TEAM MOBILITY

Kick off at 3: 00		
Time	26-Apr-22	Title of Presentation
WELCOME	Margaret Arnold	
3:15-3:45	KEYNOTE: Polly Bailey, Louise Bezjdian, Kali Dayton	The Awake and Walking ICU: Living Proof that it is possible!
3:45-4:15	Patient Testimonials (@ 10 minutes) Speakers TBD (One from Kali Dayton - Walking home from the ICU, ? Heather Monagahan, ? Chris Guoin)	
4:15-5:45	Speed-Dating: Exhibit Hall Activity	
6:30-8:30		Social Hour, Team activities and Networking. Hea

Time	Thursday April 27, 2022	Title of Presentation
7:00-8:00am	Breakfast in Vendor Area	
8:00-8:20	Margaret Arnold	Welcome and Daily Reflection: What do you want to get out of this conference. Introducing SECM and Conference Goals
8:20-8:40am	Dr Joan Vernikos	Designed to MOVE
8:40-9:10am	Dr Peter Nydahl, Brenda Pun, ?Katie Sheehan	Show me the Evidence! Best Practices in Germany
9:10-9:40am	?? Dawn (Dementia expert, Wes Ely, Matthew Mart, Alasdair McLullich, ? Kelly	Recognizing and treating Delirium in ICU, Acute Care and CLC. Relationship between
9:40-10:10	Kendall Judson, Kali Survivor?? Motivational Speaker	The Athlete and their TEAM.

10:10-10:30	BREAK	Coffee in Exhibitor Area
10:30-11:00 11:00-11:30	Physican Panel (Patel, Nayeri, Ely, Chris Perme	How Physicians can help promote a culture of Clinical Decision-making in the ICU
11:30-12:00	Dr Susan Gallagher	Safe, Dignified mobility for patients of size.
12-1:00	Lunch and Innovations in the Exhibitor Area	
1:00-1:15	Margaret Arnold	Sharing of Innovative solutions from the Exhibitor area

All Break-out sessions will be 40 minutes in duration with 5 minutes for transitions from one to the nex making. Facilitators will guide the conversations and questions to stimulate the appropriate discussion, voices do not monopolize the conversation.

1:15-2:00	Breakout sessions: Clinical	1	Clinical Decision-making in the ICU
	Attendees will go to their first	2	Bariatric Mobility
	breakout session	3	Mobility Screening to guide appropriate
		4	How to build mobility IN to daily care
		5	Safely Mobilizing patients who are at high risk for falls across disciplines
		6	Mobilizing patients with low level mobility. Why it is important, practical
	Breakout Sessions: Programmatic	1	Patient support and education across care transitions
		2	Interdisciplinary rounds for mobility (Agarwal/Turner)?
		3	Designing effective EM Simulation Training

		4	Facilitating effective Communication for patients who cannot communicate
		5	Developing Dashboards and Metrics
		6	Building your EM IDT Team and Policy
	Breakout sessions: Research	1	How to submit your work for research,
2:00-3:15	Clinical scenarios in exhibitor areas	Facilitated Active Solution Seeking in Exhibitor area	
3:15-3:30	Break		
3:30-4:15	Repeat of session 1	Attendees will rotate to their second of 4 chose	

4:15-4:30	Margaret Arnold	Reflection of Day 1 learning and application and TEAM Updates
6:00-7:30	World Mobility Games: Teams will have opportunity to participate in fun team-building ac can take back to build teams in their own facilities. We do serious work, but there is no	

Time	Friday April 28, 2022	Title of Presentation
7:00-7:50	Breakfast in Exhibitor Area	
7:50-8:00	Margaret Arnold	Team Standings
8:00-8:30	Peter Gibb /Eileen Ruben/Kali Dayton	The Voice of the Patient- The "F" of ABCDEF and Support after DC. **Patient Panel**
8:30-9:00	(MD, PT,OT,SLP,RN,CNA, Pt, Mgr, Admin, Risk/Loss?) (TBD)	Interdisciplinary roles to achieve true teamwork
9:00-9:45	Repeat breakout sessions: Clinical	1 Clinical Decision-making in the ICU
	Attendees will go to their 3rd	2 Bariatric Mobility

	breakout session	3	Mobility Screening to guide appropriate
		4	How to build mobility IN to daily nursing
		5	Safely Mobilizing patients who are at
		6	Low level mobility; Maximizing Function
	Breakout Sessions: Programmatic	1	Patient support and education across
		2	Interdisciplinary rounds for mobility
		3	Designing effective EM Simulation
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		5	Developing Dashboards and Metrics
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	Breakout sessions: Research	1	How to submit your work for research,
	Breakout Sessions: Business Case	1	Building business case for Mobility
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10:30-12:00	Last Opportunity to find solutions in Exhibitor area and post on social media for Innovation		
12:00-12:20	Margaret Arnold	Team Skits Competition: How will you rememb	
12:20-12:40	Margaret Arnold	Sharing of Innovations or ONE thing that you w	
12:40-1:05	Hightower / Sanghavi / Bouchand / Hinds / Gonzales, ??? / Bailey, Bezjian ? /	Early Mobility Successes with Covid in the ICU Mobility success utilizing the whole team	
1:05-1:30	Katzukawa / Horibe	The Japanese EM Experience	
1:30-1:55	Agarwal, Agarwal, Turner	Getting to YES! How to get Leadership on board and use data to drive success	
1:55-2:20	Hilton & team (Amber, Katrina, Mariana,	The VA journey to EM from SPHM foundation	
2:20-2:45	Homola, Daag, Robertson	Achieving Buy-in and changing culture to SECM in Long Term Care	
2:45-3:00	EM Team	Unanswered Questions, Reflection of what you have learned and how it will impact your practices, Evaluations and wrap up	
3:00-3:30	Conference Team	Awards	

3:30 ADJOURN

CONFERENCE, APRIL 26-28 2023

Description	Minutes for CEU
Walking Home from the ICU! Literally! Polly, Louise and Kali will share what it looks like to really implement the ABCDEF Bundle, and what this looks like for their intubated patients. From ICU to acute and post-acute care, this model of care is the best there is!	30
Personal stories about the impact of mobility on their lives. Engaging WHY Early Mobility is so important and	30
Groups will spend 5 minutes in each booth rotating through all the booths in the Exhibition hall to help see equipment, know what is there, and prioritize where they want to go back to for more info during exhibitor time	

ıvy Hors D'eurves

Description	
Mobility truly is Medicine. Early, Often, Continuously, for All of us. Let's be the change we want to see! Objectives and goals for the next 2 days of your life.	20
The importance of moving, no matter where you are or how old you are. Building on a lifetime of understanding the importance of gravity, she will challenge us to	20
Early Mobility Best Practices in Europe and Newest Evidence to guide our practice	30
The role of mobility in prevention and treatment of delirium. Restoration of hope and wholeness during	30
Be the change we want to see for our Patients! This presentation will inspire and challenge all members of the team to view Safe Early and Continuous Mobility as a	30

