AMERICAN DELIRIUM SOCIETY
#ADS23PVD

PROVIDENCE
RHODE ISLAND
JUNE 11 – 13, 2023

~ Collaboration and Innovation to Optimize Patient and Family Outcomes ~

Mission

The goals of the American Delirium Society are to foster research, education, quality improvement, advocacy & implementation science to minimize the impact of delirium on short- and long-term health and well being of patients.

SUBMISSION PLANNING GUIDE

Authors or presenters must submit abstracts and/or proposal for a symposia, workshops, or panel discussions for the American Delirium Society's (ADS) Annual Conference via the Qualtrics link found on the conference web page. **There is no limit to the number of submissions; however, you must submit each proposal separately.** The submission site opens August 31, 2022. If you need to make changes or modifications to your submission, please use the "Contact Us" link on the ADS website to connect with conference planners. ADS highly recommends that you read this Guide in advance of your submission to promote likelihood of acceptance.

Submission Fee

There is currently no submission fee required for abstract or proposal submission; however, ADS asks that you consider making a suggested donation of $35 which will be used to fund a new Emerging Scholar/Researcher Scholarship, with included mentorship, for students of any healthcare discipline.

Submission Criteria

Abstracts must be based on original scholarship or research, including research that is in progress with *preliminary results*. Empirical, theoretical/conceptual, and educational contributions from all healthcare disciplines and levels of expertise are welcome. ADS especially encourages students, from undergraduate through terminal degrees, and underrepresented healthcare disciplines, practice settings or geographical locations to make submissions. Currently underrepresented disciplines in delirium scholarship or research include, but are not limited to: Nursing, occupational therapy, pharmacy, physical therapy, respiratory therapy, and social work.

Acceptance Criteria

Abstracts or proposals must report realized results, as opposed to anticipated results for research and Quality Improvement initiatives. For educational activities, workshops, and panel discussions a summary of how the topic/content will address **professional practice gaps** related to delirium must be included. The following items will be considered during the review process:

- Clear statement of research aims, scholarship, or objectives and the significance of this work. <u>Please note that all conference content must also identify learning objectives, or key takeaways related to mitigation of professional practice gaps related to delirium, for the audience as this is an accredited continuing education event</u>.
- Adherence to appropriate formatting for the type of abstract or proposal submitted. Recommended inclusion, per submission type, are highlighted as follows:
  - *Abstract or Research Submission*- Objective, Methods, Results and Conclusion(s)
  - *Case Reports*- Introduction/Background, Case Description, Discussion on Implication to Practice
  - *Educational Submissions or Workshops*- Educational Need to Address a Professional Practice Gap, Description of Pedagogical Approach, Learning Outcomes, Summary
  - *System-Level Quality Improvement*- Modeled after the SQUIRE 2.0 Guidelines (Appendix A), inclusions are Background, Local Problem, Methods, Interventions, Results and Conclusion(s)
- Specificity and appropriateness of methods
- Specificity of key findings, results and/or major conclusions
- Clarity of implications for theory, further research, education, policy and/or practice
- Degree of innovation or ability to advance the field of delirium research or practice
- Degree to which submission supports the ADS mission and whether submitter(s) are emerging scholars/researchers, from an underrepresented discipline or geographic location, and ability for the conference planning team to present content that meets the needs of a diverse target audience.
  - In an effort to present a robust portfolio of offerings to the audience, some submitters may be asked to pair with other submitters with similar topics, or otherwise modify their format, such as modifications for a symposia or panel discission presentation as opposed to a singular presentation
  - In an effort to support students or early career professionals, some emerging scholars/researchers may receive preliminary feedback or mentorship to fine-tune their submission before final acceptance determination is provided. Early career is defined by ADS as being in a mentored position or within 10 years of receiving a terminal degree.

Session Type and Topic

For 2023, ADS will review submissions for the following session types:

- *Plenary or Keynote Session*- Typically these sessions are by invitation only for a highly influential speaker presenting on a topic that is aligned with this year's conference theme. The Plenary Session is a part of the conference attended by all in the main meeting space without co-occurring content in a separate space.

