

2018 ANZICS NEW ZEALAND REGIONAL ASM

4 − 6 APRIL 2018 • THE HILTON HOTEL, AUCKLAND, NZ • WWW.ANZICS2018.NZ





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ORGANISING COMMITTEE



Dr Anusha Ganeshalingham Convenor ANZICS 2018 ASM Paediatric Intensivist, Starship Child Health

Anusha is a paediatric intensivist at Starship Child Health. Anusha undertook paediatric training both in New Zealand and London where she gained her MRCPCH from the Royal College of Paediatrics and Child Health (UK). Upon returning to New Zealand, Anusha completed advanced training with the Royal Australasian College of Physicians in 2013. Anusha first trained in paediatric intensive care medicine at Starship Child Health and returned to London to undertake an 18-month fellowship at the Evelina Children's Hospital. She became a fellow of the College of Intensive Care Medicine in 2013. In July, Anusha returned from The Hospital for Sick Children in Toronto, where she undertook a one year Neurocritical Care Fellowship. Key research interests include brain injury with a specific focus on neuromonitoring during extracorporeal membranous oxygenation. Non-clinical interests include hiking and yoga.



Dr David Buckley Paediatric Intensivist, Starship Child Health



Dr Alex Kazemi ICU Specialist, Middlemore Hospital



Nicola Gini Nurse Unit Manager, Starship Child Health



Claire Sherring Research Co-Ordinator, Starship Child Health

CONVENOR'S WELCOME

It is with great pleasure that I welcome you to the City of Sails for the New Zealand Regional ANZICS Annual Scientific Meeting held on 4-6 April 2018 at the Hilton Hotel in Auckland's Viaduct Harbour.

The Paediatric Intensive Care Unit at Starship Child Health is proud to host this event for the first time. The theme of the meeting is "Size Does Matter!" reflecting the innovative and challenging differences between critically ill neonates, children and adults. The programme will deliver thought provoking and challenging plenary sessions with interactive case based discussions from an inspirational national and international panel that includes parents, doctors, nurses and allied health professionals.

The conference venue is located in the heart of Auckland's vibrant Viaduct Harbour. The traditionally lively social programme will showcase New Zealand's rich maritime history. Following the Welcome Reception, stroll past the super yachts to Dr Rudy's Rooftop Bar where teams can compete in a ten pin bowling challenge.

Join us on Thursday for canapés at the Blue Water-Black Magic Gallery, a tribute to one of New Zealand's sporting heroes, Sir Peter Blake where the winning team can ask our special guests, Richie and Gemma McCaw the first question at the Champagne Q&A.

Comedian Jesse Griffin AKA country singer Wilson Dixon from Cripple Creek, Colorado will make you roar with laughter throughout The Gala Dinner at The Maritime Room. Dance the night away or watch the world sail past on the balcony with spectacular views of the Waitemata Harbour.

Don't fall victim to your overindulgence - renew your body and mind with the highly spirited and enthusiastic team from Lululemon who will guide you through complimentary yoga at the start of the day. We hope you enjoy your time in Auckland!

Dr Anusha Ganeshalingham Convenor 2018 New Zealand Regional ANZICS ASM

For further information about the ASM, please contact the Conference Managers:

Donna Clapham

PO Box 90641 Victoria Street West Auckland 1142, New Zealand t : +64 9 917 3653

e : conferences@w4u.co.nz w : www w4u co.nz





THANKS TO OUR SPONSORS

THE ORGANISING COMMITTEE WOULD LIKE TO THANK THE FOLLOWING ORGANISATIONS FOR THEIR SUPPORT OF THE 2018 NEW ZEALAND REGIONAL ANZICS ASM (Confirmed at the time of printing.)

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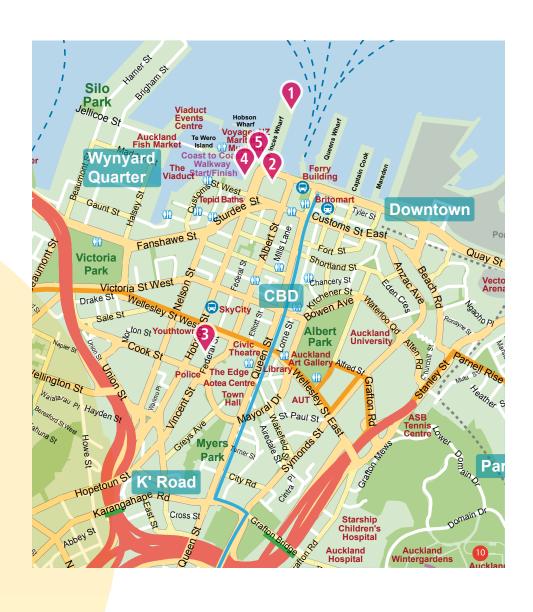
BRONZE SPONSOR





MAP OF AUCKLAND CBD:

- 1. Hilton Hotel Auckland conference venue and accommodation
- 2. M Social Auckland conference accommodation
- 3. Ramada Suites Auckland conference accommodation
- 4. Dr Rudi's Rooftop Bar Pizza & Bowling
- 5. The Maritime Room Conference Dinner



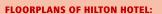
OUR WORLD CLASS VENUE

HILTON HOTEL, AUCKLAND

Princes Wharf, 147 Quay Street, Auckland 1010 www.hilton.com/Auckland

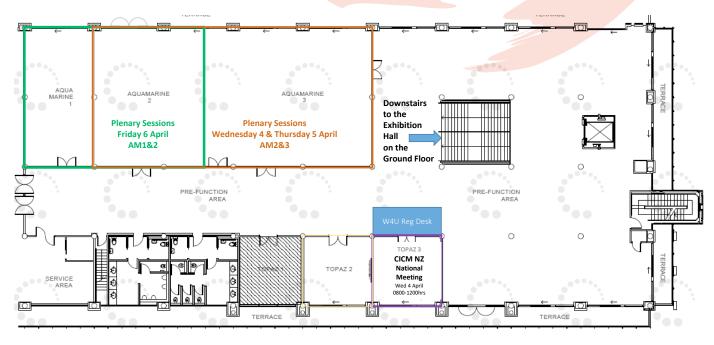
An iconic hotel near central Auckland attractions. Sleek rooms, gorgeous views, the perfect location - have it all at Hilton Auckland. A quick walk from the central business district. 24-hour concierge team is happy to assist during your stay.





- 1. Level 1 Plenary & Concurrent Sessions
- 2. Ground Floor Exhibition





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GENERAL INFORMATION

Auckland International Airport

Auckland Airport is about 45 minutes away by bus, car or taxi. The Airbus departs every 15 minutes to the city, and costs about NZ\$16 each way, shuttles are NZ\$25 per person and depart fairly regularly. If you are traveling by taxi, they are located outside the domestic and international terminals and cost approximately NZ\$85 into the city.

Agricultural Restrictions and Quarantine

New Zealand's agricultural industries are free of many insect pests and plant and animal diseases common elsewhere in the world. We put a lot of effort at ports and airports into minimising the risk of these being introduced. Heavy fines may be imposed on people caught carrying prohibited materials. On arrival visitors should place any questionable items, particularly fruit, in the bins provided.

Audio Visual Technician

AV Technicians will be on site throughout the conference. Speakers — please ensure you download your presentations at the technician's desk in the room in which you are speaking — well prior to your presentation time.

Banks and ATMs

Banks in New Zealand are open from 9.30am to 4.30pm Monday to Friday. Most banks are closed weekends and public holidays. Automatic Teller Machines (ATM) are open 24 hours and widely available at banks and along main shopping streets. International credit cards and ATM cards will work as long as they have a four-digit PIN encoded. Check with your bank before leaving home. Foreign currency can easily be exchanged at banks, some hotels and Bureau de Change kiosks, which are found at international airports and most city centres.

Bathrooms

Bathrooms are located opposite the main conference rooms.

Car Parking

There is limited parking on the Wharf in front of the Hilton Hotel. It is metered parking run by Wilson Parking. See http://www.wilsonparking.co.nz/park/254_Princes-Wharf-Behind-barrier-arm_Quay-Street-Auckland for parking options and prices. Alternatively the Hilton offers valet parking at \$45 per day.

Car Rental

Cars can be rented in New Zealand from local or international companies. Average cost per day for a medium sized care is NZ\$120.00. All cars are right-hand drive. The common legal age to rent a car in New Zealand is 25 years.









Europcar

www.europcar.co.nz

Cell Phones & Pagers

Please set to silent mode when the conference is in session. You are welcome to continue to use your mobile to access the mobile app!

Child Care

Please note that no official arrangements have been made for child care during the ASM. Please check with your hotel as they may be able to assist further with babysitting services during your stay.

Conference Rooms

Registration Desk: Level 1 Foyer Exhibition: Ground Floor Main Conference Sessions on Wednesday and Thursday: Level 1 Aquamarine Rooms 2&3 Main Conference Sessions on Friday: Level 1 Aquamarine Rooms 1&2

Please ask for directions at the conference registration desk on Level 1 if you are unsure.

Credit Cards & Payment

Accepted cards are Visa, Mastercard and AMEX. Payment may also be made by cheque, payable to "Conference Trust Account". All fees quoted are in New Zealand Dollars and are inclusive of GST.

Payment for registration must be received prior to the end of the conference.

Dress

Conference Sessions: Smart Casual Welcome Reception: Smart Casual Bowling & Pizza: Smart Casual Conference Dinner: Cocktail Dress

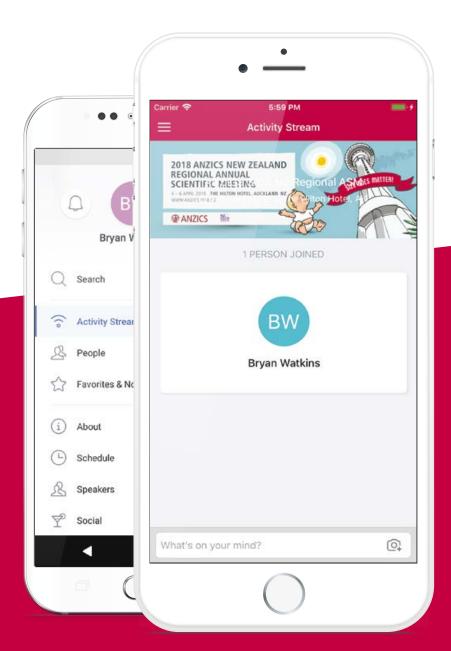
Exhibition Opening Hours

Wednesday 4 April 2018 12.00pm - 7.00pm Thursday 5 April 2018 7.30am - 3.00pm Friday 6 April 2018 7.30am - 3.30pm



ANZICS 2018

4-6 April 2018 • The Hilton Hotel, AK



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ANZICS 2018



Fire/Emergency Evacuation

In the event of fire:

- On the discovery of fire, immediately activate an alarm and notify a Hilton staff member.
- Upon hearing alarms, evacuate immediately. Further instructions may be given from Hilton staff member
 please follow all directions.
- Proceed immediately to your nearest exit.
- Use the stairs, not the lift.
- Await further instructions or clearance for an orderly re-entry into the Hilton Hotel.
- Fire hoses and fire alarm switches must remain visible and accessible to the public at all times.

Internet/WiFi

Wireless Internet is offered complimentary to all conference delegates.

Simply turn on your WiFi, search for "ANZICS18" (there is no password required) and you will automatically be logged on.

Liability Disclaimer

Should for any reason outside the control of the Conference Organisers, the venue or speakers change, or the event be cancelled, the Conference Organisers shall endeavour to reschedule, but the client hereby indemnifies the Conference Organisers including but not limited to the Host, Organising Committee and Workz4U Ltd harmless from and against any and all costs, damages and expenses. This agreement is subject to the laws of New Zealand. A registration submission indicates acceptance of this indemnity.

Medical

Emergency (Police, Ambulance, Fire): 111 Auckland Hospital: (09) 367 0000

Messages

The registration desk staff will receive all messages which can be collected from the registration desk. The following contact number can be provided for messages: 021325133.

Name Badges

All delegates will be given a name badge upon registration. This name badge is your official pass to sessions, catering areas and social functions. It is compulsary for delegates to wear their name badge at all time when on-site.

No Smoking Policy

Smoking is prohibited within the Hilton Hotel. Delegates should be aware that smoking is banned in public buildings and many hotels and restaurants in New Zealand.

Refreshments

All morning teas, lunches and afternoon teas, as scheduled in the programme, will be served in the exhibition area. Delegates who have registered special dietary requirements are catered for on separate buffet tables during the catering breaks. These are located on the Ground Floor in the Exhibition Hall. Delegates who have special dietary requirements and have not registered their requirements should advise the staff at the registration desk as soon as possible.

Registration and Information Desk

Your registration pack, with the programme, will be available for collection from the Workz4U registration desk located on Level 1 of the Hilton Hotel. Our team will be happy to assist with any queries. The registration desk will be open at the following times:

You will be given a handbook and a bag if you pre-ordered one when you registered.

Security

Every precaution will be taken to protect delegate belongings. However the Conference Organisers will not accept responsibility for the loss or damage of delegate belongings in the venue. In all cases the delegates must assume responsibility for their own property. Please be security conscious, do not leave purses, laptops or any easily portable items unattended at any time.

Taxis and Public Transport

Corporate Cabs (09) 377 0773 Co-Op Taxis (09) 300 3000 Green Taxi 0508 447 337

Public Transport information:



KEYNOTE SPEAKERS



Liz CroweAdvanced Clinician Social Worker, Paediatric Intensive Care Unit, Lady Cilento Children's Hospital, South Brisbane, Australia

Liz Crowe is an advanced clinician paediatric social worker with expertise in critical care in paediatric tertiary hospitals. She is currently a PhD student examining staff wellbeing of risk and protective factors in the PICU with a view to inform interventions to build resilience and capacity for all health care staff. Liz is a passionate and humorous educator who regularly speaks internationally. She is the successful author of 'The Little Book of Loss and Grief You Can Read While You Cry" and is a proud member of the St Emlyn's educators on #FOAMed and can be found on Twitter @LizCrowe2.



Haley Nielsen BA, DipSoc, PGDipHealSc (MenH), PGDipBus (HRM)

Haley Nielsen is mother to three children, one (now deceased) with very high needs. She currently serves as a consumer/family representative on the CDHB Child Health Advisory Council, The Paediatric Society of New Zealand Clinical Network-Palliative Care, CDHB Disability Action Steering Group. Haley previously worked as a Psychiatric Social Worker.



Dr Lance O'SullivanThe Moko Foundation, Kaitaia, New Zealand

Lance O'Sullivan is a New Zealand Māori doctor practising in Kaitaia, Northland. He was declared New Zealander of the Year 2014 for bringing health programmes to disadvantaged in rural areas.

Lance and his wife, Tracy, set up the low-cost health clinic "Te Kohanga Whakaora" (The Nest of Wellness) to make basic healthcare accessible for people in the Far North. He has stated: "I see people on a daily basis who can't afford to see me, who can't afford to pay for their medications. We have emergency prescription funds donated to our clinic from New Zealanders around the country who heard about us".

Lance also set up the "Manawa Ora Korokoro Ora (Moko) programme", Northland's first full-time, school-based health clinic, providing medical care to 2000 children across the region, as well as the "Kainga Ora (Well Home) initiative", which promotes the idea of fixing rundown homes, as he believes that wellness begins in safe warm homes. Lance is also the developer of the vMOKO medical app, that helps to deal with medical issues as they are found from any location in New Zealand.



