International Forum Poster Guidelines, Kuala Lumpur, 2017

Congratulations on being accepted. Your work will be on show to around 1,000 delegates from around the world over two days of our International Forum. Please take a look at our Poster Guidelines which include all the information you will need to prepare and display your poster.

Information regarding your poster

What is a poster display at the International Forum?

Each year we receive hundreds of online submissions to display a poster board at our International Forum. A poster at the International Forum provides presenters with the opportunity to outline new information, improvement strategies, ideas, case studies or projects and to celebrate the successes of an individual or organisation on an international scale.

Posters should not advertise any products or services.

Our posters play an important role at the event, and are a great way to network and communicate with other like-minded people from around the world.

How do I accept to display my poster?

Please reply to the results email sent to you confirming the acceptance of your abstract. To confirm that you wish to display your poster, you must register and pay to attend the 2 main days of the event (Friday 25 – Saturday 26 August 2017) by **Friday 30 June 2017**. Once you have done this we will have a record of your attendance and a display board will be reserved for your poster.
[Please click here to view our delegate fees](#)

How do I register to attend?

Registration is now open on our [website](#).
Please note that you must register to attend for Friday - Saturday.

The absolute final deadline to do this will be **Friday, 30 June 2017**. If you have not registered by this date, we will assume your circumstances have changed and you no longer wish to display your poster at the International Forum. In this instance, there will be no display board available for your poster.

Please note, posters are only displayed on the two main days (Friday - Saturday) and we do not accept any one day registration options for poster displays. Thursday is a "pre-day" only, and all poster displays will be open from Friday onwards. You are welcome to attend the Thursday as part of the 3 day package.

What if I cannot attend myself to put up my poster display?

If you are unable to attend the International Forum yourself to set up your poster display, you are welcome to send a replacement presenter.
Each individual can only display one poster at the event, so we ask that your replacement is not already attending to display a poster.
Unfortunately, you cannot log back in to amend your selected presenter yourself. Therefore, if you would like to inform us that a colleague will be bringing the poster your behalf, please email their name and email address to obulluss@bmj.com along with the title of the poster they will be bringing for display.

Where/when can I set up my poster display?

We will open the poster hall to all poster presenters to come and set up your display from **4:00pm on Thursday 24 August.**

Each poster will be displayed within its submitted theme and our 'Green Shirt' team will be on hand to direct you to the correct board.

What will I need to bring to display my poster?

You will not need to bring anything in order to attach your poster to the display board; we will provide fasteners for this.
However, if you would like to have any handouts or business cards on display, you are welcome to bring these along with a sleeve to fasten to your display board.

Shipping and deliveries

We cannot accept any onsite deliveries or shipments of posters to the venue or our offices. We highly recommend that you have your poster printed out and secured in a poster tube prior to your travel to the International Forum.
We will not have any on-site facilities to print posters and we cannot print these and bring them to the event for you.
We also cannot guarantee that we will have storage for your poster tubes or packaging if you bring these with you. We will not take responsibility for any loss or damage to your poster or poster packaging.

Get a QR code for your poster

If the work you are presenting is published in BMJ Quality Improvement Reports, BMJ Quality can provide you with a QR code to include on your poster. This is a great way for delegates to find out more details about your work by simply scanning the QR image with their smartphone. They will then be directed to your published article in [BMJ Quality Improvement Reports](#).

The image also includes a short link that delegates can simply enter in a web browser if they don't have a QR reader installed.

How to get a QR icon for your poster:

1. Simply email us at support@bmj.com with 'QR Code for Forum' in the subject field and the title of your publication in the body text.
2. We'll then email you with your custom QR image (usually within 48 hours) which you can simply paste at the bottom of your poster before printing

Please note, that we can only do this if your work has already been published.

Top tips for designing and producing your poster

What is a poster display?

A poster at a conference is a great way to showcase your improvement projects and help others learn from your strategies and experiences. Delegates will have the opportunity to browse posters throughout the duration of the conference, and poster presenters may take the opportunity to present their work to small groups by joining a presentation session.

