

Workshops

N001

09:30–10:30

WHO WILL BE THE NEXT CARDIOVASCULAR DIABETES CHAMPION?

Mary Lou Martin, Debbie Oldford
QEII Health Sciences Centre

Diabetes is a known major risk factor for cardiovascular disease. For patients admitted to acute cardiac settings, diabetes is often relegated as a secondary issue to the presenting coronary event. Challenges with management strategies are often related to lack of knowledge of current clinical practice guidelines, shortened length of stay and complexity of the disease. The DICE Study revealed that only 50% of patients with type 2 diabetes managed in primary care offices have a Hgb A1c at target <7%. Many patients with acute coronary syndrome present with uncontrolled diabetes in the acute care setting.

A workshop to provide cardiovascular nurses with knowledge and appreciation of type 2 diabetes management strategies will be formulated in a game show/reality show format. Objectives for participants include: 1) recognize inadequate/suboptimal diabetes control; 2) identify glycemic targets as per Canadian Diabetes guidelines; 3) become familiar with treatment options.

Through case studies, the aforementioned objectives will be targeted and attendee participation will be generated by answering multiple choice questions using a game show approach. Who will be the next Cardiovascular Diabetes Champion?

N002

09:30–10:30

HELPING CARDIOVASCULAR PATIENTS ACHIEVE THEIR GOALS OF CARE!

Rosalind Benoit¹, Sandra Matheson²
¹QEII HS, ²QEII HSC

There are many possible goals of cardiovascular care, from prevention, to symptom management, to improvement in function and quality of life, to prolongation of life, to achieving a good death. It is important to determine goals of care with each cardiovascular patient and family as early as possible in the course of this chronic disease. No one goal is more important than another and multiple goals may apply at the same time.

Nurses play a vital role in helping cardiovascular patients and their families identify, express and achieve their individual goals of care. Specific clinical skills are needed for negotiating these goals of care with patients and their families. All too frequently a cardiovascular crisis is the catalyst for initiating the dialogue with patients and families regarding choices for care usually focusing on the discussion of code status.

The objective of this workshop is to provide participants with the opportunity to negotiate goals of care. Case studies will describe clinical situations from everyday practice. The presentation will focus on strategies and a step by step process for nurses to implement in initiating a dialogue with the patient and family regarding goals of care. The outcome for nurses will be to obtain the skills necessary to facilitate helping patients in reflecting and sharing their values and preferences regarding goals of care.

N003

09:30–10:30

INTERVENTIONS POUR FACILITER LES CHANGEMENTS DE COMPORTEMENT ET AMÉLIORER L'OBSERVANCE AU TRAITEMENT CHEZ LES PERSONNES ATTEINTES D'UN PROBLÈME CARDIAQUE / INTERVENTIONS TO FACILITATE BEHAVIOR CHANGE AND INCREASE COMPLIANCE IN PATIENTS WITH A HEART PROBLEM

Nathalie Nadon¹, Sonia Heppell²
¹CHUM, ²Institut de cardiologie de Montréal

Les infirmières ont un rôle primordial dans la promotion de la santé et la prévention des maladies. Or, comment intervenir auprès des patients qui ne désirent pas modifier leurs facteurs de risque? Doit-on jeter la serviette? Existe-t-il des moyens pour aider les patients, qui ont de multiples facteurs de risque, à cheminer? Comment intervenir rapidement et efficacement alors que le temps nous manque?

Cet atelier vise à outiller les infirmières pour intervenir auprès des patients cardiaques qui nécessitent des changements dans leurs habitudes de vie. Ce modèle de collaboration patient-infirmière se base sur l'approche de Prochaska associée au modèle de conviction-confiance. De plus en plus enseignée au Québec et au Canada, cette méthode d'intervention rejoint déjà plusieurs professionnels.

Cet atelier a pour objectif de permettre à l'infirmière :

- d'identifier rapidement le stade de changement dans lequel se situe le patient;
- d'aider le patient à cheminer à travers les différents stades, vers le changement;
- d'intervenir dans le but d'amener le patient vers une perception élevée des bienfaits à modifier ses comportements;
- d'intervenir dans le but que le patient ait le sentiment d'être capable de faire ce changement.

L'atelier est prévu pour un groupe d'environ 25 personnes et se fait de manière interactive. Des études de cas sont utilisées et la collaboration des participants est souhaitée.

N004

09:30–10:30

INNOVATION IN STAFF EDUCATION TO PROMOTE BEST PRACTICE STRATEGIES IN TREATING DELIRIUM

Dorothy Morris, Nancy Cameron
Vancouver Island Health Authority

The Vancouver Island health Authority (VIHA) produced an international award winning DVD, "Delirium in the older person: A Medical Emergency" (2006), to educate practitioners how to define delirium, recognize symptoms, identify causes and draw from a selection of effective interventions. Website based educational materials were also developed further enhancing clinical and educational support. There is a need for practitioners to strive for best practice standards by heightening their awareness about delirium. The literature indicates delirium continues to be misdiagnosed and under treated, resulting in prolonged hospitalization, patient and staff injuries, increased cost and higher morbidity and mortality rates. By attending this workshop participants will increase: (1) knowledge of how DVD and Website resources can assist in interdisciplinary staff education; (2) understanding of clinical consequences of medications in the elderly and why certain drugs should be avoided or reduced; (3) ability to prevent, detect and manage delirium in a timely manner using interdisciplinary management strategies and (4) understanding of age and disease

related changes including elder friendly care strategies. During this interactive session, elements of the DVD will be viewed and information shared related to our interdisciplinary experience with clinical, system and education strategies to meet the needs of patients experiencing delirium. Website based educational and clinical support material will be accessed and case studies utilized to prompt discussion about delirium prevention, detection, early intervention and timely management.

Oral Concurrents I

N005

11:10–11:30

THE BIG CHILL: A RETROSPECTIVE REVIEW OF PATIENTS TREATED WITH INDUCED HYPOTHERMIA POST CARDIAC ARREST

Nancy Tee, Michele Nelson, Julie Sabourin, Judy White
University of Ottawa Heart Institute

Induced hypothermia has been utilized in the operating room as a strategy to preserve cardiovascular and neurological stability for many years. Recent studies have found that early use of moderate (32 C to 34 C) hypothermia in select populations improves survival and neurological outcome. The current American Heart Association (AHA) and International Liaison Committee on Resuscitation (ILCOR) guidelines now include the recommendation to induce hypothermia in select patients post Cardiac Arrest.

The purpose of this presentation is to review the current guidelines for induced hypothermia and to discuss the nursing practice implications for managing the induction and support of the hypothermic patient. Potential benefits, complications and nursing challenges will be identified.

Results of a retrospective quality improvement chart review of a series of consecutive patients treated with hypothermia from July 06 to July 07 will be presented. Primary endpoints of survival and cerebral performance as well as process outcomes of time to target temperature and length of cooling time will be presented. Incidence of complications and nursing challenges will be identified. Strategies for improvement will be discussed.

N006

11:10–11:30

PROMOTING PATIENT CENTERED CARE AT THE 'POINT OF CARE': ASSESSMENT OF HEALTH STATUS, SOCIAL SUPPORT AND QUALITY OF LIFE IN PATIENTS WITH ACUTE CORONARY SYNDROME

Wynne de Jong
University Health Network

Patient-reported health status (HS) measures quantify patients' perceptions of how their disease impacts on physical function, social support and quality of life. Measurement of HS and quality of life is becoming increasingly accepted as a tool to guide clinical decision-making and patient centered care (PCC). Cardiac-specific HS surveys focus on aspects of HS and cardiac health-related quality of life (C-HRQL) that are specific to patients with cardiac disease. The purpose of this study was to assess HS and C-HRQL in patients with a diagnosis of acute coronary syndrome (ACS). The study utilized a quantitative descriptive design to gather information about patient's HS, including perceived social support, and C-HRQL. Subjects were selected from patients admitted to a medicine unit at an urban teaching hospital in Toronto, Ontario with a diagnosis of ACS. A valid and reliable cardiac-specific HS measure, the Seattle Angina Questionnaire (SAQ), was used to quantify the physical and emotional effects of ACS. As a component of patients' perceived HS, the ENRICH Social Support Instrument (ESSI) was used to measure social support. Data was analyzed using SPSS Base 14.0. SAQ and ESSI scores indicated a broad range in perceived symptom burden, physical capacity (HS) and C-HRQL. Univariate analysis indicated that patients with higher perceived social support reported greater treatment satisfaction ($p < 0.05$). Accurate assessment of HS, including social support and C-HRQL at the 'point of care', may directly promote PCC by guiding health

professionals to conscious action in attending to patients' physical and emotional needs and may provide patients with an opportunity to participate in their care and care planning.

N007

11:10–11:30

WEANING FROM THE VENTRICULAR ASSIST DEVICE: THE ROAD LESS TRAVELLED

Annemarie Kaan¹, Andrea Marrie²
¹St Paul's Hospital, ²UBC

Weaning from a long-term ventricular assist device (VAD) is a relatively rare occurrence with varied outcomes. We will present the case of AM, a 22-year-old previously healthy female who presented to her local hospital in cardiogenic shock. She was transferred to the provincial transplant centre for urgent transplant assessment and required implantation of a left VAD as a bridge to transplantation. Following implantation of the device, the patient's hemodynamic parameters did not improve significantly and showed evidence of severe right ventricular failure. Subsequent implantation of a right VAD was performed the following day. AM's recovery was slow, but relatively uncomplicated. The patient was discharged home in the care of her family on day 34. Over the ensuing weeks, serial echocardiography and NT-pro BNP testing showed evidence of left ventricular (LV) recovery and a weaning protocol was developed and instituted. After 15 weeks, VAD support was successfully discontinued and the device explanted. Six months post-explant AM continues to enjoy normal cardiac function. This paper will outline AM's case from a nursing perspective, and provide unique insights from the patient herself. AM and her family kept a journal during her journey and excerpts will be incorporated into the presentation. Highlighting that the "relatively uncomplicated recovery" may not be as uncomplicated from the patient's perspective, will provide nurses with valuable insights that can be incorporated into their practice.

N008

11:10–11:30

PRE-GRADUATES IN INTENSIVE CARE: DOES EVIDENCE SUPPORT THEIR HIRE?

Linda Harris¹, Mary Lou King², Devon Tamasi³, Kathy Leung¹
¹Toronto General Hospital, University Health Network, ²University of Western Ontario, ³Woodstock General Hospital

A nationwide nursing shortage is upon us. Nowhere is this more acutely felt than in critical care. Intensive care units (ICUs) across the country are struggling to ensure safe staffing levels. With an aging and retiring workforce, recruitment of the best and brightest graduates is essential. Controversy surrounds the issue of student placements in critical care and the hire of new graduates into stressful, fast paced, technologically complex settings.

This quasi-experimental pilot study assessed the impact of a critical care bridging program offered to undergraduate nursing students interested in entry-level employment in ICU. Following completion of a 180-hour critical care course, twenty 4th year students were paired with front-line critical care nurses in two academic teaching centres and one community hospital for a 300-hour clinical placement. Students and preceptors completed surveys at the onset and end of the clinical placement. Respondents were asked to rate students' comfort, confidence and competence levels. Students' ability to apply knowledge, use evidence-based thinking, and deal with ethical/professional issues was also examined. Differences between students' comfort, confidence and competence levels at time 1 and time 2 will be presented. The degree of congruence between student and preceptor ratings will also be discussed.

The preparation and recruitment of qualified graduates for complex environments is a crucial challenge in this era of nursing shortages. Opening new doors, implementing strategies that address the needs of both novice and expert nurses and strengthening alliances between nursing schools and practice settings are the way of the future.

N009

11:10–11:30

DYSLIPIDEMIA: BEFORE AND AFTER COMMUNITY CARDIAC REHABILITATION. ARE THERE IMPORTANT GENDER DIFFERENCES?

Annette Love, Janet Plowman, Peggy Hulan,
Darlene Cooley-Warnell, Sarah Youden, Wanda Firth,
Jennifer Crafer, Nicholas Giacomantonio
Community Cardiovascular Hearts in Motion

Cardiovascular disease (CVD) is the leading cause of death in Canada and is largely preventable. Primary prevention represents the greatest opportunity for reducing the risk of developing CVD. Preventive strategies have the biggest impact when implemented aggressively. However, appreciating risk does not always lead to optimal prevention. Women in particular are often under-treated with respect to their risk factors.

Community Cardiovascular Hearts in Motion (CCHIM) is a recently established multidisciplinary Managed Care Pilot Program aimed at delivering primary and secondary preventive cardiovascular care to patients at high risk for CVD as well as those with established CVD. The purpose of CCHIM is to provide patients with clinical assessment, risk factor management, education, and a nutrition and exercise program, in a community setting.

The purpose of this investigation is to compare disparities in lipid management amongst men and women participating in CCHIM. Our hypothesis is that women will be more likely to be under-treated for their dyslipidemia than men on program entry, but that the program will successfully address any disparities. Preliminary data in a small number of patients indicates that more women than men are receiving either no statin therapy or only a starting dose of statin despite above target lipid levels. The lipid parameters to be considered will include total cholesterol, LDL cholesterol, HDL cholesterol, total cholesterol to HDL ratio and triglycerides. Lipid levels will be compared at program entry, 3 months, and 6 months to determine any gender differences as well as the impact of CCHIM on lipid management.

N010

11:35–11:55

ALARMED BY ALARMS? ARE PATIENTS RESPONDING APPROPRIATELY TO IMPLANTABLE CARDIOVERTER DEFIBRILLATORS ALERTS?

Margot Wilson, Edna Hahn, Sheila Flavelle, Cheryl McIlroy
St Paul's Hospital

Implantable cardioverter defibrillators (ICDs) are the treatment of choice for patients who are at risk for life-threatening ventricular arrhythmias and for patients who have survived a cardiac arrest. With recent advances in ICD technology, these devices now have the capability of automatic monitoring. Monitoring features provide daily measurements of several technical parameters such as battery status, time to charge and lead impedance. If parameters are not within normal limits, patients are alerted through an audible alarm from their implant, prompting them to contact their physician or pacemaker clinic. This safety feature is meant to complement monitoring and does not replace the standard followup and clinical assessments required for these patients.

During routine patient follow-up visits at our centre's pacemaker/ICD clinic, nurses noted inconsistent patterns of patient responses to warning alarms. Given the potential patient safety implications of this clinical finding, we designed a quality improvement project to assess the rate of alarms that were generated by devices in our clinic's patients and the associated patient responses.

Descriptive data will be presented on demographics, history, and cause of alarms. Further exploration into how patients respond, patients' self-reported rationale for their behavior and what might influence their actions will be discussed. Current clinic practice and recommendations for further comprehensive nursing interventions, patient teaching and support will be presented.

N011

11:35–11:55

RENAL FAILURE FOLLOWING DIAGNOSTIC CORONARY ANGIOGRAPHY – EVALUATION OF RISK STRATIFICATION AND RENAL SPARING PROTOCOL

Beverley Hill, Eliot Beaubien
Peterborough Regional Health Centre

Renal failure following angiographic procedures is a well-recognized complication that is usually temporary. In some individuals however, permanent injury can be observed either through initial contrast induced nephropathy (CIN) or cholesterol embolization. Peterborough Regional Health Centre (P.R.H.C.) has adopted a risk calculator and prevention protocol to reduce the risk of CIN in Cardiac Catheterization patients. The P.R.H.C. risk calculator provides an estimate of acute renal failure requiring dialysis derived from a logistic equation based on documented risk factors. The evidence based prevention protocol is stratified according to that risk. In July 2006 P. R.H.C. began a study to examine the effectiveness of the protocol in limiting acute and chronic renal failure in this patient population. All patients who undergo cardiac catheterization between July 2006 and July 2007 are eligible to enroll. Laboratory data is collected to determine changes in kidney function for the six months following catheterization. These results will be compared to the benchmarks available in the literature and to a retrospective control group of patients whose data was collected from their hospital health records. The calculator is readily available to all health care professionals at P.R.H.C., and allows front line caregivers to identify risk for individual patients. Preliminary results indicate a low incidence of renal failure in the study subjects. This suggests that the risk calculator and prevention protocol will prove to be an effective tool to identify patients who may suffer from renal failure following contrast administration and to provide consistent preventative treatment for them.

