The Perfusionist

April 2014 avril Volume XXIV, Number I
Tempora mutantur nos et mutamur in illis

The Official Publication of
Canadian Society of Clinical Perfusion

La publication officielle de la
Société Canadienne de Perfusion Clinique

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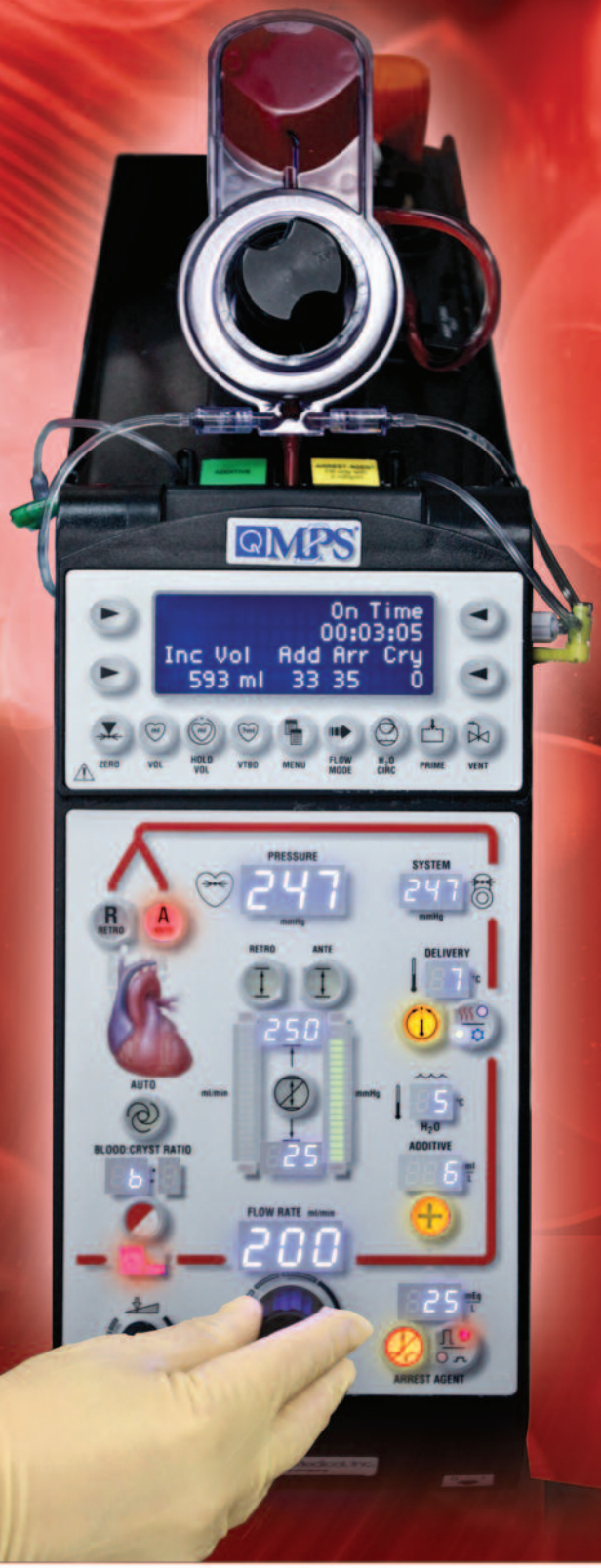

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editors@warp.nfld.net

The Editors
c/o CSCP National Office
914 Adirondack Road
London, Ontario,
Canada, N6K 4W7

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CSCP Executive ~ Conseil executif SCPC

Executive e-mail ~ Adresse électronique du conseil exécutif: *cscp@cscp.ca*

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Toutes demandes concenant les Comités et les groups de la SCOC sont adressées via le bureau nation de la SCPC à l'adresse suivate:

cscp@cscp.ca

Mission Statement ❧ Rôle de la Société

The mission statement of the Canadian Society of Clinical Perfusion is to encourage and foster the development of clinical perfusion through education and certification so as to provide optimum patient care.

La mission de la société canadienne de perfusion clinique est d'encourager et de promouvoir le développement de la perfusion clinique à travers l'éducation et la certificatin, de manière à assurer des soins de qualité.

National Office ❧ Bureau National

Address
CSCP National Office
914 Adirondack Road
London, Ontario,
Canada, N6K 4W7

Telephone
Monday to Friday
9:30 am to 3:00 pm, EST

(888) 496-CSCP (2727)
(866) 648-2763 (FAX)

e-mail
cscp@cscp.ca

Web Site
cscp.ca

In This Issue... Dans cette publication...

Next Deadline is **Date de tombée le**

June 27 juin

CSCP – Online

Andrew Beney
editors@warp.nfld.net

Back in September the Board decided that our current website was too archaic and difficult to operate. Any changes that we needed were very costly to implement, the site really didn't tell us much, and unfortunately, we all remember the crash of 2013! The decision was made to start anew. After considering several tenders, the task of redeveloping our website was awarded to Inorbital, located in Toronto. The task of leading the Web Redevelopment Committee, consisting of myself, Marie–France Raymond, and Kathy Currado, was assigned to me.

When confronted with such a large task, one of the first things I did was to develop an axiom that we followed while designing the new site. *To engage our profession for professionals and the public.* It was very easy to find ourselves sidetracked when looking at all the many parts of this project, and so refocusing was frequently required. Engaging; this is what we are, as a profession, trying to do. We have Perfusion Week to help promote ourselves with the public, and we attend conferences to engage with each other. We try and communicate however way we could, but with our current entire online presence pretty dismal, we were heavily constrained. The *raison d'etre* of our new online presence boils down to one core theme: Communication.

We have developed our website to be much more than simply a dues collecting tool. Did we have to do this? No. Should we? The website will be a resource tool that will be used by everyone, ranging from the Society's members all the way down to grade school kids doing their research projects. I think the answer is a compelling yes.

Our new website will be sustainable. We will have the ability to modify the pages whenever required to ensure our site continues to meet our requirements.

Our new website will be up to date. Material on the website will be regularly assessed by the Online Committee for relevance, and will be constantly updated to reflect current events.

Our new website will be responsive. Whether you use the website from a desktop computer or a smartphone, all features will function as they should.

Our new website will be fully bilingual. Simply by selecting the language option, the website will switch between English and French. All content will be available in both languages.

To help us augment our online presence, the Society will have now have official Facebook, Twitter, Instagram, and LinkedIn accounts. The website will remain the primary mechanism for the National Office to communicate with its members, and the Social Media devices will be to help augment communication.

Shortly you will be sent an email notice with the roll out date. When we are up and running, there will be a few housekeeping tasks that you should do.

You will be sent a login and password to access your user profile. Most of your information will be transferred over from existing databases, but if you have noticed that something has changed or inaccurate on your profile, it is up to you update it.

After you verify your profile information, you then should explore around the website. Of particular interest would be the Certification area, as that is where most people will be going to recertify. If you are one of the lucky ones who needs to submit professional and clinical activity this year, then you will have to navigate to this area where you can enter your professional activities.

As you explore the website, you may encounter a few areas that are still being developed. Not to worry! Under construction pages are not assigned to maybe-in-the-future pages that may be developed sometime in the next five years, they will be brought online as content is obtained. It is my objective is to have all content uploaded to the site before the end of 2014.

With any new tool, there is always a learning curve associated with its use. We hope website use will be effortless for the user, and as webmasters, we will also have a learning curve in making sure everything links up just right. While browsing the website, if you notice something that is not quite right, please make use of the report a problem link to let us know about it.

We hope that our new website will become more a perfusion resource for everybody, rather than simply a dues collection tool. Visit frequently, and make use of the features that it offers! Included in this issue of The Perfusionist is a small keychain flashlight. The key is to open the doors of discovery, and the light will shine your way! Both features we hope our new website will have.

la SCPC – en ligne

Andrew Beney
editors@warp.nfld.net

En septembre, le comité exécutif a décidé que notre site web actuel était trop archaïque et difficile à opérer. Tous les changements nécessaires auraient été très coûteux, notre site ne nous informe pas beaucoup et tout le monde se rappelle de la panne de 2013! Il a été décidé qu'il serait mieux de repartir en neuf. Après avoir considéré plusieurs soumissions, la reconstruction du site a été confiée à Inorbital, situé à Toronto. J'ai été attitré au rôle de chef du Comité de développement du site web, qui consiste de Marie-France Raymond, Kathy Currado et moi-même.

Confronté à une telle tâche, une des premières choses que j'ai faites a été de développer un axiome que nous avons suivi lors du design du nouveau site. *«Rendre notre profession intéressante pour les professionnels et le public.»* Il était très facile de s'égarer en considérant les nombreuses parties de ce projet, nous avions souvent besoin de nous recentrer sur l'idée principale. Attirer l'intérêt; c'est ce que nous essayons de faire en tant que profession. Nous avons la Semaine de la perfusion pour nous aider à nous faire connaître du public, et nous participons aux conférences afin se discuter les uns avec les autres. Nous essayons de communiquer de quelque façon possible, mais avec le peu de présence en ligne que notre site actuel nous permettait, nous étions très limités. La raison d'être de notre nouvelle présence en ligne peut se résumer en un mot : la communication.

Nous avons développé notre nouveau site pour en faire bien plus qu'un outil de collecte de frais d'adhésion. Étions-nous obligés de le faire? Non. Devions-nous? Le site sera un outil qui pourra être utilisé par tous, en partant des membres de la Société jusqu'aux enfants de l'école primaire qui travailleront à un projet de recherche. Alors je crois que la réponse est un oui convaincant.

Notre nouveau site web sera durable. Nous aurons la possibilité de modifier les pages à notre guise afin de s'assurer que le site continue de répondre à nos exigences.

Notre nouveau site sera à jour. Le contenu du site web sera revu régulièrement par le comité du site web et mis à jour constamment afin de refléter les événements actuels.

Notre nouveau site sera réactif. Que vous le visualisiez d'un ordinateur de bureau ou d'un téléphone intelligent, tous les éléments fonctionneront comme ils le devraient.

Notre nouveau site sera complètement bilingue. Simplement en choisissant l'option langue, le site pourra alterner entre anglais et français. Tout le contenu sera disponible dans les deux langues.

Afin de nous aider à augmenter notre présence en ligne, la Société aura dorénavant des comptes officiels sur Facebook, Twitter, Instagram et LinkedIn. Le site restera le premier moyen de communication entre ses membres, et les média sociaux serviront plutôt à la compléter.

Très bientôt, vous recevrez un courriel indiquant la date de lancement. Lorsque le site sera bel et bien en fonction, vous aurez quelques tâches à effectuer.

Vous recevrez un nom d'utilisateur et un mot de passe afin d'accéder à votre profil sécurisé. La plupart de l'information sera transférée des banques de données existantes, mais si vous remarquez qu'il y a eu un changement ou qu'il y a une inexactitude dans vos renseignements, vous devrez apporter les correctifs nécessaires.

Après avoir vérifié l'information à votre profil, profitez de l'occasion pour explorer le site, particulièrement la section de Certification, car c'est là que les membres renouvelleront leur certification. Si vous comptez parmi les chanceux qui doivent soumettre leurs activités éducatives et cliniques cette année, vous devrez naviguer dans cette section pour entrer vos activités professionelles.

Tout en explorant le site, vous pourrez rencontrer quelques endroits qui seront encore en développement. Pas de souci ! Les pages en construction ne seront pas des pages « peut-être dans le futur » qui seront développées sur les prochains cinq ans. Elle seront mises en ligne dès que le contenu aura été téléchargé. Mon objectif est de compléter tout le contenu avant la fin de 2014.

Comme avec tout nouvel outil, il y aura une courbe d'apprentissage. Nous espérons que la navigation du site sera sans effort pour l'utilisateur, et en tant que webmestres, nous aurons aussi une courbe d'apprentissage en ce qui concerne l'assurance que tout fonctionne comme il se doit. Si vous rencontrez un problème lorsque vous naviguez sur le site, veuillez utiliser le lien « Rapporter un problème » afin de nous en informer.

Nous espérons que notre nouveau site deviendra une ressource en perfusion pour tous, plutôt qu'un simple outil de collecte. Visitez-le fréquemment, et profitez des nombreuses options offertes! Inclus dans cette édition du Perfusionniste, vous trouvez un porte-clé à lampe de poche. La clé vous ouvrira les portes de la découverte et la lumière éclairera de nouveaux horizons! Deux éléments qui seront présents dans notre nouveau site.

Perfusion Week

Semaine de la Perfusion

May 5 • 9 mai

Our Society is
25 years old!
Help us celebrate!

Notre Société
a 25 ans!
Célébrez avec nous!

Ask Kathy! ❧ Kathy vous répond

Kathy Currado
cscp@cscp.ca

This year is the CSCP's 25th Anniversary!

The Society's 25th anniversary is a significant accomplishment as it marks a quarter century developing the profession of Clinical Perfusion in Canada. Let's commemorate this special occasion by celebrating perfusion week May 5th to 9th, 2014.

The CSCP encourages our membership to promote public awareness within our hospitals and community. Our goal is to celebrate who we are and what we do by educating the public about perfusion and recruiting young people to our special profession!

Please submit your department's presentation via email to the National Office by May 30th for a chance to win $500 for your department. The prize will be awarded to the department that hosts the best Perfusion Week. Submissions will be voted on by the Board of Directors at the September board meeting and the winners will be announced at the October 2014 AGM in Vancouver. Good luck with your perfusion week celebrations!

The deadline is fast approaching for the Spring launch of the new website! As one of the three members of the website committee, I'm very excited to introduce the new website to the membership! Admittedly, it's been a huge undertaking for Andrew Beney, Marie-France Raymond, and myself, but it will be worth it. A few of our goals are to make it more engaging and member interactive, easier to navigate for users, and easier for us to manage and keep content up-to-date.

Please ensure during the next few months that the National Office has your most current and consistent email address on file. Recently I've sent out several eBlasts to the entire membership. If you aren't receiving these eBlasts then you should contact the National Office to confirm that we have your correct email address.

Shortly after the website goes Live, the National Office will send out an important email to direct each member to their respective personal membership profiles within the site. The email will contain instructions regarding username and password. Once this information is obtained by the user, each member will be able to securely log in and view their own membership information 24/7. Essentially, you will not be able to recertify or pay your annual dues without having a username and password, therefore, it's vital that we have your most current and active email address on file so we can communicate this information to you.

Almost 100% of our future communications to our membership will be via email where we will direct members to information posted within the secured member's only area of the website.

This brings up the frustrating issue of hospital hosted email servers. They tend to filter or SPAM out emails that contain links. CSCP emails will contain links to various areas of our website and often the emails are recognized as SPAM. We encourage all of our members to use a non-hospital email address for CSCP related communications to ensure safe delivery of your mail. Whether you choose a work or personal email address we kindly ask you to place our domain cscp.ca on your "Safe Senders List". We don't want you to miss out on important notices from your Society.

Our website will be responsive! For the non-techies out there, this means you'll be able to view the website more easily, register for a meeting, pay your dues and even recertify using your Smart Phone.

Please take special note

We have phased out the dues invoice process in an attempt to save time, paper and postage. Starting this year, and going forward, members will no longer receive a dues invoice by regular post mail. The new member's only area of the site will accommodate this new process in that the member will simply log in to the secure member's only area and click on renew. The National Office will eBlast general reminder notices throughout the next several months to pay your dues. Yet another reason for you to make sure we have your current email address on file.

It's always good to remember where you come from and celebrate it!
To remember where you come from is part of where you are going.

~ Anthony Burgess

Ask Kathy! ❧ Kathy vous répond

Kathy Currado
cscp@cscp.ca

Cette année marque le 25ième anniversaire de la SCPC!

Cet anniversaire est un accomplissement en soit; cela signifie un quart de siècle à développer la perfusion clinique au Canada. Commémorons cette occasion spéciale en célébrant la semaine de la perfusion du 5 au 9 mai, 2014.

La SCPC encourage ses membres à accroître la visibilité de la perfusion dans les hôpitaux et les communautés. Notre but est de célébrer qui nous sommes et ce que nous faisons en éduquant le public et en recrutant de jeunes gens dans nos profession si spéciale!

Soumettez la présentation de votre département par email au Bureau National au plus tard le 30 mai, et courez la chance de vous mériter 500$ pour votre département. Le prix sera remis au département qui aura organisé la meilleure Semaine de la Perfusion. Les soumissions seront évaluées par le comité exécutif à al réunion de Septembre, et les gagnants serpnt annoncés à la réunion générale d'octobre, à Vancouver. Bonne chance à tous!

