As a result of the ongoing conversations between NAON leadership, the city of Palm Springs and the Palm Springs Convention Center and hotel partners, and to ensure the safety of our members, we are pleased to share that the NAON 41st Annual Congress will transform into the NAON 41st Virtual Annual Congress, and will be hosted completely online.

While we won’t be able to gather in-person, this year’s virtual experience will still deliver the same high-quality education and networking you know and love.

Join us for the NAON 41st Virtual Annual Congress from the safety of your home or office, taking advantage of the opportunity to earn up to 42.5 continuing nursing education (CNE) contact hours — more than NAON has ever been able to offer.

This brand new virtual format will allow you to:

- Experience the conference and gain access to unparalleled educational opportunities from the safety of your home or office
- Access the education from all offered sessions with the option to attend live session dates or view on-demand recordings through August 31, 2021
- Network virtually with fellow orthopaedic nurses, including through an online community as well as visiting virtual exhibitor booths
- Hear from speakers and panelists who will share their thought leadership and best practices

**BY THE Numbers**

- **500+ FELLOW ORTHOPAEDIC NURSING PROFESSIONALS**
- **70 POSTER PRESENTATIONS**
- **42.5 CNE CONTACT HOURS**
- **20+ EXHIBITORS AND SPONSORS**
- **3 SESSION TRACKS**
- **24 EDUCATIONAL SESSIONS**
- **5 NETWORKING OPPORTUNITIES**
CONTINUING NURSING EDUCATION (CNE) HOURS

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<td>View on-demand Congress webinars available in the virtual platform before the actual start of the 41st Annual Congress</td>
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<td>Congress Live Education Sessions</td>
<td>13</td>
<td>Attend live session broadcasts for all general sessions, networking panels and select concurrent breakout sessions</td>
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This educational activity is provided by the National Association of Orthopaedic Nurses. The National Association of Orthopaedic Nurses is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation. NAON is currently seeking approval for this conference from the Commission for Case Manager Certification (CCMC) for CCM credits. The CCMC is accredited by the National Commission for Certifying Agencies.

LEARNING OBJECTIVES
NAON’s Annual Congress provides discussions on basic knowledge and skills for orthopaedic nurses. We emphasize sharing of research, best practices, and evidence-based recommendations. The content is driven largely by practice gaps and associated educational needs identified by past Congress attendees, and in assessing trends in literature and practice.

The Congress Unit of the NAON Education Committee (NEC) also strives to present state-of-the-art advances in orthopaedic nursing care. Learners are provided updates in healthcare trends, offered multiple opportunities to network with participants, and are given several occasions to interact with exhibitors and product vendors.

By participating in this conference, attendees will increase their confidence and ability to:
- Discuss current approaches to improving patient care and outcomes
- Share strategic knowledge about current issues facing orthopaedic nursing and the healthcare industry
- Implement improvements to clinical practice and administrative strategies for effective quality care of patients with a variety of musculoskeletal conditions
- Incorporate evidence-based practice into the care of patients and their families
See below for a high-level schedule for the NAON Virtual Annual Congress. Please note that the schedule is subject to change and all times are in Central (CT) time.

**SATURDAY, MAY 22**

10:00 AM – 10:45 AM

**100: Opening Ceremony**

The opening ceremony marks the official start of NAON’s 41st Annual Congress. Hear from NAON President, Lynn Burkett on highlights of this year’s event, an update on what NAON has been working on over the last year and join us as we recognize this year’s award winners.

10:45 AM – 11:45 AM

**101: Opening Keynote: Keeping a Professional Presence in Times of Change**

**TOPIC: PROFESSIONAL DEVELOPMENT**

Faith Roberts, MSN, RN, NEA-BC

Today’s healthcare environments, whether rural or urban, have one common thread...CHANGE. That one word causes shivers down the spine of the most experienced nurse. Whether the change comes in the form of new technology, clinical practice models, or even more prevalent, hospital redesign, it is seen all too often as yet another intrusion to the delivery of quality patient care. With the unceasing expectations of the insurance industry for healthcare to “do more with less,” change is inevitable.

12:00 PM – 1:30 PM

**102: Nurse Navigator Networking Session**

**TOPIC: NURSE NAVIGATION/CASE MANAGEMENT**

Ashley Streett, MSN, RN, ONC, CCRN

Join fellow Nurse Navigators for this moderated and interactive Networking Session.