Andrew ThompsonRegistered Social Worker, Starship Child Health, Auckland, New Zealand

Andrew is a Registered Social Worker with the Consult Liaison Psychiatry Team at Starship. He teaches at The University of Auckland, and provides communication skills training for health and social care professionals. He also consults with children, their families and staff across the hospital on issues relating to trauma adjustment, coping and adapting to treatment. Andrew was a founding member of the Paediatric Palliative Care team and established the first Bereavement Service at Starship and continues to provide education and training in these fields of practice His doctoral research "Extraordinary Children", is exploring parent and doctor working-relationships within the context of undiagnosed and complex medical conditions.

INVITED SPEAKERS



Professor Brian Anderson MB ChB, PhD, FANZCA, FCICM Professor of Anaesthesiology, The University of Auckland; Paediatric Anaesthetist/Intensivist, Starship Child Health, Auckland, New Zealand

Brian Anderson is a specialist paediatric anaesthetist and intensivist at Auckland Children's Hospital, New Zealand. A PhD in paediatric clinical pharmacology was completed in 2002. He is now Professor of Anaesthesiology at Auckland University. He has published over 200 peer-reviewed papers as well as numerous book chapters. He has a special interest in the pharmacokinetic-pharmacodynamic relationships of simple analgesics and maturation aspects of paediatric pharmacology.

He is Associate Editor-in-Chief for the journal Pediatric Anesthesia, Section Editor for Anaesthesia & Intensive Care Medicine and is Editor (along with Cote and Lerman) for the textbook A Practice of Anaesthesia for Infants and Children.



Dr John BecaPaediatric Intensivist, Director of Child Health - Surgery, Cardiac and Critical Care, Starship Child Health, Auckland, New Zealand

Dr John Beca is a paediatric intensivist. He is the Director of Child Health – Surgery, Cardiac and Critical Care at Starship Child Health, Auckland, New Zealand and is also Clinical Director of the PICU. His research interest is in acute brain injury, especially injury related to cardiac surgery, trauma and hypoxic ischaemic injury. He was PI for the Hypothermia in TBI in Children (HiTBIC) study, co-PI for the international CoolKids study and PI for the Hearts and Minds Study (investigating brain injury and development in infants having heart surgery).



Gillian BishopClinical Director, Department of Critical Care, Auckland City Hospital; CICM Primary Examiner, Auckland, New Zealand



Kathy BublitzRegistered Social Worker, Starship Child Health, Auckland, New Zealand

Kathy is a fully qualified counsellor and a registered social worker with A.N.Z.S.W. She has worked in these areas for over 30 years. Kathy has worked for several Non-Governmental Organisations, was a senior therapist in a residential rehabilitation centre and has also been a paediatric social worker at Starship Child Health for 12 years. For the last 6 years she has been in the Paediatric Intensive Care Unit and a member of the Starship Trauma Team. Kathy is also a mother, a grandmother and has a wonderful partner, all who keep her grounded in her work and home life.



Dr David Buckley FANZCA FCICM
Paediatric Intensive Care & Cardiac Anaesthesia, Starship Child Health, Auckland, New Zealand

David currently works in Paediatric Intensive Care and Cardiac Anaesthesia at Starship Child Health. Work interests are congenital heart disease management, mechanical ventilation, and transport medicine. Interests outside of work include fishing, hunting, golf, and snowboarding.



Dr Debbie Chalmers

Intensivist, Hawke's Bay Hospital; Chair, College Special Interest Group for Welfare, Napier, New Zealand

Originally from South Africa, Debbie moved to Napier, New Zealand in 2007 with her partner, Eric, 17 boxes and 2 bicycles. 11 years and 2 Fellowships later she can now order fush and chups like a local and wear jandals to the beach. Debbie is still not sure about pineapple lumps, and might still call traffic lights robots, but New Zealand is home.

Debbie is a joint Fellow of the College of Intensive Care Medicine and the Royal Australasian College of Physicians. She has a diverse range of clinical experience including paediatrics, nephrology and palliative care medicine. She has a long standing interest in medical ethics and a developing interest in sustainability in health care, and in life. To keep out of mischief, Debbie is the Chair of the Welfare Special Interest Group and also the New Fellows Representative on the New Zealand National Committee. When she is not at work she is embracing her inner hippy and entertaining her 4 fur children - Fluffy, Spotty, Oscar and Hugo. Debbie is a tuneless signer of 1980's songs and random songs about frogs and can followed on twitter @viridescentfrog.



Pam Culverwell

Paediatric Clinical Nurse Specialist, Counties Manukau Health, Auckland, New Zealand

Pam is a Paediatric Clinical Nurse Specialist in the Critical Care Complex (CCC), a mixed adult and paediatric unit at Middlemore Hospital. She completed her Bachelor of Nursing in 2000 and then went on to complete her Post Graduate Diploma (with distinction) in Advanced Nursing Practice (Critical Care). Within her role she developed an orientation and professional development pathway for critical care nurses progressing to paediatric patient care. This provides a structured and supportive framework that enhances the care of children admitted to CCC. Pam is also active in other areas of the complex including simulation, bereavement care and quality projects.



Dr Stuart Dalziel

Director, Emergency Medicine Research, Starship Child Health, Auckland, New Zealand

Dr Stuart Dalziel is an academic paediatrician with sub-specialty training in paediatric emergency medicine. He is the Director of Emergency Medicine Research at Starship Child Health. Stuart is the current chair of the Paediatric Research in Emergency Departments International Collaborative (PREDICT, Australasia's paediatric emergency medicine research network) and holder of numerous research grants from the Health Research Council (HRC) in New Zealand and the National Health & Medical Research Council (NHMRC) in Australia. His research interests are focused around acute paediatric presentations, specifically respiratory and neurological presentations, as well as long-term effects of perinatal/early life treatments.



Ann Doran NZRN, BN

Staff Nurse and Bereavement Service Coordinator, PICU, Starship Child Health, Auckland, New Zealand

Ann is a senior staff nurse in the Paediatric Intensive Care Unit at Starship Child Health in Auckland. She is also the coordinator of the PICU Bereavement Follow-up Service.

Ann's background is cardiothoracic intensive care, and it was while working at Green Lane Hospital that she first became aware of the need for bereavement follow up for grieving parents. Ann was instrumental in setting up the Bereavement Service at Starship when the current unit opened in 2003. She works closely with both medical and nursing staff, as well as the Starship Grief Counsellor, to ensure bereaved parents are supported both during their hospital stay and in the first few months following the death of their child.



Dr Simon Erickson

Paediatric Intensivist, Perth Children's Hospital, Western Australia, Australia

Simon Erickson is a staff specialist in intensive care at Perth Children's Hospital in Western Australia.

He trained in paediatric intensive care at Princess Margaret Hospital, Westmead Children's Hospital, NSW and the Sick Children's Hospital in Toronto and adult intensive care at Sir Charles Gairdner Hospital, WA.

He is immediate past-chair of the Paediatric Study Group of ANZICS and is also on the board of examiners for the College of Intensive Care Medicine. His work-related interests are in clinical research (ARDS and Sedation), use of echocardiography in PICU and acute care teaching (PALS, EMAC).

He has published several original papers and acts as reviewer for several journals including Pediatrics, Critical Care Medicine and Paediatric Critical Care Medicine. He has been involved in teaching and program development in several Asian countries including India and Indonesia. He is also involved in volunteer work and has made 16 consecutive trips to Papua New Guinea and Tanzania with Operation Open Heart.



Dr Kirsten Finucane

Paediatric Cardiothoracic Surgeon, Starship Child Health, Auckland, New Zealand

Kirsten Finucane is the Chief Surgeon of the Paediatric and Congenital Cardiac Service at Starship Hospital in Auckland. She trained at Green Lane Hospital under the direction of Mr Alan Kerr, then in Birmingham Children's Hospital in the UK with Mr Bill Brawn. Kirsten returned to New Zealand in 1996 and her initial project was to develop the paediatric service into a specialised unit, moving from Green Lane to Starship in 2003. This unit now performs around 400 bypasses per year including the full range of neonatal surgery, transplants and complex adult congenital cases.

Areas of interest include valve repairs for children and teenagers with rheumatic heart disease, cerebral protection in the context of neonatal cardiac surgery, a modified maze technique for adult patients undergoing Fontan Conversion and improving the cardiac surgical service to children in the Pacific Islands.



Di Fuller

Nurse Specialist - Transports, Starship Child Health, Auckland, New Zealand

Di's first retrieval was in the days of National Woman's Hospital neonatal intensive care unit, 11A. This was around 1986 – 1987. From there it was to doing retrievals based out of what was then Starship Child Health – this was in the time of Childflight.

After a period of time overseas on return to New Zealand in 2001 and following the amalgamation of the Greenlane ICU paediatric cardiac services with the general paediatric ICU at Starship, Di commenced work on the retrieval team based out of the PICU at Starship Child Health. During this time she completed her post-graduate diploma in aeromedical retrievals through Otago University.

Di has been a committee member of the New Zealand Flight Nurses Association — now College of Air & Surface Transport Nurses (COASTN). During this time she took on the role of organising and facilitating the NZFNA National Aeromedical Retrieval Course for Flight Nurses. Di has continue in this role for COASTN. She was re-elected back onto the COASTN committee in 2017 & is now also facilitating the sub-committee for raising the professional profile of flight nurses in New Zealand.

Di has been a committee member of the Aeromedical Society of Australasia for approx. the last 6 years taking on the role of secretary this year.

2017 also saw her and some of her colleagues assisting with training for aeromedical evacuation with the New Zealand Airforce.

In October 2017 Di commenced the role of Nurse Specialist – transports overseeing the paediatric intensive care retrieval service at Starship Child Health. She retains clinical hours doing retrievals as well as clinical nursing on the PICU.



Dr Michael Gillham

Cardiac Anaesthetist & Intensivist, CVICU, Auckland City Hospital, Auckland, New Zealand

Michael has worked as a consultant in CVICU since 2003. He also continues to do a small amount of clinical anaesthesia. Over the last five years he has developed an interest in human factors, in-situ simulation based training and patient safety culture. He is now the SMO Lead for patient safety and quality in the cardiovascular directorate at Auckland City Hospital and in this role he is involved in severe adverse event investigations. Michael is the Deputy Service Clinical Director for the CVICU. His interests outside of work include mountain biking and all types of fishing.



Nicola Gini

Nurse Unit Manager, PICU, Starship Child Health, Auckland, New Zealand

Nic completed her nursing diploma at Auckland Institute of Technology in 1992, then went on to complete her Graduate Diploma in Advanced Nursing Practice (Critical Care) and BHSc (Nursing) in 1995. From 1993 – 2003 she worked in the ICU at Green Lane Hospital as a staff nurse and then a Clinical Charge Nurse. In 2003 following the move of Green Lane Hospital to the Grafton site she took up a Clinical Charge Nurse post in the Paediatric Intensive Care Unit at Starship Child Health. She completed her MN in 2005 with a focus on ECMO. Nic currently works as the Nurse Unit Manager of the PICU at Starship Child Health, Auckland. In her spare time she is a volunteer Paramedic with St John Ambulance.



Dr Chantal Hofstee

Clinical Psychologist and Executive Coach, Renew Your Mind, Auckland, New Zealand

Dr Chantal Hofstee is a Clinical Psychologist, Executive coach and author who specialises in research based mindfulness. Originally from the Netherlands, Chantal moved to New Zealand 6 years ago and is the founder and director of Renew Your Mind. Renew Your Mind currently has 4 locations throughout Auckland and offers research based mindfulness courses, workshops, business trainings and mindfulness based counselling and coaching. Chantal is passionate about giving people insight into how their brain works and equipping them with practical tools that effectively rewire the brain and improve brain function through reducing stress. For more information about Chantal or the Renew Your Mind services please visit www.renewyourmind.co.nz



Dr Kylie Julian MBChB, FANZCA, FCICM Intensivist, Critical Care Complex, Middlemore Hospital, Auckland, New Zealand

Kylie is an intensivist in the Critical Care Complex, Middlemore Hospital. Since 2011 she has been a member of the bereavement follow up group. This is a multi-disciplinary group that provides focussed follow up to families who have suffered bereavement in the Critical Care Complex. Kylie also interested in mentoring and the welfare of trainees.



Dr David KnightSpecialist Intensivist, Christchurch Hospital, Christchurch, New Zealand

Dr David Knight has been a Specialist Intensivist at Christchurch Hospital since 2009. David graduated from Leeds University 1994 and went on to train in general medicine, anaesthesia and critical care across northern and central England before he emigrated with his family to New Zealand in 2006. His interests include education, nutrition, renal replacement therapy and weaning from mechanical ventilation. He has recently been appointed as an examiner for the ICU fellowship examination and is looking forward to helping the next generation of Intensivists achieve success.



Bridget LittlePaediatric Dietitian, Starship Child Health, Auckland, New Zealand

Bridget is the lead dietitian working in the Starship Paediatric Intensive Care Unit. Her areas of specialty include paediatric critical care, intravenous nutrition and the management of feeding difficulties in children. Bridget began working as a dietitian in 2001. She has had a diverse clinical career, which includes work in the Northland community and a Dietitian Team Leader role at Waitemata DHB, but her passion lies in the field of paediatric dietetics, where she has been working since 2007. Bridget's clinical practice at Starship is both challenging and rewarding. She enjoys the diversity of patient care in the ICU setting.



Dr Alastair McGeorgeCardiac Anaesthetist & Intensivist, CVICU, Auckland City Hospital, Auckland, New Zealand

Alastair is one of the cardiac intensivists based in CVICU at Auckland Hospital. He also practises cardiac anaesthesia and has interests in Adult Congenital cardiac surgery, thoracic organ transplantation and mechanical support. In a previous life he also practised paediatric cardiac anaesthesia. Outside of medicine he enjoys sailing and all other water based activities.



Fiona McIver

Fiona is a Clinical Nurse Specialist in the newly developed role of Long Term Care Co-ordinator for patients in PICU at Starship Child Health. After an extensive background in ICU and working with ECMO, CVVH, flight nursing and shift co-ordinating she found a passion for looking after children who had been in PICU for long periods of time. Final enjoys the challenges and rewards that this population

Clinical Nurse Specialist, PICU Long Term Care Co-ordinator, Starship Child Health, Auckland, New Zealand

had been in PICU for long periods of time. Fiona enjoys the challenges and rewards that this population of patients and their families provide. Fiona is currently completing her Post Graduate Diploma in Advanced Nursing and is looking forward to continuing her studies to complete a Masters.



Dr Emma MerryMedical Specialist, Organ Donation New Zealand

Emma Merry is a Specialist Medical Officer with Organ Donation New Zealand. She is dual qualified in Intensive Care Medicine and Palliative Medicine and works as SMO Palliative Medicine at Hawke's Bay Fallen Soldiers' Memorial Hospital in Hastings. Emma has a strong interest in medical education and has a Master's in Clinical Education from the University of Auckland on the topic of motivation in clinical teachers. In her spare time she enjoys sampling the local Hawke's Bay wines and cycle trails, though not simultaneously.



Dr Fiona MilesPaediatric Intensivist, Starship Child Health, Auckland, New Zealand

Fiona is a paediatric intensivist at Starship Child Health, Auckland. She is the unit supervisor of training, member of the ICM and Paediatric Vocational Training Committees, Deputy Chair of the CICM second part paediatric examination committee and faculty for the Wellington ICM course. Her interests are ethics and communication and she is a member of the ADHB Hospital ethics committee. She has completed a Diploma in Professional Ethics, Postgraduate Diploma in Arts (ethics) and is now undertaking a PhD. She enjoys balancing clinical work with a busy family life.