La date de lancement du nouveau site web approche à grand pas ! En tant que membre du comité du site web, j'ai très hâte de vous présenter le nouveau site. Je l'admets, ce projet a exigé un travail colossal que j'ai partagé avec Andrew Beney et Marie-France Raymond, mais qui en aura valu la peine. Un des objectifs du projet est de le rendre plus engageant et interactif pour les membres, plus facile à naviguer, et plus facile à mettre à jour.

Veuillez s'il-vous-plaît vous assurer dans les prochains mois que le Bureau National a votre plus récente adresse courriel. Récemment, j'ai envoyé plusieurs notifications par courriel à tous les membres. Si vous ne les avez pas reçus, contactez le Bureau pour confirmer que nous avons bien votre adresse.

Peu après le lancement du site, le Bureau National enverra un courriel important à chaque membre afin de les diriger vers leur propre profil sécurisé sur le site. Le courriel contiendra les instructions ainsi que les nom d'utilisateur et mot de passe. Une fois cette information obtenue, chaque membre pourra accéder à son profil et voir leur information personnelle 24 heures par jour. En fait, sans ce nom d'utilisateur et mot de passe, vous ne pourrez plus vous recertifier ou payer vos frais annuels, alors il est vital que nous ayons votre adresse courriel la plus récente et accessible pour vous communiquer cette information importante.

Presque 100% de nos communications futures seront envoyées par courriel et dirigerons nos membres vers l'information affichée dans la partie sécurisée du site web.

Ce qui amène le problème frustrant des boîtes courriels fournies par les hôpitaux. Il tendent à filtrer les courriels contenant des liens. Les envois de la SCPC contiendront des liens vers notre site et sera reconnu comme « SPAM ». Nous encourageaons tous nos membres à utiliser une adresse autre que celle de l'hôpital pour vos communications avec la SCPC afin d'assurer que vous recevrez bien vos courriels. Que vous choisissiez un courriel de travail ou personnel, veuillez bien inclure le domaine cscp.ca sur la liste des expéditeurs autorisés. Nous ne voulons pas que vous manquiez les annonces importantes de la Société.

Notre nouveau site sera réactif! Pour les moins technos, ceci veut dire que vous pourrez visualiser le site plus facilement, vous inscrire à un congrès, payer vos frais et même vous recertifier à partir de votre téléphone intelligent.

Veuillez prendre note

Nous avons retardé l'envoi des factures afin d'économiser du temps, du papier et des frais postaux. À partir de cette année, les membres ne recevront plus de facture par la poste régulière. La nouvelle section sécurisée du site contiendra le nouveau processus, qui consistera à accéder au profil personnel et cliquer sur renouveler. Le Bureau National enverra des rappels généraux au cours des prochains mois afin de vous indiquer quand payer vos frais de membre. Une autre excellente raison de vous assurer que le Bureau a bien votre bon courriel.

It's always good to remember where you come from and celebrate it!
To remember where you come from is part of where you are going.

~ Anthony Burgess

President's Message ❧ Message du président

John Miller
cscp@cscp.ca

This year marks a major milestone for the CSCP. 2014 is the 25th anniversary of the incorporation of the Canadian Society of Clinical Perfusion. The original Letters Patent of incorporation were signed by the founding Board of Directors on September 20, 1989. Let's reflect on how we have grown and how far we have come as a national professional society since our inception. 284 Certified practicing members. Even more members when we consider Associate, Honourary, and Retired Emeritus members. Three CMA accredited Clinical Perfusion education programs. A National AGM and Regional conference every year. A professional society publication.

And we continue to grow, to expand, and to improve. This spring will see the launch of our new, fully interactive, and content-based website. This is also the first year of our revised Continuing Education credit allocation for recertification — all designed to include more continuing education activities and simplify the recertification process. Our By-Laws are being reviewed and updated for re-submission to Corporations Canada, thereby renewing our status as a not-for-profit Professional Society. We are embarking on projects to update our Standards of Practice, and to create a national database of Practice Guidelines for reference. In addition, preliminary plans have been formulated to establish Clinical Perfusion as a "regulated practice" in each province, with the CSCP serving as the *de facto* regulatory body. Work will begin on updating our National Competency Profile.

Numerous continuing education opportunities are in the offering for our members this year, including Toronto's University Health Network ECLS Symposium in April, the APQI Seminar in May, and the Central Region meeting also held in May. Topping the list will be the 25th Anniversary CSCP AGM and Scientific Sessions in Vancouver this October.

So this year, let's all show our pride in celebrating our profession, where we've come from, how we've grown, and where we're going. Let's come together in our own departments and hospital facilities to celebrate Perfusion Week — May 5 to 9. Last year's displays and presentations from Vancouver General Hospital and the Toronto General Hospital were truly inspiring, and set the bar high for us all to showcase our profession this year. Above all, let's all be proud of the work we do, and the gift we give to our patients every day.

Cette année marque une étape importante pour la SCPC. En effet, 2014 marque le 25e anniversaire de la constitution de la Société canadienne de perfusion clinique. Les lettres patentes originales ont été signées par le conseil d'administration fondateur, le 20 Septembre 1989. Réfléchissons sur la façon dont nous avons grandi et tout le chemin parcouru en tant que société professionnelle nationale depuis notre création. 284 membres certifiés qui exercent la profession. Encore plus de membres si l'on tient compte des membres associés, honoraires, et des retraités émérites. Trois programmes de formation clinique agréés par l'AMC. Un congrès national lors de l'AGA, différentes rencontres régionales annuelles ainsi que la publication d'une revue scientifique fait par la Société.

Et nous continuons de grandir, de nous développer, et de nous améliorer. Avec le printemps viendra le lancement de notre nouveau site Web basé sur le contenu et totalement interactif. C'est aussi la première année de l'application de la formule révisée d'allocation de crédit de formation continue pour la recertification, conçue pour inclure davantage d'activités de formation continue et simplifier le processus de recertification. Nos règlements administratifs sont révisés et mis à jour pour une nouvelle soumission à Corporations Canada, renouvelant ainsi notre statut de société professionnelle sans but lucratif. Nous nous engageons sur des projets pour mettre à jour nos normes de pratique, et pour créer une base de données nationale des lignes directrices de pratique pour référence. De plus, des plans préliminaires ont été formulés afin de faire en sorte que la perfusion clinique soit une «pratique réglementée» dans chaque province, avec la SCPC en tant qu'organisme de réglementation "de facto". Également, les travaux débuteront afin de mettre à jour notre profil national des compétences.

De nombreuses possibilités de formation continue sont offertes à nos membres cette année, y compris l'University Health Network de Toronto ECLO Symposium en Avril, le Séminaire APQI en mai et la réunion de la région centrale de la SCPC qui se tiendra également en mai. Un incontournable cette année sera le 25e anniversaire de l'AGA de la SCPC et ses sessions scientifiques à Vancouver en Octobre prochain.

Ainsi, cette année, nous allons démontrer notre fierté en célébrant notre profession, d'où nous venons, comment nous avons grandi, et où nous allons. Rassemblons-nous dans nos propres départements et établissements hospitaliers afin de célébrer la Semaine nationale de la perfusion du 2 au 5 mai. Les expositions et présentations de l'année dernière du Vancouver General Hospital et de l'Hôpital général de Toronto ont été une source d'inspiration, et ont placé la barre très haute pour nous tous pour mettre en valeur notre profession cette année. Surtout, soyons tous très fiers du travail que nous faisons, et du « cadeau » que nous offrons à nos patients tous les jours.

Vice President's Message ❧ Message du vice président

Marie–France Raymond
cscp@cscp.ca

Last January, the CSCP Board of Directors held its meeting in London, Ontario. The Board welcomes a new member, Maureen Young, and would like to thank her for joining and volunteering her time.

In this very productive meeting, the Directors reviewed the new Continuing Education Unit System that will apply starting July 1st of this year. Please read the Secretary's report for all the details. For all the members who have to recertify this year, please note that the current recertification form is no longer available, but the new form reflecting the updated system will be available on the new website in time.

Just in time for spring, the website will be launched in the upcoming weeks with a refreshed look and new functions thanks to the hard work of the website committee, led by Andrew Beney. Make sure to keep an eye on your inbox for this exciting news. If you have changed your email address recently, please contact the National Office to provide your current address in order to receive your login information. There will be a whole new section destined for the public, where they will find information on perfusion and cardiac surgery in general. A lot of the content contained in this section will need to be created. Please contact Andrew, Kathy or myself if you are interested in participating in this project.

The CSCP is looking for a Nomination Committee Chair. The Nomination Committee Chair, under the direction of the Vice–President, is responsible for the National nominating process for all elected positions. The Nominating Committee Chair provides the terms of reference for all the open positions, receives the Willingness to Serve and Call for Nominations forms of all candidates interested and sumits at least one name for every position to be filled. If you are looking to get involved in our great society, this position is the perfect way to get started. It is a great opportunity to participate in the good function of the CSCP and to enlarge your social and professional network. Serving our community is a very rewarding experience, don't hesitate to give it a try.

As this year marks the 25th anniversary of the CSCP, I hope you will all celebrate National Perfusion Week in a big way, with lots of enthusiasm. We can not wait to see what your team has put together to make this event special. Happy National Perfusion Week!

En janvier dernier, le comité exécutif de la SCPC s'est réuni à London, Ontario. L'exécutif souhaite la bienvenue à une nouvelle membre, Maureen Young, et aimerait la remercier de s'être joint à nous et de donner son temps à la Société.

Lors de cette réunion productive, les directeurs ont révisé le nouveau système de Crédits de Formation Continue qui s'appliquera à partir du premier juillet de cette année. Veuillez vous référer au compte-rendu de la Secrétaire à ce sujet. Pour tous les membres devant se recertifier cette année, veuillez noter que le formulaire de recertification actuel n'est plus disponible, mais le nouveau processus reflétant le nouveau système de crédits sera mis en ligne sur le nouveau site web.

Juste à temps pour le printemps, le site sera lancé lors des prochaines semaines avec un look rafraichi et de nouvelles fonctions grâce au travail acharné du comité du site web, dirigé par Andrew Beney. Surveillez votre boîte aux lettres pour l'arrivée de cette nouvelle excitante. Si vous avez changé votre adresse courriel dernièrement, veuillez contacter le bureau national afin de fournir votre adresse actuelle pour être sûr de recevoir votre information d'ouverture de session pour votre nouveau profil en ligne. Il y aura une toute nouvelle section destinée au grand public, où ils pourront trouver de l'information sur la perfusion et la chirurgie cardiaque en général. Beaucoup du contenu de cette section devra être créé. Si vous êtes intéressé à participer à l'écriture de ces pages, s'il-vous-plaît contactez Andrew, Kathy ou moi-même.

La SCPC recherche un Officier aux nominations. Le comité des nominations, sous la direction du vice-président, est responsalbe du processus de nomination pour toute position élue. Le comité des nominations doit fournir les descriptions de tâches pour toutes les positions à remplir, reçoit les formulaires de volontariat et de nomination de tous les candidats qui postulent et doit soumettre au moins un nom pour chaque position. Si vous cherchez un moyen de vous impliquer dans votre Société, le comité de nominations est une excellente manière de commencer. Cette une bonne occasion de participer à la bonne fonction de la SCPC et d'élargir votre réseau professionnel. Servir au sein de la Société est une expérience très enrichissante, n'hésitez pas à l'essayer!

Cette année marque le 25ième anniversaire de la SCPC, j'espère que vous célébrerez la Semaine de la Perfusion en grand et avec enthousiasme. Nous avons hâte de voir ce que votre équipe a préparé pour marquer cette événement spécial. Bonne Semaine Nationale de la Perfusion à tous!

Eastern Region ❧ Région est

Maureen Young
cscp@cscp.ca

Hello everyone, I hope you are enjoying Spring. Of interest to report from the Eastern Region is that Steve Taylor has returned from another mission trip. This time it was to Jimani in the Dominican Republic. This was Steve's sixth mission and the first one to Jimani, the other five having been to Honduras. As many of the membership may be interested in going on such an expedition in the future and may have questions and desire some detailed information Steve can be reached at Queen Elizabeth 2 Health Sciences Centre pump room. The phone number is 902-473-4050 and a message may be left on our answering service if need be.

As not everyone is able to go on mission trips but nonetheless may have a desire to be of service there are other ways to assist these people. As a general request to all cardiac centres Steve is asking that any surgical items no longer being used in your hospitals, especially those of a paediatric nature, be considered for these missions. He is presently involved with getting the legal issues surrounding donations and acceptance of same delineated. There will be more information posted here when these concerns have been settled. In the meantime, please if possible, do not throw away these items and put them aside until Steve informs us of the guidelines settled upon. Of special need are disposables such as smaller sized connectors (please note that they do not use 3/16), vents, and cannulae. Should your department be purchasing new hardware such as heater–coolers, monitors, heart–lung machines, or even new ACT machines, for example, please consider a donation of your current machinery. What is no longer of use to us can be of great assistance in saving many lives.

Please make a note of the year for the next Eastern Region meeting - it will be held in 2016, a bit down the road to be sure, but, a bit of advance notice just to get you all thinking of attending and perhaps presenting. The final decisions as to exact date and location are still not settled upon, but, will be shortly.

Bonjour à tous, j'espère que vous profitez du printemps. Fait intéressant à rapporter de la Région de l'Est, Steve Taylor est tout juste revenu d'une autre mission humanitaire. C'était sa 6ième mission, cette fois il est allé à Jimani en République Dominicaine, les précédentes était au Honduras. Si l'un d'entre vous est intéressé à participer à une telle mission dans le futur, et avez des questions ou désirez plus de détails, Steve peut être rejoint au Queen Elizabeth II Health Sciences Centre. Le numéro de téléphone du bureau des perfusionnistes est 902-473-4050 et vous pouvez laisser un message dans la boîte vocale au besoin.

Comme tout le monde ne peut pas nécessairement partir en mission, si vous avez toutefois le désir de prêter assistance, il y a d'autres moyens d'aider ces gens. Steve lance un requête générale à tous les centres cardiaques; si votre département possède de l'équipement chirurgical qui n'est plus en fonction dans votre hôpital, surtout de nature pédiatrique, considérez en faire don à une mission. Il travaille présentement à délimiter les aspects légaux des dons d'équipements. Je vous fournirez plus d'informations quand ces questions seront réglées. En attendant, dans la mesure du possible, ne jeter pas ces équipements, mais réservez-les jusqu'à ce que Steve nous informe du processus créé. Les items les plus recherchés sont des produits jetables tels que des connecteurs de petit format (sauf 3/16), des canules et des décompressions. Si votre hôpital achète du nouvel équipement tels que des échangeurs thermiques, des moniteurs, des machines coeur-poumon, ou même des ACT, s'il-vous-plaît considérez donner vos vieux appareils. Ce qui n'est plus utile pour nous peut grandement assister à sauver des vies.

Veuillez noter que la prochaine Réunion Régionale de l'Est sera en 2016, dans quelques temps certainement, mais il n'est jamais trop tôt pour penser à y assister et même présenter. Les décisions finales en ce qui concerne la date exacte et le lieu seront rendues bientôt.

Message from ACE ❧ Message du ACE

The CSCP Board of Directors and the Accreditation, Competency and Examination Committee would like to congratulate the following candidates for successfully completing the 2013 National Certification Examination:

Au nom de tous les membres du comité exécutif de la SCPC, le Comité d'Accréditation, d'Examen et du profil de compétences (ACE) désire féliciter les personnes suivantes qui ont réussi l'examen de certification de la SCPC en 2013:

Catherine André-Guimont

Baljit Sunny Dhillon

Jean–François Duranleau

Amanda Fernandez

Alexey Goncharov

Paul Kratz

Robert Leslie

Krystal Mah

John Mousseau

Kyle O'Scienny — Alec Thorpe Award Winner

Marlee Parker

Tara Powers

Keegan Rowe — Alec Thorpe Award Winner

Sandra Seo

Kim-Long Ta

Naresh Tinani

Dale Wist

Ya Wen Zhang

Recertification

Chris McKay
cscp@cscp.ca

Since the January Board of Directors Meeting, I thought it was necessary to update the membership on a few important notes:

1) As most are aware, the 2014 Recertification Requirements have changed. The number of Continuing Education Credits required for recertification has changed from 3 to 24 credits attained in a two year period. This will take effect July 1, 2014. If you are to recertify this July, please look to the CSCP website membership list. If your name has a red asterisk, you are due to recertify. The recertification period is July 1, 2012 to June 30, 2014.

