

POSTER INFORMATION KIT

Your poster will be displayed in the Metropolitan Ballroom in the Convention Centre, Second Floor, of the [Westin Harbour Castle](#), One Harbour Square, Toronto, Ontario. Please see below for further information.

Key Dates:

October 2, 2017	Early-bird registration deadline	Payments must be received by this date
October 11, 2017	Date to submit PDF for online gallery	
October 25 & 26, 2017	AFHTO 2017 Conference	
7:30 to 8:30 AM, October 25, 2017 (updated)	Install poster	Please install your poster by 8:30 AM as sessions will be taking place in the Ballroom afterwards.
2:00 to 4:00 PM, October 26, 2017 (updated)	Remove poster	

Poster Board Number and Location

Poster board numbers are now assigned based on the theme of your poster. Please see map and location below on page 3.

Online Poster Gallery

To share your initiative with as many of your peers as possible, an online gallery of posters will be made available to members through AFHTO's website after the conference. To participate, **please email a PDF of your poster to conference@afhto.ca by October 11, 2017.**

Poster Display Guidelines:

- The maximum size for posters is 46" (vertical) x 70" (horizontal)
- Posters are to be put into place before 8:30 AM on Wednesday, October 25, 2017, and removed at 2:00 PM on Thursday, October 26, 2017. Any posters still on the board after 4:00 PM will be disposed of by the poster board supplier.
- Attach your poster to the board with push pins (provided) or Velcro backs (self-supplied).

Registration

AFHTO's policy is that all who attend the AFHTO conference, including poster presenters, must register for the conference at the appropriate rate. If you have not yet registered for the conference, you can do so [by clicking here](#). Members get **50% off** with the member access code. If you do not have your code, please contact us or your administrator.



Interaction with Attendees

We encourage you to spend some time at your poster so that attendees can ask questions or discuss your work. Opportunities to do so have been built into the schedule and are listed below.

Day 1	Breakfast & Registration	8 : 00 – 10 : 00	a.m.
	Lunch Buffet	12 : 00 – 2 : 00	p.m.
	Poster & Exhibit Break	2 : 00 – 2 : 25	p.m.
Day 2	Breakfast & Registration	7 : 30 – 9 : 30	a.m.
	Poster & Exhibit Break	10 : 15 – 10 : 45	a.m.

When you are away from your poster, you may wish to leave business cards and/or a post-it note indicating when you expect to be there. This allows delegates who find your poster interesting to ask you questions later.

