

1. **Category of Submission**

**If I am not selected for a speaking session, I wish to be considered for a poster. Poster submissions are limited to 1 per person. If you have submitted more than one session proposal, IHI will give you the opportunity to select the proposal you wish to submit as your final poster submission.** \*

Yes, consider me for a Poster [ ]
Do not consider me for a Poster: [ ]

1. **Main Submission Details**

**Presentation Title (100 Characters including spaces**): \* Title should be descriptive and engaging, avoiding acronyms and exclamation points. Please limit the presentation title to 100 characters, including spaces.

Click or tap here to enter text.

1. **Submission Description**

 **Session Description (300 word limit)** \*Enter the body of your description below. The summary will need to be 300 words or less and must contain these 5 sections:

* Background:
* Objectives:
* Methods:
* Results:
* Conclusions & Implications:

See presentation of quantitative data in the [Guidance for Writing Abstracts](https://conferences.ihi.org/eSites/721889/Session%20Proposal%20Guidelines) document for more details. We also welcome qualitative data.

**Description:** Click or tap here to enter text.

1. **Frameworks and Attachments**

**Attachments**

We strongly encourage you to submit an attachment that displays the results of your work. Attachments may be added via the online submission form. You may choose to upload a single file. The file MUST contain no more than 5 tables/figures.

Further considerations for attachments:

* Figures will be converted to one-column width at typesetting.
* Tables and figures should be clearly numbered and cited in the proposal.
* Table/figure captions should be provided as editable text.
* We will look for time-ordered data (e.g., run charts, control charts, time series analysis).
* We do not accept pie charts or bar graphs.
* Please make sure all documents/images are high quality and easy to read.

1. **Symposium Permissions**

**Can we make the submitter’s email contact public to attendees of the conference? (Your reply as the submitter will pertain to all presenters and authors listed above.) \* Which event are you submitting for?** \*

Yes, all authors: [ ]
Yes, lead author only: [ ]
No: [ ]

**Authors of all proposals are required to grant an exclusive license to BMJ. The coordinator is responsible for ensuring corresponding/lead authors agree to the terms and conditions of BMJ’s standard license to publish for abstracts. Do you consent to the above?** \*

Yes: [ ]
No: [ ]

**Have you previously presented this work at the IHI Forum or Symposium?** \*

Yes: [ ]
No: [ ]

 **If yes please state year:** \* Click or tap here to enter text.

 **Have you presented this work at any other conference or published it in a journal?** \*

Yes: [ ]
No: [ ]

 **If yes, please provide details:** \* Click or tap here to enter text.

1. **Authors & Presenters**

**Presenter Information** \*

You may include all authors who contributed in a significant way to the work you are submitting. If you are selected to present at the IHI Scientific Symposium, all authors names will be published in the BMJ.

**Authors for BMJ**

* The BMJ can accommodate up to 10 authors for publication.
* Author information should by typed out in the "Author Information" text box below. This will be used if accepted in the BMJ. Only name and organization are needed.
	+ Example: Chris Jacobs, Brigham and Womens; Sally Erwin, Enmity Health; etc.

**Presenters**

* IHI has a limit of 4 presenters per session.
* These are the people who will be speaking during the live presentation.
* Presenters should be added via the "Add New" button under "Presenter List" below.
* Presenters who are also within the 10 author limit should be included in the "Author Information" below as well.

For each presenter/author you will need to prepare the following fields to be entered into the online form.

Email Address Job Title

First Name Company

Last Name Short Biography

Credentials Optional Profile Photo

**Presenter 1:** \* Click or tap here to enter text.

**Presenter 2:** Click or tap here to enter text.

**Presenter 3:** Click or tap here to enter text.

**Presenter 4:** Click or tap here to enter text.

**Author Information:** Click or tap here to enter text.

**Waived Registrations**

A maximum of 2 speaking presenters per session are eligible to have their General Conference (December 12 & 13) registration fees waived.

\*This does not include the pre-conference registration days on (Dec 10 & 11) which are an additional fee.

 **Presenter Names to Receive Complimentary Registration**\*

Click or tap here to enter text.

**7. Planning Team**

The Scientific Symposium is looking for sessions that encompass a wide variety of disciplines. It is beneficial but not mandatory for your submission to include a nurse, physician or pharmacist planner. A planner is someone who has significantly contributed to the overall content of the session.

In support of improving patient care, the Institute for Healthcare Improvement is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. IHI offers continuing education credits for a variety of disciplines. In order for your session to be approved for physician, nursing, and/or pharmacy continuing education credits, you must complete the table below.

