Deadline Extended!

Call for Abstracts

Oregon Nursing Research & Quality Consortium Presents
Evidence Based Practice:
How to Make Change Happen

Definition of Evidence-based practice (EBP): *A problem-solving approach to clinical decision-making within a health care organization. It integrates the best available scientific evidence with the best available experiential (patient and practitioner) evidence. EBP considers internal and external influences on practice and encourages critical thinking in the judicious application of such evidence to the care of individual patients, a patient population, or a system.*[1]

Conference Objectives:
1. Identify factors needed to implement evidence-based practice (EBP).
2 .Describe the role of experts and mentors in facilitating EBP in the clinical setting.
3. Discuss individual and organizational strategies that increase clinicians' use of EBP

[1]Newhouse, R.P., Dearholt, S.L., Poe, S.S., Pugh, L., White, K., 2007. Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines. Sigma Theta Tau International, Indianapolis, IN.)

http://onrqc-2014-conference.bpt.me/
Monday, April 14, 2014

Salem Hospital
Wedel Conference Center - Building B
665 Winter St SE
Salem, OR 97301

Please send us an abstract if you have completed a:

- **Research Study**
- **Quality Improvement Project**

Mark your calendar!
Your Abstract must be received before
7AM, Friday, January 24, 2014

ONRQC is a collaborative effort:
Kaiser Permanent Northwest, Legacy Health, Portland VA Medical Center, Providence Health System, Salem Hospital, OHSU School of Nursing and OHSU Healthcare

Abstract Reviewers and Site Coordinators

Abstract Reviewers			
Name	*Organization*	*Email*	*Phone Number (Work)*
Diana Pope	Portland VA	Diana.pope@va.gov	503-220-8262 X 54401
Mary Rummell	OHSU Hospital	rummellm@ohsu.edu	503-494-5011
Patty Taylor-Young	Portland VA	Patricia.Tayloryoung@va.gov	503-220-8262 x54772
Mary Waldo	Providence St. Vincent's	Mary.waldo@providence.org	503-216-2297

Site Coordinators: Site Coordinators are prepared to assist you in completing your abstract and preparing your presentation. Plan enough time to give your Site Coordinator a chance to review each abstract prior to your submission.

Name	Organization	Email	Phone Number (Work)
Debi Eldredge	OHSU Hospital	Eldredge@ohsu.edu	503 494-1131
Lissi Hansen	OHSU School of Nursing	hansenli@ohsu.edu	503 418-3357
Christy Locke	Portland VA	Christine.locke@va.gov	503-220-8262 x56177
Patricia Solis	Kaiser Westside Medical Center	patricia.z.solis@kp.org	503-547-7655
Patricia Nardone	Kaiser	Patricia.L.Nardone@kp.org	503 504 4496
Makayla Cordoza	Legacy Health	MCORDOZA@LHS.ORG	503-413-1036
Mark Roady	Legacy Health	mroady@lhs.org	503-413-3345
Margo Halm	Salem Hospital	Margo.Halm@salemhospital.org	503-561-5736
Ann Alway	Salem Hospital	Ann.Alway@salemhospital.org	503-814-6107
Mary Waldo	Providence St. Vincent's	Mary.waldo@providence.org	503-216-2297

ABSTRACT Instructions:

Definitions:

Quality Improvement (QI): A systematic, data-driven process by which individuals work to improve systems and processes at the local level (i.e. unit, department, organization) with the intent to improve outcomes. Generally, QI includes the measurement of a particular outcome, making changes to improve practice, and monitoring performance on an ongoing basis.[2]

Research: Systematic investigation designed to develop or contribute to generalizable knowledge[3]

[2] adapted from Dearholt, S.L. & Dang, D. (2012) Johns Hopkins Nursing Evidence Based Practice model and Guidelines. Indianapolis, IN: Sigma Theta Tau International (Second Edition).
[3] Code of Federal Regulations Title 45, Public Welfare, Department of Health and Human Services, Part 46 Protection of Human Subjects. [PDF] Revised January 15, 2009, Effective July 14, 2009
http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html

DO NOT PLACE NAMES ON ABSTRACT PAGE or other identifying material in the abstract

Title: *Make as brief as possible indicating the nature of the presentation*
Omit abbreviations in the title; you may use them in the text

Body: *Content of the abstract should be related to a clinical inquiry that resulted in a quality improvement project or nursing research study*

- *Abstract should be 300 words maximum (excluding title)*
- *Microsoft Word format – submit electronically please.*
- *Use 12 point font, single-spaced, with 1 inch margins.*
- *NO graphs, tables or references included in the abstract*
- *Please include headings such as* **'problem statement, 'background/evidence', 'method/strategy', 'results', 'recommendations'** *or* **'lessons learned'** *as appropriate for your topic.*
- *Keep all the headings to the left*
- *As above and in examples, highlight and use italics*
- *Abstract Submission form (or other page separate from the Abstract Page) must list all authors' names and include:*
- *The presenter's name with an asterisk **
- *Full corresponding author contact information*

(See below for examples of abstracts describing research and quality projects).

