Fostering excellence in acute care practice, in all settings, in order to enhance the health and functioning of patients and clients.
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WHO WE ARE
The Academy of Acute Care Physical Therapy is composed of more than 3,000 physical therapists, physical therapist assistants, and physical therapy students who are members of the American Physical Therapy Association.

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

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 healthcare 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.

The Academy of Acute Care Physical Therapy is recognized as the expert resource for the provision of evidence-based acute care physical therapy.
# SCHEDULE OF EVENTS

**WEDNESDAY, FEB. 15, 2017**

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<tr>
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<tr>
<td>8:00 a.m. - 5:30 p.m.</td>
<td>I Found the Lab Values – Now What? Demystifying Lab Values for Patient Management</td>
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**THURSDAY, FEB. 16, 2017**

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<tr>
<td>8:00 a.m. - 10:00 a.m.</td>
<td>Get SMART for Heart and Keep Your Move in the Tube: Evidence-Based Practice The Value Proposition: Developing Academic-Clinical Partnerships Total Joint Arthroplasty in Acute Care: Way Beyond Ice, CPM, and Transfers</td>
</tr>
<tr>
<td>11:00 a.m. - 1:00 p.m.</td>
<td>Total Joint Replacement SIG Meeting</td>
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**FRIDAY, FEB. 17, 2017**

<table>
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<th>Time</th>
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<tr>
<td>8:00 a.m. - 10:00 a.m.</td>
<td>Defining Dizziness: An Acute Care Approach to Vestibular Dysfunction in the Hospital Managing Patients With ICU-Acquired Weakness: When the Rubber Hits the Road Behind the Curtain: Enhancing Clinical Mentoring in Acute Care Practice</td>
</tr>
<tr>
<td>11:00 a.m. - 1:00 p.m.</td>
<td>Clinicians as Educators: Engaging the Right People in the Right Way Physical Therapists and Hospital Readmissions: A Call to Action</td>
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**SATURDAY, FEB. 18, 2017**

<table>
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<th>Time</th>
<th>Session</th>
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<tr>
<td>8:00 a.m. - 9:00 a.m.</td>
<td>Acute Care Amputation Group Meeting</td>
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<tr>
<td>8:00 a.m. - 10:00 a.m.</td>
<td>Acute Care Platform Presentations 2</td>
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<tr>
<td>11:00 a.m. - 11:00 a.m.</td>
<td>Education in Acute Care</td>
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<tr>
<td>10:30 a.m. - 12:00 p.m.</td>
<td>AcuTEACH Discussion Forum</td>
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I Found the Lab Value - Now What? Demystifying Lab Values for Patient Management

PRESENTED BY
Jamie Dyson, PT, DPT
Kimberly Levenhagen, PT, DPT, WCC
Traci Norris, PT, DPT, GCS, CEEAA
James Tompkins, PT, DPT

COURSE DESCRIPTION
While lab values can be found in every medical chart, many physical therapists express frustration with identifying and interpreting key lab results. The Academy of Acute Care Physical Therapy Practice Committee recently updated its Lab Values Interpretation Resources, outlining the necessity for every PT and PTA to demonstrate competence with lab value interpretation in clinical decision making. It is expected that each physical therapist will integrate information from the chart review in order to anticipate medical conditions and recognize lab values that may affect intervention. For example, as early mobilization becomes a reality in all patient populations, PTs and PTAs need to recognize clinical implications of lab values and how to make modifications to the plan of care. The speakers will present this updated document with a succinct guide for the busy therapy provider. Through lecture, cases, and quizzes, attendees will recognize the importance of lab values and their implications to promote safe and effective care.
Get SMART for Heart and Keep Your Move in the Tube: Evidence-Based Practice

PRESENTED BY
Jenny Adams, PhD
Lawrence Cahalin, PhD, PT, CCS
Doa El-Ansary, BAppSc(Phty), PhD

COURSE DESCRIPTION
Despite advances in interventional cardiology and increased use of minimally invasive surgery, cardiac surgery via a median sternotomy is the gold standard for patients with multiple vessel disease and comorbidities. These patients are frequently provided sternal precautions (SP) consisting of postoperative restrictions on the use of the upper limbs and trunk for four weeks to three months. Historically, SP have been implemented to limit post-sternotomy pain and sternal complications, but both occur rarely. Furthermore, evidence to support SP is limited to cadaver and replica bone model studies. A recent study conducted by the presenters found a minimal degree (< 2mm) of sternal micromotion during upper limb and trunk tasks, including arm elevation bilaterally and unilaterally. This session will provide an evidence-based approach to the management of the post-sternotomy patient, including: the mechanical and physiological impact of cardiac surgery via a median sternotomy; postoperative complications and associated risk factors; and clinical outcome measures and assessment tools to determine sternal stability.

