



**CONNECTED CARE 2018**

**2nd Heart and Lung Surgery  
Nurses Education Conference**

**15 September 2018**

# CONVENOR



# MAJOR SPONSORS



Health  
Sydney  
Local Health District



GETINGE

PASSION FOR LIFE

# THE BAIRD INSTITUTE

## ITS ROLE IN HEART AND LUNG SURGICAL RESEARCH



**Consultant in Cardiothoracic Surgery, Professor and Chair of Cardiovascular Surgery University of Sydney, Co-Chair Royal Prince Alfred Hospital Institute for Academic Surgery, and Chairman The Baird Institute for Applied Heart and Lung Surgical Research**

The Baird Institute welcomes you to its 2nd Heart and Lung Surgery Nurses Education Conference for nurses working in the varied environments of the clinical ward, perioperative unit, cardiac catheterisation lab and critical care units. Sessions today focus upon the connections that research has with clinical care, surgery, community management, and patient outcomes and will draw upon our relationships with industry and academic partnerships.

The Baird Institute has entered 2018 with a number of key achievements. We have released our first biennial report “*The Baird Report*”, and Dr Michael Seco, who is presenting again at this conference, was awarded a **Baird Institute’s Edwards Lifesciences scholarship**, and has recently completed his PHD.

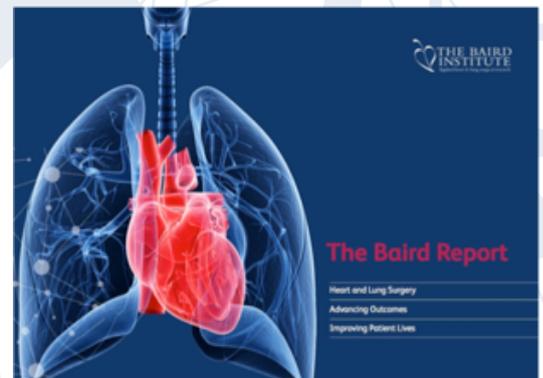
Dr Vikrant Dhurandhar has also been conferred his Doctor of Philosophy and we congratulate these enthusiastic researchers.

We have seen the continuation of the robotics program and the establishment of The Surgical and Robotics Training Institute, the first of its kind in the Southern Hemisphere. Our research involving 37,720 patients, demonstrated that a newer “no-touch” beating heart bypass surgery technique (anOPCABG) reduced postoperative stroke by 78%, compared to traditional coronary artery bypass grafting (CABG). The Baird Institute has recently published over 50 papers describing our research and it is this commitment that is furthering advances in surgery to promote better outcomes for heart and lung surgery patients.

For our second conference specifically for Nurses in this field, we want to highlight the impact research has on all that we do as clinicians. In connecting the care delivered to patients that underpins all healthcare work, The Baird Institute aims to support and recognise nurses and help promote their growth within nursing research and ongoing education.

Experts today will present and discuss advances in surgery and technology, minimisation of adverse events and the contributions made to care from our industry partners. Workshops will focus on small group learning for heart anatomy, radiology, advanced life support, epicardial pacing, and the use of advanced chest drainage systems. Mr Richard Shaw will conclude the program with his insights into heart surgery and the benefits of healthcare that provides safe, quality, connected care.

We have greatly appreciated the support received from our Industry partners and I trust that today’s learning will support and encourage you to continue to provide great care within a research and academic environment. We thank you for your attendance and support and trust you will enjoy the discussion and collaboration throughout the day.



# WELCOME



## **KRISTINA ZARKOS**

### **Director Nursing and Midwifery Royal Prince Alfred Hospital**

Kristina Zarkos began her nursing profession at RPAH in 1997 after graduating from University of Newcastle. Kristina holds a nursing degree, diploma in frontline management, master of nursing (critical care) and a masters of business administration. Kristina is an experienced health leader who has fulfilled a variety of roles starting as a registered nurse in the emergency department (ED) for 8 years then promoted to the Nursing Unit Manager in ED. Over the past 21 years Kristina has moved from the clinical environment and stepped into a variety of executive roles including executive officer for the general manager, director of patient quality and safety unit and Operational Nurse Manager. Kristina was appointed the Director of Nursing and Midwifery services in April 2018 after acting in the role for 14 months. Kristina is responsible for overseeing the professional leadership of over 2000 nurses and midwives, and support staff and has a strong focus on compassionate care throughout the patient's hospital journey.

---

It is with great pleasure that I welcome you all to the fabulous environment of the Kerry Packer Education Centre at The Royal Prince Alfred Hospital. Our hospital and Sydney Local Health District strive to support and enhance the professional development of its clinicians, and it is wonderful to note that the Cardiothoracic Department and The Baird Institute are working together with clinicians, to support nurses and their ongoing education and professional development.

In doing so, I want to acknowledge the Traditional Owners of the land on which we meet today, the Gadigal people of the Eora Nation and pay my respects to Elders past and present and extend that respect to other Aboriginal people present for this educational experience.

Nurses from Royal Prince Alfred Hospital, Strathfield Private Hospital and Macquarie University Hospital have worked together to develop today's program and this collaboration shines a bright light on the future of connected care between public and private health care institutions and the importance of developing networks between clinicians. Royal Prince Alfred Hospital itself was founded upon the need to provide surgical and post-operative care and is now a centre for research, innovation, and academic, professional fulfilment through the delivery of exemplary patient-focused care.

This focus can be seen at The Baird Institute and its commitment to heart and lung surgical research to ensure the best outcomes for patients, family and the community. Founded by the esteemed cardiac surgeon, Dr Doug Baird, The Baird Institute supports the work of clinical researchers to ensure best practice, and it values the pivotal role nurses play in research and the utilisation of research outcomes for best practice and care.

I encourage you today to enjoy, learn and network together to develop a 'connected care' approach with your colleagues from ward, perioperative and critical care environments, medical and nursing researchers, surgeons, and industry partners, and wish you a very

*'Bujari Gamarruwa' - 'Good Day'.*

# ‘Connected Care 2018’ The Baird Institute

## 2ND HEART & LUNG NURSES EDUCATION CONFERENCE • SATURDAY 15 SEPTEMBER 2018

07:45 Registration at Building 72: The Kerry Packer Education Centre			
08:30	5 min	Welcome Address	Ms Kristina Zarkos, Director Nursing & Midwifery RPAH Professor Paul Bannon
	10 min	The Baird Institute and its role in heart and lung research	
08:45	45 min	Clinical research by clinical nurses: Creating evidence for practice	Associate Professor Janice Gullick
09:30	40 min	Robotics: the future is now!	Dr Michael Seco with the da Vinci robot and Mr John Dyason
10:10	30 min	Morning Tea in the Industry Exhibit areas	
10:40	40 min	Aboriginal and Torres Strait Islander patients – what difference does it make when you live rurally versus in urban locations?	Dr Raj Puranik
11:20	30 min	Strategies to reduce blood transfusion in cardiac surgery	Dr Bruce Cartwright
11:50	30 min	ECMO retrieval	Dr Paul Forrest
12:30	60 min	LUNCH – Industry Exhibit areas	
13:30	14:15	<b>Pre-Registered WORKSHOPS</b> <b>40 minutes with 5 min changeover and repeat</b>	<b>Limited to 20 nurses</b>
Rm 2.1	40 min	Cardiac anatomy and valve prosthesis	Ms Cassandra Board RN and Ms Tania Eddy, Abbott
Rm 2.3	40 min	Cardiac Advanced Life Support (CALS)	Dr Tim Southwood
Rm 2.4	40 min	Navigating dry or wet suction drains	Mr Brett Goodbun, Getinge
Rm 2.5	40 min	Epicardial Pacing: managing patients with temporary pacemakers	Associate Professor Janice Gullick
Rm 2.6	40 min	CXR interpretation	Dr Graham Dunn, Radiologist
14:15	15:00	<b>Repeat workshops</b>	
15:00	20 min	Afternoon Tea	
15:20	40 min	Q and A Panel: Mr Richard Shaw (former Patient at SPH & RPAH), Prof Bannon, Associate Prof Janice Gullick and Cardiac Surgery Patient Case Manager, Ms Sarah McLennan	Moderator: Ms Maureen Winn
16:00	15 min	Evaluation and Close	Ms Michelle Sloane

**Join us for conference drinks and canapes after the close of the conference**

**Please note we will have a photographer at the event taking photos for  
The Baird Institute, its publications and events.**

**If you do not want your photo published, please see the Registration Desk team.**



At Getinge, we believe that saving lives is the greatest job in the world. With brands like Maquet, Lancer, Atrium, Pulsion, Datascope, Getinge, Austmel, Meditrax, Steritec, Stericool and Trans, we have grown to become a global market leader in many healthcare and life science segments. When you need to deliver the best care for your patients, we are by your side every step of the way, working **together as one**.