Top tips for designing your poster

The aim is to tell a story that is clear and inspires others. It should communicate all the key points you want to get across without any additional explanation.

1. **Title:** The title should make it instantly clear what the poster is about. Do not use abbreviations or acronyms as the person viewing your poster may not know what these mean. Try to make it snappy and attention grabbing; you want your work to stand out among hundreds of other posters
2. **Section headings:** Use section headings to make key messages on your poster standout
3. **Word count:** The person viewing your poster should be able to understand the key messages from it in 3 to 5 minutes and read the text in under 10 minutes. You may find it effective to reduce the number of words in your poster. Try not to use long sentences and cut out words that do not add meaning to your sentences. Use phrases or bullet points
4. **Pictures and diagrams:** Pictures and diagrams add visual interest to your poster. Infographics are also useful for displaying information at a glance. Remember to ensure your pictures are high enough quality to be printed at a large size
5. **Contact information:** Adding your email address or Twitter handle gives people the option to get in touch if they want to know more about your work. You can also generate a QR code for your post to link to further information or a publication - see below for information on how to do this if you are published in BMJ Quality Improvement Reports
6. **Design:** Although it has an impact on printing costs, effective use of colour on your poster can help to highlight key information and helps your poster to stand out
7. **Key messages:** Viewers may not have the time or wish to read all your text. A succinct introduction and clearly outlined learning points will help other delegates to understand your main messages
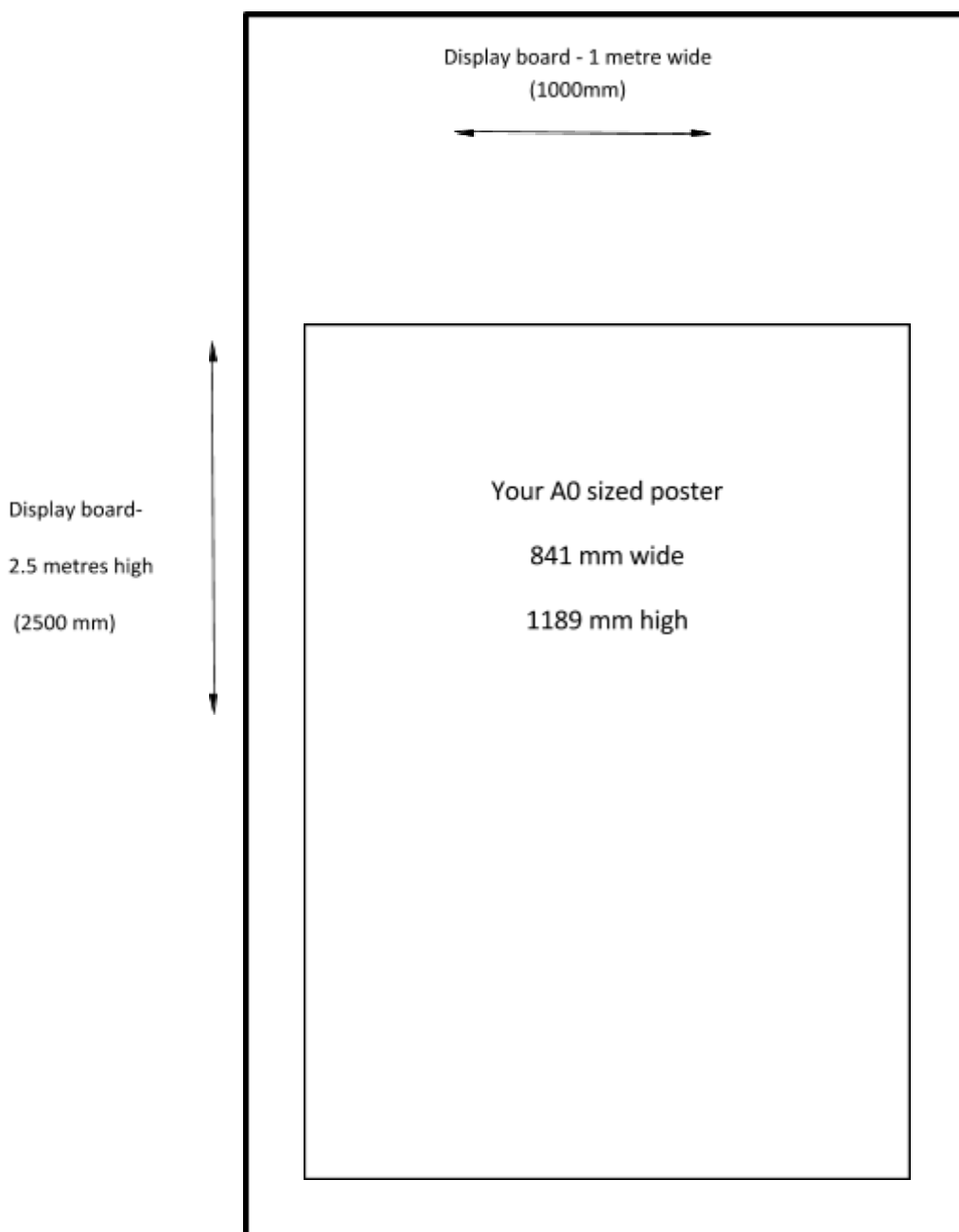
Layout of your poster: Sizing and design requirements