103: Panel: Maximization of the Orthopaedic Nurse and APN Roles in Multiple Settings

**TOPIC: OUTCOMES MANAGEMENT**

Dorothy Pietrowski, RN, MSN, ACNP, ONP-C; Laura C. Arkin, MSN, APRN-CNS, ONC, CCNS; Diane Ryzner, RN, APRN, CNS, OCNS-C; Kathleen A. Pirri, MSN, RN, APRN, ONP-C, A-GNP; Matthew C. Price, CNP, ONP-C, RNFA

In this session, Orthopaedic Nurse Practitioners discuss the changing role of the direct care provider and the NP to support positive patient outcomes as trends from inpatient to outpatient settings impact the patient experience.

1:30 PM – 3:00 PM

**Virtual Exhibit Hall**

3:00 PM – 4:00 PM

**Congress Comedy Hour**

Grab your popcorn and get ready to share in some laughs with your fellow orthopaedic nurses! Even though this year’s kick-off event will look different, we’re excited to kick back, relax in our homes and laugh it up with some hilarious comic stylings from our special guest.
200: Surgeon’s Perspective: Components of a Joint Arthroplasty Program of Excellence

TOPIC: OUTCOMES MANAGEMENT
Debra B. Schulman, RN, BSN, MBA, CCRC; Eugene B. Krauss, MD

An orthopaedic surgeon and administrative director will share how their program achieved Joint Arthroplasty Program of Excellence designation. Strategies shared include: Comprehensive preoperative patient education; Dedicated multidisciplinary team throughout the continuum of care; Standardized protocols for perioperative patient care; Comprehensive discharge education for safe transition to the home postoperatively; Active research team to prove and codify practice and processes to optimize patient care with fiscal responsibility.

201: Escape the Room: The Key to Reinvigorating Competency Assessment

TOPIC: STAFF EDUCATION
Stephanie Barrett, MSN, RN, ONC; Megan Poulsen Webb, MSN, RN, ONC, CNL; William Thomas Holland, MSN, RN, ONC; Stephen Breazeale, MSN, CRNP

This presentation will review an innovative and engaging approach to competency assessment. After a thorough literature review, this group chose an “Escape the Room” methodology for assessment of the staff’s knowledge of complications of spine surgery. This presentation will give an overview of the members of the planning committee, how to design the experience, necessary supports from the hospital or organization, and keys for facilitating escape the room sessions. Learners will benefit from a review of the statistical analysis of participant surveys from an effectively implemented escape the room. A pre & post survey was administered to all participants of the escape the room activity. This successful intervention included all members of the department caring for patients following spine surgery, inpatient and outpatient. Learners can apply this education in their own setting, and benefit from lessons learned by this group.

202: Lose the Weight and the Bone? Understanding the Experience of Osteoporosis Risk in Bariatric Surgical Patients

TOPIC: RESEARCH
Candy Mori, PhD, RN, APRN, ACNS-BC, ONC

This research study looked at the correlation between bariatric surgery and osteoporosis, and the understanding of the patient regarding this correlation. The current state of the science will be presented as a background to the study. Design and method, aims and themes found in qualitative data will be outlined. Clinical implications for nursing practice, recommendations and potential for future studies will be addressed.

203: Leadership Development: Preparing for Personal and Professional Growth

TOPIC: NURSING PROFESSIONAL AND PRACTICE ISSUES
Lynn D. Burkett, MBA, BSN, RN, ONC; Charla B. Johnson, DNP, RN-BC, ONC; Jack Davis, MSN, RN, ONC; Elizabeth Turcotte, MSN, RN-BC, ONC; Deb Valentine, MSN, RN, CCM, ONC and additional NAON Executive Board members

The NAON Executive Board will collectively present an assembly of ‘pearls of wisdom’ for the orthopaedic nurse in any role. Each member of the panel will have something to share.

204: What’s Wrong With This Picture? True Legal Case Scenarios Identifying Practice Gaps, and More

TOPIC: LEGAL AND ETHICAL ISSUES
Polly Gerber Zimmermann, RN-BC, MS, MBA, CEN, ONC, FAEN

In this session, a variety of complications will be reviewed, including compartment syndrome, cauda equina, complications r/t spinal cord surgery (hematoma, drain malfunction). Updates in complication prevention and management will be included. This is a fast-paced review of conditions and their outcomes through case studies, scenarios and litigation outcomes. A lightning round at the end with a brief (1 slide) of other highlight issues and new information. Information from the 2021 INS standards will be included. Look for an update on the latest treatments with sepsis. This session will make you think. What do you think? What would you do? Then this happened. What do you think? What would you do?
3:45 PM – 4:45 PM

205: Musculoskeletal and Orthopedic Pathology Related to Mild Traumatic Brain Injury

**TOPIC: TRAUMA, FRACTURE CARE, SPORTS MEDICINE**

Brandon Brock, DNP, DC, MSN, RN, NP-C, APRN, DAAIM, DACNB

This session will explore Mild Traumatic Brain Injury. This injury is often missed at the time of initial injury. Ultimately, 15% of people with mild TBI have symptoms that last one year or more. Incidence, pathology, diagnosis and treatment will be addressed.