Dr Gabrielle NuthallPaediatric Intensivist, Starship Child Health, Auckland, New Zealand

Gabrielle Nuthall is a Paediatric Intensivist in the paediatric intensive care unit at Starship Child Health in Auckland, New Zealand. Prior to her present position she completed fellowships in paediatric intensive care in Vancouver and Toronto, having completed her training as a paediatrician in Australia and New Zealand. Gabrielle's areas of interest are resuscitation, simulation, teaching and early warning scores. She is a founding member of the Starship Simulation Program, an APLS instructor, a member of the New Zealand Resuscitation Council, on the Paediatric Task Force Committee of ILCOR and chair of the Starship Resuscitation Committee.



Dee O'DalyICU Nurse, Department of Critical Care Medicine (DCCM), Auckland City Hospital, Auckland, New Zealand

Dee O'Daly is an ICU Nurse with over three decades experience in the Critical Care environment. Over this time Dee has sustained an interest and passion for ICU outcomes, quality and research and has for many years co-ordinated a Nurse Led Patient Follow-up Service (PFU) for the Department of Critical Care Medicine (DCCM) at Auckland City Hospital. PFU aims to acknowledge the patient's perspective on their ICU experience and through associated data collection allow the patient experience to influence/ improve practice.



Dr Clare O'Donnell MBChB FRACP
Paediatric and Adult Congenital Cardiologist, Starship Child Health and Auckland City Hospital, Auckland, New Zealand

Dr Clare O'Donnell is a paediatric and adult congenital cardiologist in the Paediatric and Congenital Cardiac Service at Starship Childrens/Auckland City Hospitals in New Zealand. Her initial medical and paediatric training was in Dunedin, Wellington and Auckland. She began her paediatric cardiology training at Green Lane Hospital before spending four years in Boston at the Boston Children's and Brigham and Women's Hospitals. While in Boston she completed a Masters in Science in Epidemiology at the Harvard School of Public Health. Her clinical and research interests are in adult congenital heart disease, intervention for congenital heart disease and pulmonary hypertension.



Dr Michael Park MBChB, MRCP, FCICM Intensivist, Hawke's Bay Hospital, Hastings, New Zealand

Michael completed his undergraduate training in Aberdeen (UK) at end of the last millennium, then moved on to Bart's and The London to train in General Medicine. He completed MRCP and moved to the Hawke's Bay, New Zealand for 6 months in 2003. Indecisiveness between Cardiology, Renal or Endocrine speciality training led to a period in Intensive Care. He was led astray by Bennett, Ward & Freebairn. Then turned to the dark side by joining CICM. His advanced training was completed in Auckland. Michael moved back to the Hawke's Bay in 2010 and became Head of Department in 2012. His interests include mechanical ventilation, critical care ultrasonography, quantitative acid-base analysis and Goals of Care. His work commitments have cured an oenophilic obsession resulting in a rather large wine collection.



Dr Alison Pirret BA, MA, PG Cert, PhD.

Nurse Practitioner, Critical Care Complex, Middlemore Hospital, Auckland; Senior Lecturer, School of Nursing, Massey University, New Zealand

Dr Alison Pirret is a Nurse Practitioner, Critical Care Complex, Middlemore Hospital, working clinically in an ICU outreach role. Alison is Senior Lecturer in the School of Nursing, Massey University, Assistant Editor for the Journal of Intensive and Critical Care, and Chairperson of the New Zealand Health Quality and Safety Expert Advisory Group for the Deteriorating Patient Programme. Alison's research interests include nasal high flow oxygen in ward patients, advanced nursing practice, diagnostic reasoning and systems to improve patient outcomes. Alison is author of the book "Acute Care Nursing: a Physiological approach to clinical assessment and patient care."



Dr Nic Randall CICM, FANZCA, BSc (Chem), Dip Pal Care Intensivist, Middlemore Hospital, Auckland, New Zealand

Nic works as a consultant at Middlemore Hospital splitting his time between Intensive Care and Anaesthesia. He has an academic interest in the strategies and approach to adult medical education, especially developing how to develop skills for use when rare or unexpected situations develop. Nic has also spoken about the psychosocial challenges facing medicine especially related to the changing demands and needs placed on specialists as they move through their careers.

Being an ANZCA (Pt 1) examiner has facilitated significant basic science up skilling, and he sits as the Treasurer of ANZICS (New Zealand).

Born in the Deep South Nic is frequently found in shorts and sandals whilst playing guitar in the humid north, where he is supported by his wonderfully tolerant wife, Kim. His son Addy is far better on the guitar, and this is a large source of frustration.



Carol RobinsonStaff Nurse, PICU, Starship Child Health, Auckland, New Zealand

Carol is a senior staff nurse in the Paediatric Intensive Care Unit at Starship Child Health in Auckland. She worked at Green Lane in ICU from 1983 till 2003 as both a staff nurse and charge nurse. Following the move to the Paediatric Intensive Care Unit at Starship Child Health she has been instrumental in Cardiac Education in the unit. In 2014 she completed her Post Graduate Diploma in Health Sciences in Advanced Nursing. Carol Is a Trustee of Hearts4Kids, a Charitable Trust performing cardiac surgeries on babies and children in Fiji. She is Team Leader of the Intensive Care Nursing team.



Dr Simon Rowley MBChB FRACP Consultant Neonatal Paediatrician, Newborn Service, Auckland City Hospital, Auckland, New Zealand

Dr Simon Rowley is a senior Consultant Neonatologist at Auckland City Hospital (originally National Womens' Hospital). His basic training was in Dunedin and Christchurch and his postgraduate studies - FRACP paediatrics - were completed in Oxford, U.K. He is currently a senior Neonatal Paediatrician in the Newborn Intensive Care Unit at National Womens' Health, Auckland City Hospital, and he also practiced General Paediatrics in private for 30 years, looking after children of all ages. He is chair of the Paediatric Vocational Training Committee for the Auckland and Northern Region and a Director of Physician Education.

One of his main interests is the effect of experience on neonatal brain development - the neurobiology of infant brain development - and this interest extends to him being a trustee and presenter for the Brainwave Trust. Other interests include early childhood behavioural and developmental outcomes, and medical ethics. In particular he is interested in how we make decisions about end-of-life care in the vulnerable sick or new born infant. He is an honorary lecturer at the Auckland School of Medicine and a recipient of the Denis Pickup Teaching Award 2014 and a Distinguished Clinical Teacher Award 2015. He is married with 4 adult children.



Dr Manuela SapochnikConsultant Clinical Psychologist, Starship Child Health, Auckland, New Zealand

Dr Manuela Sapochnik is a consultant clinical psychologist at Starship Child Health and an honorary lecturer at Auckland University. Manuela has a particular interest in working with children and their families and with staff, on the management of procedural anxiety, pain and trauma. Manuela has worked for 17 years in both the UK and in New Zealand in research, teaching and clinical posts. In the UK she worked at Great Ormond Street children's hospital where she wrote and ran their first adolescent pain management group. At Starship she has created a programme for teaching procedural anxiety management skills to staff that has been rolled out across the hospital and thorough teaching at Auckland University, for doctors, nurses and allied health.



Dr Liz SegedinPaediatric Intensive Care Specialist, Starship Child Health, Auckland, New Zealand

Liz is a Paediatric Intensive Care Specialist at the Starship Child Health in Auckland and the first Director of the unit, appointed at the beginning of 1991 to plan and initiate this service. The unit opened in December 1991 with 7 beds, expanding to 9 beds 5 years later.

She oversaw the early development of the Starship CED and emergency services, intravenous nutrition service, the PICU transport/retrieval service and the design of the new 16 bed unit which opened in November 2003 to cater for both general and cardiac paediatric populations.

Liz remained director until 2003, handing over to Dr John Beca at the time of the opening of the new PICU. Her interests include nutrition and injury prevention, particularly focused on car restraints and a vocal proponent for the use of booster seats for school aged children.



Professor Jon Skinner MB ChB, DCH, MRCP(UK), FRACP, FCSANZ, FHRS, MD
Children's Heart Rhythm Specialist, Starship Child Health; Honorary Professor, Department of Child Health, The University of Auckland, Auckland, New Zealand

Jon runs the national arrhythmia service for children and adults with congenital heart disease. He chairs the Cardiac Inherited Diseases Group, which runs the New Zealand national cardiac inherited disease registry and multidisciplinary investigative service of young sudden unexplained death.

Jon chairs the genetic council of the Cardiac Society of Australia and New Zealand, and the Trans-Tasman Response against sudden Death in the Young (TRAGADY). He is an editorial board member of Heart Rhythm and has authored over 120 peer reviewed scientific articles, with a focus on sudden death syndromes.



Dr Rebecca SmithPaediatric Intensivist, Starship Child Health, Auckland, New Zealand

Rebecca Smith is a Paediatric Intensivist at Starship Child Health. She trained initially in general paediatrics in New Zealand then moved to Australia where she discovered a passion for paediatric intensive care. She completed her PICU training with a two year paediatric critical care fellowship in Toronto. During this time she pursued an interest in medical education, completing the Stepping Stones teacher development program at the University of Toronto. Her areas of interest include pediatric cardiac intensive care, simulation and teaching.



Dr Tony WilliamsClinical Director, Acute Care, Middlemore Hospital, Auckland, New Zealand

Tony is the Clinical Director of Acute Care at Middlemore Hospital. He has been in intensive care practice at Middlemore since 1998. Middlemore has been the site of the National Burns Service since its inception in 2002.

Middlemore provides intensive care services to adults and children with burns as well as general intensive care services largely for acute admissions.

Tony is a member of the New Zealand Perioperative Mortality Committee and is involved with many ANZICS CTG trials.



Specialist in Intensive Care Medicine, Wellington Hospital; Director, The Intensive Care Research Programme, Medical Research Institute of New Zealand, Wellington, New Zealand

Paul Young is an ICU Specialist at Wellington Hospital, New Zealand. He is the Intensive Care Research Programme Director at the Medical Research Institute of New Zealand. He is an active member of the ANZICS Clinical Trials Group. Despite only seven years of research experience Dr Young has established himself as a highly recognised figure in the field of clinical ICU research internationally with more than 80 peer-reviewed publications. He has more than \$25M of current research funding and is involved in research collaborations with scientists from Australia, the UK, Canada, the USA, Italy, Scandinavia, and Brazil. Paul is married and has three children (a 7 year old, a 9 year old, and an 11 year old). He prefers kite surfing to working and you can track the progress of his clinical trials by following him on twitter @DogICUma.



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SOCIAL PROGRAMME

WELCOME RECEPTION

Date : Wednesday 4 April 2018 Time : 5.30pm — 6.30pm Venue : The Hilton Hotel, Auckland

Dress Code : Smart Casual

Join us for some time out with the industry representatives. Enjoy drinks and nibbles and a chance to catch up with friends, network with sponsors and exhibitors and meet new colleagues.

BOWLING & PIZZA

Date : Wednesday 4 April 2018

Time : from 7.00pm

Venue : Dr Rudi's Rooftop Bar, Cnr Quay & Hobson St, Viaduct, Auckland

Dress Code : Casual

Following the Welcome Reception, stroll past the super yachts to Dr Rudi's Rooftop Bar where teams can compete in a ten pin bowling challenge!





CONFERENCE DINNER

Date : Thursday 5 April 2018 Time : 6.00pm - 11.00pm Venue : The Maritime Room,

Viaduct, Auckland

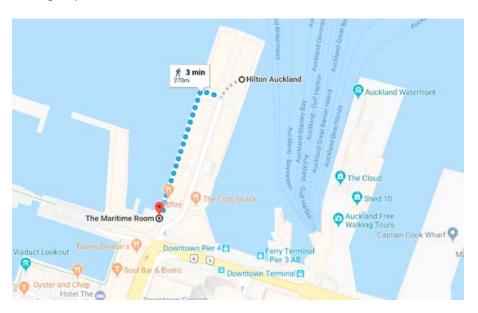
Dress Code : Cocktail

Join us for canapés at the Blue Water-Black Magic Gallery, a tribute to one of New Zealand's sporting heroes, Sir Peter Blake where you can ask our special guests, Richie McCaw and Gemma McCaw questions at the Champagne Q&A.

Comedian Jesse Griffin AKA country singer Wilson Dixon from Cripple Creek, Colorado will make you roar with laughter throughout the three-course Gala Dinner. Dance the night away or watch the world sail past on the balcony with spectacular views of Waitemata Harbour.



Walking Map



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WEDNESDAY 4 APRIL 2018

| 0800 -1230 | CICM New Zealand National Meeting | Topaz 3 |
|------------|--|--------------------------------|
| 1200 -1300 | REGISTRATION AND INDUSTRY EXHIBITION OPEN, ARRIVAL TEA & COFFEE | Pre Function & Exhibition Hall |
| 1315 -1320 | OPENING AND WELCOME Dr Liz Segedin, Paediatric Intensive Care Specialist, Starship Child Health, Auckland, New Zealand | Aquamarine 2&3 |
| 1320 -1330 | A Look Inside Starship's Paediatric Intensive Care Unit Nicola Gini, PICU Nurse Unit Manager, Starship Child Health, Auckland, New Zealand | |
| 1330 -1415 | Dr Lance O'Sullivan, The Moko Foundation, Kaitaia, New Zealand | |
| 1415 -1500 | Size Does Matter! A Neonatologist, Paediatric Intensivist and Adult Intensivist walk into a bar together Dr Simon Rowley, Consultant Neonatal Paediatrician, Newborn Service, Auckland City Hospital, Auckland, New Zealan Dr Nic Randall, Intensivist, Middlemore Hospital, Auckland, New Zealand Dr David Buckley, Paediatric Intensivist, Starship Child Health, Auckland, New Zealand | d |
| 1500 -1530 | AFTERNOON TEA AND INDUSTRY EXHIBITION | Exhibition Hall |
| 1530 -1600 | Small Fish in a Big Pond: Looking after Children in the Adult Intensive Care Unit Dr Tony Williams, Intensivist, Middlemore Hospital, Auckland, New Zealand Pam Culverwell, Paediatric Clinical Nurse Specialist, Counties Manukau Health, Auckland, New Zealand | |
| 1600 -1630 | Dealing with Dr Google in Critical Care: The Importance of Listening Liz Crowe, Advanced Clinician Social Worker, Paediatric Intensive Care Unit, Lady Cilento Children's Hospital, South Brisbane, Australia | |
| 1630 -1730 | Interactive Case Based Discussion: Paediatric Respiratory Session Acute Respiratory Failure Dr Stuart Dalziel, Emergency Medicine Consultant, Starship Child Health, Auckland, New Zealand Dr Simon Erickson, Paediatric Intensivist, Perth Children's Hospital, Western Australia, Australia Dr Michael Park, Intensivist, Hawke's Bay Hospital, Hawke's Bay, New Zealand Emir Gillett, Clinical Charge Nurse, Starship Child Health, Auckland, New Zealand | |
| 1730 -1830 | WELCOME RECEPTION WITH SPONSORS AND EXHIBITORS | Exhibition Hall |
| FROM 1900 | PIZZA & BOWLING | |

