

Submitting an Abstract To APIC

Scott Stienecker MD FIDSA FSHE

Medical Director Clinical Care Reliability—Growth Markets
Emeritus System-Level Medical Director, Infection Prevention

Scott.Stienecker@Parkview.com

Cell 260-438-1426

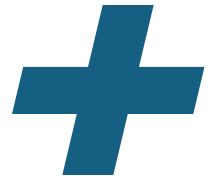


Disclosures



- Medline Consultant 2026
 - Mucosal Barrier Injury Laboratory confirmed Bloodstream Infection and NHSN Reporting
 - None related to this talk





Dr. Scott Stienecker

- Undergrad and medical school at The Ohio State University
- Residency in IM at Wake Forest/Bowman Gray
- Fellowship Emory with research component at the CDC
- Private practice 18 years
- Parkview Health 14 years

Brief Bio



A LOT OF WHAT YOU DO
IS PUBLISHABLE!

Consider . . .



Outbreak Investigations

- Novel or New



Public Health

- Data and analysis of trends in the state or the facility/system
- Novel, emergent, or interesting trends



Leadership and Development

- Generalizable to the APIC membership



Not all abstracts are data heavy

- Experiential (e.g., hospital recovery after a tornado)
- Unique or emerging organisms
- System response to outbreaks (e.g., measles)

Interesting or Not?



Interesting

- Unusual infections or situations
- Building the better mousetrap
 - Documented processes improvement
 - True research
 - Scalability to other systems
- *Do you have data?*
- Do other IP's find it interesting?

Not Interesting

- “We did this”
- Standard work
- PDCA/ process improvement events
- Reproducing APIC text
- APIC receives ~ 400-500 poster abstracts
 - We can accept ~100
- APIC receives ~100-200 speaker abstracts
 - We can accept ~20



PICKING A TOPIC

National Meeting Tracts



Clinical Safety

Antimicrobial and Diagnostic Stewardship

Quality Assurance and Performance Improvement

Workforce & Training

Education, Training and Competencies

Leadership Development and Program Management

Occupational Health and Wellness

Systems & Infrastructure

Information Technologies

Environment of Care

Emergency Preparedness

Strategy & Impact

Public Health and Health Policy

Implementation Science and Research

Do's

- Follow the instructions!
- Consider the interest it will have among peers
- Have a thoughtful analysis
- Have a friend or leader proofread and critique before submission
- *Include data*

Dont's

- Use (without defining) abbreviations and acronyms that the reviewers wouldn't immediately recognize.
- Bulleted Lists
- De-identify yourself (except Public Health)
- Perceived Product or Vendor endorsements

Abstract Review Considerations +

- Safeguarding Integrity and Scientific Rigor
- Evaluate with a reviewer's mindset and uphold APIC's scientific and ethical standards
- Ensure content is credible and does not promote fraud or unsupported claims
- Keep AI tools behind the corporate firewall; avoid any risk of HIPAA or sensitive data exposure
- Determine whether the abstract offers novel insight or meaningfully challenges existing APIC guidance - strong data must support any deviation
- Verify originality by reviewing existing literature (Google Scholar, PubMed) before submission



Recent Changes +

Greater alignment with AJIC
publication guidelines



Vendors Plants



Be Cautious

- Vendor data and insights may not be exclusive to your facility



Use Generic Terms

- e.g. CHG/alcohol



Cross-check

- Google/PubMed search anything presented as new and improved



Key Vendor Focus Areas

- Blood diversion devices
- Aerosolized disinfectants (especially hydrogen peroxide vapor and dry hydrogen peroxide)
- WGS/NGS application to IP surveillance and outbreaks
- Specialized sterilization equipment



COMPONENTS OF AN ABSTRACT



Title



- Use a concise title - limit 20 words
- Be careful not to be too cute
- Indicate the research question
- Answer the research question



Intro/Background



- Set the context for why the study was conducted
- Keep concise (2–5 sentences, present tense)
- Define the problem, significance, and research objective
- Include context cues (e.g., system size, setting) to orient the reviewer
- Provide a sense of population or facility scope
 - ie. “in this large, multi-hospital system” or “data collected from the facility of ~500 beds”
- Allow flexibility for specialty settings (dentistry, veterinary, ASC)



Materials and Methods



- Briefly describe what was done and how the project was carried out
- Keep concise (less than a full paper would have)
- Avoid or define technical terms/acronyms (e.g., REDCap, SAS, ANOVA) to prevent confusion or rejection



Results



- Include data - many abstracts lack it
- Don't report percentages alone; provide numerators/denominators and timeframes
- Interpret cautiously
 - Small changes or short time periods may not be meaningful or sustainable
 - There may be seasonality



Conclusions



- Explain how this advances scientific knowledge
- Address applicability
 - Generalizable or site-specific
- Interpret cautiously
- Note confounding variables and how they were managed
- Abstract body (excluding title/authors): max 300 word



ABSTRACT REVIEW PROCESS

Peer Committee

- Spans the Spectrum of IP:
 - Public Health
 - Large Facilities
 - Small Facilities
 - Critical Access
 - LTC
- Abstracts are reviewed by at least four reviewers and top submissions advancing to a larger group for final evaluation.