LEARNING OBJECTIVES
1. Explain the physiological, mechanical, cognitive, and functional effects of cardiac surgery procedures.
2. Discuss the evidence-based role of the physical therapist in the pre and postoperative management of the cardiac surgery patient.
3. Select and administer reliable and valid assessment and outcome measurement tools pertaining to sternal instability, physical function, frailty, and exercise prescription.
4. Apply evidence-based practice to the management of selected clinical cases that are from the “bedside to the gym” and discuss how to implement such evidence-based practice in the hospital and clinical settings.
The Value Proposition: Developing Academic-Clinical Partnerships

PRESENTED BY
Molly Hickey, PT, DPT
Sharon Kurfuerst, EdD, OTR/L, FACHE, FAOTA, FABC
Eric Stewart, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

CO-SPONSORING SECTION
Education

COURSE DESCRIPTION
Overcoming the academic-practice gap has become a major initiative by both academic institutions and healthcare facilities alike. The disconnect between acute care classroom teaching and the authentic clinical environment challenges the delivery of evidence-based, patient-centered care in complex environments. In order to establish successful collaborative relationships between academic institutions and healthcare facilities, they must have shared expectations and true investment. Academic institutions traditionally desire partnerships that will promote quality clinical education experiences for students, allow expert clinicians to transfer clinical scenarios into the classroom, and develop the previously untapped potential of clinician educators. Healthcare entities may value partnerships that assist in the translation of evidence into practice, serve as a career ladder for clinicians, and represent a recruitment venue for potential employees. Academicians must understand how to pitch partnerships to healthcare facilities by bridging fiscal and value-based propositions. This presentation will highlight one healthcare organization’s business model that has allowed the value proposition to move from idea to implementation.

LEARNING OBJECTIVES
1. Identify factors contributing to the academic-practice gap.
2. Identify common barriers inherent in more traditional university-hospital negotiations.
3. Analyze the mutual benefits and barriers associated with collaborative business models.
4. Develop a partnership pitch that will address the unique needs of the university, healthcare clinical entity, and surrounding community.
Total Joint Arthroplasty in Acute Care: Way Beyond Ice, CPM, and Transfers

PRESENTED BY
Alisa Curry, PT DPT GTC GCS

COURSE DESCRIPTION
The goal of this session is to discuss the challenges in the acute care setting regarding the total joint population. Many programs have adapted referrals of patients with total joint arthroplasty by adding more staff, meeting increased demands for evening day of surgery evaluations, rapid recovery discharges, etc. This session will look at these adaptations and how one facility has remained successful by modifying how they use their EMR, pre-planning, patient communication and education, and interprofessional participation. We will also examine the initial challenges with the advent of the Comprehensive Center for Joint Replacement bundled payment option and our adaptations to meet these new opportunities for more growth and development.

LEARNING OBJECTIVES
1. Scrutinize current clinical practice in the acute care setting for patients with total knee and total hip arthroplasty. This will include data on benchmarks from national entities developed to improve outcomes via Center for Joint Replacement bundled payment.
2. Review the limited published evidence-based practice interventions and identify areas ripe for research.
3. Discuss the successful current practice of a high-volume community hospital joint arthroplasty program and components that have make it thrive. This includes discussion of the existing “rapid recovery,” “enhanced recovery,” and “fast track” models, which challenge traditional acute care clinical practice.
4. Discuss current program models and use the skills of community partners to improve functional outcomes, clinical practice, patient satisfaction, and interprofessional relationships. This includes how to develop partnerships with community entities to prevent return to the acute care setting for problems and setbacks.
IMPLEMENTATION OF AN EARLY MOBILIZATION PROGRAM IN A PEDIATRIC ICU

PRESENTED BY
Yun Kim, MS, OTR/L, CPST
Hallie Lenker, DPT

CO-SPONSORING SECTION
Pediatrics

COURSE DESCRIPTION
The focus of care in a pediatric intensive care unit (PICU) is on resuscitation, stabilization, management of critical disease processes, and reversal of organ failure. As a result, the children are often sedated and confined to beds for prolonged periods of time. Physiologic alterations can occur in response to critical illness and may be compounded by inactivity, with potential long-term implications for the child and family. A robust body of literature indicates that early mobilization in the intensive care unit can decrease these sequelae and reduce the length of stay for the critically ill adult, but little has been published in regards to the pediatric population. The presenters will discuss current evidence-based practice and use case studies to identify strategies for implementation of an early mobility program in a PICU. The session will showcase the early mobility PICU Up!™ program at Johns Hopkins Children’s Center as a model for program development for other ICUs.

LEARNING OBJECTIVES
1. To identify the multidisciplinary team needed for a successful early mobility team.
2. To provide an overview of current evidence-based practice in PICU early mobility.
3. To provide a framework for early mobility PICU programming.
The Acute Care Clinician’s Toolkit on Residencies and Fellowships

PRESENTED BY
Michael Friedman, PT, MBA
Paul Ricard, PT, DPT, CCS
Gabrielle Steinhorn, PT, DPT, NCS
Eric Stewart, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION
Prior to 2013, no residencies or fellowships existed that focused on the complexity of illness encountered in the hospital acute care and critical care settings. In October 2015, the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) recognized The Johns Hopkins Hospital and University of Delaware Acute Care Residency as the first accredited acute care residency. At the same time, Johns Hopkins developed an accredited Critical Care Fellowship, the third of its kind in the country. This inaugural acute care residency has established a road map for other programs to follow in overcoming barriers to develop hospital-based residencies and fellowships including financial sustainability and return on investment, evidence-based curriculum design, and program organization and logistics. This presentation will offer guidance on the steps necessary to determine the feasibility of and implementing in-house residencies and fellowships either as an independent entity or in partnership with others, as well as how to overcome any barriers.