Role of physican across care continuum. How to get Drs	30
Managing the ventilator, lines, tubes and drains. When to move and when to stop!	30
Patients of size can be particularly challenging to mobilize and often have additional considerations in regard to dignity and safety. Dr Gallagher will discuss these	30
Attendees are actively encouraged to seek out solutions through networking with each other and with the	15

t. The goals for the hands-on sessions are to facilitate group discussion and decision-draw in all voices of participants, and moderate conversation to ensure dominant

Perme PT, Hinds RT (ICU focus)	45
Gallagher RN, ?? Second team member, OT (All care sttings)	
Locke PT, Wyatt RN (All settings and disciplines)	
Turner R, CNA, Haines, PT, Gonzales OT (ICU, Acute care, Skilled Nursing/LTC)	
Daag PT?, Robertson RN?, Rivera NP? (All care settings, particularly LTC)	
Hightower PT, Sanghavi MD (ICU/acute care)	
Gibb Patient, Ruben Patient (All settings, patient support)	
Agarwal N MD, Turner RN (All in-patient Settings)	
Dale PT (All care settings)	

Dayton NP, ?TBD (ICU focus / TBI) / SLP??	
Flowers RN, Borgardt Data analyst, Agarwal S MD (All settings)	
Nack PT, Pule RN	
McLulich MD, Sheehan PT	
Vendors will have a clinical scenario in their area and attendees will choose 5 exhibitors they wish to see	75

en stations 45

ONE THING attendees have learned today that they can use to improve their practice immediately upon return to their facility; Call to action 15

tivities to score points for their team. These activities will include ideas participants reason we cannot have fun doing it! Teams include speakers, attendees and TSEs

Description	Minutes for CEU
Q&A, interactive discussion, reflection on learning and	
Patient panel sharing important ways that clinicians can involve them in the care, show them dignity and support them as they navigate acute and critical illness and mobility across care transitions	30
Interdisciplinary Team Discussion: Roles of each discipline in EM (2 minutes from each then questions)	30
Perme PT, Hinds RT	45
Gallagher RN, Boynton, OT	

Arnold PT, ?Swope RN	
Wyatt RN, Turner CNA	
Haines PT, TBD (RN)	
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Flowers RN, Borgardt Data analyst, Agarwal S MD	
Nack PT, Pule RN	
McLulich MD, Sheehan PT	
Homola RN (Risk Loss), TBD	
	45
s Learned	
ber this conference? (Poem, skit, song etc)	20
ill Implement from this conference when you return to	20
How involving all team members overcomes challenges	25
to complex patients to achieve success, individually as	
Outcomes and Best practices for Early Mobility in Japan	25
Securing resources for your early mobility program can be one of the biggest challenges. We will discuss how to present your program to leadership in a way that aligns your program with financial and strategic priorities, and	25
The team from the VAHCS will share outcomes and	25
Achieving culture change that sustains in long term care remains one of the greatest challenges for early mobility clinicians. This team will discuss how they have successfully accomplished compliance and culture shift in their long term care facility	25
	15

Best Poster

Team Spirit

Most Team points
Best Song/Poem/Skit
Prize drawing from all who submitted innovative ideas

805 minutes = 13 Hours

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9:40-10:10	Kendall Judson, Kali Survivor?? Motivational Speaker	The Athlete and their TEAM.
10:10-10:30	BREAK	Coffee in Exhibitor Area
10:30-11:00	Physican Panel (Patel, Nayeri, Ely, McLulich, Sanghavi, Agarwal, Bouchand, ?? SCL Dr?). TBD (LTC doc) ? Dr Vadnerkar, Dr Chandrika Kumar, One of the docs from MRH??	How Physicians can help promote a culture of Mobility across the care continuum
11:00-11:30	Chris Perme	Clinical Decision-making in the ICU
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12:40-1:05	Hightower / Sanghavi / Bouchand / Hinds / Gonzales. ??? / Bailey, Bezjian ? / Someone from post-acute rehab and LTC?	Early Mobility Successes with Covid in the ICU Mobility success utilizing the whole team	
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2:20-2:45	Homola, Daag, Robertson	Achieving Buy-in and changing culture to SECM in Long Term Care	

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3ILITY CONFERENCE, APRIL 26-28 202

Description

Walking Home from the ICU! Literally! Polly, Louise and Kali will share what it looks like to really implement the ABCDEF Bundle, and what this looks like for their intubated patients. From ICU to acute and post-acute care, this model of care is the best there is!
Personal stories about the impact of mobility on their lives. Engaging WHY Early Mobility is so important and how different clinicians impacted their care

Groups will spend 5 minutes in each booth rotating through all the booths in the Exhibition hall to help see equipment, know what is there, and prioritize where they want to go back to for more info during exhibitor time

tworking. Heavy Hors D'eurves

Description

Mobility truly is Medicine. Early, Often, Continuously, for All of us. Let's be the change we want to see! Objectives and goals for the next 2 days of your life.

The importance of moving, no matter where you are or how old you are. Building on a lifetime of understanding the importance of gravity, she will challenge us to harness gravity in all we do with early mobility, understanding the speed with which our body systems decondition (not just our muscles) with immobility even in healthy subjects.

Early Mobility Best Practices in Europe and Newest Evidence to guide our practice

The role of mobility in prevention and treatment of delirium. Restoration of hope and wholeness during acute and critical illness, and beyond.

Be the change we want to see for our Patients! This presentation will inspire and challenge all members of the team to view Safe Early and Continuous Mobility as a "Life-saving" intervention. Our power to preserve quality of life and see the fellow human rather than a "patient in bed 206" will transform outcomes and quality of

Role of physican across care continuum. How to get Drs involved (3 minutes from each then Questions) How to get your physicians involved

Managing the ventilator, lines, tubes and drains. When to move and when to stop!

Patients of size can be particularly challenging to mobilize and often have additional considerations in regard to dignity and safety. Dr Gallagher will discuss these considerations and how to assess, choose equipent and effectively assist with mobility in ways that keep everyone safe

Attendees are actively encouraged to seek out solutions through networking with each other and with the exhibitors during the lunch break. Sharing of solutions to challenging clinical problems is incentivized and all solutions shared will be shared with full conference attendees during this 15-minute Attendee-solution session

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icipants, and moderate conversation to ensure dominant voices do not monopolize th

Perme PT, Hinds RT (ICU focus)
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Locke PT, Wyatt RN (All settings and disciplines)
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Flowers RN, Borgardt Data analyst, Agarwal S MD (All settings)
Nack PT, Pule RN
McLulich MD, Sheehan PT
Vendors will have a clinical scenario in their area and attendees will choose 5 exhibitors they wish to see solutions from in applied clinical scenarios: Groups will be facilitated by an expert. Solutions to be shared on social media with specifics about problem and solution found. Can be an equipment solution, a new way to use equipment already seen elsewhere, or a solution shared with another attendee during networking

en stations

ONE THING attendees have learned today that they can use to improve their practice immediately upon return to their facility; Call to action

activities to score points for their team. These activities will include ideas participants un doing it! Teams include speakers, attendees and TSEs (Technology solutions exper n if traveling with you.

