



THE ADVOCATE!

“Keeping you in touch with our collective critical care team”

Introducing the 3 Wishes Project



What is this project, and how is care different?

The 3 Wishes Project aims to de-medicalize death and dying for our patients and their family members, to humanize the austere environment of the ICU, and enable spirituality (where desired) during the dying process. It celebrates the lives of those lost, and supports those left behind in grief, by asking about and carrying out at least 3 simple wishes for dying patients. Originally designed in one ICU in Hamilton, Ontario by Dr Debrah Cook, the 3WP has expanded in that city and beyond. 3WP came to Halifax in the Spring of 2018 under the stewardship of Jennifer Hancock, Sarah McMullen and Marko Balan. 3WP is currently offered in both 3A and 5.2 ICUs. This is a low-cost, low-tech project, where actions and gestures speak volumes. Examples of granted wishes in our ICUs include: enhancing the environment with soft lighting and flameless candles and/or music; providing a more natural, less medicalized touch with hand knit blankets and socks; providing stuffed animals; making a ‘farewell’ toast with champagne; having loved pets visit... even performing wedding ceremonies.

Why are we doing this?

The ICU is a highly acute, medicalized environment in which we are more and more frequently practicing ‘acute Palliative Care’. While improving the quality of life of surviving patients and families is key, at other times, expert palliative care is our priority. We also hope that fostering compassion in this manner will bring increased fulfillment and help mitigate feelings of burnout, in critical care health-care practitioners.

Who is this for?

Any patient in whom comfort measures are being considered could be involved in the 3 Wishes Project. If you have any questions, ask any of the 3WP Working Group members or 3WP Unit Champions. The 3 Wishes Working Group has representation from Critical Care, Palliative Care, Social Work and Spiritual Care. So far, the feedback from nursing, families and other services has been very positive.



The 3 Wishes Project Team

VG site:

Katelynn Bearnes – ICU RN
Lesley Bishop - ICU Resource Nurse
David Puxley - Spiritual Care
John Thompson- Social Worker

HI site:

Bonnie Conrad - Palliative Care Nurse
Jennifer Gracie - Social Worker
Elizabeth Hobson – ICU RN
Elinor Kelly - ICU Resource Nurse
Monica Price - Spiritual Care

VG and HI site:

Dr. Marko Balan - Critical Care Fellow
Dr. Robert Horton - Palliative Care MD
Critical Care Physicians: Drs. Jennifer Hancock, Sarah McMullen, Edmund Tan and Babar Haroon

3 WP Fundraising

‘Comfort Carts’ have been purchased by the Dept. of Critical Care Physician group for each ICU.

Both 3A and 5.2 ICUs have spearheaded fundraisers to support the 3 Wishes Project.

Recently, 5.2 raised **\$555.00** through the fundraiser, ‘Heels of Stamina’, sponsoring our URN Elinor Kelly and RN Britany MacArthur to wear their impressive heels for the day.

The latest initiative is the **3A 3 Wishes ‘Dr. Nurse’ Fundraiser**. For every \$2 donation, you receive one vote to send your chosen Intensivist to the bedside for a shift! Donations may be given to Cheryl Rafuse or Caroline Kerr on 3A and Amanda Landry on 5.2.

Vote soon, vote often!

Voting closes July 13!

Standardized Critical Care Order Sets Project

After much planning, the provincial Critical Care program is embarking on a Standardized Order Sets Project, the overall goal of which is to standardize evidence-based practice for all critically ill patients across the province.

A team of NSHA critical care professionals (including 3 physicians, 3 nurses, 3 pharmacists) has been created to spearhead the project. From our QEII ICUs, the core working team is Dr. Volker Eichhorn, Lesley Bishop RN, and Pharmacists Dr. Sarah Burgess and Dr. Gabrielle Richard. The group will be working with a Canadian company, *Think Research*, to: (1) identify priorities; (2) review order sets currently in use across the province; (3) review examples from the *Think Research* order set library; (4) seek subject matter expertise, as required; and (5) establish our provincial standard.

