Storyboard Handbook

IHI Summit

April 11 - 13, 2019
San Francisco, California

Institute *for* Healthcare Improvement

Contents

Overview of Summit Storyboard Displays

Storyboard displays at the Summit chronicle specific improvement projects. They are an integral part of the Summit, providing an opportunity for organizations to share their improvement strategies and celebrate their successes with other Summit attendees.

See page 7 for recommendations for creating storyboards that demonstrate quality improvement projects in health care. While these are not requirements for submission, we strongly encourage storyboard submissions to contain most (if not all) of these recommended components.

Storyboards should not advertise products or services.

Storyboards should not advertise products or services. Exhibit booths are available for those who would like to generate interest and leads for their products or services. For more information on exhibit space, please contact our exhibit booth sales manager, Sara Kolovitz at SmithBucklin Corporation at (312) 673-4779 or skolovitz@smithbucklin.com.

Submitting Your Final Storyboard and Supporting Information Through IHI.org

Storyboard proposals must be submitted via our online submission system, which you can access on ihi.org. The deadline to submit proposals is March 11, 2019. IHI aims to respond to all storyboard proposals within two weeks of the day you submit your final application.

Proposal deadline is March 11, 2019.

You are required to enter in the following information:

- Storyboard Title (Please limit the title to 15 or less words)
- Description (Please limit the description to 50 or less words)
- Aim (Please limit the aim to 15 or less words)
- Actions Taken (Please limit actions taken to 50 or less words)
- Summary of Results (Please limit the summary of results to 50 or less words)

Important Notes

All materials should be sent in their final form.

- You are required to upload your final storyboard as a PDF.
- The storyboard must fit into the display space of 4 feet wide x 4 feet high.
- IHI will upload all storyboards to ihi.org prior to the Summit for electronic viewing. The electronic storyboards will also be made available during and after the Summit.
- Please ensure that all of the information you submit is complete and final, as you will not have the opportunity to edit your information once submitted.

Set-up and Breakdown Logistics

Set-up will begin on Thursday, April 26 at 12:00 PM. You may set-up any time prior to Friday evening's reception (see below details). Pushpins will be provided. Storyboards will be clearly labeled, so you will be able to easily identify your spot to display your storyboard.

Storyboards must be removed by 4:00 PM on Saturday, April 28. If you do not remove them, the hotel staff will dispose of them.

Storyboard Reception

Friday, April 12, 2019
4:30 PM – 6:00 PM
Marriott Marquis San Francisco

During the Storyboard Reception, all storyboard presenters are asked to stand next to their posters to answer viewers' questions. Attendees will naturally view storyboards during conference breaks, but storyboard presenters are not required to stay with their storyboard during those times.

Shipping

Hand-carry your storyboard

We strongly recommend you hand-carry your storyboards to the conference to minimize the risk that a board could be lost or damaged during shipping.

If you MUST ship your storyboard, all cartons should be labeled with your name and return address. If you are NOT staying at the Marriott Marquis San Francisco, please ship your storyboard to the hotel at which you are staying.

If you ARE staying at the Marriott Marquis San Francisco, please schedule your shipment to arrive no earlier than April 9, 2019. Please attach a label with the following information (in addition to the airbill).

Marriott Marquis San Francisco
Attn: IHI Summit - (Guest Name) (Arrival Date) (Guest Cell Phone Number)
780 Mission Street
San Francisco, CA 94103

Please also write on the outside of the package: STORYBOARD IHI SUMMIT

The Shipping and Receiving department is located on the B2 Level of the San Francisco Marriott Marquis, near the high-rise elevators. This is where you can pick-up your shipment, and also send out your shipment, once the Summit has concluded. They are open 7am - 7pm (Monday thru Friday), and 9am - 3pm (Saturday and Sunday).

IHI is not responsible for receiving, delivering, or storing ANY storyboards.

Package Handling Fees: Marriott Marquis

Package handling fees may be charged to a guest room or billed to a credit card. Fees are applied on a per item basis. Freight in access of 46"W x 67" D x 78"H require special handling and may incur additional charges.

PACKAGE HANDLING FEES		
INBOUND		OUTBOUND
ENVELOPE, PADDED PACK OR ROLL	$7.00	$10.00
BOX/TUBE	$20.00	$20.00

Package Storage and Oversize Items Fees: Marriott Marquis

Package Storage Fees will apply to each package received and stored for more than five calendar days. This is why we recommend that you schedule your shipment to arrive no earlier than April 9, 2019. Items measuring over 6.5 feet on all sides are considered oversize and will be assessed the Oversize Fee if stored more than five calendar days.

