TUESDAY MORNING
3 October 2017

BREAKFAST SESSIONS

07:30 – 08:30
ISQua Expert Session - Do we Need Hundreds of Quality Metrics, or is a Small Number Enough?
(Exclusive to ISQua Members, Fellows and Experts)
4th Floor, Room: Westminster  Chair: Leslee Thompson; CA

Speakers: David Bates; US, Jeffrey Braithwaite; AU, Jason Leitch; UK, Rashad Massoud; US, Tricia Woodhead; UK and Jacqui Stewart; ZA

Quality is a complex, and multidimensional issue, and it has been hard to measure it. Moreover, there are different reasons that one might measure it—including transparency, accreditation, payment or improvement, among others. Increasingly, health care organizations are being asked to measure a very large number of metrics by a wide array of stakeholders, and this can result in substantial measurement burden. For each metric it is important to ensure that the data are correct. Many metrics already have high levels of performance, and it is not clear whether it is important to continue to measure these. Thus, there has been considerable controversy in the quality world, with many suggesting that it is enough to measure a select, small group of measures. Others argue that because quality is so complicated, to have any real sense of how it is doing, an organization needs to measure hundreds of metrics.

07:30 – 08:30
ISCOME Meet-the-Expert Panel - “Communication Skills for Safe and High Quality Care”
4th Floor, Room: St. James

Panellists: Annegret Hannawa; CH, Rick Iedema; UK

What moments have you experienced in your life as having contributed to being a good communicator? In what situations were you alerted to the effect on how you communicate with other people? Communication is our vehicle to the provision of successful care. The panelists will engage the audience in a lively interactive discussion that spotlights the constituents of “safe” and “unsafe” communication, showcasing the current scientific evidence with practical examples.
**PLENARY AND AWARDS**

**3rd Floor, Room: Fleming and Whittle**  
Chair: Cliff Hughes; ISQua

### Learning for Improvement: New Paradigms and Practical Inspiration *(65 minutes)*

**Speakers:** Penny Pereira, Dominique Allwood, Helen Bevan; UK

Is the way you, your team and your organisation learn, keeping pace with what you want to achieve?

We believe the scale and complexity of improvement needed in health care demands new ways of learning, engaging far more people in a way that’s better designed for application. This interactive session will share cutting edge theory on how people learn, with a particular focus on the role of peer networks in enabling change and improvement.

It will provide inspiration and practical lessons from the Q community: an ambitious initiative supporting 1000s of people involved in improvement from all backgrounds to learn and collaborate across the UK. The session will offer fresh perspectives on how to ensure people have the skills, insight and resilience they need to be successful in their improvement work. We’ll also introduce an innovative approach to pooling what we know on complex issues: the Q improvement lab.
Objectives
1. Reflect on the sorts of learning needed to achieve your improvement goals.
2. Understand barriers to learning and what’s known about how to overcome these barriers.
3. Navigate the key principles that underpin new modes of learning for improvement.

Life Membership Awards (10 Minutes)

10:00 - 10:30  MORNING BREAK

10:30 – 12:00  TUESDAY CONCURRENT SESSIONS B1 - B10

B1  Health Foundation Improving Quality in Community Health Services - 90 minutes
2nd Floor, Room: Gielgud
Chair: Will Warburton; The Health Foundation

Speakers: Simon Eaton, Lucy Taylor, Paul Dodd, Giles West, Despina Laparidou, Antony Chuter, Rachel Bryers, Hayley Trowbridge, Selina Fraser; UK

Projects:
- Ophelia project - Improving health literacy for vulnerable people in the community.
- Making Waves - Promoting a positive experience for people with COPD.
- PINCER - Scaling up community medication safety.
- Co-producing safe transition to adult services.
Session 1: Enhancing the Use of Patient Experience Data for Improving the Safety and Quality of Care

Speakers: Glenn Robert, Louise Locock, Laura Sheard, Caroline Sanders; UK

There is increasing evidence that more patient-centred organisations have better safety and quality outcomes. But uncertainty remains as to how best to collect and present patient experience data in ways which stimulate action and align national and local needs. There is debate about the level at which to share data and how best to do this. Evidence suggests that while many organisations are capturing a range of patient experience data, less is known about how to use this to improve the safety and quality of services. The results of four projects from a national UK research programme will show how best to make use of patient experience data and how organisations can ensure this leads to improved services and care.

