

Powerful Presentations

with Ann K. Emery



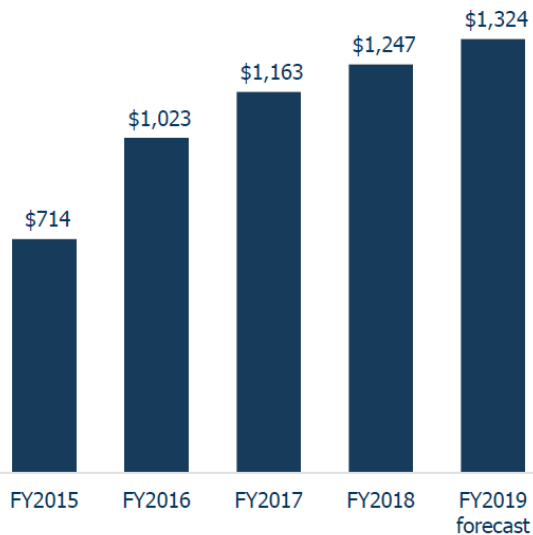
depict
data
studio

Is this good???

FY2020-2025 Proposed Capital Improvement Program

Improving Capital Program Delivery and Service Reliability

Capital Program Investment Ramp-Up

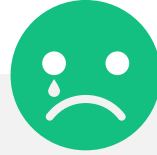


Key Resulting Improvements

- 550+ New 7000 Series Railcars Now in Service
- Railcar Performance Highest in Eight Years – More Than 100,000 Miles Between Delays
- Track Rehabilitation & Preventive Maintenance Programs Reducing Delays
- 88 percent of rail trips On-Time Since Early 2018
- Underground Cellular & WIFI Availability Expanding
- Brighter & Energy Efficient Station Lighting Installations Underway
- Escalator & Elevator Replacement and Rehabilitation Programs
- New Buses & MetroAccess Vehicles in Service

Notes: FY2019 expenditure forecast as of October 2018. Dollars in millions. Forecast currently shows projects ahead of schedule, \$46 million above the plan. Staff will request a budget amendment if the forecast holds.

Avoiding Death by PowerPoint



Mish-mash

One poor slide,
expected to do it all



Slidedoc

Standalone doc
(Emailed and/or printed)



Slidedeck

Shown on screen
during the meeting

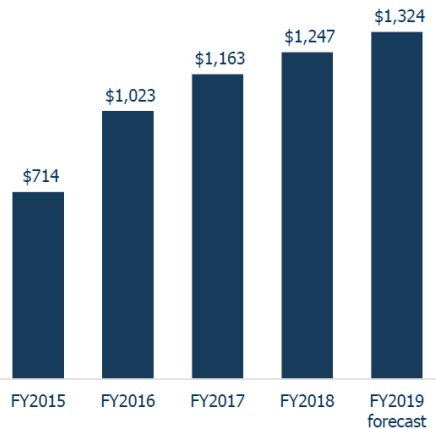
The Slidedoc (Standalone Document)



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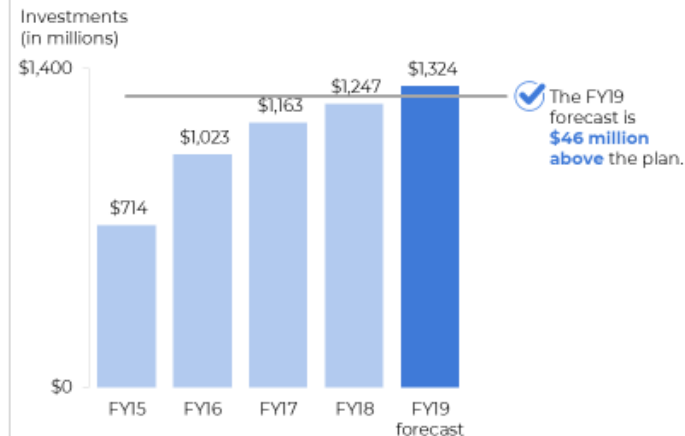
9

FY20-25 Capital Improvement Program

The Capital Improvement Program is intended to improve program delivery and service reliability.

Capital Program Investment: Ramped-Up Over 5 Years

This graph displays the FY19 expenditure forecast as of October 2018. Staff will request a budget amendment if the forecast holds.



9 Improvements

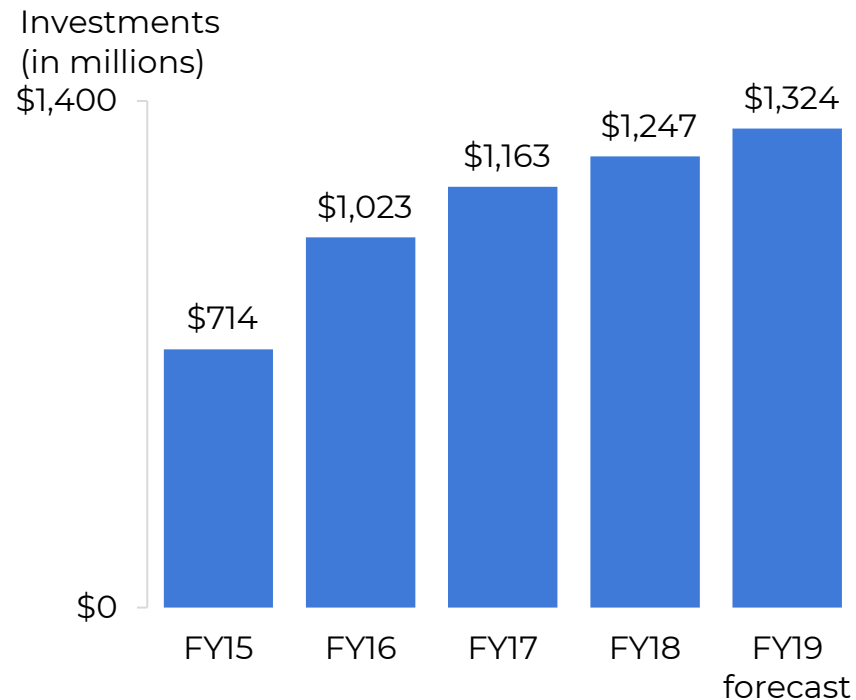
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depict data studio

FY20–25 Capital Improvement Program

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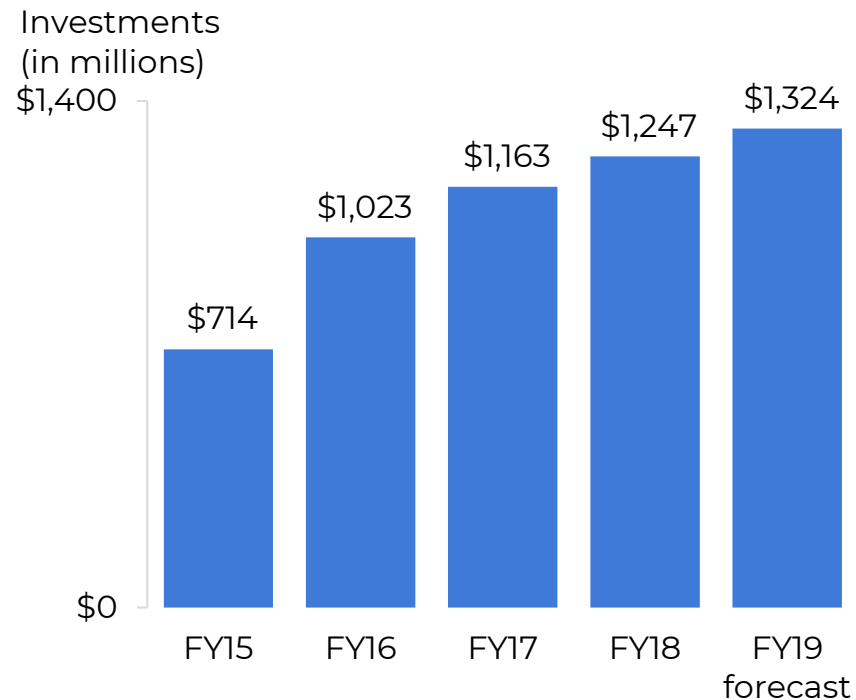
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Takeaway Titles

