



## ABSTRACT SUBMISSION GUIDELINES FOR SHORT ORALS AND POSTER DISPLAYS

Delegates who would like to present their work at the meeting —whether as a Short Oral, Lightning Talk, or Poster Display—are invited to submit an abstract for review by the Scientific Committee.

**Only submissions in English will be considered; session proposals submitted in other languages will not be accepted.**

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

### 1. IMPORTANT DATES

Submissions accepted from:	12 November 2025
<b>Submission deadline:</b>	<b>4 February 2026, midnight, CET</b>
Final Notifications to submitters:	Mid-April 2026

***Abstracts received after the deadline will not be accepted!***

### 2. TECHNICAL REQUIREMENTS

- The abstract submission system works best with Mozilla Firefox 5.0 or higher and Chrome 16 or higher.
- Cookies and JavaScript need to be enabled.

### 3. GENERAL

Abstracts can only be submitted **online via the abstract submission system** that can be found on the official ISQua 2026 conference website:

<https://isqua.org/events/dublin-2026.html>

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

**[CLICK HERE](#) TO START YOUR ABSTRACT SUBMISSION**

**The online abstract submission system will guide you through submitting your short oral, lightning talk and poster display.**

**You will be disconnected from the system after 30 minutes of inactivity, so please consider the information below before starting the online submission.**

## ABSTRACT TOPICS:

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

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

Further information on the tracks can be found on the ISQua Website:

<https://isqua.org/events/dublin-2026.html>

### 1) Patient Safety

- *Patient safety tools and solutions*
- *Human factors and ergonomics*
- Application of resilience thinking and Safety-II
- Promoting a culture of quality and safety
- How social science can be used to improve safety
- How implementation science can be used to improve safety
- Safety issues in primary care
- *Cultural differences in safety*
- *Leveraging technology to enhance safety*
- *Education and capacity building for patient safety*
- *AI-related safety risks, such as algorithmic bias and over-reliance on automation*
- Safety in virtual care and remote monitoring
- *Safety implications of wearable technology and patient-generated data*

### 2) Quality Improvement

- How social science can be used to improve quality
- How implementation science can be used to improve quality
- *Dissemination and scaling of innovations and improvements*
- Quality issues in primary care
- *Strategies and innovation for continuous quality improvement in healthcare settings*
- *Cultural differences in quality*
- *Education and capacity building for quality improvement*
- *Data science to continuously improve Learning Health Systems*
- *Real-time data dashboards for quality monitoring*
- Predictive analytics for quality improvement
- *Equity-focused QI initiatives using technology*

### 3) Co-production – Creating Person-Centred Healthcare with Compassion and Inclusivity

- How social science can be used to improve quality
- Co-assessing the quality of healthcare services
- *Co-designing inclusive healthcare*
- Co-delivering healthcare

- Tools to promote Coproduction (including External Evaluation)
- *Coproduction when implementing innovations*
- Creating a culture of Coproduction
- *The use of technology to promote equity and personalize care*
- *Building a culture of compassionate care*
- *People and planet – coproduction for inclusive, sustainable healthcare*
- *Patient engagement and co-production to create compassionate and inclusive healthcare*

#### **4) Primary Care, Integrated Care and Equity**

- *Integrating care along the entire patient journey – partnering with communities*
- *Promoting cooperation and coproduction between primary care, social care, and hospitals.*
- Tools to promote integrated care (including External Evaluation)
- Safety and quality when working together across organisational borders
- *Models and best practices for thriving integrated care, fostering collaboration to ensure seamless care*
- *Ageing populations and compassionate care*
- *Primary care as the pivot of universal health coverage*
- *Health Justice – Equity of access, treatments, and outcomes*
- Disparities between social groups
- *Mental healthcare and wellbeing*
- *Strategies to achieve universal health coverage and improve access to healthcare services across communities with equity.*
- *How implementation science can be used to promote equitable and integrated care*
- Capacity building for equitable and integrated care
- Governance for equitable and integrated care

#### **5) Future of Healthcare: Innovation, AI and Digital Transformation**

- Innovative trends and strategies
- Artificial Intelligence and infrastructure
- Artificial Intelligence: The promises and pitfalls
- *Cybersecurity and data breaches as patient safety threats*
- *Using patient-generated data alongside clinical data in routine practice*
- Simulation as a training model
- Innovation in complex systems
- Co-production and AI
- *Telemedicine for compassionate and inclusive care*
- *Technology as a support for resilient, person-centred care*
- *Technology as a support for sustainable healthcare*
- Data science to support for thriving, compassionate healthcare systems

#### **6) A Thriving Workforce to Deliver Compassionate Care**

- Recruitment and retention strategies for the global crisis in healthcare staffing
- Engaging staff in quality and safety
- *Education and leadership development in quality improvement*
- National strategies for healthcare quality
- *Reducing policy-led overuse and misuse of healthcare resources*
- A culture of learning
- *Workforce wellbeing and thriving*
- Development, management, and governance of the healthcare workforce
- *Sustainability – Meeting increased demand with available resources*
- *Overcoming the generation gap in the care workforce*
- *Social media and the care community*

