NHIA Poster Abstract Resource Tool

Getting the most from this tool:

- Read it through completely before starting
- Brainstorm topic ideas with your colleagues and peers
- Utilize the tool to develop your abstract – keeping in mind all the scoring criteria
- Have a colleague review the abstract
- Submit your abstract electronically via **NHIA Abstract Portal**

GENERAL GUIDELINES

Your abstract (and eventually your poster) should strive to ***keep it simple***—in clear, jargon-free terms your abstract must explain:

- The problem in mind (*what's the question?*) and its significance (*why should we care?*)
- How your particular project addresses the problem (*what's your strategy?*)
- The research study performed or actions taken (*what did you actually do?*)
- The results obtained (*what did you actually find?*)
- The conclusions *(what did you think it all means?*)

Professional Writing: *Editing your work is a critically important step prior to submitting your abstract. To achieve the best possible professional outcome, consider asking several colleagues to review your abstract and provide edits or suggestions for improvement.*

Be prepared to answer a few questions when you submit your abstract, including:

Content Area: When you submit your abstract you'll be asked Select the Content Area that best matches your abstract: ☐ **Clinical** ☐ **Quality Improvement** ☐ **Business Development** ☐ **Sterile Compounding**

Key Words: A "key word" is a term that is found in the document or that describes an important aspect of the work, which is used to support electronic browsing or searching. NHIA has created a searchable database of all poster abstracts accepted for display since 2009, with key words used to locate specific topics or themes in the database. Please provide three key words for your abstract submission that can be used for this database.

First Key Word: _____ **Second Key Word:** _____ **Third Key Word:** _____

Contribution to the Field: Does your abstract present new information that is relevant to the field of home and/or specialty infusion therapy? Did you review the searchable index of abstracts previously presented to ensure this topic is new? Did you conduct a literature review to determine that solutions to the problem you identified are not already described in published literature, and if they are, is your approach sufficiently unique to warrant development into an abstract? ☐ **YES** ☐ **NO**

ABSTRACT SUBMISSION CRITERIA		DEVELOP & ASSESS YOUR ABSTRACT HERE!		Self-Assessment Using the Abstract Reviewer's Scoring Criteria			
				3 points	2 points	1 point	0 points
Title:	**1. The Title:** **a.** Is a concise summary of the abstract itself; **b.** Seeks to convince the reader that the topic is important, relevant, and innovative; **c.** May be in the form of a question or may be written to suggest the conclusions, if appropriate. **d.** Uses humor sparingly; **e.** Does not include abbreviations, trade/brand or organization names.	**Title:**		All criteria are met	One to two of the criteria are missing:	Three or more of the criteria are missing:	This section of the abstract is incomplete or missing.
Authors:	**2. The Author Listing:** **a.** Includes the name, credentials and employer or institutional affiliation of each person who substantially contributed to the conception, design, analysis and/or interpretation of data; drafting and/or review of the abstract; OR final approval of the abstract submitted. Participation solely in the collection of data usually does not warrant authorship. **b.** Designates one author as the presenting author. *(Note: If accepted, lead author is expected to present the poster at the NHIA Annual Conference & Exposition. All correspondence will be sent to the presenting author)*	**Authors:**		All criteria are met	One to two of the criteria are missing:	Three or more of the criteria are missing:	This section of the abstract is incomplete or missing.
Background:	**3. The Background:** **a.** Describes the problem being researched; **b.** Provides historical perspective or context for the research project; **c.** Describes literature/research findings on the subject, and the "gap" that highlights the need for research on the subject. **d.** Connects clearly to the purpose/objective. **e.** Is written using complete sentences, proper grammar, punctuation and spelling; **f.** Does not mention proprietary or brand names. *(Note: When referencing your own organization throughout the abstract, use "this organization" or "this provider" rather than your company's name.)*	**Background:** *		All criteria are met	One to two of the criteria are missing:	Three or more of the criteria are missing:	This section of the abstract is incomplete or missing.

Purpose:	**4. The Purpose Statement:** **a.** Describes the question you are trying to answer with your project; **b.** Clearly state your hypothesis—what you believe the results will show. *(Note: Your hypothesis may be based on the literature search you conducted, and your past experience/knowledge of the subject. This "best guess" helps you determine what research methods to use as you work to prove or disprove your theory)* **c.** Conveys the reason for conducting the project; **d.** Is written using complete sentences, proper grammar, punctuation and spelling; **e.** Does not mention proprietary or brand names. *(Note: When referencing your own organization throughout the abstract, use "this organization" or "this provider" rather than your company's name.)*	**Purpose: ***		All criteria are met	One to two of the criteria are missing:	Three or more of the criteria are missing:	This section of the abstract is incomplete or missing.
Methods:	**5. The Methods section:** **a.** Provides a succinct overview of the research study steps taken and the procedure followed for data collection and documentation; **b.** Indicates the study's basic design (e.g., randomized controlled trial, cohort, survey, cost-effectiveness analysis); **c.** Includes a notation regarding IRB (Institutional Review Board) approval if human subjects were included in the study; **d.** Briefly describes any statistical analyses that were used and how they allowed you to address the hypothesis. **e.** Includes the timeline during which the project took place; **f.** Briefly describes the characteristics of the "population" (number of participants, factors used to determine participant inclusion and exclusion from the study, etc.); **g.** Reflects a sample size that is sufficiently large to support the conclusions drawn from the results shared later in the abstract; **h.** Is written using complete sentences, proper grammar, punctuation and spelling; **i.** Only one mention of a proprietary or brand name is permitted in this section *(Note: When referencing your own organization throughout the abstract, use "this organization" or "this provider" rather than your company's name.)*	**Methods: ***		All criteria are met	One to two of the criteria are missing:	Three or more of the criteria are missing:	This section of the abstract is incomplete or missing.