N012

11:35–11:55

PERITONEAL DIALYSIS IN THE MANAGEMENT OF REFRACTORY HEART FAILURE: A SUCCESSFUL STORY

Thuy Pham, Charlene Lester, Cindi Wheeler, Sheldon Tobe
Sunnybrook Health Sciences Centre

Refractory heart failure (HF) is recognized when patients continue to exhibit marked symptoms of heart failure at rest despite maximal medical therapy. These patients often require frequent hospital admissions for fluid overload caused by salt and water retention and are at very high risk for developing significant renal failure due to aggressive diuretic therapy for this condition. Patients with refractory HF despite specialized interventions such as cardiac transplantation, mechanical circulatory support, bi-ventricular pacing, or continuous intravenous positive inotropic therapy, may benefit from daily fluid removal through peritoneal dialysis (PD). Although PD has not been widely used, it is an emerging option for symptom management of refractory HF. Peritoneal dialysis has been shown in case series to be effective in managing fluid status, reducing the need for repeated hospitalizations, and improving quality of life of the patients with this debilitating syndrome.

This case presentation is about a patient successfully treated with PD for refractory HF. The patient's clinical manifestations, investigations and treatments used prior to PD will be reviewed. A critical review of the available literature on the use of PD in refractory HF, rationale for its use, and nursing management of the patient will be discussed. In the future, PD may very well be part of the armamentarium for treatment of refractory HF. Cardiovascular nurses therefore need to be aware of this treatment modality.

N013

11:35–11:55

THE USE OF SIMULATION IN THE TRAINING OF NEW CARDIOVASCULAR CRITICAL CARE NURSES

Judith Sellick, Bonnie Bowes

University of Ottawa Heart Institute

The use of simulation to train staff has proven to be an effective mode of developing both critical thinking and psychomotor skills. In nursing, the use of life like mannequins in the actual hospital environment provides an opportunity for educators to use 'real world' situations to train new staff. Mannequins are also used to assist educators in maintaining existing staff competencies in everything from the use of defibrillators to decision making in critical situations.

Simulation has become a crucial part of our critical care program at the University of Ottawa Heart Institute. The lack of availability of trained critical care nurses has necessitated a large intake of nurses without previous critical care experience into an in house 20 week critical care course. The first twelve weeks of the course are made of didactic, simulation and in unit experiences prior to an eight week preceptorship. Our simulation mannequin has allowed the educator and students to transfer skills and knowledge from the classroom into a hands-on experience in a safe manageable environment.

Although the Laerdal ACLS Mannequin that we use comes highly equipped with an array of features including a menu of arrhythmias and heart and lung sounds, some innovation by the educator is required to assist in the reality of the situation. In our program we have managed to simulate everything from a normal post op cardiac surgery patient to sternal reopenings during a crisis. This presentation will describe our experiences with simulation in the training new cardiovascular critical care nurses.

N014

11:35–11:55

BLOOD PRESSURE PATTERNS AMONG WOMEN WITH HYPERTENSION

Faye Routledge, Judith McFetridge-Durdle

Dalhousie University

A less than 10% decline in blood pressure during the night is known as a nondipping blood pressure pattern. Nondipping has been found to be associated with target organ damage and poorer cardiovascular outcomes. Additionally, there is some evidence to suggest that hypertensive nondipping women have greater risk of target organ damage when compared to hypertensive nondipping men. A cross-sectional study design was used to describe a sample of hypertensive women by age, ethnicity, marital status, menopausal status, current medications, socioeconomic status and sleep quality as well as to describe the relationship between stress and dipping status. The study sample consisted of 47 women with essential or office hypertension who underwent 24-hour ambulatory blood pressure monitoring and completed the Perceived Stress Scale-14. The average age of the women was 57 ± 13.9 (SD) years. Thirty-one (66%) women were classified as dippers and 16 (34%) were classified as nondippers. Univariate analysis revealed nondipping was associated with older age (p = 0.04), postmenopausal status (p = 0.001) and lower stress scores (p = .017). Postmenopausal status was found to significantly predict nondipping in the logistic regression analysis (OR: 14, 95% CI [1.8, 128.4]). These findings are of interest given that some women had a nondipping blood pressure pattern regardless of stress level. Therefore, it is possible that there may be fundamentally different physiological mechanisms that explain this nondipping phenomenon. Identification of specific hemodynamic mechanisms associated with nondipping could potentially influence choice of antihypertensive treatment regimes for nondipper hypertensives.

N015

12:00–12:20

A PROSPECTIVE STUDY OF AMBULATION 90 MINUTES POST LEFT HEART CATHETERIZATION USING A RETROSPECTIVE CONTROL GROUP

Rodolfo Pike¹, Cathy A Eastwood², Patricia Grainger³, Donna Best², Karen Carroll¹

¹Eastern Health, ²Memorial University, ³Center For Nursing Studies

Despite a trend toward a reduction in bed rest time after left heart catheterization (LHC) in many Canadian centers, an evidence-based standard of practice has not been established. Canadian bed rest times range from 2 to 4 hours post LHC. Internationally, high levels of safety have been reported for ambulation at one to 6 hours post LHC. Safety, when compared with usual practice, is defined as the same or fewer complications requiring intervention. Two recent prospective non-randomized studies (N=>1000) indicate safety and efficacy of ambulation at 60 and 90 minutes post LHC. The purpose of this study is to determine safety and efficacy (time/case) of ambulating patients at 90 minutes post LHC sheath removal compared to the current practice of ambulation at 3-4 hours post sheath removal. The study will be a prospective non-concurrent design with a retrospective control. Retrospective data from the APPROACH database and chart reviews will be analyzed for a period of 6 months for the control group on the traditional 3-4 hour ambulation protocol. Prospective data will be gathered from the same data sources for 6 months for the experimental group to achieve a representative sample. Data will be analyzed using descriptive and comparative statistics. The study will be completed in August 2007. The results will contribute to the evidence and potentially the establishment of practice guidelines for post LHC recovery. Earlier ambulation has the potential to increase both patient comfort and quality of care.

N016

12:00–12:20

HOCM: MEDICAL VS SURGICAL MANAGEMENT?

Leslie Briggs, Nancy Gwadry, Faye Lazar, Andrew Maitland

Foothills Medical Centre

Hypertrophic Obstructive Cardiomyopathy (HOCM) is the leading cause of sudden death in individuals under thirty. This condition affects infants, children, adolescents and adults, with a mortality rate of 2-3% yearly. Signs and symptoms are common to many conditions of the heart: chest pain, dyspnea on exertion, syncope or pre-syncope episodes, palpitations, and tachyarrhythmias. Hypertrophic Obstructive Cardiomyopathy is a treatable condition, the challenge is identifying the condition correctly as the signs and symptoms can be misleading. This presentation will focus on the clinical picture of hypertrophic obstructive cardiomyopathy and the medical and/or surgical treatment options, focusing on nursing care. The course of events, from diagnosis, through treatment, to discharge will be discussed for two different patients; one being medically managed and the other treated with surgical intervention. Implications for nursing in relation to assessment, knowledge and recognition of signs and symptoms related to hypertrophic obstructive cardiomyopathy will be discussed. Improved patient care outcomes, quality of life for patients, follow-up care and monitoring and the importance of prevention of sudden cardiac death in this patient population will be highlighted.

N017

12:00–12:20

MYXING IT UP

Julie Macdonald, Laurie Fowler, Leasa Knechtel

Sunnybrook Health Sciences Centre

The cardiovascular surgical patient encompasses an interesting and multi-faceted variety of a well-understood disease process. We quickly become comfortable with the "CABG patient" and the "valve patient". These "conditions" and patient populations can be almost "cliché"; the experienced CV nurse can often recite the patient's history and predict their surgical course and recovery with some accuracy. Myxoma, occurring in less

than 1% of our surgical cases per year, while not uncommon, is one of the more infrequent, often benign pathologies seen on our ward.

Recently at Sunnybrook, the CV team met an unfortunate young man in his mid 20's with a malignant myxoma. His age, diagnosis and course of disease was anything but "cliché". The team was faced with a tragedy that affected not only the patient and family, but anyone who had the privilege to be involved in his care. This case challenged us to step outside our usual cardiovascular nursing "comfort zone" into the field of oncology and reminded us that the art of nursing is equally as important an aspect of our profession as the science.

Using a case based presentation we will review the incidence and pathology of myxomas and recount our experience with this young man and the profound impact he had on our nursing practice. We will examine the challenges and opportunities it presented and share suggestions for management of these unique encounters.

N018

12:00–12:20

STAFFING ALERT! A UNIQUE APPROACH TO STAFFING TWO CRITICAL CARE UNITS, MED-SURG AND CARDIAC SURGERY WITH ONE STAFFING POOL

Mary Kroh, Tina Hurlock-Chorostecki
LHSC

Specialized cardiac surgery intensive care units with dedicated staff have become the norm in Ontario. Staffing specialized units can be a challenge. Nurses express concerns of limiting career choices if they specialize while Leaders express concerns of maintaining staff interest and competence.

Three years ago our critical care program had the opportunity to review and select a new model of care within the city. Restructuring was going to result in merging of three intensive care units into two, one with 35 beds and ours with 40 beds. In addition there was to be alignment of cardiac surgery services to one site. Restructuring enabled the building of new facilities and the choice was made to dedicate a separate area of 16 beds for cardiac surgery patients, a new concept for us. To staff the two critical care units at our hospital it was decided to create a shared staffing model based on a 4 week rotation in an effort to recruit and retain expert critical care nurses.

The presentation will describe the ground work used to make the decision to employ our shared staffing model in our unit. Benefits realized, lessons learned, and staffs' personal reflections of this model will be shared. The goal of the presentation is to provide others with the material to examine their staffing needs and use this model example to establish if shared staffing would work in their critical care areas.

N019

12:00–12:20

HYPERTENSION: NURSES MAKE A DIFFERENCE IN ACHIEVING BLOOD PRESSURE TARGETS!

Jo-Anne Costello¹, Lyne Cloutier, Sandra Matheson³,
Donna McLean⁴

¹Guelph Family Health Team, ²University of Quebec, ³Queen Elizabeth II Health Sciences Centre, ⁴University of Alberta

As the management plan for patients with hypertension shifts to consider global cardiovascular risk, the influence of nursing practice is recognized as an essential component for risk factor reduction. Control of blood pressure remains a critical but elusive goal in the management of the patient with hypertension. Medical management of blood pressure, as important as it is, is only one component in the anti-atherosclerotic strategy in the care of the patient with hypertension. The Canadian Hypertension Education Program (CHEP) recommendations for hypertension screening and treatment are a valuable resource for a cardiovascular nurse. A case study approach will be used to describe the 2007 recommendations and link each recommendation to nursing practice. Nurses will appreciate the significant contribution they can make toward improving patient outcomes by following eight key recommendations:

- Assess blood pressure at all appropriate visits.

- "Borderline" patients will require annual reassessment.
- Assess global cardiovascular risk in all hypertensive patients.
- Lifestyle management is cornerstone for the prevention and management of hypertension and CVD.
- Treating blood pressure to target goals.
- To achieve target, sustained lifestyle modification and more than one drug is usually required.
- Follow monthly until targets are achieved.
- Consider strategies to improve patient adherence to lifestyle modifications and antihypertensive therapy.

Nurses have the opportunity and responsibility to influence the dissemination of these hypertension guidelines to other health care professionals and to patients in their care. Ultimately, nurses are uniquely positioned to assist patients in achieving target blood pressures and reduce their risk for cardiovascular disease.

Oral Concurrents II

N020

13:30–13:50

THE BENEFITS OF EARLY INTERVENTION WITH CRRT IN THE CARDIAC SURGERY INTENSIVE CARE UNIT

Gloria Prendergast, Maureen Burns, Judith Sellick
University of Ottawa Heart Institute

Acute Renal Failure (ARF) occurs in 30% to 40% of all patients who undergo cardiac surgery and 1% to 7% of those patients will require Continuous Renal Replacement Therapy (CRRT) or dialysis. ARF is considered to be a major complication in open-heart surgery and is associated with a poor prognosis. The development of kidney injury is associated with high mortality, 60% to 80% for patients requiring dialysis. It is also related to a more complicated hospital course and a higher risk of infectious complications.

CRRT is a gentle way to remove excess fluid and metabolites while maintaining electrolytes and acid base balance in patients that are suffering from ARF and heart failure (HF). Some studies have shown that an early application of CRRT can improve survival for patients with ARF after cardiac surgery.

The goal of this presentation is to describe the epidemiology, pathophysiology, and current management strategies of ARF after cardiac surgery. We will emphasize the advantages of CRRT in the acute phase of the treatment in a Cardiac Surgery Intensive Care Unit. We will include in this presentation, a case study of a patient that underwent open-heart surgery requiring post-op CRRT and the impact of the therapy on nursing, patient and families. If time permits, an open discussion on CRRT experiences in ICU's across the country will follow.

N021

13:30–13:50

INVESTING IN HEART HEALTHY CHILDREN: A COMMUNITY PROJECT

Wanda Cornish, Gillian Yates, Jennifer Miller,
Camille Hancock-Friesen
QE II Health Sciences Centre

With an epidemic of coronary artery (CAD) disease in our adult population, we are concerned about the escalation of modifiable risk factors in our youth (obesity, type II diabetes, sedentary lifestyle). Our multidisciplinary group developed a 3 year research project targeting school aged children through education and enabling to give them the skills to achieve heart health. Project goals include (1) change the culture at school and home that has led to an epidemic of CAD in Atlantic Canada, (2) initiate primary prevention of heart disease by educating elementary school children and their caregivers about modifiable risk factors, (3) give people the tools for establishing a heart healthy lifestyle. Education forums, tailored

to Grades 4, 5 and 6, are held twice a year for 3 years, focusing on four topic pillars: heart anatomy and function, risk factor modification, smoking and nutrition. Pre and post-tests judge the efficacy of knowledge transfer. Students receive a pedometer and log their daily physical activity. Teams composed of members from each grade are “virtually” walking across Canada. Monthly student rallies provide motivation with speakers and sport instructors who lead the students in new and alternate modes of exercise. Parental surveys are administered twice a year to assess caregivers’ impressions of their children’s health and activity level. Nursing students are developing tool kits for parents and caregivers to assist with healthy lifestyle choices. Working with school staff, school board, Department of Health, and other partners, this project aims to enhance a healthy lifestyle for children to prevent or reduce the increasing prevalence of CAD.

N022

13:30–13:50

LE DÉPISTAGE PRÉCOCE DU DÉLIRIUM AUX SOINS INTENSIFS DE CHIRURGIE CARDIAQUE : UN PROJET DE CHANGEMENT DES PRATIQUES FONDÉ SUR LES RÉSULTATS PROBANTS / SCREENING FOR DELIRIUM IN A CARDIAC SURGERY INTENSIVE CARE UNIT: EVIDENCE-BASED PRACTICE

Anie Brisebois¹, Odette Doyon²

¹Institut de cardiologie de Montréal, ²Université du Québec à Trois-Rivières

Le délirium des soins intensifs, syndrome neuropsychiatrique transitoire, se manifeste par un déclin de la fonction cognitive et une modification du comportement. Il s’agit d’une grave complication associée à l’état postopératoire de chirurgie cardiaque dont l’incidence se situe entre 12 et 34% des cas opérés. Cette complication augmente la morbidité, la mortalité et la durée de séjour. L’identification rapide des patients atteints de délirium devrait accélérer l’intervention thérapeutique. Afin de dépister systématiquement le délirium, nous avons habilité les infirmières à en repérer précocement les signes par l’implantation d’un instrument soit, La liste de contrôle du dépistage du délire aux soins intensifs. Il s’agit d’un projet de changement des pratiques fondé sur les résultats probants (Evidence Based Practice). Le modèle PARISH (Promoting Action on Research Implementation in Health Systems) a été utilisé pour guider l’implantation dans l’unité de soins intensifs de chirurgie cardiaque. Ce modèle tient compte de manière interreliée, de la robustesse de la preuve, du contexte et des mécanismes de facilitation. L’intervention est constituée d’un programme de formation et de l’accompagnement lors de l’implantation. L’effet de l’implantation est évalué sur les résultats observés auprès des patients ainsi que sur les pratiques des infirmières par une recherche évaluative quasi-expérimentale avec un devis à séquence temporelle pré et post intervention. Les variables retenues sont les délais d’identification du délirium et de prescription d’un traitement, les connaissances des infirmières et les notes d’observation. Le projet est actuellement en cours, le pré-test est complété et les résultats finaux seront connus en mai 2007.

