



# Preparing an Abstract for the CHICA Conference

Tim Cronsberry – Network Coordinator



REGIONAL INFECTION  
CONTROL NETWORKS

**South Western Ontario**

*Giving Health  
a Helping Hand*

## Subject Categories

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- Antimicrobial Resistance
- Cleaning, Disinfection, Sterilization
- Education
- Emerging Pathogens
- Outbreak Investigation
- Pediatrics
- Practice Standards/Guidelines
- Program Evaluation
- Quality/Process Improvement
- Site Specific Infections
- Surveillance
- Other

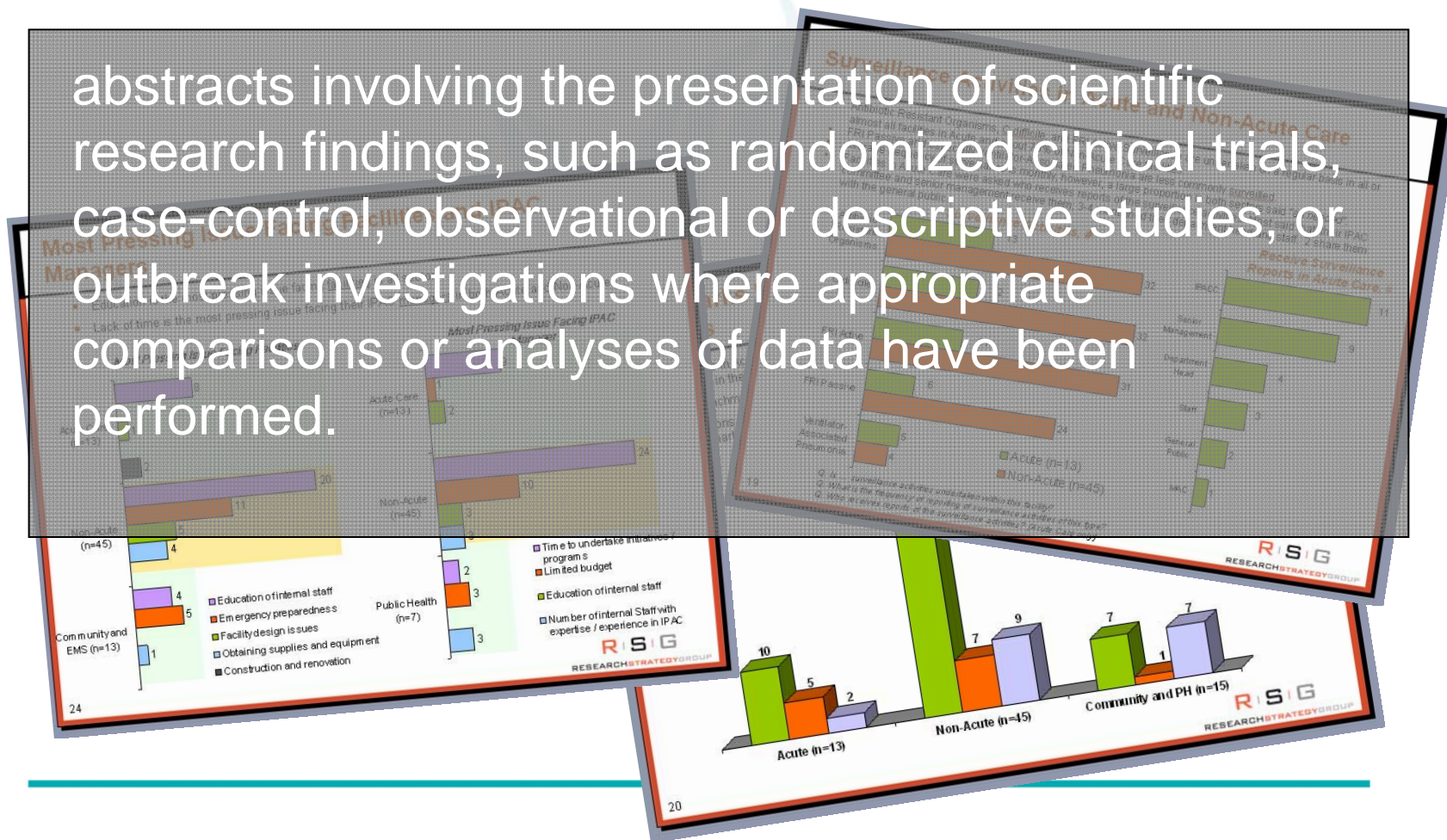


# CHICA Conference Format 1



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abstracts involving the presentation of scientific research findings, such as randomized clinical trials, case-control, observational or descriptive studies, or outbreak investigations where appropriate comparisons or analyses of data have been performed.



# Format 1

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*Authors:*

The presenter must be denoted with an asterisk, e.g: R Moody\*, F McCleery, T Langlely, Vancouver Hospital, Vancouver BC

*Background/Objectives:*

Outline study objectives, the hypothesis to be tested, or description of the problem.