LEARNING OBJECTIVES
1. Analyze your clinical facility’s in-house resources to determine strengths and needs relative to residency and fellowship training.
2. Recognize and seek opportunities to collaborate with external university partners.
3. Apply sound business and financial models to support the development of sustainable residency and fellowship programs.
4. Formulate curricular objectives that support advanced clinical practice in the acute care setting.
Acute Rehabilitation of Person With Lower Limb Amputation

PRESENTED BY
Sheila Clemens, MPT
John Ferguson, CPO
Robert Gailey, PhD, PT
Toran MacLeod, PT, PhD
Carol Miller, PT, PhD, GCS

COURSE DESCRIPTION
Optimal rehabilitation of the patient who has undergone lower limb amputation requires knowledge of etiology, comorbidities, surgical techniques, post surgical care, and appropriate exercise prescription specific to the individual with limb loss. Early mobility, balance, and strength exercises function to provide a basis for recovery for the person with limb loss (PWLL). Variables like the ability to perform single limb stance on the sound leg, and performance on the Amputee Mobility Predictor No Prosthesis (AMPnoPro) have been shown to be predictors of mobility with a prosthesis. Both activities are appropriate to administer in the acute phase of amputation, with the AMPnoPRO being the only test that can classify functional abilities of a PWLL prior to prosthetic prescription. his session will be focused on education of rehabilitation professionals on the continuum of amputation care during the immediate postacute phase (generally 2 weeks-2 months post amputation) and into initial prosthetic fitting and training. Information on shaping of the residual limb for prosthetic wear, pre-prosthetic therapeutic exercise and mobility, initial prosthetic fitting and gait training, and the use of appropriate outcome measures and documentation will be presented during this session.

LEARNING OBJECTIVES
1. Apply appropriate treatments specific to the patient with limb loss through the immediate post acute/pre-prosthetic phase of rehab.
2. Understand initial prosthetic fabrication and fitting.
3. Understand the initial prosthetic gait training techniques.
4. Administer appropriate outcome measures to establish goals and assist in classification of mobility levels in patients with lower limb loss.
Acute Care Productivity Measurement: Blending Productivity and Outcomes

PRESENTED BY
Sheila Clemens, MPT    Toran MacLeod, PT, PhD
John Ferguson, CPO    Carol Miller, PT, PhD, GCS
Robert Gailey, PhD, PT

COURSE 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. Last year at CSM the Academy of Acute Care Physical Therapy Task Force on Value and Productivity presented its work on a new measurement of our value in acute care practice. New definitions and a template for measurement that blended patient outcomes with the cost of care that resulted in a measure of cost of care that delivered that clinical improvement was presented. Those in attendance made a number of suggestions that would make the tool more meaningful and useable. Since that presentation, the task force has taken those recommendations and tried to incorporate them into an updated tool. Additional testing of the tool at various acute care facilities has occurred over the past year. This year’s presentation will report on the results of the changes and the input received from the facilities that tested the measurement tool. In addition, a new instructional scaffold for clinical decision making and for asking important clinical questions to further assist colleagues in determining the severity of the patient condition and the intensity of care required to meet the goals set for the patient will be presented.

LEARNING OBJECTIVES
1. Understand the difference between productivity and value.
2. Describe the elements of a new value based measurement system.
3. Understand some of the potential ways that this new measurement system could be used
4. 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
5. Discuss how this new measurement tool could be incorporated into practice.
Acute Care Academics: Speaking About the Unspoken

PRESENTED BY
Jennifer Becnel-Guzzo, JD
Carrie Foeller, PT, DScPT
Anne Jannarone, MS
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION
Despite best efforts, not all students are successful in DPT acute care didactic and clinical curricula. More so than other practice venues, the acute care setting requires student efficiency and proficiency in anticipating, averting, and responding to fluctuant and highly critical patient presentations within complex environments; safety awareness, critical analysis, and interdisciplinary communication skills are paramount. When student deficiencies present, academic programs must decide to remediate the deficit, lower standards, or pursue dismissal. Very little support exists within the academic community on best practice for responding to student challenges within acute care settings. Comprehensive program policy documents offer initial justification for academic decisions, and academic faculty must also be well-acquainted with HIPAA, FERPA, the ADA, and Section 504 of the Rehabilitation Act. This presentation by academic faculty, legal counsel, and disability service experts will outline a process for making legally sound clinical and academic decisions for students struggling with acute care content.

