

Educational Design (Day One) Safe Patient Handling and Mobility Conference, Orlando, FL April 16-20, 2018

Title	Keynote: Cognitive Impairment and Falls: Evidence, Assumptions, and Therapeutic Options to Reduce Falls Risk
Presenters name and credentials	Manuel Montero-Odasso, MD, PhD, AGSF, FRCPC
Description (1 paragraph)	Falls is a common geriatric syndrome that increases morbidity and mortality. Much of our understanding of falls mechanisms derives from studies that excluded or did not evaluate cognitively impaired older adults. This has limited the evidence for managing falls in this population. This presentation will review of observational and interventional studies addressing the role of cognition on falls. The importance of the gait-cognition relationship in aging and neurodegeneration is revised to highlight the role of brain motor control deficits in fall risk. The benefits of dual-task gait assessments as a marker of fall risk is reviewed. Therapeutic approaches for reducing falls by improving certain aspects of cognition are appraised. Mounting evidence supports that cognitive therapies can be part of the arsenal to reduce falls.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Review role of cognitive deficits in dismobility and falls risk, 2. Appraise assumptions in current fall prevention management; 3. Postulate that cognitive treatment is a complementary option to reduce risk of falls.
Subject Matter (Topic Outline & Content—As it Corresponds to the Objectives—2-3 examples for each objective)	1. Attention, memory, visuospatial ability, executive function, gait speed. 2. Team collaboration to assess fall risk, various tests including ABDS, Stroop Color-Word, Wisconsin Card Sorting Test, Structured observation. 3. Utilization of cognitive treatment in addition to current physical therapies to assure better outcomes
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate
Method of Presentation	PowerPoint
References (3-5 evidence-based publications)	1. Falls In Cognitively Impaired Older Adults. Implications For Risk Assessment And Prevention. Montero-Odasso M, Speechley M (accepted). 2. Montero-Odasso M, Oteng-Amoako A, Speechley M, Gopaul K, Beauchet O, Annweiler C, Muir-Hunter SW. (2014) The Motor Signature of Mild Cognitive Impairment: Results From the Gait and Brain Study. J Gerontol A Biol Sci Med Sci. 69(11): 1415-21. 3. Montero-Odasso M, Verghese J, Beauchet O, Hausdorff JM. (2012) Gait and Cognition: A complementary approach to understanding brain function and the risk of falling. J Am Geriatr Soc. 60(11): 2127-36. 79. 4. Montero-Odasso M, Muir SW, Speechley M. (2012) Dual-task complexity affects gait in people with mild cognitive impairment: the interplay between gait variability, dual tasking, and risk of falls. Arch Phys Med Rehabil. 93(2):293-299. 5. Montero-Odasso M, Levinson P, Gore B, Tremblay L, and Bergman H. (2007) A flowchart system to improve fall data documentation in a long-term care institution: a pilot study. Journal of the American Medical Directors Association. 8(5): 300-306.
Title	Jeffersonian Dinner
Presenters name and credentials	Young, Powell-Cope, Kumpar, Race
Description (1 paragraph)	The Jeffersonian dinner, based on a concept used by Thomas Jefferson to bring together people of various interests to share and debate varied ideas. There will be an initial question posed by the Host to the guests before the dinner, so they will arrive prepared to answer that question with personal thoughts, stories and experiences relevant to the theme. The Host will then guide the conversation through follow-up questions. Before the end of the session the guests are generally asked what they plan on following up on the evening's discussion.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Bonding 2. Bridging, 2. Bringing all together.

1. Connectedness between who are like each other. 2. Connectedness between people across differences. 3. Group formalizing and planning next steps.	1. Connectedness between who are like each other. 2. Connectedness between people across differences. 3. Group formalizing and planning next steps.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Jeffersonian Dinner
References (3-5 evidence-based publications)	1. Kimball, M. (1938). Thomas Jefferson's cook book. Richmond, VA: Garrett & Massie. 2. Fowler, D. L, et al. (2005). Dining at Monticello: In Good Taste and Abundance. Charlottesville, VA: Thomas Jefferson Foundation). 3. The Village Square. (n.d.) How a Jefferson Dinner works. Retrieved October 24, 2017 from www.jeffersondinner.org/jefferson-dinner .
