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BHSF Research Matters

Newsletters

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Center for Research

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Research Matters



Elevating care through discovery.

November 2020, Vol. 1, Iss. 7

Message from Amy K. Starosciak, Ph.D.

Director of Outcomes Research, Center for Research

C OVID-19 has led research institutions across the globe in a frenzied race to understand the virus, how it spreads, for whom it exacts its most devastating effects, which treatments work best, and how to best keep the general population safe. However, wading through all the evidence around COVID is a daunting task even for the most experienced virologist, epidemiologist, or infectious disease physician. Separating good science from bad science also can be difficult. Thankfully, there are some **tips and tricks for how critically appraise published research** so you know how much weight to place on a particular study's findings. Dr. Noah Zanville, Nurse Scientist for Miami Cancer Institute, discusses how the Evidence Pyramid can be used in appraise evidence on page 3.

As you will see in his article, evaluating evidence starts with understanding what type of study is being described and its design. Randomized, controlled clinical trials (**RCTs**) are considered the **gold-standard** of treatment studies whereas **systematic reviews/meta-analyses distill and clarify findings from multiple studies** so we can see the 'big picture' and make sure our conclusions still hold true. You may have noticed that during the first half of the pandemic, there were few RCTs and meta-analyses. Like all research, it takes time to design studies, develop protocols, write informed consents, design data collection forms, establish data safety and monitoring boards, obtain IRB approval, onboard sites, and conduct the study. Study conduct of course includes screening, recruiting, and enrolling patients, administering the study intervention, and obtaining follow-up data. Then the data need to be analyzed, visualized, interpreted, written up, submitted to a journal, undergo peer review, and if needed, revised again. Typically this whole process can take years to accomplish, but **because of the urgency the pandemic, we have come to the publication of RCTs in less than a year.**

Typically, the final step in disseminating research findings is publishing findings in a peer-reviewed journal. The term 'peer-review' means that experts have had a chance to review (and critique) a manuscript before publication. When papers are published before peer-review on pre-print servers like [MedRxiv](#) (pronounced 'med-archive'), this review by experts has not yet happened. Early in the pandemic, it was **imperative to share information as quickly as possible**, with scientists and providers by publishing pre-prints, sometime multiple times a day in an effort to save lives, and for that, pre-publication servers were vital.

As the pandemic continues on, so does the **COVID-19 research even in our own health system**. Take a look at some of the papers related to COVID-19 that have been published by our physicians and staff, the most recent of which are included in the New Article Alcove on page 6. You also can search for COVID-19 in the [Scholarly Commons](#) which includes all publications and presentations as well as the nearly 50 Evidence Briefs prepared by the Nurse Scientists throughout the pandemic.



*"Research: the distance between an idea and its realization."
—David Sarnoff—*

Inside this issue

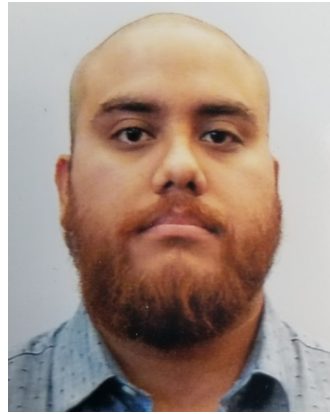
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New Staff Updates



Daniel Millay

Supv Library
Coordinators
Center for Research



Edward Santander

IRB Specialist
BHSF IRB Office



LYNN CANCER INSTITUTE

Spotlight on Boca Raton Regional Hospital's Research Programs

The Office of Research Administration (ORA) at Boca Raton Regional Hospital provides support to the [Lynn Cancer Institute](#) (LCI) in conducting clinical trials for a wide spectrum of disease-specific areas, such as thoracic, breast, genitourinary, gastrointestinal, skin, and hematologic malignancies. For example, LCI is involved in a Genetic Registry study with [City of Hope](#) and has in development a Senior Adult Program aiming to provide services to our patients 70 years of age and older, in which research is a key component.

Currently, LCI is one of the largest cancer centers in Florida, seeing over 3,500 new cancer patients per year. LCI's cancer trial portfolio includes innovative therapies such as immunotherapies, chemotherapies, and new radiation treatments. Our research nurses and coordinators work with medical oncologists, radiation oncologists, surgical oncologists, pathologists, and radiologists to enroll patients and conduct the nearly 100 open oncology trials at LCI.