**Did you have a Nurse planner(s) involved in the planning of your session for the IHI Forum?**\*

Yes: [ ]
No: [ ]

**If yes…..**

* **Describe how the licensed Nurse was involved in the planning:**\*  Click or tap here to enter text.
* **Full Name (Nurse Planner):**\* Click or tap here to enter text.
* **Credentials:**\*  Click or tap here to enter text.
* **Job Title**:\* Click or tap here to enter text.
* **Organization:**\*  Click or tap here to enter text.
* **Email Address:**\*  Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):**\*  Click or tap here to enter text.

 **Did you have a Physician planner(s) involved in the planning of your session for the IHI Forum?**\*

Yes: [ ]
No: [ ]

**If yes…..**

* **Describe how the licensed Physician was involved in the planning:**\* Click or tap here to enter text.
* **Full Name (Physician Planner):**\* Click or tap here to enter text.
* **Credentials:**\* Click or tap here to enter text.
* **Job Title:**\* Click or tap here to enter text.
* **Organization:**\* Click or tap here to enter text.
* **Email Address****:**\* Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):**\* Click or tap here to enter text.

 **Did you have a Pharmacist planner(s) involved in the planning of your session for the IHI Forum?**\*

Yes: [ ]
No: [ ]

**If yes…..**

* **Describe how the licensed Pharmacist was involved in the planning:** \* Click or tap here to enter text.
* **Full Name (Pharmacist Planner):** \* Click or tap here to enter text.
* **Credentials:** \* Click or tap here to enter text.
* **Job Title**: \* Click or tap here to enter text.
* **Organization:** \* Click or tap here to enter text.
* **Email Address:** \* Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):** \* Click or tap here to enter text.

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**8. Mandatory Presenter & Planner Disclosures**\*\*\*

To be considered for acceptance into the Forum and Scientific Symposium, ALL SPEAKING PRESENTERS and PLANNERS listed above must complete the disclosure form via the instructions below prior to May 1. Failure to fill out a disclosure for each presenter in your submission will result in dismissal from consideration.

Please send the instructions and the link below to your fellow presenters and planners so that they can complete their disclosures. If you are submitting multiple abstracts you do not need to fill out a disclosure for yourself for each abstract

**Disclosure instructions:**

Visit IHI.org to login to your IHI account (or create one via the link below if needed).

[Create IHI Account Here](https://my.ihi.org/Portal/rise/Contacts/ihi-create-account/create-account-complete.aspx)

Once you’re logged into your account, go to [my.ihi.org/Disclosure](file:///C%3A%5CUsers%5Ccherpel%5CDownloads%5Cmy.ihi.org%5Cdisclosure) to complete the IHI Disclosure Form.

**Disclosure Form Clarifications**

Title of Continuing Education Activity - Please enter "Forum - (Title of your submission)"

Location of Continuing Education Activity - Please enter "Forum"

Start & End Date of Continuing Education Activity - Please enter "December 10-13"

 **Key Presenter Disclosure** \*

In addition to the disclosures completed above, we ask that you please give an overall disclosure for the group so that when we are reviewing the proposals we have a brief idea of any additional information we should know.

Does the speaker disclose any relevant financial or nonfinancial relationship(s) with any individual or organization that provides goods and services related to IHI’s business and/or the nature of the presentation? This includes anything of monetary value, including but not limited to salary, other payments for services (e.g. consulting fees or honoraria) and equity interest. A conflict may exist where an interested party and his/her immediate spouse/significant other, or a business associate of an interested party, directly or indirectly benefits or profits as a result of a decision made, or a transaction entered into, by IHI.

Yes: [ ]
No: [ ]

**If yes: please complete any of the applicable options below for all actual, potential or perceived conflicts of interest.** \*

* Salary:
Yes: [ ]
No: [ ]
* Royalty:
Yes: [ ]
No: [ ]
* Stock:
Yes: [ ]
No: [ ]
* Speakers Bureau:
Yes: [ ]
No: [ ]
* Consultant:
Yes: [ ]
No: [ ]
* Other:
Yes: [ ]
No: [ ]

 **If yes to any of the above, please describe:** \*Click or tap here to enter text.

 **Will the presentation include any off-label or investigational uses?** \*

Yes: [ ]
No: [ ]

**If yes, please describe:** \*Click or tap here to enter text.

 **Will the presentation include discussion of any commercial products or services, including consulting services?** \*

Yes: [ ]
No: [ ]

 **If yes, do they appear to have a relevant financial relationship or interest or nonfinancial relationship with the manufacturer(s) or distributor(s) of any of the products or provider(s) of any of the services that they intend to discuss:** \*

Yes: [ ]
No: [ ]