LEARNING OBJECTIVES
1. Develop comprehensive understanding of the parameters of HIPAA, FERPA, the ADA, and Section 504 of the Rehabilitation Act.
2. Determine the necessary inclusions within program policy documents to establish mechanisms for academic and clinical education decision making.
3. Compare and contrast educationally, legally, and ethically sound strategies to meet the associated challenges to our profession’s educational requirements and provide appropriate supports to students during their education.
4. Analyze case scenarios, based upon educational and legal insights, and develop best-practice solutions to common dilemmas.
Enhancing Patient Outcomes After Stroke: Acute Care and Beyond

PRESENTED BY
Gina Dubuisson, BScPT
Allison Lieberman, MSPT

COURSE DESCRIPTION
In the acute care setting, specialized stroke care and early physical therapy intervention can potentially improve clinical outcomes and provide patients, families, and caretakers with education and training that may increase patient compliance upon discharge. This presentation will review appropriate functional outcomes tools to measure and monitor patient’s progress after stroke in the acute care setting and evidence-based physical therapy interventions to improve clinical outcomes. The speakers will describe appropriate clinical progression of patients after stroke for more medically complex, lower-functioning patients and higher-level, more independent patients. Attendees will learn ways to maximize patients’ potential while in the Neuro Critical Care unit or in the Emergency Department. In addition, the session will review how specialized, coordinated stroke care programs extending beyond acute care services may improve outcomes and decrease the potential for future hospital readmissions, long-term complications, and disability.

LEARNING OBJECTIVES
1. Identify guidelines and best practices for comprehensive stroke care in the acute care setting.
2. Review physical therapy functional outcomes appropriate for use in the acute care setting for patients post stroke.
3. List evidence-based practices in the acute care setting that may improve patient outcomes and prevent secondary complications for patients following stroke.
4. Describe the benefits of coordinated stroke care and recall process improvement strategies that will assist clinicians in better managing patients after stroke across the continuum of care.
Acute Care Lecture: Acute Care and Beyond - Stories and Lessons Learned

PRESENTED BY
Richard Bohannon, PT, DPT, EdD, NCS, FAPTA, FAHA, FASNR, CEEAA

COURSE DESCRIPTION
This lecture will address lessons learned as a consequence of observations made during practice, insights gained through reading, personal investigations of patient behavior, and syntheses of published information. The emphasis will be on the cognitive domain of learning. Lessons shared are born of the movement focus of our profession and are applicable in the acute care setting and elsewhere.

LEARNING OBJECTIVES
1. Describe the role of knowledge as a precursor of excellent clinical performance.
2. Summarize lessons learned regarding the muscle strength of patients admitted to the hospital.
3. Summarize lessons learned regarding the mobility of patients admitted to the hospital.
4. Explain the use of reference values in interpreting patient behavior.

Acute Care Academics: Speaking About the Unspoken

WHEN
Thursday, Feb. 16, 2017
6:30 p.m.-7:30 p.m.

WHERE
Grand Hyatt San Antonio
Room: Texas Salon D

EDUCATION LEVEL
Intermediate

Join the Academy of Acute Care Physical Therapy for Its Business Meeting and Membership Social

Thursday, Feb. 16, 2017 from 7:30 p.m. to 10:00 p.m.
Grand Hyatt San Antonio | Texas Salon D

Mix, mingle and learn more about the Academy of Acute Care Physical Therapy at its Annual Business Meeting & Membership Social at CSM! Join us immediately following the 7th Annual 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.
Defining Dizziness: An Acute Care Approach to Vestibular Dysfunction in the Hospital

PRESENTED BY
Kerry Lammers, PT, DPT
Gabrielle Steinhorn, PT, DPT, NCS

COURSE DESCRIPTION
Vestibular dysfunction can lead to dizziness, postural instability, and increased risk for falls. The most common type of vestibular disorder, benign positional paroxysmal vertigo (BPPV), may account for up to 50% of vertigo in older adults, and can be easily treated in over 90% of cases by physical therapists in only 1-3 visits. Falls associated with dizziness is a common presentation in the hospital setting, but less than 4% of patients will be tested for BPPV in the hospital. With such a large percentage of dizzy patients falling through the cracks of our medical system, it is imperative that the acute care physical therapist be able to provide appropriate differential diagnosis for vestibular dysfunction in the wake of a multitude of other medical, pharmaceutical, and cardiovascular sources of dizziness. This session will provide general clinical recommendations for the diagnosis and management of patients with vestibular dysfunction, while considering the added complexities of the acute care patient population.

LEARNING OBJECTIVES
1. Describe the basic pathophysiology involved with BPPV and discuss the key screening elements of BPPV to educate the referral source.
2. Compare and contrast evidence-based clinical balance assessment tools and functional outcome measures most appropriate for the hospital setting.
3. Identify subjective and objective findings in a patient’s past medical history and physical therapy examination consistent with BPPV and other types of vestibular dysfunction that require further clinical assessment.
4. Identify key clinical reasoning and red flag elements for management of vestibular dysfunction in the hospital setting to determine appropriate course of treatment or referral to most appropriate provider.
Managing Patients With ICU-Acquired Weakness: When the Rubber Hits the Road

PRESENTED BY
Sowmya Kumble, PT, NCS
Jason Seltzer, P.T., D.P.T.
Amy Toonstra, PT, DPT, CCS

COURSE DESCRIPTION
Recent publications on the topic of early mobilization of critically ill patients in ICUs have primarily focused on culture change and program development. However, our practice patterns once these programs are established remain under-developed due to lack of standardization in training. This session will focus on the evaluation, examination, and development of a plan of care for the patient with ICU-acquired weakness and critically ill patients in specialized ICU settings. The presenters will review the published literature on outcomes assessments and the safety and feasibility of various interventions for the critically ill patient. Attendees will learn how to apply foundational concepts for management of the patient with ICU-acquired weakness in various ICU settings, cultures, and programs. The speakers will present a delivery of care model focusing on patient function and mobility that follows the patient from ICU to hospital discharge. This presentation will identify the gaps in evidence between clinical research and application to practice, suggesting areas for future research.