**Maquet has now merged with Getinge**

[www.getinge.com/anz](http://www.getinge.com/anz)

**GETINGE**   
PASSION FOR LIFE



## Sydney Imaging

**Our openly-accessible core research facility has a comprehensive suite of imaging equipment, as well as a state-of-the-art Hybrid Theatre, dedicated to addressing major healthcare challenges and enabling the translation of fundamental biomedical research from bench-to-bedside.**

- Preclinical imaging
- Clinical imaging
- Robotic surgery
- Procedure development and surgical training

Visit our website to find out how we can help with your next research project, and to discuss your work with with our on-site experts.



THE UNIVERSITY OF  
**SYDNEY**

[sydney.edu.au/sydney-imaging](https://sydney.edu.au/sydney-imaging)

@Sydney\_CRF

# PRESENTATIONS



## **ASSOCIATE PROFESSOR JANICE GULLICK**

**RN | MASTERS FINE ARTS | PHD | Director Postgraduate Studies and Coordinator Masters of Intensive Care Nursing program, Sydney University**

Janice has 30 years of clinical nursing experience and professional leadership in the field of cardiac nursing including acute cardiology, intensive care, clinical trials and many years as a clinician and educator in cardiothoracic surgery and as Clinical Nurse Consultant in cardiology. Expanding her education with an undergraduate and master's degree in fine arts, Janice followed with a PhD exploring the lived experience of Lung Volume Reduction Surgery procedures for COPD. Janice is on the Editorial Board of Australian Critical Care. Her research program explores systems of care for Acute Coronary Syndromes and medical emergencies, cardiorespiratory research, and as an expert in phenomenology, research that explores patient and family experience. She actively mentors and collaborates with advanced practice nurses in clinical research with a focus on publication.

## **CLINICAL RESEARCH BY CLINICAL NURSES: CREATING EVIDENCE FOR PRACTICE**

As a clinical nurse educator working at RPAH, I became interested in clinically-based research, so much so that I started my own research projects on the cardiothoracic ward and went on to publish results from this work. The process intrigued me and led me to research both clinically and academically. I now help nurses learn how to effectively research and will show you how these skills can be used in your daily working life. This session will

- Identify how to incorporate research into the crazily busy life of a heart and lung surgical nurse
- Share my own experiences and key learnings and challenges I have experienced – and ways to make those challenges work for you
- Outline the essentials required for nurses to develop and implement evidence-based research into practice

# NOTES

# PRESENTATIONS



**DR MICHAEL SECO**  
**MBBS | PhD |**

Michael is a Cardiothoracic Surgery Registrar at Royal Prince Alfred Hospital. He performs research in minimally invasive, robotic and transcatheter cardiac surgery and has published these results in major journals.

## **ROBOTICS: THE FUTURE IS NOW**

In my session I want to discuss and demonstrate where we are currently with the use of robotics in heart and lung surgery – and where this technology may take us!

The five key points of the session include:

- The development of robotics
- Ways that the robot can be and should be used
- What role research will play in advances in robotic technology
- What is the impact for patients and their families in urban and rural regions
- A practical visual of the robotic camera and surgical applications



# PRESENTATIONS



**DR RAJ PURANIK**  
**MBBS | PhD |**

Dr Puranik is Consultant Cardiologist and Cardiac MR Specialist at Royal Prince Alfred Hospital, Children's Hospital Westmead and Aboriginal Medical Service, Redfern. He is also a Clinical Associate Professor at The University of Sydney.

## **ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS – WHAT DIFFERENCE DOES IT MAKE WHEN YOU LIVE RURALLY VERSUS IN URBAN LOCATIONS?**

For Australians living in the city, accessing health care revolves around finding an insightful GP you can trust, who will assess you comprehensively, listen carefully and ensure that your health care needs are monitored and met. When required, a referral for specialist services is then made. However, the further out you go from urban areas, the more difficult it is to automatically access health care. Having to wait to obtain a GP appointment, even when you are sick; is one example of a barrier to access. Seeing your cardiologist and surgeon and enrolling in cardiac rehabilitation presents multiple problems for rural and remote patients. When you consider the health care issues faced by our Aboriginal population in the city; access to good quality health care is problematic and is even more difficult in rural and remote regions of our State.

This session will highlight

- The Gap that exists between Indigenous and Non-Indigenous communities with respect to cardiovascular health
- Approach to preventative, acute and rehabilitative care in coronary disease
- Understanding how the mode of delivery of health care impacts on outcomes in the Indigenous community
- What the future holds and innovative ways to make a difference.

# NOTES



A series of horizontal lines for writing, overlaid on a faint background illustration of a tree with a complex, geometric wireframe structure.

# Innovating Today to Transform Tomorrow

Driving breakthrough surgical heart valve therapies that advance patient care.



**First Successful Artificial Heart Valve**  
Starr-Edwards heart valve



**First Biomechanically Engineered Valve**  
Carpentier-Edwards PERIMOUNT pericardial valve



**Industry-Leading Surgical Aortic Heart Valve**  
Carpentier-Edwards PERIMOUNT Magna Ease valve



**Advanced Approach on a Proven Platform**  
EDWARDS INTUITY Elite valve system

**New Class of Resilient Tissue Valves**  
INSPIRIS RESILIA aortic valve

Introducing the INSPIRIS RESILIA aortic valve – the first product offering in a new class of resilient heart valves.

Shouldn't your patients have a valve as resilient as they are?

Discover more at [Edwards.com](https://www.edwards.com)

For professional use. See instructions for use for full prescribing information, including indications, contraindications, warnings, precautions and adverse events.

Edwards, Edwards Lifesciences, the stylized E logo, Carpentier-Edwards, Magna, Magna Ease, EDWARDS INTUITY, EDWARDS INTUITY Elite, Starr-Edwards, PERI, PERIMOUNT, PERIMOUNT Magna, INSPIRIS, INSPIRIS RESILIA and RESILIA are trademarks of Edwards Lifesciences Corporation or its affiliates. All other trademarks are the property of their respective owners.

© 2018 Edwards Lifesciences Corporation. All rights reserved.

Edwards Lifesciences • Unit 2, 40 Talavera Road, North Ryde, NSW 2113 • [edwards.com](https://www.edwards.com)



Edwards



## Vantari VR

Vantari VR is Virtual Reality for Healthcare. Our technology has transformative applications for Doctors, Nurses and Allied Health. We are currently implementing surgical planning, procedural training and patient education.

[vantarivr.com](http://vantarivr.com)



Sydney Local Health District  
has a new digital publication

Visit: [slhd.nsw.gov.au/sydneyconnect](http://slhd.nsw.gov.au/sydneyconnect)

Sydney,  
it's *your* local  
health district

# PRESENTATIONS



**DR BRUCE CARTWRIGHT**

**MBBS | FANZCA**

**Staff Specialist -**

**Cardiac Anaesthesia Royal Prince Alfred Hospital**

## **STRATEGIES TO REDUCE BLOOD TRANSFUSION IN CARDIAC SURGERY**

In my session I want to discuss the role of blood in pre-operative, perioperative and post-operative cardiothoracic surgical optimisation and outline to you how the use of blood transfusion has changed over the last 10 years or so, underpinned by careful research and attention to quality care.

