**Submission Guidelines**

* You are limited to one page, including charts and photographs
* Please do not change the font in the template.
* Imbed all charts, tables and photographs. Do not link them.
* **Reduce all photos to 72dpi** prior to or after imbedding them in PowerPoint. <http://powerpoint.wiziq.com/topic/504-6-tips-to-reduce-the-size-of-your-powerpoint-file>
<http://www.brainshark.com/ideas-blog/2013/June/how-to-compress-powerpoint-file-size.aspx>
* Delete the text in brackets when using the template. ONLY the words Introduction:, Method(s):, Results: and Conclusions(s): should remain from the template in your submission.
* Save this file using the following naming convention:
Author’s Last Name First 20 Characters of Title
For example, if your name is Samantha Smith and your paper is New Laparoscopic Surgery Techniques you would save your files as “**Smith New Laparoscopic Sur**”
* Your abstract, including all charts, tables and photos, may not exceed a single page at 10pt font.
* Delete pages 1 and 2 of this template prior to submitting the abstract.
* When you submit the abstract there will be pull down menus for you to select the session in which you wish to submit your paper. You will also need to provide the primary author’s email address, an email address for communication and other information.

Thank you and good luck!

**Sample of a properly formatted Abstract:**

**American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) supports the use of an Early Warning System in identifying postoperative patients at risk for 30-day occurrences**

Bruna Babic MD, Sharon Weintraub MD, MPH, FACS, Cynthia Ross-Richardson MS, BSN, CNOR, Michael Posner MD, FACS, Christine Bartus MD, FACS, FASCRS, Rekha Singh MD FACS

**Introduction:** Hospitalized patients may experience clinical deterioration which, if recognized in a timely fashion, can be acted upon to mitigate potential morbidity and mortality. Early Warning System (EWS) (Cerner Millennium®) is an evidence-based Electronic Medical Record (EMR) screening tool which triggers alerts based upon physiologic or laboratory abnormalities reflective of SIRS or organ dysfunction. ACSNSQIP is used to measure and improve quality of care in surgical patients. We hypothesize that postoperative EWS alert correlates with 30-day occurrences in our NSQIP database.

**Method(s):** A single institution new to NSQIP (9/2013) examined data prospectively for the period 9/23/2013 to 12/10/2013. EMR data for this period identified EWS alerts. Records of postoperative patients generating an alert (EWS+) were compared to those with no alert (EWS-), and 30-day outcomes were examined for both groups. Categorical data was analyzed using Fisher’s Exact test, and continuous data was analyzed using Student t test.

**Results:** All NSQIP cases for the study period were included (n=365), with 48 patients having 1 or more occurrences at 30 days, and 20 patients generating one or more postoperative EWS alerts during this period. There was no difference in patient characteristics (age, gender, ASA class, elective vs. emergency surgery) between the EWS+ and EWS– groups. EWS+ was positively associated with NSQIP reportable occurrences (p<.0001).

**Conclusions:** Using our early experience with NSQIP, we found that EWS identified postoperative patients at risk for 30-day occurrences. Integration of NSQIP and EWS may drive process improvement, leading to better postoperative outcomes.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | EWS+ | EWS- | Total | Fishers |  |  | EWS+ Expected | EWS- Expected |
| OCCURRENCE + | 13 | 35 | 48 | *p 2-Tail*  | 2.86E-08 | 2.630136986 | 45.36986301 |
| OCCURRENCE - | 7 | 310 | 317 | Chi-Sq | 49.80515 | 17.36986301 | 299.630137 |
| Total | 20 | 345 | 365 | *p*  | 1.7E-12 |  |  |

[Title:Title of Paper Use “Title” Case, i.e. This is the Title of my Paper]

[Author(s) Name:]

[Institution:]

**Introduction:** [state the reason for doing the study]

**Method(s):** [state the methods employed]

**Results:** [state the exact results obtained]

**Conclusion(s):** [state the conclusions reached]