



The International Society for Quality in Health Care

30th International Conference

Quality and Safety in Population Health and Healthcare



13th - 16th October 2013

Edinburgh International Conference Centre

Conference Programme

ACHSI

MAKING SAFETY
AND QUALITY A
LIVING REALITY

IN GLOBAL HEALTHCARE

Since 1974, ACHS has been providing external peer assessments to ensure delivery of safe, quality health care for all.

ACHS is recognised as the leading health care accreditation body in Australia and established ACHSI (ACHS International) in 2005 to continue this tradition overseas.

The ACHS Evaluation and Quality Improvement Program (EQuIP) is internationally recognised as a leading quality improvement and accreditation system applicable for a range of health services. The EQuIP standards are accredited by the International Society for Quality in Health Care (ISQua).

ACHSI has a strong presence in Asia in Hong Kong and an increasing membership base in India and the Middle East. As a consequence, ACHSI has a clear understanding of local issues that are critical to successful accreditation outcomes.

Please visit our website www.achs.org.au/achs-international for more information on our international membership activities and programs.



"Accreditation was not the objective, but the means to ensure continuous quality improvement."

Director, Bahrain Defence Force Military Hospital, (Public) Bahrain. Hospital membership



"The ACHSI approach and philosophy matched that of our organisational culture."

Emirates Airlines - Medical Services, (Private) Dubai. Day Procedure Centre membership.



"ACHSI's non-commercial, encouraging approach gave us the confidence that we could aim high."

Hemas Hospital, (Private) Sri Lanka. Hospital Membership



"The process has instilled an organisational culture of continuous improvement."

Pamela Youde Nethersole Eastern Hospital (Public) Hong Kong. Hospital Membership



ISQua WELCOME



On behalf of ISQua, I am delighted to welcome you to Edinburgh, the capital of Scotland, a city well known for its beautiful landscape and a long history of great thinkers. This magical city is situated on the southern shores of the Firth of Forth.

We are all gathered here for ISQua's 30th International Conference to learn from each other and share experiences of how we can make the biggest impact in improving healthcare quality and safety for people in our respective countries. While ISQua's ultimate goal is to improve safety and quality worldwide, we are also here to meet our friends and colleagues who return every year and of course to make new acquaintances. ISQua's partners for this important event are Healthcare Improvement Scotland, without whom this Conference would not have occurred. Together, we have provided what we believe is our best programme to date which will be enjoyed by 1200 delegates from 73 countries.

Firstly, the scientific content for this year is of the highest standard. We had a record 1250 abstracts from 50 countries, the calibre of which made it very difficult to choose. There are over 250 speakers presenting and 370 posters on display. As always, our nine tracks cover some of the old favourites, which remain as important today as they always have been, such as patient safety, measurement, governance and external evaluation. Also, as the global population demographics are progressively changing towards an increasing ageing population, this conference will host a number of sessions dedicated to quality in social care for older persons and advances in population health. As always, our experts and friends from developing countries will be sharing their experiences with us and I know we will learn much from them.

As well as being the leading scientific international conference in quality and safety, ISQua provides a unique platform for delegates to network and meet new friends, enjoy each other's company and soak up the local culture. Scotland's internationally renowned Harpist, Allie Robertson, will be performing on Sunday at the Welcome Reception and the National Museum of Scotland will be the venue for the much anticipated Ceilidh (Gaelic music and dancing) on Monday with music from the Portobello Ceilidh Band.

Organising this conference would not have been 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 - thank you to all of you.

The conference is designed to facilitate learning, share innovations, promote new ideas and, most importantly, for you to relax and have some fun and so, ISQua, and Health Care Improvement Scotland, welcome you to ISQua's 30th Annual International Conference.

Dr Tracey Cooper
President

EDINBURGH PROGRAMME AND PLANNING COMMITTEE

Co -Chairs:

David Bates; President - Elect, ISQua

Frances Elliot; Deputy Chief Medical Officer,
The Scottish Government

Committee:

Nick Barber; Director of Research and Evaluation, Health
Foundation; UK

Tracey Cooper; President, ISQua

Peter Carter; CEO, ISQua

Pierre Chopard; ISQua Conference 2012; Geneva

Triona Fortune; Deputy CEO, ISQua

Philip Hassen; Past President, ISQua

Jason Leitch; Clinical Director, Quality Unit, The Scottish
Government

José Noronha; ISQua Conference 2014; Brazil

Jill Vickerman; Policy Director, Quality Unit, The Scottish
Government.

Eric Sinclair; Patient Representative; Scotland

Eadin Murphy; ISQua Event Manager

ISQua BOARD

Tracey Cooper; IE - President

Philip Hassen; CA - Immediate Past President

David Bates; US - President Elect

René Amalberti; FR

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Janne Lehmann Knudsen; DK

Wendy Nicklin; CA

Peter Woodruff; AU

HONORARY ADVISORS

Eric Schneider; US - Editor IJQHC

Bruce Barraclough; AU - Education

Barbra Farlow; CA - Patient Perspective

Sheila Leatherman; US - Low and Middle Income Countries

PROGRAMME OVERVIEW EDINBURGH 2013

SUNDAY 13 OCTOBER 2013
PRE-CONFERENCE

- 09:00 **Session 1:** External Evaluation/
Accreditation **(09:00 - 16:30)**
- Session 2:** Patient Engagement
and Patient Reported Outcome
Measures **(09:00 - 16:30)**
- Session 3:** Tools for Patient Safety
and Quality **(09:00 - 16:30)**
- Session 4:** Lessons Learned from
Mid Staffordshire Inquiry
(09:00 - 12:20)
- Session 5:** Quality in Social Care for
the Older Persons **(13:30 - 16:15)**
-
- 17:30 **Welcome Reception:**
Edinburgh International Conference
Centre (EICC)

MONDAY 14 OCTOBER 2013

- 08:00 – 08:45 **Coffee with Trade Exhibitors**
- 08:45 – 09:00 **Conference Opening and Welcome**
Tracey Cooper; ISQua President
Peter Carter; ISQua CEO
- 09:00 – 10:00 **Opening Plenary:**
Atual Gawande; US
- 10:00 – 10:15 Alex Neil; MSP. Cabinet Secretary
for Health and Wellbeing, Scotland
- 10:15 – 10:45 **MORNING BREAK**
- 10:45 – 12:15 **Concurrent Sessions**
- 12:15 – 13:45 **LUNCH & ORAL PRESENTATIONS**
- 13:45 – 15:15 **Concurrent Sessions**
- 15:15 – 15:45 **AFTERNOON BREAK**
- 15:45 – 15:55 **John Ware and Alvin Tarlov Career
Achievement Prize**
- 15:55 – 16:45 **Afternoon Plenary:**
Jason Leitch; SC
- 16:50 – 17:45 **ISQua AGM** Members Only
- 19:00 – 21:00 **Networking Reception “Ceilidh”
– Grand Gallery, The National
Museum of Scotland. Tickets – €30**

TUESDAY 15 OCTOBER 2013

- 07:45 – 08:30 **Breakfast Session – Health
Foundation**
- 08:00 – 08:45 **Coffee with Trade Exhibitors**
- 08:45 – 09:55 **Morning Plenary:**
NT Cheung; HK, Jack Li; TW
- 09:55 – 10:15 **Life Membership Awards**
- 10:15 – 10:45 **MORNING BREAK**
- 10:45 – 12:15 **Concurrent Sessions**
- 12:15 – 13:45 **LUNCH AND ORAL
PRESENTATIONS**
- 13:45 – 15:15 **Concurrent Sessions**
- 15:15 – 15:45 **AFTERNOON BREAK**
- 15:45 – 15:55 **Fellowship Awards**
- 15:55 – 16:05 **Reizenstein Award**
- 16:05 – 17:15 **Afternoon Plenary:**
Robert Brook; US, Beth Lilja; DK
- 17:15 – 19:00 **Poster Reception**
- 19:00 – 21:00 **Educational Site Visits - Places
limited**
- Visit 1:** Clinical Skills Centre at the
University of Edinburgh
- Visit 2:** The Royal College of
Physicians of Edinburgh (RCPE)
- Visit 3:** Surgeons Hall Museum
- Visit 4:** St. Andrews House, Scottish
Government

WEDNESDAY 16 OCTOBER 2013

- 07:45 – 08:30 **Breakfast Session**
- 08:00 – 08:45 **Coffee with Trade Exhibitors**
- 08:45 – 09:00 **Welcome to Rio de Janeiro 2014**
- 09:00 – 10:00 **Morning Plenary:** Marian Walsh; CA
- 10:00 – 10:10 **ISQua’s International Accreditation
Awards**
- 10:10 – 10:40 **MORNING BREAK**
- 10:40 – 12:10 **Concurrent Sessions**
- 12:10 – 13:30 **LUNCH AND ORAL
PRESENTATIONS**
- 13:30 – 14:30 **Concurrent Sessions**
- 14:30 – 15:00 **AFTERNOON BREAK**
- 15:00 – 15:15 **Poster Prize Awards**
- 15:15 – 16:15 **Closing Plenary:** Sir Harry Burns; SC
- 16:15 – 16:20 **President’s Farewell**
- 16:20 **CLOSE OF CONFERENCE**

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GENERAL CONFERENCE INFORMATION

WELCOME RECEPTION

SUNDAY 13 OCTOBER 17:30 – 19:00

The Welcome Reception will be held in the Cromdale Hall, Level -2 of the Edinburgh International Conference Centre (EICC). Music will be provided by Scotland's internationally renowned harpist Ailie Robertson. Entrance is free for attendees registered for 2 days or more but tickets must be pre-booked when registering.

