ABSTRACT SUBMISSION GUIDLINES

- Delegates, who would like to present their work at the meeting, either orally or as a poster, are invited to submit an abstract for consideration by the Scientific Committee.

Please read this information carefully before proceeding to the online submission form

1. IMPORTANT DATES
   - Submissions accepted from: 19 October 2016
   - Submission deadline: 15 February 2017, midnight, CET
   - Final Notifications to submitters: End of April 2017

   Abstracts received after the deadline will not be accepted!

2. TECHNICAL REQUIREMENTS
   - The internet abstract submission system works best with Internet Explorer 8.0 or higher, Mozilla Firefox 5.0 or higher and Chrome 16 or higher
   - Cookies and JavaScript needs to be enabled

3. GENERAL
   - Abstracts can only be submitted online via the abstract submission form that can be found on the official ISQua 2017 conference website: www.isqua.org

   Abstracts sent by post or email will not be accepted. No exceptions will be made.

ABSTRACT TOPICS: Abstracts are accepted on a wide range of topics. The corresponding topic must be selected to ensure correct scoring of the abstract. The content of the abstract must be topic related.

Theme
Learning at the System Level to Improve Healthcare Quality and Safety.

Tracks
There are certain keywords that are relevant to all tracks i.e. person centered, evidence based, measurement, quality improvement, leadership, innovation and change.

1. The Patient’s Voice
   - Keywords: Patient experience, Patient reported outcome measures, Co-production, Family centered care, Self-management, Shared decisions, Equitable care, Person centered care

2. Data to Drive Health Policy
   - Keywords: Leadership, Governance, Measurement, Evidence-base, use of data, Quality of data, Linking routine data, Big data sets

3. Sustainable Quality Improvement for LMIC
   - Keywords: Learning from each other, Cost-effective technology, Health Systems Strengthening, Safe childbirth, maternal and child wellbeing, creating life opportunities, preventing future disease patterns

4. Regulations Influence on Governance
Keywords: Accreditation, External evaluation, Setting standards, Aligning to measurement, Maintaining adherence to standards, System level quality

5. Understanding Systems for Safety
   Keywords: Safety solutions to avoid harm, Human factors, Clinical governance, Safe transitions of care, Resilience and reliability, Delayed or missed diagnoses, Translation of research into practice, Communication

6. Education through Learning and Sharing
   Keywords: The quality curriculum, translating knowledge and skills into practice, scaling up quality improvement capability, building capacity, Systems of learning, Networks for learning and sharing, Social media approaches

7. Attribution of Improvement Outcomes
   Keywords: Implementation Science, Evaluation methodology, Context, Essential ingredients for change, Local spread and System level scale up

8. Disruptive Improvement and Adaptive change
   Keywords: Change management, Quality improvement, Balance between scientific discovery and implementation, Innovation, Precision medicine

9. Quality and Safety in Crises
   Keywords: Healthcare in war zones, Displacement, Refugees, Global health epidemics

10. Quality in Mental health
    Keywords: Community care, Service user involvement, Access to care, Parity of physical and mental health services

11. Quality in the Community
    Keywords: Integrated care, Multidisciplinary team, Primary care, Prevention, Community assets for health

- In case the paper has already been submitted for and presented at another meeting kindly mention this in the respective section.
- For standardization, the acceptable length of the abstract is of maximum 3’800 characters. This includes the author’s details, titles and non-visible characters, such as spaces and line breaks.
- Abstracts can be saved in “Draft” status to be re-edited and modified until the submission deadline (15 February 2017, midnight CET). Therefore, the submitter will be required to create a user account.
- Abstracts fulfilling all criteria can be saved in “Final submission” status. Only abstracts in “Final submission” status will be regarded as successfully submitted and considered for the meeting.
- The submitted / draft abstracts cannot be edited after the submission deadline (15 February 2017, midnight CET)
- The abstract should be structured into the following sections:
  - A title which clearly indicates the nature of the investigation. It should describe an improvement to healthcare, broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency and equity of healthcare.
  - Introduction to include,
    - Problem description and summary of available knowledge
    - Objectives should contain 1-2 sentences that clearly indicate the scientific question and objectives of the study and its clinical (or other) importance
  - Methods should contain sufficient information to be able to understand the experimental design, the analytical techniques and the statistics used in the study. Ethical considerations should be documented.
  - Results should contain objective data to answer the scientific question(s). This could include associations between interventions and outcomes, including unintended consequences. A graph could be used here.
Conclusion should provide (based on study results) implications for clinical practice, potential for spread and next steps, avoiding speculation and overgeneralization.

References, please note that this field is not mandatory, however it will be included in the characters count.

One table may be inserted. However, it is included in the characters count. Please note that tables may significantly reduce the number of available characters.

Images and graphics may NOT be inserted.

• Conflict of interest: It is the intent of the ISQua to provide high-quality sessions focused on educational content that is free from commercial influence or bias. Thus the submitting author of an abstract is requested to declare any potential conflicts of interest for all authors during abstract submission. Sources of funding that supported this work should also be declared.