The five key points of the session include:

- What research and clinical care changes have occurred to reduce the need for blood transfusion
- What alternatives are there for haemodynamic and oxygenation support
- How does the nurse at the bedside know a blood transfusion might be indicated
- Key points for when massive blood transfusion is required
- Take home messages

# NOTES



A series of horizontal lines for writing, overlaid on a faint background illustration of a tree with a complex, geometric wireframe structure.

# PRESENTATIONS



**Associate Professor DR PAUL FORREST**

**MBCHB, FANZCA**

Paul Forrest is head of Cardiothoracic Anaesthesia and Perfusion at RPAH in Sydney, and a Clinical Associate Professor at Sydney University Medical School. He has been involved in adult ECMO support for more than two decades and had a founding role in the establishment of the NSW ECMO retrieval service.

This service has retrieved nearly 200 patients (both nationally and internationally) since 2009. He is currently also the lead investigator for a trial of ECMO for refractory in - and out of - hospital cardiac arrest (2CHEER).

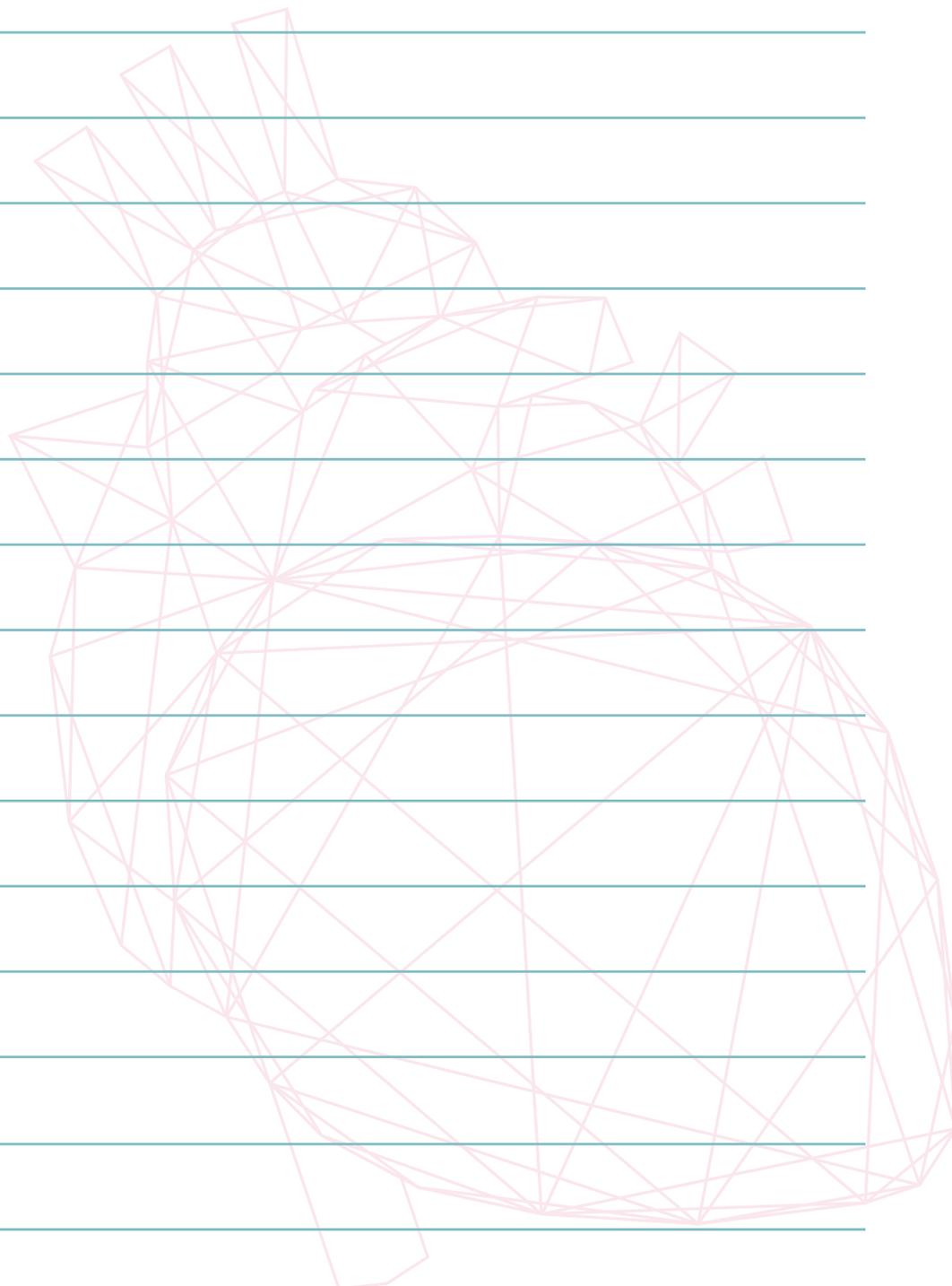
## ECMO RETRIEVAL

In the past few years, significant improvements in survival rates have led to renewed interest in the use of adult ECMO (Extra Corporeal Membrane Oxygenation). ECMO is a modified heart-lung machine that is used to support patients with severe respiratory or cardiac failure that is potentially reversible, but refractory to maximal conventional support.

Because these patients may not be safely transportable by conventional means, a specialised service was developed to establish ECMO at a referring hospital, and transport patients back to RPAH or St Vincent's Hospital.

This service has now retrieved over 200 patients by road, helicopter, Air Ambulance and retrieval jet, from referring hospitals up to 2000km away.

# NOTES



# Dust Disease Compensation

Slater and Gordon has more than 35 years' experience fighting on behalf of those suffering from asbestos and silica related diseases.

If your patient has been diagnosed with an asbestos or silica related disease it is very important they seek legal advice as soon as possible to understand their entitlements.

Our experienced lawyers provide a personal service, offering a free initial consultation\*, home or hospital visits, flexible appointment times and No Win – No Fee\*.

## We help patients with:

- + Mesothelioma
- + Silicosis
- + Lung Cancer
- + Asbestos induced cancers
- + Asbestosis
- + Progressive massive fibrosis
- + Pleural Disease

**No Win. No Fee.**

\* Conditions apply. Does not include other party costs. For more information visit: [slatergordon.com.au](http://slatergordon.com.au)



## GET IN TOUCH



**Joanne Wade**

State Practice Group Leader, Asbestos

**Direct Line:** (02) 8267 0610

**Mobile:** 0410 325 621

[joanne.wade@slatergordon.com.au](mailto:joanne.wade@slatergordon.com.au)

[slatergordon.com.au](http://slatergordon.com.au)

**Slater  
Gordon**  
Lawyers

**Boston  
Scientific**

Advancing science for life™

STRUCTURAL HEART THERAPIES

# Innovation at Heart

We share your passion to:

- Improve outcomes and patient quality of life
- Advance transcatheter structural heart therapies
- Drive development of innovative technologies

Be Part of Our Vision

[bostonscientific.com/structuralheart](http://bostonscientific.com/structuralheart)



**WATCHMAN™**  
LAAC Therapy



**LOTUS Edge™ & ACURATE neo™**  
Aortic Valve Systems



\* This product is not currently approved for supply in Australia.

CAUTION: Indications, contraindications, warnings and instructions for use can be found in the product labelling supplied with each device. 2017 Copyright © Boston Scientific Corporation. All rights reserved.

ANZ\_PSST\_17158 AA NOV 2017

# INDUSTRY RESEARCH AND SUPPORT

During the planning of the conference, we recognised there were multiple costs associated with the implementation of this event. We realised it would be difficult and somewhat inappropriate to fund the conference using resources from a charitable organisation dedicated to heart and lung surgical research and the maintenance and improvement of patient outcomes. While the registration costs could cover the expenses associated with audio-visual support and other basic items; it wasn't enough to make the event a stand out contribution to support nurses and their ongoing professional development.

As so many educational event organisers do, we went to our Industry partners to seek support. These Industry partners represent technology, equipment and health care supplies used for the management and care of heart and lung surgery patients. Some are utilised by doctors and others by nurses and allied health professionals.

All are underpinned by research and evidence-based practice which we now expect in order to ensure safe care and best quality care; producing best outcomes for people, their families and the community.