Description
Q&A, interactive discussion, reflection on learning and application so far

Patient panel sharing important ways that clinicians can involve them in the care, show them dignity and support them as they navigate acute and critical illness and mobility across care transitions

Interdisciplinary Team Discussion: Roles of each discipline in EM (2 minutes from each then questions)

Perme PT, Hinds RT
Gallagher RN, Boynton, OT

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McLulich MD, Sheehan PT
Homola RN (Risk Loss), TBD

s Learned

ɔer this conference? (Poem, skit, song etc)

ill Implement from this conference when you return to your facility. Networking
e to apply learning TEAM UPDATE

How involving all team members overcomes challenges to complex patients to achieve success, individually as well as for the facility (individual and hospital outcomes)

Outcomes and Best practices for Early Mobility in Japan

Securing resources for your early mobility program can be one of the biggest challenges. We will discuss how to present your program to leadership in a way that aligns your program with financial and strategic priorities, and how to use metrics to continue through sustainability of the program

The team from the VAHCS will share outcomes and strategies that have helped them build the foundation of Safe Patient Mobility across the care continuum, buidling on the strong SPHM program already present in the VAHCS.

Achieving culture change that sustains in long term care remains one of the greatest challenges for early mobility clinicians. This team will discuss how they have successfully accomplished compliance and culture shift in their long term care facility

Best Poster

Team Spirit

Most Team points

Best Song/Poem/Skit

Prize drawing from all who submitted innovative ideas

:3

Minutes for CEU		
30		
30		
		90
	Day 1 60 minutes	6:30 - ??
		60
20		
20		
30		

30

30

20

30

30

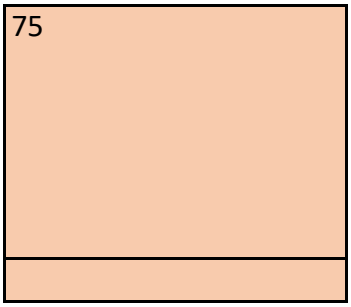
30

60

15

making. Facilitators will
e conversation.

45	Marketing folder with all vendors who have equipment in each station with their materials
	TSEs will have the opportunity to attend the sessions where their equipment is being utilized



45

15

Day 2 415 minutes

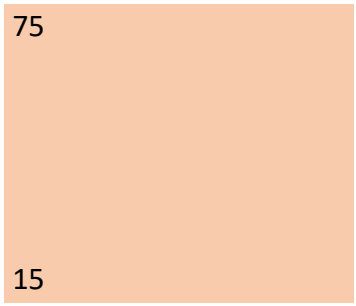
s can take back to build
ts). Families welcome to

Minutes for CEU

30

30

45



50

45

20

20

25

25

25

25

25

15 330

805 minutes = 13 Hours 7 hours in Vendor area

Relevance

PT Nursing

All care team members will see what it looks like to have an "awake and walking ICU". The speakers
members have achieved this best practice. All team members will learn how to further

Hearing from patients themselves helps all caregivers link what they are doing in the moment to how t
a

Introduction to Vendors and solutions in Exhibit
hall "Speed dating"

Social

Reflection on current practice, and opportunities for improvements in current care. Openness to think cr
a

Foundational sciences for all disciplines. The foundational impact of loss of gravity was extensively re
cellular level as well as mueculoskelteal level. This res

Current evidence will inform all team about the best practices from around the world. Dr Nydahl is a

Delirium is distinct from dementia and is acute brain injury. Immobility increases risk of delirium across all care settings. Delirium is associated with poorer outcomes and mortality across all care settings. PTs can help identify and treat delirium through mobility, and can assist the care team with management strategies. Treatment inteventions, foundational sciences, treatment planning, evaluation, functional outcomes

Nursing have a key role to play in prevention of delirium by implementing early mobility principles throughout the day for patients in the inpatient setting and by understanding the causative impact of benzodiazapines and moderate to heavy sedation of their patients. By understanding that mobility has a primary preventive role as well as a restorative role to play in delirium, nurses can be the first to identify a change in mental function through daily head to toe assessment, CAM_ICU

Treatment planning, interventions, including personal factors in International Classification of Functioning, leveraging motivation in patients to promote recovery, saliency of treatment, linking

Physiologic Basic and Physiologic complex. Maintaining and restoring what is important to the patient and their families for optimal quality of life

Interdisciplinary care: Understand how to engage with physicians in your facility to promote SECM. Le
care including primary care doctors, geriatricians, f

Clinical decision-making with critically

Patients of size can be very challenging to treat. Maintaining dignity and comfort/safety for patients as
from the perspective of all team members including the voice of the patient themselves. This preser

Mobility is hardest in the ICU. Clinicians are worred about patient acuity, and management of lines, tur
critically ill patients. We must understand the impact of Post-intensive Care Syndrome on patients and
clinical case scenario will challenge attendees to observe how experts make these decisions based on e
as a team, the roles of nursing, therapy, physicians, pharmacy, respiratory therapists and patient/famil
management (complex), safety, outcomes and teamwork / interprofessional roles. Teams will discuss
for caregiver

In this hands-on Session, clinicians from all disciplines will actively make decisions and mobilize a live
size across care settings. You will observe and discuss a mobility scenario live, and consider equipme
interventions, medical implications of mobility and immobility, management of complex patients, safe
The live patient

Another challenge in busy healthcare environments is time management. Everyone has more on their
that the patient is left in bed, given a bedpan, and told to "call don't fall" as part of a fall prevention
means something different to therapists than nurses. It may even be different between a young, hea
with? Does this mean I should use a lift or no? Currently, the confusion leads to lower levels of mobi
session, teams will practice a mobility screen that has been validated across all care settings, all disc
hands-on practice session will help all disciplines communicate about mobility in one common languag
and cons

Evidence points to smaller bouts of mobility throughout the day as superior to one high intensity event p
have as a team focused on a culture of safe, early and continuous mobility is to build mobility INTO
mobility IN to daily workflow in practical, pragmatic ways that you can immediately implement on re
relevant for all disciplines in time management, patient management, teamwork, collaboration, interv
follow through of activities th

Fear of patient falls is one of the top 3 most commonly cited reasons for not getting patients up ar
technologies to identify patients falling and behaving in ways that precipitate a fall, and will use equip
the home. All team members will work together to discuss their role in helping promote mobility that
and amelioration,