We recommend you print your poster on A0 sized poster paper (841mm wide by 1189mm high).
All posters must be portrait style.

Please make sure your poster matches the size we have specified below, if your poster does not meet these requirements onsite then we may not be able to accommodate it for display. This will allow sufficient room on your display board for any additional handouts you may like to add.

Each poster will be assigned one poster board to which it will be affixed to. We will supply the fixtures to secure your poster to the display board.

The display board your poster will be attached to are hessian backed and velcro compatible, measuring 1 metre wide by 2.5 metres high.

Display board - 1 metre wide
(1000mm)

Display board-

2.5 metres high

(2500 mm)

Your A0 sized poster

841 mm wide

1189 mm high

What makes a great poster?

What makes this poster good?	What could be improved?
Very clear graphs that are easy to understand	Less text heavy
Tells a story using clear headlines	Include contact details
Colour scheme makes it easy to read	Some graphs are smaller so harder to read
Use of pictures brings the poster to life	
Key learning points clearly outlined	

Improving Patient Flow in Laser Dermatology

Adam Backhouse, Quality Improvement Lead, Great Ormond Street Hospital (adam.backhouse@gosh.nhs.uk)

Project team: Annie Kao, Bryony Aldous, Bryony Freeman, Dr Karolina Gholam, Donna Sweeney, Graham Wilson, Hilary Kennedy, Julie Meier, Kim Williams, Dr Lea Solman Kosutic, Dr Lindsay Shaw, Dr Mary Glover, Dr Samira Syed, Sarah Lewis.

1. What are we trying to accomplish?

i. Background

Laser dermatology at GOSH is a highly specialised service which offers surgical treatment under general anaesthetic to patients from across the country. For this reason the service is known to have long waiting lists for treatment which could be decreased if laser lists were better utilised, allowing more patients to be seen within existing resources.
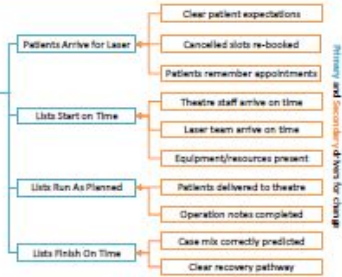
ii. Benefits

- Reduced waiting times for laser treatment
- A better on-the-day experience for patients
- Increase income for the dermatology service
- Better utilisation of trust resources

Supporting trust improvement goals No Waste, No Waits, Zero Harm.

iii. Aim

To achieve a statistically significant increase in the throughput of patients for laser dermatology general anaesthetic lists.

iv. Objectives

- Reduce the % time lost to early finishes for laser GA lists by testing interventions to minimise patient cancellations.
- Reduce the % list time lost to late starts
- Demonstrate an increase in U4 % utilisation of lists in order to support the laser service gaining access to more GA lists.
- Maintain U4 % utilisation and patient throughput during the redesign of the laser GA pathway.