Extra tickets are available to be purchased onsite at the registration desk for €20.00.

NETWORKING RECEPTION

MONDAY 14 OCTOBER 19:00 – 21:00

The Networking Reception consists of a "Ceilidh Night" and is being held in the Grand Gallery of the National Museum of Scotland. You must bring the ticket provided in your registration pack, to gain access to the event. A small number of tickets are still available to be purchased at the registration desk, price €30. The National Museum is a 25 minute walk from the EICC. Limited transport is available from the EICC, starting at 18.30. No return transport will be provided.

POSTER RECEPTION

TUESDAY 15 OCTOBER 17:15 – 19:00

The Poster Reception will take place in the Cromdale Hall on Level -2 of the EICC. You will have an opportunity to interact with the authors to discuss their research and to enjoy an informal lively networking experience. Light refreshments will be provided and entrance is free for all registered attendees.

ACCESS FOR THOSE WITH DISABILITIES

The EICC offers a full range of amenities to assist those with disabilities. For further information or assistance please go to the Conference Information Desk in the Strathblane Hall, Level 0 or the ISQua Desk in the Cromdale Foyer, Level -2.

NO SMOKING

The EICC is a smoke-free facility. No indoor smoking areas are provided.



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 on silent or diverted for all conference sessions.

CERTIFICATES



A Certificate of Attendance can be requested by leaving your name and email on the list provided at the Registration Desk, Strathblane Hall, Level 0.

NAME BADGE



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

CATERING POINTS



On Sunday 13 lunch and coffee breaks will be served in Strathblane Hall on Level 0.

From Monday 14 October lunch and coffee breaks will be served every day in the poster and exhibition area in the Cromdale Hall on Level -2 and in the Strathblane Hall on Level 0. For break times, please see daily programme schedules.

CONFERENCE REGISTRATION AND INFORMATION DESK



LOCATED IN THE STRATHBLANE HALL, LEVEL 0

Sunday 13 October 2013	07:00 – 19:00
Monday 14 October 2013	07:00 – 18:00
Tuesday 15 October 2013	07:30 – 18:00
Wednesday 16 October 2013	07:30 – 16:00

CLOAKROOM



A cloakroom service is available for participants in the Strathblane Hall on Level 0. Please make sure that no personal belongings are left after closing each day. All items are left at the owner's risk. For opening times see conference registration above.

ISQua DESK



The ISQua Desk is located in the Cromdale Foyer outside the Cromdale Hall on Level -2. Come visit us for further information on any of our other ISQua programmes, or just to say hello.

MESSAGES

If you are trying to contact somebody, leave a message on the notice board near the ISQua desk in the Cromdale Foyer on Level -2. Any changes to the programme will be posted here on a daily basis and on the plasma screens at the ISQua desk.

A delegate list is available in your bag.

WIFI CONNECTION

WiFi connection will be available for ISQua participants free of charge.

Network: EICC

Login: ISQua

Password: edinburgh2013

MOBILE SKILLS UNIT

ISQua is delighted to confirm the Clinical Skills Managed Education Network Mobile Skills Unit is available to all Delegates for the duration of the conference. The Unit has expanding pods, providing a classroom for up to 16 participants with mid-fidelity manikins and facilities for video based debriefing. They provide a range of training from simple technical skills through to complex teambased simulated scenarios.

The unit will be located outside the Cromdale Hall Level -2, please follow the signage through to the Cromdale Hall to visit the Unit. No appointment necessary.

EDUCATIONAL SITE VISITS

Four Educational Site Visits are offered on the evening of Tuesday 15 October for anyone who has registered for the main conference programme. There is limited space available, participants must have registered with ISQua to attend the Visits.

The visits last from 19:00-21:00.

- Visit 1:** Clinical Skills Centre at the University of Edinburgh
- Visit 2:** The Royal College of Physicians of Edinburgh (RCPE)
- Visit 3:** Surgeons Hall Museum
- Visit 4:** St. Andrews House, Scottish Government

Entry is by ticket only; tickets can be collected from the ISQua Desk on Tuesday 15 October. Transport will be provided one way, refer to your ticket for the transfer time.

EMERGENCY AND ASSISTANCE ON SITE

In case of emergency, or if you require any assistance, please contact the staff at the Information Desk on 0044 (0) 131 519 4101.

USEFUL CONTACTS

EMERGENCY NUMBER	
Police	999
Fire	999
Ambulance	999
Edinburgh Airport	+44 (0) 844 448 8833
Edinburgh Waverly Station	+44 (0) 8457 11 41 41

LIABILITY AND INSURANCE

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

SCIENTIFIC PROGRAMME

The conference proceedings are structured to allow delegates to network, to share knowledge and to learn. Each day will open and close with a Plenary Session in the Pentland Room located on Level 3 of the EICC. Concurrent Sessions start after the morning and lunch breaks. These sessions are organised in 9 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:

THEMATIC TRACKS

Track 1. Governance, Leadership and Health Policy

Track 2. Patient Safety

Track 3. Improving Population Health

Track 4. Patient and Family Experience, Engagement and Coproduction

Track 5. Accreditation and External Evaluation Systems

Track 6. Education in Safety and Quality

Track 7. Quality and Safety in Transitional and Developing Countries

Track 8. Health Information Technology

Track 9. Measuring Service Performance and Outcomes

CONFERENCE APP

To help you maximise your time at the conference we would like to invite you to use the official networking platform and mobile app for ISQua2013. You can browse the programme; receive the latest news and updates, view maps, speaker profiles and much more. You can create your own conference schedule, either on the app or on our networking platform.

Delegates have been pre-registered and your login details have been emailed directly to you. Once activated you can download the app from:



Google Play: <http://play.google.com/store/apps/details?id=com.zerista.myisqua2013>



iTunes: <http://itunes.apple.com/app/id674634700>

Any mobile device: myisqua2013.zerista.com

If you have not received your log in details or if you have any problems using the app, please contact smcardle@isqua.org or visit the ISQua Desk.

CONCURRENT SESSIONS

Concurrent sessions are 90 minutes long and may be a combination of invited speakers and abstract presentations. They are open to all delegates. Prior booking is not required therefore seating may be limited.

LUNCHTIME ORAL PRESENTATIONS

Abstracts selected for short presentation will be presented at lunch time each day in the session rooms. These consist of brief 5 minute presentations to include questions and are open to all delegates.

POSTER DISPLAYS

Posters will be displayed in thematic tracks in the Cromdale Hall on Levels -2 from Monday 14 October to Wednesday 16 October. Don't miss the Poster Reception on Tuesday 15 October at 17:15.

To locate a poster please see pages 54 to 67 and maps pages 68 to 69.

POSTER INFORMATION

Posters should be in place by no later than 10.00 on Monday 14 October. All posters must be removed by 15:00 on Wednesday 16 October. If they are not removed by this time they will be taken down by the conference staff and no responsibility can be taken for their safe return. Materials to fix your poster in its allotted space will be available at the poster desk in the Cromdale Hall.

Poster prizes will be awarded before the closing plenary on Wednesday 16 October at 15:00. There will be four prizes awarded this year.

POSTER JUDGES

Triona Fortune; ISQua – Co-Chair
Helen Crisp; UK – Co Chair
Rajesh Aggarwal; UK
Catherine Besthoff; US
David Ballard; US
Sarah Condell; IE
Stephen Clark; AU
Pierre Chopard; CH
Virginia D’Addario; US
Yosef Dlugacz; US
Ezequiel Garcia Elorrio; AR
Carsten Engel; DK
David Greenfield; AU
Patricia Gilheaney; IE
Anne Hogden; AU
Carlos Goes de Souza; UK
Don Goldman; US
Ravindran Jegasothy; MY
Praneet Kumar; IN
Jean Latreille; CA
Kathleen Mac Lellan; IE
Ruth Maher; IE
Takeshi Morimoto; JP
Torben Palshof; DK
James Robblee; CA
Bernice Redley; AU
Tim Shaw; AU
Rosemary Smyth; IE
Laura Schiesari; BR
Majdah Abdul Hadi Shugdar; SA
Eliza LY Wong; HK
Ian Yardley; UK
Eyal Zimlichman; US

ABSTRACT DISPLAY

All abstracts that have been selected for this programme are available to view via the ISQua website www.isqua.org. Following the conference, ISQua is planning to publish as many presentations as possible, with the permission of the authors. However, any delegate wanting access to slides should ask the speaker directly for a copy and, if agreed, provide an email address.

