUDY.

Research

The proliferation of physiologic monitoring is a central element of nursing in an intensive care unit (ICU). This poster will explore ICU nurses' clinical decision-making in alarm management, as it is important to the development of more effective alarm-related strategies and reducing alarm fatigue. The poster will focus on three steps of decision-making that capture the nurses' alarm management response: awareness, triage, and response.

Nikola Krakova

P05

“I NEED A MINUTE” - PROMOTING WELLNESS IN CRITICAL CARE.*Quality Improvement*

Evidence-based literature describes the level of burnout, moral distress, and dissatisfaction among health care providers. It is essential to identify and address these factors among critical care staff in order to maintain high-functioning teams and provide quality patient care. This poster will share how a hospital implemented strategic initiatives for critical care staff and how it has improved the well-being of staff while at work. The goal of this poster is to promote awareness of the successful wellness initiatives implemented within the critical care areas of the organization that could prove beneficial to other healthcare institutions with similar concerns.

Kimberley Capoccitti, Julie Nardi, Beth Linseman, and Heather Harrington

P06

IDENTIFIABLE CLINICAL CHARACTERISTICS OF PULMONARY EMBOLISMS IN CANCER PATIENTS.*Research*

Incidence of pulmonary embolism in high-risk cancer patients is now a common occurrence often with fatal outcomes. Clinical evidence and strategies are still not clear on the differentiation and early detection of pulmonary embolisms in cancer patients. This poster will review and identify clinical manifestations of pulmonary embolism specific to cancer patients to provide earlier detection and clinical management.

Valerye Ng

P07

MENTORSHIP PROGRAM FOR NEWLY GRADUATED CRITICAL CARE NURSES.*Leadership*

This poster will introduce nurses and leaders to the importance of having a formalized mentorship program within the intensive care unit (ICU) for new critical care nurses to help guide their transition to practice in critical care. A formalized program can help reduce anxiety of novice nurses and provide a trusted role model to turn to for assistance. A mentorship program builds leadership abilities in experienced critical care nurses who take on the role of a mentor and provides experienced critical care nurses insight into the common experiences of novice nurses transitioning to critical care. This in turn helps them support other novice nurses.

Fiona Howarth

P08

ORIENTATION - HOW ARE WE DOING? EXPLORING THE DESIGN, DELIVERY, AND REVISIONS OF ORIENTATION TO MEET THE NEEDS OF NEW CRITICAL CARE NURSES.*Education*

This poster will feature a large multi-site academic centre that uses a hospital-based, cross-site critical care program to onboard new nurses. The program incorporates critical care theory, simulation, and supernumerary clinical experiences. The original program was modelled to support the intake of nurses with prior medical or surgical experience who had previously completed an electrocardiogram (ECG) interpretation course. To facilitate the intake of nurses without historical prerequisites, new graduates and internationally educated nurses, program modifications were implemented to support their learning. Information presented will include the framework for the critical care program including strategies used to deliver content and engage learners, as well as program modifications to accommodate those entering critical care without historical prerequisites, the challenges, lessons learned, and successes of those changes.

Tiffany Dubreuil, Rebecca Park, Kendrah Krouskos, Ian Dashnay, and Sheila Hunt

P09

“PAUSE FOR THE CAUSE”: POST-CARDIAC ARREST HOT DEBRIEFING.*Quality Improvement***Note: Being presented as an oral poster presentation September 26 – Session 8A**

This poster presentation will focus on the integration and importance of hot post-cardiac arrest debriefing facilitated by intensive care unit (ICU) teams. Discussion will outline the aims, measurements, goals achieved, and lessons learned from this quality improvement initiative. Additionally, the presentation will outline the benefits of post-cardiac arrest debriefing for both systemic organizational levels and local unit levels. A description of specifically how the hot post-cardiac arrest debriefing tool STOP- 5, can be used in practice to facilitate collective reflection and complete hot debriefing will be provided, along with exploring the barriers to complete post-cardiac arrest debriefing and how to mitigate these factors.

