

CONFERENCE BROCHURE



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CANADIAN
ASSOCIATION OF
CRITICAL
CARE
NURSES

CANADIAN CRITICAL CARE NURSING CONFERENCE 2026

Delta Prince Edward, Charlottetown, Prince Edward Island
SEPTEMBER 29 and 30, 2026

CANADIAN CRITICAL CARE NURSING CONFERENCE

The Canadian Critical Care Nursing Conference is the annual national conference and tradeshow of the Canadian Association of Critical Care Nurses (CACCN). Diverse programming of evidence-based topics geared to enhancing clinical practice, leadership, education, innovation and research, allows 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 ASSOCIATION OF CRITICAL CARE NURSES (CACCN)

The Canadian Association of Critical Care Nurses (CACCN) is a volunteer organization of Critical Care Nurses. CACCN 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 other colleagues who are interested in advancing the science and craft of critical illness care.



CANADIAN
ASSOCIATION OF
CRITICAL
CARE
NURSES

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ONLINE PROGRAM

The abstracts are available in the online program on the CACCN website.



<https://tinyurl.com/CCNC2026Prog>

SPEAKERS

KEYNOTE SPEAKER

Kathleen Vollman,
MSN, RN, CCNS, FCCM, FCNS, FAAN



Kathleen has been a critical care nurse for over 40 years and a Clinical Nurse Specialist for 30 of those years. She assists nurses and organization in achieving patient driven outcomes through knowledge, process change and skill development. Kathleen designs creative strategies and practical frameworks for integrating evidence-based practices into nurses and multidisciplinary teams' workflow to innovate care and impact patient outcomes. Kathleen is the inventor of the Vollman Prone Positioner that was on the market from 1997-2011, making it easy and safe for turning critically ill patients prone. Kathleen's knowledge base is expansive. She has presented, published and consulted nationally and international on acute respiratory distress syndrome (ARDS), prone positioning, sepsis early recognition and management, early mobility, reducing health care acquired infections and pressure injuries, nursing professional development, patient safety and work culture.



INVITED SPEAKER

Marley Gregorio, MSCN, RN, CNCC(C)



Marley Gregorio is a critical care nurse who works in a Level 3 ICU and Trauma centre in Ontario. Marley has held several roles in critical care, including providing bedside care and education to rural and community critical care nurses. As a PhD student in nursing, Marley is also passionate about education and research, particularly as it pertains to the intersection of critical care and end-of-life care. Marley is a member of the CACCN Board of Directors and is currently the Vice President and Chair of a Partner Relations Committee.

Generously supported by



Caroline Penner, RN, CNCC(C)



As a Transition Clinical Nurse Educator, Caroline Penner works with novice nurses within critical care. This role is a teacher, mentor, facilitator and coordinator. She fosters the learners through the pathway of employed student nurses to med/surg registered nurses (RNs) in critical care environments to full critical care RNs. She has worked in various roles in critical care for 30 years. Caroline was also a member of the CACCN Board of Directors from 2022 to 2026 and was Chair of Professional Development Committee during that time.

Generously supported by



Michelle House Kokan,
EdD, MSN, RN, CNCC(C), CCNE



Michelle House Kokan serves as an adjunct faculty member in the Critical Care Nursing program at the British Columbia Institute of Technology (BCIT) in Burnaby, British Columbia and as the full-time Faculty Development Lead for the Specialty Nursing Department. A critical care nurse since 1991 and an educator for more than 25 years, she is dedicated to advancing nursing education by supporting nurse educators and fostering scholarly development among nurses and faculty. She has served as Co-Editor of the Canadian Journal of Critical Care Nursing since 2019.



Ramesh Venkatesa Perumal,
PhD, RN, CCNE, CNCC(C), CCSNE

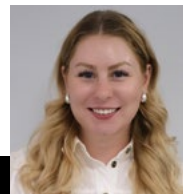


Ramesh Venkatesa Perumal is an Assistant Professor in the School of Nursing at York University, Toronto, Ontario. As an internationally educated nurse (IEN), he has more than 30 years of experience spanning clinical practice, teaching, research, and community service in India, Oman, and Canada. His critical care expertise includes service as an intensive care unit nurse and as a clinical practice leader. He currently coordinates York's IEN BScN program and serves as Undergraduate Program Director for the four-year direct-entry BScN program. He has served as Co-Editor of the Canadian Journal of Critical Care Nursing since 2022.



SPONSORED SPEAKERS

Michelle Lamont, MScN, RN



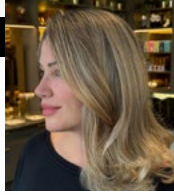
Michelle Lamont is a Franco-Ontarian nurse based in the Ottawa area, living on the unceded traditional territory of the Algonquin Nation. Clinically, Michelle has worked in various settings, including medicine-telemetry, COVID-19 care and public health. Beyond the bedside, Michelle has contributed to clinical research, focusing on projects that explore humanistic nursing practice and improve patient and family experience. Rooted in caring science, Michelle brings this perspective to her current role as a Senior Project Manager in Organ and Tissue Donation and Transplantation at Canadian Blood Services.

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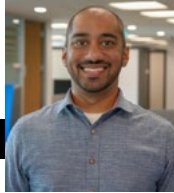


Stephanie Sutherland, PhD, RN

Stephanie Sutherland is an experienced researcher and program evaluator with deep experience in qualitative and mixed methods research. She has provided research and evaluation capacity-building support to healthcare professionals at a variety of healthcare organizations, including the Royal College of Physicians and Surgeons of Canada, the Children's Hospital of Eastern Ontario, and the Ottawa Hospital. With a PhD in Education from the University of Toronto, Stephanie is a published researcher with a longstanding commitment to improving patient care and clinician training through rigorous collaborative inquiry. Stephanie's areas of expertise are in family experiences with organ and tissue donation, and she has recently become a Senior Project Manager with CBS.



Generously supported by

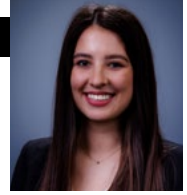
**Everad Tilokee, MSc, RN**

Everad Tilokee is a Senior Project Manager at Canadian Blood Services, leading national initiatives advancing organ and tissue donation and transplantation in Canada, including guidance on normothermic regional perfusion implementation. He became a heart transplant recipient at the University of Ottawa Heart Institute in 2014 where he completed his MSc in Cellular and Molecular Medicine later that year. Everad brings over a decade of experience in project management, research, patient engagement and lived experience. He lives in Ottawa where he makes the most of his gift of life alongside his wife, 2 dogs and 2 cats.

Generously supported by

**Nicole Korczak**

Nicole Korczak is a Global Product Manager for the Compression portfolio at Cardinal Health, where she has spent the past four years driving product innovation. She holds a bachelor's and master's in biomedical engineering with a business minor from the Ohio State University. Nicole leverages her engineering foundation to develop advanced clinical solutions. At this conference, she is facilitating discussions with critical care nurses to gather firsthand clinical insights for a next-generation intermittent pneumatic compression (IPC) sleeve redesign.



Generously supported by



SOCIAL EVENT

Nurses Night Out



Delegates, exhibitors, and sponsors are invited to join us for Nurses Night Out! **Mix and mingle!**

This is a complimentary ticketed event.

Order tickets at the time of registration

Generously supported by



SPACE LABS
HEALTHCARE



WELLNESS ACTIVITY

Orange Shirt Day 5K Run/Walk

Take a refreshing 5K run or walk along the waterfront and through Charlottetown's scenic streets.

This is a complimentary wellness event.
Include this activity when you complete your registration.

NATIONAL DAY OF TRUTH AND RECONCILIATION

Each year, **September 30** marks the National Day for Truth and Reconciliation. It is a day to honour and remember the children taken from their families, those who never returned home, and the individuals, families and communities still living with the lasting impacts and trauma caused by the residential school system in Canada. Public commemoration of the tragic and painful history and ongoing impacts of residential schools is a vital component of the reconciliation process.



ORANGE SHIRT DAY

Orange Shirt Day is a commemorative day led by Indigenous communities to raise awareness about the intergenerational impacts of residential schools on children, families, and communities. It honours Indigenous children who were lost in the residential school system. The orange shirt symbolizes the loss of culture, freedom, and self-esteem that many Indigenous children experienced. This day reminds us that "Every Child Matters".

On September 30, all delegates are invited to **wear orange** to show our respect, support, and commitment to **reconciliation**.



PRECONFERENCE EVENTS | MONDAY, SEPTEMBER **28****Innovating Together:
Let's Collaborate!**

Join us for an interactive feedback session as we explore future innovation within intermittent pneumatic compression (IPC) devices, focused on sleeve redesign. Share your insights to help shape next-generation solutions that enhance patient care, usability, and support more sustainable product design.

Nicole Korczak

**Level Up Critical Care: An Interactive
CRRT Power Course**

A dynamic 4-hour educational experience featuring gamified stations, hands-on learning, and concise evidence-based discussions to support clinician engagement and practical application in critical care.

