

Evidence-Based Quality Improvement Paper and Poster Presentation Information

AWHONN 2013 Convention “Champion Excellence in the Care of Women and Newborns”

Evidence-based quality improvement paper and poster presentations are **original** and pertain to **completed evidence-based, data-driven quality improvement projects** related to women’s health, obstetric and/or neonatal practice, education or administration. This category includes projects based on best available evidence that are tested to determine the effect of these interventions on patient care, nursing, or nursing education structures, processes or outcomes. All researchers must have obtained Internal Review Board Approval and completed the data analysis stage before submission of the abstract. **Submissions are peer reviewed blindly.**

Researchers can indicate a preference to present orally in a paper session, or as a poster. Only those with speaking experience should select “paper”. All applicants interested in presenting orally are encouraged to indicate a willingness to display a poster if not selected for oral presentation. There are a limited number of slots available for oral presentation, and our poster room is extremely well attended. Arguably more attendees are exposed to your work there than in an oral presentation which competes with seven other sessions.

Criteria for Selection of Evidence-Based Quality Improvement Research Projects (Adapted from the Standards for Quality Improvement Reporting Excellence – SQUIRE <http://squire-statement.org/>)

- Project complements the convention goal and objectives
- Background of why the project was started is clear with an adequate review of literature and project goals or aims are measurable
- Baseline assessment and study question is precise. The question is an improvement-related question and is consistent with the literature review and the project goals or aims.
- Methodology
 - Clear description of the study design and the instruments and procedures used in enough detail that the project could be replicated.
 - Detailed description of the intervention and components and mechanisms by which the intervention components caused changes and effectiveness of the change measured.
 - The analysis methods used are clearly described and are appropriate. The unit of analysis is adjusted as needed and is appropriate based on the quality improvement goals and aims. For example, if the goal or aim of the project is a process goal, e.g., to increase skin-to-skin time with the mother and baby, then the unit of analysis should include data on the amount of time the baby is kept skin-to-skin.
- Outcomes based on interventions are clearly described including descriptions in the changes in processes and structures of care and patient outcomes associated with the intervention.
- The study interpretation(s) include strength and limitation of the study and intervention and summarizes key elements such as facilitators, barriers, challenges, unintended positive and negative consequences, successes, or failures of the primary changes observed in care delivery or clinical outcomes.
- Considerations of the ethical issues of the QI project described or Internal Review Board review obtained.
- Content free of commercial bias
- Application/implications for women’s health, obstetric or neonatal nursing practice, education or research clearly described

Goal and Objectives

The goal of the 2013 AWHONN Annual Convention is to empower learners to champion excellence in the care of women and newborns.

At the conclusion of the convention learners will be able to

- Integrate improvement science into practice
- Experience inspiration and professional growth
- Strengthen collaborations

Submission Process

To expedite the submission process, gather required components before entering the Speaker Management System. You will be asked to provide the following:

- **Title:** Should spark interest, yet still clearly reflect the content. The title should be a concise statement of the main topic. Sample titles: ***Post C-Section Pain and Initiation of Breastfeeding: Changing Practice Through Process; “Mom, I’m, Yellow” An Evidence-Based Initiative to Reduce Risks of Newborn Hyperbilirubinemia and Hospital Readmissions***
- **Submitter’s Email:** If there is more than one submitter, list the email address of the primary contact.
- **Presentation Format:** You will be asked to indicate your preference to present as a paper, a 30 minute oral presentation, or as a poster. Only those with speaking experience should select “paper”. If you select “paper”, you are required to list three recent speaking engagements of presenting authors, including the audience size and composition. You will also be asked if you are willing to present as a poster if your abstract is not selected as a paper.
- **Brief Description:** This is 2-3 sentences, no more than 75 words, intended for posting on the convention website or other program materials to let attendees know what the session is about. You want them to attend your session, this should stimulate interest. Sample descriptions:
 - *A three-year review of newborn readmissions identified hyperbilirubinemia as the predominant diagnosis. Risks of severe outcomes including neurological damage and/or death have made evidence-based initiatives addressing this diagnosis a priority. The CNS-led interdisciplinary collaboration to provide seamless care that included enhanced risk assessment, intensive lactation support prior to discharge, post-discharge lactation and newborn hyperbilirubinemia assessment clinic, on-site consignment home phototherapy equipment, and home health referral network resulted in a 75% decrease in newborn readmissions.*
 - *National and professional organization policies and recommendations are calling for skin-to-skin care beginning immediately after an infant’s birth and continuing until after the first feeding is complete, but implementing this recommendation is a dramatic change to current practice. Maternity nurses at a Midwestern hospital addressed the challenge through a translation research project: documenting current practices, delineating the barriers, developing bench marks to monitor outcomes, provided staff education. Successes and outcomes of the project will be presented.*

