The International Society for Quality in Health Care

27th International Conference

10th-13th October 2010
Paris, France

Quality Outcomes:
Achieving Patient Improvement

Conference Programme

Marriott Rive Gauche Hotel, Paris, France
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Welcome to Paris and ISQua!

The Board of the International Society of Quality in Health Care and the Programme and Planning Committee warmly welcome you to ISQua’s 27th International Conference and to Paris.

The theme for this year’s conference “Quality Outcomes: Achieving Patient Improvement” attracted an exceptional response to the Call for Abstracts. Delegate numbers are just over 1,000 and with six plenary sessions, 106 invited speakers, 148 abstract presentations and 376 posters, the result is a very dynamic and thought provoking programme.

Organising this conference would not be possible without the support and input from a range of people worldwide, their commitment is very much appreciated and reflects the spirit and culture that is ISQua. The programme is the most important part of the conference and responsibility for it rests with the members of the Programme and Planning Committee who have met by teleconference at various times during the day and night reflecting the true global nature of its membership. A total of 141 Abstract Reviewers undertook a double blind review of all the abstracts. The Poster Prize Committee will judge the posters on display during the conference. The generous support of the sponsors, many of whom are faithful friends and pledge their support every year. The session chairs, 100 in all, who give of their time so freely. Finally the ISQua staff, who along with the professional conference organiser and the hotel staff, bring the whole event together.

The conference is designed to facilitate learning, share innovations, promote new ideas and most importantly to interact with leaders in the field of safety and quality and fellow delegates who share a common purpose. Be sure and view the posters, visit the exhibition and above all not to return home without making at least one new contact.

While the programme for the next three days is extensive it is also hoped that you can find time to see the city of Paris and the many attractions that it has to offer, too numerous to mention.

Mr. Philip Hassen
President ISQua

Phil Hassen
President ISQua

Laurent Degos
Chair of the Programme and Planning Committee

Paris Programme and Planning Committee

Professor Laurent Degos, Chair, Haute Autorite De Sante, France, Chair
Mr Philip Hassen, ISQua President, Canada
Professor Rene Amalberti, Professor Pathophysiology and Psychologie Cognitive, France
Professor Bruce Barraclough, ISQua Board, Australia
Ms Roisin Boland, ISQua CEO
Dr Charles Bruneau, ISQua and Haute Autorite De Sante, France
Dr Tracey Cooper, Health information and Quality Authority, Ireland, ISQua President Elect
Dr Tam Lai-fan Gloria*, Department of Health, Hong Kong, China
* Replaced in June 2010 by Dr Tina Mok
Mr John O’Brien, Health Service Executive, Ireland
Dr. Stephen Pang, Hospital Authority, Hong Kong, China
Ms Dominique Polton, Caisse Nationale d’Assurance Maladie des Travailleurs Salaries, France
Mrs Claude Rambaud, Association Le Lien, France
Professor Philippe Ravaud, Hospital Bichat, France

Conference supported by ISQua staff: Ms Eadin Murphy, Ms Deirdre Burke and Ms Sinead McArdle.

Pre-Conference Planning Committees

Accreditation Symposium
Jeffrey Braithwaite; AU, Director Centre for Clinical Governance Research, Co-chair
Wendy Nicklin; CA, CEO, Accreditation Canada, Co-chair
Mark Brandon; AU, CEO, Aged Care Standards and Accreditation Agency
Triona Fortune; IE, Director of Programmes, ISQua
BK Rana; IN, Deputy Director, NABH

Indicator Summit
Tracey Cooper; IE, ISQua President Elect, Co-chair
Philippe Michel; FR, Director CCECGA, Co-chair
David Ballard; US, Chief Quality Officer, Baylor Health Care System
Triona Fortune; IE, Director of Programmes, ISQua
Edward Kelley; CH, Head, Strategic Programmes, WHO
Linda Kenny; US, Executive Director, MITSS
Niek Klazinga; NL, Professor of Social Medicine
General Conference Information

Welcome Reception
Sunday 10th October 18.30 – 20.30

The Welcome Reception will be held on Level 0 of the Hotel Convention Centre. You must bring your invitation with you to gain access to this event; your invitation can be found in your Conference Bag if you have registered for two or more days. Traditional French Crepes will be served and ISQua’s 25th Anniversary will be celebrated. Extra tickets are available to be purchased at the registration desk for €20.

Conference Networking Reception
Monday 11th October 19.00 – 21.00

This year the Conference Networking Reception is being held at the Sorbonne University. This is a great environment to meet with speakers, the ISQua Board and other delegates. Enjoy some light refreshments and music from members of the Orchestre de Paris. You must have a ticket for this event, which is not included in the main registration fee. Tickets cost €60 and a limited number can be purchased at the registration desk. Directional Maps are available from the Registration Desk.

Poster Reception

Take the time to view the Posters at a Wine and Cheese Reception on Tuesday 12th from 18:00 – 19:00 on Levels -1, 2 and 3 of the hotel convention centre. You will have an opportunity to interact with the authors to discuss their research and projects, as well as enjoy an informal and lively networking environment.

Dress for all social events is informal.

No Smoking

French law stipulates that smoking within public buildings is illegal. A No Smoking policy applies to all areas of the conference. You can smoke in your hotel room unless there is a specific sign forbidding it.

Use of Cameras and Telephones

The use of any type of audio or visual recording equipment is not permitted during any of the scientific presentations. This includes the use of video or digital cameras to record speaker slide presentations. Cell/mobile phones must be switched off or diverted for all conference sessions.

Certificates

A Certificate of Attendance can be requested during the conference. Please see the ISQua Desk for more information. The certificate will be sent out electronically after the conference.

Name Badge

Security is strict in the Convention Centre. You will need to wear your delegate name badge at all times. This will identify you to conference colleagues, door staff, hotel, catering and session staff. Delegates who do not display the appropriate name badge will not be permitted to enter the convention centre. Lunch and coffee break services will only be available to delegates registered for the full conference or for that particular day.

Catering points

Lunch will be served every day in the restaurant on Level 3, Les Jardins and on Level 0, Les Rives De Seine. Coffee stations will be available on all levels of the Convention Centre. For break times, please see programme.

Messages

A notice board will be available near the ISQua Desk to leave messages for colleagues. Any changes to the programme will be posted here on a daily basis.

Conference Registration & Welcome Desk

Located on Level 0, Les Rives De Seine
Sunday, 10th October 2010  08:00 – 20:00
Monday, 11th October 2010  07:00 – 18:00
Tuesday, 12th October 2010  07:00 – 18:00
Wednesday, 13th October 2010  07:00 – 16:00

Cloakroom

From Sunday 10th October until Wednesday 13th October, a free cloakroom is available for participants on Level 0. Please make sure that no personal belongings are left after closing each day. For opening times please refer to the Welcome Desk opening hours. Items are left at owner’s risk.

Emergency and Assistance on Site

In case of emergency or if you require any assistance, please contact the hostesses at the Welcome Desk, Level 0.

Internet Cover

WIFI Connection
Connection directly via personal laptop
€8 for 1 hour
€20 for 24 hours

Iban Connection-Hotel and Conference Centre
€20 for 24 hours

Terminals are available on Level 2 and 0.

Internet connexion
€5 for 15 mins
€10 for 45 mins
€12.50 for 90 mins
**Local Transportation**

**Metro**
The nearest metro station is Saint Jacques, Metro Line 6.

**Bus Station**
Bus: Bus 21 - Glacière-Auguste Blanqui station (0.1 miles NE)

**Taxi Telephone Numbers:**
- Alpha Taxi Phone: +33 (0)1.45.85.85.85
- Artaxi Phone: +33 (0)1.42.41.50.50
- Taxi-radio Étoile Phone: +33 (0)1.42.70.41.41
- Taxi G7 Phone: +33 (0)1.41.27.66.99
  - English-speaking
- Airport transport Phone: +33 (0)1.41.27.66.66
- Taxi Bleus Phone: +33 (0)1.49.36.10.10
  - English-speaking

**Parking**

- On-site parking -
  Fee: €25 daily
- Valet parking -
  Fee: €25 daily
- Off-site parking -
  Fee: €2.20 per hour or €16 daily

**Liability and Insurance**

Neither the organisers nor ISQua will assume any responsibility whatsoever for damage or injury to persons or property during the Conference.

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**Scientific Programme Paris 2010**

The conference proceedings are structured to allow delegates to network, share knowledge and to learn. Each day will open and close with a Plenary Session in La Seine on Level 0 of the Hotel Convention Centre. Concurrent sessions start after the morning and lunch breaks. These sessions are organised in 10 thematic tracks. Delegates can follow a track of interest or choose to hear a range of presentations by moving across the different tracks. The tracks are colour coded as follows:

<table>
<thead>
<tr>
<th>THEMATIC TRACKS</th>
<th>LOCATION</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track 1: Governance and Leadership</td>
<td>La Seine</td>
<td>0</td>
</tr>
<tr>
<td>Track 2: External Evaluation Systems</td>
<td>Auditorium</td>
<td>-1</td>
</tr>
<tr>
<td>Track 3: Health Information Technology</td>
<td>St. Michele</td>
<td>2</td>
</tr>
<tr>
<td>Track 4: Patient Safety</td>
<td>Miles Davis A &amp; B</td>
<td>-1</td>
</tr>
<tr>
<td>Track 5: Education and Culture</td>
<td>Louis Armstrong A, B, C &amp; D</td>
<td>-1</td>
</tr>
<tr>
<td>Track 6: Patient Experience</td>
<td>Miles Davis C</td>
<td>-1</td>
</tr>
<tr>
<td>Track 7: Health Technology Assessment</td>
<td>Ella Fitzgerald A &amp; B</td>
<td>-1</td>
</tr>
<tr>
<td>Track 8: Quality Systems</td>
<td>Les Invalides A &amp; B</td>
<td>2</td>
</tr>
<tr>
<td>Track 9: Measurement and Outcomes</td>
<td>St Germain des Pres A &amp; B</td>
<td>2</td>
</tr>
<tr>
<td>Track 10: Integrated Care and Quality Outcomes</td>
<td>La Sorbonne A, B, C &amp; D</td>
<td>2</td>
</tr>
</tbody>
</table>
Concurrent Sessions

Concurrent sessions are 90 minutes and can be a combination of invited speakers and short abstract presentations. They are open to all delegates. Speakers have been requested to leave time for questions and answers. Sessions will be chaired and the Chairpersons will be firm about the timing of each presentation.

Poster Presentations

Posters selected for presentation will be presented at lunch time each day, in the session rooms. These consist of five minute brief presentations to include questions. This year a Facilitated Poster Session will also be held each lunch time and will take place beside the delegates poster board, see Lunch Programme for details.

Poster Displays

Posters will be displayed in thematic tracks on Levels -1, 2 and 3 of the Hotel Convention Centre (see programme map, pages 60 and 61 for more details.)

<table>
<thead>
<tr>
<th>Tracks</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track 01: Governance and Leadership</td>
<td>3</td>
</tr>
<tr>
<td>Track 02: External Evaluation Systems</td>
<td>2</td>
</tr>
<tr>
<td>Track 03: Health Information Technology</td>
<td>3</td>
</tr>
<tr>
<td>Track 04: Patient Safety</td>
<td>3</td>
</tr>
<tr>
<td>Track 05: Education and Culture</td>
<td>2</td>
</tr>
<tr>
<td>Track 06: Patient Experience</td>
<td>3</td>
</tr>
<tr>
<td>Track 07: Health Technology Assessment</td>
<td>-1</td>
</tr>
<tr>
<td>Track 08: Quality Systems</td>
<td>3</td>
</tr>
<tr>
<td>Track 09: Measurement and Outcomes</td>
<td>3</td>
</tr>
<tr>
<td>Track 10: Integrated Care and Quality Outcomes</td>
<td>-1</td>
</tr>
</tbody>
</table>

To locate a poster please see pages 48 to 58.

Poster Information

Posters should be in place by no later than 10.00 on Monday, 11th October and should remain in place for the full duration of the conference.

Posters will be on display from:

- 08:00, Monday, 11th - 14:45, Wednesday, 13th October.
- All posters must be removed by 14:45 on Wednesday, 13th October. If they are not removed by this time they will be taken down by conference staff and no responsibility can be taken for their safe return.

Poster Prizes:

There are two poster prizes this year:

The winners of these prizes will be announced at 14:45 on Wednesday, 13th October in La Seine on Level 0.

Poster Judges:

- Helen Crisp; UK
- Triona Fortune; ISQua
- David Greenfield; AU
- Janne Lehnmann Knudsen; DK
- Carsten Engeli; NL
- James Roblee; CA
- Yosef D. Dlugacz; US
- Ana Maria Malik; BR
- BK Rana; IN
- Christopher Cornue; US
- Mondher Letaief; TA
- Nancy Dixon; UK
- Hilary Dunne; IE
- Sandra Kearns; CA
- Nittita Prasopa-Plaizier; WHO
- Stuart Whittaker; ZA
- Sharmen Vigouret Lee; CA
- Helen Healey; CA
- Nisha Esmail; CA
- Gail McNabb; CA
- Eibhlin Connolly; IE

Abstract display

All abstracts that have been selected for this programme are available to view at one of the two designated computer terminals on Level 0 or Level 3. The Abstracts are also available via the ISQua website www.isqua.org. Following the conference, with the permission of the authors, ISQua is planning to publish as many presentations as possible. However, any delegate wanting access to slides should ask the speaker directly for a copy and, if agreed, provide an email address.

Speakers

All speakers are asked to visit the Speaker Preview Room, Pont De Sully, Level 0 behind the Registration Desk at least half a day in advance of your scheduled presentation time.

Professional Visits

Two Professional Visits are offered on the evening of Tuesday 13th October. The visits are to:

- iLumens: University Simulation Laboratory
- Institute Curie

All visits are free of charge but entry is by ticket only and numbers are limited. Tickets may still be available from the ISQua Desk.

Mentorship Programme

The Haute Autorité de Sante (HAS) is the location for the Mentorship Programme this year and delegates attending have pre-booked their places.
### Option A

**Indicator Summit: Patient centered indicators; Measuring and acting on what’s important for the patient**  
Miles Davis A, B & C Level -1

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Morning Chair: Tracey Cooper; IE</td>
</tr>
<tr>
<td>09:00 - 09:10</td>
<td>Welcome - Tracey Cooper; IE, Edward Kelley; WHO</td>
</tr>
<tr>
<td></td>
<td><strong>Section 1: Measuring patient experience</strong></td>
</tr>
<tr>
<td>09:10 - 09:45</td>
<td>Defining patient centered indicators - Diana Delnoij; NL</td>
</tr>
<tr>
<td>09:45 - 10:15</td>
<td>Focusing on the patient - Garance Upham; FR</td>
</tr>
<tr>
<td>10:15 - 10:45</td>
<td>Contributions, comments, questions and answers with speakers panel - Tracey Cooper; IE</td>
</tr>
<tr>
<td>10:45 - 11:10</td>
<td>Coffee</td>
</tr>
<tr>
<td></td>
<td><strong>Section 2: Quality improvement through measurement</strong></td>
</tr>
<tr>
<td>11:10 - 11:35</td>
<td>A gap analysis framework for improving care for patients with HIV and AIDS - Rashad Massoud; US</td>
</tr>
<tr>
<td>11:35 - 12:00</td>
<td>Using patient-centered data to improve the quality of hospital care: approaches, pitfalls, solutions Oliver Groene; ES</td>
</tr>
<tr>
<td>12:00 - 12:30</td>
<td>Defining and measuring excellence in patient-centered care - Susan Frampton; US</td>
</tr>
<tr>
<td>12:30 - 13:00</td>
<td>Contributions, comments, questions and answers with speakers panel - Edward Kelley; WHO</td>
</tr>
<tr>
<td>13:00 - 14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td><strong>Section 3: Effectiveness of patient centered measures</strong></td>
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<tr>
<td></td>
<td>Afternoon Chairs: Philippe Michel; FR and David Ballard; US</td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>The effect of quality of patient-centered care on survival - Paul Cleary; US</td>
</tr>
<tr>
<td>14:30 - 15:00</td>
<td>Getting the most out of Patient Reported Outcome Measures (PROM's) - Nancy Devlin; UK</td>
</tr>
<tr>
<td>15:00 - 15:20</td>
<td>Coffee</td>
</tr>
<tr>
<td>15:20 - 15:50</td>
<td>A Global Patient Perspective - Jeremiah Mwangi; UK</td>
</tr>
<tr>
<td>15:50 - 16:15</td>
<td>Contributions, comments, questions and answers with speakers panel - David Ballard; US</td>
</tr>
<tr>
<td>16:15 - 16:30</td>
<td>Summary - David Ballard; US</td>
</tr>
<tr>
<td>16:30 - 16:35</td>
<td>Close - Philippe Michel; FR</td>
</tr>
</tbody>
</table>

### Option B

**Accreditation Symposium: International lessons learned to date; pathways to the future**  
Ella Fitzgerald A & B and Louis Armstrong A, B, C & D Level -1