Vantive**DINNER & LEARN**

Stay tuned for confirmation of the date, time and presentation information.

Baxter

CONFERENCE REGISTRATION FEES

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

NOT A MEMBER?

JOIN NOW AND SAVE
ON CONFERENCE
REGISTRATION!

	SAVE • SAVE • SAVE EARLY BIRD RATE BEFORE AUGUST 24, 2026			REGULAR RATE BEFORE SEPTEMBER 10, 2026		
	CACCN MEMBERS	NON MEMBERS	UNDER GRADUATE STUDENTS	CACCN MEMBERS	NON MEMBERS	UNDER GRADUATE STUDENTS
Two Day <i>September 29 and 30</i>	\$550	\$750	\$300	\$650	\$850	\$400
One Day Tuition <i>September 29 OR 30</i>	\$300	\$500	N/A	\$400	\$600	N/A

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

EARLY BIRD REGISTRATION ENDS: August 24, 2026 @ 1600 hrs ET*

REGULAR REGISTRATION ENDS: September 10, 2026 @ 1600 hrs ET*

*ET = Eastern Time

CONFERENCE REGISTRATION



2026-canadian-critical-care-nursing-conference/

MEMBER RATE

CACCN Member at the time of conference registration or becomes a member prior to registration.

NON-MEMBER RATE

Not a CACCN Member at the time of conference registration and does not become a member prior to registration.

STUDENT RATE

Must be registered in an accredited professional nursing program, must not be hold a current nursing licence (RN, LPN, RPN) AND must provide confirmation of student status at the time of registration (upload: .pdf, .jpg)

MEMBERSHIP REGISTRATION



<https://tinyurl.com/JOINUSCACCN>

REGISTRATION RECEIPTS

Receipts are issued by email at the time of registration payment for conference tuition and taxes only.

CANCELLATION POLICY

- Refund of registration fees and taxes will be issued less a 30% administration fee on the full value of the fees paid.
- Refunds will be issued upon receipt of written notice of cancellation to caccn@caccn.ca by September 10, 2026 @ 1600 hrs ET
- Refunds will not be issued for cancellations received after September 14, 2026 @ 1600 hrs ET
- CCNC2026 / CACCN does not issue refunds for circumstances that are outside our control. This includes, but is not limited to travel delays / cancellations, visa denials, or cancelled paid time off (PTO). Participants are responsible for confirming their own arrangements and should be aware that refunds will not be provided under these conditions.
- Eligible refunds will be issued by cheque by October 31, 2026.
- In the event of cancellation of the conference, CCNC2026/CACCN will only be responsible for the refund of registration fees and taxes.

SESSION PRE-SELECTION

- Session pre-selection is not available.
- Attendance at sessions will be on a first come, first serve basis.
- Once all seats are taken, no additional attendees may be admitted to the session.
- Due to fire code/safety regulations, attendees for each session will be limited to the number of available chairs. Attendees may not stand or sit on the floor during presentations.

BREAKS AND LUNCHES

- Light morning breaks, lunch and afternoon beverage break is provided.
- Breakfast and dinner are not included.

DIETARY REQUIREMENTS

- Prior notification at the time of conference registration is required.
- CCNC2026 cannot accommodate dietary restrictions without prior notification.
- Dietary restrictions include medical / religious requirements, including, but not limited to celiac, allergies to peanuts, fish, vegan, vegetarian, etc.
- Personal dietary restrictions regarding low carb, high protein, no sugar, etc. cannot be accommodated.

CONFERENCE ATTENDEE BADGES

- Conference attendee badges are required for entrance into all sessions and functions.
- Badges may only be used for the dates of paid registration.

CONSENT TO USE OF TO PHOTOGRAPHY / VIDEOGRAPHY

- Photography and videography may be used on the conference floor.
- Registration / attendance at the educational and social events constitutes an agreement by the registrant for CACCN to use and distribute the registrant's image in photos.

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 the conference including session rooms and the exhibit hall.

HOST HOTEL

DELTA
HOTELS

MARRIOTT
CHARLOTTETOWN



- A room block has been established with **Delta Hotels Prince Edward, Charlottetown, PE**
- Reservations may be completed using **ResLink** (scan QR Code) or by contacting the hotel at **800-268-1133**.
- Room type (rates per night):
 - Standard/Double - \$ 349; Triple – \$ 369; Quad - \$ 389.
 - Waterview – Standard/Double – \$ 389; Triple \$ 409; Quad \$429.
 - Rates are subject to applicable taxes (currently 18.45% Nov 2025).
- All reservations must be accompanied by a first night room deposit or guaranteed with a major credit card.
- Reservations must be received by **September 1, 2026**. After this date, the hotel may accept reservations based on available space.
- Reservations *may be available* 3 days prior to and 3 days following the dates of the event, *subject to availability*.
- Delegates planning to arrive early or stay after the conference and wish to book additional nights at the Delta Hotels Prince

AIR TRAVEL CODES

AIR CANADA 



CEBWD991

WESTJET 



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CONFERENCE AGENDA

DAY 1

TUESDAY, SEPTEMBER 29, 2026

0700 – 1600 hrs **REGISTRATION**

0800 – 0805 hrs **OPENING REMARKS**

0805 – 0930 hrs **KEYNOTE PRESENTATION**

VITAMINS FOR NURTURING THE NURSE'S SOUL.

(Leadership)

It is only when the caregiver's needs are adequately addressed will they most effectively be able to help the patient and their families and keep the internal flame burning brightly. The key to nourishment of our nursing soul is a healthy dose of personal self-respect. Verbal abuse in language or tone contributes to chipping away at a nurse's self-respect. This has worsened since COVID. The session begins by examining the concept of respect, self-respect and practical tools to help manage potential threats to nurse's self-respect within the work environment. The next step is to outline the daily vitamins for nurturing the person and the nurse. Each participant will work to create a vitamin recipe to nurture his or her nursing soul and help with personal and professional success.



Kathleen Vollman

0930 – 1030 hrs **NUTRITION BREAK, EXHIBITION HALL and POSTERS**

1030 – 1125 hrs **CONCURRENT SESSION ONE**

1A **CREATING A ROADMAP TO RETENTION OF CRITICAL CARE NURSES.**

(Research)

This session will present findings from a modified Delphi study on intensive care unit (ICU) nurses' and managers' recruitment and retention priorities during ongoing workforce shortages. It highlights areas of agreement and difference: nurses focus on mental health supports and safe staffing, while managers prioritize professional development and mentorship. The session discusses the implications of these differences for implementation, workforce sustainability, and leadership, and outlines next steps, including a scoping review and system-level recommendations.

Catherine Liao, Samantha Riarh, Dzifa Dordunoo, and Anjili Birdi

1B **VANTIVE PRESENTATION**

To follow

Vantive

1C **A CRITICAL SHIFT: INTEGRATING A PALLIATIVE CARE APPROACH IN THE INTENSIVE CARE UNIT (ICU).**

(Clinical Practice)

The shift from cure to end-of-life care may be intentional in intensive care (IC), with life-sustaining therapies discontinued or withheld. Symptom management and physical care continue, with treatment modifications and addressing emotional and psychological needs. This session will describe the palliative care approach in critical care settings, emphasizing the important role of critical care nurses in assisting patients and their families through end-of-life. We will provide practical strategies including patient identification, advance care planning, family education and support, symptom management, and cultural and personal wishes, while exploring how aligned goals of care among patient, family, and the ICU team can reduce moral distress.

Carmel Montgomery and Charlotte Pooler

1D-1

COMFORT AS CARE: EMPOWERING THE PEDIATRIC INTENSIVE CARE UNIT (PICU) AND FAMILIES THROUGH NON-PHARMACOLOGICAL PAIN AND DELIRIUM PREVENTION.*(Quality Improvement)*

This oral poster session will describe how pediatric intensive care unit (PICU) nurses and allied health professionals can integrate non-pharmacological strategies into pain and delirium prevention to enhance patient comfort. It will highlight practical approaches that empower both families and care teams, emphasizing the critical role of observational skills, individualized care, and the often-overlooked art of pediatric nursing. Attendees will explore how these interventions support patient trajectories, foster critical thinking, and strengthen collaborative care in the PICU.

Jade Boucher

1D-2

IMPROVING SAFETY AND CONTINUITY OF CARE: THE IMPACT OF A CRITICAL CARE LIAISON REGISTERED NURSE (RN) ON EMERGENCY DEPARTMENT AND INTENSIVE CARE UNIT (ED-ICU) TRANSFERS.*(Quality Improvement)*

This oral poster session will provide an overview of the new Liaison Registered Nurse role recently implemented at our facility. This role was created to support the care of intensive care unit (ICU) patients in the Emergency Department (ER), both prior to and during their transfer to the ICU. With the introduction and ongoing development of this position, we are excited to explore its potential impact on the quality of care and patient safety for ICU patients.