The Baird Institute would like to thank our generous supporters from Industry, from technology companies imagining the next steps in education, the Hybrid Theatre Research teams and representatives from the law firm Slater+Gordon; who continue to represent people affected by mesothelioma and other acquired, work-related illnesses.

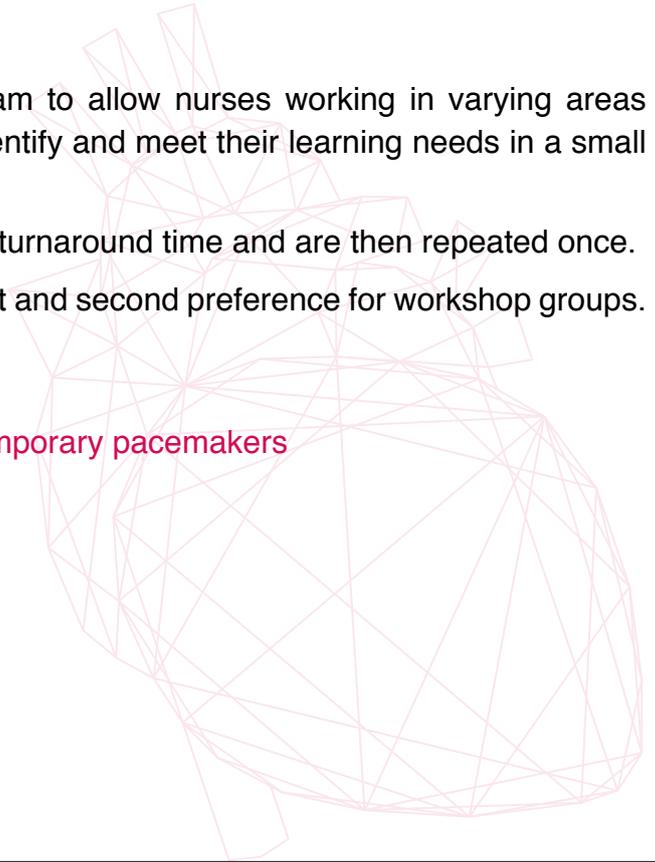
**We encourage you, our participants, to visit the Industry, Technology Representatives and our other Supporters to learn about their research and development activities and their unique contribution to patient care, management and support.**

# AFTERNOON WORKSHOPS

These workshops have been included in the program to allow nurses working in varying areas across the heart and lung surgical environment to identify and meet their learning needs in a small group environment.

The workshops run for 40 minutes with a five-minute turnaround time and are then repeated once. Every effort has been made to accommodate your first and second preference for workshop groups.

1. Heart and heart valve anatomy wet lab
2. Cardiac Advanced Life Support (CALs)
3. Epicardial pacing – managing patients with temporary pacemakers
4. Navigating dry or wet chest suction drains
5. Chest X-Ray interpretation



INTEGRATED  
TECHNOLOGIES  
AND THERAPIES  
**TO HELP PEOPLE  
LIVE BETTER,  
LONGER LIVES.**



Euphora™ and NC Euphora™



CoreValve™ Evolut™ R



InTRAkIt™ and TRAcet™



Resolute Onyx™



ACIST™ FFR



Symplicity Spyral™



Reveal LINQ™



Abbott

## TRIFECTA™ GT VALVE

Because your patients' lives matter.

# HEMODYNAMICS MATTER.



INDICATION FOR USE: The Trifecta™ Valve with Glide™ Technology is intended as a replacement for a diseased, damaged, or malfunctioning native or prosthetic aortic heart valve.

### ST. JUDE MEDICAL IS NOW ABBOTT

St. Jude Medical Australia Pty. Limited, 17 Orion Road, Lane Cove NSW 2066 Australia. Ph: +61 2 9936 1200  
St. Jude Medical New Zealand Limited, 54 Carbine Road, Mt Wellington, New Zealand 1641. Ph: 800 756 269

Trifecta and Trifecta GT are trademarks of Abbott Corporation. No use of any Abbott trademark, trade name, or trade dress may be made without the prior written authorization of Abbott, except to identify the product or services of the company. ©2018 Abbott. All rights reserved. ANZ SH0084-EN 03/18 | Item approved for Australia and New Zealand use only

## PREVENA™

INCISION MANAGEMENT SYSTEM

## PROTECT YOUR INCISIONS

PREVENA™ Therapy can help:

- Hold incision edges together
- Remove fluids and infectious materials
- Act as a barrier to external contamination
- Deliver continuous negative pressure at -125mmHg up to 7 days



PREVENA™ Therapy reduced the incidence of postoperative wound infection after median sternotomy in a comprehensive patient population. The post-sternotomy infection rate was significantly less in patients treated with PREVENA™ Therapy.<sup>1</sup>

For more information contact your local KCI Medical representative or call our 24/7 Customer service on **1300 524 822**

1. Grauhan O, Navasardyan A, Tutkun B, Hennig F, Müller P, Hummel M, Hetzer R. Effect of surgical incision management on wound infections in a poststernotomy patient population. International Wound Journal; 11 Suppl 1:6-9. 2014

Follow local institutional protocols for infection control and waste disposal procedures. Local protocols should be based on the applicable local government environmental regulations.

**NOTE:** Specific indications, contraindications, warnings, precautions and safety information exist for PREVENA™ Therapy. Please consult the applicable PREVENA™ System Clinician Guide instructions for use prior to application. Rx only.



# WORKSHOP:

## WET LAB FOR HEART AND VALVE ANATOMY

This workshop will enable nurses to cut and review biological hearts and heart valves to better understand heart anatomy and heart disorders that affect patients.



**MS CASSANDRA BOARD**  
**RN I Grad Cert Cardiac Care I**  
**Cert IV Workplace Training & Assessment**

Cassandra Board is the Cardiac Clinical Coordinator at Strathfield Private Hospital. Cassandra has spent over 20 years caring for cardiothoracic surgical patients and completed a Graduate Certificate in Cardiac Care at Liverpool Hospital in 1996. In 1998 Cassandra commenced the role of Cardiac Clinical Coordinator (CNC) at Strathfield Private Hospital, guiding cardiac surgical patients and their carers through their journey from preadmission to post discharge. Cassandra's primary focus is on optimising the patient's experience, providing face to face and telephone support, education and minimising readmissions.