Sarah Bate

P10

RESTORING THE HUMANITY IN HEALTHCARE: A QUALITY IMPROVEMENT JOURNEY TO REBUILD JOY IN THE WORKPLACE.*Quality Improvement*

This poster will highlight the importance of joy in work and describe the methods a leadership team utilized to implement a quality improvement (QI) project aimed at improving joy in work for critical care team members. Focusing QI on what matters most for staff creates the opportunity to bring a deeper sense of meaning and connection to purpose, both of which are integral to joy in work. The poster will present key change ideas, including what worked well, and what did not.

Karolynn Holland, Julie Malone, Christopher Fraser, and Cynthia Iseonor

P11

SUPPORTING CHILDREN VISITING THE CRITICALLY ILL PATIENT.*Clinical Practice***Note: Being presented as an oral poster presentation September 25 – Session 1D**

Children visiting in adult intensive care units (ICUs) are often perceived negatively by healthcare workers. In order to challenge these beliefs staff, require education and tools to best support children and families during stressful situations. A structured visitation policy relative to family centred care needs to be developed to support individual needs of the patient and their loved ones. This oral poster presentation will explore the barriers to children visiting the adult ICU, provide education and support to nurses and discuss implementation of a visitation policy.

Carissa Waddell and Lana McLean

P12

THE PRESSURE INJURY PREVENTION AND MANAGEMENT (PIPA) PROJECT: A QUALITY IMPROVEMENT PROJECT IN THE PAEDIATRIC INTENSIVE CARE UNIT (PICU) AND ACUTE CARE UNIT (ACU).*Quality Improvement***Note: Being presented as an oral poster presentation September 25 – Session 1D**

This poster presentation will introduce nurses to an algorithm including current evidence-based paediatric pressure injury (PI) prevention and management strategies developed in the context of a quality improvement (QI) initiative. The steps undertaken to develop the algorithm, including needs assessment, barriers and facilitators analysis, and tool implementation will be reviewed. Critical care nurses play a vital role in preventing and managing PIs in their patients, notably in intensive care unit (ICU) settings. In practice, the Pressure Injury Prevention and management (project can be used to optimize nurses' knowledge and autonomy in identifying, preventing, and managing PIs in the paediatric intensive care (PICU) setting.

Serina Colatrella, Kathleen Nicoghosian, Nadine Vandal, Sarah Shea, Janet E. Rennick, Stephanie M. Hwang, and Shannon Burns

P13

TRANSVENOUS PACEMAKERS (TVPM): IT IS ELECTRIFYING HOW EASY THEY CAN BE!*Clinical Practice*

Critical care nurses encounter, provide physician assistance for insertion, and care for patients who have temporary transvenous pacemakers. This poster will describe the indications for a flow-directed transvenous pacemaker (TVPM), review the set up of a TVPM and provide guidance on how to assess for appropriate pulse generator function and safety checks.

Karen Raz and Caroline Penner

CONFERENCE TUITION FEES

SAVE ON YOUR REGISTRATION BY BOOKING BEFORE THE **EARLY BIRD DEADLINE!**

NOT A MEMBER?
JOIN NOW AND SAVE ON CONFERENCE REGISTRATION!

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	CACCN MEMBERS	NON MEMBERS	UNDER GRADUATE STUDENTS	CACCN MEMBERS	NON MEMBERS	UNDER GRADUATE STUDENTS
Three Day <i>Monday, Tuesday, Wednesday</i>	\$470	\$670	\$255	\$530	\$730	\$315
Two Day <i>Any Two Days</i>	\$365	\$565	\$195	\$425	\$625	\$255
One Day Tuition <i>Any One Day</i>	\$220	\$420	\$120	\$280	\$480	\$180

All Tuition and registration fees are in CDN dollars and subject to 15% HST (NB)

Early Bird registration deadline: August 21, 2023 @ 1700 hrs ET*

Final Registration deadline: September 4, 2023 @ 1700 hrs ET*

*ET = Eastern Time

REGISTRATION CRITERIA

MEMBER RATE

- Conference delegate must be a current member/affiliate of CACCN OR must complete membership at the time of conference registration – one year \$80 or two years \$150 (plus applicable provincial taxes).