ABSTRACT COMMITTEE

Chair:

Karen Joynt; US

Committee:

Wung-Chi Lee; TW
Triona Fortune; ISQua
Ronen Rozenblum; US
Viviana Rodriguez; AR
Mio Sakuma; JP
Jennifer Zelmer; CA

SPEAKERS

Technical assistance for your presentation can be found in the Speaker Preview Area, which is located in Lomond Foyer behind the registration area. See map page 68 - 69 for more details.

We recommend that you submit your presentation to the Speaker Preview Area no later than 2 hours prior to your presentation. Presentations will be sent electronically to the hall you are presenting in prior to your session.

The Speaker Preview Area will be open during the times detailed below:

Sunday 13 October 2013	07:00 – 19:00
Monday 14 October 2013	07:00 – 18:00
Tuesday 15 October 2013	07:30 – 18:00
Wednesday 16 October 2013	07:30 – 16:00

CONFERENCE EVALUATION

A web-based questionnaire will be emailed to you on the last day of the conference. We would appreciate any feedback, especially if we can improve on next year’s conference.

IMPORTANT DISCLAIMER:

Every effort has been made to ensure that the Conference programme is accurate at the time of printing. However, Conference organisers reserve the right to change the programme as circumstances may require.



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Join our ISQua group

INTERNATIONAL REVIEW PANEL

Mahi Al Tehewy; EG
 Kittinan Anakamane; TH
 Oliver Anderson; UK
 Ricardo Armando Otero; AR
 Monica B. Vansuch; US
 Ran Balicer; IL
 David Ballard; US
 Linda Banaei-Bouchareb; FR
 Jo Barkley; US
 Dina Baroudi; SA
 Paul Daniel Bartels; DK
 Catherine Besthoff; US
 Jen Bichel-Findlay; AU
 Douglas Bilton; UK
 Mark Brandon; AU
 Joy Brumby; AU
 Alexander Chiu; HK
 Stephen Clark; AU
 Eibhlin Connolly; IE
 Meghan Cooper; US
 Christopher Cornue; US
 Helen Crisp; UK
 Virginia D'Addario; US
 Martine De Bruyne; NL
 Roberta De Luca; CH
 Eric De Roodenbeke; CH
 Armelle Desplanques; FR
 Filippo Di Carlo; IT
 Nancy Dixon; UK
 Danielle Dorschner; CA
 Hilary Dunne; IE
 Hugo E. Arce; AR
 Carsten Engel; DK
 Carol Fancott; CA
 Monica Finnigan; AU
 Triona Fortune; ISQua
 Susan Frampton; US
 Patricia Francis Gerstel; CH
 Ezequiel Garcia Elorrio; AR
 Patricia Gilheaney; IE
 Carlos Goes De Souza; UK
 Joanna Goodrich; UK
 David Greenfield; AU
 Jennifer Haas; US
 David Hansen; AU

Elma Heidemann; CA
 John Helfrick; US
 Kim Hill; AU
 Joseph Ibrahim; AU
 Lynette Irwin; AU
 Elizabeth J. Brown; US
 Ravindran Jegasothy; MY
 Brian Johnston; AU
 Noëlle Junod Perron; CH
 Anastasia Kastania; GR
 Sandra Kearns; CA
 Sharon Kleefeld; US
 Katharina Kovacs Burns; CA
 Solvejg Kristensen; DK
 Praneet Kumar; IN
 Lawrence Lai; HK
 Suzanne Larocque; CA
 Peter Lee; SG
 Sang-Il Lee; KR
 Paolo Lehnus; IT
 Fabio Leite Gastal; BR
 Claire Lemer; UK
 Mondher Letaief; TN
 Susana Lorenzo-Martinez; ES
 Lena Low; AU
 Sf Lui; HK
 Milton Lum; HK
 Jill Maben; UK
 Jan Mackereth-Hill; ISQua
 Hugh Macleod; CA
 Guy Maddern; AU
 Anne Maddock; AU
 Ana Maria Malik; BR
 Russell Mannion; UK
 Kadar Marikar; MY
 Rashad Massoud; US
 Stephen Mcandrew; UK
 Paolo Merlani; CH
 Steve Meurer; US
 Ana Tereza Miranda; BR
 Takeshi Morimoto; JP
 Anastasius Moutzoglou; GR
 Margaret Murphy; IE
 Jeremy Myerson; UK
 James Naessens; UK

Puri Narottam; IN
 Paa Nazirpaa; MY
 Josephine Ocloo; UK
 Torben Palshof; DK
 Fei-Chau Pang; HK
 Darshan Patel; UK
 Jim Pelegano; US
 Marie-Pascale Pomey; CA
 Arne Poulstrup; DK
 Nittita Prasopaplaizier; WHO
 Peter Qvist; DK
 Bernice Redley; AU
 Hamish Robertson; AU
 James Robblee; CA
 Andrée Rochfort; IE
 Patrick Romano; US
 Laura Schiesari; CH
 Rosemary Smyth; IE
 Patricia Snell; UK
 Hing Yu So; HK
 Amy Stern; US
 Tineke Stokes; NZ
 Fay Sullivan; UK
 Rosa Sunol; ES
 Anuwat Supachutikul; TH
 John Sweeney; IE
 Tam Ka Wae Tammy; HK
 Andrew Thompson; UK
 Joanne Travaglia; AU
 Frederick Van Pelt; US
 Christof Veit; DE
 Charles Vincent; UK
 Bert Vrijhoef; NL
 Stuart Whittaker; ZA
 Lai Yi Eliza Wong; HK
 Pauline Wong; HK
 Wing Nam Wong; HK
 Peter Woodruff; ISQua
 Loretta Yam Yin Chun; HK
 Iain Yardley; UK
 Jennifer Zelmer; CA
 Itziar Larizgoitia; WHO
 Bara Ricou; CH

TUESDAY 15 OCTOBER



NT CHEUNG

NT Cheung is the Chief Medical Informatics Officer (CMIO) of the Hong Kong Hospital Authority (HKHA) and is also the Consultant for eHealth for the Hong Kong Government. As the head of health

informatics in the Hospital Authority, NT has taken the Authority from a virtual “green fields” site in 1991 to today’s situation where clinical information systems are an indispensable part of the care delivery process for 30,000 clinical users. His current work focuses on taking the Hospital Authority’s Clinical Management System (CMS) on a generational leap to the next level of computerized record system functionality to improve the already world-class facilities in the CMS for the safe and effective management and documentation of diseases and care. He works closely with clinicians and executives in the HKHA to ensure that the CMS supports organizational initiatives and that patient benefits are being realized.

NT is also working with the government and other healthcare stakeholders in Hong Kong to create a territory wide Electronic Health Record Sharing infrastructure. He is leading the eHR development efforts for the electronic health records sharing architecture, information standards, and tools to support implementation of electronic records in the private sector, as well as various eHR pilot projects.

NT is active in the informatics research and education communities, and is a frequent speaker at international conferences. He holds a medical degree from the University of Sydney and a Master’s degree in computing science from Imperial College, London.



JACK LI

Professor Li has been a pioneer of Medical Informatics research in Taiwan. He is the founder of the Graduate Institute of Medical Informatics in Taipei Medical University and also the President

of Taiwan Association for Medical Informatics from 1999 to 2003. Due to his achievement in establishing Medical Information exchange mechanisms among hospitals and his dedication to information technology application in patient safety and care, he was awarded as one of the Ten Outstanding Young Persons of the Year in 2001. He has been the Principal Investigator of many national projects in Electronic Health Record, Patient Safety Informatics and Medical e-learning. He is also author of 80 scientific papers and 3 college-level textbooks.

Currently, he is the Vice President of Taipei Medical University, and an adjunct professor of Graduate Institute of Biomedical Informatics. Also, he is the President of the Asia Pacific Association for Medical Informatics.



ROBERT H. BROOK

Dr. Brook is at RAND since 1974; He is Vice President, Corporate Fellow and Director of the Health Program, and also serves at UCLA as Director of the Robert Wood Johnson Clinical Scholars Program,

Professor of Medicine at the David Geffen School of Medicine at UCLA, and Professor of Health Services at the UCLA School of Public Health.

