



International Forum ePoster Guidelines Australasia 2021

Congratulations on being accepted to showcase your work on our new virtual platform. Please take a look at our ePoster Guidelines. This document includes all the information you will need to prepare and submit your ePoster.

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ePoster FAQs

What is an ePoster display at the Virtual International Forum?

An ePoster at the virtual 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.

ePosters should not advertise any products or services.

This year, the ePosters will be displayed on our new ePoster platform before and after the International Forum. They will be searchable via the authors name, poster titles and topic.

How do I accept to display my ePoster at the Virtual International Forum?

You must ensure the following instructions are followed to **confirm your ePoster**.

- To confirm the ePoster display, the nominated presenting author must **register to attend the Virtual Forum by Wednesday 4 August 2021**.
- The presenting author's registration will be linked to the confirmed ePoster, providing a record of attendance and ensuring that you receive the information to submit your ePoster for display.
- **We will only contact authors who have registered to attend the virtual conference by the Wednesday 4 August deadline with a submission link to upload their ePoster.**

What if the incorrect presenting author is listed?

If you are unable to attend the virtual conference, you are more than welcome to nominate a colleague to submit your ePoster 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 edobie@bmi.com.

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

How do I submit and upload my ePoster?

We will only contact authors who have registered to attend the virtual conference by the Wednesday 4 August deadline with a submission link to upload their ePoster.

If there has been any changes to my project do I need to update you?

No, but feel free to update the ePoster that you submit for upload with your latest findings. Please ensure the authors name and title remains the same.

How will posters be presented at the virtual event?

The posters will be displayed on the virtual ePoster platform and will be easily searchable via the authors name, poster title and topic.

Will there be oral presentations for poster presenters at the virtual International Forum?

Audio Presentations

We are pleased to offer the opportunity for poster presenters to submit a short audio presentation alongside their ePoster. Please view page 5 to learn how to record a slide show with narration and embed this behind your ePoster. The audio should be embedded and submitted as part of your ePoster PowerPoint Presentation. The audio presentation will be played when a delegate views your ePoster on the ePosters platform, accessible via the conference virtual platform.

Video Presentations

We are also accepting short video presentations (video posters) that will be showcased on the conference virtual platform. These will be displayed on our 'Video Posters' page on the virtual platform alongside the ePoster title, topic and author(s). Please view page 10 for more information.

More than one author can be involved with creating and presenting a video presentation.

Authors who take part in this opportunity will also receive a poster presentation certificate.

Will there be any conference proceedings?

No, as the posters will be easily searchable on the ePoster platform and accessible during the event, we will not be creating a conference proceedings for the Forum.

When will my ePoster be viewed?

All ePosters will be made available to virtual delegates before, during and after the virtual International Forum.

Can I get an ePoster Certificate of Attendance?

Yes, your certificate will be sent to you via email two weeks after the event.

Can I display the International Forum logo on my poster?

The International Forum does not allow the use of BMJ, IHI, or any International Forum affiliated logos, to be displayed on posters at the International Forum.

Does my ePoster have to be in English?

Yes, all ePosters need to be in English; your abstract will be unsuccessful if submitted in another language.

How to design and create your ePoster

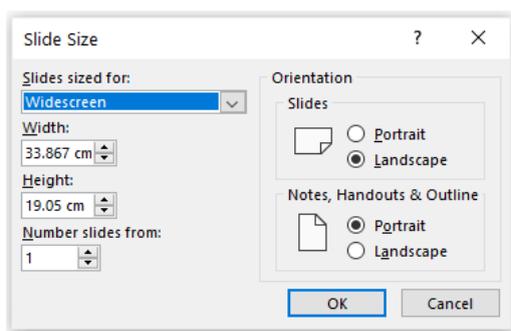
Design Layout

1. The poster should be in landscape orientation (16:9).
2. **Your page layout must be 33.867 cm in width by 19.05 cm in height**
3. Number of pages (slides): one (1).
4. For embedded images please use .jpeg or .png file formats. Please be mindful of any copyright issues of photos used when creating your posters.
5. Videos are accepted should you wish to use them.
6. Font - Arial, Verdana, Tahoma and Times New Roman are recommended.
7. **Submit poster file in .ppt or .pptx format (PowerPoint format)**. The file must not be larger than 250MB

Submission deadline - Monday 5 October.