Objectives:

1. Discover how patients and healthcare staff working in a range of English hospitals view current methods of collecting patient experience data.
2. Consider emerging findings and lessons from a range of projects that are part of a major applied research programme into evaluating and improving the use and usefulness of patient experience data.
3. Share practical, proven examples of how improvements can be made to the way in which patient experience data is collected and used to make care and services better.
4. Think about how the collection and use of patient experience data can best service different policy purposes (quality improvement, accreditation, performance management).

Session 2: Designing and Delivering Safer Care: Incorporating Lay Voices in Every Step

Speakers: John Illingworth, Alex Taylor, Sam Regan de Bere, Jane O’Hara, Bryony Dean-Franklin; UK

This session draws on the significant body of work supported by the Health Foundation, to understand and develop the role of patients in both keeping themselves safe, and helping achieve safer systems of care. We will summarise how this role has developed over the last 10 years, before outlining a range of meaningful ways that lay people can be involved.

From agenda setting, to collecting data for research and real time improvement, you will hear from professional and lay people who are currently working in synergy to improve safety. The three cases will also demonstrate several practical ways to create a culture of collaboration leading to greater understanding of how to keep patients safe.

Objectives:

1. Explain approaches to understanding and addressing safety issues through involving service users, patients, carers and members of the public.
2. Give examples of practical ways to involve lay people in various aspects of research and quality improvement, including how to create a cooperative culture and how to overcome common hurdles.
B3  Medication Without Harm: WHO’s Third Global Patient Safety Challenge – 90 minutes
3rd Floor, Room: Fleming  Chair: Sir Liam Donaldson; UK

Speakers: Aziz Sheikh; UK, Neelam Dhingra-Kumar; WHO, Alpana Mair; UK, Albert Wu; US

Unsafe medication practices and medication errors are a leading cause of avoidable harm in health care systems across the world. Medication errors occur when weak medication systems and human factors affect prescribing, dispensing, administration and monitoring practices, which can result in severe harm, disability and even death. Medication errors cost more than US$42 billion each year globally. To address these global problems, WHO has initiated its third Global Patient Safety Challenge: Medication Without Harm. The panellists will discuss the role of patients, health care professionals and leaders, policy makers, and the civil society and industry; and prioritise actions required to reduce medication-related harm globally. This will be an interactive panel discussion with following key topics:

- Strategic plan and key components of WHO’s Global Patient Safety Challenge: Medication Without Harm.
- Issues of global concern and the burden of unsafe practices, medication errors and patient harm in low-, middle- and high-income countries.
- The role of patients, health care professionals and leaders, policy makers, NGOs and industry for reducing medication errors and medication-related harm.
- Issues related to naming, packaging, labelling and look-alike, sound-alike medications.
- Global research priorities for reducing medication-related harm.
- WHO’s role in implementing the Global Patient Safety Challenge: Medication Without Harm.

Objectives:
1. Understand the issues of global concern and the burden of unsafe medication practices, medication errors and patient harm.
2. Introduce the WHO’s third Global Patient Safety Challenge: Medication Without Harm; and encourage participation of institutions and countries in the Challenge.
3. Define key interventions and research priorities for reducing medication-related harm.
4. Identify key stakeholders and their role in implementing the Challenge.

B4  Quality and Safety in Crisis – 90 minutes
3rd Floor, Room: Whittle

Panel: Jorge Hermida; URC, Sidney Wong; MSF, Ashish Jha; Harvard, John Gaffney; Save the Children International

In this session the themes raised in Monday Afternoon plenary will be discussed in greater detail. This will be your opportunity to discuss this topic further and ask questions.
Session 1: Closing the Gap Between Work-As-Imagined and Work-As-Done: Practical Strategies for Implementing Resilient Health Care - 45 minutes

Speakers: Robyn Clay-Williams, Jeffrey Braithwaite; AU

The concept of resilient health care is fast gaining traction among researchers, policymakers, managers and health professionals, but there is little practical information on how to give effect to the ideas. Resilient health care argues that the capacity of front line staff to flex and adjust performance in the light of systems complexity is a core characteristic of safe, high quality care. This workshop, presented by two of its leading proponents will introduce participants to practical strategies for understanding and working with a basket of resilience concepts and approaches, using two examples: (1) assessing the workplace for resilience, and (2) designing an intervention.

Objectives:
1. Understand how to assess the workplace for resilience and productive safety.
2. Know what resilient health care principles to consider when supporting improved care.

