

3rd International Conference for PeriAnaesthesia Nurses
ICPAN 2015, Copenhagen, September 9th - 12th, 2015

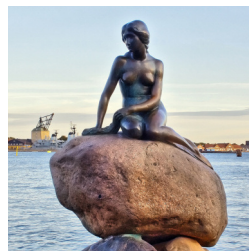


ICPAN 2015 • Copenhagen

*Sharing and Caring
Inspiring Global Connections*

Hotel Radisson Blu Scandinavia, Copenhagen

In cooperation with the Danish association of anesthesia,
critical care and recovery nurses



www.icpan2015.dk



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“Welcome to Copenhagen”

As Lord Mayor of Copenhagen it is my pleasure to welcome all of you to our city and to our City Hall as part of your welcoming reception. You are taking part in the 3rd International Conference for PeriAnesthesia Nurses - ICPAN 2015, which is a unique opportunity for you to share knowledge and build relations.

At the same time, it is your chance to explore the city and its many attractions. Copenhagen is designed for life; from the sustainable solutions and many bikes, the fantastic food and intelligent infrastructure to the clean water and green parks, the city is firmly focused on the balance between work and play. I hope that our city will provide great memorable experiences and new communities for everyone - enjoy your stay in the City of Copenhagen!"

Frank Jensen

Lord Mayor

City of Copenhagen



Velkommen!

I am delighted and honored to welcome you to Copenhagen, Denmark and the 3rd International Conference for PeriAnaesthesia Nurses. The theme of this conference is 'Copenhagen: Sharing and Caring - Inspiring Global Connections.' This conference brings together colleagues from around the world. Your experience, expertise and readiness to share knowledge and ideas allows us to contribute globally to our caring specialty practice of perianesthesia nursing.

Each of you brings invaluable contributions to share with colleagues attending this conference: clinical expertise, educational knowledge, scientific and innovative practices. I offer sincere gratitude to Bente Buch, ICPAN Conference Chair, and her Planning and Scientific committees for creating and developing this exceptional programme. Thank you to our conference sponsors and exhibitors who helped to support this conference.

I am grateful to each one of you for coming. I hope this conference will prove to be an inspiring experience for you. Network and create opportunities with fellow colleagues. Your participation provides a voice for present and future global connections and collaboration that will ultimately affect the quality of our practice, and the health of the patients we care for.

Immediately after the scientific program we will be having our inaugural meeting of ICPAN (International Collaboration of PeriAnaesthesia Nurses) where our first board of officers will be inducted. Please come and participate in the future of this organization.

Enjoy the conference and have fun in the beautiful city of Copenhagen!

Warm regards Sue Fossum
ICPAN chair



Dear colleagues - Welcome to Denmark and to Wonderful Copenhagen!

It is my pleasure to welcome you to the third ICPAN Conference and to the founding of an International Collaboration for Perianesthesia Nurses. This gives an even deeper meaning to the conference theme Sharing and caring - inspiring global connections. By the end of this conference we will all be able to connect, through ICPAN collaboration, anytime, from anywhere around the world.

Until then I hope that you will enjoy the conference program, the result of a fantastic performance from our dedicated scientific committee. In three parallel sessions, you have the opportunity to choose among 38 lectures from fellow nurses, on a wide range of topics. Along with

the Key note speakers and a Delegate Forum, which is an interactive session, where you have great networking opportunities.

Through this third ICPAN Conference, you will share knowledge and experience with colleagues and future friends from 19 countries. Please take your time to visit Copenhagen and meet the happiest people in the world, the Danes. On Friday, the conference party will bring joy to those of you who will attend. Boats will bring us through the Copenhagen harbor, to the Little Mermaid and the famous Langlinie Pavillion. After dinner The Rolling Bones, a band of orthopedic surgeons will play for you.

The conference would not be possible without the support of our exhibitors and sponsors. During the breaks, we urge you to visit the exhibition area and the Silent auction hall. Many people have donated very nice things. If something pleases your eye, you must be quick, the bidding will end Friday before the party.

When you return home, I hope that your minds and hearts are full. That you will lean back with a smile on your face and wonder how to attend the next ICPAN conference.

Best wishes Bente Buch
Conference chair



2015 Conference Organizing Committee:

Susan Fossum, ICPAN Chair
Bente Buch, ICPAN Conference Chair

United States of America
Denmark

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Pat Smedley, BARNA
Ann Hogan, IARNA
Susanne Winther Olsen
Anita Kristin Gabrielsen
Evangelos Konstantinou
Hanneke von Kooten
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Maureen McLaughlin

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Laura Van Loon, NAPANc
Grainne McPolin

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United Kingdom
United States of America
Ireland
United Kingdom
Sweden
Finland
New Zealand
Canada
Saudi Arabia



GENERAL INFORMATION

Conference Venue

Radisson Blu Scandinavia
Hotel Copenhagen A/S
Amager Boulevard 70
2300 Copenhagen S
Denmark
Tel.: (+45) 33 96 50 00
Copenhagen@radissonblu.com

Conference Bureau

DIS Congress Service
Herlev Ringvej 2C

2730 Herlev
Denmark
Tel.: (+45) 44 92 44 92
participants@discongress.com

Registration / Hospitality Desk

Opening hours during the Conference:

Wednesday 9 September 2015:

14:00 - 18:30

Thursday 10 September 2015:

07:30 - 17:00

Friday 11 September 2015:

07:30 - 17:00

Saturday 12 September 2015:

08:30 - 10:30

Official Language

The official working language at the conference is English and no translation is offered.

Access/Security

Name badges will be provided to all participants and accompanying persons during registration and will be required for admission at the Conference.

Catering

Coffee breaks and lunch will be served in the poster and exhibition area.

Concurrent Sessions

Sessions are on a first come, first serve basis. Participants are requested to silence all electronic devices and refrain from talking during sessions.

Smoking Policy

Smoking is banned in all indoor public places and restaurants in Copenhagen. The Conference is a smoke-free event and smoking is not permitted at Radisson Blu Scandinavia Hotel.

Lost Property

All Participants are kindly requested to report any lost or unattended items immediately to the Conference staff. In the event that you lose anything during the Conference, please enquire at the Conference Registration Desk, where any lost property will be stored.

Banks

Normal banking hours are from 10:00 to 16:00 hrs. Monday to Friday. On Thursday banking hours are extended to 18:00 hrs. Extended banking facilities are available at Copenhagen Central Railway Station 7 days/week between 07:00 and 21:00 hrs. There are ATMs usually located in connection with a bank branch, which accept a variety of international credit cards. The cards accepted are indicated on the dispenser.



Currency/credit cards

The currency in Denmark is Danish Kroner (DKK). One krone is divided into 100 Øre. 1 Euro is approx. 7.5 DKK and 1 USD is approx. 6.8 DKK as per July 2015.

Most shops and restaurants accept Euro, but at a higher rate.

Credit cards are widely accepted – also in taxis.

Hospital Visits:

All hospital visits are taking place September 9th 16:00 – 18:30.

Buses will depart from Radisson Blu Scandinavia Hotel at 16:00 and arrive at Copenhagen City Hall at 19:00.

We meet in front of Radisson Blu Scandinavia Hotel at 15:15.

Shops

The shops are open from 09:30/10:00 to 18:00/19:00. Monday through Thursday and 09:30/10:00 to 20:00 on Friday and 09:00 to 17:00 on Saturday/Sunday.

Presentation/speaker

All speakers must be present at least 15 minutes before their presentation at the plenary session room and meet with the moderator for the session. Please bring your speech on a memory stick.

Posters

Posters should be mounted from Thursday, September 10th at 07:30 am and dismantled Saturday, September 12th. There will be poster sessions offered during all coffee breaks September 10th and 11th. A poster committee will view the posters and the winner will be announced Saturday, September 12th at the closing remarks.

Liability and Insurance

Neither the Organisers (ICPAN) nor the Congress Secretariat will assume any responsibility whatsoever for damage or injury to persons or property during the Congress.

Participants are recommended to arrange for their personal travel and health insurance.

Taxi

Amager Øbro Taxi	+45 2727 2727
Dan Taxi	+45 7025 2525
Taxa 4x35	+45 3535 3535
TaxiNord	+45 4848 4848

Tips

Tipping in taxis and restaurants in Denmark is not expected but is appreciated.

Electricity

Electricity is supplied at 230 volts A/C, 50 Hz cycle.

Emergency Services

Police - Ambulance - Fire Brigade

* Dial 112

Changes

The Organisers reserve the right to adjust or change the programme as necessary.

For further information about Copenhagen, please visit www.aok.dk or www.woco.dk



Hospitals who are welcoming ICPAN - delegates

RIGSHOSPITALET - The Copenhagen University hospital, Rigshospitalet.

Rigshospitalet is a highly specialized hospital which is organized under the Capital Region of Denmark. With a few exceptions, Rigshospitalet covers all medical specialist areas.

- **Abdominal Center:** PACU 2042 is Rigshospitalet's largest PACU with 18 fully monitored beds. On a yearly basis PACU 2042 delivers post anesthesia recovery service to more than 8000 patients from 13 surgical specialties, 4 within the Abdominal Center and 9 from other centers.
- **Juliane Marie Center:** In The Juliane Marie Centre, Rigshospitalet, University of Copenhagen, care and treatment is provided for women, children and reproduction. The Juliane Marie Centre is a highly specialised center of the Capital Region of Denmark.
- **Hoved-Ortho Center:** Department of Otorhinolaryngology, Head & Neck Surgery and Audiology. The clinic treats children, adults and elderly with ear, nose and throat disorders. The department's field of work is traditionally divided into three groups: ear diseases, nose and sinus disorders and head-neck surgery. Patients in the group 'children and young people' are admitted to the pediatric department at the Centre of Head and Orthopedics'.
- **Neuro Center:** Department of Neuroanaesthesiology. The clinic treats children, adults and elderly after neurosurgery. The department has a surgical ward with 5 operating theatres. The recovery section has 6 beds. The opening hour is from Monday morning until Saturday afternoon at 3 pm.

HERLEV HOSPITAL University Hospital Herlev is a 770 bed suburban teaching hospital in the Greater Copenhagen area with a patient population of 425.000. The multidisciplinary perioperative ward cares for approximately 500 elective and emergency surgical cases per week from 7 different non-cardiac surgical specialties.

GENTOFTE HOSPITAL Gentofte Hospital - Anaesthesia Department/ Recovery

Anaesthesia Department is a service department and across all hospital departments solves a number of functions and tasks. The department receives approximately 9000 patients per year. The main function of the department is to provide assistance with anaesthesia, surgery and recovery to mainly elective-and day surgery patients.

HVIDOVRE HOSPITAL At the PACU at Hvidovre Hospital we have room for 15 patients. We receive patients day and night who have been undergoing eg. Abdominal-, Orthopedic- and Gynaecology surgery. That also includes children from the age of 1.

BISPEBJERG HOSPITAL Bispebjerg Hospital was built in 1913 and was already then together with its garden one of the earliest and most beautiful and healing architecture. It is significant with its bright wards and green environment and is one of the biggest contiguous areas, which has been preserved in Denmark. Bispebjerg Hospital is together with Frederiksberg Hospital 1 of 4 acute hospitals in the region, Capital Region.

GLOSTRUP HOSPITAL Glostrup Hospital's profile is in spinal diseases, ophthalmic diseases, neurology and neuro-rehabilitation. Patients are submitted from a larger area in greater Copenhagen and nationwide. Glostrup Hospital merged on January 1, 2015 with The Copenhagen University hospital Rigshospitalet and solves tasks of patient care, research, development and education.



Social program



Wednesday September 9th 2015

Reception at the City Hall of Copenhagen, 19:00 hrs.

The reception is hosted by the City Council of Copenhagen, which will welcome you to Copenhagen with drinks and the famous pancakes. Participation is included in the registration fee, but pre-registration is required.

Dress: Informal

Address: Rådhuspladsen, 1599 Copenhagen

We meet in front of Radisson Blu Scandinavia Hotel 18:30 hrs and walk together to the City Hall.



Friday September 11th 2015

Conference party dinner at Langelinie Pavillonen, 19:00 hrs.

Canal boats to Langelinie Pavillonen.

Langelinie Pavillonen is located on the waterfront with the unique views of The Little Mermaid. The restaurant contains some of the finest examples of 1950s Danish design, including Poul Henningsen's world-famous cone lamps, of which the restaurant is the proud owner of the first eight ever produced. With its superb cuisine, live music and dance, the evening is bound to be a great success and experience!

Dress: Informal - a light coat may be useful

Price per person: DKK 765

The evening starts with a boat trip along the canals at 18:00 hrs.

Pick up-place at Restaurant Aristo - Wharf 569 at Langebro.

We meet in front of Radisson Blu Scandinavia Hotel 17:30 hrs and walk together to the Wharf.

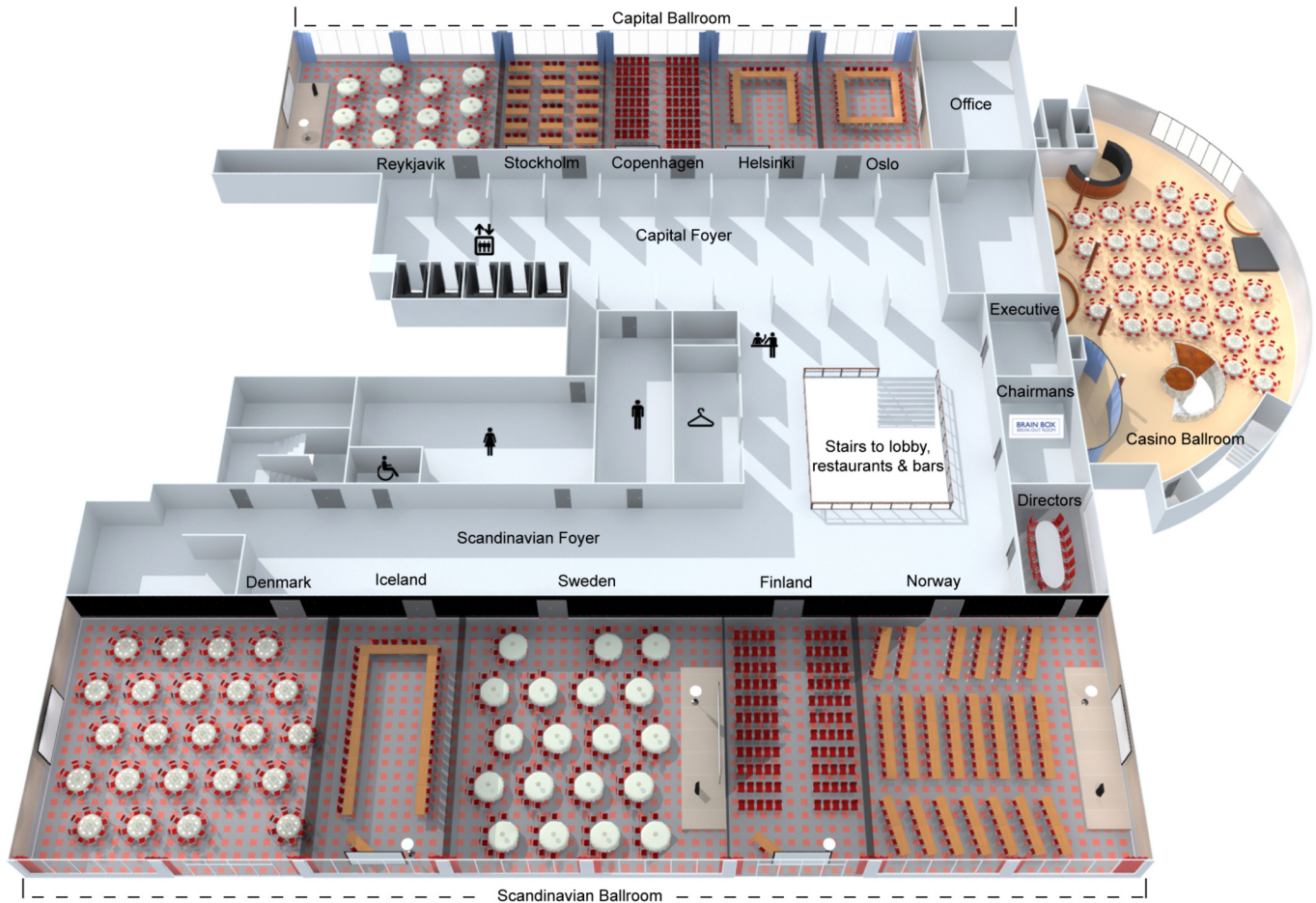
Please note that no official transportation is arranged back to Radisson Blu Scandinavia Hotel.