Dr. Brook led the Health and Quality Group on the \$80M Health Insurance Experiment and was co-principal investigator on the Health Services Utilization Study. He was the co-principal investigator on the only national study that has investigated, at a clinical level, the impact of DRGs on quality and outcome of acute hospital care. He was also the co-principal investigator on a joint activity of 12 academic medical centers, the AMA, and RAND, the purpose of which was to develop appropriateness criteria and parameters for the use of procedures.

Dr. Brook received his BS from the University of Arizona and his graduate degrees in medicine and public health from Johns Hopkins University.



BETH LILJA

Beth Lilja, MD Denmark is the executive director for the Danish Society for Patient Safety. Dr. Beth Lilja is a leading opinion maker regarding her work with patient safety in Denmark. She is

the author and co-author of a number of scientific publications, books and textbook chapters on patient safety. In 1997 she achieved recognition as a specialist in gynecology/obstetrics.

Dr. Lilja has been the recipient of several awards. She has served on several national committees including the Patients’ Board of Complaints and the Danish Medicine Agencies Council of Adverse Drug Events.

WEDNESDAY 16 OCTOBER



MARIAN WALSH

Marian Walsh is the President and CEO of Bridgepoint Health, an integrated network of health facilities and services comprised of Bridgepoint Hospital, the Bridgepoint Family Health

Team, the Bridgepoint Collaboratory for Research and Innovation and the Bridgepoint Health Foundation. Bridgepoint is Canada's largest and most progressive health care network focused exclusively on "changing the world" for the growing number of people living with complex chronic disease and disability.

Under Marian's leadership, Bridgepoint has established a bold vision for the future "to be Canada's leader in complex care and complex rehabilitation - the new frontier of healthcare." She recognizes that the future of health care lies not just in saving lives, but in optimizing the lives of those who are living with complex chronic disease. Marian is a strong advocate for major system transformation because she believes that the current health care system, which is organized to deliver acute, episodic care, no longer meets the needs of the majority of its users, who have complex chronic conditions.

Marian has been a health care executive for almost 30 years. She is very active in a wide range of roles with the Ontario Hospital Association, the Rehab Network of Toronto and the Complex Care and Rehabilitation Leadership Council of Ontario. She is also a member of the Advisory Committee, Faculty of Health Administration, University of Toronto, and a Certified Health Executive. She was also the Founding President of the Canadian Home Care Association.



SIR HARRY BURNS

Harry Burns graduated in medicine from Glasgow University in 1974. He trained in surgery in Glasgow and developed a research interest in the metabolic consequences of illness and injury.

He became a Consultant Surgeon and Senior Lecturer in Surgery in the University Department of Surgery at the Royal Infirmary in Glasgow in 1984. Working with patients in the east end of Glasgow gave him an insight into the complex inter-relationships between socio-economic status and illness. He completed a Masters Degree in Public Health in 1990 and shortly afterwards was appointed Medical Director of The Royal Infirmary.

In 1994, he became Director of Public Health for Greater Glasgow Health Board, a position he occupied until 2005. During his time with Greater Glasgow Health Board he continued research into the problems of social determinants of health but also worked on measurement of outcomes in a variety of clinical conditions, including cancer. In 1998, he took a part-time appointment with the Health Department in the Scottish Government and worked for three years as lead clinician in Scotland for cancer care. In the course of this work he developed Managed Cancer Networks and helped re-organise cancer services in Scotland.

In 2005, he became Chief Medical Officer for Scotland where his responsibilities include aspects of public health policy and health protection.

NOTES:

PRE CONFERENCE OVERVIEW

*You are not restricted by the selection you made during the registration process.
You may select separate morning and afternoon sessions.*

SESSION 1 - EXTERNAL EVALUATION/ACCREDITATION

09:00 - 16:30

LEVEL 0, ROOM: KILSYTH

SESSION 2 - PATIENT ENGAGEMENT AND PATIENT REPORTED OUTCOME MEASURES

09:00 - 16:30

LEVEL 0, ROOM: MOORFOOT

SESSION 3 - TOOLS FOR PATIENT SAFETY AND QUALITY

09:00 - 16:30

LEVEL 0, ROOM: TINTO

SESSION 4 - LESSONS LEARNED FROM MID STAFFORDSHIRE INQUIRY

09:00 - 12:20

LEVEL 1, ROOM: HARRIS

SESSION 5 - QUALITY IN SOCIAL CARE FOR OLDER PERSONS

13:30 - 16:15

LEVEL 1, ROOM: HARRIS

PRE-CONFERENCE WORKSHOP: THE IMPACT OF HEALTHCARE REFORM INITIATIVES IN 30 COUNTRIES ON THE QUALITY AND SAFETY OF CARE: PERSPECTIVES, PARTICIPANTS, PARTNERSHIPS AND PROSPECTS

Hosts: Jeffrey Braithwaite (AU), Yukihiro Matsuyama (JP), Russell Mannion (UK), Julie Johnson (AU)

09:00 - 16:30

Level 1, Room: Ochil

In this pre-conference workshop activity we have invited leaders from thirty countries to make a presentation on health reform and its impact on quality and safety. We are using the workshop and the discussions that ensue to develop a book of edited chapters on the topic. This workshop will give the hosts an opportunity to build the network of presenters, provide feedback to contributors and start work on the first and last chapters, which form the introduction and conclusion to the book.

While the workshop is primarily for the co-authors and editors to discuss their ideas and exchange views, there will be a lot of valuable information imparted about health reforms and quality and safety. Thus, others are welcome to attend or simply sit in for a while if they wish.

SESSION 1 - EXTERNAL EVALUATION DAY/ ACCREDITATION LEVEL 0, ROOM: KILSYTH

Morning: Consumer Engagement in Accreditation/External Evaluation of Performance; from rhetoric to reality

Aim

This seminar will consider current attitudes and practices around the users of services playing an active and valued role in assessing the performance of a health service provider. It will do this in the context of significant local events (the Francis Inquiry) and a range of international experiences.

The Inquiry led by Robert Francis QC into the Mid Staffordshire Trust is resonating wherever western medicine is practiced around the world. It made 290 recommendations. Among them is the key issue of engaging with consumers or users of health services in the service planning, service delivery and the monitoring of performance. The Hon. David Cameron, the Prime Minister of Great Britain, in his response to the Report stated "...we will involve more members of the public with direct experience of hospital care - 'experts by experience' - in our inspections." and David Behan, Chief Executive, Care Quality Commission in England was very quick to add his commitment. Why was this identified as so very important?

09:00 – 09:05	Welcome: Wendy Nicklin, Triona Fortune; ISQua
09:05 – 09:10	Chair and aims of the workshop Brian Johnston; AU
09:10 – 09:40	The Mid Staffordshire Public Inquiry – implications for patient involvement Jocelyn Cornwell; UK
09:40 – 10:10	What the evidence says? David Greenfield; AU
10:10 – 10:30	Patients, we have a plan! From research to strategy John Sweeney; IE
10:30 – 11:00	MORNING BREAK
11:00 – 12:00	So what are global innovators doing to turn the rhetoric into reality? Scotland Richard Norris; SC Europe Jooske Vos; NL The Middle East Dina Baroudi, Majdah Shugdar; SA Asia Pacific Kadar Marikar; MY South America Jose Noronha; BR North America Paula Wilson; US
12:00 – 12:15	Panel discussion Wendy Nicklin; CA
12:15 – 12:30	Summation Brian Johnston; AU
12:30 – 13:30	LUNCH

Afternoon: Systems and Professional Regulation: is the whole greater than the sum of its parts?

Healthcare quality and safety depend on properly trained, competent professionals practising in well governed and organised institutions.

This may seem an obvious statement, but when looking at performance or outcomes how do you distinguish the influence of professional practice from that of institutional systems and processes? And is it really possible or desirable to look at the performance of institutions separately from the professionals that work in them?

With this in mind, this session looks at very different regulatory and supervisory models from around the world, exploring how the boundary between professional and institution performance is addressed by various jurisdictions. The discussion will then go on to ask whether there are opportunities to promote safety and quality for patients more effectively by bringing together learning from institutional and professional regulation.