Beware the Rabbit Hole of (Patient) Safety (Abstract no. 1112) - 15 minutes

Speaker: Wendy Nicklin; CA

Clinical Risk Assessment in a Residential Care Setting: Best Practice Implementation Project (Abstract no. 1252) - 15 minutes

Speaker: Devi Ranasinghe; AU

National Incident Reporting Data Analysis for 3 years, Oman (Abstract no. 3360) - 15 minutes

Speaker: Khaled A. Abouelmagd; OM
## B6  Data to Drive Decision Making/Policy
- 15 minutes each

4th Floor, Room: Rutherford and Moore  
**Chair:** James Naessens; US

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<td>Managing Top Risks In Healthcare Through a Shared Integrated (Enterprise) Risk Management Approach (Abstract no. 2143)</td>
<td>Polly Stevens, J. Noble; CA</td>
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<td>Identification of Patients at High Risk for Poor Pain Management Using Clinical Pathways Within EHRS (Abstract no. 2132)</td>
<td>Tina Hernandez-Boussard, K. Desai; US</td>
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<td>Approaches to Outpatient Pharmacy Automation: A Systematic Review (Abstract no. 1350)</td>
<td>Yi Feng Lai, O.C. Kheng, S. Yilin; SG</td>
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<td>Electronic Health Record of E-MIS Links Routine Service Data to Decision Making for Improved Quality of Care in Bangladesh (Abstract no. 3186)</td>
<td>Jamil Zaman, S. Shafinaz, S. Jahan, J. George; BD</td>
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<td>Medication Administration Practices on the Weekend Versus Weekdays?: A Direct Observational Study of 227 Paediatric Nurses (Abstract no. 1976)</td>
<td>Johanna I Westbrook, L. Li, T. Kim, M. Baysari; AU</td>
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## B7  Generalisability of Improvement Outcomes
- 15 minutes each

4th Floor, Room: Abbey  
**Chair:** Rashad Massoud; US

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<td>Applying the Concept of ‘Hard Core’ and ‘Soft Periphery’ of Interventions to Share Learning from Quality Improvement Efforts (Abstract no. 3242)</td>
<td>Julie Elizabeth Reed, N. Stillman, L. Lennox, S. Barber, T. Woodcock; UK</td>
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<td>Getting from 22 to 125: Scaling up Interventions to Improve Outcomes of HIV-Positive Mother-Baby Pairs in Northern Uganda (Abstract no. 2076)</td>
<td>Tamara Nyombi, M. Rahimzai, J. Aloyo, E. Karamagi; UG</td>
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<td>The Relationship Between Quality Improvement and Resilient Healthcare; Nuances, Complexities and Trade-Offs (Abstract no. 2582)</td>
<td>J. Braithwaite, Christian Von Plessen, A. Nicolaisen, R. Clay-Williams; AU</td>
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<td>Quality Improvement Efforts to Reduce Severe Hypoglycaemia in a Large Hospital System (Abstract no. 1986)</td>
<td>Mae Centeno, C. Fullerton; US</td>
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Session Outlines for MONDAY 5 OCTOBER 2015 continued

B8 Regulations Influence on Governance  
- 15 minutes each  
4th Floor, Room: St. James  
Chair: Kees van Dun; NL

Consecutive Cycles of Accreditation: Persistent Low Compliance Associated with Higher Mortality and Longer Length of Stay (Abstract no. 1573)  
Anne Mette Falstie-Jensen, S. Bie Bogh, S. Paaske Johnsen; DK

Regulatory Conceptualisation and Assessment of Healthcare Improvement Capability in the UK (Abstract no. 1226)  
Joy Frances Furnival, K. Walshe, R. Boaden; UK

Quality in Long-Term Care: An Expanded View (Abstract no. 1632)  
Michelle Crick, C. Backman, D. Angus; CA

Development of Quality Frameworks for Peer Review of Medical Specialists (Abstract no. 3267)  
Joppe Tra, M. Ploegmakers, A. Hagemeijer, V. Krones; NL

Improving Care for Older Acute Inpatients: An Economic Evaluation of the Delirium Clinical Care Standard (Abstract no. 1772)  
Virginia Mumford, M.A. Kulh, J.I. Westbrook, J. Braithwaite; AU

B9 Sustainable Quality Improvement for LMIC  
- 15 minutes each  
2nd Floor, Room: Olivier  
Chair: Charles Shaw; UK

