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3rd Edition of **NURSING CONCLAVE 2025** New Edge in Critical Care: Nursing

 **6th** JUNE, 2025

 WILLIAMSON MAGOR HALL
THE BENGAL CHAMBER OF COMMERCE
AND INDUSTRY



Mrs. Doli Biswas

Convener of the Conference-
The Bengal Chamber
Chief Nursing Officer
Fortis Hospital Anandapur
Kolkata

PREFACE

The Souvenir of BCC&I 3rd Edition, a day long Knowledge sharing event on “Critical Care Nursing”, for the Nursing professionals across West Bengal on 6th June empowers Nurses with in-depth understanding on core values of Critical Care Nursing. The learned speakers have shared their views on various advancement and updated with recent researchers in this area. As we know Nurses are the spine of Health care and the queen of Critical care, upholding the values with their skills, dynamism and split-second judgement to save lives of patients every moment. The theme “New edge in Critical care Nursing’ aptly chosen for the conference which emphasizes the following:

1. Nursing Practice Outcome
2. Research, Innovation & continuous Quality Improvement
3. Resilience, Empowerment & Advocacy
4. Disease Prevention & Health Promotion
5. Nursing Informatics & Digitalization
6. Healthcare Communication – Nurses Engagement

The concurrent sessions will be moderated - by the eminent and highly experienced professional in the field of Nursing offered in the souvenir.

The event serves as a catalyst for participants to actively contribute to the advancement of the CRITICAL CARE NURSING. We would like to extend our sincere gratitude to all the participants, sponsors, speakers, and volunteers who made this Conference possible.

We are grateful to the Chief guest, Guest of Honor, the President of Critical care Nursing Society of India, for gracing the Conference with their valuable presence.

We look forward to future Conference that continue to drive the nursing profession forward.

Thankyou

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MESSAGES

Dr. Swapan Saren

Director of Health Services
Government of West Bengal

Nursing is not just a profession, it's a calling & nurses are the backbone of healthcare. At the 3rd Edition of Nursing Conclave 2025, let's all celebrate the dedication and expertise of nurses worldwide. May this platform inspire all to innovate, educate, and care with compassion. Let's you all leverage this opportunity to learn from each other, share best practices, and shape the future of critical care nursing. Let's all harness the power of collaboration and knowledge-sharing to push boundaries and improve patient outcomes. All the best wishes for the 3rd Edition of Nursing Conclave 2025.



Mr. Subhodip Ghosh

Director General
The Bengal Chamber of
Commerce and Industry

I extend my warmest greetings to all esteemed dignitaries and participants for their kind presence at the 3rd Edition of the Nursing Conclave, themed "New Edge in Critical Care: Nursing."

Being the oldest Chamber of Commerce and Industry in India, we are committed to industry and societal progress. The Bengal Chamber always recognizes healthcare as an indispensable pillar for societal growth and success and Nursing being the backbone of healthcare, we feel privileged to inaugurate the Bengal Chapter of Critical Care Nursing in presence of the President of Critical Care Nursing Society of India, Ms. Minimole Varghese at the Opening Session of the Conclave.

As the healthcare industry rapidly evolves with technological advancements and emerging challenges, it is critical that we continuously empower the nursing community with the latest skills and insights. The theme of this Conclave perfectly encapsulates this spirit of progress and commitment to excellence.

Nursing Conclave 2025 will include discussions and deliberations on "New Edge in Critical Care: Nursing" like Technological Advancements, Enhanced Interdisciplinary Collaboration, Patient-Centered Care, Enhancing critical thinking and problem-solving skills, Sharing of Best Practices, Paper Presentations and lastly Work Stations to enhance practical knowledge along with theoretical sessions.

Wishing the Conclave great success and meaningful impact.



Mr. Abhijit Majumdar

Chairperson - National Health Committee, The Bengal Chamber of Commerce and Industry & Chief Executive Officer, Apollo Multispeciality Hospitals

It is a privilege to welcome you to this esteemed conclave. This occasion marks more than a gathering; it is a convergence of intellect, experience, and a shared pursuit of knowledge, innovation and progress within our professional domain. May this platform inspire meaningful dialogue and lasting collaboration.

This year's theme is 'New Edge in Critical Care: Nursing'.

In today's dynamic healthcare environment, 'Critical Care Nursing' plays a pivotal role in delivering high-acuity care with precision, compassion and adaptability. This conference brings together the leaders and practitioners to explore the evolving demands of the profession, highlighting the importance of continuous learning, evidence-based practice and the integration of advanced technologies.

The Conclave is designed to be a catalyst for innovation and strategic thinking. Through thought-provoking sessions and engaging discussions, this platform aims to chart new directions and inspire impactful actions that transcend conventional boundaries.

Let us remain committed to striving for excellence, advancing our knowledge, and leading with integrity — together, as we shape the future of critical care with purpose and professionalism.



Mrs. Doli Biswas

Chief Nursing Officer
Fortis Hospital Kolkata &
Convener of the BCC&I Conclave

As we gather for the 3rd Edition of BCC&I Conclave, it is with great enthusiasm and pride that we come together to celebrate our shared commitment to the field of **Nursing**. This year the Conclave theme is **“New edge in Critical Care Nursing,”** that resonates deeply with and highlights the vital role and power, we play in ensuring the highest standards of care for the Critically ill patient keeping in mind the concepts of high tech and high Touch. Along with medical science, Nursing Science is progressing every day, nurses as a front-liner requires regular updates with clinical advancement and upgrade themselves with the discoveries emerging every now and then. Critical care is a specialized field of nursing that focuses on the comprehensive care of patients with life-threatening conditions. It involves providing constant monitoring, advanced medical interventions, and specialized treatments to stabilize patients and maximize their chance of recovery. Critical care nurses work in high-risk, & high-pressure environments, and in this segment, emergency is the norms not the exception. Today's enthusiastic Nurses in world is opting to work with AI, Advance equipment and high-end procedures, this platform will motivate our nurses with expertise knowledge and hands on skills. Nurses needs to be enriched with knowledge getting introduced at the moment in order to provide the best care possible to a patient. Nurses being a forefront care giver quite essentially needs to have the ideas regarding current inventions to remain updated every moment with the Critical care standards while they are working in such areas, be resilient at the time of emergency and at the same time be conscious on prevention of medication error, fall, Central line associated Blood Stream Infection, Catheter associated Urinary tract Infection, Surgical site Infection, Ventilator associated events, and so on. Through this platform today we would be getting the privilege of being accustomed to many of the latest modalities and cutting edge technology for making our service to critical care patient more efficient and safe .



The Nursing leaders today commit to take the initiative to reduce the gap between research and Nursing practice, along with the front runner ensures to take a critical look at the “techno centric” programme towards safe care. This conference also gives us the opportunity to inaugurate Bengal Chapter of Critical Care Nursing, which we were longing for. The president of Critical care Nursing society of India Ms. Minimole Varghese will inaugurate the Bengal chapter in this conference. The Critical care association of Bengal will enable the Critical care nurses to conduct many Scientific programme to bestow the opportunity to the nursing fraternity to upgrade with the progress in this area in near future. I am sure the conference will have a huge success and will enrich the participants with Knowledge and enthusiasm.



Mrs. Minimole Varghese

Chief Nursing Officer,
Fortis Hospital, Mulund, Mumbai,
President of Critical Care Nurses Society
India, President Regional Federation of
Critical Care Nursing for SAARC
Countries

I am delighted to extend my warm greetings and congratulations to the Bengal Chamber of Commerce and Industry for organizing the 3rd Edition of Nursing Conclave, Theme: 'New Edge in Critical Care: Nursing'. As President of Critical Care Nurses Society (CCNS) of India & Regional Federation of Critical Care Nurses (RFCCN), it gives me immense pleasure and pride to welcome each one of you for the launch of Critical Care Nursing Society Bengal Chapter. The world of critical care is evolving rapidly. We are at the intersection of science, technology, and human compassion. This "new edge" we speak of is not just about machines and monitors — it's about the evolving role of nurses in navigating complexity, responding to crises, and driving innovation in the most intense healthcare settings. Critical care nursing is multidimensional. From AI-assisted monitoring systems to real-time diagnostics and robotics in ICUs, we are witnessing a transformation in how we deliver care. Yet, it is not the machines that define excellence — it is how we, as nurses, integrate these tools to elevate patient outcomes. In the midst of machines and monitors, the human touch remains irreplaceable. The ability to connect with families in their darkest hours, to advocate fiercely for the voiceless, and to support one another as colleagues — this emotional resilience is our core strength. We must raise our voices beyond the bedside — into boardrooms, policy forums, and education institutions — to ensure our practice environments are safe, evidence-driven, and supportive of professional growth.