206: Spine Navigation: A World Outside the Hospital

**TOPIC: SERVICE LINE/PROGRAM DEVELOPMENT**

Heather Roy, MS, BSN, RN, ATC, ONC; Amber R. Keller, BSN, RN, ONC

Over the past several years, there has been a general trend in spine surgeries transitioning from the inpatient setting to the ambulatory setting. The potential to capture the ever-growing back pain population presented a unique opportunity. Similar to oncology services and total joint replacements, nurse navigators are poised to help guide patients through the healthcare system. Patients with back pain are likely to experience a multitude of stops in their healthcare journey and not limited to one overarching department. With the opportunity to develop a program tailored to this population, the organization hired an orthopedic nurse in August 2019 to serve as Spine Nurse Navigator (SNN), building and leading the Spine Care program. This session will share how this role became successful and built a Spine Care program utilizing patient navigation.

207: Implementing the Nurses Improving Care for Healthsystem Elders (NICHE) Program to Enhance Outcomes for Hip Fracture Patients

**TOPIC: TRAUMA, FRACTURE CARE, SPORTS MEDICINE**

Hillary Dutton, MPH, MS, RN, CNE, CMSRN; Norma McCarthy, RN; AnnaLee Gallo, BSN

This presentation will review the key elements of the NICHE program, including a brief overview, essential components, the onboarding process and Staff development and education for program sustainability. The presenters will discuss co-morbidities and risk factors related to elderly patients with hip fractures and how the NICHE program can impact outcomes through applying best practices for geriatric care to this population. The role of the Geriatric Resource Nurse and Geriatric Resource Patient Care Associate will be introduced. Successes and Barriers will be highlighted.

10:00 AM – 11:00 AM

300: Bedside Multidisciplinary Rounds: Improving Communication and Patient Outcomes

**TOPIC: NURSE NAVIGATION/CASE MANAGEMENT**

Amber R. Keller, BSN, RN, ONC; Erica Blades, RN, BSN; Heather Roy, MS, BSN, RN, ATC, ONC

This presentation outlines a significant change made to the daily Multidisciplinary Rounds (MDR) process. The process flaws included repeating the same information multiple times and redundant and ineffectively used valuable time, loss of pertinent information and missing changes in patient’s condition or discharge recommendation. To better serve patients and staff, a review of the literature was conducted. Best practice suggests a patient centered approach to be the most effective means of communicating a clear plan. The team developed a significantly different model, which will be detailed in the presentation. The new model was implemented and has since been sustained with continual feedback from patients, family members and staff. The model has a benefit of keeping patients as the focus and everyone is updated immediately.
301: Completion Guidelines to Accurately Assess VTE Risk for Arthroplasty Patients; Caprini Risk Assessment Model

TOPIC: TOTAL JOINT - HIP/KNEE INNOVATIONS

Eugene Krauss, MD; MaryAnne Cronin, PharmD

Risk assessment for postoperative venous thrombosis can safely allow for administration of aspirin versus anticoagulation in low risk patients. The Caprini Risk Assessment Model (RAM) has now been validated in joint arthroplasty for prevention of postoperative venous thrombosis. The Caprini RAM is only effective when patients are risk assessed accurately. This is best accomplished preoperatively. The presenters will provide guidance and tools to complete the RAM accurately and efficiently, as well as local VTE outcomes using the Caprini RAM for risk stratification.

302: Frailty and Post-Operative Outcomes in Adult Hip Fracture Patients

TOPIC: RESEARCH

Melissa Yager, PhD, RN, CNS, ONC

This session will present a retrospective, descriptive, comparative design research study with a convenience sample (N = 302) of hip fracture patients, aged 50 years and older, receiving inpatient services at a large urban community Magnet designated Southern California hospital. Data was extracted from the electronic health record. The findings of this study from descriptive and bivariate analyses will be detailed. The impact of Frailty on outcomes will be explored. Conclusions and Implications will be shared. Frailty has a significant relationship with post-operative outcomes of the older adult hip fracture patient. Healthcare providers should assess for and consider frailty when developing a plan of care in order to ensure appropriate interventions and resources are used to benefit the frail older adult with a hip fracture.

