Fall 2013

Center for Research & Grants

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BHM Grand Rounds was a tremendous success. We would like to thank all of the presenters and those who attended. For those of you that were not able to attend, below you will find a synopsis of the research studies presented.

**Red Blood Cell Transfusion Practices in an Orthopedic Unit. Ileana Bonfante, PI. Unit 3 Main**

The purpose of this study was to investigate if implementing a transfusion order set and eliminating autologous blood donations would minimize length of stay, infection rate, transfusion related complicated, costs, and risk of perioperative anemia in total knee and total hip replacement patients.

**Survey:**
 Twenty eight nurses participated in the survey. Results showed:
  - 79% would prefer to receive non emergent information by text.
  - 71% thought texting non emergent information would help decrease interruptions.
  - 59% thought texting non emergent information would increase patient satisfaction.
  - 72% thought texting non emergent information would save time.

**Time and Motion:**
 An independent-samples t-test was conducted to compare the total time in seconds of interruptions for phone calls and texting. There was a significant difference in time for phone call, 
\[ M= 36.41, \ SD=51.53 \] and texting, 
\[ M= 2.81, \ SD=1.79 \]; 
\[ t (219.48) = 5.72, p = <0.001 \] (two tailed).

It is interesting to note that the majority of the interruptions occurred during medication administration which poses significant risks.

**Findings**

Patient age and autologous blood donors were significant predictors of receiving a blood transfusion.

Higher rate of transfusions in patients age 70-80.

Autologous blood donors and patients who received blood transfusions had increased LOS.

Autologous blood donors had lower pre-op hemoglobin.

There was a significant difference in the hemoglobin trigger value before and after implementation of a blood transfusion order set.

Age, hemoglobin post-op day zero, and autologous blood donor as individuals were found to be significant pre-

**Got the Message: Texting vs. Talking. Melanie Santos, PI. Unit-4 Tower**

The purpose of this study was twofold. A survey was used to identify staff perceptions of receiving non-emergent information by texting in the med-surgical unit. Secondly, a time and motion study was conducted to determine if texting of non-emergency information would decrease total time of interruptions as compared to phone call interruptions. Non-Emergent information was defined as

- Notices of Meetings/Huddles/In-services
- Notification of admission/discharges
- Notification that the administrative partner has called a consult
- Notification of supplies coming from other departments
- General Unit Business
Grants Update

It's a major undertaking—preparing and submitting a research application to support your research training needs or pursue your scientific research. It is a highly competitive endeavor that can be subverted by lack of planning, preparation, disorganization and lackluster presentation. However, the Center for Research and Grants Grant Administrators are here to minimize that impact and support your research interests.

Our Grants Administrators have successfully secured the following funding that has helped some of our BHSF researchers support their research interests:

1. Slomo & Cindy Sylvian Foundation: $7,500 for Diabetes Research at Baptist Health Follow-up Care
2. Neuroscience Nursing Foundation: $2,100.97 and $950 for ICU Research at West Kendall Baptist Hospital and South Miami Hospital
3. Florida Department of Health, Office of Rural Health: $5,000 for Medicare Rural Hospital Flexibility (FLEX) Program 2012 at Mariners Hospital Oncology Services
4. Susan G. Komen for the Cure Foundation: $26,250 and $10,000 for Baptist Health Breast Center’s CareCoach™ and Genetic Risk Education Service (GRES) programs

Contact us at grantsinfo@baptisthealth.net to find out how we can help you.

REDCap is coming!!! REDCap is coming!!!

Baptist Health South Florida will be implementing the REDCap (Research Electronic Data Capture) system in Q2 of this fiscal year. The REDCap application allows users to build and manage online surveys and databases quickly and securely, and is currently in production use or development build-status for more than 80,000 projects with over 105,000 users spanning numerous research focus areas across the consortium.

Additionally, BHSF will become part of the REDCap Consortium, composed of 770 active institutional partners from CTSA, GCRC, RCMI and other institutions in 60 countries. The consortium supports a secure web application (REDCap) designed exclusively to support data capture for research studies.

As a REDCap consortium member, we will have access to the REDCap Shared Library, a repository for REDCap data collection instruments and forms that can be downloaded and used by researchers at REDCap partner institutions. Curated instruments have been approved for inclusion by the REDCap Library Oversight Committee (REDLOC) after review for research relevance, accuracy in coding and function, and copyright issues.

We will have an introductory REDCap session at our November 8th Research Rounds, 7:30 am to 8:30 am at Baptist Hospital, classroom 5.

For more information on REDCap, visit http://project-redcap.org/.
**EDUCATIONAL EVENTS**

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<thead>
<tr>
<th>Date &amp; Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>Friday, 10/4/2013</td>
<td>2013 BHSF Research Summit</td>
<td>Miami Dadeland Marriott</td>
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<td>7:30 am - 3:30 pm</td>
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<tr>
<td>Friday, 11/8/2013</td>
<td>Research Rounds: REDCap</td>
<td>BHM - Classroom 5</td>
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<td>7:30 am - 8:30 am</td>
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**Administration Resources Available**

The Center for Research and Grants has resources available for pre-award administrative activities such as clinical study budget review, Medicare coverage analysis, coordination of documents, and communication with sponsors, partners, and Medicare Administrative Contractors (MACs), as follows:

- Reviewing and negotiating study agreements with sponsors in consultation with BHSF Legal Counsel
- Reviewing draft budgets and/or negotiating study budgets that cover BHSF costs and fall within Fair Market Value (FMV)
- Submitting investigational device trial reimbursement and extension requests to Florida’s Medicare Administrative Contractor

This process endeavors to create a streamlined pre-award process for clinical studies, including standardizing compliance with Medicare rules and regulations and reducing turn-around times for the execution of clinical study agreements. To submit study documents for review, please contact ResearchAdmin@baptisthealth.net.

For more information ● contact CRGResearch@baptisthealth.net or 786-594-6713