Fostering excellence in acute care practice, in all settings, in order to enhance the health and functioning of patients and clients.

Combined Sections Meeting Programming

Feb. 17-20, 2016 | Anaheim, CA
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ABOUT THE ACUTE CARE SECTION

Who We Are
The Acute Care Section is composed of more than 3,300 physical therapists, physical therapist assistants, and physical therapy students who are members of the American Physical Therapy Association.

Mission
The mission of the Acute Care Section of the American Physical Therapy Association is to foster excellence in acute care practice, in all settings, in order to enhance the health and functioning of patients and clients.

The Acute Care Section of the American Physical Therapy Association is recognized as the expert resource for the provision of evidence-based acute care physical therapy.

Vision
Acute care physical therapy is provided by physical therapists who:

- As integral members of the healthcare team, are consulted for their expertise in patient management and clinical decision making for patients with acute health care needs.
- May be board-certified specialists in acute care physical therapy.
- May be assisted, in a team relationship, by physical therapist assistants, who may be recognized for advanced proficiency.

Learn More by Visiting www.AcutePT.org
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<td>Frailty: What Is It Really? What Does It Mean for PTs?</td>
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<td>Rehabilitation for Individuals with Rett Syndrome</td>
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<td>Clinical Practice Guidelines: Tools for Advocating and Achieving Change in Your Clinical Practice</td>
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<td>Combining Initiatives: Falls, Early Mobility and Safe Patient Handling, Oh My!!</td>
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<td>From Bed to Chair in the ICU: Evidence-Based Guidelines for Upright Sitting for Patients Who Are Critically Ill</td>
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<td>Improving and Sustaining ICU Physical Rehabilitation With Data Collection and Evidence</td>
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<td>Establishing a Culture of Mobility in the Hospital Setting: The Clinician’s Toolbox</td>
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<td>Implementation of Full-Time Physical Therapist Practice in the Emergency Department: A 3-Month Pilot Review</td>
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Creative Use of Mobility Equipment to Improve Outcomes in Function and Safety

Presented by
Margaret Arnold, PT, CEES, CSPHP
Brad Dugan
Jamie Haines, PT, DScPT, NCS
Jacqueline Irvine, PT, MPT

Jennifer McIlvaine, MSPT
Patti Mechan, PT, MPH, CCS
Leslie Pickett
Kathleen Rockefeller, PT ScD MPH

Description
This workshop will demonstrate how the creative use of mobility equipment and the concepts of safe patient handling and mobility can help improve patient outcomes as well as promote patient and caregiver safety. New and existing patient handling technologies assist with tasks such as transferring, repositioning, ambulating, and working with patients on functional activities. This hands-on practical session will introduce participants to some of the newer patient handling technologies. Stations with equipment and clinical experts will allow for smaller group discussion and hands-on activities. Settings for stations will include: inpatient neurological rehabilitation; ICU acute care; long-term care; and outpatient/home health strategies for selecting equipment, interacting with vendors, and implementing programs.

Learning Objectives
1. Explain how the integration of safe patient handling and mobility can promote better patient outcomes as well as improved safety for patients and caregivers.
2. Practice the use of floor lifts, ceiling lifts, ambulation aids, sit-to-stand devices and other mobility aids.
3. Apply concepts of safe patient handling to different patient case scenarios.
4. Describe the opportunities for physical therapists to play key roles in the implementation and evaluation of safe patient handling programs.
Aerobic Conditioning in the Acute Care Setting for Patients With Cancer-Related Fatigue

Presented by
Laura Blood, DPT
Ashley Donovan, DPT

Co-Sponsoring Sections
Cardiovascular and Pulmonary
Oncology

Description
This session will discuss cancer and its treatments, specifically highlighting cancer-related fatigue and how it negatively impacts functional capacity and quality of life. The speakers will explore specific interventions and expected outcomes for aerobic conditioning pertaining to patients with an oncological diagnosis. This presentation will focus on aerobic conditioning within an acute care setting; however, it will also cover the continuation of intervention across other settings.

Learning Objectives
1. Identify the key physical therapy implications pertaining to cancer-related fatigue.
2. Provide evidence-supported aerobic conditioning interventions and physical therapy assessment tools for the oncology population.
3. Discuss the components required to carry out an aerobic conditioning program for the oncology population in your practice setting.
4. Modify aerobic conditioning programs based on presentation of patients and associated symptoms.

Aerobic Conditioning in the Acute Care Setting for Patients With Cancer-Related Fatigue

When
Thursday, Feb. 18
8:00 a.m.-10:00 a.m.

Where
Anaheim Convention Center
Room 207 A

Education Level
Multiple
Breaking Down Barriers: Utilization of Standardized Measures in Acute Care

Presented by
Shannon Carthas, PT, DPT
Shelby Hart, SPT
Brian McDonnell, PT, DPT, GCS

Description
This session will explore the frequency of use of standardized outcome measures in physical therapist practice, citing the many evidence-based barriers, as well as therapist-identified facilitators to utilizing standardized outcome measures. The presenters will also discuss research aimed at studying behavior changes in healthcare. The presenters will also describe a quality improvement effort aimed at increasing both utilization and application of standardized measure results to improve clinical care in the acute care setting. The presenters will discuss a variety of standardized measures and the patient care populations for which they can be utilized in order to assist in discharge planning and clinical decision-making in acute care. This session will also assist physical therapists to more consistently incorporate standardized outcome measures into their practice at both the level of an individual therapist as well institutionally.

