



Seattle Nursing Research Consortium

Abstract Style and Reference Guide

Table of Contents

Content	Page
How to classify your Project	3
Research Abstract Guidelines	4
Research Abstract Example	5
Evidence Based Practice Initiative Abstract Guidelines.....	6
Evidence Based Practice Abstract Example	7
Practice Innovation, Quality Improvement Abstract Guidelines	8
Practice Innovation, Quality Improvement Abstract Example	9
References.....	10

How to Classify Your Project for SNRC

Research

- Classified by IRB as research** (*note to be classified as research you must have received IRB review and approval*)
- Typical Criteria for Research**
 - The activity is an investigation
 - The investigation is systematic
 - The knowledge of the systematic investigation is designed to develop or contribute to knowledge
 - The knowledge the systematic investigation is designed to develop or contribute is generalizable

EBP

- Sufficient evidence available to change practice (*if there is not sufficient evidence, or you are seeking to compare methods etc– contact IRB to determine if your project is research*)
- Translate evidence into a practice change (includes consideration of evidence, clinical expertise, and patient wants/needs)
- Evaluate whether the practice change had the desired effect (includes evaluation of processes and outcomes using research methods – but this is not considered research)

QI/PI

- A cyclic process to evaluate work flow and processes and improve the quality and effectiveness of the system (*data to evaluate processes and outcomes are collected using research methods – but this is not considered research*)
- No intent to contribute to generalizable knowledge, generate new knowledge or test interventions
- Each institution may have policies regarding whether these projects require IRB review

1. RESEARCH ABSTRACT

Research abstracts may focus on any aspect of nursing research and should reflect original research results.

Research Abstracts are to include the following headers as listed below:

Purpose: What was the intent or goal of the study? What did you want to learn?

Background/Significance: What was the problem and why was it important? What knowledge are you building on?

Methods: What was your design? What was your sample size? What instruments did you use? How were the data collected and analyzed? (For work in progress describe how you plan to conduct the study).

Results: What did you find? (For works in progress indicate the outcomes and data that you will present)

Conclusions: What do your findings mean? (For work in progress describe the potential implications of your research)

ABSTRACT FORMAT

Abstract Title: Maximum 120 characters (including spaces) – bolded

Authors: List in order: Last name, first initial of all authors followed by institution of first author. Omit all degree and titles. Do not bold.

Abstract Narrative

- Word document
- 1 inch margins
- 11 point font (New Times Roman)
- Maximum length – 3000 characters, including spaces
- Continuously word wrap text/headings into single paragraph
- Do not include graphs or tables
- Single spaced

Presenting Author

- Name
- Institution
- Email address

Example: Research Abstract

Efficacy of the Providence Saint Vincent Medical Center Intensive Care Unit Insulin Infusion Protocol

Schmedel, W., Shearer, A., McGrath, R., Ferger, C., and Johnson, C. Providence St. Vincent Medical Center, Portland, OR

Purpose: To determine the efficacy of this particular insulin infusion protocol measured by the amount of time euglycemia (80 to 110 mg/dL) is reached and to what extent the critical care patients remain euglycemic during a 48 hour period. **Background/Significance:** Several studies have demonstrated the physiological need to have “tight” blood glucose control in critical care patients ever since the Van derBerghe et al. study was published. **Methods:** 78 patients were enrolled into the study after an insulin infusion was started. Demographic data as well as serial blood glucose levels and the insulin infusion rate were recorded for 48 hours after the initiation of the insulin infusion. **Results:** Average time to reach euglycemia was 8.8 hours and the average percentage of time the patient remained euglycemic was 52% with the average glucose of 113 mg/dL. Patients with a Body Mass Index (BMI) less than 30 reached euglycemia in 7.6 hours while the patients with a BMI greater than or equal to 30 reached euglycemia in 11 hours ($p < .05$). Patients with a BMI less than 30 utilized an average amount of insulin of 3.1 units/hr while the patients with a BMI greater than or equal to 30 utilized an average amount of insulin of 4 units/hr ($p < .05$). **Conclusions:** The insulin infusion protocol used for this study was effective in safe as well as rapidly obtaining euglycemia (80 to 110 mg/dL). Patients with a BMI greater than or equal to 30 should have a more aggressive caveat to the insulin infusion protocol.