THURSDAY 5 APRIL 2018

| 0700 - 0800 | PRE-CONFERENCE WORKSHOP: YOGA WITH LULULEMON | |
|-------------|---|-------------------------------|
| 730 - 0830 | REGISTRATION AND INDUSTRY EXHIBITION OPEN, ARRIVAL TEA & COFFEE | Pre Function & Exhibition Ha |
| 0830 - 0850 | You Are the Stone that Makes the Ripples Dr Debbie Chalmers, Intensivist, Hawke's Bay Hospital; Chair, College Special Interest Group for Welfare, Napier, New Zealand | Aquamarine 2& |
| 0850 - 0930 | Training the Brain with Mindfulness Dr Chantal Hofstee, Clinical Psychologist and Executive Coach, Renew Your Mind, Auckland, New Zealand | |
| 0930 - 1000 | Building a Resilient Intensive Care Unit Liz Crowe, Advanced Clinician Social Worker, Paediatric Intensive Care Unit, Lady Cilento Children's Hospital, South Brisbane, Australia | |
| 1000 -1030 | MORNING TEA AND INDUSTRY EXHIBITION | Exhibition Ha |
| 1030 - 1050 | How the Intensivist can Prevent Sudden Cardiac Death in the Young Professor Jon Skinner, Children's Heart Rhythm Specialist, Starship Child Health; Honorary Professor, Departm of Child Health, The University of Auckland, Auckland, New Zealand | nent |
| 1050 - 1110 | Adult Congenital Heart Disease Dr Clare O'Donnell, Paediatric and Adult Congenital Cardiologist, Starship Child Health and Auckland City Hosp | oital, Auckland, New Zealand |
| 1110 - 1200 | Interactive Case Based Panel Discussion: The Failing Fontan at an Adult ICU Near You Dr Clare O'Donnell, Paediatric and Adult Congenital Cardiologist, Starship Child Health and Auckland City Hospital Auckland, New Zealand | |
| | Dr David Knight, Specialist Intensivist, Christchurch Hospital, Christchurch, New Zealand Dr Kirsten Finucane, Paediatric & Congenital Cardiac Surgeon, Starship Child Health, Auckland, New Zealand | |
| 1200 - 1300 | LUNCH AND INDUSTRY EXHIBITION | Exhibition Ha |
| 1300 - 1310 | FREE PAPER A Multicase Study of a Prolonged Critical Illness in the Intensive Care Unit: Nurs Experiences throughout the Trajectory Dr Claire Minton, Massey University, Palmerston North, New Zealand | ses' |
| 1310 - 1320 | FREE PAPER Smoothing the Transition from the Critical Care Complex to the Ward for Familie Pam Culverwell, Paediatric Clinical Nurse Specialist, Middlemore Hospital, Auckland, New Zealand Jackie Beaumont, Burn Clinical Nurse Specialist, Middlemore Hospital, Auckland, New Zealand | es |
| 1320 - 1330 | FREE PAPER Evaluation of a Needs-Based Training Program For ICU and HDU Nurses in Malaw Rodwell Gundo, Auckland University of Technology, Auckland, New Zealand | vi |
| 1330 - 1340 | FREE PAPER Long Term Care in the Paediatric Intensive Care Unit at The Royal Children's Hos The Role of the Nurse Coordinator Yvette Moore, Nurse Coordinator, PICU, Royal Children's Hospital, Melbourne, Australia | pital – |
| 1340 - 1350 | FREE PAPER FASTVEIN - A Biometric Authentication System for Patient Identification Adele Whiteman, Manchester University NHS Foundation Trust, Manchester, UK | |
| 1350 - 1430 | PICU Abroad — Out of your Comfort Zone Carol Robinson, Staff Nurse, PICU, Starship Child Health, Auckland, New Zealand Nicola Gini, PICU Nurse Unit Manager, Starship Child Health, Auckland, New Zealand | |
| 1430 - 1500 | AFTERNOON TEA AND INDUSTRY EXHIBITION | Exhibition Ha |
| 1500 - 1520 | What Clinicians Need to Know - A Parent's Perspective Mrs Haley Nielsen | |
| 1520 - 1550 | PICU Bereavement – Size Does Matter Ann Doran, Staff Nurse and Bereavement Service Coordinator, PICU, Starship Child Health, Auckland, New | v Zealand |
| 1550 - 1610 | Bereavement Follow Up – Do Good Intentions Result in Good Outcomes? Dr Kylie Julian, Intensivist, Critical Care Complex, Middlemore Hospital, Auckland, New Zealand | |
| 1610 - 1630 | Moral Distress in the PICU Dr Fiona Miles, Paediatric Intensivist, Starship Child Health, Auckland, New Zealand | |
| 1630 - 1700 | ANZICS New Zealand AGM | Aquamarine 2& |
| 1630 - 1700 | NZCCCN New Zealand AGM | Topaz |
| 1800 - 2300 | GALA DINNER The | Maritime Room, Viaduct Harbou |

FRIDAY 6 APRIL 2018

| 0715 - 0815 | PRE-CONFERENCE WORKSHOP: YOGA WITH LULULEMON | |
|-------------|--|-------------------|
| 0730 - 0830 | REGISTRATION AND INDUSTRY EXHIBITION OPEN, ARRIVAL TEA & COFFEE Pre Function 6 | & Exhibition Hall |
| 0830 - 0920 | Difficult Conversations, Difficult Parents or Difficult Colleagues? A Rapid Research Project for Breakfast Andrew Thompson, Registered Social Worker, Starship Child Health, Auckland, New Zealand Kathy Bublitz, Social Worker, Starship Child Health, Auckland DHB, Auckland, New Zealand | Aquamarine 1&2 |
| 0920 - 0940 | Home Sweet HomeOn a Ventilator Fiona McIver, Clinical Nurse Specialist, PICU Long Term Care Co-ordinator, Starship Child Health, Auckland, New Zealand | |
| 0940 - 1000 | Preparing Children and their Families for Painful Procedures at Starship Dr Manuela Sapochnik, Consultant Clinical Psychologist, Starship Child Health, Auckland, New Zealand | |
| 1000 - 1030 | MORNING TEA AND INDUSTRY EXHIBITION | Exhibition Hall |
| 1030 - 1200 | The Paediatric and Adult 9 x 9 Session 1. Cooling KidsDr John Beca 2. The Swann-Ganz Catheter, Does It Still Have a Place?Dr Alastair McGeorge 3. Temporary Cardiac Pacing: All You Need to KnowDr Michael Gillham 4. What's New in Paediatric ResuscitationDr Gabrielle Nuthall 5. How to Feed Kids in ICUBridget Little 6. PTSD in ICUDr Gillian Bishop 7. What the Patients SayDee O'Daly 8. Procedural Sedation in Awake ChildrenDr Simon Erickson 9. Paediatric Septic ShockDr Rebecca Smith | |
| 1200 -1300 | LUNCH AND INDUSTRY EXHIBITION | Exhibition Hall |
| 1300 - 1330 | Transporting the PICU Patient – How We Can Help You Diane Fuller, Nurse Specialist - Transports, Starship Child Health, Auckland, New Zealand | |
| 1330 - 1400 | Neuronal Apotosis and T-Rex Professor Brian Anderson, Professor of Anaesthesiology, The University of Auckland; Paediatric Anaesthetist/Intensivist, Starship Child Health, Auckland, New Zealand | |
| 1400 - 1430 | Therapeutic Hypothermia For Out Of Hospital Cardiac Arrest: Why Being Cool Is So Hot Right Now Dr Paul Young, Specialist in Intensive Care Medicine, Wellington Hospital; Director, The Intensive Care Research Programme, Medical Research Institute of New Zealand, Wellington, New Zealand | , |
| 1430 - 1500 | Deceased Organ Donation in New Zealand: Rewards Come From Hard Work Dr Emma Merry, Medical Specialist, Organ Donation New Zealand | |
| 1500 -1530 | AFTERNOON TEA AND INDUSTRY EXHIBITION | Exhibition Hall |
| 1530 - 1600 | The Trials and Tribulations of Transitioning to the New Zealand Early Warning Score (NZEWS) using Patientrack: A Local Experience Dr Alison Pirret, Nurse Practitioner, Critical Care Complex, Middlemore Hospital; Senior Lecturer, School of Nursing, Massey University, Auckland, New Zealand | |
| 1600 - 1700 | P-ANZICS JAMAGEDDON Professor Brian Anderson, Professor of Anaesthesiology, The University of Auckland; Paediatric Anaesthetist/Intensivist, Starship Child Health, Auckland, New Zealand Dr Paul Young, Specialist in Intensive Care Medicine, Wellington Hospital; Director, The Intensive Care Research Programme, Medical Research Institute of New Zealand, Wellington, New Zealand Diane Mackle, Senior Project Manager – ICU Trials, Medical Research Institute of New Zealand, Wellington, New Zealand | |
| 1700 | Presentation of Free Paper Prizes Conference Close Dr Anusha Ganeshalingham, Convenor ANZICS 2018 | |



SPEAKER ABSTRACTS



WEDNESDAY 4 APRIL 2018

Dr Liz Segedin, Paediatric Intensive Care Specialist, Starship Child Health, Auckland, New Zealand

A Look Inside Starship's Paediatric Intensive Care Unit
Nicola Gini, PICU Nurse Unit Manager, Starship Child Health, Auckland, New Zealand

Dr Lance O'Sulliwan, The Moko Foundation, Kaitaia, New Zealand

Early intervention and prevention of disease and illness is of critical importance to the health and wellbeing of our society. This is especially vital when we are treating children who are at risk of becoming critically unwell and in need of the life-saving services of intensive care units around the country.

Dr Lance O'Sullivan has had a wide range of experiences dealing with unwell children from his time as an emergency doctor in Kaitaia Hospital through to his time as a general practitioner in a high needs community.

Lance is very passionate about using new models of health to increase the reach of health to children and young people of New Zealand. He is excited about the potential of digital technology - such as cloud, artificial intelligence, block chain and a host of other internet-based initiatives - coupled with medicine to improve exponentially the health and wellbeing of children and young people in New Zealand.

Lance has many personal and professional stories to tell about the importance of high level and intensive health services for children. He is very keen to come along to the conference to share some of his insights and learnings in the digital health space and the significant impact on improved health outcomes for children and young people.

| 1415 - 1500 | Size Does Matter! A Neonatologist, Paediatric Intensivist and Adult Intensivist Walk Into a Bar Together Dr Simon Rowley, Consultant Neonatal Paediatrician, Newborn Service, Auckland City Hospital, Auckland, New Zealand Dr Nic Randall, Intensivist, Middlemore Hospital, Auckland, New Zealand Dr David Buckley, Paediatric Intensivist, Starship Child Health, Auckland, New Zealand |
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1530 - 1600

Small Fish in a Big Pond: Looking after Children in the Adult Intensive Care Unit

Dr Tony Williams, Intensivist, Middlemore Hospital, Auckland, New Zealand Pam Culverwell, Paediatric Clinical Nurse Specialist, Counties Manukau Health, Auckland, New Zealand

The Critical Care Complex at Middlemore Hospital is a mixed adult and paediatric unit that provides specialised medical and nursing care to patients within Counties Manukau. Due to the seasonal nature of our paediatric admissions our busiest period of the year is during the winter months. This is also reflected by the large number of respiratory illnesses that we treat. This presentation will share the challenges we face due to the seasonal nature of our paediatric admissions along with other factors and the strategies that we have implemented to manage "small fish in a big pond".

1600 - 1630

Dealing with Doctor Google in Critical Care

<u>Liz Crowe</u>, PhD Candidate, School of Medicine, The University of Queensland, Brisbane, Australia Professor Jane Turner, School of Medicine, The University of Queensland, Brisbane, Australia Professor Jeanine Young, School of Midwifery and Nursing, University of Sunshine Coast, Australia

In the age of Family Centred Care and empowered consumers the level of challenge for health professionals to negotiate the varied needs and demands of families can be exhausting in addition to clinical work. The need for families to read and make their own enquiries is real and potentially a protective mechanism for their own mental health. How do we balance this need with the risk of Doctor Google and the reams of misinformation available online? This talk will explore communication, loss and grief and psychological responses to trauma and minimise the risk of conflict. Using case examples and humour it will be an exploration of how to provide exceptional family care in the digital error of information overload and misinformation.

| 1630 -1730 | Interactive Case Based Discussion: Paediatric Respiratory Session Acute Respiratory Failure Dr Stuart Dalziel, Emergency Medicine Consultant, Starship Child Health, Auckland, New Zealand Dr Simon Erickson, Paediatric Intensivist, Perth Children's Hospital, Western Australia, Australia Dr Michael Park, Intensivist, Hawke's Bay Hospital, Hawke's Bay, New Zealand |
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SERVO-U® delivers many effective options for protective ventilation. All of them more accessible, understandable and easy to implement. Which means more patients in all phases of ventilation – controlled, supported, non-invasive and during spontaneous breathing trials – can benefit from advanced lung protective strategies.

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THURSDAY 5 APRIL 2018

0830 - 0850

You Are the Stone that Makes the Ripples

Dr Debbie Chalmers, Intensivist, Hawke's Bay Hospital; Chair, College Special Interest Group for Welfare, Napier, New Zealand

World Medical Association Declaration of Geneva, October 2017:

Excerpts from The Physician's Pledge

"AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard"

0850 - 0930

Training the Brain with Mindfulness

Dr Chantal Hofstee, Clinical Psychologist and Executive Coach, Renew Your Mind, Auckland, New Zealand

Chantal Hofstee is a Clinical Psychologist, Healthcare Psychologist (registered in The Netherlands) and Executive Coach. She is also the author of two books on Mindfulness and wellbeing called 'Mindfulness On The Run' and 'Reach Your Goals'. Chantal is the director of Auckland based organisation Renew Your Mind, which specialises in mindfulness-based therapy and mindfulness courses and works as a leadership trainer and executive coach for Renew Leadership.

Chantal is driven by her own life-changing experience of training her brain with mindfulness and is passionate to spread the knowledge and techniques in order to help people take greater control over the stress in their lives.

Stress is often seen as a badge of honour. Yet, it comes with a high cost in sick leave, absenteeism and turnover, as well as reduced productivity and performance. The problem of stress needs to be addressed in several ways but one of the ways available to us is through improving our resilience through research-based mindfulness training. The great news is that there are simple, low-cost techniques that help manage stress levels in daily life - making you more productive, creative and resilient whilst also improving brain function and health. Many companies, including Google, Apple and Deutsche Bank are turning to mindfulness-based stress management training for their staff.

Mindfulness – The Simple Solution

There is now compelling scientific evidence that people become more resilient when they learn and regularly practice stress management techniques. This resilience improves performance under stress and protects people from burnout. This session combines research-based mindfulness with powerful psychological techniques to teach you how to optimally manage stress and train your brain for greater resilience.

Key Learning Outcomes

- Insight into how your brain works
- 3 5 short mindfulness techniques
- Practical suggestions on how to incorporate some mindfulness in their every day (work) lives

0930 - 1000

Building a Resilient Intensive Care Unit

Liz Crowe, PhD Candidate, School of Medicine, The University of Queensland, Brisbane, Australia Professor Jane Turner, School of Medicine, The University of Queensland, Brisbane, Australia Professor Jeanine Young, School of Midwifery and Nursing, University of Sunshine Coast, Australia

The term 'resilience' has become a solution for all workforce concerns in the ICU and yet what does 'resilience' mean? $\,$ A comprehensive literature review of resilience in the Intensive Care context will be presented with an exploration of the need to provide a multifactorial approach to build capacity and psychological flexibility within ICU teams. Resilience is not a stagnant destination. Building a resilient workforce requires resources, energy and a dynamic approach. Pivotal to the success of a resilient ICU is the Leadership and Culture of the ICU team that is consistent with the philosophy and culture of the system from which it exists. This talk will provide practical ideas and resources for how to build a healthy and robust ICU workforce.