*Methods:*

Report methods used or approach taken.

*Results:*

Indicate essential results obtained in summary form with appropriate statistical analysis (p value, confidence intervals, odds ratio, etc.)

*Conclusions:*

Provide a summary of findings as supported by results with implications and conclusions.

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# Format 1 - Example

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**Positive impact of prospective surveillance and a multifaceted surgical site infection (SSI) reduction program to reduce SSIs in gastrointestinal cancer surgeries**

*Fatema Jinnah, Sandra Callery, Mary Vearncombe; Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada*

**Background:** Surgical site infections (SSIs) are common nosocomial infections in surgical patients. SSIs in colorectal surgery have high morbidity, increasing of length of stay, increasing hospital costs and impacting quality of life. SSI surveillance with feedback has been shown to reduce SSI rates.

**Method:** Prospective surveillance on all elective colorectal (CRC) and hepatobiliary and pancreatic (HB&P) cancer surgeries started in January 2007 when baseline SSI rates were collected. Interventions to reduce SSIs included: timing of prophylactic antibiotics, maintaining normothermia, pre-operative clipping, hand hygiene and the introduction of chlorhexidine in alcohol (CHG) skin-prep solution. Surveillance results on SSI rates and process indicators were provided to the SSI team during regular meetings and surgeon specific rates were given to individual surgeons.

**Results:** Baseline SSI rates were: CRC 15.8% and HB&P 28.2%. Post-intervention (October to December 2008) SSI rates were: CRC 12.0%, and HB&P 3.3%. The overall severity of infection was also reduced post-intervention. Compliance rates of prophylactic antibiotic timing and normothermia maintenance increased from 64.2% and 42.8%. respectively. in December 2006 to 92% and 71%. respectively. in October 2008.

**Conclusion:** The introduction of prospective surveillance, multifaceted interventions with prompt feedback of SSI

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## CHICA Conference Format 2


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abstracts involving the description of educational or performance improvement programs, observations, or other infection prevention activities, including descriptions of facility or community-based programs or interventions, discussions or infection prevention policy, and descriptions of a particular prevention model or method

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# Format 2 - Example



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Central East

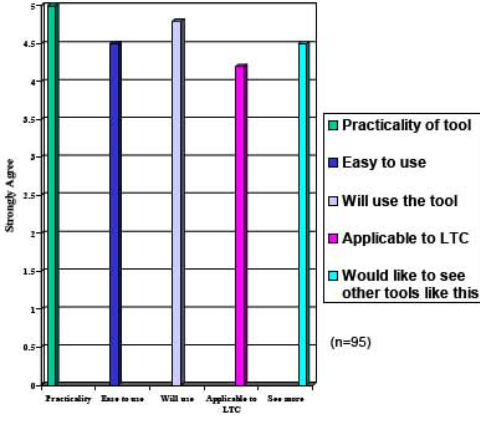
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## “Come and Take a Walk with Me” Education Tool

Teri Murduff RN BScN CIC, Joanne Habib MLT CIC, Debbie Rivett RPN  
Central East Infection Control Network, Whitby, Ontario

**Issue**

1. Infection Prevention and Control Professionals (ICPs) in Long Term Care (LTC) wear many hats and have competing professional responsibilities. Due to time constraints, regular infection prevention and control (IPAC) unit rounds are rarely performed.
2. In an effort to familiarize new LTC ICPs with their role, the Central East Infection Control Network (CEICN) created a LTC, network mentored, orientation program. In addition to the on-site, network facilitated orientation program, the network consultant accompanies the ICP on a tour of the LTC home to demonstrate that a routine “walk about” is a vital part of an IPAC program.



Category	Strongly Agree (0-5)
Practicality of tool	~4.8
Easy to use	~4.5
Will use the tool	~4.8
Applicable to LTC	~4.2
Would like to see other tools like this	~4.5

**Results**

LTC ICPs reported increased:

- Awareness of infection risk
- Understanding of the scope of practice within the IPAC role
- Engagement of
  - Staff, residents and visitors in formal and informal IPAC education
  - Staff in infection risk identification and prevention
  - Staff in unit surveillance activities
  - ICPs to foster positive relationships with staff
- Awareness of resident and staff safety agenda
- Opportunity to identify infection risk since performance of a walk about can be done regardless which hat is worn while present on a unit

As a result of overwhelmingly positive feedback on this tool and to promote consistency, the CEICN added a voiceover PowerPoint™ version. This version has been distributed to all Regional Infection Control Networks in Ontario and LTC homes in the Central East Local Health Integration Network.