Chair: Harry Cayton; UK

13:30 – 14:15 Regulation of Professionals, examples from Canada and the UK

Jon Billings; UK, Irwin Fefergrad; CA

14:15 – 15:00 Regulation of Systems, examples from Australia and Europe

Margaret Banks; AU, Jan Vesseur; NL, Geir Sverre Braut; NO, Anne Mette Dons; DK

15:00 – 15:30 AFTERNOON BREAK**15:30 – 16:20 Panel Discussion; Do we need all the Regulators?**

Harry Cayton; UK, Jon Billings; UK, Irwin Fefergrad; CA, Margaret Banks; AU, Jan Vesseur; NL, Geir Sverre Braut; NR, Anne Mette Dons; DK

16:20 – 16:30 Summation and Close

Harry Cayton; UK

SESSION 2 - PATIENT ENGAGEMENT AND PATIENT REPORTED OUTCOME MEASURES LEVEL 0, ROOM: MOORFOOT

Morning: Patient Engagement for Better Outcomes

09.00 – 09.10 Welcome: Janne Lehmann Knudsen; ISQua, Barbara Farlow; ISQua

09.10 – 09.30 A Patient`s Story

Maria Cuculiza; DK

09:30 – 10:00 Shared Decision Making - Why and How?

Angela Coulter; UK

10:00 - 10.30 Building a Patient Centred Care Environment: Moving from Idea to Execution

Sue Collier; UK

10:30 – 10:50 MORNING BREAK**10:50 – 11:10 Patient Centred Care and Technology: Opportunities and Challenges**

Jennifer Zelmer; CA

11.10 - 11.30 Engaging Patients for Safety

Rachel Davis; UK

11:35 – 12.15 The Future of Patient Engagement and Patient Centred Care: Vision, Challenges and Solutions

Panel: Maria Cuculiza; DK, Margaret Murphy; IE, Angela Coulter; UK, Karen Luxford; AU

12:15 – 13:30 LUNCH

Afternoon: Patient Reported Outcome Measures (PROMs)	
13:30 - 13:35	Welcome: Janne Lehmann Knudsen; ISQua
13:35 – 14:20	What are PROMs? Current Approaches; How they may transform healthcare Nick Black; UK
14:20 – 14:50	PROMs at the Hospital Level Eyal Zimmlichman; US
14:50 – 15:15	AFTERNOON BREAK
15:15 – 15.40	Use of PROMs for Individual Patients Niels Henrik Hjøllund; NL
15:40 – 16.25	Where to go from here? Panel: Nick Black; UK, Eyal Zimmlichman; US, Niels Henrik Hjøllund; NL
16:25 - 16.30	Closing remarks Janne Lehmann Knudsen; ISQua

SESSION 3 - TOOLS FOR PATIENT SAFETY AND QUALITY LEVEL 0, ROOM: TINTO

Morning: Patient Safety Tool	
Aim: This interactive workshop will focus on building practical safety skills in the larger theme of Quality and Safety in Population Health and Healthcare. This session is suitable for any health care practitioner and will be facilitated in an informal manner so no one will feel left out.	
09:00 – 12:15	Practical Patient Safety Tools Facilitators: Allen Kachalia; US, David Bates; ISQua, Eyal Zimmlichman; US, Malcolm Daniel; SC
10:30 – 11:00	MORNING BREAK
12:15 – 13:30	LUNCH
Afternoon: Quality Improvement Tool	
Aim: This interactive workshop will use a simple exercise to illustrate the principles of reliable design. A real-life example of applying reliability science to reduce Ventilator Associated Pneumonia (VAP) from NHS Scotland will be presented. The workshop will include a review of the fundamentals of reliability science and a discussion on how we can use them in our work to improve patient care.	
13:30 –16:30	Applying a reliable design framework to improve quality of care for your patients Facilitators: M. Rashad Massoud; US, Bruce Agins; US, Shawn Dick; US, Jason Leitch; SC, Malcolm Daniel; SC
15:00 – 15:30	AFTERNOON BREAK
16.30	Close

SESSION 4 - LESSONS LEARNED FROM MID STAFFORDSHIRE INQUIRY LEVEL 1, ROOM: HARRIS

	Chair: Clifford Hughes; AU
09:00 – 09:05	Welcome: Tracey Cooper; ISQua
09:05 – 09:20	Background of Mid Staffordshire Report Harry Cayton; UK
09:20 – 09:40	Patient response Gordon Johnston; UK
09:40 – 10:00	Health systems response Mike Durkin; UK
10:00 – 10:30	Panel Discussion Harry Cayton; UK, Mike Durkin; UK, Gordon Johnston; UK
10:30 – 11:00	MORNING BREAK
11:00 – 11:25	What are the cultural changes needed? David Ballard; US
11:25– 11:50	Would mandatory reporting and statutory privilege have made a difference? Clifford Hughes; ISQua
11:50 – 12:20	How do we prevent this happening again, elements to be aligned Panel: Harry Cayton; UK, Mike Durkin; UK Tracey Cooper; ISQua, David Ballard; US, Clifford Hughes; ISQua, Gordon Johnston; UK
12:20	Close Clifford Hughes; ISQua
12:20 – 13:30	LUNCH

SESSION 5 - QUALITY IN SOCIAL CARE FOR OLDER PERSONS LEVEL 1, ROOM: HARRIS

	Chair: Mark Brandon; AU
13:30 – 14:00	Transfer of Patient Information between Hospital and Elderly Care Homes Carolien de Blok; NL
14:00 – 14:30	Transforming Care for the Elderly in Nursing Homes Janet Haines-Wood; UK
14:30 – 15:00	Advance Care Directives; A case study at a care home Mark Brandon; AU
15:00 – 15:30	AFTERNOON BREAK
15:30 – 16:15	Meeting the spiritual needs of older people across diverse faiths and cultures Elizabeth Pringle; AU
16:15	Close Mark Brandon; AU

ISQua EDINBURGH: Monday 14 October

CONCURRENT SESSIONS MORNING 10:45 - 12:15

A1 **Improving Healthcare Together: Engaging Clinicians in national quality improvement initiatives**

Speakers: *Brian Robson, Kevin Rooney, Jennifer Graham; SC*

Level 0, Room: Tinto

This 90 minute session will comprise of three presentations setting out Healthcare Improvement Scotland's approach to developing and implementing its Clinical Engagement Strategy: Improving Healthcare Together. Presentations will focus on:

- » Why do we need a Clinical Engagement Strategy? Our approach to developing the strategy, including a summary of the '90 day process' that was applied and the findings that emerged from key evidence sources.
- » Listening and learning from clinicians working with us. What were the key themes that emerged when we spoke to clinicians about our approach to engaging with them about national quality improvement initiatives and how we have developed a more supportive approach to getting clinicians 'on-board.'
- » Clinical Engagement in Practice. Key challenges and opportunities in engaging clinicians in national patient safety initiatives.

A3a **The Long Term Conditions Story**

Speaker: *Sir John Oldham; UK*

Level 3, Room: Sidlaw

In most industrialised countries the key issue in health and social care will be the volume of people with multiple long term conditions. This is also an issue in some emerging economies. If the current models of care are maintained, many health and care systems will be unsustainable. Part of the answer is embracing and encouraging active patients, and the use of technology.

This session will explore how the issue is being tackled in England (covering 30 million people in 2 and 1/2 years) but also bring in examples from other countries, including how financial flows and incentives need to change alongside the care model.

A3b **Why vulnerability matters more than risk: a social epidemiology of patient safety**

Speakers: *Joanne Travaglia & Hamish Robertson; AU*

Level 3, Room: Sidlaw

As the patient safety movement matures new questions inevitably and necessarily arise. In this workshop we will explore the predominant focus on the risk to individual patients may have resulted in an underestimation of the importance of examining population-level risks. Utilising current research into vulnerability and healthcare, the findings of patient safety inquiries, and our own data and models, we will propose a social epidemiology approach to patient safety. This approach can better account for the contribution of population-level differences to the vulnerability of patients, while at the same time addressing the differential impact of social, structural and systems complexity on the risk to individuals and groups.

The workshop will consider some of the ethical and philosophical, as well as practical critiques of the current patient safety movement. What does vulnerability mean in the context of patient safety? How can knowledge of the social, spatial and temporal distribution of vulnerable groups improve the quality and safety of care? How can population level approaches to patient safety improve our understanding of the risks to individual patients? What factors trigger vulnerability to error in individuals and groups? Most importantly of all, how can healthcare services and systems go about working with vulnerable groups to reduce error rates and types without reproducing vulnerability?

A5 **Challenges and Systems around Mutual Recognition and Labour Mobility**

Speakers: *Tom Ferris; SC, Peter Trainor; CA, Michael Greco; AU*

Level 3, Room: Fintry

The 3 speakers will each outline;

1. The accreditation / certification / reciprocal approaches in each country
2. The challenges, failures, deficits and successes of each.
3. The challenges around labour mobility

The speakers will engage in an open discussion as to what might constitute a best practice model, always with one lens, that which is in the public interest, focusing on patient safety and good outcomes.

A6a **Changing clinician behaviour**

Speaker: *Ulfat Shaik; US*

Level 0, Room: Kilsyth

Reflect on your clinical practice. When was the last time you made a change in how you delivered care to patients? Was it after reading a journal article or attending a conference? If you did ultimately change your practice, how long did you sustain that change?