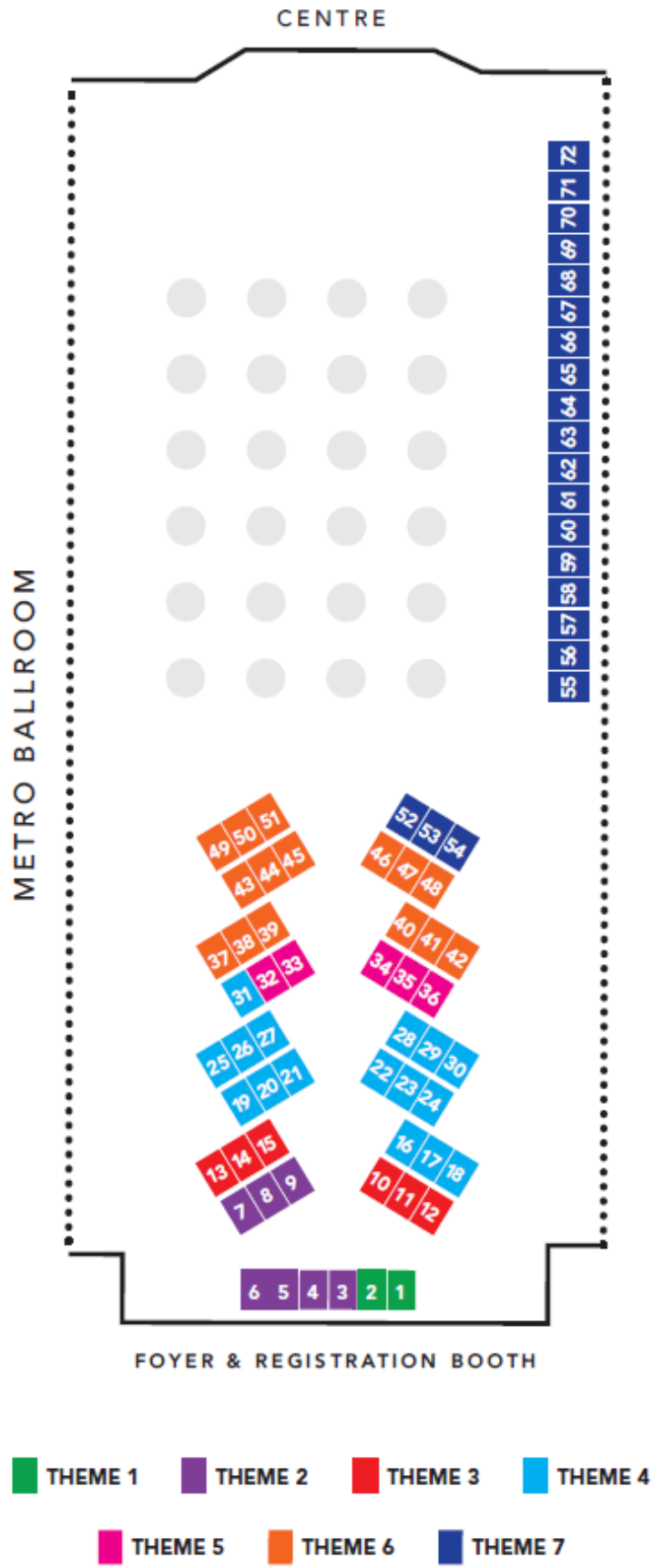
Tips for a Memorable Poster

There will be about 70 posters at the conference, which means no attendee will be able to engage deeply with all of them. You need to have an attention-grabbing poster that will draw people in and make a big impact on them in a small amount of time. Thomas Erren and Philip Bourne have published a great list of [ten simple rules for a good poster presentation](#); below are just a few of the highlights:

- ✓ Determine the **purpose** of your poster *before* you start preparing it.

“...ask yourself the following questions: What do you want the person passing by your poster to do? Engage in a discussion about the content? Learn enough to go off and want to try something for themselves? Want to collaborate? All the above, or none of the above but something else? Style your poster accordingly.”
- ✓ Sell your work in **ten seconds**. Prepare a quick “elevator pitch” that starts with an attention-grabbing statement or questions and then follows up with the thesis or major finding explored in your poster.
- ✓ Choose your **title** wisely. It may be the only thing attendees see before deciding whether or not to visit.
- ✓ **Good layout** is essential:
 - Leave plenty of white space, which puts a reader at ease.
 - Guide the reader through the information using arrows, numbering, or whatever else makes sense for your data.
 - Never use less than 24-point font, and make sure the main points can be read at eye level, at a conversational distance.
- ✓ Be **concise**! Remember that a (good, carefully chosen) picture (graph/ table/ diagram) is worth a thousand words. Use graphics that can be understood at a glance but provide more detailed information upon closer inspection.
- ✓ Be friendly, personable, and **responsive** to readers’ questions, but allow them to read your poster at their own pace. Provide business cards or handouts with your contact information in case they wish to follow up later.





Theme 1. Effective leadership and governance for system transformation

1. A Centralized Approach to Standardize Electronic Medical Record Tools and Templates in a Multi-Site Family Health Team: Formation of a Data Standardization Committee
2. Workplace Violence Prevention in Primary Care: Reflections from the 2017-2018 Quality Improvement Plans

Theme 2. Planning programs for equitable access to care

3. Acceptability of Telephone-Based Mental Health Support for Patients in Primary Care
4. Health Equity Curriculum in Family Health Team
5. Collaboration with Community Partners for Equitable Access for Low Back Care and Services
6. Go To Sleep! Group Cognitive Behaviour Therapy for Insomnia (CBT-I) with the Family Physician, Mental Health Counsellor and Pharmacist – A Pilot Project at the Hamilton Family Health Team (HFHT)
7. From Prenatal to Antenatal: How to Maximize Your Capacity for Comprehensive Care for Mothers and Babies
8. Mind Over Mood: A CBT Approach to Anxiety and Depression
9. A Transition in Primary Healthcare – An Interdisciplinary Model of Providing Transgender Care

Theme 3. Employing and empowering the patient and caregiver perspective

10. Feedback on a Self-Management Booklet from Individuals Who Have Been

Prescribed OP Medication for Low Bone Mass

11. Partnering with Patients to Improve After-Hours Care
12. Healthy Lifestyle Journeys: Highlighting Patient Success Stories Through Experience Based Design
13. Barriers and Facilitators in Primary Care Follow-Up Upon Hospital Discharge: Patients' and Caregivers' Perspectives
14. Advance Care Planning: Facilitating Conversations Between Patients and Families Before It's Too Late
15. Walk Your Way To Better Health – Enhancing the Patient Experience One Step at a Time

Theme 4. Strengthening partnerships

16. Strengthening Partnerships: What Our Running Group Taught Us
17. Coordinating Complex Paediatric Nutrition in the Medical Home Model
18. Challenges in Collaborative Mental Health Care Research: Understanding Primary Care Providers' Participation in the PARTNERS Study
19. Days of Taste: A FHT-Community Partnership for Promoting Nutrition Education in a Local School
20. Be Well Community Collective: Healthy Kids, for a Healthier Tomorrow
21. A Pilot Program to Determine the Feasibility of Organizing a Walking/Healthy Lifestyle Program for Seniors in a Rural Community
22. Partnerships to Promote Diet and Exercise: The CHANGE Program
23. Maximizing Collaboration in an Interprofessional Outreach Team: Contributions of Implementation Science, Relational Coordination, and Interprofessional Competencies