Mobilizing patients with very low levels of functional ability is often challenging for team members. T
intervention when not actively working on a direct "Functional task". For nursing, it is often quicker to ju
than asking them, giving them an opportunity to communicate their needs, desires and goals. This sess
devices to optimize patient participation regardless of level. We will practice not making assumptions
something as simple as boosting themselves with assistance of an air assisted device, or a friction-red
with training effect for the medical foundation of functional movement to defend their role in the inte
stand in achieving their treatment goals, OT and SLP will realize the importance of early o

The "F" of the ABCDEF bundle is often talked about, but how do we "walk the talk". President and found
to discuss how best to support patients during and after their hospitalization. We must show patients h
beyond. Tools and reso

In this small group session, you will discuss how to use team rounds to effectively include mobility de
discussions about mobility will dra

Effective training is vital to mastery of new skills. In Healthcare we often lose focus with training, or discuss how to set up an effective simulation training event, how to set realistic goals, and then how to Providing patients with an effective way to communicate is paramount to relieving anxiety, understand as opposed to having an itchy nose for example, if they are tired, if they have something pulling on ther inability to communicate, we can help our patients hollist

We do what we are held accountable for! We do what we measure! Sustainability of change is a h Dashboards and metrics are a vital component of successful SECM. They not only help us to show the mobility by unit, by patient type, etc. In this session, you will receive a template for building a dashboar successes when they occur,

Having a Standard Operating Procedure (SOP) or Policy for your SECM culture can also help you with sus to make your program successful. Policies / SOPs also help map out the processes and steps needed in

Technology Solutions Experts (TSEs), are truly the experts on their technologies and how those techr clinical cases for you to work through using the technologies specific to that expert. You will gain de educational in nature and not sales presentations.

Research shows that reflection improves translation from knowledge and skill acquisition into clinical p another in a way they had not previously thought about. The reflection sessions built into the confere

The theme of EarlyMobility.com's conferences is TEAM MOBILITY. When we do things that are fun, we peers and colleagues is another very valuable skill to increase your likelihood of implementing and sust the whole. The World Mobility Games will bring people from different disciplines, different ways of app

In this session we will hear from a panel of patient athlete survivors, who will challenge us as clinicians can say our care is "Patient-centered" but what does that mean? What does it mean to the patients? W panel member will give us a "Pearl" to take with us, back to the patient athl

In this session, we will hear from the core disciplines most invoived in SECM and how they work tog Doctors, nurses, therapists, respiratory therapists, case managers, unit managers, and the pat

This session challenges attendees to process the information gained and present in an innovative way t
of fun which enhances retention of information. This activity also give

Survivors of COVID-19 have faced tremendous challenges in their rehabilitation. They have been very ch
Continuous Mobilization for patients with COVID-19 from the ICU to acute care and beyond. All discip
outcomes, and how techno

Understanding Best Practices from around the world help us broaden perspectives and understand c
Japane

All disciplines struggle with marrying best practices clinically, with securing funding, resources and supp
Operating Procedures. The justification for resources to be allocated to a culture shift can be very challe
to facility and fiscal outcomes to help secure the support and fundin

The Veterans Affairs Healthcare System has been a leader in Safe Patient Handling and Mobility and is
ages and stages of their conditions requiring them to seek care. An Interdisciplinary team from this lar

Many "Early" mobility programs have focused on getting patients up in the ICU. In this session, we w
Across disciplines, throughout the day, and spanning the range of mobility levels from independent, high
have acu

This final reflection and Q&A interactive discussion will provide attendees a structured way to consid
questions for the expert panels and speakers, as well as to share any key insights that would be help
patient outco

OT RT

have personally been walking vented patients who are awake, avoiding sedation completely in
enhance their roles at their own facilities to move towards this best practice. Evaluation, Treat

he patient experiences those decisions. Seeing care from the perspective of the patient helps u
re doing what is best for the patient, can be off the mark.

eatively to improve patient outcomes, even when staffing is tight, and there are multiple comp
s a team to improve patient outcomes and quality of care.

searched in the space program, have laid the knowledge base about how immobiltiy and loss o
earch, led by Dr Vernikos and her team at NASA is what underpins the field of early and continu

world leader in research and leads the effort to upsted the ICUrecovery LongTerm Outcomes re
share best practices for early mobility in Germany

Occupational Therapists have an extremely important role to play in prevention of delirium and re-orientation strategies, cognitive stimulation, communication and relevant functional activities in ADL restoration. OT can also identify new onset mental status change, measure and quantify cognitive impairment and determine appropriate intervention strategies according to the specific impairment noted. OT Evaluation, treatment intervention, treatment of the whole person, prevention of delirium and patient Treatment planning, interventions, including personal factors in International Classification of Functioning, leveraging motivation in patients to promote recovery, saliency of treatment, linking therapy goals

RT can also assist by assisting with SAT and SBT in the ICU to get patients awake and walking as soon as possible. By understanding how moderate and deep sedation negatively impact patients, they can be advocates for mobility practices. By Using standing and upright positioning, and understanding the tools that can help achieve that Understanding the person behind the treatments, the pulmonary function and being able to relate the current treatment to the whole person, and

arn strategies to get them on board, not just in ICU, but in med/surg, LTC, Community-based amily docs. What's in it for the physician?

ill patients. Managing the ventilator settings, safety. Evaluation, Treatment intervention, Safety

well as caregivers is vitally important. Dr Gallagher will share insights and solutions to promoti ıtation will be solutoins-based, providing relevant content for evaluation, treatment interventior

respiratory considerations for patients of size.

nes, drains and machines can be extremely challenging. All disciplines must work together to ur
their families, and balance that with knowlege about safety of mobility. Timing, dosage, starti
vidence, and attendees will discuss their own experiences, and ideas as we mobilize a live pati
y to optimize safe early and continuous mobilization, based on medical condition. This will cove
and observe innovative technologies including communication devices, innovative technologies
s and innovative ventilators/ monitors to promote out of bed mobility

patient of size who will be part of the problem-solving team. Teams will discuss and observe a
nt use, safety and ethics and role of all team members in maximizing functional independence
ty and ethics. This session will also include discussions of implicit bias, diversity, equity and inc
will provide unique insight into his experiences as they relate to mobility

plates than realistically they can accomplish in a given day. There is a lot of ambiguity around h
program. Communication across team members is inconsistent and terms mean different thing
lthy fit therapist, and an older, unfit therapist who has health issues of their own. How much is
lity, risks of caregiver injury from guessing how much the patient can do, or taking the patients'
iplines to help determine which patients need assistance and which patients do not, with bed m
e regardless of care setting. Relevance for all disciplines includes safety, risk management, tim
istency in care, patient management, teamwork and collaboration

ber day. Whether in the ICU with critically ill patients, or in a med-surg unit, or rehab facility, or
daily care. THis is the key to achieving mobility without adding more work to the care team. In
turn to your unit or department. This will include Nursing, therapy, respiratory therapy, medicin
ventions and outcomes. Active patient participation involves foundational sciences, cognition, ph
nroughout the day based on therapeutic goals when the patient is on therapy caseload.