Title	Making Safe Patient Handling and Mobility Universal in Healthcare: Changing the Hearts and Minds of the Healthcare C-Suites of the Nation
Presenters name and credentials	Celona, Driver
Description (1 paragraph)	The importance of your program to executive leadership is a critical factor in successfully launching implementing, and sustaining it. We discuss how to think about and ensure that your SPHM program is regarded and seen by leadership as strategically important, drawing on lessons and learnings from SPHM programs at Stanford, the VA, and Ascension Health.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Identify and understand critical strategic initiatives at your institution. 2. Know how to make substantive and communications changes to your program to ensure it is aligned with critical strategic initiatives. 3. Understand the importance of metrics in establishing and ensuring strategic alignment.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. How to find and understand the strategic initiatives at your institution; 2. What kind of changes to your SPHM program to ensure that it is a strategic initiative. 3. The kinds of metrics needed and how to use them.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint Presentation
References (3-5 evidence-based publications)	1. Celona, J. N. (2016). Winning at Litigation through Decision Analysis. New York: Springer Publishing. 2. Celona, J. N. (2014). Elements of a successful safe patient handling and mobility program. American Nurse Today, 9(9). 3. Celona, J. N. (2014). Making the business case for a safe patient handling and mobility program. American Nurse Today, 9(9). 4. Celona, J. N., Dvrer, J., & Hall, E. (2011). Value-driven ERM: Making ERM an engine for simultaneous value creation and value protection. The Journal of Healthcare Risk Management, 30(4). San Francisco, CA: Jossey-Bass. 5. Celona, J. N. (2010). 2010 Guidelines for the Design and Construction of Health Care Facilities. Contributing Author. Dallas, TX: The Facilities Guidelines Institute.
Title	Pathways for Achieving Universal Safe Patient Handling in Healthcare
Presenters name and credentials	Gail Powell-Cope, PhD, ARNP, FAAN; Susan Gallagher PhD MSN MA RN CSPHP CBN; Kelly Moed, MSN, RN-BC, CSPHP; Heather Monaghan, MHSc, RN; Eric Race; Rhonda Turner, RN, BSN, CSPHA
Description (1 paragraph)	This session will provide a historical perspective on the progress made to date in changing the healthcare industry from one that assumes manual patient handling to a vision of one where SPHM (including technology, system of education, and supports) is accepted practice. Barriers will be discussed for a culture change in healthcare that fully

	support SPHM including but not limited to financial considerations of prevention and cost of healthcare worker injuries, the silo effect of patient safety and worker safety, and lack of attention to ethical arguments. A public health perspective will be used to light the way forward for achieving universal SPHM including attention to patient mobility, forming partnerships with stakeholders, and collaboration and cooperation among healthcare workers, administrators and leaders, equipment manufacturers, professional organizations, government agencies, educators, consumers and others. Finally, a coalition strategy for working toward universal SPHM will be described and progress made in the first year during preformation and formation stages.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	Upon completion learner will be able to: 1. Discuss advantages and disadvantages for working in partnership in the broader community to realize universal SPHM. 2. Identify a personal SMART (specific, measurable, attainable, realistic, timely) goal for becoming involved in realizing universal SPHM. 3. Develop a plan with strategies and time lines for achieving personal goal.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Discuss advantages and disadvantages for working in partnership in the broader community to realize universal SPHM. 1a. Historical perspective on SPHM – 1990 – present. 1b. Models for community partnership. 1c. Getting started in SPHM – the 2017 Summit. 2. Identify a personal SMART (specific, measurable, attainable, realistic, timely) goal for becoming involved in realizing universal SPHM. 2a. Ways to become involved. 2b. The SPHM Forum. 3. Recognize current obstacles, challenges with identified strategies and time lines for achieving personal goal. 3a. Major challenges for achieving universal SPHM. 3b. Strategies for overcoming the barriers in the healthcare industry
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint, Interactive Exercises, Discussion
References (3-5 evidence-based publications)	1. Fountain, J., Patel, K., & Buffin, J. (2007). Community engagement: The Center for Ethnicity and Health model. Amsterdam Netherlands: Foundation RegenboogAMOC. Retrieved from http://clock.uclan.ac.uk/2584/1/buffin_reader_community_engag1.pdf . 2. Roussos, S. T., & Fawcett, S. B. (2000). A Review of Collaborative Partnerships as a Strategy for Improving Community Health. Annual Review of Public Health, 21(1), 369–402. https://doi.org/10.1146/annurev.publhealth.21.1.369 3. American Nurses Association. (2013). Safe patient handling and mobility: Interprofessional national standards. Silver Spring, MD: Nuresbooks. org.
