

# Acute and Critical-Care Symposium

## Event Agenda

Monday, March 11, 2019 at 7:00am PT - Tuesday, March 12, 2019 at 4:30pm PT

**i** All times listed in Pacific Time (US & Canada).

### Monday, March 11, 2019

8:00am - 9:15am

#### **Our Voice, Our Strength: Powerful Beyond Measure**

Megan Brunson MSN, RN, CNL, CCRN-CSC (AACN President-elect)

1.25 CE Credits

The world of healthcare is ever changing and evolving. Outside forces often drive the acute and critical care nursing practice. How can we, as nurses, take charge of our practice within the healthcare world of change? It might be surprising what is within a nurse's locus of control. This presentation explores the characteristics of positive deviance and how being a positive deviant can influence how we practice. The presentation will explore the work of the IHI Break the Rules initiative and Amy Cuddy's work on Presence. Attendees will contemplate the ways in which they can ACT their way into a new way thinking and a new way of being.

Objectives:

Identify characteristics of positive deviance.

Explore a posture of influence and power.

Describe how an individual can use their voice and their strength to act their way into a new way of being

CERP Category C

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9:30am - 10:30am

#### **Case Studies in Medical Ethics**

Dr. Andi Chatburn, DO, MA (Hospice/Palliative Care Specialist and Ethicist at Providence Sacred Heart Medical Center)

1.0 CE Credit

Learning Objectives:

- Introduce Clinical Ethics as a way of being with one another in community
- Explore trends in Critical Care Ethics and case examples that inform those trends
- Apply principles of ethics to cases through a 4-box analysis

CERP Category B

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9:30am - 10:30am

#### **Promoting Value in the ICU by Practicing Less is More**

Dr Jerry Zimmerman, MD, PhD, FCCM (President Society of Critical-Care Medicine)

1.0 CE Credit

- The house that value built

Quality, cost, delivery, safety, informed and engaged staff, patients and families first

- Overuse and waste as a patient safety issue

- Promoting Value In Critical Care By Practicing, "Less Is More"

1. Begin with one or more elements of, Choosing Wisely.

2. Incorporate the ICU Liberation A through F bundle as "usual care" for every ICU patient.

3. Promote a learning health care environment in the ICU

- Choosing Wisely

1. Don't order diagnostic tests at regular intervals.

2. Don't transfuse red blood cells in hemodynamically stable, non-bleeding patients with a reasonable hematocrit.

3. Don't prescribe parenteral nutrition in adequately nourished patients during their first week.

4. Don't deeply sedate mechanically ventilated patients without a specific indication and without daily attempts to lighten that sedation.

5. Don't continue life support for patients at high risk for death or severely impaired functional recovery without also offering comfort care only.

- Other wise choices

Less fluid

Less oxygen

Less radiographs

Less antimicrobials

Less immobilization

- ICU Liberation, as clinical standard work for “usual care” in the ICU, promotes less is more

A = Always prioritize treatment of pain.

B = Undertake scheduled daily spontaneous breathing trials and spontaneous awaking trials.

C = Be cognizant of the choice of drug classes utilized for sedation.

D = Monitor for and minimize delirium.

E = Facilitate early mobilization.

F = Empower and engage families in the care plan.

- Complete ABCDEF bundle performance was associated with lower likelihood of seven outcomes:

Hospital death within 7 days (AHR 0.32 [0.17—0.62])

Next-day mechanical ventilation (AOR] 0.28 [0.22—0.36])

Coma (AOR, 0.35 [0.22–0.56])

Delirium (AOR 0.60 [0.49–0.72])

Physical restraint use (AOR 0.37 [0.30–0.46])

ICU readmission (AOR 0.54 [0.37– 0.79])

Discharge to facility, not home (AOR 0.64 [0.51–0.80])

- Waiting, Waste and ICU Liberation

1. The biggest waste in medicine is waiting.

2. The unwritten engine of ICU Liberation is weaning

3. Proactive, scheduled weaning will reduce waiting.

4. Reducing waiting in the ICU will increase value:

By improving quality

By decreasing waste (unnecessary costs)

- Learning Health Care Environment

1. Attributes

a. Multidisciplinary care

b. Shared educational model

c. Translational/clinical/quality improvement research

2. Benefits

a. Facilitates delivery of high value patient and family care

b. Promotes wellness for the community ICU practitioners

3. Components

a. Practice evidence-based medicine whenever possible.

b. Design clinical standard work modules to reduce practice variation; conduct iterative c. Plan/Do/Study/Act cycles; display outcomes of continuous process improvement activities.

d. Participate in interdisciplinary teaching/education.

e. Demand a culture of safety.

f. Support clinical and translational research.

g. Promote wellness and resiliency for ICU providers and patients and families alike.