Health services research demonstrates a significant gap between recommended best practice and actual clinical care. Interventions to change the quality of health care delivery come in many flavours. Some, such as continuing education, educational outreach visits, audit and feedback, point-of-care reminders, and patient-mediated interventions, focus on individual clinicians or staff. Others, such as public reporting of quality and pay-for-performance, involve organisational change. Still others combine interventions at both the individual and organisation levels.

This presentation summarises commonly utilised strategies to modify clinician behaviour. Examples from the published literature are provided to illustrate how and why some strategies are more successful than others. The University of California Davis Health System has utilised many of these strategies, including point-of-care clinical decision support integrated into the electronic health record virtual quality improvement learning networks facilitated by telehealth. Our experience is shared and the audience is engaged in a discussion around successful strategies in their clinical settings.

A6b Regulating Health Practitioners – Common Challenges across Health Systems

Speakers: *Martin Fletcher; AU, Ginny Hanrahan; IE, Marc Seale; UK*

Level 0, Room: Kilsyth

Regulation of health professionals is well established in most modern healthcare systems. While there are differences across countries, typically regulation encompasses setting standards as the requirement for registration or licensure, dealing with concerns about fitness to practice in areas such as conduct, performance and impairment, and; determining standards for educational programmes which are the pathway to registration or licensure. Regulation of health practitioners is an important part of national systems for patient and public safety.

A set of common health workforce demands has seen an international trend towards multi-professional approaches to regulation which emphasise commonality rather than difference across professions. The workshop will explore approaches to multi-professional regulation in three countries:

- » Australian National Registration and Accreditation Scheme : a national multi professional system of health practitioner regulation established in 2010;
- » UK Health and Care Professions Council a well established system of multi-professional regulation over 12 years;
- » CORU (Health and Social Care Professionals Council) in Ireland, is progressing on a new system of multi professional regulation for 14 health and social care professionals

Issues to be addressed include the country context for regulation; the approach to multi professional regulation; challenges in regulating a globally mobile workforce; dealing with problem practitioners; systems for assuring ongoing competence of health professionals; building informed and accountable public participation, and; how regulation integrates with wider patient safety and clinical governance systems.

A8a Will Digital Health Technologies Improve Quality, Reduce Costs and Transform Healthcare?

Speaker: *John Ovretveit; SE*

Level 3, Room: Pentland

Objectives: Describe and assess the impact of digital health technologies (DHT) on health organisations, patients and providers. Provide a comprehensive guide to the range of applications and to the innovations which are beginning to disrupt some sectors of health care.

Methods: Review of research, case studies and expert and patient interviews

Results: There are examples of DHTs which are changing how healthcare is delivered, managed and planned. A more significant impact is patients bypassing conventional providers and using novel methods for diagnosis, cure, care and support.

Conclusion: Digital health technologies have been slow to come to healthcare and have not had the impact they have had on other industries. Financial technological and user attitudes are all influences which are changing and leading to the rapid transformation of some sectors of healthcare and to patient's expectations. It is likely these trends will accelerate and transform some sectors of health care.

A8b Scotland's approach to e-Health including Telehealth and Telecare

Speaker: *George Crooks; SC*

Level 3, Room: Pentland

This presentation will challenge the status quo and suggest we need to radically rethink how we reconfigure and deliver future health services. It will look at the role that technology has played to date and what role it may play in the future. The presentation will explore the different digital channels available to deliver health services and the platforms available to serve the needs of patients, their family as well as informal and formal carers.

It will give insight to Scotland's strategy for telehealth and telecare delivery and focus on the increasing importance of co-production in health and care settings. It will showcase the findings from a national community engagement exercise on the public's attitude and expectations on the use of technology, supporting their care and give a glimpse of what the future landscape may look like in Scotland.

LUNCHTIME SESSIONS

A10 Publishing Your Paper: A special session featuring editors from the International Journal for Quality in Health Care and the New England Journal of Medicine

Speakers: *Eric Schneider; ISQua, Arnold Epstein; US*

Level 3, Room: Pentland

Drs. Schneider and Epstein will “open the black box” for a look inside the editorial process of two peer-reviewed journals—a specialty journal focused on health care quality and one of the world’s top general medical journals.

They will describe successful approaches to writing and publishing a research paper and lead an interactive discussion.

They will discuss the types of papers that each Journal seeks to publish and strategies for successfully navigating the peer review process. They will offer tips for peer reviewers to make reviewing easier and more effective.

A11 A Collaborative Network to Research Accreditation: A Proposal for the Next Three Years

Speakers: *David Greenfield; AU, Triona Fortune; ISQua, Stuart Whittaker; ZA*

Level 3, Room: Sidlaw

At the 2012 ISQua conference in Geneva, we met with like-minded colleagues to establish a collaborative network to support research projects into accreditation. We are again seeking colleagues from the international quality and safety community, both novice and skilled practitioners and researchers, to further the collaboration and support this initiative.

Initial details of a Special Interest Group dedicated to advancing research into all types of external evaluation, including accreditation will be shared.

CONCURRENT SESSIONS AFTERNOON 13:45 - 15:15

A13a Hospitals as Highly Reliable Organisations: Examples from Intensive Care Settings

Speakers: *Daniel L. Cohen; US, Malcolm Daniel; SC*

Level 3, Room: Fintry

Hospitals are now transitioning their cultural and operational strategies into those commonly associated with Highly Reliable Organisations (HROs). The quintessential characteristics of HROs are their inherent focus on risk identification, avoidance and modulation within a just-culture environment.

Intensive care medicine is at the forefront of implementing strategies for risk-modulation. The adoption of standardized processes and the adjunctive use of enhanced electronic monitoring technologies have

resulted in substantial, often dramatic, improvements in clinical outcomes.

This presentation will:

1. Define the characteristics of HROs applicable to hospitals with portrayals of successes and relevant challenges that remain problematic.
2. Present case studies and research data demonstrating the applicability of HRO methodologies to improvements in clinical outcomes and safety in intensive care settings:
 - » Improvements in analgesia management in orthopaedic surgery patients
 - » Safer medication administration with bar-coding
 - » Safer transitions to/from Intensive care utilizing checklists
 - » Reductions in catheter-associated blood stream infections
 - » Reductions in ventilator-associated pneumonia
 - » Safety enhancements with telemetric monitoring

Principles of highly reliable organisations can be effectively implemented in hospitals resulting in substantial improvements in patient safety and clinical quality outcomes. Intensive care settings are important platforms for innovations and demonstrations of high-reliability in healthcare.

A13b Tackling the Cost and Quality Challenge

Speakers: *Adrian Sieff, Ewan King, David Thomson; UK*

Level 3, Room: Fintry

Over recent years, there has been a growing interest in person-centred care – including a set of inter-related approaches that focus health services on supporting patients to make informed decisions about their healthcare options, to manage their health more successfully and to choose when to let others act on their behalf.

In this session, we will explore the challenges that clinical teams faced and what we have learnt through our independent evaluation of a major Health Foundation programme to put shared decision making at the heart of routine care.

Despite the growing body of evidence showing that better outcomes for patients can be secured from good shared decision and a growing political, professional and patient consensus in its favour, embedding it into the routine practice of hard-pressed health services has remains a significant challenge.

The MAGIC (Making Good decisions In Collaboration) programme was developed by Newcastle University in England and Cardiff University in Wales and is being delivered in partnership with their local NHS across community and hospital care. The programme has been testing and developing practical solutions that support patients to make informed and considered decisions about their own care and treatment.

In this session, we will hear what we have learnt through an independent evaluation which assessed the extent to which the programme was successful in embedding shared decision making within clinical settings, and how it did so, including:

- » The different motivations to engage in shared decision making
- » The role of training in changing attitudes and behaviours
- » Unexpected ways in which brief decision aids and option grids in changing the nature of the consultation
- » The impact of a campaign to encourage patients to 'Ask 3 Questions'
- » Where measurement added value.

A15 WHO: Engaging patients for safe, high quality and people-centered health services: challenges and possibilities

Speakers: *Susan Frampton; US, Margaret Murphy; IE, Kadar Marikar; MY, Nittita Prasopa-Plaizier; WHO*

Level 3, Room: Sidlaw

Patient and community engagement has received increasing recognition as an essential element in patient-centered care. Involving patients and the community in the planning and delivery of care, will not only help improve the safety and quality of care, but also ensure that the care is responsive, appropriate and respectful of that patient's needs.

How to engage patients effectively in reality at health facilities and organizational levels remains a significant challenge. Many suggest that we should start by creating a foundation for a compassionate and positive organizational culture that enables health professionals and patients to work collaboratively in partnerships. Others advocate that patient and community engagement should be embedded in health-care systems and processes so that impact can be measured and experience learnt.

