

November 16th, 2018

# The Pediatric Nursing Update

The goal of this symposium is to update knowledge and current trends in pediatric care for nurses and health care professionals who work with children in hospital and in the community settings. We know that incorporating new knowledge, best practices, innovation and research are essential for advancements in the care of infants, children and adolescents. PedNIG aims to create a rich dialogue about the current practices in pediatric care. We invite you to share and strengthen your knowledge to cultivate practice excellence across the continuum of pediatric care.



***Innovation***



***Collaboration***

***Research***



***Best Practice***



Register Online at [www.pednig.ca](http://www.pednig.ca)

Or [Click Here](#)

8:00 – 8:30 Registration and Continental Breakfast

8:30 – 8:45

**Welcome and Greetings from the Pediatric Nursing Interest Group:**

**Sara Portelli, RN, BScN, BSc**, PedNIG President

**Vivian Trinder, MN, NP-Paeds**, PedNIG Symposium Chair

8:45 – 9:30

**Opening Session- Strategic Disruptors: What will your future hold?**

**Mary McAllister, RN, PhD**, Associate Chief, Nursing Practice, The Hospital for Sick Children

**Pam Hubley, RN, Msc.** Vice President, Education and Academic Practice and Chief, International Nursing, The Hospital for Sick Children

9:30 – 10:00 Refreshment Break and Poster & Exhibit Viewing

**Concurrent Session A**

10:00 – 11:00

**A1a Using EPIC™ to leverage clinical data: Understanding symptom experience in concussed children**

**Gail Macartney, RN(EC), PhD**, Nurse Practitioner, **Michelle Woodfield, BHSc, Vassilyadi, MD, FRCS(C), FAANS, FACS, FAAP, Ivan Terekhov**, Business System Analyst, IT, **Mary Ann Harrison**, Statistician, **Kristian Goulet, MD, FRCPC**,

Children's Hospital Eastern Ontario, Ottawa,

The purpose of this study was to describe the incidence and prevalence of anxiety and depression in concussed children and youth who are still symptomatic one month post head injury. The relationship between anxiety and depression screening scores and total symptom scores was also explored.

**A1b Exploring & Promoting Sleep among Family Caregivers of Children with Medical Complexity**

**Krista Keilty, NP-Paediatrics, PhD**, Nurse Practitioner, Hospital for Sick Children, Holland Bloorview Research Institute, University of Toronto, Toronto, **Reshma Amin MD, MSc, FRCP**, Hospital for Sick Children, University of Toronto, Toronto, **Marilyn Ballantyne NP, PhD**, Holland Bloorview Kids Rehabilitation Hospital, University of Toronto, Toronto, **Josie Barbata MSc**, Toronto Central LHIN, Toronto, **Eyal Cohen MD, MSc, FRCPC**, Hospital for Sick Children, University of Toronto, Toronto, **Indra Narang MBBCH, MD, FRCPC**, Hospital for Sick Children, University of Toronto, Toronto, **Karen Spalding RN, PhD**, Ryerson University, University of Toronto, Toronto **Robyn Stremler RN, PhD**, University of Toronto, Hospital for Sick Children, Toronto,

Family caregivers of children with medical complexity experience chronic sleep disturbances. This multi-site study used mixed data sources to explore, from the perspectives of family caregivers (n=17) and homecare nurses (n=25), factors that influence and potential interventions to address sleep disturbance among parents of children in home care who depend on medical technologies.

10:00 – 11:00

**A2a Case Presentation: Falling Below the Curve – Balancing Goals of Care**

**Anna Polanski, MN-NP (Paediatrics), RN, (EC), BSc(N)**, Nurse Practitioner-Paediatrics, McMaster Children's Hospital, Hamilton, **Joanne Dix, RN, BScN, MSN**, Clinical Nurse Specialist, McMaster Children's Hospital, Hamilton, **Audrey Lim, MD, FRCPC, MSc**, Pediatrician, Associate Professor, McMaster Children's Hospital, McMaster University, Hamilton, **Maria Ramsay, PhD**, Director, Pediatric Feeding Program, Montreal Children's Hospital-MUHC, Assistant Professor, McGill University, Montreal, **Lisa Talone, RD**, Registered Dietitian, McMaster Children's Hospital, Hamilton, **Deborah Gjertsen, BAsc, BHScOT**, Occupational Therapist, McMaster Children's Hospital, Hamilton, **Elyanne Ratcliffe, MD, FRCPC**, Associate Professor, Head, Division of Gastroenterology and Nutrition, Department of Pediatrics, McMaster Children's Hospital, Farncombe Family Digestive Health Research Institute, McMaster University, Hamilton,