N023

13:30–13:50

LOST IN TRANSLATION: INTERPRETING RECOMMENDED HEART HEALTHY BEHAVIOURS IN THE EVERYDAY WORLD

Jan Angus¹, Jennifer Lapum¹, Lisa Seto¹, Ellen Rukholm², Isabelle Michel³, Katherine Timmermans², Sandra Del Frate²

¹University of Toronto, ²Laurentian University, ³Public Health Research, Education and Development (PHRED), Sudbury & District Health Unit

Individuals at high risk for coronary heart disease (CHD) benefit from multiple risk factor interventions; however, relapse is frequent following such programs and adherence risk modifications may fall 25-40% after six months. The purpose of this qualitative study was to examine contextual constraints and supports in the maintenance of heart healthy behaviour changes. This inquiry was nested within a randomized controlled trial of

risk reduction counselling for individuals at high risk for CHD in three regions of Ontario.

This study drew on the tenets of critical ethnography to examine health-related behaviours and experiences of 40 individuals who had participated in the risk modification trial. Twenty Southern urban, 12 Northern Anglophone and 10 Northern Francophone participants were recruited, with similar proportions of males and females. Small focus group discussions were held with each regional subsample, followed by introduction to a photo-elicitation exercise. Participants used disposable cameras to depict everyday places, objects and people that held significance in their efforts to maintain heart healthy behaviour changes. Subsequent individual interviews focused on the contextual and personal meanings represented by the photographs. Data analysis for each subgroup was conducted by separate teams.

This presentation is concerned with the findings from the urban subgroup. We found that, although participants in the trial were provided with printed guidelines, many struggled to translate this information into existing schemas of meaning and activity. Risk modification recommendations were interpreted, reinvented and adapted in light of everyday places and situations. These results provide insight into the context-dependency of health behaviour change and will be particularly useful for practitioners working in preventive and rehabilitative practices with people at risk for CHD.

N024

13:30–13:50

CLINICAL NURSE SPECIALISTS AND NURSE PRACTITIONERS: COLLABORATIVE PRACTICE

Natasha Prodan-Bhalla, Martha MacKay, Annemarie Kaan, Doreen Fofonoff, Carol Galte
Providence Health Care

According to the Canadian Nurses Association, Advanced Nursing Practice (ANP) is “an advanced level of nursing practice that maximizes the use of in depth nursing knowledge and skill in meeting the health needs of clients” (CNA, 2002). The Clinical Nurse Specialist (CNS) and the Nurse Practitioner (NP) are the two most recognized ANP roles in Canada. Both roles have many common elements, yet both have different foci and often fulfill much different needs in the health care system. This paper will illustrate how both the CNS and NP can work collaboratively within one program to improve patient care using concrete examples from practice. Often due to budget restraints as well as a lack of understanding and appreciation for the roles, either the CNS or the NP is often chosen at the expense of the other or the wrong role is implemented. This not only leads to a breakdown in programs provided and patients cared for, but it also leads to a lack of nursing leadership and mentorship. With the introduction of the NP in British Columbia in 2005, the Heart Centre at St. Paul’s Hospital has been able to hire three NPs while increasing to five CNS positions. This was achieved through support for the ANP from administration, clear and concise education about the similarities and differences between the two roles, job descriptions and a primer to assist programs in assessing their needs. This has led to key collaborative partnerships, a greater understanding of the roles both within the Heart Centre and hospital-wide, and most importantly an improvement in patient care.

N025

13:55–14:15

HOW SWEET IT IS! INITIATING AN IV INSULIN CLINICAL PROTOCOL ON A CARDIAC SURGERY PATIENT UNIT

Suzi Laj
Trillium Health Centre

Diabetes affects nearly five percent of Canadians and is the leading cause of coronary artery disease. Managing blood glucose levels in diabetic patients that undergo cardiac surgery present many challenges to health care professionals. Uncontrolled blood sugars (or hyperglycemia) have specific implications to patient outcomes post cardiac surgery and is responsible for increase length of stay in hospital, increase risk to surgical site infections, and increases in morbidity and mortality rates. Historically,

at this community health centre cardiac surgery patients were initiated on an IV insulin infusion (and sliding scale) in the Cardiac Surgery ICU (CSICU) and then converted to a sc insulin sliding scale when transferred to the Cardiac Surgery Patient Unit (CSPU) post op day 1. This conversion from an IV insulin infusion to a sc sliding scale commonly caused a diabetic patient's blood sugar to go from a controlled normoglycemic state to a rebound hyperglycemic state on the CSPU. Efforts to maintain this normoglycemic state during the transition from CSICU to CSPU yielded the development of the Cardiac Surgery Patient Unit IV Insulin Clinical Protocol, targeted to maintain blood glucose levels within acceptable limits of 4.1 to 8.0 mmol/L. This presentation will discuss the impact of uncontrolled blood sugars to outcomes post cardiac surgery, nursing considerations, IV Insulin sliding scales that transition from the ICU to the patient unit and clinical orders for treating hypoglycemia. Statistical data of blood glucose levels in the immediate postoperative period will also be shared to validate the implementation of the protocol.

N026

13:55–14:15

AN ADOLESCENT CARDIOVASCULAR HEALTH PROGRAM: A RESEARCH REVIEWDawn Prentice, Heather Kilty
Brock University

There is growing recognition that there may be a link between predisposing risk factors and lifestyle choices that begin in childhood and heart disease in adulthood. Recognition of this connection has provided the impetus for the creation of a variety of heart health promotion activities for adolescents. Lifestyle behaviours such as physical inactivity, poor eating habits and tobacco use have been found to be leading contributors to cardiovascular disease.

Features and findings of a comprehensive assessment, education, consultation and follow-up program in heart health for adolescents will be presented. The Niagara Schools' Healthy Heart Program (NSHHP) is a primary prevention program providing grade nine students with information to guide decision making. For the last five years, over 3,500 students a year have participated in this program coordinated by Heart Niagara, a community based agency that has engaged parents, nurses, researchers and educators. The NSHHP components include: a family history and dialogue; blood pressure and cholesterol testing; a lifestyle self assessment survey; individual consultation with a public health nurse; and cardiovascular education sessions delivered by physical education teachers or nurses. Students identified as being 'at risk' have a consultation with a public health nurse and are referred to their primary healthcare professional for follow-up. The results of secondary analysis of 3 years of data describing the adolescent health, lifestyle trends and cardiovascular risk profiles will be presented by researchers from Brock University Nursing Department. Recommendations for nursing practice, research, clinical consultation and heart education for this target population will be discussed.

N027

13:55–14:15

MODÈLE D'INTERVENTIONS INFIRMIÈRES FACILITANT LA TRANSITION URGENCE-DOMICILE DANS UN CENTRE DE CARDIOLOGIE TERTIAIRE : RÉSULTAT D'UN PROJET PILOTE / NURSING INTERVENTION MODEL TO FACILITATE THE TRANSITION FROM EMERGENCY TO HOME IN A TERTIARY CARDIOLOGY CENTRE: RESULT OF A PILOT PROJECTMarie-Carla Thermidor¹, Sylvie Cossette², Magali Morin¹
¹Institut de Cardiologie de Montréal, ²Université de Montréal

Les patients atteints de maladies cardiovasculaires (MCV) sont à risque de visites répétées à l'urgence en raison de la complexité des problèmes de santé et de la difficulté à gérer les symptômes, des co-morbidités associées, de la polymédication, de la non assiduité aux traitements, de certains facteurs sociodémographiques, et de la difficulté à avoir un suivi par des ressources communautaires. À l'Institut de cardiologie de Montréal, le

quart des 10 000 patients ayant visité l'urgence se sont présentés plus d'une fois, et près de 10% plus de deux fois. Ces derniers génèrent le quart des visites annuelles. Comme 75 % des patients ayant leur congé de l'urgence quittent directement pour le domicile, ce lieu est un endroit stratégique pour planifier le congé de façon efficace et efficiente.

Le but du présent projet est de développer et d'évaluer de façon préliminaire un modèle d'intervention infirmière de transition hôpital-domicile afin d'optimiser le retour à domicile. Le modèle est personnalisé et tient compte des besoins réels du patient et de sa famille. Il touche l'enseignement sur la maladie actuelle, la gestion des symptômes, la médication, l'alimentation et la réadaptation. Le soutien émotif et l'articulation des soins prodigués à l'urgence avec les services communautaires font parti des interventions. Ce modèle d'intervention vise à améliorer la qualité de vie des patients et la diminution des revisites à l'urgence. La présentation décrira le modèle d'intervention et les résultats préliminaires de ce projet pilote.

N028

13:55–14:15

ILLUMINATING PLACE: A NORTHERN PERSPECTIVE ON WOMEN'S HEART HEALTHY BEHAVIOURSKatherine Timmermans¹, Ellen Rukholm¹, Jan Angus²,
Isabelle Michel³, Jennifer Lapum², Sandra Del Frate¹, Lisa Seto²
¹Laurentian University, ²University of Toronto, ³Public Health Research, Education and Development (PHRED), Sudbury & District Health Unit

Individuals living in Northern Ontario are at greater risk of cardiovascular disease than other parts of the province. Little is known about the sustainability of lifestyle changes in high risk populations 1 to 2 years after a cardiovascular lifestyle modification program. Even less is known about how women understand and use knowledge gained from such a program within a Northern 'place.'

A qualitative descriptive study informed by critical ethnography was conducted with 6 women in Northern Ontario as part of a larger study to examine health-related behaviours and experiences of 40 individuals who had participated in a risk modification trial. Small focus group discussions were held, followed by introduction to a photo-elicitation exercise. Participants used disposable cameras to depict everyday places, objects and people that held significance in their efforts to maintain heart healthy behaviour changes. Subsequent individual interviews focused on the contextual and personal meanings represented by the photographs and data were analyzed by a separate team in the Northern region.

Findings for this presentation focus on how place can influence the sustainability of cardiovascular risk factor modifications among women in Northern Ontario. Place emerged from their dialogue as the interactions between lifestyle changes, geography, climate and accessibility to resources. The concepts of vulnerability and resilience resonate and illustrate the complexity of their experiences. The findings may provide a beginning understanding of the need for the development of health policy and practices relevant to a Northern region.

N029

13:55–14:15

BRIDGING THE GAP BETWEEN DIABETES AND CARDIOVASCULAR CARE: THE ACUTE CARE NURSE PRACTITIONER COLLABORATIVE PRACTICE MODELSandra Skerratt, Julie Carthew
Southlake Regional Health Centre

Diabetes mellitus (DM) is recognized as a major independent risk factor of cardiovascular disease. Multiple studies have documented that hyperglycemia is associated with poor morbidity and mortality outcomes. Further, studies have documented improved patient outcomes for coronary artery bypass graft (CABG) surgery and other types of surgery, when tight glycemic control is maintained. These findings have been recognized in patients with and without a diagnosis of diabetes. Undertreatment is responsible for some of the increased vascular risk in DM despite proven benefit of evidence based therapies. Southlake Regional Health Centre identified a need to provide high quality care services with increased efficiency and cost

effectiveness for patients with DM undergoing cardiac surgery. As a result, the acute care nurse practitioner (ACNP) collaborative practice model was incorporated to streamline the care delivery process for this patient population. This presentation will highlight the structure, process, and outcomes of the integrated and comprehensive diabetes/cardiovascular ACNP collaborative practice model along the care continuum from the preoperative period to the ACNP follow-up clinics post discharge. Identified outcomes include early identification and timely access of patients to the endocrinology team, tighter glycemic control, decreased length of stay, and mandatory follow-up of all patients to a diabetes education centre. The overall expected patient outcome is a reduction in morbidity (wound and renal failure) and/or mortality when tight glycemic control is managed with an ACNP collaborative practice model of care. Implications for future nursing practice will be discussed based on this innovative advanced nursing practice role.

N030

14:20–14:40

TREATING ELDERS IN CARDIAC CARE: RESTORING THE FRAGILE BALANCE

Carol Galte, Natasha Prodan-Bhalla, Pamela Colley
Providence Health Care

It is well documented that our population is aging. Additionally, advances in cardiovascular care and the development of less invasive methods of treatment cardiac conditions has created a challenge for cardiovascular nurses who are caring for elder Canadians in increasing numbers. Many elders exist with multiple chronic conditions. Nutritional status and mobility are not always optimum for community dwelling elders. When these individuals are admitted to hospital and undergo cardiac procedures and surgeries, the delicate balance is often upset and they become ill as a result of previously stable conditions, as well as unrecognized challenges such as cognitive decline, malnutrition and immobility. Cardiovascular nurses will need to be aware and educated about the multiple challenges, which can present themselves when caring for elders with both acute and chronic cardiac conditions. Knowledge of common geriatric conditions and how they intersect with cardiovascular care has the potential to improve the nursing care we provide to these patients. Our centre employs nurse practitioners in general cardiology and cardiac surgery. These cardiovascular nurses provide comprehensive geriatric care both before and after cardiac surgery. This presentation will address the complexities of treating elders in cardiac care and will present a model which is designed to enhance the pre-operative status of the elder undergoing cardiac surgery with a view to reducing complications in the post operative period.

N031

14:20–14:40

A SYSTEMATIC APPROACH TO THE IDENTIFICATION AND TREATMENT OF HOSPITALIZED SMOKERS: APPLICATION OF THE “OTTAWA MODEL” IN A COMMUNITY HOSPITAL IN THE CHAMPLAIN REGION

Bonnie Quinlan¹, Maureen Sly-Havey², Shiela Havey², Robert Reid¹, Andrew Pipe¹

¹University of Ottawa Heart Institute, ²Renfrew Victoria Hospital, The Champlain Hospital Based Smoking Cessation Network is a grouping of 17 acute care hospitals in the Champlain Local Health Integration Network, which together serve a population of 1.2 million. All Network hospitals have implemented an institutional approach to smoking cessation – “The Ottawa Model” – which ensures the systematic identification and treatment of all smokers. Upon admission smokers are identified, provided with appropriate pharmacotherapy and brief smoking cessation counseling based on the Registered Nurses Association of Ontario Best Practice Guidelines. At discharge, patients are provided with sophisticated follow-up and support using Interactive Voice Response technology administered centrally at The University of Ottawa Heart Institute where “The Ottawa Model” was originally developed. Hospital administrators

and professional staff are provided with regular reports regarding their patients’ smoking cessation status, and data regarding hospital and department performance. The Renfrew Victoria Hospital, a community hospital in the Network, has successfully implemented the model resulting in significantly increased smoking cessation rates among both patients and staff. This presentation will describe the implementation of “The Ottawa Model” in this setting, the strategies used to ensure a smooth implementation process and address the unanticipated, positive effects of increased smoking cessation among hospital staff.

N032

14:20–14:40

LES CONNAISSANCES THÉORIQUES ET PRATIQUES DES INFIRMIÈRES EN REGARD DE LA MESURE DE LA PRESSION ARTÉRIELLE / NURSES THEORETICAL AND PRACTICAL KNOWLEDGE ON BLOOD PRESSURE MEASUREMENT

Lyne Cloutier¹, Alain Vanasse², Lise Talbot²

¹Université du Québec à Trois-Rivières, ²Université de Sherbrooke
Introduction : La pression artérielle (PA) est l’une des mesures les plus fréquemment réalisées par les infirmières. Une mesure imprécise peut entraîner des erreurs de diagnostic, un traitement et un suivi inappropriés. Compte tenu de l’impact potentiel du diagnostic d’hypertension artérielle sur la qualité de vie, il est pertinent que la mesure de la PA réalisée par les infirmières soit fiable.