LEARNING OBJECTIVES
1. Describe etiology, risk factors, and defining clinical presentation of ICU-acquired weakness and post-intensive care syndrome.
2. Identify appropriate, evidence-based interventions from ICU admission through hospital discharge.
4. Demonstrate how rehabilitative services’ presence in a multidisciplinary ICU model contributes to a value-based measurement system.
Behind the Curtain: Enhancing Clinical Mentoring in Acute Care Practice

PRESENTED BY
Tonya Apke, PT, DPT, OCS
Sharon Gorman, PT, DPTSc, GCS, FNAP
Chris Maurer, PT, DPT
Erin Thomas, PT, DPT

COURSE DESCRIPTION
Multiple consensus-based and peer-reviewed documents have been developed to describe acute care practice expectations along the continuum from entry level through advanced practice, yet clinicians, educators, and students may not be prepared for clinical experiences, residencies, or fellowships where they treat acutely or critically ill patients. The APTA Credentialed Clinical Instructor course provides only general training regarding communication, feedback, guiding the student along the continuum of learning, and planning learning experiences. Interprofessional communication strategies focusing on enhancing patient safety and quality care exist, but may have applications to mentoring students especially in acute care settings. It can be challenging for instructors to translate knowledge into skillful practice that results in effective clinical mentoring in the fast-paced, dynamic acute care environment. This session will provide participants with acute care practice-specific strategies on how to effectively and efficiently structure learning experiences, guide hands-on skills, demonstrate clinical reasoning, and provide appropriate feedback.

LEARNING OBJECTIVES
1. Describe strategies that can be used to provide positive and constructive feedback through effective use of time within the acute care setting.
2. Effectively create and manage student, resident, and fellow experiences at various levels of learning in the acute care setting.
3. Appropriately apply the communication strategies discussed in the APTA credentialing course and in TeamSTEPPS® in the acute care setting.
4. Discuss efficient and effective methods for modeling clinical reasoning and reflection to facilitate learning in the acute care clinical environment.
Clinicians as Educators: Engaging the Right People in the Right Way

PRESENTED BY
James Halbert, PT, DPT, CCS
Molly Hickey, PT, DPT
Eric Kahl, DPT
Kristy McIlwain, PT, DPT, CCS
Eric Stewart, PT, DPT
Ellen Wruble Hakim, PT, DPT, MS, CWS, FACCWS

COURSE DESCRIPTION
CAPTE requires DPT programs to establish the contemporary expertise and effectiveness of all classroom educators. Given a lack of qualified full-time core academic faculty with acute care expertise, greater reliance has been placed upon use of supplemental adjunct faculty. The traditional doctrine governing use of adjunct faculty involved a “learn-as-you-go” approach. An effective collaborative teaching classroom is created when all faculty clearly understand their individual roles and share a common treatment philosophy. Proper on-boarding of external laboratory assistants requires training in the delivery of feedback to promote student clinical reasoning and discovery of information, calibration on expected levels of student competence, and review of academic standards. Upon inviting adjunct faculty to participate in the classroom setting, overt conversations must also occur on performance expectations, potential time commitment outside of direct contact classroom hours, compensation packages, as well as development opportunities and performance evaluation mechanisms. This presentation will highlight various mechanisms to recruit, train, and retain acute care adjunct faculty.

LEARNING OBJECTIVES
1. Recognize the concern over the impact of increased variation in interpretation of didactic content and clinical reasoning through increased exposure to adjunct faculty who aren’t fully connected to the curriculum.
2. Identify strategies for establishing expectations, opportunities, and developmental pathways in the training and integration of adjunct faculty.
Physical Therapists and Hospital Readmissions: A Call to Action

PRESENTED BY
Jason Falvey, PT, DPT, GCS
Kyle Ridgeway, PT, DPT

CO-SPONSORING SECTION
HPA the Catalyst

COURSE DESCRIPTION
In this session, the speakers will present current evidence on the relationships between impaired physical function and hospital readmissions and highlight the current lack of physical therapist involvement in formal care transition models. The lack of PT involvement in these models is troubling, because functional deficits represent a significant risk factor for hospital readmission. Physical function is also a potentially modifiable biomarker for readmission that is addressable with physical therapy interventions. For example, older adults with pneumonia or chronic heart failure who receive physical therapist services during or after hospitalization have fewer hospital readmissions and greater improvement in physical function. The presenters will discuss how to integrate PTs into these models, emphasizing actionable strategies to improve care during transitions from hospital to community settings. Recommendations will include how to improve assessment, prognostication, and interdisciplinary communication during care transitions. The speakers will highlight the need for PTs to assume a stronger role in the management of post-hospitalized adults.

