

EarlyMobility.com

TEAM MOBILITY CONFERENCE, APRIL 26-28

2023

Wednesday, April 26, 2023		
Time	Speaker / Facilitator	Description
3:00pm	Margaret Arnold	Welcome and Opening Remarks
3:15-3:45	KEYNOTE: Polly Bailey, Louise Bezdian, Kali Dayton	The Awake and Walking ICU Living Proof this it is possible! Walking home from the ICU! Literally! Polly, Louise and Kali will share what it looks like to really implement the ABCDEF Bundle, and what it is looks like for their intubated patients.
3:45-4:30	Patient Testimonials	Personal stories: The impact of mobility on their lives. Engaging WHY Early Mobility is so important and how different clinicians impacted their care.
4:30-6:00	Speed-Dating: Exhibit Hall Activity	Speed Dating with Technology Solutions Experts! 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 information during exhibitor time.
6:30-8:30		Social Hour and Networking. Heavy Hors D'eurves. Enjoy delicious food while you get to know your team and connect with experts and colleagues from other facilities.

Thursday, April 27, 2023		
Time	Speaker / Facilitator	Description
7:00-8:00am	Breakfast in Vendor Area	Spend time with Technology Solutions Experts and learn more about their products and solutions.
8:00-8:15	Margaret Arnold	Welcome and Daily Reflection: Introducing SECM and Conference Goals. Be the change we want to see!
8:15-8:40am	Dr Joan Vernikos	Designed to MOVE 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 in healthy subjects.
8:40-9:10am	Dr Peter Nydahl	Show me the Evidence! Dr. Nydahl will share the newest evidence to guide clinical practice and best practices in early mobility in Germany.
9:10-9:40am	MacLulich	Recognizing and treating Delirium in ICU, Acute Care and CLC. Relationship between delirium, confusion, mobility and falls. The role of mobility in prevention and treatment of delirium. Restoring hope and wholeness during hospitalization and beyond.

9:40-10:10	Kendall Judson, Veteran, Survivor, Motivational speaker, Janice Hatt, Patient Survivor, Athlete	The Athlete and their TEAM. 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 care. "Saving life is more than just preventing death". Importance of not treating patients as victims but as "athletes" whose "Ironman" may be walking once around the hall, or whose "Touchdown" might be sitting at the edge of the bed for 3 minutes unassisted, whose "100m sprint" might be not falling on the way to the bathroom.
10:10-10:30	Coffee in Exhibitor Area	
10:30-11:00	Patel, Sanghavi, MacLulich, Nayeri, Ely	Physicians can help promote a culture of Mobility Role of the physician across care continuum. How to get doctors involved, and specific ways they can help promote SECM culture
11:00-11:30	Chris Perme, PT	Clinical Decision- making for mobility in the ICU. Managing the ventilator, lines, tubes and drains. When to move and when to stop! Best practices based on decades of experience with the most challenging patients.
11:30-12:00	Silas Rossi, PT, Chris Gouin, patient	Safe, Dignified mobility for patients of size. Patients of size can be particularly challenging to mobilize and often have additional considerations in regards to dignity and safety. Dr. Gallagher will discuss these considerations and how to assess, choose equipment and effectively assist with mobility in ways that keep everyone safe.
12-1:00	Lunch	
1:00-1:15	Margaret Arnold	Sharing of Innovative solutions from the Exhibitor area. 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
1:15-2:00	Breakout sessions Clinical 1	All Break-out sessions will be 40 minutes in duration with 5 minutes for transitions. The goals for the hands-on sessions are to facilitate group discussion and decision-making, and perform the mobility intervention Clinical Decision-making in the ICU, facilitated by Chris Perme PT, Kali Dayton NP, Matt Hendrickson, RT (ICU focus) Mobility is hardest in the ICU. Clinicians are worried about patient acuity, management of lines, tubes, drains and machines. Timing, dosage, starting and stopping parameters, and tracking patient tolerance. This clinical case scenario will challenge attendees to observe how experts make these decisions based on evidence, and attendees will discuss their own experiences, and ideas as we mobilize a live patient hooked up to multiple lines, tubes and drains. We will discuss as a team, the roles of nursing, therapy, physicians, pharmacy, respiratory therapists and patient/family to optimize safe early and continuous mobilization, based on medical condition. Teams will discuss and observe innovative technologies including communication devices, innovative technologies to "untether" patient from the bed, save time and physical strain for caregivers and innovative ventilators/ monitors to promote mobility.

