



International Forum Poster Guidelines, Amsterdam 2018

Congratulations on being accepted. Your work will be on show to around 3,000 delegates from around the world over two days of the International Forum. Please take a look at our Poster Guidelines which include all the information you will need to prepare and display your poster.

- Page 2** **Poster FAQs;** acceptance, registration deadline, replacements, arrival/set-up times, shipping/deliveries, poster presentations, conference proceedings and general attendee information
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Poster FAQs

What is a poster display at the International Forum?

Each year we receive hundreds of online submissions to display a poster board at our conference. 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.

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 nation and world.

How do I accept to display my poster?

We do not require you to reply to the results email sent to you confirming the acceptance of your abstract. However, you must ensure the following instructions are followed to **confirm your poster**.

- At the time of submitting the abstract, you were asked to nominate a presenting author.
- To confirm the poster display, the nominated presenting author must register and pay to attend the two main days of the event (Thursday 3rd - Friday 4th May 2018) by **Friday 2nd March 2018**.
- Please ensure the correct author is listed as the presenting author, and that they register with the email address that was provided when submitting.
- The presenting author's registration will be linked to the confirmed poster, providing a record of attendance and ensuring that a display board will be reserved for your poster.

What if the incorrect presenting author is listed?

If you are unable to attend, you are more than welcome to nominate a colleague to bring your poster on your behalf.

Unfortunately, you cannot log back in to amend the presenting author yourself. Therefore, if you would like to inform us of a change in the presenting author, please email their name and email address, along with the title of the poster they will be bringing for display, to hwestwood@bmj.com.

****Please note: we operate a strict ONE poster display per presenter policy, and we ask any presenters nominated to present multiple posters to choose one to present themselves, and allocate their additional posters to co-authors/colleagues. Please ensure your replacement is not already attending to display a poster.****

How do I register to attend?

Registration is now open on our [website](#)

The absolute final deadline to do this will be **Friday 2nd March 2018**. If the presenting author has not registered by this date, we will regretfully assume your circumstances have changed and you no longer wish to have your poster displayed at the event. In this instance, there will be no display board available for your poster.

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

Where/when can I set up my poster display?

We will open the poster hall to all poster presenters **from 1600 on Wednesday 2nd May 2018**. You can choose to come at this time and set up your display, or, alternatively, you may bring your poster with you to set up on Thursday morning. We recommend that you set up your poster on **Wednesday 2nd May** to avoid queues.

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

What will I need to bring to display my poster? Is there fixings provided?

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 then you are welcome to bring these along with a sleeve or something similar and 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 conference.

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 packaging if you bring these with you. We will not take responsibility for any loss or damage to your poster or poster packaging.

When will my poster be viewed?

All posters will be displayed on the two main event days, Thursday 3rd - Friday 4th May 2018.

Poster Stage sessions: This year, you will have the opportunity to present your poster to your peers on our Poster Stage located in the Exhibition Hall. The Poster Stage will give you a platform to share your work with delegates during a 5 minute allocated slot. If you would like to present on the Poster Stage, you will have the opportunity to sign-up* before the event. Further information, including how to present, will be sent to all registered poster presenters in due course.

*The poster stage has limited availability and slots will be allocated in order of presenters signed up. We can't guarantee every presenter will be able to present on the poster stage.

Meet the poster presenter: These open walk arounds give poster presenters a chance to have personal conversations with delegates about their work. Taking place through every break, we encourage poster presenters to stand in front of their poster while delegates view the poster area. No sign-up is required for these un-facilitated sessions, just be at your poster during the breaks to meet delegates and share your work.

Where will my poster/abstract be published?

You will have the opportunity to opt in to publish your abstract in the International Forum Conference Proceedings.

The Conference Proceedings will be a collection of the abstracts which will be displayed as posters in Amsterdam 2018. In order to feature in the Conference Proceedings, all authors with accepted abstracts must agree to the inclusion of their abstract in the Conference Proceedings and must register to display their poster during the conference.

Distribution of the the Conference Proceedings:

- Email PDF to all attendees before the start of the event.
- Publish PDF on the International Forum website and communicate via social media once the conference is finished.
- Include PDF in marketing emails and other marketing communications as required to promote future events.

What do I do with my poster after the International Forum?

Posters must be removed from the venue by 1730 on Friday 4th May 2018. Any posters remaining will be removed by the venue and disposed of.

Can I get a Poster Presenter Certificate of Attendance?

Your certificate will be sent to you via email two weeks after the event.

How do I book my accommodation?

For more information and to book with our recommended accommodation agency, see our [delegate information page](#).

We urge you not to make non-refundable travel arrangements as BMJ cannot be held responsible for non-refundable travel tickets. We suggest you make your refundable travel booking only after you have received confirmation of your registration from us.

Bookings, cancellations or amendments to hotel arrangements should be made by directly contacting the hotel/accommodation booking agency. We are not involved with and do not accept any responsibility for such matters.

How do I get a letter of invitation to support my visa application?

If a letter of invitation is required to support your visa please contact us at events@bmj.com once you have registered.