The goal is to have 10 order sets completed within the first year, including being electronically available and in use throughout our ICUs. *Think Research* will support the entire process, from development through implementation, with improvement supported by data of order set use.

This is an exciting project to support improvement across the province, and we are very fortunate to have such expertise representing our QEII ICUs!

To learn more about Think Research: www.thinkresearch.com



Infusion Pump Update

Submitted by Dr. Tobias Witter

Our ageing and aching fleet of infusion pumps is close to their retirement. In a province-wide process, all infusion pumps will be replaced with a modern infusion pump system from one vendor equipped with SMART pump technology.

This will be a tremendous step forward in patient safety and up-to-date care for our patients – so hopefully, with the installation of these new pumps, the times of transporting our patients to the CT scanner with multiple bulging pumps will be a thing of the past. However, as this *is* a province-wide process, the installation will take some time.

The main improvement that we will see is that the infusion protocols across the province will be the same for all ICUs: this alone will be worth the effort!

As you can imagine, to facilitate this, and some other components of the installation, extensive background work is necessary in order to make this a success; as such, no fixed start date for these pumps has yet been set. But- it will happen and we are all excited about it!

So stay tuned, updates will follow.



“Openness may not completely disarm prejudice, but it’s a good place to start.”

Jason Collins



In May, two of our Nursing colleagues were honored by the College of Registered Nurses of Nova Scotia (CRNNS) with Excellence in Nursing Awards. These awards recognize RNs that demonstrate excellence by advancing and promoting nursing, always learning and demonstrating a commitment to best practice, strong leadership and interpersonal skills.

Congratulations to **Patricia Daley**, recipient of the **CRNNS Excellence in Nursing Administration Award**. Patricia is recognized as a 'true nursing leader and role model...continuously looking for innovative solutions and ways to improve client safety and client care by taking a client-focused approach to decision-making' and her commitment to 'empowering others, dedicated to providing frontline nurses opportunities to be involved in and lead projects'.



Congratulations to **Pam Hughes**, on both her retirement and receiving the **CRNNS Excellence in Nursing Clinical Practice Award**. Pam is described as having an 'enthusiasm for critical care nursing that is contagious'. Pam has been an active member of the Canadian Association of Critical Care Nurses, serving as a board member and executive, as well as contributing to the 4th and 5th editions of the CACCN Standards of Nursing Care Practice. Pam is described as a 'making the Standards come alive in her everyday practice as an intensive care nurse', and 'engages new learners with an inspiring, fresh and enthusiastic attitude demonstrating her commitment to develop the next generation of nurses by sharing her wealth of clinical knowledge and expertise'.



Congratulations to **Dr. Sarah Burgess**, selected by the graduating students of the College of Pharmacy as the recipient of the **Dr. Jessie I. MacKnight Award for Teaching Excellence**.



Congratulations to **Dr. Stephen Beed**, the recipient of **Doctors Nova Scotia Distinguished Service Award**, recognizing for his work improving critical care and organ donation in our province. As the medical director of the Legacy of Life Provincial Organ and Tissue Donation Program since 2006, Steve has seen the province's organ donation rate rise to be one of the highest in Canada. Steve is also recognized for transforming critical care by creating the Adult Critical Care Subspecialty Training Program at Dalhousie.



Comfort and Care Grants

The QEII Foundation Comfort & Care Grant program is established to provide funds to enhance care for patients and their families. The application process is open to all QEII employees. Our ICUs submitted 3 applications, and received funding towards all three applications!

- The 3A nurses and support staff have received funding for some new family room furniture, and a bedside bariatric chair for visitors
- The 5.2 nurses and support staff have received funding to enhance communication, with two 'pocket talkers' for use with hearing impaired patients, and some patient room white boards
- The 3A Physiotherapists have received funding for a bariatric broda chair

Thanks to everyone involved in submitting these successful applications!





Insulin Pre-Printed Orders (PPOs) in the Intensive Care Unit

Submitted by Dr. Sarah Burgess

There are currently **FOUR** different Insulin PPOs that could be used in the Intensive Care Unit.

It is important to understand the main differences and when one PPO may be preferred for specific patient populations.