- **Three Behavioral Objectives.** This is what the learner should be able to do on completing your session. Sample objectives:
 - Identify the new skills and knowledge needed by staff nurses to function successfully in the family centered maternity care (FCMC) environment
 - Describe the challenges involved in implementation of FCMC from traditional maternity nursing.
 - Analyze the effectiveness of an FCMC educational innovation on the nursing staff.

- **Teaching Delivery Methods:** You will be asked to select from a list of delivery methods; the methods you choose should be appropriate for the content and objectives.

- **Pharmacology Content:** You will be asked to estimate how many minutes you will spend discussing medications during your presentation.

- **Bibliography:** Reviewers want to see the scientific or academic basis for your presentation, the sources for your assertions. You will be asked to provide at least 5 references, preferably from peer reviewed journals. At least three of them must be current as of the last five years. APA format recommended: <http://www.apastyle.org/> . The bibliography should not be included in the text of the abstract (see abstract instructions below): A sample bibliography follows:
 - Black, M.C. & Breiding, M. J. (2008). Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence- United States, 2005. *Mortality and Morbidity Weekly*, 57 (5), 113-117.
 - Coker, A.L. (2007). Does physical intimate partner violence affect sexual health?: A systematic review. *Trauma, Violence, & Abuse*, 8, 149-177.
 - Frost, J.J., Singh, S., Finer, L.B. (2007). U.S. women’s one-year contraceptive use patterns, 2004. *Perspectives on Sexual and Reproductive Health*, 39, 48-55.
 - Miller, E., Decker, M.R., McCauley, H.L. Tancredi, D.J., Levenson, R.R., Waldman, J., Schoenwald, P., & Silverman, J.G. (2010). Pregnancy coercion, intimate partner violence, and unintended pregnancy. *Contraception*, 81, 316-322.
 - Schreiber, C.A., Whittington, S., Cen, L., & Maslankowski. L. (2011). Good intentions: Risk factors for pregnancy in the US cohort of a microbicide trial. *Contraception*, 83, 74-81.
 - Silverman, J., McCauley, H.L., Decker, M.R., Miller, E., Reed, E., & Raj, A. (2011). Coercive forms of sexual risk and associated violence perpetrated by male partners of female adolescents. *Perspectives on Sexual and Reproductive Health*, 43, 60-65.

- **Content Outline:** To determine if the content is congruent with your description, title and objectives, you will be asked to provide the outline for your presentation. If you have indicated you prefer making an oral presentation, you must indicate how many minutes you will spend on each component of the outline. Make sure that the time allotted for each component totals 30 minutes. If you have specified that you will discuss medications, please detail in your outline. All content must be free of commercial bias and/or product or program promotion. Sample objectives with appropriate outline:

Learning Objectives:

1. Summarize safety concerns of oxytocin administration
2. Identify measures that can be implemented in an electronic record to ensure safety.
3. Articulate the importance of leadership and metrics for successful project implementation.

Content Outline:

1. Purpose of the Study (2 minutes)
2. Background (5 minutes)
 1. Description of the rise in oxytocin use
 2. Designation of oxytocin as a high alert medication
 3. 2008 NICHD FHR Guidelines
3. Research Methods (10 minutes)
 1. Recruitment of Team
 2. Goals of team
 3. Output of team
 4. Review of literature
 5. Orders/Protocols
 6. Patient Education
 7. Staff Education
 8. Metrics chosen
 9. Changes to the electronic documentation
4. Results (10 minutes)
 1. Average hours of infusion to delivery
 2. C-Section rate amongst those originally admitted for elective induction
 3. Incidence of tachysystole
 4. NICU Admissions
 5. Apgars @ 5 min <7
5. Conclusion (3 minutes)
 1. Keys to successful implementation
 2. Next steps for the medical center