LEARNING OBJECTIVES
1. Recognize the concern over the impact of increased variation in interpretation of didactic content and clinical reasoning through increased exposure to adjunct faculty who aren’t fully connected to the curriculum.
2. Identify strategies for establishing expectations, opportunities, and developmental pathways in the training and integration of adjunct faculty.
Maximizing the Acute Care EMR: Best Practices, Tips, and Discussion

PRESENTED BY
Adele Myszenski, MPT
Betsy Ross, DPT

COURSE DESCRIPTION
In the rapidly-evolving world of acute care, adopting an electronic medical record (EMR) and customizing it to meet the specific demands of the organization are crucial to enhancing clinician productivity, fostering communication, ensuring excellent patient care, and enabling valuable data collection. Various EMR models exist, and in this session the speakers will explore the 2 most commonly used models, EPIC and Cerner, and how these systems are used in both a large, level I trauma center and a smaller community hospital. They will discuss the challenges that exist in building a specialized EMR, provide strategies for promoting teamwork and cooperation between clinical staff and IT specialists, review the elements of high-quality documentation, and identify best practices for individual EMR models. Participants will have the opportunity to break out into smaller groups to discuss the challenges encountered in their own clinical settings and work together to brainstorm solutions.

LEARNING OBJECTIVES
1. Relate and differentiate various electronic medical record applications and discuss the process of adopting a new EMR, creating buy-in and mutual purpose with staff, superusers, administrators, and IT support personnel.
2. Review APTA’s “Defensible Documentation” and barriers for producing high-quality documentation in practice.
3. Identify tips and best practices for individual EMRs, such as EPIC model, EPIC with CPM, and Cerner (related to acute care, IPR, obs unit, patient triaging, staff assignment, outcome measures).
4. Participate in group discussion specific to various EMR systems (EPIC model, EPIC with CPM, Cerner).
Driving Value Through Interdisciplinary Functional Assessment

**PRESENTED BY**
Kelly Daley, PT, MBA  
Laurie Fitz, PT, CLT  
Michael Friedman, PT, MBA  
Suzanne Havrilla, PT, DPT, GCS, COS-C  
Alan Jette, PhD, PT

**CO-SPONSORING SECTION**
HPA the Catalyst

**COURSE DESCRIPTION**
Healthcare reform has reinforced the need to target interventions, eliminate preventable harms, and increase the utilization of surveillance models to promote health status. Functional status is a key indicator of overall health. Hence, a systematic approach for tracking patient physical function is necessary in order to promote optimal health trajectories, to identify at-risk populations, and to reduce potentially preventable harms across care settings. Currently, a standardized metric for tracking patient physical function and functional trajectory in a feasible manner, across the continuum of care and amongst discipline does not exist. This session will detail Johns Hopkins Medicine’s pragmatic approach to implementing a common interdisciplinary functional assessment within the hospital through postacute care, and into the ambulatory environment to drive patient-centered outcomes and resulting value.

**LEARNING OBJECTIVES**
1. Present opportunities for practical use of interdisciplinary 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 health status measures as part of a coordinated 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.
Over 80% of survivors of critical illness experience post-intensive care syndrome (PICS). PICS is a constellation of physical, cognitive, and mental health problems that occur after intensive care, including prolonged muscle weakness, reduced performance of activities of daily living, diminished ambulation and strength, post-traumatic stress disorder, and anxiety that persists for months and years. PICS is a relatively recently described syndrome, and many physical therapists in acute and subacute care, outpatient, and home care settings may not be familiar with the patient presentation, evaluation strategy, and interventions for these individuals. This session will use evidence from the speakers recent systematic review to characterize these physical impairments, activity limitations, and participation restrictions. Attendees will learn examination and evaluation strategies for outpatient clinic and home-based physical therapy, and how to overcome associated challenges. The speakers will discuss recent clinical trials of interventions for individuals with PICS aimed at reducing physical impairments and restoring functional activity and community participation.

LEARNING OBJECTIVES
1. Describe the prevalence of physical impairments, activity limitations, and participation restrictions of patients with PICS during the first year following critical illness.
2. Select evidence-based tests and measures to objectively quantify physical impairments, activity limitations, and participation restrictions for patients with PICS.
3. Describe current interventions and their effectiveness in managing PICS symptoms.
4. Discuss current challenges and potential solutions for the examination and management of patients with PICS in inpatient rehabilitation program, outpatient clinic, or home care settings.
Acute Care Entry-Level Core Competencies: Education to Practice

PRESENTED BY
Kristin Greenwood, PT, DPT, MS, GCS
Melissa Hake, PT, DScPT
Erin Milton, PT, DPT, NCS
Lauren Mitchell, PT, DPT
Babette Sanders, PT, DPT, MS
Eric Stewart, PT, DPT