Silent auction Thursday, September 10th and Friday 11th

Silent auction is, as the word says, **A SILENT AUCTION**. A number of items will be presented in the rooms Oslo and Helsinki at the conference. Each item will have a description, a blank note beside it and a pen. You will during the conference, at opening hours, have the opportunity to give a bid for the item you want to purchase. The bidding goes on by paper (therefore a silent auction) until Friday afternoon, where the highest bidder will be asked to pay in Danish crowns and pick up the item.



Congress venue at Radisson Blu



At the plenum sessions we will all be in the Scandinavian Ballroom.

When we have 3 sessions Scandinavian Ballroom will be divided in Norway, Sweden and Denmark.

The poster presentations will be in the Capital Foyer

The Casino Ballroom will be open during lunch hour. Coffee will be served in the breaks in the Foyer

Silent auction will be at Oslo and Helsinki

The exhibition will be at Copenhagen, Stockholm and Reykjavik



KEY NOTE SPEAKERS



Dr Allie Green,
The Royal Sussex County Hospital,
Brighton, United Kingdom.

Allie Green is an Anaesthetic Registrar working as an Education Fellow in Brighton, England. She has worked in Jimma, Ethiopia as a Visiting Lecturer in 2013 and has been back out several times since to run Primary Trauma Care Courses. She is working along with the charities Operation Smile and Lifebox to sustain the Visiting Lecturer programme in Jimma. She has an interest in education, particularly in low resource settings, and is a member of the Royal Society of Medicine Trainees Committee and has experience in organizing courses and training nationally and internationally.

Focus of the session Experiences from Ethiopia: setting up a post anaesthesia care unit

Ethiopia is the most populated landlocked country in Africa with over 94 million people, the majority of which live in traditional rural communities with little access to healthcare. Jimma University Specialized Hospital serves a population of 14 million with a total of only four operating theatres and very limited resources. Until recently, neither the obstetric or general theatres had a post-anaesthesia care unit (PACU). The main focus of this talk will be the experiences of being a Visiting Lecturer in Ethiopia and the implementation of a post-anaesthesia care unit (PACU), including the formation of a sustainable recovery nurse training programme.



Carsten Tollund, MD.
Anaesthesia and Pain Medicine specialist,
The Abdominal Centre,
Copenhagen University Hospital, Denmark.

Carsten Tollund completed his specialist training in anaesthesiology in 2007. His speciality has been anaesthesia and perioperative care for patients undergoing major abdominal surgery since 2008. He completed the Scandinavian Society of Anaesthesia and Intensive Care (SSAI) Training Programme in Advanced Pain Medicine in 2012. Also, he is the Chairman of The Pain Medicine Board under The Danish Society of Anaesthesia and Intensive Care Medicine (DASAIM). Special interests include acute and chronic pain management in the perioperative setting, including organisational aspects, and identification and optimized treatment of patients with chronic pain undergoing surgery.

Focus of the session: Perianesthesia care for the chronically affected patient

In recent years, major surgery in both cancer and non-cancer patients has developed substantially. Older patients with significant co-morbidity are operated. Also, palliative surgery is undergoing a rapid development. One consequence is, that perioperative care staffs are facing the challenge of an increased number of patients with chronic pain.

With the implementation of the fast-track surgery concept in both major and minor surgery, an improve in pain and nausea control, early mobilisation and enteral feeding has been achieved. However, the fast-track concept is not specifically aimed at the challenges mentioned above. The main focus of the talk is organisation and management of patients with special needs in the perioperative period, with special focus on practical management of the chronic pain patient.



**Ulrica Nilsson Professor,
PhD and RNA Scholl of Health and Medical Sciences,
Örebro University, Sweden.**

Ulrica Nilsson, RNA, PhD is professor in nursing at School of Health and Medical Sciences, Örebro University, Sweden. Ulrica is the head of the “Perioperative nursing” research environment, which exists with the overall aim of testing various methods of improving perioperative care of surgical patients, and thereby increasing patient safety and satisfaction. Ulrica also holds positions as associate professor in perioperative nursing at Örebro University. She has been working as a nurse anaesthetist for more than 25 years.

Focus of the session

On returning home from day-surgery, many patients are concerned and worried due to a lack of feedback and information about what to expect during the normal recovery process. In the weeks following discharge, patients may have unrealistic expectations about recovery and frequently have symptoms causing them to phone their health-care team or make unplanned visits to an accident and emergency facility. Currently, there are no systems that provide routine at-home assessments or feedback to patients about postoperative recovery. A systematic follow-up of postoperative recovery and a personalised feedback about the patient's own recovery process will improve safety and self-care, increase patient participation, and reduce unplanned or unnecessary healthcare contacts. Furthermore, by receiving patients' postoperative recovery data, healthcare professionals can evaluate and compare the effectiveness of different approaches to perioperative care and thereby increase the quality of perioperative care. However, it is important to use validated questionnaire such as Quality of Recovery (QoR) and Postoperative Recovery in Children (PRiC) and this follow-up facilitates by using a smartphone application, Recovery Assessment by Phone Points (RAPP).



**Delegate Forum session: The Gathering of Nations
Joni M. Brady, DNP, MSN, RN, CAPA,
Pain Management Nurse, Inova Alexandria Hospital, Virginia, USA**

Dr. Brady was born and raised in upstate New York, where she received her nursing diploma. She holds a Bachelor of Science Degree in Health Sciences, Masters Degree in Nursing, and Doctor of Nursing Practice in Nursing Administration. As a certified perianaesthesia nurse since 1999, she has diverse clinical, education and management experience in all aspects of perianaesthetic care, moderate sedation administration, and acute on chronic perioperative pain management. Joni is a past American Society of PeriAnesthesia Nurses' editor and officer. She authors the Journal of PeriAnesthesia Nursing “Global Connections” column, nursing manuscripts and book chapters. Living and working in Asia, North America and Europe throughout adult life was a catalyst for her involvement as an International Conference for PeriAnaesthesia Nurses founding group member. Dr. Brady is employed as a Pain Management Nurse in Nursing Administration at Inova Alexandria Hospital, Alexandria, Virginia, USA.

Focus of the session

This interactive networking session provides a unique opportunity for delegates from different countries to meet in smaller groups to discuss various perianesthesia clinical practice and management issues. Each group will have a facilitator assigned to record the information discussed and then share the findings with all delegates. The discussion results will be compiled and published on the conference website. Nurses having a special perianesthesia nursing interest (e.g., staff development, education, management, research and evidence-based practice) will have the opportunity to meet and discuss possibilities for future collaboration.



CLOSING PLENUM SESSION



Denise O'Brien,
Perianesthesia Clinical Nurse Specialist,
University of Michigan Health System,
Ann Arbor, Michigan, United States of America

Denise O'Brien is a clinical nurse specialist, practicing in perianesthesia nursing for over 35 years, and for the past 12 years, as a CNS at the University of Michigan Health System. She is also an adjunct clinical instructor, in the School of Nursing of the University of Michigan. Denise has written and lectured extensively on perianesthesia nursing topics while remaining active in promoting the specialty through organizational work with the American Society of PeriAnesthesia Nurses. Interested in the application of technology in the workplace, Denise has spent the past few years working to improve clinical documentation in the perianesthesia setting. She believes that the use of data will support perianesthesia nursing care that enhances patient outcomes and promotes our specialty nursing practice.

Focus of the session

The perianesthesia setting is optimal for the clinical nurse specialist (CNS) advanced practice role, providing opportunities for the CNS to participate in all three spheres of influence: patient, nurses and nursing practice, and organization/system as defined by the National Association of Clinical Nurse Specialists. While not commonly employed in the perianesthesia setting, the CNS provides clinical leadership to promote standards of practice, evidence based care, and quality to enhance patient outcomes. An increasing number of CNSs are now practicing in perianesthesia settings in the USA and the role holds promise for all perianesthesia settings throughout the world. This presentation includes discussion of the CNS role actualization in the perianesthesia practice setting, identifies the value of the CNS in the setting, and rationale for supporting the role in this setting.



Scientific Program · 3rd International Conference for PeriAnaesthesia Nurses

Thursday September 10 th 2015			
07.30 - 17.00	Registration desk open		
09.00 - 09.30	Scandinavian Ballroom Welcome and Opening Ceremonies Introduction by ICPAN Chair Susan Fossum and Conference. Chair Bente Buch		
09.30 - 10.30	Scandinavian Ballroom Opening Keynote: Experiences from Ethiopia: setting up a post anaesthesia care unit Dr. Allie Green , The Royal Sussex County Hospital, Brighton, United Kingdom Chair: Mette Ring		
10.30 - 11.15	Coffee break Viewing of posters. Exhibitor - time		
11.15 - 11.45	Room: Norway Chair: Angela Winter The obese patient: Key issues in peri-anaesthetic nursing management. Pat Smedley, UK	Room: Sweden Chair: Dorte Söderberg Nurses thinking out of the box onto the screen- comm. between post-delivery mother in PACU and newborn Aviva Simchon, Israel	Room: Denmark Chair: Hanneke von Kooten The preoperative nurse`s role in surgery process. Elina Turunn, Finland
11.45 - 12.15	Non Invasive Ventilation - NIV - big challenge and universal support. Andreas Schaefer, Germany	Linking pediatric patient acuity to postanesthesia nurse sensitive indicators. Myrna Mamaril, USA	Is there room in the recovery room? A review of the literature of the Nurse anaesthetist role in Australia Mbene Letsamao, Australia
12.15 - 12.45	Implementation of delirium monitoring in the PACU Elisabeth Card, USA	Children with post -operative urinary retention. POUR - INFANT study. Charlotte Persson, Vibeke S. Jensen and Sandra H. Saabye, DK	The role of the advanced practice nurse in the perianesthesia care. Kim Litwack, USA
12.45 - 14.15	Lunch Poster presentation/posterwalk. Exhibitor - time		
14.15 - 14.45	Room: Norway Chair: Sue Fossum The epidemiology of gastroesophageal reflux disease (GERD) Kim Noble, USA	Room: Sweden Chair: Lotte Reiter Does it hurt? A video on admitting and anaesthetizing children in hospital. Anne Sofie Gravesen, DK and Trine Kjeldsen, DK	Room: Denmark Chair: Anita Gabrielsen Use of scenarios and simulation to support education of PACU nurses. Lucie Llewellyn, UK
14.45 - 15.15		Safe and effective care for perioperative patients who have developmental delays or behavioral diagnoses. Abby Hess and Karyn Weber, USA	PACU - long stay. A New Zealand approach to an international problem. Robert Hawker, New Zealand



15.15 - 16.00	Coffee break Viewing of posters. Exhibitor - time		
16.00 - 16.30	Room: Norway Chair: Ann Hogan Hello are you there. Communication between patients and family in PACU Pauline Creary, Canada	Room: Sweden Chair: Meg Bumpstead An intraoperative model for awake patients - A synthesis of research findings. Ann-Christin Karlsson, Sweden	Room: Denmark Chair: Iben Tousgaard Voiding algorithm for managing post - operative Urinary retention in phase 2 pt. Raelyn Nicholson, USA
16.30 - 17.00	Patients handovers. Quality of postoperative patient handovers in PACU: focus groups Birgitte Lykkeberg, DK	Prevalence of pain in postoperative patients for one week after ambulatory surgery. Jan Odom-Forren, USA	High risk complication associated with ortopedic surgery. Margaret Beturne, USA
17.00 - 19.00	Scandinavian Ballroom Symposium Chair: Majken Frederiksen Symposium/informal workshop with a sandwich sponsored by Philips/Vicare. Speaker: Dr. Carl Machado , senior manager Global Segment Marketing General & Critical Care. "If the patient is not blue, then the breathing is normal." - Importance of respiration measurement and Early Warning Score workflow. Pre- registration is required.		