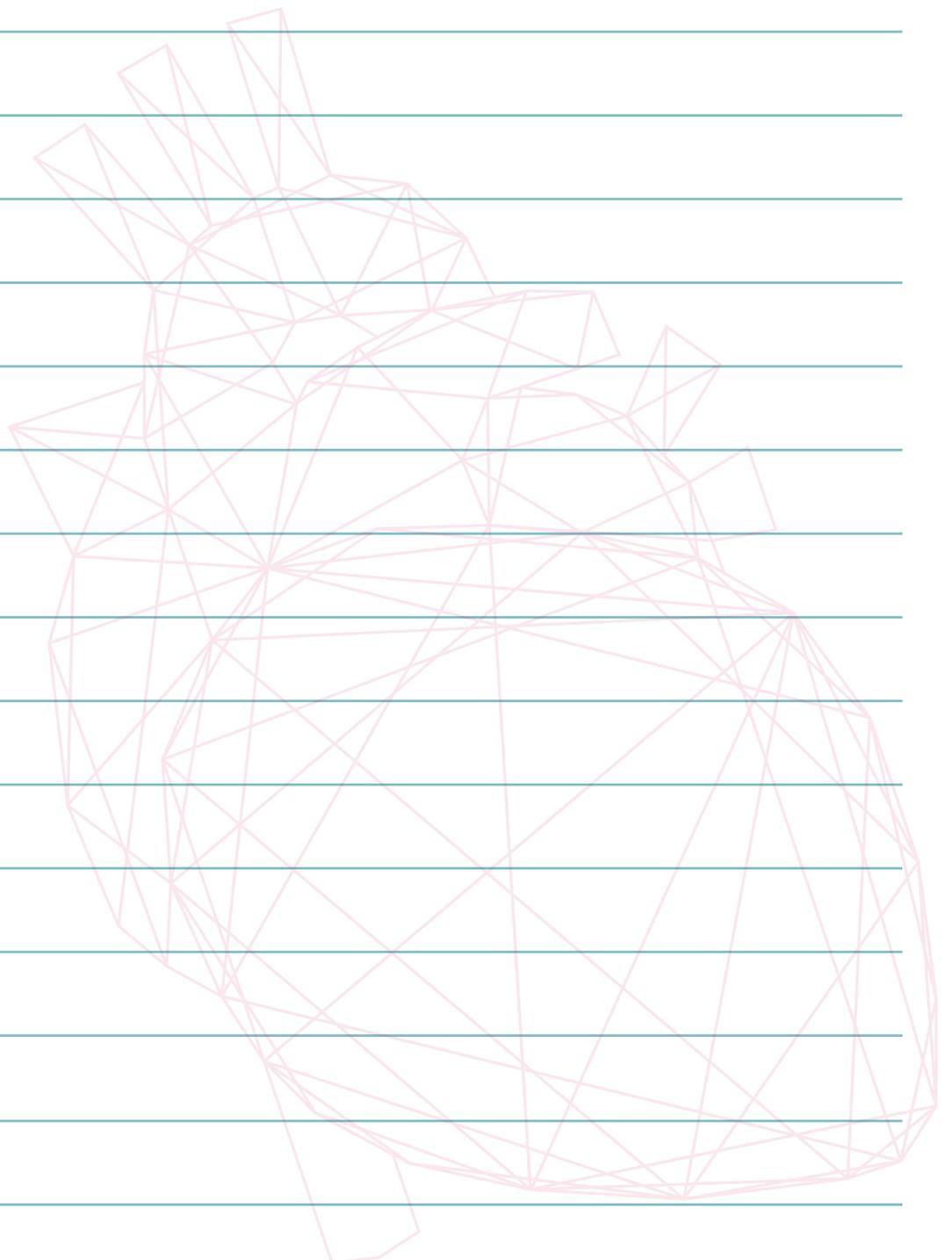
Cassandra has recently enjoyed the challenge of developing and coordinating a care model for cardiac surgical patients from New Caledonia including implementing and conducting an outpatient cardiac rehabilitation program. With skills in education and training, Cassandra uses this passion to support and educate patients, carers and hospital staff. Cassandra is also a member of Strathfield Private Hospitals Advanced Life Support Committee, ICU Committee and Document Control Committee.



**MS TANIA EDDY**  
**Territory Manager, Abbott**

Ms Tania Eddy is a Territory Manager for Abbott, a company specialising in new products and technologies across the world. Tanya helps support the provision of education and product use for implantable cardioverter defibrillators (ICDs), cardiac resynchronisation therapy (CRT) devices, pacemakers, remote monitoring systems, cardiac mapping and visualisation systems, catheter-based ablation devices, vascular closure devices, and structural heart products such as mechanical valves.

# NOTES



# WORKSHOP: CHEST X-RAY INTERPRETATION

Participants will have the opportunity to learn more about the skill of chest x-ray interpretation. This workshop will give an overview of why things appear as they do on an x-ray and will demonstrate the common findings of changes on chest x-ray, including pneumothorax, pleural effusion, pulmonary oedema, atelectasis and consolidation.



**DR GRAHAM DUNN**

**MB ChB (Hons) | MRCP | FRANZCR**

Dr Graham Dunn is a senior radiologist at Concord Repatriation General Hospital and at Strathfield Private Hospital.

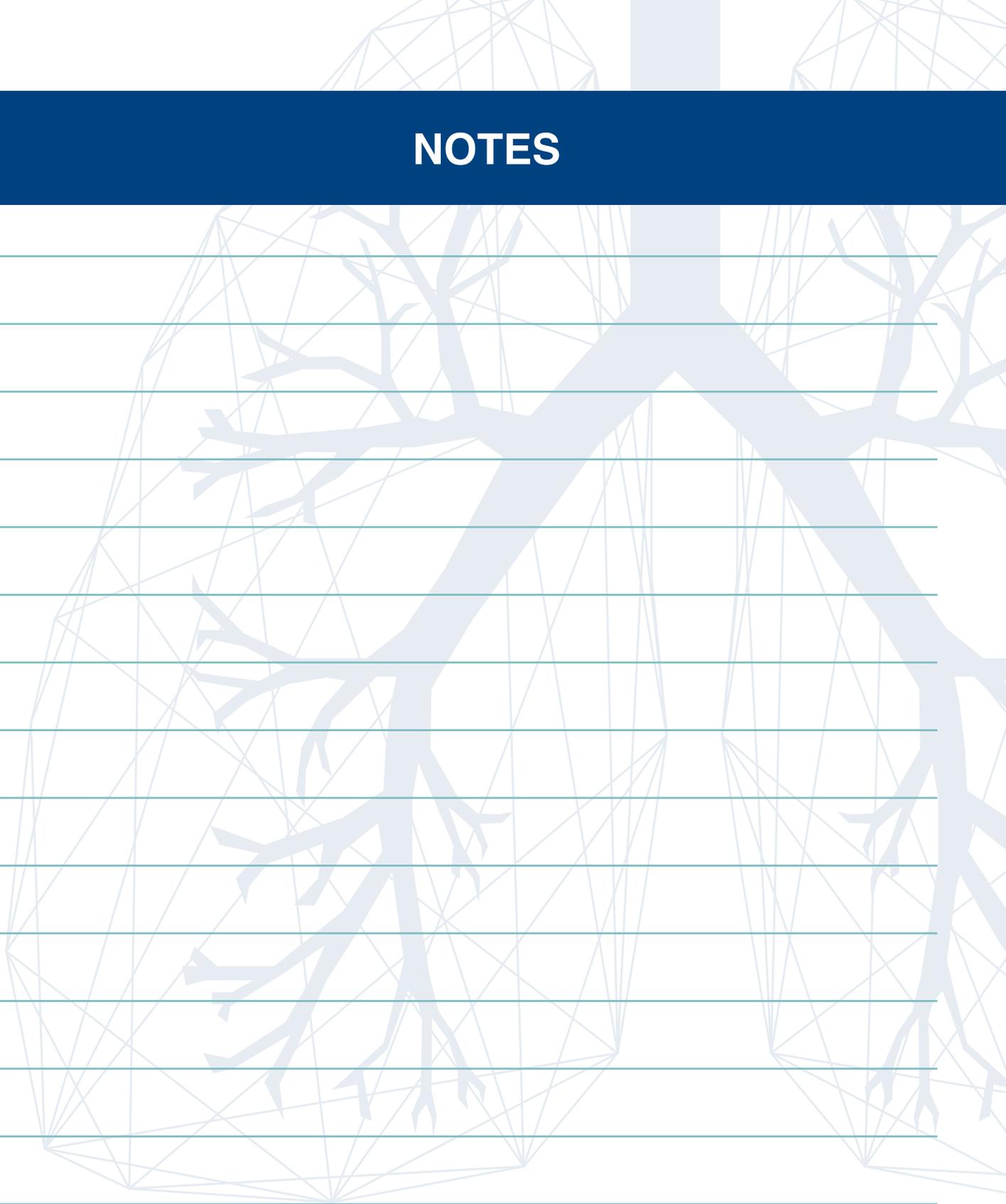
He likes to describe himself as an old fashioned radiologist who rejoices in the challenge of interpreting chest x-rays.



DAVINCI | Surgery™

For over 25 years, Device Technologies has been pioneering possibility in the Australasian healthcare landscape – seeking out and bringing to market, some of the world’s most advanced healthcare products. From high-quality consumables to advanced theatre equipment and robotics, Device Technologies is Australasia’s largest independent provider of medical solutions and technologies. Partnering with the world’s most innovative medical companies, we offer a comprehensive range of supplies with client care at the core of our values. Our dedicated team of over 650 highly skilled healthcare specialists and support staff, is committed to providing superior outcomes for healthcare professionals and their patients across the entire healthcare community.