The new CSCP CEU Assessment Policy is located on the homepage of the CSCP website for download. The Board of Directors reviewed the policy this past January and has tried to optimize opportunities for its members to access CEUs. A minimum of 12 CEUs attained must be *Class I* credits. A maximum of 10 credits may come from *Class II*, and a maximum of 8 credits may come from *Class III* activities. It is set up this way to ensure that continuing education is just that. You must acquire at least half of your continuing education from a CSCP or ABCP credentialed forum. While education funding is becoming less available, the rest of your credits may be accumulated with other activities.

Please remember, as with any attendance, at any meeting, if you wish to claim credit for the CEUs awarded, make sure you retain your CEU certificate and/or registration as proof of attendance. This applies to on-line seminars as well.

The new website will be launched in the Spring 2014, so please take note that the old on-line form on the current website ***does not*** *apply, and is not sufficient to recertify for 2014. Once the new website is launched you will be notified. Please keep track of your own recertification files until such time as the new site goes live and you can submit your form at that time.*

A *special note* to members who have already submitted recertification prematurely this year: Kindly resubmit your recertification following the new policy, once the new on-line form goes live.

If you have any questions or concerns regarding the new policy, please feel free to contact me through the National Office at *cscp@cscp.ca*.

2) Yet one more opportunity! The University Health Network, in Toronto, is sponsoring an ECLS Symposium April 4 and 5, 2014. The content sounds exceptional and they will be awarding 16 *Class* I CEUs for full attendance. Sounds like a great way to earn CEUs if you are in the GTA this spring.

3) Also, a final reminder of the Central Regional Meeting, being presented by the OSCP in Ottawa, May 2 to 4, 2014. This meeting is aiming for a minimum of 18 *Class I* CEU's for full attendance, and possibly more. Great sessions, great venue and great learning. Please see CSCP website for further details.

Recertification

Chris McKay
cscp@cscp.ca

Suivant la réunion du comité exécutif en janvier, j'ai crû bon faire une mise au point sur quelques informations importantes pour les membres :

1) Comme la plupart d'entre d'entre vous sait, les exigences pour la recertification en 2014 ont changé. Le nombre de crédits d'éducation continue est passé de 3 à 24 pour une période de 2 ans. Ceci prendra effet le 1er juillet, 2014. Si vous n'êtes pas sûr si vous devez vous recertifier cette année, consultez la liste des membres sur le site web de la SCPC. Si votre nom s'affiche avec un astérisque rouge, vous devez soumettre vos activités. La période de recertification s'étend du 1er juillet 2012 au 30 juin 2014.

La nouvelle politique de crédits d'éducation (CEUs) de la SCPC est disponible sur la page d'accueil du site pour téléchargement ou en suivant le lien approprié. L'exécutif a revisé la politique en janvier et a essayé d'optimiser les occasions pour les membres d'obtenir des crédits. Un minimum de 12 crédits doivent provenir de la classe I. Un maximum de 10 crédits peuvent provenir de la classe II et un maximum de 8 crédits peuvent provenir de la classe III. Le système est conçu de cette façon afin d'assurer que l'éducation continue reste de l'éducation. Vous devez obtenir au moins la moitié de votre éducation continue d'un forum accrédité par la SCPC et/ou l'ABCP. Tandis que les fonds pour supporter les activités d'éducation se font plus rares, le reste de vos crédits peuvent être accumulés grâce à d'autres activités.

De plus, assurez-vous de conserver le certificat du nombre de crédits ou la preuve d'inscription pour toutes les conférences, en tout temps, afin de les fournir comme preuve de participation. Ceci s'applique aussi aux séminaires en ligne.

Le nouveau site web sera lancé ce printemps, alors veuillez noter que l'ancien formulaire de recertification ne sera plus valide et n'est pas suffisant pour se recertifier cette année. Quand le nouveau site sera officiellement lancé, vous en serez avisés. S'il-vous-plaît veuillez conserver vos documents jusqu'à ce que le nouveau site soit en fonction. Vous pourrez alors les soumettre avec le nouveau formulaire à ce moment.

Une note Spéciale pour les membres qui ont déjà envoyé leur formulaire prématurément cette année. Il vous faudra soumettre de nouveau vos activités avec le nouveau formulaire, une fois le site lancé.

Si vous avez quelques questions que ce soit, n'hésitez pas à me contacter via le Bureau National au : cscp@cscp.ca.

2) Une autre opportunité ! L'hôpital University Health Network, à Toronto, organise un symposium sur l'ECLS le 4 & 5 avril, 2014. Le contenu apparaît exceptionnel et vous méritera 16 crédits de classe I pour la participation aux deux jours. Une excellente manière de compléter vos crédits si vous êtes dans la grande région de Toronto ce printemps.

3) Aussi, un dernier rappel pour la Réunion de la Région Centrale présentée par la OSCP à Ottawa, du 2 au 4 mai 2014. Cette conférence conférera un minimum de 18 crédits de classe I pour toute la durée, et possiblement plus. Des présentations intéressantes, un site merveilleux et une excellente occasion d'apprentissage à ne pas manquer. Consultez le site web de la SCPC pour tous les détails.

CSCP Recertification Assessment

New Policy

Starting July 1, 2014

Maintain recertification every two years

Breakdown of Requirements

- **Member in good standing**
- **Clinical Activity**
  80 cases as primary perfusionist in a two year period
  (no more than 20 of these cases as pump standby)
- **Continuing Education Activities**
  Total of 24 CEUs credits per two year term, please see classes below

Class I CEU — Based on an hourly attendance

- Attendance at a scientific session or an perfusion related meeting that is approved by the CSCP and/or ABCP (1 CEU credit per 50 min/hr)
- Acceptable Meetings: Unchanged
- **Minimum Requirement is 12 CEU credits per two year term**

Class II CEU — Note the maximum allowable credits per filing period is 10 CEU credits from this Class

- Acceptable Attendance/Participation:
  - Seminars or courses on specific perfusion related topics (1 CEU credit per 50 min/hr)
  - Presentation at an approved scientific session
  - Publication of a scientific paper in a peer–reviewed journal
  - Publication of a scientific or technical perfusion related material in *The Perfuisionist*
- **Maximum allowable credits is 10 *Class II* CEU credits per two year term**

Class III CEU — Note Maximum allowable credits per filing period is 8 CEU credits from this Class

- Participation as:
  - Clinical Coordinator for an accredited perfusion program
  - CSCP committee
  - Delivery of in–service or lecture to other health professionals
  - Attendance at multidisciplinary inservices or presentations
  - On–line seminars of topics related to the perfusion field with proof of completion

  - 1 CEU credit per 50 min/hr

For all categories
record of attendence or participation may be required
for audit and verification purposes.

Système de recertification de la SCPC

Nouvelle Politique

À partir du 1er juillet, 2014

Maintenir la recertification aux deux ans

Détail des exigeances

- **Membre en bonne et due forme**

- **Activité Clinique**
  80 cas en tant que perfusionniste primaire
  (pas plus de 20 cas à coeur battant par période de 2 ans.)

- **Activités d'Éducation Continue**
  Total de 24 Crédits d'Éducation (CEUs) par 2 ans (voir classes ci-dessous)

Classe I — **basée sur le nombre d'heures de présence**

- Participation à une session scientifique de n'importe quelle conférence sur la perfusion approuvée par la SCPC et/ou ABCP.
  1 Crédit = 50 min/ heure
- Conférences Acceptées: Aucun changement

- **Exigeance Minimum = 12 Crédits/2 ans**

Classe II — **Noter que le maximum de credits alloués par période = 10 Crédits de cette Classe.**

- Présence/Participation acceptée:
  - Séminaires ou cours sur des sujets reliés à la perfusion (1 Crédit = 50 min/ heure)
  - Présentation à une session scientifique approuvée .
  - Publication d'un article scientifique dans un journal scientifique.
  - Publication d'un article scientifique ou technique sur la perfusion dans "*The Perfusionist*".

- **Maximum alloué – 10 Crédits de la Classe II / 2 ans**

Classe III — **Maximum alloué par période de recertification = 8 Crédits de cette Classe.**

- Participation comme:
  - Coordonateur Clinique pour un Programme Accrédité de Perfusion
  - Comité de la SCPC
  - Présentation d'une formation ou d'un cours à d'autres professionnels de la santé.
  - Présence à une présentation multidisciplinaire.
  - Séminaires en ligne sur des sujets reliés à la perfusion avec preuve de participation.

  1 Crédit = 50 min/heure

Pour toutes catégories,
une preuve de présence ou participation peut être exigée
pour fins de vérification.

CSCP Central Region Meeting

2014

Ottawa, Ontario

Friday May 2 – Sunday May 4

The Westin Hotel & Ottawa Convention Centre

Program Highlights

Basic Perfusion Science
Pediatric and Adult Cardiac Surgery
Cardiac Assist Devices
Research and Evidence-Based Perfusion
Skills and Simulation Workshop
Future of Perfusion Education
Perfusion and Politics
Poster Presentations and Exhibits

How Far We've Come And How Far We Need to Go

26 CEU

Host • L'accuell

Ontario Society of Clinical Perfusion and

Tel: 1 613 761 5225 • 1 888 496 2727

Agenda and registration material available at *cscp.ca*

SCPC Réunion de la Région Centrale

2014

© Ottawa Tourism

Ottawa, Ontario

du 2 mai au 4 mai

L'Hôtel Westin et Centre des Congrès d'Ottawa

Programme Préliminaire

La science fondamentale de la circulation extracorporelle
Chirurgie cardiaque pédiatrique et adulte
Les systèmes d'assistance ventriculaire
La recherche et lévidence dan la perfusion
Les sessions de simulation clinique
La future d'éducation dans notre profession
Le perfusion et las politique
Présentations d'affiche et les expositions

Quels sont les progrès réalisés jusqu'à présent et jusqu'où devons-nous aller?

University of Ottawa Heart Institute

agm@oscp.ca • cscp@cscp.ca

26 CEU

L'information sur l'agenda et la registration sera disponible à *cscp.ca*

CSCP Central Region Meeting 2014

Fri 2

Cardiovascular Perfusion Workshop
University of Ottawa Skills and Simulation Centre, room TBA
Mr Andrei Babaev CPC, Mr Richard Saczkowski MSc, CCP, CPC

8 am to 11 am
Simulation in Cardiac Surgery

Cardiopulmonary Bypass (Califia Perfusion Simulator)
Dr Richard Tallman Ph D, Biomed Simulation

Ventricular Assist Devices (HeartMate, Thoratec PVAD, HeartWare)
Ms Dominique Gagnon RN, Clinical Educator, Thoratec
Ms Amy Aldrich RN, BSN, Clinical Specialist, HeartWare Inc.
Ms Amy Loiacono, Associate Impella Specialist, AbioMed
Mr Mark Cleland, BioMed Engineering, University of Ottawa Heart Institute

Minimal Invasive Trans-Aortic Valve Insertion (Medtronic)
Mr Michael Courtenay CCP, CPC, Clinical Specialist, Medtronic

Echocardiography (CEA HealthCare)
Dr Benjamin Sohmer MD, FRCPC, University of Ottawa Heart Institute

11 am to 1120
Refreshments/Coffee cum Lunch Break

1120 to noon
Research in Cardiovascular Perfusion/Cardiac Surgery

How to Perform a Meta–Analysis
Mr Richard Saczkowski MHSc, CCP, CPC,
University of Ottawa Heart Institute, Ottawa

noon to 12:45 pm
Registration
Ottawa Convention Centre (Rideau Canal Atrium)

12:45 to 1 pm
Opening Ceremony
Ottawa Convention Centre (Room # 201)
Sponsors: Ontario Society of Clinical Perfusion and University of Ottawa Heart Institute

1 pm to 3 pm
Scientific Session 1: Cardiac Surgery and Cardiovascular Perfusion Science
Ottawa Convention Centre (Room # 201)

1 to 1:30 **An Update on Myocardial Protection: The Journey Continues**
Mr Paul Murphy CPC
Clinical Perfusionist, University Health Network, Toronto

1:30 to 2 **Personalized Transfusion Management in Cardiac Surgery: A Multidisciplinary Approach**
Mr Cyril Serrick MSc, CPC, CCP
Manager, Perfusion & Anesthesia Services, University Health Network, Toronto

2 to 2:30 **Volulyte during CPB: Still a Good Idea?**
Mr Eric Lalibetre, CCP, CPC
Clinical Perfusionist, Montreal Heart Institute, Montreal

2:30 to 3 **EPOC Blood Analysis System – Efective and Efficient Patient Focused Point of Car**
Mr Bill O'Rielly CCP, CPC
Horizon Health Network, Saint John

SCPC Réunion de la Région Centrale 2014

3 to 3:30 pm
Refreshments & Coffee Break

3:30 pm to 5:30 pm
Scientific Session 2: Cardiac Surgery and Cardiovascular Perfusion Science
Ottawa Convention Centre (Room # 201)

3:30 to 4	**Hyperoxygenation on CPB: Beneficial or Detrimental – A Look at the Research Studies** Kenan Houazene, BSc Student, Cardiovascular Perfusion Program, University of Montreal, Montreal
4 to 4:30	**Inhaled Milrinone in patients: Predictors of Difficult CPB Weaning** Ms Anne QN Nguyen, Candidate au Ph.D. Faculté de pharmacie,Université de Montréal
4:30 to 5	**Echocardiography in Cardiac Surgery: What This Means to a Clinical Perfusionist?** Dr Chris Hudson MD, FRCPC Cardiac Anesthesiologist, University of Ottawa Heart Institute, Ottawa
5 to 5:30	**An Update on Aortic Valve Preservation and Repair** Dr Munir Boodhwani MD, FRCSC Cardiac Surgeon, University of Ottawa heart Institute, Ottawa

5:30 pm to 7 pm
Poster Presentation Session 1: Cardiac Surgery and Cardiovascular Perfusion Science
Ottawa Convention Centre (Rideau Canal Atrium)

5:30 to 5:40	**Moderate Hypothermia Circulatory Arrest (MHCA): A Research Studies' Review** Ms Helene Gilbert, BSc Student, Cardiovascular Perfusion, University of Montreal, Montreal
5:40 to 5:50	**The Cardiohelp System: 10 kg of State-of-the-Art Technology Making ECMO Inter-Hospital Transport Possible and Easier** Mr Mathieu Chaput, BSc Student, Cardiovascular Perfusion, University of Montreal, Montreal
5:50 to 6	**Benefits of Pulsatility During Cardiopulmonary Bypass** Ms Angélica Ostiguy, BSc Student, Cardiovascular Perfusion, University of Montreal, Montreal
6 to 6:10	**Guidelines for Improved Neurological Outcome in Infants Going through Congenital Cardiac Surgery** Ms Maggie Molloy, BSc Student, Cardiovascular Perfusion, University of Montreal, Montreal
6:10 to 6:20	**Simple Antigrade Cerebral Perfusion Technique for Aortic Arch Reconstruction** Mr Andrei Babaev, CPC Clinical Perfusionist, University of Ottawa Heart Institute, Ottawa
6:20 to 6:30	**Centrifugal Pump and Roller Pump in Adult Cardiac Surgery: A Meta–Analysis of Randomized Controlled Trials** Mr Richard Saczkowski, MHSc, CPC, CCP Clinical Perfusionist, University of Ottawa Heart Institute, Ottawa

CSCP Central Region Meeting 2014

6:30 to 6:40	**Normothermia is Associated with Reduced Kidney and Brain Injury during Cardiopulmonary Bypass** Mr Richard Saczkowski, MHSc, CPC, CCP Clinical Perfusionist, University of Ottawa Heart Institute, Ottawa
6:40 to 6:50	**Aortic Valve Preservation and Repair in Acute Type–A Aortic Dissection** Dr Tarek Malas MD, CM Resident, Cardiac Surgery, University of Ottawa, Ottawa
6:50 to 7	**Finding the Ideal BioMaterial for Aortic Valve Repair** Dr. Hadi Toeg MD, MSc Resident, Cardiac Surgery, University of Ottawa, Ottawa

7 pm to 11 pm
Corporate Exhibitions and Welcome Dinner
The Westin Hotel (Room # Governor General 1)

