



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.

2024 SUBMISSION PLANNING GUIDE

Conference Theme: A World Without Delirium: Using Compassion, Innovation, and Research-Informed Care to Eliminate Delirium Across the Continuum

Introduction: Welcome to the American Delirium Society's 14th Annual Conference! This year, we gather with a shared purpose - to foster compassion through research and innovation, striving to create a world where delirium is but a distant memory across the continuum of care.

Theme Overview: Delirium, a pervasive challenge that affects individuals of all ages and backgrounds, demands a comprehensive approach. Our theme, *"A World Without Delirium: Using Compassion, Innovation, and Research-Informed Care to Eliminate Delirium Across the Continuum,"* centers on the vital role of compassion in care and implementing evidence-based strategies aimed at prevention, early intervention, or early recovery at every stage of the care journey.

Key Focus Areas:

1. **Comprehensive Research Strategies:** We delve into the multifaceted research efforts that address the intricacies of delirium, spanning its risk factors, prevention, diagnosis, management, and long-term effects. How can we integrate compassion into research methodologies to ensure a patient-centric focus?
2. **Empathy in Clinical Practice:** Compassionate care is at the heart of successful delirium management. We explore the importance of empathetic approaches in clinical settings, acknowledging the impact of compassionate interactions on patients, families, and healthcare professionals.

3. **Translational Research:** Bridging the gap between cutting-edge research and practical application, we examine ways to effectively implement research findings across diverse care settings and demographics.
4. **Addressing Disparities:** Understanding and mitigating disparities in delirium risk, access to care, and outcomes across different populations. How can we promote compassionate interventions that are equitable and inclusive?
5. **Innovative Technologies:** Exploring the role of technology in enhancing delirium research and care delivery. From telemedicine to wearable devices, we investigate how technology can be harnessed compassionately for patient benefit.
6. **Education and Training:** Fostering a culture of compassion in healthcare by empowering professionals with evidence-based training and educational resources. How can we ensure that compassion remains at the core of medical education?
7. **Collaborative Care Models:** Recognizing the value of interprofessional collaboration in the prevention, assessment, and management of delirium. We explore successful models that foster teamwork, compassionate communication, and integrated health systems.
8. **From Hospital to Home:** Understanding the continuum of care from hospitalization to post-discharge, and the importance of maintaining compassionate interventions throughout this journey.
9. **Beyond Medicine:** Examining non-pharmacological approaches, such as music therapy, mindfulness, and art, to enhance patient well-being and reduce delirium incidence.
10. **Prevention and Early Intervention:** Highlighting the significance of early detection and intervention in preventing delirium and its associated complications. How can we implement compassionate approaches to identify at-risk individuals and initiate timely care?

Summary: As we come together under the banner of *“A World Without Delirium: Using Compassion, Innovation, and Research-Informed Care to Eliminate Delirium Across the Continuum,”* let us be inspired by the power of collaboration, research-driven insights, and, above all, compassion. By embracing empathy, harnessing innovation, and ensuring that our efforts extend across all care settings, we move one step closer to fulfilling our vision - a world where delirium is eradicated, and compassionate care prevails throughout the continuum of health.

Essential Information

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 Oxford Abstracts 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 15, 2023 for session submissions. Abstract submissions for posters and brief oral presentations (<15 minutes) will open later this fall so watch for email reminders about submission timelines and due dates for both types of submissions. If you have any questions about the submission process not answered by this Guide, or if you have technical concerns with the submission software, please see this [demonstration video](#) or contact us at info@americandeliriumsociety.org. ADS highly recommends that you read this Submission Guide in advance of your submission to promote the 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

Proposals 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

Proposals must report realized results, as opposed to anticipated results for research and Quality Improvement initiatives. For educational activities, workshops, and panel discussions should include 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. 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.
- 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 discussion 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 2024, 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.
- Round Table or 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.
- Participant Engagement 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.
- Oral Paper, 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 gallery 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 and 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.
- Case Reports or Case Studies- A case report is a detailed report of symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports usually describe an unusual or novel occurrence and can facilitate medical progress and provide new insights in healthcare.

Encouraged Categories

In addition to the Key Focus Areas listed above, innovative topic submissions are highly encouraged as are submissions applicable to a variety of practice settings including home or community care, pediatric, perioperative etc. Additional categories to be considered include, but are not limited to:

Core Delirium Outcomes	Education & Quality Improvement	Family Education, Empowerment, or Impact	Healthcare Delivery Science	Research & Innovation
Delirium Occurrence/ Prevalence/ Incidence	Assessment Tool Variability & Assessment Challenges	Caregiving and Care Partner Considerations	Age-Friendly Health Systems (AFHS)	AI/ Technology
Delirium Severity	Developing Delirium Champions: From Boardroom to Bedside	Improving Informed Consent	Continuity of Care/ Care Continuum	Cellular/ Molecular/ Genetic/ Data Analysis
Time to Delirium Resolution	Educational Best Practices	Patient & Family Education from Prevention to Persistent Delirium	Global Collaboration, Research or Guidelines	Dementia, Neurodelirium or Psychiatric Illness Findings/ Considerations
Health-Related Quality of Life	Educational Outcome Measurement & Practice Change	PICS & PICS-F Assessment and/or Intervention	Legal, Regulatory and/or Billing	Outcomes Across the Lifespan (From Pediatrics to Palliative)
Emotional Distress (inc. Anxiety, Depression & PTSD)	Implementation Science Approaches to Identify Barriers & Facilitators	Recovery, Rehabilitation and/or Resilience (inc. Support Groups & Social Networks)	Nurses Improving Care for Healthcare Elders (NICHE)	Patient-Centered Outcomes Research Institute (PCORI)
Cognition/ Memory	Interprofessional Team Competencies	Shared Decision Making	Social Determinants of Health r/t Delirium	Prevention via Personal and/or Environmental Risk Mitigation
Mortality	Strategies for Sustained Practice Change	Strategies for Appropriately Leveled Caregiver Involvement	Team engagement and communication	Prevention, Health Promotion and/or "Prehabilitation"