We are only able to provide invitation letters to individuals who have registered and paid to attend International Forum. If for any reason your visa application was unsuccessful, we will be able to refund your registration fee in line with our terms and conditions and upon receipt of proof of unsuccessful application.

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 stand out
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.

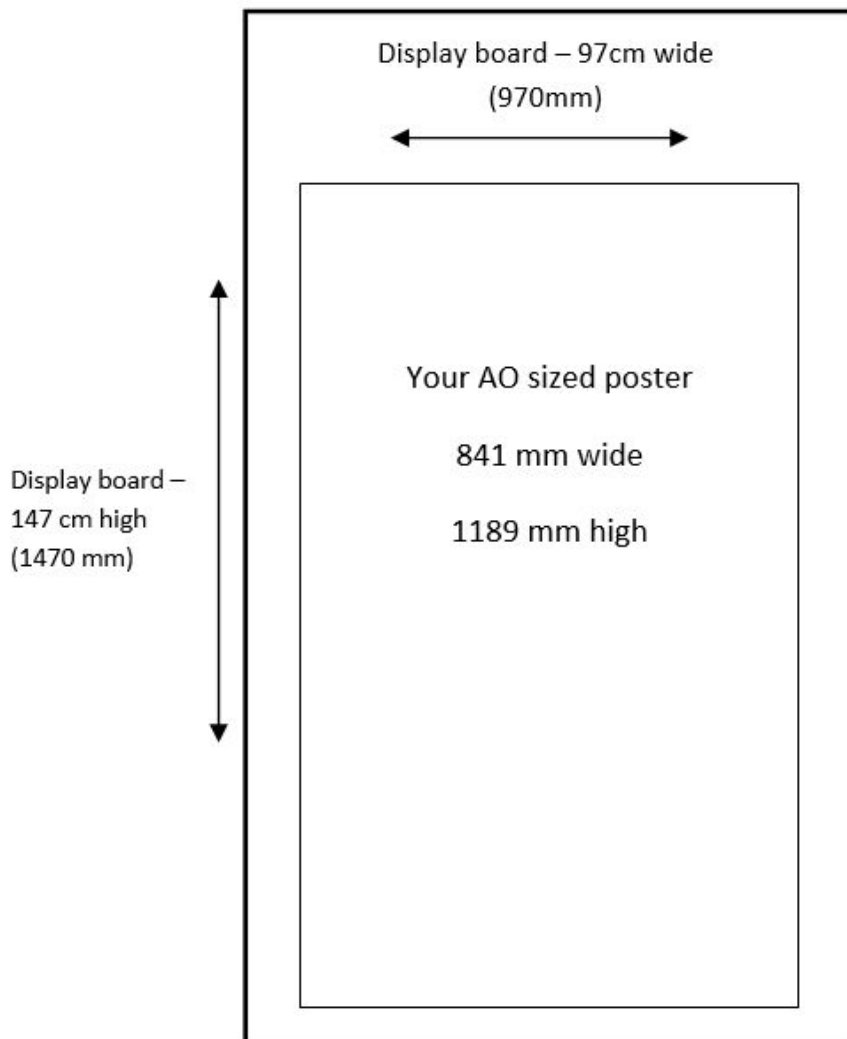
Layout of your poster: Sizing and design requirements

We recommend you print your poster on A0 sized poster paper (841 mm wide by 1189 mm 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 is 97 cm wide by 146 cm high.



What makes a great poster?

Achieving the shortest clinically necessary length of stay for GOSH patients



Project Team: Katie Thomas (Ward Sister); Ainsley Moven, Nurse Practitioner; Catherine Devile, Consultant Neurologist; Wendy Doyle, Social Worker; Lucy Alderson, Physiotherapist; Will Sewell, Admissions Manager; Zoe Egerickx, Improvement Project Lead; Duncan Shepherd, Data Analyst

For more information, please contact zoe.egerickx@gosh.nhs.uk

A reduction in length of stay is the holy grail of inpatient flow improvement work. Our aim: From 30th September 2013, every patient on Koala ward will have a clear plan in place for their inpatient stay.

Intended benefits (in support of our No Waste, No Waits, Zero Harm triple aim)


- i. The implementation of a clear plan will help to reduce waste by removing non-value added time spent in hospital.
- ii. Clear identification of roles and responsibilities will reduce waste by avoiding duplication of tasks and define accountability.
- iii. Clear communication with all personnel involved in the patients care pathway will ensure obstacles to timely discharge are identified and mitigated against early.
- iv. Early Family Involvement will ensure expectations are set and the family are psychologically and practically prepared for discharge.
- v. Individualised discharge criteria that is documented and agreed will contribute towards a timely and safer discharge.
- vi. Identification of the patient's expected discharge date will support bed booking processes and contribute to more efficient utilisation of resources.

