



QRC: 3523

Price

One Day : \$460 inc. GST

Two Days: \$610 inc. GST

Date

04 - 05 Apr 2019

Venue

Rydges Sydney Central
28 Albion Street , Surry Hills, NW,
2010

CPD Hours

11 Hours | 15 Mins

Preventing Surgical Complications Conference - Sydney 2019

2 Days - For All Nurses

Need for Program

There are inherent risks associated with any surgical procedure. Preventing costly surgical complications, such as an unplanned return to theatre or an escalation of care to critical care environments, is a key priority after any procedure. The provision of care that is underpinned by best practice is known to reduce the likelihood of hospital-acquired complications. There is a timely need for nurses to gain key updates on how to detect and respond early to potential surgical complications if patient harm is to be minimised.

Purpose of Program

The purpose of this conference is to provide key updates on how to detect and manage potential surgical complications so as to reduce patient harm and improve patient safety.

Learning Outcomes

At the conclusion of this program it is expected that the participants will be able to:

- Be better able to recognise high-risk individuals before harm occurs
- Utilise sharpened assessment skills to assist in responding to signs of clinical deterioration more rapidly
- Reduce the pain and discomfort experienced by patients as a result of an unplanned return to theatre
- Utilise communication and collaboration across the surgical journey to support the provision of comprehensive care

Program Schedule

Day One

8:30 Registration for Day One

9:00

Welcome and Introduction

9:05

Sue Querruel

The Surgical Journey - Where Things go Wrong

The patient undergoing a surgical procedure moves through many different areas and is exposed to the care of many various teams before, during, and after surgery. Minimising the risk of complications that this person may experience and enhancing positive health outcomes starts with an understanding of:

- How do we prepare patients for surgery?
- What are we really ticking on a surgical checklist?
- What happens after a nurse hands a patient over in the anaesthetic holding bay?
- What can go wrong in the operating room and why should this matter to you?
- How do delays create a cascade of effects for others?
- What are the common complications that cause patients to return to surgery?
- How can you potentially prevent some of these complications?

10:00

Sue Querruel

Malignant Hyperthermia and Other Anaesthetic Reactions

Although extremely rare, malignant hyperthermia is a life-threatening reaction that can occur in a person receiving anaesthetic. This session will look further into malignant hyperthermia and how it may present, including the actions that need to occur in order to reverse it. It includes:

- What is malignant hyperthermia and why does it occur?
- How does malignant hyperthermia present?
- How is malignant hyperthermia managed?
- What are some other uncommon anaesthetic reactions?

10:45 Morning Tea

11:15

Ross Proctor

Post-Operative Respiratory and Cardiac Complications

How confident are you in your ability to recognise and respond to the early signs that a patient may be deteriorating following surgery? How can you ensure that you have the knowledge and ability to take the necessary action and prevent post-operative complications? This session will identify

common complications following surgery with a focus on cardiac and respiratory disorders in surgical patients. Topics include:

- Clinical manifestations, investigations, and appropriate nursing actions of:
 - Atelectasis
 - Acute pulmonary oedema
 - Atrial fibrillation
 - Haemorrhage

12:15

Ross Proctor

The Ins and Outs of Fluid and Electrolyte Changes

Patients are prone to fluid loss during surgery, whether it be blood or different bodily fluids. This often impacts fluid and electrolyte balance. In patients with chronic comorbidities, imbalances can result in unnecessary adverse events. This session will explain why fluid imbalance occurs post-operatively and when it is necessary for additional fluid therapies or electrolyte replacement to occur. Topics include:

- How is fluid and electrolytes managed post-operatively?
- What are the indications that a patient may have a fluid and electrolyte imbalance?
- When is it time for additional fluid therapy?
- What are the consequences of prolonged fluid and electrolyte imbalance?
- How do you detect acute kidney injury?

1:15 Lunch and Networking

2:00

TBA

A Practical Guide to Managing Acute Delirium and Post-Operative Confusion

An acute change in mental status is often a gateway to hospital-acquired delirium. Preventing hospital-acquired delirium can reduce the length of stay, reduce the risk of adverse events, such as falls, and improve the overall hospital experience for a person. This session will look further into hospital-acquired delirium, more specifically in a post-operative environment. It includes:

- Can the risk of hospital-acquired delirium increase in a post-operative environment?
- Acute delirium and post-operative confusion – how are they different?
- How can you prevent further injury in a patient with post-op confusion or acute delirium?