CO-SPONSORING SECTION
Education

COURSE DESCRIPTION
In December 2015, the Academy of Acute Care Physical Therapy adopted and published Core Competencies of Entry-Level Practice in Acute Care Physical Therapy to assist the profession in understanding the specific knowledge, behaviors, and actions required of entry-level physical therapists to be safe and efficient in the acute care environment. This document describes entry-level competence for physical therapists in the acute care setting as an interconnection of five domains: clinical decision-making, communication, safety, patient management, and discharge planning. In this session, participants will take part in facilitated breakout sessions to develop ideas for use of the document in education and clinical practice. Members of the expert panel who developed or provided input into the document will be present to discuss survey results of how Academy of Acute Care Physical Therapy members have used the document to date and to suggest ideas and implications for future use.

LEARNING OBJECTIVES
1. Describe and discuss the five domains of core competencies of entry-level practice in acute care physical therapy.
2. Develop ideas for how to implement the document to guide and advance clinical practice, education, and research.
3. Self-evaluate their current knowledge, skills and behaviors specific to the acute care setting to identify any areas requiring further development.
I Have a Dream, That One Day Soon, All Acute Care Curriculum Will...

PRESENTED BY
Molly Hickey, PT, DPT
Eric Stewart, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION
It has long been questioned whether acute care curricula adequately prepare students to be efficient and effective members of the hospital workforce. Traditional guiding documents and current CAPTE standards do not overtly mandate learning experiences and outcomes specific to acute care. The 2010 Acute Care Practice Analysis and the 2015 Core Competencies of Entry-Level Acute Care Physical Therapist Practice offer a litany of knowledge, skills, and behaviors most reflective of acute care practice. Yet, both of these documents fail to help academic educators create learning experiences and assessments that integrate essential competencies. This session will highlight how two programs with different resources utilized the Practice Analysis and Core Competencies documents to create opportunities for student practice of essential skills and problem-solving within the traditional classroom and simulation laboratory. The speakers will discuss the approaches taken to progressively challenge students throughout the curriculum. They will share specific examples of learning experiences and how to apply lessons learned.

LEARNING OBJECTIVES
1. Understand the scope of health literacy within their patient population
2. Be able to assess health literacy in their patients
3. Adapt care and patient education for people with low health literacy.
Assessment of Patients with Critical Illness: A Pragmatic Approach

PRESENTED BY
Christiane Perme, PT, CCS

COURSE DESCRIPTION
Physical therapists working in the ICU face complex challenges when assessing patients with critical illness. These patients have limited mobility due to life support, monitoring equipment, multiple medical problems, and muscle weakness. Ultimately these factors can lead to the development of muscle weakness, deterioration of mobility status, and functional limitations. For selected patients in the ICU, early mobility and physical activity can lead to an increase in functional capacity and improvement in quality of life when adequate therapeutic interventions are utilized. This session will examine and compare the available outcome tools that will help clinicians in assessing patients in the ICU. The speakers will describe a pragmatic approach to overcoming the challenges therapists experience when assessing patients with critical illness. This information is essential to perform an appropriate assessment, which can positively impact the recovery of patients with critical illness.

LEARNING OBJECTIVES
1. Discuss the importance of an appropriate assessment of patients with critical illness.
2. Describe 3 outcomes tools that can be used for patients with critical illness.
3. Discuss the importance of functional outcome measures for patients in the ICU.
Creating and Maintaining a Culture of Safety: Safe Patient Handling in Acute Care

PRESENTED BY
Melissa Aloisi, PT, DPT
Jacki Chechile, PT, MSPT
Beth Christensen, PT, DPT
Meghan Church, PT, DPT
Danielle Nugent, PT, DPT

COURSE DESCRIPTION
This session will describe the elements required to create and maintain a safe patient handling program in an acute care hospital. The speakers will present a program developed over the past 8 years, and how its methods and techniques can be generalized to other settings that require significant patient handling tasks. Maintaining good body mechanics alone during patient handling tasks does not prevent injury; using a combination of good body mechanics and safe patient handling equipment reduces both patient and staff injuries. Participants will learn specific rehabilitation techniques using safe patient handling equipment. Using successful and not-so-successful examples from the program, the presenters will suggest ways to keep safe patient handling at the forefront of staff members’ minds. Attendees also will learn about the infrastructure of a safe patient handling program, including elements handled by outside companies, vendors, or hospital departments.

LEARNING OBJECTIVES
1. Comprehend quality improvement efforts for creating and maintaining culture change for safe patient handling and analyze applicability to their work environment.
2. Understand importance of infrastructure for safe patient handling programs to engage all stakeholders in creating a safe working environment.
3. Identify ways to use safe patient handling equipment to achieve rehabilitation goals.
Knowledge Translation: Acute Care Neurology and Complex Vestibular Dysfunction

PRESENTED BY
Daniel Stam, PT, DPT, CBIS

COURSE DESCRIPTION
The differential diagnosis and treatment of vestibular disorders in the acute care setting poses a unique set of challenges and restrictions. Adding to this medical complexity, acute care neurology presents a distinct set of secondary complications associated with both traumatic brain and spinal cord injury. This session will explore the science of eye movement neurology, and explain the physics behind benign paroxysmal positional vertigo. Case studies will illustrate modifications of treatment approach for a patient with minimally conscious brain injury, a physically combative patient with cervical and weight-bearing restrictions, and a patient presenting with both traumatic brain injury and cervical spinal cord complete quadriplegia. Physical therapists can provide substantial healthcare leadership in both treatment and societal reintegration. As clinician scientists, bridging the gap between scientific evidence and knowledge translation at hospital bedside holds tremendous potential for innovative practice across acute care settings.

