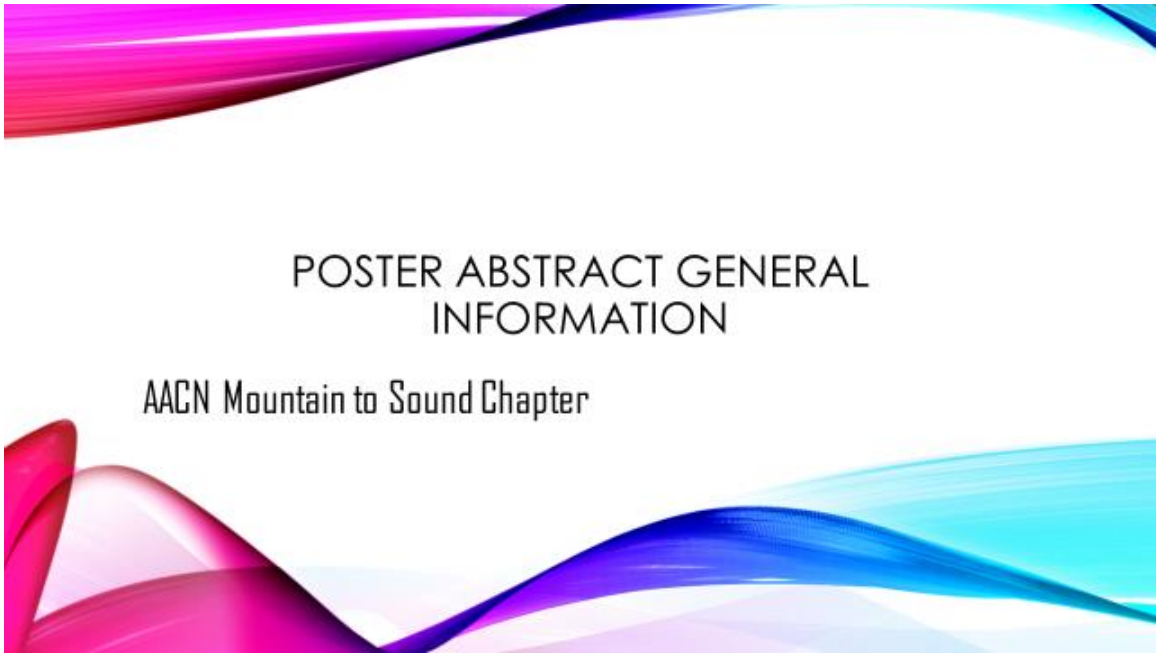
SUBMISSION DEADLINE OCTOBER 1, 2018



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AACN Mountain to Sound Poster General Information
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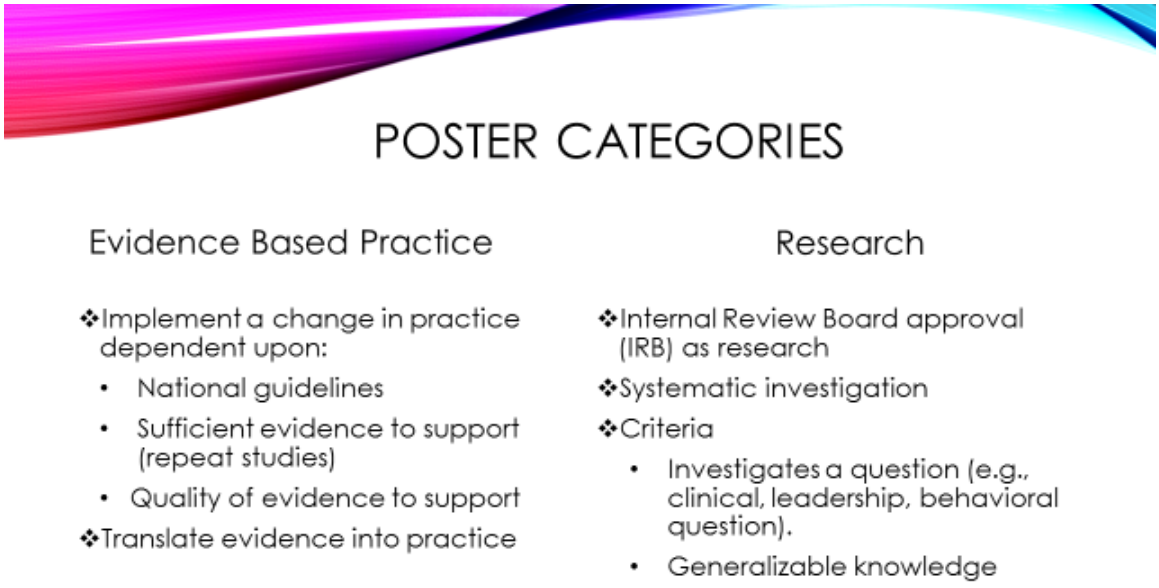