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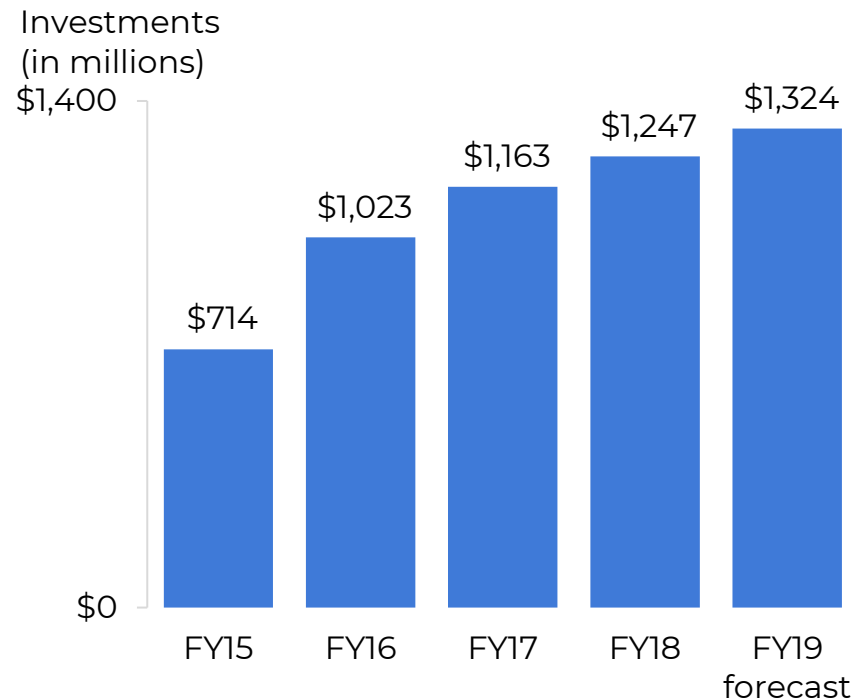
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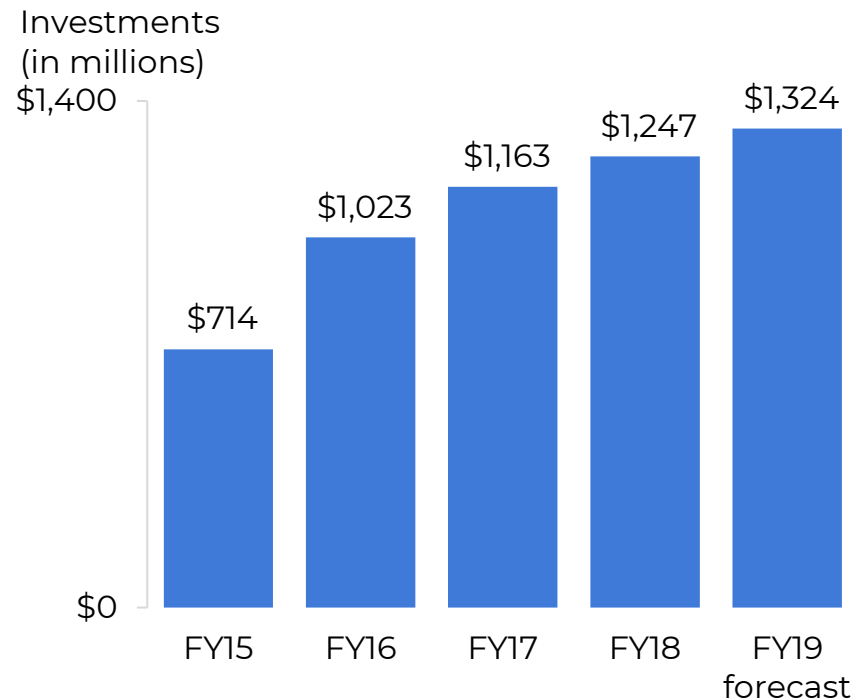
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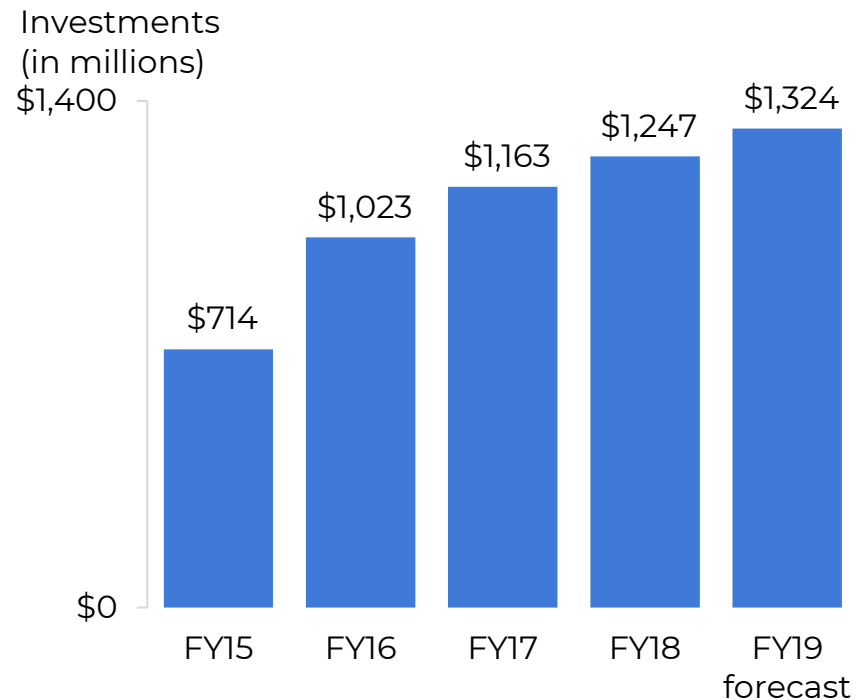
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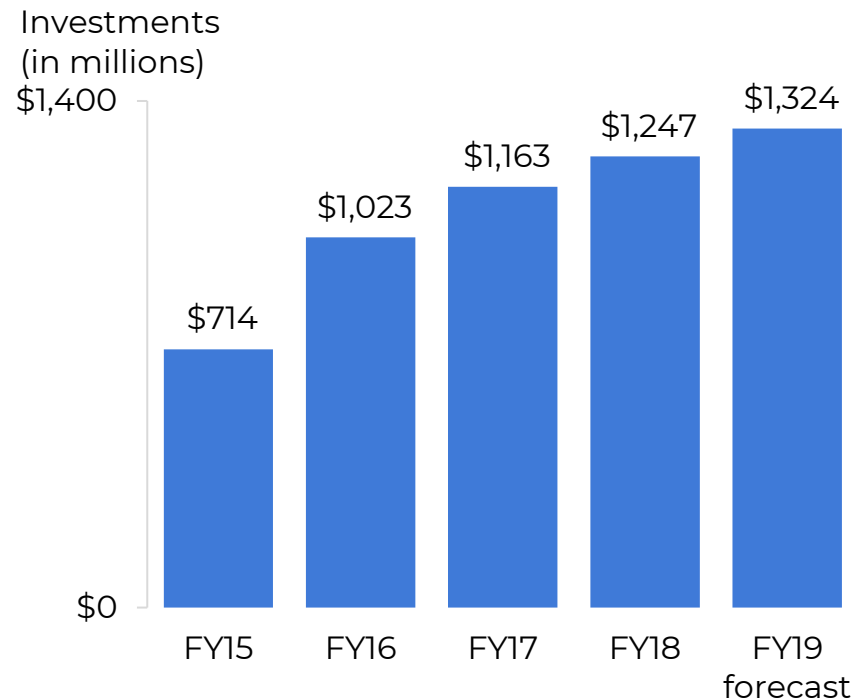
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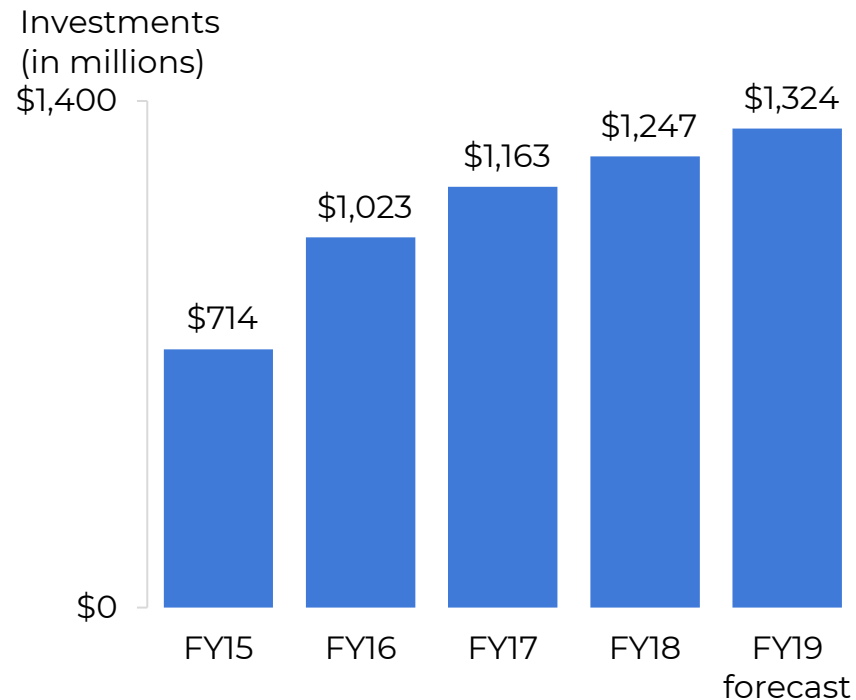
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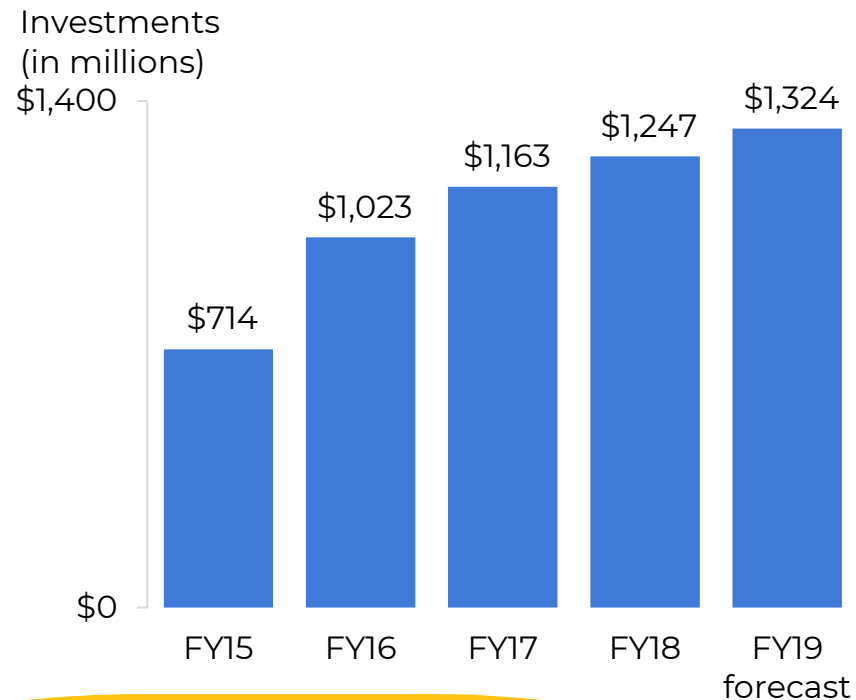
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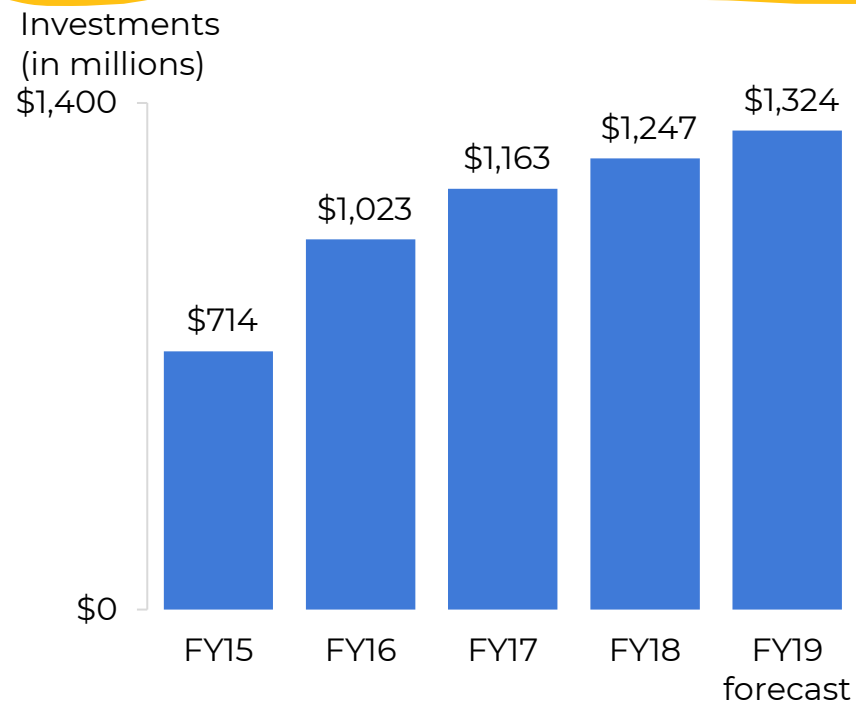
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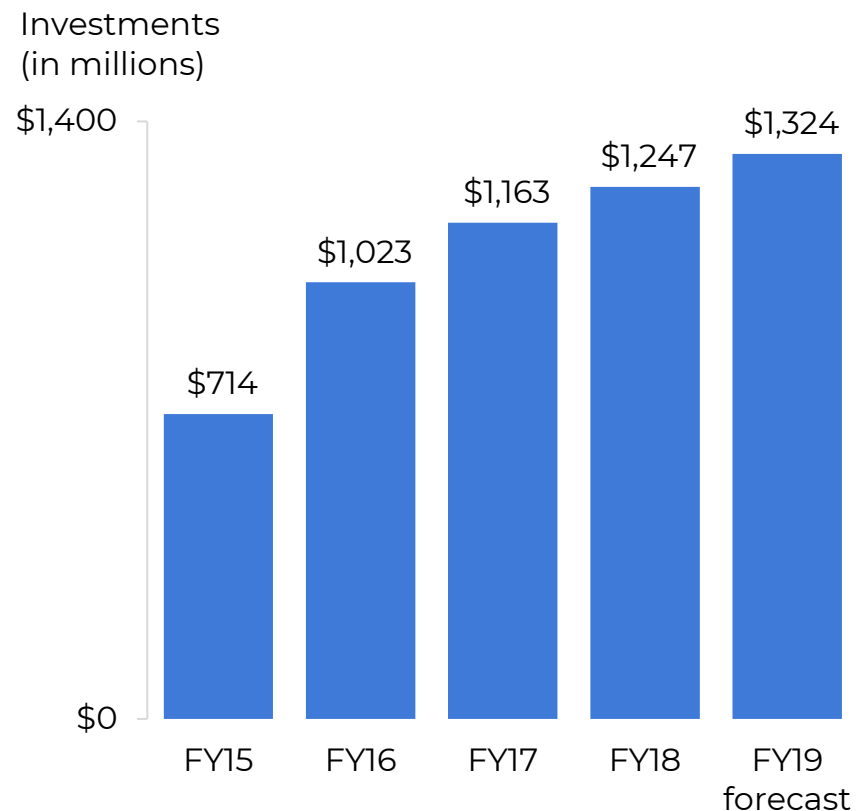
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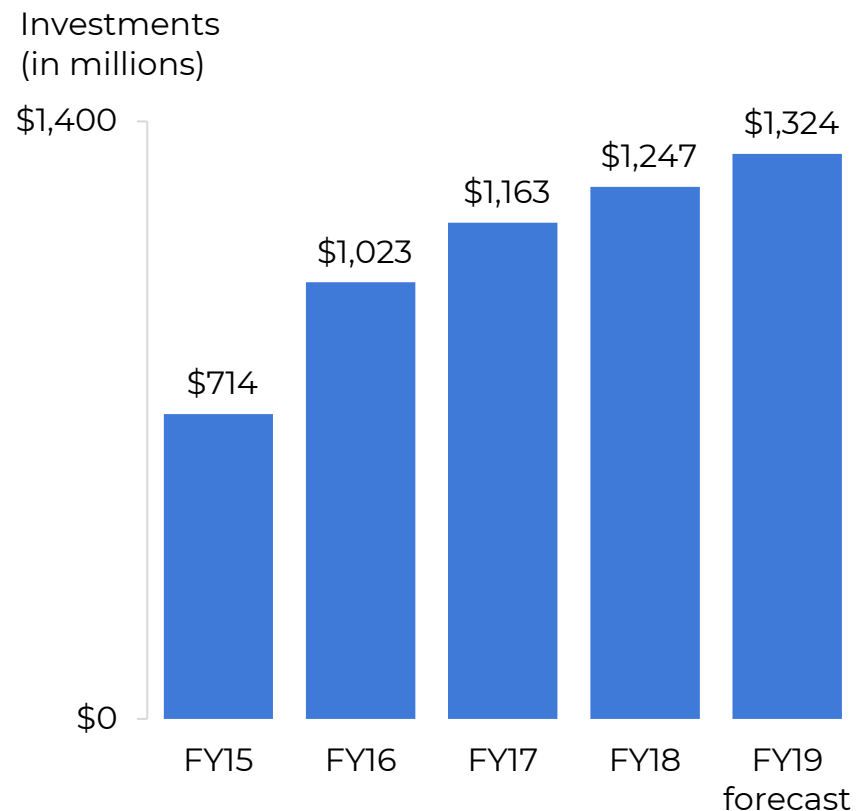
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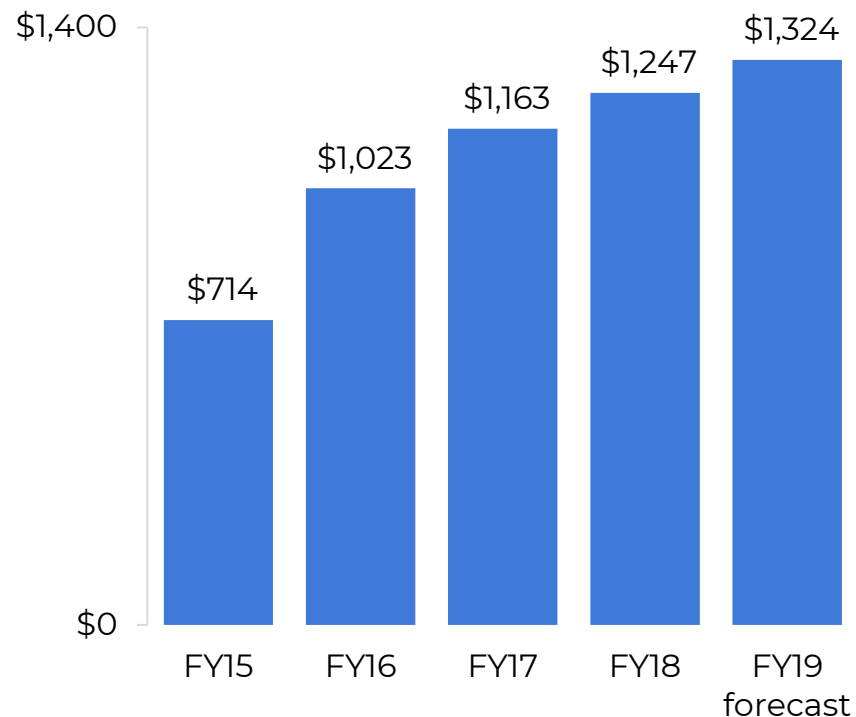
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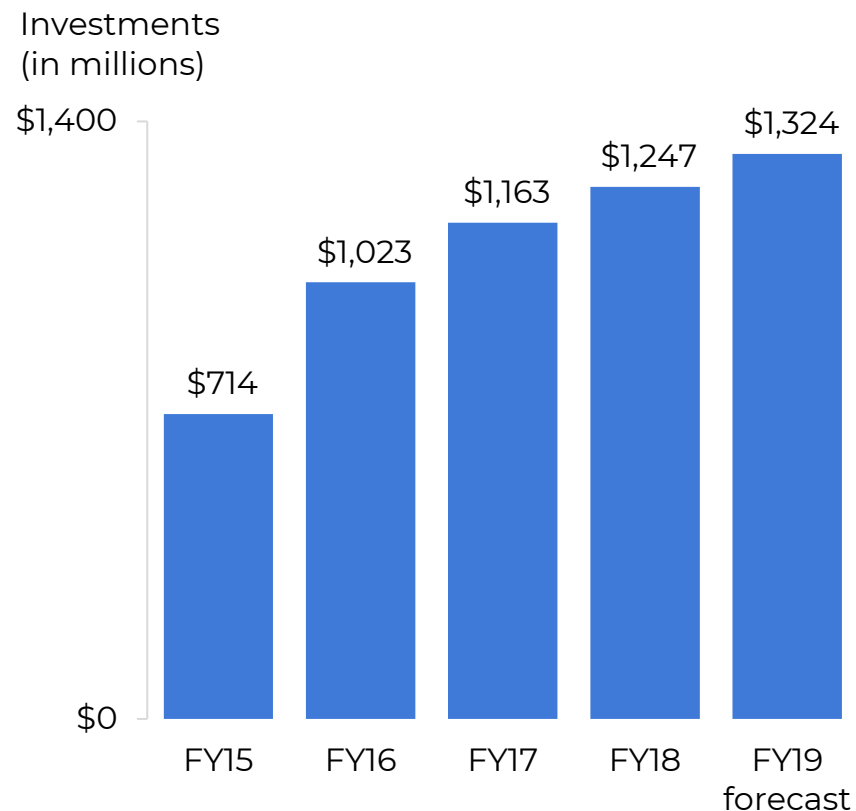
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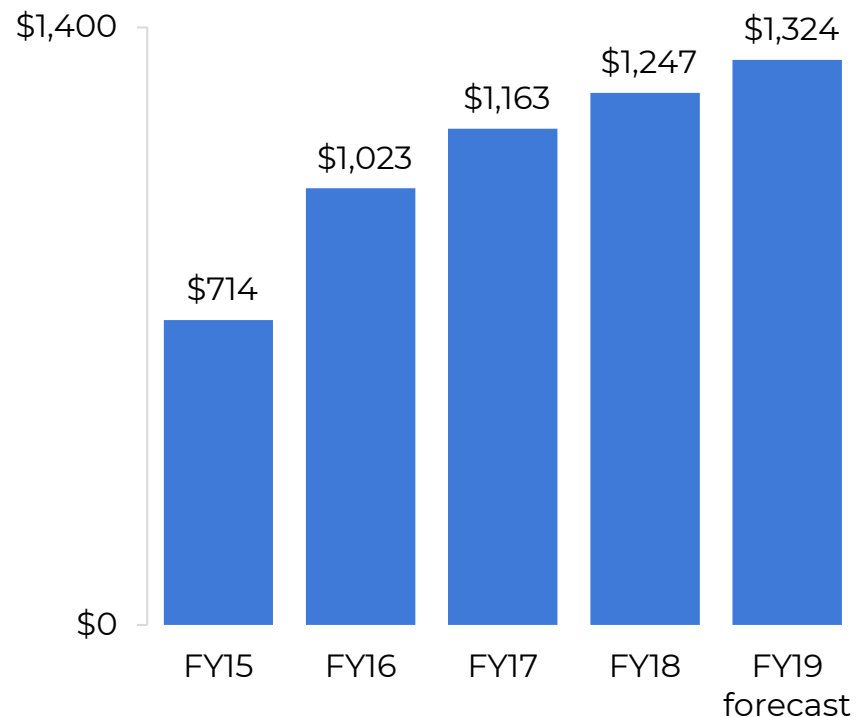
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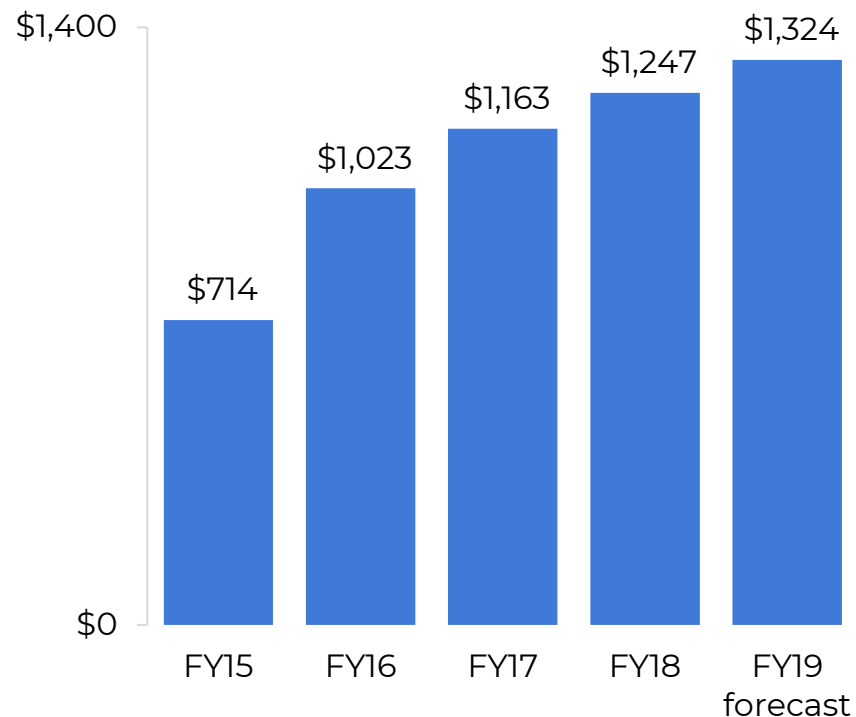
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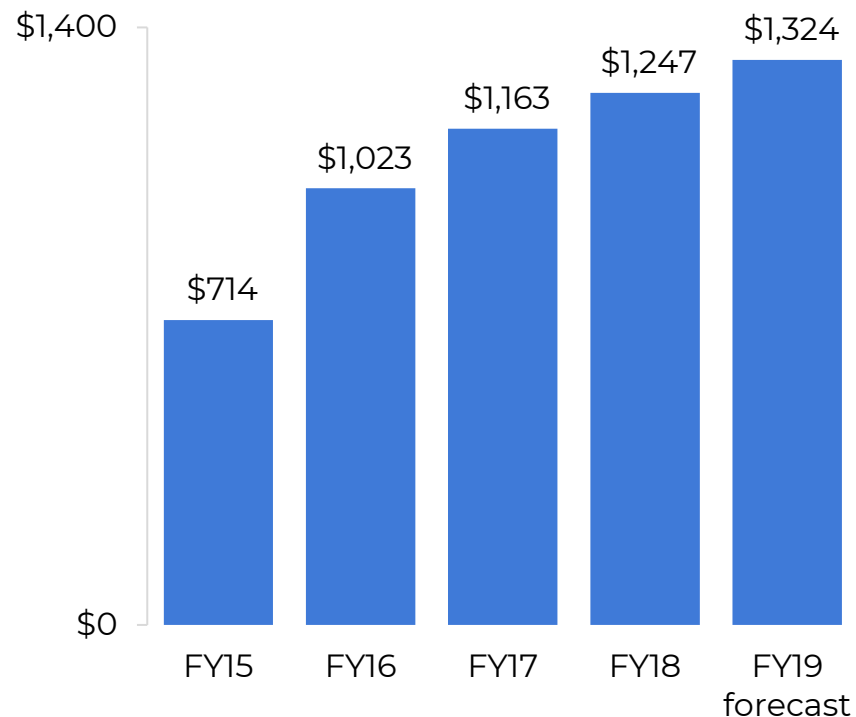
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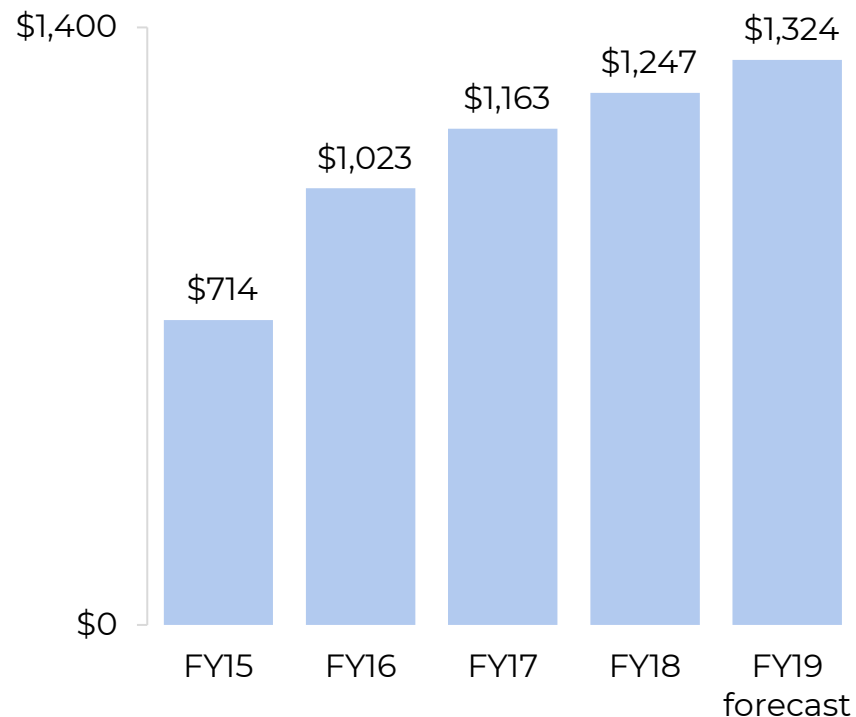
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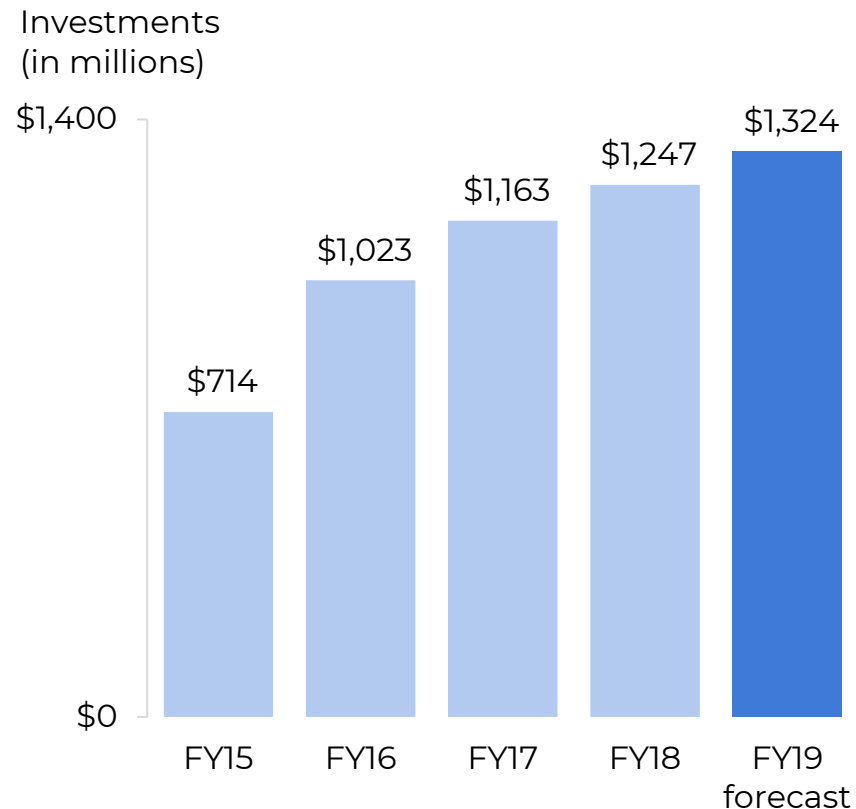
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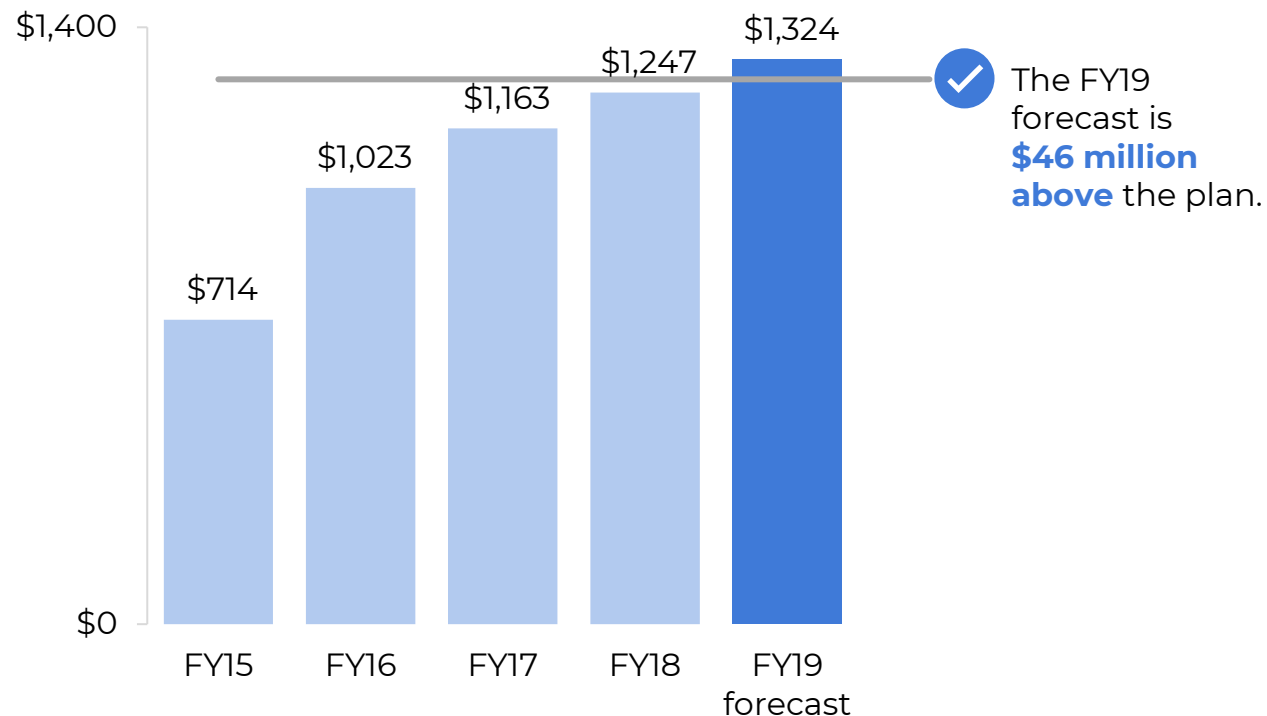
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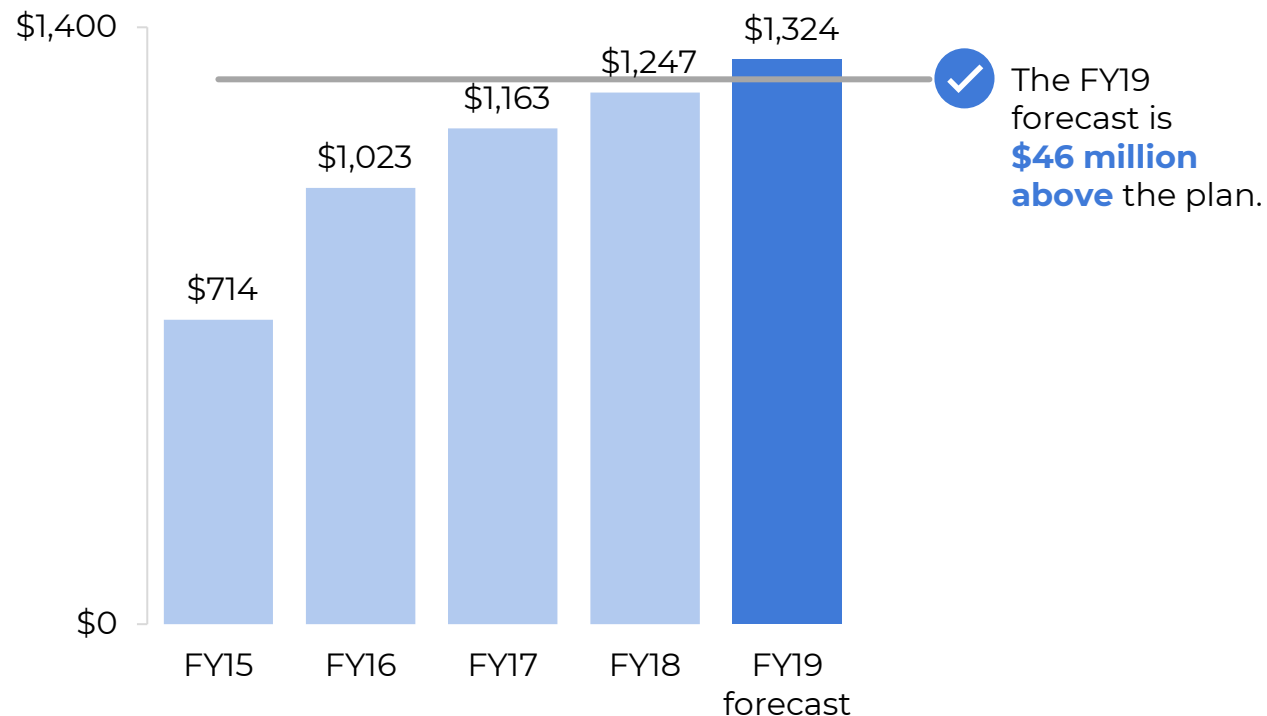
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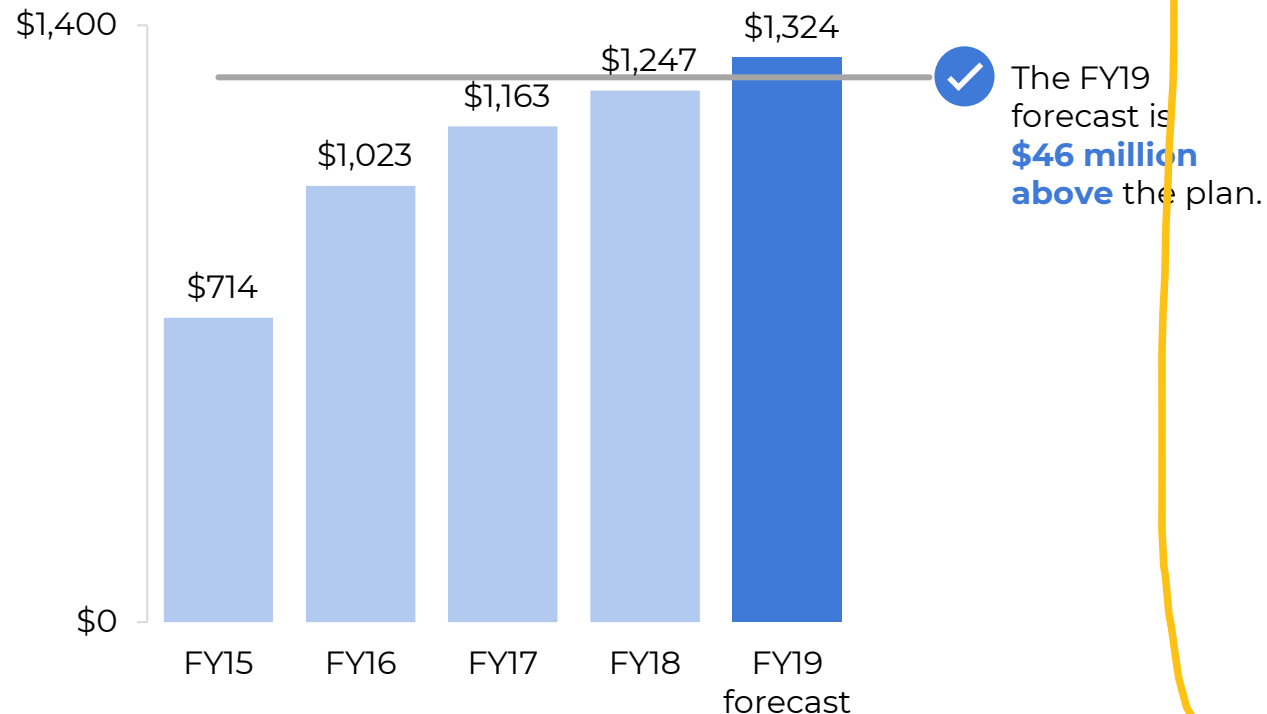
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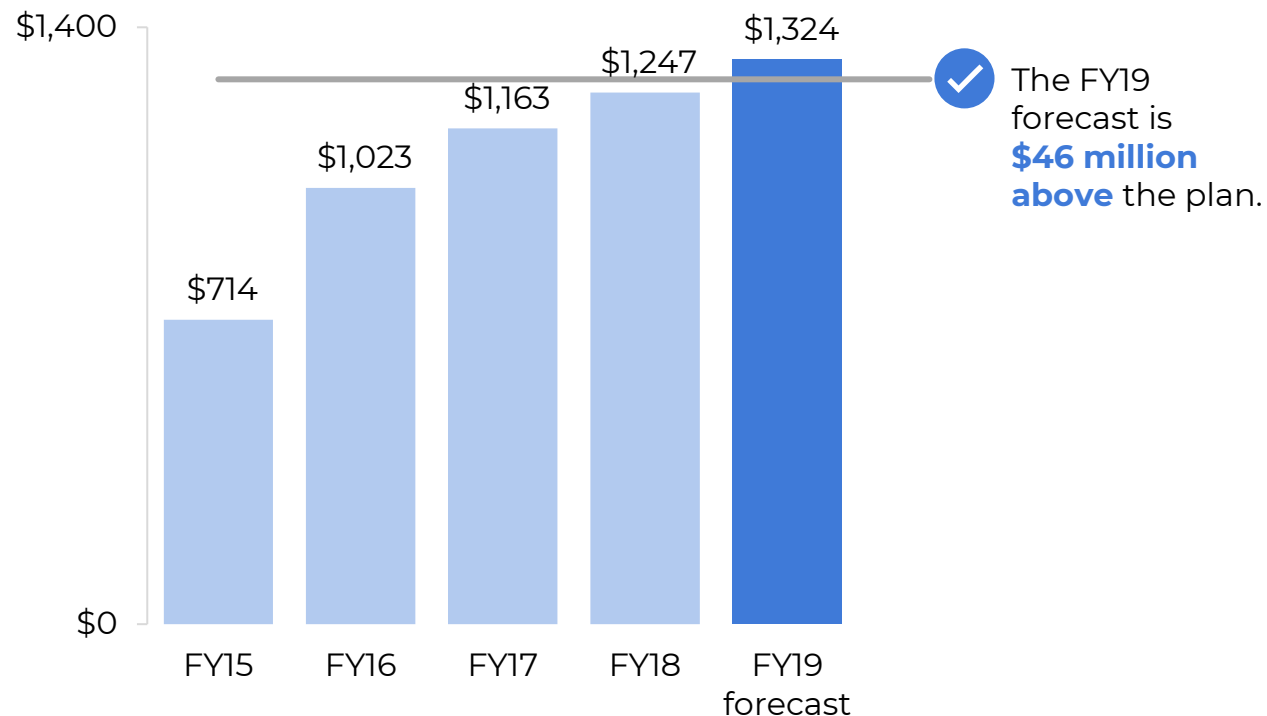
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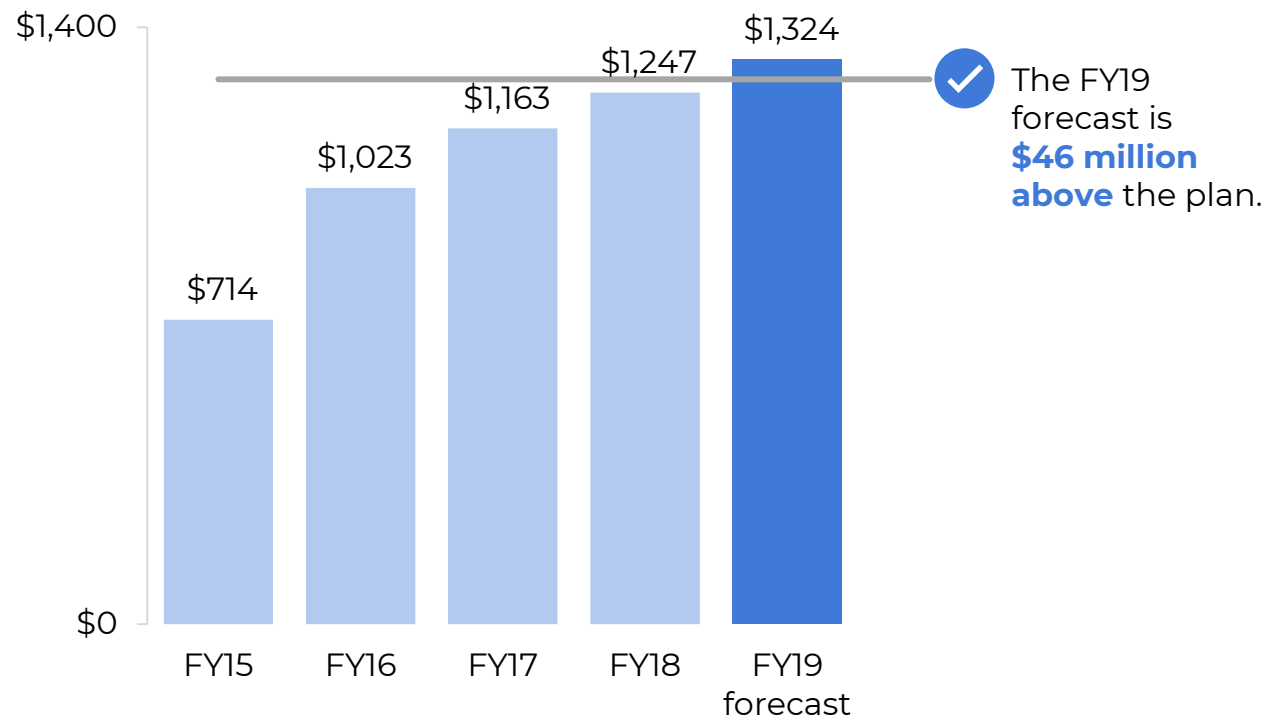
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Capital Program Investment: Ramped-Up Over 5 Years

This graph displays the FY19 expenditure forecast as of October 2018. Staff will request a budget amendment if the forecast holds.