Learning Objectives
1. Explain the current state of healthcare and reimbursement, with emphasis on the value of using standardized measures to aid in clinical decision-making.
2. Identify barriers and facilitators to utilizing outcome measures.
3. Implement a quality improvement effort aimed at increasing the utilization and application of outcome measures.
4. Identify a number of standardized measures that are appropriate for use in the acute care setting.
CPR or DNR: Revive or Abandon Current Acute Care Curricular Approaches? Part 1

Presented by
Molly Hickey, PT, DPT
Eric Stewart, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

Description
Acute care practice has evolved over the years as medical technologies have advanced. Chronic medical complexities and comorbidities have emerged from prolonged life expectancy, and regulatory standards have challenged the fiscal responsibility of hospitals. It is essential that entry-level physical therapy curricula address the setting-specific decision making required to navigate these influences. CAPTE does not currently require entry-level students to complete clinical education in the acute care setting. This session will explore the necessary competencies for a PT in an acute care practice. The characteristics required for a competent acute care physical therapist were defined by the Acute Care Practice Analysis in 2010. However, academic institutions have not uniformly altered didactic or clinical instruction to ensure the development of practitioners who are able to meet clinical demands. This session will also present strategies for identifying and implementing the value of the acute care physical therapist.

Learning Objectives
1. Analyze the impact current health care trends have upon the delivery of physical therapist services.
2. Apply the critical thinking and decision-making skills required for competent physical therapist practice in the acute care setting.
3. Identify areas of uniformity and gaps between didactic instruction and 21st century physical therapist practice in the acute care setting.
4. Hypothesize potential strategies to address the educational gap between didactic instruction and clinical practice demands.
CPR or DNR: Revive or Abandon Current Acute Care Curricular Approaches? Part 2

Presented by
Molly Hickey, PT, DPT
Eric Stewart, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

Description
To an untrained spectator, observing the clinical practice of competent acute care physical therapists may not outwardly reveal activities that require exceptional skill. What fails to be appreciated is the clinical problem-solving and reasoning skills that not only allow seamless and safe practice, but also the identification and rapid mobilization of appropriate resources to maximize patient potentials. The subtleties of the acute care practice lie in the pace of the setting, the flux of physiologic functions, the extensive use of monitoring equipment, and the communication and interprofessional team skills required. This session will assist academicians in developing comprehensive and engaging learning experiences, assessments, and evaluative rubrics that emphasize the reasoning and critical-thinking skills to produce competent therapists. Two different academic institutions will share various approaches on ways to improve upon noted academic and clinical deficits within current operational constraints.

Learning Objectives
1. Identify and analyze the shortcomings of various acute care curricula with respect to 21st century clinical practice demands.
2. Incorporate pedagogy when designing active learning experiences that prepare students for the reality of acute care practice.
3. Construct rubrics that assess the critical-thinking and reasoning skills required to practice in the acute care setting.
4. Formulate strategies to overcome obstacles associated with the delivery of a quality acute care curriculum.

**Presented by**
Kyle Ridgeway, DPT

**Description**
A growing body of literature illustrates the safety, feasibility and possible positive effects of physical therapy, mobility and rehabilitation within the ICU during critical illness. But research also indicates that hospital and unit culture as well as clinician attitudes are important issues affecting clinical practice patterns. Myths and perceptions regarding safety, feasibility, patient participation, rationale, and potential benefits remain present across disciplines. This session will review the published literature on common barriers, clinician beliefs and successful programs. The theory and model of quality improvement (e.g., engage, educate, execute, evaluate) will be presented as a foundation for success. Recommendations for program components and design will be based upon hospital size, current practice patterns and potentially available resources. A process for appropriate background assessment, planning, implementation and evaluation of ICU physical therapy programs will be formulated.

**Learning Objectives**
1. Describe identified barriers, clinician attitudes and issues affecting physical therapy in the ICU.
2. Describe the planning, components, implementation and results of other ICU programs.
3. Outline the basics of quality improvement.
4. Apply a scalable quality improvement approach into action for PT in the ICU.
Frailty: What Is It Really? What Does It Mean for PTs?

Presented by
Sara Espinoza, MD, MSc, AGSF
Helen Hazuda, PhD
Myla Quiben, PT, PhD, DPT, MS, GCS, NCS

Co-Sponsoring Section
Geriatrics

Description
The proportion of U.S. adults over the age of 65 is increasing dramatically. Older patients are often described as "frail" and are referred to physical therapy. Nonetheless, frailty is a geriatric syndrome that lacks a clear clinical consensus about its definition. The expert panel will introduce research on the physiologic and biologic basis of frailty, methods used to classify frailty, and factors that predict the occurrence of frailty and its sequelae. While there is an urgent need for effective intervention to address the risks and consequences of frailty, there is limited direct evidence on specific interventions to mitigate and reduce frailty. Given the nature of frailty, however, physical therapy will likely play a prominent role in frailty interventions. This session will provide practical information on the identification and classification of frailty in medical clinical practice and present a synthesis of the current available evidence on effective interventions for the frail older person.