Objectif de l’étude : Décrire et comparer les connaissances et la pratique des infirmières pour la mesure de la pression artérielle en regard des recommandations du programme éducatif canadien pour le contrôle de l’hypertension artérielle (PECCHTA).

Méthodologie : Une évaluation des connaissances théoriques et pratiques en regard des recommandations pour la mesure de la pression artérielle a été réalisée auprès de 50 infirmières oeuvrant en soins de santé communautaire. La collecte de données a été réalisée à l’aide d’un questionnaire et d’une grille d’observation, évalués pour leur validité et fidélité. Une enquête postale réalisée auprès de 307 infirmières est venue compléter la collecte des données pour les connaissances théoriques.

Résultats : Des lacunes importantes ont été observées tant pour les connaissances théoriques que pratiques des infirmières en regard de la mesure de la pression artérielle. L’impact de ces lacunes pourrait se traduire par une surestimation ou une sous-estimation du nombre de personnes considérées comme hypertendues.

Retombées pour la pratique : Des stratégies éducatives en regard de la mesure de la pression artérielle doivent être mises en place afin d’améliorer les connaissances théoriques et pratiques des infirmières dans ce domaine.

N033

14:20–14:40

BRINGING A COMPANION TO CARDIAC REHABILITATION: WHO DOES AND DOES IT INFLUENCE PROGRAM ATTENDANCE?

Heather Payette¹, Shawn Fraser², Wendy Rodgers³, Bill Daub¹

¹Glenrose Hospital, ²Athabasca University, ³University of Alberta

Many cardiac rehabilitation (CR) patients bring companions to orientation, dietician and nurse appointments. This study examined (a) characteristics of patients who bring a companion and (b) whether doing so influenced program attendance. In a sample of 599 (n=122 women, n=477 men) (mean age 62.68, SD=11.23 years) those with companions were compared to those without on initial diagnosis, initial exercise tolerance, and number of exercise and education classes attended during the program. Chi-square revealed that men (35.8%) were significantly more likely than women (24.6%) to bring a spouse to orientation. Men were more likely to bring a spouse to their nurse (17.8%, n=85) or dietician (17.4%, n=83) appointments than women (11.5%, n=14; and 6.6%, n=8, respectively). ANOVA revealed that men who brought a spouse to their dietician appointment attended significantly more education classes (M=9.36) than those who did not (M=8.25), controlling for bringing the spouse to

orientation and nurse sessions. Finally, discriminant function revealed bringing a spouse to the dietitian appointment was significantly related to bringing one to orientation and nurse appointments, being older, male, CABG, no MI, and low exercise tolerance. These data suggest that men, but not women, who bring a spouse attend more education sessions and the spouse attending the dietician appointment is the strongest predictor of exercise sessions. The strongest predictor of bringing the spouse to the dietitian appointment is having brought one to the two earlier appointments, suggesting that consistent social support is related to better attendance to optional sessions.

N034

14:20–14:40

IMPLEMENTING A NURSE PRACTITIONER ROLE IN A CARDIAC SURGERY INTENSIVE CARE UNIT

Tina Hurlock-Chorostecki

LHSC

Three years ago I was presented with the opportunity to create a nurse practitioner role in a newly formed cardiac surgery intensive care unit in a tertiary care hospital. The hospital had several nurse practitioners in their employ but there had not been a nurse practitioner working within intensive care. While I had experience as a nurse and a nurse practitioner in critical care, learning the idiosyncrasies of the fresh cardiac surgery patient was going to require intensive study. Now, three years later the role is well respected by the cardiac surgery intensivists, the nursing and interdisciplinary team staff, and the cardiac surgeons and anesthesiologists. More importantly, family members of complicated patients have shared how valuable the role has been to them in their time of need.

Through a presentation I will share how the role was negotiated, and how it took shape. Time spent in the different domains of advanced nursing practice will be described. Key aspects of role development and implementation will be highlighted. Bumps in the road and ideas of how to avoid, or at least minimize them, will be discussed. This presentation will be of interest to nurses, interdisciplinary team members, managers and physicians who may be contemplating an advanced role to provide excellent patient care in their critical care area. Those in a nurse practitioner role who have a love for the critical care environment or those contemplating a nurse practitioner career will appreciate the tips of setting up such a role to succeed in a high demand, high stress area.

N035

14:45–15:05

PROSTHETIC VALVE FAILURE REQUIRING REOPERATION: WHAT SHOULD WE KNOW?

Nancy Gwadry¹, Leslie Briggs¹, Faye Lazar¹, Jody Bielesch¹, Andrew Maitland¹, Alec Bayes¹, Karen Then²

¹Calgary Health Region, ²University of Calgary

In North America we have seen an increase in the number of patients returning for repeat valve surgery, for both mechanical and bioprosthetic valves, due to valvular dysfunction. The modes of dysfunction requiring reoperation include paravalvular leaks, structural deterioration, prosthetic endocarditis, and thrombosis. Despite the advances in surgical technique and management of valvular dysfunction, hospital mortality for these patients varies from 2.5 to 50 percent depending on severity of the dysfunction at admission. The prognosis of these patients depends on rapid diagnosis and optimal treatment of complications. Nurses are challenged with the care of these complicated patients and should possess the knowledge to care for them appropriately. In this presentation we will discuss the common reasons for valve failure, the signs and symptoms associated with valve dysfunction, the current management practices and the technical difficulties that may arise. We will review patients admitted for a redo valve procedure and the pertinent events during their hospitalization. Nursing implications for assessment, early recognition of postoperative complications and appropriate treatment will be discussed. At the conclusion of our presentation the nurse will possess the knowledge to manage patient care efficiently and effectively for this population.

N036

14:45–15:05

SECONDARY PREVENTION OF CARDIOVASCULAR DISEASE: CARDIOVASCULAR RISK ASSESSMENTS AND PATIENT EDUCATION

Sandra Skerratt

Southlake Regional Health Centre

Secondary prevention measures are strategies for patients with an established diagnosis of cardiovascular disease and are designed to prevent recurrent coronary events and cardiac death. Compelling evidence from recent clinical trials and revised practice guidelines confirms that aggressive comprehensive risk factor management improves survival, reduces recurrent coronary events and the need for interventional procedures, and improves quality of life for this patient population. Patient education programs designed to reduce cardiovascular risks and focus on the initiation of secondary prevention measures before hospital discharge are highly effective. Discussion of secondary prevention therapies while patients are still in the hospital uses the “teachable moment” and has been demonstrated to improve clinical outcomes. In-hospital patient education increases the competence and confidence of patients for self-management which in turn improves compliance. Nurses and other members of the multidisciplinary health care team are in an ideal position in their role as educators to make a significant difference in facilitating comprehensive patient education focusing on risk factor management for individuals diagnosed with cardiovascular disease.

This presentation will provide an overview of the updated 2006 AHA/ACC Guidelines for Secondary Prevention for Patients With Coronary and Other Atherosclerotic Vascular Disease. In utilizing the evidence from recent clinical trials and the revised practice guidelines, nurses and other members of the multidisciplinary health care team will develop an understanding of their role in performing cardiovascular risk assessments and educating patients and families about secondary prevention risk-reduction strategies in cardiovascular disease.

N037

14:45–15:05

INTERVENIR EN CARDIOLOGIE EN CONTEXTE CLINIQUE ÉTHNIQUEMENT DIVERSIFIÉ / INTERVENING IN A CLINICALLY DIVERSE ETHNIC CONTEXT IN CARDIOLOGY

Bilkis Vissandjée¹, Nicole Parent², Isabelle Ledoux¹, Johanne Loyer², Isabelle Hamelin³

¹Université de Montréal, ²Institut de Cardiologie de Montréal,

³Agence de la santé et des services sociaux de Montréal

L'Institut de cardiologie de Montréal (ICM), centre ultra-spécialisé de soins tertiaires, dessert depuis plusieurs années une clientèle diversifiée sur les plans culturel et linguistique. Un personnel de plus en plus hétérogène assure les soins. Cette diversification qui augmente est à l'image de la région puisque celle-ci accueille un peu plus de 23 % de la population qui immigré au Québec. Il est donc impératif que ces dimensions soient intégrées dans les pratiques de soins infirmiers pour assurer des prestations de soins de qualité. Si plusieurs études se sont attardées aux différents défis associés au développement de la compétence en contexte interculturel, aucune ne s'est toutefois attardée à circonscrire ceux-ci auprès d'infirmières œuvrant en cardiologie. Suite à un échantillon de convenance, l'ICM a donc choisi de tenir deux groupes de discussion avec six infirmières soignantes (groupe 1) et huit infirmières-chefs et assistantes infirmières-chefs (groupe 2) afin d'explorer leurs perceptions des défis d'intervenir en présence de distance culturelle (tel que perçu par les infirmières) et de distance linguistique (tel que vécu par les infirmières). Dans un premier temps, des données de nature qualitative (questions semi-structurées) ainsi que des données de nature quantitative (profil sociodémographique et de compétence culturelle) seront analysées et présentées pour discussion aux gestionnaires et aux infirmières de l'ICM. Dans un deuxième, des recommandations seront élaborées afin de soutenir les différents niveaux de prestation de soins infirmiers pour que, dans un contexte de situations cliniques complexes, soit rendu des soins de qualité.

N038

14:45–15:05

'I'D HAVE TO FEEL LIKE THERE WAS SOMETHING SERIOUSLY WRONG': THE INFLUENCE OF MASCULINITY ON WHITE AND SOUTH ASIAN MEN'S DECISION TO SEEK HELP FOR CHEST PAIN

Paul Galdas

University of British Columbia

The benefit of prompt treatment for MI is widely recognised. However, there is a growing body of literature to suggest that 'masculinity' may lead men to be reluctant to seek medical help. The influence of masculinity on white and South Asian men's help-seeking behaviour for chest pain is not fully understood.

The research aimed to address this gap in the literature by exploring how masculinities influence white and South Asian men's decision to seek or delay seeking medical help for acute chest pain. A modified grounded theory methodology employing in-depth interviews was used to investigate the help-seeking experiences of 37 white and 19 South Asian men who had been admitted to two hospitals in the UK with acute chest pain.

The main findings highlight white and South Asian men's differing representations of masculinity in the context of help seeking. South Asian men's accounts revealed culturally distinct representations of masculinity, signified by a willingness to seek help and express being in pain. By contrast, the accounts provided by white men strengthen the empirical basis for theorising about the detrimental influence of 'hegemonic masculinity' on delaying men's help seeking.

The study findings suggest that strategies that aim to reduce help-seeking delay need to be developed to specifically target men of differing ethnicity. The findings can be used to incorporate cultural and gender sensitivity into the delivery of nursing care, and the design of cardiac health promotion and behaviour modification strategies that aim to reduce help-seeking delays among men who experience cardiac chest pain.

N039

14:45–15:05

NURSE PRACTITIONER MANAGED POST-OPERATIVE CARDIAC SURGERY ANTICOAGULATION CLINIC: AN INNOVATIVE APPROACH TO HEALTH CARE DELIVERY

Jo-Ann V Sawatzky¹, Susan Mertin², Francis LaBossier^{2,3}

¹University of Manitoba, ²St Boniface General Hospital, ³Winnipeg Regional Health Authority

Despite advances in surgical technology, thromboembolism persists as a serious complication related to mechanical prosthetic valve replacement and persistent atrial fibrillation following cardiac surgery. Anticoagulation therapy dramatically reduces the risk of thromboembolism in this population. Therapeutic effectiveness of oral anticoagulation therapy is determined by the ability to maintain the international normalized ratio within a therapeutic target range. The achievement of this goal is dependent upon physiological and pharmacological factors, including interacting drugs, concomitant illnesses, dietary intake, and patient adherence. There is growing evidence that the provision of anticoagulation management through a comprehensive anticoagulation clinic has advantages over the standard family physician model of care. These advantages may include a decreased risk of complications, such as major hemorrhage and thromboembolism, and cost reduction, as measured by fewer hospital admissions, and emergency department visits.

The Cardiac Sciences Program in Winnipeg, Manitoba identified the need to provide enhanced, coordinated, outpatient anticoagulation health care. A Nurse Practitioner (NP) clinic management model was chosen because of the NP's ability to provide an evidence-based, holistic nursing approach, which focuses on health promotion and illness prevention. The Anticoagulation Forum Consensus Guidelines for coordinated outpatient oral anticoagulation therapy management (Ansell et al, 1997) were used to guide the clinic developmental structure. A comprehensive outcomes research/evaluation process was developed to guide the ongoing evolution of the clinic. In this presentation, insights gleaned

during the development, implementation, and evaluation of this NP managed Post-operative Cardiac Surgery Anticoagulation Clinic will be discussed.

N040

15:10–15:30

WHEN CARDIAC SURGERY GOES WRONG: DEVELOPING AN INTERDISCIPLINARY APPROACH TO CARE

Tina Hurlock-Chorostecki

LHSC

While the expected hospital length of stay after Coronary Artery Bypass Graft (CABG) surgery is to be 5 days, some patients develop complications that result in a prolonged length of stay in the Intensive Care Unit (ICU). As the consistent person in the unit, the nurse practitioner picked up inconsistencies in care that had the potential to delay improvements in the patients' health. These included the lack of an interdisciplinary approach to the plan of care and the weekly altering of the plan as the physician rotation changed. One strategy to address these inconsistencies and systematic gaps was the introduction of "Long Stay Rounds".

Long Stay Rounds are held weekly and all members of the team are expected to attend. The rounds are an interdisciplinary discussion of each patient keeping all team members informed, and reviewing 'triggers' on each patient who remains in the unit for more than 3 days. Discussion triggers help the team to review the whole patient and identify present and potential problems.

After six months of conducting the Long Stay Rounds an improved approach to care has been realized. Team members have expressed that they are more informed of the patient's situation, potential problems are identified sooner and fine details of care are monitored more consistently. This presentation will share the policy of the rounds, team goals and discussion triggers developed by the interdisciplinary team and specific outcomes reflecting the success of these rounds.

N041

15:10–15:30

THE CLINICAL APPLICATION OF AN ULTRA-SHORT SCREENING TOOL FOR PSYCHOSOCIAL DISTRESS: THE STOP-D

Quincy Young, Annemarie Kaan, Doreen Fofonoff, Susanne Burns, Bonnie McNaughton, Carol Imai, Holly Andrews

St Paul's Hospital Heart Centre

It is well known that psychosocial distress negatively impacts cardiac-related morbidity and mortality. Referring patients experiencing psychosocial distress for appropriate treatment of those conditions can mitigate these negative effects. The purpose of this project is to implement and evaluate the application of the recently validated "Screening Tool for Psychosocial Distress" (STOP-D) in 6 cardiac clinics. The STOP-D is a 5-item screening tool for identifying patients who could benefit from referral to a mental health professional. The STOP-D provides severity scores for 5 common forms of psychosocial distress in a cardiac population (depression, anxiety, stress, anger, and lack of social support). The STOP-D is free, takes only 1-2 minutes to complete and requires no scoring. This paper will provide a brief review of the validity of the STOP-D as well as a detailed description of the screening program from assessment to interpretation, referral and follow-up. The implications for nursing practice are potentially significant. The STOP-D not only accurately identifies patients who could benefit from a referral to a mental health professional, but also provides an excellent opportunity for nursing and other health care professionals to discuss psychosocial risk factors with their patients. Clinical implications of the recent application of the STOP-D in outpatient settings with no dedicated mental health staff will be highlighted. As with implementation of any screening tool, appropriate follow-up must be planned. In summary, the STOP-D provides a fast and easy method for screening psychosocial distress and can be used across a variety of cardiac outpatient clinics.