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td></td>
<td>Morning Chair: Wendy Nicklin; CA</td>
</tr>
<tr>
<td>09:00 - 09:10</td>
<td>Welcome - Wendy Nicklin; CA</td>
</tr>
<tr>
<td>09:10 - 10:00</td>
<td>Research and External Evaluation</td>
</tr>
<tr>
<td></td>
<td>• Global study</td>
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<tr>
<td></td>
<td>• ISQua research site</td>
</tr>
<tr>
<td></td>
<td>• Questions and Answers</td>
</tr>
<tr>
<td></td>
<td>Charles Shaw; UK, Rosa Sunol; ES</td>
</tr>
<tr>
<td>10.00 - 10:30</td>
<td>1. Issues critical to the sustainability of accreditation - Wendy Nicklin; CA</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Facilitated workshop 1 - Mark Brandon; AU</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>Coffee</td>
</tr>
<tr>
<td>11:30 - 12:00</td>
<td>Report back and conclusion from workshop 1 - Mark Brandon; AU, Wendy Nicklin; CA</td>
</tr>
<tr>
<td>12:00 - 12:25</td>
<td>2. Getting the most out of accreditation - Brian Johnston; AU</td>
</tr>
<tr>
<td>12:25 - 12:55</td>
<td>Facilitated workshop 2 - Stuart Whittaker; ZA</td>
</tr>
<tr>
<td>12:55 - 13:30</td>
<td>Report back and conclusions from workshop 2 - Brian Johnston; AU</td>
</tr>
<tr>
<td>13:30 - 14:30</td>
<td>Lunch</td>
</tr>
</tbody>
</table>
International Review Panel

Hélène Abbey Huguenin, France
Bonnie Adamson, Canada
Rajesh Aggarwal, UK
Shakeel Ahmed, Pakistan
Mahi Al Teheyw, Egypt
Hugo Arce, Argentina
Filippo Azzali, Italy
Paul Barach, Netherlands
Paul Bartels, Denmark
David Bates, USA
Sean Bay, Ireland
Martin Beaumont, France
Jo Bibby, UK
Roisin Boland, Ireland
Jeffrey Braithwaite, Australia
Mark Brandon, Australia
Claire Brown, Australia
Elizabeth J. Brown, USA
Charles Bruneau, France
John Bullivant, UK
Katharina Kovacs Burns, Canada
Jean Carlet, France
Ana Cavalcanti de Miranda, Brazil
Edward Chappy, Jordan
Ruei-Ting Margaret Cheng, Taiwan
Stephen Clark, Australia
Rita Collins, Ireland
Eibhlin Connolly, Ireland
Christopher Cornue, USA
Michael Counte, USA
Helen Crisp, UK
Virginia D’Addario, USA
Rachel Davis, UK
Antonio de Azevedo, Brazil
Pedro Delgado, UK
Claire Desmond, Ireland
Armelle Desplanques, France
Nancy Dixon, UK
Cathy Doyle, Ireland
Saskia Drössler, Germany
Edwina Dunne, Ireland
Hillary Dunne, Ireland
Benjamin Ellis, UK
Carsten Engel, Denmark
Tina Eriksson, Denmark
Pamela Fagan, Ireland
Triona Fortune, Ireland
Vincenzo Gaglioti, Australia
Ezequiel Garcia Elorrio, Argentina
Patricia Gilheaney, Ireland
Carlos Goes de Souza, UK
Odet Sarabia González, Mexico
Dante Graña, Argentina
David Greenfield, Australia
Tamsaine Grimes, Ireland
Jane Grimson, Ireland
David Hansen, Australia
Christian Hay, Switzerland
Elma Heidemann, Canada
John Helfrick, USA
Mary Hickey, Ireland
Margarita Hurtado, USA
Joseph E Ibrahim, Australia
Yuichi Imanaka, Japan
Asghar Ismail, United Arab Emirates
Pauline Joyce, Ireland
Marie Keohoe, Ireland
Anne-Marie Keown, Ireland
Sharon Kleefield, USA
Ulla Knudsen, Denmark
Richard Koss, USA
Solveig Kristensen, Denmark
Peter Lachman, UK
Sang-il Lee, Korea
Peter Lee, Singapore
Paolo Lehuna, Italy
Laurie Leigh, Australia
Karim Lemmens, Netherlands
Agnès Leotsaks, Switzerland
Monder Letaief, Tunisia
Jesus López Alcalde, Spain
Susana Lorenzo, Spain
Lena Low, Australia
Siu Fa Lui, Hong Kong
Karen Luxford, Australia
Jan Mackereth-Hill, USA
Anne Maddock, Australia
Georges Maguerez, Brazil
Ruth Maher, Ireland
Ana Maliks, Brazil
Russell Mannon, UK
Kadar Marikar, Malaysia
Bridgader Pawan Kapoor, India
Marie-Pascale Pomez, Canada
Elizabeth Pringle, Australia
Peter Qvist, Denmark
Carlo Ramponi, France
BK Rana, India
Karen Risberg, Denmark
Jim Robblee, Canada
Viviana Rodriguez, Argentina
Patrick Romano, USA
Sylvie Royant-Parola, France
Paul Rutter, UK
Nabihah Sachdeva, UK
Laura Schlesiar, Switzerland
Walter Sermeus, Belgium
Wing-Hong Selo, Hong Kong
Tim Shaw, Australia
Charles Shaw, UK
Kaya Sidika, Turkey
Ivan Sola, Spain
Tineke Stokes, New Zealand
Mathilde Strating, Netherlands
Rosa Suhul, Spain
Anuwat Supachutikul, Thailand
Apakorn Supunya, Thailand
Andrew Thompson, UK
Helen Thornton-Jones, UK
Karen Timmons, USA
Kris Vanhaeckt, Belgium
Monica VanSuch, USA
Mary Vasseghi, Ireland
Yau Onn Yoo, Singapore
Patricia Young, UK
Jennifer Zelmer, Denmark
Eyal Zimlichman, USA
Plenary Speakers Biographies

**Professor Chen Zhu**

Prof. Chen Zhu, a native of Shanghai. Chen received a Master’s from the Shanghai Second Medical Sciences University in 1981.

Chen Zhu is a leading hematologist and an academician of Chinese Academy of Sciences molecular biologist. He is distinguished in hemophilia classification, diagnosis, and hereditary consultation. As the only Chinese member of the International Hemophilia League Chen has conducted initiative research into the human T cell recipient (TCR) gene’s structure and expression and elaborated the No. 22 chromosome breakage point and cluster area, while establishing the BCR-ABL reorganized molecular model in Ph chromosome accompanying acute leukemia. Chen is one of the chief scientists in the gene cloning and DNA-sequencing.

Chen Zhu served as vice-president of the Chinese Academy of Sciences from 2000 - 2007.

Chen Zhu is currently Minister of Health in China.

**Professor Ara Darzi**

The Rt Hon Professor the Lord Darzi of Denham KBE holds the Paul Hamlyn Chair of Surgery at Imperial College London where he is Head of the Division of Surgery. He is an Honorary Consultant Surgeon at Imperial College Hospital NHS Trust and the Royal Marsden Hospital. He also holds the Chair of Surgery at the Institute of Cancer Research. He has recently been appointed as Chairman for the Institute of Global Health Innovation at Imperial College, to be formally announced in October 2010.

Research led by Professor Darzi is directed towards achieving best surgical practice through both innovation in surgery and enhancing the safety and quality of healthcare. This is achieved by a combined focus on the role and evaluation of new technologies, studies of the safety and quality of care, development of methods of enhancing healthcare delivery and of new approaches to education and training. His contribution within these research fields has been outstanding, publishing over 600 peer-reviewed research papers to date. In recognition of his outstanding achievements in research and development of surgical technologies, Professor Darzi was elected as an Honorary Fellow of the Royal Academy of Engineering, and a Fellow of the Academy of Medical Sciences.

He was knighted for his services in medicine and surgery in 2002. In 2007 Professor Darzi was introduced to the United Kingdom’s House of Lords as Professor the Lord Darzi of Denham and appointed as Parliamentary Under-Secretary of State at the Department of Health. He led a major review of the NHS in the form of the Next Stage Review with the subsequent publication of his report in ‘High Quality Care For All’. He relinquished in July 2009 when he was appointed the United Kingdom’s Global Ambassador for Health and Life Sciences, and Chair of NHS Global. Lord Darzi was appointed as a member of Her Majesty’s Most Honourable Privy Council in June 2009.

**Professor Roger Boyle**

Professor Roger Boyle CBE FRCP FRCPE FESC FFPH qualified from the London Hospital Medical College in 1972 and trained in cardiology in London, Manchester and Leeds.

He was appointed in 1983 as consultant cardiologist in York where he had long experience as a Clinical Director for General Medicine and also as a General Manager.

Roger Boyle has been a member of the Council of the British Cardiac Society since 1991 and was formerly Chairman of the Specialty Advisory Committee for Cardiology at the Royal College of Physicians. He was a member of the External Reference Group for the National Service Framework for CHD and Chairman of the Focus Group on acute presentations.

He is a Fellow of the Royal College of Physicians and of the European Society of Cardiology.

He was appointed as National Director for Heart Disease (‘Heart Tsar’) at the Department of Health in March 2000. He took on responsibility for Stroke in January 2006.

**Dr Christof Veit**

Christof Veit, MD, is Chief Executive of the BQS Institute for Quality and Patient Safety in Duiseldorf, one of the leading institutions in benchmark projects for hospitals in Germany.

Before becoming responsible for the BQS Veit was, the manager of the Quality Benchmarking Institute for the Hamburg Hospitals (EGS Hamburg), a member of the decision board for the National Benchmarking Project at the Federal Joint Committee (G-BA), and a member of the Quality Management Committee of the National Hospital Federation (DKG). For the last 17 years he has been involved in these institutions, developing the methodology, technical and cultural realization of medical benchmarking projects.

His institution is involved in a variety of quality management and certification programmes in the health care system. He is also in the international advisory committee of the European Forum on Quality Improvement in Health Care, organized by the Institute for Health Care Improvement (IHI, Boston) and the British Medical Journal (BMJ).

Veit started his career as a surgeon and has studied medicine in Freiburg, London and Boston.
Mr Wolf-Dietrich Trenner

Since 1992, Wolf-Dietrich Trenner has been chair of Foerdergemeinschaft fuer Taubblinde e.V. (FG T). FG T was founded as an organisation of parents with deaf blind children. Today, more than 80% of these families in Germany are members of the FG T. The association is a Non-Governmental Organisation (NGO) with no political affiliations, serving the needs of families with severely handicapped relatives.

The main work area is in politics, especially in the field of healthcare and social support. The organisation aims to make these families’ needs known in public service on all levels. To achieve its aims, the organisation co-operates with federal and local initiatives, as well as other organisations of people with handicaps.

Wolf-Dietrich is the founder of a number of internet-based services run by and for handicapped people like www.kabinett-nachrichten.org and www.selbsthilfe-online.de. Moreover, he was a co-founder of the German Disability Council (DBR). In 2004, he was elected as one of the patient representatives in the Federal Joint Committee of self-governing bodies (G-BA, www.g-ba.de), which negotiates terms of service between service providers and health insurance funds in Germany. He is a speaker for patients in the field of quality assurance and patient-safety in the national health care system.

Professor Charles Vincent

Charles Vincent trained as a Clinical Psychologist and worked in the British National Health Service for several years. Since 1985 he has carried out research on the causes of harm to patients, the consequences for patients and staff and methods of prevention. He established the Clinical Risk Unit at University College in 1996 where he was Professor of Psychology before moving to the Imperial College in 2002. He now directs the Clinical Safety Research Unit based in the Department of Biosurgery and Technology, Imperial College London. He is the editor of Clinical Risk Management (BMJ Publications, 2nd edition, 2001), author of Patient Safety (2008) and author of many papers on risk, safety and medical error. From 1999 to 2003 he was a Commissioner on the UK Commission for Health Improvement. In 2007 he was appointed Director of the National Institute of Health Research Centre for Patient Safety and Service Quality at Imperial College Healthcare Trust.

Professor Rene Amalberti

René Amalberti, born in 1952, is a MD, PhD cognitive psychology, Professor of Medicine, physiology and aerospace medicine.


He is now working half time as Senior Adviser in Patient Safety at the Haute Autorité de Santé and half time as Risk Manager in medical insurance (MACSF).

He pioneered in the mid 80s the concepts of human error, ecological safety, crew resource management and system safety. In late 1992 he was despatched from the military to the European Joint Aviation Authorities (JAA) and became the first Chief Human Factors and Flight safety of the JAA. Following this he then occupied a series of managerial positions in European and French research programmes and administration (Land transport, Industrial and Environmental risks). He has published over 100 international papers, and authored or co-authored 10 books.

Professor Victor Rodwin

Victor Rodwin teaches courses on community health and medical care, comparative analysis of health care systems and international perspectives on health system performance and reform. Professor Rodwin was awarded the Fulbright-Tocqueville Distinguished Chair in Paris where he will be based for the spring semester of 2010.

In 2000, he was the recipient of a three-year Robert Wood Johnson Foundation Health Policy Investigator Award on “Megacities and Health: New York, London, Paris and Tokyo.” His research on this theme led to the establishment of the World Cities Project (WCP); a collaborative venture among the Wagner School, NYU, and the International Longevity Center-USA, which explores the impact of population ageing and longevity on the health care systems in New York, London, Paris and Tokyo.

Professor Rodwin is the author of numerous articles and books. Further information regarding the books can be found at http://wagner.nyu.edu/rodwin.

Before launching WCP, Professor Rodwin directed the Wagner School’s International Initiative (1992 to 1998), and its Advanced Management Programme for Clinicians (1987-1992). From 1983 to 1985 he was Assistant Professor of Health Policy at the University of California, San Francisco. Professor Rodwin has been a member of the Academy for Social Insurance since 1998. He reviews articles for leading journals in the field on a regular basis and has consulted with the French National Health Insurance Fund, the World Bank, the UN, and other international organizations. Professor Rodwin earned his PhD in city and regional planning, and his MPH in public health, at the University of California, Berkeley.

Mr Shane Solomon

Shane Solomon has been the Chief Executive of the Hong Kong Hospital Authority since 2006. The Authority currently manages 40 public hospitals with over 55,000 staff.

Prior to working with the Hong Kong Hospital Authority, Mr. Solomon held various senior health management positions in Australia, including:
- Under-Secretary for Health in the Victorian Department of Human Services.
- Group Chief Executive of Mercy Health and Aged Care Services, a Catholic organization operating public and private hospitals, aged care services.
- Consultant to the Australian and New Zealand Governments on health policy and planning.
- Director of Policy and Programmes in the Health Department Victoria.
- Founding Director of the Health Issues Centre.
Mr Jean Marie Robine

Jean-Marie Robine is a Research Director at INSERM, the French National Institute of Health and Medical Research, and head of the Health and Demography Research Group, Montpellier, France. He studies human longevity, with the aim of understanding the relations between health and longevity. In particular, he measures the impact that the increase in adult life durations may have on the health status of the elderly population.

Since its creation in 1989, he has been the coordinator of the International Network on Health Expectancy (REVES), which brings together some 100 researchers from 35 countries worldwide (www.revess.net). He is the project leader of the European Health Expectancy Monitoring Unit (EHEMU - www.ehemu.eu) supported by the European Union, which begins to provide analysis of disability-free life expectancies in the European Union (Healthy Life Years-HLY). He is responsible for the development of the International Database on Longevity (IDL) in association with the main research demographic centres and is one of the principal investigators of the Genetic of Healthy Ageing project (GEHA, Sixth European Research Framework, 2004-2010 - www.geha.unibo.it).

He was the chair of the Committee on Longevity and Health of the International Union for the Scientific Study of the Population (IUSPP, 2000-2005, www.iussp.org). He is currently the chair of the European Task Force on health expectancies.

Dr Martin McKee

Martin McKee qualified in medicine in Belfast, Northern Ireland, with subsequent training in internal medicine and public health. He is a Professor of European Public Health at the London School of Hygiene and Tropical Medicine where he is a co-director of the European Centre on Health and Medical Research, and at INSERM, the French National Institute of Health, France. He is also a WHO Collaborating Centre that comprises the largest team of researchers working on health and health policy in central and Eastern Europe and the former Soviet Union. He is also research director of the European Observatory on Health Systems and Policies, a unique partnership of universities, national and regional governments, and international agencies. He has published almost 500 scientific papers, 35 books, and 103 book chapters.

He served as an editor of the European Journal of Public Health for 15 years (six as editor in chief) and a member of 16 editorial boards. He has given many endowed lectures, including the Milroy Lecture (Royal College of Physicians), the Cochrane Lecture (UK Society for Social Medicine), Ferenc Bojan Lecture (European Public Health Association), and DARE Lecture (UK Faculty of Public Health) and in 2010 will give one of the British Medical Association’s Victor Horsley lectures. He is chair of the UK Society for Social Medicine and a trustee of the UK Public Health Association. He sits on a number of advisory boards in Europe and North America, in both the public and private sectors.

He is a Fellow of the Royal Colleges of Physicians of London, Edinburgh and Ireland and the UK Faculty of Public Health. His contributions to European health policy have been recognised by, among others, election to the UK Academy of Medical Sciences, the Romanian Academy of Medical Sciences and the US Institute of Medicine; by the award of honorary doctorates from Hungary and The Netherlands; visiting professorships at the Universities of Zagreb and Belgrade and the London School of Economics; and appointment as a distinguished international scholar at the University of Pennsylvania. In 2003, he was awarded the Andrija Stampar medal for contributions to European public health and in 2005 was made a Commander of the Order of the British Empire (CBE) by HM Queen Elizabeth II.

Sir Liam Donaldson

Sir Liam Donaldson is Chairman of the National Patient Safety Agency (NPSA) and Chancellor of Newcastle University.

Sir Liam Donaldson was the Chief Medical Officer (CMO) for England and the United Kingdom’s Chief Medical Adviser from 1998 - 2010. He is the fifteenth person to hold this important and historic post since it was established in 1855.

During his time as CMO, Sir Liam has authored a series of ground-breaking reports aimed at transforming a wide range of areas of health, healthcare and medical science, for example, producing the country’s first comprehensive health protection strategy; proposing new legislation to allow carefully regulated stem cell research; addressing poor clinical performance; introducing a comprehensive programme for patient safety and empowering patient self-management of chronic disease.

Sir Liam is probably best known for three of his achievements. Firstly, his trailblazing annual reports, which have brought major health concerns to public attention, in particular the need for smoke-free public places, the obesity ‘time bomb’, the shortage of organs available for donation and the problems of binge drinking.