Friday, September 11th 2015

07.30 - 17.00	Registration desk open		
08.00 - 08.45	Scandinavian Ballroom Chair: Mette Ring Keynote: Facilitating Follow-up by using a smartphone application. Ulrica Nilsson , professor, PhD and RNa School of Health and Medical Science, Örebro University, Sweden.		
09.00 - 09.45	Scandinavian Ballroom Chair: Bente Buch Keynote: Perianaesthesia care for the chronically affected patient. Carsten Tollund, MD . Anesthesia and pain medicine specialist, The Abdominal Centre, Copenhagen University Hospital.		
09.45 - 10.30	Coffee break Viewing of posters. Exhibition - time		
10.30 - 12.30	Scandinavian Ballroom Delegate forum - The Gathering of Nations Chair of session: Joni M. Brady, DNP RN CAPA , Inova Alexandria Hospital, VA, USA		
12.30 - 14.00	Lunch Poster presentation/posterwalk. Exhibition - time		
14.00 - 14.30	Room: Norway Chair: Laura Van Loon Cold is not cool for surgical patients. Effects of pre -warming with self-heating blanket. Charlotte Rosenkilde Kjær, DK	Room: Sweden Chair: Pat Smedley Women`s experience with Obstructive Sleep Apnea (OSA) Kathleen Menard, USA	Room: Denmark Chair: Evangelos Konstantinou Postoperative stress response and analgesia in patients after major liver resection Maria Kapritsou, Greece



14.30 - 15.00	"Keeping them warm". A randomized controlled trial. Michael Koenen, Australia	Kathleen Menard, USA	Perioperative patient advocacy: Doing good for another human being - Ann-Sofie Sundquist, Sweden
15.00 - 15.45	Coffee break Viewing of posters. Exhibition - time		
15.45 - 16.15	Room: Norway Chair: Theofanis Fotis Patient flow in PACU: A new concept of recycling an old role. Jilda Leven, Australia	Room: Sweden Chair: Sue Fossum The Effects of ASPAN's Evidence-Based Clinical Practice Guideline for Promotion of Hypothermia of Patients with Total Knee Replacement Arthroplasty. Jebog Yoo, Korea	Room: Denmark Chair: Ann Hogan Preadmission clinic - Optimizing patients for surgery and anaesthesia. Theresa Clifford, USA
16.15 - 16.45	Practice and learn together in order to work together Kenneth Nord and Mats Johansson, Sweden	Adapting and using staff formula 2010 - 2015 to better staff in PACU Karen Kane, USA	Is ritualistic behavior in peri-anaesthesia practice a friend for patient safety. Jamie Mann-Farrar, Australia
18.00 - 24:00	Canal boats to Congress dinner party at Langeliniepavillionen		

Saturday, September 12th 2015

08.30 - 10.30	Registration desk open		
09.00 - 09.30	Room: Norway Chair: Hanneke von Kooten Nursing advocacy: Leading change through global connections. Susan Fossum and Joni Brady, USA	Room: Sweden Chair: Mette Ring Pediatric "P.O.I.N.T.S." to ponder. Allan Cresencia, USA	Room: Denmark Chair: Meg Bumpstead Anaesthetic Emergency Resources Chloe Martinich and Rebecca Morris, Australia
09.30 - 10.00	An observational study of postoperative handover in anaesthetic clinics. Maria Randmaa, Sweden		Cognitive aids to improve crisis management. Pamela Windle, USA
10.00 - 10.45	Coffee break		
10.45 - 11.30	Scandinavian Ballroom Closing Keynote speaker: Got a CNS? How to capitalize on the role of the Clinical Nurse Specialist in your PACU. Denise O'Brien, DNP, RN, ACNS-BC, CPAN, CAPA, FAAN, Perianesthesia Clinical Nurse Specialist. Chair: Bente Buch		
11.30 - 12.00	Closing remarks - with winner of poster presentation		
12:15 - 13:30	Inaugural meeting of ICPAN (International Collaboration of PeriAnaesthesia Nurses)		



POSTER PRESENTATIONS

Posterwalk. 5 minutes to each presenter. 13:40 - 14:10, Thursday September 10th 2015

1 A - Day surgery Chair: Meg Bumpstead 13:40 - 14:10, Thursday September 10th 2015

Research

Postoperative symptom distress of orthopaedic ambulatory surgery patients.

Author: Dr. Odom-Forren, University of Kentucky, Louisville, United States of America (Presenting author)

Co-author: Dr. Reed, Louisville, University of Kentucky

Research

Postoperative symptom distress of laparoscopic cholecystectomy ambulatory surgery patients.

Author: Dr. Odom-Forren, University of Kentucky, Louisville, United States of America (Presenting author)

Co-author: Dr. Reed, Louisville, University of Kentucky

Clinical Practice

Ankle surgery? Home same day with ON-BLOC.

Author: RN Rizzoli, Cindy, University of Alberta Hospital, Canada, Edmonton, AB, Canada (Presenting author)

Co-author: Douglas, Chris, Edmonton, AB, University of Alberta Hospital, Canada

Clinical Practice

Is the day surgery eye patient hypothermic? A pilot study.

Author: Nurse Andersen, Glostrup hospital, Glostrup, Denmark (Presenting author)

Co-author: RN, MPH, PhD Hansen

1 B - Patient Safety Chair: Dorte Söderberg 13:40 - 14:10, Thursday September 10th 2015

Research

A Survey of physicians and nurses attitude and actions in relation to medication in the perioperative period.

Author: Quality Coordin Olsen, Susanne Winther, Odense University Hospital, Svendborg, Odense SV, Denmark (Presenting author)

Research

Safety climate in Swedish operating rooms - a cross sectional survey.

Author: Göras, Camilla, Örebro University, Sifferbo, Sweden (Presenting author)

Co-authors: Nilsson, Ulrica, Örebro, Örebro University, Unbeck, Maria, Stockholm, Danderyds Sjukhus and Ehrenberg, Anna, Falun, Högskolan Dalarna



Research

Hand contamination, cross-transmission and risk-associated behaviors - an observational study of team members in operating room.

Author: Phd-student Megeus, Veronika, Institute of Health and care science, University of Gothenburg, Gothenburg, Sweden (Presenting author)

Co-authors: Nilsson, Kerstin, Gothenburg, Institute of Health and care science, University of Gothenburg, Karlsson, Jon, Gothenburg, University of Gothenburg, The Sahlgrenska Academy, Institute of Clinical Science, Eriksson, Bengt I, Gothenburg, University of Gothenburg, The Sahlgrenska Academy, Institute of Clinical Science and Erichsen Andersson, Annette, Gothenburg, Institute of Health and care science, University of Gothenburg

Research

Safety hazards in abdominal surgery related to communication between surgical and anesthesia unit personnel. Outcome from a Swedish nationwide survey.

Author: Ohlsson, Elisabet, Sahlgrenska Universitetssjukhuset, Göteborg, Sweden (Presenting author)

Clinical Practice

"RED ZONE" How a simple collaborative idea led to improving quality and safety of care in the operating room.

Author: Donnelly, Teresa, Sligo Regional Hospital, Sligo, Ireland (Presenting author)

1 C - Process and System Improvement. Chair: Laura Van Loon 13:40 - 14:10, Thursday September 10th 2015

Management

Let's get digital: Improving nurse satisfaction with an online call sign up system.

Author: Bishop, University of Colorado Hospital, Aurora, United States of America

Co-authors: Dietrich, Aurora, University of Colorado Hospital (Presenting author) and Ballou, Aurora, University of Colorado Hospital

Research

A pre implementation study: Assessing barriers and enablers to implementing a new PACU discharge score at Middlemore Hospital

Author: Mr Hawker, Counties Manukau Health, Auckland, New Zealand (Presenting author)

Co-authors: McKillop, Dr, Auckland, University of Auckland and Jacobs, Dr, Auckland, University of Auckland

Research

The development of a smartphone app for self-reporting postoperative recovery after day surgery.

Author: Dahlberg, Karuna, Örebro university, Garphyttan, Sweden (Presenting author)

Co-authors: Eriksson, Mats, Örebro, Örebro university, Jaensson, Maria, Örebro, Örebro university and Nilsson, Ulrica, Örebro, Örebro university

Clinical Practice

Human factor approach to computer documentation design, implementation and workplace ergonomics

Author: RN 4 BSN Lee, Vanderbilt University Medical Center, Nashville Tn, United States of America

Co-authors: Connor, Nashville Tn, Vanderbilt University Medical Center (Presenting author) and Bourgoin, Nashville Tn, Vanderbilt University Medical Center



Clinical Practice

Development of an evidence based algorithm for management of perioperative obstructive sleep apnea.

Author: Brady, Joni Inova Alexandria Hospital, Alexandria Virginia, United States of America (Presenting author)

Co-authors: Malkoun, Mireille, Alexandria, Virginia, Inova Alexandria Hospital, Camacho, Jennifer, Alexandria, Virginia, Inova Alexandria Hospital, Grubbs, Cherie, Alexandria, Virginia, Inova Alexandria Hospital, Sampson, Joanna, Alexandria, Virginia, Inova Alexandria Hospital, Schaeffer, Karen, Virginia, Inova Alexandria Hospital and Serra, Becky, Alexandria, Virginia, Inova Alexandria Hospital

1 D – Patients engagement and Partnerships

Chair: Hanneke von Kooten

13:40 – 14:10, Thursday September 10th 2015

Research

The awake patients' experiences of the body's ambiguity and the intraoperative situation from a philosophical point of view.

Author: PhD Karlsson, Ann-Christin, Uppsala University, Uppsala, Sweden (Presenting author)

Co-authors: Ekebergh, Margaretha, Borås, Borås University, Larsson Mauléon, Annika, Växjö, Linnaeus University and Almerud Österberg, Sofia, Växjö, Linnaeus University

Education

Understanding & improving adherence in patients with red blood cell disorders by involving them as partners in care.

Author: RN Patel, Mitshuka, University Health Network - Toronto General Hospital, Toronto, Ontario, Canada (Presenting author)

Co-authors: Palmer, Jennifer, Toronto, Ontario, University Health Network - Toronto General Hospital
Lopena, Katrina, Toronto, Ontario, University Health Network - Toronto General Hospital
Cherepaha-Kantorovich, Ina, Toronto, Ontario, University Health Network - Toronto General Hospital

Management

Establishing a family visitation in the gynecology Post-Anesthesia Care Unit (PACU).

Author: Nurse Manager Cabali, Aleli, TCH Pavilion for Women, Houston, Texas, United States of America (Presenting author)

Clinical Practice

How do postoperative spine surgery patients' experience visitors in the recovery room? - A pilot study.

Author: Reg. nurse Hansen, Anette, Glostrup hospital, Glostrup, Denmark (Presenting author)

Co-authors: Wied, Janni, Glostrup, Glostrup hospital, Thiedecke Rommel, Dorthe, Glostrup, Glostrup hospital and Hansen, Carrinna, Glostrup, Glostrup Hospital

Clinical Practice

Communication with the post-anesthetic patient.

Author: Overgaard, Anne Marie, Denmark (Presenting author)

1 E – Education and Teamwork

Chair: Evangelos Konstantinou

13:40 – 14:00, Thursday September 10th 2015

Clinical Practice

The impact of ongoing collaboration, commitment and teamwork to improve SCIP measures for postoperative patients.

Author: Windle, St. Luke's Medical Center, Houston, United States of America

Co-author: Santiago, Houston, St. Luke's Medical Center



Education

Simulation-based training in the operating room with a focus on communication and teamwork among team members from surgery, nursing and anesthesia.

Author: Jensen, Anette Rytter, Hospitalenheden Horsens, Horsens, Denmark (Presenting author)

Management

Knowledge, attitudes and perceived barriers regarding perioperative hypothermia management among health-care providers.

Author: RN Woo, Youngsun, Soonchunhyang university hospital Bucheon, Gyeonggi-do, Republic of Korea (Presenting author)

Research

Prevalence and risk factors for burnout in the perianesthesia setting.

Author: RN FNP-BC Card, Elizabeth, Vanderbilt University Medical Center, Nashville, United States of America (Presenting author)

Co-authors: Hyman, Steve, Nashville, Vanderbilt University Medical Center and Shotwell, Matthew, Nashville, Vanderbilt University Medical Center

1 F - Perioperative Caring

Chair: Ann Hogan

13:40 - 14:00, Thursday September 10th 2015

Research

Significance of anaesthesia nursing care in patients undergoing diagnostic cancer surgery procedures in an out-patient setting.

Author: CRNA, MScN Nors, Tine, Aarhus University Hospital, Aarhus C, Denmark (Presenting author)

Co - author: Mark, Edith, Aalborg, Aalborg University Hospital

Research

The nurse anaesthetists' compliance to Swedish national recommendations in actions to maintain normothermia in patient during surgery.

Author: RNA, PD student Gustafsson, Ingrid, Linnaeus University, Växjö, Sweden (Presenting author)

Co-authors: Elmqvist, Carina, Växjö, Linnaeus University, From-Attebring, Mona, Växjö, Linnaeus University, Johansson, Ingrid, Växjö, Linnaeus University and Rask, Mikael, Växjö, Linnaeus University

Research

When to extubate? Experiences of Swedish Registered Nurse Anesthetists.

Author: PhD student Rönnerberg, Linda, Mid Sweden University, Frösön, Sweden (Presenting author)

Co-authors: Hellzén, Ove, Sundsvall, Mid Sweden University, Melin-Johansson, Christina, Östersund, Mid Sweden University and Nilsson, Ulrica, Örebro, Örebro University

Clinical Practice

Intrahospital transport of critically ill patients, an observational study.

Author: Nurse MScN, Skinnes, Liv, Utdanningscenteret, Akuttklinikken, Oslo, Norway

Co-author: Holm, Helle Madsen, Oslo, Utdanningscenteret, Akuttklinikken (Presenting author)

Clinical Practice

Preventing hypothermia in scoliosis and kyphosis patients during anesthesia.

Author: RN, Granum, Mia Nørgaard, Aalborg University Hospital, Aalborg, Denmark (Presenting author)

Co-authors: Kaasby, Karin, Aalborg, Aalborg University Hospital, Aagaard, Karin, Aalborg, Aalborg University Hospital and Grønkjær, Mette, Aalborg, Aalborg University Hospital



Posterwalk. 5 minutes to each presenter. 13:25 - 13:50, Friday September 10th 2015

1 a - Pediatrics Chair: Angela Winter 13:25 - 13:50, Friday September 10th 2015

Research

The induction compliance tool - A simple intervention to improve anesthesia induction experiences for pediatric patients (abstract references available upon request).

Author: RN, BSN, MSN Hess, Abby, Cincinnati Children's Hospital Medical Center, Cincinnati, United States of America (Presenting author)

Clinical Practice

Peds PACU 23-Hour extended observation program.

Author: Mamaril, Myrna, Johns Hopkins Hospital, Ellicott City, United States of America (Presenting author)

Clinical Practice

Children`s experiences of new distraction forms as intervention in the postoperative care unit.

Author: MPQM Olsen, Susanne Winther, Odense University Hospital, Odense, Denmark (Presenting author)

Co-authors: Bjerregaard Riis, Anita, Odense University Hospital, Odense, Denmark, Dybdal, Pia, Odense University Hospital and Lauridsen, Jørgen, Odense, ssUniversity of Southern Denmark

Clinical Practice

Children with postoperative urinary retension-POUR-INFANT study.

Author: Persson , Charlotte, Herlev Hospital, Herlev, Denmark (Presenting author)

Co-authors: Nurse PACU Uhrskov, Herlev, Copenhagen, Herlev hospital, Steenberg Jensen, Hvidovre, Hvidovre Hospital PACU, Hvenegaard Saabye, Hvidovre, Hvidovre Hospital PACU and Gottlieb, Copenhagen, Rigshospitalet Juliane Marie Centret

1 b - Preoperative Caring Chair: Dorte Söderberg 13:25 - 13:50, Friday September 10th 2015

Clinical Practice

How to ensure optimal pre-anesthetic information?

Author: CRNA Kranker, Henriette, Aarhus University Hospital, Aarhus N, Denmark (Presenting author)

Co-author: Rasmussen, Marianne, Aarhus N, Aarhus University Hospital

Clinical Practice

Preoperative optimization of iron deficiency anemia.

Author: Ms. Angus, Kathy, University of Alberta Hospital, Edmonton, Canada (Presenting author)

Research

Patients' preoperative states of the mood before day surgery.

