Storyboard Handbook

27th Annual National Forum on Quality Improvement in Healthcare

December 6-9, 2015
Orlando, FL

Institute *for* Healthcare Improvement

Storyboard Handbook

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Overview of National Forum Storyboard Displays

Storyboard displays at the National 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.

Recommendations for creating storyboards that demonstrate quality improvement projects in health care are included on page seven. While these are not requirements for submission, we strongly encourage storyboard submissions to contain most (if not all) of these recommended components.

Storyboards should not advertise products or services. Exhibit booths are available for those who would like to generate interest and leads for their products or services. For more information on exhibit space, please contact our exhibit booth sales manager, Sara Kolovitz at SmithBucklin Corporation at (312) 673-4779 or skolovitz@smithbucklin.com.

Submitting your Final 2015 Storyboard and Supporting Information through IHI.org

You are required to enter in the following information:

- Storyboard Title (Please limit the title to 15 or less words)
- Description (Please limit the description to 100 or less words)
- Aim (Please limit the aim to 15 or less words)
- Actions Taken (Please limit actions taken to 50 or less words)
- Summary of Results (Please limit the summary of results to 50 or less words)

Important Notes

- You are required to upload your final storyboard 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.

- The storyboard must fit into the provided display board space of **3 feet wide x 5 feet high**.

- IHI will upload all storyboards to our webpage prior to the Forum for electronic viewing. The electronic storyboards will also be made available during and after the National Forum.

- 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 Sarah Goggins at sgoggins@ihi.org to confirm that your storyboard was uploaded successfully.

- **You will receive further information from Sarah Goggins, IHI's Event Manager, at a later date.**

Set-up, Staffing, and Breakdown

The 2015 Storyboard Display is located off of the Exhibit Hall in Cypress 1.

Storyboard Set-up:
Monday, December 7 from 12:00 PM – 5:00 PM
Tuesday, December 8 from 7:00 AM – 8:00 AM

The hook side of *Velcro is the only material that will adhere to the display board. IHI will provide each storyboard presenter with 1 strip of Velcro.*

Storyboard Display:
Tuesday, December 8 from 8:00 AM – 4:30 PM
Storyboard representative presence is not required.

Storyboard Reception:
Tuesday, December 8 from 4:30 PM – 6:30 PM
Plan to be at your board to answer questions and discuss your project with attendees.

Storyboard Breakdown:
Wednesday, December 9 from 7:00 AM – 1:00 PM
Please remove your storyboard by 1:00 PM. All storyboards left after 1:00 PM will be discarded.

Handouts

Due to space restrictions, distributing handouts at the storyboard display is not recommended. If you have brochures, documents, or other information you think would be helpful to those interested in your quality improvement project, **we suggest that you collect business cards from those who want further information in order to send it to them after the conference. You may attach a manila envelope for attendees to drop their business cards in, or attach an envelope filled with a supply of your handouts to your board.** Unfortunately, there is not sufficient space to supply tables for the storyboards.

Shipping

We strongly recommend that presenters hand-carry their printed storyboards to the conference to minimize the risk that a board could be lost or damaged during shipping.
If you need to ship your storyboard, all cartons should be labeled with your name and return address. If you are not staying at the Orlando World Center Marriott, please ship your posterboard to the hotel you are staying at for the week. If you are staying at the Orlando World Center Marriott, you can pick up your board from the Shipping and Receiving area at the hotel. **IHI will not be responsible for receiving, delivering, or storing any storyboards.**

Orlando World Center Marriott Resort & Convention Center 8701 World Center Drive Orlando, Florida, USA 32821 Attn: Your Name (Storyboard Presenter at the IHI National Forum)

Conference Registration

All storyboard presenters must register for the National Forum General Conference, December 8-9, 2015.

General Conference Fee: On or Before October 2: $1,200
After October 2: $1,300

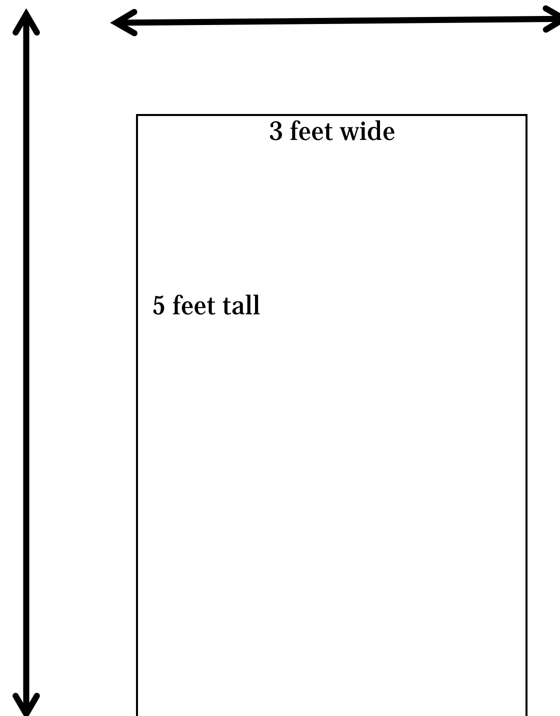
General Conference Group Discounts: Groups of five or more individuals from the same organization or system are eligible to receive a $200 discount off the per-person regular rate of the General Conference ($1,100 per person). When enrolling, choose "Group Rate" from the list of available rates. Please 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 call our Customer Service Department at (617) 301-4800 or info@ihi.org.