Sat 3

5 am to 6 am
Run on the Rideau
Rideau Canal, meeting at The Westin Hotel Lobby
Mr Dean Belway MSc, CCP, CPC, Clinical Perfusionist, UOHI

7 am to 10 am
Scientific Session 3: Ventricular Assist Devices and Cardiovascular Perfusion
The Westin Hotel (Room # Provinces Ballroom 1)

7 to 8	**Scientific Session cum Breakfast** **Update on Mechanical Circulatory Support** Dr Duc Thinh Pham, MD Surgical Director, Heart Failure & Mechanical Assist Devices and Assistant Professor, Department of Surgery, Tufts University School of Medicine, Boston
8 to 8:30	**Past, Present and Future of Extra Corporeal Membrane Oxygenation and a Centralized Model of Care Approach** Dr Fraser Rubens, MD, MSc, FRCSC Cardiac Surgeon, University of Ottawa Heart Institute, Ottawa Professor, Division of Cardiac Surgery, University of Ottawa
8:30 to 9	**ECLS on the Road: Bringing the Service to You** Ms Yawen Zhang, CPC,CCP, Clinical Perfusionist, University Health Network, Toronto
9 to 9:30	**Mechanical Assist of the Left Ventricle : Managing the IABP and Other Assist Devices** Ms Kacey Dee, RN Senior Clinical Support Specialist, TeleFlex
9:30 to 10	**Review on *Ex Vivo* Lung Perfusion (EVLP): A New Avenue for Transplantation** Ms Sarah Monfils MSc Student, Cardiovascular Perfusion Program, University of Montreal, Montreal

10 to 10:30 pm
Refreshments & Coffee Break

SCPC Réunion de la Région Centrale 2014

10:30 am to 1 pm
Scientific Session 4: Cardiac Surgery and Cardiovascular Perfusion
The Westin Hotel (Room # Provinces Ballroom 1)

10:30 to 11 — **Mitral Valve Repair: Chordal and Leaflet Repair of Degenerative MR**
Dr Vincent Chan, MD, MPH, FRCSC
Cardiac Surgeon, University of Ottawa Heart Institute and Assistant Professor, Department of Surgery, University of Ottawa, Ottawa

11 to 11:30 — **Mapping and Ablation of Autonomic Ganglia in Prevention of Postoperative Atrial Fibrillation in Coronary Surgery: MAAPPS AF Randomized Controlled Pilot Study**
Dr Talal Al-Atassi MD, CM, MPH
Resident, Cardiac Surgery, University of Ottawa, Ottawa

11:30 to noon — **Elimination of Gaseous Microemboli From Cardiopulmonary Bypass Using Hyperbaric Oxygenation.**
Dr Keith Gipson, MD, PhD
Departments of Anesthesiology and Hematology, and Section of Preclinical Research, Hartford Hospital, Hartford

noon to 1 — **Scientific Session cum Lunch**
High Fidelity Simulation to Teach and Assess Perfusion Skills
Mr Bruce Searles MS, CCP; Mr Edward Darling MS, CCP
Dept. of Cardiovascular Perfuion, SUNY Upstate Medical University, Syracuse

1 pm to 3 pm
Scientific Session 5: Cardiovascular Perfusion Education and Scope of Practice
The Westin Hotel (Room # Provinces Ballroom 1)

1 to 1:30 — **Perfusion Sciences Education — The University of Montreal Perspective**
Dr Louis P Perrault, MD, PhD, FRCSC, FACS
Chief, Cardiovascular and Thoracic Surgery, Montreal Heart Institute, and Professor of Surgery and Pharmacology, University of Montreal, Montreal

1:30 to 2 — **Future of Cardiovascular Perfusionist and Politics: Level of Education and Scope of Practice**
Mr Richard Saczkowski MHSc. CPC, CCP,
Clinical Perfusionist, University of Ottawa Heart Institute, Ottawa

Panelists

Dr Louis P. Perrault, MD, PhD, FRCSC, FACS
Chief, Cardiovascular and Thoracic Surgery, Montreal Heart Institute, Montreal
Professor of Surgery and Pharmacology, University of Montreal, Montreal

Dr Paul Hendry, MD, MSc, FRCSC
Cardiac Surgeon, University of Ottawa Heart Institute, Professor of Cardiac Surgery, Assistant Dean for Continuing Medical Education, Faculty of Medicine, University of Ottawa

Mr Edwards Darling, MS, CCP
Associate Professor, SUNY Upstate Medical University, Syracuse

Mr Bruce Searles, MS, CCP
Associate Professor, SUNY Upstate Medical University, Syracuse

CSCP Central Region Meeting 2014

2 to 2:30 **An Update from ABCP**
Mr Edward Delaney, CCP
Vice President, American Board of Cardiovascular Perfusion

2:30 to 3 **Perfusion and the Evolution of MICS CABG and TAVI**
Dr Marc Ruel, MD, MPH, FRCSC
Chief, Cardiac Surgery, Professor and Chair, Cardiac Surgery, Department of Cellular and Molecular Medicine; Assistant Dean, Clinical and Translational Research, University of O

3 to 3:30 pm
Refreshments & Coffee Break

3:30 pm to 5 pm
Scientific Session 6: Cardiovascular Perfusion Education and Scope of Practice
The Westin Hotel (Room # Provinces Ballroom 1)

3:30 to 4 **High Fidelity ECMO Simulation: Developing New Models and Strategies to Improve Patient Outcomes**
Mr Steve Morrison, CPC
Clinical Perfusionist, Capital Health, Halifax, Nova Scotia

4 to 4:30 **Simulation Based Education for the Perioperative Cardiac Surgery Team**
Dr Victor Neira MD
Clinical Fellow Pediatric Anesthesia. University of Ottawa, Ottawa
Master in Education (candidate) University of Ottawa

4:30 to 5 **ICHF/Cardiac Surgery in developing countries**
Mr Steve Taylor CPC
Clinical Perfusionist, Capital Health, Halifax

5:30 pm to 6:30 pm
Yours to Discover, Downtown Ottawa
Meeting Place in the Westin Hotel Lobby
Mr Dean Belway, MSc, CCP, CPC, Clinical Perfusionist, UOHI

7 pm to 11 pm
Byward Market Pub NIght
Real Sports, 90 George Street, Byward Market
Ms Debbie Hubble, Ms Kathy Marrin, and Mr Nusrat Saleem, Clinical Perfusionists, UOHI

Sun 4

7 am to 11 am
Scientific Session 7: Pediatric Cardiac Surgery and Cardiovascular Perfusion
Ottawa Convention Centre (Room # 201)

7 to 8 **Scientific Session cum Breakfast**
Understanding the Role of Cerebral Oximetry in Perfusion: TEAM & Techniques?
David J Rosinski MPS CCP
Director Of Cardiovascular Perfusion , The University of Connecticut Health Center, Connecticut Children's Medical Center & The Heart Center of Greater Waterbury

SCPC Réunion de la Région Centrale 2014

8 to 8:30	**Vitamin D Deficiency in Pediatric Critical Illness and Cardiac Surgery: Understanding Pathways and Solutions** Dr Dayre McNally MD, FRCPC, MSc, PhD Pediatrician and Pediatric Intensivist, Children Hospital of Eastern Ontario, Ottawa
8:30 to 9	**Cell Salvage in Pediatric Cardiac Surgery: How Much Are We Really Saving?** Ms Marlee Parker BSc, CCP, CPC Clinical Perfusionist, Hospital, Hospital for Sick Children, Toronto
9 to 9:30	**History and Development of Pediatric Cardiac Surgery through a Perspective of Management of Transposition of Great Arteries** Dr Gyaandeo Maharajh MD, FRCSC Chief, Cardiovascular Surgery, Children's Hospital of Eastern Ontario, Ottawa
9:30 to 10	**One Patient — Multiple VADS** Ms Christine Yao BSc, CPC, CCP Clinical Perfusionist, Mazankowski Alberta Heart Institute, Edmonton
10:00 to 10:30	**Refreshments/Coffee Break**

10:30 am to 1 pm
Scientific Session 8: Cardiac Surgery and Cardiovascular Perfusion
Ottawa Convention Centre (Room # 201)

10:30 to 10:30	**Outcomes and BioChemical Parameters Following Cardiac Surgery: Effects of Transfusion of Residual Blood Using Centrifuge and Multiple-Pass Hemoconcentration** Dr Erick McNair, MSc, CCP, PhD Assistant Professor, Research Scientist, University of Saskatchewan, Saskatoon
11 to 11:30	**Hyperthermic Intraperitoneal Chemotherapy (HIPEC) Experience at Jewish General Hospital** Ms Julie Gagnon, CPC; Ms. Myrium Burns, CPC Clinical Perfusionist, Jewish General Hospital, Montreal
11:30 to 12	**Intraoperative Cell Salvage (ICS) using the Autolog® Device is a Safe Method of Decreasing Perioperative Blood Transfusion Rates** Mr Bill O'Reilly, RN, CPC, CCP Clinical Perfusionist, Horizon Health Network, Saint John
12 to 1	**Scientific Session cum Lunch** **Anticoagulation Management: Can We Improve Outcomes?** Mr Daniel J. FitzGerald CCP. LP Chief Perfusionist, Brigham and Women's Hospital, Boston
1 to 1:15	**Closing Remarks** Organizing Team, CSCP Central Region Meeting 2014

1:30 pm to 2:30 pm
Ontario Society of Clinical Perfusion General Meeting 2014
Ottawa Convention Centre (Room # 201)

Central Region

Chris McKay
cscp@cscp.ca

Greetings to All Hope everyone has managed to get through the cold weather that 2014 has sent to all the regions of Canada. Thumbs up to all the cardiac centres that have had to deal with increased workloads due to influenza–induced ECMOs.

At this time I would like to take the chance to acknowledge some of the outstanding work that has been done in the Central Region of late, currently and soon to come. First of all, "congratulations", to Katrina Moscovitch at Sunnybrook Health Sciences Centre. This past February, Sunnybrook hospital went on a live twitter feed, while performing a double coronary artery bypass grafting surgery. While the surgery captured the attention of the nation on the CBC National News, many enquired about "What is a perfusionist?" Thanks to Katrina and the social media, a greater percentage of the country now has a better understanding of just what we all do and that we are so acutely involved in cardiac surgery.

Moving a little further south in the city of Toronto, the staff at the University Health Network (TGH) have been intensely involved in the growth and communication of our profession. Last year they won the CSCP Perfusion Week Award for their efforts to better make our profession understood by the community both outside and within the hospital. A job very well done! If that isn't enough, this spring they have organized and are presenting an ECLS Symposium over a two day weekend. Not only are they accumulating 16 CEU's by attending this session, many to most of the staff are presenting the content to earn up to another 8 CEU's. One weekend with lots of organizing and hard work and they have their complete number of CEU's required for CSCP Recertification. Awesome!

Now, moving north, I know that Cathy Windsor and Gurinder Gill of the OSCP have been putting in an extraordinary amount of hours organizing the Central Regional Meeting being held in Ottawa this May 2 to 4. There will be simulation sessions on CPB, VADS, TAVI's, ECHO and research methods. There will also be poster presentations. We are fortunate enough to have four speakers from the US and all the students from the University of Montreal. All this and so much more will add up to 22 CEU's. Then there's Pub Night! Don't forget that the OSCP will hold their annual meeting on the Sunday, following the completion of the Regional Meeting. Further information can be found on the CSCP website.

As great as all of the above efforts are, I would also like to acknowledge the department heads as well as all of the coworkers of the above perfusionists. These people allow time, double up workloads and grant understanding to these individuals, enabling them to pursue these activities that benefit us all.

On behalf of the CSCP Board of Directors, "Thank you to all", "Congratulations" and "Great work Ontario!!"

Région central

Chris McKay
cscp@cscp.ca

Salutations à tous, j'espère que vous avez tous survécu au temps froid que 2014 a envoyé sur toutes les régions du Canada. Chapeau à tous les centres de cardiaques qui ont eu à composer avec une augmentation de leur charge de travail dû aux ECMOs pour les patients avec influenza.

À ce moment-ci, j'aimerais souligner le travail remarquable qui a été ou sera bientôt accompli dans la région centrale. Premièrement, félicitations à Katrina Moscovitch de Sunnybrook Health Sciences Centre. En février dernier, l'hôpital Sunnybrook s'est branché sur un fil Twitter en direct pendant qu'une chirurgie de double pontages coronariens était en cours. Tandis que la chirurgie a capté l'attention de tout le pays aux Téléjournal National de CBC, plusieurs ont posé la question : « Qu'est-ce qu'un perfusionniste? ». Grâce à Katrina et les médias sociaux, plus de gens ont maintenant une meilleure compréhension de ce que nous faisons tous et à quel point nous sommes impliqués dans la chirurgie cardiaque.

Un peu plus au sud dans la ville de Toronto, l'équipe de l'University Health Network (TGH) s'est impliquée intensément à la croissance et au rayonnement de profession. L'année dernière, ils ont été récipiendaire du prix de la Semaine de la Perfusion de la SCPC pour leurs efforts afin de faire connaître la profession dans la communauté hospitalière et générale. Du travail bien fait! Comme si ce n'était pas assez, ce printemps ils organisent un symposium sur l'ECLS sur deux jours. Non seulement les participants obtiendront 16 CEUs, la plupart des membres de l'équipe présentent le contenu, se méritant ainsi un 8 CEUs supplémentaire. Une fin de semaine bien remplie et demandant beaucoup de travail leur permettra d'obtenir tous les crédits nécessaires pour leur recertification.

Déplaçons nous au nord, Cathy Windsor et Gurinder Gill de l'OSCP ont jusqu'à présent investi beaucoup d'heures à organiser la Réunion de la Région Centrale tenue à Ottawa du 2 au 4 mai. Il y aura des sessions de simulation sur la CEC, les VADs, les TAVIs, sur l'ECMO et les méthodes de recherche. Nous aurons la chance de recevoir quatre conférenciers des États-Unis et tous les étudiants de l'Université de Montréal. Tout cela représente 22 CEUs. Et n'oubliez pas la Soirée Pub! Aussi, l'OSCP tiendra sa réunion générale annuelle le dimanche après-midi, à la fin de la Réunion Régionale. Vous pouvez trouver plus d'informations sur le site web de la SCPC.

Aussi remarquables que soient les efforts mentionnés ci-haut, j'aimerais aussi reconnaître les chefs de département et les collègues des perfusionnistes mentionnés. Ces personnes prennent une charge de travail supplémentaire et donnent de la compréhension et du temps à ces individus afin qu'ils puissent organiser ces activités qui nous bénéficient à tous.

Au nom du conseil d'administration de la SCPC, « Merci à tous », « Félicitations » et « Beau travail Ontario! »

Western Region ❧ Région ouest

John Miller
cscp@cscp.ca

Things are really heating up here in the CSCP Western Region — NOT!! Like most of the country, we're trapped solidly in the icy grip of the Polar Vortex. But despite the deep hypothermia, we're not under circulatory arrest. Most of the Western Region centres have been supporting record numbers of patients requiring ECLS — primarily for respiratory failure. The Mazankowski Alberta Heart Institute is exploring a new service model to provide care for these patients — an expanded multidisciplinary ECLS Team to include Perfusionists, Respiratory Therapists, and Registered Nurses caring for infant, pediatric, and adult ECLS patients.

In other developments, Kelowna General Hospital marked its first full year of cardiac surgery in December 2013, with just over 500 cases. Congratulations to the entire Perfusion Department for your hard work and dedication to get this new cardiac surgery program off to such a successful start!

Many Western Region centres are also busy with students from the BCIT Cardiovascular Perfusion program entering their first semester of clinical training. All reports indicate that this cohort of students is off to a solid start. And we're expecting great things from our students, because recruitment and retention issues are an all-too-common theme across many centers in the Western Region, as well.

I'll close with another reminder to plan to join us for the 2015 CSCP Western Region meeting in Kelowna. And while you're planning your trip to sunny Kelowna for early next summer, maybe start planning your presentation as well! We'd love to see you there, but we'll love you even more if you're on the agenda!

Les choses sont vraiment « hot » ici dans la région Ouest de la SCPC. Comme partout au pays, nous sommes solidement piégés dans la glace du vortex polaire. Mais en dépit de l' hypothermie profonde, nous ne sommes pas en état d'arrêt circulatoire. La plupart des centres de la région de l'Ouest ont dû supporter un nombre record de patients nécessitant un ECLS - principalement pour cause d'insuffisance respiratoire. L'Institut de cardiologie Mazankowski de l'Alberta explore un nouveau modèle de service afin de fournir des soins à ces patients - une équipe d'ECLS multidisciplinaire élargie incluant perfusionnistes, inhalothérapeutes et infirmières qui s'occupent d'une clientèle variée allant des nourrissons, jusqu'aux patients adultes nécessitant un support.

