How to Develop and Submit NCDR Poster Abstract

Stephanie Fine, MA
Colleen Kordish, BSN, RN
Tracy Miller, LPN, C₄
Kristi Verschelden, BSN, RN-BC
Patricia E. Casey, MSN, RN, CPHQ, AACC
Have you considered submitting a poster abstract?

1. I never have considered it.
2. I considered it but didn’t have the time.
3. I considered it but didn’t know how.
4. I have developed and submitted an abstract.
Presenter Disclosure Information

The following relationships exist:
Pat Casey: Lippencott: Author

The following have nothing to disclose:
Stephanie Fine
Colleen Kordish
Tracy Miller
Kristi Verschelden
Objectives

• Identify at least one reason for you to submit an abstract

• Describe the steps involved in developing an abstract
What is an abstract?

Colleen Kordish
What is an abstract?

- Clear and brief written summary
- Provides an essence of your activity
How do you choose an abstract topic?

All topics must use NCDR Data (include only one topic per abstract)
Why should you write an abstract?
Your abstract should...

• Define a problem or scientific question

• Describe how you addressed the problem
  What was your intent or goal?

• Describe your work
  What did you do differently? What was unique?
  Describe any tools, techniques, and strategies used
Your abstract should...

• Present the results that you obtained
  Present data that indicates your project made a difference.

• Present the conclusions
  Discuss the implications of your project, including reservations and future prospects
How to Write an Abstract

Stephanie Fine
4 Steps

1. Background
2. Methods
3. Results
4. Conclusions
Background

• Why you did this project - History

• External motivation, such as:
  ▪ Poor/outlier results on national measure
  ▪ Changes in payer reimbursement
  ▪ Reduced volumes

• 2-3 sentences

  “Grounds” the readers – gets them interested
Method

• What you did – your roadmap

• First write down the steps, then fill in detail
  ▪ Formed multi-disciplinary committee to study ...
  ▪ Studied population in NCDR registry ...
  ▪ Developed plan ...
  ▪ Implemented plan

  ➤ Makes your study reproducible for another hospital
Results

• What happened
• 1-2 clear paragraphs
  ▪ Before and after results
  ▪ Data source, date ranges, n, % change
  ▪ Statistical measures (if you have them)

Information that will go in charts, graphs and tables in your poster
Conclusion

• What you learned

• How does this benefit others?
  ▪ 2-3 sentences
  ▪ Refer to the Background statement
  ▪ Summarize your project
  ▪ Give it “punch”

Explains how your project solves a problem
Abstract

Examples

Stephanie Fine

Title: A Prospective Appropriate Use Criteria Tool Aids Revascularization Decision-making in the Catheterization Laboratory and Reduces Inappropriate Rates in Patients with Stable Ischemic Heart Disease.

Background: Appropriate Use Criteria (AUC) for coronary revascularization were published in 2009. While a large national analysis\(^1\) demonstrated low overall rates of inappropriate revascularization, an average inappropriate rate of 12% was found in patients with stable ischemic heart disease (SIHD). We sought to determine whether use of a prospective real-time AUC assessment tool would reduce rates of inappropriate revascularization in this population.

Methods: We developed an algorithm based on the AUC scenarios and calculated patient scores for two Portland hospitals in the Providence Health & Services healthcare system using cases from our CathPCI Registry\(^\circ\). We determined the primary reasons for inappropriate ratings and disseminated this to cardiologists in parallel with an AUC education program. We devised an AUC worksheet to be used at the time of diagnostic coronary angiography, which included five key factors: 1) classification of angina severity, 2) level of risk based on non-invasive stress testing, 3) presence of high-risk markers, 4) number of anti-anginal medications, and 5) coronary anatomy. It was strongly encouraged that the first 4 variables be collected prior to the angiogram, so that real-time decision-making could be made about revascularization appropriateness once the coronary anatomy was known.

Results: We isolated the primary reasons for inappropriate rates in SIHD as these patient scenarios: 1-2 vessel CAD without involvement of proximal LAD and suboptimal anti-anginal medical therapy, with either low risk for ischemia and no or mild angina, or intermediate risk for ischemia and no angina.