- Value in everyday ICU practice

1. We should treat our patients and not laboratory test results.

2. We should develop and utilize clinical standard work.

3. We should “wean” when appropriate to reduce waiting,

but resist the temptation to always “just do something” when watchful waiting may improve clarity.

CERP Category C

10:45am - 11:45am

**Getting the Fluids Right: It's Time to Stop Guessing!**

Nicole Kupchik MN, RN, CCNS, CCRN, PCCN-CMC, Critical-Care CNS

1.0 CE Credit

Objectives:

Discuss the latest Sepsis Guidelines & CMS Core Measure recommendations regarding fluid resuscitation

Discuss the timing, type & amount of fluid to use in resuscitation

Describe the concept of fluid responsiveness & stroke volume optimization

CERP Category A

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10:45am - 11:45am

**Night Shift: How Nurses and Patients Can Adapt to the Dark**

Megan Brunson MSN, RN, CNL, CCRN-CSC (AACN President-elect)

1.0 CE Credit

Abstract

On the surface, day and night-shift can appear the same, however, an experienced nightshift nurse will tell you the differences are enormous when it comes to patient care and a nurse's work-life balance. Typically, novice nurses or nurses new to facilities are hired to work nightshift even though there are limited resources and support. Nurses need to have an understanding of the physical and physiological impact the shift has on their care delivery, their own health, and the resources available to them. Looking first at the impact to patients, The Journal of Intensive Care Medicine reported patients frequently experience poor sleep, characterized by sleep disruptions, loss of circadian rhythms, and lack of restorative rest in the hospital environment. Sleep architecture is rarely considered as it relates to coordinating patient care. The Journal of American Medical Association recognized frequent waking of patients has been linked to patient dissatisfaction, increased readmissions, and increased safety risks. It is also important to consider the impact to nightshift workers. According to studies, nightshift confronts more health and safety risks than other shift and requires greater effort to balance one's personal needs and restorative sleep. The National Institute of Occupational Health and Safety believes in educating nurses on the individual differences that influences nurses' ability to adjust to being on the opposite side of the clock. In spite of these challenges, nightshift nurses exhibit greater clinical autonomy along with creativity and strategies to combat fatigue and sleeplessness. By exploring the differences between day and night-shift, healthcare leaders can advocate for patients' and nurses' needs in a 24-hour care environment to improve outcomes, decrease length of stay, and provide tactics for nurses to be resilient who work at night.

Objectives:

Explore the physical and physiological impact of nightshift on nurses and patients

Provide resources to manage working nightshift as a nurse by identifying steps to improve work-life balance

Discuss various approaches to support healthier environment for nightshift nurses and minimize risk to patients in the hospital environment

Understand how patient care is impacted on nightshift

CERP Category A

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12:00pm - 12:45pm

**Differentiating Thrombotic Microangiopathies/Atypical Hemolytic Uremic Syndrome**

Dr Samer Banihani, MD

Alexion is sponsoring lunch and this presentation, no CE will be offered.

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1:00pm - 2:00pm

**Critical Care Studies You Should Know About**

Nicole Kupchik MN, RN, CCNS, CCRN, PCCN-CMC, Critical-Care CNS

1.0 CE Credit

Identify current controversial clinical topics and discuss the types of research questions that may arise

Describe critical care studies which advance critical care nursing by increasing understanding of concept related to AACN priorities

Discuss translation strategies, research implications and areas for further study based on AACN's priorities and presented studies

CERP Category A

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2:15pm - 3:15pm

**APP's in Critical-Care: Where They've Been and Where They're Going**

Alison Houchin, ARNP and Kathryn Al-Hafian, ARNP (APP's with The Intensivist Group at Providence Sacred Heart Medical Center)

1.0 CE Credit

PAST

Where have we been and where are we going? The forces at play moving advanced practice forward

Anticipated growth by 130% (2008-2025)

PRESENT

Impact of the APP on

Quality

Outcomes

Pt satisfaction

Cost

Affordable care act

Education, present

Scope of practice

Reimbursement policies

Shortage of faculty

FUTURE

Educational competences

Implementation of non-hierarchical team based care

Inter-professional education/team based collaboration

Opportunities vs challenges

New frontiers for Advanced Practice Nursing (beyond primary care)

Expansion of the role (drivers of expansion)

CERP Category B

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2:15pm - 3:15pm

**Cardio-Renal Syndrome**

Dr. Chia Hsu, MD (Providence Kidney Care)

1.0 CE Credit

Objectives:

Define Cardiorenal Syndrome

Review prevalence

How to classify various forms of CRS

Review Case Studies

Overview of lab work needed to help diagnose CRS

Management strategies for CRS

Review of diuretics

CERP Category A

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3:30pm - 4:30pm

**Sepsis: Why the big deal?**

Katie Schatz, ARNP

1.0 CE Credit

Objectives:

Discuss why rapid recognition and treatment of Sepsis is critical

Review criteria for sepsis, severe sepsis and septic shock

Identify the key concepts in the pathobiology of sepsis.