1030 - 1050

How the Intensivist can Prevent Sudden Cardiac Death in the Young

Professor Jon Skinner, MB ChB, DCH, MRCP(UK), FRACP, FCSANZ, FHRS, MD
Children's Heart Rhythm Specialist, Starship Child Health; Honorary Professor, Department of Child Health, The University of Auckland, Auckland, New Zealand

The Intensivist's role is primarily in response to a crisis. Of course prevention is always better than cure, and following a cardiac arrest the identification of a familial condition can ultimately lead to other family members being detected and protected. Following an unexplained ("autopsy negative") sudden death in a young person, genetic testing in the deceased

and family cardiac screening has been shown to reveal a diagnosis such as long QT syndrome, Brugada syndrome and CPVT (catecholaminergic polymorphic ventricular tachycardia) in over 30% of cases in children and youth. If the person presenting with cardiac arrest is still alive, even if supportive care is to be withdrawn, cardiac tests, including drug provocation tests such as adrenaline, adenosine and ajmaline challenges can reveal a hitherto concealed diagnosis in more than 60% of cases, including in adults. Such findings guide tests in family members and potentially avoid large sums of money being spent on testing family members with genetic testing, echocardiography, stress exercise testing and cardiac MRI for example. This talk presents a protocol for the investigation of cardiac arrest on intensive care and gives examples of how this can make a real difference in preventing sudden death in the community.

| 1050 -1110 | Adult Congenital Heart Disease Dr Clare O'Donnell, Paediatric and Adult Congenital Cardiologist, Starship Child Health and Auckland City Hospital, Auckland, New Zealand |
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| 1110 -1200 | Interactive Case Based Panel Discussion: The Failing Fontan at an Adult ICU Near You Dr Clare O'Donnell, Paediatric and Adult Congenital Cardiologist, Starship Child Health and Auckland City Hospital, Auckland, New Zealand Dr David Knight, Specialist Intensivist, Christchurch Hospital, Christchurch, New Zealand Dr Kirsten Finucane, Paediatric & Congenital Cardiac Surgeon, Starship Child Health, Auckland, New Zealand |
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1300 - 1310

Free Paper - A Multicase Study of a Prolonged Critical Illness in the Intensive Care Unit: Experiences throughout the Trajectory

<u>Dr Claire Minton</u>, Professor Annette Huntington, Dr Lesley Batten Massey University, Palmerston North, New Zealand

The goal of intensive care provided in an ICU is to treat patients who have a life-threatening illness, and for most patients this critical phase of their illness is of short duration. However, internationally research demonstrates that 5-10% of ICU patients have a prolonged ICU stay, using 25 - 30% of ICU bed days. There is limited literature that deals directly with nurses' experience of caring for patients who have a prolonged ICU stay. However from practice it is obvious that caring for these patients is challenging and complex. In order for nurses to be able to meet the needs of this cohort it is important to understand their experiences of providing care over a protracted time in the ICU.

In this presentation selected findings from a longitudinal qualitative multicase study in New Zealand of prolonged critical illness in the ICU will be presented. Data collection involved six linked cases in four ICUs in New Zealand utilising observation, conversations, interviews and document analysis.

The findings include sub-phases of the patients' trajectory represented different challenges for nurses. There was distress due to uncertainty about positive outcomes and the suffering they witnessed. As patients became more awake nurses struggled to meet all the patients' needs due to the many tasks that needed to complete over a shift. The acute care/biomedical model of care dominated how nurses delivered care and caused conflict at times. However, some nurses were able to navigate this and provide patient-centred care. These findings have important implications for nursing education and leadership to target strategies and education at each sub-phase to support nurses manage the complexities of care.

1310 - 1320

Free Paper - Smoothing the Transition from the Critical Care Complex to the Ward for Families

Pam Culverwell¹, Jackie Beaumont², Hamish McIntosh

- 1. Paediatric Clinical Nurse Specialist
- 2. Burn Clinical Nurse Specialist
- 3. Health Psychologist

Middlemore Hospital, Auckland, New Zealand

Introduction: Parent/caregiver feedback indicates that the transition from the Critical Care Complex (CCC) to the ward can be difficult and stressful for families. Clinicians from the Critical Care Complex, National Burn Centre, and Kidz First Surgical and Medical wards initiated a quality project to examine the experiences of caregivers whose children were admitted to the CCC and subsequently discharged to the ward, at Middlemore Hospital.

Study Objectives: The aim of this project was to investigate the experience of the patients' caregivers in order to gain a better understanding of what is done well and issues that may be encountered. The information gathered will be used to guide change and improve the transition process from CCC to the wards.

Methods: Semi-structured interviews were conducted with caregivers of children discharged from CCC between September 2015 and August 2016. Each tape recorded interview was transcribed and analysed using thematic analysis to determine common themes. The study was registered with and approved by the hospital research office who determined it was a low risk study and did not require ethical review.

Results: 13 interviews were analysed using thematic analysis. This included 11 mothers and 2 fathers. The children had been admitted to CCC with medical or burn diagnoses. Ages ranged between 25 days old to 26 months with a length of stay ranging between 4 and 17 days. Three main themes were identified: basic needs, perceptions of care and communication.

Conclusion: The three main themes identified by caregivers will guide change to smooth the transition for children and their families being discharged from CCC to the wards.

1320 - 1330

Free Paper - Evaluation of a Needs-Based Training Program For ICU and HDU Nurses in Malawi Rodwell Gundo¹, Dr Gael Mearns¹, Dr Annette Dickinson¹, Professor Ellen Chirwa

¹Auckland University of Technology, Auckland, New Zealand ²University of Malawi, Kamuzu College of Nursing, Lilongwe, Malawi

There are no formal critical care nursing courses in Malawi despite the high burden of diseases which culminate into critical illnesses. This paper presents preliminary findings of the quantitative component of a larger study which explored the learning needs of ICU and HDU nurses to inform the development and evaluation of a tailor-made training program for the nurses.

A program planning and evaluation approach with mixed methods design was used in the larger study. A training program was developed and delivered in three days to 41 nurses who work in intensive care and adult high dependency units at two tertiary hospitals. The Intensive and Critical Care Nursing Competence Scale (ICCN-CS-1) and a questionnaire on additional competencies were administered before and after the training to evaluate the impact of the training. Furthermore, a training evaluation guestionnaire was administered at the end of the training.

Findings showed a statistically significant increase in nurses' competence scores on ICCN-CS-1 after the training. In addition, there was a significant increase in the proportion of nurses who improved their performance on the following additional competencies: recognition and management of electrolyte imbalance; care of a patient with endotracheal tube; basic interpretation of electrocardiogram (ECG); preparation and management of emergency drugs; and interpretation of arterial blood gases. The program was rated as 'very relevant' by the nurses.

In conclusion, the program can be used for upskilling of nurses in Malawi. The findings contribute to specialist body of knowledge related to nursing education and practice development within developing countries including Malawi.

Acknowledgement:

New Zealand Ministry of Foreign Affairs and Trade for providing the New Zealand Commonwealth Scholarship for PhD National Commission for Science and Technology in Malawi for providing a grant to cover research expenses

1330 - 1340

Free Paper - Long Term Care in the Paediatric Intensive Care Unit at The Royal Children's Hospital - The Role of the Nurse Coordinator

Yvette Moore, Nurse Coordinator, PICU, Royal Children's Hospital, Melbourne, Australia

Introduction: Patients with a prolonged stay in PICU is increasing, and these patients now occupy one quarter of total PICU bed days. This large group of patients have complex care needs and consequently consume a high proportion of resources. An innovative model of care is necessary to address the specific needs of long term patients within a busy PICU.

Study objectives: To trial and develop a Nurse Coordinator based model of care for paediatric chronic critical illness.

Methods: In 2008, a Nurse Coordinator position was created. A Full Time Equivalent (FTE) of 0.6 was allocated to this role. However, with increased recognition of the value of the position and increased responsibility for multiple aspects of care of the patient and family. The position has an allocation of 1.6 FTE.

Patients are identified based on their length of stay (LOS), complexity of care or previous admissions. The Nurse Coordinators provide a single point of contact, liaising between families, allied health, medical and nursing staff. Responsibilities have included weekly professionals/ family meetings, daily and weekly care plans and working with multiple allied health teams to ensure adequate care is delivered to this specific group. The aim is to deliver great care to these families and children, and hopefully reduce their LOS. Discharge planning for this complex group is a major responsibility of the Nurse Coordinator.

Results: The Nurse Coordinator has made an important contribution to the care of patients with chronic critical illness. Families identify that care is more consistent. Allied health staff state a single point of contact makes multidisciplinary involvement more effective. Nursing and medical staff find that plans are clearer and more consistent, and communication is enhanced.

Conclusions: The Nurse Coordinator has simplified and streamlined the coordination of care for this complex group of patients. Family satisfaction within PICU has subsequently increased.

1340 - 1350

Free Paper - FASTVEIN - A Biometric Authentication System for Patient Identification Whiteman A, Barratt A, Macleod J, Jeffires M, Roy B Manchester University NHS Foundation Trust, Manchester, UK

Background: Accurate identification and authentication of individuals, with unique identifiers, is essential in healthcare; to avoid consequences of misidentification and to prevent healthcare fraud. Preventing the Never Event of misidentification of patients is universal to safe healthcare. The National Patient Safety Agency in the UK, received 236 safety incidents relating to wristband errors and 1300 relating to patient identifying numbers in less than two years. Traditional methods of patient identification have reduced, but failed to eliminate this problem; a universal biometric identification system would overcome these.

Objective: To analyse if the use of appropriate biometric technology (FASTVEIN) can accurately and effectively identify patients.

Method: FASTVEIN uses infra-red waves to map an individual's finger vein pattern. This technology has desirable attributes for unique identifiers. This was a prospective study. Participant biometric data was captured; using the participants' index finger, along with a System usability Score (SUS). The device was then tested, to ensure it rejected the non-index finger and did not match this to another record. The true acceptance (TA), true rejection (TR), false acceptance (FA) and false rejection (FR) rates were recorded.

Findings: One hundred and eighty six participants enrolled onto the study (n=186). A very high (100%) TA and TR rate, and very low (0%) FA and FR rate, was found. The median age was 55 year; (range 18-81). Median SUS score was 100 (IQR 97.5-100); an equivalent adjective rating of 'best imaginable'. (n=161). Mean time for FASTVEIN to capture finger vein pattern was less than 5 seconds. Optional participant comments were positive.

Conclusion: FASTVEIN is accurate and effective in biometric patient identification. The technology is ready for healthcare applications.

1350 - 1410

PICU Abroad - Out of your Comfort Zone

Carol Robinson, Staff Nurse, PICU, Starship Child Health, Auckland, New Zealand

350 children are born each year in the Pacific with a heart defect. Acquired heart disease in the form of Rheumatic Heart Disease is also a major problem. Unlike children born in New Zealand who have ready access to surgical services these children rely on volunteer surgical teams like Hearts4kids for their surgeries.

Hearts4Kids is a team of volunteer nurses, doctors and allied medical staff who volunteer their time, skills and expertise to provide lifesaving surgeries for these children.

PICU nursing in Fiji presents a unique set of challenges. Nothing quite prepares you for your first experience of the working environment or the work. But it is the reward of seeing the gratitude on the parent's faces and the lovely children who will now have the opportunity of leading active and fulfilling lives that keeps me coming back.

1410 - 1430

PICU Abroad - Out of your Comfort Zone

Nicola Gini, PICU Nurse Unit Manager, Starship Child Health, Auckland, New Zealand

ICU, sometimes referred to as 'expensive care' is by its very title a technology heavy environment. So how do you rise to the challenge of providing ICU care in the developing or low income world when after all patients are patients regardless of their nationality or circumstances?

The incidence of congenital heart disease is about 8/1000 living births worldwide with attempts made to identify the true incidence with reports that in developing areas the incidence is higher due to factors such as genetics, consanguine marriage, poor nutrition and sanitation. The most significant issue for these populations is access to care. As a result it is quoted that every year about 90% of the 1, 000,000 of children born with CHD around the world do not have access to care or receive suboptimal care.

A large number of NGO's now exist to try to reduce this imbalance. The organisations rely on volunteer teams to donate their time and expertise to provide ongoing diagnosis and care.

A small New Zealand team in conjunction with an American based NGO has been assisting to develop a more sustainable approach to establish self-sustaining long term programmes in the Palestinian Territories of since 2001.

Challenges include adequate funding, infrastructure, high quality measurable outcomes, sustainability, access, site selection, frequency of missions, and provision of ongoing training and education. These challenges can be further complicated by internal and external politics, corruption, culture and of course the ongoing Israel-Palestine conflict.

As frustrating at times as the challenges and hurdles can be the real measure of success is seeing local staff successfully running their own service and no longer requiring our input whilst implementing ongoing quality activities to improve the care of their population.

1500 - 1520

What Clinicians Need to Know - A Parent's Perspective

Haley Nielsen BA, DipSoc, PGDipHealSc (MenH), PGDipBus (HRM)

Communication is a foundation of effective patient provider partnerships. It is a theme constant in any interaction a patient or parent/Whanau may have with the healthcare system.

This presentation explores the parent's journey, my journey, when my child was palliative. There are wide range of reactions parents/Whanau may present with as they adjust to what is happening. Acknowledging these differences is important as we all cope with what is happening to us as a family and for the child, in different ways.

As health professionals, how you communicate with parents/whanau is really important. Thinking about how that communication is delivered, the language you use and how honest you are, whilst at the same time listening to the family, will enable you to manage the clinical situation at the same time as supporting them through this traumatic time.

1520 - 1550

PICU Bereavement - Size Does Matter

Ann Doran NZRN, BN

Staff Nurse and Bereavement Service Coordinator, PICU, Starship Child Health, Auckland, New Zealand

When it comes to grief, size does matter. In PICU, we are constantly needing to support children and their families through various losses. How we manage these challenging situations can make a real difference in these families' lives. Children grieve according to their ages and stages of development. If we have some understanding of their needs at this time, we will be better able to guide them through this process.

Grief theory can help to direct us in our practice when caring for parents grieving the death of their child. The concept of Family Centred Care also needs to be embedded in our care of families at this time.

Transitioning from active to palliative treatment can be challenging for both parents and PICU staff. There are a number of ways we can ensure this process runs smoothly. International research also gives us some ideas of what may be helpful for parents.

This presentation aims to give ideas of how to manage one of the most daunting aspects of nursing, caring for a dying child and their family. Research has shown that health professionals who are educated and informed on end of life care have less anxiety about their roles in these situations.

1550 - 1610

Bereavement Follow Up - Do Good Intentions Result in Good Outcomes?

Dr Kylie Julian мвсьв, ғалгса, ғсісм

Intensivist, Critical Care Complex, Middlemore Hospital, Auckland, New Zealand

The death of a family member in intensive care is a particularly stressful event. At a time of great personal tumult and grief there is often a large amount of medical information to process. In many cases there is no on-going contact with the family by clinicians after a death. A family's need for information may be unmet. Lack of clarity about the circumstances of a death, a sudden death, or a death in traumatic circumstances all may contribute to complex and prolonged grief. The intensive care team may have a role in helping remove barriers preventing grief following its normal trajectory towards adjustment.

This is an area where intensive care teams have recognised a need, and are responding with good intentions. A survey of Australian intensive care units found less than a third provided structured bereavement follow up but over half of those who didn't were considering implementing follow up. Bereavement follow up is advocated by a number of professional bodies, such as the ACCCM. Despite this, it is not clear from the literature how best to offer follow up. Evaluation of follow up is rarely described. When it has been evaluated, it is clear that some approaches may increase a family's distress.

This session will attempt to extrapolate from the available literature and useful guiding principles for bereavement follow up.

1610 - 1630

Moral Distress in the PICU

Dr Fiona Miles, Paediatric Intensivist, Starship Child Health, Auckland, New Zealand

Moral distress refers to the sense of frustration and failure arising from an individual's struggles to fulfill their moral obligations to patients, families, and the public, particularly around the issues of inappropriate use of resources, end of life care and communication.