Secondly, his creation of the concept of clinical governance – a clinically led way to assure high standards of care – which is now an internationally recognised approach in health care.

Thirdly, his leadership of patient safety, as a priority for health care systems around the world. His report on an organisation with a memory shaped policy on patient safety in the United Kingdom and his chairmanship of the World Health Organization World Alliance for Patient Safety has moved action to a global scale.
# Programme Overview

**Paris 2010**

## SUNDAY 10th OCTOBER

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<tr>
<th>Time</th>
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<tr>
<td>09:00</td>
<td>ISQua Pre-Conference Programme</td>
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<td>- Indicators Summit</td>
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<td>- Accreditation Symposium</td>
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<td>- Leadership and Quality Systems</td>
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<tr>
<td>18:30</td>
<td>Welcome Reception Marriott Rive Gauche</td>
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## MONDAY 11th OCTOBER

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<th>Time</th>
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<tr>
<td>07:45</td>
<td>Breakfast Seminar: Hosted by The Health Foundation</td>
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<tr>
<td>08:00</td>
<td>Welcome Coffee</td>
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<tr>
<td>09:00</td>
<td>Conference Opening: Hon. Roselyne Bachelot-Narquin, Minister for Health &amp; Sport</td>
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<tr>
<td>09:30</td>
<td>Opening Plenary Video Address: Dr Chen Zhu, Minister of Health, China</td>
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<td>Plenary Speaker: Lord Ara Darzi; UK</td>
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<td>10:30</td>
<td>BREAK</td>
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<tr>
<td>11:00</td>
<td>Concurrent Sessions</td>
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<tr>
<td>12:30</td>
<td>LUNCH &amp; LUNCHTIME ACTIVITIES</td>
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<td>13:05</td>
<td>Lunchtime Sessions</td>
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<tr>
<td>13:15</td>
<td>Poster Presentation Sessions</td>
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<td>14:00</td>
<td>Concurrent Sessions</td>
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<tr>
<td>15:30</td>
<td>BREAK</td>
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<tr>
<td>16:00</td>
<td>Reizenstein Prize Award</td>
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<td>16:10</td>
<td>Afternoon Plenary Plenary Speakers: Roger Boyle; UK, Christof Veit; DE, Wolf-Dietrich Trenner; DE</td>
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<tr>
<td>19:00</td>
<td>Conference Networking Reception Sorbonne University (Tickets available for purchase)</td>
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## TUESDAY 12th OCTOBER

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<tr>
<td>07:45</td>
<td>Publishing Your Research: How to Succeed in the Peer Review Process</td>
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<td>Eric Schneider; US</td>
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<tr>
<td>08:00</td>
<td>Welcome Coffee</td>
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<tr>
<td>08:45</td>
<td>Morning Plenary Plenary Speakers: Rene Amalbert; FR, Charles Vincent; UK</td>
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## WEDNESDAY 13th OCTOBER

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<th>Time</th>
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<tr>
<td>07:45</td>
<td>Breakfast Seminar: Hosted by Healthcare Quality Quest</td>
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<tr>
<td>08:00</td>
<td>Welcome Coffee</td>
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<tr>
<td>08:45</td>
<td>Welcome to ISQua's 28th International Conference, Hong Kong, China 2011</td>
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<tr>
<td>09:00</td>
<td>Morning Plenary Plenary Speakers: Jean Marie Robine; FR, Martin McKee; UK</td>
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<tr>
<td>10:20</td>
<td>Quality at the core of health economics; statement from OECD's Quality Forum and Ministerial Conference Mark Pearson (OECD)</td>
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<td>Presentation of Poster Awards</td>
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<td>15:00</td>
<td>Afternoon Plenary Plenary Speaker: Sir Liam Donaldson; UK</td>
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<td>15:55</td>
<td>President's Farewell</td>
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## THURSDAY 15th & FRIDAY 16th OCTOBER

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<tr>
<td>09:00</td>
<td>Mentorship Programme</td>
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## Wednesday 13th October

**Conference Opening**

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## Thursday 15th & Friday 16th October

**Mentorship Programme**
ISQua Paris:
Monday 11th October

Breakfast Session

The Health Foundation Breakfast Session
Support for sustained quality improvement
Speaker: Helen Crisp; UK

Improvement in healthcare is difficult and we sometimes underestimate the sustained effort that is needed to bring about change. This workshop will help you understand why local quality improvement teams need ongoing support and how to make sure that this is factored into the implementation plan for improvement interventions.

The Health Foundation’s experience of developing improvement programmes shows that even top level organisational commitment and enthusiasm on the ground programmes can get bogged down and fail to deliver.

The workshop will consider aspects such as:
» The elevator pitch; simple explanation of a programme’s aim, what needs to change and how it will happen
» Making the business case for quality; how to gain support from the finance department for improvement programmes in a time of budget cuts
» Training for quality improvement; early identification of training for staff being asked to do new things
» Support networks; linking the initiative leads in different organisations to share experience and provide mutual support
» Overcoming project fatigue; how not to be the latest in a string of projects that didn’t quite deliver all they promised

The workshop style will be a mixture of brief presentation and discussion in small groups to share experience of barriers and how to overcome these. The session will be led by staff from the Health Foundation, UK.

Opening Plenary

National healthcare reform and its impact on quality and safety
Speaker: Lord Ara Darzi; UK

In order for a health care provider to correctly identify a path for quality and safety improvement, they must first establish an adequate framework for measurement at every level. We now know that a defining characteristic of high performing teams across industries is their willingness to measure their performance and use the information to make continuous improvements.

In the health sector, strong clinical leadership and healthcare management to provide this measurement framework, and a culture that encourages and supports innovation and excellence, is vital.

If quality is to be at the heart of everything we do, it must also be understood from the perspective of patients. Patients not only pay regard to the clinical outcome of their treatment but, importantly, to their experience of the service. Quality of Care must include the Quality of Caring – the compassion, dignity and respect with which patients are treated can only be improved by analysing and understanding patient satisfaction with their own experiences.

Concurrent Sessions - Morning

A2 What does external evaluation contribute to Health Care and how can we optimize this?

Speakers: Dan Florizone, Deputy Minister; CA

Dan Florizone discusses the role of accreditation in ensuring that patients receive safe, high quality health care and in building a culture of continuous improvement. The experience of using patients in external evaluation has gained momentum in Saskatchewan, Canada. Mr. Florizone will share learning and highlight how the patient experience has been used to contribute to health system change.

This session explores the two main purposes of evaluation: accountability and learning, reflecting on the use of internal and external evaluation mechanisms in achieving these goals. Every health care organization must have internal evaluation and performance management processes that are used to systematically monitor and measure progress on achieving their strategic and operational objectives.

In this session a value added proposition is proposed whereby external evaluation may be effectively used to complement internal processes. The value added is optimal when there is a clear, mutual understanding of purpose, a teamwork approach and a commitment to use the results of all forms of evaluation to shape a change agenda.

A3 Reporting and Detecting Adverse Drug Events for Patient Safety Management

Speakers: Régis Beusc Bart; FR, Jonas Egebart; DK, Marie-Catherine Beusc Bart-Zephir; FR, Stefan Damoni; FR

This session will address the following:
» Automatic identification of Adverse Drug Events (ADEs) in the medical records of hospitalized patients: methods, results, performance,
» Human Factors and organizational aspects involved in ADEs. How to identify and manage them?
» How to provide information on Adverse Drug Events to patients?

A5 Setting the agenda for education and knowledge access in safety and quality

Speaker: Tim Shaw; AU

This interactive workshop will focus on understanding the priorities and opportunities around workforce education and how organisations access information and resources in safety and quality.

The workshop will introduce the ISQua Knowledge portal which is being developed to increase knowledge, capacity and capability to deliver safe and quality care at both the individual and organisational level.

Your engagement in the discussion will help to shape this exciting new initiative to best meet your professional and organisational needs.
A6  Patient Care Experience – a key piece of the quality puzzle
Speakers: Karen Luxford; AU, Margaret Murphy; IE

This interactive session will consider evidence linking patient-centred care approaches to improved outcomes. Strategies for using patient feedback data and engaging patients within services to transform care quality will be discussed. The crucial role of building staff capacity will be highlighted. Participants will have the opportunity to assess the ‘patient-centred status’ of their own organization/service and consider improvement plans.

A7  Health technology assessment; what is it?
How does it improve patient outcomes?
Speakers: Rohan Hammett; AU, Guy J. Maddern; AU, Lise Rochaix; FR

This session will address the following questions:
» What does it mean for the patient and doctor?
» How do we gather the evidence on new innovations in health care?
» Should we consider cost, outcomes, ethics and location?
» Can evidence be collected when technology is still being introduced?
» Is coverage with evidence really practical in a modern health system?
» How do we remove outdated interventions?
» Overcoming resistance to HTA from Government and doctors

A9  Does improving clinical coordination save money?
Speaker: John Ovretveit; SE

Background: Pressure to reduce costs as well as to increase the quality and safety of health services was felt by many in health services before the recession. With increasing specialization and fragmentation of services, under-coordination is now thought to be a substantial cause of adverse events, poor quality and of avoidable waste.

This presentation describes the methods and findings from recent research reviews of the evidence about the costs of under-coordination, savings from interventions and the leaders role in quality improvement.

Aim of study: To review the research into the savings or losses made by interventions which improve care coordination, and the role of leaders in making improvements.

Methods: “Management reviews” of research and other forms of knowledge into the savings or costs associated with improvements to coordination, and into the research into the leader’s role in achieving improvements.

Findings: The research reviewed shows that poor coordination is common and costly, and that some solutions for poor quality are effective. However, improving coordination is not easy, and the difficulty increases with more practitioners and services in complex cases and longer care episodes. The evidence shows that providers can lose money from changes to make improvements and trying to do so can carry a high financial risk. It can be misleading to cite savings from interventions which raise quality of coordination, because of uncertainty about effectiveness and about costs in different situations.

As regards the leader’s distinctive role, the research indicates that the most successful approaches are to start and guide a process which involves key personnel in choosing, planning and carrying out improvements, and to focus as much on the politics as on the technical aspects of project management.

Conclusions and implications: The sparse evidence and the challenges do not mean that improving care coordination cannot save money and suffering. Research shows that it can sometimes; and begins to show when, where and why. The research gives some indications of more successful leader’s distinctive role in achieving this. This can help to select value improvements, to implement them more effectively and to make changes to enable improvement.

Lunchtime Sessions

A11  EUNetPaS (European Union Network for Patient Safety)
Speakers: Jean Bacou; FR, Pascal Gare; BE, Jorgen Hansen; DK, Zoi Kolitsi; GR

EUNetPaS is a network involving the 27 member states of the European Union, funded and supported by the European Commission within its 2007 Public Health Programme. This project is coordinated by HAS (French National Authority for Health). It has established an umbrella network of all 27 EU Member States and EU stakeholders to encourage and enhance their collaboration in patient safety (culture, reporting and learning systems, medication safety and education) through the establishment of national platforms involving national stakeholders. The number of national platforms involving patients, health care professionals and institutions has doubled during the course of the project. Such platforms are now established and running in 14 of the 27 Member States. The objectives of these platforms are linked to EUNetPaS objectives: to raise awareness and enhance stakeholder collaboration in the field of patient safety at national and local level.

EUNetPaS promotes coherence at EU level through recommendations and proposition of common tools
» Culture measurement tools
» Guidelines for education
» Library of methods for reporting and learning systems implementation
» Rapid response mechanism for sharing high priority patient safety issues or solutions between all member states
» Tested medication safety recommendation which could be implemented in other national environments

The positive momentum created by this network at the EU level has raised patient safety awareness in the EU and promoted the implementation of Patient Safety solutions. Nevertheless, a lot remains to be done and political consistency will be key to achieve further significant progress for the benefit of EU patients.

A12  WHO: Patient Safety Curriculum Guide
Chair: Bruce Barracough; AU

The Patient Safety Curriculum Guide was developed as an evidence-based resource to support patient safety education in pre-service curricula. The Patient Safety Curriculum Guide for medical schools was published in 2009. This session will provide an opportunity for delegates to become familiar with the work over the last year, collaborating with experts in dentistry,
nursing, midwifery and pharmacy to develop a Patient Safety Curriculum Guide suitable for use in creating curricula for all health professions globally.

Concurrent Sessions – Afternoon

A13  **WHO Patient Safety: Where to from here?**

Speakers: Dr Itziar Larizgoitia; WHO, Clifford Hughes; AU, SF Lui; HK, Janne Lehmann Knudson; DK, Jose Noronha; BR, Margaret O’Kane; US

At the ISQua Conference in Amsterdam in October 2004, Sir Liam Donaldson, then Chief Medical Officer of the UK, announced the establishment of the World Alliance of Patient Safety. Since then, the landscape of patient safety has changed but, how much has patient safety really advanced globally in these last five years? What has been the contribution of WHO Patient Safety since its inception as the World Alliance for Patient Safety at the end of 2004? What are the gaps and issues that we still face today? What are the challenges for improving patient safety globally in the next five years and what could be the role of WHO Patient Safety?

These and other questions will be discussed and debated from various perspectives, national, regional and global, by an international panel of patient safety experts.

A15  **The Emergency Care Summary in Scotland - an evaluation of four years of sharing patient records in order to improve patient care when the GP surgery is closed**

Speaker: Libby Morris; SCT

The Emergency Care Summary (ECS) is an established shared record system which has been running in Scotland for over five years and is widely used to improve the care of patients in unscheduled care. It consists of a core dataset of prescribing and adverse reactions to medications for every patient who is registered with a GP. The data is automatically uploaded from the GP system records twice daily.

We have five years of statistics on the use of ECS which has now become a routine part of the process of unscheduled care. We carried out an evaluation in order to look in more detail at whether it is helpful for patients and improving safety or changing clinical decisions. The results show that it is judged as helpful or very helpful by the majority of users, and we have many examples of cases where clinical decisions have been improved.

A further project is evaluating access to ECS by clinicians in non acute wards and outpatient clinics and early results show that it can improve medicines reconciliation by up to 80%. Further details of medical history and patient wishes will be added to the ECS for specific patients who require it, with their knowledge and consent.

A16  **Design for Patient Safety – The London Approach**

Speakers: Rajesh Aggarwal, Jeremy Myerson, Oliver Anderson, Charles Vincent; UK

Over the past four years, research collaboration has been developed between the Royal College of Art Helen Hamlyn Centre, Imperial College London and St. Mary’s Hospital, Paddington. This has led to the development of an innovative resuscitation trolley, currently in clinical trials, and the set-up of a multi-disciplinary research project, funded by the Engineering and Physical Research Sciences Council, entitled DoME.

The Designing Out Medical Error (DOME) project aims to better understand and map healthcare processes on surgical wards, establishing an evidence base to design equipment and products which better supports these processes and therefore reduce instances of medical error.

This workshop intends to introduce conference attendees to the Design for Patient Safety.

**Learning Objectives:**

- To understand the role of design in the clinical setting
- To describe the design process from idea to product
- To understand the research and design pathway
- To develop design briefs from patient safety research questions
- To work in a multi-disciplinary team
- To collaborate with industry and purchasing authorities
- To clinically evaluate a design solution with regard to outcomes measures

A17(a) **Why is improvement so hard?**

Speaker: Martin Marshall; UK

The principles and practices of Improvement Science have been introduced to the health sector over the last three decades and are starting to achieve traction. Over this time we have seen some impressive advances in our thinking, in engaging health professionals and managers, and in improved outcomes for those who use health services. Nevertheless, systematic deficiencies in the quality of patient care remain, excellence too often occurs in isolated pockets and the results of objective evaluations of improvement initiatives are often disappointing. Overall, we are left with the impression that improvement is really hard work.

In this presentation, Professor Martin Marshall will explore why improvement is so difficult. He will use a review of the relevant evidence to explain why what we are currently doing is sub-optimal. He will examine factors relating to improvement interventions, the environment and the people involved and will introduce a practical framework which can be used to formulate the right questions to maximise the success of improvement activity.

A17(b) **Initial dissemination and use of the WHO patient safety curriculum guide**

Speakers: Mathew Mak, Benjamin Ellis; UK

Patient safety is a major global issue in health care. To deliver safe health care all professions require training in the discipline of patient safety.

During this seminar we will provide a background to the development of the Patient Safety Curriculum Guide. The first edition of the Curriculum Guide reflected the need to highlight the importance of students’ skills and requirements in the field of Patient Safety.

In early 2010, a brief online questionnaire was set up to investigate the implementation and use of the WHO Patient Safety Curriculum Guide. Invitations were sent by email to those who had downloaded the Curriculum Guide during the initial months of publication. Here we will present the initial results. We will discuss motivations for downloading the Patient Safety Curriculum Guide and the role of respondents who were interested in Patient Safety Education. We will also discuss the extent of dissemination of different topics from the Curriculum Guide and what this means for future development.
WHO is now developing a multidisciplinary second edition of the Patient Safety Curriculum Guide in collaboration with the International Confederation of Midwives and the World Health Professions Alliance, including the International Council of Nurses, the World Dental Federation, the International Pharmaceutical Federation and the World Medical Association. We hope to be able to share the latest developments on this, and the recent successful launch of the Health Professions Global Network.

**A20 GS1 in Healthcare Reducing Risk through Certainty**

Speakers: Jim Bracken; IE, Jan Denecker; BE, Georges Nicolaos; FR, Roger Lamb; UK, Feargal McGroarty; IE

This session will address:
- The scope and activities of GS1 Healthcare
- John Radcliffe Track & Track project
- Use of SMART Phones in a National Haemophilia Treatment Solution

**A22 Improving chronic illness care: experiences with different approaches internationally**

Speakers: Soeren Mattke; US, Ellen Nolte; UK, Bert Vrijhoef; NL, Antje Erler; DE, Chien Earn Lee; SG

This session will discuss current evidence on how disease management and other innovations impact chronic conditions and how health system characteristics influence the impact of such interventions. Present experience from three countries that experimented with different approaches to improve chronic illness care will be shared.