Results:	**6. The Results section:** **a.** Begins by mentioning whether the research study/procedure proved or disproved the hypothesis; **b.** Presents the results—quantitative, qualitative, and/or descriptive, as applicable; **c.** Includes ***relevant*** statistical information, such as confidence intervals and levels of statistical significance; **d.** Is written in narrative format, saving "visual" elements such as lists, tables, graphs, photos and/or illustrations for the poster itself; **e.** Is written using complete sentences, proper grammar, punctuation and spelling; **f.** Does not mention proprietary or brand names. **g.** Provides sufficient detail to support the conclusions.	**Results:***		All criteria are met	One to two of the criteria are missing:	Three or more of the criteria are missing:	This section of the abstract is incomplete or missing.
Discussion:	**7. The Discussion:** **a.** Reminds the reader of the primary lesson learned and states whether the hypothesis was supported; **b.** Explains the outcome and findings' relevance to the field and contribution to the practice of home infusion; **c.** Addresses implications for future research, practice or replication of the idea/innovation; *(Note: Use caution when applying your results to a broader population—the sample size that was studied must be sufficiently large to support such scalability)* **d.** Statements are clearly supported by the findings in results section; **e.** Is written using complete sentences, proper grammar, punctuation and spelling; **f.** Does not mention proprietary or brand names.	**Discussion:***		All criteria are met	One to two of the criteria are missing:	Three or more of the criteria are missing:	This section of the abstract is incomplete or missing.
Conclusion:	**8. The Conclusion:** **a.** A brief statement; clearly supported by the findings in results section; **b.** Is written using complete sentences, proper grammar, punctuation and spelling; **c.** Does not mention proprietary or brand names.	**Conclusion:***		All criteria are met	One to two of the criteria are missing:	Three or more of the criteria are missing:	This section of the abstract is incomplete or missing.

*Sections marked with an asterisk will be combined to assess the abstract's word-count. **Abstract text in these sections must not exceed 500 words**, combined. Abstracts that exceed this word count will be returned for editing before any review of the abstract can occur.

EXAMPLE ABSTRACT

Title: Retrospective review of home total parenteral nutrition: clinical outcomes in home-start vs. hospital discharged patient (Abstract 22, Year 2013)

Key Words: parenteral nutrition, home start outcomes

Authors: LAURA E. MARTINVILLE, PharmD; Penny Allen, RD, LD, CNSC; Caryn Dellamorte Bing, RPh, MS, FASHP

Introduction/Background: There is minimal documentation in the literature to support the practice of initiating total parenteral nutrition (TPN) in the home. This national home infusion provider established standards of practice regarding home-start TPN in 2001, and in 2011 implemented an electronic assessment tool that identifies home-start TPNs. Home infusion providers may find a study documenting the outcomes of patients who have started TPN therapy at home useful. The results can be used to support policy and protocols which expand options for initiating TPN for metabolically stable patients who require parenteral nutrition support.

Purpose/Objective: The purpose of this project is to compare the clinical outcomes of adult patients who were home-started on TPN with adult patients who were transitioned to the home setting after starting TPN in a hospital.

Original Research Study Methods: A retrospective analysis of the electronic medical records of this national home infusion company for new TPN home-start patients (HSTPN) was compared to new patients started on TPN in the hospital and transitioned to the home (HITPN). Study inclusion criteria captured patients started on TPN between September 1, 2011 and August 31, 2012 with documented electronic assessments completed between September 1, 2011 and September 30, 2012. Outcome parameters include the 30-day and aggregate hospital admission rates and rate of documented clinical interventions. Patient demographics reported include age, gender, diagnosis, and geographic location. Exclusion criteria included any assessment documentation reflecting prior home TPN.

Results: 164 TPN patients met the inclusion criteria; 19% were HSTPN and 81% HITPN. Females represented 52% overall and 58% of HSTPN cases. Patients between 60 and 69 years of age made up the largest demographic, with 35% of the HSTPN and 26% of HITPN cases. The overall rate of documented clinical interventions per case (CIPC) was 1.02, and in the first thirty days of therapy the CIPC was 0.77 for HSTPN, and 0.42 for HITPN. 63% of the interventions for HSTPN and 43% for HITPN were documented within the first 30 days. 84% of interventions in the first 30 days were related to laboratory monitoring, with a rate of 0.74 per HSTPN, and 0.33 per HITPN. The rate of documented hospitalizations per case was 0.85 overall, 0.65 for HSTPN and 0.89 for HITPN; during the first 30 days this rate was 0.37 overall, 0.39 per HSTPN and 0.36 per HITPN. The most frequently documented reason for hospitalization was clinical deterioration at an overall rate of 0.25 per HSTPN and 0.44 per HITPN. Data on patient demographics will be presented. Due to sample size, the study was not sufficiently powered for statistical significance.

Discussion: A higher rate of interventions in the first 30 days for HSTPN was as anticipated, reflecting greater service intensity with TPN initiation. The lower rate of overall hospitalizations for HSTPN vs. HITPN was encouraging.

Conclusion: The results support our standards of practice for HSTPN. Limitations of this study include the reliance on and potential variation of data from electronic medical records; further, result rates, calculated per patients, do not factor in total time on TPN.