Primary and Secondary drivers for change

- Patients Arrive for Laser
  - Clear patient expectations
  - Cancelled slots re-booked
  - Patients remember appointments
- Lists Start on Time
  - Theatre staff arrive on time
  - Laser team arrive on time
  - Equipment/resources present
- Lists Run As Planned
  - Patients delivered to theatre
  - Operation notes completed
- Lists Finish On Time
  - Case mix correctly predicted
  - Clear recovery pathway

2. How will we know if a change is an improvement?

Total number of cases per week

The following measures where chosen to assess the ongoing success of the project and monitored weekly by the project team to identify the impact of PDSA cycles of change on the running of laser lists. Automatically generated measures were supplement with manually collected audits for deep dives into identified issues.

i. Outcome Measures
- Patient Throughput

ii. Process Measures
- % Utilisation of planned theatre hours
- % list time lost to late starts
- % list time lost to early finishes
- % list time lost to turnaround of patients

iii. Financial Measures
- Laser dermatology income

iv. Audit
- To better understand the reasons behind late starts and early finishes, we carried out clinical audits to capture and analyse them. This allowed us to make some quick, upfront changes including making a successful case for more patient trolleys and greater accountability for anaesthetic teams.

SPC Key
Measure: _____ Process Mean: _____ Upper & Lower Control Limits: _ _ _ _ _

3.1 What change can we make that will result in an improvement?

Primary Driver: Patients Arrive for Laser

Audits showed that lists often finished early due to patients cancelling at the last minute. For this driver we measured cancellations.

PDSA 1
We kept a list of patients willing to fill cancelled slots at short notice and tested it for four weeks. However this didn't reduce cancellations – these needed to be elicited from families with more notice.

PDSA 2
We tried recruiting a volunteer to call patients 7 days in advance with a reminder. This was hard to implement reliably due to availability so it was hard to tell whether it had an impact.

On the day cancellations
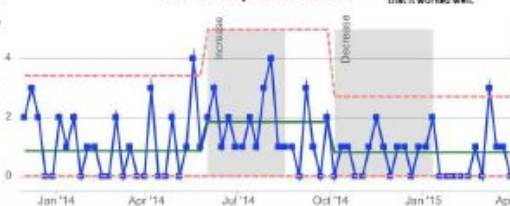
PDSA 3
We automated our reminders by having them sent out by text message. We tested it with a small number of patients and found that it worked well.

PDSA 4
We scaled up our text messaging to cover all laser patients. This led to a reversal of the previous trend in rising calculations.

Listening to patients for better outcomes
When we asked families why they cancelled their appointments we found that many felt that further treatment was not required but they hadn't had a chance to review this with their doctor.
In response we have restructured the laser pathway to include more decision points. We are now developing new clinical outcomes for laser treatment to ensure it is only offered when clinically effective.

3.2 What change can we make that will result in an improvement?

% scheduled list time lost to early finishes
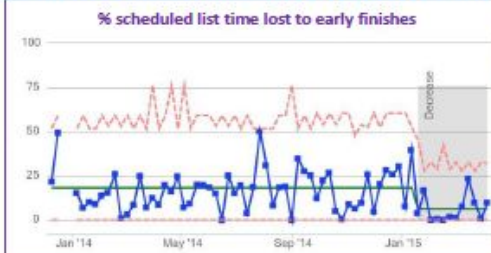
Primary Driver: Lists Finish on Time

With reduced cancellations we can now predict our case mix more effectively to fill our lists and avoid wasted resources due to underutilisation of list time. For this driver we measured the % scheduled list time lost to early finishes.

PDSA 5
For 1 month all lists were increased from 4-5 cases each to 6 cases to ensure that all list time was being utilised. No safety or patient flow issues occurred but with some cancellations still occurring, lists were still finishing early.

PDSA 6
For 1 month all lists were increased to 7 cases to see if this was enough to reduce under-utilisation due to early finishes. With this in place we found a reduction in our early finishes data.

4. What Next?

Our next step is tackling our primary driver lists run as planned.

This will involve the laser surgical team working closely with the surgical admissions team and the ward staff on our same day admissions unit to make sure that patients admitted and clerked as smoothly as possible, and are prepared for the transfer down to theatres as soon as the team are ready to safely receive them.

