Alaskan Cruise Conference
Sharing Innovation in Healthcare Delivery
May / June 2016
## Alaskan Cruise Conference
### Sharing Innovation in Healthcare Delivery
#### 29th May – 5th June 2016

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### Sunday, 29th May - Day One
**Departs: Vancouver**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Venue</th>
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<tbody>
<tr>
<td>1700</td>
<td>Conference Registration and Welcome Reception</td>
<td>Constellation Lounge, Deck 11</td>
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<td>1800</td>
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### Monday, 30th May - Day Two
**Cruising: Inside Passage**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
<th>Venue</th>
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<tbody>
<tr>
<td>0850</td>
<td>Conference Opening</td>
<td>Sue Walker R.N. Bach Nursing (Administration), M.P.H.C.(Palliative Care)</td>
<td>Gamma Conference Room, Deck 3</td>
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<tr>
<td>1000</td>
<td>CPD: 1 Hour</td>
<td>Dr. James A Rankin, N.P., Ph.D. Professor &amp; Acute Care Nurse Practitioner</td>
<td>Gamma Conference Room, Deck 3</td>
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<td></td>
<td>Session 2: The Role of the Nurse Practitioner in the Canadian Healthcare System: Is there any research evidence on NPs?</td>
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<td>1130</td>
<td>Break</td>
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<td>1200</td>
<td>Session 3: The Children’s Centre Communication Cloud: Clinical handover is important to ensure the continuity of safe patient care.</td>
<td>Kelly Sherman, C.N.S. (Clinical Nurse Specialist) Associate Nurse Unit Manager (ANUM), Cabrini Children’s Centre</td>
<td>Gamma Conference Room, Deck 3</td>
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<tr>
<td>1300</td>
<td>Break</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Session 1:</th>
<th>Venue</th>
<th>Presenter</th>
<th>Description</th>
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<tbody>
<tr>
<td>1000 - 1100</td>
<td>Session 2: <em>Innovation in the Australian Defence Force for the Wounded, Injured or Ill</em></td>
<td>Gamma Conference Room, Deck 3</td>
<td>Katherine Young, R.N., M.H.S. Rehabilitation Consultant, ADF Rehab Services, Joint Health Command VCDF, Health Centre, HMAS Cairns</td>
<td>The workplace for Australia Defence Force (ADF) members is often demanding and distressing. Their work also takes them away from their families for extended periods of time. Severe injuries or illness can lead to protracted periods away from the workplace with a loss of sense of belonging which can result in social isolation. The Defence Force is now utilising innovative civilian and Defence programs to facilitate Recovery, Resilience, Teamwork, Skills and Engagement to facilitate their enhanced return to work pathway.</td>
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1100 Break

1130 – 1300
CPD: 1.5 Hours
Session 3: Treat to Target: Is the patient really in remission?
Venue: Gamma Conference Room, Deck 3
Presenter: Dr. James A Rankin, N.P., Ph.D.
Professor & Acute Care Nurse Practitioner

The recent phenomenon of “treat to target” will be described. Examples from practice will be discussed in relation to the implications for patients and technology.

1300 Break

1400 Optional Shore Tour Available

1400 - 1500 CPD: 1 Hour
Self Directed Session 1 (*see note):
What are the Key Issues in Delivering Indigenous Health Services: it’s not just about availability they have to be relevant and embraced.
Authors: Adriana Vanden Heuvel, Jessica Cargill, Marianna Stylianou, Michelle Harvey and Tracy Oliver

The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples, Australian Institute of Health and Welfare 2015. The health and welfare of Australia’s Aboriginal and Torres Strait Islander people 2015. Cat. no. IHW 147. Canberra: AIHW.

The physical and social environments in which people live play an important role in whether they live a life relatively free of serious illness. This is particularly the case for Indigenous people who still suffer from the consequences of European settlement, in particular the impact of ‘new’ infectious and chronic diseases, and social dislocation. Many Indigenous people live today in conditions of clear economic disadvantage, due in part to their lower education and employment levels. All of these factors interact to contribute to poor health in many groups of Indigenous people. The consequent and often substantial difference in almost all measures of health and welfare between Indigenous and non-Indigenous Australians has become known as ‘the Gap’.

1500 - 1600 CPD: 1 Hour
Self Directed Session 2 (*see note):
The Middle Managers Role in Innovation: From embracing change to maintaining the status quo it’s all about personality and relationships.
Authors: Sarah A Birken, Shou-Yih Daniel Lee and Bryan J Weiner

Uncovering middle managers’ role in healthcare innovation implementation Birken et al. Implementation Science 2012, 7:28 http://www.implementationscience.com/content/7/1/28

In this paper, we present a theory of middle managers’ role in healthcare innovation implementation to fill the gap in the literature and to stimulate research that empirically examines middle managers’ influence on innovation implementation in healthcare organizations.