Prior to initiation of the AUC worksheet (July 2009 – February 2011) 2116 patients underwent coronary revascularization with AUC scores, where inappropriate revascularization for SIHD patients was 9%. After initiation of the AUC worksheet (March – September 2011) 696 patients underwent coronary revascularization with AUC scores, with 2% inappropriate rate for SIHD patients (p-value 0.029, Fisher’s Exact Test). There was a notable decrease in the percentage of patients undergoing PCI for SIHD (21% to 8%).

Conclusions: Routine use of our assessment tool as part of the revascularization decision-making process allows the appropriateness status to be determined at the time of coronary angiography, leading to reduced rates of inappropriate revascularization among patients with SIHD.
ACC CATH PCI Registry: Quality Improvement Intervention for Appropriate Use Criteria Metric

Date: February 4, 2013
From:
Peter Kerwin, MD, Medical Director of the Cardiac Catheterization Lab
Phyllis Skrysak, Cardiovascular Services Data Registrar
Colleen Kordish, BSN RN, CV Outcomes Coordinator (submitting)

ACC Cath/PCI Registry: Section III: PCI Appropriate Use Criteria (AUC) Patients WITHOUT Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were inappropriate: Proportion of PCI procedures that were evaluated as "Inappropriate", among patients without ACS, meaning coronary revascularization is not generally acceptable and is not a reasonable approach for the indication and is unlikely to improve the patients' health outcomes or survival. [Detail Line: 1585]

The above CATH PCI Metric achieved 9.5% on the 2011Q2 CathPCI Executive Summary Report. This means that 9.5% of all elective PCI procedures (6/63) were considered to be "Inappropriate". Even though this percentage matched all hospitals at the 50th percentile, this was still an unacceptable number of inappropriate cases. Our goal was set at zero. Our target date for the goal to be met was by 2011Q3 CathPCI Executive Summary Report.

Step 1. The CATH PCI data abstractor either visited or spoke with other data abstractors at other hospitals regarding the AUC for CATH PCI as a method of comparison. By gaining an understanding of the different situations other CATH PCI data abstractors experience and the different way these challenges are met, a best practice method for AUC was determined.

Step 2. Physicians were educated on and made aware of exactly what the relatively new AUC CathPCI Metric was. Discussions were held to review the current 'standard of practice' for AUC data abstraction. Group meetings, paper handouts and personal discussions with the physicians were used to achieve this.

Step 3. Physicians were given documentation from at least two but no more than three elective PCI cases. This documentation consisted of the patient documentation which they had created with areas highlighted and notations made next to them regarding the necessary information required to meet appropriate use criteria (AUC) for these cases. These highlights and notations explained how the information they'd provided would be interpreted by the data abstractor for the CATH PCI Registry.

Step 4. All cases classified as inappropriate were then re-reviewed by a clinician and/or physician to determine accuracy of data collection. If data errors had been made then they were
corrected within the database. If the error was caused by a lack of documentation on the physician’s part then they supplied the needed documentation from their office records and this was scanned into the medical record for completeness and accuracy. An example of this would be missing stress test results from an office performed stress test. With the addition of such documents the CATH PCI Registry was then updated.

Step 5. Any current and future “Inappropriate” PCI cases are immediately discussed with the physician who performed the PCI. If necessary, additional information and/or documents are then provided at that time and an addendum is made to the official patient record. If the case continues to be classed as “Inappropriate” then it is sent to the Cardiologist Quality Committee for physician review.