The first presentation will provide an overview of what we know and don’t know about the impact of different approaches to disease management on quality of care, health status and cost. It will show that the evidence is more solid for approaches that include practice redesign, as proposed by the Chronic Care Model, and that little is known about the impact of large-scale, commercial disease management.

The second presentation will argue that different types of health care systems, such as the tax-funded “Beveridge” system and the public insurance “Bismarck” system, gravitate towards different approaches in improving chronic illness care and have different degrees of success in making those approaches work.

The following three presentations summarize the experiences from three countries that experimented with different types of reforms. The Netherlands implemented a practice redesign model with nurse-led disease management, Germany, a large-scale, call-center based disease management and Singapore, financial incentives within the context of right setting of care (i.e., having care provided in the most appropriate setting) and redesign of the delivery system. The presenters will describe the reforms and provide data on their impact.

The panel discussion will allow participants to share experiences from their respective systems and how they compare and contrast with the presented data.

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**Afternoon Plenary**

**Measurement for What and Clinical Improvement**

Speakers: Roger Boyle; UK, Christof Veit; DE, Wolf-Dietrich Trenner; DE

Roger Boyle will be speaking on the 62-year history of a National Health Service in England has presented a mix of challenges and opportunities.

By the 1990s, heart services were not being offered equitably, there were long delays to treatment and overall quality was on the wane.

In 1998, a decision was made to draw up a National Service Framework for Coronary Heart Disease involving patients, carers and professionals. The Framework, published in March 2000, was prioritised across the service.

Substantial improvements soon followed in terms of more focused prevention, better access to care, improved quality of care and falling mortality rates. Key drivers included the widespread use of service improvement techniques, clinical networks, clinical leadership and the collection and publication of outcome data.
Monday, 11th October 2010

07:45 - 08:45  Ella Fitzgerald A & B, Level -1
Breakfast Seminar  Sponsored by The Health Foundation
Support for sustained quality improvement
Helen Crisp; UK

08:00 - 09:00  Level 0
Welcome Coffee

09:00 - 09:30  La Seine A, B & C, Level 0
Conference Opening
Welcome: Philip Hassen, ISQua President & Laurent Degos, Chair, Programme and Planning Committee
Official Conference Opening: Honorable Roselyne Bachelot-Narquin, Ministre de la sante et des sports (Minister for Health and Sport)
Making the Most of the Conference: Roisin Boland, ISQua CEO

La Seine A, B & C, Level 0
Opening Plenary
Chair: Bruce Barraclough; AU
09:30 - 09:45  Video Address: Dr Chen Zhu, Minister of Health, China
09:45 - 10:30  National Healthcare Reform and its Impact on Quality
Lord Ara Darzi; UK

10:30 - 11:00  Morning Break

11:00 - 12:30  Concurrent Sessions – Morning

A1 – Governance and Leadership
La Seine A, Level 0
Chair: Bryce Taylor; CA

O-001 Have we reached the limits of clinical governance?
J. Travaglia, H.L. Robertson, J. Braithwaite; AU – 15 mins

O-002 Governance for Quality and Safety in Canadian Healthcare:
Evidence from Studies of Effective Practice
G. R. Baker, J.-L. Denis, M.-P. Pomey, A. MacIntosh-Murray; CA – 15 mins

O-003 Building the business case for quality and safety
H. Crisp; UK – 15 mins

O-004 Hospital Boards and Quality of Care: Confidence is Not Enough
C.A. Goeschel; US – 15 mins

O-005 Development and validation of a French organizational culture questionnaire
F. Saillour, P. Michel; FR – 15 mins

A2 – External Evaluation Systems
Auditorium, Level -1
Chair: Brian Johnston; AU

What does external evaluation contribute to healthcare and how can we optimise this?
Dan Florizone, Deputy Minister of Health; CA – 45 mins

O-006 To certify or not to certify: improving the quality and consistency of assessing practices
– 15 mins
W. Nicklin, K. Loeffler, J. Robblee, R. Penney; CA
O-007 Developing Quality Standards for the NHS in England: the NICE Quality Standards Programme – 15 mins
Fergus Macbeth, T. Stokes N. Bent, V. Moore; UK

O-008 Involving service users in the development and implementation of an accreditation programme in the social sector in Denmark – 15 mins
L.J. Sorensen P. Rhode, J. Mainz; H. Qvist; DK

A3 – Health Information Technology
St. Michele, Level 2
Chair: Stuart Whittaker; ZA

Reporting and detecting adverse drug events for patient safety management
Regis Beuscart; FR, Jonas Egebert; DK, Marie-Catherine Beuscart-Zephir; FR, Stefan Darmoni; FR – 90 Mins

A4 – Patient Safety
Miles Davis A&B, Level -1
Chair: Saskia Droesler; DE

O-009 The prevalence and nature of adverse events in developing countries of the Eastern Mediterranean
S. Siddiqi R. El Asady; R.M. Wilson, I. Laurzigoita; EG – 15 mins

O-010 Improving patient safety: the divergent views of a healthcare workforce and patient safety advocates
J. Braithwaite, M. Westbrook; AU – 15 mins

O-011 Using HSMR as a tool to drive local improvement at the clinical level
C.W. Hayes, M. Freeman, J. Li, P. McKernan; CA – 15 mins

O-012 Patient safety culture, patient safety reporting and patient satisfaction
S.F. Tsai, S.R. Shih, J.L. Wang, S.T. Wang; TW – 15 mins

O-013 Turning blaming into learning opportunities – how physicians’ error responses impact patient safety
K. Janus, X. Zou; US – 15 mins

A5 – Education and Culture
Louis Armstrong Room A, B & C, Level -1
ISQua Education Session
Chair: Bruce Barraclough; AU

Setting the agenda for education and knowledge access in safety and quality
Tim Shaw; AU – 90 mins

A6 – Patient Experience
Miles Davis C, Level -1
Chair: Elma Heideman; CA

Patient care experience a key piece of the quality puzzle
Karen Luxford; AU, Margaret Murphy; IE – 90 mins

A7 – Health Technology Assessment
Ella Fitzgerald Room A & B, Level -1
Chair: Rajesh Aggarwal; UK

Health technology assessment; What is it? How does it improve patient outcomes?
Rohan Hammett; AU, Guy J. Maddern; AU, Lise Rochaix; FR – 90 mins
A8 – Quality Systems
Les Invalides A & B, Level 2

Chair: Carsten Engel; DK

O-014 Do quality improvement systems improve quality? An analysis of the associations between ‘maturity’ of quality improvement systems and clinical outcomes in 43 hospitals
O. Groene, R. Suhol; ES – 15 mins

O-015 Acute care hospital nurses’ reports of rationing of nursing care and inpatient mortality: Preliminary findings
M. Schubert, S.P. Clarke, S. De Geest; CA – 15 mins

O-016 The power of collaborative improvement to increase compliance with standards and health outcomes: Evidence from 12 countries
L.M. Franco, L.R. Marquez, K. Ethier, Z. Balsara; US – 15 mins

O-017 The impact of performance data on provider behaviour and quality of care outcomes in acute health care: A realist review
A.N.P. Renz, P. Aylin; UK – 15 mins

O-018 Practices and organizational characteristics of consistently high performing hospitals
N. Matthes, L. Morlock, J. Marsteller; Elkridge; US – 15 mins

A9 – Measurement and Outcomes
St Germain Des Pres A & B, Level 2

Chair: David Ballard; US

Does improving clinical coordination save money?
John Ovretveit; SE – 45 mins

O-019 Is safer care cheaper care? the costs of inpatient complications
R. Lagoe, G. Westert; M. Murphy, C. Noetscher; NL – 20 mins

O-020 From clinical guidelines to pay for performance in UK family practice: the NICE quality and outcomes framework indicator programme
N. Bent, T. Stokes, V. Moore; UK – 20 mins

A10 – Integrated Care and Quality Outcome
La Sorbonne A, B, C & D, Level 2

Chair: BK Rana; IN

O-021 Integrated chronic care: how to achieve it and how to measure its impact
R. Rosen, B. Vrijheof; NL – 15 mins

O-022 Do medical homes exist within European primary care practices? A patient’s perspective
M. Faber, G. Voerman, A. Erler, T. Eriksson; DK – 15 mins

O-023 Providing high quality and consistent care for patients with heart failure across the continuum

O-024 Patient-Centered Medical Homes in the US
M.E. O’Kane, S.H. Scholle, R. Saunders; US – 15 mins

O-025 Endeavor to Improving the Rate of Early Reperfusion Therapy in Proper Time for Acute ST elevation Myocardial Infarction Patients
B. Lee, Y. Yoon H. Kwon B. Hong; KR – 15 mins
Monday 11th October 2010

12:30 - 14:00 Lunch and Sessions

13:05 - 13:50 A11 – Auditorium, Level -1
   Chair: Jean Bacou; FR
   EUNetPas. All delegates welcome
   Speakers: Pascal Gare; BE, Jorgen Hansen; DK, Zoi Kolitsi; GR

13:05 - 13:50 A12 – Louis Armstrong A, B, C & D Level -1
   Chair: Bruce Barracough; AU
   WHO: Patient Safety Curriculum Guide. All delegates welcome

13:15-13:50 Poster Presentations

AP1 – External Evaluation Systems
Les Invalides A & B, Level 2

| Chair: Edward Chappy; JO |

PP-001 Health accreditation matters: Results of a Canadian benchmark survey
   W. Nicklin, D. Anderson, F. Graves; CA – 5 mins

PP-002 International Comparison of Medical Practice Accreditation in Ambulatory Health Care
   S. Auras, S. Hennig, U. Schwenk, M. Geraedts; DE – 5 mins

PP-003 Sustainable Healthcare Accreditation: messages from Europe in 2009
   C. Shaw, B. Kutryba, J. Brathwate, A. Warunek; UK – 5 mins

PP-004 The assessment of 136 hospitals’ clinical risk level in Sicilian Region according to Joint Commission International standards
   F. Favalli, G. Murolo, P. Cantaro, V. Parrinello; IT – 5 mins

PP-005 Redesign of the auditing strategy and the audit report for hospitals in Flanders (Belgium)
   T. Wylin, A. Oosterlinck; BE – 5 mins

AP2 – Patient Safety
Miles Davis A & B, Level -1

| View Posters – Boards 3117 – 3121, Level 3 |
| Chair: Virginia D’Addario; US |

PP-006 Prophylactic antibiotic treatment and risk factors for postoperative wound infections in non-instrumental spine surgery
   S. Habiba, A. Sarie, N. Emaus, T. Solberg; NO – 5 mins

PP-007 Implementation of medication reconciliation on admission for pediatric inpatients
   Elaine Wong, R. Vaillancourt; CA – 5 mins

PP-008 The impact of social capital on the overall perception of safety
   H. Pfaff, O. Ommen, N. Ernstmann, A. Hammer; DE – 5 mins

PP-009 Achieving Patient Safety Improvement through Multi-Professional Collaboration within Quality Interventions
   A. Parand, J. Benn, S. Burnett, A. Pinto; UK – 5 mins

PP-010 Clinical audit of major adverse events after surgery for rectal and gastric cancer
   A.C.M. van der Togt, B.P. Wijnhoven, R.A.M. Damhuis, J.H.W. de Wilt; NL – 5 mins
AP3 – Education and Culture
St. Michel, Level 2

View Posters – Boards 2026 – 2030, Level 2
Chair: Pamela Fagan; IE

**PP-011** From Interdisciplinary to Interprofessional Education for Health Care Quality in the Graduate Program at Gadjah Mada University
L. Trienantoro, A. Utarini, T. Kuntjoro; ID – 5 mins

**PP-012** Project-Based Learning in the Clinical Setting: an Experimentation in a Nursing Degree Course
A. Bagnasco, L. Sasso, G. Aleo; IT – 5 mins

**PP-013** Promoting cost-benefit analyses as an integral part of quality improvement: using the employee suggestion box (ESB) as a starting point
W.-C. Hsu, A.R. Talbot, H.-T. Chang T.-S. Su; TW – 5 mins

**PP-014** Pharmacists Development with Implementation of Competency Framework
M.L. Yee, J. Ong, C. Wong; SG – 5 mins

**PP-015** A Study on Worker's Perception of Patient Safety Culture in a General Hospital
L. Youngah, K. Hae Young, C. Woohyun, K. Jin; KR – 5 mins

AP4 – Patient Experience
Miles Davis C, Level -1

View Posters – Boards 3261 – 3265, Level 3
Chair: Laura Toye; IE

**PP-016** Patient Reported Hospital Quality in Taiwan: Concept definition and Scale Development
K.-P. Yao, S.-H. Cheng, Y.-Y. Hsiao, K.N. Kuo; TW – 5 mins

**PP-017** Moving towards patient-centered healthcare for patients with Parkinson’s disease in the Netherlands
M.V.D. Eijk, M. Faber, M. Munneke, B.R. Bloem; NL – 5 mins

**PP-018** Applying Hermeneutics Phenomenological Method to Post-Traumatic Lived Experience of Cases with Spinal Cord Injury
C.H. Chuang; TW – 5 mins

**PP-019** Enhancing the patient journey through specialist (outpatient) clinics using process redesign and patient experience methods
R. Bradley, J. Evans, D. Bennett; AU – 5 mins

**PP-020** Patients' experiences of analgesic drug use
M. Henman; IE – 5 mins

AP5 – Health Technology Assessment
Ella Fitzgerald A & B, Level -1

View Posters – Boards 1001 – 1005, Level -1
Chair: Nancy Dixon; UK

**PP-021** Clinical audit on prescribing high cost antibiotics
U. Wienand, M. Libanore, M.P. Antonioli, F. Ghinelli; IT – 5 mins

**PP-022** Financial and non-financial costs of Health IT implementation and maintenance
N.S. Fleming, S. Culler, D.J. Ballard; US – 5 mins

**PP-023** The adverse drug events (ADEs) caused by medications listed on the Beers Criteria and ADE related factors in elderly inpatients: Japan Adverse Drug Events (JADE) Study

**PP-024** Evidence-based assessment of the safety of topical corticosteroids in pregnancy
C.-C. Chi, R. Mayon-White, F. Wojnarowska; TW – 5 mins

**PP-025** Cost-benefit analysis of a computerized Fall Risk Assessment Tool
S. Iijima; JP – 5 mins
AP6 – Quality Systems
Facilitated Poster Presentations, Level 3, Boards 3080 – 3084

Chair: Steve Clark; AU

PP-026 Improving Quality of Care Using the Medical Home Model at Safety Net Hospitals
L. Gage, L. Cummings, S. Siegel-Spieler, K.A. Swink; US – 5 mins

PP-027 Fear of Flying: Resistance to innovation in the National Health Service
H. Crisp, P. Martin; UK – 5 mins

PP-028 Estonian 3-year experience with primary health care quality bonus system
H. Tarien, K. Västra, J. Villup; EE – 5 mins

PP-029 Leadership Rounding for Outcomes
C.M. Cernia; US – 5 mins

PP-030 The optimal management of the length of hospital stays using Six Sigma strategy
H.L. Yeo, S.-H. Park, M.-K. Han, B.N. Lee; KR – 5 mins

AP7 – Measure and Outcomes
St. Germain Des Pres A & B, Level 2

View Posters – Boards 3001 – 3005, Level 3
Chair: Yosef Dlugacz; US

PP-031 How outcome and process indicators can be used harmoniously and not as alternatives.
J. Phillips, R. Durack; UK – 5 mins

PP-032 Strategies to decrease unscheduled returns to the emergency department within 72 hours
J.-C. Chang, H.-C. Wang, J.-H. Chuang; TW – 5 mins

PP-033 Accelerating quality improvement: 10 year experience of implementing indicators in Mental Health in Catalonia, Spain.
P. Hilarion, E. Jordà, X. Canals, R. López; ES – 5 mins

PP-034 Differential reporting in relation to prognosis in a national clinical quality database
S. Maartensson, P.D.N. Brown, B. Frederiksen; DK – 5 mins

PP-035 Tidal Waves and Shifting Sands: Daily Life Events and Patients' Organisational Migration in Appraisal of Chronic Care
J.-F. Lévesque, D.E. Feldman, V. Lemieux; CA – 5 mins

AP8 – Integrated Care and Quality Outcomes
La Sorbonne A, B, C & D, Level 2

View Posters – Boards 1014 – 1018, Level -1
Chair: Richard Choong; AU

PP-036 Assessment of quality of pain care after brain injury
H.-Y. Bonnin-Koang, J. Pélissier; FR – 5 mins

PP-037 Review of the National policy on Quality in Health Care in South Africa? Lessons from the WHO Health Promoting Hospitals strategy
C.C. JinabhaiI, P.D. Ramdas; ZA – 5 mins

PP-038 Interdisciplinary collaboration on transition plan from child to adult infirmary service
S. Leung, S. Lee, C. Ching, J.S.L. Chan; HK – 5 mins

PP-039 Diabetes services across primary and secondary care settings in Ireland
S. Mchune, M. O’Donnell, S. Dineen, C. Bradley; IE – 5 mins

PP-040 Comparison of different audit designs to evaluate integrated care
B.R. Lindegaard, P. Qvist; DK – 5 mins
**Concurrent Sessions – Afternoon**

### A13 – Governance and Leadership
**La Seine A, Level 0**

Chair: John Helfrick; US

**WHO: Patient Safety; Where to from here? Panel Discussion**
Itziar Larizgoitia; WHO, Clifford Hughes; AU, SF Lui; HK, Janna Lehmann Knudson; DK, Jose Noronha; BR, Margaret O’Kane; US - 90 mins

### A14 – External Evaluation Systems
**Auditorium, Level -1**

Chair: John Sweeney; IE

- **O-026** Survey instruments: a powerful measure of performance to support the accreditation process
  P. Greco, W. Nicklin, J.I. Mitchell; CA – 15 mins

- **O-027** Quality improvement by accreditation in primary care: participant opinions, a qualitative study
  A. van Doorn, M. Bouma, J. Braspernning; NL – 15 mins

- **O-028** Developing a patient centred accreditation programme for oncology services
  Al-Dahma, J. Mackereth-Hill; UK – 15 mins

- **O-029** Quality and patient safety hospital evaluation system: the experience of Lombardy Region
  F. Azzali, P. Lehnus, L. Marlino, C. Ramponi; IT – 15 mins

- **O-030** Analysis of the outcome of accreditation of private hospitals in Malaysia which have undergone the 3rd cycle of the national hospital accreditation programme

### A15 – Health Information Technology
**St. Michele, Level 2**

Chair: Jennifer Haas; US

**The Emergency Care Summary in Scotland - an evaluation of four years of sharing patient records in order to improve patient care when the GP surgery is closed**
Libby Morris; SCT – 45 mins

- **O-031** A breach in patient safety due to breakdown on health information technology
  D. Jorgensen, S. Kristensen, P. Bartels, H.B. Honoré; DK – 15 mins

- **O-032** National initiatives to implement health information technology: lessons learned from the Canadian experience

- **O-033** Implementing eHealth initiatives for quality improvements in Australia
  C.M. Hullin, R. Cederberg, A.P. Howard, N. Phipps; AU – 15 mins

### A16 – Patient Safety
**Miles Davis A & B, Level -1**

Chair: Peter Woodruff; AU

**Design for patient safety - The London Approach**
Rajesh Aggarwal; UK, Oliver Anderson; UK, Jeremy Myerson; UK, Charles Vincent; UK – 90 mins
A17 – Education and Culture
Louis Armstrong A, B & C, Level -1

Chair: Merrilyn Walton; AU

Why is Improvement so Hard?
Martin Marshall; UK – 45 mins

Initial dissemination and use of the WHO patient safety curriculum guide
Mathew Mak; UK, Benjamin Ellis; UK – 45 mins

A18 – Patient Experience
Miles Davis C, Level -1

Chair: Bonnie Adamson; CA

O-034 Patient involvement in medical decisions: experiences and preferences of patients with chronic skin diseases
C. Renzi, S. Mastroeni, C. Pagliarello, M. Härter; IT – 15 mins

O-035 Patient Participation and its Impact on Quality of Care and Patient Safety

O-036 What do respondents think about when completing patient satisfaction surveys?