Melanie Button, Soyoung Yoon, Krysten Jacovich, Kalsang Dolkar, Avril Rose, Wendell Greenidge, Beverly Thompson-Brown, Jessica Uncao, Orest Kornetsky, Tamara Sherman, John Velicevic, Shanti Sivarajah, Odina Anunike, Candace Fevrier, Yan (Summer) Zhang, Kazuhiko Tanabe, Yasuharu Inada, Su Ming Yong, Garshia Ferdinand-Flament, and Beth

Linseman

1D-3

LESS NOISE, BETTER CARE: REDUCING INTERRUPTIONS DURING INTERDISCIPLINARY ROUNDS IN INTENSIVE CARE.*(Quality Improvement)*

This oral poster session will describe a quality improvement initiative aimed at reducing interruptions during interdisciplinary care rounds in an intensive care unit. Interruptions during rounds have been associated with reduced workflow efficiency and impaired team communication, which has been shown to contribute to poorer patient outcomes. The presentation will highlight interventions implemented to reduce interruptions, including strategically placed signage, staff education, interruption-management algorithms, and traffic rerouting. The effects of these interventions on interruption frequency, rounding efficiency, and team communication will be discussed.

Lucy Crayford, Pamela Anthony, and Kelsie Rowe

1130 - 1225 hrs

CONCURRENT SESSION TWO**2A****VOICES OF DONOR FAMILIES IN CANADIAN INTENSIVE CARE UNITS (ICU): EXPLORING NURSE CARING BEHAVIOURS.***(Education)*

This session will focus on the voices of donor families and aims to highlight the vital role nurses play in supporting families during the organ donation process in Canadian ICUs. Drawing on insights from 271 interviews conducted across the country, the presentation explores how nurses' caring behaviours can profoundly impact family members during a difficult time of grief and decision-making. Attendees will be encouraged to reflect on their own clinical practice and consider how their approach aligns with the experiences shared by donor families.



Michelle Lamont

2B**STRENGTHENING INTENSIVE CARE UNIT (ICU) TEAMWORK: PRELIMINARY QUALITATIVE FINDINGS TO INFORM A NATIONAL POLICY FRAMEWORK***(Research)*

This session will describe preliminary findings from a national qualitative study exploring how critical care clinicians experience day to day teamwork. It will highlight early findings including the relational, structural, and leadership factors that shape teamwork and identify challenges such as team turnover, communication, and siloed knowledge. The session will also outline plans to develop a national policy statement with actionable recommendations to strengthen interdisciplinary teamwork in Canadian intensive care units (ICUs).

Sarah Crowe, Fuchsia Howard, Brandi Vanderspank-Wright, and Sandra Lauck

2C**CRITICAL CARE OUTREACH SERVICES AS RESILIENCY INFRASTRUCTURE: A HISTORICAL ANALYSIS OF SYSTEM RESPONSES ACROSS THE COVID-19 PANDEMIC.***(Research)*

This session will provide an in-depth examination of how three Critical Care Outreach Service (CCOS) models (i.e., team-led, nurse-led, and response nurse configurations), evolved longitudinally through the pandemic. It will highlight how differences in model design shaped clinical surveillance, escalation practices, and organizational stability during prolonged system strain. Because most CCOS research focuses on routine operations, few studies explore how these services adapt in crisis. This natural experiment broadened understanding of CCOS by demonstrating how they support not only individual patients but also the functioning and resilience of the broader health system.

Vininder Kour Bains

1230 – 1330 hrs

LUNCH BREAK, EXHIBITION HALL and POSTERS

1330 – 1425 hrs

CONCURRENT SESSION THREE**3A****SUPPORTING CHILD VISITORS IN THE INTENSIVE CARE UNIT (ICU): A MULTISITE, CROSS-SECTIONAL SURVEY OF HEALTHCARE PROVIDER AND FAMILY PERSPECTIVES.***(Research)*

This session will provide an overview of known barriers and facilitators to child visitors in intensive care unit (ICU) in the literature. The results of a multisite survey of healthcare providers and volunteers who provide support to families and child visitors to ICU will be presented. Additionally, preliminary results from the second phase of this research program, a survey of families' perspectives on child visitors in ICU will be provided. Indigenous perspectives and experiences are also explored.

Jessica Jenkins, Amy Lucas, Mia-Bernadine Torres, Daniel Stuart, Katherine Kissel, Jasnoor Kaur, Natalia Jaworska, Amanda Roze des Ordon, and Karla Krewulak

Kaur, Natalia Jaworska, Amanda Roze des Ordons, and Karla Krewulak

3B

FROM BURNOUT TO BELONGING: A NURSE-LED PEER SUPPORT PROGRAM IN THE CRITICAL CARE UNIT.*(Mentorship)*

This session will describe the development and implementation of a structured peer mentorship program designed to support novice nurses transitioning into adult critical care environments. The presentation will highlight how mentorship can improve job satisfaction, strengthen team dynamics, improve psychosocial support, and enhance retention while reducing staff burnout in high-acuity settings.

Kristina Tsvygun and Joshua Go

3C

CARDINAL HEALTH PRESENTATION

CardinalHealth™

To follow

1430 - 1525 hrs

CONCURRENT SESSION FOUR

4A

ORGAN DONATION AFTER DEATH DETERMINATION BY CIRCULATORY CRITERIA: FAMILY EXPERIENCES WITH WITHDRAWAL OF LIFE SUSTAINING MEASURES*(Education)*

Donation after circulatory determination of death (DCC) is a complex and emotional process for families. This session will explore family experiences, highlighting key clinical and interpersonal factors that shape their journey. Participants will gain insight into common emotional responses and learn evidence-informed, family-centered strategies to better anticipate needs, reduce psychosocial harm, and provide compassionate, supportive care throughout the DCC process.

Stephanie Sutherland, PhD

Canadian Blood Services
BLOOD PLASMA STEM CELLS ORGANS & TISSUES

4B

REST RESET: RESTORING SLEEP AS A BASIC NEED IN THE INTENSIVE CARE UNIT (ICU).*(Quality Improvement)*

This session will explore how sleep, though a fundamental physiological necessity, is rarely prioritized in the intensive care unit (ICU), where the demands of urgent critical care often led to its unintended disruption. It will explore the significant physical and emotional consequences patients experience when restorative sleep is disrupted or lost altogether. Drawing attention to a quality improvement project aimed at understanding current sleep practices and implementing targeted sleep promoting interventions, this session seeks to bring attention to this often overlooked issue and support a meaningful culture shift toward integrating rest, comfort, and dignity into everyday critical care.

Amandeep Kaur and Oliver Nicola De Laurentiis

4C

AN INTEGRATIVE REVIEW OF THE EXPERIENCES OF NOVICE NURSES WORKING IN THE NEONATAL INTENSIVE CARE (NICU).*(Research)*

This session will explore how interconnected factors shape novice neonatal intensive care unit (NICU) nurses' experiences as they transition into professional practice. Findings from this integrative review of nurses with less than 36 months of experience highlight four themes: transitional challenges, the complexity of the NICU environment, the importance of support and feedback, and growth through experience and learning. A persistent gap exists between nursing education and the competencies required in this specialized setting, making the transition demanding. The session will describe the interconnected factors on early professional adaptation, identify gaps in the literature, and outline evidence-based implications for nursing education and curriculum development.

Alex Marie Émilie Brousseau, William Landry, Argerie Tsimicalis, Sabine Calleja, Stephanie Mardakis and Alisha Michalovic

4D-1**BEYOND THE COMPETENCY CHECKLIST: EXPERT NURSES AS ARCHITECTS OF THE “UNWRITTEN CURRICULUM” IN CRITICAL CARE.***(Mentorship)*

This oral poster session will describe the unwritten curriculum of critical care nursing — how expert nurses teach vital competencies through informal, practice-based interactions. It will explore mechanisms such as observation, questioning, and relational trust that connect clinical judgment, anticipatory thinking, and advocacy during real-time patient care. Delegates will gain insight into how making this invisible pedagogy visible can strengthen orientation programs, support new graduates, and recognize expert nurses' contributions to education and professional development.

Viskit Bali

4D-2**INTERPROFESSIONAL SIMULATION (SIM) - THE SUM EXCEEDS THE PARTS!***(Education)*

In the critical care environment, nurses frequently collaborate in their daily practice; however, opportunities to learn together are limited. This gap can lead to misunderstandings regarding expectations and how individuals should respond in various situations. This oral poster session aims to address the importance of working and learning together. It will outline effective strategies for fostering collaboration among programs, specifically focusing on the development, execution, and debriefing of interdisciplinary simulation (SIM) exercises. The goal is to enhance team dynamics and promote shared understanding within the critical care setting.