NON-MEMBER RATE

- Conference delegate is not a current member/affiliate of CACCN AND does not plan to join the association.

STUDENT RATE

- Conference delegate must be registered full-time in an accredited professional nursing program (undergraduate) AND must not be currently licensed as a registered nurse/graduate nurse AND must provide proof of full-time undergraduate student status at time of registration (upload .doc, .docx, .pdf, .jpg).

REGISTRATION DEADLINES

EARLY BIRD REGISTRATION

- Registration & payment due by:
August 21, 2023 @ 1700 hrs ET.
- Mailed applications must be postmarked on or before:
August 21, 2023 @ 1700 hrs ET.
- Incomplete registrations in the registration system as
August 21, 2023 @ 1701 hrs ET will be adjusted to regular rates

REGULAR REGISTRATION

- Registration & payment due by:
September 11, 2023 @ 1700 hrs ET.
- Incomplete registrations in the registration system as
September 11, 2023 @ 1701 hrs ET will be cancelled.
- No registrations can be accepted after
September 11, 2023 @ 1700 hrs ET.
- Mailed applications should be mailed on or before:
September 01, 2023 @ 1700 hrs ET to ensure receipt and processing before the conference.



MEMBERSHIP



CONFERENCE

VISIT CACCN.CA

REGISTRATION INFORMATION

- Registration is confirmed upon receipt of the completed registration and full payment.
- Registration may be completed:
 1. **Online:** www.caccn.ca – Visa, MasterCard, or AMEX.
 2. **Email:** caccn@caccn.ca – forward registration form with credit card payment information.
 3. **Mail:** CACCN CCCNC2023PO Box 25322, London, ON N6C 6B1 – forward registration form with cheque, money order or credit card payment information.
- On-site registration may not be available and if available, will be limited.

CONFERENCE RECEIPTS

- Receipts are issued for conference tuition/taxes only.
- Receipts are not issued for social/special event purchases.
- Receipts are emailed at the time of registration via email.

REGISTRATION - TUITION DISCOUNT COUPONS

- Tuition coupons are abstract specific.
- One coupon per abstract is provided.
- Coupon may be used by one presenter on the original abstract submission.
- Coupons are valid on early bird registration only.
- Coupons must be used at the time of registration. Adjustments and/or refund of payment for tuition coupons will not be provided.
- Coupons cannot be used for STUDENT registration.

CANCELLATION INFORMATION

- Refund of conference registration fees/taxes will be issued less a 30% administration fee on the full value of the registration fees paid. Social and special event purchases are non-refundable.
- Refunds will be issued provided written notice of cancellation is received prior to September 11 2023 @ 1700 hrs. EST.
- Refund requests should be sent to the CACCN CCCNC2023 Refunds, PO Box 25322, London, ON N6A 6B1 or emailed to caccn@caccn.ca.
- Refunds will not be issued for cancellation after September 11, 2023.
- CACCN will not be responsible for refund requests that do not reach CACCN by the cancellation deadline.
- Eligible refunds will be issued via cheque / Canada Post by October 31, 2023.
- In the event of cancellation of the conference, CACCN will be responsible for the refund of tuition fees only.

IMPORTANT INFORMATION

FOR YOUR CONFERENCE EXPERIENCE

CODE OF CONDUCT

- All delegates, exhibitors, members and staff are requested to conduct themselves in a considerate, respectful, and collaborative manner.
- Attendees are requested to refrain from demeaning, discriminatory or harassing behaviour, materials and speech.
- Please be mindful of your surroundings and of your fellow participants.