nd mobilizing. In this hands-on session, we will practice with clinical case scenarios where fall r
oment solutions to safely mobilize without fear of falling. These solutions will range from ICU s
is safe, even when there is a high fall risk. We will also discuss the risks of restricting mobility
outcomes, health economics and strategic planning for journey to zero harm

There is the tendency to feel the patient is "too sick" or that they are "Not able to do anything".
ist "do for the patient" rather than allowing them time to do for themselves. Many caregivers m
ion will provide solutions for all of these challenges, and teams will observe, discuss and practi
but screening what the patient can do, practice linking even the smallest of actions to what ma
ucing device can help them take one step closer to their goal. Therapists will learn how to docu
rvention and treatment of patients that are not yet ready medically to sit up or transfer or walk.
rientation, cognitive evaluation and interventions that can prevent and treat early changes relat

der of ICU steps, a patient to patient network of support in the UK, and Eileen Ruben, president
now to live again, not just survive their illness. This session will challenge all disciplines to use t
urces will be provided to help you help your own patients across all care settings

cisions. Key roles of each discipline will be discussed and tools and resources will be provided to
stically increase the likelihood of mobility becoming part of your care culture at your facility.

do not give our teams enough time to practice or effectively use simulation scenarios for optim
o follow through after simulation training to ensure new knowledge and skill aquisition translat
ling and being able to address patient concerns and wishes in a timely fashion, and can facilitat
n etc. In this session, we will explore ways to improve communication and discuss innovative tc
ically, to be able to participate with us for mobility and their overall recovery. Resources and to

uge problem in healthcare. "New program fatigue" is a very real phenomenon and caregivers a
impact of our work, but also help us to focus our energy where it is needed, by providing mean
d at your facility, and will discuss who to reach out to in your own facility, the data and metrics
as well as to identify areas that need additional education or remedial intervention.

tainability. Clearly defined roles and responsibilities help to lay the foundation of job responsibi
order to be successful with your program implementation and sustainability. In this small group

nologies can help solve some of our most challenging clinical problems. In this session, teams w
eper insight into how the solutions can help you with your specific clinical challenges. These ses
You will have an opportunity for further hands-on training and clinical application in your patien

practice. Prior experience also shows us that attendees find the experiences of other attendees
nce each day solidify the concepts and ideas learned in the sessions, and provide attendees a ch
sessions that they did not.
engage a different part of the brain than the intellectual or experiential clinical learning that h
aining a successful SECM culture. The best teams consider themselves equals in terms of value
proaching problems, different cultures and perspectives together as equals and teammates, to c

s to think differently about the decision right in front of us in our daily "grind". The "F" of the AB
What do they wish we would know and do differently? How can we improve our approach to mob
etes we see every day. Together, let's learn how to do better at "Humanizing our care" and trea

gether to promote a culture of Mobility that does not rely on one team member only, but rather,
cient and their family. This is relevant for all clinicians to understand how you can help each oth

:o the rest of the team that will be memorable. By processing the information and using it in a
:s team members another idea about how to build fun and teamwork into their own teams to s

allenging to treat in the ICU as well as in acute and post-acute settings for those suffering from
olines must work together for optimal patient outcomes regardless of setting. This session highl
ologies were able to help achieve outcomes, especially during isolation requirements

cultural differences and similarities. We can learn from each other with different approaches ta
se leaders in Early Mobilization will expand attendee knowledge.

port from senior leadership for their Safe Early and Continuous Mobility Programs. Additional eq
enging for clinicians to manage. This team of physicians, data analysts, and nursing administrati
g necessary to implement and sustain a culture of Safe Early and Continuous Mobility consisten

now embracing a comprehensive shift toward a culture of Safe Early and Continuous Mobilizat
gest healthcare system in the country will share successes, lessons learned, and how they have
healthcare system.

ill hear from an interdisciplinary team from a Long Term Care setting, where they have implem
n fall risk, to dependent and requiring maximal assistance. The team will include strategies to a
te delirium, and balancing the tension between mobility and falls.

er and reflect on the most impactful knowledge and skill they have acquired or been introduced
ful for the group to hear. Attendees will be challenged to comit to ONE EVIDENCE-BASED activi
mes, regardless of care setting upon return to their regular workplace.

Providers
the vast majorty. They will share their outcomes and how team
ment, Evidence-based practice, Ethics and Safety.

s to realize the decisions we make in real time, even thinking we

eting priorities. All disciplines will learn how to work more closely

f interaction with gravity impact every system of the body, at a
ous mobilization

search database. He is also a nurse leader in Germany and can

Providers play a key role in prevention of delirium, and recognition of delirium across all care settings. Providers can push for CAM-ICU and bCAM as standard tests for every patient across care settings, advocate for minimizing sedation and especially those causing delirium such as benzodiazepines. Providers can assist in re-writing order-sets to promote mobility, and Educate patients and families about how mobility can help prevent delirium. They can also help patients and families understand what delirium is, and what to expect if their loved one does experience it.
Seeing beyond the current medical condition, and seeing the role of mobility in overall patient recovery. All orders, team interventions can be enhanced by understanding who the person is and what is important to them.

Help all team members understand how to engage with their own poviders and how you can help move the programs forward. Teach other disciplines how to talk to their own physicians if they are not supporting the SECM program. Why should Physicians get on board?

ng therapy goals, nursing outcomes, and overall patient outcomes
ns, foundational sciences, physiological basic and complex, and

ıderstand the evidence and research around safety for mobilizing
ng and stopping parameters, and tracking patient tolernace. This
ent hooked up to multiple lines, tubes and drains. We will discuss
r foundational science, evaluation, treatment intervetion, patient
to "untether" patient from the bed, save time and physical strain

ttention to ethics, dignity, comfort and safety for the patient of
for the patient. This session will include evaluation, treatment
lusion for patients of size across all disciplines and care settings.

ow a person mobilizes, and often the result of this uncertainty is
s to different disciplines. An example is "Mod assist of 1". This
moderate? Which activities do they need moderate assistance
word for it that they can do what they say they can do. In this
obility, sitting up, standing and transfers, and ambulation. This
e management, interdisciplinary communication, standardization

even in the community with sedentary workers. The challenge we
this session, teams will observe, discuss and practice building
e, case managers, and ancillary care associates. This session is
ysiological basic and physiological complex domains for nursing,

isk is high, and discuss, observe and practice using innovative
olutions to med/surg and post-acute care solutions as well as in
in these patients. Patient management, safety, risk assessment

For therapists, it can be challenging to document the skill of the
ake assumptions about what the patient can or cannot do, rather
ce interventions with and without mechanical or non-mechanical
atters most to THAT PATIENT, and helping them understand why
ment the skill and expertese of matching physiological responses
. RT will learn the importance of being upright either in tilt or full
ed to medical condition and treatment interventions.