Title	Ambulating Patients: Nursing Focused Care
Presenters name and credentials	Larson, Boynton
Description (1 paragraph)	This presentation will cover the progress the Ambulation Workgroup at Altru Health System in Grand Forks, ND has made during the past year. The Ambulation Workgroup is focused on identifying barriers and coming up with solutions to improve patient ambulation, including having nursing take greater ownership of ambulating patients throughout the day. Staff involved in the workgroup are inpatient nurses and aides working in partnership with inpatient rehab. We understand how important ambulation is for better patient outcomes, including decreased risk of falls and length of stay, and are determined to make safe ambulation a priority for our patients. We are also focused on using the tools we have, and working smarter not harder. We want to improve quality patient care, as well as decrease employee injuries.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Identify complications of immobility, and how the ANA SPHM national standards apply across the continuum of care. 2. Understand how a nursing lead workgroup addressed frequency of ambulating patients. 3. Apply the lessons learned by the Altru Workgroup regarding safe ambulation of patients to improve function and reduce patient adverse

	events associated with immobility, as well as decreasing risk of injury to staff. 4. Describe implementation strategies, operational impact, and outline a basic project plan, including how a patient mobility assessment is used.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1a. Overview of the systems impacted by immobility. 1b. Review of the ANA SPHM national standards 2 (implement and sustain a SPHM program) and 6 (integrate patient-centered SPHM assessment, plan of care, and use of SPHM technology). 2a. Formation and make-up of ambulation workgroup – getting started. 2b. Identifying challenges, barriers and solutions to ambulating patients. 3a. Impact on patients – frequency of ambulating patients, fall rates, LOS. 3b. Impact on staff – patient handling-related injuries. 4a. Implementation overview of the past year – step-by-step. 4b. How the BMAT was used
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate
Power	PowerPoint slides and Lecture
References (3-5 evidence-based publications)	1. Knight J, et al. Nurs Times. 2009;105(21):16-20; Effects of bedrest 1. 2. Knight J, et al. Nurs Times. 2009;105(22):24-27; Effects of bedrest 2. 3. Nigam Y, et al. Nurs Times. 2009;105(23):18-22; Effects of bedrest 3. 4. ANA SPHM: Interprofessional National Standards (2013). Boynton, T, et al. Am. J. SPHM. 2014; 4(3), 86-92; Banner Mobility Assessment Tool for Nurses: Instrument Validation.
