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Call for Research and Solutions Poster

The IHI Patient Safety Congress takes place in-person at Gaylord National Resort and Convention Center, National Harbor, MD from May 22-24, 2023, which brings together people who are passionate about ensuring safe care equitably for all across the globe.

This annual meeting is the must-attend event for those who continue to shape smarter, safer care for patients wherever it’s provided – from the hospital to outpatient settings to the home. It is a unique opportunity for practitioners, leaders, and experts around the world to come together and share their knowledge.

Poster Submission Deadline

The deadline to submit is Thursday, March 30, 2023.

Please note you will be prompted to create a new account in the submission portal, even if you had previously submitted an abstract or poster to present at prior IHI conferences.
Research and Solutions Posters

These posters are intended to highlight cutting edge patient safety research or the utilization of patient safety approaches, methods and tools that result in demonstrated reductions in harm or improved patient safety.

Abstracts describing research or patient safety projects that have been implemented in a practical setting with a discussion of the challenges and barriers to implementation are encouraged. Abstracts must report on findings of implemented research or patient safety projects, not descriptions of planned projects.

Posters should not advertise products or services.

Submitting Your Final Poster

You are required to include the following information:

- Poster Title
- Poster Track
- Poster Summary (300 words or less)
  - Description of the Problem or Purpose
  - Actions Taken
  - Summary of Results
  - Lessons Learned
- Poster PDF (must be finalized as we will not accept edits/changes)
  - File size must be under 10MB
- Presenter & Co-Author Information

Please only submit for yourself and not for colleagues

Important Notes

- Posters submitted for the Online Gallery are on display in a virtual library and are not orally presented.
- Please ensure that all of the information you submit is complete and final as you will not have the opportunity to edit your information.
- IHI will upload all posters to our webpage prior to the Congress for electronic viewing.
- You will receive an automatic email from our system confirming that your information was uploaded successfully. If you do not receive an email from our webmaster account, please contact posters@ihi.org to confirm that your poster was uploaded successfully.

You will receive further information from Lindsay Charles-Pierre, IHI’s Office Administrator & Executive Assistant, at a later date.
Conference Registration

All poster presenters are invited to register for the IHI Patient Safety Congress May 22-24, 2023. Attendance is not required for those whose poster is displayed in the online gallery but will be required for in-person. If you will be attending in-person you can either purchase the general conference registration or the exhibit hall pass (which excludes access to sessions).

In-person:
- Register by February 15th: $1000 early bird
- Register by March 31st: $1125
- Register after March 31st: $1250
- Exhibit Hall Only Price: $250

Group Discounts: Groups of 5 or more receive 15% off per person for In-Person General Conference days (note: the group discount for the general conference is off the regular rate of $1,250 per person).

For more information regarding group discounts and scholarships, please visit our fees page.

Layout & Appearance

• Aim to create an attractive display that will draw Congress participants to your poster and clearly communicate the main points of your display. The following guidelines may be found helpful:
  - Creative use of pictures, graphs, text blocks, color, headlines, etc., can attract others to your poster, prompt conversation, and enhance communication of your message.
  - Avoid making your poster too “text heavy.”
  - Focus on the highlights of your display. If it can be communicated with numbers, graphs, or other visuals, do so.
  - For posters submitted to the online gallery, there is no specific layout or size needed.

Poster Sizing

Please ensure all posters are 3ft x 3ft and no bigger. Each board is 4ft x 8ft and holds two posters on each side.
What to Include on your Poster

Improvement Advisors at the Institute for Healthcare Improvement developed the following recommendations for creating posters that demonstrate quality improvement projects in health care.

Your poster submission should include the following:

- **Aim Statement**: Clearly defined (what measurable change was expected over what period of time)
- **Change Explanation**: What was made to achieve improvement in the process/outcome
- **Graphical Representation of Improvement**: The use of annotated run charts or Shewhart (control) charts is preferred to demonstrate the performance of data over time. Tables, bar and pie charts can supplement run charts but should not be used alone in describing improvement over time.
- **Lessons Learned**: A short summary from the work and/or the message for readers
- **Multiple Measures**: How they were used to understand and show improvement in the target process
- **Multi-disciplinary Team**: Who was involved in achieving improvement (elements may include: content experts, patients, leadership, etc.)
- **Outline**: Project design/strategy for change that explains how you planned to reach your Aim, and the team that was involved in achieving improvement
- **Sustainability**: Evidence for sustainability in improvement, or a scale up or sustainability plan.
- **Tested Changes**: An indication that changes were tested and/or adapted to the local environment/organization prior to implementation.