Investments
(in millions)



9 Improvements

As a result of the FY20-25 Capital Improvement Program, we have seen:

- 550+ new 7000 Series railcars are in service.
- Railcar performance highest it's been in eight years—with more than 100,000 miles between delays.
- Track rehabilitation and preventive maintenance programs are reducing delays.
- Since early 2018, 88 percent of rail trips have been on time.
- Underground cellular WiFi availability is expanding.
- We're in the process of installing brighter, energy-efficient station lighting.
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- The new Cinder Bed Road and Andrews Federal Center Bus Facilities are nearing completion.

FY20-25 Capital Improvement Program

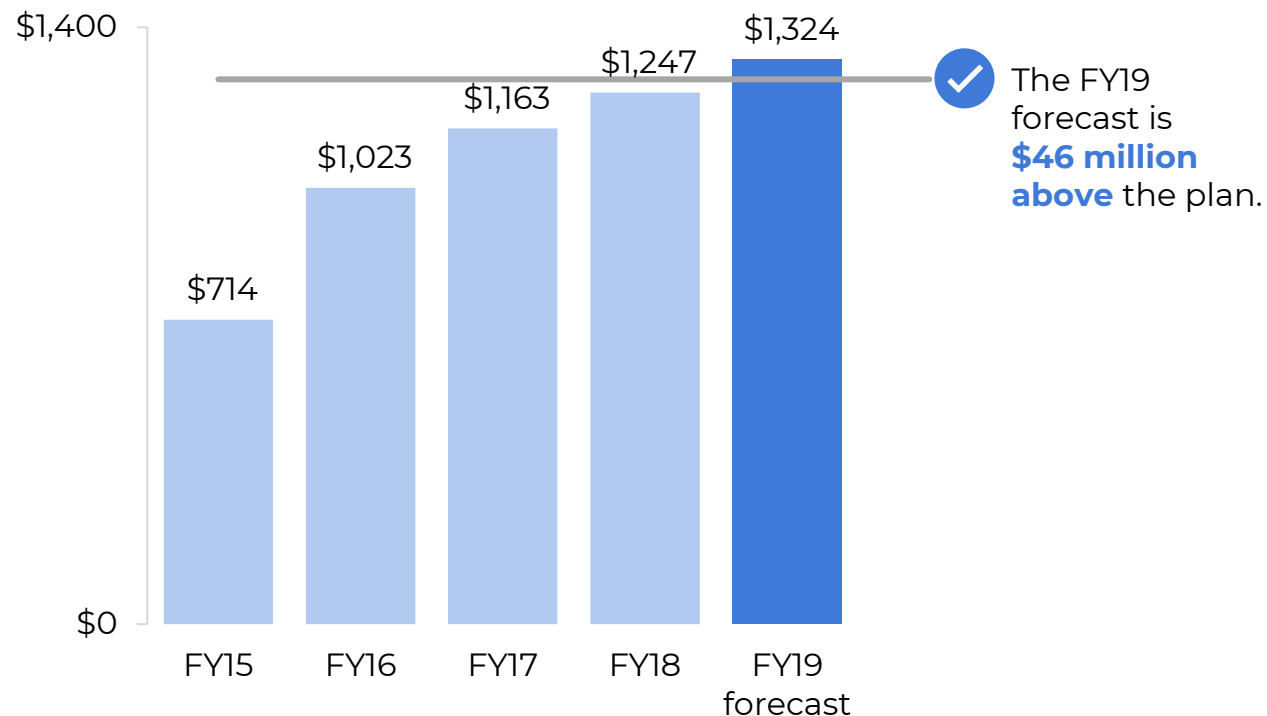
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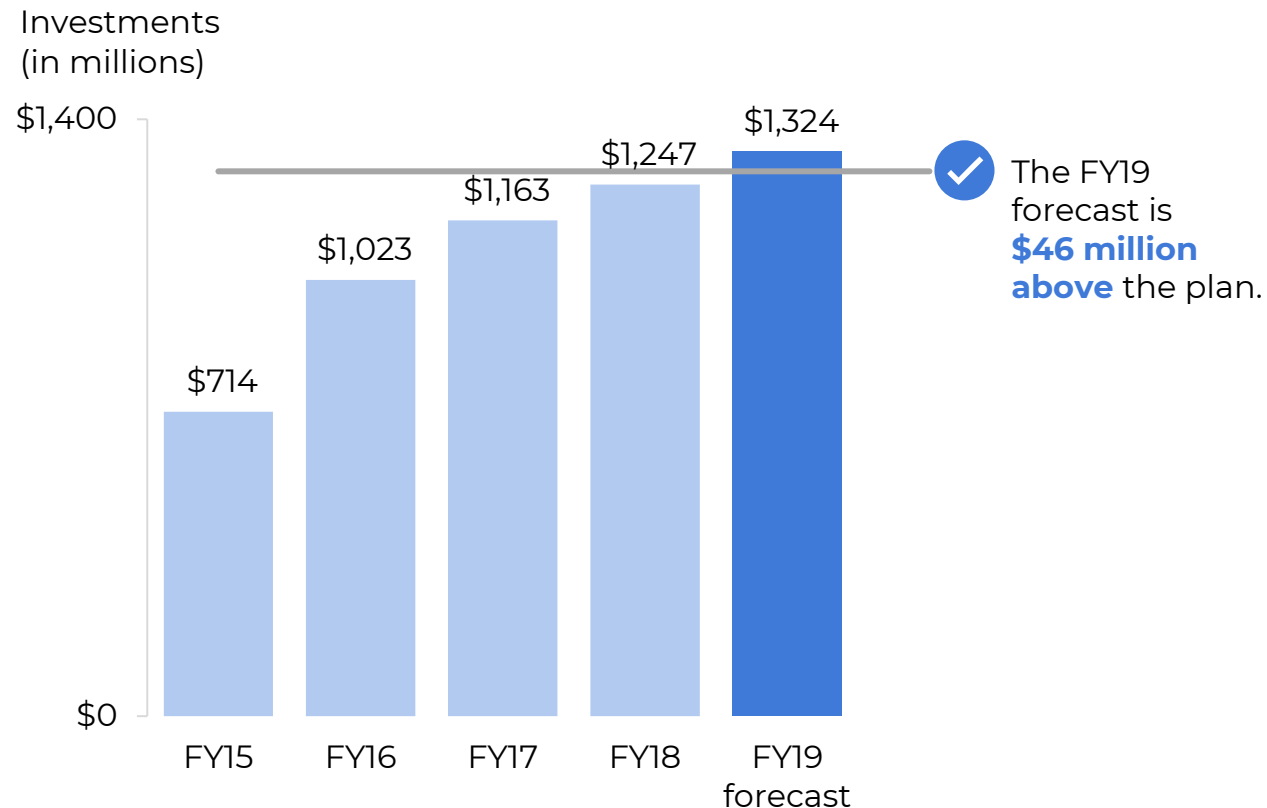
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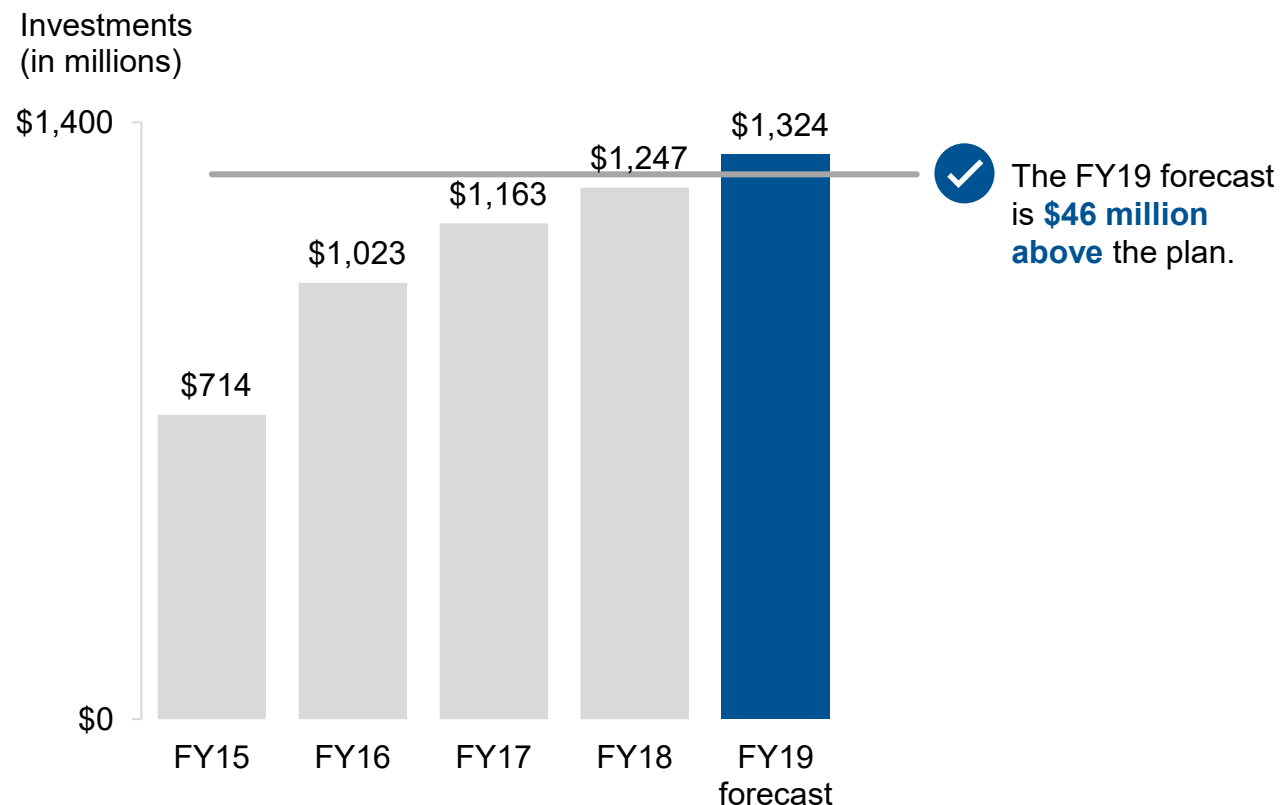
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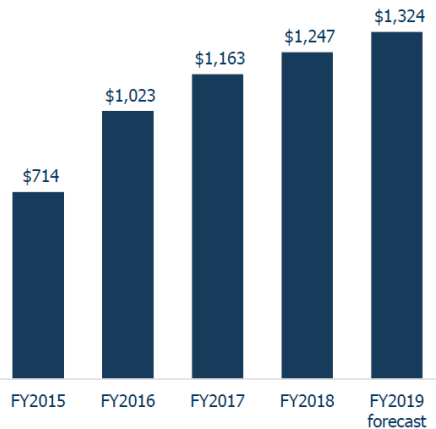
The Slidedoc (Standalone Document)



FY2020-2025 Proposed Capital Improvement Program

Improving Capital Program Delivery and Service Reliability

Capital Program Investment Ramp-Up



Key Resulting Improvements

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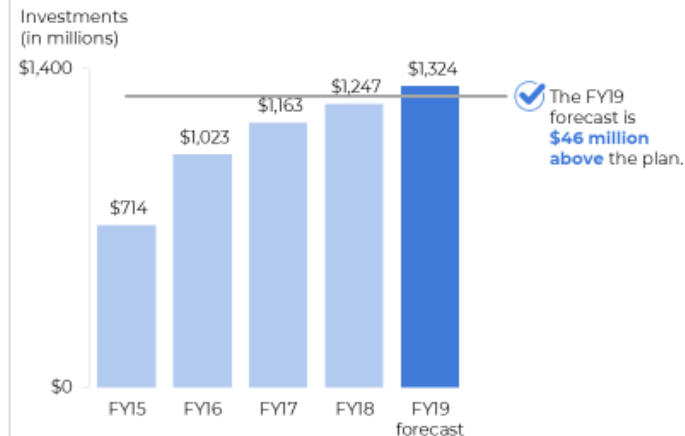
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depict data studio

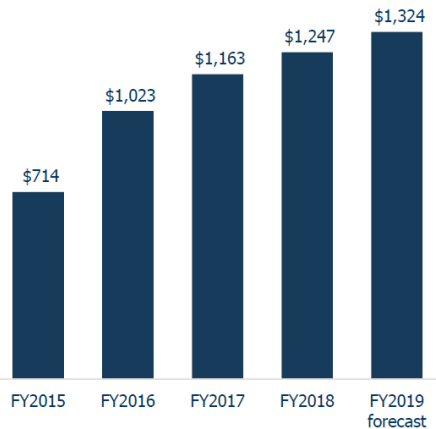
The Slidedeck (Slides for Presentations)



FY2020-2025 Proposed Capital Improvement Program

Improving Capital Program Delivery and Service Reliability

Capital Program Investment Ramp-Up

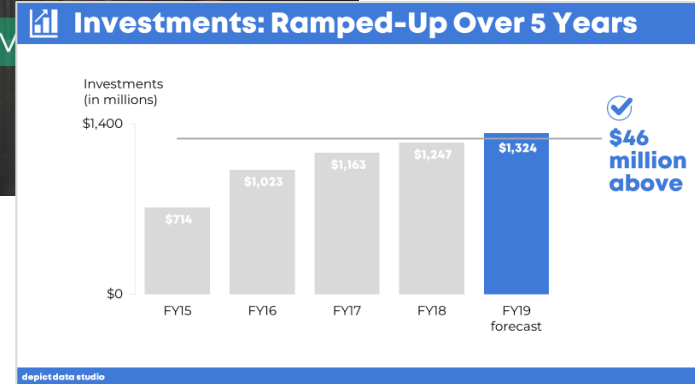
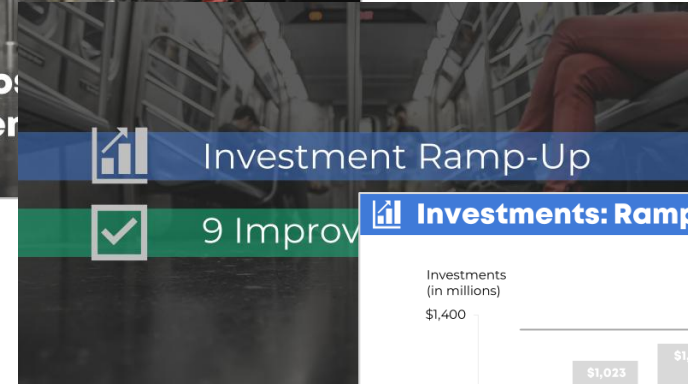


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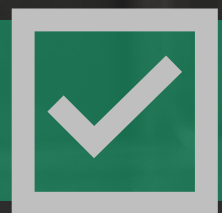




FY2020-25 Proposed Capital Improvement Program



Investment Ramp-Up



9 Improvements



Investment Ramp-Up



9 Improvements



Investments: Ramped-Up Over 5 Years

Investments
(in millions)

\$1,400

\$0

FY15

FY16

FY17

FY18

FY19
forecast



Investments: Ramped-Up Over 5 Years

Investments
(in millions)

\$1,400

\$0

FY15

FY16

FY17

FY18

FY19
forecast

Goal
\$1,278 M



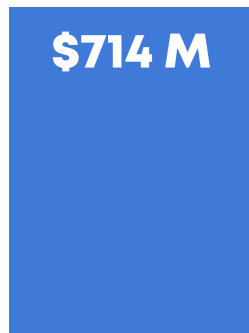


Investments: Ramped-Up Over 5 Years

Investments
(in millions)

\$1,400

\$0



\$714 M

FY15

FY16

FY17

FY18

FY19
forecast

Goal
\$1,278 M



Investments: Ramped-Up Over 5 Years

Investments
(in millions)

\$1,400

\$0

Goal
\$1,278 M



FY15



FY16

FY17

FY18

FY19
forecast



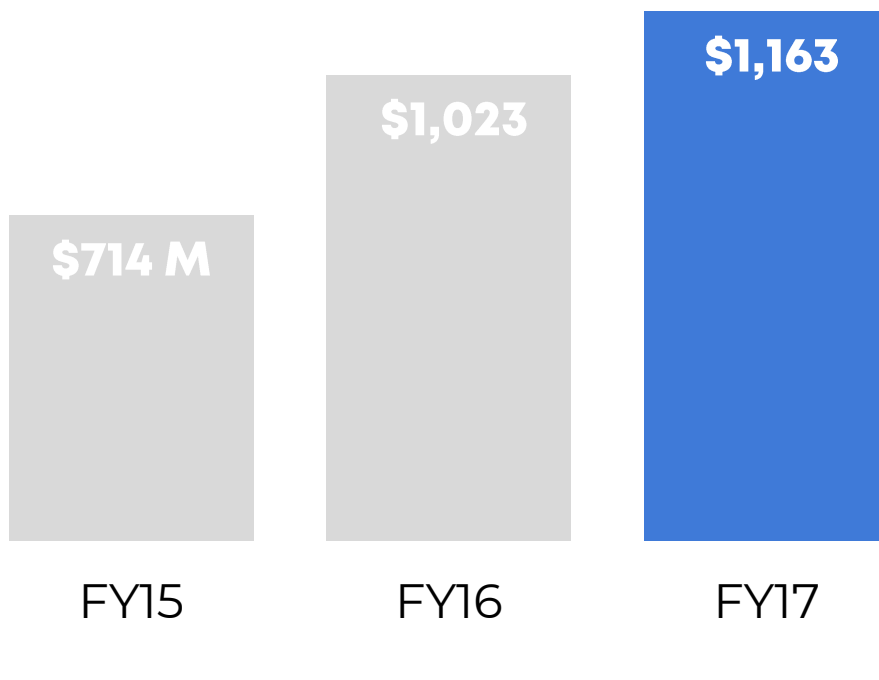
Investments: Ramped-Up Over 5 Years

Investments
(in millions)

\$1,400

\$0

Goal
\$1,278 M



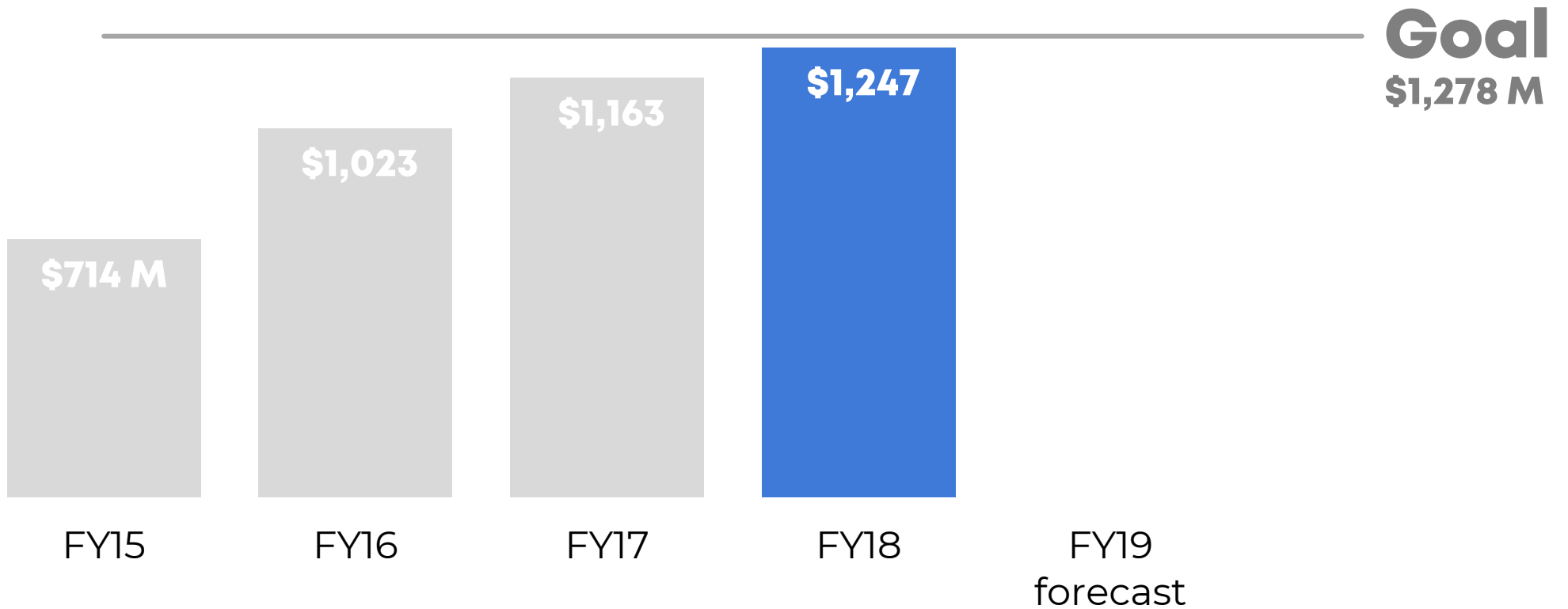


Investments: Ramped-Up Over 5 Years

Investments
(in millions)

\$1,400

\$0



Goal
\$1,278 M

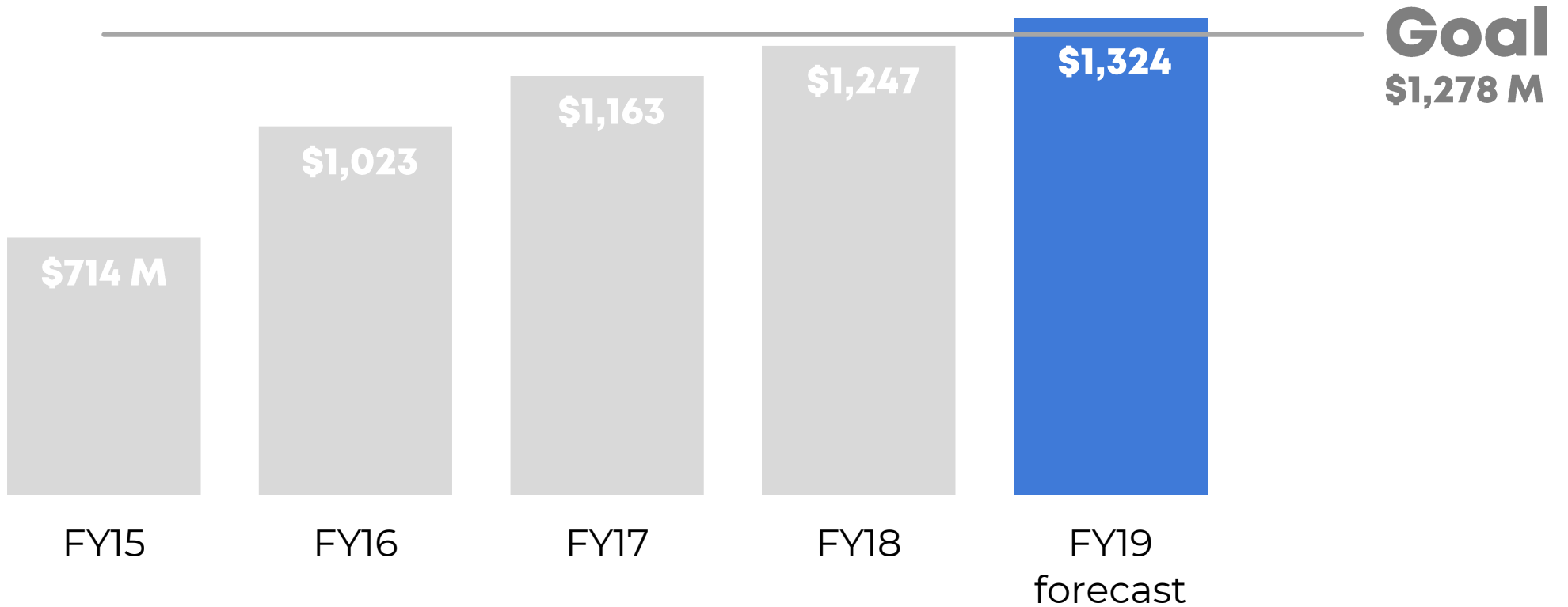


Investments: Ramped-Up Over 5 Years

Investments
(in millions)

\$1,400

\$0



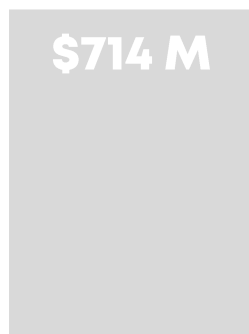


Investments: Ramped-Up Over 5 Years

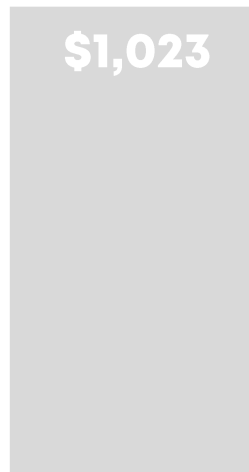
Investments
(in millions)

\$1,400

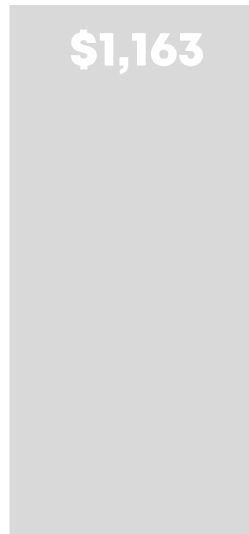
\$0



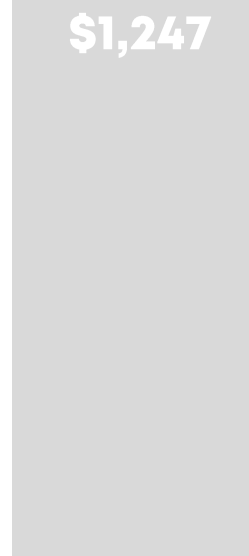
FY15



FY16



FY17



FY18



FY19
forecast



**\$46
million
above**

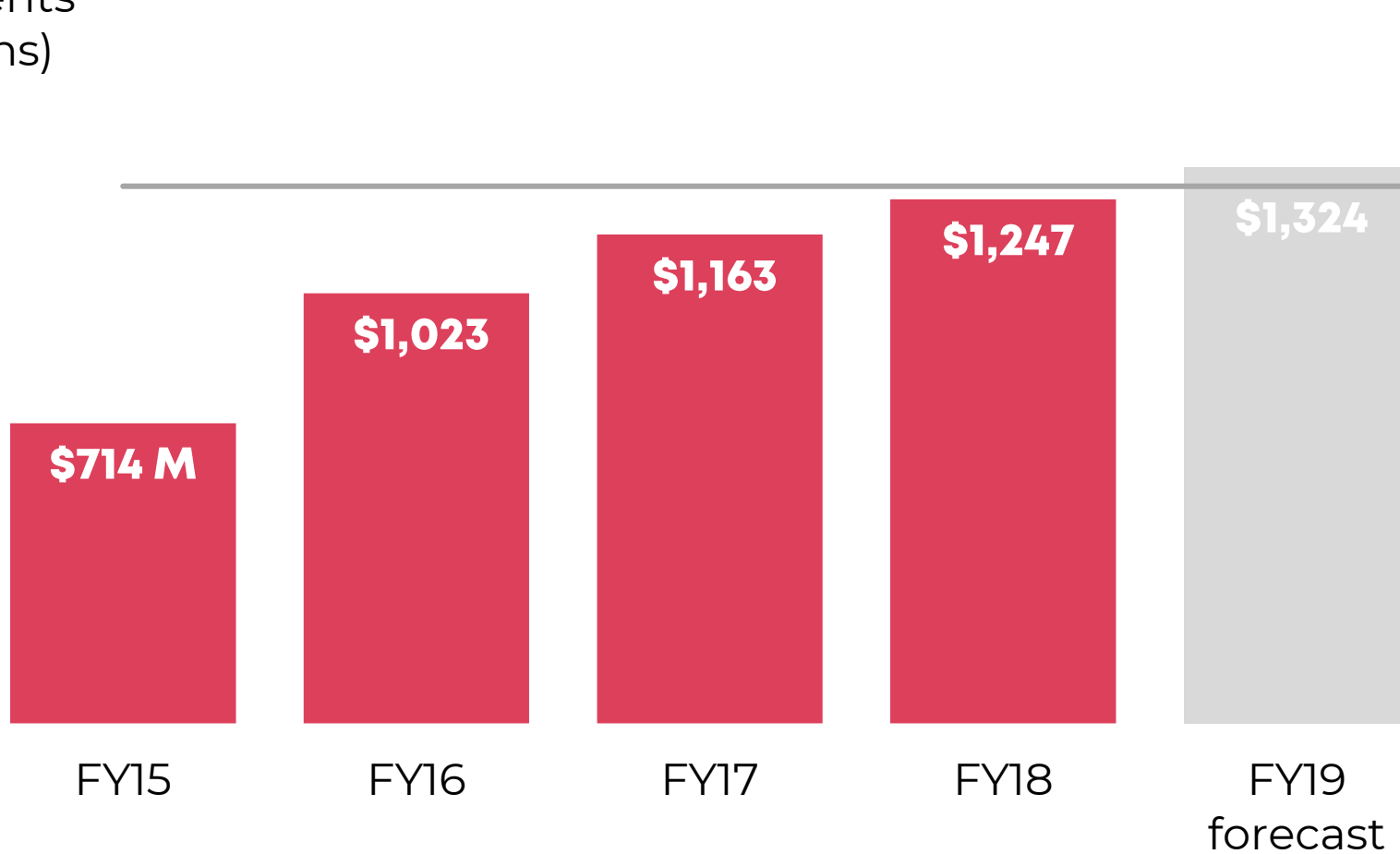


Investments: Below Target Prior to FY19

Investments
(in millions)