- *Symposia*- A collection of brief presentations from a small number of contributors on a particular subject (i.e., long-term outcomes of pediatric delirium). The contributors do not need to be previously associated; collaboration from various organizations or locations is encouraged.
- *Panel Discussion*- Panel discussions are intended to spark conversation between a group of experts and/or the audience so that the audience may learn from the discourse and interaction. Panel discussions provide an opportunity for a diverse set of individuals to share wisdom or provide insights on topics that may be highly challenging or with emerging evidence. Interprofessional panelists or those representing diverse views are encouraged.
- *Simulation or Live Demonstration*- Simulations are immersive and engaging imitations of real-world processes or circumstances that allow participants to apply learnings in dynamic scenarios. Live demonstrations are similar in the intention to assist learners in exploring application to practice; however, they may be acted out by faculty as opposed to facilitating audience participation.
- *Workshop*- A workshop usually aims to walk attendees, generally separated into small working groups, through some complex process. These small working groups can also be utilized to generate new ideas or approaches to topics as well as to collaboratively identify action items or next steps to move a new initiative (i.e., guideline development) forward.
- *Poster & Late-Breaking Abstracts*- A written and graphical display summarizing research or a project intended to promote evidence-based practice in delirium care. Posters will be displayed in a galleria with an opportunity for face-to-face discussion with conference attendees during a reception, allowing presenters to reach a large audience of individuals specifically interested in their topic. Poster dimensions are formatting requirements will be provided upon acceptance. Late breaking abstract submissions are primarily reserved for submissions of compelling research results that were previously not available at the time of the general abstract submission deadline. Submitters should provide a brief statement of timeliness about what the poster abstract is late breaking.

Topic Themes

The following are encouraged topic themes; however, this list is not all inclusive and innovative topic submissions are highly encouraged. We also encourage submissions applicable to a variety of practice settings including home or community care, pediatric, perioperative etc.

Core Delirium Outcomes	Education & Quality Improvement	Family Education, Empowerment, or Impact	Healthcare Delivery Science	Research & Innovation
Delirium Occurrence/ Prevalence/ Incidence	Algorithms, Order Sets, Policies and/or Standard Work	Caregiving and Care partner Considerations	Age-Friendly Health Systems (AFHS)	AI/ Technology
Delirium Severity	Educational Best Practices	Patient & Family Education	Continuity of Care/ Care Continuum	Cellular/ Molecular/ Genetic

Time to Delirium Resolution	Educational Outcome Measurement & Practice Change	PICS & PICS-F Assessment and/or Intervention	Global Collaboration, Research or Guidelines	Dementia, Neurodelirium or Psychiatric Illness Findings/ Considerations
Health-Related Quality of Life	Interprofessional Team Competencies	Recovery, Rehabilitation and/or Resilience (inc. Support Groups & Social Networks)	Legal, Regulatory and/or Billing	Epidemiology
Emotional Distress (inc. Anxiety, Depression & PTSD)		Shared Decision Making	Nurses Improving Care for Healthcare Elders (NICHE)	Outcomes Across the Lifespan (From Pediatrics to Palliative)
Cognition/ Memory			Social Determinants of Health r/t Delirium	Pathophysiology
Mortality			Team engagement and communication	Patient-Centered Outcomes Research Institute (PCORI)
				Personal and/or Environmental Risks
				Pharmacological OR Non-pharmacological Interventions
				Prevention, Health Promotion and/or "Prehabilitation"
				Qualitative Research or Mixed Methodology
				Sleep- Impact & Interventions

Presentation Timing

Presentation timing varies per type and topic, but generally ranges from 60 to 90 minutes. Please be prepared to indicate how much time each presenter will be allotted for symposia and panel discussions and be prepared to leave adequate timing for audience engagement through interactive Q & A sessions, reflective discussions, live polling, or other mechanisms. Upon acceptance, you or your team will be provided reminders and/or coaching on timing requirements for your session.

Accredited Continuing Education (CE) and Maintenance of Certification (MOC) Considerations

The ADS Annual Conference is planned and designed in accordance with accredited continuing education criteria as stipulated by Joint Accreditation.

