

Call for Research and Solutions Storyboards

The IHI Patient Safety Congress, taking place from May 13–15, 2020, in Orlando, FL, 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.

Submission Deadline

March 20, 2020

Submission Guidelines

The deadline to submit is **March 20, 2020**.

Please note: you will be prompted to create a new account for this specific abstract submission, even if you had previously submitted an abstract to present at this or other IHI conferences.

Research and Solutions Storyboards

These storyboards 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.

General Information:

- Accepted storyboards will be displayed in a designated area of the Learning & Simulation Center (the Congress exhibit hall), which will be open to attendees during all Learning & Simulation Center hours
- Presenters of storyboards are requested to be available during Learning & Simulation Center receptions, luncheons, and breaks to answer questions.
- The Congress registration price is \$1,050 through March 31, 2020 and \$1,250 after March 31, 2020.
- Due to space constraints only **one storyboard per person** may be submitted. This also means that if you are selected to present you may have only **one storyboard** at the event.

Review Process:

- All abstracts will undergo review by Congress Planning Committee members.
- Review criteria include significance of the work to the field, clarity of presentation and writing quality.
- All decisions by the IHI Congress Planning Committee are final.
- If accepted, you are required to register and attend the event to present your storyboard (one storyboard per person). If you cannot attend, you may send a colleague in your place. If no one from your organization can be present, then the storyboard will not be included in the program.

Criteria for Selection:

Your storyboard should:

- Demonstrate progress in patient safety improvement/harm reduction.
- Be tested to the extent possible.
- Include results/data to demonstrate impact.
- Include sound methodology for conducting research/patient safety projects.
- Be practical to implement.
- Be creative and innovative.
- Be potentially replicable across organizations and settings.

Companies submitting solutions storyboards should include the results/outcomes from the use of their product in a health care setting.

Set-up, Staffing, and Breakdown

The 2020 Storyboard Display is located in the Ocean's Ballroom

Storyboard Set-up:

- Wednesday, May 13 12:00 PM – 3:00 PM
- Thursday, May 14 7:00 AM – 8:00 AM

Storyboard Display:

- Wednesday, May 13: 3:30 PM -5:30 PM
- Thursday, May 14: 12:00 PM-1:30 PM and 4:30 PM-6:30 PM
- Friday, May 15: 7:00 AM-8:30 AM

Storyboard Reception: *Attendance is required*

- Thursday, May 14 at 4:30 PM

Storyboard Breakdown:

- Friday, May 15 by 9:00 AM

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 safety 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 storyboards.

Printing

Renaissance Orlando at SeaWorld has a FedEx Office Print & Ship Center on its premise. The office is open every day of the week and the hours are subject to change. For more information on how to send a shipment to the FedEx within the Renaissance Orlando at SeaWorld, please reference this [document here](#). Please visit [their website here](#) for more information.

Shipping

We strongly recommend that presenters hand-carry their printed storyboards to the conference to minimize the risk that a board could be lost or damaged during shipping. If you need to ship your storyboard, all cartons should be labeled with your name and return address. If you are not staying at the Renaissance Orlando at SeaWorld, please ship your storyboard to the hotel you are staying at for the week. If you are staying at the Renaissance Orlando at SeaWorld, 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 storyboards.**

Renaissance Orlando at SeaWorld
6677 Sea Harbor Drive
Orlando, FL 32821, US
Attn: **Your Name** (Storyboard Presenter at IHI Congress)

Conference Registration

All storyboard presenters must register for Congress General Conference, May 13-15, 2020.

General Conference Fee: On or Before March 31, 2019: \$1,050
After March 31, 2019: \$1,250

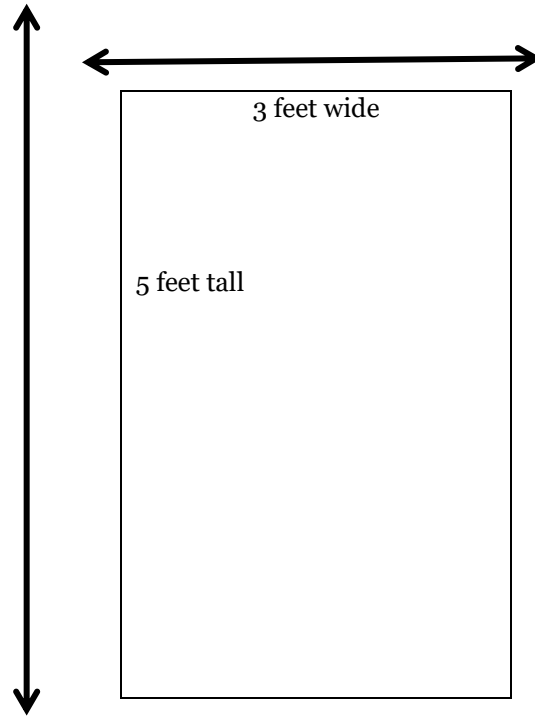
General Conference Group Discounts: Groups of five or more individuals from the same organization or system are eligible to receive a 15% discount off the per-person regular rate of the General Conference (\$1,250 per person). When enrolling, enter discount code **GROUP** at checkout. Please be sure 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 call our Customer Service Department at (617) 301-4800 or info@ihi.org.

Layout

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

Size

Storyboards will be mounted on 3 foot x 5 foot panel boards. The usable posting space is the full **3 feet wide x 5 feet high**. See the next page for a diagram.