I call upon each of you to be bold — to embrace innovation, uphold compassion, and lead with purpose. Let us mentor the next generation, strengthen our communities, and redefine what excellence in critical care looks like.



Together, we are not just shaping the future of nursing — we are shaping the future of healthcare.

Let this conference spark new ideas, build stronger networks, and inspire each of us to shape the future of critical care — with courage, competence, and compassion. I extend my heartfelt thanks and wish all the very best to the office bearers of the Critical Care Nursing Society Bengal Chapter for your exemplary dedication and leadership. May this chapter reach new heights and continue to be a beacon of excellence in critical care nursing.





ABSTRACTS



Ms. Arpita Mondal
Chief Nursing Officer, Institute of
Neurosciences Kolkata

"Vitals of Communication in Critical Care for Nurses"

"In the fast-paced and emotionally charged environment of critical care, communication is not merely a soft skill—it is a clinical necessity. For nurses, who serve on the frontlines of patient monitoring and intervention, effective communication is one of the most crucial components in ensuring safe, timely, and compassionate care.

Critical care units are complex systems where multiple professionals—from physicians and respiratory therapists to pharmacists and technicians—must work in unison. Nurses act as the central link in this chain, continuously interpreting, relaying, and clarifying clinical information. Any delay or ambiguity in communication can have serious consequences. Hence, clarity, accuracy, and promptness form the bedrock of effective interaction in such high-risk settings.

Structured communication tools like SBAR (Situation-Background-Assessment-Recommendation) have significantly enhanced the consistency of information transfer among healthcare professionals. By providing a standardized method of reporting, these tools minimize misunderstandings and ensure that critical data is passed on quickly and efficiently.

However, communication in critical care goes beyond clinical reporting. Nurses must often serve as the primary communicators with patients' families, providing updates, explaining procedures, and offering emotional support during some of the most distressing moments of their lives. In such interactions, empathy, active listening, and cultural sensitivity are indispensable. A nurse's ability to offer comfort and clarity during uncertainty can make a profound difference to a family's experience of care.

Moreover, teamwork in the ICU depends heavily on open and respectful communication. Encouraging a culture where nurses feel empowered to speak up about concerns, question decisions, and contribute insights enhances patient safety and promotes shared responsibility.

In essence, communication in critical care is a multifaceted tool that blends clinical precision with human connection. It is both an art and a science—grounded in knowledge, honed through practice, and driven by compassion. For critical care nurses, mastering this vital skill means not only improving outcomes but also reinforcing the trust and cohesion that underpin high-quality care."



Mr. Agilan E
Deputy Clinical Nurse, Apollo
Multispeciality Hospitals

Addressing the challenges: burning issues in critical care.

As a critical care professional, I have witnessed firsthand the complexities and challenges that come out with caring for critically ill patient. This presentation, to be delivered on June 6th, aims to highlight the burning issues in critical care, including:-

- Staff burnout,
- Infection control,
- Integration of emerging technologies,
- Ethical dilammas,
- Staffing and resource issues,
- Medico legal

Through a comprehensive review of current literature and best practices, we will explore strategies to address these challenges and collaborative efforts to enhance the quality of care in critical care setting.



Ms. Banrishisha Basawamoit
Quality Head & Member Secretary of the
Ethics Committee, Fortis Hospital
Anandapur

Nursing Sensitive Indicators in Critical Care: Driving Quality and Patient-Centered Outcomes

INTRODUCTION

There has been growing interest in the implications of evidence-based nursing care on patient outcomes, which are essential in highlighting the value of nursing care (Blegen et al., 2011; Dubois et al., 2013; Needleman et al., 2007; Patrician et al., 2010). The demand for efficiency in health care has led to significant and frequent changes, such as the restructuring of hospital care through staffing strategies (Duffield et al., 2007; Kane et al., 2007; Montalvo, 2007).

Background: Nursing Sensitive Indicators (NSIs) are critical measures that reflect the quality and impact of nursing care on patient outcomes. In the high-acuity environment of critical care units, these indicators serve as essential tools for evaluating clinical performance, improving patient safety, and guiding nursing practice.

Nursing Sensitive Indicators (NSIs) are critical metrics that reflect the structure, process, and outcomes of nursing care. In critical care settings—where patient acuity is high and the margin for error minimal—NSIs serve as essential tools to assess and improve nursing quality, safety, and patient outcomes. This session explores the relevance, application, and impact of NSIs within intensive care units (ICUs),

focusing on key indicators such as pressure injuries, catheter-associated infections, falls, and nurse staffing levels.

Through evidence-based insights and real-world case examples, the presentation will examine how critical care teams can utilize NSIs to inform practice, guide decision-making, and support continuous quality improvement. Special emphasis will be placed on integrating NSIs into clinical audits, quality dashboards, and accreditation frameworks, thereby aligning frontline nursing care with institutional goals for excellence and patient safety. Additionally, the talk will highlight challenges in data collection and reporting, while proposing practical strategies for fostering a culture of accountability and data-driven care.

This session aims to empower nursing leaders, clinicians, and quality professionals to champion the use of NSIs in critical care as a pathway to measurable improvement and optimal patient outcomes.



Ms. Chhanda Sen
Assistant Nursing Superintendent, Medica
Super Speciality Hospital

"Critical Connections: Redefining Nursing Excellence in Life Line Management"

In the high-stakes world of critical care, vascular access devices—such as central venous catheters (CVCs), peripherally inserted central catheters (PICCs), arterial lines, and intra-aortic balloon pumps (IABPs)—act as true lifelines for patients. These devices provide essential access for life-saving therapies and monitoring, yet they also carry significant risks if not managed with precision.

"Life Line" is a focused clinical presentation aimed at enhancing the awareness, skills, and confidence of nurses in managing these vital devices. It explores best practices for insertion, maintenance, complication recognition, and emergency response—drawing on current evidence, international standards like those from the Infusion Nurses Society (INS), and real-world experiences from the bedside.

Through structured guidance and practical insights, this session reinforces the nurse's role as the protector of a patient's vascular lifeline—balancing technology with vigilance, skill, and compassion.



Ms. Chhanda Bandyopadhyay
Senior Nurse Manager -Quality &
Education, B M Birla Heart Research Centre

“Understanding & Recognising Clinical Alarm for Patient’s safety “

Alarm aren’t noise; they ‘are the voice of the patient

Introduction:

In today’s fast-paced and technologically driven healthcare environment, clinical alarms have become the ever-watchful guardians of our patients—alerting us to changes, signaling risk, and guiding timely interventions. But if misunderstood or mismanaged, lead to alarm fatigue, delayed responses, and compromised care. The Joint Commission has recognized alarm management as a **National Patient Safety Goal (NPSG.06.01.01)** since 2014 due to its role in numerous sentinel events.

Significant Clinical Importance:

- Early detection of patient deterioration
- Recognize the different categories of alarms
- Understand Alarm Fatigue & Improve Clinical Response Time
- Foster a safety-driven mindset among nurses.
- Reduces Risk of Human Error.
- Alarms serve as their “voice of Machine”

Types of clinical alarm in Critical care setting & it’s management:

- Physiological Alarm
- Technical Alarm
- System/Environmental
- Device Specific
- Nuisance Alarm

Alarm Fatigue -A hidden Threat

Alarm fatigue is a critical issue in healthcare where caregivers become desensitized to the frequent sounds of clinical alarms, leading to slower or missed responses to genuine emergencies. This occurs when too many alarms—many of them false or non-actionable—go off, overwhelming staff and reducing the urgency with which alarms are treated.

Common Trouble shooting:

- False alarms
- No alarm sound
- Alarm fatigue
- Sensor malfunction
- Wrong settings
- Smart alarm delays

Technological Advancement in Alarm Management:

- Artificial Intelligence & machine learning.
- Alarm integration with central monitor.
- Mobile alert system.
- Smart beds & Ventilators.
- Alarm fatigue analytic software.
- Wearable patient monitoring system.
- Context alert smart alarm

Key strategies in Alarm Management in Critical Care.