- *What is accredited continuing education?* Education that meets criteria and standards set by accrediting bodies (i.e., Joint Accreditation, ACCME, ANCC, ACPE etc.) for the purposes of continuing professional development of licensed healthcare professionals as well as maintenance of licensure, specialty certification, and hospital privileges.
- *Primary Criterion:* The content must demonstrate an "educational need" based on a "professional practice gap". The definition of a practice gap is an adaption of the definition from the Agency for Healthcare Research and Quality (AHRQ)- "The difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional evidence."
- *What is Joint Accreditation?* A collaboration of multiple healthcare accrediting bodies with a unified set of criteria for accrediting continuing education thus allowing for simultaneous continuing education approval for 10+ disciplines and representing "best practices" in healthcare education.
- *What are the Primary Foci of Joint Accreditation Criteria?*
    - **Standards for Integrity and Independence** which protects learners from direct marketing, commercial bias, and conflicts of interest
    - **Interprofessional Collaborative Education** which includes opportunities for learners of various disciplines to learn FROM, WITH and ABOUT each other's roles/ responsibilities
    - **Patient & Family Advisor Involvement** which encourages reflective learning opportunities for the team to address attitudes and beliefs that may impair performance or increase implicit biases
    - **Healthcare Educational Best Practices** which include the application of Adult Learning Theory, enabling and reinforcing strategies, reduction of implementation barriers, and consideration of factors unique to healthcare

Upon acceptance, you or your team may receive additional feedback or coaching to help improve your presentation's ability to demonstrate these accredited continuing education requirements, including the preferred mechanism for your presentation type. Please be prepared to provide the following:

- Learning Objectives: 2-3 "key takeaways" you want attendees to reflect on. You may be asked to phrase these takeaways as a question, with answer provided, in order to facilitate live audience polling or post-activity assessment questions for recorded content.
- You may be asked to collaborate on novel ways, specific to your presentation, to engage with a hybrid audience that is both in-person and attending virtually.

Additionally, the annual conference will be reviewed for Maintenance of Certification (MOC) credits criteria as designated by 7 physician specialty boards. General requirements for MOC include that there is an explicitly stated "participation threshold", a learner evaluation method, and a learner feedback mechanism as shown below. You or your team will be guided on recommendations to achieve these criteria upon acceptance; however, your collaboration and input is welcome.

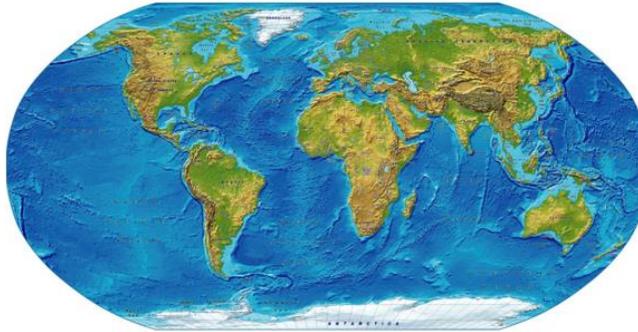| Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
Written responses	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.
Audience response system	Learners select answers to provocative questions using the ARS. The ARS must be traceable to the individual.	Learners engage adequately with an acceptable number of attempts. Threshold set by provider.	Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.
Quiz	Learners complete answers to a quiz during or after an activity.	Percent of correct answers set by provider.	Best answer to each question is discussed or shared, including rationale for correct answers with relevant citations.
Table-top exercise	Learners write down next steps in an evolving case at various set points.	Learner writes a possible next step to each question.	Best practice at each step is discussed or shared after each set point.
Simulation	Learners demonstrate strategy/skill in a simulated setting—could be role-play or formal simulation lab.	Learner participates in simulation as judged by a facilitator or observer.	Best practice or technique is discussed and shared throughout, or at the conclusion of the simulation

Engaging with the Target Audience

Submitters may find it helpful to understand our target audience better in the planning of a submission proposal. In 2022, utilizing a hybrid model of both in-person and virtual delivery, conference attendees were 47% Physicians, 20% Nurses, 1% Pharmacists, and 32% Other Healthcare Disciplines. Of those who were included in the other category, roles or disciplines included: Administrators, Case Managers, Educators/Professors, Elder Life Specialists, Occupational or Physical Therapists, Patients and Patient Advocates, Psychologists, Quality or Risk Managers, Researchers, Social Workers, and Students.

Attendees are primarily from the United States, although ADS represents Canada and Latin America as well and the organization is well-connected with international leaders in delirium. This gives us world-wide reach, as shown in the graphic on the next page.