and founder of the ARDS foundation will work with small groups
heir voices to help build community both within the hospital, and

help you engage with your team on return to your facility. Daily

al mastery of new skills. In this small group discussion, we will
e into clinical practice. Tools and resources will be provided to all
e mobility for all patients. They can tell us when they are in pain,
ools that can help us help our patients. By removing the anxiety of
ols will be provided

re constantly being told there is new training for this or that.
ingful data on performance, behaviors and outcomes related to
to gather, and how to build reports from the metrics to celebrate

ilities and activities for each discipline and team member in order
discussion, you will receive templates to share with your facility.

ill rotate through 5 exhibitor booths, where the TSEs will have
ssions will be facilitated by a clinical expert to ensure they are
t population.

highly valuable. Often what one attendee shares, resonates with
nance to hear "Highlights" from others who may have attended

happens in the conference sessions. Building teamwork with your
to the team, even though each has a unique skill to contribute to
compete in fun contests that will be memorable and can give you

CDEF bundle can often be just a paragraph in a policy or SOP. We
bility with a better understanding of the patient perspective? Each
ating people like people, not "Bed 365"

all team members work together for the good of the patient.
er achieve mobility throughout the day for your patients

different creative form, it solidifies learning and adds an element
olidify learning in their facilities

ı Long-Covid. This session wil highlight the role of Safe, Early and
lights how different team members added value to the patient

ken in different regions around the world. Hearing from these

uipment, time for training, or new processes, policies or Standard
ion provide a template for attendees to connect clinical outcomes
t with evidence-based practice

oin across all care settings and disciplines, and for Veterans of all
overcome challenges and barriers to changing culture in a large

ıented the principles of Safe Early and Continuous Mobilization:
ıchiece SECM with patients who suffer from dementia, those who

l to at this conference. They will have the opportunity to re-visit
ty that they will put into practice immediately to improve their

Picture to go along with this

Patient talking

Team picture All working together

Astronaut

Picture of research team

? One of Kali's pics of delirium?

Kendall doing pull ups / athlete

Picture of Team discussion with Ivette

Picture of Chris on the floor last year's summit

Pic of slide with Emobi (Sit and shake, stretch and point, stand and walk)

Pic of Jim at the sink in a minilift, Jim in TLB with washcloth

Image of someone in sling falling

Tilt bed from Vitalgo site

Peter.. What pic do you want?

VACE online (Permission from Nimit)

SIM lab

Pic of communication board

Dashboard picture

Picture of team with document

Room of attendees with someone at microphone

Team activity (Teambuilders)

Do you lack confidence to get your ICU patients up and moving? Do you often find yourself, or other coworkers citing "This patient is too sick to get up today?" Then this session is for you. Learn from the experts about which patients are appropriate for mobility, how to manage lines, vent settings and equipment to mobilize your patient safely.

If you work with patients of size and are struggling to get them up and moving as you know you should be in your care setting, then this session is for you. You will see practical application of a variety of solutions in real time with real bariatric patients, and be able to brainstorm through the challenges you have at your own facility to learn solutions you can take back and apply with your team.

Not sure which patients can get up by themselves and which patients need equipment? Confused about which devices to use with which patients? Never enough staff to mobilize your patients, get them out of the car, involve them in restorative therapy, get them doing functionally challenging activities in out-patient therapy? Then this session is for you. Learn how to match mobility goals with a mobility screen to consistenlty chose

TEAM MOI

4-26-22: 0700-15:

ATTENDEES WILL BE ARRIVING THROUGHOUT WEDNESDAY APRIL 26

OPENING C

Time	26-Apr-22	Title of Presentation
WELCOME	Margaret Arnold	
3:15-3:45	KEYNOTE: Polly Bailey, Louise Bezjdian, Kali Dayton	The Awake and Walking ICU: Living Proof that it is possible!
3:45-4:15	Patient Testimonials (@ 10 minutes) Speakers TBD (One from Kali Dayton - Walking home from the ICU, ? Heather Monagahan, ? Chris Guoin)	
4:15-5:45	**Speed-Dating: Exhibit Hall Activity**	
6:30-8:30		Social Hour, Team activities and Net

Time	Thursday April 27, 2022	Title of Presentation
7:00-8:00am	Breakfast in Vendor Area	
8:00-8:20	Margaret Arnold	Welcome and Daily Reflection: What do you want to get out of this conference. Introducing SECM and Conference Goals

8:20-8:40am	Dr Joan Vernikos	Designed to MOVE
8:40-9:10am	Dr Peter Nydahl, Brenda Pun, ?Katie Sheehan	Show me the Evidence! Best Practices in Germany
9:10-9:40am	?? Dawn (Dementia expert, Wes Ely, Matthew Mart, Alasdair McLullich, ? Kelly Hawthorne, Renna (SCL)?	Recognizing and treating Delirium in ICU, Acute Care and CLC. Relationship between Delirium, confusion, mobility and falls
9:40-10:10	Kendall Judson, Kali Survivor?? Motivational Speaker	The Athlete and their TEAM.
10:10-10:30	BREAK	Coffee in Exhibitor Area
10:30-11:00	Physican Panel (Patel, Nayeri, Ely, McLulich, Sanghavi, Agarwal, Bouchand, ?? SCL Dr?). TBD (LTC doc) ? Dr Vadnerkar, Dr Chandrika Kumar, One of the docs from MRH??	How Physicians can help promote a culture of Mobility across the care continuum
11:00-11:30	Chris Perme	Clinical Decision-making in the ICU
11:30-12:00	Dr Susan Gallagher	Safe, Dignified mobility for patients of size.
12-1:00	Lunch and Innovations in the Exhibitor Area	
1:00-1:15	Margaret Arnold	Sharing of Innovative solutions from the Exhibitor area

All Break-out sessions will be 40 minutes in duration with 5 minutes for transitions from one to the nex
guide the conversations and questions to stimulate the appropriate discussion, draw in all voices of part

1:15-2:00	Breakout sessions: Clinical	1	Clinical Decision-making in the ICU
	Attendees will go to their first	2	Bariatric Mobility
	breakout session	3	Mobility Screening to guide appropriate goals and technologies to assist
		4	How to build mobility IN to daily care
		5	Safely Mobilizing patients who are at high risk for falls across disciplines
		6	Mobilizing patients with low level mobility. Why it is important, practical steps for all team members

	Breakout Sessions: Programmatic	1	Patient support and education across care transitions
		2	Interdisciplinary rounds for mobility (Agarwal/Turner)?
		3	Designing effective EM Simulation Training
		4	Facilitating effective Communication for patients who cannot communicate verbally
		5	Developing Dashboards and Metrics
		6	Building your EM IDT Team and Policy
	Breakout sessions: Research	1	How to submit your work for research, and publication
2:00-3:15	Clinical scenarios in exhibitor areas	Facilitated Active Solution Seeking in Exhibitor area	
3:15-3:30	Break		
3:30-4:15	Repeat of session 1	Attendees will rotate to their second of 4 chose	
4:15-4:30	Margaret Arnold	Reflection of Day 1 learning and application and TEAM Updates	
6:00-7:30	World Mobility Games: Teams will have opportunity to participate in fun team-building teams in their own facilities. We do serious work, but there is no reason we cannot have f joi		