Author: Svensson, Margita, Universitetssjukhuset i Örebro Region Örebro län, Örebro, Sweden (Presenting author)

Co-authors: Svantesson Sandberg, Mia, Örebro, Centre for Nursing Science, Örebro University Hospital and Nilsson, Ulrica, Örebro, Nursing at School of Health and Medical Sciences, Örebro University

Clinical Practice

Preoperative carbohydrate intake is coupled to increased nausea after gastric bypass.

Author: Wendel , K., Lund University, Lund, Sweden (Presenting author)

Co-authors: Karlsson , A, Lund, Lund University, Polits , S., Lund, Lund University, Wilstrup , C, Lund, Lund University and Hedenbro , J, Lund, Lund University



1 c - Postoperative Caring Chair: Anita Gabrielsen 13:25 – 13:50, Friday September 10th 2015

Research

Pilot study - Offering special designed ice cream to patients in the early postoperative period after elective surgery.

Author: RN, MHS Lehmkuhl, Lene, OUH Svendborg Sygehus, Svendborg, Denmark (Presenting author)

Co-authors: Thomsen, Tina, Svendborg, OUH Svendborg Sygehus and Andersen, Karin, Svendborg, OUH Svendborg Sygehus

Clinical Practice

Diabetic patients in PACU.

Author: Basic nurse Munkeskov Hansen, Lise, Rigshospitalet, København Ø, Denmark (Presenting author)

Co-author: Jessen, Hanna, København Ø, Rigshospitalet

Research

Effect of controlled breathing, with or without aromatherapy, in the treatment of postoperative nausea.

Author: Dr. Odom-Forren, University of Kentucky, Louisville, United States of America (Presenting author)

Co-authors: Thomas, Melissa, Louisville, KY, Baptist Health Louisville, Roberts, Holli, Louisville, KY, Baptist Health Louisville, Williams, Sandy, Louisville, KY, Baptist Health Louisville, Wright, Imelda, Louisville, KY, Baptist Health Louisville and Cronin, Sherill, Louisville, KY, Bellarmine University

Author: Windle, St. Luke's Medical Center, Houston, United States of America

Co-author: Santiago, Houston, St. Luke's Medical Center

Clinical Practice

Acupuncture for treatment of post-operative nausea and vomiting.

Author: Andersen, Birthe Møller, Sygehus Thy, Mors, Denmark (Presenting author)

Clinical Practice

Post-Operative Urinary Retention; The collaborative development of an evidence based protocol to prevent POUR.

Author: BS, RN, CPAN Parvana, Saratoga Hospital, Saratoga Springs, United States of America

Co-author: Morgans-Perri, KMP, Saratoga Springs, Saratoga Hospital (Presenting author)



1 d - Postoperative Caring Chair: Susanne Winther Olsen 13:25 – 13:50, Friday September 10th 2015

Clinical Practice

Factors affecting the documentation of postoperative pain.

Author: Kauppi, Outi, Hospital District of Helsinki and Uusimaa, Sundsberg, Finland (Presenting author)

Co-author: Hupli, Maija, Turku, University of Turku

Clinical Practice

Postoperative pain treatment after spine surgery - a challenge!

Author: Nurse anaesthetist Pedersen, Anette Karsoe, AUH, E-L anæstesi, Aarhus, Denmark (Presenting author)

Co-authors: Sestoft, Bodil, Aarhus, AUH, E-L anæstesi and Nikolajsen, Lone, Aarhus, AUH, E-L anæstesi

Research

Postoperative pain management of spine surgery patients in the recovery unit.

Author: Randrup, Karen, Department of Anaesthesiology, Aarhus, Denmark (Presenting author)

Clinical Practice

Implementation of delirium monitoring in the PACU.

Author: RN FNP-BC Card, Elizabeth, Vanderbilt University Medical Center, Nashville, United States of America (Presenting author)

Co-authors: Tomes, Christine, Nashville, Vanderbilt University Medical Center, Wood, Jeannie, Nashville, Vanderbilt University Medical Center, Nelson, Donna, Nashville, Vanderbilt University Medical Center, Lee, Cathy, Nashville, Vanderbilt University Medical Center, Minton, Betty, Nashville, Vanderbilt University Medical Center, Johnson, Diane, Nashville, Vanderbilt University Medical Center and Connor, Tom, Nashville, Vanderbilt University Medical Center



1 e – Monitoring and Sharing results Chair: Sue Fossum 13:25 – 13:50, Friday September 10th 2015

Clinical Practice

The shocking stocking audit.... An audit on the use of TEDS for patients having surgery at Sligo Regional Hospital.

Author: Donnelly, Teresa, Sligo Regional Hospital, Sligo, Ireland (Presenting author)

Co-authors: McNeely, Bernie, Sligo, Sligo Regional Hospital and Given, Margaret, Sligo, Sligo Regional Hospital

Research

Gastric bypass surgery - Patient experiences of psychosocial and physical perspective.

Author: Karlsson , A-M, Aleris Obesity & Surgery, Kristianstad, Sweden (Presenting author)

Co-authors: Nilsson , M, Kristianstad, Kristianstad University and Von Palffy , S, Kristianstad, Kristianstad University

Research

Correlational study of sleep apnea patient`s characteristics with discharge locations.

Author: Lee, Esther, University of California San Diego Health System, San Diego, CA, United States of America (Presenting author)

Co-authors: Daugherty, JoAnn, San Diego, CA, UCSD Health System and Burkard, Joseph, San Diego, CA, UCSD Health System

Clinical Practice

Transcultural Consideration and CAM (Complementary and Alternative Medicine) in PeriAnesthesia Nursing.

Author: Dierenfield, Jane, North Hawaii Community Hospital, Kailua-Kona, United States of America (Presenting author)



PRESENTATION OF SPEAKERS



Meg Beturne, MSN, RN, CPAN, CAPA
megabucks@verizon.net

Meg has been practicing in perianesthesia nursing for 35 years in both inpatient and outpatient settings. She currently is the Assistant Nurse Manager at the Baystate Orthopedic Surgery Center in Springfield, MA. She is a member of Baystate's Diversity Council and Co-Chair of Magnet Champions.

Meg received her Diploma in Nursing from St. Vincent Hospital, School of Nursing in Worcester, MA in 1968, her BSN from Elm's College in Chicopee, MA in 1999 and her MSN from University of Hartford, CT in 2005.

Meg holds the dual certifications of Certified Perianesthesia Nurse (CPAN) and Certified Ambulatory Perianesthesia Nurse (CAPA). She has been active on the Massachusetts Society of Perianesthesia Nurses (MASPAN) Board since 1987, serving as Secretary and President and is currently the Chair of Strategic Planning. Meg served on the American Society of Perianesthesia Nurses (ASPAN) Board for several years in the positions of Regional Director for two terms, President from 2005-2006 and Coordinator of Succession Planning/Mentorship from 2006-2011.

Meg has lectured both nationally and internationally on both clinical and leadership topics. As member of ASPAN's Education Provider Committee, Meg also presents seminars on a state level. She has authored chapters in ASPAN's Core Curriculum and the Competency Based Orientation Manual. She is a regular contributor to MASPAN's Mayflower newsletter. She led two People to People Perianesthesia Nursing Delegations: in 2007 to China and to South Africa in 2009 as well as a Delegation of Understanding to Egypt on 2008.

Meg is Vice President of the Children's Study Home Board of Directors and is President of the Ronald McDonald House Advisory Board. She is President of the local chapter of the Orthopedic Nurses and President of Elm's College Alumni Board of Directors. She holds memberships in the Black Nurses and Hispanic Nurses Associations, two Chapters of Sigma Theta Tau Nursing Honor Society, the American Nursing Association, Massachusetts Association of Registered Nurses and the National Association of Orthopedic Nurses. Meg was recipient of ASPAN's Outstanding Achievement Award in 2011 for her efforts in the areas of mentoring and diversity. She was also a finalist in the Nursing Excellence GEM Awards in 2013 in the category of Volunteerism and Service.

Abstract: High Risk Complications with Orthopedic

As a member of the healthcare team, the perianesthesia nurse plays a vital role in the early identification of signs and symptoms associated with high risk complications following orthopedic surgery. After obtaining valuable data, the nurse is able to proactively design a plan of care made up of nursing diagnoses which can potentially minimize complications. As the nurse carries out specific interventions and collaborates with the surgeon and the interdisciplinary team, she is able to contribute to optimal patient outcomes. The educational needs of the patient and caregiver are paramount to ensure that immediate recovery in the hospital and continuing at home is a successful experience.



Elizabeth Card,
MSN, APRN, FNP-BC, CPAN, CCRP
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A practicing registered nurse since 1990, Elizabeth's nursing background includes caring for adult and pediatric patients in Intensive Care Units, CVICU, PACU, holding room, transplant unit, and vascular surgery case management. She completed her Masters of Science in Nursing in 2013 and is a board certified Family Nurse Practitioner practicing part-time at a rural urgent care clinic. She serves as Vanderbilt University Medical Center's Nursing Research Consultant, in this role she supports, mentors and educates nurses in conducting their individual research or quality improvement projects as well as dissemination of findings. She has served as principle investigator, sub-investigator or research coordinator for more than 125 clinical research studies at Vanderbilt University Medical Center involving investigational drugs, devices, observational, or survey studies. Her research includes ongoing studies on pain, burnout, delirium or cognitive impairment. Presently, Elizabeth serves as the Director of Research for the American Society of Peri-Anesthesia Nurses (ASPAN) and is a Joanna Briggs Institute Reviewer; she authors a quarterly Research and Evidence Based Practice column for "Breathline" for the American Society of Peri-Anesthesia Nurses and for "The Eye-Opener" for the Tennessee Society of Peri-Anesthesia Nurses (TSPAN). She holds specialty certifications in Peri-Anesthesia Nursing (CPAN) and Clinical Research Professional (CCRP). She is an active member of ASPAN's Research and Safety Committees and past National Chair for ASPAN's Evidence Based Practice Committee. She is an active member in the Society of Clinical Research Associates, and the American Association of Nurse Practitioners. She has served as president, vice president and education chair for TSPAN and as Middle Tennessee Society for Peri-Anesthesia Nurses (MTSPAN) Education Chair. In 2014, Elizabeth was awarded a Joanna Briggs Educational Scholarship, 2013 she received an Education Grant from Middle Tennessee Advance Practice Nurses, 2012 she won the Vivien Thomas Award for Excellence in Clinical Research- an annual award presented by the Vanderbilt University Medical Center's Office of Research. She has authored, co-authored and presented (abstracts, poster and podium presentations) on a variety of subjects from post-operative or emergence delirium, pain, healthcare worker burnout, the research process and professional nursing development at local, state, national and international conferences.

Abstract: Implementation of delirium monitoring in the PACU

Delirium is an acute brain organ dysfunction, associated with poor clinical and cognitive/functional outcomes. Defined as a state of acute changes/fluctuations in consciousness, accompanied by inattention and disorganized thinking.

The Confusion Assessment Method for Intensive Care Unit (CAM-ICU) allows bedside nurses to detect delirium using a validated instrument. It has been used by nurses in intensive care units. Prior studies report post-operative rates of delirium between 16-80%, however little research has been conducted in the adult Post Anesthesia Care Units (PACU). Currently "emergence delirium" is recognized as agitation during emergence however without using a delirium detection instrument, it is unknown if that agitation is delirium, or pain, or fear.

Objectives: Implementation of delirium monitoring utilizing the CAM-ICU in the PACU. Assessment of PACU nurses knowledge of delirium, educating and increasing staff's awareness of complications and treatments for delirium.

Implementation methods: IRB approval was obtained. Five bedside nurses were trained in the use of the CAM-ICU; interrater agreement reached 100%. These nurses, who served as experts, trained staff in the PACU.

Presentations at Unit Board, worksheets, training manuals, videos and in-services were used to train PACU staff. On delirium and the use of the CAM-ICU

Conclusion: CAM-ICU was useful for detecting delirium in the PACU by the nurses. Nurses in post-anesthetic areas are pivotal in preventing, identifying and treating patients experiencing delirium. If we can take the lead in this, perhaps we are nipping the problem of delirium in the bud, not allowing a prolonged course.

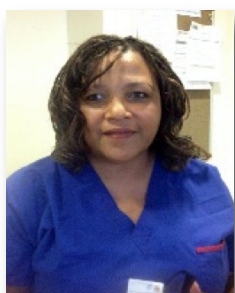


Theresa Clifford,
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Theresa is the 2009-2010 Past President of the American Society of Perianesthesia Nurses. She previously served as the Director for Clinical Practice and as Regional Director for Region IV. She works at Mercy Hospital in Portland Maine as the Nurse Manager for Perioperative Services which includes the Ambulatory Care Unit, the PostAnesthesia Care Unit, the Clinic for Surgical Services and the Infusion Center. In this role she provides administrative direction, clinical staff education and direct clinical care. She currently writes a Practice Corner column for the Journal of PeriAnesthesia Nurses and has served ASPAN in a variety of roles on a variety of committees and strategic work teams including Education Provider offering perianesthesia seminars across the country. In addition to her duties in Portland she also works as the Nurse Liaison for the American Society of PeriAnesthesia Nurses in Cherry Hill NJ overseeing special projects and education development

Abstract: Preadmission Clinic - Optimizing Patients for Surgery and Anesthesia

This session explores the rationale behind the preadmission evaluation process of patients preparing for a surgical and anesthesia experience. A review of literature to identify current risk factors associated with morbidity and mortality, patient criteria for assessments, current evidence-based protocols and algorithms supporting the assessment workflow will be shared. These protocols include guidelines for preoperative testing to include parameters for risk stratification and resulting indications for specific laboratory tests, cardiac workups or other diagnostic exams. In addition, key components of a successful preadmission clinic will be discussed and will include several case studies.



Pauline Creary
RN PACU
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Pauline is a registered nurse working in PACU at Toronto Western Hospital for over 25 years. In her many years in PACU, Pauline has been an active participant in any changes or initiatives. Her most recent endeavor is through the Krembil Project Award supporting a quality initiative on establishing a communication process for patient and their family while in PACU. Pauline is also a member of the TWH Safe Medication Practice Committee. She has also supported recent initiative related to safe medication practice in PACU. Pauline's calm and pleasant demeanor makes her a valuable asset to recovering patients under anesthetic. She also believes in holistic care, complemented by UHN's patient centered care.

Abstract: Hello? Are you there? Connecting patient and their family through telephone communication in PACU.

Communication between patients and families is essential in post anesthetic care units. In major health care organizations such as University Health Network, Toronto Western Hospital (TWH), communication is one of the most important services we provide our patients and families. "Optimal communication with visitors about patient's surgical experience and immediate post-operative status can decrease anxiety and stress and aid in adherence to the recovery plan" (Dewitt, L., Albert, N., 2010. p.296). At present, the post anesthetic care unit (PACU) of the Toronto Western Hospital (TWH) supports visitation for unique care requirements necessitating family presence and support. "Allowing family and significant others to visit hospitalized patients is a practice that is often restricted in select areas of the hospital particular the post anesthesia care unit (PACU)" (Carter, Delselms, Ruyle et. al, 2012. p.3). Due to the distance, location, lack of privacy, and unit layout, it is a challenge for family visitation. To address this challenge, the use of the telephone will be offered to patients in the PACU, to contact their family in the waiting room. The purpose of this quality improvement project is to provide a stronger communication system within the PACU, between patients and their families, through the use of the telephone, by examining the attitudes and beliefs of patients, families, and staff.