Shirley Marr, Christine Punton, and Cameron Streicher

4D-3**OPTIMIZING VASCULAR ACCESS DEVICE SELECTION, CARE AND MAINTENANCE IN THE INTENSIVE CARE UNIT (ICU).***(Clinical Practice)*

This oral poster session will explore a structured, evidence-informed approach to selecting the right device based on therapy duration, infusate characteristics, and patient-specific risk factors. Practical maintenance considerations—including securement, dressing integrity, hub disinfection, and early complication recognition—will also be reviewed. Through ICU-focused case examples and Canadian best practice guidelines, participants will gain actionable strategies to improve device appropriateness, reduce complications, and strengthen nursing advocacy in vascular access decision-making.

Chanda MacDonald

1530 - 1600 hrs **BEVERAGE BREAK, EXHIBITION HALL and POSTERS**1600 – 1655 hrs **CONCURRENT SESSION FIVE****5A****WOMEN AND CARDIOVASCULAR DISEASE – RISK ACROSS THE LIFE SPAN.***(Clinical Practice)*

This session will review unique cardiovascular diseases, risk factors or clinical findings among cisgender females across all age groups. This presentation will utilize several short case scenarios to illustrate female cardiovascular disease across the ages, highlighting unique clinical presentations, prevention, treatment, and long-term implications.

Brenda Morgan

5B**RETHINKING GOALS OF CARE (GOC) DISCUSSIONS: THE IMPACT OF A NOVEL STANDARDIZED NURSE-LED APPROACH ON HIGH-RISK HOSPITALIZED PATIENTS.***(Education)*

This session will describe how a team of critical care nurses are changing the way goals of care discussions (GOCDs) are offered in a community hospital setting. The key requirements for high quality GOCDs will be outlined along with commonly encountered barriers. There will be an account of how nurses conduct high quality GOCDs and the impacts on patient and family satisfaction, achieving informed consent, improving patient autonomy, and reducing healthcare costs while simultaneously improving quality of care.

Melanie Hess**5C****DELIRIUM TO DISCHARGE: A CRITICAL CARE NURSING APPROACH TO TREATMENT AND LONG-TERM RECOVERY***(Education)*

Delirium is highly prevalent in the intensive care unit (ICU), affecting up to 74% of patients, yet remains frequently unrecognized. Short- and long-term consequences are well described, including prolonged mechanical ventilation, cognitive impairment, and increased mortality. Because delirium presentations range from subtle or overt in the ICU, routine screening and assessment are essential. Pharmacological and non-pharmacological interventions, including the ABCDEF bundle have positive impact on patient outcomes. This session will describe the key role critical care nurses play in identifying delirium, implementing evidence-informed interventions, and preparing families for the recovery journey, including post-discharge cognitive changes that can persist long after ICU discharge.

Carmel Montgomery and Charlotte Pooler**5D-1****BUILDING CRITICAL CARE NURSING CAPACITY THROUGH RELATIONSHIP FOCUSED GLOBAL COLLABORATION.***(Education)*

The Toronto Addis Ababa Academic Collaboration (TAAAC) Nursing Program exemplifies relationship focused care in global critical care education. This oral poster session will explore how faculty from the University of Toronto and Addis Ababa University co develop and deliver curriculum for Ethiopia's Master of Critical Care Nursing program, guided by the Canadian Interprofessional Health Collaborative Competency (CIHC) Framework. Through case based teaching, skill stations, and real time reflective practice, the partnership fosters reciprocal learning, cultural humility, and shared clinical reasoning. Presenters will highlight how trust building, adaptability, and context responsive pedagogy is exemplified through the TAAAC model to strengthen interprofessional collaboration and capacity building.

Oliver Nicola De Laurentiis and Stephanie Fernandes**5D-2****MAKING SAFE PRACTICE THE DEFAULT IN CENTRAL VENOUS CATHETER CARE.***(Quality Improvement)*

This oral poster session will describe how an educator-led, frontline-informed approach was used to address variability in central venous catheter (CVC) maintenance practices. By examining where technique-dependent expectations conflicted with real-world workflow, the presentation highlights how system design, audit refinement, and education can support sustainable infection prevention. Practical insights will be shared to help critical care nurses and educators move from fragile compliance toward reliable, achievable practice.

Aimee Harrison

5D-3**THE WHO, THE WHERE, THE HOW AND THE PERSONAL JOURNEY***(Clinical Practice)*

In the ICU, clinicians see these lines every single day. Excellence in vascular access care is advocacy and quality patient care. When clinicians follow CVAA Guidelines, they aren't just checking boxes on a care bundle. They are actively protecting a family's peace of mind and ensuring that a patient's lifeline remains secure. Continuing from Session 4D-3, this oral poster presentation will shift discussion from the clinician / educator to the mom / advocate. "We know what the guidelines say on paper. But let me tell you what they look like in real life...".

Chanda MacDonald

1730 – 2030 hrs

DINNER AND LEARN**TBA**

2000 – 2400 hrs

NURSES NIGHT OUT

Watch for information on Nurses Night Out. Delegates are encouraged to join us for this enjoyable event. Details will be provided soon; please remember to secure your ticket during registration.

Generously supported by

**DAY 2****WEDNESDAY, SEPTEMBER 30, 2026****ORANGE SHIRT DAY**

All delegates are encouraged to wear orange to honour the thousands of Survivors of residential schools.

0630 – 0715 hrs **WELLNESS – ORANGE SHIRT DAY, 5K RUN / WALK**0700 – 1600 hrs **REGISTRATION**0800 – 0805 hrs **OPENING REMARKS**0805 – 0900 hrs **PLENARY PRESENTATION****BUGGING OUT: STRATEGIES FOR REDUCING BACTERIAL LOAD AND HEALTHCARE ACQUIRED INFECTIONS (HAI) IN YOUR UNIT.***(Clinical Practice)*

Is the spread of multidrug resistant (MDRO) organisms a major problem in your patient care environment? Are you tired of caring for your patient in isolation all the time? Then consider using your voice and strong knowledge base to design a plan of attack using the latest evidence and implementation strategies to win the war against invading microorganisms. MDRO's contribute to serious infections and higher mortality in patients and as nurses we are the frontline warriors to stop microorganism invasion. This session explores modes of transmission to outline a strategy for source control. Evidence based fundamental nursing care including hand hygiene, bathing, oral care and line management are examined as potential sources and fundamental care prevention practices are outlined. Case examples are used to outline strategies for reducing the infection rates within your own units. Let's stop the invasion of microorganisms and work to create safer environments for our patients.

0900 – 0920 hrs **CACCN AWARDS CEREMONY**

Attend the Awards Ceremony with CACCN and sponsors to honour your critical care nursing colleagues for their achievements!

0920 – 1000 hrs **NUTRITION BREAK, EXHIBITION HALL and POSTERS**1015 – 1110 hrs **CONCURRENT SESSION SIX****6A**
ASKING THE FISH ABOUT WATER: A QUALITATIVE STUDY EXAMINING HOW CULTURE SHAPES FAMILY END-OF-LIFE (EOL) EXPERIENCES IN CRITICAL CARE.
(Research)

Understanding culture in end-of-life (EOL) care is complex, often described as asking a fish about water because culture can be difficult to see when you are living within it. This qualitative interpretive description study explored how family members described their cultural identities and their experiences with end-of-life care in critical care settings. Eleven interviews revealed three key themes: blended and multidimensional family cultures, the often-unspoken culture of critical care, and the challenges and opportunities that arise when these cultures meet. This session will highlight how culturally safe communication, and supportive practices can improve family experiences in critical care.

Vininder Kour Bains, Kimberly Woody, Shiu Ronald, and Kathy Le

6B
SHORTNESS OF BREATH IS A DISTRESSING SYMPTOM IN CRITICALLY ILL PATIENTS: IT'S IMPORTANT FOR NURSES TO ASK!
(Education)

Dyspnea is a distressing and prevalent symptom in critically ill patients, which may remain unrecognized and underreported. When dyspnea is not addressed, there is higher risk of prolonged ventilation, deconditioning, worsening breathlessness, ventilator asynchrony, and post-traumatic stress disorder on discharge. This session integrates descriptive research findings with literature that reveals dyspnea is prevalent and distressing across practice settings. Clinicians underestimate severity in critical care. Both study findings and the literature recommend systematic assessment, education, and training. This session will describe the literature and identify strategies to assess and manage dyspnea in critically ill and ventilated patients.

Charlotte Pooler and Carmel Montgomery

6C
CONCURRENT SESSION PRESENTATION
(Education)

to follow

1100 – 1155 hrs **CONCURRENT SESSION SEVEN****7A**
KNOWLEDGE TRANSLATION: PUBLISHING AS A CRITICAL CARE NURSE
(Optimizing/Recognizing Clinical Expertise)

In this session, critical care nurses will discover how the powerful stories, insights, and innovations from everyday intensive care unit (ICU) practice can become meaningful, publishable contributions to nursing knowledge. In an engaging, supportive, and practical format, participants will learn how clinical experiences, quality-improvement projects, and case reflections can be shaped into publishable manuscripts. Guided by the Canadian Journal of Critical Care Nursing™, Editorial Management Team, this workshop will demystify the publishing process and translate academic expectations into clear, real-world steps. Participants will leave with inspiration, a concrete writing idea, and a roadmap from bedside to page.