Wednesday 1st June – Day Four
Cruising: Hubbard Glacier

1600 - 1800 CPD: 1 Hour
Session 1: A discussion session on self directed activities from the 31st of May and conference sessions thus far.
Venue: Gamma Conference Room, Deck 3
Director, The Nurses for Nurses Network

A review of the self reflection questions provided to aid the reflection process of yesterday’s two self directed sessions.
### Thursday 2\(^{nd}\) June – Day Five
Alaska: Juneau

**1400** | Optional Shore Tour Available

### Friday 3\(^{rd}\) June – Day Six
Alaska: Ketchikan

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 1: Caring for Rheumatology Patients in Canada: Healthcare is self care.</th>
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<tr>
<td>CPD: 1 Hour</td>
<td>Venue: Gamma Conference Room, Deck 3</td>
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<td>Presenter:</td>
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The current state of rheumatology care is described, including recent advances in drug therapy. The implications of newer therapies and the idea that healthcare is increasingly pushing patients to self-care (not in the Orem sense of self-care) is discussed.

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<tr>
<th>Time</th>
<th>Session 2: Why don't Interprofessional Education (IPE) or Practice and Lean Processes Collaborate?</th>
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<td>CPD: 1 Hour</td>
<td>Venue: Gamma Conference Room, Deck 3</td>
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<tr>
<td>Presenter:</td>
<td>Marilyn Skrocki, JD, MBA, MISM Professor Health Sciences</td>
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Humans are wired to be interdependent. However, the world has become more complex, and the exponential growth of information that is required to solve healthcare problems is not the view of a single person or a single healthcare profession. It is only recognizing our need to join with others to meet these challenges we have the opportunity for collective wisdom to emerge. Skills in team building, team membership, and the understanding of group dynamics are foundational and indispensable for the next generation of healthcare leaders.

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<tr>
<th>Time</th>
<th>Session 3: What is Knowledge Translation? How do we do it?</th>
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<td>CPD: 1.5 Hours</td>
<td>Venue: Gamma Conference Room, Deck 3</td>
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<tr>
<td>Presenter:</td>
<td>Dr. James A Rankin, N.P., Ph.D. Professor &amp; Acute Care Nurse Practitioner</td>
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Knowledge translation (KT) is a major component of the Canadian Institutes of Health Research mandate. KT will be described and the implications for professional practice will be discussed.

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<th>Time</th>
<th>Self Directed Session 1 (*see note): Transforming Lives, Enhancing Communities —Innovations in Global Mental Health.</th>
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<td>CPD: 1 Hour</td>
<td>Authors: Vikram Patel and Shekhar Saxena, with Mary De Silva and Chiara Samele</td>
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Report of the Mental Health Working Group 2013

Mental health conditions affect the well-being of hundreds of millions of individuals, cause considerable disability and incur high economic and social costs, yet mental health is perhaps one of the most neglected of all global health concerns. A major reason for this neglect has been the lack of awareness of the burden that mental health conditions impose on individuals, families and societies. This lack of awareness has been compounded by the misconception that nothing much can be done, even though there are a great many effective pharmacological, psychological and social interventions available. The stigma attached to mental health problems, which in some instances leads to the worst human rights violations of our times, is another major barrier that stalls action. Put simply, the vast majority of people affected by mental health problems do not receive the treatment and care that we know can transform their lives.
Optional Shore Tour Available

**Self Directed Session 2 (*see note):**

*Medical milestones a reflection on key scientific medical advances that has allowed our species to flourish: luck has played a role – it does depend on where you were born as in what access to these advances you have.*


*Medical Milestones Celebrating key advances since 1840 MEDICAL MILESTONES, BMJ, JANUARY 2007, volume 334*

What can these 15 milestones tell us of medicine’s future prospects? Will genetics deliver on its promise of real clinical benefit? John Burn says that the best is yet to come (p s9). The same might be said of monoclonal antibody technology: will it deliver vaccines and safer treatments for chronic illness (p s13)?

**Saturday 4th June – Day Seven**
**Cruising: The Inside Passage**

**0900 - 1000**
**CPD:** 1 Hour
**Session 1:** *Web-based Data Entry by Rheumatology Patients: Is There an App(etite) for that?*
**Venue:** Gamma Conference Room, Deck 3
**Presenter:** Dr. James A Rankin, N.P., Ph.D.
Professor & Acute Care Nurse Practitioner

The idea that digital savvy patients can build a database for researchers and clinicians alike is discussed. Results of a study on rheumatology patients and web-based data entry are presented.