Learning Objectives
1. Define frailty in the older adult, its physiological and biological basis, and classification.
2. Describe current examination strategies and factors for consideration in the assessment of frailty.
3. Discuss the physical therapy clinical implications, including the risks, consequences and costs of frailty.
4. Identify the best available frailty interventions based on current literature.

When
Thursday, Feb. 18
11:00 a.m.-1:00 p.m.

Where
Anaheim Convention Center
Room 212 A

Education Level
Multiple
Rehabilitation for Individuals With Rett Syndrome

Presented by
Rochelle Dy, MD
Beverly Lott, BS
Elizabeth Mann, MA, SLP
Carla Uria, PT

Co-Sponsoring Sections
Neurology
Pediatrics

Description
Rett syndrome is a genetic disorder that mainly affects women and is characterized by progressive neurodevelopmental impairments. Age of onset and severity of symptoms vary from one individual to another. Symptoms can include: loss of functional hand use and verbal communication; muscle tone abnormalities; movement disorders; feeding difficulty; apraxia; and gait abnormalities. Treatment of symptoms and prevention of secondary complications are the keys to achieving motor skills or maintaining existing functional abilities. This session will provide an overview of the common motor and speech disabilities associated with Rett syndrome. The speakers will present an interdisciplinary rehabilitation approach that includes assessment at different stages of the disorder to help establish appropriate functional goals, and management using various effective therapeutic interventions and techniques, orthoses and assistive/adaptive devices. Participants will engage in discussions of treatment strategies to achieve movement goals with patients.

Learning Objectives
1. Describe characteristics of patients with Rett syndrome with a focus on dystonia management.
2. List areas to address when assessing patients with Rett syndrome and how to measure these areas.
3. Explore effective therapeutic treatment strategies, including the use of orthoses and adaptive equipment.
4. Apply methods of evaluating for augmentative communication devices.
Reducing Hospital Readmissions: The Acute Care Physical Therapist’s Role

Presented by
Gina Dubuisson, BScPT
Allison Lieberman, MSPT

Description
Twenty percent of Medicare patients are readmitted to the hospital within a month of discharge. Under the Affordable Care Act’s Hospital Readmissions Reduction Program, financial penalties have been instituted for diagnosis-specific hospital readmissions in an effort to reduce these numbers. Acute care physical therapists must understand the program’s implications and the therapist’s unique role in preventing avoidable readmissions. This session will review the Hospital Readmissions Reduction Program and its impact on the healthcare system. The presenters will discuss evidence-based physical therapy approaches to reducing readmissions with an emphasis on targeted diagnostic groups receiving care in the intensive care unit and emergency department. Special attention will be placed on effective communication with the critical care team and primary care provider to reduce avoidable readmissions. The presenters will also discuss continuum of care models aimed at improving outcomes and reducing readmission.

Learning Objectives
1. Identify the implications of The Hospital Readmissions Reduction Program for healthcare organizations and factors that might contribute to readmissions.
2. Review best physical therapist practices in the acute care environment to decrease hospital readmissions.
3. Describe the acute care physical therapist’s role in providing appropriate patient and caregiver education.
4. Discuss the acute care physical therapist’s involvement in the discharge planning process and role in patient advocacy to decrease hospital readmissions.
Rehabilitation of the Bariatric Patient

Presented by
Jackie Dwyer, DPT
Bonnie Swafford, PT, DPT

Description
More than one third of U.S. adults are obese with related conditions that include cardiovascular disease, pulmonary disease, arthritis and type 2 diabetes. The medical costs are significantly higher for people who are obese. The Joint Commission’s vision statement is that all people always experience the safest, highest quality, best value healthcare across all settings, with the mission to provide safe and effective care. This session will review the definition, causes and treatments of obesity. Evaluation and skilled interventions for acute inpatients will be discussed, including use of evidence-based objective tests and measures. Equipment for safe mobility of the bariatric patient will be described, including videos and rationale for choice of various mechanical aids. Bariatric case scenarios will be discussed and a case report of a bariatric patient with hemiparesis progressing from ICU to inpatient rehabilitation will be shared.