According to seer.cancer.gov, approximately 1.8 million people in the United States were predicted to be diagnosed with cancer in 2020. LCI's research driven team of passionate experts work with federal agencies and pharmaceutical companies that share the same vision in seeing that number lowered in the imminent future. —*Stephanie A. Boodram, Research Data Analyst, ORA/LCI & Ileana Vargas, Regulatory Specialist, ORA/LCI*



THE EVIDENCE PYRAMID

Reaching your Research Pinnacle

Although I would venture that all of us here at Baptist Health are comfortable with the concept of ‘evidence’, often, I’m surprised when I work with staff to learn that the one of the most important tools for understanding the evidence – the *hierarchy of evidence* (sometimes called the *evidence pyramid*) – remains hidden under the sands of time. Because of this, this month, I thought it would be a good idea to talk about what the evidence hierarchy is and why it is important for all of us in healthcare research to understand.

The evidence hierarchy is one of the more important ideas to emerge from the evidence-based medicine (EBM) movement in the last 30 years. The idea (typically represented by a ‘pyramid’ that ranks different types of research and evidence from best to worst) emerged from the growing understanding that *some evidence is stronger, more trustworthy, more useful, and should be more influential in clinical practice, health policy, and research than others*. This idea, which emerged following disasters such as the thalidomide tragedy[†] where interventions were given based on weak or incomplete evidence, drove patient, providers and researchers to push for stronger evidence, and with it, tools for defining what strong evidence was.

The resulting hierarch (popularized through the evidence pyramid) now guides everything from how we design and perform research, search the literature, and report findings; it is a simple but effective tool you and your teams can use. But, what determines where a study is ranked on the evidence pyramid? Although the answer to this question has some twists and turns, there are a few basic criteria:

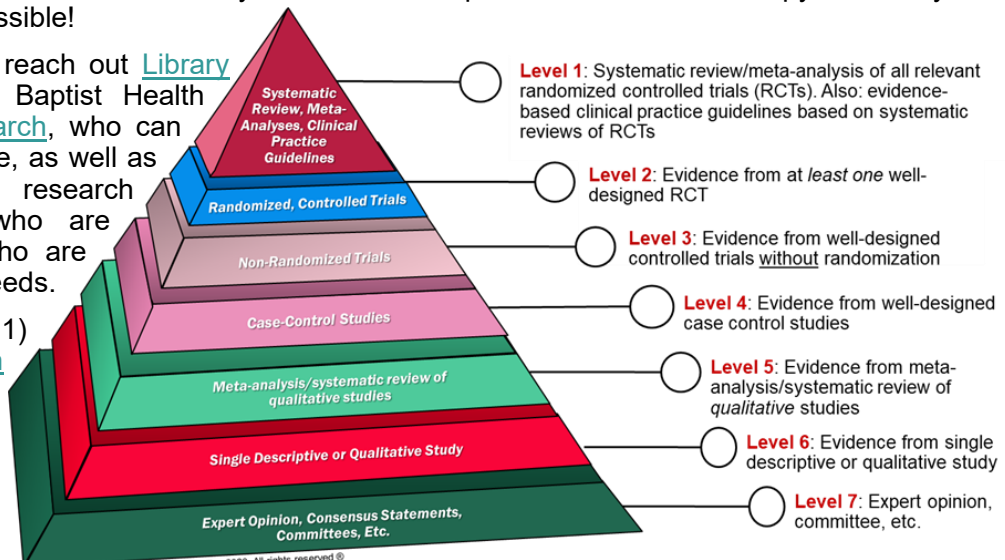
- ◆ First, research that is listed higher on the evidence pyramid tends to include *more rigorous study designs that include elements like randomization, blinding, and placebos*. These elements help to protect the study against things like research bias, participant expectations, and other threats, are critical for separating fact from fiction.
- ◆ Second, because studies that are too small can make it look like a treatment is effective when it really isn’t, studies that are higher on the pyramid tend to be *larger* and *have more representative samples*.
- ◆ Third, because even a fantastic study is still only just one study done in one sample and at one time point, when we are looking for strong evidence, typically we want to see the results of many studies. This idea (which lead to the development of systematic review and meta-analysis) helps clinicians, researchers and policy-makers see the ‘bigger picture’ so they can properly evaluate the science in particular area.