Par ailleurs, le programme de chirurgie cardiaque de l'Hôpital général de Kelowna a complété sa première année en Décembre 2013, avec un peu plus de 500 cas. Félicitations à toute l'équipe de perfusion pour leur travail acharné et leur dévouement pour faire en sorte que ce nouveau programme de chirurgie cardiaque obtienne un si bon départ !

De nombreux centres de la région de l'Ouest sont également impliqués avec les étudiants du programme BCIT de perfusion cardiovasculaire qui viennent de commencer leur premier semestre de formation clinique. Tous les rapports indiquent que cette cohorte d'étudiants connait un départ solide. Et nous nous attendons à de grandes choses de nos étudiants, car les questions de recrutement et de rétention sont des thèmes beaucoup trop communs dans de nombreux centres de la région Ouest.

Je terminerai avec un autre rappel à l'intention de ceux qui projettent de se joindre à nous pour la réunion 2015 de la région Ouest de la SCPC à Kelowna. Pendant que vous préparez votre voyage à Kelowna pour le début de l'été prochain, peut-être pouvez-vous commencer à planifier votre présentation aussi! Nous serions ravis de vous voir là-bas, mais nous vous aimerons encore plus si vous êtes inscrit sur le programme officiel!

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Reprint Article Réimpression d'article

On a Personal Note…

James MacDonald, CPC, CCP
London, Ontario

Please address inquiries to:

James MacDonald
jlmacdonald@execulink.com

This is a reprint from the American Academy of Cardiovascular Perfusion Thomas G Wharton Memorial Lecture given by Jim MacDonald San Antonio, Texas, in 1993.

Who Was Thomas Groth Wharton?

Thomas Groth Wharton was a dedicated individual who helped perfusionists to envision their rightful role as an allied health care professional. His name was synonymous with dedication and professional commitment. He dedicated his efforts towards the common good of others so they would realize their full potential. He was a genuine friend to perfusionists and played a key role in the formation of the Academy. Tom Wharton was only too happy to give others the credit for his considerable labors. He was an individual who was eager to remove himself from the spotlight and place it on someone else. Tom was instrumental in the early recognition of the need for a professional organization such as the Academy. His untimely death in 1980 removed from our midst a dedicated and committed person. The Academy that Tom Wharton helped to initiate, he left for you and me to carry on. Someone once wrote that Tom Wharton had one inability. He could not say *no*. Today might be as good a time as ever to review and reflect on our personal commitment to our professional organization. My presentation today will address my views on professionalism. Thus the title, "*On A Personal Note*." It is often times difficult to put into the written word one's personal feelings and impressions regarding their selected profession. There is something about giving a memorial lecture that causes one to review their own professional life and reflect on one's personal involvement. Although I will not attempt to chronicle my professional life, I will attempt to provide you with my personal prospective of characteristics that I feel have been of assistance to me.

Standing before you today is, for me, a humbling experience. In 1980 I attended my first Academy meeting. In 1981, the year after Tom Wharton's untimely death, I presented my first paper before the Academy membership. In 1983, the Active and Senior membership of The American Academy of Cardiovascular Perfusion (AACP) saw it fit to vote me in as an Active member. I could not have envisioned that my continued involvement as an Academy member would result in my standing before you today as the President of this dedicated professional body. I have been deeply honoured and, at the same time, humbled by your recognition of me. Permit me to explain how I first became involved in the Academy.

My Introduction Into The Academy

Many of you present here today perhaps are not aware that I am not an American citizen. As a Canadian, I was indeed fortunate to be involved in and directly associated with the initial formation of the Canadian Council of Cardiovascular Perfusion. In the late 1970's I had decided to work toward the establishment of a national society. Several years had gone by and the time had come to intrust others to carry on what I and others had started. These others of whom I speak were my younger professional colleagues. I must admit to you today that I was concerned about the commitment of these younger perfusionists. Would they build from the foundation that I and others had started? Could they carry on the commitment that I knew to be so necessary? As was true in the growth of all perfusion organizations, the younger perfusionists were eager to seek a more structured professional identity

within the Canadian medical community. These eager individuals would go on to exhibit a positive influence on the continued professional growth of this Canadian organization. They give it the dedication and attention to detail that I knew to be so necessary for successful continuation. Time now allowed me to seek another journey into my professional life. The American Academy of Cardiovascular Perfusion accepted me and gave me the opportunity to pursue with them their professional aims and objectives. My colleagues in Canada had also committed themselves and from that commitment grew a strong, well organized national organization now called The Canadian Society of Clinical Perfusion.

On a personal note, please allow me to give you an example of what I mean by professional commitment. Reflecting back to these earlier days, I remember being asked by my friend and co–worker, Andrew Cleland, if he might be able to participate in the Canadian perfusion community. I remember asking Andrew why he would want to get directly involved in the perfusion community. His answer was that he wanted to become involved professionally with other perfusionists. He wanted to seek an identity with his peers. He wanted to belong to the perfusion profession in a more dedicated way. From that day his commitment to the growth of his profession grew the Canadian perfusionists recognized his commitment. Several years have passed since that conversation. In support of me as the President of the American Academy, I am very pleased to have present here today my valued friend and daily co–worker, Mr. Andrew Cleland, the President of The Canadian Society of Clinical Perfusion. Our common commitment to professional growth was shared.

The time does come when one should seek out organizational commitment. The Academy allowed me the opportunity to belong to an organization of individuals that not only talked about professionalism but demonstrated it each year by continued appropriate professional actions. The Academy continues to serve as a catalyst for my continued professional growth. On a personal note, I feel that I have gained professionally by my direct organizational involvement with my peers.

Peer Involvement And Its Responsibilities

I want to address the concept of peer involvement and its responsibilities. Is organizational commitment and involvement with your professional peers a necessary prerequisite for continued professional growth? For example, involvement in The Academy will provide you with expansion of your knowledge base as well as an avenue for the exchange of technological knowledge. The purpose of The Academy is to encourage and stimulate investigation and study which serves to increase the knowledge of cardiovascular perfusion, and to correlate and disseminate that knowledge. The Academy will provide you the avenue whereby you can focus on common concerns, share your professional commitment as well as identify with your peers. Identity with your peers is important because it will allow direct interaction and comparisons of perfusion methodologies. This will enable you, for example, to focus on acceptable standards of patient care. In belonging to a peer group, we become a reflection of one another and therefore preserve and enhance the professional image of each other. Organizational involvement requires commitment. Such commitment will promote self confidence and provide the impetus that is necessary for continuing one's professional career. Peer recognition should not be taken for granted. Peer recognition should never lead to a feeling of superiority. Peer involvement should not contrast one against the other and lead one to a feeling of superiority. A feeling of superiority is a self imposed identity problem. It can lead to self delusion. Such self delusion can be harmful to the individual as well as misrepresenting the true ideals of the national society that you belong to. A feeling of self importance can ultimately deform your commitment to your calling and dilute your acceptance as a valued colleague. Conscientious professionals do not exhibit such traits. Peer involvement should, therefore, promote an organized approach to quality in health care delivery and allow you and me the opportunity to grow together. It takes commitment to obtain personal and professional growth.

As clinical perfusionists, you and I, through study and clinical experience implement the technological knowledge and experience that we each have gained by the implementation of extracorporeal circulation and related supportive interventions. Such clinical experience must and should be shared within the environment of one's profession. In the daily performance of our duties as perfusionists, we must interface with other health care professionals such as surgeons, nurses and anaesthesiologists. On a personal note, when I am in my operating room I feel a sense of security in knowing that I can rely on my peers in The Academy for support and guidance. I would not and have not hesitated to tap that organizational support. This feeling of belonging to the Academy is for me, a comforting feeling. I am confident in my validity and that of my profession. You and I collectively must have an organized approach to health care decision–making. We take our rightful place as qualified and essential members of the health care team. Like other professionals we have completed some degree of formal training, passed qualifying examinations, and then are set free to carry on the perfusion related responsibilities that make our professional commitment so necessary. We are called Certified Clinical Perfusionists. For recent graduates and those you have been recently certified, your professional journey has only begun. As a recent graduate, you do not as yet have the clinical acumen of others who have been in the profession for longer periods of time. Ask yourself why you are present here today. I am sure that your answer is that your continued professional development requires an occupational and professional commitment to educational formats and meetings such as that provided to you today by The Academy. Do not doubt the continued commitment of the American Academy in helping you to engage and stimulate your professional growth. The word Academy is synonymous with education. We do not just talk about it, we demonstrate it yearly through our scientific seminars, fireside chats and presentation of scholarships to graduating students. Your presence here today denotes your interest and your approval of what we as Academy members are about. For those present who are not associate members, the Academy not only welcomes you, we also take note of your presence here today. As President of the Academy, please accept this direct invitation to become involved in our professional organization. Your personal contribution will enhance your

professional knowledge and that of your peers. Please seek out any member of the Academy. Ask direct questions of our membership. If you are serious about your commitment to membership in The Academy and should wish to become directly involved in strong organizational commitment, perhaps the American Academy of Cardiovascular Perfusion will provide the spark that will ignite the flame of your professional growth and development. Look around you today. Take note of the names of those who are presenting. Decide to add your name to this list. Get involved. Make the decision to share your individual professionalism. Those of us who have been involved in our profession for an extended period of time know well this word commitment. To become a member of The Academy does require ongoing professional commitment. It requires those who choose to serve, to do so generously and freely. Talking about it is one thing, doing it is quite another.

Commitment To The Patient - A Shared Responsibility

On a personal note, please allow me to express my views on another extension of our professional identity, our commitment to our patients. I am not talking about unstructured commitment that could lead a perfusionist to burnout. As individuals, each of us must learn to cope with high degrees of stress in our daily clinical lives. We should and must support each other in the recognition that this is a real possibility. On a personal note, have you ever wondered what your colleagues would think if they could watch you perform your daily clinical duties in the operating room. I am sure that each of us present here today would feel that our perfusion practices are beyond reproach and certainly follow acceptable standards of practice such as those adopted by the Academy in September of 1987. In North America alone, each year perfusionists assemble the heart lung machines, CO_2 flush and prime the extracorporeal circuit, initiate, maintain and discontinue cardiopulmonary bypass over 350 thousand times. During this Academy meeting, we will share in our methodologies that hopefully will result in an organized and acceptable standardized approach to our specialized involvement in direct patient care. Being a perfusionist is much more than establishing the extracorporeal circuit of choice and conducting cardiopulmonary bypass. We must remind ourselves that the recipient of our specialized care, the patient, deserves special mention.

Please allow me to expand on this. In a chapter from the book entitled "The Heart of the Healer" by Ernesto Contreras, MD; the chapter "Passion, Compassion and Medical Practice", reminds the reader not to consider the human body purely as a complex machine that can be repaired by advanced technologies. As perfusionists we speak of interfacing the extracorporeal circuit with all its associated pathophysiology. Collectively, as an organized group of professional individuals, we should from time to time speak openly of our commitment to our patient, the recipients of our specialized technology. Indirectly we do just that by our attendance at this meeting. On a personal note, have you ever felt that no one in your operating room, save the other perfusionist, really understands or can appreciate the true responsibility that you as a perfusionist have. I realize that we get support and recognition from the surgeon, for example. After all, if you and I do our job perfectly, the result could be that no one will notice. We know that to be a clinical perfusionist is to belong to a quality control profession. For the well being of our patients, we cannot make a mistake. When mistakes are made, it is just as devastating to the perfusionist as it might be to our patient. If I had one wish for you today, it would be that I could shield you from the reality of a perfusion misshape. If not at first, in time other health care personal in the operating room professionals will eventually understand your unique and important role. That sometimes feeling of isolation soon disappears. If from time to time you should feel that isolation, console yourself in the fact that your patient also needs understanding, compassion and sensitivity. From time to time you and I must explore our personal commitment to our patients. Into your hands and mine, the patient has entrusted their very well being. We must be protective of that trust. We must reflect on our personal and unique commitment to patient care. As perfusionists, we are a selected few in numbers. Did we not become perfusionists so that we could positively affect the lives of others by offering them freedom from pain and relief from suffering. This is not only the domain of nurses and surgeons. I mention this today only to remind ourselves that our inability to seek organizational affiliation will have a negative effect on your health care delivery. We must share in our commitment.

Similar to the physician, we as perfusionists, must also follow two fundamental rules: 1) The Golden Rule: Do to your patient as you would have done to yourself. Is this not a basic precept in training our students? Do we not teach our students to treat the patient as if they were a family member. 2) The Second Commandment: Love your patient as yourself. No code of ethics can demand this of you and me. This moral/ethical decision must be exacted from ourselves in our daily care of the patient.

On a personal note, I entered our profession in the days of the rotating disc oxygenator, whole blood primes, stainless steel connectors, bone wax and hospital–made tubing packs. I tell you this today because I am very proud of my initial thrust into perfusion. Believe me when I tell you that from initial beginning grew my deepest love for and respect of our profession. That I could eventually play a role in operating a heart lung machine was something that I had wondered about as I assisted the cardiac surgeon during those early days in open heart surgery. I was in awe of these people called heart lung technologists. My duties as an operating room technician caused me to gain insight into the importance of this specialized role. These heart lung technologists were a different breed of people. This unique interfacing with the patient required such dedication. We lost many of our patients in those earlier days. It would not be until later that I would realize that other perfusionist had traveled this same road. For the time being, my whole world would exist in that one operating room. When I reflect back to those earlier days I think of the tremendous opportunity presented to the younger perfusionists today in being able to share experiences through peer involvement. Anyway, these heart lung technologist fascinated me. I wanted more involvement in this life and death drama. The chief technologist and the chief cardiac surgeon realized my interest in perfusion. I suppose I drove them crazy with my constant questioning. These professionals demonstrated

to me what respect for the patient meant. No patient was ever to be called the valve, the ASD, VSD, etc.. To do so was to bring about much indignation. To this day, when the patient first enters my operating room I am still humbled by my personal opportunity to participate in the well being of this person. From that moment on the patient becomes dependent on me as the perfusionist. I become committed to his/her total care. It is a sacred bond. The stranger becomes my patient. Perhaps this is what Dr. Contreras is referring to. We must integrate the technology of perfusion so as to benefit the person called a patient. To me, they are one in the same. I often find it interesting that we would not hesitate to show empathy to a neonate, a baby or pediatric patient. We would agree that all patients, no matter what age, deserve and expect your professional best. As perfusionists we may feel our contact with the patient to be somewhat isolated. If this is true, go over to your patient and make eye contact. If appropriate at that moment, tell him who you are and also tell him that *you* will take excellent care of him. Do not be afraid to demonstrate caring for your patient in the operating room if others are too busy with the day to day routine. Lead the way and perhaps others will follow your example. Demonstrating your professional commitment to your patient will remove the temptation to treat only the disease pathology and not the patient. This is not reserved only for the surgeon, nurse, etc. You and I must share in this responsibility.

The Relationship Between The Mentor/Mentee

For those of us who accept the added responsibility of teaching students in the clinical arena, your commitment continues. You then become the mentor. The development and exploration of ideas is promoted within this mentoring relationship. It is for me an exciting and humbling experience to share ones years of acquired clinical knowledge with others who have made a conscious decision to join our profession. Teaching the student requires the development of a mentor/mentee relationship. We must at first make the assumption that this individual has at the least a basic understanding of what his/her chosen profession will expect of them. Within each perfusion school, teaching formats are developed and the perfusion instructor must follow established guidelines which dictate an organized and acceptable teaching format. On a personal note, when I first introduce the student perfusionist to the operating room, I often times feel quite humbled by the experience. This operating room is the daily environment where you and I practice the art and science of perfusion technology. University Hospital in London, Ontario is a teaching hospital associated with the University of Western Ontario Medical School. As a Patient Service Department within the hospital, several years ago my department accepted the added responsibility in becoming a clinical training site. Each year it is both my responsibility and pleasure to lecture perfusion students on the History of Cardiac Surgery and Extracorporeal Circulation. The school allows me three hours to complete this lecture. These three hours allow me my initial interface with these individuals who have demonstrated a desire, not a commitment as yet, but a desire to become what it is that you and I are. In the introduction to perfusion, I try to point out that this profession with all its associated technology will expect, if not demand, an intense interaction with the patient and latter, if they are successful, the opportunity to involve themselves in the perfusion community. I discuss the uniqueness of our responsibilities as perfusionists with honesty and professional pride. I then proceed to expand on the responsibilities of the clinical perfusionist and how these responsibilities may differ from other health care professionals. I try not to isolate the student from the reality of our world. I am also careful not to lose this initial opportunity to self importance. I emphasize our unique involvement with the cardiac patient. Throughout the lecture I speak respectively of our success and passionately of our failures. I explain how we as perfusionists can positively or negatively affect the very well being of the patient. Within the confines of our profession, I share with them that this new professional venture will carry with it considerable and different responsibilities. Meticulous attention to the every technological detail is essential. Injury or death to a patient is a possibility if strict adherence to an established protocol is not maintained. I teach that our responsibilities requires an intensity of focus. I remind the student that a perfusionist must exhibit honesty, compassion, enthusiasm and yes that word commitment does come up. I teach that the operating room is where we put scientific theory into sound clinical practice.