Learning Objectives
1. Describe body mass index and discuss weight bias and strategies to improve healthcare provider/patient interactions.
2. Explain current theories in causes and treatment for the overweight and obese patient, and summarize the impact to quality of life and healthcare costs of obesity.
3. Select valid, reliable and meaningful assessment tools for objective documentation of improvement of patient function.
4. List equipment that is available for safe movement of bariatric patients and discuss designing a safe and therapeutic plan of care for rehabilitation of individuals that are obese.
Clinical Practice Guidelines: Tools for Advocating and Achieving Change in Your Clinical Practice

Presented by
Jacqueline Coffey Scott, MLS
Alan Lee, PhD, DPT, CWS, GCS
Patricia Ohtake, PT, PhD
James Smith, DPT

Description
Clinical practice guidelines (CPGs) are evidence-based recommendations designed to optimize patient care. When coupled with clinical judgment and consideration for the patient’s goals, the use of CPGs reduces practice variation and improves achievement of patient-centered health outcomes. Despite the growing availability of CPGs, there is suboptimal use of the recommendations in CPGs in clinical practice. Physical therapists will learn about clinical practice guidelines and develop strategies for incorporating CPG recommendations into managing acute care patients. Participants will learn how to access CPGs, interpret recommendations, integrate those recommendations into patient care strategies, use CPGs to promote interprofessional coordination and collaboration, and utilize CPGs to advocate for optimal services by other members of the healthcare system.

Learning Objectives
1. Describe the purpose of clinical practice guidelines (CPGs) and the influence CPGs have on healthcare practices and policy.
2. Explain the process for developing a CPG.
3. Describe procedures for accessing and evaluating CPGs.
4. Analyze strategies for using CPGs in your practice and describe strategies for using CPGs to advocate for the right patient receiving the right healthcare at the right time.
Brain Tumor Rehabilitation in Adults: Across the Continuum of Care

Presented by
Cynthia Barbe, PT, DPT, MS
Meghan Moore, PT, DPT

Co-Sponsoring Sections
Neurology
Oncology

Description
Advances in medical and surgical treatment for patients with a brain tumor diagnosis are leading to an increased number of survivors, who may or may not exhibit neurological deficits requiring rehabilitation. This session will cover: the most common types of brain tumors for adult patients; principles of grading and staging tumors; and medical interventions such as chemotherapy, radiation and surgical methods. The speakers will examine rehabilitation implications across the continuum of care for adults, including appropriate outcome measures, special medical considerations, and specific interventions and specialty programs for each setting. Attendees will learn about physical therapy management across numerous settings, including acute care, inpatient rehabilitation, outpatient clinics and community reintegration.

Learning Objectives
1. Describe the types and classification of brain tumors most common in the adult population.
2. Explain staging and grading of adult brain tumors.
3. Identify types of interventions for brain tumors and implications these have for successful rehabilitation.
4. Discuss strategies to implement outcome measures for the brain tumor population across the continuum.
An Interdisciplinary Approach to the Treatment of Pediatric Chronic Pain

Presented by
Anna Bruehl, MS, OTR/L
Navil Sethna, MD, FAAP
Julie Shulman, PT, DPT, PCS
Allison Smith, PhD

Co-Sponsoring Sections
Neurology
Pediatrics

Description
This session will update physical therapists on evidence-based treatment of pediatric chronic pain from the perspective of the physician, physical therapist, occupational therapist and psychologist. The speakers comprise the interdisciplinary treatment team of the Boston Childrens Hospital Mayo Family Pediatric Pain Rehabilitation Center (PPRC). They will emphasize translation of selective skills and techniques from the physical, occupational and psychological disciplines into a variety of physical therapy settings. To begin the session, the physician will review the epidemiology and neurobiology of pediatric chronic pain, illness versus pain, and differential diagnosis. The physical therapist will then present on evidence-based physical therapy interventions and useful functional outcomes measures. Next, the occupational therapist will discuss the role of occupational therapy in treatment and selective tools the PT can incorporate into practice. Finally, the psychologist will present specific psychological strategies that the PT can apply to maximize patient motivation, compliance, participation, and outcomes.

Learning Objectives
1. Explain the epidemiology, neurobiology and biopsychosocial model of pediatric chronic pain disorders.
2. Implement evidence-based physical therapy interventions and outcomes measures for patients with pediatric chronic pain disorders.
3. Employ occupational therapy interventions within the scope of PT practice to maximize patient outcomes, and recognize when a referral to occupational therapy is indicated.
4. Apply psychological techniques, including the use of activity ladders, coping cards/lists, point plans, and other cognitive and behavioral strategies to improve patient compliance and treatment outcomes.
Functional Reconciliation: Implementing Outcomes Across the Continuum

Presented by
Anita Bemis-Dougherty, PT, DPT, MAS
Kelly Daley, PT, MBA
Michael Friedman, PT, MBA
Suzanne Havrilla, PT, DPT, GCS, COS-C
Alan Jette, PhD, PT
Mark Shepherd, PT, DPT, OCS, FAAOMPT

Description
Healthcare reform has reinforced the need to maximize value by targeting interventions, eliminating preventable harms, and increasing the utilization of surveillance models to promote health status. Functional status is a key indicator of overall health. Individuals experiencing declines in functional status are more vulnerable to medical complications and resulting declines in health. A key element to increasing the awareness of functional decline and appropriately intervening is frequently evaluating and documenting a practical functional assessment among disciplines, and then utilizing this scale to achieve functional reconciliation. This session will detail Johns Hopkins Medicines’ pragmatic approach to achieving functional reconciliation, which highlights the importance of interdisciplinary functional assessment in an era of accountable care. The speakers also will focus on the population health and the drive for clinical and financial outcomes within the hospital system through post-acute care and into the ambulatory environment.