Title	Thinking Outside of the SPHM Box: Creative Solutions for Complex Patients
Presenters name and credentials	Dugan, Squires, Coughlin, Helfen-Lardent,
Description (1 paragraph)	Often healthcare workers are confronted with unique and challenging patient circumstances and must not only rely on critical thinking skills, but also require creative thinking skills of SPHM applications in non-traditional methods. This presentation will allow the attendee exposure to alternative solutions for safe delivery of care in order to achieve the necessary and desired clinical outcomes. This session will also allow the attendees hands-on experience and encourage creative thinking with SPHM applications.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Participant will verbalize understanding of multiple non-traditional applications of SPHM technology. 2. Participant will demonstrate and recognize non-traditional uses of traditional SPHM applications with complex patients. 3. Participant will verbalize understanding and demonstrate the importance in aligning mobility assessment with SPHM technology and early mobility protocols.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Introduction. 1a. Objectives. 1b. Flow of work shop (hands-on experience with several opportunities for discussion and collaboration, wrap-up). 2. Overview of early mobility protocols and mobility assessment. 2a. Complications of immobility, importance of early mobility, barriers associated with early and progressive mobility. 2b. Integration of SPHM within the early and progressive mobility model. 3. Technology categories – identification of levels of mobility opportunities. 3a. Total . 3b. Sit/stand, 3c. Lateral transfer, 3d. Repositioning, 3e. Ambulation. 4. Hands-on demonstration stations - creative uses of SPHM technology during functional mobility tasks: 4a. In bed. 4b. Up from bed. 4c. Out of bed. 5. Q & A/ Wrap Up
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate
Method of Presentation	Podium and PowerPoint Presentation

References (3-5 evidence-based publications)	<p>1. Nelson, A. L., Motacki, K, and Menzel, N.N. (2009) The Illustrated Guide to Safe Patient Handling and Movement, New York: Springer. 2. Marras, W. S., Knapik, G. G. and Ferguson, S. Lumbar spine forces during manoeuvring of ceiling-based and floor-based patient transfer devices, <i>Ergonomics</i>. 2009; 52:3,384 — 397. 3. Boynton, T., Kelly, L., Perez, A., Miller, M., An, Y., & Trudgen, C. (2014). Banner Mobility Assessment Tool for Nurses: Instrument Validation. <i>Am. J. SPHM</i>, 4(3), 86-92. 4. Nelson, A. L., Collins, J., Knibbe, H., et al. (2007) Sort through the myths and facts to determine how you uphold best practices for patient lifting. <i>Nursing Management</i>, 26-31. 5. Vollman, K., Bassett, R. (2014) Transforming the culture: The key to hardwiring early mobility and safe patient handling. <i>AmNurseToday</i>, 7-25. 6. Klein, K., Mulkey, M., Bena, J.F., Albert, N.M. Clinical and Psychologic Effects of Early Mobilization in Patients Treated in a Neurologic ICU: A Comparative Study. <i>Crit Care Med</i> 2015; 43(4):865-73. 7. Engel HJ, Tatebe S, Alonzo PB, Mustille RL, Rivera MJ. Physical therapist-established intensive care unit early mobilization program: quality improvement project for critical care at University of California San Francisco Medical Center. <i>Phys Ther</i>. 2013. 93(7):975-85.</p>
Title	How to Decrease Ergonomic Stress While Bathing a Patient in Bed
Presenters name and credentials	Knibbe, Matz
Description (1 paragraph)	The effects of cleansing healthcare recipients using a new bathing technique were studied in The Netherlands using a pre-post study design. This cleansing method provides a full body wash with pre-heated bathing gloves impregnated with a special cleansing liquid and skin softening lotion. The research questions of this study explored the efficiency of their use and the effects on and experience of healthcare recipients and caregivers. Ergonomically, outcomes related to dynamic loads (repositioning tasks) and static loads (postural) were obtained. This bathing technique may provide additional preventive routes for reducing occupational exposure in nursing practice without compromising the quality of care.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	<p>1. Describe three patient benefits of using bathing gloves as opposed to traditional methods using soap and water. 2. Describe two caregiver benefits of using bathing gloves as opposed to traditional methods using soap and water. 3. Relay how use of bathing gloves improve ergonomic risks for caregivers</p>