- Assessment & Alarm Customization: - Adjusting alarm thresholds appropriately for the patient's baseline
- Alarm Prioritizations: Regularly checking alarm logs to identify nuisance alarms

- Simulation & training: Training & staff Education regularly on the significance of different alarms and encourage timely response to avoid ignoring critical alarms.
- Alarm Fatigue Awareness & Management
- Alarm Integration with EMR.

Case study Result:

Usage of DOZZE smart bed study result:-262 patients monitored ,1450 alert generated ,Fall prevention alert acknowledged up to 90.8%.

Life sign Ims-A wearable, Wireless FDA/CE approved patient monitoring solution.---13 patient was monitored as pilot study,Total monitoring duration 57,229 minutes with predictive alert up to 4 hours prior to deterioration,where it has been observed an estimated 1192 minutes of nursing time were saved.

Conclusion:

Effective alarm management is essential for patient safety and reducing alarm fatigue. It ensures timely responses to critical alerts while minimizing false alarms. Proper training and standard protocols help staff stay alert and improve overall care quality.

*****"Every beep is a message—Listen before you silence"**



Dr. Debjyoti Dutta
Consultant Critical Care, Fortis Hospital,
Anandapur

Importance Of Early Mobilization In Critical Care

Background:

Critically ill patients, particularly those in intensive care units (ICUs), are at high risk of developing complications associated with prolonged immobility, including ICU-acquired weakness, functional decline, delirium, and increased length of stay. Early mobilization (EM), defined as initiating physical activity as soon as medically feasible, has emerged as a key strategy to mitigate these complications and improve patient outcomes.

Objective:

To highlight the importance, benefits, challenges, and multidisciplinary requirements of implementing early mobilization in critically ill patients.

Methods:

This review summarizes current evidence, expert guidelines, and clinical experiences related to EM. It examines physiological rationale, patient selection criteria, types of mobilization activities, and the roles of various healthcare professionals in a multidisciplinary mobilization program.

Results:

Studies show that early mobilization is safe and feasible in appropriately selected ICU patients. It is associated with reduced ICU length of stay, shorter duration of mechanical ventilation, decreased incidence of delirium, and improved functional recovery. However, successful implementation is often hindered by barriers such as sedation practices, staffing constraints, lack of protocols, and equipment limitations.

Conclusion:

Early mobilization is a beneficial, evidence-based intervention that should be integrated into routine ICU care. A multidisciplinary team approach involving physicians, nurses, physiotherapists, respiratory therapists, and family members is crucial for its safe and effective execution. Institutional commitment, staff training, and standardized protocols are essential to overcoming barriers and promoting early mobilization as a standard of care for critically ill patients.



Ms. Manashi Bhaskar
Nursing Superintendent,
Peerless Hospital

Healing Healers: Restoring Resilience and Compassion in Critical Care Nurses

"The ICU is like a rollercoaster ride – every day, every moment is different. You have to be able to roll with the punches, adapt to the changes, and always be ready for the next challenge. Resilience is not about being perfect; it is about being able to keep going, even when things are tough."- ICU Nurse.

Critical care Nurses face extraordinary demands, often leading to burn out, compassion fatigue, and decreased resilience. Resilience is essential for nurses in critical care, where they face high-stakes situations requiring continuous adaptation, collaborative unity, and emotional balance. The presentation aimed to investigate resilience in critical care nursing, focusing on how nurses adapt to challenges, the role of teamwork in fostering resilience, and strategies for maintaining emotional balance.

Nurses in the frontline in the Critical areas are highly vulnerable to compassion fatigue (CF), which may affect their mental health, work effectiveness, and patient safety outcomes. However, no studies have investigated nurses' CF in relation to job outcomes and care quality during the pandemic.

When left unmanaged, CF may have untoward repercussions on nurses' well-being and health,

resulting in mental health concerns (e.g., burnout, depression, stress, and anxiety) leading to work impairment, job dissatisfaction, and eventual nurse turnover. These conditions could ultimately influence the way nurses provide care, resulting in increased incidence of adverse events, patient errors and missed nursing care, and poorer health service delivery. Hence, many healthcare organizations have implemented various efforts to address this issue and to assist healthcare workers (HCWs), including nurses, to effectively deal with the stress that accompanies the pandemic.

Resilience as a dynamic process:

The ever-shifting landscape of the ICU demands constant adaptation from its nurses. Resilience is not a static attribute, but a dynamic process of navigating the unpredictable. Nurses embrace a mindset of continuous learning, viewing challenges as stepping stones to evolve their skills and knowledge for the betterment of patient care. They adapt to the ever-changing environment, recognizing that staying flexible and proactive is key to success.

Here are some strategies to consider for restoring Resilience and compassion.

A. Individual Strategies:

1. Self care
2. Mindfulness
3. Reflection & journaling
4. Professional development

B. Team Strategies:

1. Peer support
2. Debriefing session
3. Team building activities

C. Organizational strategies:

1. Leadership support
2. Staffing ratio
3. Wellness programs
4. Recognition and rewards

D. Additional strategies:

1. Compassion and fatigue education
2. Resilience training
3. Mentorship programs

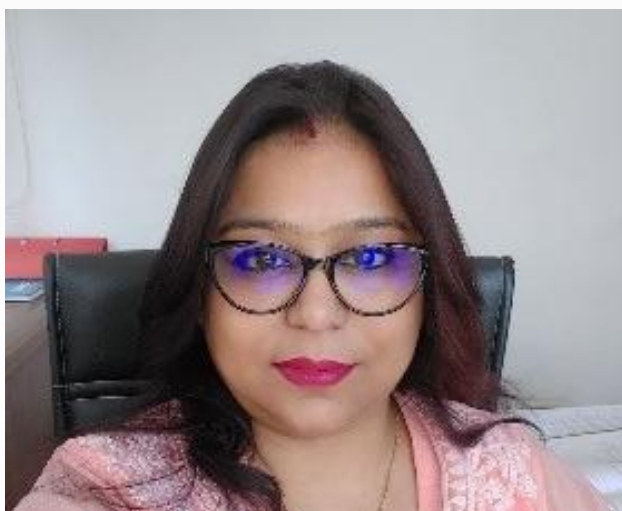
Resilience has been identified as an essential protective factor against the mental and psychological health effects of traumatic events and adversities including calamities, disaster emergency situations, and outbreaks of infections.

Moreover, psychological resilience was identified as a protective factor against the adverse impact of CF, resulting in higher job satisfaction, increased retention, and a higher perception of quality of nursing care. Implementing interventions to reduce compassion fatigue and harness psychological resilience in nurses should be prioritized by hospital and nursing administrators.

Conclusion:

Critical care nurses demonstrate resilience as a multifaceted and dynamic process. Resilience among critical care nurses, emphasizing their adaptation to challenges, the influence of collaborative practices, and methods for sustaining emotional well-being in intensive care units. Acknowledging vulnerabilities and prioritizing self-care are integral to sustaining resilience. Resilience is collective force within the critical care team, balancing compassion and clinical precision.

Answer key:
Across: 3-Lethal, 4-Hakims, 6-Menieres, 7-Becks, 9-Whipples, 12-Virchows, 13-Austrian, 14-Horners, 15-Cushings
Down: 1-Cerebellar, 2-Leavitts, 5-Wernickes, 6-Macklers, 8-Charcots, 10-Riglers, 11-Unhappy



Ms. Pritha Sarkar
Clinical Head,
ArjoHuntleigh Healthcare India Pvt Ltd

When a patient or resident is not able to reposition independently, the impact can quickly become devastating. Within days, or even hours, the pressure on exposed skin areas can trigger an inflammatory process resulting in painful, costly and even life threatening pressure injuries. These injuries have a significant humanitarian and economic impact, but are largely considered to be a preventable.

Pressure injuries (PI's) are an extensive burden across the pathway of care. For patients they lead to reduced quality of life, high levels of pain, reduced mobility and loss of independence, and may even lead to life-threatening complications. For healthcare facilities, the pressure injuries entail longer length of stay, increased cost of treatment and nursing time, and also litigation risks.

The number of healthcare acquired pressure injuries (HAPI's) is increasing, while most other hospital acquired conditions have decreased. Worldwide, the prevalence rates for pressure injuries are today estimated to 5-27% in Acute Care.

