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Overview of IHI Forum Poster Displays

Poster displays at the IHI Forum chronicle specific improvement projects. They are an integral part of the Forum, providing an opportunity for organizations to share their improvement strategies and celebrate their successes with other Forum attendees. **Posters should not advertise products or services.**

Submitting your Final Poster and Supporting Information through IHI.org

You are required to enter in the following information:

- Poster Title (15 or less words)
- Description (100 or less words)
- Aim (15 or less words)
- Actions Taken (50 or less words)
- Summary of Results (50 or less words)

**Please note:** we ask you submit only for yourself and not for colleagues

All virtual poster presenters are invited to register for the IHI Virtual Forum. As the virtual posters are solely on display in a virtual library and are not orally presented, attendance is not required.

Important Notes

- Posters submitted for the Virtual Forum are on display in a virtual library and are not orally presented.
- You are required to upload your final poster as a PDF file.
- Please ensure that all of the information you submit is complete and final as you will not have the opportunity to edit your information.
- 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 storyboards@ihi.org confirm that your poster was uploaded successfully.

You will receive further information from Lauren Cameron, IHI’s Event Manager, at a later date.

Tips for Creating a Poster on Quality Improvement in Health Care

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

1. A clearly defined Aim Statement with an expected change in outcome indicator and time to expected change in the outcome indicator.
2. An outline of your project design/strategy for change that explains how you will reach your aim.
3. An explanation of the changes made to achieve improvement in the targeted process.
4. 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.
5. An indication that changes were tested and/or adapted to the local environment/organization prior to implementation.
6. An explanation of how multiple measures were used to understand and show improvement in the target process.
7. A listing of the multi-disciplinary team that was involved in achieving improvement (elements may include: content experts, patients, leadership, etc.)
8. A demonstrated sustainability in improvement indicated by the data (if possible).
9. A short summary of the lessons learned from the work and/or the message for readers.

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

All content on the poster must fit on one page. There is no specific layout or size needed. The electronic posters will be made available during and after the IHI Forum. Aim to create an attractive display that will draw Forum participants to your poster and communicate clearly the main points of your display. The following guidelines may be found helpful:

Appearance

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.

Conference Registration

All virtual poster presenters are invited to register for the IHI Virtual Forum. As the virtual posters are solely on display in a virtual library and are not orally presented, attendance is not required.

Virtual Conference Fee: $750

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 at the Virtual Forum or In-Person general conference. 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 visit our fees page.

Poster Examples

A few poster examples have been included below.

For more ideas about poster formats go here:

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

Virtual Poster Online Submission Link
https://conferences.ihi.org/eSites/605964/Login
Chasing Sepsis: Early Recognition and Treatment of Sepsis Outside of Critical Care

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Background

Hospitals have not had a sepsis team in place since the last treatment guidelines were published in 2004. The initial implementation efforts focused on early recognition in the emergency department, and prompt transfer of patients to the intensive care unit to receive early goal-directed therapy (EGDT). This was followed by an 80% decrease in the 30-day mortality rate and a 40% reduction in length of stay. As a result of these changes, emphasis was placed on bundled care and routine interventions to improve outcomes. However, the current focus is on early recognition and treatment in the non-ICU setting.

Project Aim

Patients presenting in the emergency department (ED) with SIRS criteria rather than severe sepsis or septic shock and those with ongoing sepsis outside of critical care areas need to be identified for protocol insertion. A sepsis team has been established to review the current sepsis criteria and develop a protocol to improve care. The goal is to implement best practices to improve quality and standardize the treatment for sepsis-related events outside of critical care units.

Project Design/Strategy

An interprofessional committee was formed consisting of members from emergency medicine, physicians, nurses, respiratory therapists, medical directors, and hospitalists. The team reviewed the literature and developed a protocol to improve quality and standardize the treatment for sepsis-related events outside of critical care units.

Outcomes

- Improved recognition and treatment of sepsis outside of critical care units
- Decreased mortality rate
- Reduced length of stay

Next Steps

In 2019, senior leadership added sepsis as a top organizational priority to address the significant increase in the volume of cases and to reduce the high mortality rate. This aligns with the recently published guidelines from the ESCMID, which advocate for earlier recognition and treatment of the sepsis process. To achieve this, the interdisciplinary team is working to develop and implement an algorithm focusing on early detection and treatment of sepsis. The goal is to improve outcomes and reduce mortality rates through early intervention and coordinated care.

Changes Made

- Established a Sepsis response team (SRT) to address the initial recognition and treatment of sepsis outside of critical care units
- Developed a dedicated Sepsis RN available to respond to sepsis-related events
- Implemented an early detection algorithm to improve recognition and treatment of sepsis
- Integrated sepsis care into the electronic health record to facilitate early identification and intervention