\$1,400

\$0



Below



Investment Ramp-Up



9 Improvements



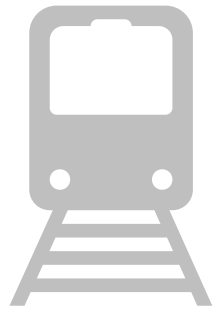
Investment Ramp-Up



9 Improvements



9 Improvements



550+

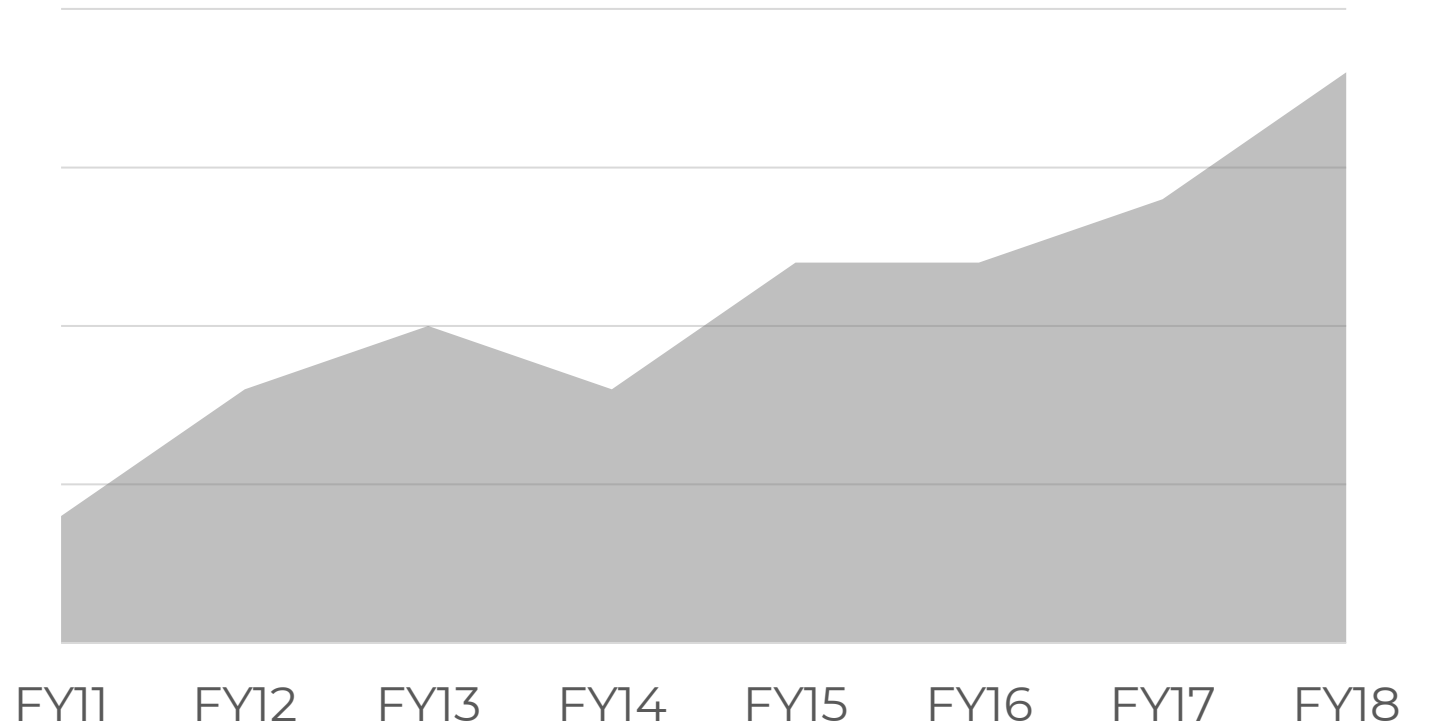
new 7000 Series railcars



9 Improvements

Railcar performance:

Highest in
8 years

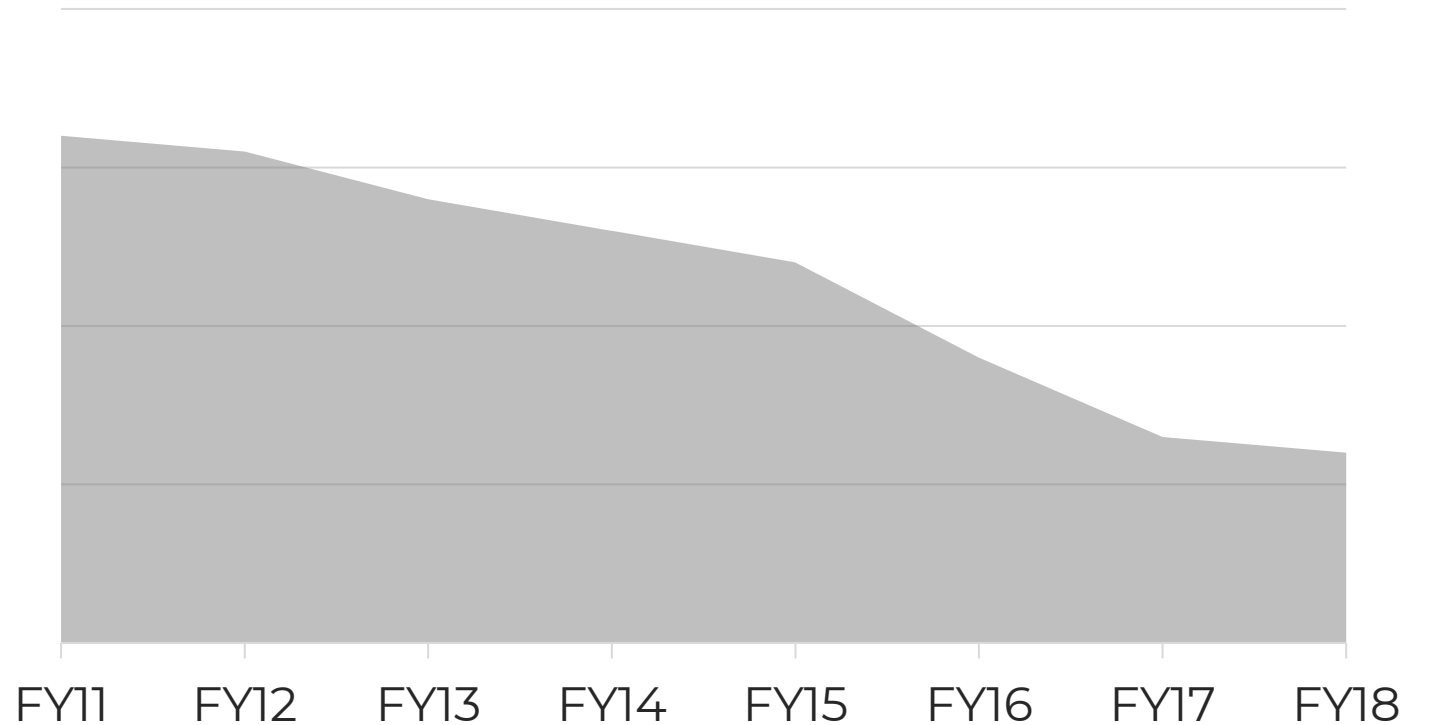




9 Improvements

**Track rehab &
preventative
maintenance:**

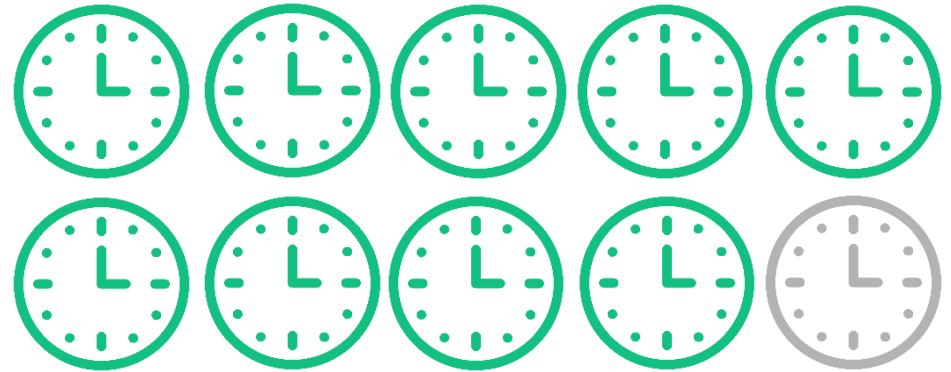
Reducing delays





9 Improvements

88% of trips on time
(since early 2018)





9 Improvements

WiFi is expanding underground





9 Improvements

Brighter, energy-efficient lighting





9 Improvements



**Escalators & elevators—
replaced & rehabilitated**



9 Improvements



**New buses &
access vehicles**



9 Improvements



**Two new bus facilities—
nearing completion**

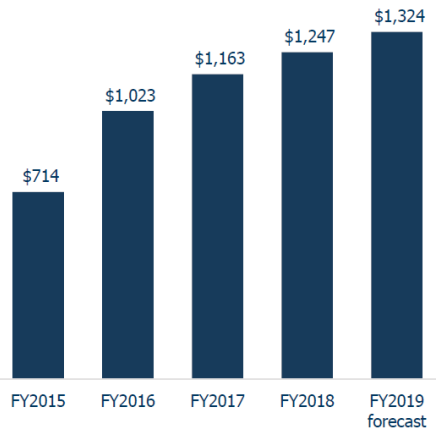
The Slidedeck (Slides for Presentations)



FY2020-2025 Proposed Capital Improvement Program

Improving Capital Program Delivery and Service Reliability

Capital Program Investment Ramp-Up

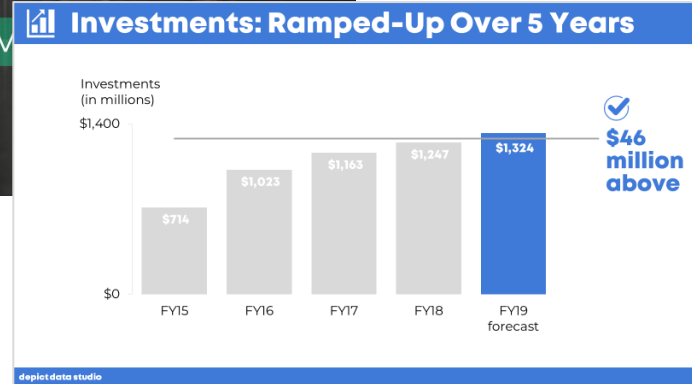
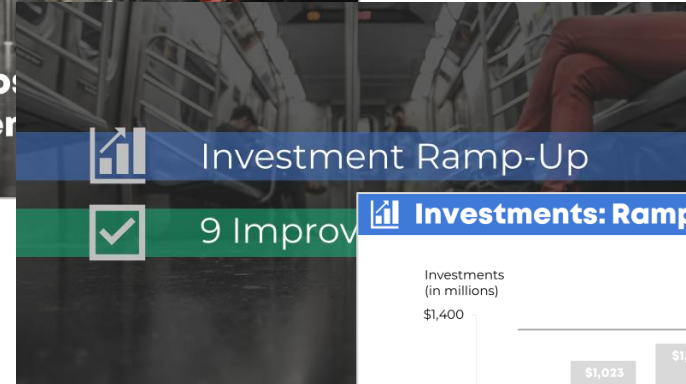


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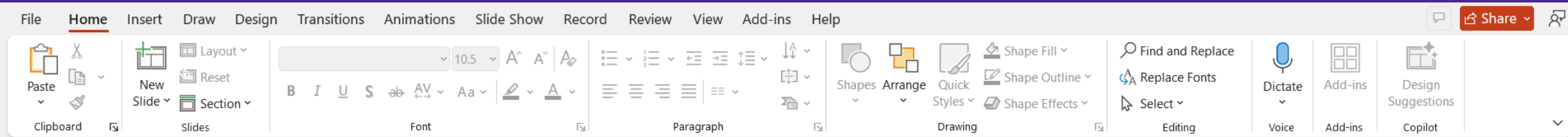
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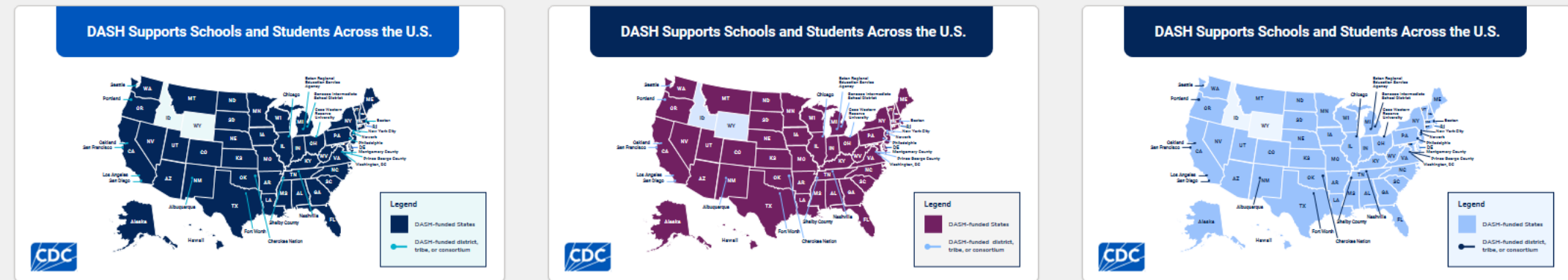
Avoiding Death by PowerPoint



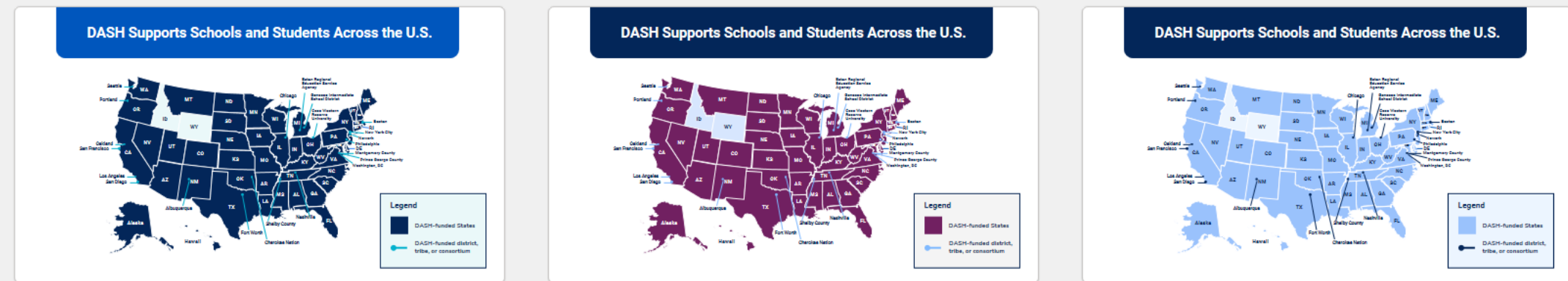
Your Turn



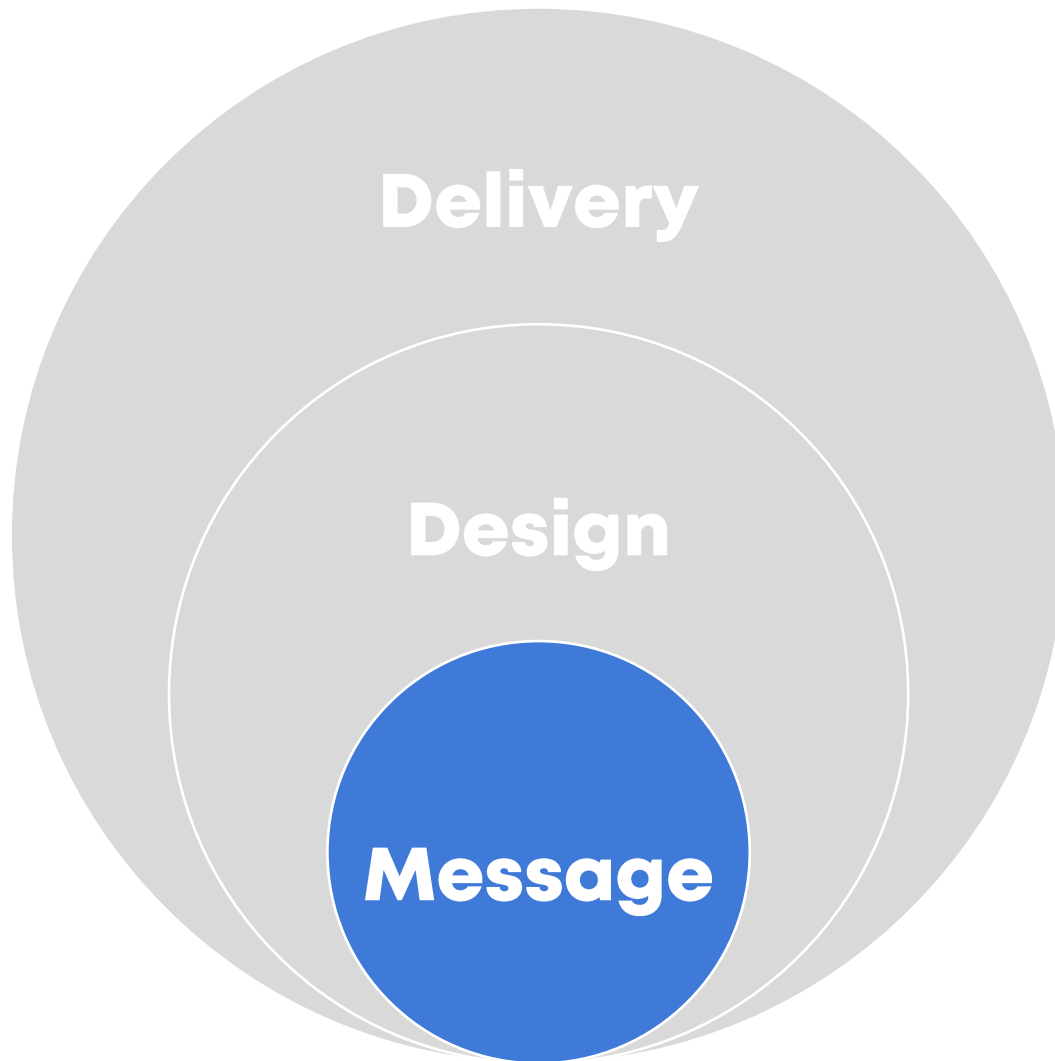
1 CDC Logo



Without CDC Logo



The Powerful Presentations Ripple Effect

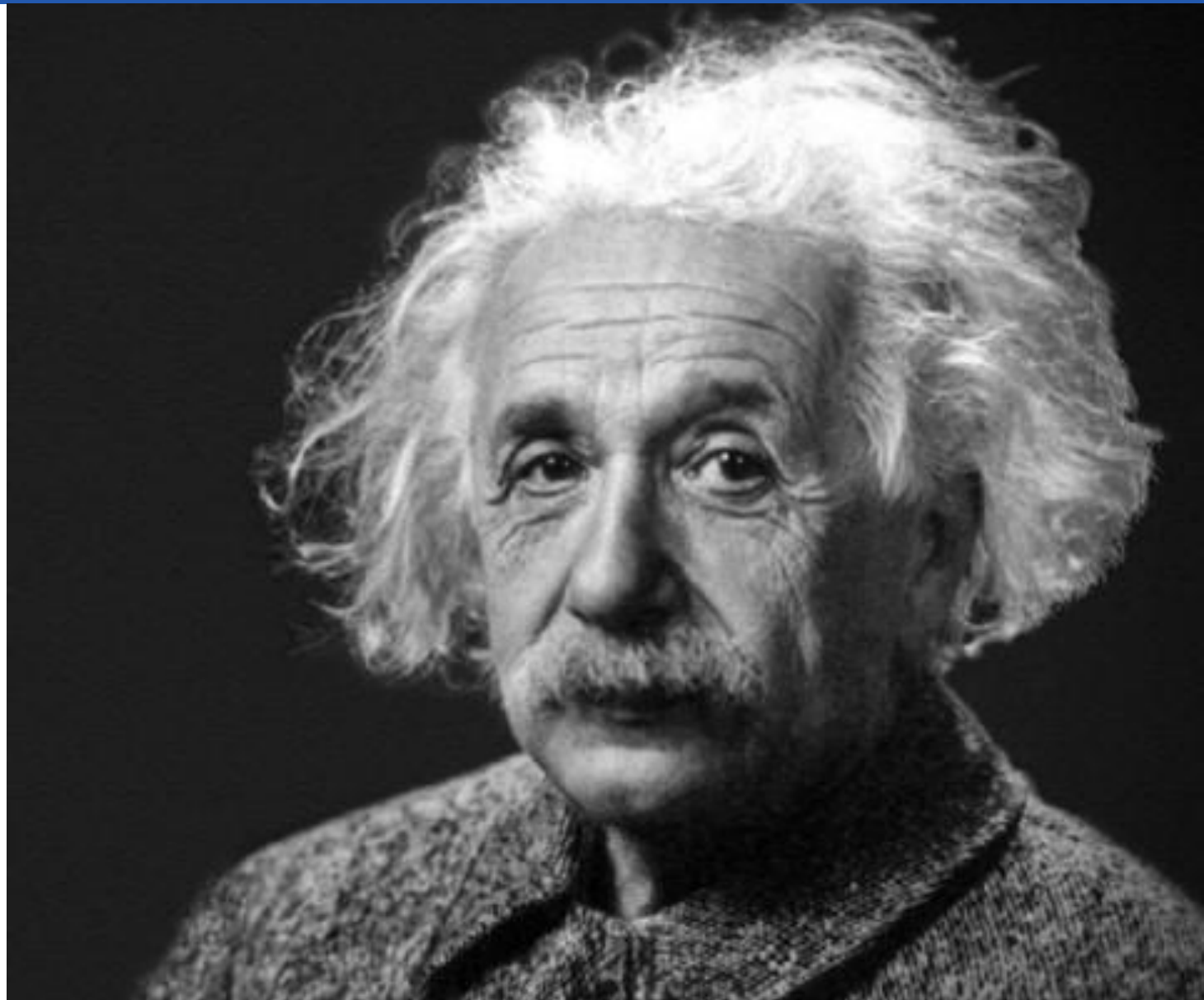


- Brainstorm and Bucketize
- Create a Visual Framework
- Open with Intention
- Plan the Call-to-Action Closing
- Decide How You Want Your Audience to Feel
- Write the Takeaway Tweet in Advance
- Collect and Use Audience Feedback
- Kill Your Darlings

Write the Takeaway Tweet in Advance

“If you can’t
explain it simply,
you don’t
understand it
well enough.”

*- often attributed
to Albert Einstein*



Write the Takeaway Tweet in Advance

Real-time Communication With Health Care Providers through an Online Respiratory Pathogen Laboratory Report
Paul A. Christensen, MD
Department of Pathology and Genomic Medicine,
Houston Methodist Hospital, Houston, TX

Introduction
We implemented a real-time online report to distribute respiratory pathogen data for our eight hospital systems in Houston, TX to anyone with an internet connection and web browser.

Methods
• Sequia influenza A+B fluorescent immunoassay and Biofire FilmArray Respiratory Panel test result data were extracted daily from our laboratory information system.
• Four interactive charts are added to a public facing web server at flu.houstonmethodist.org.

Results
The online report provided pathologists and clinicians an early alert to the 2018 influenza epidemic.
Real time data analysis guided our institutional testing and treatment strategy during the peak of infections.
The data enabled pharmacy to anticipate antibiotic utilization and stock accordingly.
The report has been accessed 5766 times in 5.5 years from desktop and mobile devices in many different US and global locations.

Discussion
• We developed a near real-time report that presents statistics regarding respiratory pathogen testing from our clinical microbiology laboratory.
• Facile access to accurate real-time data during an epidemic influenza season can guide the institutional response.

Real-time access to clinical microbiology laboratory test data during an epidemic influenza season can guide the institutional response.
Houston Methodist
flu.houstonmethodist.org

<https://twitter.com/paulchstd/status/1123629386551447552>

MAYO CLINIC

Differences in emergency department length of stay and throughput times between males and females: Preliminary results of the Sex Equity in Emergency Departments (SEED) study group
C.G. Knier¹, Molly M. Jeffery, Ph.D.^{2,3}, Venkatesh R. Bellamkonda, M.D.⁴

¹Mayo Clinic Graduate School of Biomedical Sciences, Mayo Clinic, Alix School of Medicine, and Mayo Clinic Medical Scientist Training Program, ²Department of Emergency Medicine, ³Department of Health Sciences Research, Mayo Clinic, Rochester, MN

Introduction
• Sex and gender disparities exist in healthcare and are outlined by the Centers for Medicare and Medicaid services
• However, current knowledge of gender disparities in emergency departments is limited to analysis of individual chief complaints or diagnoses

Purpose
• To determine whether there are sex based differences in length of stay (LOS) and throughput for all comers to the Emergency Department

Methods
• Retrospective study of all adults presenting to the ED (n=65,533) between 7/1/2015-7/1/2016
• Data presented as n(%) or median (interquartile range), with all measures of time in minutes
• Mood's median test used to compare medians

Results
• LOS was longer for females than males (236 vs. 222 min, p<0.0001)
• Men experienced shorter time to room, time to provider, time to disposition plan, and treatment time than women (for all comparisons p<0.0001)

Conclusion
• Females have longer throughput times and length of stay in than males within the same emergency department. This serves to spotlight an area of potential disparity where further investigation can be done to understand reasons why.