In order to reduce the likelihood of pressure injury development, successful prevention methods focus on reducing exposure to sustained tissue deformation (pressure & shear) by regularly off-loading or reducing loading on the tissues. Interventions, such as assisted repositioning

regimens, help to reduce risk and are most effective when used in combination with pressure redistributing support surfaces.

Preventing pressure injuries in critical care settings is a vital aspect of patient safety and quality care.

The 2025 guidelines from the National Pressure Injury Advisory Panel (NPIAP), in collaboration with international partners, provide updated, evidence-based strategies tailored for high-risk populations, including critically ill patients.

Key Strategies for Pressure Injury Prevention in Critical Care (2025) – Implementation of ASSKING Care Bundle.

- **Risk Assessment:** Use validated tools (e.g., Braden Scale) to assess risk on admission and regularly thereafter. Consider additional risk factors specific to critical care, such as hemodynamic instability, sedation, and use of medical devices.
- **Repositioning:** Reposition all at-risk patients regularly, even when using advanced support surfaces. Frequency should be individualized based on patient condition and support surface capabilities.
- **Support Surfaces:** Specialised devices for pressure redistribution designed for management of tissue loads, microclimate and/or other therapeutic functions. The principal aim of support surfaces is to reduce the interface between the body and sustained pressure from a surface.
- **Nutrition:** Conduct nutrition screening and comprehensive assessments for all at-risk patients. Encourage oral intake and provide protein and micronutrient supplementation when needed. Avoid tube feeding solely for pressure injury prevention unless clinically indicated
- **Skin Care:** Inspect skin daily, especially over bony prominences and under medical devices. Keep skin clean and dry; use barrier creams to protect against moisture-associated skin damage.

- **Medical Device-Related Pressure Injuries:** Frequently assess areas under devices (e.g., oxygen masks, catheters). Use cushioning or reposition devices to minimize pressure
- **Education and Team Approach:** Train all ICU staff on pressure injury prevention protocols. Foster interdisciplinary collaboration among nurses, dietitians, physicians, and physical therapists.
- **Documentation and Monitoring:** Document all assessments, interventions, and skin changes. Use quality improvement tools to monitor incidence and improve practices.



Ms. Ratna Gupta Majumdar
Nursing Superintendent,
Manipal Hospitals, EM Bypass

In the critical care setting, effective communication is not just important it is life saving.

In today's fast-paced critical care environment, communication has evolved beyond conversation—it is now a dynamic, technology-driven lifeline. With the integration of electronic health records, real-time monitoring systems, and secure digital platforms, information flows faster and more accurately than ever before. Yet, the human element remains essential.

Effective communication bridges advanced technology with compassionate care, enabling teams to act swiftly, collaboratively, and with clarity. It empowers not only clinicians but also patients and families, making them active participants in their care journey. In modern critical care, communication is not just vital—it is transformative.



Ms. Saraswati Roy Sengupta
Chief Nursing Superintendent,
The Mission Hospital

This *panel discussion* will delve into the indispensable role of communication as a clinical lifeline in critical care. In high-stakes ICU environments, effective communication is as vital as any medical intervention—directly influencing patient outcomes, safety, and team efficiency. Through evidence-based insights, real-life ICU case scenarios, and practical frameworks like ISBAR and closed-loop communication, the panel will highlight how structured, timely, and intentional communication can transform critical care delivery.



Prof. Shampa Gupta
Principal,
Westbank College of Nursing, NH Howrah

Technological Innovations in Intensive Care Unit

Technological advancements are significantly transforming intensive nursing care, enhancing patient outcomes, streamlining workflows, addressing staffing shortages, alleviating staff burdens and expanding access to critical care. Few key innovations shaping this field are Artificial Intelligence (AI) in Critical Care, Robotics and Automation, Smart Monitoring and Alert Systems, Telehealth & Virtual Nursing, Automated Medication & Workflow Tools and Predictive Analytics & Workload Management.

Real-time tracking of patient vitals, artificial intelligence and pervasive sensing enhance patient monitoring and safety. Virtual Intensive care units and advanced ventilator technologies improved clinical outcomes of a patient. Telemedicine in rural settings expanded access to critical care. Computerized physician order entry and point of care documentation streamline clinical workflows. Virtual Reality (VR) Interventions reduce patient anxiety and depression and enhance patient's positive hospital experience. Remote patient monitoring technologies, AI driven predictive analytics help in early detection, shorten ICU stays and decrease hospital readmission leading to cost effective and resource optimization care.

While technological advancements in Intensive Care Units demonstrate significant improvement in patient care, they also present several challenges and potential drawbacks. Information overload and alarm fatigue, technological iatrogenesis, depersonalized patient care, technostress, breaches in data security, integration and usability challenges are some notable disadvantages in this regard.

Innovations in technology have significantly transformed the landscape of Intensive Care Units (ICUs), enhancing patient care and operational efficiency. However, these innovations also introduce new responsibilities and considerations for nursing professionals. Comprehensive training and competency development, maintaining patient-centered care, addressing alarm fatigue, ensuring data security and patient privacy, collaborative interdisciplinary communication, adapting to workflow changes and promoting equity in technology access are the key nursing considerations in the context of technological advancements in ICUs:

In summary, while technology has the potential to enhance ICU operations and patient outcomes, it is imperative to address these challenges proactively. Balancing technological integration with human-centered care, ensuring robust training, and maintaining vigilant oversight are crucial steps toward optimizing the benefits of technological innovations in critical care settings.



Ms. Sujata Angela Singh
Chief Nursing Officer,
GD Hospital & Diabetes Institute

The Vitals of Communication in Critical Care

Introduction: When Words Save Lives

In the high-stakes environment of critical care, communication is not a soft skill—it is a clinical skill. Just like monitoring heart rate or blood pressure, vital communication is a constant that determines patient outcomes. From handovers and code situations to family updates and team coordination, nurses are the communication hub that keeps the system alive.

Why Communication Is a Vital Sign in Critical Care

Critical care units demand rapid decision-making, multidisciplinary coordination, and precise execution. Communication is the thread that ties all of these together. When miscommunication occurs, the results can be catastrophic—delays in treatment, medication errors, and even preventable deaths.

Key Statistics:

- According to the Joint Commission, over 70% of sentinel events are linked to communication failures.
- A study in Critical Care Medicine found that effective communication during handoffs reduces adverse events by 30%.

The Nurse as a Communication Leader

Nurses spend more time at the bedside than any other healthcare professional. This unique position enables them to serve as interpreters, advocates, and connectors.

Roles Nurses Play:

- **Clinical Translator:** Clarifying medical jargon for patients and families.
- **Team Liaison:** Relaying changes in condition to physicians, RTs, and pharmacists.
- **Safety Net:** Identifying inconsistencies in orders or handoffs and speaking up.

“When a patient’s condition changes minute to minute, communication isn’t optional—it’s lifesaving,” says ICU charge nurse Angela Ramirez, RN.

Structured Communication Tools That Work

To streamline communication under pressure, critical care nurses rely on evidence-based tools:

- **SBAR** (Situation, Background, Assessment, Recommendation): Standardizes urgent communication for clarity and brevity.
- **ISBAR** (adds Identification): Enhances accountability and identification in rapid-response situations.
- **Check-back and Closed-loop Communication:** Confirms message reception and reduces error.
- **CUS** – (stands for Concerned, Uncomfortable, Safety) interprofessional healthcare communication.
- **PACE**: (stands for Primary, Alternate, Contingency, and Emergency communication planning).

Using SBAR, for example, during a rapid intubation prep:

“Hi Dr. Lee, this is Tara from ICU. I’m calling about Mr. James in Bed 4. He’s showing signs of respiratory failure (S). He has a history of COPD and has been desaturating despite high-flow O₂ (B). His SpO₂ is now 78%, RR is 36, and he’s using accessory muscles (A). I recommend we prepare for intubation immediately (R).”

Beyond the Bedside—Communication with Families

Families in critical care settings often face fear and uncertainty. Nurses must balance clinical facts with empathy, delivering updates in a way that is honest yet hopeful.

Best Practices:

- Use layman’s terms to describe conditions.
- Provide regular, proactive updates.
- Ask questions like: “What do you understand about what’s happening?” to uncover misconceptions.