Advancing Patient Centred Care Through Social Audit Mechanisms in Rural Zambia: Evidence on Pediatric Quality of Care (Abstract no. 3007)  
Anbrasi Edward, H. Zare, S. Malama, C. Bowles; US

Sepse Protocol Management Impact in Reducing Mortality Rate in Hospital Sao Lucas in Ribeirao Preto, Brazil (Abstract no. 3096)  
Taissa Sotto Mayor, T. Monteiro, L. Françolin, L. Freitas; BR

Assessment of Early Mortality in Patients Admitted to the General Medical Ward at a District Hospital in Botswana (Abstract no. 3128)  
C. Kershaw, M. Williams, S. Kilaru, T. Barak; US

Redesigning the Namibian HIV Quality Implementation Model to Improve Quality Of Care Systems (Abstract no. 1913)  
Apollo Basenero, J. Neidel, P. Lupahla, H. Ndapewa; NA

Measuring and Improving the Quality of Private Maternity Care: Lessons Learned from a Private Sector QI Program in India (Abstract no. 3126)  
V. Yadav, Somesh Kumar, S. Pallipamula, P. Memon; IN
B10  A Mile in my Shoes – 90 Minutes
3rd Floor, Exhibition Area

An interactive shoe shop, A Mile in My Shoes, invites you to (literally) step into someone else’s shoes and embark on a mile-long physical, emotional and imaginative journey to see the world through their eyes.

The Empathy Museum has teamed up with the Health Foundation to develop a collection of stories from people working within health and social care. The result is a giant shoebox, a display of shoes, and a series of unique audio stories.

Through sharing the experiences of different people, A Mile in My Shoes hopes to show the remarkable contribution and challenges faced by those working in, and using, our health and social care system.
12:00 – 13:45  **LUNCHTIME**

12:30  **E - POSTER PRESENTATIONS AND LUNCHTIME SESSIONS**

12:30 – 13:30  **From the Authors’ Perspective – Sharing Successful Stories**
4th Floor, Room: Westminster

**Speakers:** Yu-Chuan (Jack) Li, Reizenstein Award Winning Authors, Reizenstein Runner-Up Authors, IJQHC Editor’s Choice Authors

The goal of this research seminar is to help potential authors to share their successfully published high quality research in the field of healthcare quality.

This seminar is an opportunity to review the principles and approach to conducting high quality research studies, and the publication of their findings, in high quality journals. It will also highlight new knowledge from a set of recent outstanding papers published in ISQua’s official journal IJQHC by authors sharing their experiences.

The session is truly interdisciplinary. We welcome audience participation from the disciplines of health services research, health care evaluation, policy, health economics, quality improvement, management, and clinical research focused on the quality and safety of care. By the end of the session, participants will have learned about a range of matters including:

- About ISQua’s official journal - *International Journal for Quality in Health Care (IJQHC)*.
- Reizenstein Award winner and Runners-Up.
- IJQHC Editor’s choice.

We believe that this seminar will help anyone who wants to improve their scientific writing and share author’s experience of best papers. It will provide great feedback to participants in their endeavour to publish in high quality journals such as *IJQHC*. 
The Manchester Arena attack in May 2017 shocked the UK and many around the world. Twenty-two people, mainly children or the young lost their lives after that awful terror attack; many more are left disabled, maimed or both mentally and physically scarred for life.

As part of a multi-agency plan, the North West Ambulance Service responded with all its experience, expertise and available resources to save life and help those affected.

Derek Cartwright, Chief Execute of the North West Ambulance Service will talk through the event of that fateful night starting with a video montage before taking everyone along the incident timeline. The planning and leadership concepts in the preparation for such mass casualty events are key and will be discussed as much as the leadership needed within the active stage of the operation.