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	<p>1. Rationale for Bathing Gloves. 1a. Ergonomic Factors. 1b. Patient Care Factors. 2. Study Outcomes. 2a. Patients. 2b. Caregivers. 3. Study Conclusions</p>
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint and Demonstration
References (3-5 evidence-based publications)	<p>1. Freitag S, Seddouki R, Dulon M, Kersten J, Larsson TJ, Nienhaus A. The effect of working position on trunk posture and exertion for routine nursing tasks: an experimental study. <i>Ann Occup Hyg</i>. 2014;58(3):317-325. 2. Heitink CC, Knibbe JJ. Verzorgend Wassen en Ontzorgen: Het Patientperspectief [Washing Gloves and Becoming Independent of Care: The Patient Perspective]. Lelystad, The Netherlands: Icare; 2013. 3. Knibbe, HJJ, MW Matz, DEBL Heitink, Effects of Using Bathing Gloves on Healthcare Recipients and Caregivers, <i>Int J SPHM</i>. 2017; 7(1): 9-19. 4. Knibbe JJ, Knibbe NE, Heitink EBL. Evaluating different methods of showering and washing patients: assessing ergonomic, time, and quality aspects. <i>Am J SPHM</i>. 2016;6(2):49-64.5. Schoonhoven L, van Gaal BG, Teerenstra S, Adang E, van der Vleuten C, van Achterberg T. Cost-consequence analysis of “washing without water” for nursing home residents: a cluster</p>

	randomized trial. <i>Int J Nurs Stud.</i> 2015;52(1):112-120. 6. Sloane PD, Hoeffler B, Mitchell CM, et al. Effect of person-centered showering and the towel bath on bathing-associated aggression, agitation, and discomfort in nursing home residents with dementia: a randomized controlled trail. <i>J Am Geriatr Soc.</i> 2004;52(11):1795-1804.
Title	Evaluating Usability of Safe Patient Solutions
Presenters name and credentials	Fragala, Giuliano
Description (1 paragraph)	Progress in the implementation of safe patient handling technology has been hindered by a number of obstacles and barriers. One of the primary barriers identified has been the perceived and real difficulty encountered when applying this technology in the patient care environment. This session will present a method of how the usability of a safe patient handling solution can be evaluated and how this method was applied in an actual clinical research study to compare two current approaches to patient repositioning to achieve early mobility of ICU patients.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Discuss the evidence related to the benefits of early mobility for the ICU patient. 2. Explain the difficulty encountered when trying to provide early mobility for the ICU patient. Understand how usability can be evaluated using the "System Usability Scale" 4. Compare two methods for patient repositioning in the ICU.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Introduction. 1a. Objectives. 1b. Flow of workshop (hands-on experience with several opportunities for discussion and collaboration, wrap-up). 2. Overview of early mobility protocols and mobility assessment. 2a. Complications of immobility, importance of early mobility, barriers associated with early and progressive mobility. 2b. Integration of SPHM within the early and progressive mobility model. 3. Technology categories—Identification of levels of mobility opportunities. 3a. Total. 3b. Sit/Stand, 3c. Lateral transfer, 3d. Repositioning, 3e. Ambulation. 4. Hands-on demonstration stations (creative uses of SPHM technology during functional mobility tasks. 4a. In bed. 4b. Up from bed. 4c. Out of bed. 5. Q&A/Wrap Up
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture and PowerPoint
References (3-5 evidence-based publications)	1. Bevan, N., Kirakowski, J., & Maissel, J. (1991). What is usability? In H.J. Bullinger (Ed.), <i>Human Aspects in Computing: Design and Use of Interactive Systems and Work with Terminals</i> . Amsterdam: Elsevier. 2. Adler, J., & Malone, D. (2012). Early mobilization in the intensive care unit: A systematic review. <i>Cardiopulmonary Physical Therapy Journal</i> , 23, 5-13. 3. Brooke, J. (2013). SUS: A retrospective. <i>Journal of Usability Studies</i> , 8(2), 29-40. . Fragala, G., & Fragala, M. (2014). Sustaining mobility through enhanced bed egress. <i>Annals of Long Term Care</i> , 22(6). 4. Fragala, G., & Fragala, M. (2014). Improving the safety of patient turning and repositioning tasks for caregivers. <i>Workplace Health & Safety</i> , 62(7), 268-273.