Female patients have longer ED lengths of stay than males

Take a picture to download the full paper

Table 1. Length of stay and throughput by sex

Variable	Male	Female
n	31,428 (48%)	34,105 (52%)
Length of stay	222 (147, 317)	236 (159, 329)
Time to room	6 (2, 50)	11 (2, 69)
Time to provider	24 (11, 63)	27 (12, 79)
Time to disposition plan	141 (86, 216)	152 (95, 227)
Treatment time	187 (120, 273)	195 (127, 279)

Figure 1. Definitions

Arrive at registration	Enter treatment room	Seen by provider	Disposition plan	Departure or transfer
Length of stay				
Time to room				
Time to provider				
Time to disposition plan				
Treatment time				

Future directions
• Sex-specific differential diagnoses, testing, and treatments may account for some of the differences observed
• Future analysis should take into account the influence of sex-specific tests on differences in time
• The differences in time to room and time to provider are more difficult to explain
• Multivariate analysis adjusting for age, race, chief complaint, BMI, and insurance status should be explored for the potential role in disparities observed

Support
This research is made possible by Mayo Clinic Department of Emergency Medicine Rochester, MN and the Mayo Foundation.
Catherine was supported in part by the National Institute of General Medical Sciences (T32 GM 65841) and Clinical and Translational Science (UL1TR002377) and thanks the Mayo Clinic MSTP for fostering an outstanding environment for physician-scientist training

@cgknier
@mollyjeffery
@venkbellamkonda

<https://twitter.com/elliottthaut/status/1114558290191691777>

Write the Takeaway Tweet in Advance

“Here’s **the most important thing** I’m going to cover today.
Write this down.”

“**If you only remember one thing** from this presentation, I want you to remember this:”

Kill Your Darlings

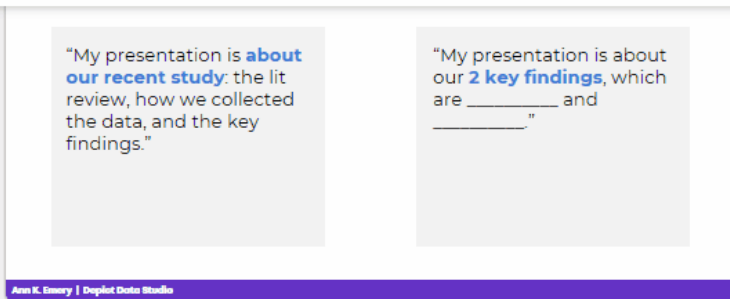
Letting go of our
**most precious or
self-indulgent**
content for the
greater good
of our work



Kill Your Darlings

From Marie Kondo:
Go through your closet...
Make a huge pile...
Decide what to keep.

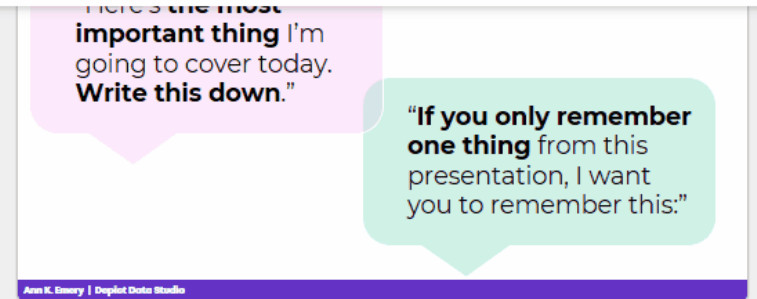
Kill Your Darlings



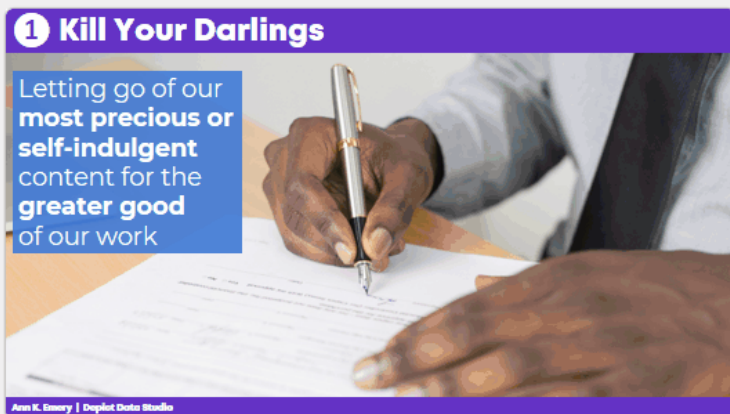
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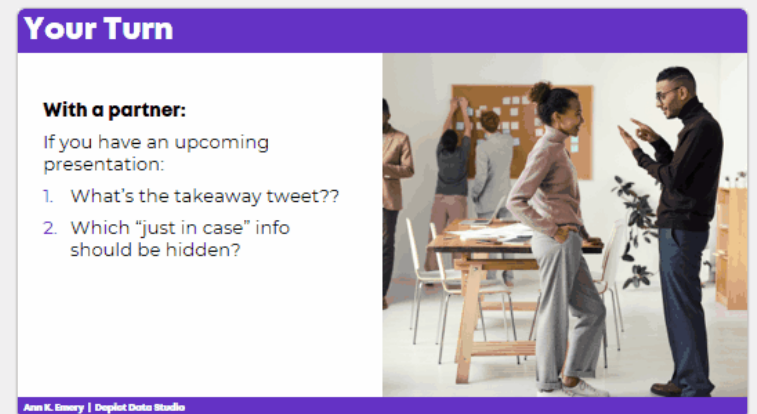
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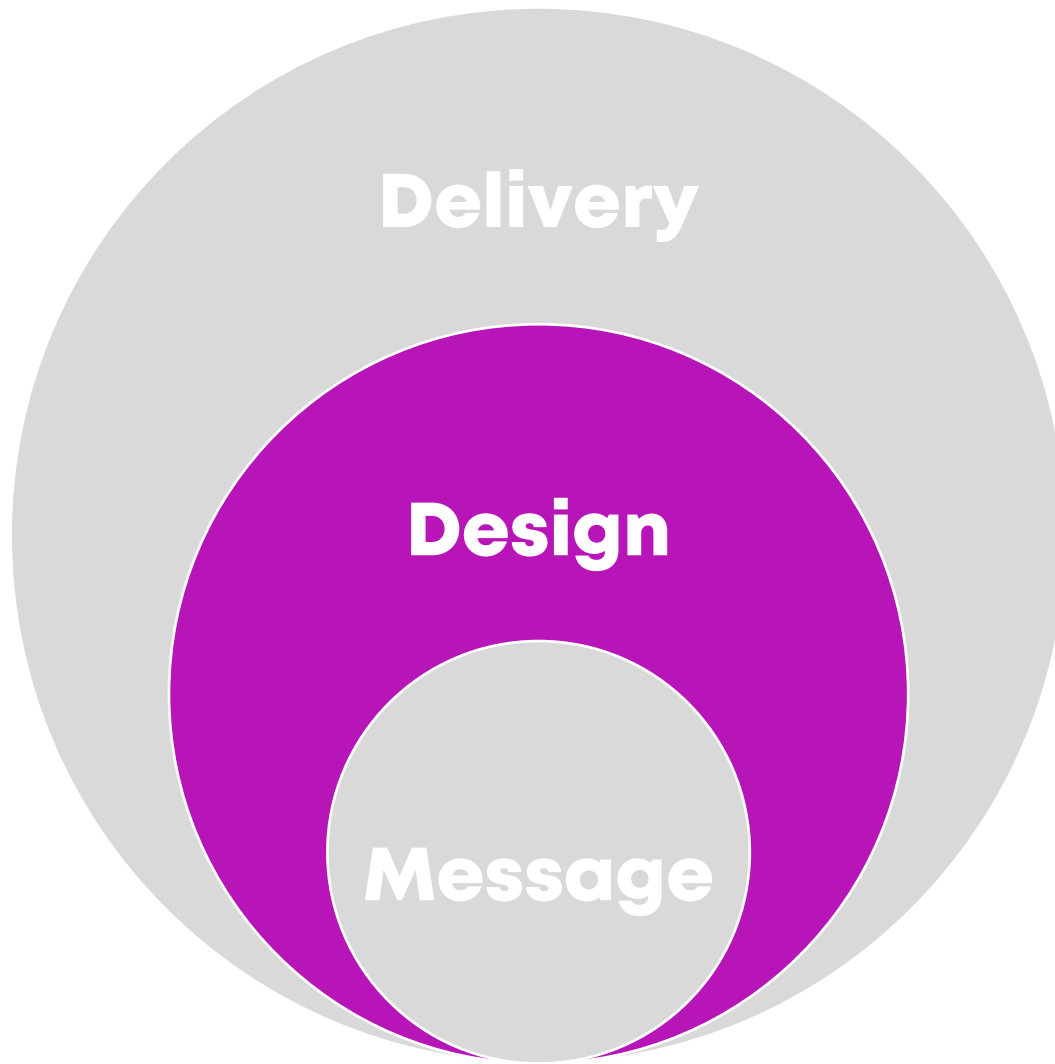


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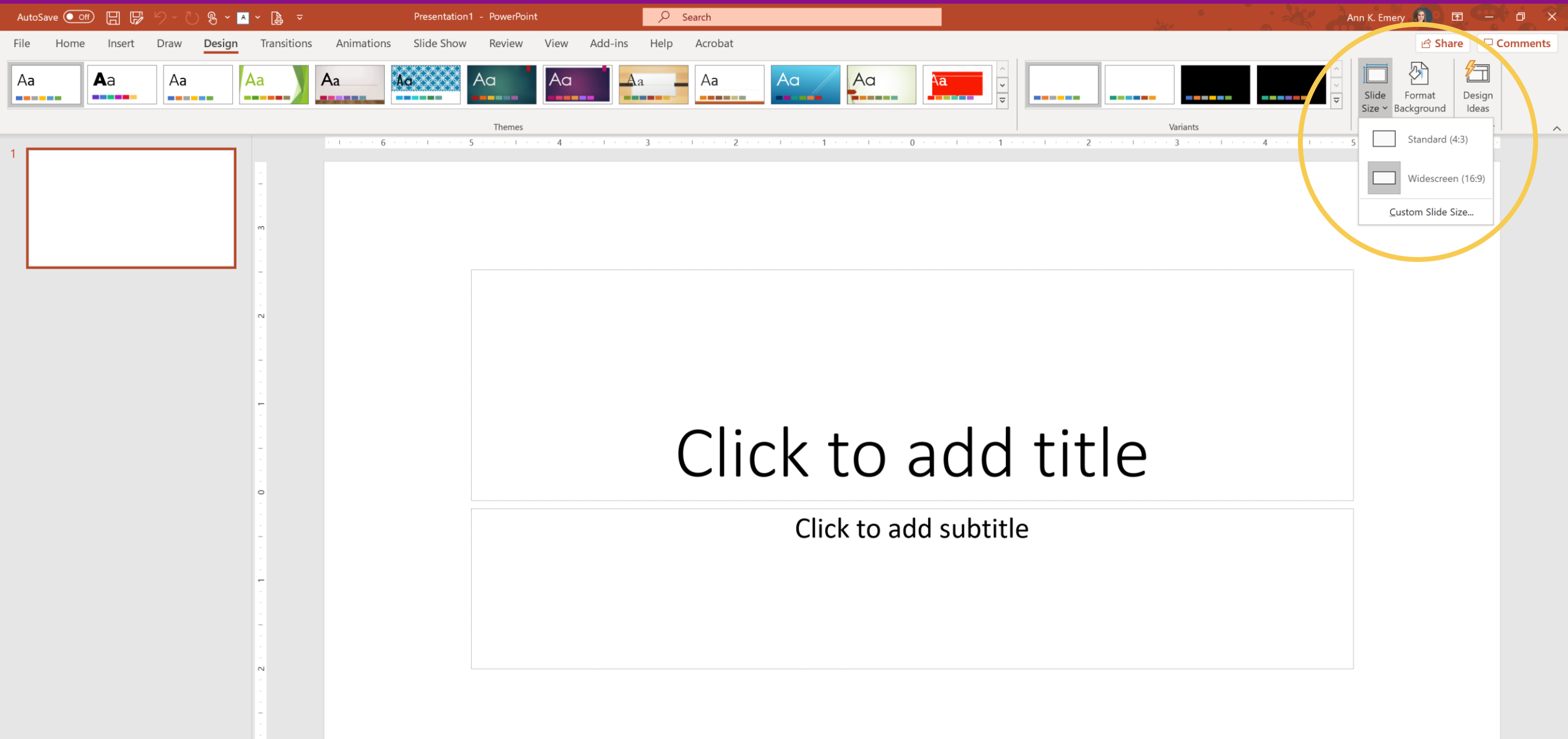
24

The Powerful Presentations Ripple Effect



- Brand with Custom Colors, Fonts, Photos, and Icons
- Match Aspect Ratio to the Screen/Page
- Match Background Color to Lighting
- Add Color-Coded Divider Slides
- Aim for 1+ Visual Per Slide

Use Widescreen Slides



Match Slide Color to Room Lighting

Lights On



Lights Off



Create Color-Coded Divider Slides

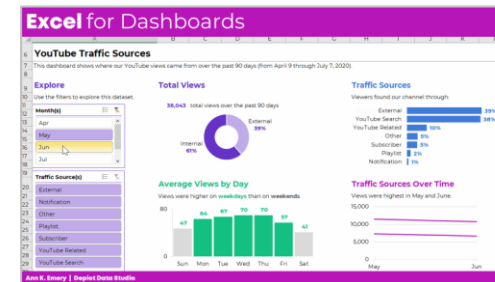
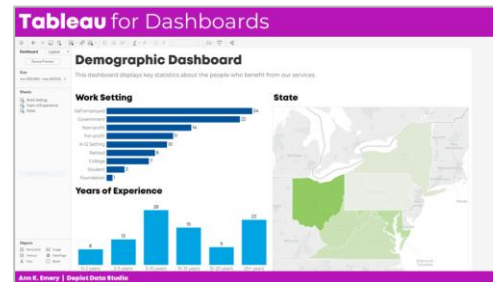
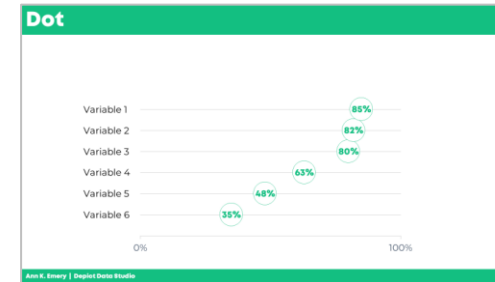
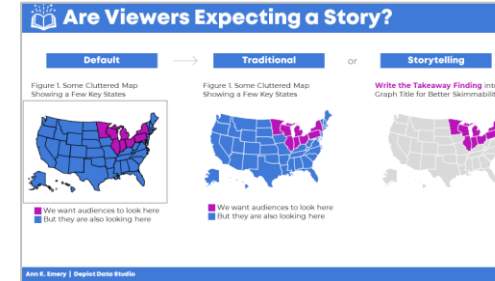


Technical or Non-Technical?

Audiences	Technical	Non-Technical
Funders/donors	☐	☒
Agency/program officials	☒	☐
Stakeholders affected by program/policy	☐	☒
Big policymakers/decisionmakers	☐	☒
General public	☐	☒
Press/media	☐	☒
Colleagues	☒	☐

Diagram by Nelson Hovius: <https://medium.com/@nelson-hovius/more-on-getting-the-attention-of-your-audience>

Depict data studio



Create Color-Coded Divider Slides

Microsoft PowerPoint ribbon showing tabs: Paste, Format Painter, Clipboard, New Slide, Section, Slides, Font, Paragraph, Drawing, Arrange, Quick Styles, Shape Effects, Select, Editing, Dictate, Voice, Add-ins, Add-ins, Designer.

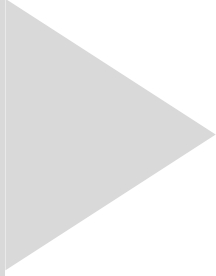
Slide thumbnails are organized into sections:

- Introduction** (Slides 1-9): Slide 1 has a blue background with a CDC logo. Slides 2-9 are white with blue borders.
- Topic 1** (Slides 10-18): Slide 10 has a purple background with a CDC logo. Slides 11-18 are white with purple borders.
- Topic 2** (Slides 19-27): Slide 19 has a teal background with a CDC logo. Slides 20-27 are white with teal borders.
- Topic 3** (Slides 28-36): Slide 28 has a blue background with a CDC logo. Slides 29-36 are white with blue borders.
- Closing** (Slides 37-45): Slide 37 has a purple background with a CDC logo. Slides 38-45 are white with purple borders. Slide 45 includes a small orange icon labeled "(Ctrl)".

Slide 45 of 45. Accessibility: Investigate. Display Settings. 50% zoom.

Create Color-Coded Divider Slides

Data data data data data
data data data data data
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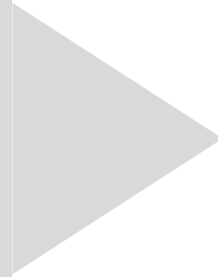


Create Color-Coded Divider Slides

1. Data data data data
data data data data data
data data data data data.

2. Data data data data
data data data data data.

3. Data data data data
data data data data data
data data data data data.



Create Color-Coded Divider Slides

Repetition and Consistency

Across All Senses:



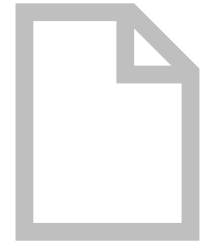
Voice



Hands

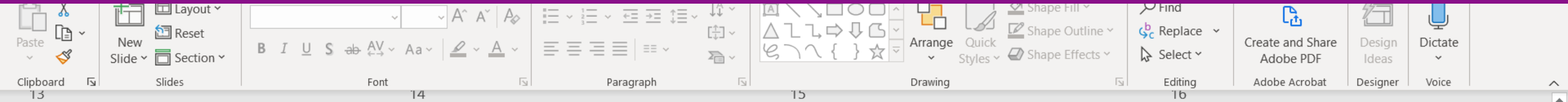


Slidedeck



Slidedoc

Aim for 1+ Visual Per Slide



Size

- ▶ \$15 million
- ▶ 200 staff
- ▶ 4,000+ youth



17

Non-profits



18

Why productivity?

- ▶ Big goals
- ▶ Big need
- ▶ \$15 million → \$14 million
- ▶ Taxpayer money



19

Learning and Evaluation Department

- ▶ Result of strategic planning process
- ▶ 7 years



20

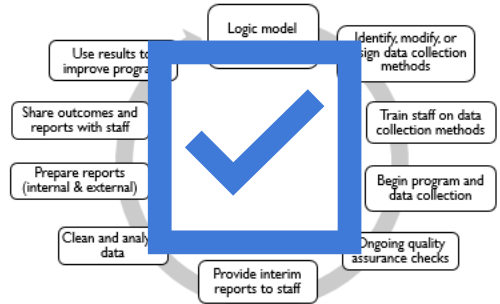
Learning Evaluation

- ▶ “Improve” “Evaluate”
- ▶ Reporting internally externally
- ▶ Formative Summative



21

Cycle of Learning and Evaluation



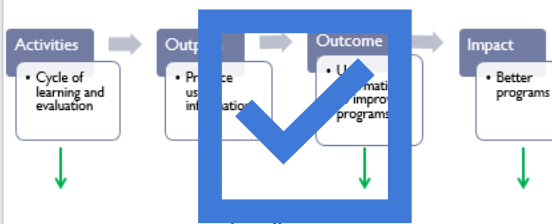
22

External Internal



23

Logic Model



24

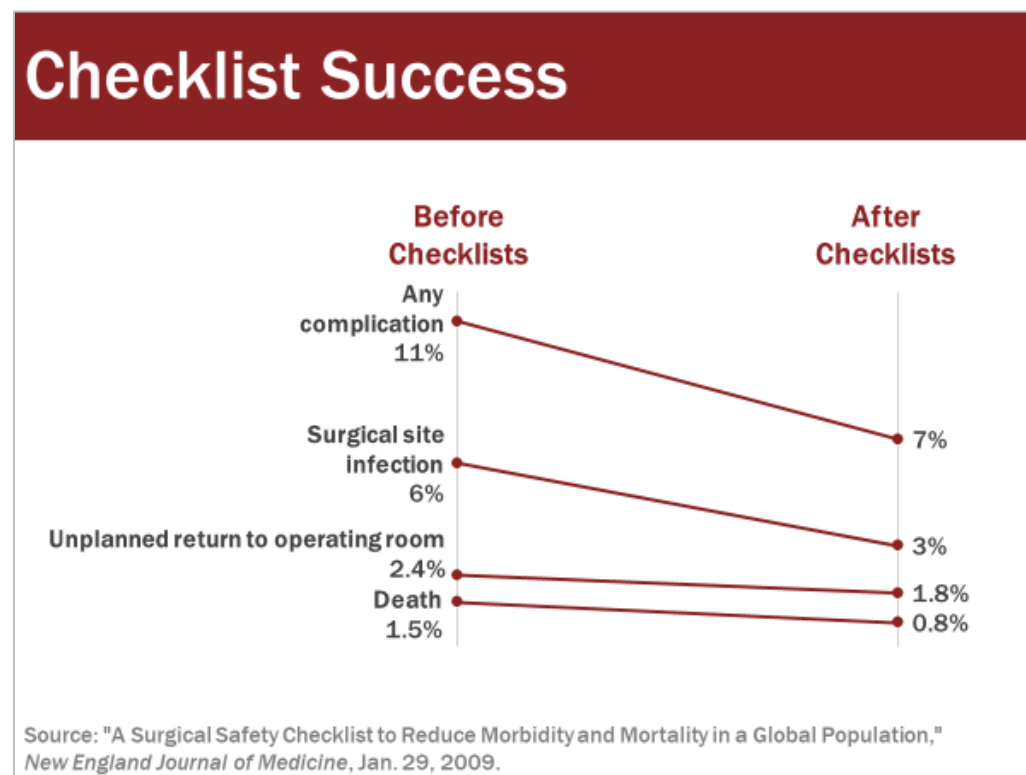
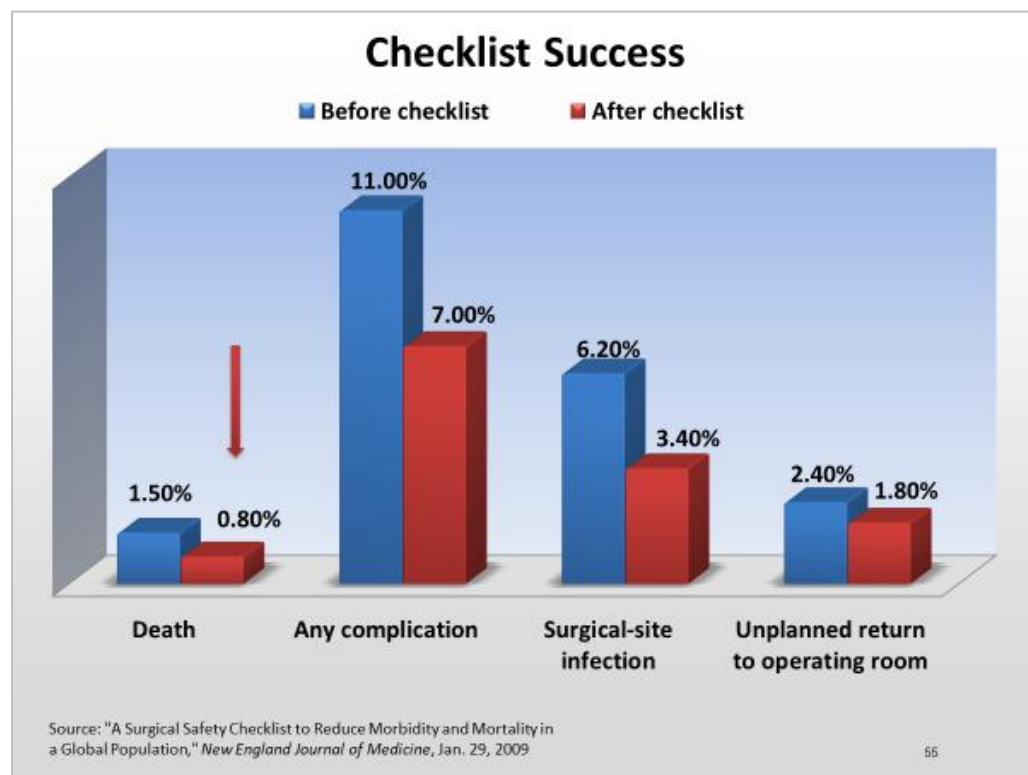
15 Ideas for Body Slides

- Bullet points = drafts
- Bullet points = drafts
- Bullet points = drafts

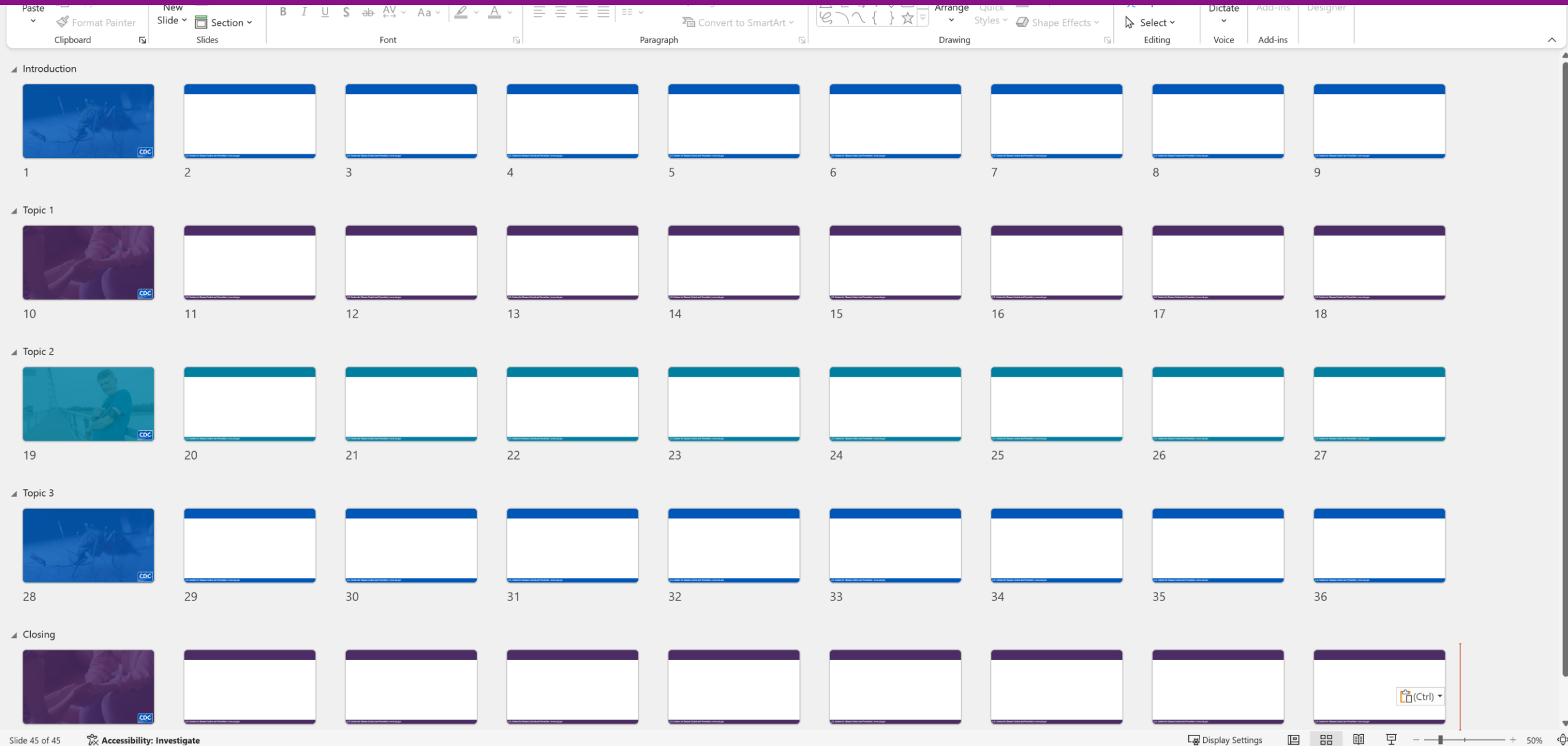
15 Ideas for Body Slides

- 1 Graphs
- 2 Photographs
- 3 Icons
- 4 Lists
- 5 Maps
- 6 Diagrams
- 7 Timelines
- 8 Logos
- 9 Screenshots
- 10 Text on Images
- 11 Columns
- 12 Shapes
- 13 Handwriting
- 14 Cartoons
- 15 GIFs

1 Graphs



2 Photographs



2 Photographs



Extent of the Problem

Estimated Impact of Medical Errors

- 44,000–98,000 deaths per year
- Medication errors are especially prevalent

Source: Institute of Medicine 2000.