Derek will share some poignant moments from the event before explaining the support measures put in place before outlining the post event leadership and the learning process. Throughout Derek will radiate the pride he has in his organisation and especially those that responded that night plus the display of collective resilience evident on every day since.
### 12:40 – 13:30 E-POSTER PRESENTATIONS BP1 – BP5

#### BP1 Education Through Learning and Sharing
- 10 minutes each
  5th Floor, E-Poster Area 1  
  **Chair:** Apollo Basenero; NA

- **A Patient-Centred Approach to Develop a Food Safety Intervention to Reduce Chemotherapy Patients’ Risk of Foodborne Illness** (Abstract no. 2443)
  **Ellen W Evans;** UK

- **Facebook as a Relation Management Tool for Hospitals** (Abstract no. 2429)
  **Wang Yu-Ling,** S.-C. Shen, C.-R. Ay; TW

- **When Bioethics Becomes a Cultural Asset for Both Health Accessibility and Competitive Advantage: The Meditar’s Case** (Abstract no. 2854)
  **Erwin Padinger;** AR

#### BP2 Regulations Influence on Governance
- 10 minutes each
  5th Floor, E-Poster Area 2  
  **Chair:** Ed Chuppy; CH

- **National Accreditation System in Turkey: Standards and External Evaluation** (Abstract no. 1852)
  **Ibrahim Kayral,** M. Berktaş; TR

- **Introducing Outcome Measurement to a Standards Based Accreditation Programme** (Abstract no. 3323)
  **Moyra Amess,** M. Grainger; UK

- **Assuring the Quality of Medical Practice in the UK: The Role of Annual Appraisal in Identifying Concerns About Doctors** (Abstract no. 1753)
  **Marie Bryce,** J. Archer; UK
### BP3 The Patient’s Voice – 10 minutes each

5th Floor, E-Poster Area 3  
Chair: Johanna Westbrook; AU

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<td>An Ounce of Prevention: The Impact of Early Consumer Engagement on the Melbourne Genomics Health Alliance (Abstract no. 1431)</td>
<td>Liat Watson; AU</td>
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<td>Patient Engagement’s Integration into Quality Management Systems: Towards an Understanding on what Managers Actually Do (Abstract no. 2122)</td>
<td>Nathalie Clavel, M.-P. Pomey; CA</td>
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<td>Capturing the Patient Voice in Standard Risk and Assessment Forms and Care Processes (Abstract no. 2600)</td>
<td>Bernice Redley; AU</td>
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<td>Patient Experience- Bridging the Cultural Gap (Abstract no. 1940)</td>
<td>Subashnie Devkaran; AE</td>
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### BP4 Disruptive Improvement and Adaptive Change – 10 minutes each

5th Floor, E-Poster Area 4  
Chair: Catherine Besthoff; US

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<td>Implementation of a Discharge Assessment Checklist and to Reduce Return to ICU from the Respiratory Care Center in Taiwan (Abstract no. 2473)</td>
<td>P.-J. Hsu, Jih-Shuian Jerng, H.-O Kao, J.-S. Sun; TW</td>
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<td>Utilization of Portable Blood Gas and Electrolyte Analyzer in Intensive Care Unit by Using DMAIC Methodology (Abstract no. 2488)</td>
<td>Po Ching Mak, K. Tse, R. Leung, K.H.A. Leung; HK</td>
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<td>International Comparison of Organized Activities to Promote Practice Guideline Implementation (Abstract no. 1873)</td>
<td>Noriko Sasaki, A. Okumura, N. Yamaguchi, Y. Imanaka; JP</td>
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<td>Managing change with the introduction of new healthcare facility licensing standards in the State of Qatar (Abstract no. 1935)</td>
<td>Aisha Al Aali, M. Lessing-Turner; QA</td>
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<td>BP5</td>
<td>Data to Drive Decision Making/Health Policy</td>
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<td>5th Floor, E-Poster Area 5</td>
<td>Chair: Jean Latreille; CA</td>
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<td>The Impact of the National Antimicrobial Stewardship Programmes on Clinical Outcomes: A Baseline Trend Analysis (Abstract no. 1621)</td>
<td>V. Balinskaite, A. Holmes, A. Johnson, <strong>Paul Aylin</strong>; UK</td>
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<td>Measuring Patient Harm in Canadian Hospitals and Driving Improvement (Abstract no. 1403)</td>
<td><strong>Anne MacLaurin</strong>, S.N. Kossey, T. Johnson; CA</td>
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<td>Challenges of Satisfaction of Key Stakeholders of The District Public-Private Mixed Health System of Bangladesh and Ways to Improve: A Qualitative Study (Abstract no. 1228)</td>
<td><strong>Ashim Roy</strong>: BD, N. de Vries, T. vander Weijden; NL</td>
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<td>Implementation of a Value-Driven Outcomes Program in 11 Hospitals Including Surgical, Orthopaedic and Urological Patients (Abstract no. 3081)</td>
<td><strong>Gerhard Halmerbauer</strong>, R. Haslinger, N. Kamptner, C. Ausch; AT</td>
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<td>French Accreditation Process: An Increasing Role to Federate Quality Improvement Initiatives in an Integrative Way (Abstract no. 2083)</td>
<td><strong>Bruno Lucet</strong>, C. Grenier; FR</td>
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13:45 – 15:15  TUESDAY CONCURRENT SESSIONS B11 – B20