24. Referring Patients to Community Exercise Programs: A Cost-Effective Approach to Continuity of Care
25. Home Based Primary Care Program; Quality Improvement in Palliative Care
26. Switching to FIT: Strengthening Partnerships and Relationships to Improve a Population Based Screening Program in Ontario
27. "Getting it Right"—A Model for a Center of Excellence in the Delivery of Hospice, Palliative Care in the Development of a 10-Bed Hospice in Stratford, Ontario
28. Partnering in the Community to Help Eliminate Opioid Overdoses
29. Taking HealthSteps™ to Reducing Chronic Disease Risk through Partnerships with Family Health Teams
30. Effective Diet and Exercise Programs in Primary Care? Lessons from The CHANGE Study
31. Partnering with the Baby-Friendly Strategy for Ontario: A Getting Started Story

Theme 5. Optimizing use of resources

32. Pharmacist-Led Medication Reconciliation to Improve Transition of Care from Hospital to Home
33. A Web Based Conference Series on COPD for Healthcare Providers in Ontario
34. Improving the Quality of Care for Depression and Anxiety in Ontario Family Health Teams: Incentives and Disincentives Influencing Access within the Interprofessional Context
35. Integration of Social Workers in Primary Health Care: Findings from a Provincial Survey with Social Workers in Family Health Teams in Ontario

36. Sharing is Caring: Our Model for Dividing FHT Patients Among Diabetes Services in Barrie

Theme 6. Using data to demonstrate value and improve quality of care

37. Improving Telephone Traffic Control: The Transition from a Decentralized Phone Management System to a Centralized Phone Centre
38. Using Screening Activity Report (SAR) Data to Increase Cancer Screening Rates
39. Taking Stock: Cleaning One of Ontario's Largest Primary Care Databases
40. Improving Patient Outcome One FHT Pharmacist at a Time
41. Measuring Collaboration: Performance Indicators for Interprofessional Primary Care Teams
42. An EMR Advance Care Planning (ACP) Tool for Talking with Patients About End of Life
43. Reconnecting Health Link Patients from Hospital to Primary Care
44. Translating Knowledge into Action: Integrating Best Practices for CHF and COPD Management into EMR Decision Support Tools for Primary Care Providers
45. Pregnancy Risks and Women's Future Cardiovascular Health: A Missed Primary Care Opportunity?
46. Moving Beyond Performance to Supporting Primary Care Improvement Efforts through Vascular Health Quality Improvement Toolkits
47. Channeling Positive Deviance: A New Approach for Improving Timely Access for Patients in Primary Care
48. "One-Stop Shop" Charting Approach to Interdisciplinary Diabetes Management Using Standardized Template Embedded with Advanced Features



- 49. Power in Numbers: Unlocking the Potential of the Diagnostic Data in Your EMR
- 50. Examining Growth Monitoring Practices for Children in Primary Care Practices
- 51. A Data-Driven Decision: Culturally-Specific Mini Health Link Among the Carefirst Family

Theme 7. Clinical innovations for specific populations

- 52. Determining Prevalence of Malnutrition in North York Family Health Team Geriatric Population at High Risk
- 53. Introduction of a Multidisciplinary Program to Deprescribe Sedative Hypnotics (SH) in Patients >65 Years of Age in a Large Multi-Site Family Health Team (FHT).
- 54. How Equine Facilitated Wellness Enhances Mental Health Social Work Programs
- 55. Preventing Chronic Disease in a Vulnerable Population - Implementation of a Community Kitchen with an Emphasis on Chronic Disease Prevention for Bengali Newcomers in Regent Park Community
- 56. Breathe Easy: An Interdisciplinary Approach to COPD Care in Vulnerable Populations
- 57. Enhancing Preventative Care Visit through a Shared-Care Model
- 58. An Innovative Smoking Cessation Program for Cancer Survivors Within the Primary Care Setting
- 59. Caring for Vulnerable Patients Leaving Hospital – Transition to Home
- 60. Addressing Social Determinants of Health in a Culturally Sensitive Manner for Karen Refugees in Primary Care- A Nurse Practitioner (NP) Practice Model
- 61. Collaborative Care for Serious Mental Illness
- 62. Income Rx: A Novel Income Security Health Promotion Service at St. Michael's Hospital Academic Family Health Team
- 63. OPTIMUM: Optimizing Outcomes of Treatment-Resistant Depression in Older Adults
- 64. Prescribing Books for Kids: A Two-Year Review
- 65. Treating Opioid Use Disorder in Primary Care
- 66. Frailty Five Checklist for Family Practice: Enhancing Care and Teaching in the Home or Office
- 67. Treponema Be Gone: An Interprofessional Approach to Increasing Serologic Testing After Syphilis Treatment
- 68. Cancer Screening in Trans and Gender Non Binary Persons – Patient and Provider Perspectives on Barriers to Screening and Strategies for Quality Improvement
- 69. HERstory: Lessons Learned from a Women's Trauma Therapy Group
- 70. Optimizing Smoking Cessation Efforts Within the St. Michael's Hospital Academic Family Health Team
- 71. Making the Coordinated Care Plan (CCP) Work: Chronic Disease Management that Matters
- 72. Opioid Use in Primary Care - New Tools & Resources to Support Collaborative Care