303: ONCB General Session: Post-Traumatic Osteoarthritis; Biology and Outcomes

TOPIC: OSTEOARTHRITIS

Kevin Baker, PhD

Post-traumatic osteoarthritis now represents at least 12% of all new cases of osteoarthritis and accounts for over $3B in healthcare spending in the U.S. alone. Further, PTOA is now the leading cause of disability in U.S. military personnel. The vast majority of literature to date suggests that PTOA is related to the mechanical effects of joint trauma while emerging research from our group and that of others suggests a primarily biologic response to the initial injury. The objective of this presentation is to provide an update on the biology of PTOA, as well as the differences in PTOA patients and other cohorts with respect to outcomes of joint replacement, which is definitive management for end-stage disease. This session is sponsored by the Orthopaedic Nursing Certification Board.

304: Development and Audit of Internationally Supported Best Practice Nursing Care Standards for Older Adults with Fragility Hip Fracture; An ICON Quality Improvement Initiative

TOPIC: COMPLICATIONS, SAFETY, VULNERABLE POPULATIONS BEST PRACTICES

Anita J. Meehan, MSN, RN-BC, ONC, FNGNA; Ann Butler Maher, MS, RN, FNP-BC, ONC; Ami Hommel, RN, CNS

Fragility hip fracture is a devastating injury for both patient and family often resulting in impaired mobility, increased reliance on others, diminished health and sometimes death. Older adults with fragility hip fracture are the most common acute care orthopaedic inpatients and this trend will continue as the world’s population ages. The presenters will discuss the concept of universal application of the highest standards of orthopaedic nursing practice and care. Care standards focus on nurse sensitive quality indicators for acute care, including pain, delirium, pressure ulcer/injury, fluid balance/nutrition, and elimination [constipation, CAUTI]. The ICON Hip Fracture Work Group developed and validated a Hip Fracture Best Practice Care Standards Audit to guide point of care leaders. The Audit results showed areas of strength (pain, pressure ulcer/injury) and areas for improvement [cognitive assessment: delirium vs. dementia, pneumonia prevention] across nations and hospital settings. ICON has updated the original publication and will share essential components in this session.
**Schedule-at-a-Glance**

**2:00 PM – 3:00 PM**

**305: Effects of Aromatherapy on Pain in Total Hip and Total Knee Arthroplasty**

**TOPIC: RESEARCH**

Kathleen Wilson, MSN, RN, CNL, SCRN; Denise Berdecia, BSN, RN, ONC; Marcella O’Herlihy, BSN

The presenter team conducted a multi-center randomized controlled trial that showed how the use of alternative treatments can be helpful to our post-operative patients related to pain, sleep, nausea and overall hospital experience. The research process and findings will be outlined and discussed. The research study showed promise in using aromatherapy, specifically lavender, as adjunct treatment post total hip and total knee arthroplasty to benefit patients during the healing process.

**306: Leading the Way to Zero Through TJC DSC Ortho Certification**

**TOPIC: JOINT COMMISSION DSC**

Robin S. Voss, RN, MHA, TNCC-I; David Eickemeyer, MBA

The presenters, who are from Joint Commission, will translate the steps of TJC DSC certification into the road to zero harm for the orthopedic patient. They will discuss requirements for DSC application, examples of Metrics used, discussion of EB practice and the role that NAON plays in this. The presenters, who are from Joint Commission, will translate the steps of TJC DSC certification into the road to zero harm for the orthopedic patient. They will discuss requirements for DSC application, examples of Metrics used, discussion of EB practice and the role that NAON plays in this. Examples will be shared demonstrating how the certification has impacted hospital programs and their road to Zero Harm.

**3:15 PM – 4:15 PM**

**307: NAON General Session: What is the Best Way to Teach Patients? Find Out By Using the Patient Education Guidelines for Health Care Professionals**

**TOPIC: PATIENT EDUCATION**

Carolyn Crane Cutilli, PhD, RN, NPD-BC

This presentation will review the Health Care Education Association’s Patient Education Guidelines for Health Care Professionals. This includes the four components of Assessment, Planning, Implementation and Evaluation. The presentation will include interactive activities, examples and role play.

**4:15 PM – 5:15 PM**

**Hollywood at Home Celebration**

Time to party! The perfect ending to an incredible conference weekend, celebrate with your fellow orthopaedic nursing family. We’re bringing Palm Springs and the stars to you with a Hollywood theme trivia competition and, of course, our traditional Congress dance party.