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<th>Health Foundation Improving Quality in Mental Health Services – 90 minutes</th>
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<td>2nd Floor, Room: Gielgud</td>
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<td>Chair: Dominique Allwood; The Health Foundation</td>
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**Speakers:** Frank Rohricht, Nina Papadopoulos, Anna Moore, Daniel Hayes, Owen Bowden-Jones, Dima Abdulrahim, Karina Allen; UK

**Projects:**
- A novel, integrative One-Stop-Shop MUS care package for primary care – providing identification, engagement, assessment and body oriented interventions'.
- I-THRIVE – person-centred model of care for young people’s mental health.
- Novel Psychoactive Treatment: UK Network (NEPTUNE) II: From guidance to good practice: A multi-dimensional approach to spreading improvement.
- FREED-UP: First episode and rapid early intervention service for young people with eating disorders – upscaled.
Taking Care of Second & Third Victims After Adverse Events

**Speakers:** Kris Vanhaecht; BE, Massimiliano Panella; IT, Albert Wu; US

Healthcare professionals can be traumatized after being involved in adverse events. Although patients and their social network are the most important victims of error, one should not underestimate the professional and personal impact for clinicians.

Recent research found a twofold risk of burnout if clinicians were involved in error in the past six months. Personal, situational and organisational factors which influence the impact of the event were found in both qualitative and quantitative studies. These factors will be used to further improve the available peer support systems.

Not only patients and clinicians are victims after adverse events. The impact on the reputation of the involved organizations and managers is described. Research from 2016 even showed the impact on defensive medicine.

**Objectives:**

1. Understand the evidence base on the second victim phenomenon.
2. Recognize second victim signs & symptoms.
3. Be up to date on opportunities and pitfalls of peer support systems.
4. Understand the impact of adverse events on third victims (managers, organizations and policy).
Session 1: Online Patient Stories Supporting Staff Learning and Promoting System Change

Speakers: Michael Greco; AU, Irene Barkby, James Munro; UK

Social media and online patient feedback are increasingly used in many countries and sectors. In the UK and Australia, non-profit Patient Opinion has taken an open, citizen-centred approach to online feedback which is leading to near real-time staff learning, service improvement, restoration of relationships and increased trust between patients and staff. The stories and responses on Patient Opinion (www.patientopinion.org.uk, www.patientopinion.org.au) allow everyone to see learning and change occurring. This session will include experiences from NHS Lanarkshire where clinical teams are now engaging directly with online feedback to drive learning and QI.

In addition, Patient Opinion is now being used in five UK universities so that future professionals are exposed to real patient experience from the very start of their training.

Objectives:
1. Participants will gain an understanding of the range of impacts which can be created by effective use of online patient feedback.
2. Participants will be able to identify a range of session objectives for feedback systems and appreciate how and why systems differ.
3. Participants will gain an up-to-date insight into the mission, values and service provided by Patient Opinion.

Session 2: Tips: Trainees Improving Patient Safety Through QI. A Peer Lead Initiative in the North West of the UK (Haelo)

Speaker: Hannah Baird; UK

This session will describe how Trainees Improving Patient Safety (TIPS) through QI, a peer-led training programme for junior doctors has evolved to become a successful regional programme over the last 4 years. We will demonstrate how to engage junior doctors, supervisors in Improvement science. We will discuss how we overcame common challenges and how we have successfully empowered trainees to positively affect the health care system they work in. We will explore how we have achieved sustainability and how we are evaluating the programme.
B14  Regulations Influence on Governance
The Impact of Regulation and Accreditation on Healthcare Organisations – 45 minutes each
3rd Floor, Room: Fleming  Chair: Lena Low; AU

Session 1: Healthcare Regulation Policy and Practice – Making a Difference?
Speaker: Kieran Walsh; UK
This presentation will explore how healthcare regulators think about the impact of regulatory interventions, and the mechanisms by which those impacts come about. It will draw on empirical research on the Care Quality Commission in England to ask whether regulatory regimes can be designed to make more effective use of these impact mechanisms, and what the implications are for regulatory policy and practice.