Allan J. Cresencia (Cree-sen-shaw)
allancresencia@gmail.com

Allan J. Cresencia joins us from the city of angels - Los Angeles, California, United States, where he currently serves as a clinician at the Children's Hospital of Los Angeles for over 15 years and an Adjunct Clinical Faculty for Mount Saint Mary's University since 2010. Currently, he is a Certified Pediatric Nurse from Pediatric Nursing Certification Board with professional experiences in Pediatric Intensive Care Unit (PICU), Imaging Services (Radiology), and Post Anesthesia Care Unit (PACU), where he gained all his clinical knowledge. He recently transferred to Anesthesia and Critical Care Medicine (ACCM) department as a Clinical Research Nurse I in preparation for school.

He has served as a guest lecturer at such conferences as PANAC (Perianesthesia Nurses Association of California), ASPAN (American Society of Perianesthesia Nurses) and at ICPAN's (International Conference of Perianesthesia Nurses) 2nd conference held at Dublin, Ireland.

He is a member of the Sigma Theta Tau International Nursing Honor Society's Omicron Delta Chapter. This September 24th, he will be going back to academia as a full time student at University of California Los Angeles (UCLA) School of Nursing to begin his Doctor of Philosophy (PhD) program.

Abstract: Pediatric P.O.I.N.T.S. To Ponder

Adult perioperative nurses are always in need of some practical tips on how to manage the care of a pediatric patient. This class will provide some insight on pediatric perioperative nursing care. The goal of this session is for the perianesthesia nurse to be more comfortable in recovering pediatric patients: by guiding and providing perianesthesia nurse bedside tips and recommendations in providing safe and effective nursing care to pediatric clients.



Susan Fossum, (with Joni M. Brady)
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fossumsusan@hotmail.com

Susan has been an RN for over 41 years specializing for 33 of those years in PACU. Her specialty area in PACU is in pediatrics. Sue's work experience has been as a clinical nurse, administrative nurse and most recently as a clinical educator for PACU and OR at UC Davis Medical Center in Sacramento. She has been a per diem PACU nurse at Shriners' Hospital for Children/Northern CA in Sacramento. Sue travels the world with teams of plastic surgeons providing reconstructive surgery for children and adults. Sue is a past president of ASPAN. Sue has been instrumental in the formation and development of ICPAN, currently serving as ICPAN Chair and a member of the Steering Committee.



Joni M. Brady, (with Susan Fossum)
DNP, MSN, RN, CAPA,
Pain Management Nurse, Inova Alexandria Hospital, Virginia
jonibrady@gmail.coms

Dr. Brady was born and raised in upstate New York, where she received her nursing diploma. She holds a Bachelor of Science Degree in Health Sciences, Masters Degree in Nursing, and Doctor of Nursing Practice in Nursing Administration. As a certified perianaesthesia nurse since 1999, she has diverse clinical, education and management experience in all aspects of perianaesthetic care, moderate sedation administration, and acute on chronic perioperative pain management. Joni is a past American Society of PeriAnesthesia Nurses' editor and officer. She authors the Journal of PeriAnesthesia Nursing "Global Connections" column, nursing manuscripts and book chapters. Living and working in Asia, North America and Europe throughout adult life was a catalyst for her involvement as an International Conference for PeriAnaesthesia Nurses founding group member. Dr. Brady is employed as a Pain Management Nurse in Nursing Administration at Inova Alexandria Hospital, Alexandria, Virginia, USA.

Abstract: Nursing Advocacy: Leading Change through Global Connections

As knowledge workers, professional nurses share unique insight into care delivery processes and methods that promote patient safety. Yet, nurses historically struggle to influence change on an individual basis within care delivery systems, or on the broader healthcare policy level where legislative decisions negatively impact the profession. Nursing knowledge, influence, and health and public policy contributions frequently go unrecognized. In reality, the collective "Voice of Nursing" is much too often silent, and in need of a unified approach by nurses to inform issues affecting patient care and nursing practice.

ICPAN provides nurses a unique opportunity to meet and explore shared practices. The International Council of Nurses and World Health Organization, a platform for the collective global nursing voice, provide a forum for nurses and nursing organizations to influence standards of care and clinical guidelines, and promote implementation of health policies and actions aimed at improving global patient care. This session presents an overview of individual, organizational, and global professional advocacy nursing initiatives and related implications for delegates. Delegates will be given an opportunity to discuss barriers and solutions to individual, organizational, or systemic activism efforts (e.g., identified clinical practice problems, inadequate staffing levels) and share best practices that positively impact care delivery. Through global connections and shared experiences, perianaesthesia nurses can advocate for our practice, improve patient care delivery and advance the profession.



Anne-Sofie Graversen (with Trine Kjeldsen)
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Anne Sofie Graversen, RN, Specialist Nurse has finished her training for nurse in 1999. She has been at the Section for Paediatric Surgery since 2000. Later she became specialist nurse in neuro - and abdominal paediatric surgery. Since 2013 she has been taken a secondary diploma education in Health communication and Clinical education, Aarhus University College. The work in the section as a nurse is characterized by multifaceted Family-Centered Care, educational and coping issues. Anne Sofie Graversen has a special interest in supporting the children and their families when admitted, and facing the many unknown challenges, for example through recognisable and approachable physiological environments. Further more she had developed a toolbox for children at the age 5-12 in the concrete-operational stage supporting and developing their coping strategies, when having a needle inserted for IV treatment.

The experience of working with several thousand children and their families over the years has formed a basis for developing the video: "Does it hurt?". The effect of this development project is demonstrated by a recent study, and has been presented at hospitals in Denmark. The project also won Best Poster Award 2013, at the Orthopaedic Nursing Conference, Denmark.



Trine Kjeldsen (with Anne-Sofie Graversen)

Trine Kjeldsen finished her training course for educators (leisure-time teacher) in 1988. Later she has completed further training in special education and speech-language therapy. Since 2004 she has been employed as a teacher in the Section for Pediatric Surgery, Aarhus University Hospital. The work as a teacher in the children's section is characterized by multifaceted educational and psychological issues. Trine Kjeldsen is particularly interested in supporting the development potential of the individual child, especially in coping with the difficult challenges during hospitalization, in order to reduce subsequent mental reactions. The experience of working with several thousand children over the years has formed the basis for developing the film project "Does it hurt?". The effect of the project is demonstrated by a recent study, which results have been presented at hospitals in Denmark.

Abstract: Does it hurt? - a video on admitting and anesthetizing children in hospital

It is well known that anxiety in children undergoing anaesthesia is a multi-factorial and complex problem affecting the child in the perioperative period. We produced a video for 7-12-year-old children describing five focus areas to give an overview of the preparing and initiating anaesthesia.

Objective: To investigate how children and their parents perceived information about admission and anaesthesia when using a video as a supplement to information.

Design and methods: The study population was divided into two groups: Intervention group with ten 7-12-year-old children who have seen the video participated in a semi-structured interview. Their parents responded to a questionnaire with fixed answer categories and the possibility to answer using free text. Control group of ten 7-12-year-old children and their parents who had not seen the video. Interview and completion of questionnaire was performed in the same way as in the intervention group.

Findings/results: The study showed that the control group reported about the event in an incoherent and insecure manner with lack of structure and sequence of events.

The intervention group was able to report sequence of events and demonstrated an overview. The group used longer sentences and several of the words and concepts introduced in the video.

Conclusion and significance: The video does not eliminate anxiety in children prior to anaesthesia but provides them with knowledge and relevant tools to increase their possibility for coping. The video offers a coping strategy to be used in the interaction between the child, parents and healthcare staff.



Robert Hawker
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Rob Hawker is the Associate Clinical Nurse Manager of PACU at Middlemore Hospital. Middlemore Hospital's PACU is one of two PACUs within the district board that makes up Counties Manukau Health, and is located in the heart of South Auckland, New Zealand. Rob's team of 43 Registered Nurses provides Post Anaesthetic support to a brand new 14 theatre Operating Suite which opened in early 2014. The new PACU comprises of 23 bed bays and 1 anaesthetic procedure room and cares for patients of all ages who have undergone acute, trauma or high risk elective surgical procedures from a number of surgical specialities.

Rob is passionate about the PACU speciality and strives to ensure that all patients have safe, excellent and efficient nursing care. He believes that it is equally as important to foster an environment for staff to learn, share experiences and to enjoy what they do. Rob is involved in a variety of committees at a national level - to include holding a position inside the Post Anaesthetic Care Nurses of New Zealand Society and on the Editorial Committee of 'The Dissector', New Zealand's only dedicated Perioperative Nurses Journal. Outside of work Rob enjoys spending time out with family and friends, playing music, is an active member of the St John Youth programme, and makes the most of the outdoor lifestyle that New Zealand has to offer. Rob is currently working on his PhD in Nursing through the University of Auckland where he is looking at the implementation of a new robust PACU score and the impact this has on surgical patient outcomes, the PACU Registered Nurse and the health care institution.



Abstract: PACU Long Stay: A New Zealand (Aotearoa) approach to an international problem.

Counties Manukau Health (CMH) is located in the southern region of New Zealand's largest city, Auckland. It serves a culturally diverse population of 512,130 people which is 11.5% of New Zealand's total population and has a high proportion of Maaori, Pacific Islander Asian and New Zealand European ethnicities. Middlemore Hospital (MMH) is the largest hospital operated within CMH and one of the largest tertiary level teaching hospitals in New Zealand. In an on-going patient flow audit inside the main PACU at MMH, it had been observed that between the periods from 2011 to 2012 there had been a dramatic increase in the number of patients who had an excessive length of stay. For the 2012 calendar year, 16,091 patients were admitted to the PACU. From this, 913 had a PACU Length of Stay (LOS) greater than 2 + hours which represented an 18.75% increase compared to the year before. This trend is predicted to continue to increase.

This audit looks at the unique New Zealand approach to a common international problem. Data was collected and analysed which focused on the surgical specialities, specific surgical operations, prolonged LOS reasons and total time in PACU. Recommendations presented from the audit findings have already being considered and in some cases, implemented into practice at MMH. Some of the changes include the introduction of a new senior nursing role to support the PACU Charge Nurse, review of PACU processes, and the development of a new PACU scoring system.



Abby Hess, (with Karyn Weber)

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Abby Hess has worked at Cincinnati Children's Hospital for over 10 years in both research and in nursing. Her perioperative nursing experiences include working as a nurse in the Post-Anesthesia Care Unit and working as a nurse practitioner in the Pre-anesthesia consultation clinic. Abby is a team leader for the perioperative Adaptive Care Team (ACT), which focuses on improving the experiences and outcomes for patients who have developmental delays and behavioral diagnoses. Abby completed her Doctorate of Nursing Practice degree at the University of Cincinnati in May of 2015. Her research and quality improvement interests include improving pediatric anesthesia induction experiences, determining evidence-based methods to care for patients who have developmental and behavioral diagnoses, and improving healthcare quality & outcomes using the electronic health record.



Karyn Weber, (with Abby Hess)

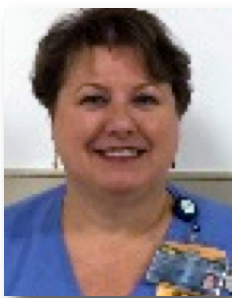
MSN, FNP-BC, RN

Karyn Weber has worked at Cincinnati Children's Hospital for over 25 years in various nursing positions. Her first 4 years she worked on an adolescent med-surg, psyche and hematology floor, followed by 10 years as a Post Anesthesia Care Unit (PACU) nurse. Karyn then worked as the Education Specialist for the PACU for 6 years before graduating with her Family Nurse Practitioner degree. Next, she was hired by the department of Anesthesia where she has worked the last 5 years as an APN in their Pre-Anesthesia Consultation Clinic. Karyn was one of the founding team leaders for the Perioperative Adaptive Care Team (ACT). She has worked with numerous patients who have developmental and behavioral diagnoses, along with their families, to make their Perioperative experience go safe and smooth. Karyn is particularly interested in research related to this patient population and is currently working on research to explore this patient populations' reactions to various medications and interventions while going thru the Perioperative experience.



Abstract: Providing Safe and Effective Care for Pediatric and Young Adult Perioperative Patients who have Developmental Delays and/or Behavioral Diagnoses

Patients who have developmental delays and/or behavioral diagnoses often have a difficult time with coping and cooperating during healthcare encounters. The perioperative area can be particularly challenging for this population as the patient faces induction and emergence from anesthesia. Combative behaviors during both induction and emergence from anesthesia can pose a safety risk to the patients, families and staff. High levels of anxiety during inductions have been associated with adverse post-operative outcomes such as emergence delirium, maladaptive behaviors after the patient returns home, and escalation of behavior at subsequent healthcare encounters. Our hospital has a multidisciplinary team which focuses on providing safe and effective care for patients who have developmental and behavioral diagnoses. The challenges of caring for this at-risk population and the evidence-based interventions that our hospital has found to be successful will be discussed.

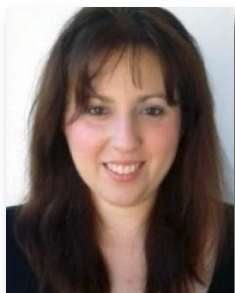


Karen Kane
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Karen Kane is the nurse manager of the 24 bed Post Anesthesia Care Unit and the 20 bed Children's Perioperative Unit at Virginia Commonwealth University Health System in Richmond, Virginia. Karen earned her BSN from Virginia Commonwealth University and her MSN from the University of Phoenix. Karen's nursing experience includes orthopedics, sports medicine, cardiac anesthesia research, and over 20 years PACU experience. VCUHS is a 1125 bed urban, comprehensive academic medical center that has earned Magnet distinction, awarded the 2014 American Hospital Association McKesson Quest for Quality Prize and boasts the largest number of AACN Beacon Award Units. Karen is adjunct faculty at Virginia Commonwealth University School of Nursing. Karen has been a presenter at all the International PeriAnesthesia Conferences and the podium presentation she is presenting at this conference is the 5 year data from the poster presentation presented in Toronto.