1. Intravenous Insulin Infusion – Intensive Care (PPO0280MR 2013)

- This PPO is specific to the ICU and should be used for all admissions to the ICU with blood glucose greater than or equal to 10 mmol/L in whom the diagnoses of diabetic ketoacidosis and hyperosmolar hyperglycemic syndrome have been ruled out. The benefit of this PPO is that the rate of insulin can be closely titrated based on blood glucose levels, whether or not the patient is receiving nutrition. The infusion can also be stopped and started quickly if needed (e.g. stopping when feeds are held).

2. Intensive Care Unit (ICU) Subcut Insulin Protocol for Patients Receiving 24 Hour Continuous Enteral Feed / Parenteral Nutrition (PPO0616MR 2018)

- This PPO is specific to the ICU. The goal is to transition stable patients receiving 24 hour continuous nutrition and requiring IV insulin to scheduled subcutaneous insulin.
- When selecting scheduled subcutaneous insulin, add up the total daily dose (24 hours of insulin infusion; e.g. 5 units/hour x 24 hours = 120 units/day) and give ~40-50% of total daily insulin dose as basal insulin. Blood glucose is monitored q6h and correction insulin doses are provided accordingly.
- Total insulin requirements should be assessed daily (e.g. frequent use of correction dose suggests a need to modify basal insulin)
- There is a separate MAR available to use with this PPO.



3. Medicine Subcutaneous Insulin Orders (PPO0140MR_15_05 2015)

- This PPO can be used on any unit in the hospital. This PPO is meant to be used in stable patients with stable nutrition and insulin requirements. It may also be used for stable patients in the ICU that are transitioning to another unit.
- Note that there is an option for insulin orders (page 2 of 2) if a patient is still receiving continuous enteral or parental nutrition when leaving the ICU.
- There is a separate MAR available to use with this PPO.

4. High Dose Insulin for Calcium Channel Blocker or Beta-Blocker Overdose (PPO0539MR May 10 2016)

- This PPO is for use in a select patient population, helping to provide hemodynamic stability in cardiogenic shock associated with CCB or BB overdose.
- Contact the Poison Centre for any assistance with case management.

Key Points to Remember:

- **All patients with Type I Diabetes require insulin to prevent ketosis.** Even if they are not receiving nutrition, they still need basal insulin. Insulin should not be discontinued in patients with Type I Diabetes. Prescribers should be contacted if nutrition is interrupted.
- **Not all patients or situations may be covered with a PPO.** Some complex cases are best addressed with an individualized plan.
- **Insulin requires an Independent Double Check** prior to administration. Ask the CNE or URN for more information.
- **Consider patient's home insulin regimen** (type, brand etc) when choosing subcutaneous insulin regimen.



On the East Coast we CANN!!



The 49th Annual General Meeting and Scientific Sessions of the Canadian Association of Neuroscience Nurses was hosted recently, June 24th-27th, 2018, in Halifax by the Nova Scotia Chapter.

The program development was chaired by Joan Pacione, RN 5.2, with strong support from a number of RNs from the Critical Care Program, Mark Bonin RN CCOD, Janet White RN 5.2, Wendy Cormier RN 5.2, Darlene O'Hearn RN 5.2, Patty Sebestik RN 5.2, Lucie Appleby RN 5.2, and Christina LeBlanc RN 5.2. The Scientific Program was chaired by Emily Hart RN 5.2, Christine Price CNE, and Cynthia Isenor.

With over 125 delegates from across Canada, a full agenda that addressed multiple different knowledge streams for neurosurgical nursing, neurology nursing, and neuro critical care nursing occurred. Attendees were provided opportunities to engage in learning in a variety of forms including didactic and SIM based learning. It was a truly successful conference because on the East Coast we CANN!



Summer 2018 - Comings and Goings

3A welcomes Lacey Blinn joining our team from CCU, Ashley Brophy and Elizabeth Rankin from CCNP, Danielle Hancock from Newfoundland, and Clinical Dietitian, Elizabeth Reid. Farewell and best wishes to 3A nurses Judy Theriault and Andrea Ouellette, as they both move to positions in VG PACU, and Beth Gaudet as she moves to Ottawa. Happy retirement to Educator Debbie White and Dietitian Ruth Plant.