Session 2: How do Accreditation Agencies Design their Regulatory Regime / Inspection Model to Maximise Desired Impacts.
Speaker: Christine Dennis; AU
This presentation will explore the context in which regulation and accreditation sit within Australia, and in particular, who governs and is accountable for the quality of health care services; what role do standards and accreditation play and, what role does health leadership and organisational culture have in maximising the desired impact.

B15  Sustainable Quality Improvement for LMIC
– 45 minutes each
4th Floor, Room: St. James  Chair: Jacqui Stewart; ZA

Session 1: Establishing a National Quality Improvement Programme in Mozambique Through North-South Partnership
Speakers: David Weakliam; IE, Luis Mac-Arthur, Elenia Macamo; MZ, Peter Lachman; ISQua, Jonas Chambule; MZ
This session presents an initiative by the Mozambique Ministry of Health to develop a national quality improvement programme through a partnership agreement with the Irish health service. The session will describe its implementation and the key roles played by ISQua and Irish Aid in the collaboration.

The sustainable development goals (SDGS) adopted in 2015 have strengthened focus on improving quality to achieve better health. Particularly in resource poor countries, health goals cannot be achieved without improving quality of health services. SDG 17 calls for targeted capacity-building in developing countries to support national plans to implement the SDGs, including through North-South cooperation. This session presents an innovative approach to building capacity for quality improvement through a North-South partnership between the health services in Mozambique and Ireland. It shows that quality improvement approaches and methods used in high income countries like Ireland can be adapted and used effectively in a low resource setting. This will be of interest to those developing national quality improvement programmes, especially in low income countries.
We will describe the capacity building approach, involving a quality improvement collaborative with Mozambique hospitals and the Ministry of Health. A detailed case study from one of the hospitals will be presented as an example of the projects undertaken by teams from 15 hospitals and Ministry of Health.

Following the presentation there will be a panel discussion with senior representatives from the organisations involved in the collaboration. They will be asked to speak about the challenges and success factors for developing sustainable capacity for quality improvement in a low resource setting. Participants will then be invited to join in the discussion and contribute their ideas and experiences.

**Objectives:**

1. To understand how a national quality improvement programme can be developed through a North-South partnership.
2. To learn the process and results of the quality improvement collaborative in Mozambique.
3. To explore critical success factors for building sustainable capacity for quality improvement in a low resource setting.

**Session 2: Drawing on Evidence and Experience to Develop a Coherent National Quality Strategy**

**Speaker:** Tim Gardner, Aoife Molloy; UK

Through the NHS, England has the potential to be a world leader in developing a strategic, coordinated approach for delivering high quality healthcare within available resources but has struggled to do so. So how can national decisions, plans and actions most effectively support the people, teams and organisations at the frontline? How to identify interventions that are most likely to have a meaningful impact, and make prudent use of resources? This session draws on research by the Health Foundation to review evidence on the impact of policy interventions to improve quality, and assess how an array of organisations, initiatives and approaches to quality stack up as an emergent strategy.

**Objectives:**

1. To examine how action at national, regional, institutional and individual levels of the health system could support and improve healthcare quality through a systematic and evidence-based approach.
2. To discuss research findings and a conceptual taxonomy for the NHS in England and discuss how this approach could be adapted and implemented in the context of other health systems.
### B16  Quality in the Community – 15 minutes each
2nd Floor, Room: Olivier  Chair: Maria Carolina Moreno; BR

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<td>‘Clients Tell Us It Works’: Using Principles of Trauma Informed Practice to Deliver High Quality Care</td>
<td>Renee Lovell, K. Eljiz, A. Sue, D. Greenfield; AU</td>
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<td>Trends in the Quality of Structured Diabetes Care in Primary Care</td>
<td>Fiona Riordan, S. McHugh, V. Harkins, P. Kearney; IE</td>
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<td>Integration of Specialist Diabetes Teams in Primary Care: An Efficient Model of Care With Better Outcomes for the Population</td>
<td>Shamasunder Acharya, A. Philcox, M. Parsons, B. Suthers; AU</td>
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<td>Where Next for Primary Care Patient Safety? A National UK Prioritisation Setting Partnership</td>
<td>Rebecca Lauren Morris, S. Campbell; UK</td>
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### B17  Understanding Systems for Safety – 15 minutes each
4th Floor, Room: Rutherford and Moore  Chair: Jim Robblee; CA