Training for Excellence—Communication as a Clinical Competency

Modern nursing education and hospital training programs are beginning to recognize communication as a clinical skill, integrating simulation-based scenarios, debriefs, and AI-enhanced tools.

Innovations in Practice:

- AI-based communication trainers that simulate real ICU conversations.
- Virtual Reality (VR) critical incidents for high-fidelity practice.
- Feedback loops with recorded handoffs and team debriefs.

CONCLUSION: Speak to Save

In critical care, silence is not golden—it’s dangerous. Whether you’re a new nurse or a seasoned veteran, sharpening your communication could be the most important skill you ever master. It’s time to treat communication as what it truly is: a vital sign of patient safety.

SIDEBAR: 5 Quick Wins to Boost Critical Care Communication

1. Use SBAR for every handoff.
2. Confirm verbal orders with read-backs.
3. Debrief after every code event.
4. Update families every shift.
5. Speak up—always.



**Dr Aniruddha Sarkar MBBS,
MD, FNB Consultant Critical Care
Medicine (Adult)
Peerless Hospital, Kolkata**

Airway management is a continual and integral aspect incorporated in the daily management of critically ill patients in an ITU. It extends from proper positioning of the patients to optimum management of an advanced airway in an invasively ventilated patient. Securing and maintaining an airway in a critically ill patient has different aspects which differ vastly from an elective surgical anaesthesia procedure. The presentations of airway issues in a critically ill patient remains varied and requires careful monitoring for the interpretation and proper management. As bedside nurses are in continuous care of the patient, hence proper knowledge and interaction of airway interfaces, are of utmost importance for the better outcome of the patients along with the treating team. Patients who are subjected to advanced airway are often susceptible to many new and even iatrogenic complications, which have a major impact on the morbidity and mortality of the patient besides the primary disease and also a prolonged impact on the future health of the patient. Our aim is to upgrade our knowledge in the new realms of healthcare practices and remain ever vigilant in the care of our patient, to achieve nursing excellence along with desired outcome of our patients.



PROJECT PRESENTATIONS



C.K Birla Hospital - BM Birla

Medical adhesive related skin Injury

C.K Birla Hospital- BM Birla, Kolkata, West Bengal

Ms. Chhanda Nag and Ms. Priti Kaur

Sr. Nurse Manager Education-C.K Birla Hospital-BMB, Kolkata, West Bengal

Title: Medical adhesive related skin Injury-Assessment of Medical Adhesive-Related Skin Injury (MARSI) in Post-Operative Cardiac Surgery Patients and the Impact of Skill Training Program on nurses in prevention of MARSI at the SICU - BMBHRC.

Introduction:

Medical Adhesive-Related Skin Injury (MARSI) is a common yet preventable complication in post-operative patients, particularly those undergoing cardiac surgery. Understanding the incidence and contributing factors of MARSI in the surgical intensive care unit (SICU) is essential for improving patient outcomes.

Objectives:

1. To determine the incidence and contributing factors associated with the occurrence of MARSI in post-operative cardiac surgery patients
2. To assess the baseline knowledge and practices of nurses regarding MARSI prevention.
3. To evaluate the effectiveness of a skill training program aimed at improving nurses' ability to prevent MARSI among post-operative cardiac surgery patients.
4. To compare the occurrence of MARSI before and after the implementation of the skill training program among patients cared for by trained nurses.

Methods and results:-

A quantitative observational study with a pre-test/post-test design conducted from May-24 to October-24 at C.K Birla Hospitals, BMB-SICU on Adult post cardiac surgery patients (Age>18 yrs.) &

allocated nursing staffs of those patients in SICU were included in this study. Skin assessment were done by using standardize Skin assessment tool (Barden scale).A total of 200 patients & 80 nursing staffs were included in this study and a descriptive cross sectional study with quasi experimental design were adopted for data collection by using a structure questionnaires and data abstraction sheet through convenience sampling from "0" POD to 6th POD of surgery .In total of 200 patients the incidence of MARSI reported as 14 % where majority of the incidence(75%) occurs when duration of the adhesive applied >48 hrs., using micro pore as adhesive caused 75% of MARSI. Three most observed signs of MARSI were maceration (32%), blister (28%) & stripping (40%). Among 80 nurses majority exhibited moderate knowledge of MARSI (92%), with 8% possessing high knowledge. In terms of practical application, 60% demonstrated good practice scores, 38% had average scores, and 2% displayed poor scores.

Conclusion:

This study will provide critical insights into the occurrence of MARSI in post-operative cardiac patients and the effectiveness of targeted nursing interventions. Comparison of knowledge score between pre and post Implementation of the skill training program have significant difference in reduction of incidence MARSI.

Recommendation:

The findings underscore the need for continuous education and training to enhance nurses' understanding and implementation of MARSI prevention and management practices, emphasizing the importance of ongoing efforts to raise awareness and adherence to best practices. The study suggests future research should focus on developing effective educational programs and interventions like use of barrier film & stretchable moisture free dressing to reduce MARSI incidence in healthcare settings.



FORTIS

A Cross-Sectional Study on “SPANDAN”: An Innovative Communication Module to Improve Nurse-Patient Interactions

FORTIS, Kolkata, West Bengal

Ms. Sunita Kumari,
Fortis Hospital Anandapur Kolkata

Title: A Cross-Sectional Study on "SPANDAN": An Innovative Communication Module to Improve Nurse-Patient Interactions

Introduction:

Effective communication is essential in healthcare, particularly in explaining procedures to patients. Communication training enhances patient satisfaction, safety, and outcomes. The SPANDAN framework was developed to strengthen nurses' soft skills and improve quality of care. This study evaluates the impact of SPANDAN on nurse-patient interactions, showing improved communication, increased patient satisfaction, and reduced complaints. Nurses require specialized communication skills to ensure professional success and enhance patient experience.

Background:

Nurses, being the primary point of contact in patient care, play a key role in building therapeutic relationships. Strong communication fosters trust and directly impacts clinical outcomes. SPANDAN was introduced to help nurses improve rapport-building, clarity in explanations, and delivery of patient-centered care. The "Re-enforcer SPANDAN" program further supports ongoing skill development for nurses with over one year of service.

Need for the Study:

- Evaluate the effectiveness of SPANDAN in enhancing communication.
- Improve patient satisfaction and safety.
- Reduce complaints through empathetic nurse-patient interactions.
- Promote a culture of trust and transparency in care.

- Equip nurses to clearly explain procedures, reducing patient anxiety.

Methodology:

- **Research Type:** Cross-sectional qualitative study
- **Design:** Cluster random sampling
- **Sample Size:** 142 (Re-enforcer SPANDAN participants)
- **Tools:**
 1. SPANDAN Assessment & Implementation Sheets
 2. Patient Satisfaction Score (P-SATS)
- **Duration:** June 2024 – April 2025
- **Setting:** Fortis Hospital, Anandapur, Kolkata
- **Inclusion:** Nurses with over 1 year of SPANDAN participation
- **Exclusion:** Nurses not trained under Re-enforcer SPANDAN

Findings/Results:

- **Patient Satisfaction (P-SATS):**
 - Pre-intervention: 86%–89%
 - Post-intervention: Improved to 91%
- **Communication Audit Compliance:**
 - Pre-intervention: 92%–97%
 - Post-intervention: Improved to 98%
- **Medication Errors:**
 - Pre-intervention: 44–54 errors/month
 - Post-intervention: Reduced to 17–36 errors/month

Outcomes & Conclusion:

The SPANDAN and Re-enforcer SPANDAN program significantly improved communication skills, resulting in higher patient satisfaction and audit compliance, and a substantial reduction in medication errors. By promoting clear communication and patient understanding, the program fostered safer and more compassionate care. These findings underscore the importance of ongoing communication training to support excellence in nursing practice and build stronger nurse-patient relationships.



Peerless Hospitex Hospital & Research Center Limited

Reducing CLABSI rates through Evidence-Based central line care: A Quality Improvement Initiative.

Peerless Hospitex Hospital & Research Center Limited, Kolkata, West Bengal

Ms. Suparna Giri

Nurses Educator, Peerless Hospital

Title: Reducing CLABSI rates through Evidence-Based central line care: A Quality Improvement Initiative.