Submission & Reporting Standards



- Avoid unblinding (no names of individuals, institutions, or identifiable regions)
- No product brand names or biased language
- Avoid bullet lists or tables (limited acceptance)
- Ensure data is complete (not ongoing or unfinished)
- Avoid unsupported claims (e.g., “doubles workload”)
- LTC, Dentistry, and Veterinary Medicine abstracts may be treated favorably

Acronym & Abbreviation Compliance



- Multiple acronyms/abbreviations not introduced on the first use
- Titles may use acronyms if defined at first abstract mention
- Per SHEA/IDSA/AJIC:
 - *“Standard abbreviations should be used consistently throughout the article. Unusual or coined abbreviations should be spelled out the first time they appear in text, with abbreviations in parentheses.”*
 - Ensure consistency of abbreviations throughout the article.
 - Spell out on first use

When in Doubt, Spell it Out!

Reject: Use of Products and Systems



- Includes physical products, software, or marketed systems by name
 - E.g. Chloroprep, AvantGard, Oxford Nanopore
- Use caution with single-product categories
- If only one product exists, include data and a comparator group
- Avoid indirect identification through examples



SPEAKER VS ORAL ABSTRACT VS POSTER ABSTRACT

Presentations vs Abstracts

Speaker Proposals

- Review committee evaluates originality, significance, and writing quality
- Assesses clarity, organization, and logical flow
- Considers effective use of tools and resources to advance professional knowledge and skills

Poster Structure & Data

- Applies to posters and oral poster presentations
- Required sections: Title, Intro, Methods, Results, Conclusion
- Strong data is essential!

Timelines



Speaker Abstracts



July

August

30/30 Session: (2 speakers – each 30 minutes)

Concurrent Education Session: Max. 2 spaces

Interactive Workshop: 1-3 speakers for 90 min.

Oral Posters



October

December

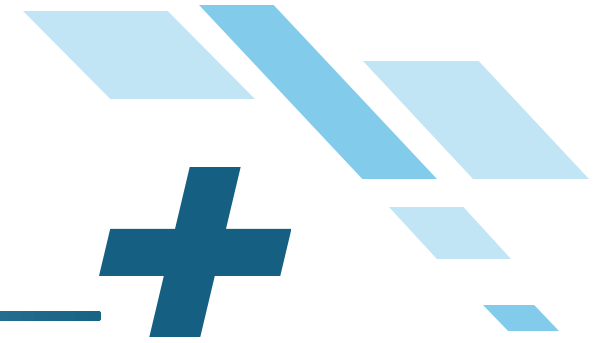
Open: (Late October)

Closes: (Early December)



PUBLICATION IN AJIC

AJIC



IMPORTANT!

- AJIC holds copyright for all accepted abstracts
- Abstracts published elsewhere will be rejected
- Accepted abstracts appear in an online AJIC supplement after the conference

AJIC Guidelines (may not be fully adopted – yet)



- Manuscripts must follow standard English usage (AMA Manual of Style, 9th ed.)
- Use standard abbreviations consistently; define unusual abbreviations on first use
- Use generic drug names; list proprietary names in parentheses if needed
- Identify proprietary equipment with manufacturer and location (in the full paper)
- Use metric units and report temperatures in °C
- Common APIC abbreviations accepted in 2026; coined terms had to be defined. Subject to change.



[https://www.ajicjournal.org/article/S0196-6553\(03\)00750-8/fulltext](https://www.ajicjournal.org/article/S0196-6553(03)00750-8/fulltext)

Volume 31, Issue 8 PA12-A14 December 2003 Search this site, pick download full issue, and review information for authors.

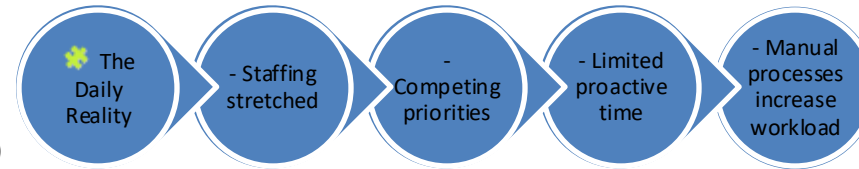
Infection Prevention: Why It Matters to Nursing & How to Gain Support

Leadership Priorities

- Patient safety & outcomes
- CMS penalties
- Public reporting
- Throughput & LOS

Bridging the Gap

Translate nursing work into data-driven outcomes
Partner across departments

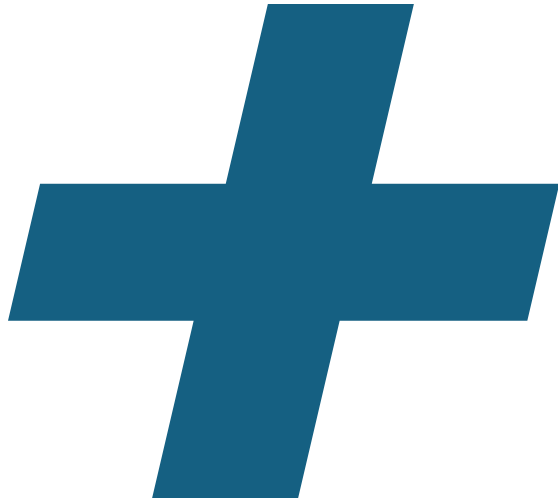


Nursing Wins

- Reduce HAIs
- Standardize care
- Improve efficiency

Nursing Voice

- Frontline insight drives change
- Data + stories = advocacy



THANK YOU!

Scott Stienecker MD

Scott.Stienecker@parkview.com

c. 260-438-1426