If you have any questions about shipping, please contact the Shipping & Receiving Department of the Marriott at 415-766-0328, extension 6473, or email them at SFODTShippingReceiving@marriott.com .

Handouts

Due to space restrictions, distributing handouts at the storyboard display is not recommended. If you have brochures, documents, or other information you think would be helpful to those interested in your quality improvement project, we suggest you collect business cards from those who want further information in order to send it to them after the conference. You may attach an envelope for attendees to drop their business cards in, or attach an envelope filled with a supply of your handouts to your board. Unfortunately, there is not sufficient space to supply tables next to storyboards, for handouts.

Conference Registration

All storyboard representatives must register themselves for the conference using this link. There is not a discounted rate for storyboard representatives.

General Conference Fee

On or before March 8, 2019: $749
After March 8, 2019: $849

Receive a 15% discount for groups of five or more

General Conference Group Discounts

Groups of five or more individuals from the same organization or system are eligible to receive a 15% discount. When enrolling, choose "Group Rate" from the list of available rates. Please be sure

that all individuals within the same Group using the Group Rate have the same organization listed along with the same group leader's name and email address. For more information regarding group discounts, please contact us at: (617) 301-4800 or at info@ihi.org.

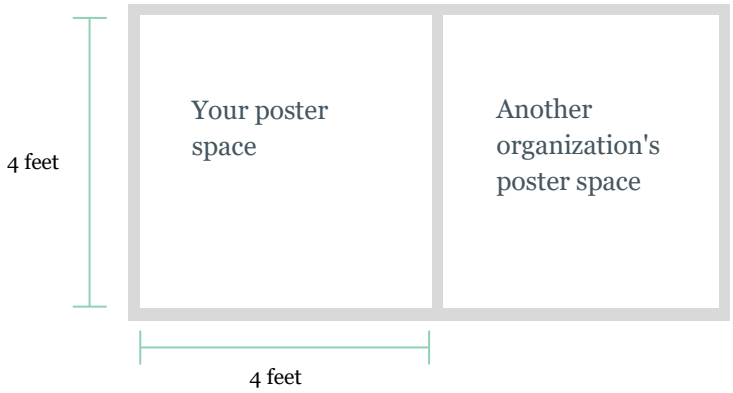
Layout

Aim to create an attractive display that will draw Summit participants to your storyboard and communicate clearly the main points of your display. The following guidelines may be helpful when creating your board:

Size

Storyboards should fit into a 4x4 space.

Storyboards will be mounted on 4 foot x 8 foot boards that are about 6 feet tall including the legs on which they stand. The boards are set in frames and are covered in fabric. There will be 2 presentations per board. Your storyboard should fit into a space about 4 feet high and 4 feet wide.



Appearance

Creative use of pictures, graphs, text blocks, color, headlines, etc., can attract others to your storyboard, prompt conversation, and enhance communication of your message. Avoid making your storyboard too text heavy. Focus on the highlights of your display. If it can be communicated with numbers, graphs, or other visuals, do so.

Materials

We will provide push pins on-site to affix your storyboard. They will be attached to each storyboard.

Tips for Creating a Storyboard on Quality Improvement in Health Care

Improvement Advisors at the Institute for Healthcare Improvement developed the following recommendations for creating storyboards that demonstrate quality improvement projects in health care. Your storyboard submission should include the following:

- A clearly defined *Aim Statement* with an expected change in outcome indicator and time to expected change in the outcome indicator.
- An outline of your *project design/strategy for change* that explains how you will reach your aim.
- An explanation of the *changes made* to achieve improvement in the targeted process.
- Graphical representation of improvement. The use of statistical process control (SPC) tools (especially *annotated run charts or Shewhart control charts*) is preferred to demonstrate the performance of data over time. Bar and pie charts should not be used when building a poster for Quality Improvement projects.
- An indication that *changes were tested and/or adapted* to the local environment/organization prior to implementation.
- An explanation of how *multiple measures* were used to understand and show improvement in the target process.
- A listing of the *multi-disciplinary team* that was involved in achieving improvement (elements may include: content experts, patients, leadership, etc.)
- A demonstrated *sustainability* in improvement indicated by the data (if possible).
- A short summary of the *lessons learned* from the work and/or the message for readers.

To learn more about charting improvement work, visit IHI.org

Please note that these are recommendations and not requirements for submission. Storyboards without one or more of these elements will also be considered.

Storyboard Example

See the next page for an example of an effective storyboard, which illustrates all of the tips listed above.