- Clinical 2 **Bariatric Mobility facilitated by LaBreche, PT and Nichols B.**
Teams will discuss and observe attention to ethics, dignity, comfort and safety for the patient of size across care settings. You will observe and discuss a mobility scenario live, and consider equipment use, safety and ethics, and role of all team members in maximizing functional independence for the patient. This session will include medical implications of mobility and immobility, management of complex patients, safety and ethics. This session will also include discussions of implicit bias, diversity, equity and inclusion for patients of size across all disciplines and care settings. The live patient will provide unique insight into his experiences as they relate to mobility
- Clinical 3 **Mobility Screening to guide appropriate goals and technologies to assist facilitated by Locke, PT and Wyatt RN (All settings)**
Time management is a challenge in busy healthcare environments. There is a lot of ambiguity around how a person mobilizes, resulting in low levels of mobility and prolonged time in bed. Communication across team members is inconsistent and terms mean different things to different disciplines. In this hands-on session, teams will practice a mobility screen that has been validated across all care settings and disciplines to help determine how much assistance patients need with bed mobility, sitting up, standing and transfers, and ambulation.
- Clinical 4 **How to build mobility IN to daily care, facilitated by McGann PT, Gonzales OT, Pule RN (in-patient settings)**
Frequent mobility throughout the day is important to maintaining patient independence and homeostatic regulation. To achieve a culture of safe, early and continuous mobility we must build mobility INTO daily care. In this session, teams will observe, discuss and practice building mobility into daily workflow in practical, pragmatic ways. This session is relevant for all disciplines in time management, patient management, teamwork, collaboration, interventions and outcomes.
- Clinical 5 **Safely Mobilizing patients who are at high risk for falls across disciplines, facilitated by Haines, PT, Lupea NP.** Fear of falls is one of the most commonly cited reasons for not mobilizing patients. In this hands-on session, we will practice with clinical case scenarios where fall risk is high, and discuss, observe and practice using innovative technologies to identify patients falling and behaving in ways that precipitate a fall. Discuss team roles in helping promote mobility that is safe, even when there is a high fall risk.
- Clinical 6 **Safely achieving mobility goals for patients with low level mobility. Why it is important, practical steps for all team members, facilitated by Hightower PT, Sanghavi MD (ICU/acute care).** When patients have low levels of functional ability, the tendency can be "the patient is too sick" or that they are "not able to do anything". For therapists, it can be challenging to document the skill of the intervention when not actively working on a direct "Functional task". For nursing, it is often quicker to just "do for the patient" rather than allowing them time to do for themselves. Many caregivers make assumptions about what the patient can or cannot do, rather than asking them, giving them an opportunity to communicate their needs, desires and goals. In this session, teams will observe, discuss and practice interventions with and without mechanical or non-mechanical devices to optimize patient participation regardless of level.

Programmatic 1	Patient support and education across care transitions, facilitated by Gibb, Patient advocate & Ruben, Patient advocate, Freeman, Patient Advocate (All settings, patient support) In this small group session, attendees will learn how to "walk the talk" for the "F" of the ABCDEF bundle. We must show patients how to live again, not just survive their illness. This session will challenge all disciplines to help build community both within the hospital, and beyond. Tools and resources will be provided to help you help your own patients across all care settings	
Programmatic 2	Designing effective EM Simulation Training, Dale PT (All care settings) In Healthcare we often lose focus with training, or do not give our teams enough time to practice or effectively use simulation scenarios for optimal mastery of new skills. Learn how to set up effective simulation training events, how to set realistic goals, and then how to follow through after simulation training to ensure new knowledge and skill acquisition translate into clinical practice. Tools and resources will be provided to all attendees	
Programmatic 3	Facilitating effective Communication across team members. Judson How to use communication to avoid and overcome conflict in SECM programs. Scripting ideas and role play to set expectations with patients and families, enable patient communication,	
Programmatic 4	Developing Dashboards and Metrics, Flowers RN, (All settings) We do what we are held accountable for! We do what we measure! Sustainability of change is a huge problem in healthcare. Dashboards and metrics are a vital component of successful SECM. They not only help us to show the impact of our work, but also help us to focus our energy where it is needed, by providing meaningful data on performance, behaviors and outcomes related to mobility. In this session, you will receive a template for building a dashboard at your facility, and will discuss how to obtain data in your own facility and how to build reports from the metrics to celebrate successes when they occur, as well as to identify areas that need additional education or remedial intervention.	
Programmatic 5	Building your EM IDT Team and Policy, HOMOLA, BUCHANAN Having a Standard Operating Procedure (SOP) or Policy for your SECM culture can help you with sustainability. Clearly defined roles and responsibilities help to lay the foundation of job responsibilities and activities for each discipline and team member in order to make your program successful. In this small group discussion, you will receive templates to share with your facility.	
Research	How to submit your work for research, and publication, Pun DNP, RN. Many clinicians have valuable outcomes to share but do not know how, or do not have the time to put their work into a format that is publishable. Or, they have great ideas for research but lack the support to perform the research. In this session, attendees interested in publishing their work will learn the steps needed from published researchers.	
2:00-3:15	Clinical scenarios in exhibitor areas	Facilitated Active Solution Seeking in Exhibitor area Technology Solutions Experts will have clinical scenarios in their booth. Attendees will be able to choose the scenarios they want to see or spend this time visiting with vendors about specific solutions
3:15-3:30		Break
3:30-4:15	Repeat Breakout Sessions	Breakout Session 2: Report to your second breakout session per your schedule
4:15-4:30	POSTERS	Viewing of Posters