With increasing treatment options and family expectations, there is potential for patient care which is at odds with what the individual thinks is right. It is marked by a sense of helplessness and can be cumulative. It has been associated with burnout and poor staff retention.

Common themes and causes for moral distress in the PICU will be discussed with reference to recent studies.



FRIDAY 6 APRIL 2018

0830 - 0920

Difficult Conversations, Difficult Parents or Difficult Colleagues? A Rapid Research Project for Breakfast

Aquamarine 1&2 Moderator: Dr Brent McSharry

Andrew Thompson, Registered Social Worker, Starship Child Health, Auckland, New Zealand Kathy Bublitz, Registered Social Worker, Starship Child Health, Auckland, New Zealand

During this presentation we will be talking about difficult conversations in the intensive care environment. We will briefly review a difficult conversation that provoked attention from the Pope and President Trump. We will present two case studies to encourage discussion about strategies to manage difficult conversations with colleagues and caregivers. We will also be using "Todaysmeet" a simple to use backchannel, so please bring a laptop, smart phone or tablet. This is an interactive session and a rapid research project that we hope will generate debate, energy and considerable humour. If we do a good job together you will leave the session with some tips and strategies for your next difficult conversation.

0920 - 0940

Home Sweet Home....On a Ventilator

Fiona McIver, Clinical Nurse Specialist, PICU Long Term Care Co-ordinator, Starship Child Health, Auckland, New Zealand

New Zealand is experiencing an increase in paediatric patients who require long term ventilation. Currently known as, "medically fragile children", these young patients are increasingly able to lead a life that is full and interesting. Facilitation of this requires an all-encompassing care package, a strong multidisciplinary team (both in hospital & the community) & needs to be supported by parents who are motivated and flexible. The goal is to send children home to a safe, well supported environment where they can achieve their full potential surrounded by family who are able to take care of them in their own homes.

In June 2017 a Clinical Nurse Specialist position was created in Paediatric Intensive Care Unit at Starship Child Health. The aim of this role is to co-ordinate the transition of care from hospital back into the home for these patients. I was fortunate enough to be hired into this role.

This presentation will show-case a patients story, discuss some of the challenges in getting medically fragile children home and highlight why overcoming these obstacles is essential to ensure these patients meet their full potential.

| 0940 -1000 | Preparing Children and their Families for Painful Procedures at Starship Dr Manuela Sapochnik, Consultant Clinical Psychologist, Starship Child Health, Auckland, New Zealand |
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| 1048 - 1057 | Temporary Cardiac Pacing: All You Need to Know Dr Michael Gillham, Cardiac Anaesthetist & Intensivist, CVICU, Auckland City Hospital, Auckland, New Zealand |
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What's New in Paediatric Resuscitation

Dr Gabrielle Nuthall, Paediatric Intensivist, Starship Child Health, Auckland, New Zealand

While the evidence base for making changes to paediatric resuscitation guidelines is sparse, the Paediatric Task Force of ILCOR (International Liaison Committee on Resuscitation) continues to rigorously evaluate the evidence available in order to provide up to date treatment recommendations for those who are involved in paediatric resuscitation. Despite many questions remaining unanswered, un-researched and the majority of publications being based upon large registry studies, with their inherent confounders, outcomes post paediatric cardiac arrests have slowly improved over the last decade or so around the world.

This update in paediatric resuscitation will give a brief overview of the recent published highlights of paediatric resuscitation. This will include, amongst others, the topics of chest compression only CPR vs conventional CPR, advanced airway placement before ROSC (Return of Spontaneous Circulation) and adrenaline frequency during CPR. It may also touch upon the "Size Does Matter "theme of the meeting

1106 - 1115

How to Feed Kids in ICU

Bridget Little, Paediatric Dietitian, Starship Child Health, Auckland, New Zealand

Children, especially infants, in the paediatric intensive care unit are at high risk for developing nutritional deficiencies, yet adequate nutrition is critical to patient outcomes.¹ The stress response to critical illness results in the catabolism of protein and muscle tissue. Compared to adults, critically ill children have an increased risk of malnutrition due to generally lower body fat and muscle mass stores and a higher calorie per kilogram resting energy expenditure. Both malnutrition and overfeeding can have deleterious consequences including increases in ventilatory requirements, risk of hospital-acquired infection, length of stay and mortality.² However, accurately determining the energy and nutritional requirements of sick children is difficult.³ The 2017 SCCM-ASPEN guidelines support earlier research recommending Schofield or FAO/WHO/UN equations without the addition of stress factors.² Protein is emphasised as essential to recovery and a minimum intake of 1.5g/kg/day is advocated.² Achievement of nutritional goals may be compromised by delayed feeding, fluid restrictions, interruptions to feeds and feed intolerance. Therefore, precise feed modification and fortification is often required. Nutrition algorithms can guide appropriate initiation of enteral feeding. A dedicated intensive care dietitian can facilitate early and optimal nutritional management of critically ill children.².4

- 1. Mehta NM, Duggan CP. Nutritional deficiencies during critical illness. Pediatr Clin North Am. 2009; 56(5):1143-1160
- 2. Mehta NM, Skillman HE, Irving SY et al. Guidelines for the provision and assessment of nutrition support therapy in the pediatric critically ill patient: Society of Critical Care Medicine and American Society for Parenteral and Enteral Nutrition. JPEN. 2017; 41:706-742

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- Lambe C, Hubert P, Jouvet P et al. A nutritional support team in the paediatric intensive care unit: Changes and factors impeding appropriate nutrition. Clin Nutr. 2007; 26(3):355-363

 Mehta NM, Bechard LJ, Zurakowski D et al. Adequate enteral protein intake is inversely associated with 60-d mortality in critically ill children: A multicentre, prospective cohort study. Am J Clin Nutr. 2015; 102(1):199-206

| 1115 -1124 | PTSD in ICU Dr Gillian Bishop, Clinical Director, Department of Critical Care, Auckland City Hospital; CICM Primary Examiner, Auckland, New Zealand | | |
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| 1124 - 1133 | What the Patients Say Dee O'Daly, ICU Nurse, Department of Critical Care Medicine (DCCM), Auckland City Hospital, Auckland, New Zealand | | |
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1133 - 1142

Procedural Sedation in Awake Children

Dr Simon Erickson, Paediatric Intensivist, Perth Children's Hospital, Western Australia, Australia

Children require sedation for numerous procedures outside the operating theatre. When practising procedural sedation it is essential to take into account patient, operator and location based factors in order to optimise procedural conditions and patient safety.

Patient factors of crucial importance are fasting status, underlying disease process, complexity and co-morbidities (eg, asthma, upper respiratory tract infection), age and development level, degree of anxiety and importantly any prior problems with specific medications.

Operator skillset is also important to consider and includes experience and current volume. While most procedural sedation outside the operating theatre takes place in PICU, when using other locations (ED, ward), operators need to ensure that appropriate support staff, equipment are available.

The risks of procedural sedation include: airway compromise, cardiovascular compromise, inadequate sedation, procedure failure and specific drug reactions. Sedative medications and routes of administration vary greatly but include ketamine, midazolam, propofol, opioids, alpha-2 agonists and inhalational agents. All of these drugs may be used alone or in combination. Patient safety is optimised by adequate monitoring and safety plans. Despite the many risks, reported adverse events during procedural sedation are uncommon.

1142 - 1151

Paediatric Septic Shock

Dr Rebecca Smith, Paediatric Intensivist, Starship Child Health, Auckland, New Zealand

Paediatric septic shock remains a big problem worldwide with high rates of morbidity and mortality. The early recognition of sepsis and implementation of standardised resuscitation/stabilisation bundles of care has been shown to decrease mortality. Rapid reversal of shock with fluid resuscitation/ vasoactive support and the administration of appropriate antimicrobial therapy remains the mainstay of treatment. Recently published guidelines from the American College of Critical Care Medicine offer guidance for the initial management of paediatric and neonatal septic shock. In managing paediatric sepsis it is not just size, but what we do, that matters.

1300 - 1330

Transporting the PICU Patient – How We Can Help You

Diane Fuller, Nurse Specialist - Transports, Starship Child Health, Auckland, New Zealand

The Starship Child Health Transport Service is undergoing a revamp. Part of this refreshment process includes updating the PICU guidelines — an online information resource tool that any health service or health professional can access to help guide their care of the sick infant and child. This tool provides access to the PICU protocols which can assist a referring centre to start preparing a child for transport to Starship. Once the PICU transport team arrives, the transition of the child into our care is then more streamlined and timely.

The critically ill neonate and paediatric patient population that we retrieve have different physiological and emotional needs that many centres may be unfamiliar with if they mainly deal with adult patients. We hope that this online resource tool will help guide the care of these children and alleviate some of the stress factors of caring for the sick child until they can be retrieved to the specialised services that they require.

1330 - 1400

Neuronal Apoptosis and T-Rex

Professor Brian Anderson MB CHB, PhD, FANZCA, FCICM Professor of Anaesthesiology, The University of Auckland; Paediatric Anaesthetist/Intensivist, Starship Child Health, Auckland, New Zealand

Sedatives and anaesthetic agents may trigger structural and functional abnormalities through a process known as neuronal apoptosis in the immature brains of human neonates. Data from animal studies, including primates, support these findings. Although this phenomenon has been intensely investigated in anaesthesia, impact of these drugs (GABA agonists and NMDA antagonists such as volatile anaesthetics e.g., sevoflurane, propofol, midazolam, ketamine, and nitrous oxide) in the neonatal or paediatric ICU child remains unknown. Translating animal findings to humans in clinical anaesthesia settings has been difficult; translating findings to the intensive care setting unexplored. Some drugs (opioids, dexmedetomidine) appear less neurotoxic than others.

Some, but not all, human cohort studies show an association between exposure to anaesthesia in infancy or early childhood and later changes in cognitive tests, school performance or risk of developing neurodevelopmental disorders, but the evidence is weak due to multiple confounders. The GAS and PANDA studies support animal data that short exposure is unlikely to cause any neurodevelopmental impact.

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The TREX study aims to determine if low-dose sevoflurane/dexmedetomidine/remifentanil anaesthesia is associated with superior neurodevelopmental outcome compared to standard dose sevoflurane anaesthesia in children less than 2 years of age having surgery expected to last 2.5 hours or longer.

References

Sun LS et al. JAMA. 2016; 315(21): 2312-20. Davidson AJ et al. Lancet. 2016; 387(10015): 239-50.

1400 - 1430

Therapeutic Hypothermia for Out of Hospital Cardiac Arrest: Why Being Cool is So Hot Right Now Dr Paul Young, Specialist in Intensive Care Medicine, Wellington Hospital; Director, The Intensive Care Research Programme, Medical Research Institute of New Zealand, Wellington, New Zealand

The consequences of translation of new knowledge into practice are poorly understood and yet can have a major impact on patient treatment and outcomes.

To evaluate knowledge translation into practice after publication of the Target Temperature Management (TTM) 33°C vs. 36°C After Out-of-hospital Cardiac Arrest (OHCA) trial and associated patient outcomes. Our primary hypothesis was that TTM at 36°C was rapidly adopted in Australian and New Zealand (ANZ) ICUs. Secondary hypotheses were that temporal reductions in mortality would be seen and would have accelerated after publication of the TTM trial.

We conducted a retrospective cohort study (January 2005 to December 2016) using the ANZICS-CORE adult patient database containing >2 million admission episodes from 186 ANZ ICUs. 16252 adults from 140 hospitals admitted to ICU after OHCA were included in this study comparing temperature management and outcomes before vs. after publication of the TTM trial.

The primary outcome variable to evaluate changes in temperature management was lowest temperature in the 1st 24 hours in ICU. The primary clinical outcome variable of interest was in-hospital mortality. Secondary outcomes included proportion of patients with fever in the first 24 hours in ICU. The mean \pm SD lowest temperature in the first 24 hours in ICU in pre- and post-TTM patients was 33.80 \pm 1.71°C and 34.70 \pm 1.39°C respectively (absolute difference 0.98°C [99%CI 0.89 to 1.06°C]; P<0.001).

In-hospital mortality rate decreased by 1.3 [99%CI -1.8 to -0.9] percentage points per year from January 2005 until December 2013 and increased by 0.6 [99%CI -1.4 to 2.6] percentage points per year from January 2014 until December 2016 (change in slope 1.9 percentage points per year [99%CI -0.6 to 4.4]; P=0.05). Fever occurred in 568 of 4450 pre-TTM patients (12.8% [99%CI 11.5 to 14.1%]) and 853 of 5184 post-TTM patients (16.5% [99%CI, 15.2 to 17.8%]) (OR 1.35 [99%CI 1.16 to 1.57]; P<0.001).

After publication of the TTM trial clinicians have adopted higher temperature targets in OHCA patients. This translation of new knowledge into practice was associated with an increased incidence of fever not seen in the TTM trial. Further research is required to establish optimal temperature management for comatose OHCA patients.

1430 - 1500

Deceased Organ Donation in New Zealand: Rewards Come From Hard Work Emma Merry, James Judson, Stephen Streat Medical Specialists, Organ Donation New Zealand

Introduction: Deceased organ donation in New Zealand has doubled over the 5 years between 2013 (36 donors; 8.7dpmp) and 2017 (73 donors; 15.3dpmp).

Method: ODNZ supports Intensive Care Unit (ICU) teams in New Zealand's 24 ICUs to maximise the potential for deceased organ and tissue donation. This guidance incorporates an ongoing audit of deaths with twice yearly audit workshops and discussions at individual site visits; providing on-site education for ICU and operating theatre hospital staff involved with the process; providing 24/7 clinical support from donor coordinators and ODNZ medical specialists; developing and sustaining collaborative relationships with colleagues in ICUs around the country; and developing best-practice solutions to the challenges that arise.

Maximising the potential for donation initially focused on identifying all opportunities for Donation after Brain Death (DBD). This is now supplemented by

- i) accrediting ICUs for donation after circulatory death (DCD);
- ii) identifying potential donors in Emergency Departments;
- iii) supporting excellent end of life communication in ICUs. Paediatric donor numbers are small: this represents an area of interest for ODNZ for the future.

Results: Deceased donation has doubled over 5 years.

Conclusion: ODNZ hopes to continue the trend of increased deceased donation in New Zealand by continuing collaborative working backed up by clinical expertise, attention to detail and robust data collection and analysis, which appear to be successful tools.

1530 - 1600

The Trials and Tribulations of Transitioning to the New Zealand Early Warning Score (NZEWS) using Patientrack: A Local Experience

Dr Alison Pirret BA, MA, PG Cert, PhD.