- **Disciplines:** You will be asked to check off the focus area or areas covered in your presentation.
- **Author Information:** You will be asked to provide contact information, credentials and affiliations for all presenters. In addition you must include a short biosketch (limited to 200 words) that will be read to introduce you to attendees. The focus of the biosketch should be what makes you qualified to present the topic. This is a biosketch for a research presentation on higher carbohydrate vs. higher fat diet in gestational diabetes:
 - Dr. Teri Hernandez has a special interest in the prevention of cardiovascular disease (CVD) and diabetes. While her clinical nursing background lies largely in CV nursing, she has spent the last 10 years working and training in a metabolism research context. Her research interests include: insulin resistance, gestational diabetes and Type 2 diabetes, lipids and lipid metabolism, obesity and fat metabolism. While she has worked with a variety of patient populations in the context of diabetes, metabolism, and obesity, she has focused her interest on understanding women's health, specifically in-utero programming influences such as diet, that enhance or attenuate CVD and diabetes risk in pregnant mothers and their infants. Her growing area of expertise in research centers on glucose and lipid metabolism during pregnancy. She hopes to move toward an independent career as a research scientist, and to foster an increase in training opportunities in the biologic and physiologic sciences for nurses and other health science professionals.
- **CV/Resume** All presenting authors must upload a current CV or resume.
- **CNE Disclosure:** All presenting authors must disclose any relevant personal, professional or financial relationships with a commercial interest producing, marketing or selling health care

goods or services consumed by or used on patients. All real or potential conflicts of interest will be evaluated and resolved by program committee members to ensure the presentation is free of commercial bias. Learners will be informed as to the presence or absence of conflicts of interest prior to the start of your session, typically as a slide. In addition, you must also indicate whether you will include discussion of off label drug or device use

- **Abstract Text**

You will be asked to submit a narrative summary of your talk, limited to 400 words. If your submission is accepted, this abstract will be included in a conference proceedings supplement to the *Journal of Obstetric, Gynecologic & Neonatal Nursing (JOGNN)*, and will be edited prior to publication. The abstract is used by reviewers to assess your approach to the topic, your grasp of the current state of practice and science, and the level of sophistication of the presentation. You can create the abstract in Word first and then cut and paste into the Speaker Management System. Your evidence-based, data driven quality improvement abstract must be structured to include the following elements:

- **Objective:** Explanation of current practice and proposed change
- **Design:** Including evidence-based guidelines
- **Sample:**
- **Methods:**
- **Implementation Strategies:**
- **Results:** Data analysis throughout the project
- **Conclusion/Implications for nursing practice:**
- **Keywords:** 3-6 key terms that can be used to index your abstract

Your abstract should not include a reference list, in text citations, tables, or bulleted lists. If you include these elements, they will be removed prior to publication. Please use acronyms and abbreviations sparingly if at all. If you do use an acronym or abbreviation, write it out on first use followed by the acronym in parenthesis; use the acronym only thereafter.

Tips and Timeline

You do not have to complete the submission in one sitting. You can click “save and continue” at the end of a page and get back to the submission by using your log-in number. If the system will not let you save the content because you have not completed the entire page, you can simply fill in a place holder such as “to be determined” and come back to that field at another time.

All submissions must be completed by September 10, 2012; you will be notified of the Committee’s decision in November, 2012.

If Your Submission Is Selected for Presentation

All accepted submissions will appear in a convention proceedings supplement. In addition submitters are eligible for the prestigious Outstanding Paper or Poster Award presented at a designated time during convention.

Paper presenters will be provided an LCD projector, computer, screen and lectern with microphone. No other audio/visual equipment will be provided or may be used. Each paper session will be limited to **30 minutes**, which should include time at the end for questions and answers. A **maximum of two people** can present a paper. *AWHONN does not permit use of flipcharts, overheads, or videocassettes during paper presentations.*

Posters are put on display in a room or foyer. Presenters are expected to be at their posters and available for questions during specified times. Attendees can earn a maximum of 5.0 contact hours by viewing posters. Selected poster presenters will be provided with a chair and a 4ft. high X 8ft. wide corkboard. Posters should be no larger than 46 ½ inches high and 93 ¾ inches wide. Electrical outlets will not be available. *A **maximum of two people** may present a poster.*

Presenters will be responsible for their own travel and all expenses related to their presentation. All presenters are required to register to attend the convention and will be eligible for a \$75 discount off full convention registration fees.

Questions or Concerns

If you should have any questions or concerns, please do not hesitate to contact Carolyn Schick, Education Program Specialist, by phone at 202-261-1462 or by email at cschick@awhonn.org.