Poster Workshop Objective

Participants will:

• Learn how to format a improvement project in a scholarly fashion using a professional poster

• Become familiar with the Quality and Safety Symposium poster templates

• Review a poster example
Quality and Safety Symposium 2014

Showcase your quality improvement work—both successes and failures are welcomed to promote collaborative learning. Projects should prioritize one or more of the following focus areas:

• FY2014 UCM Clinical Effectiveness Quality and Safety Goals:
  Promoting the Culture of Safety, Eliminating Harm Events, Improving Transitions in Care, Enhancing Clinical Documentation and Information Management

• FY2014 Departmental Quality and Safety Goals

• Enhancing the Experience of our Patients and Families

• Improvements in Efficiency, Throughput, and the Reduction of Waste

• External National Quality Indicators
Framing your work

• Your goal is to tell a story about your improvement work, think about:
  
  o The most important pieces of information- what is NECESSARY to logically tell your story?
    ▪ WHO, WHAT, WHERE, WHEN, HOW, WHY
  
  o What information can be left off the poster or is better shared in discussion at the poster session?
  
  o Is there a particular aspect of the work you want to highlight? (e.g. focus on RN workflow for a nursing conference poster)

• Involve your team
  
  o Who will want to contribute to the poster?
  
  o Plan time to disseminate the poster to your team for feedback before the submission deadline (April 15th)
Poster Format

All posters should include the same basic information, organized by headers

- Background
- Intervention
- Aims
- Results
- Visual(s) of data
- Lessons Learned
- Next Steps
- Title, Authors and Affiliations, First Author’s name & email address
An Example

A Novel Motivational Method for Improving Hand Hygiene Compliance Among Healthcare Providers

Author 1, Author 2, etc.
University of Chicago Medicine

Background

• Failure to adhere to best practices on the part of Healthcare Providers (HCP) contributes to poor patient outcomes and increased cost.
• Basic HCP behaviors, such as hand hygiene (HH), have been demonstrated to dramatically reduce the risk of healthcare-associated 58.00% infections (HAI) among even the most vulnerable of hospitalized patients.
• Examination of HH practices offers a good model for studying HCP behavior
• Charitable rewards directed at improving patient care may bridge the gap between knowledge and performance.
• A program that reallocates the distribution of resources within a hospital based on HH performance rates could be the answer to sustainability of hand washing compliance.

The Intervention

• Nurses on two units of an academic medical center, comparable in patient size and level of care, were compared for hand hygiene performance.
• A philanthropic donation of $10,000 was made to support the study and benefit patients on the units in a manner chosen by participating nurses.
• During the Giving for Performance (G4P) program, the amount of charitable reward was linked to weekly HH rates compared with the increase from baseline.
• HH compliance was monitored by direct observation at baseline and over consecutive 8-week periods in the two units.
• During each period, the unit was assigned to either G4P or a standard HH promotional campaign.
• Feedback was provided to nurses weekly and the amount of charitable reward earned that week was reported to the unit participating in G4P.

Aims

• To determine the effect of a novel approach to motivating HCP to improve and sustain HH compliance.

Results

• HH compliance on each unit was compared between three distinct periods: baseline (pre-intervention), G4P, and standard HH promotion campaign.
• During the entire study period, a total of 2,326 HH observations were recorded.
• On Unit 1, a significant increase was seen from a baseline rate of 58% to an average of 72.3% during the standard campaign ($P<0.001$). Compliance during the following G4P program averaged 83.9%, significantly increased from the promotional campaign period ($P<0.003$).
• Unit 2 showed a significant increase from 55.0% compliance at baseline to an average 71.3% during G4P ($P<0.001$). Following G4P, average compliance was 77.8% during the standard campaign ($P<0.052$).

Lessons Learned

• The results of this study demonstrate the effectiveness of a novel approach linking charitable donation to motivation of HCP.
• The G4P initiative was successful in not only increasing HH rates from pre-intervention baseline, but adding further value after deployment of a standard, effective promotion program.
• In that many healthcare facilities already focus on cultivating philanthropic contributions, the opportunity to link donation to performance improvement offers great opportunity on a larger scale.

Next Steps

• Further research of G4P is needed to determine the true impact of this motivational method on individual HCP behavior.

Contact Heather Limper hlimper@medicine.bsd.uchicago.edu
Background

• What did you set out to address?

• Why does this matter? What are the implications of the way things were currently being done or the problem at hand?

• Did this project align with any UCM 2014 Annual Operating Goals?

Failure to adhere to best practices on the part of Healthcare Providers (HCP) contributes to poor patient outcomes and increased cost.

Basic HCP behaviors, such as hand hygiene (HH), have been demonstrated to dramatically reduce the risk of healthcare-associated 58.00% infections (HAI) among even the most vulnerable of hospitalized patients.

Examination of HH practices offers a good model for studying HCP behavior.

Charitable rewards directed at improving patient care may bridge the gap between knowledge and performance.

A program that reallocates the distribution of resources within a hospital based on HH performance rates could be the answer to sustainability of hand washing compliance.
Aims

• What did you hope to accomplish?

To determine the percent change in hand hygiene compliance among healthcare providers on an inpatient unit during an 8-week motivational campaign.

• Is your Aim SMART?