7B

THINKING CLEARLY UNDER PRESSURE: FROM ASSESSMENT TO DECISION-MAKING WITH THE CEREBRAL OXYGEN SUPPLY AND DEMAND FRAMEWORK.*(Education)*

This session will introduce the Cerebral Oxygen Supply and Demand Framework as a tool to support nurses in the care of patients with acquired brain injuries. In acquired brain injury, the initial insult cannot be undone, but the brain's subsequent physiologic response to the initial injury profoundly affects neurologic outcomes. This represents a domain where nurses can exert meaningful influence in any healthcare setting. Participants will learn how the framework supports systematic assessment and data organization, and through a guided case scenario, strengthens clinical reasoning and decision-making to optimize cerebral perfusion and help reduce the long-term impact of secondary brain injury.

Debbie Thompson and Kelly Bubb

7C

THYROID STORM: RIDING OUT THE WAVE!*(Clinical Practice)*

This session will describe thyroid storm and review the causes, symptoms, diagnostic criteria, treatment options, and outcomes of this rare and life-threatening endocrine emergency. A case study and discussion on special populations and thyroid storm will be included.

Shirley Marr

7D-1

CO-DESIGNING SOUNDSCAPE INTERVENTIONS FOR IMPROVING WELL-BEING AMONG POST-INTENSIVE CARE UNIT (P-ICU) SURVIVORS.*(Research)*

The oral poster session will describe post-intensive care unit (PICU) survivors' experiences of recovery and the meanings they attribute to soundscape listening in the context of post-ICU well-being. It will provide scholarly insights from the mixed-methods, patient-centred study that co-designed and evaluated a soundscape intervention, focused on feasibility, acceptability, and perceived effects of measures. The session will further discuss theoretical and practice implications for integrating patient-centred, non-pharmacological sound-based interventions into post-ICU care pathways.

Shaista Meghani

7D-2

FROM THE GROUND UP: BUILDING A POST-INTENSIVE CARE UNIT FOLLOW-UP PROGRAM IN A COMMUNITY HOSPITAL.*(Leadership)*

This oral poster session will describe the rationale for, as well as the planning, development, and early implementation of an intensive care unit follow-up program in a community hospital setting. Attendees will gain insight into the resources and stakeholders required when designing such a program and have the opportunity will hear about the practical "lessons learned" during the pilot stage of this program.

Laura Freeman

7D-3

EARLY MOBILITY TO IMPROVE HEALTH OUTCOMES FOLLOWING CARDIAC SURGERY-EDUCATION (EVE-E): INTERVENTION DEVELOPMENT USING INTERVENTION MAPPING.*(Research)*

This oral poster session will describe the systematic, theory-driven six-step process of intervention mapping applied to early mobility in the cardiac surgery intensive care unit (CSICU). This session will provide attendees with an understanding of how to develop interventions targeted at the behaviours of clinicians to support integrating research knowledge into clinical practice.

Emily Phillips, Jacqueline Hay, April Gregora, Kathy Smith, Carly Shaski, Maureen Ashe, Anna Chudyk, Sarah Gilchrist, Andrew Fagan, Sheila O'Keefe-McCarthy, Annette Schultz, Todd Duhamel, and Rakesh Arora

1200 – 1300 hrs **PLENARY PRESENTATION****ADVANCING NORMOTHERMIC REGIONAL PERFUSION IMPLEMENTATION IN CANADA: NATIONAL CLINICAL GUIDANCE**

Normothermic regional perfusion (NRP) is transforming organ donation and transplantation practice in many countries. As Canada moves to broader implementation it must be done in a way that supports safe, consistent practice while maintaining public and professional trust in the organ donation and transplantation system. NRP is a post-mortem intervention after death determination by circulatory criteria on potential donors to restore warm, oxygenated blood flow to abdominal or thoracoabdominal organs following a prolonged period of warm ischemia occurring during in the dying process. During NRP, surgical safeguards are put in place to prevent unintended resumption of blood flow to the brain. NRP allows for the assessment of organ function and viability in situ prior to transplantation. Taken together, NRP can improve organ quality, increase the number of viable organs for transplant, and support better outcomes for transplant recipients. Led through partnership between Canadian Blood Services, the Canadian Critical Care Society, and the Canadian Society of Transplantation, a national project has been performed to produce comprehensive, evidence-informed national clinical guidelines to support consistent and trusted NRP practice across Canada.



Everad Tilokee

1300 - 1400 hrs **LUNCH BREAK, EXHIBITION HALL and POSTERS**1400 – 1455 hrs **CONCURRENT SESSION EIGHT****8A****BEYOND SKIN DEEP: CHRONIC HAND ECZEMA (CHE) IS A SIGNIFICANT OCCUPATIONAL HEALTH CONCERN FOR CANADIAN NURSES***(Education / Advocacy)*

This session explores the underrecognized burden of chronic hand eczema (CHE) among Canadian nurses and its implications for workforce sustainability. Beyond a skin condition, CHE is a significant occupational health issue contributing to attrition in an already strained healthcare system. Drawing on a recent national survey led by the Canadian Association of Critical Care Nurses and the Canadian Association of Neonatal Nurses, findings show that 80% of affected nurses report worsening symptoms due to frequent hand hygiene, and 75% report significant impacts on work performance. The session outlines strategies to advance prevention, protection, early intervention, and supportive policy solutions to safeguard our frontline workforce.

Marley Gregorio and Caroline Penner

**8B****BRIDGING THE GAP IN NEUROSCIENCE NURSING: A NATIONAL CO-DESIGN INITIATIVE FOR NEUROMUSCULAR EDUCATION IN CRITICAL AND SPECIALIZED CARE.***(Education)*

This session will describe the critical educational gaps in neuromuscular care that currently hinder clinical confidence and patient outcomes in high-acuity settings by providing a roadmap for a national, co-designed curriculum built to arm nurses with the specialized assessment skills and advanced treatment knowledge needed for rare diseases. The session will also describe how interdisciplinary collaboration and digital innovation can be used to transform neuroscience nursing expertise across all specialized care environments.

Wilma Koopman and Ian Burkovskiy

8C**TO FEED OR NOT TO FEED: ENTERAL ERRORS ON THE ROAD TO RECOVERY.***(Clinical Practice)*

Dive into the complex world of nutrition support for the critically ill. This session will unpack evidence based strategies for initiating and managing nutrition safely, with a focus on when—and when not—to start early enteral feeding. Information will include exploring optimal route selection, how to anticipate and manage complications, and the truth behind common myths that often shape practice. Although feeding is often considered innocuous, it carries its own set of potentially life threatening risks and complications. This session will sharpen your clinical judgment and strengthen your confidence in delivering safe, effective nutritional care.

Ashleigh Abbott and Stefania Palmeri

8D-1**THE EVALUATION OF AN EARLY MOBILITY EDUCATION INTERVENTION IN THE CARDIAC SURGERY INTENSIVE CARE UNIT (CSICU).***(Research)*

This oral poster session will describe the findings from a study that provided an educational intervention to clinicians who work in a cardiac surgery intensive care unit (CSICU). The intervention led to statistically significant changes in early mobility in the CSICU. Such interventions are important for supporting behaviour change and integrating research best practices into clinical care.

Emily Phillips, Jacqueline Hay, April Gregora, Kathy Smith, Carly Shaski, Maureen Ashe, Anna Chudyk, Sarah Gilchrist, Andrew Fagan, Sheila O'Keefe-McCarthy, Annette Schultz, Todd Duhamel, and Rakesh Arora

8D-2**FACTORS INFLUENCING MORAL DISTRESS IN ADULT END-OF-LIFE (EOL) CRITICAL CARE NURSING: PRACTICE AND LEADERSHIP IMPLICATIONS.***(Clinical Practice)*

This oral poster session will describe key contributors to moral distress among nurses providing end-of-life (EOL) care to adults in critical care settings. A scoping review highlights multi-system level factors that influence moral distress and identifies protective strategies that support the well-being of critical care nurses. Practical implications will be discussed, focusing on communication, interprofessional collaboration, and leadership strategies applicable across acute care environments.

Chelsea Simpkin, Sadie Deschenes, Sarah Andersen, Joseph Harrigan, and Diana Lemieux

8D-3**RESULTS OF A CROSSOVER PILOT STUDY OF NASAL PHOTO DISINFECTION DEMONSTRATING SIGNIFICANT PATHOGEN REDUCTION IN INTENSIVE CARE UNIT (ICU) PATIENTS.***(Clinical Practice)*

This oral poster session will describe the results of a crossover study demonstrating the effectiveness of nasal photo disinfection in highly compromised intensive care unit (ICU) patients. The session will also explain how it works, its comparison to standard antibiotic approaches, how it can be incorporated into the ICU care pathway, and patient acceptance of this non-antibiotic strategy.