Identify differences between Sepsis, qSepsis, SIRS criteria

Apply the latest CMS guidelines and the Surviving Sepsis guidelines published in 2018 to clinical scenarios.

CERP Category A

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3:30pm - 4:30pm

**Comparison of Trauma Patients Between Cameroon, West Africa and Spokane, WA**

Dr. Timothy Bax, MD (General Surgeon Providence Sacred Heart Medical Center)

1.0 CE Credit

Objectives:

Define facilities, resources and patient populations in both locations

Compare statistics of mechanism of injury

Compare statistics of resulting types of injuries

Compare statistics on state of trauma patient on initial presentation

Review statistics of disposition of patients from ER

Review limits of this data set

Offer recommendations based on data

CERP Category A

## Tuesday, March 12, 2019

8:00am - 9:00am

**Your Voice: Transforming Clinical and Fiscal Outcomes**

Debbie Brinker, RN, MSN, BSN (Professor of Nursing at Washington State University)

1.0 CE Credit

Objectives

Describe an innovative program that assists staff nurses to create improvements that achieve positive patient/family, clinical, and fiscal outcomes.

Discuss how to develop, implement, and sustain an innovative change project that targets a clinical outcome on the unit.

Explain and share tools, methods and activities that support a successful foundation for change.

CERP Category C

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8:00am - 9:00am

**Assessing Heart Tones, A Lost Art?**

Patty Hahn, RN, MN, ARNP (faculty University of Washington MEDEX)

1.0 CE Credit

1. Identify the underlying pathophysiology associated with the following heart sounds:

Pericardial friction rub

Cardiac murmurs

S3 ventricular gallop

S4 atrial gallop

2. Discuss underlying disease processes associated with the following abnormal heart sounds:

Pericardial friction rub

Cardiac murmurs

S3 ventricular gallop

S4 atrial gallop

3. Discuss the importance of heart sound assessment in making an accurate medical diagnosis.

CERP Category A

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9:15am - 10:15am

**EP update: VT ablation and Leadless Pacemakers**

Dr. Patrick Henley, DO (Cardiologist - Heart Clinics Northwest)

1.0 CE Credit

**Catheter Ablation of Ventricular Tachycardia**

Ventricular Tachycardia

Causes

Sudden Cardiac Death

Treatment

Catheter Ablation Therapy

Patient selection, risks/benefits

CT, Echocardiography, MRI imaging involved

Catheters and therapies they deliver, access to patient's heart

Procedure in EP lab – sedation requirements – anticoagulation

Inta cardiac vs epicardial ablation

Post op care of patients with VT ablations

Groin, neck site care, bedrest

Follow up care

**Leadless Pacemakers**

Overview of traditional pacemakers

Leadless pacemakers – how they differ from traditional pacemakers

Selection of patients who will benefit from leadless pacemaker systems.

Follow up care of leadless pacemaker patients.

CERP Category A

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9:15am - 10:15am

**Clinical and Regulatory Update for Hospital Bedside Glucose Testing - Recent FDA Clearance & Consequences**

Evan Ntrivalas MD, PhD

1.0 CE Credit

The importance of point-of-care (POC) glucose testing in the management of dysglycemia of hospitalized patients will be discussed. Using peer-reviewed publications and clinical case studies, the potential negative effects of inaccurate POC glucose results, due to interferences related to patients' pathophysiologic factors and exogenous substances, will be presented. Additionally, data will be presented highlighting the importance of accurate POC glucose meter results for improved clinical outcomes and patient safety.

Additional objectives - At the end of the session, attendee will be able to

Review FDA activity for Glucose Meter Manufacturers

Describe StatStrip critical care clearances and labelling

Summarize arterial & venous claim study design + results

Report on the FDA Advisory Panel presentations

Summarize capillary claim study design + results

Discuss implications for use of glucose meters

\*This presentation is sponsored, approval is pending with AACN, but should be eligible for 1h CERP category A credit. CERP hours count toward certification renewal, but NOT toward license renewal like CE.

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10:30am - 11:30am

**Sepsis Rollercoaster Ride: Sepsis from a Patient and Family Perspectives**

Sharon Hansen, RN, MN, CCRN (2018 Sepsis Hero, Lecturer at UW Tacoma Nursing & Leadership Program)

1.0 CE Credit

Objectives:

Using a case study, verbalize the effect of sepsis on the individual and family

Discuss post-sepsis syndrome, challenges, and resources

CERP Category B

10:30am - 11:30am

### **Opiates and Opioids: Washington Poison Center's Experience**

Jared O'Connor, MPH (Educator - Washington Poison Center)

1.0 CE Credit

#### **Abstract:**

Prescription drugs, including opioids, were the leading cause of unintentional death in Washington last year far outpacing motor vehicle accidents. This presentation will give an overview of the various drugs that are involved in the epidemic including Fentanyl, Carfentanyl, Krokodil, Kratom, Naloxone and others. Further, this presentation will discuss factors that contributed to creation of the epidemic, where trends are taking us, and the Washington Poison Center's experience.