Central Line Associated Blood Stream Infections (CLABSIs) represent a significant cause of mortality, morbidity and increase healthcare costs in hospitalized patients. A 2019, single centre study in India reported a pooled CLABSI rate of 4.3 per 1000 central line days. This Quality Improvement Project (QIP) aimed to reduce the incidence of CLABSI rates at Peerless Hospitex Hospital & Research Center Limited through evidence based interventions and multidisciplinary collaboration.

A baseline audit revealed there was rising trend of CLABSI cases:

In 2021(Total 61 cases). Which decrease further during 2022(total 38 cases), in 2023(total 37 cases), in 2024 (total 25 cases). Since May, 2022 we have started collecting all HAI rate through IBHAR App.

The project team implemented updated SOPs for CVC care and restricted antibiotic use. Conducting training for clinical staff on central line care and bundle compliance. Monitoring and tracking practice compliance to care bundles and restricted antibiotic usage. Monitor and report monthly CLABSI rates. Conducting AMS round and completion of INFUZE certification. These initiative underscores the importance of continuous education, protocol adherence and teamwork in enhancing patient safety, reducing preventable infections and reducing CLABSI.



Manipal Hospitals

Reducing Extravasation Risk: Evidence-Based Practice in Healthcare

Manipal Hospitals, Kolkata, West Bengal

Sr. Nupur Das

Critical Care Supervisor,
Manipal Hospitals

Title: Reducing Extravasation Risk: Evidence-Based Practice in Healthcare.

Background:

At our superspecialty hospital, a notable rise in extravasation incidents during CT guided contrast procedures was observed—accounting for 43.3% of all hospital extravasation events from October to December 2024. With an average of 254 contrast studies monthly, this trend posed serious patient safety concerns, led to longer hospital stays, and increased healthcare costs.

Objectives:

- To reduce the incidence of contrast media extravasation in radiology services
- To implement standardized, nursing-led preventive and management strategies
- To improve early detection, patient education, and staff competency through targeted interventions

Methods:

A multi-pronged strategy was adopted, including:

- Implementation of a standardized extravasation protocol
- Use of an extravasation monitoring tool
- Simulation-based IV cannulation training for nurses
- Deployment of safety-engineered IV cannulas
- Introduction of extravasation kits and educational posters in radiology units
- Regular staff training and infusion nurse-led audits
- Patient education through information leaflets

Results:

A 90% reduction in extravasation events was achieved—from an average of 14.17/month to 1.33/month within three months (Jan–Mar 2025), demonstrating a significant improvement in safety and quality.

Conclusion:

Nursing-led, evidence-based interventions can greatly enhance radiology safety by minimizing contrast extravasation risks, improving clinical outcomes, and reducing financial strain on patients and institutions.



SOCIAL MEDIA

3rd Edition of **NURSING CONCLAVE 2025** New Edge in Critical Care: Nursing



6th JUNE, 2025

**WILLIAMSON MAGOR HALL
THE BENGAL CHAMBER OF COMMERCE
AND INDUSTRY**

Inauguration of Critical Care Nursing Society Bengal Chapter

SESSIONS

- Importance of Early Mobilization in Critical Care
- The Vitals of Communication in Critical Care
- Novice to expert: Transition in Critical Care Nursing- How to Balance
- Technological advancement in Critical Care
- Healing Healers: Restoring Resilience and Compassion in Critical Care Nurses
- "Burning issue" in Critical Care
- Nursing sensitive indicator in Critical Care
- Life lines: How to care? Focusing on CVC, PICC, RTERIAL LINE, IABP?
- Pressure Injury Prevention in Critical Care
- Criticality in Airways Management- Innovative

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For more details :

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sarbani@bengalchamber.com

Ms. Sumana Sarkar
9800699267
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3rd Edition of **NURSING CONCLAVE 2025** New Edge in Critical Care: Nursing

6th June, 2025

**WILLIAMSON MAGOR HALL
THE BENGAL CHAMBER OF COMMERCE
AND INDUSTRY**

OPENING SESSION



Dr. Swapan Saren
Director of Health Services
Government of West Bengal



Mrs. Minimole Varghese
President CCNS (Critical care
Nursing Society of India) & Chief
Nursing Officer, Fortis Mulund



Mr. Abhijit Majumder
Chairperson - National Health
Committee The Bengal Chamber
of Commerce and Industry &
Chief Executive Officer, Apollo
Multispecialty Hospitals



Mrs. Doli Biswas
Convenor & Member
Health Committee
The Bengal Chamber of Commerce
& Industry & Chief Nursing Officer
Fortis Hospital, Anandapur Kolkata

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6th June, 2025

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AND INDUSTRY

PLENARY SESSION

CHAIRPERSON



Ms. Piyali Bose
Nursing Superintendent, Tata Medical Center

SPEAKERS



Dr. Debbyoti Dutta
Consultant Critical Care, Fortis Hospital, Anandapur
Importance of Early Mobilization in Critical Care



Dr. Aniruddha Sarkar
Consultant Critical Care - Medicine, Peerless Hospital
Criticality in Airway Management - Unavoidable responsibilities in training



Ms. Chhanda Bandyopadhyay
Senior Nurse Manager - Quality & Education,
B M Birla Health Research Centre
Understanding & Managing Critical Alarm For Patient Safety

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THE BENGAL CHAMBER OF COMMERCE
AND INDUSTRY

PANEL DISCUSSION

The Vitals of Communication in Critical Care

MODERATOR :



Ms. Arpita Mondal
Chief Nursing Officer
Institute of Neurosciences Kolkata

PANELISTS :



Ms. Ratna Gupta Majumdar
Nursing Superintendent
Bengal Hospital, Bt. Road



Ms. Lalsham Kunjaramani Devi
ICU Nursing In-charge
Fortis Hospital



Ms. Sujata Angulo Singh
Chief Nursing Officer
GD Hospital & Diabetes Institute



Ms. Saraswati Roy Sengupta
Chief Nursing Superintendent
The Mission Hospital

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AND INDUSTRY

PLENARY SESSION

CHAIRPERSON



Ms. Vijaya Lakshmi Achuthan Nair
Chief Of Nursing, CKBH CMRI Hospital, Kolkata

SPEAKERS



Ms. Paulami Roy Chowdhury
Chief Nursing Officer, Charnock Hospital
Novice to expert: Transition in Critical care Nursing- How to Balance



Ms. Shampa Gupta
Principal, Westbank College of Nursing, NII Howrah
Technological advancement in critical care: Nursing perspective

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AND INDUSTRY

SENSITIZATION SESSION

CHAIRPERSON



Mrs. Minimole Varghese
President, CCNS (Critical Care Nursing Society of India)
& Chief Nursing Officer, Fortis Mulund

SPEAKERS



Mr. Agniraj E
Deputy Clinical Nurse
Apollo Multispecialty Hospitals
"Bleeding" Issue in Critical Care



Ms. Monashi Bhaskar
Nursing Superintendent
Peerless Hospital
Healing Wound: Reducing Emotional and Confessional in Critical Care Nurses



Ms. Pooja Ghosh
Principal
Jagannath Chaitanya Institute of Nursing Sciences
Original research: Reducing emotional and Confessional Technology And Compassion

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AND INDUSTRY

SENSITIZATION SESSION

CHAIRPERSON



Capt. Madhukari Roy
Director of Nursing - Eastern Region
Apollo Multispecialty Hospital

SPEAKERS



Ms. Banishisha Basawmalt
Clinical Instructor
Fortis Hospitals
Nursing sensitive indicators in Critical care



Ms. Chhanda Sen
Assistant Nursing Superintendent
Medico Super Speciality Hospital
Life first: How to care? Focusing on CVD, PVD, Atrial Fibrillation, IAC, UAP & Incontinence associated Dermatitis Management



Ms. Pythia Sarkar
Clinical Head
Arya Prudhvi Healthcare India Pvt Ltd
Pressure Injury Prevention in Critical Care

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SPECIAL SESSION

"SENIOR CARE IN INDIA: EVOLVING NURSING ROLES IN ELDER CARE"

MODERATOR



MR. ANINDA DAS
Vice President Marketing
Infinity Group and Jagriti Dham

PANELISTS



PROF. DR. ARUNANSU TALUKDAR



DR. DHRESH CHOUDHURY

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Director of Health Services
Government of West Bengal



Mrs. Minmale Varghese
President CCNS (Critical Care
Nursing Society of India) & Chief
Nursing Officer, Fortis Mulund