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<td>Horizon Scanning: Internalising the Impact of the Good, Bad and Ugly in Healthcare</td>
<td>Sandhya Mujumdarm, D. Santos; SG</td>
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<td>Medicines Reconciliation in Primary Care Following Hospitalisation</td>
<td>Yogini Jani, C. Shah, J. Hough; UK</td>
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<td>Implementing Evidence Based Tools to Reduce Telemetry and Ventilator Alarm Frequency in an ICU Setting</td>
<td>Hisam Alahdab, I. Yerlikaya; TR</td>
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<td>Developing and Implementing a National Paediatric Early Warning System for Managing Child Clinical Deterioration</td>
<td>Rachel MacDonell, V. Lambert, J. Fitzsimons, S. Horkan; IE</td>
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<td>Learning to Cross Boundaries: Deconstructing Quality in Care Transitions (QICAT)</td>
<td>Karina Aase, L. Schibevaag, J. Waring; NO</td>
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### B18  The Patient’s Voice – 15 minutes each

**4th Floor, Room: Westminster**  
Chair: John Fitzsimons; IE

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<td>Literacy on Patient Health Care Rights (Abstract no. 3306)</td>
<td>Ana Maria Reis, A. Borges; PT</td>
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<td>How Many Hospital Websites Provide Information to Attract Patients to Attend Cardiac/Pulmonary Rehabilitation Across England? (Abstract no. 3279)</td>
<td>Faiza S Chowdhury, S. Elkin, D. Bell, A. Bottle; UK</td>
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<td>Patients’ Experiences of Adverse Events: A Data Linkage Study of Australian Adults Aged 45 and Over (Abstract no. 1150)</td>
<td>Merrilyn Walton, R. Harrison; AU</td>
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<td>Caller Experiences and Compliance Since the Introduction of an Information Sharing Cloud for NHS 111 in London, UK (Abstract no. 1680)</td>
<td>Sarah-Ann Burger, A. Tallett, C. Witwicki, I. Maconochie; UK</td>
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<td>The Effect of Adverse Events on Patient Experience Among Hospital Inpatients (Abstract no. 1752)</td>
<td>James M Naessens, R. Caselli, M. Johnson, D. Ubl; US</td>
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### B19 Disruptive Improvement and Adaptive Change – 15 minutes each

**4th Floor, Room: Abbey**  
Chair: Bhupendra Rana; IN

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<td>Improving Hand Hygiene in Outpatient Setting with an Automated Notification System (Abstract no. 1406)</td>
<td>Zhi Qian Hen; SG, R. Geilleit; NL, C. Yin Chong, D.F. De Korne; SG</td>
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<td>Does a Clinical Pathway on Ischemic Stroke Work? A Pre-Post Analysis in an Italian Teaching Hospital (Abstract no. 2144)</td>
<td>Antoniogiulio Debelvis, G. Giubbini, F. Lohmeyer, M.L. Specchia; IT</td>
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<td>The OASI Care Bundle - A Quality Improvement Project to Change Provider Behaviour and Reduce Perineal Trauma in Childbirth (Abstract no. 2404)</td>
<td>Posy Bidwell, R. Thakar, A. Hellyer, N. Sevdalis; UK</td>
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<td>Effective Internal and External Strategies to Decrease Overcrowding and Access Block in Emergency Department (Abstract no. 1593)</td>
<td>Che-Hung Tsai, C-L. Wu, Y. Yao, C-S. Chang, W.H-H. Sheu; TW</td>
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**PLENARY AND AWARDS**

3rd Floor, Room: Fleming and Whittle  
Chair: Helen Crisp; UK

**Multidisciplinary Approach (Panel) Putting the Person Back into the Health System, A Multidisciplinary Approach** (60 minutes)

**Panel:** Cliff Hughes; ISQua, Sibylle Erdmann, Brian Robson, Brendan McCormack; UK

This plenary session will explore how “people” as opposed to “patients” are central to 21st century healthcare. This may appear an unnecessary statement or intent to some, but is the next step on the journey to have people at the centre of their own care. We will explore how ‘people caring for people’ offers a new paradigm. This means change for those providing care and for those receiving care; and a transformation for families and for society itself. Our panel will offer an international perspective with an interactive discussion and a few challenges for the audience along the way!

**ISQua Fellowship Awards** (15 minutes)