Tracy Williams

500 – 1555 hrs

CONCURRENT SESSION NINE**9A****MASSIVE HEMORRHAGE: BECAUSE YOUR SHIFT WASN'T EXCITING ENOUGH ALREADY.***(Education)*

This session will provide an educational overview of Massive Hemorrhage Protocols (MHP) through a case study presentation. The case study will review the management of a patient with a massive upper gastrointestinal (GI) hemorrhage in a non-trauma, tertiary adult intensive care unit (ICU), who required MHP and esophagogastric tamponade balloon insertion. This session will highlight the integral role nurses have in managing MHP to prevent complications and intervene to maintain patients end organ perfusion.

Kristie McKellar and Emily Taylor**9B****PERIPHERAL VASOPRESSORS IN CRITICAL CARE: WHAT EVERY INTENSIVE CARE UNIT (ICU) NURSE SHOULD KNOW.***(Clinical Practice)*

This session will provide participants with an evidence based understanding of the evolving practice of initiating vasopressor therapy through peripheral intravenous access and help clinicians recognize the clinical rationale behind this shift. Participants will gain insight into the growing body of evidence demonstrating that peripheral vasopressor administration is both feasible and safe when appropriate protocols are followed, preparing critical care nurses to apply current best practices with greater confidence and reduce delays in time sensitive hemodynamic support.

Tom Scullard**9C****GLUCOSE GONE WILD: A CRITICAL CARE NURSE'S REFRESHER TO DIABETIC KETOACIDOSIS (DKA) AND HYPEROSMOLAR HYPERGLYCEMIC STATE (HHS).***(Clinical Practice)*

This session is a colorful review for all critical care nurses who want to refresh their knowledge of the differences between diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic state (HHS), including pathophysiology, prevalence, and management. Included in the session will be a review of the increasing incidence of euglycemic DKA and how it is managed.

Megan Veenstra and Erin Lawrie

ORAL POSTER AND POSTER PRESENTATIONS

THE FOLLOWING ARE BEING PRESENTED AS ORAL AND PRINTED POSTERS.
ALL POSTERS WILL BE IN THE CONFERENCE FOYER. POSTER AUTHORS WILL BE AVAILABLE
FOR DISCUSSIONS DURING BREAKS AND LUNCH.

P1

A REVIEW OF CANADIAN GUIDELINES FOR PALLIATIVE/END-OF-LIFE (EOL) CARE AND WITHDRAWAL OF LIFE-SUSTAINING MEASURES (WLSM) IN INTENSIVE CARE UNIT (ICU) SETTINGS.

(Research)

This poster will describe an environmental scan of Canadian clinical practice guidelines related to withdrawal of life-sustaining measures (WLSM) and palliative and end-of-life (EOL) care in adult intensive care units (ICUs). The purpose is to identify and appraise available guidelines using the AGREE II instrument. Participants will gain an overview of the current Canadian guideline landscape and emerging gaps influencing frontline ICU nursing practice.

Carmel Montgomery, Catherine Mah, Gabrielle Nabena, and Melissa Stoops

P2

A SUSTAINABLE WORKFORCE STRATEGY: EARLY INTEGRATION AND STAGED COMPETENCY DEVELOPMENT FOR NEW GRADUATES IN THE PICU.

(Education)

This poster will describe the development and implementation of a structured, staged integration pathway designed to safely transition new graduate nurses into a pediatric intensive care unit (PICU) amid significant post-pandemic staffing shortages. It will outline expansion of the Employed Student Nurse program, creation of a New Graduate Foundations pathway, competency-based preceptorship, and staged progression to higher-acuity care.

Miranda Mogg, Lisa Yarske, and Audrey Barnwell

P3

ADVANCING INTERPRETATION OF CONTINUOUS 4 CHANNEL ELECTROENCEPHALOGRAPHY (EEG) IN CRITICAL CARE PATIENTS WITH TRAUMATIC BRAIN INJURIES (TBI).

(Quality Improvement)

This poster will describe a quality improvement project conducted to educate critical care nursing staff on continuous electroencephalography (EEG). This recently implemented advanced monitoring is being used in our intensive care unit (ICU) for early detection of seizures and another neurological abnormality. It is also used to measure the depths of anesthesia in the ICU. The surveys conducted through this project yielded a greater than 20% improvement in confidence with EEG interpretation after one lesson, ultimately improving the standard of practice for neurological monitoring in the ICU.

Sai Parameswaran and Beth Linseman

P4

BEYOND RATIOS: EXPLORING FRONTLINE PERSPECTIVES ON SAFE MINIMUM STAFFING IN A PAEDIATRIC INTENSIVE CARE UNIT.*(Sustainable Practices)*

This poster will describe a qualitative web-based survey examining how paediatric intensive care unit (PICU) nurses conceptualize safe minimum staffing in a high-acuity (HA) environment. Conducted in a seven-bed PICU where nurses also serve as the hospital-wide emergency response team, the study explores perceptions of safety, workload, and readiness during periods of low census but ongoing system risk. Findings highlight how frontline nurses define staffing adequacy beyond numerical ratios and identify factors that influence patient safety, workforce sustainability, and organizational preparedness.

Jacqueline Bretzler and Alicia Hines

ORAL POSTER • SESSION 4D

P5

BEYOND THE COMPETENCY CHECKLIST: EXPERT NURSES AS ARCHITECTS OF THE “UNWRITTEN CURRICULUM” IN CRITICAL CARE.*(Mentorship)***ORAL POSTER • SESSION 5D**

P6

BUILDING CRITICAL CARE NURSING CAPACITY THROUGH RELATIONSHIP FOCUSED GLOBAL COLLABORATION.*(Education)***ORAL POSTER • SESSION 7D**

P7

CO-DESIGNING SOUNDSCAPE INTERVENTIONS FOR IMPROVING WELL-BEING AMONG POST-INTENSIVE CARE UNIT (P-ICU) SURVIVORS.*(Research)***ORAL POSTER • SESSION 1D**

P8

COMFORT AS CARE: EMPOWERING THE PEDIATRIC INTENSIVE CARE UNIT (PICU) AND FAMILIES THROUGH NON-PHARMACOLOGICAL PAIN AND DELIRIUM PREVENTION.*(Quality Improvement)*

P9

COMPASSIONATE CONVERSATIONS: A PATH TO BETTER END-OF-LIFE (EOL) CARE IN THE CARDIAC INTENSIVE CARE UNIT (CICU).*(Quality Improvement)*

This poster will highlight the communication challenges nurses encounter when providing end of life (EOL) care in the intensive cardiac care unit, where patients may deteriorate rapidly without expressing their wishes. To address this gap, a patient interview tool—developed in collaboration with patient partners—was created to guide novice nurses in holding meaningful EOL discussions. This tool supports culturally sensitive, patient centered communication that aligns care with each patient’s goals and values at the time of death.

Gillian Bender, Laura Carley, and Bonnie Quinlan

ORAL POSTER • SESSION 7D

P10

EARLY MOBILITY TO IMPROVE HEALTH OUTCOMES FOLLOWING CARDIAC SURGERY-EDUCATION (EVE-E): INTERVENTION DEVELOPMENT USING INTERVENTION MAPPING.*(Research)*

P11

END-OF-LIFE (EOL) IN THE ADULT INTENSIVE CARE UNIT (ICU): WHERE DO CHECKLISTS FIT IN? FINDINGS OF A SCOPING REVIEW.*(Research)*

This poster presentation will summarize the findings of a scoping review examining the use of checklists at end-of-life (EOL) within the adult intensive care unit (ICU).

Nikola Haskell, Catherine McIntyre, Eve Upshall, Amanda Roze des Ordon, Erica Wright, Jessica Jenkins and Katherine Kissel

P12

EXPLORING END-OF-LIFE (EOL) EXPERIENCES FOR FAMILIES IN THE PEDIATRIC INTENSIVE CARE UNIT (PICU).*(Research)*

This poster will describe how families experience end-of-life (EOL) care in the pediatric intensive care unit (PICU) during the death of their child, sharing how high-quality EOL care can shape families' final moments, influence bereavement outcomes, and guide nursing practice. Following interpretive description, semi-structured interviews were conducted with families. Preliminary findings from this study show ongoing challenges, including limited resources, gaps in nurse training, and insufficient integration of cultural and spiritual sensitivity. There is a need for enhanced education and strengthened bereavement follow-up to improve EOL care quality in PICUs.