Category- *Evidence-Based Practice (EBP) Poster Abstracts* need to include the following key elements:

Background:

Evidence-based practice abstracts may be the result of a solution or a project a unit has initiated based on the current best evidence in helping to make decisions about patient care or a particular concern in the unit. The purpose is to achieve a benchmark for a standard of nursing practice. An EBP abstract in acute and critical care nursing can be submitted on a wide variety of processes, strategies and practice innovations.

1. **Purpose**- What was the intent/goal of the project? What problem was addressed by the EBP initiative? (Limit 500 characters, including spaces)

2. **Description**- What was the EBP solution? Include the research for the evidence implying how you made a clinical decision based on the best available current research or literature, your own clinical expertise, or patients' needs to change a process to improve nursing practice. Do not submit an actual reference/bibliography list. (Limit 1,000 characters, including spaces)

Include, as they apply**:**

- Method of how the solution was developed
- How was the solution implemented
- Was it performed by a nursing shared leadership council, a multidisciplinary critical care committee, or other
- Was the project supported in multidisciplinary rounds (MDRs), or was this implemented via email/educational flyers

3. **Evaluation or Outcomes**- What were the outcomes of the project? How was success measured? (Limit 700 characters, including spaces)

Example: Evidence Based Practice Abstract

Clean It Like You Mean It: Central Catheter–Associated Bloodstream Infection Prevention

Hyein Kathy Lee; Morgan Stanley Children's Hospital of New York, New York, NY

Purpose

As recipients of a grant from the AACN Clinical Scene Investigator (CSI) Academy, nurses from the 3 intensive care units (ICU) at Morgan Stanley Children's Hospital of New York Presbyterian Hospital attended sessions on problem identification and leadership skills. The 14-month program enabled the nurses to develop an innovative

project for preventing central catheter–associated bloodstream infections that improves patient and organizational outcomes as well as fiscal outcomes.

Description

Approximately 80 000 CLABSIs occur each year in ICUs across the United States. CLABSIs are associated with increased mortality rates of 12% to 25% with a mean increase in length of stay of 7 days. In addition, CLABSIs contribute to more than $1 billion of health care costs every year. With the tools from CSI, bedside nurses were enabled to develop an innovative CLABSI prevention project that improves patient and organizational outcomes and provides positive fiscal outcomes for the institution. Kickoff consisted of a CLABSI carnival and bedside education. Two separate rolling carnivals were held for day and night nurses where the CSI team spent time in the pediatric IU (PICU), neonatal ICU (NICU), and pediatric cardiovascular ICU (PCICU) with trivia games on central catheters, insertion, and care. This educational carnival included a "scrub the hub" station and a central catheter dressing change station. Unit posters were created to build awareness, "scrub the hub" intravenous pole hang tags were implemented, and weekly surveillance of unit central catheters, dressing changes, needless caps, and insertion procedures were observed. This year, the team created education pamphlets about ventral venous catheters for families at the bedside. We believe families can also advocate for zero CLABSIs!

