

12th Annual Evidence-Based Nursing Conference

Evidence-Based Practice in Nursing: Past, Present and Future

Thursday April 12, 2018

Hilton Garden Inn, 250 Haskell Road, Bangor, Maine

8:30-9:00	Opening remarks: Paula Theriault, BSN, RN, MBA, VP, Regional Nursing Informatics					
Officer, Eastern Maine Health Systems: History of Maine Nursing Practice Consortium						
9:00-10:15	Keynote: Moira O'Neill PhD, RN, MPH, RN, Director New Hampshire Office of the					

Child Advocate: Evidence Based Governance: Roles for Nurses

Registration/continental breakfast

10:15-10:30 Break

7:30-8:30

10:30-11:15 Lisa Harvey McPherson RN, MBA, MPPM, VP, Government Relations, Eastern Maine Healthcare Systems: *Update on Legislative Activity*

11:15-11:45 Patricia Lynn Eldershaw PhD, MSN, RN, Husson University: *Interprofessional End of Life Care Education: Are we there Yet?*

11:45-12:45 Lunch and Poster Presentations

12:45-2:00 David Ulrich, MSN, RN, FNP-C; Deborah MacLean, MSN, RN, PMH-NP, Hope House Health and Living Center, Bangor, Maine: *Integrated Health Services for the Homeless Population* Moderator: Kelley Strout PhD, RN, Associate Professor University of Maine

2:00-2:15 Break

2:15-3:15 *Use of Evidence to Improve Patient Outcomes in Acute Care Settings*:

- Tina Closson, MSN, RN, CNL, CCRN/Joyce Hill, BSN, RN/Susan Houp BSN, RN, CCRN, Eastern Maine Medical Center, Bangor, Maine: Does a Clinical Pathway & Nurse-Driven Protocol Decrease CCU LOS after Transfemoral Transcatheter Aortic Valve Replacement
- 2. Tricia Foley RN, BSN, CWOCN, Maine Medical Center, Portland, Maine: Deep Tissue Pressure Injury Prevention Utilizing Wound Nurse Consult, 4-eyed Skin Inspection & Risk Factor Consideration

3:15-3:45 Evidence in Action Panel: Lisa Wong, Michelle Ferrie, Amelia Mank, Eastern Maine Medical Center Nurse Residents

3:45-4:00 Wrap up

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Bangor, Maine 04401

Registration Form

Please use one	form for	each registrant. This form may be p	photocopied for additional re	egistrants.
Name:				
Title:				
Organization:_				
Department:				
Home Address	:			
City:		State:	Zip:	
Email:				
Day Phone:	y Phone:Evening Phone:			
Registration Fe	e:			
Regular:	\$85.00			
Student:	\$25.00			
Check Enclosed:		Payable to : Omicron Xi at	-large Chapter	
Mail Registration	on and Pa	yment by Friday April 6 to:		
Cindy Therrien University of N 5724 Dunn Hal	laine-Scho	_		

Approved for 6 contact hours