Gelsey Davis, Daniel Garros and Sadie Deschenes

ORAL POSTER • SESSION 8D

P13

FACTORS INFLUENCING MORAL DISTRESS IN ADULT END-OF-LIFE (EOL) CRITICAL CARE NURSING: PRACTICE AND LEADERSHIP IMPLICATIONS.*(Clinical Practice)***ORAL POSTER • SESSION 7D**

P14

FROM THE GROUND UP: BUILDING A POST-INTENSIVE CARE UNIT FOLLOW-UP PROGRAM IN A COMMUNITY HOSPITAL.*(Leadership)***ORAL POSTER • SESSION 1D**

P15

IMPROVING SAFETY AND CONTINUITY OF CARE: THE IMPACT OF A CRITICAL CARE LIAISON RN ON ED-ICU TRANSFERS.*(Quality Improvement)***ORAL POSTER • SESSION 4D**

P16

INTERPROFESSIONAL SIMULATION (SIM) - THE SUM EXCEEDS THE PARTS!*(Education)***ORAL POSTER • SESSION 1D**

P17

LESS NOISE, BETTER CARE: REDUCING INTERRUPTIONS DURING INTERDISCIPLINARY ROUNDS IN INTENSIVE CARE.*(Quality Improvement)*

P18

LIFE OF A CRITICAL CARE NURSE; OVERDAMPED AND OVERWHELMED.*(Clinical Practice)*

This poster will highlight common sources of frustration among frontline nurses and proposes collaborative strategies to enhance job satisfaction. Ongoing research and interest in this area are essential for maintaining high-quality critical care. More investigation is necessary to determine the factors that foster a safe, productive, and satisfying work environment. While nurses—often called “the heart of healthcare”—are highly respected, recent trends suggest a decline in job fulfillment for various reasons. It is crucial to keep communication channels open as we shape the future vision of healthcare.

Chantel Glenn

ORAL POSTER • SESSION 5D

P19

MAKING SAFE PRACTICE THE DEFAULT IN CENTRAL VENOUS CATHETER CARE.*(Quality Improvement)***ORAL POSTER • SESSION 5D**

P20

OPTIMIZING VASCULAR ACCESS DEVICE SELECTION, CARE AND MAINTENANCE IN THE ICU.*(Clinical Practice)*

P21

PREPARING UNDERGRADUATE NURSING STUDENTS FOR CRITICAL CARE: A STUDENT-LED MODEL TO STRENGTHEN VASCULAR ACCESS COMPETENCY.*(Education)*

This poster will describe a student-led model designed to better prepare undergraduate nursing students for vascular access practice in settings such as critical care. As students increasingly rotate through emergency and intensive care units with limited procedural experience, gaps in confidence and technical readiness become more evident. The Vascular Access Student Club offers structured, experiential workshops focused on safe infusion therapy, ultrasound-guided insertion, and best-practice standards. This model shows how targeted, student-driven initiatives can strengthen clinical competence and support safer practice in high-acuity environments.

Rawane Soboh, Caroline Marchionni, Mélanie Gauthier, and William Landry

P22

PRESSURE INJURY PREVENTION (PIP): ELEVATING NURSING CARE IN CARDIOVASCULAR INTENSIVE CARE UNIT (CIVU).*(Quality Improvement)*

This poster will address a critical knowledge to practice gap that was directly increasing pressure injury (PI) risk for highly vulnerable cardiovascular intensive care unit (CVICU) patients. Strengthening nurses' access to and use of essential PI resources led to measurable improvements in clinical practice, supporting safer, more consistent, and prevention focused patient care.

Pauline Tecson

ORAL POSTER • SESSION 8D

P23

RESULTS OF A CROSSOVER PILOT STUDY OF NASAL PHOTO-DISINFECTION DEMONSTRATING SIGNIFICANT PATHOGEN REDUCTION IN INTENSIVE CARE UNIT (ICU) PATIENTS.*(Clinical Practice)*

P24

RURAL INTENSIVE CARE UNIT (ICU) REALITIES: NURSES' PERSPECTIVES ON CARING FOR THE CRITICALLY ILL IN ONTARIO.*(Sustainable Practices)*

This poster examines the challenges nurses encounter when caring for critically ill patients in rural hospitals, focusing on how limited resources affect urgent clinical choices. It will discuss the influence of provincial guidelines on practice and highlight the realities nurses face with patients who arrive in critical condition or worsen during their stay. By analyzing the pivotal decision-making moment—whether to continue care locally or transfer patients to centres with higher acuity—this poster seeks to encourage better strategies in rural healthcare settings.

Marianne Rowland

P25

SUGAMMADEX AND AIRWAY MANAGEMENT IN THE INTENSIVE CARE UNIT (ICU)? AN (AIRWAY) CASE REQUIRING USABILITY TESTING.*(Clinical Practice)*

High-risk, low-frequency events often pose threat to patient safety. This poster will describe the process undertaken in our local setting to integrate and evaluate (via usability testing) the addition of sugammadex, for potential use in airway emergencies (a perceived high-risk, low-frequency scenario), to pre-existing airway management carts and tools. Using this example, the process for interdisciplinary and human-factors led clinical tool design and evaluation will be reviewed.

Katherine Kissel, Shaunna Milloy and Tona Laerz

P26

SUSTAINING THE HEART OF HEALTHCARE: RECOMMENDATIONS TO ENHANCE NURSING RECRUITMENT AND RETENTION IN CARDIAC CRITICAL CARE UNITS (CCCU).*(Sustainable Practices)*

This poster will describe the key factors contributing to challenges with nursing recruitment and retention, as well as the impact of long-term staffing shortages on operations in a cardiac critical care unit within an urban Canadian hospital. Evidence-informed recommendations to strengthen nursing recruitment and retention are proposed to support organizational leaders in strategic healthcare workforce planning by leveraging relevant strategies from Health Canada's Nursing Retention Toolkit.

Andy Zhang

P27

SWAB SMARTER, NOT HARDER: RESTORING ASEPTIC NON-TOUCH TECHNIQUE® IN CENTRAL VENOUS CATHETER MAINTENANCE, A QUALITY IMPROVEMENT PROJECT.*(Quality Improvement)*

This poster presentation will describe a nurse-led quality improvement initiative in a cardiovascular intensive care unit (CVICU) aimed at reducing variability in Aseptic Non-Touch Technique® during central venous catheter maintenance. It will highlight the use of iterative Plan-Do-Study-Act cycles and frontline-informed strategies to improve and sustain disinfecting swab cap compliance, alongside staff and patient perspectives that informed practice change. The poster will share practical lessons learned related to education, human factors, and supply challenges to support broader adoption in critical care settings.

Alysha Geauvreau, Mikha Alegria and Meagan Eason

ORAL POSTER • SESSION 8D

P28

THE EVALUATION OF AN EARLY MOBILITY EDUCATION INTERVENTION IN THE CARDIAC SURGERY INTENSIVE CARE UNIT (CSICU).*(Clinical Practice)*

P29

TRANSITIONS IN CARE: SEPSIS SURVIVORS' EXPERIENCES AFTER HOSPITAL DISCHARGE.*(Clinical Practice)*

This poster presents a qualitative study examining how adult Canadian sepsis survivors transition from hospital to home. It compares the perspectives of patients, both young and old, with and without intensive care, focusing on their experiences with healthcare support during and after discharge. The poster also highlights ways to improve transitional care for this population group.

Rheya Hanning, Robin Enns, Mike McGillian, Alison Fox-Robichaud and Carly Whitmore

P30

USE OF SIMULATION TO SUPPORT NEW GRADUATE NURSES' LEARNING DURING THEIR TRANSITION TO PRACTICE IN CRITICAL CARE.*(Education)*

This poster will share findings from a mixed-methods systematic review that summarizes how simulation-based education strategies have supported new graduate nurses' (NGNs) learning during their transition to practice into critical care roles, such as in adult, pediatric, neonatal intensive care units (ICUs), and emergency departments (EDs).

Laura Freeman, Andria Phillips, Caroline Sabotig, Meghan MacIsaac, Sarah Pirani, Jane Tyerman and Brandi Vanderspank-Wright

P31

VENOUS OR ARTERIAL? CONFIRMATION OF CENTRAL VENOUS CATHETER (CVC) PLACEMENT.*(Quality Improvement)*

This poster will describe a central venous catheter (CVC) line confirmation practice that utilizes blood gas analysis to identify inadvertent arterial cannulation, thereby reducing the risk of serious complications, particularly with femoral access. The procedure's accuracy, acceptability, feasibility, and cost-effectiveness will be evaluated in comparison to the standard method of using a transducer to detect an arterial waveform.