5.2 welcomes Chris Lachner and Hilary Creelman from CCU, Sheila Rogers and Monica LeBlanc from CCNP, and Rachel MacDougall, back to 5.2 from being the Educator in NeuroSurgery. Farewell and best wishes to 5.2 nurses Janice Nickerson and Pam Hughes, as they both retire, and Rhonda Porter, as she moves to work with *Legacy of Life*.

Welcome to Walter Somers, who is moving from his 5.2 staff nurse position to the Clinical Nurse Educator for both 3A and 5.2. Welcome to Drs. Steve Walsh, Iain Arseneau, Miles Clayden and Mujtaba Al-Khalaf as they start their Critical Care Fellowship training with us. Welcome to Diana Gillis, joining us as our Critical Care Research Nurse, and to Athar Qureshi, Critical Care Database Coordinator / Analyst.

Joining our RT crew, welcome to Nicole Nemrivosky, Bradley MacMillan, Stephanie MacKinnon, Nazha Feniyanos and Melissa Hamilton. Welcome to pharmacists Dr. Gabrielle Richard and Julia Belliveau, joining us for a year, and Kristin Kaupp, helping to cover 5.2 for the summer.

Welcome to Dr. Tony O'Leary joining us as our new Department Head.

Congratulations go out to Drs. Jack Rasmussen and Abdulelah Akkam as they complete their Fellowship training. A fond farewell to Abdulelah, as he and his family head back to Saudi Arabia, and welcome "back" to Jack, who will be coming on board as Staff in our ICU group.

Congratulations to Cynthia Isenor, as she moves to a new role within Critical Care as Health Services Director.



Computerized Cognitive Rehabilitation in ICU Survivors: RETURN-CCR Pilot Investigation

Wilson et al., *Ann Am Thor Soc* (June 18 2018)

Survival from critical illness has greatly improved in recent years. However, many experience morbidity associated with critical illness, developing cognitive, psychiatric and / or physical impairments; this is now known as post intensive care syndrome (PICS). Approximately a third of survivors experience newly-acquired or accelerated cognitive impairment. ICU efforts to prevent PICS include minimizing sedation and early mobility. As a recently recognized public health problem, there is limited knowledge of post-ICU care.

Researchers from Vanderbilt University completed an interesting exploratory pilot study, examining a cognitive rehabilitation approach. ICU survivors with persistent long-term cognitive impairment were enrolled in the *Returning to Everyday Tasks Using Rehabilitation Networks (RETURN-CCR)* study. Patients were assigned online training regimes for 12 weeks (total of 42 hrs). Intelligent algorithms in BrainHQ automatically adapted exercises based on the patient's performance. Study participants showed a significant improvement in assessments of attention, processing speed, memory, and executive function. Although the pilot study was not powered to show significance on all measures, this is a promising 'first-in-kind' study to evaluate a computer gaming approach to cognitive rehab in ICU survivors of non-neuro / non-trauma critical illness.



Unproven and Expensive before Proven and Cheap: Extracorporeal Membrane Oxygenation versus Prone Position in Acute Respiratory Distress Syndrome.

Li et al., *Am J Respir Crit Care Med* (April 15 2018)

- The authors examined 61 published reports describing the use of extracorporeal membrane oxygenation (ECMO) in acute respiratory distress syndrome (ARDS). Using published and author-direct information, they identified 17 studies with unambiguous data. The 17 publications included a total of 672 ARDS patients treated with venovenous ECMO. Of these 672 patients, 31% received a trial of prone positioning before ECMO. The authors question why such a significant proportion of patients did not receive pre-ECMO proning, given that compared to ECMO, proning is simpler, cheaper and has been proven to be beneficial.



Critical Care Database

Critical Care would like to officially welcome Athar Quareshi to his role as the Database Analyst! Most of you have had the opportunity to meet and work with Athar over the past few months. Athar has been diligently entering data into our new Critical Care Database. Look for exciting news about the database in our next newsletter.