Evaluation/Outcomes

The hospital's CLABSI standardized infection ratio (SIR) goal for 2014 was 0.46. The PICU SIR was 0.34, the NICU SIR was 0.73, and the PCICU SIR was 0.09. Fifteen CLABSIs were identified for 2014, a 12% decrease in the number of CLABSIs and a 45% decrease in CLABSI rate per 1000 central catheter days compared with 2013. With the implementation of surveillance, education, and emphasis on best practice, our goal is a 50% decrease in identified unit CLABSIs and to remain at or below the 2014 year SIR by the end of 2015. CLABSIs are preventable. Continued staff education and patient/family education improves adherence to proper central catheter nursing care, improving patients' outcomes.

Reference: 2016 National teaching institute evidence-based solutions abstracts, *Critical Care Nurse, 2016* 20, e14 - e51.

Category: *Research Poster Abstracts* need to include the following key elements:

Background: Research poster abstracts may focus on any aspect of the continuum of critical care, including but not limited to patient care, nursing practice, nursing management or nursing education. The research may be original or replicated studies.

1. **Purpose-** What was the intent or goal of the study? What did you want to learn? (Limit 500 characters, including spaces)

2. **Background/Significance**- What was the problem and why was it important? What knowledge are you building on? (Limit 500 characters, including spaces)

3. **Method-** What was the design? What was the sample? What instruments were used? How was data collected and analyzed? (Limit 700 characters, including spaces).

4. **Results**- What were the findings? (Limit 700 characters, including spaces)

5. **Conclusions**- What do the findings mean? (Limit 500 characters, including spaces).

Example: Research Poster Abstract

Barriers to Delirium Recognition: A Qualitative Study of Nurses' Perceptions

Jennifer Bond, Kathy Lee, Sherry Robinson; Memorial Medical Center, Springfield, IL

Purpose

To explore nurses' perceptions about delirium, including risks, symptoms, diagnosis, and interdisciplinary communication. The study built on our previous quantitative work on a 15-bed medical-surgical intensive care unit (ICU) at a Midwestern university-affiliated Magnet hospital, which examined recognition of symptoms of delirium by nursing and medical staff. This qualitative study was designed to provide baseline data for the development of a delirium education program.

Background/significance

Delirium is a serious clinical syndrome that affects 21% to 73% of ICU patients. Timely recognition of delirium and establishing a diagnosis are essential to providing positive outcomes for critically ill patients. In our previous study, physicians documented the diagnosis of delirium in only 9% (3/33) of delirious patients. Nurses documented delirium symptoms in 94% (31/33) of the same patients, but they did not correlate symptoms to arrive at a diagnosis and rarely notified the physician.

Method

This qualitative exploratory study used focus group methods. Saturation of the data was accomplished in 3 focus group sessions. After signing a consent form, participants selected pseudonyms to ensure confidentiality. The moderator used the same interview guide for each focus group, and interviews were audio taped and transcribed. Sample interview questions included the following: What kinds of behaviors make you suspect that your patient is experiencing delirium? What do you think interferes with the detection of delirium? How do you communicate and document the presence of delirium? Data was analyzed by using the grounded theory method.

Results

Fifteen nurses were interviewed, including 2 males and 13 females with a mean age of 42 years. Participants acknowledged barriers and facilitators to delirium recognition and identified that recognition heightens awareness of potential adverse outcomes associated with delirium. Barriers included system barriers, uncertainties, assumptions, knowledge deficits, inconsistent communication, and lack of symptom assimilation. Findings also identified that even when nurses recognize delirium, it is communicated to physicians with ambiguity. Nurses hesitate to call with cognitive and behavior changes and expressed discomfort in labeling patients as delirious without a physician diagnosis.

Conclusions

Findings from this study further support results of our previous quantitative study, indicating that nurses know symptoms of delirium but inconsistency in physician communication interferes with diagnosis of delirium. Many barriers hamper the recognition of delirium, but through identification of these barriers, a need for objective assessment methods was realized. Our findings were used to develop a delirium interdisciplinary plan of care and an education program on the Confusion Assessment Method for the Intensive Care Unit for all nursing staff.

Reference: 2011 National teaching institute research abstracts, *American Journal of Critical Care, 2011*, 20, 3, e48-e62.