N042

15:10–15:30

IDENTIFICATION AUPRÈS D'INFIRMIÈRES DE FACTEURS FACILITANTS ET CONTRAIGNANTS LA MISE EN PLACE DE PRATIQUES EXEMPLAIRES POUR LA GESTION DE LA DOULEUR EN CHIRURGIE CARDIAQUE : RÉSULTATS DE FOCUS GROUPS / IDENTIFYING FACTORS THAT FACILITATE AND/OR CONSTRAINTS TO THE APPLICATION OF EVIDENCE-BASED PRACTICE FOR THE MANAGEMENT OF PAIN IN CARDIAC SURGERY: RESULTS OF FOCUS-GROUPS

Emilie Bouchard¹, Sylvie Cossette², Manon Choinière¹¹Institut de Cardiologie de Montréal, ²Université de Montréal

Une équipe multidisciplinaire de l'Institut de cardiologie de Montréal a développé un programme basé sur des pratiques exemplaires visant à améliorer la gestion de la douleur chez les patients ayant subi une chirurgie cardiaque. Avant d'implanter ce programme, il était essentiel de procéder à une évaluation minutieuse du terrain. Un projet a donc été mené auprès d'infirmiers/infirmières des différents quarts de travail (jour, soir, nuit) sur les unités de soins intensifs et chirurgicaux afin 1) d'évaluer leurs perceptions concernant le processus d'implantation de ce programme, et 2) faire ressortir leurs suggestions pour faciliter l'adoption et permettre la continuité de ce programme. L'orientation théorique retenue était le modèle de Dobbins sur l'adoption d'innovations basées sur des données probantes dans une organisation. Quant au projet, il consistait à consulter et impliquer le personnel infirmier dans le processus d'implantation du programme par le biais de groupes de discussion (focus groups) portant sur les pratiques analgésiques actuelles et les changements à venir. La synthèse des perceptions et suggestions du personnel infirmier, nous a permis : 1) d'identifier clairement le rôle et l'influence de ces acteurs clés face aux changements à implanter; 2) d'évaluer leurs réactions à partir de leur position face aux changements; 3) de mettre en lumière certaines problématiques dans les pratiques actuelles de gestion de la douleur, et 4) d'émettre des recommandations concernant les meilleures façons de susciter leur participation dans le processus d'implantation et de maintien du programme proposé pour la gestion de la douleur post-opératoire.

N043

15:10–15:30

IMPLEMENTING SMOKING CESSATION IN THE ACUTE CARE SETTING: A HOW TO GUIDE

Dianne Pletz, Vera Millar

St Mary's General Hospital

Smoking is the most important preventable cause of death and disability at a time when tobacco use remains the number one cause of premature death in Canada. Because nicotine is highly addictive smokers need assistance in 'quit' techniques. This can be addressed using Minimal Contact Intervention (MCI) as the basis of a smoking cessation program.

The Canadian Cardiovascular Society has developed best practice guidelines for acute myocardial infarction care to promote awareness of evidence in the clinical community. A chart audit of three acute care facilities identified one component of these guidelines, smoking cessation counseling, as inadequate for this region.

The model chosen by our facility incorporates partnerships across the Local Health Integration Network (region) and includes employees' cessation needs as well as MCI with all patients. It has been possible to provide evidence-based care in a cost effective manner using resources available through national, provincial, and regional organizations.

St. Mary's General Hospital has adopted 'The Ottawa Model' for smoking cessation.

Objectives:

- Providing MCI in the acute care setting
- Provide information on nicotine replacement therapy (NRT) and offer NRT
- Offer volunteer telephone follow-up providing positive feedback and information about Smokers' Helpline

- Evaluate the effectiveness of the program by measuring data including quit attempts

This presentation aims at reviewing the process of adopting a gold standard program to implement an evidence-based, cost effective smoking cessation program. Smoking cessation is the most powerful single intervention in clinical practice to offer large potential benefits including a reduction in sudden cardiac death and myocardial infarction.

N044

15:10–15:30

PERCEPTIONS OF CANADIAN CARDIOVASCULAR SURGEONS TOWARDS RISK REDUCTION THERAPIES IN PATIENTS WITH ATHEROSCLEROSIS IDENTIFIES CARE GAP

Marnee Wilson, Subodh Verma, David Latter

St Michael's Hospital, University of Toronto

Objective: To determine vascular surgeons' knowledge and implementation of risk reduction pharmacotherapy in patients with peripheral arterial disease (PAD).

Design: Self administered questionnaire survey. Setting: Canada. Participants: 79 Canadian vascular surgeons attending the 26th Annual Meeting of the Canadian Society for Vascular Surgery (2004). Main outcome measures: Knowledge, attitude and barriers towards risk reduction therapy in patients with PAD.

Results: A response rate of 66% was recorded. The recommended targets of LDL-cholesterol, blood glucose and blood pressure were known to 53.8%, 40.4% and 57.7% of vascular surgeons, respectively. The majority of vascular surgeons (65.4%) screen for risk factors in less than 50% of cases. Although 90.4 % of vascular surgeons would recommend antiplatelet therapy in PAD only 5.8% would recommend angiotensin converting enzyme (ACE) inhibitors, and 19.2% would recommend lipid lowering therapy with statins. Only 46% of vascular surgeons were aware that ACE inhibitor therapy should be initiated in PAD patients for atherosclerosis, irrespective of blood pressure. Eighty four percent of Canadian vascular surgeons' indicated that their self assessment of risk reduction in PAD was average to below average, yet 90.4% of them believed that risk reduction therapy should be recommended or initiated by vascular surgeons. Vascular surgeons identified that a combination of factors, including a low level of comfort to initiate and monitor therapies, absence of vascular medicine intervention, and failure to target vascular surgeons for continuing health education, represented the barriers to adequate treatment risk reduction in PAD.

Conclusions: Canadian vascular surgeons' perceptions towards risk reduction in PAD identify glaring knowledge and action gaps, despite the overwhelming recognition that recommending and instituting therapy should be the responsibility of the vascular surgeon. Given the heightened risk of cardiovascular disease in patients with PAD, these data have important and immediate implications. Nurse Practitioners may fulfill a unique role in closing the care gap in atherosclerosis pharmacotherapy.

Oral Concurrents III

N045

16:00–16:20

TRANSAPICAL AORTIC VALVE REPLACEMENT

Natasha Prodan-Bhalla, Christy Weepers, Kim Brownjohn, Katrien

Pottinger, Hilary Polzer, Stephan Beaulac

Providence Health Care

St. Paul's Hospital Heart Centre has recently started performing transapical aortic valve replacements. This program, which is unique to Canada, is for those patients who are unable to undergo conventional cardiac surgery. Transapical valve replacement involves a small incision into the thoracic cavity just below the left ventricle. A small hole is made in the ventricle and a guidewire is passed into the left ventricle. A balloon catheter is then passed over this wire and inflated to deploy the prosthetic valve. The purpose of this presentation is to describe our experience with this

new, innovative approach to heart surgery as well as to highlight some of the challenges faced while caring for these patients post-operatively. This procedure is generally performed on the geriatric population who have multiple co-morbidities. Therefore patients tend to have multiple health and social problems that need to be managed post-operatively. These include renal failure, vascular disease, underlying dementia and living independently, often with little support. Furthermore, because we are the only centre that performs this surgery nationally, a lot of the patients come from other provinces for the surgery, and getting them back home can be a bureaucratic challenge. As the population ages, the need for this type of surgery will increase and other cardiac centres will start their own transpacial programs and we hope they can benefit from our experiences.

N046

16:00–16:20

SURVIVING VRE IN CARDIAC SURGERY: AN INNOVATIVE MULTIDISCIPLINARY APPROACH

**Teresa Fritsch-Sitlani, Lisa Bunn, Norine Meleca
St Michael's Hospital**

In January of 2006, our infection control department was notified of three transferred patients who tested positive for vancomycin resistant enterococci (VRE) by their receiving institutions. A multidisciplinary outbreak meeting was held and immediate action was taken to prevent further transmission on the cardiovascular surgery unit (CSU) and in the Cardiovascular Intensive Care Unit (CVICU). The epidemiological strain identified was *Enterococcus faecium* type Van A. Initial control methods included: cohorting of patients and staff to selected areas; designating equipment to positive patients; providing disposables where possible; supplying education to staff and patients; and increasing housekeeping services. Control of the outbreak proved to be challenging and over the next four months, 24 nosocomial cases were identified, 18 on the CSU and six in the CVICU. As additional nosocomial cases were found, further multidisciplinary discussions were held to brainstorm possible causes. These multidisciplinary meetings were with the: Medical Director of Infection Prevention and Control; Infection Control Practitioner; Surgeons; Managers and Resource Nurses from the CSU and the CVICU; and representatives from housekeeping and the microbiology lab. Ongoing education and a tremendous amount of support and resources were required to safely deliver care. The lessons learned were abundant and as a first VRE outbreak, we feel it was approached with innovation and overall success. Several gaps were identified and therefore many changes have been put into practice to avoid or prepare for another outbreak. Because VRE is becoming more prevalent across the country, it is crucial that we share our experiences.

N047

16:00–16:20

**L'EXPÉRIENCE DE MORT IMMINENTE EN CARDIOLOGIE
NEAR-DEATH EXPERIENCE IN CARDIOLOGY**

**Réjeanne Dubeau
Institut de cardiologie de Montréal**

Certaines personnes ayant été près de la mort suite à un arrêt cardiaque rapportent avoir vécu une expérience de mort imminente (Near-Death Experience). Cette expérience paranormale suscite des questionnements auprès de ceux qui la vivent et des intervenants impliqués dans leurs soins. Cette présentation permettra de définir le phénomène de l'expérience de mort éminente, ses différentes phases et son incidence. Plusieurs facteurs tels que biochimique, psychologique, psychanalytique, social et spirituel tentent de l'expliquer. Les recherches sur le sujet sont principalement de nature qualitative mais des grilles d'évaluation du phénomène sont utilisées dans une approche quantitative. La perspective future des survivants est modifiée puisqu'elle réfère à un rite de passage pour une transformation personnelle. Le modèle du Caring de J. Watson s'adapte bien au phénomène de l'expérience de mort éminente puisque la signification pour le patient y trouve sa pleine valeur. Cette présentation offrira aux infirmières des connaissances sur le phénomène et les guidera dans leurs interventions auprès de cette clientèle afin d'améliorer les soins.

N048

16:00–16:20

THE PREVALENCE OF SMOKING, HEALTH AND RISK BEHAVIOURS IN FIRST AND FINAL YEAR STUDENT NURSES IN CANADA: RESULTS OF A NATIONAL SURVEY

**Jim Rankin¹, Karen Then¹, Nancy Gwadry²
¹University of Calgary, ²Foothills Medical Centre**

Tobacco use has been linked to premature death, lung disease, cancer, cardiovascular disease, and certain childhood diseases such as ear infections and sudden infant death syndrome (Beck, Doyle & Schachter, 1981; Doll & Hill, 1964; Heart and Stroke Foundation of Canada, 1999; Murray, Swan & Mattar, 1983). In Canada in 1992 it was estimated the health and economic costs of tobacco exceeded \$9.56 billion (Single, Robson, Xie, & Rehm, 1998). Health care professionals play an important role as both role models and educators for positive health behavior (Canadian Nurses Association, 1990; Nelson et al., 1994; US Public Health Service, 1991). Registered Nurses are the largest caregiver group in the health care system and their influence on patient behavior can be significant. In addition student nurses can also impact patient care and education while practising as students and subsequently as new graduates into the profession. O'Connor and Harrison (1992) found that "one in six CNA members and nearly a third of students outside Quebec currently smoke" (p. 419). The O'Connor and Harrison study provides a useful estimate of smoking in student nurses in certain populations, however there were some areas omitted in their research, for example:

- No students from Quebec were enrolled in their study
- Only graduating (final year) nursing students were included
- Items on the questionnaire did not address: other health behaviors; the smoking behaviors of families and parents; knowledge of smoking and related health risks; educational preparation prior to nursing school

In addition, from the time the study was conducted (1989) there have been significant changes in nursing education (e.g. the establishment of conjoint programs) and there has been the introduction of bylaws and policies that restrict tobacco use in public and in places of work (Then & Rankin, 2000). Moreover, there have been significant changes in the Canadian health care and educational systems which may lead to more stressful environments for student nurses.

The researchers conducted a national survey of first and final year student nurses in Canada. Data will be presented on health behaviours and risk behaviours of the students. The researchers will discuss the implications of their findings in relation to nursing students as role models and change agents, particularly in the area of cardiac health, as they begin their professional careers. The impact of student nurses in health promotion and patient care should not be underestimated.

N049

16:00–16:20

**REDEFINING "INTERDISCIPLINARY PRACTICE":
EVOLUTION OF A COLLABORATIVE MODEL FOR PATIENT-CENTRED CARE**

**Joanne Chen, Ranu Grewal
Trillium Health Centre**

The care of the cardiac patient is multifaceted and requires the services of an interdisciplinary team. There is a need for better coordination, communication and representation of Allied Health to optimize care for these complex patients. The Cardiac Allied Health Professionals (CAHP) Council was established to provide coordinated, comprehensive care for the cardiac patient by maximizing communication, utilizing collective expertise to enhance patient-centred care and driving innovative approaches to evidence based practice. This started our cardiac centre's transition from a multidisciplinary to a collaborative, inter-professional model of care.

CAHP explored missed opportunities in patient care through discussion, case studies and chart audits. The council was identified as a valuable forum for information exchange between the multidisciplinary team, other councils and administrative groups. CAHP was involved in the initiation, planning and implementation of key health system initiatives including;

Complex Cardiac Surgery Patient, Elder Health, and Smoking Cessation. CAHP identified challenges in the delivery of Allied Health services within the Health System management model. To improve team communication and utilization of these services, CAHP helped to define and promote each discipline's scope of practice. Lack of representation from each discipline was addressed when CAHP became a forum for unification of all disciplines across multiple health systems.

In this presentation, we will discuss outcomes from patient care quality improvement initiatives, strategies to promote interdisciplinary communication and suggestions to improve the delivery of Allied Health services.

N050

16:25–16:45

BEYOND THE VALVE: DEVELOPMENT AND IMPLEMENTATION OF AN INTERDISCIPLINARY CLINICAL MAP FOR PATIENTS UNDERGOING PERCUTANEOUS AORTIC VALVE IMPLANTATION

**Margot Wilson, Carol Galte, Sandra Lauck
St Paul's Hospital**

Percutaneous aortic heart valve (PHV) implantation is emerging as a new treatment option for patients with severe aortic stenosis who are not candidates for surgical aortic valve replacement due to advanced age, multiple co-morbidities and high risk score for surgery. In 2005, our facility was the first international cardiac centre to perform the femoral trans-arterial approach. Since then, seventy-five PHVs have been implanted at our site. This patient population presents unique challenges to cardiac nurses, as these patients are often frail and very elderly. Additionally, the elderly share common geriatric conditions, which have the potential to impact their hospital stay. Delivery of quality care to support this innovative treatment option requires in-depth nursing assessment skills and comprehensive care planning.

Our centre has developed an innovative, interdisciplinary clinical map to provide comprehensive and integrated care for this specific patient population. A clinical map provides guidance in the care of patients within a well-defined group during a well-defined period of time. The goal of a clinical map is to improve the quality of care, reduce risks and complications, increase patient satisfaction and increase efficiency and appropriateness of resource utilization.

The PHV clinical map is initiated with the patient in their community or referring hospital and continues after discharge. Clear objectives and targets are established to guide care during the course of each patient's hospitalization and discharge process. A description of demographics and length of hospitalization will be presented, in addition to the development, implementation, and evaluation process of the PHV clinical map.

N051

16:25–16:45

CASE STUDY: ROOT CAUSE ANALYSIS INVESTIGATION OF A SENTINEL EVENT

**Gauthier Leslie, Patricia Kneisel
Hamilton Health Sciences**

In 2004, Ross Baker et al published the "Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada". This study not only heightened health care providers' awareness of the risk of error occurring, it also begged us to consider strategies to minimize error in our practice.

The Hamilton Health Sciences' Heart Investigation Unit cares for approximately 6,500 patients per year. During the past year, a sentinel event occurred in our HIU. The actual error was a simple error: one medication was ordered during an urgent (L) heart catheterization; a different medication was administered. A team was brought together to conduct a root cause analysis of the sentinel event and make recommendations to minimize the potential for a similar error to occur in the future. The team consisted of the nursing staff and physicians involved in the incident, the Risk Management specialists, the pharmacist, educator and the Clinical Manager.