A case presentation of a medically complex child with a tracheostomy who presents to a tertiary children's hospital with failure to thrive. The medical team sought out innovative solutions to balancing the goal of nutrition and weight gain, while respecting the family's goal of having the patient exclusively orally feed'

## Concurrent Session A Continued

**10:00 – 11:00**    **A2b Using Patient Experience to provide a Family-centred Caregiver Education Program for caregivers of children with a tracheostomy: transition from hospital to home**

**Jessica Roloson, RN, BScN, MScN**, Registered Nurse, Hamilton Health Sciences, McMaster Children`s Hospital, Hamilton, **Cindy Brennan, RRT**, Respiratory Home Care Coordinator, Pediatric Complex Care, McMaster Children`s Hospital, Hamilton, **Joanne Dix, RN, BScN, MScN**, Clinical Nurse Specialist, Pediatric Complex Care, McMaster Children`s Hospital, Hamilton, **Lindsay Wizowski, RN, MEd**, Clear Language Specialist, Words of Wisdom, Hamilton, **Dawn Sidenberg, RN, MScN**, Manager of Patient Experience, Hamilton Health Sciences, Hamilton, **Dr. Tina Petrelli, RN(EC), MN, NP Paeds, PhD**, Patient Experience Specialist, Hamilton Health Sciences, Hamilton, **Dr. Audrey Lim, MD, FRCPC, MSc**, Medical Director of Pediatric Complex Care, McMaster Children`s Hospital, Hamilton, **Jodee Naylor, RRT**, Respiratory Home Care Coordinator, Pediatric Complex Care, McMaster Children`s Hospital, Hamilton,

An exploration of using patient experience to provide a family-centred caregiver education program for caregivers of children with a tracheostomy. The goal of this interdisciplinary quality improvement project was to give caregiver(s) the comfort, confidence, knowledge and skill for a safe transition from hospital to home.

## Student Session

**10:00 – 11:00**    **Respiratory Distress vs Failure**  
Students will participate in the assessment and management of a paediatric patient experiencing respiratory distress due to an asthma exacerbation.

**11:00 – 11:30**    **Poster & Exhibit viewing**

**11:30 – 12:15**    **Lunch (included)**

## Plenary Session

**Canadian Association of Paediatric Nurses (CAPN): Making a Difference through a Collective Voice**

**Karen Breen-Reid, RN, MN, CAPN Finance Officer, Bonnie Fleming-Carroll, RN(EC), MN, CAPN President**

**12:15 – 13:00**  
The Canadian Association of Paediatric Nurses (CAPN) was re-vitalized in 2017 after a national effort to develop Canadian Paediatric Nursing Standards. CAPN is building a broad nursing network with the aim to protect and promote the health of children in Canada by 1) advancing the professional specialty of Paediatric Nursing; 2) education and learning for nurses, and 3) advocating locally and nationally for the well-being of children. CAPN aims to elevate the voice of nursing in matters of children`s health across Canada and believes the specialty of paediatric nursing is pivotal to securing better health outcomes for children and their families. Paediatric nurses not only provide quality care but are change leaders in improving children`s health systems and communities.

**13:00 – 13:05**    **Stretch and Move**

## Concurrent Session B

**13:05 – 14:05**    **B1a Initiating a sustainable inter-professional pediatric mock code program using high fidelity simulation in a community hospital**

**Karen Fleming, RN, MN, BScN, BSc**, Clinical Nurse Educator - Child and Teen Unit, **Darlene Baldaro, RRT**, Professional Practice Leader for RTs, **Sheri Ferkl, RN-EC**, Director of Maternal, Newborn, Paediatric Program, **Dianne Rice, RN, MN**, Clinical Team Manager NICU/Paediatrics, **Ronik Kanani, MD**, Chief of Paediatrics, **Melanie Ostreicher, MD**, Paediatrician, North York General Hospital, Toronto,

Our department embarked on creating an Interprofessional Paediatric Mock Code Program using insitu, high fidelity simulation, in the hopes of improving resuscitation skills, confidence and mastery for healthcare professionals working on our unit, while promoting team work and collaboration, ultimately improving patient care.