Abstract: Adapting and Using a Staffing Formula 2010-2015 to Better Staff the PACU

Accurately planning and forecasting for staffing in the PACU has long been a source of angst for PACU managers. Historically, the use of patient days or discharges, have been used to assign average daily census numbers used to base staffing plans. In the PACU, there is no daily census, just a volume, and the acuity of the patient cannot be taken into consideration, which can change very quickly. At Virginia Commonwealth University Medical Center, the PACU manager, new to the role, noted in 2009 for budget 2010, that the unit was not adequately staffed and that there was not a good formula to plan and budget staff, also there was a significant of overtime, a staff displeaser. A complete literature search was completed and reviewed. Three formulas were chosen to assess and analyze for use in the PACU. A formula was developed and adapted from AORN to use, this formula currently used in the Operating Room already vetted with hospital finance, staffed by hours of patient care provided and staffing ratio instead. The unit staff was involved in the collection of data and educated on what to document and the impact that data would have. The results have had a profound impact on PACU staffing, increasing positions from 19.2 to 28.7 from 2010 to 2015, reduced use of overtime (measured in yearly budgets), accounting and including all patient care hours into the staffing plan, and positive impact on staff satisfaction as measured in NDNQI surveys from 2010 to 2015.



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Maria Kapritsou is a native of Athens city, Greece. Maria received her Bachelor of Science and Masters in Surgical Nursing at Faculty of Nursing of National and Kapodistrian University of Athens, Greece. Her Thesis is focusing on Surgical Nursing and the management of postoperative care in oncological surgical patient. She serves on the editorial board of the journal "Medicine" and "Pathophysiology of Cell Injury Journal". Also, she holds the position of the reviewer on several journals among which "European journal of Hepatology and Gastroenterology" and "Medical Science Monitor".

Abstract: Postoperative stress response and analgesia in patients following fast track versus conventional protocol after major liver resection.

Fast-track surgery has shown to improve patient outcomes with a more rapid resumption of normal activities after both major and minor surgical procedures, especially after liver resection. Through this comparative study, it was evaluated the levels of Cortisol/ACTH between fast-track and conventional protocol, as a possible stress and pain marker. Patients were assessed with ICU-ESS environmental stress scale, as well as with pain scales. Cortisol/ACTH plasma levels were measured by ELISA method: a) at the day of patient's admission, b) the operation day, c) the 3rd postoperative day or prior to discharge. Cortisol/ ACTH as possible objective indicator of postoperative pain and stress are referred for the first time in bibliography and it could consist in a useful assessment tool, for objective nursing evaluation of postoperative oncological patients.



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Abstract: The presentation stems from my thesis "Being awake during surgery under regional anesthesia - from patients' experiences to a caring model".

It is known that nurses are expected to provide care based on the latest research findings in order to increase effective and efficient care, and optimize patient outcomes and nursing care quality. However, there are hindrances such as lack of time, and problems in interpreting and using research findings when viewed as too complex or too academic. Therefore, research findings need to be translated into practice and into the nurses' immediate context in which the findings will be used. This presentation aims to show how we synthesized and transformed our patient- and theory-based research findings into an intraoperative caring model that can facilitate nurse anesthetists' (NA) practice to enhance and support the awake patient's intraoperative well-being during surgery under regional anesthesia. The model is a tool to encounter and to reflect upon awake patients' needs in the intraoperative situation and to enlighten about the impact of the NA's proximity, interaction and communication in the delivery of intraoperative care. The model shows a way to get research knowledge ready for use by nurses to reflect on what gaps need to be filled between what nurses know (research) and do (practice) and enable to improve intraoperative caring outcomes.



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I have worked as a clinical development nurse since 2014 at the Department of Anesthesiology and Intensive Care at Odense University Hospital in Denmark. I graduated from Nursing School in 1992 and I became a registered nurse anesthetist in 2006. In 2013 I obtained a Master in Clinical Nursing (MCN) at Aarhus University, Denmark. The project of my master focused on the effect of prewarming in reducing unintended perioperative hypothermia. Since then I have been working on implementing prewarming as a standard procedure in the perianesthesia setting.

Abstract: Efficacy of Prewarming with a Self-warming Blanket in Prevention of Unintended Perioperative Hypothermia in Patients undergoing Hip or Knee Arthroplasty

Background: Unintended perioperative hypothermia (UPH) is a common and serious complication for patients undergoing anesthesia and surgery and causes numerous adverse outcomes. Studies show that prewarming using forced air warming (FAW) decreases the drop in core temperature and the incidence of UPH. Prewarming with FAW can be a challenge due to lack of time and equipment. The aim of this study was to evaluate the efficacy of a self-warming blanket on drop in core temperature and the incidence of UPH in patients undergoing hip or knee arthroplasty.

Methods: Thirty patients received prewarming with a self-warming blanket preoperatively and FAW intraoperatively and thirty patients received FAW intraoperatively (control group) alone. Oral temperature measurements were recorded during the perioperative period.

Results: Mean core temperature in the prewarmed group was significantly higher in all time interval measures, except preoperatively and remained above 36 °C in the perioperative period in both groups, except for the time interval 60 minutes and postoperatively in the control group. The highest incidence of UPH (< 36°C) was identified in four patients (13%) in the prewarmed group and in thirteen patients (43%) in the control group, intraoperatively. Postoperatively, the incidence of UPH in the prewarmed group and the control group were identified in ten patients (33%) and 20 (67%), respectively.

Conclusion: This study suggests that preoperative warming with a self-warming blanket decreases the drop in core temperature and reduces the incidence of UPH. Prewarming with a self-warming blanket should be considered in preventing UPH in the perioperative setting.



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KOENEN Michael has a diverse background in nursing throughout Germany, Switzerland and Australia. He completed a graduate certificate and the Clinical Excellence Commission program 'Leading for a Better Patient Outcome'. In 2007 Michael published an article on the prevention of venous thromboembolism in the ACORN Journal. He recently completed the Rural Research Capacity Building Program with the best report award. Michael has a strong interest in evidence based practice and clinical education. He currently works as a Clinical Nurse Specialist in the operating theatre of a rural base hospital.

Abstract: "KEEPING THEM WARM", A randomised controlled trial of two passive perioperative warming methods.

Michael Koenen, RN, Grad. Cert. Anaesthetic and Recovery Room Nursing (UTS), Clinical Nurse Specialist, Lismore Base Hospital Operating Theatre, HETI Rural Research Capacity Building Program Participant, Lismore Base Hospital, Associate Professor Megan Passey, Senior Lecturer - Primary Health Care Research, Deputy Director - Research, University Centre for Rural Health, North Coast, University of Sydney and Dr Margaret Rolfe, Biostatistician, Research Fellow - University Centre for Rural Health, University of Sydney.



Introduction: Inadvertent perioperative hypothermia (IPH) is a common problem for patients undergoing surgery. Heat redistribution from the body's core to the periphery after induction of anaesthesia is the major contributor to heat loss. Both cotton and reflective blankets are currently in routine use in operating theatres for perioperative warming of patients undergoing short procedures.

This study aimed to determine if reflective blankets are more effective than cotton blankets in: a) reducing the temperature gradient from the body's core to the periphery; and b) increasing peripheral compartment heat content as indicated by foot temperature, during the preoperative phase among adult patients undergoing short surgery.

Methods: A prospective randomized controlled trial was conducted in a regional base hospital operating suite. Three hundred and twenty eight adult patients undergoing a short elective surgical procedure with general anaesthesia with anticipated surgery time less than one hour were randomly allocated to one of two groups, using a computer generated number table. One group received reflective blankets and the other cotton blankets. Eight patients were excluded from the study due to additional warming methods being used. Up to eight temporal artery and two foot temperatures were measured during the perioperative period. Data was analysed using independent t-tests for continuous variables and chi-square tests for categorical variables.

Results: There was a significantly smaller reduction in temporal artery/foot temperature gradient (1.13oC vs. 1.64oC, $p < 0.001$) and a significantly greater increase in foot temperature (0.64oC vs. 0.11oC, $p < 0.001$) in the reflective blanket group compared to the cotton blanket group.

Conclusion: Reflective blankets are more effective than cotton blankets in warming patients' periphery and hence reducing core to peripheral temperature gradient preoperatively.



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Mbene Letsamao-Lindemann is currently working as an Education Consultant in Anaesthetics and Recovery, Melbourne, Australia. Mbene trained in Botswana, Africa, where she obtained RñN, RMidwife, and Diploma in Nurse Anaesthesia. Migrated to Australia in 2005. In her 30 years as a nurse Mbene has worked as a Registered Nurse, Registered Midwife, Nurse Anaesthetist in Botswana. Worked as a Clinical Specialist, Assisted Unit Manager in various hospitals in Melbourne, both public and private. Due to passion in education. Decided to go into Education full time in 2011. Completed Certificate IV in Training and Assessment. Then continued to complete Masters of Health Sciences (Clinical Education.) Have been working in Anaesthetics/PACU St Vincent's Private Melbourne since. Training and developing many students with a vast cultural diversity and background. Also s have been involved in developing and delivering programmes for nursing staff. Presented at National Conferences . My passion is the cultural and diversity nursing provides and to see it grow and be nurtured. I am also interested in pain management and education of new staff and up skilling of the other staff members. A member of a few Professional Associations. Am also involved in volunteering at few charitable associations.

Abstract: Is there Room in the Recovery Room? A Review of the literature of Advanced Clinical Nurse Role. Anaesthetist role in Australia.

Nurses have been a central figure in health care delivery ever since the inception of health care system. Almost 70 % of the health care sector workforce is constituted by nurses. The nurses represent the client's first contact with professional services generally due to the nature of the skills they possess. Due to the changing patterns in the health care system, there is a need for service planners to examine new service delivery model. This can come with expanded levels of autonomy, skill and decision making. This paper will look at the literature in regards to advanced clinical nursing in anaesthetics and recovery room areas in Australia. As an overseas nurse working in peri anaesthetics with a previous experience as a nurse anaesthetist, the paper will explore the challenges and difficulties that the nurses are facing to advance into the Nurse Anaesthetist role in Australia. The paper will also look at the places where nurses are allowed to practice as Nurse Anaesthetist, challenges and how they managed to overcome the challenges.

In conclusion the paper will explore the possibilities, benefits to have advanced clinical nursing roles in Anaesthetics and PACU in Australia.



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I am currently a Clinical Nurse Consultant for Recovery at Royal Perth Hospital in Western Australia. With over 25 years experience in clinical nursing I have seen many changes, mostly exciting, sometimes concerning but always interesting. Having completed a masters in Health Administration and Information Systems, I have also worked on a number of projects including in governance and systems analysis and design. Despite sojourns into IT and nursing education I always gravitate back to my specialty area and my passion in post anaesthesia care.

Abstract: The topic “Patient flow in PACU:

A new concept in recycling an old role” came about after (yet another) ‘clinical redesign process’ resulted in provision of an FTE for an escort nurse. This was intended to reduce collection waiting times for the Recovery Room patient meeting discharge criteria. The challenge concerning the structure and scope of the role to fully utilise the resource with attention to unit needs and job enrichment precipitated a creative analysis of current practices. The result produced a pivotal role for a truly multi-skilled nurse. This new role focusses on maintaining patient flow from the Recovery Room or PACU to the ward, by proactive communication and negotiation combined with a hands-on component. It has evolved to provide a useful resource for timely clinical support. The success of the role is a credit to the unit and in no small part to the dedication and enthusiasm of the ‘Escort Nurse’ herself. I would like to share the development of this invaluable role, the journey and its triumphs.



Kim Litwack
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Associate Dean for Academic Affairs-College of Nursing
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Abstract: The Role of the Advanced Practice Nurse in the Perianesthesia Care

Advanced Practice Nurses practice in specialties ranging from neonatal care to palliative care, and now, increasingly, in perianesthesia care, provided care to patients preoperatively through discharge. Depending on the practice setting, this role may be as a Nurse Practitioner (NP), Clinical Nurse Specialist (CNS) or Certified Registered Nurse Anesthetist (CRNA). Each contributes a unique perspective to care management, based on education, certification and licensure, as well as clinical setting scope of practice. This session will discuss the different roles of these advanced practice nurses, defining their place in the perianesthesia setting. Specific examples of the successful use of these three specialties will be presented.



Lucie Llewellyn
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Lucie qualified as a RN in 1998 at King's College London. She initially worked on the Cardiothoracic surgical ward at St George's NHS Trust in London, until she was asked to consider working in cardiothoracic recovery following placement there during her ENB 249. A move which has opened many doors. Since then she has had the opportunity to work within the Cardiothoracic ITU, before returning as a Practice Educator covering the five inpatient recovery units at St George's NHS Trust. During this time she was able to not only teach and support staff and students, but also gain experience in caring for patients recovering from a multitude of different procedures. Lucie then moved to the Faculty of Health, Social Care and Education at Kingston University and St George's University of London where she has worked since 2010 as a senior lecturer in perioperative practice, with her main focus on Post Anaesthetic Care. She enjoys teaching and seeing students develop in their knowledge and confidence in relation to clinical practice, and believes that access to education should be available for all healthcare workers.

Abstract: Use of scenarios and simulation to support education of PACU nurses.

With the increasing complexity of patients within the post anaesthetic care unit (PACU) there is a need for nurses to have the requisite knowledge to care for these patients. Education therefore has to evolve to address this and ensure that nurses are adequately prepared for the challenges they face on a daily basis.

The delivery of this knowledge can be supported through the use of scenarios to enable the learner to make the connections between theory and practice. The use of high-fidelity simulation can further enhance this and is widely acknowledged as a highly effective means to create a realistic, 3D environment in which students can integrate theoretical concepts taught in the classroom with complex scenarios that reflect real-life clinical practice.

This presentation will consider how scenarios have been utilised within post-registration teaching on PACU modules and how simulation is now being used within the teaching and assessing of students undertaking these modules.

The use of these approaches has allowed for complex clinical situations to be effectively recreated within the classroom and enables students to apply critical thinking skills to solve clinical situations alongside the issues related to human factors.



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Carsten M. Pedersen, RN, MScN; Lisa B. Harms, RN; Grethe Bendixen, RN are all Clinical Nurse Specialists and Members of the local PUK group (Patient safety, Development and Quality) in the Department of Anaesthesiology, Bispebjerg University Hospital, Copenhagen, Denmark. The purpose of the present study is to improve patient safety and the quality of handovers when patients are transferred from the Department of Anaesthesiology to the Perioperative Care Unit.

Abstract: Patient handovers. Quality of postoperative patient handovers in the post-anaesthesia care unit: focus groups.

Pedersen, CM. RN, MScN; Lykkeberg, B. RN, MCN; Harms, L. RN; Bendixen, G. RN. Depart. of Anaesthesiology, Bispebjerg University Hospital, Copenhagen, Denmark



Background: Postoperative patient handovers represent a vulnerable gap that may result in adverse events. Patient safety improvement has draws ongoing attention in the health care.

Several studies suggest checklists led to improvement in information handovers, however the effectiveness can be compromised because it is a complex task involving many contextual conditions such as the understanding culture.

Purpose: To explore the factors influencing postoperative patient handovers between anaesthesia and post-anaesthesia care unit, from a nurse perspective.