2

The Problem

44,000–98,000 deaths per year

Medication errors are especially prevalent



Source: Institute of Medicine 2000

2 Photographs



We can be set up to make mistakes.....

Incompetent people are, at most, 1% of the problem. The other 99% are good people trying to do a good job who make very simple mistakes and it's the processes that set them up to make these mistakes.

Dr. Lucian Leape, Harvard School of Public Health, Co-author of "To Err is Human"

9

Set Up to Make Mistakes...



Incompetent people are, at most, 1% of the problem.

The other 99% are good people trying to do a good job who make very simple mistakes and it's the processes that set them up to make these mistakes.

Dr. Lucian Leape
Harvard School of Public Health
Co-author of "To Err is Human"

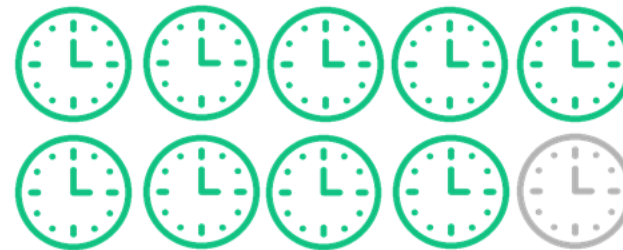
3 Icons



Improvements

88% of trips on time

(since early 2018)



depict data studio

4 Lists with Fancy Numbers



Quality Sexual Health Education =
These 11 Topics

- | | |
|------------|-------------|
| 1. Topic A | 7. Topic G |
| 2. Topic B | 8. Topic H |
| 3. Topic C | 9. Topic I |
| 4. Topic D | 10. Topic J |
| 5. Topic E | 11. Topic K |
| 6. Topic F | |

Quality Sexual Health Education =
These 11 Topics

- | | |
|-----------|-----------|
| ① Topic A | ⑦ Topic G |
| ② Topic B | ⑧ Topic H |
| ③ Topic C | ⑨ Topic I |
| ④ Topic D | ⑩ Topic J |
| ⑤ Topic E | ⑪ Topic K |
| ⑥ Topic F | |

④ Lists with Fancy Numbers



5 Maps



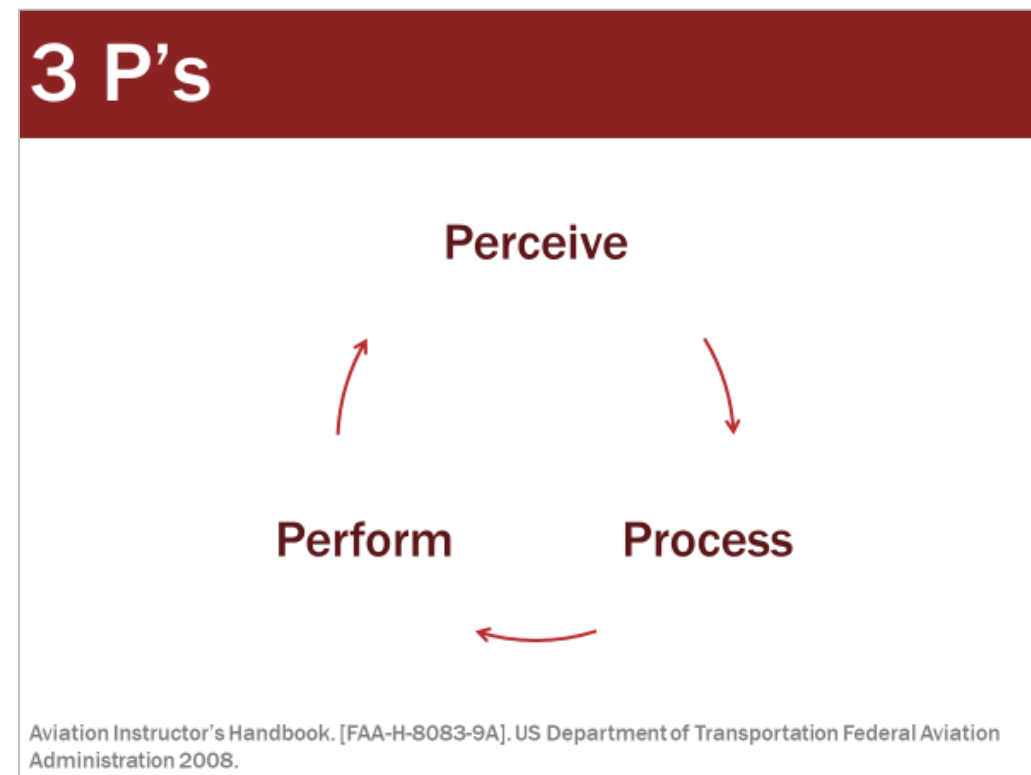
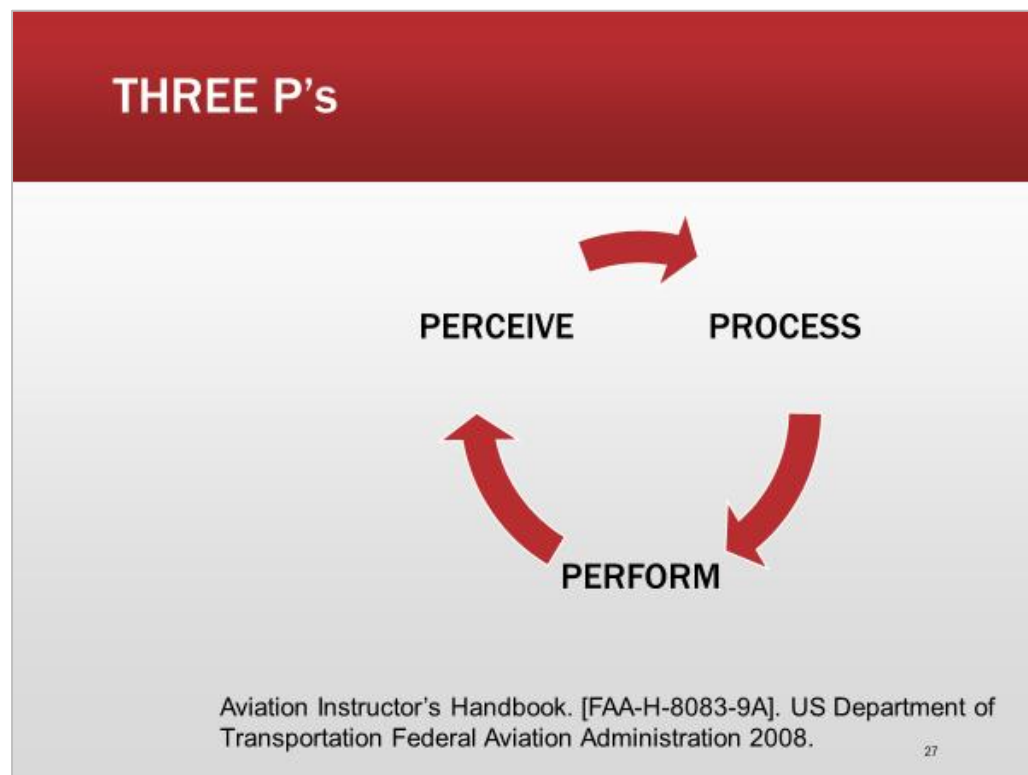
Background Information

- There are **1.5 million nonprofits** in the US
- **97% have budgets below \$5 million** (and 92% have budgets below \$1 million)
- Typical nonprofit is **community-based** and focused on local needs

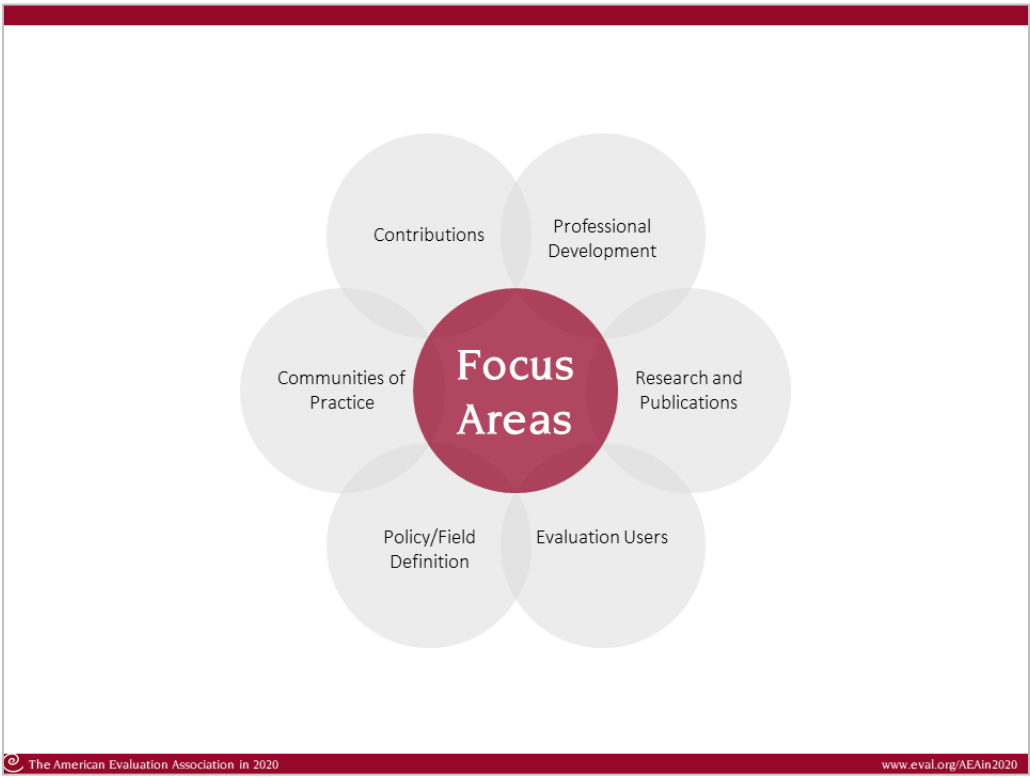
An outline map of the United States in a light green color. Overlaid on the map is the text '1.5 million nonprofits in the US' in a dark green, bold, sans-serif font.

**1.5 million
nonprofits
in the US**

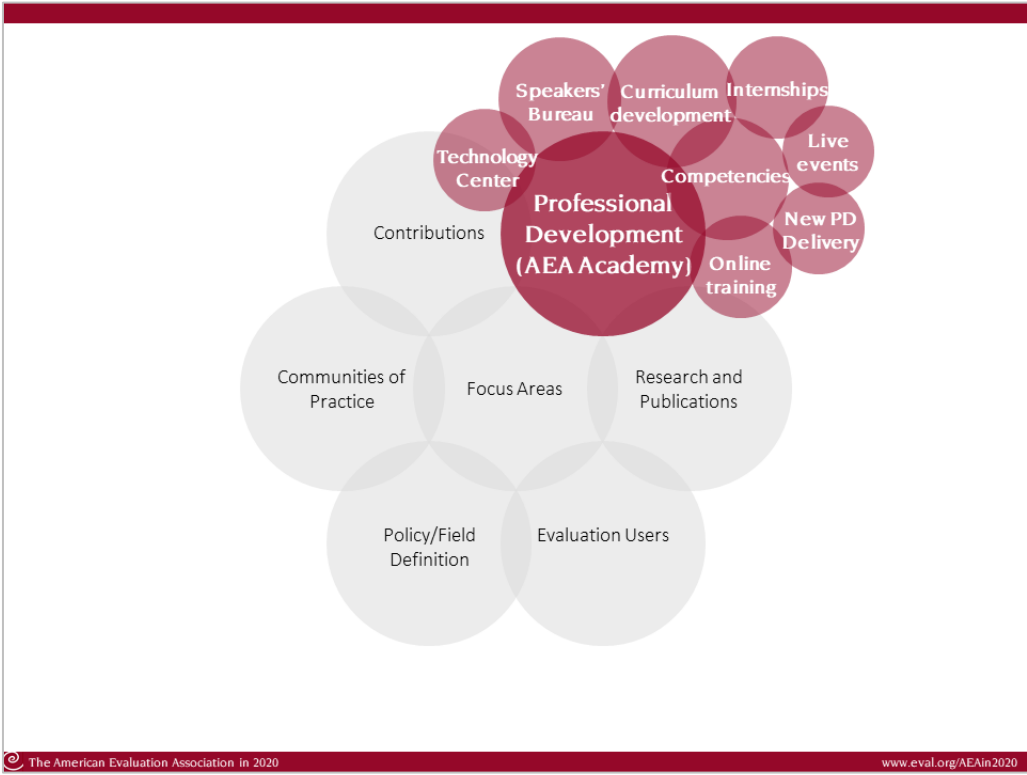
6 Diagrams



6 Diagrams



6 Diagrams



7 Timelines



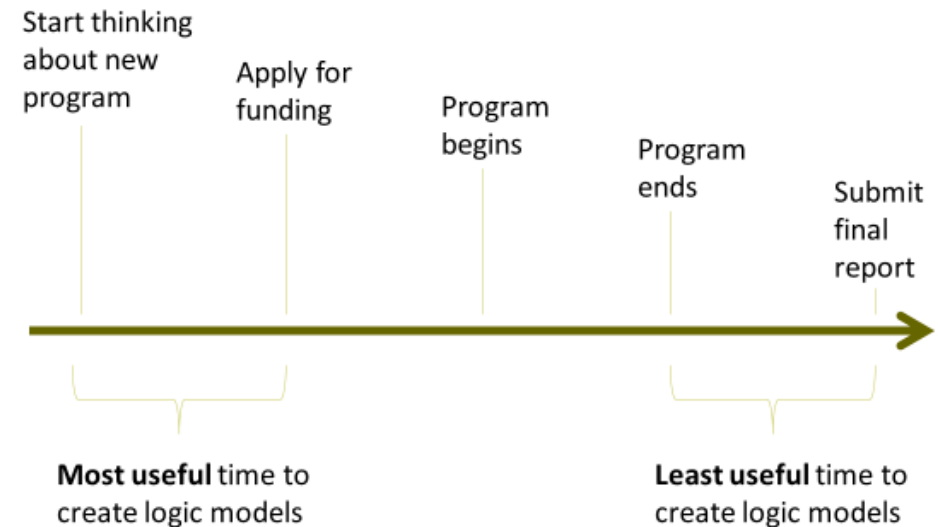
When should I make a logic model?

- Most useful time to create logic models
 - Start thinking about new program
 - Apply for funding
 - Program begins
- Least useful time to create logic models
 - Program ends
 - Submit final report

When should I make a logic model?



Ann



7 Timelines



Timeframe

- **July 2014:** Pilot begins
- **November 2016:** Pilot ends, next iteration begins

Timeframe

July 2014
Pilot begins

November 2016
Pilot ends
Next iteration begins





Anesthesiology: A Success Story in Safety

Anesthesia Patient Safety Foundation (APSF)

- Dramatic reduction in anesthesia-related deaths
 - from 1/10,000 in early 1980s to 1/200,000 today
- Raised awareness and culture of safety
- Technological advances are a part (e.g. pulse oximeters, capnometers, O₂ analyzers)
- Simulators
- Benefits to practitioners
 - Decreased malpractice rates

10

Success Story: Anesthesia



Anesthesia Patient Safety Foundation

Reduction in anesthesia-related deaths

- Early 1980s: 1 in 10,000
- Today: 1 in 200,000

Decreased malpractice rates

8 Logos



Partnerships

Our nonprofit partnered with:

- American University
- Catholic University
- University of Maryland
- University of the District of Columbia
- Northern Virginia Community College
- George Mason University
- George Washington University



9 Screenshots



1999: The 1st IOM Report *To Err is Human*

- The challenge
 - reduce medical errors by 50% in five years
- The call to action
 - non-punitive error reporting systems
 - legislation for peer review protections
 - performance standards for safety assurance
 - visible commitments to safety improvement
 - attention to medication safety

Source: Institute of Medicine 2000.

7

1999: First IOM Report



Source: Institute of Medicine 2000

The Challenge

Reduce medical errors by 50% in 5 years



Resources mentioned today

- Capacity and Organizational Readiness for Evaluation Tool
- Logic Model Template
- Theory of Change Cheat Sheet
- Evaluation Plan Template

Ann

Capacity and Organizational Readiness for Evaluation Tool

Logic Model Template

Theory of Change Cheat Sheet

Evaluation Plan Template

Ann K. Emery | Depict Data Studio

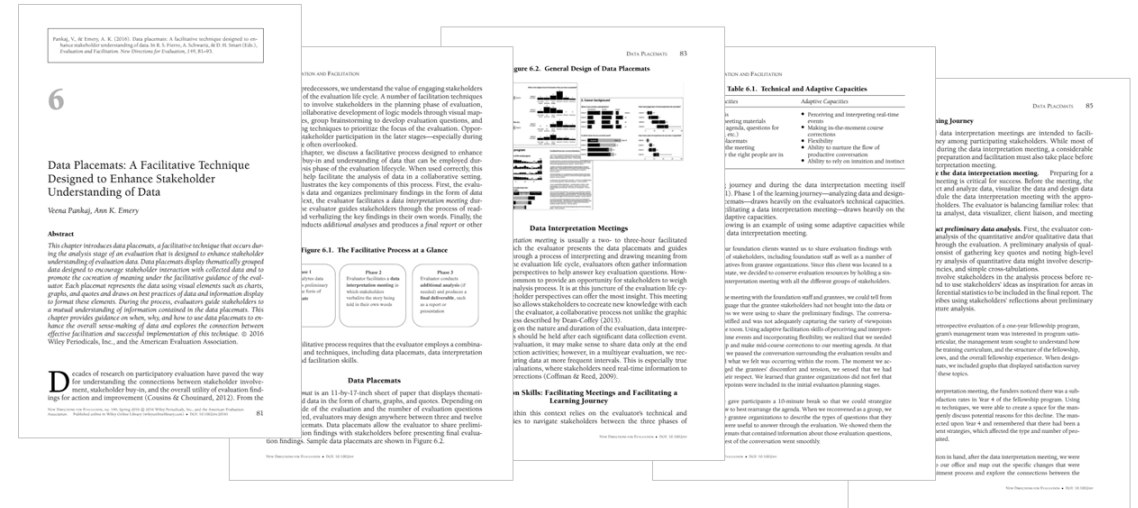
Full Article

For more information, please read the full article:

*Data Placemats: A Facilitative Technique
Designed to Enhance Stakeholder
Understanding of Data* by Veena Pankaj and Ann
Emery



Full Article



<https://onlinelibrary.wiley.com/doi/epdf/10.1002/ev.20181>

depict data studio

10 Text Overlaid on Images



Anesthesia Handoff Checklist

- | | |
|---|--|
| ✓ Patient team members / introductions | ✓ Patient response to anesthetic |
| ✓ History & pre-op labs | ✓ Anticipated duration |
| ✓ Type of anesthetic
Gen ET or LMA vs. MAC vs. local | ✓ Allergies |
| ✓ Meds given
antibiotics | ✓ Intake / Output: EBL |
| | ✓ Any complications encountered or anticipated |

26

Anesthesia Handoff





Communication failure

a leading source of adverse events in healthcare.

Evidence from Surgery, Medicine, Emergency Medicine

- Gawande – 43% of adverse events are due to communication failures between two or more clinicians
- Risser* – 54 tort claims from ED due to “teamwork failure”
- Sutcliffe – interviewed 26 med residents...communication failure cited in 70 adverse events

*MedTeams Research Consortium

3

Communication Failure

Gawande

43% of adverse events due to communication failures between two or more clinicians

Risser

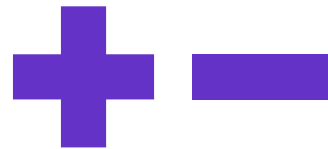
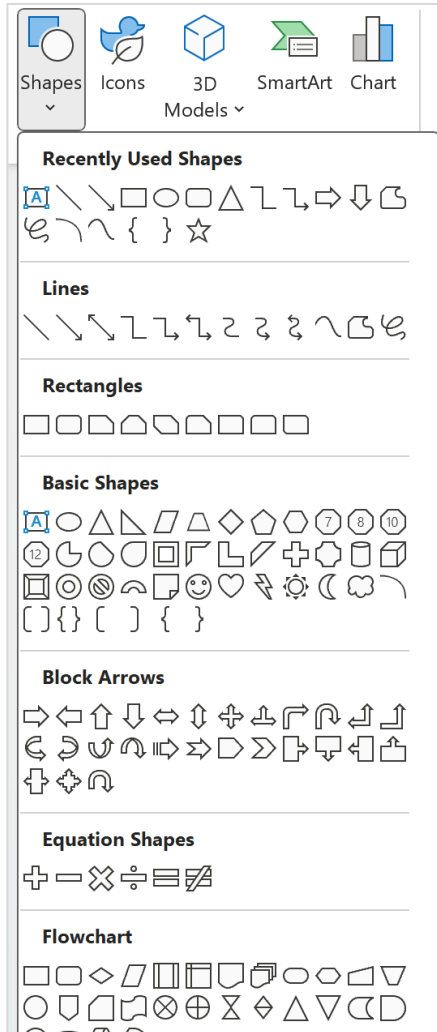
54 tort claims from ED due to “teamwork failure” *

Sutcliffe

Interviewed 26 med residents
Communication failure cited in 70 adverse events

*MedTeams Research Consortium

12 Shapes



13 Handwriting & Drawing



Make Sure Text is Horizontal

- Horizontal text is fastest to read
- Avoid diagonal text
- Avoid vertical text

Make Sure Text is Horizontal

Horizontal
text

~~Diagonal
text~~

~~Vertical
text~~

depict data studio

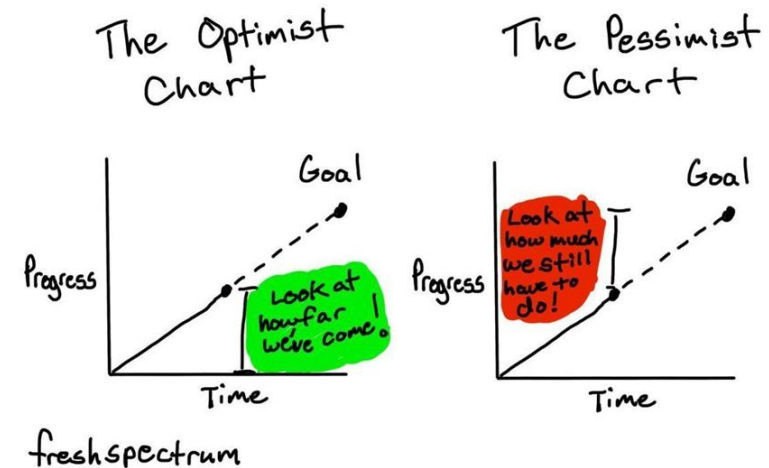
14 Cartoons & Memes



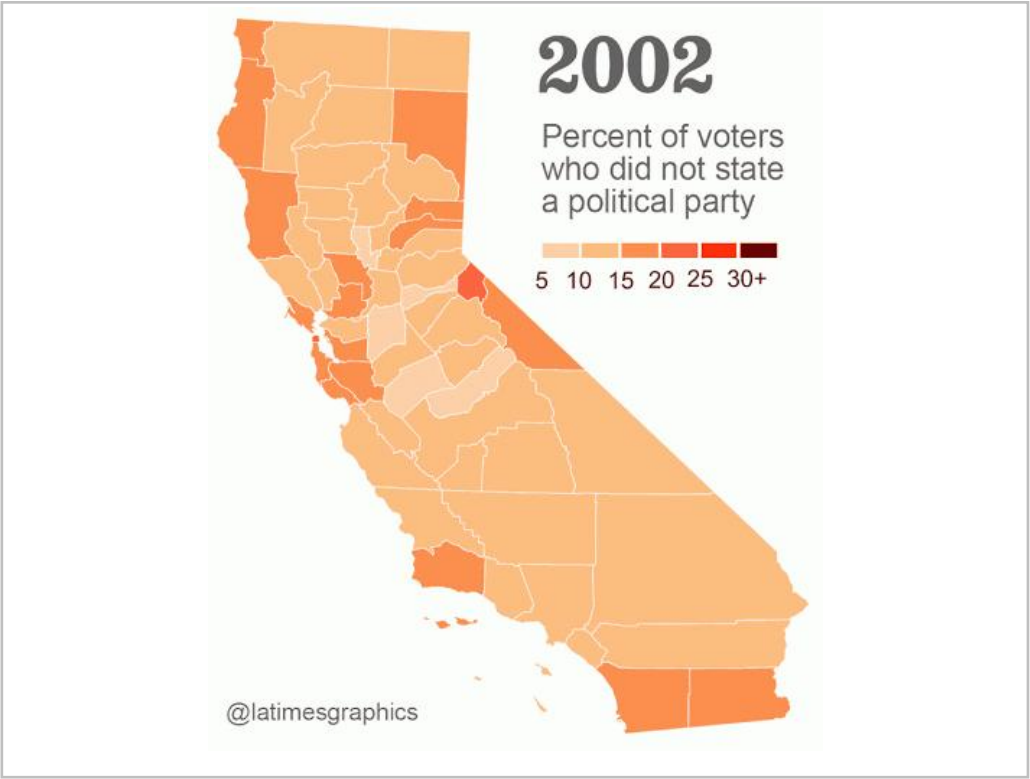
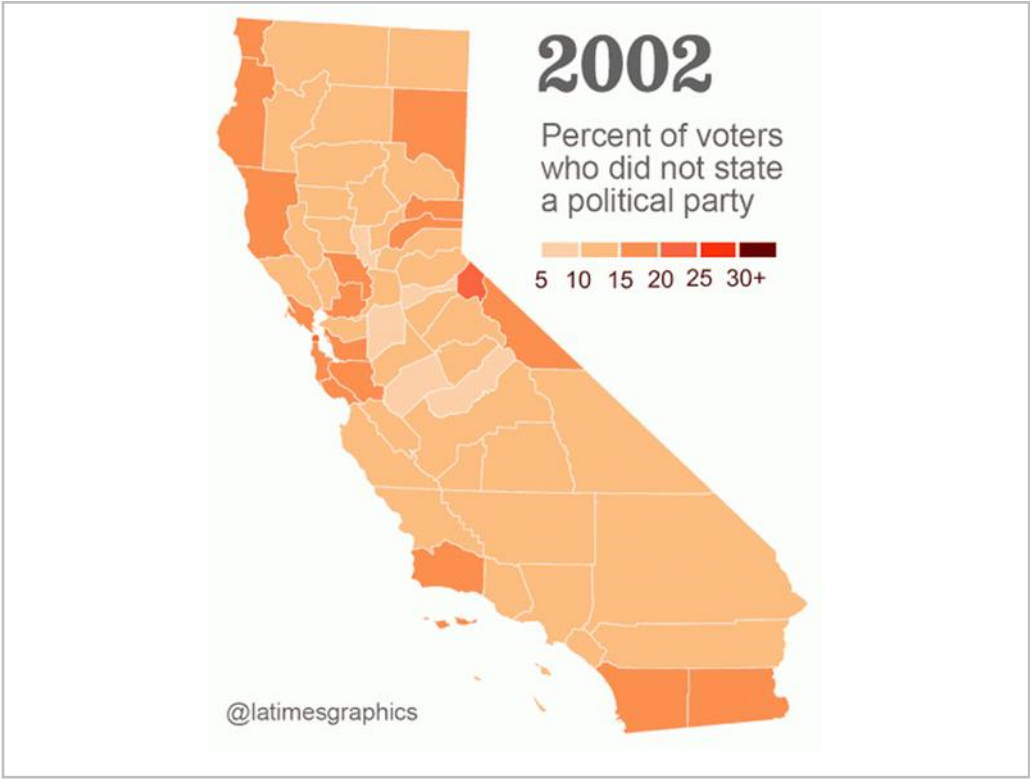
Colors Have a Tone & Personality

- The Optimist Chart might focus on “look at how far we’ve come!” and use greens/blues
- The Pessimist Chart might focus on “look at how much work we still have to do!” and use reds/oranges

Colors Have a Tone & Personality



depict data studio



15 Ideas for Body Slides

File Home Insert Draw Design Transitions Animations Slide Show Record Review View Add-ins Help

Record Share

Undo Paste Clipboard Slides Font Paragraph Drawing Editing Voice Designer

1 **Medical Errors**

2 **Extent of the Problem**

3 **1999: The 1st IOM Report To Err is Human**

4 **Federal Mandates for Quality Improvement**

5 **2001: The 2nd IOM Report Crossing the Quality Chasm**

6 **Communication failure**
a leading source of adverse events in healthcare.