While the physicians accept that there might be an ‘inappropriate’ elective PCI that is acceptable to the physicians, we find that in every case which initially appears to be ‘inappropriate’ the physician has been able to add missing documentation to the record which moves cases out of the ‘inappropriate’ metric. From our experience with this quality improvement project, it appears that open and interactive communication between the physicians and the data abstractor can decrease the percentage of cases classed as ‘Inappropriate” for the Appropriate Use Criteria.
Abstract

Examples

Tracy Miller

Topic: Quality Improvement Initiative

Title: Impact of Implementing a Cardiac Cath Lab in the Emergency Department on Door to Balloon Time’s

How would the impact of nursing collaboration between the Cardiac Cath Lab (CCL) and the Emergency Department (ED) on Acute Myocardial Infarction (AMI) outcomes improve when a CCL is placed in the ED? During the developmental phase of Mercy Medical Center’s Emergency Chest Pain Center (ECPC), an interdisciplinary committee was formed that included physician, nursing and administrative representation from the emergency and cardiology departments. Supported by Senior Management, the focus of the group was to establish a system of care for the Acute Coronary Syndrome (ACS) patient that would allow for accurate, efficient diagnosis and treatment of AMI by placing a CCL within the ED eliminating the need to transfer the pt to the 3rd floor CCL. The objective of this core team was to decrease D2B as evidence by ACTION Registry® and CathPCI Registry® data and to safely and efficiently perform percutaneous coronary intervention (PCI) within the emergency department (ED). Patient arrival to our facility to the arrival to the CCL went from a median of 60 minutes to a median of 23 minutes. Our median D2B time went from 83 min in 2000 down to 44 minutes in 2011. Within this D2B median time of 44 minutes, we have multiple successful cases less than 10 minutes with our record D2B time of 5 minutes. Mercy would not be able to achieve these accomplishments without the commitment, cooperation and collaboration of care by the nursing staff. On-going education and training and coordination of care with EMS and community education of the public have also contributed to the success of this program.
Abstract Examples

Kristie Verschelden

Summary

National Cardiovascular Data Registry (NCDR®) tools aided in a 10.3% increase in cardiac rehabilitation (CR) referrals within THE HEART HOSPITAL Baylor Plano’s ACTION Registry®-GWTG™ patient population between 2012Q2 to 2012Q3.

Background

Patients with recent myocardial infarction (MI) are candidates for exercise-based CR programs, which aim to optimize physical, psychological and social functioning, as well as reduce morbidity and mortality.¹

In 2012Q2, our ACTION Registry®-GWTG™ Dashboard revealed a consistent downward trend in CR referrals (Metric 21) over 4 rolling quarters (2011Q3 = 90.3%, 2011Q4 = 88.1%, 2012Q1 = 86.7%, 2012Q2 = 84.8%). The eReports Dashboard identified that, should this downward trend continue, we would likely soon fall below the United States (U.S.) 50th Percentile (84.1%).
Methods

A multidisciplinary team utilized the Dashboard’s metric summary feature to drill down all fall outs to patient level, identifying a gap in our automatic CR referral process. The need to identify MI patients whose care pathway did not include use of pre-checked order sets was recognized.

Interventions were planned for our specific scenario by reviewing data dictionary, FAQs, and by submitting questions during Registry Site Manager Calls and via email. Staff education materials were created based on these resources.

A cross reference activity was implemented to improve recognition of current inpatient MI patients. When patients identified without a referral, action was taken to obtain either an order or documentation of patient ineligibility for CR. Data was uploaded into the registry monthly, with trended reports communicated to the team.

Results

In 2012Q3, we achieved 95.1% for Metric 21, representing a 10.3% increase in patient referrals to CR from 2012Q2 (84.8%). Future goals include achieving U.S. 90th percentile ranking by end of 2013Q4.

Conclusions

This process improvement project outlines how NCDR tools can aid in recognition and resolution of metric-specific opportunities for improvement. NCDR tools also aided in staff education, defining clear goals and selecting effective solutions. Progress was tracked on demand and communicated with both visual tools and comparison data, encouraging the team’s continued success.

References

Tips to writing an abstract

Kristi Verschelden
Tips to writing

• Writing is a skill
• Read manuscripts and abstracts
• Ask for others to review
• Use writing skills resources
• Practice, practice, practice
A few more writing tips...

• Active voice is preferable to the passive voice
  e.g.: “We studied 15 patients with ARDs” is much better than “Fifteen patients with ARDs were studied.”

• Always first define any initials
  e.g. Registry Site Manager (RSM)

• Write only one thought per sentence

• Eliminate unnecessary words

• Ensure that verb tenses are consistent and correct
Before You Submit

Check that you...