**TUESDAY, MAY 25**

**10:00 AM – 11:00 AM**

**400: Engage Your People: Fill the Membership Void and Bridge the Generational Gap**

**TOPIC: NURSING PROFESSIONAL AND PRACTICE ISSUES**

Heather Barnes, DNP, APRN, CPNP, ONC; Christina Ridings, MSN, RN, ONC, NE-BC; Michele M. Hughes, DNP, APRN-BC, ACNP, ONP-C; Jennifer L. Doyle-Fidler, MSN, RN

Participate in this session to learn about the benefits of NAON membership, the differences between chapters and affiliates and discuss practices to implement to increase membership participation. Also in this session, a discussion of generational differences in the nursing workforce and succession planning.
10:00 AM – 11:00 AM

401: What’s Your QI IQ? Exemplars in Quality Improvement  
TOPIC: QUALITY IMPROVEMENT AND OUTCOME MANAGEMENT  
Jamie Lantz, MSN, RN, CNL; Shawna Townsend, MSN, RN, CPN, CNNL, OCN; Ella Blot, DNP, RN, GNP, CRNN, NE, OCN; 
This session presents two different approaches to quality improvement initiatives. Exemplar 1: This presentation will share the ‘before’ environment for daily rounds, and the opportunity to re-examine this practice and improve the process. An interprofessional walking rounding pilot was initiated in September 2018 and, interprofessional bedside rounds were adopted as the standard practice on the pilot unit. Data outlining the improvements will be shared, in addition to the elements critical to the success of the project. 
Exemplar 2: To initiate the quality improvement (QI) process, thirty-three staff nurses in the PACU completed a pre-survey consisting of nine questions to assess their knowledge of the ambulatory joint patient discharge process as well as accessibility to educational resources. Staff feedback and survey results strongly indicated a need to strengthen interdisciplinary communication and collaboration within the microsystem. Project planning and implementation was based on the PDSA cycle developed to complete this QI project. The PDSA cycle enables the Clinical Nurse Leader (CNL) to lead improvement on the original change idea and thereby increase the likelihood of success of the project. The presentation will detail each stage of the cycle as it was applied to this department.

402: Reducing Post Operative Bowel Complications in Orthopedic Patients  
TOPIC: COMPLICATIONS, SAFETY, VULNERABLE POPULATIONS BEST PRACTICES  
Nancy Arbuah, DNP, ANP-BC, OCN; Michelle Meneses, MS, AGPCNP-BC; 
Following orthopedic surgery, patients are generally prescribed narcotics which often increases their risk of constipation. Additionally, some patients are admitted with baseline constipation that is then compounded by opioid use. An increase in post-operative bowel complications at an academic Orthopedic Medical Center required action. The presenters will share their process to improving outcomes, which was the work of a multidisciplinary team. An evidence based constipation algorithm was formulated and will be shared in this presentation. Data regarding patient outcomes will also be shared.

11:00 AM – 12:00 PM

Virtual Exhibit Hall

12:00 PM – 12:45 PM

Closing Ceremony

Join us for a few closing thoughts from this year’s Annual Congress and hear from incoming NAON president, Charla Johnson, on her vision for the next year.

12:45 PM – 1:45 PM

403: Closing Keynote: Dare to Lead: How to Connect & Communicate  
TOPIC: PROFESSIONAL DEVELOPMENT  
Colette Carlson, MA, CSP, CPAE  
In an overworked, frenetic-paced environment like healthcare, successful orthopaedic nurses recognize their leadership role and develop the mindset and skillset necessary to inspire action and cooperation. Those who dare to lead understand the nuances in communication that build trust and connection, making a positive impact on those they serve and support. Leaders know the power of their words and understand that words alone do not generate allegiance and loyalty. Rather, a leader must be authentic and exhibit the behaviors conveyed in their message. The presenter shows us how to be a connected, compassionate leader who forms those crucial relationships that ultimately drive productivity, engagement and collaboration.
Registration includes access to all four days of live education (May 22-25), on-demand content through August 31, 2021, networking sessions and wellness breaks, the virtual Exhibit Hall and access to 70+ poster presentations.

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Email registration@orthonurse.org for more information on the military rate.

**CANCELLATION POLICY**

Because all Congress sessions will be available for on-demand viewing, only in the case of loss of employment, death in the family or other extenuating circumstances will a refund be issued. To request a refund, you must contact NAON at registration@orthonurse.org with documentation of your reason for cancellation by March 19, 2021. All cancellation requests will be reviewed by NAON, and if approved, will be processed within 2 weeks of the original request. Refunds that are approved will be subject to a $200 cancellation fee. Approved refunds will be processed in approximately two weeks.