3:00 Afternoon Tea

3:30

Margaret Jordan

Preventing Post-Operative Medication Complications

Medication management plays a crucial role in improving patient outcomes along the surgical pathway. Complications can occur at any time and pre-operative risk assessment, as well as appropriate post-operative monitoring, reduces these risks. This session will apply medication management principles in the surgical setting, especially around high-risk medicines, to reduce the

risks and improve the appropriate use of:

- Antimicrobials
- Anticoagulants
- Opioids and other sedatives.

4:30 Close of Day One of Conference

Day Two

9:00 Commencement of Day Two

9:00

Kylie Tastula

Post-Operative Stroke - Don't Miss it!

The risk of a post-operative stroke in a low-risk non-vascular surgery is uncommon. However, if it occurs, it can severely impact the recovery from surgery and have debilitating functional outcomes. This session will look at the unlikely, but very possible, event of a post-operative stroke and the life-changing consequences that occur. It includes:

- Why do post-operative strokes occur?
- Who is more at risk of experiencing a post-operative stroke?
- What are the different levels of severity?
- How can you implement strategies to prevent a stroke from occurring post-operatively?

10:00

Therese Cameron

Managing Diabetes Pre- and Post-Operatively

Surgical intervention for a person with diabetes can disrupt their glycemic control. For instance, fasting and the metabolic impacts of surgery can affect glycemic control, contributing to an increased morbidity and possible increased length of stay. This session will look at the management of diabetes pre-operatively and post-operatively. It includes:

- What are the possible risks associated with a person with diabetes undergoing surgery?
- How do you know if a patient is capable of managing their diabetes post discharge?
- What complications can arise with unmanaged diabetes post-operatively?

10:45 Morning Tea

11:15

David Collins

The ABCs of Preventing CLABSI

Central venous access devices need to be carefully assessed, managed, and monitored if we are to reduce the risk of complications, such as infection and thrombosis, as well as to promote device longevity. This session reviews the key considerations for the management of venous access devices, including key tips for troubleshooting when things go wrong. It includes common troubleshooting

tips when an occlusion occurs and discusses:

- How are the devices selected?
- What are the common complications during and following insertion?
- How do good assessment, maintenance, and monitoring prevent thrombosis and CLABSIs?
- What is the latest evidence for managing safe blood sampling, flushing, medication/fluid administration, and dressing and line changes?

12:15

Fleur Trezise

Not Always Clear Cut - Preventing Surgical Site Infections

There are risks to any type of surgery and surgical site infections are one of them. They are costly, yet preventable, healthcare-associated infections. This session looks at surgical site infections and how they can be prevented. We will consider:

- Who is more inclined to develop an SSIs?
- What type of strategies could be used to decrease the risk of SSIs?
- What are alternative ways to promote wound healing after surgery? i.e nutrition

1:00 Lunch and Networking

2:00

Janette Williams

When Hospital Equals Harm - Preventing Persistent Incontinence

Persistent incontinence is hugely debilitating. It has significant ramifications for a person's emotional, social, and physical health. It is highly stigmatising and can lead to a raft of unpleasant symptoms, such as painful skin breakdown. It is also tremendously costly to a healthcare service - it extends hospital stays, yet it is a preventable healthcare-associated complication. This session shines a light on:

- Who is most vulnerable?
- What factors are associated with persistent incontinence?
- How can it be prevented?
- How can we assess for persistent incontinence?
- What does a prevention plan look like?
- How can it be effectively monitored and reduced?

3:30 Afternoon Tea

4:00

Sue Querruel

When Deterioration Strikes - Great Teams Rise to the Challenge

This final session will look at a low fidelity, high occurrence situation to get you working together. It includes a group exercise to build on your communication and collaboration across the surgical journey and to support the provision of comprehensive care. It includes:

- How do you delegate tasks during an adverse event?

- How do you promote teamwork and why is it so useful?
- Why is communication key?