This presentation will discuss the specifics of the incident involved, disclosure to the patient's family, the process of root cause analysis, the recommendations for change within our clinical unit and feedback from staff involved in the process.

N052

16:25–16:45

PROGRAMME D'ACTIVITÉ PHYSIQUE EN RÉADAPTATION CARDIAQUE ADAPTÉ ET DIRIGÉ PAR UNE INFIRMIÈRE CLINICIENNE SPÉCIALISÉE (PROJET PARADIS) / A PHYSICAL ACTIVITY PROGRAM IN CARDIAC REHABILITATION LED BY A CLINICAL NURSE SPECIALIST (PARADIS PROJECT)

Julie Houle¹, Paul Poirier², Odette Doyon¹

¹Université du Québec à Trois-Rivières, ²Université Laval

Le but du programme est de rehausser l'observance aux comportements de santé, particulièrement la pratique de l'activité physique (AP), afin d'améliorer le contrôle des facteurs de risque cardiovasculaires et la qualité de vie des personnes atteintes d'une maladie coronarienne. Ce projet est justifié par les faibles taux de participation et d'observance à moyen et long terme aux programmes de réadaptation cardiaque (RC) et prévention secondaire. La littérature permet d'identifier plusieurs facteurs expliquant en partie ce problème et les solutions proposées sont orientées, entre autres, vers une approche favorisant une meilleure perception d'efficacité personnelle. Dans ce projet, l'infirmière clinicienne spécialisée en réadaptation cardiaque (ICRC) occupe une place stratégique dans l'équipe interdisciplinaire et collabore avec la personne et sa famille afin de favoriser une meilleure prise en charge des facteurs de risque. Le modèle conceptuel McGill, l'approche familiale systémique et la théorie sociale cognitive constituent les bases théoriques du programme. L'intervention comprend l'utilisation d'un podomètre associé à un journal de bord, une approche psychosociale, l'application d'ordonnances collectives en regard de mesures diagnostiques et thérapeutiques ainsi que des collaborations avec d'autres professionnels. L'impact de l'ICRC sur l'observance, le contrôle des facteurs de risque, la perception d'efficacité personnelle et la qualité de vie sera évalué à l'aide d'un essai clinique randomisé. Depuis l'adoption de la loi qui régit les pratiques professionnelles au Québec (Loi 90), les infirmières ont la possibilité de développer des pratiques plus autonomes pour répondre aux besoins de santé. Ces pratiques doivent cependant être appuyées par des données probantes.

N053

16:25–16:45

ANCHOR: A NOVEL APPROACH TO CARDIOVASCULAR HEALTH BY OPTIMIZING RISK MANAGEMENT

**Krista Courtney-Cox, Michele McInerney, Jacklynn Humphrey,
Jafna Cox**

Capital District Health Authority

Atlantic Canadians have the greatest burden of cardiovascular (CV) risk factors and the highest risk of dying from heart disease in Canada. To address this problem, ANCHOR, a three-year research initiative, was launched in Nova Scotia as a unique collaboration of public and private stakeholders. Nurses play a pivotal role in the study, which aims to reduce CV disease risk in a primary care adult population. Research teams at two large, multidisciplinary group practices in different regions of Nova Scotia combine clinical review and point of care testing to generate global risk estimates using Framingham risk equations. Patients undergo a detailed behavioral survey assessing barriers and motivators to lifestyle change. Using adult behavioral learning techniques, nurses, and dietitians empower participants to develop healthier lifestyles and improved adherence to therapy aimed at reducing their CV risk. Percentage reductions in individual and population global risk, a proxy for disease burden and an estimate of longer term CV outcome, are the primary study endpoints. To date, ANCHOR has enrolled 610 patients. Over half are female, with 40%-50% being in the highest risk tertile. Risk factors are highly prevalent with diabetes, hyperlipidemia and hypertension seen in approximately 20%, 50% and 47%, of participants respectively. Significant global risk

reductions are being recorded after only the first 6 months. Research projects such as ANCHOR, which explore innovative ways to detect and manage CV risk in primary care, are essential in helping patients engage in self-care and thereby reduce their risk of developing manifest CV disease.

N054

16:25–16:45

BRIDGING THE GAP BETWEEN ACUTE CARE AND COMMUNITY CARE SERVICES FOR PCI TREATED STEMI PATIENTS

Andrea Lavoie¹, Karen Parker², Debra Lundberg³, Luana Mychaluk³, David Goodhart¹, Kathryn King², Mouhieddin Traboulsi¹

¹Foothills Medical Centre, ²University of Calgary, ³Calgary Health Region

The Strategic Evaluation and Management of ST Elevation Myocardial Infarctions (STEMI) Program was implemented in Calgary, Alberta in 2002 to provide multiphase, inter-disciplinary health care services to ACS patients. The aims of this program were to develop and sustain comprehensive management of STEMI patients while connecting acute and community care services. A 7-10 day post-hospital discharge follow-up clinic for primary PCI treated STEMI patients was developed to address an identified gap in services, particularly for those PCI patients who undergo early discharge. The aims of the clinic were threefold: 1) to identify and address the needs of patients at 7-10 days post-hospital discharge using a phone follow-up or clinic visit; 2) to provide a feedback mechanism to address the needs of patients and family physicians during the early recovery period; and 3) to act as a resource for patients and family physicians through the use of a telephone help line.

An evaluation of the clinic aims was conducted. Using a prospective cohort study design, STEMI clinic participants were compared to STEMI clinic non-participants. In addition to differences in clinical characteristics, the outcomes of interest were re-hospitalization rates and Emergency Room visits within 1 month post-discharge, and cardiac rehabilitation participation rates by 3 months post-discharge. Data collected from STEMI clinic quality review reports, in which observations of patient's needs and descriptions of encounters associated with the STEMI clinic are documented, will be described. These analyses will inform clinical practice and discharge planning activities for primary PCI patients considered for early discharge.

N055

16:50–17:10

CLOSING THE GAP: DEVELOPMENT OF A QUALITY ASSURANCE PROGRAM FOR LONG TERM FOLLOW UP OF CARDIAC SURGICAL PATIENTS IN A COMMUNITY BASED REGIONAL CARDIAC PROGRAM

Wendy Wiley, Bryna Rabishaw
Southlake Regional Health Centre

It is recognized that approximately 13-16% of all patients who undergo coronary artery bypass graft (CABG) surgery are readmitted to hospital within 30 days for complications related to CABG surgery. Southlake Regional Health Centre (SRHC) provides advanced cardiac services to eleven referral centres in York Region, Simcoe County and Muskoka Region. It is understood that re-admission rate for patients undergoing cardiac surgery is lower in a regional program (3-11%) however; patients are often readmitted to referral centres for management of complications as a result of cardiac surgery. The Regional Cardiac Surgery Program at SRHC recognized gaps in the continuum of patient care related to postoperative follow up. In our effort to improve patient outcomes it was determined that identification of post-operative complications is a critical success factor for quality improvement related to cardiac surgery patients. In response, SRHC implemented a formal multi-faceted discharge follow up plan which identifies patients for potential re-entry into the regional program for management of complications. The program is supported by designated cardiologists and provides follow up for all cardiac surgery patients at 45 day, 6 month and 1 year intervals. A strategy has also been

implemented that facilitates sharing of information regarding patient re-admission to our referral centres. This will further enable tracking of the patient experience and opportunity for interventions as well as understanding of reportable statistics. By enrolling all patients in the follow up program, SRHC expects improved long term outcomes for all patients discharged from our regional cardiac surgery program.

N056

16:50–17:10

RADIAL ARTERIAL ACCESS SITE CARE FOLLOWING CARDIAC CATHETERIZATION OR PERCUTANEOUS CORONARY INTERVENTION

Marion Quirk, Tammy Cosman
Hamilton Health Sciences

The original arterial access site for cardiac catheterization (Cath) was through the brachial artery by Dr. Sones. Dr. Judkins perfected the percutaneous femoral access technique and developed pre-formed catheters in the 1960's. Percutaneous Coronary Interventions (PCI) evolved during this time, using the femoral artery as the accepted site of entry. Use of the radial artery as an alternative access has been increasing since the mid 1990's. The benefits of radial access are well documented in the literature and include less restriction during bedrest, earlier mobilization and potential for same day discharge following PCI. Complications such as major bleeding events are decreased when the radial artery is used. The medical benefits and decreased complication rates have been well documented, however nursing care of patients who have had radial access has been overlooked in the literature. A literature review was conducted to determine nursing best practice related to compression technique, duration and dressing following radial arterial sheath removal. The search revealed a variety of nursing practices across the globe. This presentation will review the current literature related to nursing care of patients who have radial access for their Cath/PCI. This review will include the benefits and challenges associated with radial access, care following the procedure and discussion of nursing workload. The need to develop evidence-based standards in this patient population is unmistakable as the use of radial access increases for Cath/PCI. The need for further nursing research of this issue will be highlighted.

N057

16:50–17:10

L'IMPACT D'UN PROGRAMME DE SOUTIEN À LA CESSATION TABAGIQUE INSTAURÉ À L'INSTITUT DE CARDIOLOGIE DE MONTRÉAL / THE IMPACT OF A SMOKING CESSATION PROGRAM INITIATED AT THE MONTREAL HEART INSTITUTE

Martine Robert, Réjeanne Dubeau
Institut de cardiologie de Montréal

L'Institut de Cardiologie de Montréal a mis sur pied, en collaboration avec la Direction de la Santé Publique, un programme de cessation tabagique chez les fumeurs hospitalisés. Ce programme a pour but de contribuer à lutter contre le tabagisme hautement nocif pour les patients atteints de maladies cardio-vasculaires. Cette présentation décrit les étapes d'implantation du programme, les facteurs associés de même que les barrières en lien avec les croyances des divers intervenants. Depuis son implantation en mars 2005, l'infirmière responsable du programme a rencontré près de 800 patients, fumeurs et hospitalisés. À l'annonce du congé, ces patients ont été référés à la clinique d'abandon du tabac dans les centres locaux de santé communautaire (CLSC), service offert gratuitement par la Direction de la santé publique. Une évaluation réalisée six mois après le congé des patients de l'hôpital a démontré des résultats encourageants. En effet, 35% des fumeurs sont devenus des non-fumeurs et 19% sont devenus des fumeurs occasionnels. Néanmoins, 46% des fumeurs ont recommencé à fumer. Les rechutes se situent au cours des six premiers mois suivant le congé de l'hôpital. Cette présentation proposera également des pistes d'action en vue d'implanter un programme de cessation tabagique, coordonné par une infirmière, dans un centre hospitalier, et les facteurs permettant d'optimiser les liens durables avec la communauté.

N058

16:50–17:10

CAN SELF REGULATION THEORIES AND MODELS CONTRIBUTE TO OUR UNDERSTANDING OF HEALTH BEHAVIOUR IN WOMEN WITH CORONARY HEART DISEASE?**Heather Helpard, Judith McFetridge-Durdle
Dalhousie University**

CHD is the leading cause of death and disability in Canadian women. While women with CHD are aware that physical exercise, smoking cessation, dietary modification and weight reduction contribute to an improved level of health, most experience difficulties in consistently adopting and maintaining these behaviours in the face of temptations, social realities, lived experiences and evolving circumstances. Difficulties with the adoption and maintenance of health behaviours contribute to high rates of hospitalization, obesity, physical inactivity and self reported stress. This reality has created escalating costs for Canada's health care system and a tremendous strain on current health care services and resources.

During the past two decades, self regulation theories and models have been used to understand an individual's ability to be purposeful, strategic and persistent in setting goals, planning strategies and executing behaviours and/or actions in order to maintain a healthy lifestyle. However, there is considerable debate as to whether self regulation theories and models can guide health care professionals in understanding the health behaviour of women with CHD. This paper examines the concept of self regulation, highlights the strengths and weaknesses of self regulation theoretical approaches and models in relationship to women with CHD and proposes new directions for health behaviour research that are more responsive to the evolving needs of this population.

N059

16:50–17:10

INTEGRATING HEART FAILURE MANAGEMENT ACROSS THE CONTINUUM OF CARE: A COMMUNITY MODEL**Jeannine Costigan, Dianne Pletz, Donna Lowery, Stuart Smith
St Mary's General Hospital**

The Ontario Ministry of Health has developed Local Health Integration Networks (LHIN) to plan, integrate and fund local health services, including hospitals, community care access centres, home care, long-term care and mental health within specific geographic areas. Chronic disease management including heart failure has become a focus of our LHIN.

The treatment of heart failure is complex and to integrate care between the acute care setting, primary health teams and community partners represents a significant challenge. This is further complicated by the fact that the epidemiology of heart failure patients who are admitted to hospital is not well understood. Clinical trials report a profile of patients who are an average of 50 to 62 years of age and managed by a cardiologist. Our acute care experience reveals a patient population that is generally older and more medically complex with 40% having more than 3 co-morbid illnesses. The most responsible physician is usually a General Practitioner.

This presentation will review data collected at an acute care community hospital that illustrates the complexities of treating heart failure patients. An ideal model that addresses the challenges of meeting the local LHIN objective of integrating care will be introduced. The integrated model, based on consensus guidelines, incorporates the continuum of care including end-of-life. It is proposed that a regional cardiac care centre lead the standardization of practice and develop interdisciplinary satellite programs to enhance heart failure strategies for improved outcomes within the community.

N060

17:15–17:35

NURSES REMOVING MEDIASTINAL AND PLEURAL DRAINS IN THE POST-SURGICAL CARDIAC PATIENT: A CHANGE IN PRACTICE / L'ABLATION DES DRAINS THORACIQUES ET MEDIASTINAUX PAR LES INFIRMIÈRES APRÈS LA CHIRURGIE CARDIAQUE: UN CHANGEMENT DE PRATIQUE**Isabel Szczepkowski, Nicole Sauve, Sylvie Ampleman
McGill University Health Center, Royal Victoria Hospital**

Physicians have historically performed removal of mediastinal and pleural drains after cardiac surgery. The shortage of residents and the increase in patient flow have impacted in the timely removal of drains, which in turn may be associated with additional discomfort and limitations in ambulation. The purpose of this project was to develop a nursing protocol for removing drains in the post cardiac surgery patient. Our objective was prompt drain removal in order to decrease discomfort and facilitate early mobilization, which has been associated with better patient outcomes and decreased LOS. The professionals involved included the director of cardiac surgery, a nursing consultant in the development of clinical practices, one infection control nurse, and a team from the cardiac surgery unit composed of: nurse manager and her assistants, nurse in professional development and education (NPDE), and clinical nurse specialist. A literature review of nursing articles was performed to assess the standards of practice for drain removal. Pain assessment and management were quickly identified as issues that had to be addressed. Regular meetings were held to discuss current physician practices and to translate them to a nursing protocol. Teaching and hands-on training of the nurses on the cardiac surgery unit was led by the NPDE. Some of the challenging factors encountered during the implementation process were related to time, readiness for change, and workload. Commitment and support on the part of both nursing and medical leadership were key aspects to the successful implementation of practice change.

N061

17:15–17:35

PATIENT SAFETY INITIATIVE...SAFE MEDICATION ADMINISTRATION**Nancy Butler, Yang Ja Park, Kara Murfitt
University of Ottawa Heart Institute**

Medication errors are one of the leading causes of undesirable outcomes experienced by hospitalized patients. In an environment of ever-increasing patient acuity and complexity of care, the demands on the nurses' time and attention are endless. We must therefore strive to remain focused, organized and efficient if we are to ensure patients' continued safety. Baker & Norton (2004) reported in their Canadian Adverse Events study that 7.5% of hospitalized Canadians in 2002 experienced an adverse event (AE). The greatest number of AE's was attributed to medication errors. Their study judged that 37%-51% of these AE's were preventable. Knowing that prevention is the key to patient safety, we undertook a Continuous Quality Improvement project (CQI). Johnson et al. (2005) reported that a nurse driven system is the most successful method to produce change. Our group addressed present system issues that contribute to medication errors with the primary aim being to ensure a dynamic and lasting error-prevention strategy that is both cost-effective and user friendly. This presentation will demonstrate the evolution of a CQI project for safe medication administration. It will outline the steps taken in developing and implementing a working tool for the specific needs of our unit. In addition, the presentation will highlight the impact of the working tool on effecting change on nurses' practice. It is our belief that the implementation of such an initiative will create an atmosphere of increased patient safety and foster an environment of safe practice for our nurses.