Layout

Aim to create an attractive display that will draw Forum participants to your storyboard and communicate clearly the main points of your display. The following guidelines may be found helpful:

Size

Storyboards will be mounted on 3 foot x 5 foot panel boards. The usable posting space is the full 3 feet wide x 5 feet high.



Appearance

Creative use of pictures, graphs, text blocks, color, headlines, etc., can attract others to your storyboard, prompt conversation, and enhance communication of your message. Avoid making your storyboard too "text heavy." Focus on the highlights of your display. If it can be communicated with numbers, graphs, or other visuals, do so.

Tips for Creating a Storyboard on Quality Improvement in Health Care

Improvement Advisors at the Institute for Healthcare Improvement developed the following recommendations for creating storyboards that demonstrate quality improvement projects in health care. Your storyboard 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 that these are recommendations and not requirements for submission. Storyboards without one or more of these elements will also be considered.

Note: To view the **2014 storyboards** please visit the website here: http://app.ihi.org/events/viewposterboard.aspx?EventId=2491

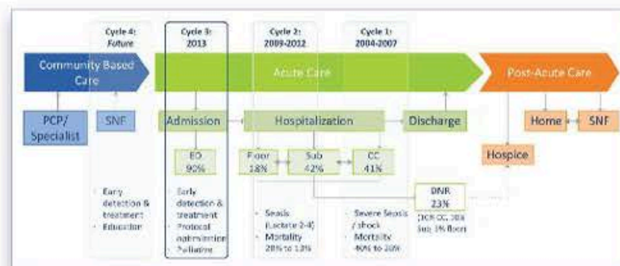
Storyboard Example

A storyboard example has been included on the next page.

Chasing Sepsis:

Early Recognition and Treatment of Sepsis Outside of Critical Care

Andre Vovan, MD – *Director of Critical Care Medicine*
Deborah Lepman, RN, MPH, CEN – *Director, CCU/CVICU/Sub-ICU*
Robin Myran, RN, BSN, PCCN – *Sepsis Coordinator*



Changes Made

To increase recognition, a sepsis screening tool was developed. A revised protocol incorporating the bundle recommendations from the SSC set fluid challenges and delivery of antibiotics as top priorities. Specific markers, such as complete blood count with manual differential, lactate level, and procalcitonin level were incorporated to more accurately determine the presence of sepsis and prevent unnecessary tests and therapies. Criteria were established to better support designation of ongoing patient care into three levels of sepsis care: Critical Care, Sub-ICU, and Medical/Surgical/Telemetry units with separate orders sets for each level. Expansion of the Rapid Response Team (RRT) to include a dedicated Sepsis RN available to respond to any "Code Sepsis" called throughout the hospital was integral for initial management and protocol implementation. A final component was the Sepsis Clock which helped facilitate documentation and tracking of bundle elements.

Background

Hoag Hospital has had a sepsis team in place since the first 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) that was consistent with Surviving Sepsis Campaign (SSC) guidelines. By doing this Hoag was able to reduce the mortality rate from 40% to 28% over 3 years. After recognizing that the mortality rate had plateaued and bundle compliance had decreased, efforts were focused on earlier recognition and treatment in the non-ICU setting.

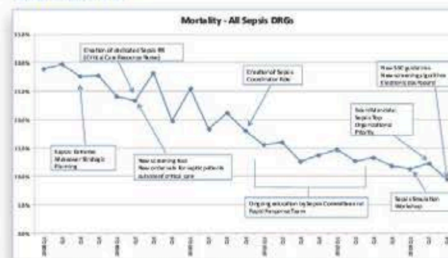
Project Aim

Patients presenting to the emergency department (ED) with SIRS criteria rather than severe sepsis or septic shock and those with evolving sepsis outside of critical care were not readily identified for protocol initiation. A revitalized sepsis team set forth to revise the current sepsis orders and create a clear and concise protocol that could be implemented hospital-wide in order to improve quality and standardize the treatment for sepsis, severe sepsis, and septic shock.

Project Design/Strategy

An interdisciplinary committee was formed consisting of executive leadership, emergency medicine physicians, intensivists, hospitalists, anesthesiologists, attending and consulting physicians, nursing leadership and nursing staff, and representatives from performance improvement, information technology, pharmacy, and the laboratory. This committee met bimonthly for planning, protocol development, and outcomes evaluation.

Outcomes



Next Steps

In 2013, senior leadership identified sepsis as a top organizational priority to address the significant increase in the volume of cases as well as the high cost per case. This along with the recently published new guidelines from the SSC offered the perfect opportunity to re-educate and reinvigorate the sepsis program once again. Efforts this year by the interdisciplinary team have included development and implementation of a simplified Sepsis Early Detection Algorithm that we customized to our institution, updated order sets, and nearly real-time data extraction from the EMR regarding compliance with the SSC bundle elements. This electronic surveillance system provides a weekly dashboard to the sepsis coordinator and key stakeholders so that improvement opportunities can be addressed in a timely manner. Data gathered since the launch of the new algorithm in July has shown an increase in protocol utilization and bundle compliance as well as an additional decrease in mortality.