# NOTES



# WORKSHOP:

## CARDIAC ADVANCED LIFE SUPPORT

Heart and Lung patients are at risk of re-bleeding, embolus, fluid collections within the mediastinum and lung, and around the heart. To help manage patient care in such emergencies, research was conducted to develop best practice for cardiac advanced life support (CALS). Participants will discuss with Tim the indications for an emergency chest re-opening. They will then have hands-on experience with the emergency re-opening set, including the demonstration of relevant equipment, assembly and safe equipment use, and a discussion of the pitfalls of performing (and assisting) with the procedure. Brief mention will be made about patient survival and effects upon the person for whom CALS was implemented.

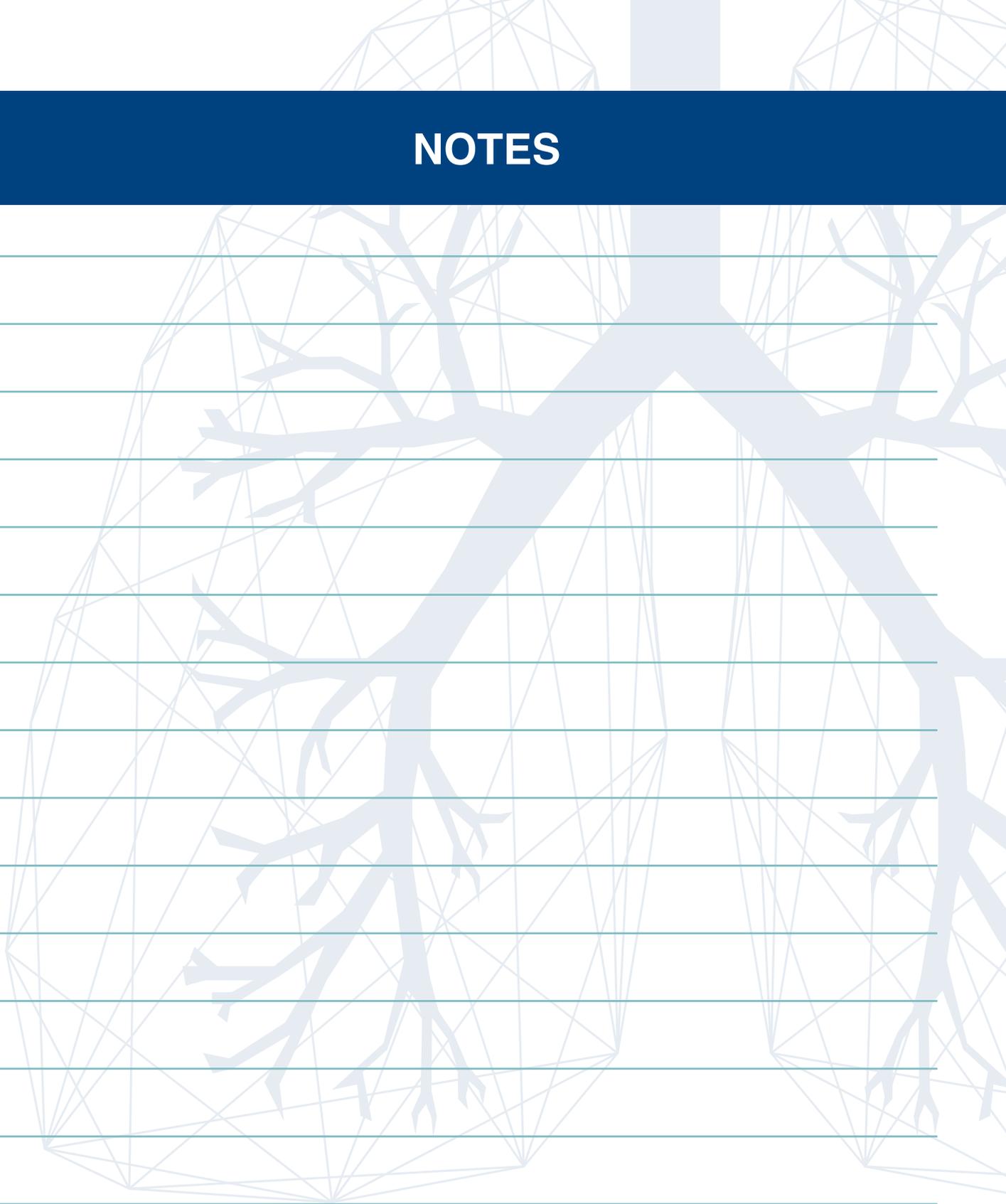


**DR TIM SOUTHWOOD**  
**MBBS | FCICM**

Doctor Tim Southwood is an intensive care specialist at Royal Prince Alfred Hospital. Tim has been involved in research to develop cardiac surgery advanced life support and on-going training using simulation.

CALS centres of Excellence are now found in Sydney (RPA and RNS), Melbourne (RMH), Adelaide (RAH), Perth (SCG) and Hamilton NZ (Waikato). Over the next year into 2019, centres will be setting up in Queensland and another in Adelaide (Flinders).

# NOTES



# WORKSHOP: EPICARDIAL PACING

Patients frequently have rhythm disturbance following heart surgery. As a precaution, most patients have temporary pacing wires insitu. It can, however, be confusing to recognise both a paced rhythm and a pacing malfunction. To better understand the technology and pacing rhythms that can be used for heart and lung surgery patients, this workshop will identify the objectives of pacing, pacemaker settings and resultant rhythms. Trouble-shooting tips will be explored.



**ASSOCIATE PROFESSOR JANICE GULLICK**  
**RN | Masters Fine Arts | PhD |**

**Director Postgraduate Studies and Coordinator  
Masters of Intensive Care Nursing program, Sydney University**

Janice has 30 years of clinical nursing experience and professional leadership in the field of cardiac nursing including acute cardiology, intensive care, clinical trials and many years as a clinician and educator in cardiothoracic surgery and Clinical Nurse Consultant in cardiology. Janice received her PhD researching the lived experience of Lung Volume Reduction Surgery procedures for COPD. Janice actively mentors and collaborates with advanced practice nurses in clinical research with a focus on publication. She maintains her clinical expertise and is delighted to share with you insights into epicardial pacing.

# NOTES

# WORKSHOP: NAVIGATING CHEST SUCTION DRAINS

Chest suction drains were first posed in the time of Hippocrates and Galen but came into agreed medical practice only in the late 1950s. Since then, under-water sealed drains have moved to two bottle and three bottle systems, moved away from the use of water and in some cases are now digitally monitored intrathoracically.

Today's short workshop will highlight the principles of chest drainage, debunk care myths and explore how practical research has improved this vital element of post-trauma and infection; and post-surgical thoracic care.



**MR BRETT GOODBUN**  
**BNRN | Intensive Care Cert**

**Business Area Manager  
Cardiac Surgery and Perfusion Components at Getinge**

Brett brings a wealth of knowledge to his role as Business Area Manager Cardiac Surgery and Perfusion components for the Getinge Group. He has worked as a cardiac intensive care nurse, intensive care nurse specialist and clinical nurse educator. He has provided educational support within the Cardiac Perioperative environment and has an interest in on and off pump cardiac surgery and learning through simulation and facilitation.