13:05 – 14:05

**B1b Client and Parents experience of Participation in an Intensive Pediatric Pain Program**

**Lori Palozzi, MScN, ACNP, NP-Peds**, Nurse Practitioner- Pediatrics, **Ardith Baerveldt, PhD**, Psychologist, **Melissa Joseph, MSW**, Social Worker, **Sunita Mathai, MA, MSW**, Social Worker, Holland Bloorview Kids Rehabilitation Hospital, Toronto,

The Get up and Go Persistent Pain Service is a 4 week intensive pain program for youth between the ages of 12-18. This unique program is the first of its kind in Canada that offers both an inpatient and outpatient admission. The youth and parents work with the interdisciplinary team on individual goals aimed at improving physical function, return to school and social activity, and to learn self-management strategies for pain. This poster describes the client and parent experiences of participating in this intensive pain program.

13:05 – 14:05

**B2a Medical Cannabis: Partnering to Better Support Patients and Families**

**Connie Cameron, RN, MN**, Professional Practice Coordinator, The Hospital for Sick Children, Toronto, **Nathan Ho, RPh, BScPhm, MTS**, Director, Pharmacy Services, Holland Bloorview Kids Rehabilitation Hospital, Toronto, **Sandra Ross**, Director of Clinical Programs, Emily’s House Paediatric Hospice, Toronto, **Mary McAllister, RN, PhD**, Associate Chief, Nursing Practice, The Hospital for Sick Children, Toronto, **Jimmy Fung, BScPhm, ACPR, MBA**, Director, Pharmacy Services, The Hospital for Sick Children, Toronto,

Despite anecdotal evidence and the general plausibility that medical cannabis may be effective, there is limited evaluation and well-designed research in paediatrics. Notwithstanding, many families seek medical cannabis treatment for indications such as nausea, pain relief, and the management of refractory seizure disorders. Across three organizations in the paediatric acute care, rehabilitation and hospice settings, there has been an observed rise in requests for the continued use of medical cannabis during inpatient admissions. Due to the many complexities inherent in this process, organizations historically were challenged to support the continuation of medical cannabis and/or health care provider involvement in administration of the substance. In 2016, an interprofessional advisory group comprised of representation from The Hospital for Sick Children, Holland Bloorview Kids Rehabilitation Hospital and Emily’s House Children’s Hospice partnered to generate a shared position and align principles for the safe administration of medical cannabis

**B2b A Quality Improvement Project: Ensuring a Seamless Transition to Higher Education in Young Adults with Chronic Health Conditions**

**Rosemary Leone, BSc(hons.), BScN (in progress)**, Student Nurse, The Hospital for Sick Children, **Brooke Allemang, MSW, RSW**, Transition Navigator, Hemoglobinopathy Program, The Hospital for Sick Children & Toronto General Hospital, Toronto, **Megan Henze, OTReg(Ont)**, Occupational Therapist, Good 2 Go Transition Program, Division of Adolescent Medicine, The Hospital for Sick Children, Toronto,

Given the challenges with academics in the hemoglobinopathy population, resources were developed to inform patients ages 17-18 in sickle cell and thalassemia clinics about supports to promote success in post-secondary education. Interviews were conducted with patients in first or second year of post-secondary and post-secondary staff to determine resource effectiveness.

**Student Session**

13:05 – 14:05

**Sepsis, sepsis, oh sepsis!**

Students will have the opportunity to participate in the care of a paediatric patient with septic shock and learn the management strategies associated with this condition.