Mr. Abhijit Majumder
Chairperson - National Health
Committee The Bengal Chamber
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Multispecialty Hospitals



Mrs. Doli Biswas
Convener & Member Health Committee
The Bengal Chamber of Commerce
& Industry & Chief Nursing Officer
Fortis Hospital, Anandapur Kolkata



DR. ANIRUDDHA SARKAR
Consultant Critical Care – Medicine
Peerless Hospital



MS. CHHANDA SEN
Assistant Nursing Superintendent
Medica Super Speciality Hospital



MS. PRITHA SARKAR
Clinical Head
ArjoHuntleigh Healthcare India Pvt Ltd



MS. ARPITA MONDAL
Chief Nursing Officer
Institute of Neurosciences Kolkata



DR. DEBJYOTI DUTTA
Consultant Critical Care
Fortis Hospital, Anandapur



MS. PAULAMI CHOWDHURY
Senior GM Nursing
Charnock Hospitals



MR. AGILAN E
Deputy Clinical Nurse
Apollo Multispecialty, Hospitals



DR. DHIRESH CHOUDHURY



MS. RATNA GUPTA MAJUMDAR
Nursing Superintendent
Manipal Hospitals, EM Bypass



MR. ANINDA DAS
Vice President Marketing
Infinity Group and Jagriti Dham



CAPT. MADHUKARI RAY
Director of Nursing-Eastern Region
Apollo Multispecialty Hospital



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Chief Nursing Superintendent
The Mission Hospital



PROF. DR. ARUNANSU TALUKDAR



MS. MANASHI BHASKAR
Nursing Superintendent
Peerless Hospital



MS. SHAMPA GUPTA
Principal
Westbank College of Nursing
NH Howrah



MS. BANRISHISHA BASAWAMOIT
Quality Head & Member
Secretary of the Ethics Committee
Fortis Hospital Anandapur



MS. LAISHRAM KUNJARANI DEVI
ICU Nursing In-charge
Fortis Hospital



MS. SUJATA ANGELA SINGH
Chief Nursing Officer
GD Hospital & Diabetes Institute



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Manager Nursing
Manipal Hospitals
Dhakuria, Kolkata



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Nursing Superintendent,
Tata Medical Center



MS. VIJAYA LAKSHMI ACHUTHAN NAIR
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CKBH CMRI Hospital



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PROGRAMME

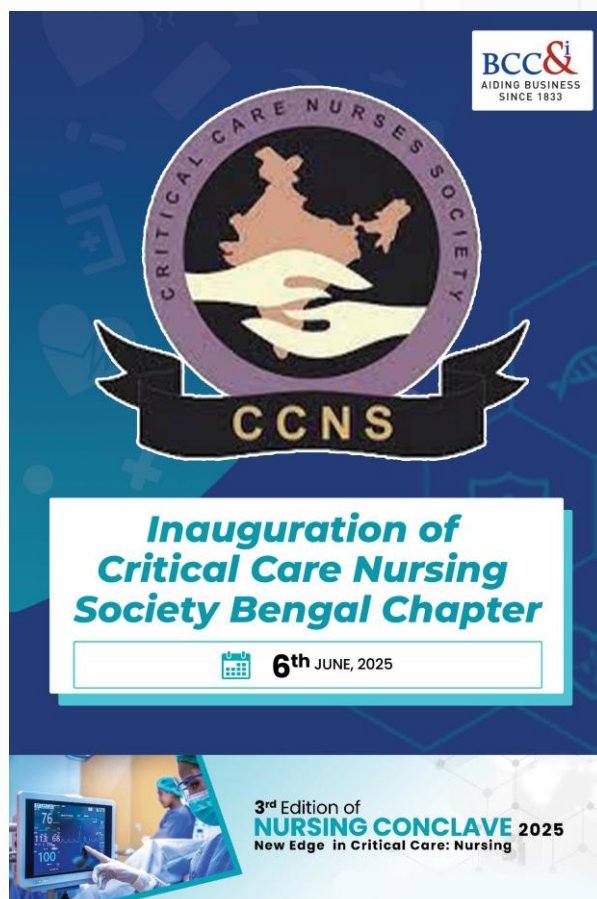
8:15 am – 9:15 am	Registration & Breakfast	
9.15 am - 10.15 am	Opening Session	
9.15 am – 9.20 am	Welcome Address	Mr. Abhijit Majumder, Chairperson - National Health Committee, The Bengal Chamber of Commerce and Industry & Chief Executive Officer, Apollo Multispeciality Hospitals
9.20 am - 9.30 am	Theme Address	Mrs. Doli Biswas, Convenor & Member, Health Committee, The Bengal Chamber of Commerce & Industry & Chief Nursing Officer, Fortis Hospital, Anandapur Kolkata
9.30 am - 9.35 am	Inauguration with Lamp Lighting Ceremony	
9.35 am - 9.45 am	Address by Chief Guest	Dr. Swapan Saren, Director of Health Services, Government of West Bengal
9.45 am - 9.55 am	Felicitation of Mrs. Minimole Varghese, President, CCNS (Critical care Nursing Society of India) & Chief Nursing Officer, Fortis Mulund & Inauguration of Critical Care Nursing Society Bengal Chapter	
9.55 am – 10.05 am	Address by Guest of Honour	Mrs. Minimole Varghese, President, CCNS (Critical care Nursing Society of India) & Chief Nursing Officer, Fortis Mulund
10.05 am – 10.10 am	Release of E Souvenir / Printed copies	
10.10 am - 10.15 am	Changeover	
10.15 am- 10.55 am	Plenary Session I	
	Chairperson: Ms. Piyali Bose, Nursing Superintendent, Tata Medical Center	
	Importance of Early Mobilization in Critical Care	Dr. Debjyoti Dutta, Consultant Critical Care, Fortis Hospital, Anandapur
	Criticality in Airway Management- Innovative approaches in solving	Dr. Aniruddha Sarkar, Consultant Critical Care – Medicine, Peerless Hospital
	Understanding & Recognizing Clinical Alarm for Patient Safety	Ms. Chhanda Bandyopadhyay, Senior Nurse Manager -Quality & Education, B M Birla Heart Research Centre
10:55 am – 11:00 pm	Changeover	

11:00 pm – 11:45 pm	Panel Discussion : The Vitals of Communication in Critical Care	
	Moderator : Ms. Arpita Mondal, Chief Nursing Officer, Institute of Neurosciences Kolkata Panelists : Ms. Ratna Gupta Majumdar, Nursing Superintendent, Manipal Hospitals, EM Bypass Ms. Laishram Kunjarani Devi, ICU Nursing In-charge, Fortis Hospital Ms. Sujata Angela Singh, Chief Nursing Officer, GD Hospital & Diabetes Institute Ms. Saraswati Roy Sengupta, Chief Nursing Superintendent, The Mission Hospital	
11.45 pm – 11.50 pm	Changeover	
11.50 pm- 12.20 pm	Plenary Session: II	
	Chairperson: Ms. Vijaya Lakshmi Achuthan Nair, Chief of Nursing, CKBH CMRI Hospital	
	Novice to expert: Transition in Critical care Nursing- How to Balance?	Ms. Paulami Chowdhury, Senior GM Nursing, Charnock Hospitals
	Technological advancement in critical care: Nursing perspective	Ms. Shampa Gupta, Principal, Westbank College of Nursing, NH Howrah
12.20 pm - 12.25 pm	Changeover	
12.25 pm – 1.00 pm	Sensitization Session I	
	Chairperson: Mrs. Minimole Varghese, President, CCNS (Critical care Nursing Society of India) & Chief Nursing Officer, Fortis Mulund	
	"Burning issue" in Critical Care	Mr Agilan E, Deputy Clinical Nurse, Apollo Multispeciality Hospitals
	Healing Healers: Restoring Resilience and Compassion in Critical Care Nurses	Ms. Manashi Bhaskar, Nursing Superintendent, Peerless Hospital
	Digital Touch, Human Care ; Balancing Technology And Compassion	Ms. Puspa Ghosh, Principal, Jagannath Gupta Institute of Nursing Sciences