**1000 - 1100**
**CPD:** 1 Hour
**Session 2:** *Psycho-social stress and survivorship in cancer patients following active therapy.*
**Venue:** Gamma Conference Room, Deck 3
**Presenter:** Mari Lashbrook, R.N., R.A.N.
Clinical Trials and Research Nurse/Co-ordinator/PhD Candidate

The impact of ‘threat appraisal’ can lead to devastating outcomes for patients diagnosed with cancer. Patients are often left with co-morbidities related to distress. Research suggests that many factors work to affect adjustment and therefore, the goal was to identify vulnerable individuals for timely intervention that may impact their survival and adjustment to life during survivorship.

**1100**
**Break**

**1130 - 1300**
**CPD:** 1.5 Hours
**Session 3:** *The Patient Will See You Now: Healthcare in the digital age, more smartphones or more calcified pieces of nonsense?*
**Venue:** Gamma Conference Room, Deck 3
**Presenter:** Dr. James A Rankin, N.P., Ph.D.
Professor & Acute Care Nurse Practitioner

It has been argued by some, such as cardiologist Dr. Eric Topol, that the digital age will bring about a revolution in medicine and by association the healthcare system. The implication of technology on the relationship between healthcare professionals and clients is discussed.
Saturday 4th June – Day Seven (Continued)

1300    Break

1500    Session 4:  Discussion session on self directed activities from the 3rd of June.

CPD:    Venue:  Gamma Conference Room, Deck 3
1 Hour    Presenter:  Sue Walker R.N. Bach Nursing (Administration), M.P.H.C.(Palliative Care)
               Director, The Nurses for Nurses Network

A review of the self reflection questions provided to aid the reflection process of two self directed sessions.

1700    Complimentary Cocktail Party and Conference Farewell

Venue:  Constellation Lounge, Deck 11

*Note:  The papers and reflection sessions for the self directed sessions will be sent to you prior to the Conference. You can choose to complete these sessions at any time prior to the Conference or during the Conference period. The times for these sessions outlined in the program are a guide only. The discussion session relating to the self directed activities will take place in the Conference room and is available to you to attend if you would like to discuss the concepts further or seek clarification on any of the information provided.

Presenters:


Cheryl Dezotti is a Registered Nurse and holds a Masters Degree in Quality in Healthcare. Cheryl has worked in both the acute and aged care sectors as a clinician and extensively in healthcare education and management.

Cheryl is co-founder and Director of the Nurses for Nurses Network.

She has extensive experience in the application of Quality methodologies to meet the accreditation criteria created by government agencies in the acute and aged care sectors.

In her role as Assistant Director of Nursing & Quality Manager of a medium sized private acute hospital, Cheryl was central in the application of the EQUIP criteria required for accreditation by the ACHS and led the facility in the implementation of medical clinical indicators which was a central part of the accreditation process. The Hospitals Quality Program was recognised by the Australian Private Hospitals Association via a national award for Quality and Excellence.

She has been appointed Clinical Advisor and Administrator for aged care organisations that have been sanctioned, along with being an Aged Care Accreditation Assessor and working as an Executive Manager and Facility Manager of Aged Care Facilities.

This experience has allowed her to explore the healthcare accreditation processes from both sides of the divide and she is happy to share her views as to whether the process of accreditation leads to enhancing the experience of the service provided to the patient/client/resident.
Dr. Jim Rankin, N.P., Ph.D.

Dr. Jim Rankin has been a professor on the Faculty of Nursing, at the University of Calgary for almost 30 years. He has been practising as a Nurse Practitioner for the past 14 years.

Jim has a busy clinical practice commitment with over 1900 patients in his caseload. He clinically supervises and teaches NP students and in a variety of areas including General Internal Medicine, Pulmonary Medicine and Rheumatology. He teaches theory courses in the NP, MN and PhD programs. He supervises 10 to 14 post-graduate students annually in the NP, MN thesis and PhD programs. He teaches a PhD course in advanced quantitative research methods.

His research interests are in questionnaire development, web-based survey research and the application of technology to patient care. His research activities include evaluating the completion of Quality of Life instruments on the Web by rheumatology patients. In addition, he is working with a team to establish a database registry of all rheumatological patients in the province of Alberta.

Most recently, he has conducted survey research on the use of Smartphone technology with several health professional groups (RNs, NPs, MDs, and Vets). He has over 60 publications and has made numerous presentations nationally and internationally.


Initially from Canada, Katherine grew up in Toowoomba, Queensland, Australia. She joined the Royal Australian Navy in 1995 and spent 11 years as a Medic predominantly based out of Cairns in Far North Queensland. During her time she assisted the Australian Army to train Peace monitors in Bougainville. Valuable time was spent in the Torres Strait teaching basic first aid skills before trekking through the jungle, sleeping in hutchies and living on ration packs.