O-037 Consumer engagement in decision-making: experiences in long term care
M. Brandon, L. Irwin; AU – 15 mins

O-038 Little voice: empowering young patients to have their say about hospital care – designing a questionnaire to suit their needs
B.L. Hopwood, A.J. Tallett; UK – 15 mins

A19 – Measurement and Outcomes
Ella Fitzgerald A & B, Level -1

Chair: Philippe Michel; FR

O-039 The surgical scorecard: a tool to improve surgical quality of care

O-040 The relationship between patient safety and hospital volume

O-041 Developing quality of care indicators within the Dutch National Project Transparent Care project
D. Schipper, J.P. van Groenestijn, Y. Koense; NL – 15 mins

O-042 Validation of a safety composite indicator on adverse drug events control
M. Izotte, P Michel, S. Tricaud-Vialle, B. Louilere; FR – 15 mins

O-043 Measuring quality and informing patients and practitioners – a German set of inpatient quality indicators
U. Nimptsch, T. Mansky; DE – 15 mins

A20 – Quality Systems
Les Invalides A & B, Level 2

Chair: Jim Bracken; IE

GS1 in Healthcare - Reducing Risk Through Certainty
Jan Denecker; BE, Georges Nicolaos; FR, Roger Lamb; UK, Feargal McGroarty; IE – 90 mins
Monday 11th October 2010

A21 – Measurement and Outcomes
St Germain Des Pres A & B, Level 2

Chair: Oliver Groene; ES

O-044 Identification of potentially preventable complications using the new country-wide reported present on admission indicator for secondary diagnoses in Belgium
M. Berlinguet; US – 15 mins

O-045 Variations in mortality amenable to health care: going beyond demographics to health systems performance
S.C. Schoenbaum; US – 15 mins

O-046 International comparability of patient safety indicators in 13 OECD member countries: adjustment by secondary diagnoses
S.E. Drosler, P.S. Romano, D.J. Tancredi, N.S. Klazinga; DE – 15 mins

O-047 Assessment of indicator usability - a decade of experience from the Danish national indicator project

O-048 Failure Mode Effects Analysis (FMEA) for Morphine Prescribing Practices
H. Writer, E. Pascuet, R. Vaillanco; CA – 15 mins

A22 – Integrated Care and Quality Outcome
La Sorbonne A, B, C & D, Level 2

Chair: Sameen Siddiqi; WHO

Improving chronic illness care: Experiences with different approaches Internationally
Antje Erler; DE, Chien Earn Lee; SG, Soeren Mattke; US, Ellen Nolte; UK, Bert Vrijhoef; NL – 90 mins

15:30 - 16:00 Afternoon Break

16:00 - 16:10 Reizenstein Prize Award
Presented by Eric Schneider - Editor in Chief, International Journal for Quality in Healthcare

16:10 - 17:10 Chair: Sheila Leatherman; US
Measurement for What and Clinical Improvement
Roger Boyle; UK, Christof Veit; DE, Wolf-Dietrich Trenner; DE

19:00 - 21:00 Conference Networking Reception; Sorbonne University - Tickets available to purchase
How do clinical leaders deal with poor clinical results?

The challenges of detecting and alerting senior medical leadership in change management, leadership in patient-centred care and leadership in changing attitudes and behaviours are the main themes that will intertwine throughout the session.

Leadership in change management, leadership in patient-centred care and leadership in changing attitudes and behaviours are the main themes that will intertwine throughout the session.

The final part of this session will involve an open discussion, with the delegates and a panel, including a patient and a doctor undergoing specialist training.

**B2** Quality improvement and control in Cancer Services

Speakers: Janne Lehmann Knudsen; DK, Karen Luxford; AU, Torben Palshof; DK, Renée Otter; NL, Mahasti Saghatchian FR

The workshop focuses on regulation and implementation of quality strategies in cancer, in and across different countries, with the aim to:

- Clarify how cancer-services are regulated in respect of quality in different healthcare systems
- Identify and discuss strength and weakness of the strategies in terms of improving quality

The following will be addressed:

- Why and how this workshop – Janne Lehmann Knudsen
- Accreditation scheme(s) for cancer and the Cancer Services Performance Indicators in Australia - Karen Luxford
- Mandatory National Accreditation combined with the National Indicator monitoring in Denmark - Torben Palshof
- Cancer Control and “Visitatie” of multidisciplinary oncological care in the Netherlands - Renée Otter
- The OECI Accreditation Programme designed for Cancer Centres in Europe: the challenge of Comprehensiveness in Oncology - Mahasti Saghatchian

Discussion between presenters and participants and closing remarks.

**B4** Limit the overuse of Neuroleptics in Alzheimer’s disease: A global issue

Speakers: Sarah Hartley, Antoine Piau, Benoît Lavallart, Armelle Desplanques-Leperre; FR

- Neuroleptic’s exposure in the elderly: an overview
- Best practice to avoid the prescription of neuroleptics in Alzheimer’s disease
- Alert and Mastering of the Iatrogenicity (AMI) of neuroleptics in Alzheimer’s disease: the French national program

Behavioural disorders – aggressiveness, shouting, agitation, perambulation – are very common in Alzheimer’s disease and negatively impact the quality of life of people and their caregivers.

Neuroleptics (antipsychotics) are often prescribed in Alzheimer’s disease, with the objective of reducing and/or preventing these behavioural disorders.

But today we know that these drugs:
- are non-effective, neither for treatment nor for prevention
- have frequent and severe iatrogenic effects such as excessive sedation, walking disorders and falls, strokes and additional deaths.

Let’s discuss how to address this major safety matter:

- What do we know about people with Alzheimer’s exposure to neuroleptics?
- How to decrease the prescription of neuroleptics while improving care of behavioural disorders?
- How to screen and manage the iatrogenic risk and measure quality and safety improvement?
Seeing the Person: the human factor in health service for patients and staff

Speakers: Jocelyn Cornwell, Joanna Goodrich, Ros Levenson, Jill Maben; UK

Seeing the person in the patient - an overview of the evidence on patients’ experience of care and the effectiveness of efforts to improve it, focussing mainly, but not exclusively, on acute care

» What we do and don’t know about patients’ experience of care?

» What we do and don’t know about the effectiveness of efforts to improve?

Patients’ and relatives’ involvement in service design and quality improvement

» Why involve patients and relatives?

» How to involve them: methods and approaches?

» What works?

The connections between the experience of staff and patients

» Theory and evidence on relationships between patients’ experience and staff well-being

» The evidence base for interventions to improve staff well-being

Capturing and measuring patients’ experiences

» Types and sources of evidence in the UK NHS

» Strengths and weaknesses of methods and approaches.

Improving Health Outcomes in Low-income countries

Speakers: Sheila Leatherman; US, Anthony Musisi Kyayise; UG, Gertrude Sika Avortri; GH, Richard Inga; PE, Rashad Massoud; US, David Bates; US

This two part session will be composed of:

Their presentations on quality improvement projects in low income countries, describing the design and implementation as well as results. Dr. Anthony Musisi Kyayise (Uganda) will present on improving retention and outcomes of HIV patients, Gertrude Agbo (Ghana) will present on improving patient safety and Richard Inga (Peru) will present on implementation of the surgical checklist in Peruvian Hospitals.

A panel discussion of the three presenters joined by two international experts to examine the challenges and opportunities unique to low income countries in conducting quality improvement initiatives.

Both Gertrude Sika Avorti and Richard Inga are recipients of grants from the WHO Patient Safety Research Small Grants initiative.

Lunchtime Sessions

Dilemmas and conflicts in designing systems for quality and safety

Speakers: Charles Shaw; UK, Basia Kutryba; PL, Paul Bartels; DK

There is mounting criticism of traditional systems for managing quality and safety in healthcare. Although lots of reports of individual institutional successes exist, it has been difficult to demonstrate convincingly that traditional healthcare quality/safety system as performance measurements, accreditation, and patient safety campaigns have a marked and sustained effect on hard outcomes. The discussion will centre on current dilemmas and conflicts in designing systems for quality and safety as remediable root causes for the failure to prescribe a general optimal design of quality and safety systems – or at least explaining the gap between expectations and outcomes calling for completely new solutions.

High 5s: Improving patient safety

Chair: Karen Timmons; US

The High 5s project, initiated by WHO in 2006, facilitates and evaluates the application of standardized patient safety solutions within a learning community of healthcare providers, experts, and decision-makers from eight countries worldwide. The aim of the project is to achieve measurable, significant, and sustained reductions in three highly important patient safety problems. Standard operating protocols developed to address: medication accuracy at transitions in care; managing concentrated injectable medicines; and performance of correct procedure at correct body site, are being implemented in more than 100 healthcare facilities worldwide, as well as innovative new tools for performance measurement, event analysis and surveying culture of safety.
Tuesday 12th October 2010

Concurrent Sessions – Afternoon

B14 Debate: Does accreditation make a difference

Speakers: Brian Johnston; AU, Janne Lehmann Krudtzen; DK, Milton Lum; MY, Paul Van Ostenberg; US, Stuart Whittaker; ZA, Cathy Wung; TW

» Introductions and overview
» Initial impressions on the topic
» Panel discussion covering the following broad subjects
  - Compliance versus continuous quality improvement
  - Mandatory versus voluntary participation
  - Risk management
  - Organisation culture (within the facility/service being assessed) and its significance
  - Measurement of performance
  - Capacity building in organisations in relation to quality
  - ‘multi-skilled assessment teams’ versus ‘the professional assessor’
  - The place for self assessment

B15 Health information technology policy: The US approach and international opportunities.

Speakers: David Bates; US, Jennifer Haas; US, Aziz Sheikh; UK

This session will cover an:

» Overview of the US approach to HIT policy with emphasis on potential international links
» Evaluation of Connecting for Health: the UK’s HIT programme and contrast with the US approach
» Example of a novel approach for detecting adverse drug effects using HIT and interactive voice response and the international implications

B16 Improving the transfer of patient care through identification and implementation of novel processes in Europe (The EU HANDOVER Collaborative)

Chair: Paul Barach; NL

Speakers: Basia Kutryba; PL, Rosa Sunol; ES, Francesco Venneri; IT, Hub Wollersheim; NL

The session is devoted to the EU patient HANDOVER project (http://handover.eu/). The goal of this project is to develop optimized, standardized tools and training programmes to address patient handoffs, and then tailor these interventions to meet local, institutional, and national needs. We will share the research and lessons learned over the last two years across six European countries about how to optimize the primary care-hospital interface.

We will present the results focusing on our qualitative methods to study handovers and transitions of care. We will review the differences in handover practices and their implications for safety between institutions across Europe. The presentation will illustrate how qualitative results should be presented to guide decision making, develop interventions, and how the results can be used to inform improvement strategies.

The importance of training in handover practices and the necessity to customize training to the needs of trainees is central to patient safety. The audience will be invited to help formulate training needs for improvement of patient handovers using the online training toolbox developed for the EU HANDOVER grant project and contribute to the evaluation of the toolbox.

B17(a) Putting quality and safety into the heart of health professional licensure - building a national scheme for regulation of health professions in Australia: challenges and benefits

Speaker: Merrilyn Walton; AU

The regulation of health professionals is one of the longest established mechanisms for protecting patients and the public and improving patient safety. However, to date it has often been viewed as separate from wider efforts in countries to improve the quality and safety of health care. This presentation will:

» Present the case for better integrating quality and safety concepts and principles into health professional regulation.
» Outline the approach to implementing national registration in Australia over a four year period including:
  - Registration standards
  - National registers accessible to the public
  - Approach to notification and complaint handling
» It will describe how the Australian Health Professional Regulation Agency (APHRA) was established; reducing 82 health professional boards to 10 national health professional boards. This process was a complex one involving eight states and territories and the Commonwealth. The new scheme commenced on July 1st 2010.

B17(b) Assuring Professional Competency across Borders in a Globalized World: The Critical Element

Speakers: Robert Crone, John F. Helfrick; US

The world of healthcare is globalizing. Since the beginning of time diseases have crossed borders; however, now patients, physicians, nurses, trainees and other healthcare providers are also crossing borders. The question is, how can the quality of the undergraduate education, specialty training and professional competency of healthcare providers be assured in this volatile international healthcare environment? How do we ensure the safety of the public?

This interactive workshop will address a case study and explore ways in which the competency of healthcare practitioners from vastly different education and practice environments can be assured as they move from region to region. Practical recent experiences in one “globalized” medical center will be summarized, and what one country is doing to address this international challenge will be presented.

The critical importance of the standardization of undergraduate medical education and postgraduate specialty training for physicians, and competency assessment of healthcare providers in this globalized world will be emphasized.

B20 Effective strategies when implementing communication change in health organizations

Speakers: Angie Andreoli; CA, Carol Fancott; CA, Monica Finnigan; AU, Stuart Marshall; AU

Background: Studies in both laboratory and clinical environments have shown that structured communication tools such as SBAR (Situation-Background-Assessment-Recommendation), can be effective in enhancing individual and team communication. However, we have found that implementation, uptake and evaluation can be difficult. This may
be due to the complexity and scale of the task, the diverse nature of inter-professional teams, and the low priority often given to inter-professional communication by some team members.

The aim of this workshop is to share experiences and effective strategies in implementing communication change in healthcare organizations.

**Methods:** Two implementation strategies will be presented from both Australia and Canada: Both approaches used standardized teaching tools and video to stimulate discussion and uptake of structured communication within their care settings. However, the two organizations are very different in context, culture and patient population, requiring different approaches in education and evaluation. The opportunities and pitfalls of using video to engage clinicians and support staff will be highlighted.

Participants will have the opportunity to discuss and work through their experiences of implementing and evaluating structured communication tools within their own care setting. The practical challenges of using structured communication tool will be also discussed, as well as key outcomes and lessons learned.

**B21 Safe Practices Indicators Project: background, summary of methods and main empirical applications**

**Speaker:** Pedro J. Saturno; ES

**Background:** Most of the existing initiatives on safety indicators focus on outcomes. A less explored approach is to monitor evidence-based structural and process elements, which may be more readily useful to identify specific problems and interventions.

**Methods:** A multi-disciplinary team was formed to analyze the NQF Safe Practices recommendations, and to convert them into indicators.

68 indicators, grouped by Safe Practice and domain, were built and pilot tested.

Data abstraction tools and measurement strategies were devised to assure uniform and efficient data gathering and analysis.

After pilot testing, the indicators set was measured in a random sample of 25 Spanish hospitals, stratified by hospital size, and national estimates of compliance have been calculated.

**Results:** The validation report and the measurement results in the sample of hospitals, showing room for improvement in most of the indicators and the Safe Practices they represent, may be downloaded (in Spanish) from the Spanish Ministry of Health web page.

The English version of the indicators can be downloaded from the AHRQ's National Quality Measures Clearinghouse.

**Main empirical applications:** The set of evidence-based structural and process indicators and the proposed measurements methods and tools can be used to efficiently identify actionable safety problems both for continuous quality improvement within hospitals and to provide estimates at higher organizational levels.