14:05 – 14:35

**Refreshment Break and Poster & Exhibit Viewing**

## Panel Session

**14:35 – 15:35** **A Look Back and a Leap Forward: Technology's Influence on Pediatric Nursing Through the Decades**

**Moderator** **Connie Cameron, RN, MN**, Professional Practice Coordinator, The Hospital for Sick Children

**Panellist** **Stephanie Chu, RN, MN**, Project Manager-Education Specialist, The Hospital for Sick Children  
**Laurie Horricks, MN, NP-Paeds**, Nurse Practitioner, Psychiatry Consult Liaison Service, Child and Youth Mental Health Program, McMaster Children's Hospital, Hamilton Health Sciences  
**Karen Dryden-Palmer, RN, PhD (c)**, Clinical Nurse Specialist and Advanced Practice Nurse Lead, Critical Care Medicine, The Hospital for Sick Children  
**Lindsay Jibb, RN, PhD**, Assistant Professor, Faculty of Health Sciences, The University of Ottawa  
**Richard Booth, RN, PhD**, Assistant Professor, Arthur Labatt Family School of Nursing, The University of Western Ontario, London, ON

**15:35 – 15:45** **Closing Comments**

**Vivian Trinder, MN, NP-Paeds**, PedNIG Symposium Chair

## Poster Knowledge Networking Exchange

### 1. The Impact of Social Media on Youth Mental Health

**Chantal Singh, RN, BScN, MScN(s)**,  
**LHSC Children's Hospital, London, ON**

Youth populations have become immersed in the use of social media on a daily basis from early in life. Youth also encounter many challenges through stages of growth and development around self-image, self-esteem and perception by their peers, bringing to light nursing considerations for social media use in a youth context.

### 2. Minding the Gaps: Addressing the Mental Health Needs of Children and Youth in Canada Through Technology and Intersectoral Collaboration

**Kornelia Palczewski, RN, BScN, BA, MSc (in progress)**,  
**McMaster University, Hamilton**

Efforts have been made to foster the mental wellbeing of children and youth in Canada. However, barriers continue to exist, such as inaccessible resources and inconsistencies in services provided in different sectors. As a result, exploring the use of technology and intersectoral collaboration may assist in alleviating current constraints.

### 3. Learning through safety stories: incorporating principles of safe opioid practice into PCA education for nurses

**Sara McEwan, RN, MN, Jacqueline Hanley, RN, BSc, MN**,  
**The Hospital for Sick Children, Toronto**

This poster describes a quality improvement initiative that aimed to promote a culture of safety within pain- and opioid-related education for pediatric nurses. Seeking to engage learners and promote safe opioid practices in nursing, a patient-controlled analgesia class was redesigned to incorporate real safety stories and case-based, interactive learning strategies.

### 4. Respiratory Syncytial Virus (RSV) Infection in Children with Medical Complexity

**Joanne Dix, RN, B.ScN, MSN, McMaster Children's Hospital, Hamilton, Audrey Lim, MD, FRCPC, MSc, McMaster University, Hamilton, LouAnn Elliott, RN, McMaster Children's Hospital, Hamilton, Michelle Butt, RN, BSc, BN, MSc, PhD, McMaster School of Nursing, Hamilton, Paes Bosco, MD, McMaster University, Hamilton**

RSV is the most common agent causing respiratory illness (RI) in children < 2 years of age. Children with Medical Complexity (CMC) are especially vulnerable to RI due to multi-system disorders and compromised airways. It is unknown whether palivizumab could be effective in children above 2 years.

### 5. Quality in Parents of Children 4-10 years old with Autism Spectrum Disorder Sleep

**Samantha Micsinszki, RN, BScN, MA, University of Toronto, Toronto, Marilyn Ballantyne, RN(EC), PhD, Holland Bloorview Kids Rehabilitation Hospital, Toronto, Kristin Cleverley, RN, PhD, CPMHN(C), CAMH Chair in Mental Health Nursing Research, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Pamela Green, RN(EC), MHSc, NP(Paeds), Holland Bloorview Kids Rehabilitation Hospital, Toronto, Robyn Stremler, RN, PhD, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto**

Poor sleep quality in parents of children with ASD may impede the parent-child relationship and ability of the parent to provide sufficient care. In this doctoral project, identifying the source and extent of parent stressors and impact of resources, appraisals, and coping aims to inform interventions to improve sleep quality.