1.00 pm - 1.40 pm	Sensitization Session II	
	Chairperson: Capt. Madhukari Ray, Director of Nursing, Eastern Region, Apollo Multispeciality Hospitals	
	Nursing sensitive indicators in Critical care	Ms. Banrishisha Basawamoit, Quality Head & Member Secretary of the Ethics Committee, Fortis Hospital Anandapur
	Life lines: How to care? Focusing on CVC, PICC, ARTERIAL LINE, IABP?	Ms. Chhanda Sen, Assistant Nursing Superintendent, Medica Super Speciality Hospital
	Pressure Injury Prevention in Critical Care	Ms. Pritha Sarkar, Clinical Head, ArjoHuntleigh Healthcare India Pvt Ltd
	Incontinence associated Dermatitis Management	Ms. Bidisha Basu, Manager Nursing, Manipal Hospital, Dhakuria
1:40 pm – 1:45 pm	Changeover	
1:45 pm – 2:15 pm	Special Session Senior Care in India: Evolving Nursing Roles in Elder Care	
	Moderator : Mr. Aninda Das, Vice President Marketing, Infinity Group and Jagriti Dham	
	Panelists : Dr. Dhires Choudhury Dr. Arunansu Talukdar	
2.15 pm – 3.20 pm	Lunch	
3:20 pm – 3:30 pm	Changeover	
3.30 pm – 4.10 pm	Project Presentations: Ms. Kasturi Mondal, Principal, RTIICS College of Nursing Ms. Shampa Gupta, Principal, Westbank College of Nursing, NH Howrah <ul style="list-style-type: none"> Ms. Chhanda Nag & Ms. Priti.Kaur, Sr. Nurse Manager Education- C.KBirla Hospital-BMB, Kolkata Medical adhesive related skin Injury Ms. Sunita Kumari, Fortis Hospital Anandapur Kolkata A Cross-Sectional Study on “SPANDAN”: An Innovative Communication Module to Improve Nurse-Patient Interactions Ms.Suparna Giri, Nurses Educator, Peerless Hospital Reducing CLABSI rates through evidence based Central Line Care: A Quality Improvement Initiative Sr. Nupur Das, Critical Care Supervisor, Manipal Hospitals Reducing Extravasation Risk: Evidence-Based Practice in Healthcare 	

4.10 pm- 4.15 pm	Changeover	
4.15 pm – 5.30 pm	SKILLATHON	Industrial Partners
	<ol style="list-style-type: none"> 1. PREVENTION OF CRBSI (PIVC accessions and Dressing) 2. Prevention of CLABSI (Central line & PICC accessions and management) 3. PREVENTION OF SSI (Surgical site dressing and wound management) 4. Prevention of VAP (Ventilator Associated Pneumonia) 	<p>3M</p> <p>Teleflex</p> <p>Convatec</p> <p>Touren</p>

Inauguration of Critical Care Nursing Society Bengal Chapter



By Mrs. Minimole Varghese, President, CCNS
(Critical care Nursing Society of India) & Chief
Nursing Officer, Fortis Mulund

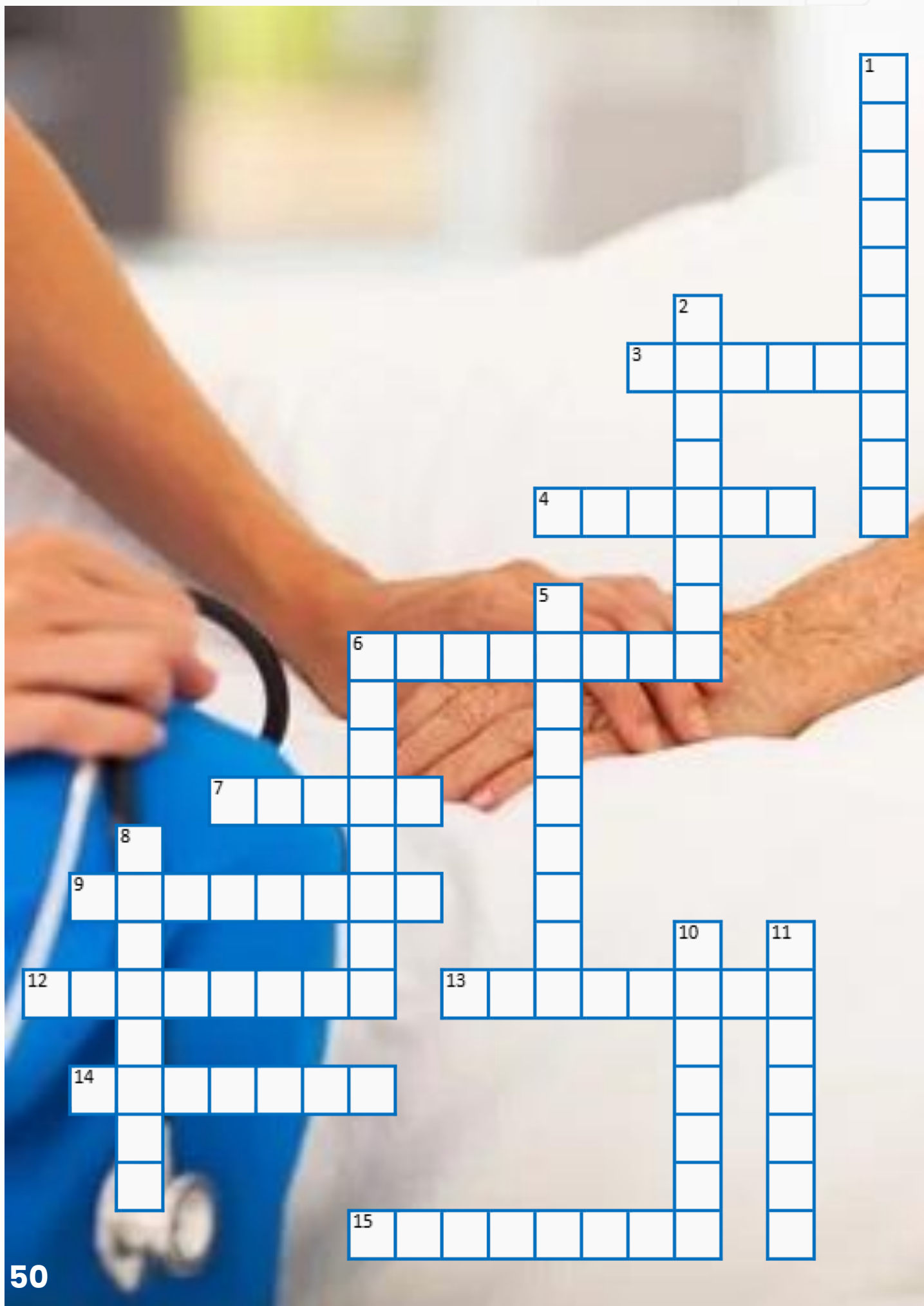


GLIMPSES





CROSSWORD



ACROSS

3. Hypothermia, coagulopathy, and metabolic acidosis.
4. Dementia, gait disturbance, and urinary incontinence, suggesting normal pressure hydrocephalus.
6. Recurrent vertigo, tinnitus, and hearing loss.
7. Muffled heart sounds, distended neck veins, and hypotension, characteristic of cardiac tamponade.
9. Symptoms of hypoglycemia (low blood sugar), low blood sugar levels, and relief of symptoms after glucose administration, suggestive of an insulinoma.
12. Hypercoagulability, stasis, and endothelial damage, contributing to venous thrombosis.
13. Pneumonia, endocarditis, and meningitis, all caused by *Streptococcus pneumoniae*.
14. Miosis (small pupil), ptosis (drooping eyelid), and anhidrosis (reduced sweating).
15. Bradycardia, irregular respirations, and hypertension, indicating increased intracranial pressure.

DOWN

1. Dysarthria, dysmetria, and nystagmus, seen in cerebella disease.
2. An uncommon triad associated with mitral valve prolapse, including a mid-systolic click, a systolic murmur, and mitral valve prolapse.
5. Gait disturbance, ophthalmoplegia, and mental status changes, often caused by thiamine deficiency.
6. Subcutaneous emphysema, rapid respirations, and abdominal rigidity, seen in esophageal perforation.
8. Fever with rigors, right upper quadrant pain, and jaundice, associated with ascending cholangitis.
10. Gallstone ileus, a small bowel obstruction caused by a gallstone, with a pneumobilia (air in the biliary system) and a gallstone in the small bowel.
11. Anterior cruciate ligament tear, medial collateral ligament tear, and medial meniscus tear (Terrible Triad).

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