In this session, we will explore how health-care providers and policy-makers involve patients and the community in their respective work in real life situations. Join us, along with our panelists will be patients who will share how they are engaged in efforts to improve health-care quality and patient safety.

A18 Improving Quality in Nations; The Role, Responsibilities and Contributions of Government

Speakers: *Sheila Leatherman; ISQua, Enrique Ruelas; MX, Carol Ann Marshall; SA, Mirwais Rahimzai; AF*

Level 3, Room: Pentland

The aims of this session are;

1. To describe the potential role of government in making changes to the macro environment to foster quality.
2. To discuss the mechanisms that government can use to influence health care quality such as legislation, regulation, standards, external evaluation/

accreditation, payment reform, performance data and public reporting, influencing workforce, national campaigns, etc.

3. To present case studies from 3 countries –Mexico, South Africa, and Afghanistan—which demonstrate systemic national approaches to health care quality?

A20 Measuring Deaths – Saving Lives

Speakers: *Peter Christie, Simon MacKenzie, Roger Black; SC*

Level 0, Room: Tinto

Measurement is central to all improvement effort. Measurement of hospital standardised mortality ratios (HSMR) have proven highly controversial across the Quality Improvement community. We will consider the evidence for the use of these measures and the controversy they have created. Scotland's national patient safety programme, supported by the IHI, has a bold aim of reducing mortality and faculty will share our national approach and our frameworks for developing and running a mortality reduction programmes at a local hospital level and how these have been supported by studying HSMRs.

Objectives:

1. Participants will identify the key elements contributing to a national programme for patient safety.
2. Participants will develop their understanding of measures of hospital mortality and their limitations.
3. Together we will share a framework for reducing hospital mortality which participants can consider and apply within their organisation.

AFTERNOON PLENARY

Scotland's Quality Journey

Speaker: *Jason Leitch; SC*

Level 3, Room: Pentland

The health and social care system in Scotland has a long history of innovation. From the discovery of antibiotics to the research that led to the MRI scanner. More recently a new revolution has been taking place, one that has changed the culture of the NHS and the delivery of social care. Scotland has chosen quality as the organising principle of its public services. An approach based on assets, outcomes and co-production.

In May 2011 the NHS Scotland Quality Strategy was published and set three large-scale ambitions in safe, effective and person-centred healthcare.

This ambition is demonstrated best in the Scottish Patient Safety Programme which has led the way globally in the field of large scale patient safety initiatives. More recently the same improvement methods have been extended into more complex areas such as the crucial early years of children's lives.

This plenary presentation will demonstrate Scotland's globally recognised ambition to deliver high quality, people centred and assets based public services. It will show real examples with real data and will discuss the lessons we have learned including the mistakes we have made along the way.

MONDAY 14 OCTOBER

08:00 - 08:45 **Level -2, Cromdale Hall**
Welcome Coffee with the Exhibitors

Opening Plenary Level 3, Pentland

08:45 - 09:00 **Chair: David Bates;** ISQua President Elect

Conference Opening and Welcome - 15 mins

Tracey Cooper; ISQua President
 Peter Carter; ISQua CEO

09:00 - 10:15 **Chair: Tracey Cooper;** ISQua President

Opening Plenary - 60 mins

Atul Gawande; US

Alex Neil; MSP. Cabinet Secretary for Health and Wellbeing, Scotland - 15 mins

10:15 - 10:45 **Morning Break**

10:45 - 12:15 **Concurrent Sessions - Morning**

A1 - Governance, Leadership and Health Policy Level 0, Room: Tinto

Chair: Duncan Inverarity; ISQua

Improving Healthcare Together: Engaging clinicians in national quality improvement initiatives

Brian Robson, Kevin Rooney, Jennifer Graham; SC - 90 mins

A2 - Patient Safety Level 1, Room: Carrick

Chair: Rajesh Aggarwal; UK

2500 The incidence of adverse events in Tuscany: Results from a regional study involving 36 hospitals

S. Albolino, **T. Bellandi**, R. Tartaglia, A. Biggeri; IT - 15 mins

2608 Health associated infections: Estimation of costs and financial impact on the US Health Care System

E. Zimlichman, D. W. Bates, D. Henderson, C. R. Denham; US - 15 mins

2174 Second victims after adverse events: The need for an International approach

E. Van Gerven, R. Harrison, C. White, K. Vanhaecht; UK - 15 mins

1799 Early warning score, prevention of unexpected deaths - a successful implementation

B. Hesselbo, A. Gram; DK - 15 mins

1558 Transforming complex health systems - lessons from Great Ormond Street Children's Hospital

P. I. Lachman, K. Goldthorpe; UK - 15 mins

A3 - Improving Population Health Level 3, Room: Sidlaw

Chair: John Sweeney; IE

The Long Term Conditions Story

Sir John Oldham; UK - 45 mins

Why vulnerability matters more than risk: a social epidemiology of patient safety

Joanne Travaglia, Hamish Robertson; AU - 45 mins

A4 - Patient and Family Experience, Engagement and Coproduction Level 0, Room: Moorfoot

Chair: **Bill Runciman; AU**

- 2065 Patients perception of the decision-making process in Danish cancer care**
J. L. Knudsen, C. Sperling; DK – 15 mins
- 1820 Patient experiences with hospitals: the association between patient-reported experiences of healthcare quality, patient satisfaction and patient loyalty intention**
A. M. Bjerkan, O. Bjertnaes, H. H. Iversen, K. E. Skudal ; NO – 15 mins
- 2442 From death we learn: a rural New Zealand hospital's experience in involving families in the death review process**
S. Blake, A. Lawson, S. Penfold; NZ – 15 mins
- 2112 Using patients and staff experiences in co-production for quality improvement in healthcare in the Netherlands**
F. De Wit, F. Vennik, I. Raats, K. Grit; NL – 15 mins
- 2531 The measurement of patient experiences – the relationship between delivered health care service and patient experienced satisfaction**
M. T. Sandager, M. Freil , J. L. Knudsen; DK – 15 mins

A5 - Accreditation and External Evaluation Systems Level 3, Room: Fintry

Chair: **Margie Taylor; SC**

Challenges and Systems around Mutual Recognition and Labour Mobility
Tom Ferris; SC, Peter Trainor; CA, Michael Greco; AU – 90 mins

A6 - Education in Safety and Quality Level 0, Room: Kilsyth

Chair: **Bruce Barraclough; ISQua**

Changing clinician behaviour
Ulfat Shaik; US – 45 mins

Regulating Health Practitioners – Common challenges across Health Systems
Martin Fletcher; AU, Ginny Hanrahan; IE, Marc Seale; UK – 45 mins

A7 - Quality and Safety in Transitional and Developing Countries Level 1, Room: Harris

Chair: **Ian Yardley; UK**

- 2396 Improving quality and safety of healthcare in Botswana's healthcare facilities**
M. O. Tebogo, B. A. Moagi, J. Stewart, A. Omoluabi; BW & ZA – 15 mins
- 1674 Safe care essentials: Rapid mapping of healthcare quality and safety gaps to prioritize interventions in resource-restricted settings**
P. van Ostenberg, T. Rinke de Wit, N. Spieker, S. Hudani; US, ZA, NL & KE – 15 mins
- 2223 Impact of Optically Stimulated Luminescence (OSL) based, in-house radiation monitoring system on timeliness and accuracy of reading the radiation dose for the first time in a Country in the developing world**
N. Syed Mansoor, S. Syed M, T. Abdul H , Z. Maseh UZ; PK – 15 mins
- 2526 30 day and one year hospital re-admissions in Argentina: burden, mortality and cost. Evidence from a multicentre study of a Transitional Country**
J. T. Insua, R. Villalon; AR – 15 mins

1365 Pressure ulcer prevalence in four Indonesian hospitals: Feasibility study of the LPZ measurement in Indonesia**Y. Amir**, R. Halfens, C. Lohrmann, J. Schols; NL - 15 mins**A8 - Health Information Technology
Level 3, Room: Pentland****Chair: David Ballard; US****Will Digital Health Technologies Improve Quality, Reduce Costs and Transform Healthcare?**