Students must be treated in a professional manner and they can only learn if you as a professional are genuinely connected to their individual needs. Sometimes, you must support them in their deciding whether to continue in this specific profession. Teaching is more than lecturing. It is demonstrating clinically to the student what it is that they have learned in the classroom. You must transform your teaching on perfusion technology into the clinical reality of what it is that we do and at the same time you must focus on the patient as the ultimate recipient of the your individual care. As a mentor you must encourage full development of potential, even when it means extending beyond the mentor's own abilities. When you cannot find an answer in a text, involvement with your peers can be of great assistance to you in answering that question. The clinical interfacing of the student into our working environment must be exercised as if it were a sacred trust. It is the direct clinical interfacing of that knowledge, combined with your personal desire to impart your clinical expertise, that hopefully will ensure the successful integration of this student into further professional commitment. Like it or not, you must become the role model and the student must decide if your technological skills as a perfusionist should be emulated. To have such influence on the student may result in his/her successful integration into the network of our profession.

A Definition Of A Professional

As perfusionists we must be able to define the criteria that must be fulfilled to insure that we can indeed call ourselves professionals. We all realize that to be called a professional is to be held in high regard in society and is expected of us by other health care practitioners and licensing bodies. In society there is little doubt as to the professional identity of the cardiac surgeon, the nurse or the anesthetist. To obtain the status of a professional is one thing. To be able to practice it and act it out is quite another. Wilbert E Moore, in his book entitled "The Professions: Roles and Rules" defines a professional as having the following criteria: Practising a full time

occupation which comprises the principle source of his income, a commitment to a calling; that is, the treatment of the occupation and all of its requirements as an enduring set of normative and behavioral expectations, authenticated membership in a formal organization that will protect and enhance its interests, advanced education which allows useful knowledge and skills obtained through specialized training, service orientation so as to perceive the needs of individual or collective clients that are relevant to his competence and to attend to those needs by competent performance, and finally, autonomy that is restrained by responsibility, thus allowing you and me to proceed by our own judgement and authority. What I have just described is the basic criteria that defines the role of the recognized professional. This allows the clinical perfusionists to fit within the context of the health care system as a whole.

Commitment To A Calling

Does commitment to the perfusion profession go beyond the clinical commitment of the hospital? Does it involve the identification with professional peers and the profession collectively? And thirdly, is such a commitment expected for both continued professional growth and clinical competence? Does this individual and collective commitment result in a common bond. The response should be a definite yes. Your individual decision not to commit yourself to your professional colleagues will limit the sphere of your practice and would then reflect in your ability to provide optimal patient care. The individual commitment of each person attending this meeting is necessary in our continuation as a professional body with a common desired response. Commitment cannot be legislated but your colleagues can insist on it. The Academy does insist on participation from all its members over a three year period. In effect, to remain as an Academy member we are asking for and insisting on your professional commitment to our educational organization. It is a necessary prerequisite for continued membership. Membership opens the door and commitment insures that it is kept open.

Professional Conduct

To be a Professional does carry with it added responsibilities. For example, the professional conduct of the clinical perfusionist must be beyond reproach. If, for example, I should undertake to do something which would be considered to be unprofessional, it would reflect not only me but also my peers. To address this problem, The American Academy and other organizations develop a code of ethics and/or standards of practice. We then in effect demand appropriate conduct from each other to insure that our common bond is not compromised thus reducing the risk of impropriety. In the end, one's conduct is self regulated by the organizational commitment and continued professional service to the patient is maintained. If as a perfusionist, your personal caring of the cardiac surgical patient does not receive a very high priority, you fail in the attempt to provide dedicated professional service and the patient is compromised. Perfusionists who compromise patient care are not tolerated. Belonging to an organization of peers that demonstrate these norms and provides continuous demonstration of dedicated professionalism is to be a member of The American Academy of Cardiovascular Perfusion. Each of us must measure within ourselves our personal commitment to our profession. As the President of The American Academy of Cardiovascular Perfusion, and on behalf of our membership, I encourage you to become committed to your profession. The Academy is the place for that commitment. Tom Wharton would agree. Hopefully, you do also.

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Original Article Article Original

Cardiac Surgery in the Developing World

Rizwan Manji, MD, PhD, FRCSC, MBA
rizmanji@shaw.ca
St. Boniface Hospital
Winnipeg, Manitoba

Interest in health issues in the developing world has significantly increased in the last number of years as we realize that we are a global community and that we all benefit from helping each other out.

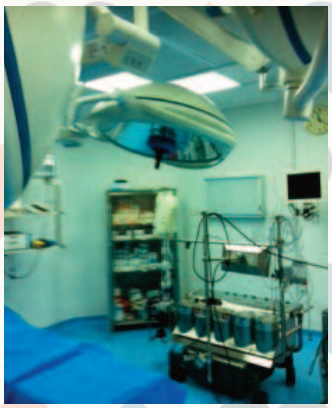
There is huge morbidity and mortality from cardiovascular disease — mostly rheumatic heart disease (RHD) — in the developing world. There are many young people who, if not affected by RHD and its complications such as stroke and heart failure, would be able to provide physical and intellectual input to their country to help the economic output of the country to help pull them from poverty. There are many centres in the developing world such as Addis Abada, Ethiopia, where there are state-of-the-art cardiac hospitals that are not fully utilized due to lack of cardiac surgical services with waitlists in the thousands.

Many people in the cardiac sciences volunteer in the developed world; however, the help is likely in diverse places, for short periods of time making it difficult to establish a self-sustaining program. A thought would be for those interested in developing world work to concentrate efforts in one area at a time (where people would be there on a regular basis) to help develop a sustainable program to make one area self-sufficient before moving on to other places.

Efforts are underway to create the Canadian Cardiac Surgery Contingent that will focus on helping a developing world site develop its cardiac surgery program and become self-sufficient, and then move to another site. There are currently a number of surgeons, anesthetists, perfusionists, and nurses interested in going; however, we do not have the critical mass yet to make this happen. We are in need of more perfusionists to help out. The plan would be for two people from each specialist group (surgeons, anesthetists, perfusionists, nurses) to go out once a year for two weeks to help with doing cases and teaching the local health professionals (who are very keen to learn). If we had 25 people from each specialist group in our Contingent, then we could provide services once a month year round and help the program become self-sufficient. We are currently looking at Addis Abada, Ethiopia which has the needed infrastructure... they need the intellectual and human resources to help them out.

If you are interested in volunteering or are contemplating it, please contact Dr. Rizwan Manji at *rizmanji@shaw.ca* and let him know. He will answer questions and provide further information. Please consider helping in this very worthwhile cause.

Thank you,
Rizwan A Manji, MD PhD FRCSC MBA
Cardiac Surgeon/Intensivist



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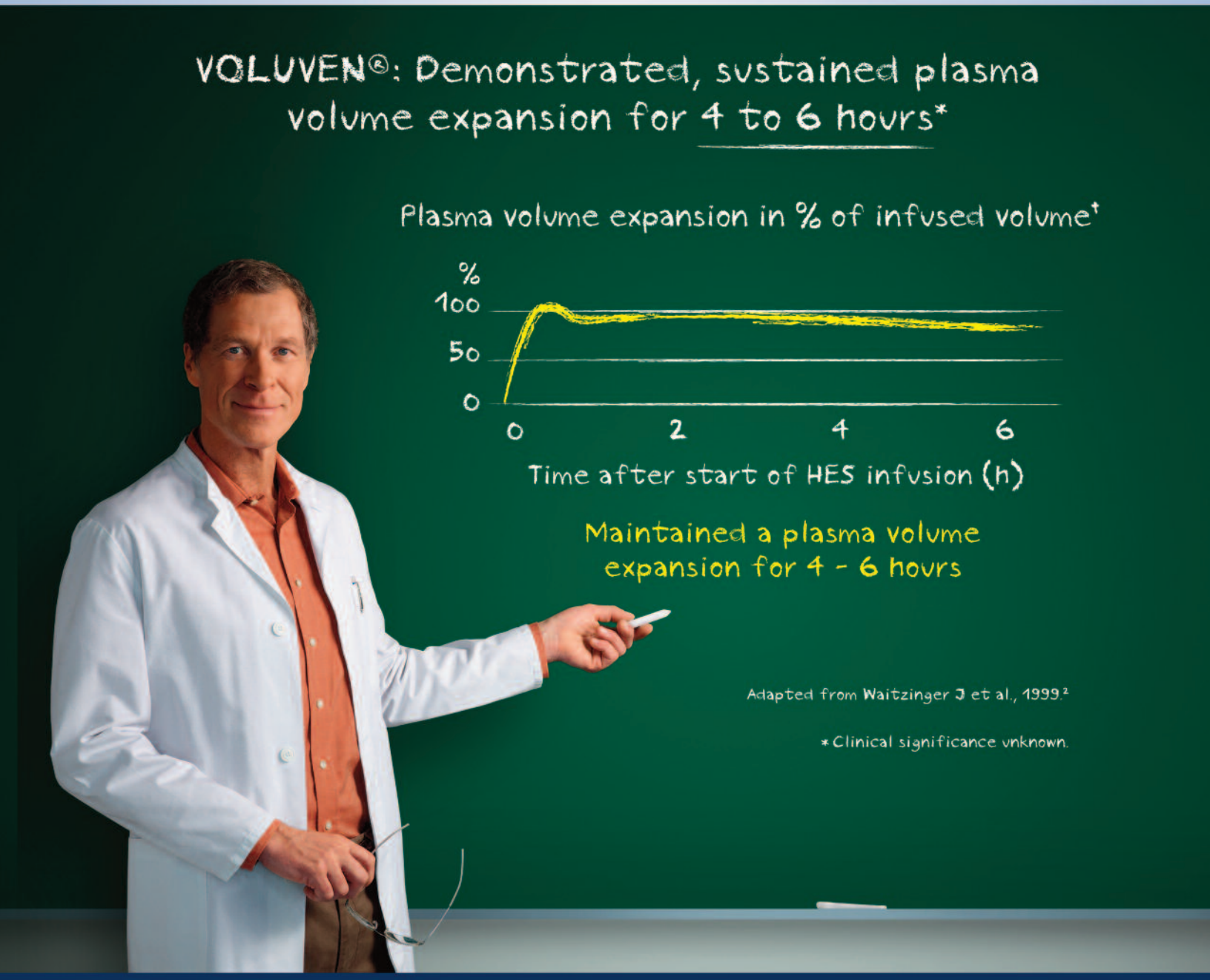

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†Based on a study of 12 healthy male volunteers. Subjects received 500mL VOLUVEN® following a 500 mL bleed.

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See Prescribing summary on page 44

Message from the AGM

Bill O'Reilly
cscp@cscp.ca

The Canadian perfusion community has been holding annual meetings with the Canadian Cardiovascular Congress in some form or another for more years than I have been in perfusion (and that is getting to be a long time). In the 1960's the CanSect Group, the precursor to the CSCP, would meet annually with the CCC. However this will be the 25th year since we became the CSCP as we know it. Back in 1989 the CSCP was incorporated and the beginning of our society as we know it today was started. The success of what the CSCP is today rests with so many people on an on-going basis there are too many to mention. However the founding board of Directors helped develop the idea of our own Canadian incorporated group of perfusionists in 1988-89. I was privileged to be involved with that group with one of the leaders and chief promoters of our profession Scott McTeer. Scott retired a few years ago from perfusion but he should not be forgotten as the lead person in founding the CSCP. Scott along with Andy Cleland, David White, Ted Flegal, David Edgell, and myself formed the initial board and spent many hours of volunteer time developing what we have as the CSCP.

With that starts our planning for the 25th AGM as the CSCP in Canada. A group we can all be proud to belong to as perfusionists. The plans for the CSCP annual general meeting and scientific sessions in Vancouver BC are well underway. This year the meeting will start on Saturday October 25, 2014 at midday and finish around noon on Tuesday October 28, 2014.

This year we will again offer any approved speaker a $200 registration to the meeting. (Regular advanced registration is >$400 this year) Therefore I would recommend getting your abstracts in soon if you wish to be on the program.

The annual CSCP Banquet and Awards night will be held on Sunday evening and it will be great as always I am sure. Annie Bedard one of our on site team this year is hard at work finding an exciting venue for this fun evening.

The corporate members are again hosting a reception for the CSCP members on Monday evening and Kim Long Ta and the team from VGH has a surprise planned during that event in honor of the 25th year of the CSCP. It will prove to be a great evening honoring the history of bypass devices and perfusion in Canada. Along with an evening of sharing the company of our friends in the corporate perfusion world.

Last year in Montreal we held our first ever perfusion simulation suite and it was very successful. This was thanks in no small part to the corporate support from Ryan Medical and the folks at Terumo. This year Ryan Medical has organized with Terumo to hold the Orpheus Simulator suite again. The suite will be run on Sunday and Monday during the conference so be sure to sign up as this year will probably be introducing some different technology at the suite. Stay tuned to the website and watch for eblasts in the spring with more details. Thanks again Ryan for stepping up to further perfusion education.

Looking forward to seeing you all in Vancouver in October and remember get your abstracts in soon to make this a very educational and enjoyable meeting. Stay tuned to the CSCP website for further announcements as the planning progresses.

Message du RGA

Bill O'Reilly
cscp@cscp.ca

La communauté de perfusion canadienne a tenu des réunions conjointement au Congrès Cardiovasculaire Canadien sous une forme ou une autre depuis avant que je ne sois en perfusion (et ça commence à faire longtemps). Dans les années 60, le groupe CanSect, le précurseur de la SCPC, se réunissait annuellement au CCC. Cependant, ce sera cette année le 25ième anniversaire de la SCPC telle que nous la connaissons aujourd'hui. En 1989, la SCPC s'incorporait et on assistait aux débuts de notre société. Le succès de la société d'aujourd'hui découle du travail continu de tellement de gens que je ne pourrais tous les nommer. Mais le conseil d'administration initial a aidé à developper l'idée de notre propre groupe de perfusionnistes incorporé en 1988-1989. J'ai eu le privilège de faire partie de ce groupe avec un des leaders et plus grands promoteurs de notre profession. Scott McTeer. Scott a pris sa retraite il y a quelques années, mais son rôle comme fondateur de la SCPC ne devrait pas être oublié. Scott ainsi que Andy Cleland, David White, Ted Flegal, David Edgell et moi-même avons formé l'exécutif initial et avons donné plusieurs heures de notre temps bénévolement pour développer la SCPC actuelle.

Ainsi nous commencons la planification de notre 25ième réunion générale annuelle en tant que SCPC au Canada. En tant que perfusionnistes, nous pouvons être fiers d'appartenir à ce groupe. Les plans pour la réunion ainsi que les présentations scientifiques à Vancouver sont déjà avancés. Cette année la conférence débutera le samedi 25 octobre 2014 à la mi-journée et se terminera vers midi le mardi 28 octobre 2014.

Cette année encore nous offrirons l'inscription à 200$ pour tout présentateur approuvé. (L'inscription hâtive régulière sera de plus de 400$ cette année.) Alors je vous recommande d'envoyer vos résumés de présentation très bientôt si vous voulez faire partie du programme.

Le Banquet annuel et soirée de remise de prix de la SCPC se tiendra le dimanche soir et sera aussi plaisante qu'à l'habitude, j'en suis sûr. Annie Bédard, qui fait partie de l'équipe d'organisation locale, travaille très fort pour trouver une endroit excitant pour cette soirée amusante.