LEARNING OBJECTIVES
1. Appraise scientific literature to understand the complexities of acute care vestibular dysfunction, and implications of secondary neurological complications influencing successful treatment and utilization of resources.
2. Demonstrate critical thinking skills with application of eye movement principles to successful identification and intervention of treatable vestibular disorders and appropriate technique modifications.
3. Identify an evidence-based approach in the differential diagnosis of atypical variants of benign paroxysmal positional vertigo.
4. Identify future leadership opportunities in healthcare, given the role of the acute care physical therapist and patient discharge disposition.
Use of 6 Clicks to Provide Decision Support in the Hospital Setting

PRESENTED BY
Karen Green, PT, DPT
Mary Stilphen, PT/DPT

CO-SPONSORING SECTION
HPA the Catalyst

COURSE DESCRIPTION
Healthcare reform has reinforced the need for use of standardized data collection and analysis to drive value and efficiency. PTs are positioned to be change agents by using consistent and standardized outcome data to provide reliable information to interdisciplinary teams in determining discharge disposition. Additional opportunity lies in partnering with postacute facilities and payers to provide reliable data without extension in length of stay and unnecessary updates to information in the throughput process. This session will provide information and examples on how the systematic collection of standardize outcome data can be used to partner with postacute care providers and payers to drive efficiency to the hospital to postacute transition of care. The presentation will demonstrate how 1 health system demonstrated the value of data to drive cost savings and innovation in discharging patients to community skilled nursing facilities. Practical tools and strategies will be shared to guide others in the implementation of initiatives in their own practices.

LEARNING OBJECTIVES
1. Examine specific strategies to leverage systematic standardized outcome data collection to drive acute care throughput.
2. Discuss strategies to initiate, conduct, and evaluate physical therapy outcome data to drive meaningful change, efficiency, and value.
3. Detail practical tools and strategies to promote analysis and communication of data trends to maximize culture change.
4. Discuss practical strategies to measure implementation success.
Mechanical Circulatory Support and Mobility: Physiology to Clinical Decisions

PRESENTED BY
Evan Haezebrouck, PT, DPT
Kyle Ridgeway, PT, DPT

COURSE DESCRIPTION
Early physical therapy in the intensive care unit (ICU) continues to garner increasing clinical focus, including in cardiac and cardiothoracic ICUs with patients on a variety of mechanical circulatory support (MCS) devices. The evidence regarding mobilization of patients on MCS devices predominantly consists of small safety and feasibility case series. There is a paucity of evidence or recommendations discussing specific clinical parameters to guide initiation, monitoring, progression (or regression), and cessation of activity. Survey data on general PT practice indicates decreased PT involvement and mobility performed in patients who are orally intubated, have increased medical complexity, or have increased medical equipment. Many case reports mention delaying PT involvement until medically appropriate, without clear definitions or parameters for either specific populations or individual patient scenarios. This reflects a gap in applying relevant foundational physiologic knowledge of potential clinical parameters that may indicate appropriateness for activity. This session will draw from pathophysiology, anatomy/physiology of support devices, and current clinical evidence in the context of clinical experiences at University.

LEARNING OBJECTIVES
1. Understand background knowledge on physiology and MCS, including VAD, ECMO, and tandem heart.
2. Identify potential physiologic measures to assist in initiating, monitoring, and progressing vs. regressing activity.
3. Understand a practical approach for rehabilitating and mobilizing this population.
4. State considerations for exercise dosage and intensity.
Disseminating Quality Initiative Reports: From Planning to Publication

PRESENTED BY
Gerard Fluet, DPT, PhD
Beth Smith, PT, DPT, PhD

COURSE DESCRIPTION
With a proper study design, data acquired from a quality improvement (QI) project can provide valuable insights for providers and administrators. This session will teach attendees how to plan and design an acute care physical therapy QI project and compose a manuscript for publication in a scholarly journal. Participants will leave with an understanding of the types of QI projects that will generate information that can be generalized to other institutions and the types of data that need to be collected and presented for a reader to ascertain whether the process and findings presented might be extrapolated to their own clinical setting. In a roundtable discussion, attendees can ask advice about the feasibility of preparing existing QI data for publication and or the design of new QI projects with the intent to disseminate findings beyond the source institution.

LEARNING OBJECTIVES
1. Describe the elements of a generalizable quality initiative project.
2. Describe several approaches to utilizing theory and evidence to establish the context of a Quality initiative Report.
3. State the location of author guidelines for the Journal of Acute Care Physical Therapy.