

Grant Report
7th European Conference on Weaning and Rehabilitation in Critically Ill Patients
November 9-10, 2019
Amsterdam, Netherlands

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As a critical care and practice development nurse, I have a keen interest on critical care rehabilitation and ways to improve long term outcomes for our patients. This is why I sought funding from the British Association of Critical Care Nurses to attend the 7th European Conference on Weaning and Rehabilitation in Critically Ill Patients. This annual conference focused on the interdisciplinary approach to weaning and rehabilitation of critically ill patients during and after admission to the intensive care unit. This year's theme, *Move as one team*, adeptly reflected the realities of contemporary healthcare practice: a diverse collective of different professionals competently working together, with the best evidence and resources available, to achieve a common goal: to deliver safe and efficient care for our patients.

The conference was attended by around 400 delegates from countries across Europe and Asia. With representatives from 10 different professions (intensive care medicine, physiotherapy, nursing, rehabilitation medicine, speech and language therapy, occupational therapy, dietetics, academics, students and others), it was truly an interdisciplinary conference which highlighted the importance of collaborative working, networking and sharing experiences in clinical practice.

The conference had outstanding and relevant keynote speeches. The topics covered were intensive care-acquired weakness, optimisation of weaning, the added value of speech and language therapy, family participation in ICU, early mobilisation, nutrition and muscle metabolism, interdisciplinary care, communication, long-term outcomes & quality of life, and long-term ventilation. The sessions were interactive and provided the latest available evidence in each topic. The speakers were engaging and challenged the listeners to strive for excellence in everyday practice and to help shape the body of knowledge for critical care rehabilitation. Eve Corner's session mentioned that in the last 17 years, there was a 31.4-fold increase in articles examining physical function in ICU over time, and while there is still

lack of standardised definition of early mobilisation, it is undeniable that rehabilitation in general is humanising.

The conference also organized meet the expert sessions. The first session I attended was *Weaning as a Systematic Team Approach and Successful Implementation*. It was a lively and interactive discussion on assessing and identifying difficult to wean patients, organizing weaning schedules, inspiratory muscle training and managing patient anxiety during early mobilisation. The second session I attended was *Using FEES to support weaning, communication and swallowing*. Organized by our colleagues from speech and language therapy, it shed light on the importance of fiberoptic endoscopic evaluation of swallowing and how it enhances strategies for safe weaning, communication and resuming oral feeding in intensive care.

I also had the opportunity to see and listen to various poster presentations around weaning and rehabilitation. It was very informative and encouraging to see so many research and quality improvement projects around rehabilitation and how passionate the presenters are in elevating the standard of care in their units. I was also able to meet experts and colleagues from different countries who share the same interest and passion about rehabilitation.

But to me, the highlight of the conference was the many stories and experiences that was presented by the ICU survivors themselves. They were stories of struggle from critical illness, the long and difficult road to recovery, and how these former patients thrived. How simple acts of kindness from the different professionals they met, or the way their family was involved in their care, made all the difference and helped them resume to a degree of normalcy in their lives. Hearing these stories is a validation of the importance of our work in rehabilitation and also provided an insight on what the patients go through on what for us is just another day at work.

I am grateful to BACCN for giving me this opportunity. I aspire to champion rehabilitation and initiate projects that would put it in the centre of patient care in our unit.



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