2. EVIDENCE-BASED PRACTICE INITIATIVES

Abstracts should focus on specific evidence based strategies or practice innovations that were designed and implemented to change or improve patient care, nursing practice, nursing management or nursing education. The abstract can reflect a project that has been completed within the past two years or is ongoing.

Evidence-Based Practice Initiatives Abstracts are to include the following headers:

Purpose: What was the intent or goal of the project? What problem is addressed by the EBP initiative?

Synthesis of the Evidence: Describe the steps taken to synthesize the evidence and the outcomes of the review

Proposed Change in Practice: Describe the change in practice based on the synthesis of evidence.

Implementing Strategies: Describe how you implemented the change in practice.

Evaluation: How did you determine if the change in practice was a success? What clinical outcomes did you evaluate? What process variables (e.g., adherence) were studied?

Conclusions: What do your findings mean (for work in progress describe the potential implications of your project)

ABSTRACT FORMAT

Abstract Title: Maximum 120 characters (including spaces) – bolded

Authors: List in order: Last name, first initial of all authors followed by institution of first author. Omit all degree and titles. Do not bold.

Abstract Narrative

- Word document
- 1 inch margins
- 11 point font (New Times Roman)
- Maximum length – 3000 characters, including spaces
- Do not include graphs or tables
- Single spaced

Presenting Author

- Name
- Institution
- Email address

Example: Evidence Based Practice Abstract

Eliminating Ventilator Associated Pneumonia by Increasing Ventilator Bundle Compliance

Gilliatt, P., Tyler, L., Streiff, J., Westley, M., Graham, J., Virginia Mason Medical Center, Seattle, WA

Purpose: To demonstrate that implementation and successive checks of an evidence-based bundle of interventions will decrease the number of nosocomial infection rates related to Ventilator Associated Pneumonia (VAP). **Synthesis of Evidence:** Nosocomial infections are associated with significant morbidity and mortality among hospitalized patients. VAP is the leading cause of death amongst hospital-acquired infections, exceeding the rate of death due to central line infections, severe sepsis, and respiratory tract infections in the non-intubated patient. In addition, VAP prolongs time spent on the ventilator, length of ICU stay, and length of hospital stay after discharge from the ICU, often adding an estimated cost of \$40,000 to a typical hospital admission. **Proposed Change in Practice:** VMMC adopted a 6-element ventilator bundle (elevate head of bed 30 degrees, daily spontaneous breathing trials, daily sedation vacation, peptic ulcer prophylaxis, deep vein thrombosis prophylaxis, and acute lung injury screening) in an effort to eliminate VAP infection rates. **Implementing Strategies:** Self-auditing and successive checks by 1) Respiratory Therapists (flowsheet documentation, and twice a day shift audits), 2) staff RNs (flow and report sheets), as well as 3) weekly safety rounds by CCU leaders have increased the reliability of successful compliance. **Evaluation:** A significant decline in VAP events was demonstrated over a 20-month period (1/2004 – 8/2005). During this period, VAP events occurred in 5 of the 20 months. Days between VAP events ranged from 13 to 232 days, and averaged 90 days. VAP was confirmed five times in 2004, and twice in 2005. Compliance rate with using the ventilator bundle was maintained at a very high level (97%). **Conclusions:** Use of the evidence-based ventilator bundle has been shown to have a dramatic effect in decreasing VAP events. Self-checklists and successive checks also proved to increase compliance with all elements of the ventilator bundle.