### 6. Our Journey to Infant Driven Feeding in the NICU

**Cathryn Urbanek, RN, Susan Harvey, B.Sc.OT, Heather Cresswell, NP Trillium Health Partners, Mississauga,**

Transitioning premature infants from nasogastric tube feeds to oral feeds is a complex task for infants, parents, and their health care providers, and is often the final hurdle before discharge home. A quality improvement plan was developed to implement and sustain an evidence-based guideline for IDF using a multi-disciplinary approach.

### 8. Paediatric Short Stay Unit - Does it help or hinder care?

**Karen Fleming, RN, MN, BScN, BSc, Sandra Medeiros, RN, Zoe Roumanes, RN, BScN, North York General Hospital, North York,**

Patient and family centred care is pivotal for ensuring the best care possible is provided at every juncture of the care continuum. The Paediatric Short Stay Unit (PSSU) facilitates the provision of rapid patient assessments and direct medical management of health related conditions in children. Appropriate and timely treatment contributes to decreased length of stay, reduces unnecessary admissions and improves patient outcomes.

### 9. Role of the Clinical Nurse Coordinator in the Bowel and Bladder Dysfunction Clinic

**Megan Saunders, BScN, RN, North York General Hospital, North York, Karen Fleming, RN, MN, BScN, BSc, North York General Hospital, Toronto, Joana Dos Santos, MD, The Hospital for Sick Children, Toronto, Ronik Kanai, MD, North York General Hospital, North York,** Bowel and bladder dysfunction (BBD) is a condition that describes a range of symptoms related to abnormal voiding. The CNC can provide individualized education to patients with bowel and bladder dysfunction who are following the retraining protocol and cater education based on different learning styles to increase adherence and improve experience.

### 10. Pediatric Emergency Department partnership between a community hospital and a tertiary care centre

**Tanya Levit, RN, BScN, MN, Cheryl Nelson, RN, BScN, MN, Michael Garron Hospital, Toronto**

Providing care to all patient populations in the emergency department (ED) is often challenging because providers are expected to provide all levels of care: primary care, urgent care and resuscitative care. Recognizing that 20-25% of patients who visit Michael Garron Hospital (MGH) Emergency Department are children, MGH has partnered with The Hospital for Sick Children (SickKids) in unique relationship that allows kids access to high-quality, paediatric-focused care in emergency department closer to home.

### 11. Capsule shredding device for hydroxyurea administration in paediatric Sickle Cell Disease population

**Lynn Mack, RN, BScN, MSc, Lynn Mack, Melina Cheong, Edward Kenney, Thomas Looi, Marcia Palmer, Renu Roy, The Hospital for Sick Children, Toronto,**

Improving the medication administration process for Hydroxyurea (HU) by developing a capsule shredding device to be used with the existing Dissolve 'n' Dose device. We hypothesize this will facilitate medication compliance, maximize the benefits of HU and reduce the risk of medication exposure to patients/families affected by sickle cell disease.

### 12. Implementing nursing best practices to support breastfeeding exclusivity

**Katherine Wallace, RN, BScN, BHSc (Midwifery), MHS, Registered Nurses` Association of Ontario, Mississauga**

In Ontario, only 25% of infants are breastfed exclusively to six months. Less than half of nurses working in pediatric or neonatal units worldwide receive breastfeeding education. RNAO`s 2018 revised best practice guideline, "Promoting and Supporting the Initiation, Exclusivity, and Continuation of Breastfeeding for Newborns, Infants, and Young Children", provides evidence-based recommendations to support the breastfeeding dyad to achieve exclusivity.