The next step is to make this version available for download from the Regional Infection Control Network (RICN) website at [www.ricn.on.ca](http://www.ricn.on.ca)

**Project**

A PowerPoint™ presentation was created to visually identify common infection risks that would otherwise go unnoticed or may be considered trivial or unimportant. The presentation serves two purposes:

1. Provides the LTC ICP a tool to engage other staff in infection risk identification in the LTC home
2. Facilitates reaching a larger audience of LTC ICPs

The presentation was piloted to an audience of 30 Nursing Home Directors of Care in October 2008 and to more than 100 LTC ICPs in November 2008.



**Lessons Learned**

1. Advantages of making IPAC rounds in LTC greatly benefit the program and organization by raising the profile of the IPAC program and demonstrating IPAC commitment in the LTC home.
2. Visual identification of infection risk validated that adult learners learn best when they see one and do one.
3. Demonstrating a “walk about” and providing the “walk about” tool to LTC ICPs facilitates implementation and engagement of an infection risk identification program for staff
4. Providing the content along with the tool (voiceover PowerPoint™) increases the opportunity for consistent messaging and knowledge transfer of IPAC best practice.
5. Regular IPAC unit rounds are an integral part of an effective and efficient IPAC program in LTC.

# Format 2

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*Authors:*

The presenter must be denoted with an asterisk, e.g. J Douglas\*, E Stamp, Vancouver Community Health Care, Vancouver BC

*Issue:*

Identify the specific problems or needs addressed. Provide brief introduction of the proposed topic. Include important background and current information on issues.

*Project:*

Description of the intervention / program.

*Results:*

Specific results in summary form.

*Lessons Learned:*

Summary of the lessons learned and implications

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# Format 2 - Example

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## **OUTBREAK PEP RALLY: A GOOD COMMUNICATION TOOL**

Stefanie Ralph; *Norfolk General Hospital, Simcoe, Ontario, Canada*

**Issue:** February 29, 2008 to April 14, 2008 Norfolk General Hospital (121 bed acute facility) experienced an outbreak of Vancomycin Resistant Enterococcus on the combined obstetrics, surgical, and medical unit (3B). A total of 31 hospital associated cases were identified. The magnitude of the outbreak affected staff in all departments. As the outbreak continued staff morale decreased and a need for further staff communication was identified.

**Project:** A pep rally was held for staff in the hospital cafeteria March 20, 2008. The pep rally included handmade signs that read "Go NGH" or "No VRE", hand shaped noise makers, balloons, and streamers. Information was presented by the Vice President for Patient Care and Infection Control Practitioner. Messaging was brief with the focus on working together to bring the outbreak under control. The pep rally ended with a cheer "Help 3B, no VRE!" Breyers Unilever donated ice cream bars for all attending staff.

**Results:** This event had good local media coverage. McDonalds went on to deliver Egg McMuffins to all morning staff and cheeseburgers to all evening staff the next day. The community support of the hospital during this difficult time became a wonderful good news story. Staff morale was noticeably improved and on March 31 it was identified that transmission had been contained and the 3B unit was reopened.

**Lessons learned:** Outbreaks are very stressful for all staff involved. Upbeat messaging, fun and silliness went a long way to keep up staff morale. Our organization would use this technique again in the future.

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## Poster or Oral Presentation?

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- Oral Presentation – PowerPoint slide deck
- Resources in the SWOICN library on the subject of presenting information
- Poster Presentation – you will “present” the poster to anyone who visits it in the poster display area
- Posters can be viewed while you’re not there



## Poster Layout

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- It's easier than you think!
  - Simplest solution is a Powerpoint template (yes, Powerpoint!) – see reference slide for links to templates
  - Specific software available  
(<http://www.postergenius.com/cms/index.php>)
  - In-house resources (usually only available in larger, well-resourced settings)
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# Poster Printing

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- Not available in all print shops
- SCL Digital in London
- Mercury Blueprinting – London



## Prizes are Available!

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### CHICA Conference Prizes

- First Time Abstract Submitter - \$250
- Best Oral Presentation - \$1000
- Best Poster Presentation - \$500

Abstract deadline is February 26



## Where to get help

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- Other CHICA-SWO members who have been through it before (there are many)!
- RICN staff



# Links

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- [http://www.chica.org/conf/10\\_brochure.html](http://www.chica.org/conf/10_brochure.html)
  - <http://ricn.on.ca/archivec3388.php>
  - <http://ublib.buffalo.edu/libraries/asl/guides/bio/posters.html>
  - <http://www.swarthmore.edu/NatSci/cpurrrin1/posteradvice.htm>
  - <http://www.ncsu.edu/project/posters/NewSite/index.html>
  - [http://www.posterpresentations.com/html/free\\_poster\\_templates.html](http://www.posterpresentations.com/html/free_poster_templates.html)
  - [http://www.makesigns.com/SciPosters\\_Templates.aspx](http://www.makesigns.com/SciPosters_Templates.aspx)
  - <http://posters4research.com/templates.php>
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# Thank you

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