Les membres corporatifs offriront une fois de plus une réception pour les membres de la SCPC le lundi soir et Kim Long Ta avec l'équipe du VGH nous réserve une surprise durant la soirée en l'occasion du 25ième anniversaire de la SCPC. Ce sera certainement une excellente soirée en l'honneur de l'histoire de la perfusion et des équipements utilisés au Canada, en plus en l'agréable compagnie de nos amis du monde corporatif de la perfusion.

L'année dernière à Montréal, nous avons eu la chance d'avoir notre toute première suite de simulation et elle a été un franc succès. Ceci est en grande partie grâce au support financier de Ryan Medical et des gens de Terumo. Ryan Medical et Terumo s'unisse une fois de plus cette année pour présenter le simulateur Orpheus. La suite sera ouverte le dimanche et le lundi pendant la conférence, alors assurez-vous de vous inscrire car il y aura sûrement un ajout de nouvelle technologie. Surveillez le site web et les annonces courriel ce printemps pour plus de détails. J'aimerais remercier une fois de plus Ryan pour leur contribution à l'éducation en perfusion.

J'ai bien hâte de vous retrouver tous à Vancouver et pensez à envoyer vos présentations tôt afin de participer à cette réunion éducative et agréable. Surveillez le site de la SCPC pour les nouvelles annonces à mesure que la planification progresse.

AGM • RGA Vancouver

Saturday October 25, 2014

8 to 12	CSCP Certification Exam Vancouver Convention Centre, West Building
9 to 12	CSCP Board of Directors Meeting Vancouver Convention Centre, West Building, Room #113
10 to 5:30	Scientific Sessions Vancouver Convention Centre, West Building, Rooms #116 and #117
12 to 12:05	Opening Remarks John Miller, President CSCP

Sunday October 26, 2014

8 to 9	Corporate Sponsored Breakfast Session Vancouver Convention Centre, West Building, Rooms #114 and 115
9 to 12:30	Scientific Sessions Vancouver Convention Centre, West Building, Rooms #116 and #117
1230 to 2	Lunch and Poster Presentations
2 to 4	Scientific Sessions
4 to 5:30	CSCP Business Meeting All members of the CSCP
Evening	CSCP Annual Banquet and Awards

Monday October 27, 2014

7 to 8:30	Corporate Sponsored Breakfast Session Vancouver Convention Centre, West Building, Rooms #114 and 115
8:30 to 12:30	Scientific Sessions Vancouver Convention Centre, West Building, Rooms #116 and #117
9 to 10	Bigelow Lecture
1030 to 11	Health Break, Poster Presentations, and Exhibits
11 to to 12:30	Scientific Sessions
12:30 to 2	Lunch, Poster Presentations, and Community Forum
2 to 3:30	Scientific Sessions

AGM • RGA
Vancouver

3:30 to 4:30	Health Break, Poster Presentation, and Community Forum
4:30 to 5:30	Scientific Sessions
Evening	Corporate Members Reception All CSCP Attendees

Tuesday October 28, 2014

8 to 9	Corporate Sponsored Breakfast Session Vancouver Convention Centre, West Building, Rooms #114 and 115
9 to 12:30	Scientific Sessions Vancouver Convention Centre, West Building, Rooms #116 and #117

Original Article Article Original

Perfusion Live Audience Response Session 2013

Eric Laliberté CCP, CPC, Armindo Fernandes CCP, CPC
The Montreal Heart Institute
Clinical Perfusion Services, Montreal, Quebec

Please address inquiries to:

Eric Laliberté
ericlaliberte24@gmail.com

From October 17th to the 20th 2013, the Canadian Cardiovascular Society and the Heart and Stroke Foundation of Canada co–hosts the Canada's largest annual cardiovascular learning event, the Canadian Cardiovascular Congress (CCC) in Montréal. During this event, the Canadian Society of Clinical Perfusion (CSCP) held their Annual General Meeting and Scientific Sessions. The meeting was attended by CSCP members, international perfusionists, corporate members and students from different perfusion programs. On Saturday October 19th 2013, a fourth audience response survey was held.

The ultimate goal of this survey was similar to previous year's interactive surveys: obtain a general representation of the different practices across Canada and to address clinical, ethical and Society affairs issues related to the Canadian perfusion field. The survey was initially created as a document from questions electronically transmitted to the authors through a submission request sent to the different cardiac centers in Canada. The initial document was reviewed and revised by the authors. All submitted questions were included in the final document as well as left over questions from previous years. Forty–five questions out of a bank of 105 were asked to the audience.

Audience Response Survey Data Collection

A response wireless keypad was distributed to the attending audience, composed of 58 participants. The responses were collected with the use of the TurningPoint 2008, 4.1 program (Turning Technologies Canada, Ontario, Ca). The interactive session lasted about 60 minutes where the panel asked questions from the bank with additional questions added during the session. Once the presentation was underway and the responses to the questions were displayed, the audience became greatly involved which stimulated interesting and passionate discussions. All keyboards were anonymously distributed. Unless specified in the question, we wanted individual personal opinion based on adult practice.

Data was prospectively recorded manually as a back up procedure during the session. None of the questions have missing data.

Audience Response Survey Results

Results from this Audience Response Survey are usually presented in five different sections, but this year, only three sections were covered. The questions are listed in the order they were asked. The questions were not known to the audience prior to asking them. A ten seconds period was allotted to the audience to make their selection and re-polling was allowed if the question was not clear to the audience. The authors have decided to comment on a selected number of results.

Section 1: Perfusion Demographics
Section 2: Perfusion Practice and Techniques
Section 3: Summary Questions

The three CSCP geographic regions were represented with a majority (53%) coming from the Eastern Region. Amongst the participants in the room, 57% have been practicing perfusion for more than ten years while 25% with less than one year experience. We believe this is again a good representation of different levels of experiences. As expected and similar to the previous years, 79% were primarily adult perfusionists.

The intention of the authors is not to analyse every results from the survey. We prefer to leave it up to each practitioner to read the results and draw their own conclusions.

Audience Response Survey Discussion

Special attention shall be paid to the protamine administration section. Many of us stated having a strict protocol in place while protamine is being administrated to stop using the pump sucker in order to keep the CPB circuit ready to be re–used for the patient and avoid massive blood activation. Does it make sense to clinically keep aspirating blood while the protamine goes in the patient up to half dose? When asked to the audience, 82% agree with the practice in place in their centre! It is reassuring that 60% of the participants stop their pump suckers at the start or even before the protamine administration. Unfortunately, within the year prior to this audience response, a great amount of the audience (41%) experienced clots in their circuit during or after protamine injection and 17% had to re-set up a circuit urgently to go back on CPB, due to presence of clots in circuit! This could lead to potential disastrous patient outcomes. This is patient safety! Ultimately, who decides to stop aspirating blood to CPB circuit while protamine administration? Are we practicing according to standards? Should we revise them? As mentioned in the 2012 report, perfusion accidents and their management are important and unavoidable facets of our work.

We encourage every perfusionist, student and corporate member to send comments through a letter to Editor to keep the discussion alive on different aspects of our profession. In our 2012 audience response report, we have put forward a question and yet any comments or letter received or published. Let me ask the question again to the membership: is it the time to compile all accidents occurring with cardiopulmonary bypass? Should we create a national database?

Conclusion

We can state from the comments received, that most of you in attendance to the session really enjoyed again the lively discussions and interactivity that took place. Shortly after the meeting, we were informed this was the last session provided in this format. After holding these session four times, I believe this was an excellent opportunity for all to discuss various topic related to our professional field.'

Perfusion Demographics

What is your gender?

Male	30	52.6%
Female	27	47.4%

Have you participated before in a CSCP Audience Response Session?

Yes	25	43.9%
No	32	56.1%

What region of Canada do you live in?

Eastern region	30	52.6%
Central region	10	17.5%
Western region	13	22.8%
Outside Canada	4	7.0%

Which of the following best describes your position?

Certified Clinical Perfusionist	47	83.9%
Student Perfusionist	6	10.7%
Clinical Specialist/Consultant	0	0%
Company Representative/Sales	1	1.8%
Other	2	3.6%

How long have you been a practicing clinical perfusionist?

<1 year	14	25.0%
1 – 5 years	6	10.7%
6 –10 years	4	7.1%
11 – 15 years	14	25.0%
16 – 20 years	4	7.1%
>20 years	14	25.0%

How many CPB cases did you perform as the primary perfusionist in 2012?

<50 cases	13	26.0%
50 – 100 cases	20	40.0%
101 – 150 cases	10	20.0%
151 – 200 cases	5	10.0%
>200 cases	2	4.0%

As a clinical perfusionist, does your clinical practice involve:

Adults only	44	78.6%
Pediatrics only	2	3.6%
Combination of both	10	17.9%

How many cardiac surgical procedures were performed at your hospital in 2012?

<100 cases	1	1.9%
100 – 250 cases	1	1.9%
251 – 500 cases	6	11.3%
501 – 750 cases	12	22.6%
751 – 1000 cases	16	30.2%
1001 – 1500 cases	6	11.3%
>1500 cases	11	20.8%

What percentage of cardiac cases are done as beating heart procedures (approximately)?

0 – 20%	46	86.8%
21 – 40%	6	11.3%
41 – 60%	0	0%
61 – 80%	0	0%
81 – 100%	1	1.9%

In how many centres have you practiced in your perfusion career?

1	23	41.1%
2	8	14.3%
3	13	23.2%
4	6	10.7%
5	2	3.6%
6 or more	4	7.1%

Perfusion Practice and Techniques

Do you give Lasix on CPB if a patient does not produce urine?

Yes	30	52.6%
No	27	47.4%

Who makes the decision to give Lasix on CPB?

Anesthesiologist	32	62.8%
Surgeon	6	11.8%
Perfusionist	8	15.7%
Perfusionist, written protocol	1	2.0%
Anesthesia deals with it	4	7.8%

Is VAVD always available on CPB for all your cases?

Yes	45	77.6%
No	13	22.4%

Do you use VAVD with a centrifugal pump (as main arterial pump)?

Yes	26	50.0%
No	26	50.0%

Do you think is it dangerous or even malpractice to use VAVD with a centrifugal pump (as main arterial pump)?

Yes, absolutely	7	13.7%
No, I do not see a problem	8	15.7%
No, with the right technique	36	70.6%

Do you have a strict protocol to stop pump suckers during protamine administration?

Yes	35	71.4%
No	14	28.6%

When do you stop your pump suckers?

Before protamine starts	3	5.9%
Same time as protamine	28	55.0%
1/3 protamine dose	8	15.7%
1/2 protamine dose	10	19.6%
When surgeons decides	2	3.9%
When surgeon sees clots	0	0%

Regarding pump suckers and protamine, do you agree with the practice in place in your institution?

Yes	42	82.4%
No	9	17.7%

How is protamine administered in your centre?

Infusion pump	7	13.5%
iv free drip	16	30.8%
Manual rapid push	1	1.9%
Manual slow push	8	15.4%
So many ways!	20	38.5%

Within the last year, have you experienced a clotted venous/cardiotomy reservoir and/or oxygenator during or after protamine administration?

Yes	21	41.2%
No	30	58.8%

Only for those who mention keeping the pump suckers while protamine is being administered: Within the last year, have you experienced a clotted venous/cardiotomy reservoir and/or oxygenator during or after protamine administration?

Yes	12	60.0%
No	8	40.0%

Within the last year, did you have to re-set-up a pump urgently to go back on CPB due to presence of clots in circuit after protamine was given?

Yes	8	17.0%
No	39	83.0%

Only for those who mention turning off pump suckers at the start of protamine, do you use a cell saver at this time?

Yes	13	48.2%
No	14	51.9%

Do you use methylene blue on CPB for unresponsive hypotension?

Yes	32	62.8%
No	19	37.3%

Who decides to give methylene blue on CPB?

Anesthesiologist	38	86.4%
Surgeon	3	6.8%
Perfusionist	0	0.0%
Perfusionist, written protocol	0	0.0%
Anesthesia deals with it	3	6.8%

Do you inject insulin via CPB to control blood sugar?

Yes, always	6	12.8%
Yes, sometimes	29	61.7%
No, not available	12	25.5%

Who decides to inject Insulin on CPB?

Anesthesiologist	31	68.9%
Surgeon	5	11.1%
Perfusionist	4	8.9%
Perfusionist, written protocol	3	6.7%
Anesthesia deals with it	2	4.4%

Do you still use Voluven or Volulyte on CPB since the Health Canada notice/warning last July 2013?

Yes, did not change the practice	4	8.3%
Yes, if renal function allows it	23	47.9%
Yes, but reduced the amount	5	10.4%
No we completely stopped	15	31.3%
Warning?	1	2.1%

For those who had a practice change regarding colloids, who made the decision to stop using Voluven or Volulyte on CPB since the Health Canada notice/warning?

Perfusion	2	10.0%
Anesthesia	2	10.0%
Surgery	0	0%
Pharmacy	2	10.0%
Team decision	13	65.0%
Risk Manager	1	5.0%

Generally speaking, most of the medication given during CPB is:

Central line by anesthesia	17	35.4%
Through the CPB venous line	17	35.4%
Through the CPB cardiotomy	14	29.17%

Does your CPB circuit include:

Coated oxygenator only	5	10.2%
Coated circuit only	2	4.1%
Coated oxygenator & circuit	41	83.7%
No coating used	1	2.0%

What type of coating is used for your oxygenator and/or circuit?

Heparin coating only	13	27.1%
Non heparin coating, one type	16	33.3%
Mixture of different 2 coatings	16	33.3%
Mixture of 3 or more coatings	3	6.3%

For what size patient would you consider using a small adult oxygenator, filter, 3/8 venous line, etc?

<40 kg	10	21.3%
<50 kg	15	31.9%
<60 kg	17	36.2%
Use a full size circuit	5	10.6%

Do you have a fibre–optic IABP catheter in your centre, including OR and Cath Lab.

Yes	18	37.5%
No	30	62.5%

What percentage of IABP insertions are fibre–optic catheters?

0%	27	61.4%
1 – 25%	8	18.2%
26 – 50%	0	0%
51 – 75%	0	0%
76 – 100%	9	20.5

Are perfusionists involved in the insertion of IABP outside the operating room?

Yes, cath lab only	5	11.1%
Yes, cath lab and ICU	33	73.3%
No, never	7	15.6%

Are you stand-by for TAVI?

Yes, perfusionist and HL machine in room	26	59,1%
Yes, perfusionist and ECMO machine in room	15	34,1%
Yes, perfusionist and modified ECMO machine in room	0	0%
Yes, perfusionist without support stand-by in room 0	0	0%
Yes, perfusionist available in house	2	4,55%
No	1	2,3%

For those who have a machine ready, are you primed?

Yes	29	72.5%
No	7	17.5%
It depends!	4	10.0%

Do you stay in ICU while an adult patient is on VV ECMO?

Yes, 24/7	29	82.9%
No	4	11.4%
No, we have ECMO specialists	2	5.7%

Do you agree with this practice of leaving bedside while a patient is on V-V or V-A ECMO without an ECMO specialist?

Yes, for V-V only	3	6.3%
Yes, V-V or VA	7	14.6%
No	38	79.2%

Summary Questions

Which best describes your feeling about this fourth Audience Response Session:

Similar to questions I have thought about in my clinical practice	10	24.4%
Typical survey questions, not very relevant to my practice	0	0%
Sparked my curiosity with interesting responses	30	73.2%
Not relevant to my clinical practice	1	2.4%

Would you like to participate or have your colleagues to participate to a fifth similar session?

Yes	38	92.7
No, 3 years in a row is enough and nothing more can be learned for now	3	7.3

Now that you have participated to an interactive session, and in the eventuality there would be another session, would you send questions you would like to hear about?

Yes	32	84.2%
No	6	15.8%

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VOLUVEN®

6% HydroxyEthylStarch 130/0.4

Prescribing Summary

Patient Selection Criteria

THERAPEUTIC CLASSIFICATION: Plasma Volume Expander.
VOLUVEN®, 6% hydroxyethyl starch (HES 130/0.4), tetrastarch, is an artificial colloid, third generation starch, for plasma volume expansion.

INDICATIONS AND CLINICAL USE
VOLUVEN® is indicated for the treatment of hypovolemia when plasma volume expansion is required.
It is not a substitute for red blood cells or coagulation factors in plasma.