**CLAY WARTON — PHOTOGRAPHER  
CONNECTED CARE 2018  
NURSES EDUCATION CONFERENCE**

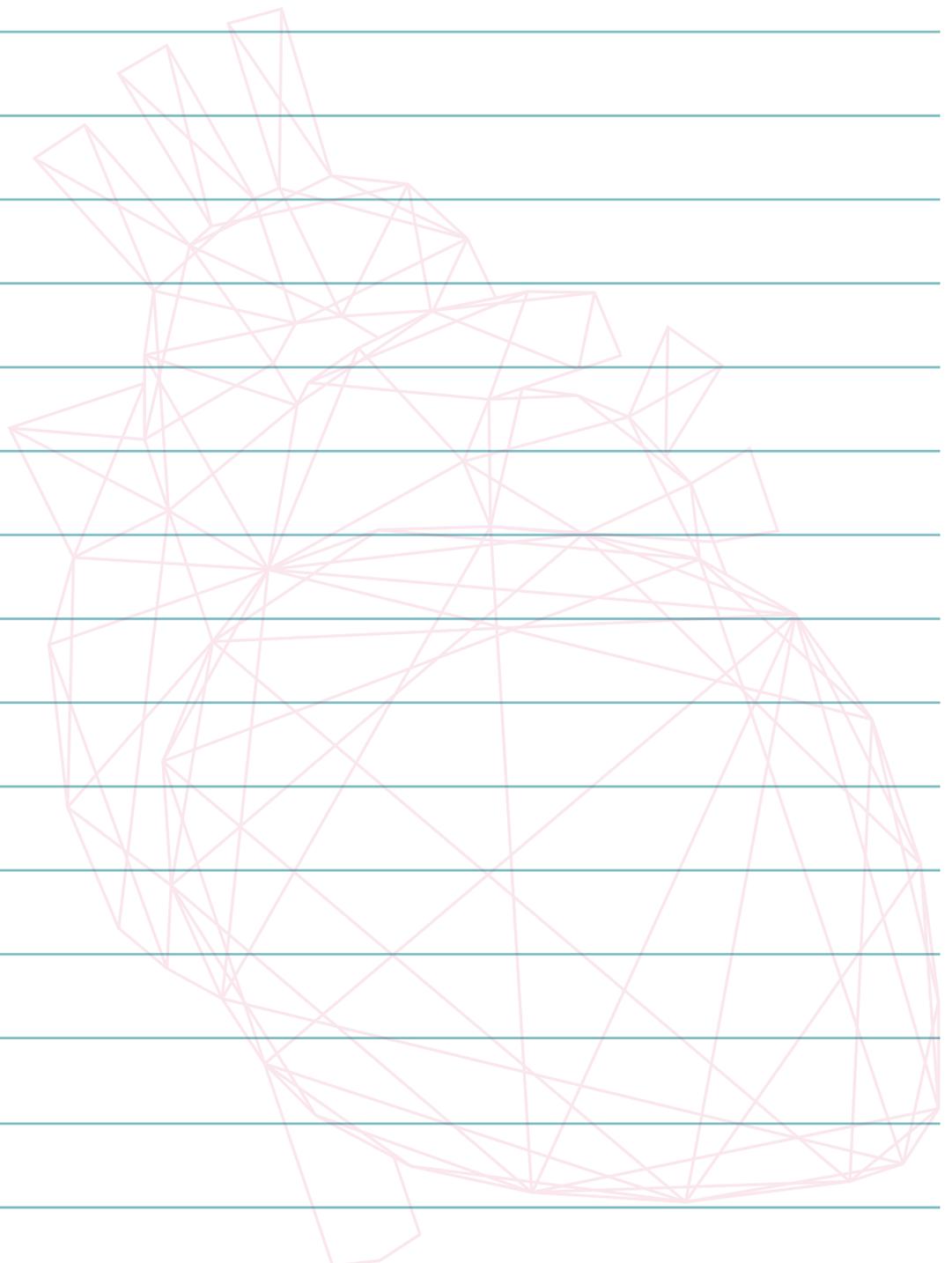
**EVENT | FASHION | PORTRAIT | WEDDING**

**0415.934.609 | 60 JUSTIN ST LILYFIELD 2040**

**CLAYWARTONPHOTOGRAPHY.COM**



# NOTES



# KENYAN CARDIOTHORACIC SURGICAL TRAINEE FELLOWSHIP

## KENYAN CARDIOTHORACIC SURGICAL TRAINEE FELLOWSHIP



The Kenyan Cardiothoracic Surgical Trainee Fellowship was launched at the Royal Prince Alfred Hospital Reunion Week, 2-4 September 2015. The fellowship aims to raise funds for an ongoing rolling fellowship to support a 2 year registrar placement at The Royal Prince Alfred Hospital. The Baird Institute and the University of Nairobi are working together in this venture to help support cardiothoracic surgery capability within Kenya.

Kenya has seen an exponential rise in cardiovascular disease and it is soon to become the nation's largest health problem in the next decade – placing a significant strain on the health care system, as well as the Kenyan economy.

Ideally, the ratio of cardiothoracic surgeons to the population is said to be around 1:160 000 – in Kenya it is a staggering 1: 5 million people (that's 78 cardiothoracic surgeons for the nation). Kenya commenced a cardiovascular and thoracic surgical training program in 2012 and successful trainees from this program are awarded a Master of Medicine in Thoracic and Cardiovascular Surgery. However, in a developing country there are some gaps in exposure to critical aspects of cardiothoracic practice which underpin the development of an effective and sustainable Kenyan cardiothoracic surgical service.

The Surgical Trainee Fellowship will allow trainees who have completed their local training to come to Australia – with the first trainee expected in 2019. The Baird has launched the Kenyan Fellowship Campaign in order to provide a sustained approach to funding trainees to study this exacting form of surgery and to further the training programs clinically within Nairobi and Kenya.



# PROFESSOR DOUG BAIRD AM 1940 - 1995

The Baird Institute honours the example of the late Professor Douglas Kevin Baird AM. Doug, a gifted cardiothoracic surgeon, epitomised the ideals of science, surgery, sensitivity and skill. He was devoted to his patients, many of whom became lifelong friends.

As a medical undergraduate at Sydney University, Doug won seven prizes including the University Medal. He developed his passion for cardiothoracic surgery while an intern at Royal Prince Alfred Hospital, and as a trainee he served with distinction as a member of the third Australian Surgical Team in Vietnam.

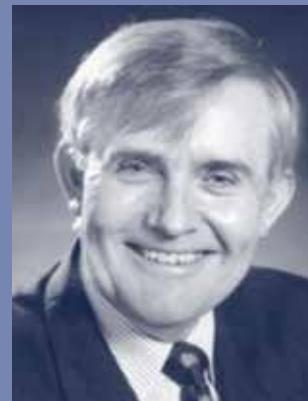
After further studies overseas, Doug went on to become Head of RPAH's Cardiothoracic Surgical Unit.

Doug was committed to ongoing research, believing that surgical outcomes must be continually measured and improved. He was instrumental in developing the Heart Research Institute in Sydney as well as surgical databases at RPAH and for the National Heart Foundation of Australia.

Douglas Baird developed a unique surgical practice founded on principles of mutual respect, co-operation and partnership. He was a strong advocate for young people; championing a new and compassionate approach to the training and professional development of young surgeons, chairing the RACS Board of Studies in Cardiothoracic Surgery, and active in the Scouting Association of Australia.

In 1992 Douglas Baird was made a Member of the Order of Australia for services to medicine and youth.