In recent years, a lot of work has been done to help to refine the our understanding of evidence pyramid. For example, an RCT that was done really poorly might not actually be that helpful just because it’s an RCT, and so groups like [GRADE](#) now have systems that can help you and your teams rate your evidence just like the experts do. That said, the idea that some evidence is stronger than others holds true, and is an important concept that all researchers should be using. So, whether your team is getting ready to review the literature, evaluate a policy, or test an intervention, make sure you reach for the pinnacle of the research pyramid so you can get the strongest evidence possible!

If you need help, don’t forget to reach out [Library](#) and Research Support staff at Baptist Health South Florida’s [Center for Research](#), who can help you find high quality evidence, as well as the [nurse scientist](#) or clinical research administrator at your entity, who are doctoral-prepared researchers who are ready to help with you research needs.

[†]Kim KH, Scialli AR (2011) [Thalidomide: The tragedy of birth defects and the effective treatment of disease](#). *Toxicol Sci* 122(1):1-6.

—Noah Zarville, Ph.D., BSN, BA, Nurse Scientist, Miami Cancer Institute



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BHSF PHARMACY RESIDENCY

Class of 2020-2021 Research Projects

A pharmacy residency commences after graduation from a College of Pharmacy and it is a **training program in a defined area of pharmacy practice** for licensed pharmacists. This additional training program can take place in a variety of settings, which include hospitals, community pharmacies, ambulatory settings, and others. In general, residency is a full-time commitment that requires a minimum of 12 months to complete. Postgraduate Year One (PGY1) Pharmacy Residencies provide the opportunity to **accelerate professional growth** beyond entry level through supervised practice in patient-centered care and pharmacy operational services. Postgraduate Year Two (PGY2) Pharmacy Residencies build upon the broad-based competencies achieved in a PGY1 residency and strengthen the resident's ability to **provide care in the most complex of cases** in a specialized area of pharmacy. Here at Baptist Health, we have PGY2 residencies in the areas of ambulatory, cardiology, and oncology. As part of the resident's educational responsibilities, **participation in evidence-based research** is required to successfully complete the program. The list on the next page demonstrates the outstanding research projects conducted by this year's pharmacy residents of 2020-2021.

—Eduardo A. Guizan Corrales, Pharm.D., PGY2 Oncology Pharmacy Resident



BHSF PHARMACY RESIDENCY

Class of 2020-2021 Research Projects

Baptist Hospital of Miami	
Postgraduate Year One residency	
Giselle Chahili	Modification process for evaluating fall risk in adults: A pharmacy-resident-led quality improvement process
Robyn Feldman	Driving appropriate clinical use of albumin 5%: Protocol Implementation
Nicole Tadros	Optimizing vancomycin use in febrile neutropenia patients
Frank Moreno	Review of the management of antiplatelet related bleeds
Postgraduate Year Two residency	
Elizabeth N. Osmon, <i>Oncology</i>	Post-implementation of dental education for bone-modifying agents used for bone lesions from metastatic solid tumors and multiple myeloma
Claudia Martin Diaz, <i>Oncology</i>	Evaluation of the safety of initiating acute myeloid leukemia consolidation treatment in the outpatient setting
Khurram Qureshi, <i>Oncology</i>	Real-world survival outcomes of afatinib versus osimertinib in EGFR mutation-positive non-small cell lung cancer in the first-line setting
Eduardo Guizan Corrales, <i>Oncology</i>	Evaluation of real-world treatment patterns in patients with metastatic castrate-sensitive prostate cancer treated at a community cancer center
Laura Neubauer, <i>Cardiology</i>	Pharmacist role in the management of patients receiving triple antithrombotic therapy
Tony Nguyen, <i>Critical Care</i>	Evaluation of empiric antibiotic prescribing in critically ill patients in a community hospital
Beatriz T. Jimenez Cadilla, <i>Ambulatory</i>	Evaluating the impact of a pharmacist-led community care team on Medicare diabetes quality measures within a health-system clinically integrated network
South Miami Hospital, Postgraduate Year One residency	
Yanelys Duarte	Developing antimicrobial stewardship competencies for pharmacist across the health system
Armando Mieres	Efforts to reduce vancomycin utilization: An Implementation of a vancomycin bundle monitoring tool at a community hospital
West Kendall Hospital, Postgraduate Year One residency	
Yaimiry Martinez	Development and implementation of an opioid stewardship program in a community hospital
Reynold Lopetegui	Impact of the non-opioid alternative law on non-surgical opioid prescribing practices: A quality improvement evaluation in a community hospital
Homestead Hospital, Postgraduate Year One residency	
Grether Hernandez Gama	Impact of a pharmacist-driven methicillin-resistant staphylococcus aureus nasal swab protocol on the de-escalation of empiric vancomycin in the setting of community acquired pneumonia
Boca Raton Regional Hospital, Postgraduate Year One residency	
Nasim Farahani	Impact of inaccurately reported penicillin allergy on surgical site infection rates
Katerina Lambrinos	Impact of pharmacist-led discharge counseling on medication communication related hospital consumer assessment of healthcare providers and systems (HCAHPS) scores
Farah Asgar	Evaluation of enhanced recovery after surgery (ERAS) protocol implementation in colorectal surgery and total knee replacement at a community teaching hospital
Mackenzie O'Leary	Comparison of Clinical Outcomes between Patients Receiving Proton Pump Inhibitors versus H2 Receptor Antagonists for Stress Ulcer Prophylaxis