Following her completion of a Master in Health Sciences, she left the Navy to work as a Nurse at Cairns Private Hospital on the Medical Ward, then returned to the Australian Defence Forces as a civilian Rehabilitation Co-ordinator. The Defence Rehabilitation Program evolved as Katherine both worked and studied completing a Masters in Human Services in 2011 and taking the reigns as the primary Rehabilitation Consultant in Cairns.

Katherine’s clients are diverse in their range of injuries with a spectrum of simple short term to complicated physical injuries or a range of complex mental health cases ranging in diagnoses of PTSD, Major Depression, Anxiety and Personality disorders. She is passionate about providing a holistic approach to recovery and return to work or transition from the Australian Defence Force with the incorporation of innovative healthcare to aid in providing members with alternative options for recovery if possible and when available.
Kelly Sherman, C.N.S. (Clinical Nurse Specialist)

A Paediatric Nurse from The Children’s Centre at Cabrini Hospital in Melbourne, Australia. Her previous achievements in nursing include actively working as a Clinical Nurse Specialist, as well as completing a Nursing Honours degree with her work titled 'Monitoring, Measuring and Interpreting Vital Signs in Paediatrics'.

Throughout her young career, Kelly has consistently had an interest in research and clinical based projects. She has developed a passion for quality improvement and is an advocate for patient safety and family centred care. Her work in these fields has led Kelly to having the privilege of presenting at local and National events.

With a firm belief that the smallest changes can have a big impact, Kelly is passionate about sharing ideas and innovations.

Mari Lashbrook, R.N., R.A.N.

Mari is a Clinical Trials and Research Unit Coordinator, at the fast-paced Clinical Trials Unit of the Riverina Cancer Care Centre, Wagga Wagga, Australia. She stands at the forefront of clinical trials in rural Australia and manages numerous patients in a fast-paced environment where she embraces the core values of the organization; integrity, patient-centred care, provision of excellence, evidence based practices, partnerships, education and clinical research.

She is a Medical Scientist as well as a Registered Nurse, Remote Area Nurse (RAN) and educator. PhD research in Epidemiology has focussed on Coping and Survivorship following therapy for the prostate, breast, lung or colorectal tumour groups. Her work is leading to the development of an innovative model for assessment of coping in contemporary rural/remote regions.

Throughout her career, Mari has worked in metropolitan and rural regions as an RN, and contributed to vital medical practice as a RAN in remote regions of Australia in the Northern Territory, through Arnhem Land and Central Remote regions. She has been noted also for her work in Immigration Detention Centres and Correctional Facilities across three states and she has contributed to research in Medical Science in tertiary institutions.

Marilyn Skrocki, J.D., M.B.A., M.I.S.M.

Holds the position of Professor in Health Sciences & Graduate Program Coordinator for the Master of Science Health Administration and Leadership program at Saginaw Valley State University (SVSU), University Center, Michigan.

As a licensed attorney, Marilyn Skrocki is a member of the Michigan Bar Association and holds membership in the Health Law Section of the Michigan State Bar Association. She holds Master's Degrees in Business and Information Systems Management, earning Advanced Studies Certificate in Information Security & Networking Management and an Advanced Studies Certificate in Management Tools & Techniques. Recently she also earned a Certificate in Lean Healthcare from the University of Michigan College of Engineering Integrative Systems and Design.

Marilyn has clinical experience as a certified radiology technologist and healthcare administration experience within the areas of risk management, corporate compliance, and legal and is an active member in the SVSU Health and Human Services College's Interprofessional Education (IPE) committee.
Sue Walker, R.N. Bach Nursing (Administration), M.P.H.C. (Palliative Care)

Is co-founder and Director of the Nurses for Nurses Network

Sue is passionate about making a difference to the way in which people experience the healthcare system. Healthcare should be delivered by competent, knowledgeable individuals to ensure the best possible experience for the recipient of that care. Nursing is a fabulous profession - the backbone of the healthcare system, in co-founding the Nurses for Nurses Network her aim is to provide a platform for her nursing colleagues to enhance their knowledge and share their specialist skills with other nurses.

Sue has worked in a number of clinical practice areas her most recent clinical experience being in the aged care sector as both a clinician and a manager.

During the time she worked as a Nurse Consultant for Health Services Evolution, the aim was to provide an education and quality monitoring system that was useful and relevant to those that work in the aged care industry. “We measure financial performance but rarely take the time to review the care indicators that reflect the core business of the industry.”

Sue continues to believe that the use of quantifiable clinical care indicators, monitored by an independent external agency, in the aged care industry would lead to a much better service delivery model.

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