CONFERENCE APP

- The CCCNC2023 conference app will allow you to navigate your way through the conference with ease!
- Attendees will be able to download the app prior to the conference.
- Attendees will be able to check the presentation abstracts, room layouts, directions, exhibit hall, exhibitors, complete the Continuing Learning Hours evaluation(s) and more!

ATTENDEE BADGES

- Conference attendee badges are required for entrance onto the conference floor and for all sessions and social events.
- Badges may only be used by the delegate named on the badge.
- Badges may only be used on the date(s) of paid registration.

GUEST ATTENDANCE

- All conference activities (including educational sessions, exhibit hall, meal functions, etc.) are exclusively reserved for registered conference attendees.
- Non-registered guests (including spouses, children, family members, colleagues, etc.) cannot and will not be granted access to conference including session rooms and the exhibit hall.

SCENT-FREE ENVIRONMENT

- Scented products can cause allergic reactions and respiratory distress.
- CCCNC2023 strives to be a scent-free environment.
- Attendees, including exhibitors, are encouraged not to wear or use any scented products while at CCCNC2023.
- In reaction to an exposure, attendees, including exhibitors are requested to remove yourself from the exposure and report the exposure to the registration desk as soon as possible.

CONFERENCE MEALS

- Breakfast and early morning coffee are not provided under the conference program.
- CCCNC2023 provides the following:
 - **Morning Nutrition Break** – September 25, 26, and 27.
 - **Lunch** – September 25, 26, and 27.
 - **Afternoon Beverage Break** – September 25 and 26.

DIETARY REQUIREMENTS

- The CCCNC2023 will attempt to provide lunches and breaks that can accommodate health restrictions and/or accommodations.
- Prior notification on the conference registration form is required for all health restrictions and/or accommodation.
- CCCNC2023 cannot accommodate dietary restrictions without prior notification. CCCNC2023 cannot accommodate personal dietary needs including low-carb, keto, high protein, no sugar, etc.
- Dietary restrictions and/or accommodation include the following:
 - Medical conditions - celiac/ gluten-free
 - Religious beliefs/ restrictions
 - Allergies (peanut, fish, etc.)
 - Vegetarian
 - Lactose Intolerance
 - Vegan

CONTINUING LEARNING HOURS

- Continuing Learning Hours (CL Hours) are calculated based on an 8-hour conference day, **less** lunch/breaks for a total of **6 CONTINUING LEARNING HOURS** per day.
- Continuing learning hours certificates are provided upon completion of the online overall **and** session evaluations.
- Continuous learning hours certificates are not issued outside of the online conference evaluation system.

CONSENT TO PHOTOGRAPHY/VIDEOGRAPHY

- Photography and possibly videography may be used at CCCNC2023.
- Registration and attendance at CCCNC2023 educational and social events constitute an agreement by the registrant for CACCN to use and distribute the registrant's image in photos.
- Attendees are asked to move from the photography space if they do not wish to be photographed.

LEAD RETRIEVAL

- CCCNC2023 may offer exhibitors the use of lead retrieval software to capture delegate information.
- If provided, exhibitors should request to scan badges.
- Allowance of the badge scanning constitutes an agreement by the registrant for exhibitors to use the information to contact attendees regarding their products/services.

CONFERENCE REGISTRATION FORM

SAVE ON YOUR REGISTRATION BY BOOKING BEFORE THE **EARLY BIRD DEADLINE!**

- Complete both sides of the registration form and return prior to the deadline date for early bird or regular registration. Form must include a cheque, money order or credit card information.
- Mail to address noted below or email to caccn@caccn.ca – must include credit card information.
- Registration will not be processed or confirmed without payment.
- Online registration is now available.

IMPORTANT INFORMATION

Early Bird Registration Deadline:

August 21, 2023 @ 1700 hrs ET

Regular Registration Deadline:

September 11, 2023 @ 1700 hrs ET

REGISTRATION WILL NOT BE PROCESSED until both registration fee and payment are received.

_____ I wish to join the CACCN or renew my CACCN membership. Please process a one-year CACCN membership at the time of conference registration.