We will measure our PDSA cycles by using two measures: % scheduled list time lost to late starts, and % scheduled list time lost to turnaround between patients. We are also continuing to collect clinical audit data on reasons for late starts and reasons for patient delays, which we will collect in conjunction with the theatres

Using data for engagement
We worked with theatre clinicians to get data quality right so that everyone trusts what it tells them. Combining measures with manual clinical audit to get people collecting data on what matters to them. We use a range of different measures linked to different potential benefits

What makes this poster good?	What could be improved?
A very clear title explaining the whole project	More pictures or diagrams
Easy to read each section, as typeface is large, and there isn't too much information	Less text
Includes all the most important information for someone reading it to do a similar project	Larger font size

Video Posters

In addition to displaying and presenting a poster at the International Forum 2017, authors and participants are invited to produce a short video explaining their ideas and work in improving quality of healthcare.

Please note that you can make use of this opportunity only if you have an accepted abstract and have registered to attend and display your poster during the conference.

What is a video poster?

The video posters are short videos in which the presenter discusses the nature and impact of their research/ project illustrated on their printed poster. This is a great opportunity to explain your ideas and improvement work in a more engaging way to a wider audience.

These video posters will be shown at the International Forum, will feature on The International Forum YouTube channel, and will be pushed out through our social media channels. Our aim is to enable you to present your project to a wider global audience in a personal, engaging way. It is envisaged that video abstracts will enhance viewers' understanding and appreciation of a poster through the accessible presentation of the main results and conclusions reported, and increase the reach of the project.

How do I create a video poster?

Videos should be no more than 2 minutes long, and they should summarise the main experience that would be of interest to others, plus the impact on clients/patients and on the healthcare system as a whole.

This may be achieved through you presenting directly to the camera. However, in the interest of maximising engagement and visibility, presenters are encouraged, where appropriate, to combine footage of themselves with other relevant material of interest (such as use of imagery, animations, or video of the intervention). Presenters should be aware that use of material from previously published work will require appropriate permissions to be sought from the publisher.

All you need is a smartphone! Whilst an HD video camera and external microphone will produce the very best quality, a perfectly good video can be made with a smartphone or tablet.

There are many tutorials online which can help you with producing a video poster, using freely available software often already installed on your computer. Windows movie maker and Apple imovie are the most common examples. Below are a few guidelines for the video, but if you have any questions about how best to produce them, please contact Harriet Vickers (hvickers@bmj.com), multimedia producer for BMJ Learning at BMJ.

Guidelines

In producing a video abstract, authors are asked to adhere to the following basic guidelines:
1. Video abstracts should not last longer than 2 minutes.
2. A video abstract should be based on the poster's abstract
3. The author presentation should be in a style and in terms that will be understandable and accessible to users outside of the immediate field of the article.

4. Inclusion of additional relevant material such as images, animations and/or clinical footage are strongly encouraged – use materials you have created for talks.
5. If including a video on an intervention, patient consent will be required using the standard BMJ patient consent form.
6. When delivering video to us, please use the compression parameters that video sharing sites use. Often these are standard options from your editing software. A [comprehensive how to page](#) is available from the Vimeo website.
7. Terms and conditions regarding the use and distribution of video abstracts will apply in line with the Forum [Poster Licence](#)

PLEASE NOTE: All video abstracts will be assessed for suitability by the International Forum team.

Guide to filming with a smartphone or tablet

1. Set the video format to the highest available quality.
2. Film horizontally not vertically.
3. Shoot in airplane mode to avoid interruptions and notifications.
4. Turn on stabilization if the camera app supports it.
5. A tripod or support produces the most stable video, but if the device is being held, use two hands.
6. Try not to use the camera zoom as it reduces image quality.
7. Film in a well-lit, quiet space.
8. Have some contrast between the subject/s and background.
9. Shoot a 10-second or so test to check picture and sound quality.
10. Have a look at the many online resources of tips for producing good quality video with a mobile device.

[Submit your video poster here!](#)