**B22 Patient Safety in Developing and Transitional Countries: Approaches for Integrated Action**

**Speakers:** Shams Syed; WHO, Pierre Chopard CH, Sameen Siddiqi; WHO, Carmen Audera; WHO

Momentum for patient safety action in developing and transitional countries is growing. This session focuses on a range of novel approaches for integrated action to improve patient safety in these settings. Initial findings from the work of African Partnerships for Patient Safety are presented from both programmatic and institutional perspectives. Particular emphasis is placed on hospital to hospital partnerships as a vehicle for change in 12 key patient safety action areas endorsed across the African Region. The Patient Safety Friendly Hospital Initiative - an integrated approach to improving hospital patient safety - spearheaded by the Eastern Mediterranean Region is described in detail. Lessons learned from initial experiences are examined. Robust patient safety indicators that are applicable to data poor hospitals, mainly in developing and transitional countries, are critical to developing integrated action and monitor improvements following interventions. WHO Patient Safety is leading work in this area - the insights gained are shared during this session.

**Afternoon Plenary**

**Avoidable Hospitalisation**

**Speakers:** Victor Rodwin; US, Shane Solomon; HK

Managing demand, which will incorporate ‘avoidable hospitalisation’, but also consider the balance of providing extra capacity, diversion to sub-acute and alternative services, and programmes to reduce re-hospitalisation for high risk groups. (Speaker: Shane Solomon).

Avoidable hospitalisation: Does primary care avoid unnecessary hospitalisation. (Speaker: Victor Rodwin).
Tuesday 12th October 2010

07:45 - 08:30  Auditorium, Level -1
Publishing Your Research: How to Succeed in the Peer Review Process
Eric Schneider; US

08:00 - 08:45  Foyer, Level 2
Welcome Coffee

La Seine A, B & C, Level 0
Morning Plenary

08:45 - 10:10  Chair: Tracey Cooper; IE
Measuring Safety
Rene Amalberti; FR Charles Vincent; UK

10:10 - 10:30  La Seine A, B & C, Level 0
Life Time Achievement Awards, Presented by Philip Hassen; ISQua President, CA

10:30 - 11:00  Morning Break

11:00 - 12:30  Concurrent Sessions – Morning

B1 - Governance and Leadership
La Seine A, Level 0

Chair: Tracey Cooper; IE

Role of governance and leadership in driving quality improvement
Clifford Hughes; AU, Bryce Taylor; CA, Iain Yardley; UK, Margaret Murphy; IE – 90 mins

B2 - External Evaluation Systems
Auditorium, Level -1

Chair: Janne Lehmann Knudsen; DK

Quality improvement and control in cancer services
Karen Luxford; AU, Renée Otter; NL, Torben Palshof; DK, Mahasti Saghatchian; FR – 90 mins

B3 - Health Information Technology
St. Michel, Level 2

Chair: William Runciman; AU

O-049 10-year trends in hospital admissions for adverse drug reactions in England
A. Bottle, T.-Y. Wu, M.H. Jen, P. Aylin; UK – 15 mins

O-050 Electronic medical record; influence on patient safety and clinical workflow
D. Jorgensen, J.M.M. Jorgensen, S. Kristensen, P. Bartels; DK – 15 mins

O-051 Does the use of CPOE/CDS-Systems lead to more safety in drug prescription?
A Health Technology Assessment
P.J. Trauring, U.J. Holzar, E. Baume; AT – 15 mins

O-052 Monitoring medication error events through electronic system notification
C.G. Barros, P.R. Signorelli, C.F.D.P. Nunes, P.B. Andreoli; BR – 15 mins

O-053 Participation in an E-Pharmacovigilance system to monitor ambulatory patients for adverse drug events
B4 - Patient Safety
Mile Davis A & B, Level -1

Chair: Goran Hendricks; FR

Limit the overuse of Neuroleptics in Alzheimer's disease; A global issue
Sarah Hartley; FR, Armelle Desplanques; FR, Benoit Lavallart; FR, Antoin Piau; FR – 45 mins

O-054 Medication reconciliation for medical inpatients: experience in an acute hospital in Hong Kong

O-055 Review of the impact of the medication safety outputs of the UK national patient safety agency
A.J. Lankshear, S.N. Weingart, K.V. Lowson; UK – 15 mins

O-056 How is a tool developed for the Aerospace Industry being used to prevent a leading cause of ABO incompatible transfusions?
J. Main, J. Mizen, L. Nolte, D. Westerman; AU – 15 mins

B5 - Education and Culture
Louis Armstrong A, B, C & D, Level -1

Chair: Tim Shaw; AU

O-057 Surgical Performance - a multisource assessment tool
P.J. Montgomery; AU – 15 mins

O-058 Patient safety culture and health care workers' job related stress at acute care hospitals in Japan
S. Ito, M. Kigawa, S. Fujita, T. Hasegawa; JP – 15 mins

O-059 Assessment of Emergency Physicians' Non-technical Skills
L. Flowerdew, M. Woloshynowycz, R. Brown, C. Vincent; UK – 15 mins

O-061 Impact of community pharmacists' educational intervention on patients' asthma control
L. Laforest, E. Van Ganse, M. Broquet, G. Chamba; FR – 15 mins

B6 - Patient Experience
Miles Davis C, Level -1

Chair: Edward Kelley; WHO

Seeing the person: healthcare in hospital for patients and staff
Jocelyn Cornwell; UK, Joanna Goodrich; UK, Ros Levenson; UK, Jill Maben; UK – 90 mins

B7 - Health Technology Assessment
Ella Fitzgerald A & B, Level -1

Chair: Rene Amalberti; FR

Conflict of Interest
Fergus Macbeth; UK, Didier-Roland Tabuteau; FR – 45 mins

O-062 Using HTAs to support disinvestment – the case of sleep apnoea (OSAS) in Norway
Á. Ringard, B. Merland; NO – 20 mins

O-063 Evaluation of the use of resources in the national population based cancer screening programmes and associated services
M. Flattery, J. Billings, T. Cooper, M. Ryan; IE – 20 mins
**B8 - Quality Systems**  
Les Invalides A & B, Level 2

**Chair:** Chris Cornue; US

**O-064** Raising the bar pillar by pillar: Canadian Provincial Cancer Agencies collaborate to enhance the safe delivery of cancer care and treatment  
H. Logan; CA – 15 mins

**O-065** Explaining Variation in Readmissions: The Importance of Propensity to Admit to Hospital More Generally  
A.M. Epstein, E.J. Orav, A.K. Jha; US – 15 mins

**O-066** The Impact of Continuity of Care in the Community on Health Outcomes  
J. Dreher, D. Comanshter, H. Bitterman, A.D. Cohen; IL – 15 mins

**O-067** Implementation of complex, transorganisational and multidisciplinary medication clinical guidelines in a 1,200 bed/eight center highly specialised university hospital  
H.S. Jensen, D. Leth-miller, K. Riisberg, A. Søgaard; DK – 15 mins

**O-068** Implementation of Kanban System in Hospital  
L. Lai, S. Lam, W.L. Kwok, C. Chan; HK – 15 mins

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**B9 - Measurement and Outcomes**  
St. Germain Des Pres A & B, Level 2

**Chair:** Sheila Leatherman; US

**Improving Health Outcomes in Low-income Countries**  
Anthony Musisi Kyayse; UG, Gertrude Sika Avortri; GH, Rashad Massoud; US, David Bates; US, Richard Inga; PE – 90 mins

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**B10 - Integrated Care and Quality Outcome**  
La Sorbonne A, B, C & D, Level 2

**Chair:** Stephen Clark; AU

**O-069** Country differences in chronic care management: analyses of international patient survey data  
J.S. Burgers, G. Voerman, M. Faber, R. Grot; NL – 15 mins

**O-070** Leadership quality in multidisciplinary teams for urological cancers - Are Uro-oncologists an untapped resource?  
B.W. Lamb, H. Payne, J.S. Green, N. Sevdalis; UK – 15 mins

**O-071** Patient assessment of chronic illness care in various organizational forms of primary health care in Quebec: a multilevel analysis  
J.F. Lévesque, D.E. Feldman, V. Lemieux; CA – 15 mins

**O-072** The Morphée Network: improving care for sleeping disorders in France and effects on sleeping pill consumption  

**O-073** Implementation of fast track recovery protocol in patients requiring major elective colorectal surgery in Hong Kong  
Lunch and Sessions

Chair: Sir John Oldham; ISQua
Dilemmas and conflicts in designing systems for quality and safety
All delegates welcome
Speakers: Charles Shaw; Basia Kutryba & Paul Bartels; ESQH

13:05-13:45  B12 - La Seine A, Level 0
Chair: Karen Timmons; US
WHO - High 5s: Improving patient safety. All delegates welcome

13:10-13:55 Auditorium, Level -1
Chair: Triona Fortune; ISQua
ISQua's International Accreditation Programme - Surveyors Update Meeting

Poster Presentations

BP1 - Governance and Leadership
Miles Davis A & B, Level -1

View Posters – Boards 3227 – 3231, Level 3
Chair: Ana Tereza Miranda; BR

PP-041 Review and survey of the jobs in National Health Service (NHS) healthcare organisations in England to support clinical audit and development of competence statements for these jobs
N. Dixon, M. Pearce, R. Burgess, K. Godfrey; UK – 5 mins

PP-042 Are Competition and Regulation necessary and sufficient to deliver quality pharmacy services?
M. Henman; IE – 5 mins

PP-043 Establishing a regional cancer network: The Réseau Cancer Montérégie (RCM) experience
J. Latreille, C. Mimeault, C. Bertrand, A. Plante; CA – 5 mins

PP-044 IEO Clinical Audit program: a tool to improve quality and Clinical Governance
P.L. Deriu, L. la Pietra, S. Basso; IT – 5 mins

PP-045 Assisting organisations to achieve an effective governance framework
M. Brandon, L. Irwin; AU – 5 mins

BP2 - External Evaluation Systems
Facilitated Poster Presentation, Level 2, Boards 2006 – 2010
Chair: Chris Cornue; US

PP-046 Infectious Excellence - Accreditation Spread in Community Pharmacy
J. Bergin, T. McLaren; AU – 5 mins

PP-047 Comparing the Patient Outcomes of Psychiatric & Mental Health Services of a Tertiary Level Public Hospital with its Degree of Compliance to the Accreditation Standard - A Malaysian Case Study
N. Md. Nasir, S.B. Kamaruddin, M.H.S.A. Wilson, M.A.K. Marikar; MY – 5 mins

PP-048 Nursing Home Regulations – A Framework for Quality and Safety in Irish Residential Care
A. Collins, P. Fagan, J. Sweeney; IE – 5 mins

PP-049 Can we trust a health system to self assess? On-site verification of a self-rating Quality Systems Assessment (QSA) Program
W.E. Jamieson, B. King, M. Zacka, C.F. Hughes; AU – 5 mins

PP-050 Peer Review Model for Clinical Assurance
J. Hendrie, A. Johnstone; DE – 5 mins
**BP3 - Health Information Technology**  
St. Michel, Level 2

View Posters – Boards 3243 – 3247, Level 3  
Chair: Eyal Zimlichman; ZA

**PP-051** Active online HRH Observatory to measure Human Resource for Health distribution and production  
S.M. Naffa; JO – 5 mins

**PP-052** Analysis of the Diversified Feedback System for Electronic Medical Charts  

**PP-053** Implementing a Hospital Admission Prediction System  
J. Boyle D. Ireland R. Le Padellec D. Hansen; AU – 5 mins

**PP-054** The improvement of work efficiency through standardization of computerized pathology order entries: the experience of a South Korean teaching hospital  
J. Im, G. Choe, H. Kim, D. Hwang; KR – 5 mins

**PP-055** Developing A Computerized One Unit Dose Dispensing System in National General Hospital “DR Cipto Mangunkusumo” in Jakarta  
A.B. Permana, Y. Novianti, F.D. Rachmat, T.D. Gondhowiardjo; ID – 5 mins

**BP4 - Education and Culture**  
Ella Fitzgerald A & B, Level -1

View Posters – Boards 2031 – 2035, Level 2  
Chair: Mondher Letaief; TN

**PP-056** Attitudes toward Mental Illness on Assertive Community Treatment Teams: The Critical Role of the Team  
J. Regan, A. Mancini, E. Moody; US – 5 mins

**PP-057** Culture Transformation with My Care Basic  
B.H. Low, S. Wong; SG – 5 mins

**PP-058** A model to improve practice: linking in-service learning to patient outcomes  
D. Greenfield, P. Nugus, J. Travaglia, J. Braithwaite; AU – 5 mins

**PP-059** Between doctors and nurses: establishing Case management as a new profession at a University hospital – results and effects  
J. Maschmann, B. Gasche, J. Luntz, M. Holderried; DE – 5 mins

**PP-060** From User-centred Participatory Design to Context-specific Design in the Operating Theatre  
C. Dekker - van Doorn, L.S. Wauben, J. Lange, R.H. Goossens; NL – 5 mins

**BP5 - Patient Experience**  
Miles Davis C, Level -1

View Posters – Boards 3266 – 3270, Level 3  
Chair: Jose de Noronha; BR

**PP-061** Quality of care from the cancer patient’s perspective  
M.M. Vinter, M. Sandager, J. Lehmman Knudsen; DK – 5 mins

**PP-062** What can patients tell us about medical errors in their care?  
R. Davis, N. Sevdalis, C. Vincent; UK – 5 mins

**PP-063** Why do patients take legal action: An Irish exploratory study  
E. O’ Connor, H. Coates, J. Billings; IE – 5 mins

**PP-064** Patient Safety Initiative: Introduction of an Outpatient Suprapubic Catheter Insertion Clinic  
F. McMeekin, A. MacCormick, O. Kalejaiye, R. MacDonagh; UK – 5 mins

**PP-065** The Emergence of Adverse Events Evaluated With a Questionnaire – Patients View  
T. Leinonen, K. Peltomaa, S. Sainio; FI – 5 mins
BP6 - Quality Systems
Les Invalides A & B, Level 2

View Posters – Boards 3085 – 3089, Level 3
Chair: James Robblee; CA

PP-066 Quality improvement in a hospital via monitoring of performance indicators linked with relevant interventions
J. Manouchehri, A. Rashidian; IR – 5 mins

PP-067 How industrial project implementation frameworks can be successfully adapted and applied in an acute pediatric setting
R. Durack, J. Phillips, P. Lachman, Y. Fernandes; UK – 5 mins

PP-068 Transformation of patient engagement through capacity building and Network development The Peruvian experience: Esperantra
E.M. Ruiz de Castilla; PE – 5 mins

PP-069 A Critical Assessment of Quality and Safety Primary Care Initiatives: Good, Better, and Best
D. Armstrong, D.G. Moores; CA – 5 mins

PP-070 A Project of Enhancing Service Satisfaction of Clients During Health Examinations
P.-S. Lee, C.-Y. Chiang, T.-F. Lee, T.-S. Huang; TW – 5 mins

BP7 - Measurement and Outcomes
St. Germain Des Pres A & B, Level 2

View Posters – Boards 3006 – 3010, Level 3
Chair: Pedro Saturno; ES

PP-071 Feasibility of indicator based quality assessment in ambulatory care in Germany
W. de Cruppé, S. Kleudgen, F. Burgdorf, M. Geraedts; DE – 5 mins

PP-072 Adverse events in English general practice: analysis using administrative data
C. Tsang, P. Aylin, A. Majeed; UK – 5 mins

PP-073 Referral Bias on Quality Measures for Subspecialty Practices
J.M. Naessens, M. Nyman, R. Cabanela; US – 5 mins

PP-074 Levels of empowerment among psoriatic patients: the psoriasis empowerment enquiry in the routine practice (PEER) questionnaire
C. Pagliarello, C. Di Pietro, A. Calza, S. Tabolli, C. Renzi; IT – 5 mins

PP-075 Quality indicators for primary health care physical therapy: Development and recommendations for nationwide implementation
K. Neeleman-van der Steen, H. Calsbeek, R. Nijhuis-van der Sanden, J. Braspenninck; NL – 5 mins

BP8 - Integrated Care and Quality Outcomes
La Sorbonne A, B, C & D, Level 2

View Posters – Boards 1019 – 1023, Level -1
Chair: Peter Lee; SG

PP-076 Building a Multi-Dimensional Approach to Quality Improvement
D. Gillis, L. Keith; CA – 5 mins

PP-077 A Study of Rate and Predictors of Fall Among Elderly Patients in a University Hospital
M. Al Tehewy, G.E. Amin, N.W. Nassar; EG – 5 mins

PP-078 Research analysis plan for evaluation of the rehabilitation programs for chronic conditions in Denmark
R. Jacobsen, A. Frollich; DK – 5 mins
Tuesday 12th October 2010

**PP-079** Parent Information Record: providing carers with key information on their child’s illness and its management following hospitalization
B. Fonseca, S. Jung, H. Giles, P. Best; AU – 5 mins

**PP-080** Changing the Culture of Patient Safety through Improvement in Responding to Cardiac Arrest Patients

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**14:00 - 15:30** Concurrent Sessions – Afternoon

**B13 - Governance and Leadership**
La Seine A, Level 0

Chair: Jon Billings; IE

- **O-074** Annual Reviews for Corporate Health Boards
  J.R. Bullivant, A. Corbett-Nolan, J. Smith; UK – 15 mins

- **O-075** Appraising Inquiry and Value Chain to Improve Clinician Involvement in Hospital Strategic Plan Development
  H. Djasri, A. Sutiyoso, L.G. Partakusuma; ID – 15 mins

- **O-076** Personalizing management and demystifying performance: the Planetree model dedicated to human resources
  L. Dumas, S.B. Frampton; US – 15 mins

- **O-077** Mitigating risks and improving outcomes for residents with innovative approaches to clinical governance in health services
  M. Cameron, C.E. Lavars; AU – 15 mins

- **O-078** From Bedside to Boardroom: The Board Quality Journey at North York General Hospital
  B. Adamson, T. Bigda-Peyton; CA – 15 mins