New Article Alcove

Explore our new publications!

Backler C, Bruce SD **Suarez L**, Ginex PK (2020) Radiodermatitis: Clinical summary of the ONS Guidelines™ for cancer treatment-related radiodermatitis. *Clin J Oncol* 24(6): 1-4. [Find it here!](#)

Baralt M & **Darcy Mahoney A** (2020) Bilingualism and the executive function advantage in preterm-born children. *Cog Dev* 55:100931. [Find it here!](#)

Cohen B, Cooley ME, Gray TF, ... **Zanville N** (2020) Nursing's seat at the research roundtable. *The Lancet*, S0140-6736(20):32143-7. [Find it here!](#)

Darcy Mahoney A, White RD, Velasquez A, Barrett TS, Clark RH, Ahmad KA (2020) Impact of restrictions on parental presence in neonatal intensive care units related to coronavirus disease 2019. *J Perinatol* 40(Suppl 1):36-46. [Find it here!](#)

Franjul Sánchez A, Fuentes Armesto AM, Briones Chávez C, **Ruiz M** (2020) Revisiting early palliative care for patients with hematologic malignancies and bone marrow transplant: Why the delay? *Cureus* 12(9): e10504. [Find it here!](#)

Fridman S, Bres Bullrich M, Jimenez-Ruiz A, ... **Vela-Duarte D, Linfante I**, et al. (in press) Stroke risk, phenotypes, and death in COVID-19: Systematic review and newly reported cases. *Neurology* [Find it here!](#)

Gerhardt CA, **Belzarena AC**, Henderson-Jackson E, Mullinax JE, Joyce DM (2020) Intrapelvic melanocyte schwannoma resection with computer-assisted navigation. *Radiol Case Rep* 15(11):2385-2390. [Find it here!](#)

Gosselin T, Ginex PK, Backler C, ... **Suarez LV**, et al. (2020) ONS Guidelines™ for Cancer Treatment-Related Radiodermatitis. *Oncol Nurs Forum* 47(6):654-670. [Find it here!](#)

Hosseinzadeh P, Mohseni M, Minaie A, Kiebzak GM (2020) Vitamin D status in children with forearm fractures: Incidence and risk factors. *J Am Acad Orthop Surg Glob Res Rev* 4(8): e2000150-5. [Find it here!](#)

Hull RA, Berger JM, Boster JM, Williams MU, Sharp AJ, Fentanes E, Maroules CD, **Cury RC**, Thomas DM (2020) Adoption of coronary artery disease—Reporting and Data System (CAD-RADS™) and observed impact on medical therapy and systolic blood pressure control. *J Cardiovasc Comput Tomogr* 14(5):421-427. [Find it here!](#)

LeBlanc K, Dickens E, **Gonzalez A**, et al. (2020) Prospective, multicenter, pairwise analysis of robotic-assisted inguinal hernia repair with open and laparoscopic inguinal hernia repair: early results from the Prospective Hernia Study. *Hernia* 24: 1069-1081. [Find it here!](#)

McGranaghan P, Dungen HD, **Saxena A, Rubens M, Salami J**, ..., **Veledar E**, et al. (2020) Incremental prognostic value of a novel metabolite-based biomarker score in congestive heart failure patients. *ESC Heart Fail* 7(5): 3029-3039. [Find it here!](#)

Rubens M, Ramamoorthy V, **Saxena A, McGranaghan P, Bhatt C, Das S**, Shehadeh N, **Veledar E, Viamonte-Ros A, Odia Y, Mehta MP, Kotecha R** (in press) Inpatient palliative care use among critically ill brain metastasis patients in the United States. *Am J Clin Oncol* [Find it here!](#)