Nurse Practitioner, Critical Care Complex, Middlemore Hospital, Auckland; Senior Lecturer, School of Nursing, Massey University, New Zealand

Many hospitals are now implementing NZEWS. This paper presents the challenges associated with implementing the NZEWS using 'Patientrack'. Using a sequential design, concurrent data were collected between January and September 2017. Local EWS scores of PAR team referrals (n=100) were converted to NZEWSs and showed significant differences between the escalation responses of the two systems (=0.67, P=<0.001) with a significant reduction in MET calls in surgical wards. Local EWS scores (n=128) collected from six wards and converted to NZEWS also demonstrated differences in escalation responses (=5.31, p=<0.001); most patients had low scores and very few had NZEWS 6-7. PAR team data identified most NZEWS 8-9 (n=8) did not warrant a MET call. Once implemented in pilot wards, 'Patientrack' data (n=594) identified most patients had low NZEWSs with very few NZEWSs 6-7 and PAR team referrals; PAR team data showed other patients were referred to them and most patients clinically improved in the ward. The inbuilt 'Patientrack' reports provided limited data and identified the need to write our own reports to retrieve data from the data warehouse. NZEWS significantly differed from our local EWS and implementing it with 'Patientrack' with its limited reports proved challenging in determining the suitability of the NZEWS to meet the needs of our patient population and staffing resources.

| 1600 -1700 | P-ANZICS JAMAGEDDON Professor Brian Anderson, Professor of Anaesthesiology, The University of Auckland; Paediatric Anaesthetist/ Intensivist, Starship Child Health, Auckland, New Zealand Dr Paul Young, Specialist in Intensive Care Medicine, Wellington Hospital; Director, The Intensive Care Research Programme, Medical Research Institute of New Zealand, Wellington, New Zealand Diane Mackle, Senior Project Manager — ICU Trials, Medical Research Institute of New Zealand, Wellington, New Zealand | Moderator: Dr Alex Kazemi |
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POSTER ABSTRACT

A Multicase Study of a Prolonged Critical Illness In the Intensive Care Unit: Patient, Family and Nurses' Trajectories

<u>Dr Claire Minton;</u> Dr Lesley Batten; Professor Annette Huntington Massey University, Palmerston North, New Zealand

The emergence of a new cohort of patients, the chronically critically ill, is related to the success of advances in intensive care therapies. These patients are a distinct group with differing physiological and psychological needs, which can be challenging for nurses. While there is a growing body of literature that seeks to understand the experiences of critical illness from the patients' perspective, no literature has attempt to consider the illness journey from multiple perspectives throughout a critical illness in the ICU. The trajectory concept recognises illness as a course, which can be altered by an interplay of medical, social, political, economic, biographical and psychological forces. Hence this poster presents the trajectory of a prolonged critical illness in the ICU from the perspectives of the patient, their family and the nurses who provided their care.

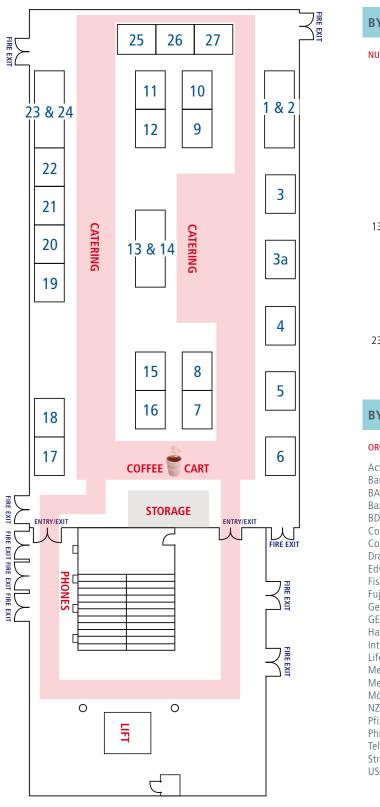
This study used a longitudinal, qualitative, multi-case study approach, informed by the Chronic Illness Trajectory Framework. Data collection involved six linked cases (patient, family and clinicians) in four New Zealand ICUs.

Longitudinal data analysis revealed four sub-phases in the trajectory of a prolonged critical illness. These sub-phases were determined by the patients' physiological condition, with each sub-phase also representing different psychosocial needs. Families' trajectory, dominated by uncertainty, were informed by the patients' trajectory. Family worked hard to relieve the uncertainty by looking for signs of improvement. Nurses' work was informed by the patients' trajectory, with different sub-phases representing different challenges

The longitudinal nature of this study with three participants groups gives a comprehensive view of the trajectory of a prolonged critical illness. This research has highlighted how trajectories were interlinked for all groups. As an illness trajectory is shaped by healthcare professionals, family and patients it is important to understand how the trajectory is informed and the interplay between groups.



EXHIBITOR LISTING & FLOORPLAN



BY STAND NUMBER

ORGANISATION NUMBERS

- 1 & 2 Stryker
- 3 Intermed Medical
- Core Schedule За
- Getinge New Zealand
- Medtronic New Zealand NZ College of Critical Care Nurses
- Fujifilm SonoSite
- Philips Australia & New Zealand
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BY ORGANISATION

| ORGANISATION | NUMBERS |
|------------------------------------|---------|
| Active Healthcare | 23 & 24 |
| Bamford | 18 |
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| Pfizer Essential Health | 26 |
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| Teleflex Medical New Zealand | 10 |
| Stryker | 1 & 2 |
| USL Medical | 11 |

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SPONSOR & EXHIBITOR PROFILES

SPONSORS

STANDS: 13 & 14

Fisher & Paykel Healthcare — PLATINUM SPONSOR



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15 Maurice Paykel Place, East Tamaki, Auckland 2013, New Zealand

www.fphcare.com

STANDS: 1 & 2

Stryker – PLATINUM SPONSOR



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www.stryker.com/au

Fisher & Paykel Healthcare is a leading designer, manufacturer and marketer of products and systems for use in respiratory care, acute care, surgery and the treatment of obstructive sleep apnea. Our medical devices and technologies are designed to help patients transition to less acute care settings, help them recover quicker and assist them to avoid more acute conditions. We are a global business, based in 36 countries and selling into 120. Since the 1970s, we have focused on continuous improvement and innovation in the development of world-leading medical devices and technologies, and today, our products are considered leaders in their respective fields.

Stryker is one of the world's leading medical technology companies and together with our customers, we are driven to make healthcare better. The Company offers a diverse array of innovative products and services which help improve patient and hospital outcomes. Stryker is active in over 100 countries around the world. Our Medical portfolio offers a broad range of hospital beds, support surfaces, stretchers, and hospital room furniture that feature BackSmart technology — ergonomic-based design that helps to reduce the risk of caregiver injury and improve patient outcomes. Stryker's mobility solutions, support surface therapies, bed monitoring and Connected Hospital technologies set new standards for successful patient care.

STAND: 4

Getinge New Zealand Pty Ltd – GOLD SPONSOR



PASSION FOR LIFE

CONTACT:

Alan Cavell

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021 874 882 3

Level 2, Building B, Millennium Centre, 600 Great South Road,

Ellerslie, Auckland, New Zealand

www.getinge.com/int

STAND: 20

BD – BRONZE SPONSOR



CONTACT:

Anne Familton

anne.familton@bd.com 021 971 200 ①

14b George Bourke Drive, Mt Wellington, Auckland 1060, New Zealand www.bd.com

Getinge is a global provider of innovative solutions for operating rooms, intensive care units, sterilization and endoscopic reprocessing departments, endovascular procedures and for life science companies and institutions. Based on our first-hand experience and close partnerships with clinical experts, healthcare professionals and medical-technology specialists, we are improving the everyday life for people — today and tomorrow.

BD is a global medical technology company that is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. The company provides innovative solutions that help advance medical research and genomics, enhance the diagnosis of infectious disease and cancer, improve medication management, promote infection prevention, equip surgical and interventional procedures, and support the management of diabetes. BD has nearly 50,000 associates across 50 countries who work with customers and partners to help enhance outcomes, lower health care delivery costs, increase efficiencies, improve health care safety and expand access to health.

STANDS: 23 & 24 Active Healthcare



CONTACT:

Edward Bishop

edward@activehealthcare.co.nz 0800 336 339 ①

PO Box 201157, Auckland Airport, Auckland 2150, New Zealand

www.activehealthcare.co.nz

Active Healthcare delivers premium healthcare solutions that support mobility and safe patient handling. We specialise in state-of-the-art LINET hospital beds and patient transfer and repositioning solutions, including HoverMatt air assisted safe lateral transfer and Guldmann ceiling hoists. Active Healthcare customises equipment to ensure its fit for purpose and exceeds expectations. We deliver, set up and support clients in the use of their new equipment and provide training for care staff to ensure confidence in use, for the lifetime of the product. With more than 30 years' experience, Active Healthcare is a trusted solutions provider to the New Zealand healthcare sector.

STAND: 18 Bamford



CONTACT:

Cam Weitz

cam@bamford.co.nz 04 5762100 **①** Private Bag 31346 Lowe

Private Bag 31346, Lower Hutt, New Zealand

www.bamford.co.nz

At this year's stand we introduce Tracoe from Germany. For over half a century, the family-owned company TRACOE medical GmbH has specialised in tracheostomy and laryngectomy products with "Made in Germany" quality. Our aim is to provide products that perfectly meet the needs of patients. Bamfords have the people who take the time to understand the challenges our customers face and our specialist knowledge ensures that we carefully select the right products, best suited to New Zealand requirements. When performance counts, you can trust Bamfords to deliver.

STAND: 19 BARD





CONTACT:

Vanessa Playle

Vanessa.playle@crbard.com +64 21 832 3210

Tina Van Weelderen

<u>Tina.vanweelderen@crbard.com</u> +61 425 341 515 **②** 22 Lambs Road, Artarmon, NSW 2064, Australia

www.bardmedical.com

Bard Australia has been Advancing the Delivery of Healthcare by creating innovative products and services that meet the needs of healthcare providers and patients. Today, Bard is a leader in products that focus on Disease State Management in three key areas: Vascular, Urology, and Oncology. To complement these areas, Bard has a complete line of advanced Surgical Specialty Products and Services. Focused on our core values of Quality, Integrity, Service and Innovation, Bard Medical will improve the quality of patient healthcare with essential, cost efficient medical devices that provide effective clinical outcomes. This makes us a provider of choice for clinicians in the venous access, urology and women's health disease states.

STAND: 15

Baxter Healthcare Ltd



CONTACT:

Suzanne Carter

suzanne_carter@baxter.com 64 9 574 2400 ① PO Box 14062, Panmure, Auckland 1741, New Zealand www.baxter.com Baxter provides a broad portfolio of essential renal and hospital products, including home, acute and in-centre dialysis; sterile IV solutions; infusion systems and devices; parenteral nutrition; biosurgery products and anaesthetics; and pharmacy automation, software and services. The company's global footprint and the critical nature of its products and services play a key role in expanding access to healthcare in emerging and developed countries. Baxter's employees worldwide are building upon the company's rich heritage of medical breakthroughs to advance the next generation of healthcare innovations that enable patient care.

STAND: 17

Connected Healthcare Systems Ltd



CONTACT:

Karen Dry admin@chsnz.co.nz +64 9 973 4189 ①

PO Box 97 301, Manukau 2241, Auckland, New Zealand

www.chsnz.co.nz

STAND: 3a Core Schedule



CONTACT:

Vaughan Meneses

vaughan@coreschedule.com +64 (0) 27 265 0210 ூ 36 Owen St, Newtown, Wellington 6021 New Zealand

www.coreschedule.com

company bringing New Zealand customers the very latest in high quality, medical devices and technology. Proud to be partnering with Mindray Medical for all your patient monitoring and anaesthesia equipment. Also proud to represent, Vocera Communication Systems, Our integrated, intelligent system enables users to communicate instantly with each other simply by saying the name, function, or group of the desired recipient, and securely delivers text messages and alerts directly to and from their device of choice.

Connected Healthcare Systems is a New Zealand owned and operated

CORE SCHEDULE - IT'S ABOUT TIME

Meeting the needs of people in a challenging and dynamic work environment can be complex. Core Schedule is a fresh and adaptive rostering program we tailor to fit the unique needs of your organisation and the people within it. We make it simple, keep it fair and do the work to load everything in. Reports provide visibility into any metrics you want, the way you want them. The system is auditable, accountable, affordable and drastically reduces admin time. It's easy to use and mobile friendly from anywhere.

STAND: 22 Draeger New Zealand Ltd



CONTACT:

Jan Lewandowski

jan.lewandowski@draeger.com 021 194 9285 **⊅**

Unit 4, 24 Bishop Dunn Place, East Tamaki, Auckland 2013, New Zealand

www.draeger.com

Dräger. Technology for Life®

Dräger is a leading international company in the fields of medical and safety technology. Our innovative products, services and systems protect, support and save lives. People from hospitals, manufacturing, mining, fire protection and emergency services have trusted in Dräger since 1889. The medical division's product range covers ventilation equipment for intensive care, emergency and mobile ventilation units, anaesthesia workstations, warming therapy equipment for infants, patient monitoring equipment and IT solutions. Besides striving for the highest quality and common interfaces between our products, Dräger also focuses on the protection of our environment and our natural resources.

STAND: 12 Edwards Lifesciences



Edwards

CONTACT:

Sandy Scott

Sandy scott@edwards.com +64 212 744 810 ①

Unit 2 / 40 Talavera Road, North Ryde, NSW 2113, Australia

patient-focused medical innovations for structural heart disease, as well as critical care and surgical monitoring. Driven by a passion to help patients, the company collaborates with the world's leading clinicians and researchers to address unmet healthcare needs, working to improve patient outcomes and enhance lives.

Edwards Lifesciences, based in Irvine, Calif., is the global leader in

For more information, visit Edwards.com and follow us on Twitter @ EdwardsLifesci.

STAND: 27
GE Healthcare



CONTACT

New Zealand: 0800 659 465 ①
Anna Shaw
anna.shaw@ge.com
+64 021 374 997 ①
8 Tangihua St, Auckland, New Zealand

www.gehealthcare.com.au

GE Healthcare provides transformational medical technologies and services to meet the demand for increased access, enhanced quality and more affordable healthcare around the world. GE (NYSE: GE) works on things that matter - great people and technologies taking on tough challenges. From medical imaging, software & IT, patient monitoring and diagnostics to drug discovery, biopharmaceutical manufacturing technologies and performance improvement solutions, GE Healthcare helps medical professionals deliver great healthcare to their patients.

STAND: 7 Fujifilm SonoSite

FUJIFILM
Value from Innovation



CONTACT:

www.sonosite.com/au

Fujifilm SonoSite, Inc., the world leader in bedside and point-of-care ultrasound, delivers solutions that meet imaging needs of the medical community. With its VisualSonics ultra high-frequency micro imaging technology, SonoSite continues to influence the future of medical imaging in both the clinical and preclinical markets. Headquartered near Seattle, Washington, USA, the company is represented by subsidiary offices and a global distribution network serving over 100 countries. SonoSite's portable, compact systems are expanding the use of ultrasound across the clinical spectrum by enabling healthcare providers to improve quality of care, physician efficiency, patient safety, patient satisfaction, and reduce costs. For more information, please visit: www.sonosite.com/au

STAND: 16 Halyard



CONTACT:

Customer Service

www.halyardhealth.com.au

Halyard Health is a medical technology company that delivers clinically superior products in respiratory health, digestive health, and pain management. In 2016, Halyard acquired CORPAK Medsystems, and now have an even broader and more innovative portfolio of digestive health products, including CORGRIP*, FARRELL VALVE SYSTEMS*, CORFLO* Nasoenteric Tubes and the CORTRAK* 2 EAS system, to deliver the best in clinical and economic value to you and your patients. Halyard also provide a range of HALYARD* VAE Solutions, including the MICROCUFF* Subglottic Suctioning Endotracheal Tube and 24-hour Oral Care Kits, designed to assist clinicians in the prevention of Ventilator-Associated Events.

STAND: 3

Intermed Medical Ltd



You. Me. Make a difference.

CONTACT:

Kinga Palmer

kinga@intermed.co.nz 0800 333 444 PO Box 33268, Takapuna, Auckland, New Zealand www.intermed.co.nz InterMed Medical, one of New Zealand's largest privately owned Healthcare companies is pleased to present its key product portfolio at this year's ANZICS conference. InterMed is proud to represent leading brands focused on the Critical Care environment such as Hamilton Medical and Intersurgical. Please take this opportunity to meet the 'HAMILTON-C6' the next generation of intelligent ICU Ventilators. Now in our 37th year of trading in the Critical Care environment, hospitals can be assured of high quality products, with proven technology from competent and well trained staff. Please take the time to visit our stand to discuss your Department's clinical and equipment needs.