Palliative Care: An Interdisciplinary Approach for Best Outcomes

C. Rall, B.A, MSW, G. Kolegue, ARNP-BC, M. Harper, M.Div, P. Olivera, Licensed Minister United Church of Christ
NCH Healthcare System, Inc. Naples, Florida

DEFINE

Problem Statement: The Palliative Care Interdisciplinary Team sought to apply best practice while integrating a new palliative care program. Prior to 2011 no Palliative Care program was present to impact hospital culture through education, support and assessment of staff, medical professionals, patients and community needs.

Project AIM: To develop and implement a Palliative Care program that seeks to match right care, to the right patient, at the right time.

Interdisciplinary Team: Physician, Advanced Registered Nurse Practitioner (ARNP), Master of Social Work, Chaplain

MEASURE/DATA

Data collected and analyzed monthly:

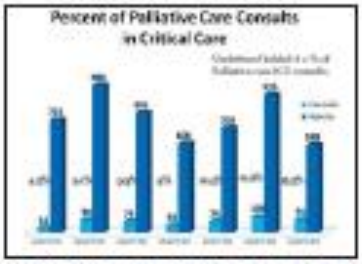
Effectiveness of Intervention	• Patient Disposition- Right Care for Right Patient • Trending increase in consults in Critical Care and Medical/Surgical
Cost Avoidance	• Days Saved Based on Intervention- translates to money saved varying by unit • Reduced Length of Stay
Patient/ Staff Satisfaction	• Letters of Gratitude from patients/ families • Palliative Care Staff Recognition Through Hospital System

IMPROVEMENTS

In 2010, the Palliative Care program was initiated to assist in lowering system mortality score specifically in regards to Congestive Heart Failure patients, with the aim to push towards being able to meet criteria for the Thompson-Reuters Top 100 hospital. Since that time the focus has been on initiating screening tools to assist with the CHF population as well as providing best practice consultation service to all those patients identified by a physician as a candidate for Palliative Care services.

- Palliative Care Service Goes Live- October 2010
- Creation of Palliative Medicine Subspecialty- April 2011
- Patient thank you letters – October 2010
- Integration of PC principles to RN orientation- June 2011
- Creation of Computer Based Advanced Heart Failure Triggers- October 2010
- Faith Based community presentations on Adv. Directives- June 2011
- Data collection and analysis- October 2010
- Creation of MSW/Clinical Site- June 2011
- Integration on specialty committees (Bioethics, Cardiac, Stroke, Critical Care)- January 2011
- Clinical Pastoral Education lecture on Palliative Care (bi-annual)- June 2011
- Bereavement letters and follow –up calls- January 2011
- Employee Superstar Recognition- March 2012
- Creation of Palliative Care Advisory Committee- January 2011
- RI Emergency Department Expedition- April 2012
- Participation in IHI ICU Expedition- April 2011
- Integration into Critical Care Rounds- May 2012

RESULTS TO DATE

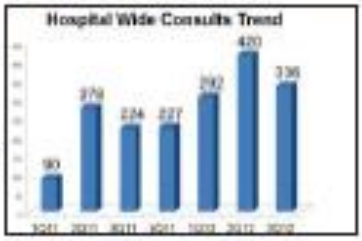


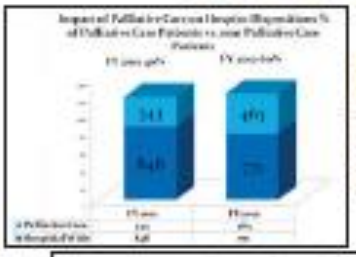
Participated with IHI ICU expedition in 2011 impacted subsequent 50% increase in ICU referrals.

Integration into Critical Care Rounds resulted in a 20% increase of ICU referrals for Palliative Care appropriate patients when identified during multi-disciplinary rounds.

78% increase in average daily census.

Average consults 22.5 patients per day.





Palliative Care Program is attributed to a 20% increase hospice consultations for appropriate patients.

OUTCOMES/LESSONS LEARNED

- Through the work of the Palliative Care Interdisciplinary Team, the Palliative Care program has provided the patients, physicians, staff and the community with additional resources to assist those patients and families facing a life limiting illness in regards to education, advanced planning, psychosocial support, and symptom management. Care is delivered to each patient and family with highest regard for preferences, values, goals and fears which are meticulously communicated with other members of the care team.
- As a team and as an organization we have seen a an increase in cost avoidance and days saved based on Palliative Care intervention, and have seen further integration of Palliative Care principles to specialty practices such as ICU, Oncology, and Stroke, as well as increased physician support and community interest.