3. PRACTICE INNOVATIONS, QUALITY IMPROVEMENT

Abstracts should focus on practice innovations or quality improvement initiatives that were implemented to solve difficult, unique or interesting problems in patient care, nursing practice, nursing management or nursing education. The abstract can reflect a project that has been completed within the past two years or is ongoing.

Practice Innovations/Quality Improvement Abstracts are to include the following headers:

Purpose: What was the intent or goal of the project? What problem is addressed by the creative solution?

Background/Significance: What was the problem and why was it important? What knowledge are you building on?

Description: What was the creative solution? How was it developed and implemented?

Evaluation and Outcomes: What were the outcomes of the project? How was success measured? (For work in progress – describe the outcome data you will present)

Conclusions: What do your findings mean? (for work in progress describe the potential implications of your research)

ABSTRACT FORMAT

Abstract Title: Maximum 120 characters (including spaces) – bolded

Authors: List in order: Last name, first initial of all authors followed by institution of first author. Omit all degree and titles. Do not bold.

Abstract Narrative

- Word document
- 1 inch margins
- 11 point font (New Times Roman)
- Maximum length – 3000 characters, including spaces
- Do not include graphs or tables
- Single spaced

Presenting Author

- Name
- Institution
- Email address

Example: Practice Innovation/Quality Improvement

Decreasing Time of PICC Placement to Treatment in Oncology Patients Purrier, M., Virginia Mason Medical Center, Seattle, WA

Purpose: To decrease the time from PICC placement to chemotherapy treatment for oncology patients.

Background/Significance: Patients requiring chemotherapy typically are admitted to VMMC outpatient services for placement of their PICC line, as well as receiving their chemotherapy treatment. Our previous method involved placement of the PICC line by an IV team nurse, procurement of a portable x-ray verifying PICC line placement, reading and dictation of the placement by the radiologist, then review by the IV Nurse. If the PICC line needed to be adjusted the process was repeated until the PICC line was optimally placed. This procedure took from 3 to 8 hours, averaging 5 hours. This resulted in unnecessary treatment delay for the patient, as well as increased use of valuable resources, notably IV nurses, radiology, and treatment space in the Infusion Clinic. **Description:** In an effort to provide optimal care to the patient, minimize the risk of infection from multiple manipulations of the PICC line, and decrease unnecessary use of resources, a quality improvement project was undertaken. Patients requiring PICC placement were directed straight to radiology where the IV nurse placed the PICC line. A radiologist immediately checked the placement of the line using fluoroscopy. The PICC line was then secured and the patient taken to the Infusion Clinic for their chemotherapy treatment. **Evaluation and Outcomes:** The time to insert PICC lines decreased from an average of 300 minutes to 90 minutes (70% reduction). Additionally, patients experienced less risk of infection relative to the decreased numbers of catheter manipulations and time to occlusive dressing placement. Staff walking distance was reduced by greater than 50% and an additional 20 hours of clinic time were added back into the clinic schedule for the treatment of other patients. **Conclusions:** Inserting PICC lines using fluoroscopy offers myriad benefits. Patient time to treatment was decreased; the risk of infection from PICC line manipulation was decreased. Additionally, facility resources such as IV nurses, radiology, and clinic space were optimized.

References:

Conner, B.T. (2014). Differentiating research, evidence-based practice, and quality improvement. *American Nurse Today*: <http://www.americannursetoday.com/differentiating-research-evidence-based-practice-and-quality-improvement/>

Hedges, C. (2006). Research, Evidence Based Practice, and Quality Improvement. *AACN Advanced Critical Care*, 17(4). Pp 457-459. Found online at:
<http://achri.archildrens.org/resources/NursingResearch/Research,%20EBP,%20and%20QI.pdf>

Comparing Research, evidence-based practice, and quality Improvement
http://www.americannursetoday.com/uploadedFiles/Publications/American_Nurse_To_day/Issues/2014-06/Article/Practice_Matters/Evidence-based/ResearchConnerFINAL.pdf