  - **Specific**: State exactly what you want to accomplish (Who, What, Where, Why)
  - **Measurable**: How will you demonstrate and evaluate the extent to which the goal has been met?
  - **Achievable**: Stretch and challenging goals within ability to achieve outcome. What is the action-oriented verb?
  - **Relevant**: How does the goal tie into your key responsibilities? How is it aligned to objectives?
  - **Time-bound**: Set 1 or more target dates, the “by when” to guide your goal to successful and timely completion (include deadlines, dates and frequency)
The Intervention

• What was the intervention?

• How did you measure that the intervention was happening? (Process Measure)

• How did you measure the intervention’s impact? (Outcome measure)

Specific intervention

Nurses on two units of an academic medical center, comparable in patient size and level of care, were compared for hand hygiene performance.

A philanthropic donation of $10,000 was made to support the study and benefit patients on the units in a manner chosen by participating nurses.

During the Giving for Performance (G4P) program, the amount of charitable reward was linked to weekly HH rates compared with the increase from baseline.

HH compliance was monitored by direct observation at baseline and over consecutive 8-week periods in the two units.

During each period, the unit was assigned to either G4P or a standard HH promotional campaign.

Feedback was provided to nurses weekly and the amount of charitable reward earned that week was reported to the unit participating in G4P.

How the intervention was implemented & how it functioned

Explain how the intervention was measured & how that information was used and shared
Results

• Results or Progress To Date
• What overall impact did this initiative have on your aim?
• What was the impact of your project on UCM patients or processes?

Results

• HH compliance on each unit was compared between three distinct periods: baseline (pre-intervention), G4P, and standard HH promotion campaign.
• During the entire study period, a total of 2,326 HH observations were recorded.
• On Unit 1, a significant increase was seen from a baseline rate of 58% to an average of 72.3% during the standard campaign (P<0.001). Compliance during the following G4P program averaged 83.9%, significantly increased from the promotional campaign period (P<0.003).
• Unit 2 showed a significant increase from 55.0% compliance at baseline to an average 71.3% during G4P (P<0.001). Following G4P, average compliance was 77.8% during the standard campaign (P<0.052).

Explains what each set of data that is compared represents

Provides the size of the data set (n). Describes the size of the study/pilot

Summarizes results shown in the visual

This example provides the p value, which is the result of the statistical significance testing.
Display your data visually

- Some visual should be included to showcase your results or progress to date data
  - Graph
  - Table
  - Before/After Picture

Possible Data to display:

- How did you measure that the intervention was happening? (A Process Measure)
- How did you measure the intervention’s impact? (Outcome measure)

Refer to the handouts for more info on choosing a measure & displaying data
A visual example

Clear, descriptive, title

Impact of G4P:
Baseline - Standard HH Campaign - Giving for Performance

Use distinct colors and shapes to differentiate data sets (i.e. not all shades of blue with square data markers)

Show the data that was described in the intervention and results sections

Clearly labeled axes

Legend

Sustainability of G4P:
Baseline - Giving for Performance - Standard HH Campaign
Lessons Learned

• Any lessons learned for a next iteration?
• What would you recommend to others trying to solve this problem?
• Where there any unanticipated issues/benefits?

Lessons Learned

• The results of this study demonstrate the effectiveness of a novel approach linking charitable donation to motivation of HCP.

• The G4P initiative was successful in not only increasing HH rates from pre-intervention baseline, but adding further value after deployment of a standard, effective promotion program.

• In that many healthcare facilities already focus on cultivating philanthropic contributions, the opportunity to link donation to performance improvement offers great opportunity on a larger scale.

Reflect on your work to date and share your insights
Next Steps

• What should happen next?

Further research of G4P is needed to determine the true impact of this motivational method on individual HCP behavior.

Can also include planned next steps and high level timeline

This section may include more information if a project is in progress
Tips

• Choose your title thoughtfully
  - What will catch your audience’s attention?
  - Does it accurately describe your work?
  - Is it specific enough?

• Take a step back, look at the spacing & flow of your poster
  - Does it have a lot of words?
  - Is there adequate white space?

• Consider your audience
  - Did you use uncommon abbreviations? Is there jargon that readers won’t understand?
  - Have a colleague who was not involved in the work read the poster to ensure that the information is clear

• Proofread before submitting!
  - Check for typos, grammar, etc.
  - Check for PHI or other sensitive information or data
Helpful Reminders

• Posters are **due April 15, 2014**

• You may reduce the font size down to a minimum of 6-point if necessary; smaller font sizes are not permitted.

• Feel free to adjust the placement of headings in the template

• Don’t forget authors & the first author’s email address

• Submit your poster in PowerPoint format

• Submit on the intranet using the form: [http://clinicaleffectiveness.uchicago.edu/qualitysymposium/](http://clinicaleffectiveness.uchicago.edu/qualitysymposium/)

• For questions: please use the comments section of the Submission Form to relay these to the Poster Review Committee
Let’s get to work!

Here are some helpful resources to refer to after this Poster Workshop:

• http://clinicaleffectiveness.uchicago.edu/qualitysymposium/
• http://colinpurrington.com/tips/academic/posterdesign
• http://www.aktivadesign.com/
• http://www.personal.psu.edu/drs18/postershow/