Presentation Timing

Presentation timing varies per type and topic, but generally ranges from 45 to 75 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. A learning objective is typical written in terms of “Who will do how much (or how well) of what by when”. For example, “Demonstrate the correct sequence of assessment steps when assessing a patient for delirium with the CAM-ICU”. However, to increase audience engagement, 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. For example, “What are the correct sequence of assessment steps when assessing a patient for delirium with the CAM-ICU? Attendees may give the following responses to this polling question...”

- You may be asked to elaborate on your strategy to engage with the audience for active learning.

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.

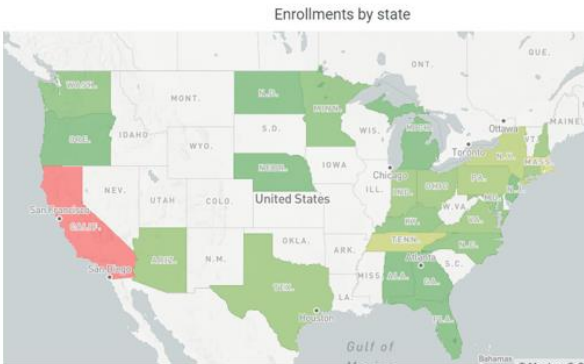
Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case 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 2023, utilizing a hybrid model of both in-person and virtual delivery, conference attendees were 47% Physicians, 34% Nurses, 3% Pharmacists, and 16% other healthcare disciplines such as 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 below; however, we need your help to help **fill the map!**

Where did our attendees come from?



Observation: Great to see strong West Coast engagement ahead of 2024!

Goal: Let's fill in this map!!



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 2024 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 Sutter Health, the accredited continuing education Joint Provider of this accredited activity. 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 (SQIRE) 2.0

Additional Information on SQIRE 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

SQIRE 2.0

Notes to Authors

- The SQIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare.
- The SQIRE 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. SQIRE may be adapted for reporting any of these.
- Authors should consider every SQIRE item, but it may be inappropriate or unnecessary to include every SQIRE element in a particular manuscript.
- The SQIRE Glossary contains definitions of many of the key words in SQIRE.
- The **Explanation and Elaboration** document provides specific examples of well-written SQIRE items, and an in-depth explanation of each item.
- Please cite SQIRE when it is used to write a manuscript.

Title and Abstract

<u>1. Title</u>	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)
<u>2. Abstract</u>	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 2024 Venue in Sacramento, California

Pre-Conference Venue

The 14th Annual American Delirium Society's Pre-Conference on Sunday June 9, 2024 will be hosted in the Betty Irene Moore Hall on the Sacramento medical campus of the University of California, Davis. This 70,000-square foot state-of-the-art simulation and collaborative learning spaces features a conference space designed for active engagement of participants and simulation labs that cover the continuum of care. This includes a one-bedroom Home Health simulation suite, a 15-room Primary Care Clinic simulation suite complete with a patient waiting room and video-enabled debriefing rooms, and an eight-bed Acute Care/Emergency simulation suite. More information about these innovative learning spaces can be found here: https://health.ucdavis.edu/nursing/about_us/hall/suites.html

Main Conference Venue

The Main Conference will be held on June 10-11, 2024 at the [Hyatt Regency Sacramento](#) across the street from the state capital building. The Hyatt Regency Sacramento has over 27,000-square feet of event spaces ranging from elegant ballrooms to boardroom meeting rooms with inviting spaces for sponsor booths, concierge services, and speaker ready services all included. On breaks, attendees can relax at the inviting outdoor meeting spaces poolside or on the covered patio. Being centrally located, this venue is within walking distance of the plenty of delicious restaurants to fill yourself up or you can dine in-house at Dawson's Steakhouse that serves farm-to-fork cuisine from ingredients sourced from the richness of Sacramento Valley farms. Take the [virtual tour](#)!

Location- Sacramento, California

Sacramento is known both as the "City of Trees" and "River City", boasting beautiful scenery on the banks of both the American River and the Sacramento River. For those that are nostalgic or history buffs, you can dive back into the 19th Century by visiting the Old Sacramento Waterfront, a restored neighborhood from the Gold Rush full of saloons, restaurants, and plenty of shopping. In Sacramento there is never a dull moment with a wealth of museums, parks, historical sites, farmer's markets, and scenery to capture your interest. Learn more about your [visit to Sacramento](#) and [local events](#)!

We are thrilled to hold the 2024 conference in a location so ideally suited for the innovative and collaborative work you and your colleagues are engaged in; however, we encourage you to also take advantage of the affordable hotel prices and use Sacramento as your "base camp" as you set out on a California Adventure after the conference, exploring the awe-inspiring natural beauty of Lake Tahoe which is 1.5 hours to the east or the oenophile paradise of Napa Valley which is 1 hour to the west.

Attendee concierge recommendations will be available closer to the event. We look forward to connecting with you there!

Thank you,

2024 ADS Conference Planning Committee