The Conference Proceedings contains work submitted to us via our Call for Posters for this year’s International Forum taking place in Amsterdam, on 2-4 May 2018.

The work volunteered by abstract authors for inclusion in this booklet is a reflection and a celebration of what the global quality improvement community has achieved over the past few years. You will find many projects from teams in countries such as the UK, Netherlands, Taiwan, United States, Denmark, Singapore, Canada, and many more.

Thank you to all those who have shared their work and have made it available in this digital format.

We hope you enjoy this selection of abstracts and will join the International Forum improvement community to share your experiences, challenges, improvement successes and failures at our future events.

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We would like to thank our colleagues for their time spent reviewing over 900 poster abstracts submitted to the International Forum.

Abstract reviewers

We would like to thank our colleagues for their time spent reviewing poster and improvement science research abstract submissions.

Building Nurse leadership: Success Case of Early In-Hospital Mobilisation After Cardiac Surgery

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Background
Best Practice Units (BPUs) are “groups of people that strive for the best practice possible and aim to achieve concrete results” (JP Wilken et al, 2013). A BPU-framework trains nurses and physiotherapists on core competencies and let them apply learned topics within their own department/ward.

We noted that after heart surgery, patients often only exercise with a physiotherapist nearby. Most patients were afraid to suffer from an injury without direct assistance. The major reason is a lack of knowledge on early mobilisation and a lack of motivation for early exercise. Unfortunately, patients confined to bed lose 10-15% of muscle strength (Kortebein, Symons et al, 2008).

Our improvement project aims to stimulate patients on early mobilisation. Progress of early mobilisation is systematically assessed, with a comparison between usual care and after an improvement project.

Methods
This study was done in Thorax Centrum Twente, Medisch Spectrum Twente Hospital, a tertiary teaching (STZ) hospital in the Netherlands.

In 8 BPU-meetings, participants get familiar with quality indicators, principles of change management, Evidence Based Practice (EBP), developing research questions, professional networks to build joint change projects, how to share results and inspire others. Total study hours are approx. 100 hours including 58 hours physical attendance/group sessions.

Aim is to coach colleagues, develop and monitor improvement programs, involve team members in change, and to disseminate knowledge.

166 patients that underwent coronary artery bypass grafting (CABG) were included between Fall 2016 (Usual Care Group) and Spring 2018 (Intervention Group). 21 patients served as Usual Care Group (UCG), 145 patients were stimulated for early mobilisation (intervention group).

Outcome
With a large A1-poster at every patient room, patients were stimulated to exercise without attendance of a physiotherapist or nurse. Daily coordination and execution of measurements were done by a dedicated physiotherapy and nursing team at the surgical ward, led by a BPU-trainee from each team.

A 6-point score from the American College of Sports Medicine (ACSM) was used to measure a functional mobilisation level.
Patients in our intervention group significantly increase their daily functioning on this ACSM-scale. It increased both steeper and maintained a high function level during prolonged hospital stay (p < 0.01).

Patients approved our project and scored us a great average mark of 8/10. Many requested continuation of our project for their referring hospital. 94% found the exercises clearly demonstrated and 75% found the poster to stimulate motivation. No patients found the poster pushy.

**Conclusion**

Our BPU leadership program might inspire other centres to implement improved early mobilisation after heart surgery or any medical specialty with multi-day hospital admissions. In our “people-centred-care” philosophy we highlight a bottom-up approach for a work floor cultural shift.

Cooperation from physiotherapy and nursing teams is pivotal. Now, the BPU-trainees coordinate implementation of new early mobilisation at the cardiology ward, where their colleagues register functional development during hospital stay.

ACSM’s functional score adequately shows daily progress in mobilisation after heart surgery. A continuous stimulus (i.e. poster) was given to patients, family and caregivers. This motivates patients and improve their recovery. Implementing a simple tool such as a poster is an affordable and effective method to stimulate early mobilisation.

For future work, the ACSM-framework can be useful as hospital discharge criterium.
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