Methods: This study is based on a qualitative research method utilising focus groups. To capture the experience of the handovers between anaesthesia and post-anaesthesia care unit and to understand the content of the handover from a nurse perspective, two focus groups were conducted in a university hospital in the capital region of Denmark. Five anaesthetics nurses participated in one group and three nurses from post-anaesthesia care unit in another group. The transcribed focus groups were analysed according to the qualitative methodology of content analysis. To gain fully understanding of data the generic categories were contextualized and grouped in main categories.

Results: Eight generic categories emerged from the focus groups. Each category is named using content-characteristic words; "Everything must be handled fast", Time in work; "If it was me", Ethics in work; "It's like Sherlock Holmes", Documentation in handovers; "It's like Nirvana, post-anaesthesia-nirvana", Readiness in the act; "It depends on how well we know each other", Relation in co-operation; "I have my own little recipe", Individuality in handovers; "Like you feel fallen of the moon", continuity of care; "Some things are easily forgotten", consistency in patient care. From the interpretation of the generic categories in a theoretical perspective three main categories were abstracted; consistencies in patient care; thinking as a production systems and collaboration.

Conclusions: In our study nurses described that organisational, cultural, behavioural and environmental factors influence the quality of the postoperative patient handovers between anaesthesia and post-anaesthesia care unit. Quality of the handover is compromised due to lack of systematic in the oral and written rapport. The collaboration between staff members has a significant role for how the information is given and the way the handovers are carried out. Lack of time was seen as an important factor impacting the quality of the handover.



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Abstract: Pediatric Postanesthesia Nurse Sensitive Indicators: Identifying the Workload of the Pediatric PACU Nurse

The pediatric postanesthesia care unit (PACU) nurses provide critical care nursing to children who are emerging from anesthesia and surgical or interventional procedures. The term nurse sensitive indicators refers to how quality of nursing care is measured relating to the structure, process and outcomes of nursing care. These nursing workload indicators are directly relational to the patient outcomes. The pediatric PACU modified an acuity tool with approval from another children's hospital to capture the workload of the PACU nurse and the patient's acuity. The objective of this quality improvement study was to explore the pediatric PACU nurse's workload indicators that are relational to nursing care. Learn about the interesting results to this quality improvement study. Discover the different data points that were compared and correlated to test the critical postanesthesia nursing workload interventions. Review how these findings were then discussed among anesthesia providers and pediatric PACU nurses in the monthly Pediatric PACU Comprehensive Unit Safety Program to initiate a change in practice and improve patient outcomes. Describe how safety defects were identified and quality recommendations to improve pediatric PACU nursing practice were translated to practice to keep the most vulnerable patients safe.



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Jamie is the national president of the Australian Society of Post Anaesthetic and Anaesthetic Nurses and in Australia is considered a subject matter authority in peri-anaesthetic nursing curriculum.

Jamie is the proprietor and principal consultant for Health Service Assist, a consulting firm with services in education, quality, safety and risk management for acute care hospitals.

Jamie has previously held hospital executive positions as a Director of Nursing & perioperative services manager as well as senior management positions in Anaesthetics and of the Clinical Emergency Response System in a large public hospital in Sydney.

Jamie holds three concurrent academic appointments; he is an Adjunct Senior Lecturer for the School of Nursing & Midwifery at the University of Tasmania, Lecturer for the School of Nursing & Midwifery at the University of Western Sydney, and is a visiting lecturer for the Australian College of Nursing in Anaesthetics & Recovery.

Abstract: Care to share more than habits?: Is ritualistic behaviour in Perianaesthetic practice a friend or foe of patient safety?"

Myths and rituals are omnipresent in clinical practice. Despite the calls for us to deliver evidenced-based care, perianaesthetic nurses, like other operating theatre personnel, often display traits and practice best described as ritualistic. Many have sought to reconcile the dichotomy between the evidence and that which transpires in reality. In literature, nursing practice is often critically portrayed with one endeavour establishing that only 12% of practitioners based infection control practice in the operating theatre on evidence.

This presentation intends on exploring behaviours that are performed according to custom, that are ingrained in our peri-anaesthetic culture be it as a form of tradition, habit or routine and poses the question, what harm may come?

In addressing this issue, the presenter aims to share the lessons from other high-reliability industries in a highly entertaining and inspiring way with the goal of contemplating the question:

Does ritualistic behaviour compromise patient safety, or does it enable staff to standardise processes and deliver a safe system of care?

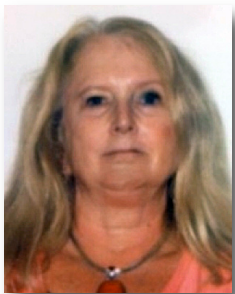


Chloe Martinich (left) and Rebecca Morris,
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Chloe Martinich and Rebecca Morris work together in the anaesthetic department at the St Vincent's Private Fitzroy campus in Melbourne, Australia. Rebecca Morris has been working for St Vincent's Private since 2004. Rebecca completed a Postgraduate Degree in Peri Anaesthetics in 2009 and a Diploma of Management in 2012. Rebecca became the Nurse Unit Manager of the anaesthetic department in 2012 managing over sixty employees and medical practitioners. Chloe Martinich joined the team in 2009 with Rebecca as her preceptor throughout her Graduate year. Chloe continued on to complete a Postgraduate Degree in Peri Anaesthetics and at the end of 2014 completed a Master of Health Science specialising in anaesthetics at Australian Catholic University. In 2013 Chloe became Associate Nurse Unit Manager to Rebecca, the dynamic duo have been working together for over six years. They share a love for Diet Coke and have developed a strong, positive and humorous friendship in and out of work. Together with the Anaesthetic department at St Vincent's Private they work hard to provide best practice care that is high quality, safe and improved by current research and technology such as the newly implemented anaesthetic emergency resource areas in the operating theatres at St Vincent's Private.



Abstract: The anaesthetic department at St Vincent's Private Hospital Melbourne strives to deliver care that is high quality, safe, and continuously improved and informed by current research and contemporary techniques. Senior nurses and expert anaesthetists at St Vincent's Private have developed and implemented a CICO package, anaphylaxis box and massive blood transfusion folder located in a clearly labeled area in every theatre. This presentation aims to outline the contents of the area and the potential for improved efficiency and performance in emergencies. Coroner's cases have highlighted the need for knowledge of emergency algorithms and familiarity of equipment. A factor that has been recognised as a challenge to anaesthetists in emergency management is inadequate access to appropriate equipment. The CICO package in accordance with the Australian and New Zealand College of Anaesthetists (ANZCA) contains the appropriate equipment



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Originally a diploma graduate, I obtained my BSN from Worcester State University, and completed my MS and PhD in Nursing from the University of Massachusetts Worcester Graduate School of Nursing. This is the presentation of my dissertation research findings on my favorite topic, women and OSA.

I have been a PACU nurse for more than 25 years, currently employed as the Perianesthesia Nurse Education Specialist covering all three campuses at UMass Memorial Medical Center.

I have been an active member of the American Society of PeriAnesthesia Nurses (ASPAN), serving as an education provider, Publications SPG Coordinator and as ASPAN Chair of Publications. I continue to serve on the education provider and publications committees and am the vice-coordinator for the Publications Specialty Practice Group (SPG).

I have served on the Board of Directors of MASPAN, the Massachusetts component of ASPAN, since the mid-90s as Director of Publications, newsletter editor and publisher, and website mistress.

I am a member of Sigma Theta Tau and have served as the secretary of Iota Phi Chapter-at-large since 2010.

I serve as a reviewer for JoPAN and Elsevier Publishing.

I have presented nationally and internationally on perianesthesia and anesthesia history topics.

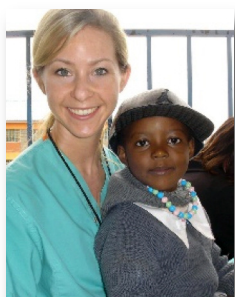
Abstract: Women's experience with Obstructive Sleep Apnea (OSA)

Presentation of original qualitative descriptive research on the experience of women with diagnosis and treatment of OSA with an emphasis on how this might impact perianesthesia nurses and nursing. A wake-up call for nurses who might have OSA and a discussion of how women with undiagnosed OSA might be identified as they come into our arenas.

Women are underdiagnosed, undertreated, and underrepresented in current research.

They are screened with tools designed for men. OSA continues to be looked upon as a "man's disease" when unfortunately, the consequences of untreated/undertreated OSA are just as devastating for women as they are for men. With symptom presentation and co-morbidities often different from men, many women are unaware they have OSA. Women have a unique perspective on OSA and what their diagnosis means to them that can result in significant delays in initiation of treatment and can impact how the woman responds to treatment.

OSA is very significant to the perianesthesia setting as it is the most common form of sleep disordered breathing (SDB), previously described to affect middle-aged, overweight males prone to snoring. In reality, OSA is related to airway anatomy that leads to airway collapse and can affect anyone. The overall prevalence for mild to severe SDB is 26% for all individuals aged 30-70 in the most recent period from 2007-2010. There has been an increased prevalence of SDB occurring in the last two decades, with the largest increases noted in younger men and women.



Raelyn Nicholson,
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Raelyn Nicholson has been a PACU nurse at University of Colorado Hospital in the USA since 2013. She obtained her Bachelor of Nursing from Regis University in Colorado and is certified in progressive care nursing. She also has a Bachelor of Arts in Spanish from Pepperdine University in California. Through her involvement in various hospital councils, Raelyn leads quality improvement projects to advance patient care and safety.

In 2013, Raelyn identified that PACU nursing and physician practices for managing postoperative urinary retention (POUR) were inconsistent and needed standardization. POUR is defined as a bladder volume greater than 400 ml and an inability to void at least 150 ml. POUR may result in permanent urinary dysfunction, readmissions, and decreased patient satisfaction.

Abstract: Voiding algorithm for managing post – operative Urinary retention in phase 2 pt.

To standardize an approach for managing POUR, nurses utilized an evidenced-based voiding algorithm, which includes evaluating risk factors, measuring urine output, and assessing post-void residual. Nurses were educated on POUR concepts and taught to utilize the voiding algorithm where high-risk outpatients must void prior to discharge. The nurse measured the void and assessed the bladder volume via scan. For bladder volumes greater than 400 ml, the nurse called the provider for further orders. To verify learning, nurses answered questions about POUR. Chart audits were completed on high-risk outpatients to assess efficacy and use of the algorithm.



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Dr. Noble is an Assistant Professor of Nursing at Widener University in Chester, Pennsylvania, USA. Dr. Noble coordinates and teaches in the Adult-Gerontology Clinical Nurse Specialist Program. Kim is active in the American Society of PeriAnesthesia Nurses (ASPAN) as a past Board of Director and a member Research committee and Evidence Based Practice (EBP) and Standards and Guidelines (S&G) Strategic Work Teams (SWT). Kim has published in the Journal of Perianesthesia Nursing (JoPAN) and the Perianesthesia Nursing Core Curriculum and has presented extensively in the USA and at the two previous ICPAN conferences.

Abstract: The epidemiology of gastroesophageal reflux disease (GERD).

Barrett's esophagus and esophageal cancer has demonstrated an increased incidence in the United States and worldwide. This session will present the inflammatory reaction, the disease resulting from chronic inflammation on the esophageal mucosa, and the linkage to precancerous and malignant changes. The pathophysiology of GERD, the pharmacologic and surgical treatment modalities and the lifestyle implications of GEARD will also be presented.



Kenneth Nord (with Mats Johansson)
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Me, Kenneth Nord became a nurse in 2001 and study to become an anesthetist nurse in 2007. Working at a university hospital in Malmo Sweden. I started 2010 a program for teamtraining for anesthesia- and operating nurse students which later even included junior physicians with great success.



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Mats Johansson Nurse since 2004. Studied to become a Nurse Anesthetist in 2011. Working at a university hospital in Malmo Sweden.
Function as Assisting Supervisor in the program for teamtraining for anesthesia- and operating nurse students.

Abstract: Practice and learn together:

In 2010 we at the operation unit SUS Malmö, Sweden started a new educational program for practice and learning in peri-operative care. The aim was to Prepare the participants for their coming career when it comes to competence in peri-operative care, communication skills, teamwork, collaboration ability and ensure the patient safety more effectively.

The pedagogical models used are interprofessional education, problem- based-, reflective- and peer-learning in group.

The program consists of four parts, 1. Simulation at "Practicum". 2. Preparation in the Peer- learning- team before the operation. 3. Team training at the operating room where participating tutors allows for increased independence training with secured patient safety. 4. Reflection/feedback within the group at the end of the day.

The results show that To practice and learn together have a higher value for learning than doing it alone with one tutor. The participants states that this kind of team training is constructive in many ways and enhance their competence in giving peri-operative care.



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Dr. Odom-Forren has been a staff nurse in PACU; clinical nurse specialist, perioperative services; nurse manager, PACU; and Director, Surgical Services. She is currently an assistant professor at the University of Kentucky, College of Nursing and a perianesthesia nursing consultant. She is an international lecturer on perianesthesia and sedation issues and has published extensively in journals and books. Her research area of interest is postoperative symptom management, particularly in ambulatory surgery patients. Dr. Odom-Forren is a past president of the American Society of PeriAnesthesia Nurses and has served that organization in many capacities. She is a Fellow in the American Academy of Nursing and is currently a Co-Editor of the Journal of PeriAnesthesia Nursing. Her book, *Drain's Perianesthesia Nursing: A Critical Care Approach* (6th ed.), published in July 2012 and she is currently working on a new edition.

Abstract: Prevalence of Pain in Postoperative Patients For One Week After Ambulatory Surgery.

Over 35 million patients undergo ambulatory surgery each year in the United States, and similar data from the World Health Organization supports an increase in ambulatory surgery internationally. Little is known about postoperative pain in the ambulatory setting. This presentation will discuss the prevalence and describe the progression of postoperative pain after ambulatory surgery. In one study, 53.7% of the patient experienced moderate to severe pain on the day of surgery with 51.2 % experiencing moderate to severe pain on postoperative Day 1 decreasing to 18.6% on Day 7. Patients with surgeries that involved the shoulder and knee reported significantly higher mean levels of pain. The longitudinal analysis demonstrated that patients in the high pain group reported a greater degree of nausea on day of surgery and on each of the first six days post-surgery even when controlling for differences in age, gender, education, morphine equivalent dose and surgical approach. In a logistic regression, age less than 50 with an odds ratio of 2.7 and arthroscopy approach to surgery with an odds ratio of 11.9 were the two independent variables that predicted presence of severe pain. A large number of ambulatory surgery patients continue to experience moderate to severe pain over 7 days after ambulatory surgery. The type of surgical procedure can influence the intensity of pain and should be considered in an analgesic management plan.



Charlotte



Sandra



Vibeke

Charlotte Persson¹, Karina Uhrskov¹,
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Registered nurses from Perioperative Anesthesiology Care Units (PACUs) at Herlev Hospital¹, Hvidovre Hospital², Rigshospitalet³.

The present study of the incidence of POUR in children has been performed in the PACUs of all 3 Hospitals

Abstract: Children with post-operative urinary retention. POUR-INFANT study.