7 **Root Causes of Sentinel Events**
(All categories; 2005)

8 **Morphine Given During Break**

Slide 1 of 66 Accessibility: Investigate Display Settings 100%

Medical Errors



Extent of the Problem

Estimated Impact of Medical Errors

- 44,000–98,000 deaths per year
- Medication errors are especially prevalent

Source: Institute of Medicine 2000.

1999: The 1st IOM Report To Err is Human

- The challenge
 - reduce medical errors by 50% in five years
- The call to action
 - non-punitive error reporting systems
 - legislation for peer review protections
 - performance standards for safety assurance
 - visible commitments to safety improvement
 - attention to medication safety

Source: Institute of Medicine 2000.

Federal Mandates for Quality Improvement

1997: Advisory Commission on Consumer Protection and Quality in the Health Care Industry

1998: Advisory Commission cites quality problems

- avoidable errors
- underutilization of services
- overuse of services
- variation in services

1998: Quality Interagency Coordination (QuIC) Task Force focuses on medical error research

2001: The 2nd IOM Report Crossing the Quality Chasm

- Safety is a key dimension of quality
- Systems approach to safety improvement
 - simply trying harder will not work
 - stepwise correction of problems in the system is the key to success
 - overcome the culture of blame and shame:
Human error is to be expected!

Source: Institute of Medicine 2001.

Communication failure

a leading source of adverse events in healthcare.

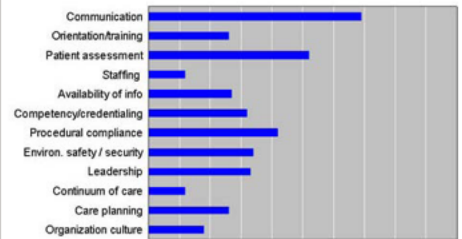
Evidence from Surgery, Medicine, Emergency Medicine

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- Risser* – 54 tort claims from ED due to “teamwork failure”
- Sutcliffe – interviewed 26 med residents...communication failure cited in 70 adverse events

*MedTeams Research Consortium

Root Causes of Sentinel Events

(All categories; 2005)



Morphine Given During Break

Patient states emphatically Morphine® causes her severe nausea and vomiting. She receives 10mg of Morphine from a provider who is “just giving a break”. Intractable nausea and vomiting begins in the PACU and she has to be admitted overnight.

- ✓ Communication during handoffs
- ✓ Lack of standardization for anesthesia handoff

15 Ideas for Body Slides

File Home Insert Draw Design Transitions Animations Slide Show Record Review View Add-ins Help

Record Share

Undo Paste New Slide Font Paragraph Drawing Editing Voice Designer

Medical Errors

1 ★

History

2 ★

The Problem

44,000–98,000 deaths per year
Medication errors are especially prevalent

3 ★

1999: First IOM Report

The Challenge
Reduce medical errors by 50% in 5 years

4 ★

1999: First IOM Report

Calls to Action

- non-punitive error reporting systems
- legislation for peer review protections
- performance standards for safety assurance
- visible commitments to safety improvement
- attention to medication safety

5 ★

2001: Second IOM Report

Safety is a key dimension of quality
Systems approach to safety improvement

- simply trying harder will not work
- stepwise correction of problems in the system is the key to success
- overcome the culture of blame and shame: **Human error is to be expected!**

6 ★

Causes

7 ★

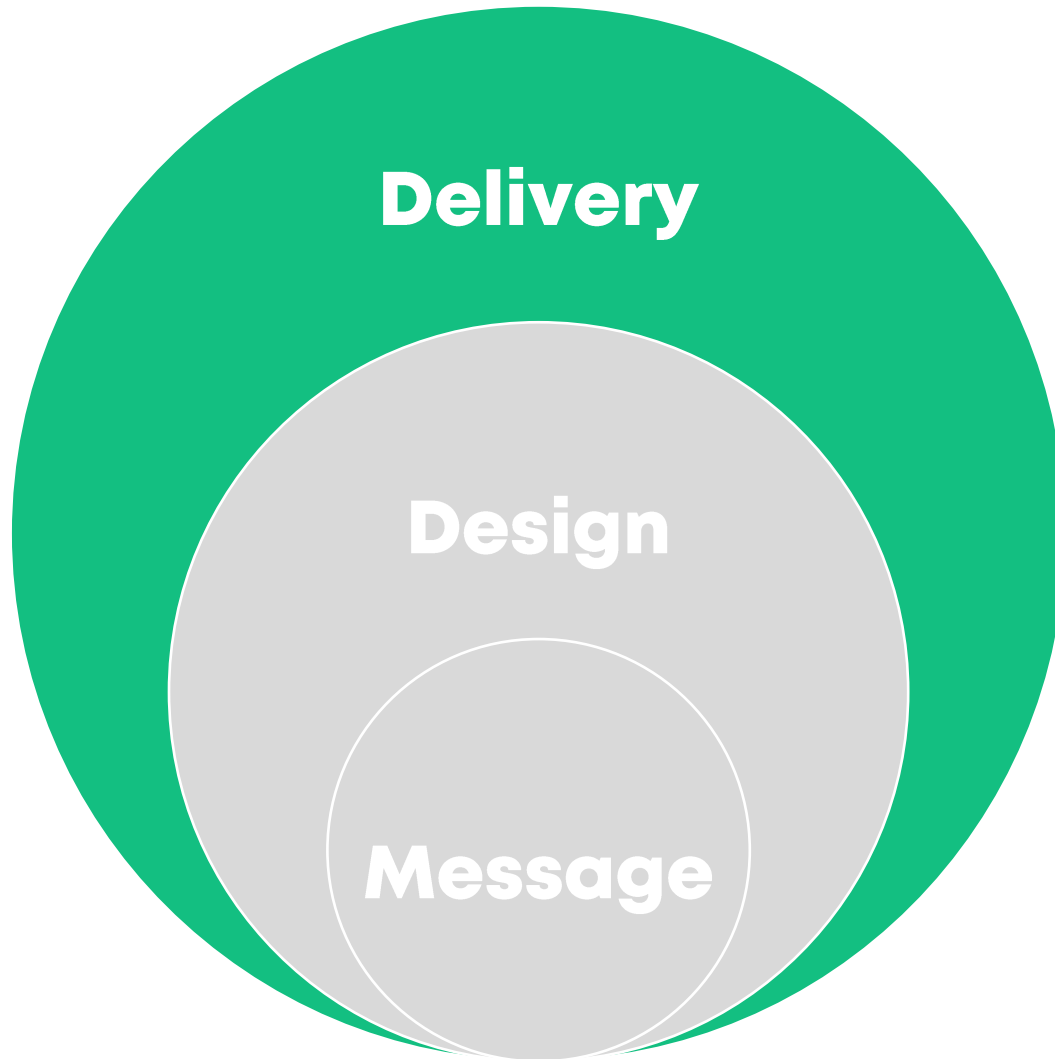
Communication Failure

Gawande	Risser	Sutcliffe
43% of adverse events due to communication failures between two or more clinicians	54 tort claims from ED due to "teamwork failure" *	Interviewed 26 med residents Communication failure cited in 70 adverse events

* MedTeams Research Consortium

8 ★

The Powerful Presentations Ripple Effect

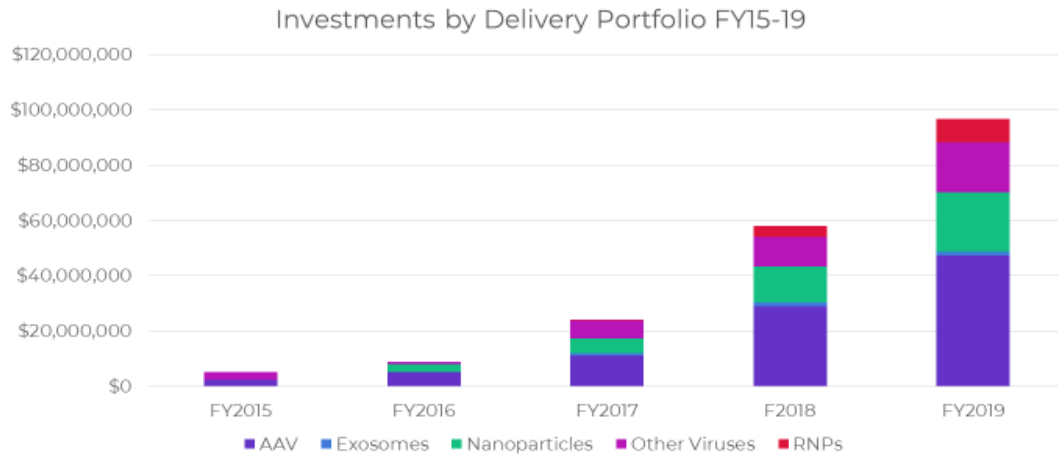


- Storyboard
- Use a Microphone
- Make Eye Contact
- Adjust the Lighting
- Decorate the Background
- Use Your Hands
- Bring the Energy
- Reduce Filler Words
- Focus on the Audience

Showing One Piece at a Time



Figure 3: Investments for each genome editing delivery method over FY15-19



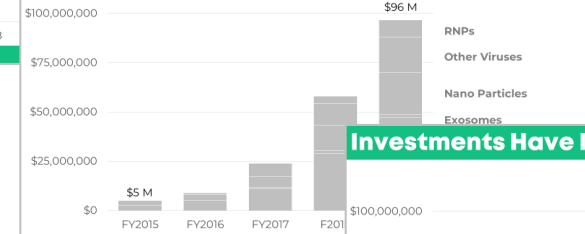
depict data studio

Investments Have Increased



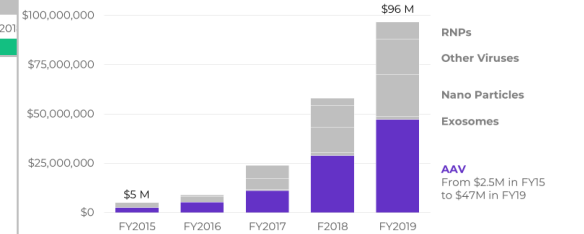
depict data studio

Investments Have Increased



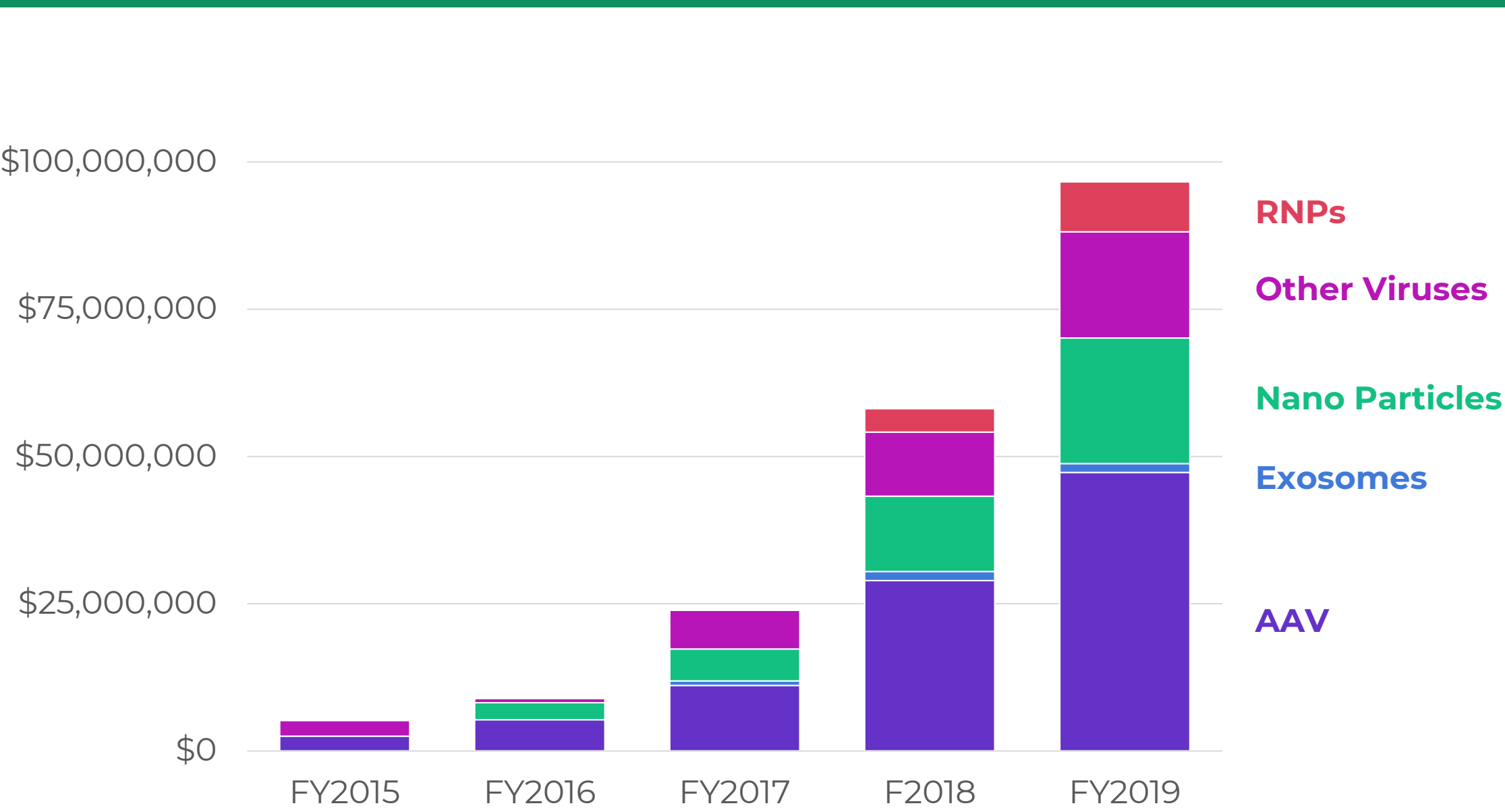
depict data studio

Investments Have Increased



depict data studio

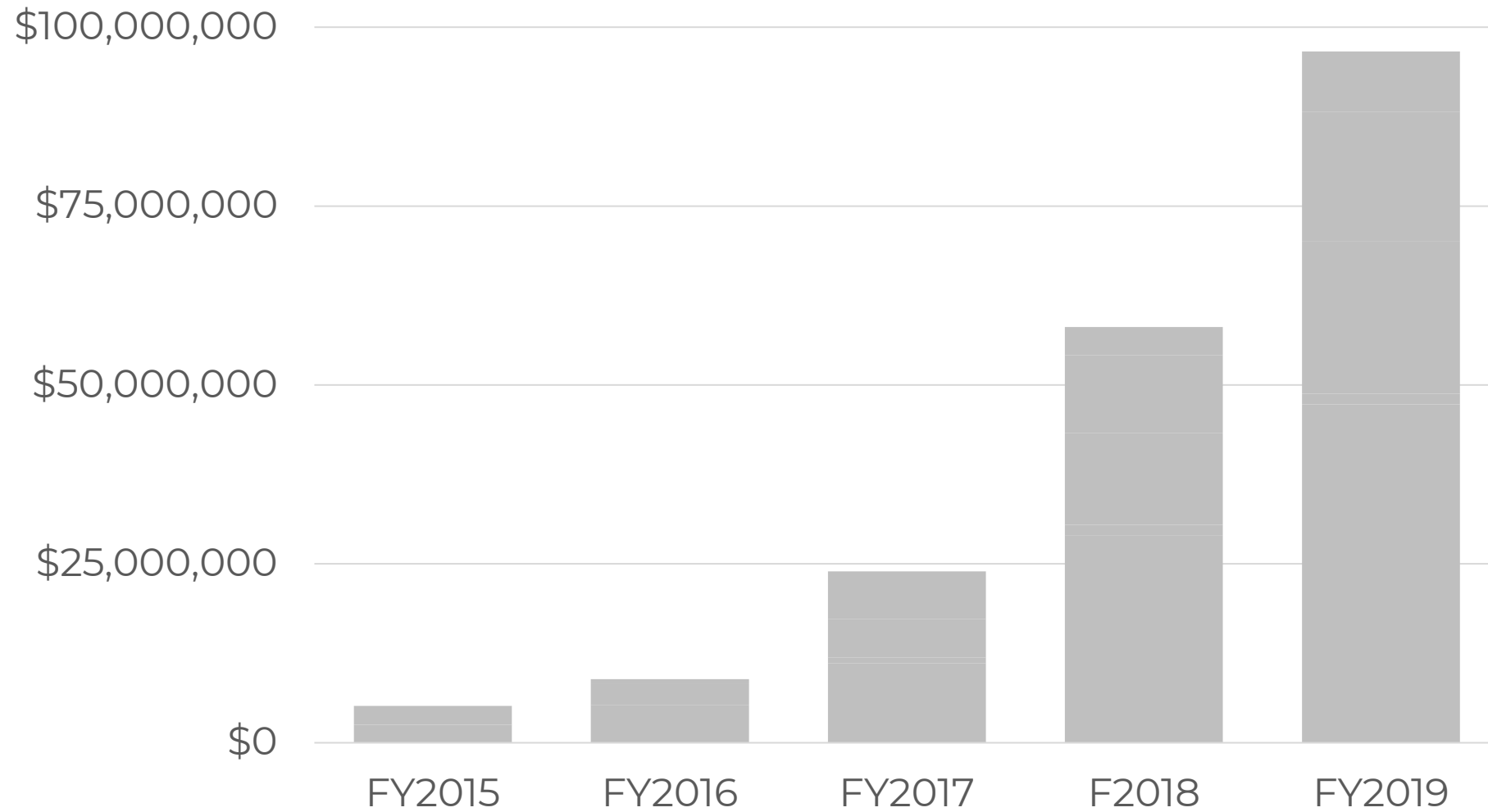
Investments for each genome editing delivery method over FY15-19



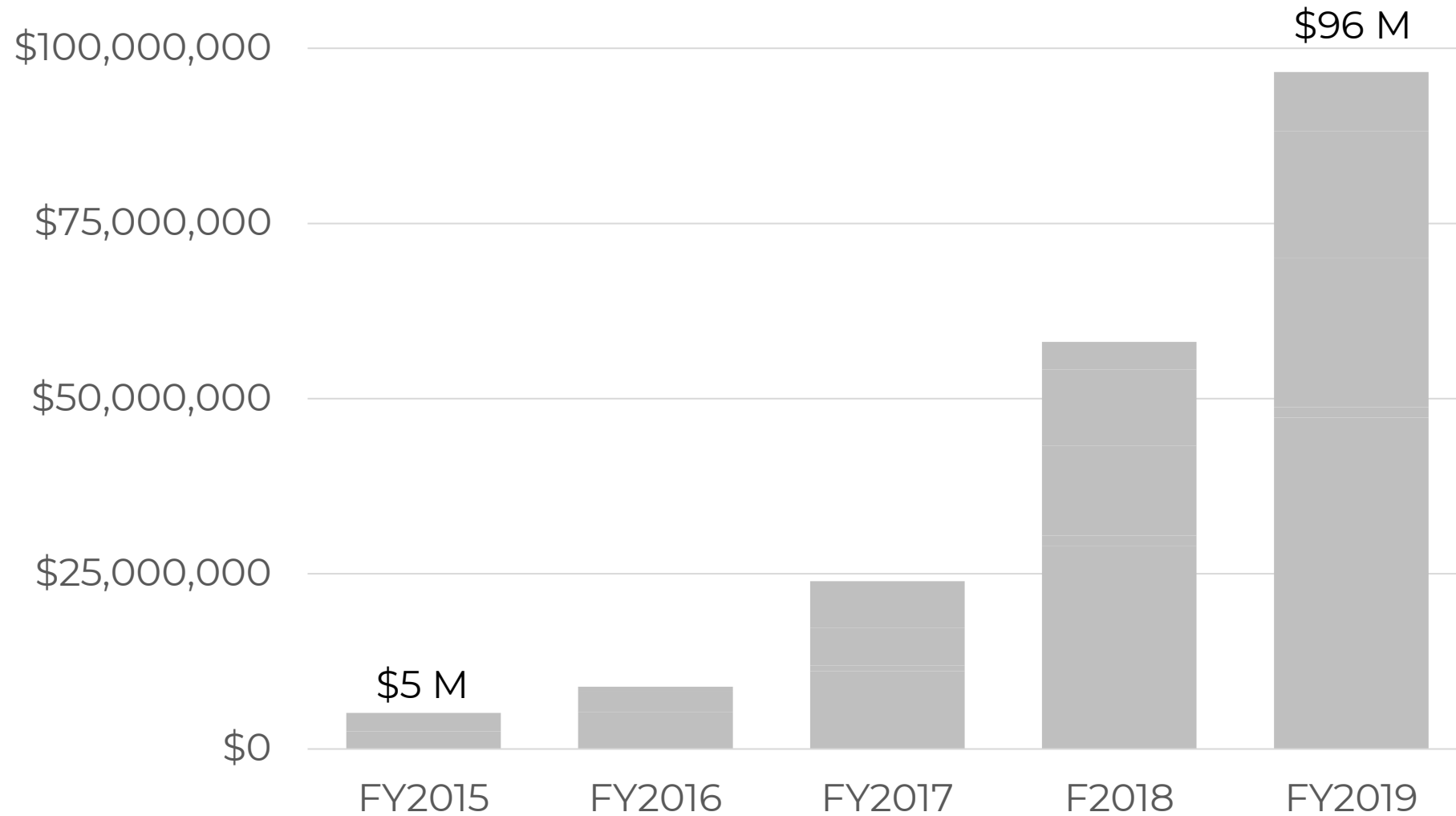
Investments: Increased over past 5 years



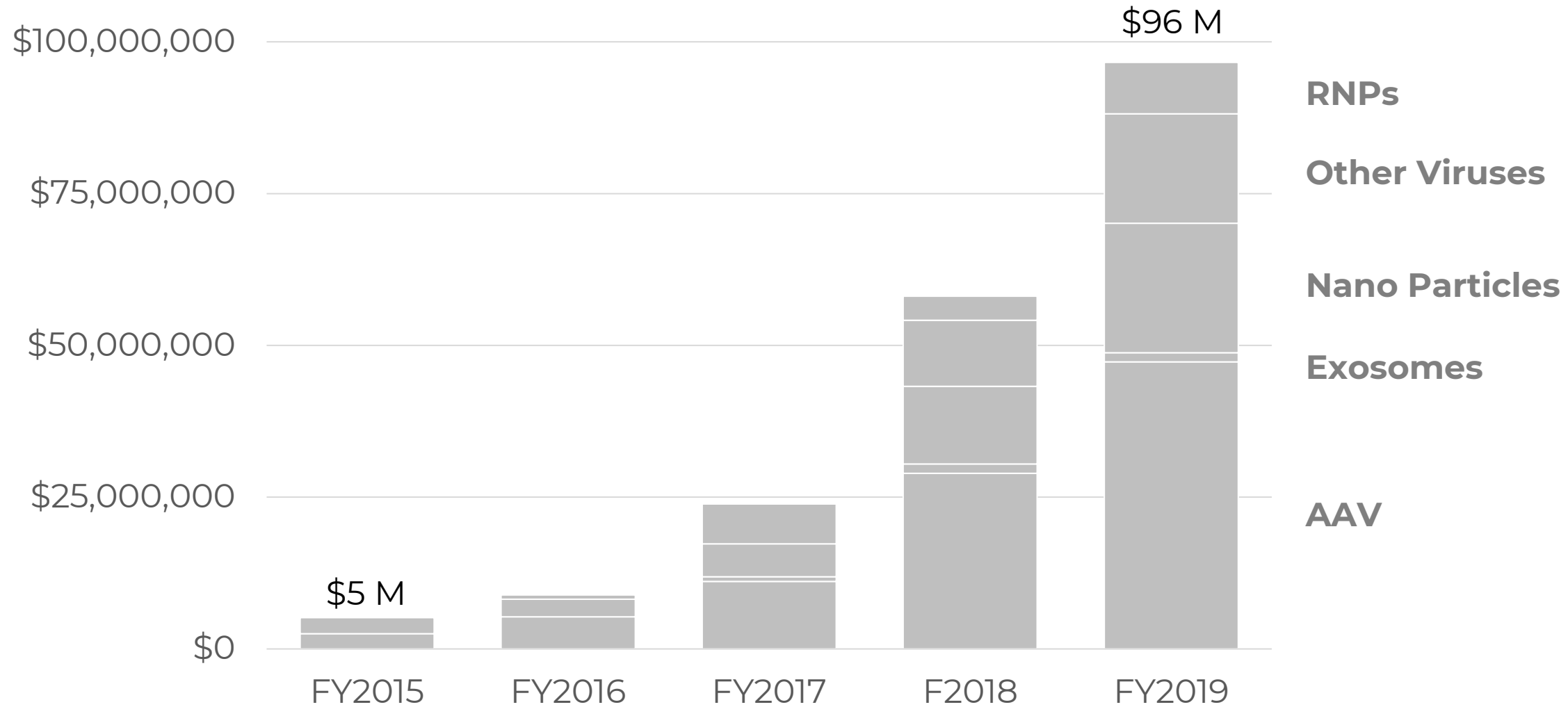
Investments: Increased over past 5 years



