Long-Term Care (LTC) Data Cooperative

Researcher Application: Plain-Language Abstract

All research applications to the LTC Data Cooperative must include a <u>plain language</u> structured abstract (750 words max). The audience for this abstract is nursing home providers who have expertise in the long-term care policy and practice environment and are not formally trained in research. They will review the abstract and provide feedback which will be reviewed by the LTC Data Cooperative Research Review Committee, who makes the final decision on your application.

<u>The abstract should clearly and succinctly describe the study in **plain language.** Please include the section headings below in your abstract:</u>

- **Background and importance.** What are you trying to demonstrate and how will it help providers improve resident care?

- **Specific aims**

- **Study design**, stated briefly in plain language

- **Study population**. If you only need data on a subset of nursing homes and/or residents, state that here.

- **Intervention, if applicable**

- **Key measures and outcomes**
  Example: *"We will compare the rates of antibiotic prescriptions and urinalyses between nursing homes that did vs. did not receive antibiotic stewardship training."*

- **The EHR data elements you are requesting and why.** Example*: "We will use medication administration records (MAR), vital signs, and diagnoses that are linked to MDS data and Medicare claims to look at antibiotic prescribing and hospitalizations for residents with dementia."*

- **Provider engagement**. If and how you have engaged, or will engage, nursing home providers in your study. For intervention studies, specify whether you have already recruited nursing homes for participation.

- **Implications for providers**, such as: Potential impact on practice and/or policy; Alignment with nursing home provider priorities; Acceptability, i.e. how likely are providers to adopt the intervention and/or findings?; Feasibility, i.e. how practical is the intervention and/or findings under current conditions? and; Any costs, burden, or risks for providers, residents, or other key stakeholders.

Abstracts with overly technical academic language or failing to include the above elements will be returned for revisions.