• Abbreviations should be kept to a minimum and defined.

• The submission of an abstract constitutes a formal commitment by the submitting (presenting) author to present the abstract (if accepted) in the session and the time assigned by the Scientific Committee. Registration fees will not be waived.

• The presenting author of the abstract must be registered to attend the conference. In order to benefit from the Early Bird Fee, you must register by 5 July 2017.

• Please ensure your abstract does not contain spelling, grammar, or scientific mistakes, as it will be reproduced exactly as submitted. Linguistic accuracy is your responsibility. No proof reading will be done.

AFTER THE SUBMISSION

• The submitting authors will be notified by the end of April 2016 at the email address provided during submission whether their abstract has been accepted.

• If you need to withdraw your abstract after the submission deadline, a written statement reflecting the reasons for this decision must be sent to isqua2017abs@mci-group.com not later than mid-May 2017.

PRESENTATION OF ABSTRACTS

• Abstracts can be accepted either as poster, video or oral communication.

• If your abstract is accepted as a poster, you will be requested to be available for discussion during the corresponding poster viewing session.

• Details on poster format and full presentation guidelines will be included in the notification letter and posted on the conference website

• Furthermore, submission of an abstract constitutes a formal commitment by the author to present the abstract in the session and at the time decided upon by the Scientific Committee.

• Any change of the presenting author needs to be communicated in the form of a written statement to isqua2017abs@mci-group.com. If the original presenting authors are unable to present, the abstract it is their responsibility to ensure that one of the co-authors take over this role.

PROBLEMS SUBMITTING?

• If you experience any kind of problem or if you have questions, please do not hesitate to contact:
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  Email: isqua2017abs@mci-group.com

About ISQua

ISQua is a non-profit independent organization which focuses on sharing international knowledge and experiences about science and knowledge underpinning the safe delivery of quality health care.
Glossary of key terms used:

**Assumptions**
Reasons for choosing the activities and tools used to bring about changes in healthcare services at the system level.

**Context**
Physical and sociocultural makeup of the local environment (for example, external environmental factors, organizational dynamics, collaboration, resources, leadership, and the like), and the interpretation of these factors (“sense-making”) by the healthcare delivery professionals, patients, and caregivers that can affect the effectiveness and generalizability of intervention(s).

**Ethical aspects**
The value of system-level initiatives relative to their potential for harm, burden, and cost to the stakeholders. Potential harms particularly associated with efforts to improve the quality, safety, and value of healthcare services include opportunity costs, invasion of privacy, and staff distress resulting from disclosure of poor performance.

**Generalizability**
The likelihood that the intervention(s) in a particular report would produce similar results in other settings, situations, or environments (also referred to as external validity).

**Healthcare improvement**
Any systematic effort intended to raise the quality, safety, and value of healthcare services, usually done at the system level. We encourage the use of this phrase rather than “quality improvement,” which often refers to more narrowly defined approaches.

**Inferences**
The meaning of findings or data, as interpreted by the stakeholders in healthcare services – improvers, healthcare delivery professionals, and/or patients and families.

**Initiative**
A broad term that can refer to organization-wide programs, narrowly focused projects, or the details of specific interventions (for example, planning, execution, and assessment).

**Internal validity**
Demonstrable, credible evidence for efficacy (meaningful impact or change) resulting from introduction of a specific intervention into a particular healthcare system.

**Intervention(s)**
The specific activities and tools introduced into a healthcare system with the aim of changing its performance for the better. Complete description of an intervention includes its inputs, internal activities, and outputs (in the form of a logic model, for example), and the mechanism(s) by which these components are expected to produce changes in a system’s performance.

**Opportunity costs**
Loss of the ability to perform other tasks or meet other responsibilities resulting from the diversion of resources needed to introduce, test, or sustain a particular improvement initiative.

**Problem**
Meaningful disruption, failure, inadequacy, distress, confusion or other dysfunction in a healthcare service delivery system that adversely affects patients, staff, or the system as a whole, or that prevents care from reaching its full potential.

**Process**
The routines and other activities through which healthcare services are delivered.

**Rationale**
Explanation of why particular intervention(s) were chosen and why it was expected to work, be sustainable, and be replicable elsewhere.

**Systems**
The interrelated structures, people, processes, and activities that together create healthcare services for and with individual patients and populations. For example, systems exist from the personal self-care system of a patient, to the individual provider-patient dyad system, to the microsystem, to the macro system, and all the way to the market/social/insurance system. These levels are nested within each other.
**Theory or theories**
Any “reason-giving” account that asserts causal relationships between variables (causal theory) or that makes sense of an otherwise obscure process or situation (explanatory theory). Theories come in many forms, and serve different purposes in the phases of improvement work. It is important to be explicit and well-founded about any informal and formal theory (or theories) that are used.

Reference: Glossary of key terms from SQUIRE 2.0.