

Saturday, November 19, 2011

Session B Lillooet Room

0830-0930

Diaphragmatic Pacing & Mouth Piece Ventilation a Pediatric Point of View.

Shelley Adderley, RRT, BSc

This presentation will discuss two types of ventilation that have been recently implemented in some of our pediatric population at B.C.C.H. **Diaphragmatic Pacing** has been around for over 20 years, but new technology has allowed for a less invasive way to accomplish this type of ventilation. In particular, three cases in our pediatric population will be discussed including the youngest child implanted in North America. The physiology of the pacing, which patients qualify, as well as the benefits of this mode of ventilation will be covered.

Mouth Piece Ventilation for young men with Duchene's Muscular Dystrophy(DMD). DMD is a progressive disease that first presents at an early age mainly in the male population. Their prognosis to live to adulthood is poor, as they require escalating help in maintaining their own ventilation. With careful monitoring of their pulmonary function in their early teens, and the use of BiPap and Mouth Piece Ventilation, many of these young men are living well into their adult years. The BCCH approach to the management of our DMD patients will be discussed, focusing on Mouth Piece Ventilation.

1030-1130

Breathing Life into COPD Management

Catherine Sanders, RRT

COPD is now the leading cause of hospital admission in Canada, yet the attention and government funding it receives lags far behind that of other major chronic diseases, such as heart disease and diabetes. Despite the economic strain this disease places on our healthcare system and the

psychosocial impact of living with this illness, COPD continues to rise in prevalence, and death rates are increasing.

However across health regions in BC, there has been a growing awareness of the burden of COPD. Improving its management has become a priority at Vancouver Coastal Health and Providence Health Care. Through a regional strategy which addresses the gaps in COPD care that currently exist, we expect to improve in-hospital management of COPD patients, reduce hospital admissions and readmissions, and reduce hospital length of stay for patients with COPD.

Learn the highlights of CTS best practice recommendations for COPD management, find out how we are implementing best practice into the care of our patients, and share your own experiences with COPD best practice implementation.

1300–1400

**Workforce Initiative in Obstructive Sleep Apnea
Less Matthews, RRT (A) MA**

The TRU Center for Respiratory Health and Sleep Science has adopted an approach that focuses on a multi-disciplinary model that will initiate cooperative programs in the workplace. While the health impacts of sleep apnea are well documented, personal well being, performance as an employee and costs to the employer of sleep deprived employees remain largely undetermined. Associated Employee performance deficits, clinical depression, pharmaceutical costs, disability claims and accidents have drawn attention to sleep as an important part of employee health and safety. TRU has partnered with The Forest Industry Safety and Health Research Program (SHARP) and Halstrom Sleep Apnea and Snoring clinics to deliver a screening assessment and treatment program. This presentation will describe our programs goals and objectives a long with our experience at the Prince George Sawmill in the summer 2011.

1400–1500

**Asthma Management; Questions, Tips, Clinical Pearls and
Comparisons
Susan Murtagh, RRT CRE**

More than 50% of asthma patients in Canada have uncontrolled asthma, despite published evidence-based guidelines for the diagnosis, treatment and management of asthma. Patients participating in double-blind randomized controlled pharmaceutical trials are carefully selected and adhere to strict protocol requirements which **may not reflect real-world** day-to-day asthma treatment and management. Issues relating to care access and treatment compliance can play a vital role in achieving therapeutic goals. Educational strategies are a powerful tool which can influence and modify patient behavior (related to ICS use) to gain and maintain asthma control.

Learning Objectives:

- Explore real-world challenges when adhering to strict asthma protocols and guidelines.
- Identify factors contributing to care gaps.
- Identify how education influences patient behavior and improves asthma outcomes?