Time	Friday April 28, 2022	Title of Presentation
7:00-7:50	Breakfast in Exhibitor Area	
7:50-8:00	Margaret Arnold	Team Standings

8:00-8:30	Peter Gibb /Eileen Ruben/Kali Dayton	The Voice of the Patient- The "F" of ABCDEF and Support after DC. **Patient Panel**
8:30-9:00	(MD, PT,OT,SLP,RN,CNA, Pt, Mgr, Admin, Risk/Loss?) (TBD)	Interdisciplinary roles to achieve true teamwork
9:00-9:45	Repeat breakout sessions: Clinical Attendees will go to their 3rd breakout session	1 Clinical Decision-making in the ICU 2 Bariatric Mobility 3 Mobility Screening to guide appropriate 4 How to build mobility IN to daily nursing 5 Safely Mobilizing patients who are at high risk for falls across disciplines 6 Low level mobility; Maximizing Function
	Breakout Sessions: Programmatic	1 Patient support and education across 2 Interdisciplinary rounds for mobility 3 Designing effective EM Simulation 4 Facilitating effective Communication for 5 Developing Dashboards and Metrics 6 Building your EM IDT Team and Policy
	Breakout sessions: Research	1 How to submit your work for research,
	Breakout Sessions: Business Case	1 Building business case for Mobility
9:45-10:30	Repeat Breakout sessions	Attendees will rotate to their last station
10:30-12:00	Last Opportunity to find solutions in Exhibitor area and post on social media for Innovation	
12:00-12:20	Margaret Arnold	Team Skits Competition: How will you rememb
12:20-12:40	Margaret Arnold	Sharing of Innovations or ONE thing that you w discussion and activities beyond the conference
12:40-1:05	Hightower / Sanghavi / Bouchand / Hinds / Gonzales. ??? / Bailey, Bezjian ? / Someone from post-acute rehab and LTC?	Early Mobility Successes with Covid in the ICU Mobility success utilizing the whole team
1:05-1:30	Katzukawa / Horibe	The Japanese EM Experience
1:30-1:55	Agarwal, Agarwal, Turner	Getting to YES! How to get Leadership on board and use data to drive success

1:55-2:20	Hilton & team (Amber, Katrina, Mariana, Tia, Lori, Tim, Roberta, Carmen (san Juan)	The VA journey to EM from SPHM foundation Across the Care Continuum
2:20-2:45	Homola, Daag, Robertson	Achieving Buy-in and changing culture to SECM in Long Term Care
2:45-3:00	EM Team	Unanswered Questions, Reflection of what you have learned and how it will impact your practices, Evaluations and wrap up
3:00-3:30	Conference Team	Awards
3:30	ADJOURN	

3ILITY CONFERENCE, APRIL 26-28 202

:00 SET-UP for Exhibitors

5: SHUTTLE PROVIDED BY EARLYMOBILITY.COM TO AND FROM THE AIRPORT

EREMONY 3: 00

Description
Walking Home from the ICU! Literally! Polly, Louise and Kali will share what it looks like to really implement the ABCDEF Bundle, and what this looks like for their intubated patients. From ICU to acute and post-acute care, this model of care is the best there is! Personal stories about the impact of mobility on their lives. Engaging WHY Early Mobility is so important and how different clinicians impacted their care

Groups will spend 5 minutes in each booth rotating through all the booths in the Exhibition hall to help see equipment, know what is there, and prioritize where they want to go back to for more info during exhibitor time. THIS IS YOUR OPPORTUNITY AS TSE'S TO CONNECT WITH THOSE WHO ARE SERIOUSLY SEEKING YOUR SOLUTIONS. NOTE THOSE YOU WANT TO CONNECT WITH MORE THROUGHOUT THE TEAM EVENTS AND NETWORKING AS WELL AS DURING EXHIBITOR TIME

tworking. Heavy Hors D'eurves

Description
OPEN EXHIBITOR TIME. BREAKFAST WILL BE SERVED IN THE EXHIBITOR AREA

Mobility truly is Medicine. Early, Often, Continuously, for All of us. Let's be the change we want to see! Objectives and goals for the next 2 days of your life.

The importance of moving, no matter where you are or how old you are. Building on a lifetime of understanding the importance of gravity, she will challenge us to harness gravity in all we do with early mobility, understanding the speed with which our body systems decondition (not just our muscles) with immobility even in healthy subjects.

Early Mobility Best Practices in Europe and Newest Evidence to guide our practice

The role of mobility in prevention and treatment of delirium. Restoration of hope and wholeness during acute and critical illness, and beyond.

Be the change we want to see for our Patients! This presentation will inspire and challenge all members of the team to view Safe Early and Continuous Mobility as a "Life-saving" intervention. Our power to preserve quality of life and see the fellow human rather than a "patient in bed 206" will transform outcomes and quality of

Role of physican across care continuum. How to get Drs involved (3 minutes from each then Questions) How to get your physicians involved

Managing the ventilator, lines, tubes and drains. When to move and when to stop!

Patients of size can be particularly challenging to mobilize and often have additional considerations in regard to dignity and safety. Dr Gallagher will discuss these considerations and how to assess, choose equipent and effectively assist with mobility in ways that keep everyone safe

Attendees are actively encouraged to seek out solutions through networking with each other and with the exhibitors during the lunch break. Sharing of solutions to challenging clinical problems is incentivized and all solutions shared will be shared with full conference attendees during this 15-minute Attendee-solution session

t. The goals for the hands-on sessions are to facilitate group discussion and decision-
:icipants, and moderate conversation to ensure dominant voices do not monopolize th

Perme PT, Hinds RT (ICU focus)
Gallagher RN, ?? Second team member, OT (All care sttings)
Locke PT, Wyatt RN (All settings and disciplines)
Turner R, CNA, Haines, PT, Gonzales OT (ICU, Acute care, Skilled Nursing/LTC)
Daag PT?, Robertson RN?, Rivera NP? (All care settings, particularly LTC)
Hightower PT, Sanghavi MD (ICU/acute care)

Gibb Patient, Ruben Patient (All settings, patient support)
Agarwal N MD, Turner RN (All in-patient Settings)
Dale PT (All care settings)
Dayton NP, ?TBD (ICU focus / TBI) / SLP??
Flowers RN, Borgardt Data analyst, Agarwal S MD (All settings)
Nack PT, Pule RN
McLulich MD, Sheehan PT
Vendors will have a clinical scenario in their area and attendees will choose 5 exhibitors they wish to see solutions from in applied clinical scenarios: Groups will be facilitated by an expert. Solutions to be shared on social media with specifics about problem and solution found. Can be an equipment solution, a new way to use equipment already seen elsewhere, or a solution shared with another attendee during networking

en stations

ONE THING attendees have learned today that they can use to improve their practice immediately upon return to their facility; Call to action

activities to score points for their team. These activities will include ideas participants
un doing it! Teams include speakers, attendees and TSEs (Technology solutions exper
n if traveling with you.