Storey S, Choe A, Von Ah D, Vachon E, **Zanville N**, Monahan PO, et al. (2020) Presence and distress of chemotherapy-induced peripheral neuropathy symptoms in upper extremities of younger and older breast cancer survivors. *J Pat Cent Res* 7(4): 295-303. [Find it here!](#)

Explore more publications from the Baptist Health Institutional Repository

[Center for Research](#)

[Center for Advanced Analytics](#)

[Miami Cancer Institute](#)

[Miami Cardiac & Vascular Institute](#)

[Miami Neuroscience Institute](#)

[Miami Orthopedics & Sports Medicine Institute](#)

Did we miss your publication?

Please send it to:

library@baptisthealth.net



Mondays 12:00 to 1:30 pm

Invite was sent out to Research Operations & Regulatory teams. Certificates provided.

Because of the COVID-19 pandemic, we will be doing Zoom™ meetings only until further notice.

Email Amy at amyst@baptisthealth.net if you are interested and did not receive an invite.



Date	Topic
Monday, November 9 th	How to Conduct a Literature Search
Monday, December 14 th	History of Informed Consent and HIPAA Authorization

The new list of dates and topics for 2021 will be communicated in the January issue as well as the permanent Zoom link so anyone who is interested may attend.

UPCOMING CONFERENCES

by Nursing & Clinical Research Organizations



MAGI West—November 2-12, 2020, San Francisco, CA—Virtual
<https://www.magiworld.org/EventInfo?EVT=49>

Onsemble—April 18-22, 2021, Phoenix, AZ
<https://onsemble.net/conference/>

ACRP—May 14-17, 2021, Toronto, Canada
<https://acrpnet.org/event/acrp-2021-annual-conference/>

SOCRA—September 24-26, 2021, Denver, CO
<https://www.socra.org/annual-conference/future-annual-conference-dates/>

Nursing World Conference—October 18-21, 2021, Virtual
<https://nursingworldconference.com/>

ANCC Magnet & Pathway—November 11-13, 2021, Atlanta, GA
<https://www.magnetcon.org/>

PASSION LED US HERE

Center for Research

MISSION

To serve as a research hub for elevating care through discovery for the diverse community we serve by using a shared service model that capitalizes on synergies created through a collaborative intellect.

VISION

In alignment with the strategic goals of Baptist Health South Florida, and within the context of a sustainable business model, the Center facilitates the development and dissemination of knowledge with the goals of providing continued excellence in patient care for the diverse multicultural community of South Florida.

Research Compliance Corner

The Center for Research would like to thank everyone who participated in the annual Clinical Conflict of Interest (CCOI) Disclosure period! Since July, our office received over 1,000 CCOI forms from individuals that participate in research across Baptist Health South Florida. This total includes CCOI forms from employed personnel via PeopleSoft and from non-employed personnel via the PDF version. We want to thank you for your compliance with completing this requirement and for your support reaching out to research personnel to facilitate its completion. Although the annual disclosure period has passed, our office continues to collaborate with groups and individuals to get all research personnel compliant and to provide compliance status upon requests.

Please note that all research personnel are responsible for updating their CCOI form within 30 days of any event that leads to or creates an actual or potential Financial Conflict of Interest (FCOI) [e.g., acquiring a new significant financial interest (SFI), removal of/change to an existing SFI] to ensure a timely disclosure.



Do you have any questions or topics you would like for us to cover regarding conflicts of interest, compliance review, or billing compliance process? If so, contact us directly for all Research Compliance matters!

Heather Osorio, Research Compliance & Billing Administrator, ResearchCompliance@baptisthealth.net

UPCOMING IRB DATES

BHSF IRB

Full Board Committee Meeting: **Tuesday, November 24th**

Submission Deadline for October Meeting: **Monday, November 16th**

MCI IRB

Full Board Committee Meeting: **Monday, December 7th**

EDITORIAL STAFF

Amy K. Starosciak, Ph.D., Center for Research, Editor-in-Chief

Noah Zanzville, PhD, BSN, BA, Nursing Health Research Dept.

Stephanie Boodram, BRRH Lynn Cancer Institute

Nicholas K. Chow, Pharm.D., BCOP, MCI Pharmacy

Ileana Vargas, BRRH Office of Research Administration

To contribute to this newsletter, please contact Dr. Amy Starosciak at amyst@baptisthealth.net or x79546.



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Center for Research