SAMPLE ABSTRACT: Research Example

ABSTRACT TITLE**: Does the Coping Assessment for Laboring Moms (CALM© Scale) Enhance Perception of Nursing Presence?**

Problem: Traditional assessment using the 0-10 pain scale is an inadequate method of assessing the specific pain that laboring women experience (Roberts, et al. 2010; Lowe, 2002).   The desire was to create a more effective method to assess women's ability to cope during labor.

Background/Evidence: The CALM© Scale was developed from a literature review of pain/coping tools. This coping scale was designed to include assessment of facial, behavioral, psychosocial, vocalization, and verbal expressions.

Aim/Objectives: The following hypothesis was tested: If nurses use the CALM© Scale with intuitive nursing support, compared to the 0-10 pain scale, women's perception of nursing presence will be enhanced. The emphasis being on improving women's comfort, confidence, and control during the childbirth experience.

Methods/Strategy: Using a comparative design, the two scales were evaluated in a birth center at a regional community hospital. Two groups of 40 women were consented to be involved in the study. The first group was evaluated using the 0-10 scale and the second using the CALM© Scale. Both completed the 29-item Positive Presence Index (PPI) to share perceptions of nursing presence, within 24 hours of delivery.

Results: PPI scores were 137.89 (SD 76.31) and 165.42 (SD 59.01) in the 0-10 (n=39) and CALM© (n=43) groups, respectively. While differences in total PPI scores approached significance between groups (t=7.63, p=.08), four items were significantly higher (p<.05) in the CALM© group. These items were '*knowing what would work best for me*', '*having a comforting touch*', '*taking care of everything so I could concentrate*', *and '*understanding what I was saying*'. Pain and CALM© scores were also positively correlated (R=.86, p=.001).

Recommendations:: Although the perception of nursing presence was higher with the CALM© Scale, it was not statistically significant. Further research is needed to discern the efficacy of the CALM© Scale with a larger, more diverse population.

SAMPLE ABSTRACT: **Quality Improvement Example**

ABSTRACT TITLE: **Implementing hourly rounding as a cognitive tool for nursing interventions**

Background: While there is evidence that hourly rounding has reduced falls and hospital-acquired pressure ulcers, this nursing intervention has been difficult to implement and sustain. Our initial attempts at hourly rounding included a detailed checklist that consumed so much of the hour; staff quickly abandoned this practice of hourly rounding.

Purpose: The purpose of this presentation is to describe how we used principles of implementation science to study, redesign, and reintroduce rounding activities.

Methods: Implementation science is the systematic investigation of methods, interventions, and variables that influence the adoption of evidence-based health care practices by individuals and organizations. Interviews with unit leaders suggested the staff perception of rounding as a task-focused activity contributed to its failure. We redesigned our hourly rounding program as a cognitive intervention to organize workflow and emphasize patient safety by meeting common patient needs in a proactive and consistent manner. Rounding isn't about 'going' in the room, but rather assuring that critical elements are addressed when the nurse is already in the room. We intentionally did not develop any documentation elements specific to rounding, but requested nurses document care as it is provided. Hourly rounding was re-introduced with broad institutional support.

Results: Evaluating the process and outcomes of rounding is complex. Timely and complete documentation of activities related to rounding serves as an indirect measure for compliance. Documentation of patient activity (turns and ambulation) increased. We have opportunities to improve manager validation that rounding occurs regularly. Patient outcomes of interest, including fall rate, pressure ulcers rate, and 'responsiveness' items on the HCAHPS survey, will be presented.

Conclusion: Implementation science, with careful attention to the evidence, the context, and the facilitation, served as a useful framework to reengage staff and leaders in rounding.

POSTERS & PODIUMS April 14, 2014

ABSTRACT SUBMISSION FORM

Please Note--Due to limits of program presentation time & poster presentation space, not every abstract may be accepted for presentation. Selection for poster or podium presentation is based on the needs of the conference and is not a measure of merit of the abstract or the project. Following the review of all abstracts, you will be notified by _Friday, January 31, 2014_

Presenters must register and submit the registration fee in order to present a poster. Presenters are responsible for setting up and taking down posters at designated times. Outstanding poster and podium presentations will be acknowledged with awards (criteria provided upon notification of acceptance).

Title of Abstract		
Category	☐ QUALITY IMPROVEMENT	☐ RESEARCH
Presenter, including credentials		
Other Authors:		
Employer:		
Employer address:		
CONTACT AUTHOR OR PROJECT REPRESENTATIVE		
Name:		
Address:		
Email:		
Work Phone:		**Home Phone:**
Other Phone:		

Please ask a Site Coordinator to review your abstract and advise you if you have questions.

Send your abstract electronically by ***Friday, 7 AM January 24, 2014*** *to:*
Diana.Pope@va.gov
Questions?   Please call Diana Pope at (503) 220-8262 X 54401