Description
Q&A, interactive discussion, reflection on learning and application so far

Patient panel sharing important ways that clinicians can involve them in the care, show them dignity and support them as they navigate acute and critical illness and mobility across care transitions

Interdisciplinary Team Discussion: Roles of each discipline in EM (2 minutes from each then questions)

Perme PT, Hinds RT
Gallagher RN, Boynton, OT
Arnold PT, ?Swope RN
Wyatt RN, Turner CNA
Haines PT, TBD (RN)
Hightower PT, Sanghavi MD
Gibb Patient, Ruben Patient
Agarwal N MD, Turner RN
Dale PT
Dayton NP, ?TBD
Flowers RN, Borgardt Data analyst, Agarwal S MD
Nack PT, Pule RN
McLulich MD, Sheehan PT
Homola RN (Risk Loss), TBD

s Learned

ber this conference? (Poem, skit, song etc)

ill Implement from this conference when you return to your facility. Networking e to apply learning TEAM UPDATE

How involving all team members overcomes challenges to complex patients to achieve success, individually as well as for the facility (individual and hospital outcomes)

Outcomes and Best practices for Early Mobility in Japan

Securing resources for your early mobility program can be one of the biggest challenges. We will discuss how to present your program to leadership in a way that aligns your program with financial and strategic priorities, and how to use metrics to continue through sustainability of the program

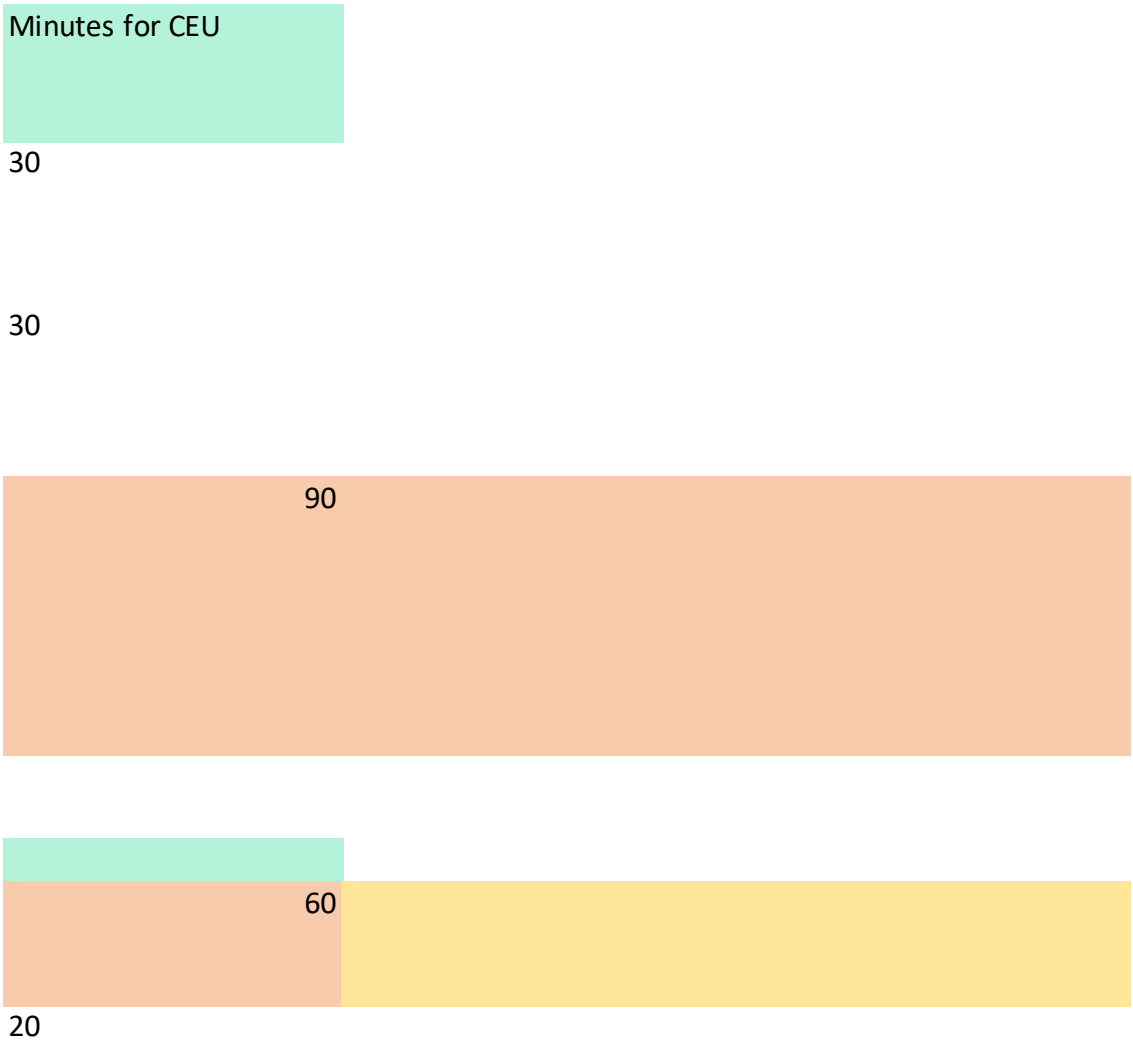
The team from the VAHCS will share outcomes and strategies that have helped them build the foundation of Safe Patient Mobility across the care continuum, buidling on the strong SPHM program already present in the VAHCS.

Achieving culture change that sustains in long term care remains one of the greatest challenges for early mobility clinicians. This team will discuss how they have successfully accomplished compliance and culture shift in their long term care facility

Best Poster
Team Spirit
Most Team points
Best Song/Poem/Skit
Prize drawing from all who submitted innovative ideas

SPONSORSHIP OPPORTUNITIES

Be the first to greet attendees. Have your company name be the one they remember, perhaps with a bottle of water and a welcome flier. Your company rep can be on the bus to welcome team members, build relationships, share where your booth is, and a little about your company as they travel from the airport to the hotel



20

30

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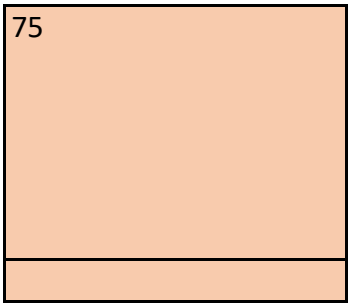
making. Facilitators will
e conversation.



45

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Day 2 415 minutes

s can take back to build
ts). Families welcome to

Minutes for CEU

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805 minutes = 13 Hours