CACCN Member Number

Credentials

Name (as it will appear on badge)

Home Address

City

Prov/State

Postal/Zip Code

County

Telephone

Email Address

Postion

Name of Employer

AREA OF PRACTICE: Adult Pediatric/Neonatal All Ages/Multifocus

AREA OF FOCUS: Clinical Administration Advanced Practice
 Education Research

CACCN/CCCNC2023

PO Box 25322

London ON N6A 6B1

caccn@caccn.ca
caccn.ca

CANCELLATION INFORMATION

- Refund of conference registration fees/taxes will be issued **less a 30% administration fee** on the full value of the registration fees paid.
- Social and special event purchases are non-refundable.
- Refunds will only be issued if written notice of cancellation is received prior to September 11, 2023 @ 1700 hrs. ET.
- Refund requests should be sent to CACCN/CCCNC2023 Refunds, PO Box 25322, London, ON N6A 6B1 or emailed to caccn@caccn.ca.
- Refunds will not be issued for cancellation after September 11, 2023.
- Dynamics/CACCN will not be responsible for refund requests that do not reach CACCN by the cancellation deadline.
- Eligible refunds will be issued by cheque by October 31, 2023.
- In the event of cancellation of the conference, CACCN/CCCNC2023 will be responsible for the refund of tuition fees only.

CONFERENCE REGISTRATION FORM

CONFERENCE DAYS ATTENDING

please check all days you will be attending

- Monday, September 25, 2023
- Tuesday, September 26, 2023
- Wednesday, September 27, 2023

SOCIAL EVENTS (complimentary)

- Exhibit Reception Monday, September 25, 2023
- Spacelabs Social Monday, September 25, 2023

DIETARY REQUIREMENTS

The Canadian Critical Care Nursing Conference (CCCNC2023) will attempt to provide lunches and breaks that can accommodate health restrictions, allergies, and restrictions. **Prior notification is required for all dietary restrictions and/or accommodation.** The CCCNC2023 cannot accommodate dietary restrictions without prior notification. CCCNC2023 cannot accommodate personal dietary needs including low-carb, keto, high protein, no sugar, etc.

Dietary restrictions and/or accommodation include the following (check all that apply):

- Medical condition
- Celiac
- Gluten-free
- Allergies
- Peanut, tree nuts
- Fish/seafood
- Other: _____
- Lactose Intolerance
- Religious beliefs/restrictions
- Vegetarian
- Vegan
- Other: _____

CONFERENCE FEES

CONFERENCE TUITION FEES

LESS: TUITION DISCOUNT(S)
(List codes and CPN Amounts)

Tuition discounts cannot be used for
Preconference or Student registration

SUBTOTAL TUITION FEES LESS DISCOUNTS
(add Box 1 minus Box 2 & 3.
If zero, enter zero)

ADD: HST 15%
(Calculate on total of Box 4.
If zero, enter zero)

TOTAL OF TUITION FEES PLUS TAXES (15%)
(Calculate Box 5 and 6)

BY SUBMITTING THIS REGISTRATION FORM AND/OR MY CREDIT CARD INFORMATION OR A CHEQUE OR MONEY ORDER, I ACKNOWLEDGE AND CONFIRM:

- I have read and understand the CCCNC2023/CACCN cancellation policy.
- I authorize CACCN to charge my credit card for membership registration, if selected on page 1 and conference registration fees and taxes.
- Cheques are payable to CACCN – CCCNC 2023
Mail to CCCNC2023, PO Box 25322, London, ON N6C 6B1.

PAYMENT:

- Cheque Money Order Visa/Mastercard/AMEX

Visa/Mastercard/AMEX Number

Expiration Date

Cardholders Name

CVV#
(back of card)

Signature

Date

CONFERENCE FACULTY

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Christopher Fraser
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Amaranth, ON

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Halifax, NS

Beth Linseman
Toronto, ON

Margaret Lo Dico
Maple, ON

Amelia MacKenzie
Antigonish, NS

Stéphanie Maillet
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