• Review the abstract guidelines
Posters

Each year, NCDR participants showcase their registry successes through poster presentations displayed during the NCDR Annual Conference. Posters provide conference attendees with real-life success stories that provide actionable best practices, foster ideas and stimulate motivation for quality improvement programs based on NCDR registry data. Examples of poster topics from past conferences include process innovation, quality improvement, education or research achieved using NCDR data.

- All NCDR participants are welcome to submit an abstract for a poster
- Abstracts will be evaluated on originality, significance, relevance
- Authors of accepted abstracts will create a poster to display during NCDR 14 and the three posters with the highest scores, as well as a People’s Choice Award winner (which attendees vote for the poster that they like best) will be recognized during the NCDR.14 conference

For preparation tips and a description of the selection process, view our [Poster Abstract Submission Guidelines](#). Submit your idea online at ncdr.submit.net on or before February 3, 2014. Authors will be notified whether or not a poster idea has been accepted by February 10, 2014.

Congratulations to Our 2013 Poster Award Winners
**Introduction**

The NCDR is issuing a Call for Poster Abstracts for our Annual Conference. Each year, the Annual Conference provides an excellent opportunity for you to network, share your experiences and learn from other attendees. To that end, we encourage you to describe your experiences in improving cardiovascular (CV) care through the use of NCDR® data and submit them to us for consideration to be a poster presentation at our upcoming annual conference, NCDR.14.

We welcome submissions that describe innovative educational experiences, data collection processes, quality initiatives or research activities that take place in your institution and improve the care or services you provide to your CV patients. The three poster presentations judged to be the best will receive recognition awards! Here is the process:

2. A committee will review all proposals that meet the poster abstract guidelines. We’ll email you by Monday, February 10, 2014 whether your idea has been accepted or not. **A current email address MUST be provided.**
Before You Submit

Check that you...

- Have others read your draft to check for errors
- Make revisions based on feedback
Before You Submit

Check that you...

Get Approvals

- All authors must review and approve
- Physicians and Researchers
  - Good resource for detailed edits
  - They study the literature and are current
**Submit submission - Step #1 of 4 (General Information):**

**Note:** *Required Field.*

<table>
<thead>
<tr>
<th>Submitter</th>
<th>Is Patricia Casey the Corresponding Author?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Author Order *</th>
<th>Select One</th>
<th>Please indicate author order.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Ms.</td>
<td></td>
</tr>
<tr>
<td>First Name *</td>
<td>Patricia</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td>E.</td>
<td></td>
</tr>
<tr>
<td>Last Name *</td>
<td>Casey</td>
<td></td>
</tr>
<tr>
<td>E-mail *</td>
<td><a href="mailto:pcasey@acc.org">pcasey@acc.org</a></td>
<td></td>
</tr>
<tr>
<td>Job Title *</td>
<td>director</td>
<td></td>
</tr>
<tr>
<td>Institution *</td>
<td>ACC</td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>NCDR</td>
<td></td>
</tr>
</tbody>
</table>
Reviews

- Initial Quality Review
- Sent to 3 Reviewers who are blinded to author(s)
Some common reasons for abstract not to be accepted:

Some of the most common errors are...

- Not enough detail
- Unrelated info
- Weak discussion
- Lack of originality
- Poor methods
- Inadequate results
Congratulations! Acceptance!

has been accepted for poster presentation

NCDR.12 Annual Meeting

Dear [Name],

The review committee has completed their review of all abstract submissions. Congratulations, your abstract has been accepted for poster presentation at the NCDR.12 to be held in Chicago on March 21 and 22, 2012. Below are comments that may be useful to you in preparing your poster for the conference.

Grader #1 (Scientific quality of the project):
Please tell your story!
Submit your abstract!

We’re Looking for Your Abstracts!
Any Questions?
Will you now consider submitting a poster abstract to NCDR.14?

1. I am not considering it.
2. I may consider it.
3. I will consider it.
4. I will plan to develop and submit an abstract.