Learning Objectives
1. Define functional reconciliation and identify opportunities for practical use of functional measures to trigger targeted intervention to enhance outcomes or reduce costs along the healthcare continuum.
2. Present considerations and compromises in choosing interdisciplinary functional outcome and status measures as part of a coordinate institutional functional assessment strategy.
3. Examine electronic medical record design considerations to support collection, aggregation and reporting of data to facilitate clinical decision-making.
4. Discuss practical strategies to implement and communicate coordinated interdisciplinary functional assessment measures across the continuum.

Functional Reconciliation: Implementing Outcomes Across the Continuum

When
Friday, Feb. 19
11:00 a.m.-1:00 p.m.

Where
Anaheim Convention Center
Ballroom E

Education Level
Intermediate
Acute Care Productivity Measurement, “What about the Patient?” The Time has Come to Shift to a Value Based Measurement System

**Presented by**
Shannon Carthas, PT, DPT
James Dunleavy, PT, DPT, MS
Brian McDonnell, PT, DPT, GCS

**Description**
Acute care practice has suffered from being forced to use and be judged by productivity measurement tools that have not changed since before the advent of diagnostic-related groups and episodic payments in the acute care setting. These tools, created by non-clinicians, do not take into account the fact that all rehabilitation services do not generate revenue in this setting and that their professional services include much more than just CPT code-defined interventions. Unreasonable and non-evidence-based benchmarks are causing ethical dilemmas and friction between the physical therapy profession and hospital administrations. The Acute Care Section empanelled a Task Force to look at what is necessary to change these traditional paradigms and to move the profession to a value-driven measurement system. This presentation will share the result of the work of the Task Force, the results of a membership survey taken last year, and its impact on the Task Force’s work and direction. The Acute Care Section Position Statement on Value/Productivity and new definitions for severity, intervention, goals, prognosis and others that more clearly define the practice of physical therapy in acute care will be discussed. A framework for a new way to measure the value of the care we deliver will be proposed. This new framework looks to develop a measurement tool that incorporates the cost of providing care, the patient’s severity, the intensity of our interventions, and the measurement tools we currently use to determine patient outcomes. Time will be allocated for audience discussion of the issue of value in acute care physical therapy practice.

**Learning Objectives**
1. Describe the current productivity measurement environment.
2. Understand the difference between productivity and value.
3. Understand a proposed method for measuring costs in acute care physical therapy.
4. Describe the elements of a new value-based measurement system.
5. Understand some of the potential ways that this new measurement system could be used.
6. Identify, based on knowledge of value based services, what areas in their own practice that they bring value to the patient, facility and the healthcare system as a whole.
7. Evaluate their practice to determine how they can change their focus to a value based measurement system.
Combining Initiatives: Falls, Early Mobility, and Safe Patient Handling, Oh My!!

Presented by
Margaret Arnold, PT, CEES, CSPHP
Jennifer McIlvaine, MSPT

Description
Physical therapists and other healthcare professionals in acute care hospitals face multiple concurrent initiatives aimed at improving the care and safety of patients. Numerous single-focus initiatives, however, can lead to staff indifference and poor compliance. Fall and injury prevention programs are heavily emphasized within hospitals for compliance with CMS guidelines to reduce hospital-acquired conditions. There is also evidence supporting the benefits of early and progressive mobility programs in the early stages of hospitalization. Additionally, safe patient handling programs are gaining momentum for their ability to decrease injuries. This session will explore how one large, university-based health system created a comprehensive program for acute care patients across all disciplines. The session will include patient mobility assessment, documentation via electronic medical records, determining the plan of care, and patient education. This session will also include video case studies of acute care PT treatments during early progressive mobility with safe patient handling equipment.

Learning Objectives
1. Describe the role of safe patient handling in both fall prevention and early mobility programs.
2. Discuss the benefits of assessing and categorizing patient mobility levels for an acute care hospitalization.
3. Demonstrate uses of low- and high-technology patient handling equipment to progress mobility for an ICU patient.
4. Identify opportunities to combine like and overlapping hospital-wide patient care initiatives.

Combining Initiatives: Falls, Early Mobility, and Safe Patient Handling, Oh My!!

When
Friday, Feb. 19
3:00 p.m.-5:00 p.m.

Where
Anaheim Convention Center
Room 304 C

Education Level
Multiple
I Have a Great Idea! Acute Care Research From Planning to Publication

Presented by
Barbara Smith, PT, PhD
Beth Smith, PT, DPT, PhD

Description
The goal of this session is for participants to understand the feasibility of conducting a research study and how to move forward with next steps. In this session, the presenters will describe the process of planning and designing a study, including forming an appropriate research question, design and considerations for selecting a sample size. The presenters will describe how to identify and obtain any necessary approvals from an institutional review board prior to collecting data. They will also explain the different processes for presenting a research abstract versus publishing a manuscript. This session will provide basic guidance on conducting a research study in acute care PT, including research planning, design, data collection, and presenting and publishing your work. This session is aimed at acute care clinicians who are interested in research but do not have formal research training.