Postoperative urinary retention (POUR) results in over distension of the detrusor muscle. This may lead to permanent damage with incomplete emptying and increased risk of urinary tract infections.

No standard guidelines for identification of POUR in children exist. Consequently, the incidence of POUR in children is unknown.

Aim: To investigate the incidence of POUR in children and explore potential risk factors.



Method: An observational study with consecutive inclusion of children undergoing gastrointestinal, orthopedic, plastic, urology or other surgery. The study included 147 children between 4-15 years in intravenous or inhalations anesthesia. POUR was defined as a bladder volume exceeding the estimated maximal bladder volume ((30ml x age) +30ml).

Results: POUR was observed in 15 % of the children and 77, 3 % of the children with POUR were able to have spontaneous micturition when encouraged to do so. The remaining 22,7 % were either sterile disposable catheterized in the PACU or the nurse at the child's ward was informed that the child had to have micturition upon arrival. Multivariate analysis showed a trend for increased risk of POUR in children receiving Sufenta and more than 300 ml of fluid during surgery.



Maria Randmaa
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Maria Randmaa is a Registered Nurse (1978) with graduate diploma in specialist Nursing Intensive care and Nursing Anaesthesia care (1985), Master of Science (2010) and PhD student (2011-).

Maria Randmaa has been working at the Department of Anaesthesia, County Council of Gävleborg, Sweden since 1985; at the Faculty of Health and Occupational Studies, University of Gävle, Sweden since 2007 and as a PhD student at Department of Public Health and Caring

Sciences, Uppsala University, Sweden since 2011.

The aim of the project was to study staff members' communication, collaboration and safety attitudes in anaesthesia and intensive care before and after introduction of SBAR. The first study in the project is presented below.

Abstract: An observational study of postoperative handover in anaesthetic clinics.

Background: Handovers are important to guarantee safety of care, and it is essential that the receiver remember given information. The aim of the study was to examine the handover process when patients are moved from the operating theatre to the post-anaesthesia care unit, how much the receiver remembers after the handover and what factors influence memory.

Design: A descriptive and correlational design was used.

Methods: Seventy-three handovers were included, and data were collected using observation, audio-tape recordings, and patient's anaesthetic record during handovers.

Results: The mean of the verbally given information remembered by the receiver was 47% and anaesthesia drugs were the items mostly likely not to be remembered. Interruptions occurred at 56 (77%) handovers, and the mean duration of handovers was 2 minutes and 22 seconds. The sender reported irrelevant information at 15 (20%) handovers, expressed unclear information at 51 (70%) handovers, made repetitions at 34 (47%) handovers, and was engaged in simultaneous activity at 22 (30%) handovers. Bivariate correlation analysis revealed significant associations between remembered information sequences and the variables structure, interruptions, and duration of the handover. Given that some participants participated in more than one handover, a linear generalized estimating equation was performed. Variables significantly associated with receivers' retention of information were handover duration and structure.

Conclusion: Long duration and lack of structure of the verbal handover decrease information retention among receivers of handover. The variation in remembered information shows that there is room for improvement. Randmaa M, Mårtensson G, Leo Swenne C, Engström M. An observational study of postoperative handover in anaesthetic clinics; The content of verbal information and factors influencing receiver memory. Journal of PeriAnesthesia Nursing. 2015;30(2):105-115.

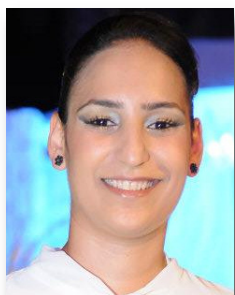


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Special interested in Respiratory Therapy, nutrition, delir prevention and emergency management

Abstract: NIV - big challenge and universal support

Non Invasive Ventilation (NIV) is one of the most challenging interventions at the bedside for respiratory insufficient patients. To adopt NIV for the patient, we need a lot of experience in handling these patients in their very critical and anxiously situation. We need a focused knowledge about interfaces and how to start the respiratory support for the patient. In ICU, this treatment has become an independent respiratory support, but now, in anaesthesia it has some advantages, too. Especially in obese-surgery or in prophylaxis at chronic respiratory diseases before and after surgery interventions [Zoremba et al., BMC Anesthesiology 2011, 11:10; Anne Battisti et al., Respiratory Care 2009, Vol 54].



Aviva Simhon,
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Aviva Simhon is 33 years old and has been working at Hadasah Medical Organization for the last 10 years

Abstract: Nurses thinking out of the box onto the screen- Communication between post-delivery mother in PACU and newborn

Author: Lerman, Hadassah Medical Organization, Jerusalem, Israel

Co-author(s): Benbenishti, Jerusalem, HMO, Penso, Jerusalem, HMO, Potashnikov, Jerusalem, HMO

Introduction: One of the well known methods for long distance communication is the use of televised video conference (VC) or telemedicine. Using VC as a support in cases of early discharge after childbirth can facilitate a meeting that makes it possible for new parents to be guided by the midwife in their transition into parenthood.

Currently, post caesarian section mothers are transferred from OR into PACU and spend hours before being able to see their newborn. PACU, Maternity and Newborn nurses searched for a solution to facilitate earlier connection between post C-section mothers and their newborn.

Aim: to design and validate a project to improve post partum mothers' coping process with the separation from her newborn.

Method- Mix qualitative and qualitative investigating mothers' immediate post partum needs for communication with their newborns. 29 mothers 'completed need questionnaires. Questionnaire analysis reveled the primary need is connection and communication. Nursing team developed VC system between PACU and newborn unit including nurse- mother instruction. Mothers were queried regarding their VC experience.

Results- Eight themes were found- Revelation,calming effect, Closer look at the baby, video better than picture, excitement, short timing sufficient, Provided Strength and confidence.

Conclusion- The nursing team successfully coordinated high tech up to date technology to the hospital setting for the goal of filling mothers' needs. After evaluation of mothers' impressions it was found that this technology is adaptable to hospital setting and post delivery environment. Most importantly, this method contributes to post partum mothers improved well being.



Pat Smedley
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Pat Smedley is an independent consultant in post anaesthetic nursing and until recently, a Senior Lecturer in Perioperative Care at Kingston University. Currently Education Lead for the British Anaesthetic and Recovery Nurses Association [BARNA] Pat is working to develop the knowledge base of post anaesthetic care nursing, and to raise it's UK and international profile as a distinct critical care speciality. Pat was Co-Chair Education for ICPAN 2011 in Toronto and again in Dublin in 2013. She is currently Chairman of the Steering Committee for the International Collaboration of Peri-Anaesthesia Nurses developing global connections within this speciality.

Abstract: The Obese Patient: key issues in peri-anaesthetic nursing management

This presentation evolved from a study day held last year in London entitled 'The Obese Patient: key issues in perioperative nursing management'. The study day was the result of a collaborative venture from BARNA, SOBA [Society for Obesity and Bariatric Anaesthesia] and the RCN [Royal College of Nursing]. Obesity has now become a grave threat to the nation's health and impacts on all services provided by the National Health Service [NHS], in particular on peri-anaesthetic practice. With limited resources in the NHS, it is imperative that staff are trained to understand the clinical implications of managing the obese patient and of safety issues [for both nurse and patient] in lifting and handling techniques. The session will survey current evidence on nursing management of the obese patient and advise on the need for specific protocols and teaching packs on this issue. It will also question the role that ICPAN could play in raising awareness of this international problem and in finding solutions to help peri-anaesthesia nurses meet the challenge.



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I completed my education as RNA at Örebro University, Örebro, Sweden in 2000 and have been working at the Department of Cardiothoracic and Vascular Surgery at Örebro University Hospital since 2007. I am a doctoral student at Örebro University and the focus of my studies is perioperative patient advocacy, mainly from the perspective of the RNA.

Abstract: Perioperative patient advocacy: Doing good for another human being – a balance act between philanthropy and personal gratification

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2 Department of Cardiothoracic and Vascular Surgery, Örebro University Hospital, Örebro, Sweden

3 University Health Care Research Centre, Region Örebro County, Örebro, Sweden

Aim: The aim of the review was to identify the characteristics of and the consequences that follow with perioperative patient advocacy.

Background: Patient advocacy is described as acting on a patient's unmet needs, including informing, protecting, and speaking up for patients. Since advocacy implies taking action on behalf of another, it is particularly appropriate in the perioperative environment where patients are vulnerable due to sedation or general anesthesia.

Design: An integrative review approach was employed in order to summarize past empirical and theoretical literature.



Method: A comprehensive database search to identify peer-reviewed English-language papers that focus on perioperative patient advocacy was conducted in PubMed and CINAHL. A manual search for additional papers was also carried out. Studies were included if they reported original empirical research findings with regard to perioperative patient advocacy. Seven papers and two dissertations were included in the review. The process for data abstraction and synthesis was conducted with an inductive qualitative content analysis.

Result: The analysis resulted in seven categories, two sub-themes and one main theme. The main theme, “Doing good for another human being – a balance act between philanthropy and personal gratification” was the core of perioperative patient advocacy embracing the sub-themes (1) Safeguarding and caring, and (2) Being emotionally involved.

Conclusion: Perioperative patient advocacy is a part of the perioperative nurses’ professional role and it affects them emotionally, which has similarities with a general definition of patient advocacy. Advocating is not always perceived as easy, but is nevertheless done for the sake of the patient.

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Education: Master of Health Sciences 2012, University of Eastern Finland, Department of Nursing Science

Bachelor of Health Care, including acquired eligibility to the Office of Diaconia in the Evangelical Lutheran Church of Finland 2008, Diaconia University of Applied Sciences

Abstract: The Preoperative nurse’s role in surgery process

Background: The development of surgery and anesthetic methods has led to shorter hospital stays. At the same time, surgical nursing has changed and new roles have been developed; surgical nursing should focus on the total patient experience of the pathway (Mitchell 2010). Nurse-led preoperative assessment provides a safe and effective way of assessing patients preoperatively (Read 2013). The preoperative nurse’s role is still unstandardized and needs to be defined and clarified to achieve safe and high quality patient care.

Aims: The aim of the study was to review literature concerning preoperative nursing care and describe the role and outcomes of a preoperative nurse.

Methods: The data were collected from two databases; PubMed and CINAHL (1.1.2004-30.9.2014). Because of the heterogeneous terminology of the phenomenon, reference lists of the articles and “related” articles suggested by the databases were also notified. The preset inclusion and evaluation criteria were used. The data analysis was conducted by qualitative inductive content analysis, using abstraction and categorizing.

Results: Totally 95 articles were included in the research data. The data provided three themes; the main components, the tools, and the outcomes of preoperative nursing. Preoperative nursing includes several components as the main focus is in communication with the patient and other professionals, coordination of the patient care, and providing individual patient and family centered care. Different tools such as scheduling systems and checklists can be useful. Preoperative nursing promotes safe and cost-effective patient care.

Conclusion: The preoperative nurse’s role is essential in patient’s pathway. A structured preoperative nursing model should be created within all healthcare organizations providing surgical care.



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Pamela Windle is Nurse Manager of the Post Anesthesia Care Unit (PACU) and Cardiovascular Preop/Recovery at Baylor St. Luke's Medical Center, Houston, Texas. Pam's experience includes staff nurse, educator, head nurse and nurse manager in critical care areas, mainly CV Recovery/ICU, 23-hr Surgical Observation Unit (SOU), Day Surgery Center, Endoscopy, and

Ambulatory Outpatient Surgery.

Pam has served in numerous leadership roles in several professional organizations including: The American Association of Critical Care Nurses (AACN), Sigma Theta Tau International (STTI), The Philippine Nurses Association of America (PNAA) - served as Regional Vice President of the South Central Region, The Philippine Nurses Association of Metropolitan Houston (PNAMH) - currently serving as the President, and the immediate past chair of the Council on Surgical & Perioperative Safety (CSPS). Pam is past President of the Texas Nurses Association (TNA) District 9 (Houston area), the Texas Association of PeriAnesthesia Nurses (TAPAN), and the American Society of PeriAnesthesia Nurses (ASPAN). As the 26th President of the American Society of PeriAnesthesia Nurses, Pam's main platform focused on patient and workplace safety. Pam remains involved in several TNA, ASPAN, PNAA/PNAMH committees. Previously the Research Columnist for the Journal of PeriAnesthesia Nursing (JoPAN), Pam currently serves on the editorial board for JoPAN and the advisory board of the Journal of the Philippine Nurses Association of America (JPNA), and is co-editor of the PeriAnesthesia Nursing Core Curriculum book. Pam has published numerous journal articles and book chapters, and has presented numerous presentations both nationally and internationally. Pam received numerous awards such as ASPAN's Outstanding Achievement Award, TNA's TOP 20 Nursing Excellence, Good Samaritan's Silver Medalist, Outstanding Sillimanian Award, Dean Roble Medallion of Honor, PNAMH Presidential award, Recruiter of the year, etc. In 2008, Pam was inducted as a Fellow into the American Academy of Nursing (AAN). Pam received her Master in Nursing Administration at Texas Woman's University, Houston, Texas. Well known for her inspiration, guidance and mentoring of nurses and students, her most significant contribution is her commitment to champion bedside clinicians' involvement in research and performance improvements that addressed clinical patient outcomes.

Abstract: Cognitive Aids to Improve Crisis Management

Cognitive aids for improving clinical management of emergencies represent an important tool to improve outcomes. The program will outline the evidence for their efficacy, an overview of their structure and content and a discussion of strategies for introducing them into practice. Examples of crisis checklists will be discussed pertinent to the perioperative setting.



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2014-date Gyeongnam National University of Science and Technology Nursing Science Professor
1999-date Korean Association of Perianesthesia Nurses President, KAPAN President

Abstract: "The Effects of ASPAN's Evidence-Based Clinical Practice Guideline for Promotion of Hypothermia of Patients with Total Knee Replacement Arthroplasty"

Purpose: This study examined the effects of ASPAN(American Society of PeriAnesthesia Nurses)'s Evidence-Based Clinical Practice Guideline on body temperature, shivering, thermal discomfort, arrival time for normothermia in patients undergoing total knee replacement arthroplasty (TKRA) under spinal anesthesia.

Methods: This study used a non equivalent control-group post test design including sixty patients who underwent TKRA from Dec 2011 to Mar 2012. The experimental group (n=30) received active and passive warming measures as in ASPAN's guideline. The control group (n=30) received the traditional method. Body temperature, shivering, thermal discomfort, arrival time for normothermia were measured in both groups at 30 minute intervals.

Results: The experimental group showed slightly higher body temperature compared to the control group ($p=0.02$). Thermal discomfort was higher in the experimental group before the surgery but it was higher in the control group after the surgery ($p=.034$). It decreased after the surgery ($p=.041$) in both groups. Arrival time for normothermia was shorter in the experimental group ($p=.010$).

Conclusion: ASPAN's guideline which measures patients'body temperature at regular intervals and provides individualized and differentiated hypothermia management can be very useful as a part of nursing care. Furthermore, this can keep patients' safety and improve the quality of nursing.

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