N062

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WITHDRAWN

N063

17:15–17:35

FACTORS ASSOCIATED WITH SELF-CARE AND SELF-EFFICACY OUTCOMES OF PATIENTS FOLLOWING SAME-DAY DISCHARGE PERCUTANEOUS CORONARY INTERVENTION

Sandra Lauck¹, Joy Johnson²

¹St Paul's Hospital, ²University of British Columbia

As coronary artery disease continues to cause the majority of deaths and disability in Canada, the demand for percutaneous coronary intervention exercises increased pressure on health care systems to meet the growing needs of patients. The practice of same-day discharge percutaneous coronary intervention (PCI) has emerged as a medically safe option to optimize resource utilization and improve access to care. The purpose of this study is to better understand the correlates of self-care among PCI patients who have experienced short-term hospitalization and accelerated discharge. The concepts of cardiac self-care and self-efficacy provide the theoretical framework for this study. An instrument drawing from existing validated tools was developed to explore the relationship between patient and procedural characteristics, and individuals' capacity to care for themselves upon return home. The sample consists of patients undergoing elective PCI at a quaternary cardiac centre. Measurements include objective data collected from patients' medical records to describe demographics and procedural details, as well as a telephone questionnaire conducted 2 to 5 days following return home. Complete study findings will be presented. In addition to a comprehensive description of patients undergoing same-day discharge PCI, measurements of patients' cardiac self-care agency and cardiac self-efficacy will complement results of self-care behaviour analysis. This study addresses a gap in research by providing evidence related to nursing-sensitive outcomes in the initial days following accelerated discharge PCI.

N064

17:15–17:35

NURSE LED LOW MOLECULAR WEIGHT HEPARIN CLINIC FOR HIGH RISK CLIENTS IN THE ANGIOGRAPHIC SUITE

Diane Wiebe¹, Margot Wilson², Elizabeth Grieve²

¹Vancouver Hospital (VGH), ²St Paul's Hospital

Clients on anticoagulation therapy present a special problem; there is a fine balance between risk of thrombosis due to discontinued antithrombotic treatment, as well as the risk of bleeding due to the long-term effects of warfarin. Which clients are safe to stop their anticoagulation medications, who needs to be bridged to a low molecular weight heparin (LMWH), for how long, and who will follow these clients while being bridged? These are all questions which burden limited healthcare resources, and may delay the procedure. Our centres have initiated a nurse-led anticoagulation bridging program by implementing a protocol developed in collaboration with a cardiac pharmacist, interventionalist and nurse coordinator.

The protocol is based on provincial guidelines. All clients' history and clinical presentations are screened by the nurse and lab physician/surgeon. Clients are risk stratified and management is determined by the use of an algorithm which classifies clients as low, medium or high risk for thrombosis. Clients requiring bridging are managed by the nurse coordinator who directs, teaches and oversees the client from discontinuation of anticoagulation, through their procedure and until anticoagulation therapeutic levels are attained.

Clients demographics, procedural and hospital outcomes, time frame until therapeutic levels are achieved, as well as nursing care of these clients and client satisfaction will be discussed. Challenges related to geographical location of clients, availability of resources, and cost of medication will be explored. Evaluation of data collected of this model of care and recommendations for comprehensive nursing interventions will be presented.

Oral Concurrents IV

N065

09:10–09:30

MEASUREMENT OF THE CAREGIVING EXPERIENCE IN CAREGIVERS OF PATIENTS WITH HEART FAILURE: A REVIEW OF CURRENT INSTRUMENTS AND RECOMMENDATIONS FOR FUTURE RESEARCH

Karen Harkness¹, Joan Trammner²

¹Hamilton Health Sciences, ²Queens University, Kingston General Hospital

Current evidence suggests that caring for someone with heart failure (HF) often imposes physical and emotional demands on primary caregivers that may lead to emotional distress or impaired quality of life. The purpose of this systematic review was to critically analyze the measurement tools used for assessing the subjective experience of primary caregivers for patients with HF. CINHAL, MEDLINE, EMBASE, PsychINFO, the Cochrane Collaboration and PubMed databases (1985-June 2006) were searched for studies that directly measured the caregiving experience. Instrument validity, reliability, responsiveness and interpretability were evaluated. Seven studies yielding six different instruments met the inclusion criterion. The majority of studies were cross-sectional, descriptive correlational designs. Caregivers were predominately female spouses with a mean age ranging from 54-63 years. Limitations in study designs and non-standardized approaches to measurement of caregiving limit the ability to confidently recommend a specific existing tool for measuring this construct in the HF population. However, based on the results from this systematic review, the Caregiver Reaction Assessment appears to have the greatest potential for quantitatively measuring the subjective experience of caregiving in the HF population. Its ease of administration, strong psychometric properties in the medical population and attention to the positive and negative experiences associated with caregiving make it the most promising tool.

N066

09:10–09:30

THE EXPERIENCES OF PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION (PAH) RECEIVING CONTINUOUS INTRAVENOUS INFUSION OF EPOPROSTENOL (FLOLAN™), AND THEIR SUPPORT PERSONSHeather Hall¹, Joanne Côté², Althea McBean²¹McGill University, ²Jewish General Hospital

Pulmonary Arterial Hypertension (PAH) is a rare, chronic disease characterized by the progressive elevation of pulmonary artery pressure and vascular resistance leading to right-sided heart failure and death. Epoprostenol (Flolan™) increases the life expectancy of patients but its short-half life necessitates continuous infusion via central venous catheter. Medication management requires extensive training of the patient and support person. The purpose of this study was to describe the experiences of patients with PAH receiving continuous intravenous infusion of epoprostenol, and their support persons. A qualitative design was used and data were collected with semi-structured interviews. Seven patients and their support persons participated. Results showed that patients and their support persons adapted to PAH and epoprostenol by adjusting their lifestyles and using coping strategies. Four patient themes emerged along a time continuum: initial shock, figuring it out, 'Flolan™ gives life' and ongoing struggles. Themes specific to the support person included: 'Their life is in my hands', pressure to perform, and continuation of my role. Insight into how patients manage with epoprostenol can inform the nursing care of these families. Support persons struggle with the fear that they can endanger the life of their loved one, necessitating an emphasis on skill development and sense of mastery. The specific concerns of patients living in rural areas must also be addressed.

N067

09:10–09:30

ADVANCES IN CONGENITAL HEART DISEASE: THE PERCUTANEOUS PULMONARY VALVE

Doreen Fofonoff, Margot Wilson

St Paul's Hospital, Providence Health Care

In past years, children with congenital heart disease had a very poor prognosis. However, advances in diagnosis and management of congenital heart disease has resulted in approximately 90% of children surviving to adulthood. Adults with right ventricular to pulmonary artery conduits have often survived numerous childhood surgeries and will likely develop sequela, such as right ventricular outflow tract obstruction and pulmonary valve regurgitation. Both may result in progressive right ventricular dilatation, heart failure, arrhythmias and death. Implantation of a new pulmonary valve may restore right ventricular function and result in improved symptoms. However, replacing a leaky or damaged heart valve in a patient who has undergone multiple previous surgeries is a risky procedure. Recent advances, such as the percutaneous pulmonary valve (PPV) offer these patients a non-surgical option. Using a case study, this presentation will review implantation of a percutaneous pulmonary valve (PPV) in a patient with complete transposition of the great arteries (D-TGA) and a right ventricle to pulmonary artery conduit (Rastelli procedure). The presentation will provide cardiac nurses with an understanding of the hemodynamic consequences of right ventricular outflow tract obstruction and pulmonary valve regurgitation, patient selection for valve implantation, percutaneous technique for valve implantation, potential complications, follow-up medical management, outcomes for PPV and nursing considerations.

N068

09:10–09:30

CLOSING THE GAP BETWEEN EVIDENCE AND PRACTICE: UTILIZING KNOWLEDGE TRANSLATION IN THE CLINICAL AREA

Mary Mustard, Heather Harrington, Brenda Bjerkseth, Kelly Metcalfe

St Michael's Hospital

Gaps exist between what is known through research and what is implemented in clinical practice. Nursing has attempted to minimize this gap with its recent focus on providing evidence-based care. Is there a better way? Knowledge Translation (KT) is a new concept that is starting to appear in the health care literature. The Canadian Institutes for Health Research (CIHR) defines KT as "the exchange, synthesis, and ethically-sound application of knowledge within a complex system of relationships among researchers and users". The transition from evidence-based practice to KT may provide nursing professionals with strategies to better incorporate existing knowledge into practice.

The Cardiovascular Intensive Care Unit (CVICU) at St. Michael's Hospital recently expanded to include a new patient population. The addition of vascular patients created an opportunity to explore the use of KT by identifying education needs, reviewing current research, developing practice guidelines, and identifying/examining potential barriers to change. A rapid response from the nursing staff resulted in the educational component of this transition being implemented within a six week period. The necessity of education to address the changing population in the CVICU created an opportunity to reevaluate how knowledge is acquired and disseminated through the unit and how to incorporate the principles of Knowledge Translation. This initiative was an example of staff nurses demonstrating leadership and exploring KT as a method of strengthening the links between research and clinical practice.

N069

09:10–09:30

CARDIAC SURGERY DURING PREGNANCY: AN OPERATING TABLE FOR TWOJocelyn Reimer-Kent, Kim Lowry, Sanjy Lochan
Fraser Health, Royal Columbian Hospital

An anxious couple faces the raw reality that emergency valve replacement surgery is needed to save the pregnant mother. The 27 year old gravida two para one patient with a known bicuspid aortic valve and repaired coarctation of the aorta is sixteen weeks pregnant. Clinical presentation, strep viridans bacteremia and echocardiographic findings confirm endocarditis. Despite appropriate antimicrobial therapy, a worsening annular abscess points to treatment failure. No time for the fetus to reach a more viable period of gestation. Throughout the difficult decision making period "Please, do not forget our baby" was the parent's constant plea. Concern was warranted as cardiac surgery in this setting has varying degrees of success. Multiple factors associated with surgery, especially the cardiopulmonary bypass have a profound negative effect on the fetus. Although maternal mortality rates are comparable to those for non-pregnant women the same is not so for the fetus and fetal death is almost a certainty when endocarditis is added to the equation. Maternal-fetal risks are also associated with prosthetic valves. Miscarriage soon after surgery would be challenging as would the postoperative management should the fetus survive. Members of the cardiac and obstetrical teams joined forces and using a bio-psycho-social-spiritual framework prepared for all possible outcomes. This presentation will reveal maternal-fetal outcome and describe the rewarding experience of caring for this uniquely challenging family. The intra-operative care plan designed to help beat the grim odds along with the postoperative care plan based on the scenarios of survival/non-survival of the fetus will be highlighted.

N070

09:35–09:55

SELF-CARE PRACTICES OF HEART FAILURE PATIENTS: CATALYSTS AND OBSTACLES

Karen Schnell-Hoehn¹, Barbara Naimark², Robert Tate²

¹St. Boniface General Hospital, ²University of Manitoba

Chronic heart failure is an illness associated with debilitating symptoms, diminished quality of life and frequent hospitalizations. It is suggested that effective self-care decision-making has the potential to improve outcomes in heart failure patients. The purpose of this study was to examine self-care practices and determinants of self-care decision-making in heart failure patients living in urban and rural settings. Using a descriptive, correlational, cross sectional design, a convenience sample of 65 patients in an ambulatory care setting was enrolled in the study. Guided by Connelly's model of self-care, the data collection methodology included chart reviews, open-ended interviews and questionnaires. The study findings indicated taking medication as prescribed, seeking physician guidance and following sodium dietary restrictions are self-care activities commonly engaged in. Self-care was influenced by a number of factors including self-concept, psychological status, co-morbidity, ethnicity, satisfaction with care, health beliefs and perceptions and self-efficacy. Individuals with higher efficacy scores also had fewer hospital admissions. Four conceptual themes emerged from the open-ended interviews. The themes provide insight about: clinic features that contribute to patient satisfaction; factors that influence patient behavior as it relates to contacting the clinic for guidance; the nature of strategies used to manage symptoms; and, the role of social support in self-care. Application of the study findings will facilitate developing care plans for heart failure patients that target factors likely to facilitate self-care.

N071

09:35–09:55

EPTIFIBITIDE – FRIEND OR FOE – A CASE STUDY

Lynn Voelzing, TerriAnne Moulton

St Mary's General Hospital

Eptifibitide came on the scene as the second 2b3a Platelet Inhibitor of choice for post Percutaneous Coronary Intervention in 1998. Since then many cardiac centers, like St. Mary's General Hospital in Kitchener, consider this a staple for treatment including ACS. This presentation will highlight the case of a patient who presented in our ER with the diagnosis of an acute STEMI, his subsequent course of treatment including the complications that ensued from his receiving Eptifibitide post PCI.

The presentation will begin by introducing his chief complaint, diagnosis and treatment regime once admitted to SMGH on January 17, 2007. Discussion will include a literature review regarding the drug Eptifibitide in the family of 2b3a glycoprotein inhibitors. This will be followed by an in-depth look at the potential complications of Eptifibitide and highlight the actual complications experienced in this case. Finally, results of the morbidity review and recommended changes of practice for the cardiac program at SMGH will be provided.

The presentation summary will recognize several major conclusions including: the rationale physicians have for choosing both the 2b3a inhibitors class of drugs and specifically Eptifibitide. Special nursing considerations for administration of Eptifibitide will be profiled.

Cardiac nurses need to enhance expertise unique to the advanced interventions required by cardiac patients in the acute phase of their illness. New drugs and therapies, once established in our treatment toolbox need continued scrutiny to ensure that patient risk is minimized and positive outcomes are guaranteed.

N072

09:35–09:55

PARENTS' EXPERIENCE OF CARING FOR A CHILD WITH CONGENITAL HEART DISEASE IN CHINA

Gu Ying¹, Hu Yan²

¹Children's Hospital of Fudan University, Shanghai, China,

²Nursing School of Fudan University, Shanghai, China

There is a paucity of research examining the parents' experience of caring for a child with congenital heart disease (CHD) in China. The vast cultural, societal, and health delivery differences in China make the experience of Chinese parents unique. This study focused on a convenience sample of parents whose child underwent cardiac surgery at a large pediatric centre in China.

The objective of this research was to describe from the parents' perspective: the experience of caring for a child with CHD, how parents manage during the peri-operative period, and the role of nurses in providing care. A qualitative research design was used to collect and analyze the data. Mothers and fathers of 14 children were interviewed at four points in the peri-operative period: the week prior to surgery, during the CICU stay, while on the post-surgical ward, and 4-8 weeks following discharge.

Five common themes arose from data analysis: parents' initial emotional response; impact on the family's social life; the parental role; family adjustment and adaptation; and ongoing health promotion demands. Parents depicted multiple pressures including their initial feelings of shock, uncertainty of treatment, substantial economic burden, surgical risks, and separation from their child. Parents described significant effects on their physical and psychological well-being, family dynamics, and social interactions. Parents experienced difficulty seeking help from others, particularly social, cultural, medical, and religious support available from those outside the family unit. Nurses are in an ideal position to advocate for and support these families through the implementation of a family-centered approach.

N073

09:35–09:55

CREATING A CONDUCTIVE ENVIRONMENT FOR NURSING RESEARCH AT THE UNIT LEVEL

Sandra Li-James, Eleanor Adarna, Carol Dunham, Pauline Glaves,

Helen Kelly, Rahman Khorshidi, Zelia Souter, Melanie Vicent

Toronto General Hospital

Evidenced based practice and participation in research activities are expected of nurses both at the clinical and administration level. One of the challenges of participating in research projects that is most often cited by nurses is completion of clinical demands. As well, most nurses often lack the education and experience in valid research methods as well as technical writing to successfully establish a sound research study. To succeed in this undertaking, nurses must be guided by experienced nurse researchers to write research protocol, Research Ethics board application, etc. This presentation will highlight the experience of creating a research team from an idea to the conduct of research. We will share our challenges as well as key success factors in implementing a successful nursing research project.

