



CAPC Level I / II Seminar

From Concept to Critical Mass: Building, Growing & Sustaining Today's Palliative Care Program

NOVEMBER 13 – 15, 2008

Hilton DFW Lakes Executive Conference Center

Grapevine, Texas

CALL FOR ABSTRACTS !

Collecting and Using Data to Achieve Your Program Goals: What Worked and Why?

Tell the story of your program's collection and usage of data to achieve your program's goals – detail what worked and why.

The CAPC Level I/II Seminar poster session will focus on data collection and usage to achieve program goals. The Poster Session & Reception will be held Friday, November 14, 2008 at 5:30pm. Abstract representatives are expected to be at their posters during this time to answer questions and share lessons learned. Abstracts that are accepted for exhibition will also be displayed on the CAPC website and included in The Journal of Palliative Medicine publication (with permission of the individual submitting the work).

Abstract Instructions

The abstract submission deadline has been extended to August 18, 2008. Email the completed abstract template by **August 18, 2008** (*Microsoft Word file*) to capcevents@mssm.edu - *subject line: ABSTRACT Submission; Phone Contact: 212-201-2680*. **Presenters will be notified by September 8, 2008.** Please use the following template guidelines:

1. **Abstract Title:** The title length should be 50 characters or less. You may use abbreviations in the title, but please spell out the full reference in the short description below.
2. **Data type:** Indicate whether your data refers to: a) clinical data (e.g. pain); b) operational data (e.g. consult service demographics/disposition); c) customer data (e.g. family or referring MD satisfaction); d) financial (e.g. cost avoidance) or e) other.



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3. **Short Description:** Write a brief one-sentence description of the data collection/usage project (e.g. *Using a family satisfaction survey to demonstrate the need for a social worker*).
4. **Organization Name/Location:** Please include the full name of the organization. Please include the City, State/Province, and Country and spell out all information in full. You do not need to spell out the name of the country if the abbreviation is known globally.
5. **Team/Contact Information:** A list of the data collection/usage research team members – include full names, clinical degrees (MD, RN, etc.) and job titles on the same line. Do not use abbreviations in job titles. Please proofread for accuracy and spelling. Please include the information for one key contact on the team – include their name, title, organization name, address, phone, and email.
6. **Goal:** One sentence that describes the purpose of your data collection project. Please use this format: [To decrease/increase] [What?] [By how much?] [Within what timeframe?—optional] [Where?--optional]. Please spell out abbreviation of first reference in text.
7. **Measures:** List of measures tracked in the project. The accompanying graph(s) or table(s) of results must depict the data for these measures.
8. **Data Collected:** Description of the data collected and how it was used during this project. Begin with a brief introduction (1 to 2 sentences) to give users context. Include how the data collected helped achieve that goal. Provide enough detail so users understand what the team did, the specific usage resulted from the data retrieved. Please spell out abbreviation of first reference in text.
9. **Graph(s) or Table(s) of Results:** Include a visual representation of your data in either graphs or tables.
10. **Summary of Results / What Worked and Why:** Include a one to three sentence summary of the results of the project. List each “lesson” learned as a bulleted one-sentence statement (two sentences maximum). Begin each lesson with an action-oriented verb. Provide enough detail so users understand specifically what they should do. For example, state the lesson learned, why it was important and what the team might have done differently.



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11. **Permission to Publish Material on The CAPC website (indicate Yes or No)?**
Indicate whether or not the contact person has agreed to have his/her information published on the CAPC website so that users may email for more information or questions. If your abstract is accepted, CAPC is requesting permission to publish abstract on our website CAPC.org. CAPC will give you and/or your organization the proper credit as the source of the material.
12. **Permission to Publish Material in The Journal of Palliative Medicine (JPM):**
If your abstract is accepted, JPM will publish your abstract in an upcoming issue of JPM in the Notes from the Field section. Please note that by granting permission to publish you will be required to complete a transfer of copyright to CAPC to be issued to JPM. Only accepted poster abstracts will have the right to this publication benefit.

I agree to these terms of publication. I have obtained all necessary rights, licenses, releases and consents and give permission to CAPC to publish. The material should be credited as follows:

Your Name: _____

Organization: _____

Phone / Email: _____

Date: _____

Please Note: *Individuals who are displaying an abstract poster at the CAPC Seminar must be registered for the seminar. The registration fee is \$900 (for registrations received before October 3, 2008). Abstract representatives will be responsible for their registration fees, travel, and hotel accommodations. For more information on abstract poster displays at the CAPC Seminar, please contact Hallia Baker at (212) 201-6280, or by email at capcevents@mssm.edu. For further information on the CAPC Seminar, please visit our website at www.capc.org.*