Aim: From 30th September 2013, every patient on Koala Ward will have a clear plan in place for their inpatient stay

- Standardised process for planning a patient's stay
 - Review of patient history, the ward & current occupancy
 - Clear process for requesting beds
 - High priority beds for non-emergency discharges
 - Make an appropriate request early
- Clear communication
 - Communication across teams
 - Clear care and communication
 - Hospital and family involvement
 - Feedback to the improvement team
- Criteria for discharge
 - Communication between teams agreed and understood
 - Plans for early review of care agreed

Outcome Measure

Mean Ward Stay Length (excluding day cases) - Koala

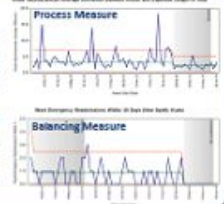


Mean length of stay on Koala Ward reduced from 4.8 days to 4.1 days (still sustaining in 2015)

What did we achieve?


Process measure; the difference between actual and expected length of stay has improved - 3.1 days to 2.1 days, the reduction in variation indicating a more reliable process, and suggests a focus on planning for discharge. Better prediction of length of stay facilitates more effective planning of beds and staff resources.

Balancing measure; although our interventions were not directly targeting re-admissions, ward emergency readmissions were measured and monitored in case they were somehow affected. The elimination of emergency readmissions is unlikely to be attributed to this project alone although more effective communication and discharge processes could have had an impact.




How did we do it?

ePSAG




ePSAG (Electronic Patient Status at a Glance) - this displays the name of all patients on the ward, their expected discharge date (EDD), and other critical information about the patients journey and readiness for discharge. ePSAG links to the hospital patient administration system (PIMS) and is owned, and used by ward staff or those needing to know the whereabouts of patients.



Nursing Huddles - these have been introduced to enable teams to have frequent but short briefings so that they can stay informed, review work, make plans, and move ahead rapidly (NH, 2011)

Patient's Daily Plan



My Daily Plan - this is displayed next the patients bed and shows useful information about the patient, their preferences, who is looking after them and the plan for their inpatient stay. It is owned by the patient but can be updated by anyone who has new information.


Feedback

From Parents:

"This is amazing. I love it. My daughter has been coming to hospital for 9 years... and I don't want Nurses to be referring to me as Mummy."

"It's really helpful, especially when there are so many teams involved. I particularly like the section for parents questions because I tend to forget"

"My daughter uses Makaton to communicate but understands what people say. She should be included in decision-making and be asked her permission. This is really important to me and will go on the plan."



My patient prefers what they think of the Daily Plan. This is what they told us or feedback:


What have we learned?

Engagement is the key Clinical teams must be sufficiently engaged and demonstrate a willingness to participate in the project before you start work, and your communication strategy should include feedback mechanisms for assurance

Clinical ownership will ensure sustainability The role of the Quality Improvement Lead (to offer expertise in improvement methodology, facilitation and co-ordination) must be clearly defined and understood from the outset, the project mustn't be dependent on this person

Clinical Leaders must be heard Opinion leaders (expert and peer) from within the Division should form part of the steering group and project team.

PDSA!! Interventions must be tried, tested and adapted (using PDSA) prior to implementation in other areas, and sufficient time and resource must be invested to maintain momentum for change



Great Ormond Street NHS
Hospital for Children
NHS Foundation Trust

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 Ghulam, 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 Wafers, 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.



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

The following measures were 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 supplemented 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.

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.

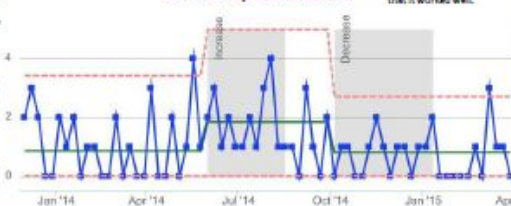
PDSA 1

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

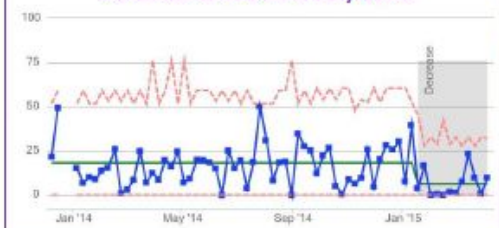
We scaled up our text messaging to cover all laser patients. This led to a reversal of the previous trend in rising cancellations.

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.

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

4. What Next?

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 2018, 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.

Please read our full guidelines below before submitting your video poster

Tutorials

There are many tutorials online which can help you with producing a video abstract, 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.

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. Please do not use any copyright material for example, music within your video poster. This may result in the failure of uploading your video on our Youtube Channel.
7. 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.
8. Terms and conditions regarding the use and distribution of video abstracts will apply in line with the conference [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.

Video can be edited and trimmed using freely-available software often pre-installed on computers and mobile devices. Windows Movie Maker and Apple iMovie for Mac and IOS are the most common, but many more can be found online.

Submitting your video poster

Once you've reached the submission link, drag your file into the middle of the page. You will then need to enter the following in the message box:

1. Name of the event; Leaders in Healthcare - Liverpool
2. Main presenting authors full name
3. Abstract title
4. Abstract topic

Once you've included all of the above information, please click upload. ***The deadline to submit is Friday 20th April 2018, any video posters submitted after this date may not be uploaded.**

[Click here to submit your video poster!](#)