## 7) External Evaluation

- Innovative approaches to assessment of standards of care
- Reconciling standardisation and complexity thinking
- Co-evaluating and accrediting healthcare.
- Approaches to Certification, Licensing, and Regulation
- Accreditation and surveying as the cornerstone of improvement
- Performance monitoring
- *The role of external evaluation, accreditation, and standards in driving quality improvement and accountability in healthcare organizations*
- *How technology can support the assessment of inclusive health systems*
- Storytelling in evaluation

## 8) Climate Change and Sustainability in Healthcare Systems

- *Governance for sustainability*
- *Resilience planning for thriving healthcare systems*
- *Green healthcare initiatives*
- Adaptation for climate resilient healthcare systems
- *Sustainable healthcare practices*
- *Preparing workforce for new care requirements due to climate induced changes*
- *Fragile states, war zones, migration: Challenges for care delivery*

### GENERAL REMARKS:

If the paper has already been submitted for and presented at another meeting, kindly mention this in the respective section.

For standardisation, the acceptable length of the abstract is a **maximum of 3,800 characters**. This includes the author's details, titles, and non-visible characters, such as spaces and line breaks.

Abstracts can be saved in "Draft" status to be re-edited and modified until the submission deadline. **(4 February 2026, midnight CET)**. Therefore, the submitter will be required to create a user account.

**The submitted/draft abstracts cannot be edited after the submission deadline.**

Abstracts fulfilling all criteria, the submission can be saved in “Final submission” status. **Only abstracts in “Final submission” status will be regarded as successfully submitted and considered for review.**

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

To confirm participation, the abstract's presenting author must be registered to attend the conference by the date specified in the result email. If the presenting author differs from the one submitted, you must confirm this by emailing [isqua.abs@mci-group.com](mailto:isqua.abs@mci-group.com).

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

#### **THE ABSTRACT SHOULD BE STRUCTURED INTO THE FOLLOWING SECTIONS:**

- **A title** which clearly indicates the nature of the investigation. It should describe an improvement to healthcare, broadly defined to include the quality, safety, effectiveness, patient-centredness, timeliness, cost, efficiency, and equity of healthcare.
- **Introduction to include:**
  - Problem description and summary of available knowledge.
  - Objectives should contain 1-2 sentences that clearly indicate the scientific question and objectives of the study and its clinical (or other) importance.
- **Methods** should contain enough information to be able to understand the experimental design, the analytical techniques and the statistics used in the study. Ethical considerations should be documented.
- **Results** should contain objective data to answer the scientific question(s). This could include associations between interventions and outcomes, including unintended consequences. A graph could be used here.
- **Conclusion** should provide only conclusion of the study directly supported by the results, along with implications for clinical practice, avoiding speculation and overgeneralization.
- **References**, please note that this field is not mandatory, however it will be included in the characters count.
- One **table** may be inserted. However, it is included in the characters count. Please note that tables may significantly reduce the number of available characters.
- One **image or graphic** may be inserted as image file with the following criteria:
  - Minimum image resolution: 96 dpi
  - Minimum image width: 50 px

- Allowed file types: .gif, .jpg, .png
- **Conflict of interest:** It is the intent of ISQua to provide high-quality sessions focused on educational content that is free from commercial influence or bias. Thus, the submitting author of an abstract is requested to declare any potential conflicts of interest for all authors during abstract submission.
- **Abbreviations** should be defined.

#### AFTER THE SUBMISSION:

- The submitting authors will be notified **by mid-April 2026** at the **email address provided during submission** whether their abstract has been accepted.
- Registrations or funding for travel or accommodation is not provided to short oral, lightning talk or poster display authors.
- If you need to withdraw your abstract after the submission deadline, a written statement reflecting the reasons for this decision must be sent to [isqua.abs@mci-group.com](mailto:isqua.abs@mci-group.com) **no later than 24 June 2026**.

#### PRESENTATION OF ABSTRACTS:

- Abstracts can be accepted either as a poster display or an oral presentation.
- If your abstract is accepted as a poster, you will be requested to be available for discussion during the corresponding poster viewing session.
- Details on the poster format and full presentation guidelines will be included in the notification letter and posted on the conference website.
- Furthermore, submission of an abstract constitutes a formal commitment by the author to present the abstract in the session and at the time decided upon by the Scientific Committee.
- Any change of the presenting author needs to be communicated in the form of a written statement to [isqua.abs@mci-group.com](mailto:isqua.abs@mci-group.com) . If the original presenting authors are unable to present the abstract, it is their responsibility to ensure that one of the co-authors takes over this role.

#### PROBLEMS SUBMITTING?

- If you experience any kind of problem or if you have questions, please do not hesitate to contact:  
Phone: +41 22 33 99 625  
Email: [isqua.abs@mci-group.com](mailto:isqua.abs@mci-group.com)

## About ISQua

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

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