Worldwide Reach!
Twenty-Five Unique Countries Included:

- Austria
- Argentina
- Brazil
- Canada
- Egypt
- Greece
- India
- Israel
- Italy
- Japan
- Libya
- Malaysia

- Myanmar
- Norway
- Pakistan
- Portugal
- Saudi Arabia
- Singapore
- Sri Lanka
- Sweden
- Switzerland
- Thailand
- Turkey
- United Kingdom
- United States of America

Awards & Scholarship Opportunities

ADS offers a variety of awards, including the Borten Family Foundation Junior Investigator Award. For information on eligibility please see Appendix B.

NIDUS & Other Partnerships

ADS partners with the Network for Investigative of Delirium: Unifying Scientists (NIDUS) with dedicated sessions to present NIDUS scholarship. Please indicate if you are in any way associated with NIDUS in your submission.

Next Steps

Upon preliminary or final acceptance, you will be notified by the 2023 ADS Conference Planning Committee of your invitation to present as well as details regarding the presentation type and timing. Next, you will be connected with Kerri Maya, the accredited continuing education program manager with Sutter Health which is the Joint Provider of this accredited service. Sutter Health utilizes a software with a Faculty Management module that will assist you in meeting additional requirements by the stated due dates.

Appendix A

Standards for Quality Improvement Reporting Excellence (SQUIRE) 2.0

Additional Information on SQUIRE 2.0 via link below, including addressing:

- Why did you start?
- What did you find?
- What does it mean?
- And other pertinent information such as funding sources

http://www.squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471

Revised Standards for Quality Improvement Reporting Excellence

SQUIRE 2.0

Notes to Authors

- The SQUIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare.
- The SQUIRE guidelines are intended for reports that describe system level work to improve the quality, safety, and value of healthcare, and used methods to establish that observed outcomes were due to the intervention(s).
- A range of approaches exists for improving healthcare. SQUIRE may be adapted for reporting any of these.
- Authors should consider every SQUIRE item, but it may be inappropriate or unnecessary to include every SQUIRE element in a particular manuscript.
- The SQUIRE Glossary contains definitions of many of the key words in SQUIRE.
- The Explanation and Elaboration document provides specific examples of well-written SQUIRE items, and an in-depth explanation of each item.
- Please cite SQUIRE when it is used to write a manuscript.

Title and Abstract

1. Title	Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare)
2. Abstract	a. Provide adequate information to aid in searching and indexing b. Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions

Appendix B

Criteria for Borten Family Foundation Junior Investigator Award

Purpose

The William and Judith Borten Junior Investigator Award is granted to individuals who make significant contributions to the field of delirium research as well as their long standing contributions to the American Delirium Society Community.

Eligibility

The criteria to apply for this award are:

1. Must be a member of the ADS attending the Annual ADS meeting and has submitted a high quality abstract for oral or poster presentation

2. Must be an investigator with commitment to research in the field of delirium who is less than or equal to 10 years from the last professional degree (e.g. M.D., D.O., Ph.D., Pharm.D., DNP or equivalent)

3. Individual must not be higher than Assistant Professor in academic rank

Appendix C

About the 2023 Venue in Providence, Rhode Island

The 2023 venue for the ADS Annual Conference will be Convention Center in Providence Rhode Island.

Nestled at the top of Narragansett Bay, Providence, Rhode Island delivers classic New England charm in a friendly, small state. Founded on a tenet of religious freedom, Providence exercises its independent spirit through innovation, culture, food, and art. Yet, it is steeped in history of its founding, maritime phase, and industrial phase. It has been named one of the most walkable cities in America.

Providence boasts one of the best commuter airports in the US and is connected to the downtown area by commuter train. If traveling through Boston, Providence is accessible via public transportation.

The ADS Conference will be held at the Providence Convention Center which is a 10-minute walk from the Providence Train Station, the Marriott Courtyard (the official conference hotel), state capital, and Rhode Island School of Design Museum. The Conference Center is in the heart of the downtown district with restaurants, clubs, theater, and shopping at the doorstep.

If you come a little early, your palate can enjoy a diverse menu, especially given Rhode Island's seven culinary schools. Enjoy the beauty of the flickering firelight as downtown Providence is transformed by eighty-six wood-burning bonfires in the river with fragrance of aromatic wood smoke, the boats of fire-tenders, and the music from around the world. Explore the mansions of Newport or the bucolic island of Martha's Vineyard – both accessible by ferry from Providence.

Please see the conference webpage for additional information on Waterfire, social events, team run/walk and more ways to connect while you're there. Picture yourself in Providence! We can't wait to see you there.

Thank you,

2023 ADS Conference Planning Committee