Beth Linseman, Katryn Love and Julie Nardi

ORAL POSTER • SESSION 5D

P32

THE WHO, THE WHERE, THE HOW AND THE PERSONAL JOURNEY.*(Education)*

CONFERENCE FACULTY

Ashleigh Abbott Scarborough, ON	Sadie Deschenes Edmonton, AB	Melanie Hess Barrie, ON	Amy Lucas Calgary, AB	Bonnie Quinlan Ottawa, ON	Pauline Tecson North York, ON
Mikha Alegria Toronto, ON	Kalsang Dolkar Toronto, ON	Alicia Hines Fall River, NS	Meghan MacIsaac Waterloo, ON	Samantha Riarh Abbotsford, BC	Debbie Thompson Surrey, BC
Sarah Anderson Edmonton, AB	Dzifa Dordunoo Victoria, BC	Michelle House-Kokan Vancouver, BC	Catherine Mah Edmonton, AB	Shiu Ronald Vancouver, BC	Beverly Thompson-Brown Toronto, ON
Pamela Anthony Nepean, ON	Todd Duhamel Winnipeg, MB	Fuchsia Howard Vancouver, BC	Caroline Marchionni Montreal, QC	Avril Rose Scarborough, ON	Everad Tilokee Ottawa, ON
Odinaka Anunike Toronto, ON	Meagan Eason Toronto, ON	Yasuharu Inada Toronto, ON	Stephanie Mardakis Montreal, QC	Kelsie Rowe Kanata, ON	Mia-Bernadine Torres Airdrie, AB
Rakesh Arora Chicago, IL	Robin Enns Hamilton, ON	Krysten Jacovich Stouffville, ON	Shirley Marr Mississauga, ON	Marianne Rowland Thorndale, ON	Argerie Tsimicalis Montreal, QC
Maureen Ashe Vancouver, BC	Andrew Fagan Winnipeg, MB	Natalia Jaworska Calgary, AB	Mike McGillian Hamilton, ON	Amanda Roze des Ordons Calgary, AB	Jane Tyerman Waterloo, ON
Vininder Kour Bains Vancouver, BC	Garshia Ferinand- Flament Toronto, ON	Jessica Jenkins Calgary, AB	Catherine McIntyre Cochrane, AB	Caroline Sabotig Waterloo, ON	Jessica Uncao Mississauga, ON
Viskit Bali Brampton, ON	Stephanie Fernandes Toronto, ON	Amandeep Kaur Maple, ON	Kristie McKellar Surrey, BC	Annette Schultz Winnipeg, MB	Eve Upshall Calgary, AB
Audrey Barnwell New Westminster, BC	Candace Fevrier Toronto, ON	Jasnoor Kaur Calgary, AB	Shaista Meghani Edmonton, AB	Tom Scullard Farmington, MN	Brandi Vanderspank- Wright Long Sault, ON
Gillian Bender Ottawa, ON	Alison Fox-Robichaud Hamilton, ON	Katherine Kissel Calgary, AB	Alisha Michalovic Kirkland, QC	Kata Sealock Okotoks, AB	Megan Veenstra Pitt Meadows, BC
Anjili Birdi Surrey, BC	Laura Freeman Waterloo, ON	Wilma Koopman London, ON	Shaunna Milloy Calgary, AB	Carly Shaski Winnipeg, MB	John Velicevic Etobicoke, ON
Jade Boucher Vancouver, BC	Daniel Garros Edmonton, AB	Orest Kornetsky Oakville, ON	Miranda Mogg Coquitlam, BC	Tamara Sherman Toronto, ON	Ramesh Venkatesa Perumal Scarborough, ON
Jacqueline Bretzler Portuguese Cove, NS	Mélanie Gauthier Montreal, QC	Nicole Korczak, Vaughan, ON	Carmel Montgomery Edmonton, AB	Chelsea Simpkin Lethbridge, AB	Kathleen Vollman Detroit, MI
Alex M E Brousseau Montreal, QC	Alysha Geauvreau Toronto, ON	Karla Krewulak Calgary, AB	Brenda L Morgan London, ON	Shanti Sivarajah Toronto, ON	Carly Whitmore Hamilton, ON
Kelly Bubbs Port Coquitlam, BC	Sarah Gilchrist Winnipeg, MB	Tona Laerz Calgary, AB	Gabrielle Nabena Edmonton, AB	Kathy Smith Thunder Bay, ON	Tracy Williams Penticton, BC
Ian Burkovskiy London, ON	Chantel Glenn London, ON	Michelle Lamont Ottawa, ON	Sheila O'Keefe- McCarthy Lindsay, ON	Rawane Soboh Montreal, QC	Kimberly Woody Vancouver, BC
Melanie Button Toronto, ON	Wendell Greenidge Toronto, ON	William Landry Brossard, QC	Stefania Palmeri Scarborough, ON	Julia St Louis Toronto, ON	Amy Wright Toronto, ON
Sabine Calleja Montreal, QC	April Gregora Winnipeg, MB	Sandra Lauck Vancouver, BC	Sai Parameswaran North York, ON	Melissa Stark Hamilton, ON	Erica Wright Edmonton, AB
Laura Carley Ottawa, ON	Marley Gregorio London, ON	Erin Lawrie Vancouver, BC	Caroline Penner Langley, BC	Melissa Stoops Edmonton, AB	Lisa Yarske Surrey, BC
Anna Chudyk Winnipeg, MB	Rheya Hanning Hamilton, ON	Kathy Le Vancouver, BC	Andria Phillips Waterloo, ON	Cameron Streicher Etobicoke, ON	Su Ming Yong Toronto, ON
Lucy Crayford Ottawa, ON	Joseph Harrigan Edmonton, AB	Diana Lemieux Edmonton, AB	Emily Phillips Winnipeg, MB	Daniel Stuart Calgary, AB	Soyoung Yoon Toronto, ON
Sarah Crowe Langley, BC	Aimee Harrison Oshawa, ON	Catherine Liao Chilliwack, BC	Sarah Pirani Waterloo, ON	Stephanie Sutherland Ottawa, ON	Andy Zhang Toronto, ON
Gelsey Davis Edmonton, AB	Nikola Haskell Calgary, AB	Beth Linseman Toronto, ON	Charlotte Pooler Edmonton, AB	Kazuhiko Tanabe North York, ON	Yan (Summer) Zhang Scarborough, ON
Oliver De Laurentiis Toronto, ON	Jacqueline Hay Winnipeg, MB	Katryn Love Toronto, ON	Christine Punton Etobicoke, ON	Emily Taylor Fort Langley, BC	

CONFERENCE REGISTRATION FORM

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

- Refer to page 7 or <https://caccn.ca/canadian-critical-care-nursing-conference/> for registration fees
- 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 at <https://caccn.ca/2026-canadian-critical-care-nursing-conference/>

IMPORTANT INFORMATION

Early Bird Registration Deadline:

before August 24, 2026
@ 1700 hrs ET

Regular Registration Deadline:

before September 10, 2026
@ 1700 hrs ET

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

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 10, 2026 @ 1600 hrs. ET.
- Refund requests should be sent to CACCN/CCNC2026 Refunds, PO Box 25322, London, ON N6A 6B1 or emailed to caccn@caccn.ca.
- Refunds will not be issued for cancellation after September 10, 2026, 2026.
- CACCN/CCNC2026 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, 2026.
- In the event of cancellation of the conference, CACCN/CCNC2026 will be responsible for the refund of tuition fees only.

_____ I wish to join the CACCN or renew my CACCN membership.

CACCN Member Number

Please process a one-year CACCN membership at the time of conference registration.

_____ Name (as it will appear on badge)

_____ Credentials (i.e., BScN, RN; MScN, RN)

_____ Home Address

_____ City

_____ Prov/State

_____ Postal/Zip Code

_____ County

_____ Telephone

_____ Email Address

_____ Name of Employer

_____ Position

AREA OF PRACTICE: Adult Pediatric Neonatal All Ages/Multifocus

AREA OF FOCUS: Clinical Administration Advanced Practice
 Education Research

CACCN/CCNC2026
PO Box 25322
London ON N6A 6B1

caccn@caccn.ca
caccn.ca

CONFERENCE REGISTRATION



CONFERENCE REGISTRATION FORM

CONFERENCE DAYS ATTENDING

Please check all days you will be attending

- Tuesday, September 29, 2026
- Wednesday, September 30, 2026

SOCIAL EVENTS (complimentary)

- Nurses Night Tuesday, September 29, 2026

WELLNESS (complimentary)

- 5K Run Wednesday, September 30, 2026

DIETARY REQUIREMENTS

The Canadian Critical Care Nursing Conference (CCNC2026) will attempt to provide lunches and breaks that can accommodate delegates needs. Prior notification is required for all dietary restrictions and/or accommodation. CCNC2026 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

BOX 1

LESS: TUITION DISCOUNT(S)

List codes / coupon amounts

BOX 2

BOX 3

SUBTOTAL TUITION FEES LESS DISCOUNTS

(add Box 1 minus Box 2 & 3. If zero, enter zero)

BOX 4

ADD: HST 15%

(Calculate on total of Box 4.

If zero, enter zero)

BOX 5

TOTAL OF TUITION FEES PLUS TAXES (5%)

(Calculate Box 5 and 6)

BOX 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 CCNC2026/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 – CCNC 2026
Mail to CCNC2026, PO Box 25322, London, ON N6C 6B1.
- Cheques/Money orders are not accepted for International delegate registration.**

PAYMENT:

Visa/Mastercard/AMEX

Visa/Mastercard/AMEX Number

Expiration Date

Cardholders Name

CVV#
(back of card)

Signature

Date