**B14 - External Evaluation Systems**
Auditorium, Level -1

Chair: Jeffrey Braithwaite; AU

Debate: Does accreditation make a difference – 90 mins
Stuart Whittaker; ZA, Janne Lehmann Knudsen; DK, Milton Lum; MY, Cathy Wung; TW, Paul van Ostenberg; US, Brian Johnston; AU

**B15 - Health Information Technology**
St. Michel, Level 2

Chair: David Bates; US

Health information technology policy: The US approach and international opportunities
Jennifer Haas; US, Aziz Sheikh; UK – 90 mins

**B16 - Patient Safety**
Mile Davis A & B, Level -1

Chair: Paul Barach; NL

Improving the transfer of patient care through identification and implementation of novel processes in Europe (The EU HANDOVER Collaborative)
Basia Kutryba; PL, Rosa Sunol; ES, Francesco Venneri; IT, Hub Woltersheim; NL – 45 mins
How identifying the elements of failure to rescue can ensure consistent and effective intervention for patients at risk
B.I. Eather, M. Chiarella; AU – 15 mins

Does emergency physician disposition decision making have an impact on adverse events?
L. Calder, C. Vaillancourt, I.G. Stiell, A. Forster; CA – 15 mins

Assessing the feasibility of sharing learning from international reporting systems
I.E. Yardley, S. Gianci, B. Paula, E. Kelley; UK – 15 mins

Putting quality and safety into the heart of health professional licensure - building a national scheme for regulation of health professions in Australia: challenges and benefits
M.M. Walton; AU – 45 mins

Assuring Professional Competency Across Borders in a Globalized World: The Critical Elements
John Helfrick; US, Bob Crone; US – 45 mins

Clinicians’ attitudes and self perceptions towards managing patient expectations and patient satisfaction: An international survey
R. Rozenblum, M. Lisby, P.M. Hockey, D.W. Bates; DK – 15 mins

Impact of staff absenteeism on patient satisfaction: a study realized in 25 French hospitals participated to the WHO-PATH project in 2008
L. Moret, E. Anthoine, C. Pailie, P. Lombrail; FR – 15 mins

The Nordic Patient Experiences Questionnaire (NORPEQ): cross-national comparison of data quality, internal consistency and validity in three Nordic countries
K.E. Skudal, Øyvind A. Bjørnaes, A. Garratt; NO – 15 mins

Collaborative Patient Assessment: A Teamwork Tool to Improve Patient and Staff Satisfaction in the Emergency Room
N.E. Schiebel, R. Rao, L.N. Scanlan-Hanson, A. Alonso; US – 15 mins

The use of social cognition models in predicting patients’ intentions to participate in safety-related behaviour
R. Davis, N. Sevdalis, C. Vincent; UK – 15 mins

Readmissions: How do Related and Unrelated Readmissions Compare?

Development of a starter set of ambulatory quality indicators, national quality indicator project, Germany
F. Burgdorf, S. Kleudgen, W. de Cruppé, M. Geraedts; DE – 15 mins

Learning from a quality indicator system - Ten years Experience in Taiwan
O-090 Content Development for the International Classification for Patient Safety
N. Hannaford, T. Schultz, W. Runciman; AU – 15 mins

Indicators sets balancing between policy, practice and science
José Braspenning; NL – 15 mins

B20 - Quality Systems
Les Invalides A & B, Level 2

Chair: Stephen Schoenbaum; US

Effective strategies for implementing structured communication in different healthcare settings
Angie Andreoii; CA, Carol Fancott; CA, Monica Finnigan; AU, Stuart Marshall; AU – 90 mins

B21 - Measurement and Outcomes
St. Germain Des Pres A & B, Level 2

Chair: Virginia D’Addario; US

Safe Practices Indicators Project: background, summary of methods and main empirical applications
Pedro J. Saturno; ES – 45 mins

O-091 Estimation of optimal chemotherapy and radiotherapy utilisation rates for cancer
M. Barton, G. Delaney, S. Jacob, W. Ng; AU– 15 mins

O-092 Performance measurement in primary diabetes care: what quality indicators should we use?
H. Calsbeek, N. Ketelaar, M. Wensing, J. Braspenning; NL – 15 mins

O-093 Hospital volume and bleeding complications in benign elective hysterectomy
S.B. Daugbjerg, S.P. Johnsen, M. Osler, B. Ottesen; DK – 15 mins

B22 - Integrated Care and Quality Outcome
La Sorbonne A, B, C & D, Level 2

Chair: Itziar Larizgoitia; WHO

WHO; Patient Safety in Developing and Transitional Countries: Approaches for Integrated Action
Shams Syed; WHO, Pierre Chopard; CH, Sameen Siddiqi; WHO, Carmen Audera; WHO – 90 mins

15:30 - 16:00 Afternoon Break

La Seine A, B, C & D, Level 0
Afternoon Plenary

16:00 - 16:15 International Accreditation Programme Awards
Presented by: Wendy Nicklin; Chair, ISQua Accreditation Council and Phillip Hassen, ISQua President

16:15 - 17:10 Chair: Laurent Degos; FR
Avoidable Hospitalisation
Victor Rodwin; US, Shane Solomon; HK

17:15 - 18:00 La Seine A, Level 0
ISQua AGM - For members only

18:00 - 19:00 Poster Reception – Level -1, 2 & 3

18:30 Professional Visits – Limited spaces available - for details see ISQua Desk
Visit 1: Institut Curie
Visit 2: iLUMENS: Simulation Laboratory
ISQua Paris:

Wednesday 13th October

Breakfast Session

Healthcare Quality Quest Session

Getting Clinical Audit Right to Benefit Patients workshop

Speaker: Nancy Dixon; UK

This workshop comes from the UK and the Republic of Ireland where it has been very popular with clinicians in all specialties and care settings. The approach to clinical audit presented applies current evidence about measuring and improving the quality of patient care in a structured and practical way, with a focus on achieving rapid-cycle improvements in patient care.

The objectives of the workshop are to help clinicians to:

- see clinical audit as an effective quality improvement process
- decide exactly what you want to achieve by doing a clinical audit and design the audit accordingly
- define exactly the aspects of quality of care you want to focus on
- formulate meaningful measures of quality for which data can be retrieved reliably
- decide how to handle clinical exceptions to a standard
- identify how peer review of audit findings fits in
- carry out effective root cause analysis to find the causes of problems impeding patient care and plan effective actions
- plan how and when repeat measurement will take place to determine the effectiveness of action.

Examples of successful practical approaches to clinical audit will be included. Reference materials will be provided to workshop participants.

Morning Plenary

Health Systems Effectiveness: An important dimension of health system performance

Speakers: Martin McKee; UK, Jean Marie Robine; FR

Martin McKee’s presentation will look at the role of avoidable mortality as a measure of the performance of health systems, addressing its strengths and opportunities for improvement.

Jean Marie Robine’s presentation will explore the possibility to use the healthy life years (HLY) or equivalent healthy life expectancy as main health outcome measure at national, sub-national and local level, for different population sub-groups and by provider (health authorities, hospitals etc).

Concurrent Sessions – Morning

C1 Providing Board Leadership in Improving Patient Outcomes

Speakers: Philip Hassen, Jim Nininger, Bonnie Adamson; CA

In spite of major studies pointing out the serious problem of patient safety, and the significant initiatives that have subsequently been undertaken in many countries, patient safety remains a serious concern. In this regard, Canada has undertaken a review of its efforts at the governance level as part of a major investigation. The study clearly shows a major deficiency in the understanding and commitment to safety on the part of boards. As a result, the Canadian Patient Safety Institute and the Canadian Health Services Research Foundation have initiated an action plan to improve the effectiveness of boards in this critical area. This session will outline the nature of the problem, the factors that contribute to it and the consequences if aggressive action is not taken. The action requires leadership, courage and discipline at all levels of the system. In particular, the session will explore the role of the board in providing leadership. While some boards have been successful in providing the necessary leadership, too many continue to struggle with their role and how to execute it effectively. The experiences of a major Canadian academic healthcare organization will be examined. Finally, the session will introduce a major Canadian collaborative involving 11 health authorities which will be working together over a three year period to make significant improvements in patient outcomes.

C4 WHO Patient Safety: the next frontier: Global Pulse Oximetry, Health Care Checklists, International Classification for Patient Safety

Chair: Clifford Hughes; AU

Speakers: Gerald Dziekan WHO; William Runciman; AU

Any intervention to improve Patient Safety needs to offer relevant, user-friendly and locally acceptable practical approaches. In this seminar, innovations and technical solutions to address Patient Safety problems at various levels are introduced and discussed. The Global Pulse Oximetry project offers a low cost technical solution to improve anaesthesia safety in LMIC, by not only providing access to Pulse Oximeters, but also by providing a comprehensive training package for anaesthesia providers. Health Care Checklists for Safe Childbirth and Trauma Care are simple tools to improve consistency and safety of complex health interventions. By developing evidence-based memory aids to health care workers, the rate of crucial items missed during the care process can be significantly reduced. The International Classification for Patient Safety proposes an information model, including a common language, to capture incidents related to unsafe acts and its surrounding circumstances and consequences that can help learning from their analysis. A panel of leading Patient Safety experts will discuss these innovations with regard to relevance, applicability and potential impact.

C7 Health technology assessment maximizing health gain from fixed budgets

Speakers: Fergus McBeth; UK, Laura Sampietro-Colom; ES, Francois Meyer; FR

The following issues will be addressed during this session:

- Introduction to HTA and how it is practiced around the world
- Does the use of HTA improve patients’ quality of care?
- Health economics in Clinical Guidelines: rationing or rationality?
- How is HTA used in the hospital setting to improve patient outcomes from a fixed budget?
What clinical impact can be expected and measured in patient outcomes. How are care pathways within different health systems have been set up worldwide to allow for better management and therapy, rehabilitation and prevention, integrated care pathways because myocardial infarction and stroke are requiring urgent care. Let’s discuss these major public health issues:

- The state-of-the-art of integrated care pathways for stroke - Turgut Tatlisumak
- The state-of-the-art of integrated care pathways for myocardial infarction - Nicolas Danchin
- Efficacy, safety and access clinical indicators of pathways for stroke and myocardial infarction results of the Rhône-Alpes region
- Clinical quality assessment in the Rhône-Alpes County of pathways for stroke and myocardial infarction - Carlos El Khoury
- Clinical pathway of patients with stroke in China - Yicheng ZHU
- Clinical urgent pathways of patients with myocardial infarction and/or stroke in the US, the point of view of health policy and clinician experts

Cardiovascular diseases are the first cause of death in developed countries. Because myocardial infarction and stroke are requiring urgent therapy, rehabilitation and prevention, integrated care pathways have been set up worldwide to allow for better management and patient outcomes. Let’s discuss these major public health issues:

- How are care pathways within different health systems integrated and assessed?
- How to insure prompt access to the optimal pathway for all eligible patients?
- What clinical impact can be expected and measured in these care pathways?

Concurrent Sessions – Afternoon

C12 Headlines from the second global survey of healthcare accreditation organizations

Speaker: Charles Shaw; UK

With the help of ISQua and Accreditation Canada, a web-based international survey gathered data in 2010 to describe the environment of accreditation (the soil) in relation to government, regulation, stakeholders and incentives, and the operations of accreditation organisations (the seed) in terms of governance, scope and assessment methods.

Responses from 47 accreditation organisations provide a snapshot of current programmes, and allow for comparison over time by linking to the original WHO-sponsored global survey in 2000, and more recent surveys within Europe which suggest that the sustainability of accreditation programmes depends more on their environment than on their technical competence.

C16 From Patient Complaints to Patient Satisfaction; A quality improvement and engagement journey of the Hong Kong Hospital Authority

Speakers: Pauline Wong, Eliza Wong; HK

The Patient Satisfaction Survey (PSS) is a work in progress that the Hong Kong Hospital Authority (HA) has begun to conduct after careful planning and preparation.

Since its establishment in 1990, the Authority’s efforts have been driven by its core value of continuous improvement, patient-centeredness and patient satisfaction. A two-tier complaints system was established in the early years to engage patients and staff for measuring patient satisfaction and enhancing quality improvement. To move from reaction to proaction, the HA has adopted the PSS to systematically elicit and monitor patients’ views on their inpatient experiences. To make it a world-class exercise, the Authority has drawn on overseas and local expertise and taken note of the local culture. The result is Hong Kong’s first HA-wide PSS across 25 acute and extended care hospital, and also the first PSS of such scale in any Chinese community in Asia.

The survey is being conducted by the Chinese University of Hong Kong, which provides independent consultancy for the PSS, via telephone interviews for 5,000 discharged patients since June 2010. The data will be analysed, compiled and used for referencing and benchmarking by hospitals, specialty services and groups of service users. Areas for improvement and follow up will also be identified, in order to achieve a truly patient-centred care.

C18 WHO Europe PATH Project for Hospitals

Speakers: Ann Lise Guisset; DK, Basia Kutryba; PL

Hospital performance assessment initiatives are being developed worldwide. They widely differ with regard to the underlying assumptions, philosophical approaches, technological and methodological strategies and also regarding their placement in national quality strategy and healthcare policy. Thus, we will present an international initiative, the “Performance Assessment Tool for Quality Improvement in Hospitals” (PATH), provide with a series of examples of best practices and discuss the contribution of international comparisons and international networking.

The session will present PATH underlying principles (internal management use, voluntary participation, confidentiality, self-determination, methodological restrictions, impact on hospital care, burden of data collection), its objectives (serve as a managerial tool to support hospitals in questioning their achievements and entering international benchmarking) and its unique aspects (multidimensional, custom-made, focus on improvement, independent, international, WHO “seal”) and findings of PATH-II evaluation as well as hospitals’ experiences and translation of this into improvement activities.

C20 Make or Break: the challenge of managing long term conditions.

Speaker: Sir John Oldham; UK

The way a health care system manages people with long term conditions is the sentinel issue that will determine its sustainability. This session explores the challenge, understands the key principles being operated in those systems that currently deliver best results, and illustrates the principles of large system change by examining the programme for the whole of England (being led by the presenter) aiming to improve outcomes and reduce costs.

Closing Plenary

Global Vision: Past, Present and Future

Speaker: Sir Liam Donaldson; UK
**Wednesday, 13th October 2010**

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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| 07:45 - 08:30 | Ella Fitzgerald A & B, Level -1  
Breakfast Seminar Sponsored by Healthcare Quality Quest  
Getting Clinical Audit Right to Benefit Patients - Nancy Dixon; UK |
| 08:00 – 08:45 | Level -1  
Welcome Coffee |
| 08:45 - 09:00 | Welcome to ISQua’s 28th International Conference Hong Kong, China 2011 |
| 09:00 – 10:15 | Chair: Roisin Boland; ISQua  
Health Systems Effectiveness: An Important Dimension of Health System Performance  
Jean Marie Robine; FR, Martin McKee; UK |
| 10:15 - 10:30 | La Seine A, B, C & D, Level 0  
Quality at the core of health economics; statement from OECD's Quality Forum and Ministerial Conference – Paris 8th October.  
Mark Pearson; OECD |
| 10:30 - 11:00 | Morning Break |
| 11:00 - 12:30 | Concurrent Session – Morning  
**C1 - Governance and Leadership**  
La Seine A, Level 0  
Chair: Philip Hassen; CA  
Providing board leadership in improving patient outcomes  
Bonnie Adamson; CA, Jim Nininger; CA – 90 mins |
|  | **C2 - External Evaluation Systems**  
Auditorium, Level -1  
Chair: David Greenfield; AU |
|  | O-094 Quality review of symptomatic breast disease services in Ireland  
M.E. Dunnion, J. Billings, H. Coates; IE – 15 mins |
|  | O-095 The breast cancer hormone receptor retesting controversy in Newfoundland and Labrador, Canada: lessons for the health system  
D.M. Gregory, P. Parfrey; CA – 15 mins |
|  | O-096 National accreditation for assuring quality in Iranian hospitals: the structure, standard, current procedure, development and implementation of hospital accreditation and licensing system in Iran  
A. Aghaie Hashjin, J. Manoochehri, N.S. Klazinga; IR – 15 mins |
|  | O-097 A designation schedule for cancer institute’s complemented with the OECl accreditation programme for increasing quality in cancer care  
F. Boomsma, I. van Gessel, W. van Harten, H. Hummel; NL – 15 mins |
|  | O-098 Accreditation and ISO certification: do they explain differences in quality management in European hospitals?  
C. Shaw, O. Groene, N. Mora, R. Suñol; UK – 15 mins |
Wednesday 13th October 2010

**C3 - Health Information Technology**

St. Michel, Level 2

Chair: Paul van Ostenberg; US

eHR Health informatics and Quality Improvement

Speakers: SF Lui; HK

O-099 The impact of an electronic health record on diabetes care and outcomes
D.J. Ballard, J. Herrin, P. Aponte, C. Fullerton; US – 15 mins

O-100 Data quality initiatives for health information and variation in hospital practice
C. O’Donovan; IE – 15 mins

O-101 Can electronic personal health records influence the quality of health care?
P. Kellermann-Mühlhoff, H. Kirchner; DE – 15 mins

**C4 - Patient Safety**

Miles Davis A & B, Level -1

Chair: Clifford Hughes; AU

WHO Patient Safety: The next frontier: Global Pulse Oximetry, Health Care Checklists and International Classification for Patient Safety
Gerald Dziekan; WHO, William Runciman; AU, Caroline Hoffman; CA, Philippe Michel; FR, Jorge Martinez; AR – 90 mins

**C5 - Education and Culture**

Louis Armstrong A, B, C & D, Level -1

Chair: Clare Lemer; UK

O-102 Incenting for Quality Improvement: Improved Methods for Setting Meaningful Targets
D.F. Dreis, J.G. Mansfeldt; US – 15 mins