CONTRAINDICATIONS
VOLUVEN® is contraindicated in patients:
- with fluid overload (hyperhydration), especially in cases of pulmonary edema and congestive cardiac failure.
- with renal failure with oliguria or anuria not related to hypovolemia.
- receiving dialysis treatment.
- with severe hypernatremia or severe hyperchloremia.
- with known hypersensitivity to hydroxyethyl starch.
- with intracranial bleeding.

Special Populations
Pregnant Women:
There are no adequate and well-controlled studies using VOLUVEN® in pregnant women. However, animal studies do not indicate harmful effects with respect to embryo/fetal development, pregnancy, parturition or postnatal development. There were no post-marketing reports of harm when VOLUVEN® was used in pregnant women.

Embryotoxic effects were observed in rabbits when 10% HES 130/0.4 in 0.9% sodium chloride solution is given at 50 mL/kg BW/day. No evidence of teratogenicity was observed.

VOLUVEN® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Women:
It is not known whether HES 130/0.4 is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when VOLUVEN® is administered to a nursing mother.

A decision on whether to continue/discontinue breast-feeding or to discontinue/continue therapy with VOLUVEN® should be made taking into account the benefit of breast-feeding to the child and the benefit of VOLUVEN® therapy to the nursing mother.

Pediatrics:
There is limited experience on the use of VOLUVEN® in children available. In non-cardiac surgery in 41 children including newborns to infants (< 2 years), a mean dose of 16 ± 9 mL/kg was administered safely and was well tolerated for stabilisation of hemodynamics. The tolerability of this product administered perioperatively was comparable to 5% albumin.

VOLUVEN® may be given to premature infants and newborns only after careful risk/benefit evaluation.

Geriatrics:
Of the total number of patients in clinical trials of VOLUVEN® (N= 471), 25% were 65-75 years old, while 7% were 75 and older. No overall differences in safety or effectiveness were observed between these subjects and younger subjects. Other reported experience has not identified specific risks for the application of VOLUVEN® in this patient group.

Safety Information

WARNINGS AND PRECAUTIONS

General:
Fluid overload caused by overdose should be avoided in general. Particularly, for patients with cardiac insufficiency or severe kidney dysfunctions the increased risk of hyperhydration must be taken into consideration; posology must be adapted.
In case of severe dehydration a crystalloid should be given first.

Carcinogenesis and Mutagenesis:
No mutagenic effects were observed with HES 130/0.4 10% solution according to the following tests on mutagenic activity: Salmonella typhimurium reverse mutation assay (in vitro), mammalian cells in the in vitro gene mutation assay (HPRT), assessment of the clastogenic activity in cultured human peripheral lymphocytes (in vitro), bone marrow cytogenetic test in Sprague-Dawley rats.

Hematologic:
Caution should be observed before administering VOLUVEN® to patients with severe liver disease or severe bleeding disorders (e.g. severe cases of von Willebrand´s disease).
Administration of large volumes of hydroxyethyl starch may transiently alter the coagulation mechanism and decrease hematocrit and plasma proteins due to hemodilution.

Hepatic/Biliary/Pancreatic:
Caution should be observed before administering VOLUVEN® to patients with severe liver disease.
Serum amylase can rise during administration of VOLUVEN® and can interfere with the diagnosis of pancreatitis. The elevated amylase is due to the formation of an enzyme-substrate complex of amylase and hydroxyethyl starch subject to slow elimination and must not be considered diagnostic of pancreatitis.

Immune:
If a hypersensitivity reaction occurs, administration of the drug should be discontinued immediately and the appropriate treatment and supportive measures should be undertaken until symptoms have resolved (please refer to section ADVERSE REACTIONS).

Renal:
It is important to supply sufficient fluid and to regularly monitor kidney function and fluid balance.
Serum electrolytes should be monitored.

Skin:
Pruritus is a known complication of administration of hydroxyethyl starches, though is typically more common with prolonged use of high doses.
HES-induced pruritus may be delayed in onset, typically one to six weeks after exposure, may be severe and may be of protracted (weeks and months) persistence. It is generally unresponsive to therapy. However, the decreased molecular weight, lower degree of substitution, decreased tissue storage and intra-vascular persistence in conjunction with a shorter plasma half-life of HES 130/0.4 may result in a lower incidence of pruritus related to its use.

ADVERSE REACTIONS
Adverse reactions with VOLUVEN® reported spontaneously, from clinical trials and in the literature include:

Immune system disorders
Rare: Anaphylactoid reactions (hypersensitivity, mild influenza-like symptoms, bradycardia, tachycardia, bronchospasm, non-cardiac pulmonary edema) have been reported with solutions containing hydroxyethyl starch (see WARNINGS AND PRECAUTIONS).

Abnormal Hematologic and Clinical Chemistry Findings (Investigations)
Common (dose dependent): Increase in serum amylase (see WARNINGS AND PRECAUTIONS).

Common (dose dependent): At high dosages the dilution effects may result in a corresponding dilution of blood components such as coagulation factors and other plasma proteins and in a decrease of hematocrit.

Skin and subcutaneous tissue disorders
Common (dose dependent): Pruritus, itching (see WARNINGS AND PRECAUTIONS).

Blood and lymphatic system disorders
Rare (in high dose): Blood coagulation disturbances beyond dilution effects can occur depending on the dosage.
For frequency of occurrence of ADRs see Supplemental Product Information.

DRUG INTERACTIONS
No interactions of VOLUVEN® with other drugs or nutritional products are known or have been reported to date.
However, mixing VOLUVEN® with other drugs should be avoided.
To report an adverse event, contact Health Canada's Canada Vigilance Program at 1-866-234-2345 or contact Fresenius-Kabi at 1-877-953-9002.

Administration

DOSAGE AND ADMINISTRATION
VOLUVEN® (6% HES 130/0.4 in 0.9% sodium chloride injection) is **administered by intravenous infusion only.**

Total volume and rate of infusion are dependent on the clinical situation and the individual patient. As with any intravenous fluid, VOLUVEN® should be administered in accordance with accepted clinical practices for fluid and electrolyte management.
In clinical trials, infusions up to 33 mL/kg/day were most commonly used. There is limited experience with infusions between 33 mL/kg/day and 50 mL/kg/day.
The initial 10-20 mL is to be infused slowly, keeping the patient under close observation for possible anaphylactoid reactions.
VOLUVEN® can be administered repetitively over several days according to the patient's needs. The dosage and duration of treatment depends on the duration and extent of hypovolemia, the hemodynamics and on the hemodilution.

Children:
There is limited clinical data on the use of VOLUVEN® in children. In 41 children including newborns to infants (< 2 years), a mean dose of 16±9 mL/kg was administered safely and well tolerated for stabilization of hemodynamics.
The dosage in children should be adapted to the individual patient colloid needs, taking into account the disease state, as well as the hemodynamic and hydration status.

SUPPLEMENTAL PRODUCT INFORMATION

Adverse Reactions

Table: Frequency of Occurrence of Adverse Drug Reactions

System Organ Class	Adverse Drug Reaction	Frequency of Occurrence
Blood and lymphatic system disorders	Coagulation disorders beyond dilution effects	Rare (in high doses) (> 0.01% – ≤ 0.1%)
Immune system disorders	Anaphylactoid reactions	Rare (> 0.01% – ≤ 0.1%)
Skin and subcutaneous tissue disorders	Pruritus	Common (dose dependent) (≥ 1% – < 10%)
Abnormal hematologic and clinical chemistry findings (Investigations)	Increase of serum amylase	Common (dose dependent) (≥ 1% – < 10%)
	Decrease of hematocrit	Common (dose dependent) (≥ 1% – < 10%)
	Decrease of plasma proteins	Common (dose dependent) (≥ 1% – < 10%)

Overdosage
As with all volume substitutes, overdose with VOLUVEN® can lead to overloading of the circulatory system (e.g. pulmonary edema). In this case the infusion should be stopped immediately and if necessary, a diuretic should be administered.

For further information on the management of a suspected drug overdose, contact your regional Poison Control Centre.

Storage and Stability
To be used immediately after the bag is opened. The solution is intended for intravenous administration using sterile equipment. Use only clear solutions and undamaged containers.

Parenteral drug products should be inspected visually for clarity, particulate matter, precipitate, discoloration and leakage prior to administration. Solutions showing haziness, particulate matter, precipitate, discoloration or leakage should not be used. Discard unused portion.

Do not use VOLUVEN® after expiry date.
free*flex*® bag storage: at 15° - 25°C for 3 years.

Do not freeze.

This document plus the full product monograph, prepared for health professionals can be found at:
http://www.fresenius-kabi.ca
or by contacting Fresenius Kabi Canada at:
1-877-953-9002 (toll-free-telephone)

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Distributed by:
Fresenius Kabi Canada,
45 Vogell Road, Suite 210
Richmond Hill, Ontario L4B 3P6
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Professional Events ❧ Évènements professionnels

OSCP/Central CSCP
May 2 — 4, 2014
Ottawa, Ontario
oscp.ca

AmSECT Quality and Outcomes
October 1 — 4
Baltimore, Maryland
amsect.org

40th Anniversary Conference of Japanese Society of Extracorporeal Technology (JaSECT)
October 11 — 12, 2014
Hiroshima, Japan
convention-w.jp/40thjasect-sp/index.html

CSCP AGM
October 25 — 28, 2014
Vancouver, British Columbia
cscp.ca

53rd International Conference
April 14 — 18, 2015
Tampa, Florida
amsect.org

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Perfusion Black Book ~ Livre noir de perfusion

This list is a compilation of telephone numbers for the Perfusion Departments across Canada. **Recent changes are listed in *RED*.** Please let us know if your information changes and needs to be updated, by contacting us at:

Cette liste est un registre des numéros de téléphone des départments de perfusion à travers le Canada. Si ces informations doivent être mises à jour, veuillez nous en aviser par messagerie électronique aux adresses suivantes:

editors@warp.nfld.net

East

Eastern Health, St. John's, Newfoundland	(709) 777-7329
New Brunswick Heart Centre, Saint John, New Brunswick	(506) 648-6396
Queen Elizabeth II Health Sciences Centre, Halifax, Nova Scotia	(902) 473-4050
Centre Hospitalier de la Sagamie, Ville de Saguenay, Québec	(418) 541-1234 ext 2531
Centre Universitaire de Santé de Sherbrooke, Sherbrooke, Québec	(819) 346-1110 ext 14241
Hôpital Laval, Sainte-Foy, Québec	(418) 656-8711 ext 5883
CHUM, Campus Sainte-Luc, Montréal, Québec	(514) 890-8000 ext 34024
CHUM, Campus Hôtel-Dieu, Montréal, Québec	(514) 890-8000 ext 15388
CHUM, Campus Notre-Dame, Montréal, Québec	(514) 890-8000 ext 27403
Hôpital Sacré-Coeur, Montréal, Québec	(514) 338-2222 ext 2140
Hôpital Sainte-Justine, Montréal, Québec	(514) 345-4931 ext 5633
CUSM, Hôpital Royal Victoria, Montréal, Québec	(514) 934-1934 ext 35863
CUSM, Hôpital Général de Montréal, Montréal, Québec	(514) 934-1934 ext 35863
CUSM, Hôpital de Montréal pour Enfants, Montréal, Québec	(514) 412-4400 ext 22399
Hôpital Général Juif , Montréal, Québec	(514) 340-8222 ext 3565
Institut de Cardiologie de Montréal, Montréal, Québec	(514) 376-3330 ext 3734

Central

Ottawa Heart Institute, Ottawa, Ontario	(613) 761-5000 ext 4656
Children's Hospital of Eastern Ontario, Ottawa, Ontario	(613) 737-7600
Kingston General Hospital, Kingston, Ontario	(613) 549-6666 ext 3524
Sunnybrook, Toronto, Ontario	(416) 480-4218
St. Michael's Hospital, Toronto, Ontario	(416) 864-5753
The Hospital For Sick Children, Toronto, Ontario	(416) 813-6870
Toronto Hospital, Toronto, Ontario	(416) 340-4800 ext 4703
Trillium Health Centre, Mississauga, Ontario	(905) 848-7580 ext 3515
SouthLake, Newmarket, Ontario	(905) 895-4521 ext 2566
Hamilton, Hamilton, Ontario	(905) 527-0271 ext 46684
St. Mary's General Hospital, Kitchner, Ontario	(519) 749-6578 ext 1949
London Health Sciences Centre, London, Ontario	(519) 663-3804
Sudbury Regional Hospital, Sudbury, Ontario	(705) 523-7100 ext 8375

West

Health Sciences Centre, Winnipeg, Manitoba	(204) 787-7524
St. Boniface General Hospital, Winnipeg, Manitoba	(204) 235-3888
Royal University Hospital, Saskatoon, Saskatchewan	(306) 655-2128
Regina General Hospital, Regina, Saskatchewan	(306) 766-3846
Foothills Medical Centre, Calgary, Alberta	(403) 944-1092
University of Alberta, Edmonton, Alberta	(780) 407-6969
Vancouver Acute Hospital, Vancouver, British Columbia	(604) 875-4111 ext 63634
St. Paul's Hospital, Vancouver, British Columbia	(604) 682-2344 ext 62271
British Columbia Children's Hospital, Vancouver, British Columbia	(604) 875-2345 ext 7935
Royal Columbian Hospital, New Westminister, British Columbia	(604) 520-4363
Royal Jubilee Hospital, Victoria, British Columbia	(250) 370-8449

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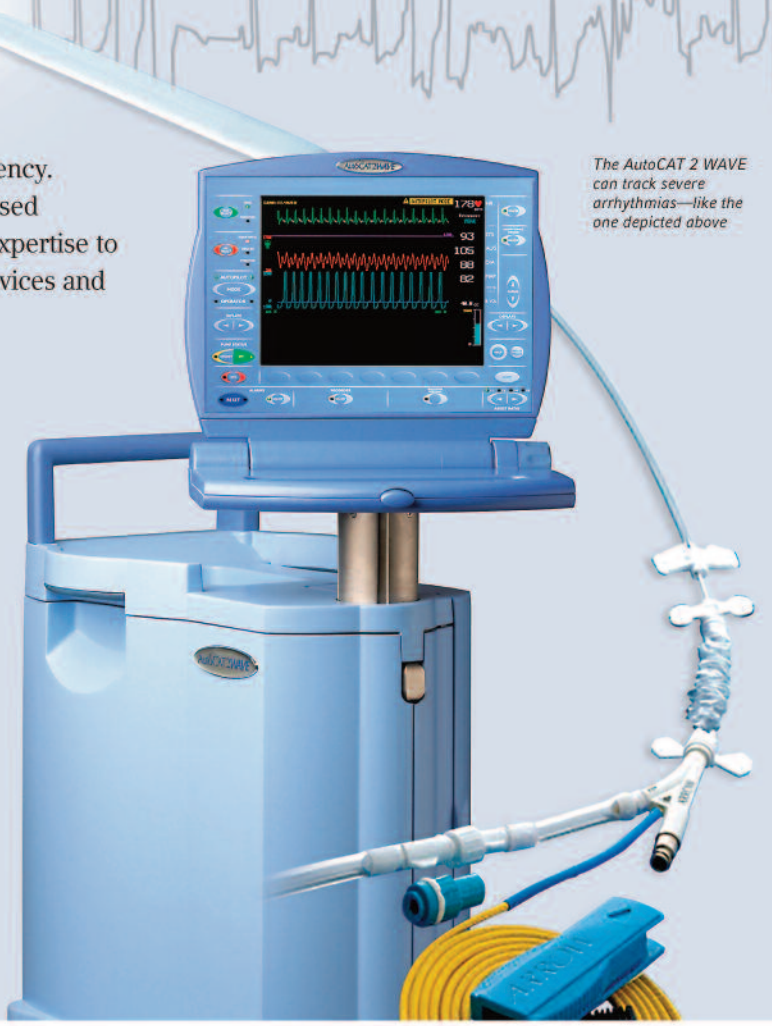

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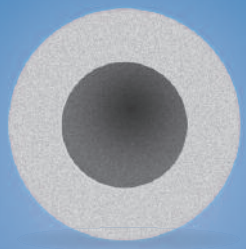

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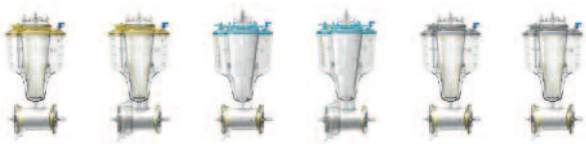

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