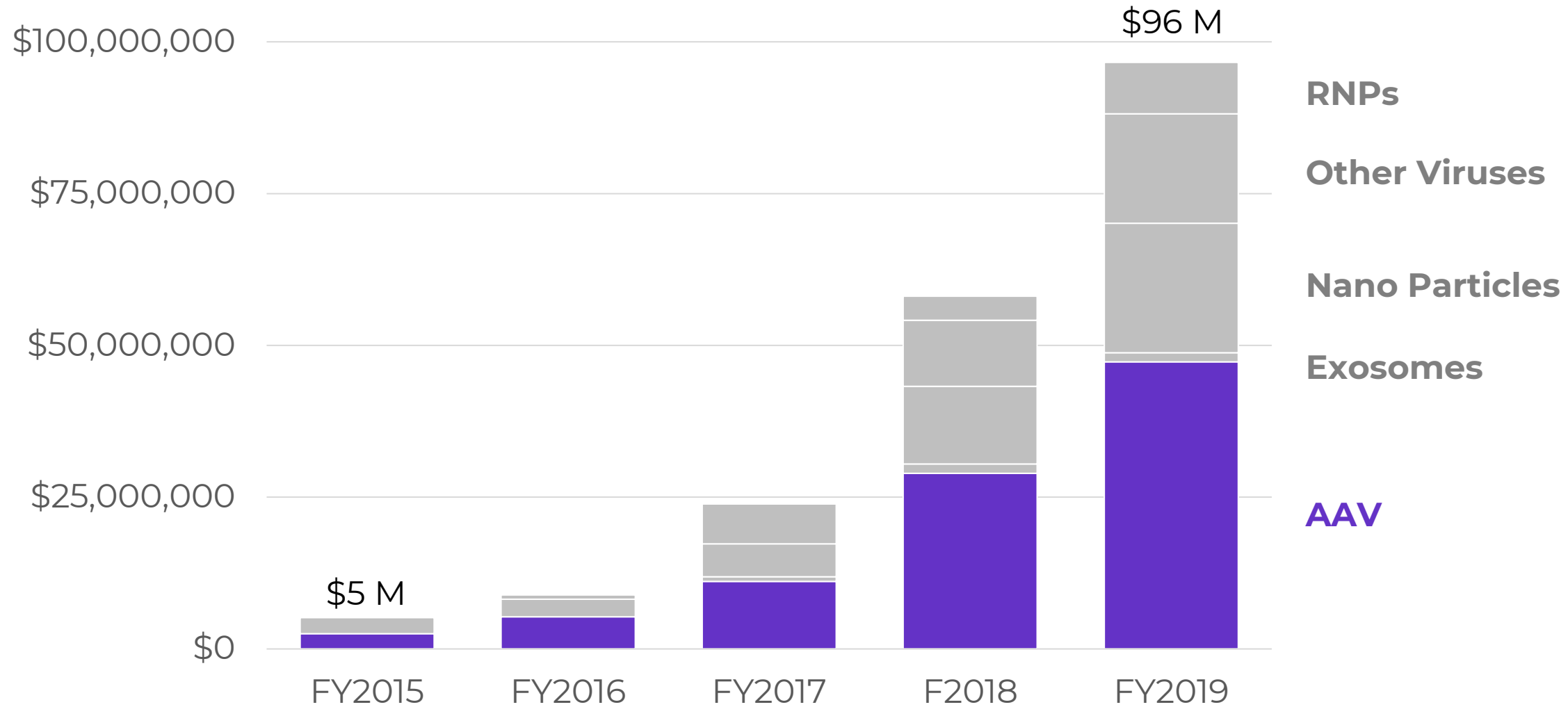
Investments: Increased over past 5 years



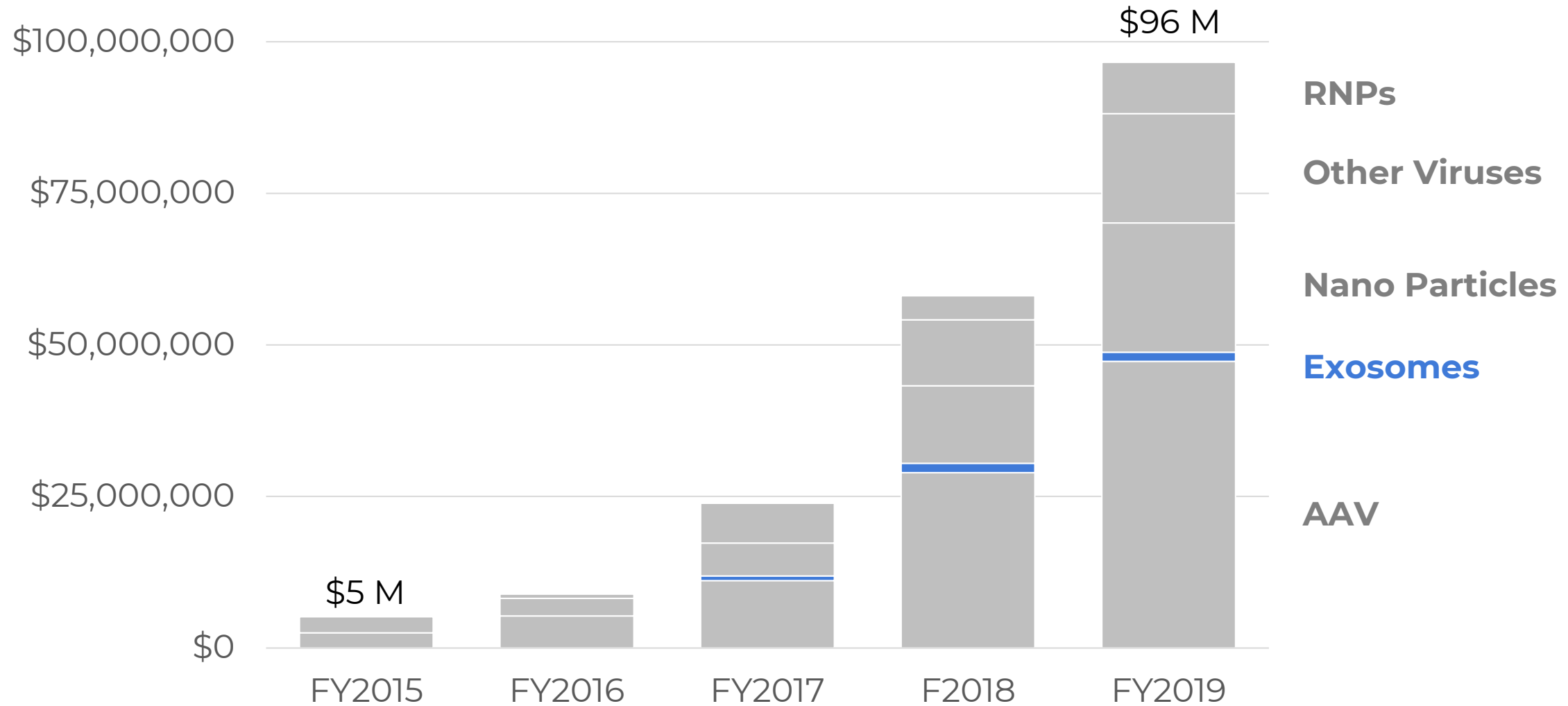
Investments: Increased over past 5 years



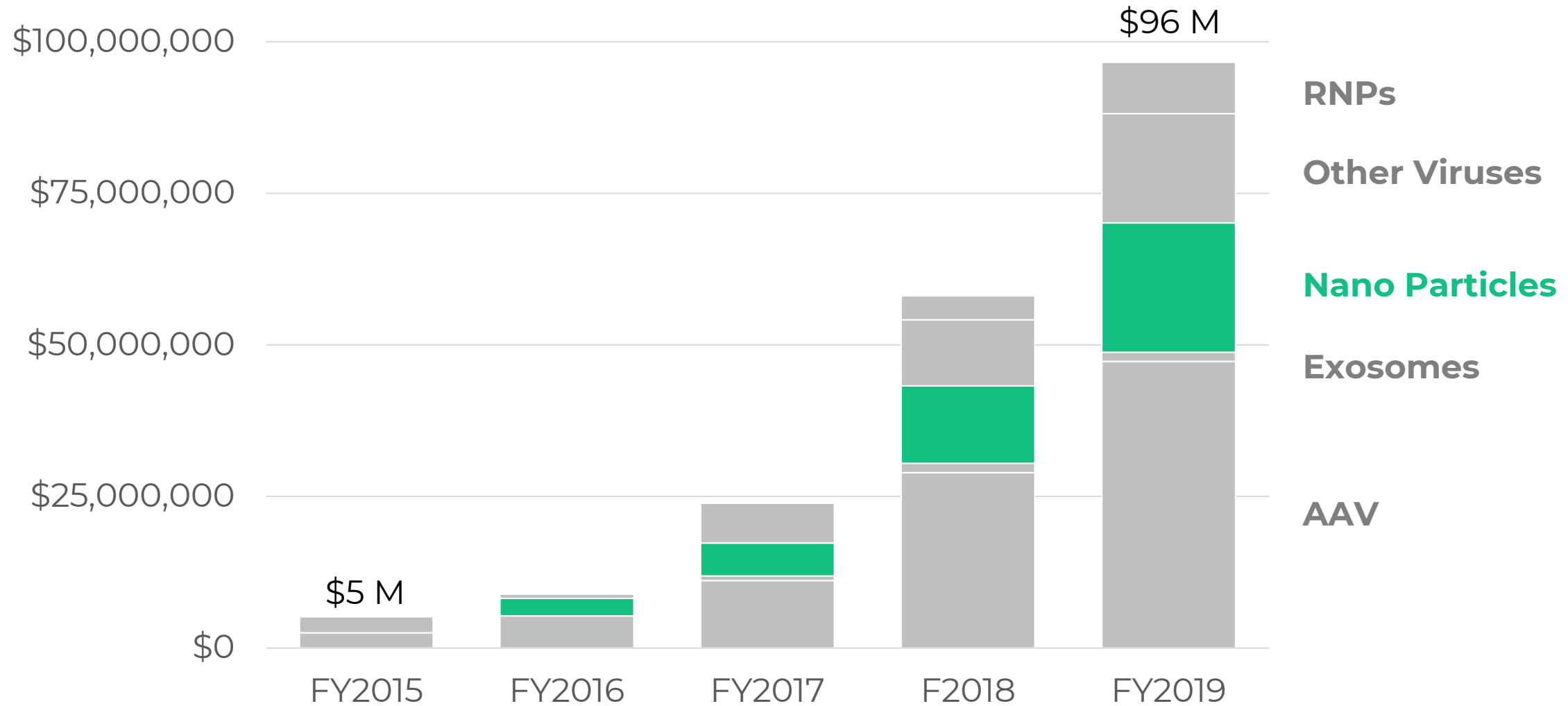
Investments: Increased over past 5 years



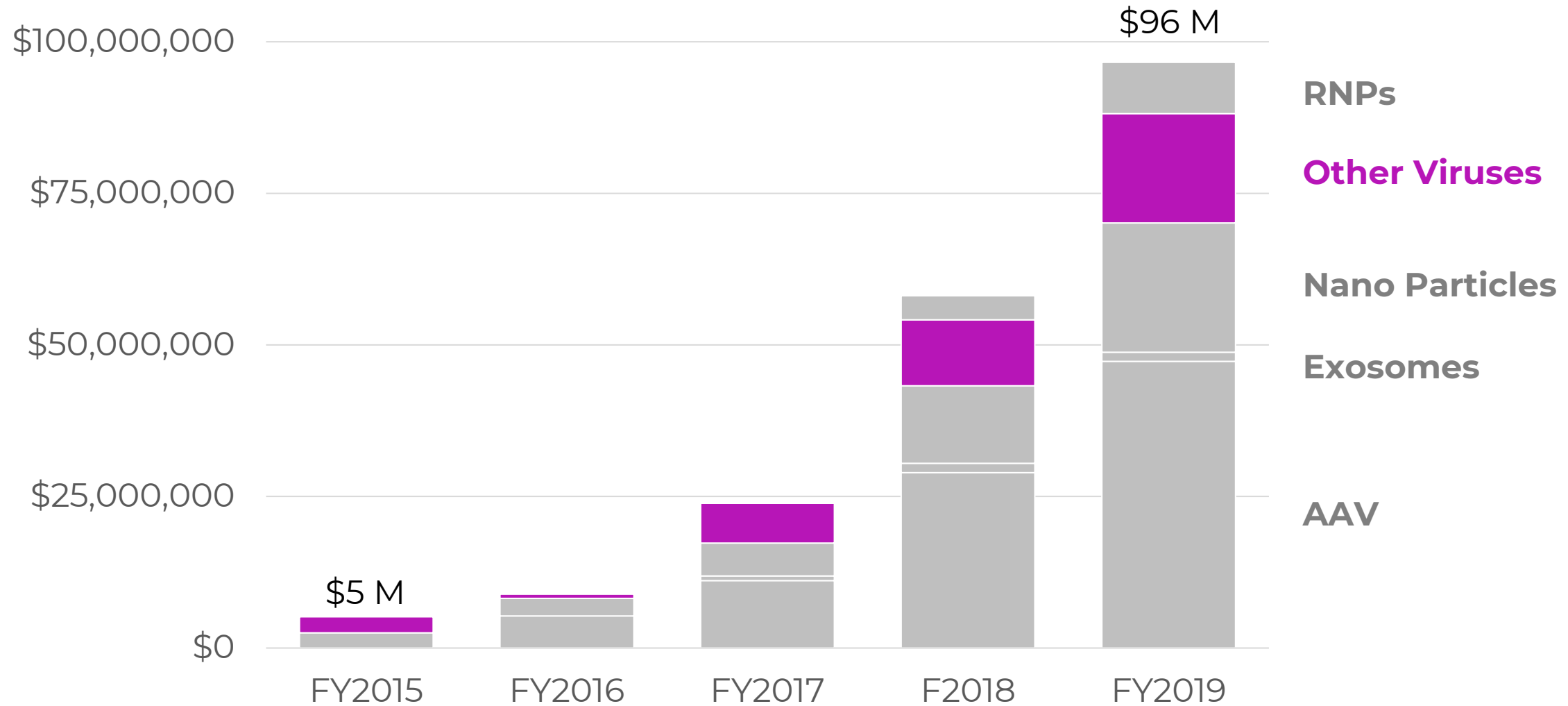
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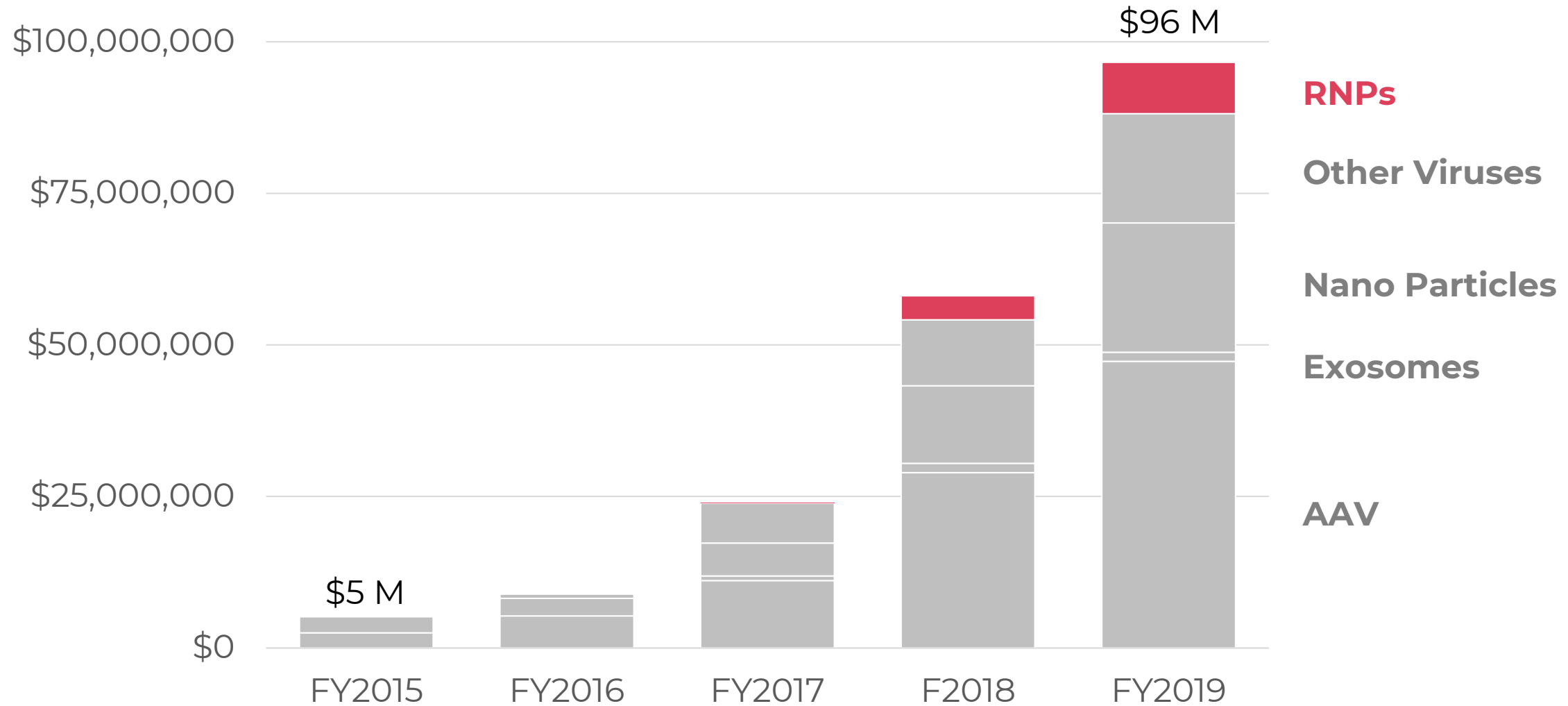
Investments: Increased over past 5 years



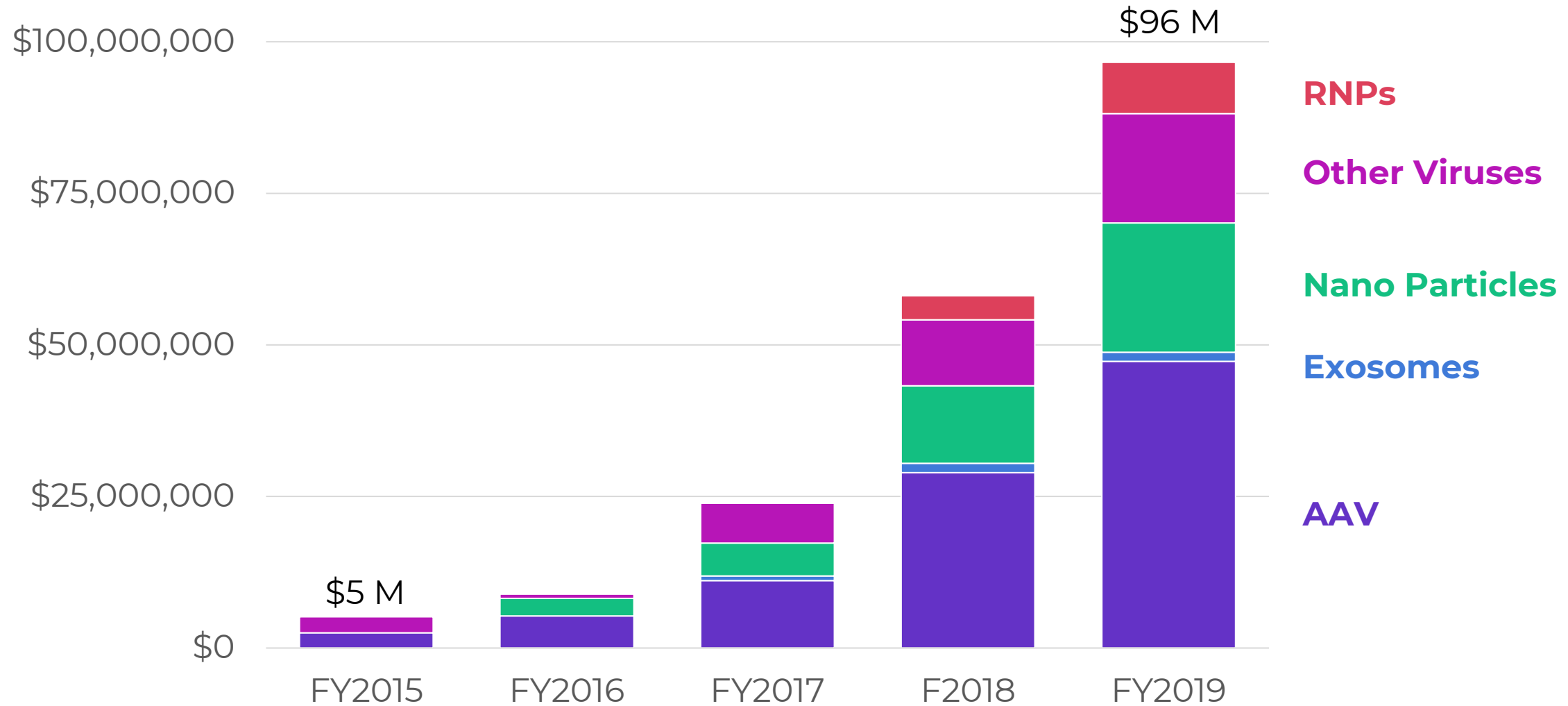
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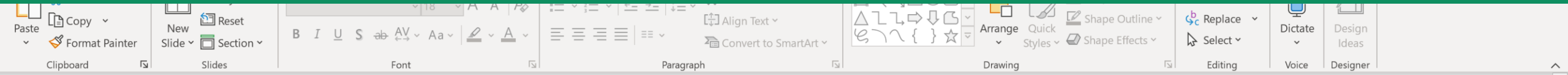
Investments: Increased over past 5 years



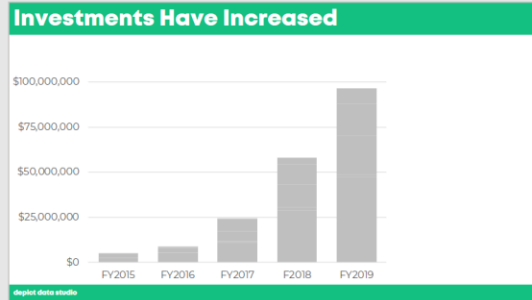
Investments: Increased over past 5 years



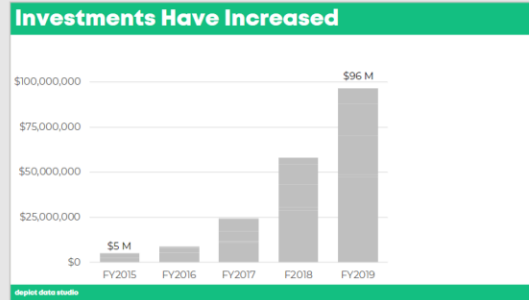
Showing One Piece at a Time



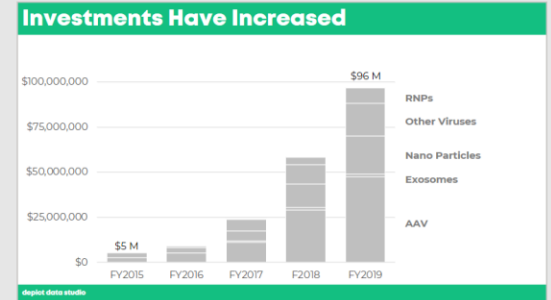
774



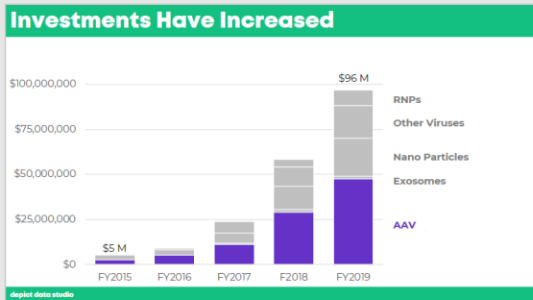
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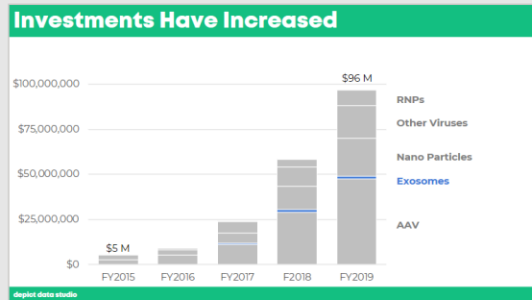
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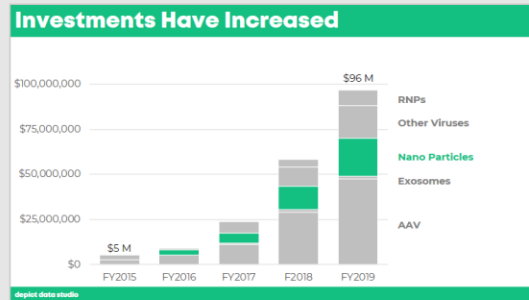
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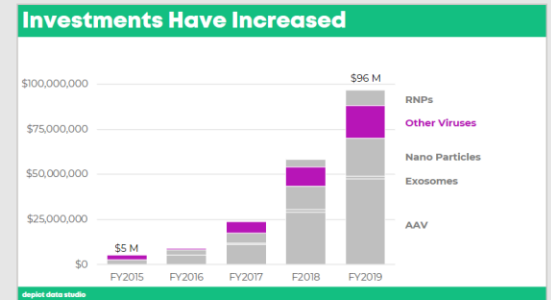
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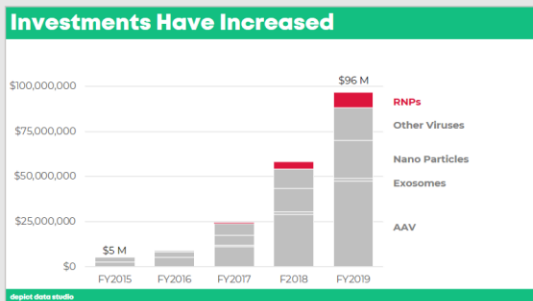
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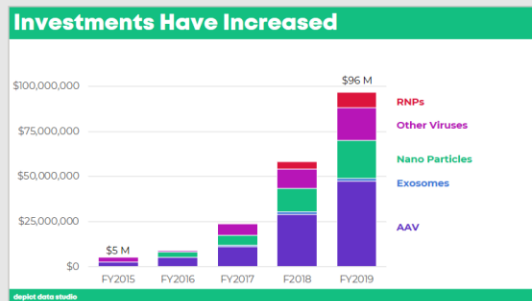
780



781



782



783

Window Snip