4:30 Close of Conference and Evaluations

Presenters

Suzanne Querruel

Suzi Querruel has been working in the perioperative field for the past decade. Her passion lies in perianaesthesia nursing, and she has been seeking to advance the field over the past few years. She is a tutor and lecturer for Western Sydney University [WSU] in the Bachelor of Nursing program and WSU The College in their Academic Pathways Programs. She is the unit coordinator at WSU The College for the subjects "health communication" and "skills in health science". She was previously anaesthetic coordinator at Westmead Private Hospital and also has held sessional nurse educator positions at the Australian College of Nursing, Wesley Health Management, and the University of Technology, Sydney, Sydney University, and the University of Tasmania. She has been a nurse educator for Ausmed Education for the past three years and has collaborated on the program development for the perianaesthesia, perioperative, day surgery, and surgical nursing seminars. She has held the position of national vice president and NSW/ACT president of the Australian Society of Post Anaesthesia & Anaesthesia Nurses [ASPAAN] for two years and has recently seen the transition of ASPAAN to the Australian College of PeriAnaesthesia Nurses [ACPAN]. Suzi holds a bachelor of nursing, graduate diploma in nursing (anaesthetics & PACU), masters of nursing education, certificate IV in workplace training & assessment, and a neuro-linguistic programming [NLP] practitioner certificate.

Margaret Jordan

Margaret Jordan is a clinical pharmacist with experience in hospital practice and primary care, medicines information, research and programs development. She has been involved in the development and delivery of educational programs to GPs, hospital resident medical officers, pharmacists, and general practice and hospital nurses. Margaret was the pharmacist for the initial Acute Pain Service in Wollongong and more recently was the pharmacist for the Opioid Stewardship project in South-Eastern Sydney Local Health District. She has implemented programs to reduce opioid supplies at discharge and opioid-related adverse events.

Kylie Tastula

Kylie Tastula has worked within the field of neurosciences for the last 15 years, both within Australia and internationally. She has worked in neurosciences intensive care units, general trauma intensive care, and the ward environment and has completed a master's degree in clinical practice, majoring in neurosciences. Kylie is currently the neurosciences CNC at Royal Prince Alfred Hospital, a role that has a focus on the quick assessment of neuroscience patients with an emphasis on acute stroke patients.

Therese Cameron

Therese is a Credentialed Diabetes Nurse Educator currently working at Sydney North Health Network. She has extensive experience in Diabetes Education of both nurses and patients. She is a Member of the Australian Diabetes Educator Association, and became one of the first Australian nurses to be awarded a Medicare Provider Number. Therese's qualifications include a postgraduate Certificate in Diabetes Education and Management, and a Certificate in Nutrition and Diet. Her special interests include Gestational Diabetes and Diabetes in Pregnancy. She is also a qualified and experienced Qi Gong instructor.

David Collins

David Collins commenced his career in nursing in the UK, working in many different areas before settling into haematology and bone marrow transplantation. He holds postgraduate diplomas in haematology and infectious diseases and a postgraduate certificate in apheresis nursing, clinical education, and palliative care. David has held numerous senior positions covering different aspects of haematology, both in the UK and Australia, and is currently working as a Nurse Practitioner in BMT. He has a passion for the education of patients, carers, and nursing staff, and has been a guest presenter at several nursing conferences. He is a past president of the Haematology Society of Australia and New Zealand Nurses Group. David's interest lies in improving the patient journey, and he focuses his practice to achieve the best outcome for his patients.

Fleur Trezise

Fleur Trezise was endorsed in 2013 as a Nurse Practitioner: wound management and is currently working in South Western Sydney. Up until recently, Fleur was the NSW Lead for Wounds Australia and has been an active member in the former Australian Wound Management Association (AWMA) for many years. Fleur is a conjoint lecturer at The University of NSW (Medical School) and provides wound related education to medical, nursing, and allied health disciplines. In her current role, Fleur manages an outpatient wound management clinic and provides inpatient consultations at Bankstown Hospital. She has presented at state, national, and international conferences.

Janette Williams

Janette Williams is a continence consultant with an impressive background in the care of patients with urinary/bowel dysfunctions. Her clinical work as a Registered Nurse and her active involvement in the Continence Foundation of Australia combine to make her a knowledgeable teacher in this area of nursing care.

Ross Proctor

Ross Proctor is the clinical nurse consultant for Cardiac Services at Royal North Shore Hospital, Sydney. He has more than 25 years' experience in cardiac nursing across a variety of settings, including six years coordinating the postgraduate cardiac nursing course at the NSW College of Nursing, now the Australian College of Nursing (ACN). Ross is a course director and accredited ALS 1 & 2 instructor with the Australian Resuscitation Council. He is a founding member, past-president, and life member of the Australasian Cardiovascular Nursing College. Ross lectures extensively across Australia on most facets of cardiac nursing and has presented at numerous conferences. Ross' interests include improving resuscitation outcomes, improving patient and family/carers experiences in healthcare, promoting and developing cardiac nursing, and motorcycling!

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