Learning Objectives
1. List the steps of the research process, from research questions through presentation or publication.
2. Describe the submission and peer-review process for the Journal of Acute Care Physical Therapy.
3. List three resources that can help the research process.
From Bed to Chair in the ICU: Evidence-Based Guidelines for Upright Sitting for Patients Who Are Critically Ill

Presented by
Fred Carey, PT, PhD
Sunflower Chirieleison, MPT

Description
“Once mobilized, how long should a critically ill patient sit up in a chair?” This question arose from practices observed at a Level 1 trauma center that has long had a culture of supporting early mobility of critically ill patients. There was a potential downside to this enthusiasm for early mobility once up and mobilized: Patients were often left in a chair for very long periods of time. These patients were frequently too medically compromised to actively reposition themselves or even sense the need for repositioning. Not all members of the patient care team recognize the risk to skin integrity that prolonged sitting can cause. This session will emphasize the importance of evaluating the critically ill patient, taking into consideration any comorbidities in determining how appropriate it is to place such an individual in a seated position. Attendees will learn how to implement an appropriate sitting protocol and progression for a patient in a critical care setting by using an algorithm that takes into consideration the patient’s diagnosis and Braden scale score. Evidence supporting the use of specialty seating equipment will be presented. In the context of acknowledging the need to get patients up and moving as soon as possible, the speakers will emphasize that therapists and other members of the care team need to recognize that, once up to a chair, a patient still requires skilled intervention to maximize the benefits and minimize the risks of early mobilization.

Learning Objectives
1. Identify risk factors and possible contraindications related to the positioning of critically ill patients in upright sitting.
2. Recognize that once a patient is in an upright sitting position there is still a potential need for skilled physical therapist intervention.
3. Implement an appropriate sitting protocol and progression for a patient in a critical care setting by using an algorithm that takes into consideration the patient’s diagnosis and Braden scale score.
4. Explain the role that a physical therapist serves on the interprofessional patient care team across the spectrum of mobility observed in critically ill patients.
Bundled Payment Implementation for Primary Total Joint Patients

Presented by
Gary Calabrese, PT, DPT
Karen Green, PT, DPT
Douglas Newlon, PT
Steven Pamer, PT, MPA, GCS

Description
Healthcare reform and the Affordable Care Act have introduced new opportunities to innovate models of care delivery. The ability to provide care that is quality-focused, patient-centered and cost-effective has driven transformation of care models, including bundled payment opportunities. These care redesigns require healthcare providers to be flexible, creative and focused on best practice as individuals and members of the interdisciplinary healthcare team. In this session, the presenters will demonstrate how a multidisciplinary bundled payment for care improvement (BPCI) initiative was implemented across the continuum of care in one regional hospital – and expanded to six additional facilities – in a large healthcare system. The presenters will outline factors that drove success and discuss lessons learned in the acute care, home care and outpatient settings. Attendees will learn practical strategies for data collection, culture change and implementation success.

Learning Objectives
1. Examine specific strategies to leverage organization healthcare reform initiatives to drive care redesign.
2. Discuss strategies to plan, initiate and evaluate an interdisciplinary BCPI initiative.
3. Demonstrate how to utilize data to inform and drive decision-making.
4. Discuss practical strategies to measure implementation success.
Survival Is Not Enough

Presented by
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

Description
The healthcare climate has changed considerably over the last several years, and transformation has been forced upon the profession, regardless of our readiness to accept its consequences. An inward look into the state of acute care education and practice is in order to determine if we are appropriately positioned to bring forth and to demonstrate our value to all constituents. While our successes should be celebrated, our gaps must be identified and addressed. Pivotal decisions must occur so that our identity can be clearly articulated, priorities appropriately established, and worth be undeniably evidenced. Lest not, we risk exclusion from populations and settings that could significantly benefit from functional reconciliation by movement experts knowledgeable in the management of acute illness complicated by chronic disease.

Learning Objectives
1. Articulate the implications to acute care physical therapy practice given the changing landscape of the hospital setting.
2. Determine if acute care therapists are educationally and clinically prepared to participate in and lead efforts to ensure sustainability and viability of acute care practice.
3. Evaluate the merits of different perspectives on the direction of acute care practice for the future.