Following this presentation, the audience will be able to:

- Identify the leading opioids that are abused in Washington
- Discuss the limitations of naloxone as a lifesaving drug
- List factors that contributed to the Opioid Epidemic

CERP Category A

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12:45pm - 1:45pm

### **Peripheral Vascular Complications**

Elizabeth Mattox, MS, MSN, RN, ARNP, CPPS

1.0 CE Credit

By the conclusion of the session, learners will be able to:

Describe complications related to peripheral vascular access devices (PVADs)

Utilize the the prevention, detection and recovery framework to patient harm related to complications

Evaluate personal practice related to management of PVADs

#### **Session Outline**

Introduction

Type of PVADs

Prevalence of use

Perception of risk

Legal implications

Prevention – Detection – Recovery framework

Phlebitis

Definition

Signs & symptoms

Risk factors

Prevention – Detection – Recovery strategies

Infiltration & extravasation

Definitions

Infiltration

Extravasation

Vesicant

Signs & symptoms

Risk factors

Prevention – Detection – Recovery strategies

Air embolism

Definition

Clinical scenarios resulting in air embolism

Signs & symptoms

Risk factors

Prevention – Detection – Recovery strategies

Tubing and catheter misconnections

Definitions

Examples

Signs & symptoms

Risk factors

Prevention – Detection – Recovery strategies

Device fragment embolization (in brief)

Definitions

Mechanism of fragmentation and embolization

Signs & symptoms

Prevention – Detection – Recovery strategies

Retained peripheral vascular access device (in brief)

Definition and risk

Prevention – Detection – Recovery strategies

Radial nerve injury (in brief)

Mechanism of injury

Prognosis

Signs & symptoms

Risk factors

Prevention – Detection – Recovery strategies

Tourniquet retention (in brief)

Definition

Signs & symptoms

Risk factors

Prevention – Detection – Recovery strategies

CERP Category A

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2:00pm - 3:00pm

**From Osler to Perloff: Why There Are Now More Adults than Children Living with Congenital Heart Disease and Why You Should Care**

Dr. Jeremy Nicolarsen, MD, FACC (Director of Providence Adult and Teen Congenital Heart Program)

1.0 CE Credit

❖ Understand how the success of our predecessors has changed the face of congenital heart disease medicine for us...forever.

❖ Learn key concepts in the care of adults with congenital heart disease.

❖ Learn about the Providence Adult and Teen Congenital Heart Program (PATCH)

CERP Category A

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2:00pm - 3:00pm

### Care of the Patient with ARDS

Dr. Djamshed "Jama" Samiev, MD (Critical Care Physician with The Intensivist Group at Providence Sacred Heart Medical Center)

1.0 CE Credit

Acute Respiratory Distress Syndrome- History

What is it? Why is it important? Etiology.

Clinical Picture

Diagnostic Criteria- Incorporating the Berlin Criteria

Differential Diagnoses- Cardiogenic Pulmonary edema, Diffuse alveolar hemorrhage, Acute PE, Acute interstitial PNA, etc.

Imaging- CT, CXR

Misdiagnosis

Pathophysiology- 3 phases

Exudative Phase- First 7 days

Proliferative Phase- 7-21 days

Fibrotic Phase- 21+ days

Treatment of ARDS

Strategies that improve outcome and mortality

Lung Protective Ventilation

ARDS Network, what does the research tell us?

Principals of treatment, Evidence of Benefit, Optimal Goals

Volutrauma, Biotrauma, Atelectrauma

Neuromuscular Blockade

Proning

Strategies that feel good, but don't improve outcome and mortality

Nitric Oxide/Epoprostenol

APRV-Can increase mortality

Recruitment maneuvers-Can increase mortality

General Principals

Recognize and treat underlying medical disorder

Minimize procedures and complications

Recognize and treat nosocomial infections promptly

Provide adequate nutrition

Prophylaxis treatment

CERP Category A

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3:15pm - 4:15pm

### Science of Gratitude

Philip Watkins, PhD (Professor of Psychology Eastern Washington University)

1.0 CE Credit

Participants will be able to:

Define gratitude as an emotion and as a disposition

Understand how gratitude is important to emotional well-being

Understand how gratitude encourages meaning in life

Learn gratitude techniques that help one to reorient to a more positive perspective

Understand who benefits most from gratitude.

CERP Category B