An infrastructure needs to be in place to support the conduct of research from the unit level to the organizational level. Nursing leaders must create an environment that generates and nurtures interest in nursing research. Creating such an environment that supports novice researchers is one of the key elements in producing nursing researchers. The research question being investigated must be clinically significant to nurses at the grass roots level. Our research question was generated by the staff nurses during an informal conversation around the nursing station. This idea was carried forward and a unit research team was developed consisting of staff nurses and leadership team. This presentation would be of interest to those who are thinking of starting a research project at a unit level.

N074

09:35–09:55

INFECTIVE ENDOCARTITIS AND IV DRUG USE – A CHALLENGE FOR THE CCU NURSE**Rhonda Noseworthy, Melissa Rose, Stanley McIntyre
St Michael's Hospital**

The purpose of this presentation is to describe the challenges facing CCU nurses when caring for patients with Infective Endocarditis (IE) as a result of drug use. St. Michael's Hospital is a large tertiary care hospital in downtown Toronto. Through the use of case studies and a literature review we will demonstrate the challenges we were faced with when caring for these patients and make recommendations for practice. Infective Endocarditis is a relatively uncommon disease with high mortality and morbidity. When the diagnosis is a result of IV drug use (IVDU) the patient population is younger than we are use to seeing. Not only do we have to treat the cardiac component of IE, we are also faced with withdrawal issues and multi system failure as a result of the release of infective emboli from the vegetation. Social and family issues related to the drug use must also be considered. In the cases we will review all patients died. We feel that implications for practice can be divided into two sections. Firstly the need for greater public education from health care agencies, institutes and governments regarding the risks of IE as a result of IVDU. Secondly, individualized patient specific education and follow up related to drug rehab and the mortality associated with continued IVDU.

N075

10:00–10:20

CHALLENGES CARING FOR PATIENTS WITH CRITICAL AORTIC STENOSIS**Elaine MacLagan, Charlene Lester
Sunnybrook Health Science Centre**

Aortic stenosis (AS) is the most common type of valvular heart disease. Aortic valve replacement is the only known successful treatment option available for patients with AS. Surgical intervention, however, is not always an option for some elderly patients with other co-morbidities. Consequently, patients who are not able to have surgery but do have severe symptomatology from AS, most profoundly heart failure, require a comprehensive and compassionate approach to care. Palliative care, although commonly associated with end-stage cancer care where the premise is on care versus cure, can provide a comprehensive approach. The challenge is to get patients, their families, and members of the health care team and community agencies to agree on a palliative approach.

This presentation will review the pathophysiology, clinical manifestations of AS and indications for surgical intervention. Three cases of patients admitted to a tertiary care centre with critical AS will be reviewed, including the physiological and psychosocial variables impacting on their care. The struggles the multi-disciplinary health care team encounter in acceptance of a palliative care approach will be discussed. Nursing care and patient education as it relates to the cases will be addressed. Future options of percutaneous aortic valve replacement presently being researched will also be explored. Cardiovascular nurses must be able to identify and understand the challenges facing patients with refractory symptoms from inoperable critical AS, to ensure they receive the best quality of near end-of-life care.

N076

10:00–10:20

NEUROMODULATION: NURSING CARE OF A PATIENT RECEIVING A NOVEL INTERVENTION FOR INTRACTABLE ANGINA**Louise Malysh, Ingrid Fedoroff, William McDonald, Margot Wilson
St Paul's Hospital**

Despite improvements in the medical and surgical treatment of coronary artery disease, some patients do not respond to standard, established treatments and continue to experience angina. This subset of patients is diagnosed with intractable angina. Intractable angina is chronic and

incapacitating and few treatment options are available. Spinal cord stimulation (SCS) is an emerging treatment for this patient population. The interdisciplinary Chronic Pain Team, in collaboration with the Division of Cardiology, has implemented this treatment modality for these patients. Patients are referred to the pain team by a cardiologist. Prior to the decision to implant a SCS, a chronic pain physician, psychologist, and nurse assess patients. Nursing plays an important role in the ongoing care of these patients. Pre-operatively, patients and family members are seen by the nurse who provides education about the procedure, information on how to operate the system, and arrangements for follow up, which consists of regular visits with the nurse and physician. During these visits the patient is assessed, further teaching is provided and adjustments are made to the spinal cord stimulator. This presentation will consist of a case study of a patient experiencing intractable angina and the progression of the patient as he goes through the course of referral, treatment and follow-up. The role of the nurse throughout this process, in relation to assessment, intervention and evaluation, will be illustrated in the care of this patient. Pre and post implant data on quality of life and angina symptomology will be presented.

N077

10:00–10:20

OPTIMIZING PRE-OPERATIVE FEEDING AND NUTRITION FOR INFANTS WITH CONGENITAL HEART DISEASE: DEVELOPING EVIDENCE-BASED INTER-PROFESSIONAL GUIDELINES**Mandy Johnson¹, Laurie Cender², Astrid St Pierre¹,
Parveen Khattra¹, Sandra Manzano¹
¹BC Children's Hospital, ²Children's Heart Centre**

It is well established that infants with congenital heart disease (CHD) have a higher incidence of oral feeding difficulties and failure to thrive. Compromised nutritional status and feeding difficulties have been associated with increased postoperative morbidity and mortality. The purpose of this project was to develop evidence-based inter-professional guidelines to optimize preoperative feeding and nutrition in infants with CHD. An inter-professional team was formed to address challenges in meeting the nutritional and feeding needs of infants undergoing cardiac surgery. A two-year retrospective health record review was undertaken of all infants less than one year of age who required surgical repair of a ventricular septal defect, atrio-ventricular septal defect, truncus arteriosus, or double outlet right ventricle. A comprehensive literature review, expert collaboration and benchmarking with other centres was critical in providing the foundation on which to base practice changes. Translating this knowledge into standardized clinical practice required extensive inter-professional collaboration, innovative educational approaches, and ongoing evaluation of outcomes. Retrospective health record analysis highlighted: inconsistent management of failure to thrive, inadequate occupational therapy and dietician referrals, and significant decreases in birth to pre-operative weight percentiles. Critical analysis of the literature, benchmarking, and expert collaboration underscored discrepancies between current research and clinical practice. Standardized evidence-based clinical guidelines have improved: early recognition and management of feeding difficulties; parent-child feeding interactions; pre-operative nutritional status; and educational resources for families. Shifting to evidence-based practice and improving inter-professional collaboration have strengthened hospital and community health care teams.

N078

10:00–10:20

PATIENT CENTERED CARE (PCC)-FROM DISSEMINATION TO PARADIGM SHIFT IN THE PATIENT CARE DELIVERY MODEL FOR NURSING**Brenda Ridley, Janine Boston, Jeanne Elgie-Watson, Silvi Groe,
Elaine Jutras, Sandra Li-James
University Health Network**

Education dissemination is challenging in high acuity speciality areas and Critical care. Evaluations in Heart & Circulation (H & C) Program at

University Health Network (UHN) revealed nurses want education that is realistic and relevant. Using standardized patients (SPs) was a first step in creating a “closer-to-the bedside” learning environment. Staff interactions and feedback were positive, but did not carry over to day to day practice. The Introduction and Dissemination of the PCC philosophy adopted at UHN led to a new approach of utilizing PCC actors and scenarios. Nurses could interact in realistic scenarios and receive feedback based on the 8 guiding principles of PCC. In our program, nurses received immediate feedback from the PCC actors, facilitators and their peers. In addition, a large group discussion for all participants facilitated ongoing learning about using a PCC approach in patient and peer interactions. Over 90% of H & C nurses (n=355) were in agreement that the program was very valuable. The experience of working with the PCC actors provided feedback based on the goals of PCC and interacting in realistic scenarios was very helpful. Scenarios dealt with giving peer feedback, acute crisis support for families and providing patient education from a PCC approach. The goal of our program was to create a paradigm shift in patient care delivery. This presentation will demonstrate development of the PCC education program for nurses from inception to evaluation results with future implications.

N079

10:00–10:20

ACUTE AORTIC DISSECTION AFTER HEART SURGERY: RECOGNIZING A CATASTROPHIC COMPLICATION WHEN THE PATIENT IS SEDATED

Nancy Edge

Vancouver General Hospital

Acute aortic dissection is a rare but potentially catastrophic complication of cardiac surgery, with an incidence of approximately 0.16% (Cottrell et al. 2003). The mortality rate from this complication can range from 20–80%, depending on the accuracy and speed of diagnosis. The mortality rate is reported as high as 50% when the dissection is diagnosed after the surgery. Aortic cannulation and aortic cross-clamping are risk factors for developing acute aortic dissection during cardiac surgery.

The patient’s survival may depend upon quick and accurate identification of symptoms by the bedside nurse, which may include ripping or tearing chest or back pain, sensory deficits in peripheral limbs, or neurological symptoms. Unfortunately recognition of acute aortic dissection may be made difficult when the patient is still intubated and unable to report these symptoms. It then becomes imperative that the nurse be able to recognize other, equally important symptoms that may indicate the development of an aortic dissection.

This presentation will use a case study to illustrate the assessment used to diagnose acute aortic dissection in a patient who had just undergone mitral valve repair and had no previous history of aortic dissection. We will discuss the patient’s history, presenting symptoms, method of diagnosis and post diagnosis follow-up.

Workshops

N080

11:00–12:00

TREATING METABOLIC SYNDROME: INTERVENTIONS FOR SUCCESS

Susanne Burns, Kay McQueen, Min Naruki-van Velzen, Cindy Kam, Sammy Chan

St Paul’s Hospital

Metabolic syndrome is a clustering of cardiovascular disease risk factors including abdominal obesity, blood lipid disorders, insulin resistance, hypertension and inflammation. It is associated with an increased risk of type 2 diabetes and cardiovascular disease. It is imperative for nurses and health care providers to identify and provide comprehensive treatment for metabolic syndrome and the prevention of chronic disease.

This workshop will provide information for nurses and health care practitioners to effectively address metabolic syndrome both at the bedside and

outpatient settings. The epidemiology, identifying criteria, and behavior modification strategies for targeting metabolic syndrome will be examined. Effective interventions specific to nutrition education, the role of physical activity and psychosocial factors that improve metabolic control will be presented. Clinical tools valuable in behaviour change strategies will be offered. Principles of self management supporting lifestyle behaviour change will be reviewed. Nurses as front line health care practitioners can make a difference in the prevention of diabetes and cardiovascular disease both at the bedside and within the public domain. Increased knowledge and skills better prepare both the professional and the patient for targeting this life-threatening constellation of risk factors.

N081

11:00–12:00

SIMULATION EDUCATION: INCREASE YOUR SKILL AND DECISION MAKING THROUGH CASE BASED SCENARIOS

Sandra Goldsworthy¹, Leslie Graham²

¹Durham College, ²Southlake Regional Health Centre

This simulation workshop is designed to enhance learning through hands-on, interactive case based learning. Each participant will have an opportunity to participate in a team based cardiac scenario that will enhance critical thinking, danger sign recognition and prioritization skills in delivering patient care. While using high fidelity simulators, participants will be able to assess heart sounds, breath sounds, bowel sounds, cardiac rhythms, hemodynamic waveforms and more. Introduction of the simulators will occur prior to the scenarios followed by a scenario debriefing.

N082

11:00–12:00

STRATÉGIES POUR L’UTILISATION EFFICACE DE LA PHARMACOTHÉRAPIE EN ABANDON DU TABAC DANS UN MILIEU HOSPITALIER / HOSPITAL-BASED PHARMACOTHERAPY STRATEGIES IN SMOKING CESSATION

Louise Leger-Caldwell, Bonnie Quinlan, Lynne Robert, Debbie

Aitken, Andrew Pipe, Robert Reid

University of Ottawa Heart Institute

De plus en plus d’hôpitaux canadiens choisissent de promouvoir un environnement sans fumée offrant aux patients, familles, public et personnel un endroit plus sain afin de réduire l’exposition à la fumée secondaire et de mener la voie pour la communauté. Antérieurement, les professionnels de la santé avaient peu d’outils pour contrôler les symptômes de sevrage physique chez leurs patients. Ce problème s’est amplifié lorsque les hôpitaux ont adopté une politique sans fumée dans leur milieu, causant une inquiétude sur la gestion de cette difficulté autant chez les patients, leur famille ainsi que le personnel hospitalier. Des stratégies efficaces et éprouvées existent pour contrôler la dépendance au tabac ainsi que le sevrage de la nicotine. Cependant, le système de santé est lent à réagir et en introduire leur utilisation. L’institut de cardiologie de l’Université d’Ottawa a développé un système opérationnel efficace de pharmacothérapie pour éliminer les envies irrésistibles de fumer et les symptômes de sevrage. Cette approche a non seulement amélioré le taux de cessation chez les patients et le personnel, mais aussi facilite le séjour du patient fumeur à l’hôpital. Ce modèle de prestation est maintenant appliqué dans tous les hôpitaux de soins aigus de la grande région de Champlain et un intérêt à l’échelle nationale a été manifesté. Cet atelier interactif fournira aux participants les informations et outils nécessaires pour implanter cette approche dans leur centre hospitalier respectif. En janvier 2007, Santé Canada approuvait l’utilisation d’un nouveau médicament anti-tabagique. Il s’agit du Varenicline qui semble fort prometteur et qui selon les dernières études, triplerait les chances d’arrêter de fumer comparativement aux méthodes conventionnelles. L’utilisation de ce nouveau médicament en combinaison avec la pharmacothérapie déjà connue et le rôle central de l’établissement de santé sera discuté durant l’atelier.

N083**11:00–12:00****HYPERTENSION MANAGEMENT: UP-TO-DATE INVESTIGATIONS, DIAGNOSIS AND PHARMACOLOGICAL TREATMENT STRATEGIES - TEST YOUR KNOWLEDGE****Jacquelyn Jayasinghe, Debbie Oldford****Capital District Health Authority**

Hypertension is a major risk factor for cardiovascular, cerebrovascular, and renal diseases. It is recognized that controlling blood pressure helps reduce the incidence of these disease entities. Inadequate blood pressure control and the impact on end organs are leading factors related to mortality and significant healthcare burden in relation to all diseases in terms of disability world-wide. A workshop to provide cardiovascular nurses with knowledge and appreciation of hypertension management strategies will be formulated in an interactive, case study based, multiple choice format. Objectives for participants include:

1. become familiar with recent clinical trials and current practice guidelines.
2. become familiar with investigations, proper diagnosis, pharmacological treatment and monitoring.
3. identify related nursing implications.

N084**11:00–12:00****ACUTE CORONARY SYNDROMES****Norica Stein****Hamilton Health Sciences**

Every day, numerous patients present to emergency departments (ED) throughout Canada with complaints of chest pain. Annually, this results in approximately 60,000 admissions to hospital for acute coronary syndrome (ACS). Since the incidence of coronary artery disease (CAD) increases with age, it is anticipated that more patients will present with myocardial infarctions (MIs) as baby boomers move into this high-risk demographic. Nurses have an important role to play in the acute presentation, ongoing hospitalization phase, discharge and long-term management of patients with ACS.

The term "acute coronary syndrome" encompasses a range of thrombotic coronary artery diseases, including unstable angina and both ST-segment elevation and non-ST-segment elevation myocardial infarction. Diagnosis requires an electrocardiogram and a careful review for signs and symptoms of cardiac ischemia. Risk stratification allows appropriate referral of patients where cardiac enzyme levels can be assessed and they can be treated. Most high-risk patients should be hospitalized whereas intermediate-risk patients should undergo a structured evaluation, often in a chest pain unit. On the other hand, many low-risk patients can be discharged home with appropriate follow-up.

This session will examine the diagnosis of ACS, including history taking, clinical examination, and assessment of electrocardiogram and biochemical markers that help differentiate between types of ACS. Risk stratification and treatment strategies will be discussed as well as pharmacological treatments. The nurses' role in assessment, treatment, ongoing management and discharge practice will be discussed.

