We are pleased to invite you to submit an abstract for oral and/or poster presentation for the 4th Annual RVH IGNITE Research Conference & Workshops held on Tuesday, May 29, 2018

DEADLINE FOR SUBMISSIONS: FRIDAY, APRIL 6, 2018

SUBMISSION GUIDELINES

We encourage submissions from **new and experienced** researchers in a broad range of health care disciplines. Please submit your abstract for oral and/or poster presentation in the format described below. **A sample abstract is provided below.**

1. Abstract must be submitted via email to research@rvh.on.ca

2. Indicate your preference for an Oral or Poster Presentation

3. Title of the abstract must be in **CAPITAL LETTERS** and bolded **(max 200 characters, including spaces)**

4. Title must be followed by names of authors with credentials **(maximum 3 credentials or degrees)**

5. Provide the **affiliation(s)** for each author (department, organization, and location, including postal codes)

6. Indicate which author(s) will be presenting the abstract by UNDERLINING their name(s). Please provide the email address for the presenting author(s)

7. Abstract must be single spaced, **Arial font, size 11**, and be a **maximum of 350 words**.

8. Abstract must be formatted as per attached example with the following sections: **TITLE,** Authors, Affiliation(s), Presenter(s) Email, **Introduction, Rationale/Objectives, Methods, Results, Conclusions** (bold these subtitles). If suitable, a separate **Acknowledgements** section may be added, but must be included in the word limit.

Please indicate which author(s) will be attending the conference and provide full contact information for each in the body of the email when submitting your abstract(s).

Abstracts will not be edited and will be reproduced in the form submitted, so please proofread your abstract carefully. Please feel free to contact the Research Office (research@rvh.on.ca) for assistance with writing an abstract.

SELECTION PROCESS

Abstracts will be reviewed by the Research Conference Committee according to 1) clarity; 2) scientific merit; 3) novelty of content; and 4) implications of research.

Unfortunately, due to time constraints, not all submissions requesting an oral presentation can be accommodated and final decisions will rest with the Research Conference Committee. Researchers may be invited to present a poster presentation rather than an oral presentation. Researchers will be notified by email regarding the status of their abstract by the week of **April 23, 2018**.

PRESENTATION GUIDELINES

ORAL PRESENTATIONS:
- Please provide a biosketch of the presenting author ≤ 100 words
- Researchers will be required to bring a copy of their PowerPoint presentation on a memory stick to upload on the provided laptop between 7:30-8:00 a.m. the morning of the conference
- Time allotted for oral presentations will be **15 minutes** (10 minutes for presentation and 5 minutes for discussion)

POSTER PRESENTATIONS:
- Researchers are responsible for their poster display, including production, setup, and takedown
- Posters may not be larger than 4 feet x 6 feet (this is the size of the display stand)
- Setup will be between 7:30-8:00 a.m.
- A member of the research team must be present during poster sessions

DISCLOSURES

Researchers are asked to provide the following disclosures with their submission. This information is for internal administrative purposes and will not be published in the conference program.

- Was this study approved by a research ethics board?   ☐ Yes   ☐ No
- Was this study funded by:
  ☐ Peer-review granting agency: _____;
  ☐ Institutional/departmental sources: _____;
  ☐ Industrial/pharmaceutical source(s): _____
- Will there be any copyright infringement if the abstract is published in the booklet for internal distribution only: ☐ Yes   ☐ No
- Has this study been submitted for presentation or publication elsewhere: ☐ Yes   ☐ No
  - If Yes, where? _____

Thank you for your participation!

EVALUATING THE EFFECTIVENESS OF AN ANTIMICROBIAL STEWARDSHIP INTERVENTION ON REDUCING THE INCIDENCE RATE OF HEALTHCARE-ASSOCIATED CLOSTRIDIUM DIFFICILE INFECTION

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Introduction: The incidence rate of healthcare-associated Clostridium difficile infection (HA-CDI) is estimated at 1 in 100 patients. Antibiotic exposure is the most consistently reported risk factor. Strategies to reduce HA-CDI have focused on reducing antibiotic utilization. Prospective audit and feedback (PAF) is a commonly used antimicrobial stewardship intervention (ASi). The impact of this ASi on HA-CDI is equivocal. **Objectives:** This study examines the impact of a PAF ASi on the incidence of HA-CDI. **Methods:** Single-site, 339 bed community-hospital in Ontario, Canada. Primary outcome is HA-CDI incidence rate. Daily PAF ASi is the exposure variable. PAF ASi is implemented across wards in a non-randomized stepped wedge design starting in July 2013. Criteria for ASi; any intravenous antibiotic use for ≥48 hours, or any fluoroquinolone or cephalosporin use for ≥48 hours. HA-CDI cases and model covariates aggregated by ward and month. Pooled statistical analyses done using generalized linear models with log link function. Potential clustering by ward and serial correlation of HA-CDI accounted for in final model. Other covariates tested for inclusion in final model were derived from previously published risk factors. Final pooled model was compared with random coefficient model (RCM). Goodness-of-fit (GOF) assessed using deviance statistics. **Results:** N = 430 observations with ASi implemented in 64 periods. The final model included; ASi, days of antibiotic therapy (DOT), previous month's CDI cases (LCDI), current month's community-associated-CDI cases (CA-CDI), length of stay (LOS) and days of hospitalization due to age over 65 years (Age), and interaction terms between ASi-DOT, LOS-Age and ASi-LCDI. ASi incidence rate ratio (IRR) is 0.42 (95% CI, 0.19–0.92). ASi-DOT interaction IRR was not significant. LCDI IRR was 1.20 (95% CI, 1.07–1.35) and CA-CDI IRR was 1.26 (95% CI, 1.12–1.42). Pooled model was equivalent to RCM and provided excellent GOF. **Conclusion:** Daily PAF ASi resulted in a significant reduction in HA-CDI; however, this effect was not mediated by an overall reduction in antibiotic utilization. In addition, the importance of CDI environmental pressure was demonstrated through the significant impact of both CA-CDI and LCDI on subsequent HA-CDI incidence rates.