Appearance

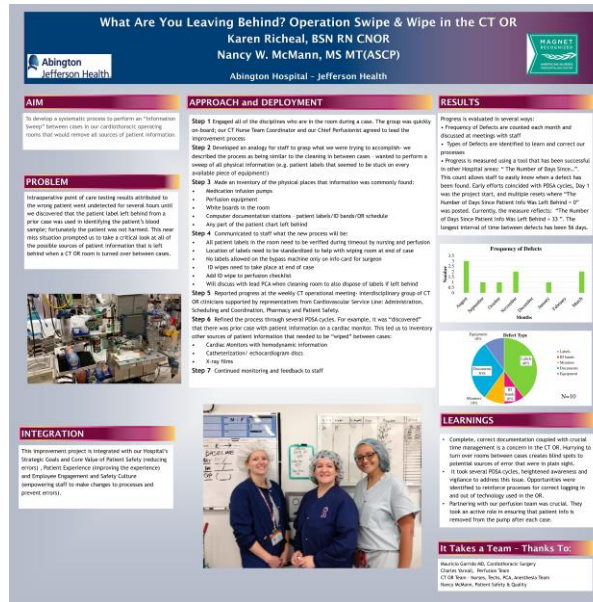
Creative use of pictures, graphs, text blocks, color, headlines, etc., can attract others to your storyboard, prompt conversation, and enhance communication of your message. Avoid making your storyboard too “text heavy.” Focus on the highlights of your display. If it can be communicated with numbers,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

Storyboard Example

Storyboard examples have been included on the next page.

Link to submit your Storyboard can be found [HERE](#)

Example 1.



What Are You Leaving Behind? Operation Swiipe & Wipe in the CT OR
 Karen Richeal, BSN RN CNOR
 Nancy W. McMann, MS MT(ASCP)
 Abington Hospital - Jefferson Health

AIM
 To identify a systematic process to perform an "Information Survey" between cases in our cardiovascular operating rooms that would remove all sources of patient information.

PROBLEM
 Intraoperative point of care testing results attributed to the wrong patient were undertaken for several hours until we discovered that the patient label left behind from a prior case was used to identify the patient's blood sample. Intraoperatively the patient was not harmed. This new information prompted us to take a critical look at all of the possible sources of patient information that is left behind when a CT OR room is turned over between cases.

APPROACH and DEPLOYMENT
 Step 1: Engaged all of the disciplines who are in the room during a case. The group was quickly on board; our CT Nurse Team Coordinator and our Chief Performance agreed to lead the improvement project.
 Step 2: Developed an analogy for staff to grasp what we were trying to accomplish- we described the process as being similar to the cleaning in between cases- wanted to perform a sweep of all physical information in a patient label that seemed to be stuck on every available piece of equipment.
 Step 3: Made an inventory of the physical places that information was commonly found:
 - Medication Infusion pump
 - Infusion equipment
 - White boards in the room
 - Computer documentation stations- patient labels/CT bench/OR schedule
 - Any part of the patient label left behind
 Step 4: Communicated to staff why the new process will be:
 - All patient labels in the room need to be verified during turnover by nursing and perfusion
 - Location of labels need to be standardized to help with wiping room at end of case
 - No labels allowed on the topics machine only on the card for organs
 - ID strips need to have place at end of case
 - Add ID strip to perfusion checklist
 Will discuss with lead PCA when cleaning room to also dispose of labels if left behind
 Step 5: Reported progress at the weekly CT operational meeting- interdisciplinary group of CT OR clinicians supported by representatives from Cardiovascular Service (Lead Administration, Scheduling and Coordinator, Pharmacy and Patient Safety).
 Step 6: Refined the process through several PDCA cycles. For example, it was "discovered" that there was prior case with patient information on a cardiac monitor. This led us to identify other sources of patient information that needed to be "wiped" between cases:
 - Cardiac monitor with handwritten information
 - Catheterization/ interventional disc
 - IV lines
 Step 7: Continued monitoring and feedback to staff

RESULTS
 Progress is maintained in several ways:
 - Frequency of Deficits are counted each month and discussed at meeting with staff
 - Types of Deficits are identified to learn and correct our processes
 - Progress is measured using a tool that has been successful in other hospital areas- "The Number of Days Since..."
 This count allows staff to easily know when a deficit has been found. Daily efforts coincide with PDCA cycles. Day 1 was the project start, and multiple resets when "The Number of Days Since Patient Info Was Left Behind" got too good. Correcting the measure reflects "The Number of Days Since Patient Info Was Left Behind -13". The longest interval of time between deficits has been 36 days.

INTEGRATION
 This improvement project is integrated with our Hospital's Strategic Goals and Core Value of Patient Safety (reducing errors). Patient Experience (improving the experience) and Employee Engagement and Safety Culture (empowering staff to make changes to processes and prevent errors).

LEARNINGS
 - Complete, correct documentation required with critical time management is a concern in the CT OR. Having to learn new moves between cases creates blind spots for potential sources of error that were to please rights.
 - It took several PDCA cycles, heightened awareness and vigilance to address this issue. Opportunities were identified to reduce processes for correct tagging in and out of technology used in the OR.
 - Partnering with our perfusion team was crucial. They took an active role in ensuring that patient info is removed from the pump after each case.

It Takes a Team - Thanks To:
 Marcia Corbett-OR, Cardiovascular Surgery
 Dawn Smith, Director, OR
 CT OR Team- Nurses, Techs, PCA, Anesthesia Team
 Nancy McMann, Patient Safety & Quality

Example 2.

IHI suggests trying this new suggested layout to include a QR Code:



Michigan State University doctoral student Mike Morrison has a redesign for scientific posters to spell out their main point in big, easy-to-read letters.

Courtesy of Mike Morrison

For more information about this new suggested format go here:

<https://www.npr.org/sections/health-shots/2019/06/11/729314248/to-save-the-science-poster-researchers-want-to-kill-it-and-start-over>

<https://www.insidehighered.com/news/2019/06/24/theres-movement-better-scientific-posters-are-they-really-better>