Thank you to our Sponsors



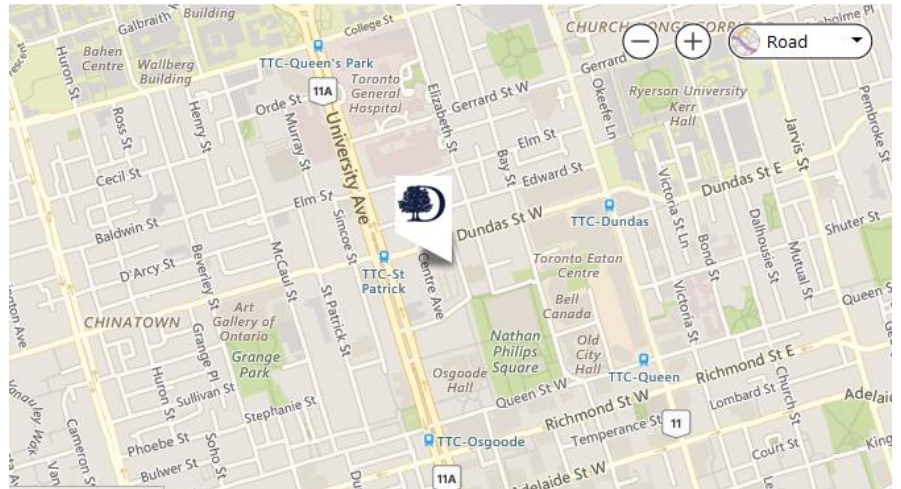
## Symposium Location and Accommodation



108 Chestnut St,  
Toronto, ON  
M5G 1R3

To make a reservation please call  
**1-416-977-5000**

To receive the room rate of \$229.00  
please indicate you are with the  
Pediatric Nurses Interest Group



Room Rate Deadline October 25<sup>th</sup>, 2018

## About PedNIG



### Mission

PedNIG strives to strengthen the profession of Nursing in Ontario by supporting and representing action on behalf of Pediatric Nurses with respect to Pediatric Nursing and Pediatric Health Care in collaboration with the Board of Directors of Registered Nurses Association of Ontario (RNAO)

For Additional Information  
**2018 PedNIG Symposium**  
  
c/o First Stage Enterprises  
1 Concorde Gate, Suite 109  
Toronto, ON M3C 3N6  
Tel: 416-426-7229  
Fax: 416-426-7280  
Toll free: 1-866-433-9695  
Email: [reg1@firststageinc.com](mailto:reg1@firststageinc.com)

### Goals

- To advocate for the health care needs of children and their families
- To enhance Pediatric Nursing in Ontario through promotion of research-based nursing practice
- To support Pediatric Nursing in Ontario to address issues important to the advancement of Pediatric Nursing
- To assist the RNAO in its quest to represent the Nursing profession to government, other health care providers and the public
- To provide continuing education and information about professional development resources to Pediatric Nurses in Ontario



November 16th, 2018

Annual Symposium  
DoubleTree by Hilton Hotel  
Toronto, Ontario

# The Pediatric Nursing Update

Registration & Conference Fees or Register online at [www.pednig.ca](http://www.pednig.ca)

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

**Work Address** \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Work # ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_

**Preferred Mailing Address** Work  Home

**Home Address** \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home # ( ) \_\_\_\_\_

PedNIG Member? Yes  No  RNAO Member? Yes  No

Member # \_\_\_\_\_

Member of another Province's Interest Group? Yes  No

Do you have any Special Needs (Dietary  Other )? Indicate below

**PedNIG Symposium**

1 Concorde Gate, Suite 109, Box 26, Toronto, ON M3C 3N6  
416-426-7229 \* Fax: 416-426-7280 & Toll-Free: 1-866-433-9695  
Email: [reg1@firststageinc.com](mailto:reg1@firststageinc.com)

## CONFERENCE FEES

EARLY	EARLY BIRD Before Sept 28th	REGULAR After Sept 29th
<input type="checkbox"/> PedNIG Member Rate	\$175.00	\$195.00
<input type="checkbox"/> Non-Member	\$205.00	\$225.00
<input type="checkbox"/> Full-Time Student	\$95.00	\$95.00

TOTAL VALUE \$  \$

STUDENTS MUST INCLUDE PROOF OF FULL TIME REGISTRATION.

Delegate registration lists (business information only) will be shared at the conference to encourage post-conference networking with you specific approval.

Yes, I give permission to list my contact information in the registration materials for networking purposes.

## PAYMENT

Payment may be made by personal or institutional cheque or money order: Make payable to : **PedNIG Symposium or use your credit card.**

Mastercard  Visa  American Express

Name on Card \_\_\_\_\_

Account \_\_\_\_\_

Expiry \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

## CANCELLATION POLICY

A refund will be issued if requested, in writing, on or before November 2nd, 2018. A \$50.00 administration fee will be levied on all refunds. No refunds will be given after November 2nd, 2018