STAND: 9

LifeHealthcare



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www.lifehealthcare.com.au

STAND: 21

Medipak Surgical New Zealand Ltd



CONTACT:

Adam Neil

aneil@medipak.co.nz

021 933 199 🛈

PO Box 56-516, Dominion Road, Auckland, New Zealand

www.medipak.co.nz

STAND: 5

Medtronic New Zealand Ltd



Further, Together

CONTACT:

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+64 9 967 4600 ①

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www.medtronic.co.nz

STAND: 25

Mölnlycke Health Care



CONTACT:

Joss Cole-Baker

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Level 4, 12 Narabang Way, Belrose, NSW 2085, Australia

www.molnlycke.co.nz

At LifeHealthcare we bring Australian and New Zealand healthcare professionals innovative medical devices by partnering with world class companies who share our vision for innovation and making a real difference to people's lives. Together with our partners all over the world, our people work closely with healthcare professionals to ensure the highest standards of patient care.

What do you need for airway management? Karl Storz offers the solution; The C-MAC system. The C-MAC Monitor is the core of the C-MAC system that connects re-useable blades, single use blades and flexible intubation scopes. Visit Medipak Surgical at Stand 21 to see the latest products of the C-MAC system.

As a global leader in medical technology, services and solutions, Medtronic improves the lives and health of millions of people each year. We use our deep clinical, therapeutic, and economic expertise to address the complex challenges faced by healthcare systems today. Let's take healthcare Further, Together. Learn more at www.Medtronic.

Mölnlycke is a world-leading medical solutions company. We're here to advance performance in healthcare across the world, and we aspire to equip everybody in healthcare with solutions to achieve the best outcomes. We collaborate with customers to understand their needs. We design and supply medical solutions to enhance performance at every point of care — from the operating room to the home

STAND: 6

NZ College of Critical Care Nurses



CONTACT:

Dayle Pearman

<u>DayleP@adhb.govt.nz</u> <u>criticalcarenurses@gmail.com</u>

www.nzno.org.nz/groups/colleges_ sections/colleges/new_zealand_college_ of_critical_care_nurses The New Zealand College of Critical Care Nurses is representative of professional Critical Care Nursing in New Zealand and endeavours to encourage, support and promote members working in critical care areas.

Our Aims

- To be the recognised professional organisation of all Critical Care Nurses in New Zealand.
- To promote Critical Care Nursing and increase the profile of Critical Care Nurses.
- To disseminate standards of practice and standards for education in Critical Care Nursing
- To provide a communications network for all members including a regular journal, annual conference and disseminating information on relevant issues
- To encourage and support research into Critical Care Nursing
- To liaise with appropriate authorities on social, health, education and other issues, relevant to Critical Care Nursing
- To communicate and liaises with international Critical Care organisations
- To support the objectives and processes of the New Zealand Nurses Organisation (Inc)

Contact the New Zealand College of Critical Care Nurses at criticalcarenurses@gmail.com

STAND: 26

Pfizer Essential Health



CONTACT:

Pip Acock

www.pfizer.co.nz

Pfizer has operated in New Zealand since 1961, in this time Pfizer has contributed significantly to improving the health of Kiwis through supplying a wide-ranging health portfolio.

Our belief is the patient comes first. We continually invest in New Zealand and constantly seek to improve our quality and supply of medicines.

We are committed to New Zealand and have invested heavily in innovation and research to support the development of new medicines and given back to the community through new partnerships and philanthropic ventures.

To ensure our portfolio reflects patient need we work collaboratively with our customers such as Pharmac, healthcare professionals, patients and seek to add value to the wider healthcare sector by introducing products with safety enhancements or more efficient delivery that save time.

STAND: 8

Philips Australia & New Zealand



CONTACT:

Miranda Okazima

Miranda.okazima@philips.com +61 437 259 935 ூ

Philips Building, 65 Epping Road, North Ryde, NSW 2113 Australia

www.philips.co.nz/healthcare

Creating a healthier future together. At Philips, we look beyond technology to the experiences of patients, providers and caregivers across the health continuum from healthy living to prevention, diagnosis, treatment, recovery and home care. Our solutions combine clinical breadth and depth of expertise, technology and services, actionable data, consultative new business models and partnerships. Together, with our customers, we take risks and share responsibility — so that we can transform how care is delivered and experienced. It's a unique perspective empowering us all to create a healthier future.

50 www.anzics2018.nz

STAND: 10

Teleflex Medical New Zealand



CONTACT:

John Reidy john.reidy@teleflex.com +64 (0)274 764 009 ூ

Building B, Level 4, 201 Coward Street, Mascot NSW. 2020. Australia

www.teleflex.com

Teleflex Medical ("Teleflex") is a leading global provider of medical devices for pre-hospital, emergency, critical care, respiratory, anaesthesia, urology and surgery. Teleflex Medical Australia & New Zealand are focused on consolidating our presence in New Zealand to integrate and expand our portfolio of products providing extended choice for clinicians from a single source.

Through professionalism and integrity, it is our passion to be the supplier of choice in each therapy area we support, and to be recognised for our unparalleled standard of education and customer service.

STAND: 11
USL Medical Ltd



CONTACT:

Scott Hollingshead scott.hollingshead@uslmedical.co.nz +64 9 829 0983 ①

PO Box 15645, New Lynn, Auckland, New Zealand

www.uslmedical.co.nz

USL Medical Pty is a family owned sales and marketing company, specialising in the supply of medical products, equipment, service and support to the health care market of New Zealand and Australia. With an annual turnover of \$70 million, 7000 product lines, 118 staff, and offices in Auckland, Christchurch, Brisbane and Melbourne. In a new association with Lowenstein Medical a family owned company who develop and produce high-quality life-saving system solutions for the hospital and homecare markets. Both companies guiding principle is to provide quality equipment and quality service to our end users. USL and Lowenstein Medical have highly motivated employees and our very close relationship with customers and end users helps with ensuring innovation, cost-effective and customized system solutions. This in turns provides a broad spectrum of treatment options which benefit of patients, doctors, nurses and paramedics.

Acock, Pip

Pfizer, Auckland, New Zealand

Adesanya, Deborah

Starship Child Health, Auckland, New Zealand

Aguila, Jefferson

Counties Manukau Health, Auckland, New Zealand

Albrett, Jonathan

Waikato DHB New Plymouth New Zealand

Alicante, Nesette

Counties Manukau Health, Auckland, New Zealand

Anderson, Brian

The University of Auckland, Auckland, New Zealand

Andrews, Thomas

Capital & Coast DHB, Wellington, New Zealand

Atkin, Rachel

Bay of Plenty DH, B Tauranga, New Zealand

Babu, Binsy

Counties Manukau Health, Auckland, New Zealand

Bainbridge, Laura

Counties Manukau Health, Auckland, New Zealand

Bamford, Alex

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Barlow, Shelley

Auckland DHB, Auckland, New Zealand

Barrett, James

Edwards Lifesciences, Sydney, Australia

Barry, Ben

Capital & Coast DHB, Wellington, New Zealand

Barton, Lee

Starship Child Health, Auckland, New Zealand

Baskett, Abby

Auckland DHB, Auckland, New Zealand

Best, Kim

Starship Child Health, Auckland, New Zealand

Blakemore, Paul

Bay of Plenty DHB, Tauranga, New Zealand

Bowen, Rod

Southern DHB, Dunedin, New Zealand

Brabyn Christine

Waikato DHB Cambridge New Zealand

Broadbent, James

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Nelson Marlborough DHB, Nelson, New Zealand

Bublitz, Kathy

Auckland DHB, Auckland, New Zealand

Buckley, David

Auckland DHB, Auckland, New Zealand

Buehner, Ulrike

Lakes DHB, Rotorua, New Zealand

Burke, Caitlin

Capital & Coast DHB, Wellington, New Zealand

Butler, Karen

Medtronic NZ Ltd, Auckland, New Zealand

Caddell, Denise

Starship Child Health, Auckland, New Zealand

Cain, Margaret

NZNO Auckland, New Zealand

Campbell, Teresa

Starship Child Health, Auckland, New Zealand

Carney, Nathan

Active Healthcare, Auckland, New Zealand

Carroll, Tim

Medtronic NZ Ltd, Auckland, New Zealand

Cavell, Alan

Getinge, Sydney, Australia

Chadwick, Lesley

Hawke's Bay DHB, Hastings, New Zealand

Chalmers, Debra

Hawke's Bay DHB, Napier, New Zealand

Chapman, Carmel

Hutt Valley DHB, Wellington, New Zealand

Chen, Jonathan

Starship Child Health, Auckland, New Zealand

Chidgey, Sarah

Stryker, Auckland, New Zealand

Christie, Coralie

LifeHealthcare, Sydney, Australia

Clark, Kathryn

Starship Child Health, Auckland, New Zealand

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Bay of Plenty DHB, Tauranga, New Zealand

Coulter, Finn

Bay of Plenty DHB, Tauranga, New Zealand

Croker, Silvia

Bay of Plenty DHB, Whakatane, New Zealand

Cubis Debra

Bay of Plenty DHB Tauranga New Zealand

Culverwell, Pamela

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Davies, Nia
Capital & Coa

Capital & Coast DHB, Wellington, New Zealand

Donovan, Julia

Medtronic NZ Ltd, Auckland, New Zealand

Doran, Ann

Auckland DHB, Auckland, New Zealand

Douglas, Jeff

Medipak Surgical, Auckland, New Zealand

Enosa, Kimberley

Canterbury DHB, Christchurch, New Zealand

Erickson, Simon

Princess Margaret Hospital, Perth, Australia

Everest, Lesley

Lakes DHB, Rotorua, New Zealand

Fenwick, Kylie

Nelson Marlborough DHB, Nelson, New Zealand

Finucane, Kirsten

Starship Child Health, Auckland, New Zealand

Foley, Julia

St Vincent's Hospital, Melbourne, Australia

Forrest, Kate

Auckland DHB, Auckland, New Zealand

Ganeshalingham, Anusha

Starship Child Health, Auckland, New Zealand

Gash, Preston

Connected Healthcare Systems Auckland New Zealand

Geddes Alex

Capital & Coast DHB, Wellington, New Zealand

Ghafar, Hasfaliza

Draeger New Zealand Ltd, Auckland, New Zealand

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Capital & Coast DHB, Wellington, New Zealand

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Fisher & Paykel Healthcare, Auckland, New Zealand

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Auckland DHB, Auckland, New Zealand

Gini, Nic

Starship Child Health, Auckland, New Zealand

Greaves, Kirsty

Waikato DHB, Hamilton, New Zealand

Gundo, Rodwell

Auckland University of Technology

Auckland, New Zealand

Habeck, Mieke

Halyard, Sydne,y Australia

Hackney, Leah

NZCCCN, Christchurch, New Zealand

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LifeHealthcare, Sydney, Australia

Halvorson, Jemma

Medipak Surgical, Auckland, New Zealand

Hanna, Judie

Auckland DHB, Auckland, New Zealand

Hanson, Ally

Teleflex Medical NZ, Mascot, Australia

Hardy, Andy

Monash Medical Centre, Melbourne, Australia

Harper-spiller, Elinore

Capital & Coast DHB, Wellington, New Zealand

Hathaway, Karyn

Capital & Coast DHB, Wellington, New Zealand

Hays, Jenny

GE Healthcare, Auckland, New Zealand

Hitchings, Louise

Canterbury DHB, Christchurch, New Zealand

Hofstee, Chantal

Renew Your Mind Auckland New Zealand

Hollingshead, Scott

USL Medical, Auckland, New Zealand

Horsley, Carl

Counties Manukau Health, Auckland, New Zealand

Houtzager, Marloes

Lakes DHB, Rotorua, New Zealand

Hussey, Alex

Lady Cilento Children's Hospital, Brisbane, Australia

Ingold, Karen

Starship Child Health, Auckland, New Zealand

Isaac, Debra

Counties Manukau Health, Auckland, New Zealand

Jackson, Blake

Capital & Coast DHB, Wellington, New Zealand

Jackson, Joan

Counties Manukau Health Auckland New Zealand

James, Stephen

Capital & Coast DHB, Wellington, New Zealand

Jarvie, Sarah

Auckland DHB, Auckland, New Zealand

Johnson, Bethany

BARD, Sydney, Australia

Joseph, Sheeja

Counties Manukau Health, Auckland, New Zealand

Judson, James

Organ Donation NZ, Auckland, New Zealand

Kane, Peter

Pfizer, Auckland, New Zealand

Keeton, Gemma

InterMed Medical Ltd, Auckland, New Zealand

Kennedy, Sarah

Canterbury DHB, Christchurch, New Zealand

Killick, Caroline

Monash Children's Hospital, Melbourne, Australia

Kilminster, Myrene

Lismore Base Hospital, Lismore, Australia

Kirby, Steve

Counties Manukau Health, Auckland, New Zealand

Knight, David

Canterbury DHB, Christchurch, New Zealand

Kohler, Andi

Baxter Healthcare, Auckland, New Zealand

Kuppens, Maike

Starship Child Health, Auckland, New Zealand

Lai, Vivian

Counties Manukau Health, Auckland, New Zealand

Lewandowski, Jan

Draeger New Zealand Ltd, Auckland, New Zealand

Lowe, Nicky

Counties Manukau Health, Auckland, New Zealand

Lyford, Bronwyn

Counties Manukau Health, Auckland, New Zealand

Mackle, Diane

Medical Research Institute of NZ Wellington, New Zealand

Mahon, Grace

Canterbury DHB, Christchurch, New Zealand

Marko, Peter

Taranaki DHB, New Plymouth, New Zealand

Maughan, Lyn

MidCentral DHB, Palmerston North, New Zealand

Maybery, Brett

Stryker Sydney Australia

McCarthy, Karen

Auckland DHB, Auckland, New Zealand

McDowell, Steve

Connected Healthcare Systems, Auckland, New Zealand

McGaughran, Lynette

Starship Child Health, Auckland, New Zealand

McIntosh, Hamish

Counties Manukau Health, Auckland, New Zealand

McKay, James

Canterbury DH, B Christchurch, New Zealand

Meneses, Vaughan

Core Schedule, Wellington, New Zealand

Merry, Emma

Organ Donation NZ, Napier, New Zealand

Miles, Fiona

Starship Child Health, Auckland, New Zealand

Millar, Stuart

Auckland DHB, Auckland, New Zealand

Mills, Kathleen

Counties Manukau Health, Auckland, New Zealand

Minton, Claire

Massey University, Palmerston North, New Zealand

Misselbrook, Harry

USL Medical, Auckland, New Zealand

Moore, Vicky

Counties Manukau Health, Auckland, New Zealand

Mullen, Catherine

Capital & Coast DHB, Wellington, New Zealand

Nelson, Nicola

Waikato DHB, Hamilton, New Zealand

Nielsen, Haley

Canterbury DHB, Christchurch, New Zealand

Norris, Nic

GE Healthcare, Auckland, New Zealand

Nuthall, Gabrielle

Auckland DHB, Auckland, New Zealand

O'Daly, Dee

Auckland DHB, Auckland, New Zealand

O'Donnell, Clare

Auckland DHB, Auckland, New Zealand

O'Rourke, Tom

Waikato District Airport, Hamilton, New Zealand

Orouke, Tom

Waikato DHB, Hamilton, New Zealand

Palmer, Kinga

InterMed Medical Ltd, Auckland, New Zealand

Park, Michael

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