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

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Set-Up, Staffing and Breakdown – Coming Soon!

**Handouts (In-Person Forum)**
Due to space restrictions, distributing handouts at the poster 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 that you collect business cards from those who want further information in order to send it to them after the conference. You may attach a manila 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 for the posters.
Shipping – Coming Soon!

We strongly recommend that presenters hand-carry their printed posters to the conference to minimize the risk that a board could be lost or damaged during shipping. If you need to ship your poster, all cartons should be labeled with your name and return address. If you are not staying at the Gaylord National Resort, please ship your poster to the hotel you are staying at for the week. If you are staying at the Gaylord National Resort, you can pick up your board from the Shipping and Receiving area at the hotel. **IHI will not be responsible for receiving, delivering, or storing any posters.**

Shipping Information to be added later.

Poster Example

A few poster examples have been included below.

**Example 1.**
Example 2.

Aligning ICD Shock Status with Patient Goals of Care in a Diverse Safety-Net Hospital Population

Introduction & Background

- Guidelines recommend implantable cardioverter defibrillations (ICDs) for prevention of sudden cardiac arrest, with UT Southwestern IC Link being included.
- Most patients still have poor understanding of ICD purpose and settings, which can lead to poor decision-making.
- Informed decision-making is critical at the end-of-life, when up to 1/3 of patients receive ICD shocks.
- Vulnerable or diverse patient populations are not well-represented in major ICD trials and outcome studies, even though many, gender, and ethnicity associate with different care preferences at end-of-life.

Aim

Ensure 100% of patients referred to Palliative Care for implantable cardioverter defibrillations (ICDs) have alignment between the shock treatment of care decided and their goals of care by Dec 30, 2021.

We are using the DIGNO methodology:

1. Define

- Setting Dallas County’s Parkland Health & Hospital System (PHHS), which serves as a safety-net for county residents.

2. Measure

- Percent of Patients Answering Correctly for ICD Knowledge Scale.

3. Analyze

An expert committee with representatives from General Cardiology, Electrophysiology, Heart Failure Clinic, and Palliative Care was convened to analyze our measurements.

4. Improve

The expert committee decided to focus on patient education by creating an informational video. We are conducting a pilot with 14 patients to see if the video is effective at improving knowledge.

Conclusions/Lessons Learned

- Majority of patients are aware of electrical shock received.
- Knowledge deficits were worse than those in previously described studies, suggesting inadequate education especially for under-represented minority patient populations.
- Empowering patients with knowledge about ICDs is critical and will require novel process implementation.
- Involving key stakeholders early allowed for increased buy-in from all parties. This contributed greatly to the project’s success that the
Example 3:

**Dementia and Responsive Behaviours (DR&B) Capacity-Building in the Acute Care Setting**

**Description**

The Behaviour Support in Ontario (BSO) Observation System (eBSO-OS) is a paper tool used by clinicians that provides objective and measurable data about persons living with dementia, facilitating the development of accurate behaviour support plans. In March 2021, through partnership with the BSO, Humber River Hospital became the first acute care hospital in Ontario to launch an electronic eBSO-OS in its Electronic Health Record. As one of the most common mental health diagnoses in Canada, dementia is the second most common cause of death in Canada. Staff had concerns about implementing the tool into their practice.

**Aim**

The eBSO-OS was implemented to increase staff competence, reduce restraint use, and reduce length of hospital stays. The tool is a hospital-wide initiative to improve patient outcomes.

**Actions Taken**

Through collaboration with stakeholders, a DR&B capacity-building pilot took place on a geriatric inpatient unit. This consisted of weekly education sessions that focused on responsive/adaptive behaviour assessment and management. As the eBSO-OS was introduced, nurses became familiar with DR&B concepts prior to using the tool.

**Summary of Results**

Survey results revealed 69% of staff felt the education sessions increased their knowledge related to assessing and managing responsive/adaptive behaviours. The hospital saw a decrease in restraint use.

**Figure 1: 10B Resuscitation Map**

**Figure 2: Stakeholder Figure**

**Figure 3: eBSO-OS in Practice**

**Table 1: Pre-Post and Post-Post Survey Results**

Humber River Hospital, 1200 Wilson Avenue, Toronto, ON M9P 3M5
Example 4:

To Submit Your Poster, Click this Link!