O-103 Creating an evaluation program for physician behaviour and implementing it as part of a ‘privileging’ system
H.-T. Chang, A.R. Talbot; TW – 15 mins

O-104 MOREOB: Real improvements in Patient Safety
P.J. Ruiter, K. Milne; CA – 15 mins

O-105 Continuous Professional Education in Health Care: Sit or Stand and Act?
E. Baldantoni, A. Marzano, M.G. Allegretti, F. Refatti; IT – 15 mins

O-106 The characteristics of doctors who generate multiple patient complaints to a regulatory agency
M. Ward, K. Pulsford, P. Johnstone; AU – 15 mins

**C6 - Patient Experience**

Miles Davis C, Level -1

Chair: Karen Luxford; AU

O-107 An Implementation Pathway for Matching Education Material with the Literacy Level (LL) of Dialysis Patients
J. Owen, J. Kohne, L. Douglas, R. Baldwin; AU – 15 mins

O-108 Health literacy barriers and facilitators: an assessment of 10 hospitals in Catalonia, Spain
O.R. Groene, M. Santíhià, C. Iniesta; ES – 15 mins

O-109 Impact of Sharing Medical Records and Care Plans with Patients During Treatment
S.B. Frampton; US – 15 mins
O-110 Evidence from the UK GP patient survey: predictors of patient satisfaction and positive experience with access to Primary Care
E Kontopantelis, M. Roland, D. Reeves; UK – 15 mins

O-111 Power to the patients? Facts and figures about the patient associations in the Netherlands 2006-2009
H. Kamphuis, M.C. van Dongen, T. Kool; NL – 15 mins

C7 - Health Technology Assessment
Ella Fitzgerald A & B, Level -1
Chair: Mairin Ryan; IE
Health technology assessment maximizing health gain from fixed budgets
Fergus McBeth; UK, Laura Sampietro-Colom; ES, Francois Meyer; FR – 90 mins

C8 - Quality Systems
Les Invalides A & B, Level 2
Chair: BK Rana; IN
O-112 Expanding access to specialized Health Care for poor and excluded populations in the Ancash Region – Peru
R. Inga, A. Nino, I. Vigo; PE – 15 mins

O-113 The Design and Implementation of the Balanced Scorecard for Hospitals in Lebanon with Implications for National Health Systems and Policy in the East Mediterranean Region
F. El-Jardali, S. Saleh, N. Ataya, D. Jamal; LB – 15 mins

O-114 Determinants of Quality of Care for Children Under Five Years Attending Hospital Outpatient Clinics in Afghanistan

O-115 Community based surveillance model for reviewing access, quality, and utilization of primary care services among community medical insurance card holders for the poor in Indonesia
H. Djasri, T. Kuntjoro; ID – 15 mins

O-116 Process Management in the Iranian Hospitals: A survey on the patterns being used
A.A. Nasiripour, P. Raeissi, S. Hessam; IR – 15 mins

C9 - Measurement and Outcomes
St. Germain Des Pres A & B, Level 2
Chair: Niek Klazinga; NL
Improving patient outcomes through integrated care pathways for stroke and myocardial infarction - International experiences
Turgut Tatlisumak; FI, Nicolas Danchin; FR, Armelle Desplanques; FR, Carlos El Khoury; FR, Yicheng ZHU; CN, David Ballard; US, Brett Stauffer; US – 90 mins

C10 - Integrated Care and Quality Outcome
La Sorbonne A, B, C & D, Level 2
Chair: Mondher Letaief; TN
O-117 Does initiation and engagement in substance abuse treatment decrease the likelihood of arrest and incarceration?
C.M. Horgan, D.W. Garnick; US – 15 mins

O-118 The Impact of Pay For Performance Demonstration Project for AMI care in Korea
Balance of Care: Community Services as an Alternative to Long Term Care Placement
C. Szabo, CA – 15 mins

Non-technical skills, team-working and quality in urological multidisciplinary cancer teams: a multi-method investigation
B.W. Lamb, H. Mostafid, J.S. Green, N. Sevdalis; UK – 15 mins

Measure of the impact of the implementation of organized stroke care in the region “Ile de France”

12:30 – 13:45 Lunch

13:05 – 13:40 Poster Presentations

**CP1 - Governance and Leadership**
Facilitated Poster Presentation Session, Level 3, Boards 3232 – 3236

Chair: Nancy Dixon

**PP-081** Flexible Staff in health systems: compliance and care
A. O'Brien, A. Farmer, J.R. Bullivant, A. Corbett-Nolan; UK – 5 mins

**PP-082** The charge nurse as a leader of quality improvement*
L. Abrahamsen, A.W. Johnsen; DK – 5 mins

**PP-083** The Relationship Between Leadership and Patient Safety Incident Report

**PP-084** Working with Districts Health Teams to improve and sustain Quality of HIV care
A.K. Musisi, N. Livesley, E. Karamagi; UG – 5 mins

**PP-085** Can a Quality Systems Assessment program provide a strategic approach to inform and develop improvement plans across complete health jurisdictions?
B. King, M. Zacka, W.E. Jamieson, C.F. Hughes; AU – 5 mins

**CP2 - External Evaluation Systems**
Ella Fitzgerald A & B, Level -1

View Posters – Boards 2011 – 2015, Level 2
Chair: Jon Billings; IE

**PP-086** Value and Impact of Implementing Selected International Hospital Accreditation Standards Study
K. Timmons, P. VanOstenberg, D. Shepard, Y. Halasa; US – 5 mins

**PP-087** How Accreditation Can Enhance Quality and Strengthen Patient Safety: National Learning’s from Required Organizational Practices and Patient Safety Culture Survey Results
W. Nicklin, J.I. Mitchell, C. Dean, P. Greco, M. Huynh; CA – 5 mins

**PP-088** Engaging Staff in the Hospital Accreditation Journey
C.N. Tang, M. Chan, M. Wan, L.Y. Yam; HK – 5 mins

**PP-089** Improving performance through iterative feedback
M. Brandon, L. Irwin; AU – 5 mins

**PP-090** A Journey towards Quality - From Zero to Hero!
E. Murphy; IE – 5 mins
CP3 - Health Information Technology  
St. Michel, Level 2

View Posters – Boards 3248 – 3252, Level 3  
Chair: Annette Pantle; AU

PP-091 Lessons Learned from a CPOE Implementation  
C.M. Cornue; US – 5 mins

PP-092 Development and implementation of an information technology-based organizational performance and outcome assessment program: lessons learned  
E. Zimlichman, E. Kainh-Revvi, A. Grinberg, A. Afeik; US – 5 mins

PP-093 Development of a system for hospitals to run standardised checks locally on coded data  
J.M. Curley; IE – 5 mins

PP-094 Process Optimization with IT-supported Team Learning in Medical Centers  
M. Holderried, M. Pfister, B. Gesche, J. Maschmann; DE – 5 mins

PP-095 Developing a Point of Occurrence Entry Electronic Incident Reporting System  

CP4 - Patient Safety  
Miles Davis A & B, Level 1

View Posters – Boards 3122 – 3126, Level 3  
Chair: Brian Johnston; AU

PP-096 Failure of Sealed Lead Acid Batteries used to Power Heart Mate Ventricular Assist Devices  
J.A. Robblee, M. Cleland, T. Zakutney; CA – 5 mins

PP-097 Research a key action area to document patient harm in the University Hospital of Monastir, Tunisia  
I. Bouanene, S. Elmhamdi, M.S. Soltani, M. Letaief; TN – 5 mins

PP-098 How Best to Measure Surgical Quality: Differences between Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI) and the American College of Surgeons National Surgical Quality Improvement Program (ACS-ACS-NSQIP) Post-operative Adverse Events  
M. Naessens, R.R. Cima, K.A. Lackore, S.A. Nehring; US – 5 mins

PP-099 Impact of Organizational Conditions on the surgical safety checklist’ use: The case of oncology  
A. Fourcade, C. Grenier, J.-L. Bourgain, E. Minvielle; FR – 5 mins

PP-100 The Development of Japanese Trigger Tool for Identifying Adverse Events in Acute Care Hospitals  
T. Hirao, S. Ikeda, M. Kobayashi, T. Kaneko; JP – 5 mins

CP5 - Patient Experience  
Miles Davis C, Level 1

View Posters – Boards 3271 – 3275, Level 3  
Chair: Yosef Dlugacz; US

PP-101 Waiting Time Improvement Program for Same Day Blood Transfusion (SDT) Patients at Hematology Centre, SGH  
C.K. Tan, S.Y. Yeam, A.L. Ang, Z.H. Abdul Salam; SG – 5 mins

PP-102 Improving the quality of interactive communication on tuberculosis control among health professionals and community  
**CP6 - Quality Systems**
Les Invalides A & B, Level 2

**View Posters – Boards 3090 – 3094, Level 3**
Chair: Carlo Ramponi; IT

**PP-106** Quality-of-Care Indicators in Patients with Acute Myocardial Infarction can be Improved by a Continuous Quality Improvement Programme
F.Y. Kuo, W.C. Huang, C.P. Liu; TW – 5 mins

**PP-107** Waiting Lists: is it the Time for a Change?
E. Baldantoni, M. Monterosso, E. Torri, F. DeBiasi; IT – 5 mins

**PP-108** Impact of an outcome-driven quality management system on in-hospital mortality for acute myocardial infarction
T. Mansky, U. Nimptsch, H. Lapp, W. Krahwinkel; DE – 5 mins

**PP-109** Hospital Standardized Mortality Ratios: A Tale of Two Sites, Lessons Learned in Canada from the UK
J. Zaborowski, J. Popowich, M. Bellows; CA – 5 mins

**PP-110** Clinical Pathway management lowering mortality rate and patient's length of stay at Integrated Cardiovascular Services, Cipto Mangunkusumo Hospital
J. Rachmat, H. firmansyah, B. saputra, F.D. Rachmat; ID – 5 mins

**CP7 - Measure and Outcomes**
St.Germain Des Pres A & B, Level 2

**View Posters – Boards 3011 – 3015, Level 3**
Chair: Jean Latreille; CA

**PP-111** Updating and recalibrating the Charlson comorbidity index for use in the UK
A. Bottle, P. Aylin; UK – 5 mins

**PP-112** Hospital Readmission Rates: The Role of Care Inside and Outside of the Hospital
J. Hsu, J. Huang, R. Brand; US – 5 mins

**PP-113** Hospital benchmarking: which indicators should we use?
S. Lorenzo, C. Martinez Ortega, J. Alcaraz; ES – 5 mins

**PP-114** Monitoring and developing the social sector services using indicators - Experience from The Social Indicator Programmes
P. Rhode, J. Mainz, H. Qvist, L.J. Soerenes; DK – 5 mins

**PP-115** Practice improvement by practice analysis and sharing between peers at the College of General Practitioners of East Paris (CGEP)
R. Attan, D. Dupagne, J.-L. Guy, P. Wohrer; FR – 5 mins
Concurrent Sessions – Afternoon

C11 - Governance and Leadership
La Seine A, Level 0

Chair: Rashad Massoud; US

O-122 Governance Quality Composite Performance System in an Academic Healthcare Facility in Toronto, Canada
P. McKernan, J. Li, E. Ferris; CA – 15 mins

O-123 The art of NHS induction: Generation Y style
C. Lemer, E. Stanton; UK – 15 mins

O-124 NTWC Lean Journey – achieving continuous healthcare improvement through Lean management
C.W. Cheng, A. Lo, L. Wong, K.L. Chung; HK – 15 mins

O-125 A method of illuminating a positive workplace culture: staff defining and enacting their organisational culture
D. Greenfield, J. Travaglia, P. Nugus, J. Braithwaite; AU – 15 mins

C12 - External Evaluation Systems
Auditorium, Level -1

Chair: Wendy Nicklin; CA

Headlines from the second global survey of healthcare accreditation organisations
Charles Shaw; UK – 30 mins

O-126 Development and pilot testing of a national and mandatory set of accreditation standards across sectors
U.B. Knudsen, H.M. Christiansen, H. Kristiansen, C. Engel; DK – 15 mins

O-127 The system of accreditation of healthcare organizations in Kyrgyzstan and its application within the framework of regional cooperation in Central Asia
S. Orozaliev, G. Hodjamurodov, E. Toteva, Y. Azamatov; Kyrg – 15 mins

C13 - Health Information Technology
St. Michel, Level 2

Chair: Stuart Whittaker; ZA

O-128 An assessment process to achieve safe adoption of CPOE and EMR technology
Paul VanOostenberg, J. Timmons, J. Mansur, N. Finis; US – 15 mins

O-129 A method to develop quality indicators when electronic health record is lacking: elements of confirmation by national results
M. Couradet, F. Capuano, P. Loirat, E. Minvielle; FR – 15 mins

O-130 Using geoprocessment to ensure healthcare access at a Brazilian healthcare plan
F.L. Gasta; BR – 15 mins

O-131 Improving communication and coordination among medical centers, practitioners and patients based on a web2.0 platform
M. Holderried, A. Alschier; DE – 15 mins
C14 - Patient Safety
Miles Davis A & B, Level -1

Chair: Sharmen Vigouret Lee; CA

O-132 Fighting the Superbug War – Antimicrobial Stewardship in Singapore General Hospital

O-133 An evaluation of a state-wide collaborative to reduce central line associated bacteremia in ICUs in Australia
J.K. Johnson, D. Debono, J. Travaglia, C. Hanson; AU – 15 mins

O-134 Bacteriemia Zero, A Challenge For Catalonian ICUs
J.M. Ferrer, F. Alvarez, A. Riera, M. Palomar; ES – 15 mins

O-135 Sustained Hand Hygiene with the Use of Real-Time Remote Video Monitoring with Feedback and Health Care Acquired Infections
D.M. Armellino, B.F. Farber, E. Hussain, Y. Dlugacz; US – 15 mins

C15 - Education and Culture
Louis Armstrong A, B, C & D, Level -1

Chair: Robert Crone; US

O-136 Early involvement of Patient Safety (PS) in the medical curriculum: the impact of an introductory PS lecture on spontaneous incident reporting by undergraduate medical students
M. Vandersteen, J. Van Mierlo, T. Van der Schaaf; BE – 30 mins

O-137 Developing a simulated scenario to test behaviours associated with the Joint Commission National Patient Safety Goals
T.J. Shaw, L. Pernar, S. Peyre, E. Graydon-Baker; AU – 30 mins

C16 - Patient Experience
Miles Davis C, Level -1

Chair: Triona Fortune; ISQua

Patient Satisfaction Survey – Hong Kong Experience
Pauline Wong; HK, Eliza Wong; HK – 60 mins

C17 - Health Technology Assessment
Ella Fitzgerald A & B, Level -1

Chair: Paul Bartels; DK

O-138 The use of telemedicine technology for preanesthetic assessment of cardiac surgical patients
J.A. Robblee; CA – 15 mins

O-139 Successful nurse-led dermatological outpatient clinic, using telemedical communication
M. Toppenberg, L. Würtz; DK – 15 mins

O-140 Clinical benefits of co-implementation of an Integrated Care Coordination Information System, quality improvement, and intensive care management
D.A. Dorr, G.S. Olsen; US – 15 mins

O-141 Reengineering of an In-patient Handover System to Improve Patient Safety
C18 - Quality Systems
Les Invalides A & B, Level 2

Chair: Peter Lee; SG
WHO Europe PATH Project for Hospitals
Ann Lise Guisset; DK, Basia Kutryba; PL – 30 mins

O-142 Systematical Quality Assurance and Patient Safety in North Rhine Hospitals - What We Do and How We Do It
H.-G. Huber; DE – 15 mins

O-143 Combining Energy, Expertise and Resources to Implement Quality Systems in the Royal Children’s Hospital, Melbourne
P. Fagan, D. Tucker, J. Sweeney; IE – 15 mins

C19 - Measurement and Outcomes
St. Germain Des Pres A & B, Level 2

Chair: Jean Latreille; CA

O-144 Process outcome assessment to implement a QI program targeting hypertension at the PHC
S. Elmhamdi, I. Bouanene, A. Sniha, M. Letaief; TN – 15 mins

O-145 Transitional Care Program to Improve Heart Failure Outcomes
B. Staufffer, C. Fullerton, P. Staufffer, D. J. Ballard; US – 15 mins

O-146 Quality of care in Stroke Unit of Korea
Y.A. Do, K.A. Mun; KR – 15 mins

O-147 Quality improvement in hospitals due to implementation of outcome quality registries using the example of the Austrian Stroke Unit Registry
S. Gleichweit, M. Lerchner, C. Hofer, P.J. Traurig; AT – 15 mins

C20 - Integrated Care and Quality Outcome
La Sorbonne A, B, C & D, Level 2

Chair: Girdhar Gyani; IN

Make or Break; the challenge of managing long term conditions
Sir John Oldham; UK – 60 mins

La Seine A, B, C & D, Level 0
Closing Plenary

14:45 - 15:00 Presentation of Poster Awards – Helen Crisp; UK

15:00 - 15:50 Chair: Philip Hassen; CA
Global Vision; Past, Present and Future
Sir Liam Donaldson; UK

15:50 - 16:00 President's Farewell
Philip Hassen
## Posters Selected for Display

### Governance and Leadership: Poster Display Boards
3237-3242, Level 3

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<th>Seeking Policies and Procedures - Finding Good Governance</th>
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<td>P. Fagan, A. Murphy, J. Sweeney; IE</td>
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<th>DP-002</th>
<th>Management of hospital capacity and patient flow require innovative solutions for today's crowded hospitals</th>
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<td>P.A. Gross, S. Giordano, J. Levine; US</td>
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<th>DP-003</th>
<th>To demonstrate that significant improvement in nursing outcomes can be achieved by statistically implementing evidence based practice in an acute hospital in Gibraltar</th>
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