4:30-5:00	Margaret Arnold	Reflection of Day 1 learning and application and TEAM Updates Interactive discussion and questions. ONE THING attendees have learned today that they can use to improve their practice immediately upon return to their facility; Call to action!
5:30-6:30		World Mobility Games: Teams will have opportunity to participate in fun team-building activities to score points for their team. These activities will include ideas participants can take back to build teams in their own facilities. We do serious work, but there is no reason we cannot have fun doing it! Teams include speakers, attendees and TSEs (Technology solutions experts). Families welcome to join if traveling with you.

Friday, April		
Time	Speaker/ Facilitator	Description
7:00-7:50		Breakfast in Exhibitor Area
7:50-8:00	Margaret Arnold	Team Standings, Daily Reflection
8:00-8:30	Peter Gibb /Eileen Ruben	The Voice of the Patient- The "F" of ABCDEF and Support after DC. Patient Panel 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
8:30-9:00	(Patel MD, Hendrickson RT, Locke PT, Bailey NP, Brenna Seitz OT, Wettergreen SPHM, Johnson Pt, Russell Quality/leadership , Severson, Loss Control	Interdisciplinary roles to achieve true teamwork Interdisciplinary Team Discussion: Roles of each discipline to achieve a culture of Safe Early and Continuous Mobility
9:00-9:45	Repeat breakout sessions	Breakout Session 3: Report to your third breakout session per your schedule
9:45-10:30	Repeat Breakout sessions	Breakout Session 4: Report to your fourth breakout session per your schedule
10:30-11:15	Unopposed time with Technology Solutions Experts	Last Opportunity to find solutions in Exhibitor area and post on social media for Innovations Learned
11:15-12:00	Lunch in Exhibitor Area	
12:00-12:20	Margaret Arnold	Team Building Game: Game to build networking and teamwork, while consolidating knowledge. This team activity engages creativity and memorable ways to recall important information. Earn points for your team in a fun, collaborative way
12:20-12:40	Arnold, Salsbury	Sharing of Innovations and Insights from TSE interactions and Team Networking. Many ideas and solutions are discovered in conversations after didactic sessions, or in the conversations in the exhibitor area. This session will provide highlights from these conversations for all attendees in general session

12:40-1:05	Katzukawa / Tatsuya	Best Practices for SECM in Japan. Outcomes and Best practices from mobility experts and leaders in Japan.
1:05-1:30	McGann	Getting to YES! How to get Leadership on board and use data to drive success. 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
1:30-1:55	Hilton & Team from VAHCS	The VA journey to SECM from SPHM foundation Across the Care Continuum. The multidisciplinary team from the VAHCS will share outcomes and strategies that have helped them build the foundation of SECM across the care continuum, building on the strong SPHM program already present in the VAHCS.
1:55-2:20	Homola, Dral, Blooms	Achieving buy-in and changing culture to SECM in Long Term Care 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
2:20-2:45	Hightower PT, Sanghavi MD, Bezjian NP, Dayton NP	COVID and Safe Early and Continuous Mobility: Evidence, Challenges, Successes and Directions Covid has challenged all facilities globally to continue to promote best evidence related to patient mobility. Long COVID affects millions of patients worldwide. Learn latest evidence, successes, and best practices across care settings to promote best outcomes for patients from the ICU to long term care.
2:45-3:15	Conference Team	Awards Best Poster Team Spirit Most Team points Team game Prize drawing from all who submitted innovative ideas
3:15-3:30	EM Team, Expert Panel	Unanswered Questions and Sending Challenge! Translating new knowledge and skills into practice!
3:30PM	ADJOURN	

Total Clock Hours: 17.5

Total CEU Hours 12.25