How to set up your presentation in Powerpoint

1. Open microsoft powerpoint
2. Click of 'design'
3. Click on 'slide size'
4. Click on 'custom slide size...'
5. Change the orientation to landscape widescreen (16:9)
6. The width should be 33.867 cm
7. The height should be 19.05 cm
8. Click 'okay' and once completed save as **.ppt or .pptx format (PowerPoint format)**. The file must not be larger than 250MB



How to embed audio to your ePoster

Should you wish to record an audio presentation and submit this alongside your ePoster, please find the relevant manuals below.

[Click here to learn how to record a slide show with narration](#)

[Click here for instructions on how to embed a video or audio to your Powerpoint presentation](#)

Alternatively, open your presentation on PowerPoint, click on 'slide show' and click 'Record Slide Show'. Simply record your audio presentation and save the file. Submit the file in PPT.

The audio will be played alongside the ePoster whilst it's being viewed by the user.

Top tips for designing your ePoster

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.

What makes a great ePoster?

Achieving the shortest clinically necessary length of stay for GOSH patients

Project Team: Katie Thomas (Ward Sister), Ainsley Moven, Nurse Practitioner; Catherine Deville, Consultant Neurologist; Wendy Doyle, Social Worker; Lucy Alderson, Physiotherapist; Will Sewell, Admissions Manager; Zoe Egricki, Improvement Project Lead; Duncan Shephard, Data Analyst
For more information, please contact zoe.egricki@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 day

- Daily assessment of patient's day
- Clear communication with all personnel involved in the patients care pathway
- Early family involvement
- Individualised discharge criteria that is documented and agreed

Clear communication

- Clear communication with all personnel involved in the patients care pathway
- Early family involvement
- Individualised discharge criteria that is documented and agreed

Checks for discharge

- Identification of the patient's expected discharge date
- Support bed booking processes
- Contribute to more efficient utilisation of resources

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 - 3.3 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 (EDC), and other critical information about the patients journey and readiness for discharge. ePSAG links to the hospital patient administration systems (PMS) and is owned, and used by ward staff or those needing to know the whereabouts of patients.

'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."

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.

PSAG: interventions must be tried, tested and adapted (using ePSAG) prior to implementation in other areas, and sufficient time and resource must be invested to maintain momentum for change.

Great Ormond Street 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 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 anaesthetics 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 Wafte, 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 leaving 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.

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    graph TD
      A[Patients Arrive for Laser] --> B[Lists Start on Time]
      A --> C[Lists Run As Planned]
      A --> D[Lists Finish On Time]
      B --> B1[Clear patient expectations]
      B --> B2[Cancelled slots re-booked]
      B --> B3[Patients remember appointments]
      C --> C1[Theatre staff arrive on time]
      C --> C2[Laser team arrive on time]
      C --> C3[Equipment/resources present]
      D --> D1[Patients delivered to theatre]
      D --> D2[Operation notes completed]
      D --> D3[Case mix correctly predicted]
      D --> D4[Clear recovery 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 PDCA 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 accommodated 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, that it worked well.

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 due.

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

What makes this poster good?

A very clear title explaining the whole project
Easy to read each section, as typeface is large, and there isn't too much information
Includes all the most important information for someone reading it to do a similar project

What could be improved?

More pictures or diagrams
Less text
Larger font size

Video Posters

In addition to showcasing your work as an ePoster at the Virtual Copenhagen Forum, authors are invited to produce a short video explaining their ideas and work in improving the quality of healthcare.

Please note, you must be registered to attend in order to make use of this opportunity.

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 ePoster. This is a great opportunity to explain your ideas and improvement work in a more engaging way to a wider audience.

These presentations will be grouped by topic and showcased on our virtual platform.

How do I create a video poster?

Videos should be no more than **5-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 -

Guidelines

In producing a video abstract, authors are asked to adhere to the following basic guidelines:

1. Video abstracts should not last longer than 3 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 have 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; Virtual Australasia International Forum

This is most important as we need to locate your submission.

2. Main presenting author's full name
3. Abstract title
4. Abstract topic

Once you have included all of the above information, please click upload. ***The deadline to submit is Wednesday 18 August, any video posters submitted after this date may not be included on our virtual platform.**

[CLICK HERE TO SUBMIT A VIDEO POSTER](#)