*The Baird Institute is proud to honour his example.*



# THE 'Q AND A' SESSION



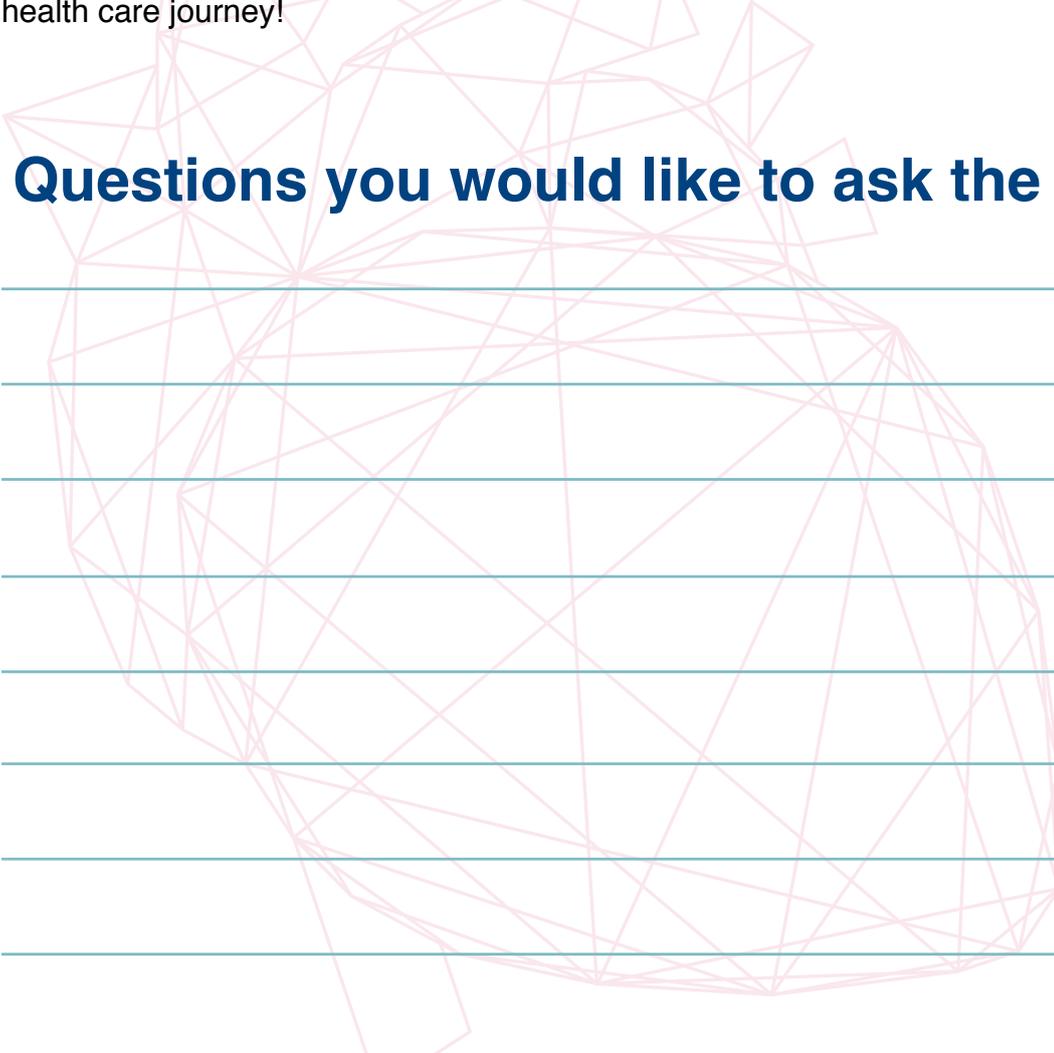
Along with Professor Paul Bannon and Associate Professor Janice Gullick, whose biographies appear earlier in the program, Ms Sarah McLennan will join us for the afternoon plenary session.

**Sarah McLennan** graduated from UTS with a Bachelor of Nursing and completed a Graduate Certificate in Cardiovascular Nursing from University of Tasmania in 2013. Today she holds the position of Acting Cardiothoracic Clinical Nurse Consultant with the major role of Cardiac Surgery Patient Case Manager. Her experiences in Cardiac, Neurosurgical and General Intensive Care Units have consolidated her knowledge and understanding of critical care nursing and this

drive has led her to focus upon the needs of patients undergoing complex surgeries such as pelvic exenteration and liver transplants.

Sarah is an accredited Advanced Life Support, advanced CRRT, advanced ventilation and Extracorporeal Membrane Oxygenation (ECMO) provider. Recently she moved into the role of Cardiac Surgery Patient Case Management to focus on helping the heart surgery patient and their family through the complex world of pre-surgery and post-operative recovery. Her dream job? This one – where she can use her knowledge and translate it into practice; helping people along their health care journey!

## Questions you would like to ask the panel:



---

---

---

---

---

---

---

---

---

---

# PLENARY SESSION FOR THE AFTERNOON

SATURDAY 15 SEPTEMBER 2018

**Meet Dick Shaw, a person who has experienced the health care system, public and private; and lived to celebrate his survival and care!**

Hearing Dick's story may make you think he has had a torrid health journey, and he has, but on top of this he had complex surgery requiring the best of medical and nursing care (and allied health input) and he needed the additional support of his partner-in-life, Georgie and his family. This care and support helped him get through major complications and when we asked if he would share some insights with you today; he said he'd be delighted to do so - as he was grateful to his health care team, the nurses and his surgeon and he wanted to share his story with you.

The Baird Institute spoke with Dick about being part of a 'Q and A' style-panel, and we deliberately asked that he consider what worked for him, what didn't and if there were take home messages for you, the nurses who help 'connect care'.

This is an opportunity to hear from a patient what truly matters and to consider how we can best deliver supportive, personalised care to all our patients, whether they be in the operating theatre or out on a busy surgical ward or in the ED/ICU/CCU.

To facilitate this reflection, we have asked Professor Bannon, Associate Professor Janice Gullick and RPAH's Cardiac Surgery Patient Case Manager, Ms Sarah McLennan to help guide this reflection. We ask that you join in to discover what medicine, nursing and allied health can learn from the people we interact with every work day.



# PLEASE SUBMIT YOUR EVALUATION

**WHY?** The Baird Institute is a heart and lung surgical research organisation, funded solely by the good will donations of former patients and the community. Recognising nurses as an essential part of the 'Connected Care' approach to health care delivery; we will be providing a report on this Conference to help guide our future planning. Your feedback is essential for us to do this.

Please go to the link:

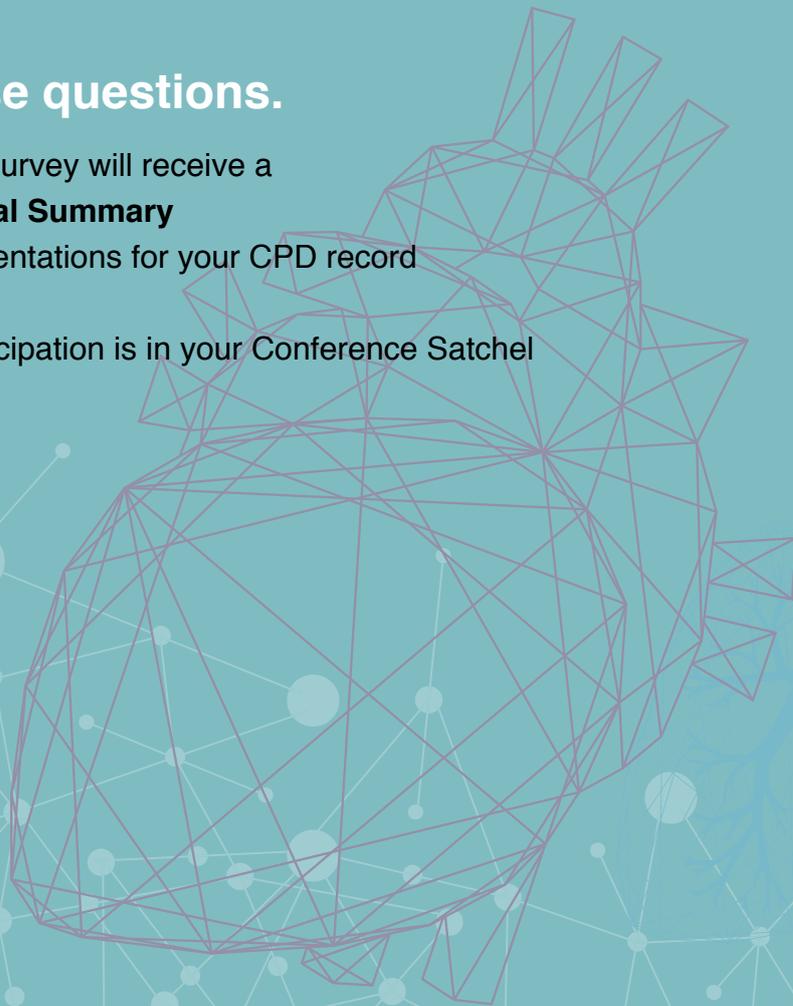
<https://www.surveymonkey.com/r/Baird2018>



to answer these questions.

Nurses answering the survey will receive a **CPD Reflective Journal Summary** of the Conference presentations for your CPD record

Your Certificate of Participation is in your Conference Satchel





For a full list of all research publications of  
The Baird Institute, please go to our website  
[www.bairdinstitute.org.au/our-publications/](http://www.bairdinstitute.org.au/our-publications/)



 [www.bairdinstitute.org.au](http://www.bairdinstitute.org.au)

 Suite 305, 100 Carillon Ave,  
Newtown NSW 2042

 02 9550 2350

 [info@bairdinstitute.org.au](mailto:info@bairdinstitute.org.au)

 [facebook.com/ bairdinstitute/](https://facebook.com/bairdinstitute/)