Join the Acute Care Section for Its Annual Business Meeting & Membership Social

Friday, Feb. 19 from 7:30 p.m. to 10:00 p.m.
Hilton Anaheim | El Captain A

Mix, mingle and learn more about the Acute Care Section at its Annual Business Meeting & Membership Social at CSM! Join us immediately following the Acute Care Lecture for an overview of the Section's accomplishments this year while enjoying complimentary heavy hors d'oeuvres and a cash bar. This is a terrific opportunity to network with fellow colleagues in the acute care sector while learning more about the Section and how you can get involved.
Pediatric Burn Rehabilitation

Presented by
Heather Dodd, OTR/L
Keith Jacobson, MPT

Co-Sponsoring Sections
Clinical Electrophysiology & Wound Management
Pediatrics

Description
This overview of pediatric burn rehabilitation will open with a brief review of skin anatomy and function. Medical and surgical management, to the extent that it affects cardiopulmonary recovery and scar formation, will also be discussed. Participants will be introduced to the cutaneous functional unit (CFU) model of skin recruitment/movement during joint range of motion. The speakers will discuss the relevance of the CFU to clinical practice, including differential diagnosis of ROM loss, goniometry and splint design. Case studies will illustrate the theoretical basis and clinical application of various interventions for common scar-related challenges. This will include mobilizing the pediatric ICU patient, splinting, casting, manual techniques and positioning. This overview of burn care will also include practical and psychosocial considerations surrounding community reintegration and school reentry after burn injury.

Learning Objectives
1. Recall key points in the medical and surgical management of burn injury.
2. Differentially diagnose ROM loss in the presence of burn injury by employing an understanding of cutaneous functional units and normal skin recruitment patterns.
3. Understand the rationale and biomechanical principles underlying common interventions for scar management following burn injury, including splint design.
4. Explain the importance of a pediatric, burn-specific team approach to rehabilitation post burn injury.
Educating the Multi-Disciplinary Team to Optimize Acute PT Utilization

Presented by
Adele Myszenski, MPT
Kristina Stein, MPT
Jennifer Trimpe, MPT

Description
The appropriate utilization of physical therapy services in the acute care setting is critical. Hospital and rehabilitation resources are at a premium, and ensuring the consults received are appropriate and timely can impact length of stay, patient satisfaction and overall outcomes. Individualized education of referral sources – as well as individual members of a multidisciplinary team (eg. nurses and case managers) – is key. This session will explore and define the benefits, challenges and various methods to approaching education for the acute physical therapy setting. Participants will learn tools for empowering physical therapists to advocate for the appropriate utilization of acute care services. This session will also explore the educational needs of stakeholders and compare various methods for delivery of education. The presenters will share specific examples and initiatives, including PowerPoint presentation content, pocket card examples and quality improvement projects.

Learning Objectives
1. Identify and discuss tools to empower therapists to advocate for appropriate PT services.
2. Compare educational needs of referral sources and individual members of a multi-disciplinary team.
3. Explore various methods for delivering education.
No Harm, No Foul: Effective Early Treatment of Patients Who Are Critically Ill in the ICU

Presented by
Julie Pittas, DPT
Chris Wells, PT, PhD, ATC, CCS

Description
Both chronic critical illness (CCI) and post-intensive care syndrome (PICS) can result in debilitating functional, cognitive and psychological impairments that persist over time and significantly impact quality of life. The ABCDEF bundle for interdisciplinary ICU care, in conjunction with rehabilitation in the ICU environment, has helped mitigate the associated adverse effects of critical illness and hospital-acquired complications. With this focus, there is an increased recognition of both the specific advanced skills a physical therapist needs to practice safely and effectively in the ICU environment. This culture of mobility at the University of Maryland Medical Center has resulted in the development of mobility guidelines and a mobility screen to promote an interdisciplinary approach to mobility. This session will discuss the various facets of the mobility program that have been developed and implemented at a large academic hospital system in order to comprehensively meet the functional needs of our patients.

Learning Objectives
1. Explain the pathophysiology of CCI and PICS.
2. Discuss the components of the ABCDEF bundle and the interdisciplinary collaboration to implement the evidence-based practice guidelines.
3. Identify key clinical education and competencies that need to exist to promote safe and effective rehabilitation in the ICU setting.
4. Describe the basic components of implementing a hospital-wide early-mobility program.

No Harm, No Foul: Effective Early Treatment of Patients Who Are Critically Ill in the ICU

When
Saturday, Feb. 20
8:00 a.m.-10:00 a.m.

Where
Anaheim Convention Center
Ballroom E

Education Level
Multiple
Improving and Sustaining ICU Physical Rehabilitation With Data Collection and Evidence

Presented by
Heidi Engel, PT, DPT
John Lowman, PT, PhD
Amy Nordon-Craft, PT, DSc
Amy Pastva, PT, PhD

Description
Mitigating the potential losses of strength, functional mobility and cognitive capability during critical illness requires collaborative efforts by physicians, nurses, respiratory therapists (RTs) and physical therapists (PTs). In its evidence-based guideline, the Society of Critical Care Medicine ICU Liberation Campaign promotes early mobility or physical rehabilitation beginning within 48 hours of patient admission to the ICU. Translating this knowledge into practice, with each profession aware of its role in the process, is a challenge. This session will describe the ICU physical therapy data collection process and outcome measures performed at a large academic medical center and how that data was utilized and applied during early-mobility quality improvement. The second half of the session will explore how the research team is currently working to develop clinical practice guidelines for physical therapy in the ICU.

Learning Objectives
1. Convey the performance of data collection to achieve targets set for process measures and outcomes in an ICU early mobility program.
2. Explain methods to inspire clinical practice improvement identified by the Institute for Healthcare Improvement (IHI) that can be adopted for quality improvement of physical rehabilitation in the ICU.
3. Describe a model for clinicians to collect and utilize data that was implemented by the PT department from the UCSF early mobility program.
4. Report on critical care clinical practice guideline (CPG) development process and how the evidence can inform examination and intervention decision making.

Improving and Sustaining ICU Physical Rehabilitation With Data Collection and Evidence

When
Saturday, Feb. 20
11:00 a.m.-1:00 p.m.

Where
Anaheim Convention Center
Ballroom E

Education Level
Multiple
From Surviving to Thriving: Phrenic Nerve Graft Surgery and Rehab

Presented by
Matthew Kaufman, MD, FACS
Patricia West-Low, PT, MA, DPT, PCS

Co-Sponsoring Sections
Cardiovascular and Pulmonary
Pediatrics

Description
Diaphragm paralysis, resulting from phrenic nerve injury, is a devastating complication of cardiac surgery, tumor ablation, chest trauma and crush injuries. Unilateral injury may result in impaired pulmonary function, musculoskeletal asymmetry, and impaired gastrointestinal function. For select patients with unilateral phrenic nerve injuries who do not recover spontaneously, therapeutic options are limited. Phrenic nerve reconstruction surgery is a relatively new but viable and successful treatment option. During this session, renowned surgeon Matthew Kaufman, MD, FACS, will present an overview of surgical phrenic nerve reconstruction surgery, including an algorithm for identification of appropriate patients, and will make the case for the necessity of skilled postsurgical rehabilitation. Physical therapist Patricia West-Low will detail the essential multisystems examination and treatment strategies required post surgery. The presenters will detail the case of a pre-adolescent athlete and lymphoma survivor – who was the country’s first pediatric phrenic nerve graft recipient – from surgery through rehabilitation.

Learning Objectives
1. Demonstrate awareness of appropriate candidates and the options for surgical re-innervation of the diaphragm muscle.
2. Identify and prioritize the multiple body systems requiring assessment and treatment post surgery.
3. Discuss appropriate and effective treatment strategies and sequencing.
4. Discuss the case of a 14-year-old athlete, surviving treatment for lymphoma, who underwent a sueral to phrenic nerve graft and postsurgical rehabilitation, to re-innervate and re-educate her left hemidiaphragm after a tumor and subsequent ablation crushed the phrenic nerve.
Establishing a Culture of Mobility in the Hospital Setting: The Clinician’s Toolbox

Presented by
Michael Friedman, PT, MBA
Karen Green, PT, DPT
Anette Lavezza, OTR/L
Mary Stilphen, PT, DPT

Description
Healthcare reform has reinforced the need for system redesign and culture change to drive value. This need for innovation continues to present an opportunity to overcome the long-standing challenges faced when implementing an interdisciplinary mobility program as a standard of care in the hospital. Physical disability has been identified as a potentially modifiable factor that may contribute to hospital re-admission risk. However, translating evidence about the preventable harm of inactivity into interdisciplinary clinical practice has been challenging due to provider attitudes and operational barriers. Physical therapists are positioned to be change agents to promote interdisciplinary patient mobility. This session will build on the 2013 and 2014 CSM discussion by providing tools that physical therapists can use within their organization to initiate, implement, promote and evaluate an interdisciplinary mobility model. This session will also provide practical tools and strategies to promote adoption of new interdisciplinary, patient, and family roles and responsibilities to maximize culture change.

Learning Objectives
1. Examine specific strategies to leverage organization health care reform initiatives to drive interdisciplinary mobility.
2. Discuss strategies to initiate, conduct and evaluate an interdisciplinary mobility model.
3. Detail practical tools and strategies to promote adoption of new interdisciplinary, patient, and family roles and responsibilities to maximize culture change.
4. Discuss practical strategies to measure implementation success.
Implementation of Full-Time Physical Therapist Practice in the Emergency Department: A Three-Month Pilot Review

Presented by
Joe Daly, PT, MBA, MHA
Kristin Seaburg, DPT

Description
Current research continues to unfold to support the use of physical therapists in the emergency department, including emergency department observation units. Many facilities are looking to implement programs, and others are looking to justify increased services. This session will break down the ins and outs of proposing, initiating, quantifying and completing a three-month pilot of dedicated PT services in the emergency department. The pilot that will be discussed during this session took place in the clinical decision unit at Stanford Medical Center ED and CDU. Within the session, the presenters will review data collected from the trial and highlight patient and staff satisfaction and feedback. This session will facilitate ideas for PTs seeking to transition from part-time to full-time PT services in the emergency department. This session will also include input from ancillary staff including MDs, social workers, NPs, PAs and RNs.

Learning Objectives
1. Analyze the need for a dedicated PT trial program in your institution.
2. Learn tools to propose a trial program for dedicated services in the ED.
3. Gather metrics to record during the trial program.
4. Review a completed 90-day trial from start to finish.