John Ovretveit; SE - 45 mins

Scotland's approach to e-health including telehealth and telecare

George Crooks; SC - 45 mins

**A9 - Measuring Service Performance and Outcomes
Level 1, Room: Ochil****Chair: Jennifer Haas; US****1464 Feasibility of local clinical quality assessment in primary care: developing and testing review criteria for depression and osteoporosis national guidelines**J. Cook, **M. Lambert**, M. Eccles, R. Foy; UK - 15 mins**2417 What proportion of high-cost patients' inpatient spending is preventable?****K. E. Joynt**, A. A. Gawande, E. J. Oray, A. K. Jha; US - 15 mins**1662 Evaluating quality indicators for physical therapy in primary care****M. Scholte**, E. Hendriks, R. Nijhuis-van der Sanden, J. Braspenning; NL - 15 mins**1821 Are data from national and other large scale user experience surveys used in local quality work? A systematic literature review****M. Haugum**, K. Danielsen, H. H. Iversen, O. Bjertnaes ; NO - 15 mins**2179 Power of the NHS Patient Reported Outcome Measures (PROMs) programme to improve quality****E. A. Lingard**, S. J. Mcinerney, M. F. Lambert; UK - 15 mins**12:15 - 13:45 Lunch and Sessions****12:45 - 13:30 Level 3, Room: Pentland****A10 - Publishing your paper: a special session featuring editors from ISQua Journal & New England Journal of Medicine**

Eric Schneider; ISQua, Arnold Epstein; US

12:45 - 13:30 Level 3, Room: Sidlaw**A11 - A Collaborative Network to Research Accreditation: A Proposal for the Next Three Years**

David Greenfield; AU, Triona Fortune; ISQua, Stuart Whittaker; ZA

12:50 - 13:30 Oral Presentations**AP1 - Patient Safety
Level 1, Room: Carrick****Chair: Chris Brook; AU****1364 Day of week of procedure and 30 day mortality for elective surgery: national retrospective study****P. Aylin**, R. Alexandrescu, E. Mayer, A. Bottle; UK - 5 mins**1988 Preventing errors in the administration of parenteral drugs: the results of a four-year national patient safety program****C. De blok**, J. Schilp, C. Wagner; NL - 5 mins

- 1900 Patient safety and gaps management by registered nurses**
A. Jones; M-J Johnstone, M. Duke; AU - 5 mins
- 0004 Safe Surgery Safe Lives**
N A. Abu Bakar, MY - 5 mins
- 0005 Hospital Survey of Patient Safety Culture in 5 hospitals in the Niger Delta Region of Nigeria**
L.U. Ogbonnaya, NG - 5 mins
- 1454 Patient safety risks and patients treated by multiple specialties**
R. Baines, M. de Bruijne, M. Langelaan, C. Wagner; NL - 5 mins

AP2 - Measuring Service Performance and Outcome Level 1, Room: Harris

Chair: Eyal Zimlichman; US

- 2508 Benchmarking the performance of surgeons using patient-reported outcome measures**
M. Boyce, J. Browne; IE - 5 mins
- 2519 National implementation of hospital quality and safety indicators: results after 6 years**
F. Capuano, R. Derenne, M-A. Le-Pogam, C. Grenier; FR - 5 mins
- 2397 Predictors of readmission in heart failure: the effects of survival, length of follow-up and cause of readmission**
A. Bottle, P. Aylin, D. Bell; UK - 5 mins
- 2144 Measuring the co-production of health in consultations for people living with long-term conditions**
A. X. Realpe, I. Wallace, A. Adams, J. Kidd; UK - 5 mins
- 1044 Establishing a patient safety indicator in anaesthesia does it matter?**
D. Baroudi; SA - 5 mins
- 2183 Development of a pan-Canadian quality scorecard for academic health sciences centres**
A. Forster, **C. Backman;** CA - 5 mins

AP3 - Governance, Leadership and Health Policy Level 1, Room: Ochil

Chair: Arne Poulstrup; DK

- 1282 Can networks support quality improvements in healthcare?**
M. Tait, H. Crisp; UK - 5 mins
- 1154 Building a national approach to learning from adverse events through reporting and review**
N. Feilden, M. Aggleton, J. Long, I. Hamilton; UK - 5 mins
- 1533 New models for pay for performance for health care quality improvement**
M. Trisolini; US - 5 mins
- 1514 Social capital and quality management systems in European hospitals**
H. Pfaff, O. Ommen, A. Hammer; DE - 5 mins
- 1529 Leadership in health care and patient safety**
S. Audette; CA - 5 mins

AP4 - Patient and Family Experience, Engagement and Coproduction Level 0, Room: Tinto

Chair: Patricia Gilheaney; IE

- 1664 Using a child-friendly survey to obtain feedback about the hospital experience of young inpatients**
A. Tallett, B. Hopwood; UK - 5 mins
- 1450 Transforming health system for people living with chronic conditions; what can be done in HIV chronic care, Tanzania experience**
J. Kundy; TN - 5 mins
- 2258 Use of patient and family interviews to assess potential causes of readmission for heart failure, acute myocardial infarction, and pneumonia**
C. Fullerton, M. Centeno, D. Ballard; US - 5 mins
- 1610 Cancer patients' experiences with the health care - do patients with comorbidity have different experiences?**
C. Sperling, M. Sandager, J. L. Knudsen; DK - 5 mins
- 1307 The patient experience of treatment burden in stroke management**
K. Gallacher, C. R. May, P. Langhorne, F. Mair; UK - 5 mins
- 1135 Implementing a new work process to screen for kidney impairment in patients at the accident and emergency (A&E) pharmacy to prevent over-dosages in patients with impaired kidney function**
H. T. Pang, H. H. M. Cheen, Y. C. Lee; SG - 5 mins

AP5 - Quality & Safety in Transitional and Developing Countries Level 0, Room: Moorfoot

Chair: Anastasia N. Kastania; GR

- 1305 Designing a PHC oriented health system performance model and balanced scorecard for the Lac region; Perspectives and challenges from a multi-stakeholder engagement by PAHO**
A. Edward, R. Holder, G. Almeida, S. Urrutia; US - 5 mins
- 2257 A performance standards based quality improvement approach can form a basis for an externally verified recognition system**
A. S. Nurhussien, H. Gibson; ET - 5 mins
- 2233 Radiology electronic order entry for correct patient and procedure identification and improved quality in patient care for all admitted patients in a tertiary care teaching hospital in the developing world**
M. Yusuf, S. M. Sohail, R. Baig, K. Shahid; PK - 5 mins
- 2133 Process for quality improvement of reception in health facilities in Cote d'Ivoire**
D. Sess, J. Aka, G. Tiahou; CI - 5 mins
- 1768 A new approach to reducing the waiting time of patients in a secondary referral hospital: A campaign to keep doctors' appointments with their patients**
H. J. Paek, D. K. Kim, S. Cho, M. L. Han; KR - 5 mins

AP6 - Education in Safety and Quality Level 0, Room: Kilsyth

Chair: Joseph Ibrahim; US

- 2640 A knowledge system for improvement: Interventions and a conceptual framework to translate knowledge into healthcare improvement**
A. Wales; UK - 5 mins

- 1436 Educating the Australian public on the importance of accreditation**
S. Clark; AU - 5 mins
- 2243 Effectiveness of the team resource management promoting program on hospital teamwork climate in Taiwan**
C.-M. Lo, **H.-H. Liao**, P.-C. Wang, W.-C. Lee; TW - 5 mins
- 1173 Rethinking capacity building for evidence-based quality improvement: towards developing multilevel capabilities in practice**
R. Kislov, H. Waterman, G. Harvey, R. Boaden; UK - 5 mins
- 2498 Professional characteristics and educational outcomes associated with underperforming general practitioners referred to a regional clinical support group**
K. Devlin, D. Sutherland, M. Kelly, P. Bowie; UK - 5 mins
- 1608 An evaluation of clinical leadership program in regional health service, Victoria, Australia**
J. E. Ibrahim, **C. Young**; AU - 5 mins

13:45 - 15:15 **Concurrent Sessions – Afternoon**

A12 - Governance Leadership and Health Policy
Level 0, Room: Kilsyth

Chair: Jean Latreille; CA

- 2428 Sustaining long term healthcare quality improvement: lessons from the English National Health Service North East transformation system**
J. Erskine, M. Castelli, D. Hunter, A. Small; UK - 15 mins
- 2542 Implementation of quality management systems: the role of hospital (management) boards**
D. Botje, N. S. Klazinga, R. Suñol, C. Wagner; NL& ES - 15 mins
- 2493 Western Sydney IHD surgery stream: achieving timeliness of access through collaboration and leadership**
K. Hill, D. Turner; AU - 15 mins
- 1548 Pay for performance in the US: the transition from promising concepts to national progress**
L. M. Greenwald; US - 15 mins
- 2078 Understanding team effectiveness in clinical networks: a mixed-methods case study**
D. E. White, J. M. Norris, I. Beverley, K. Zwicker; CN - 15 mins

A13 - Patient Safety
Level 3, Room: Fintry

Chair: Don Goldmann; US

Hospitals as highly reliable organisations: Examples from Intensive Care settings

Daniel L. Cohen; US, Malcolm Daniel; SC - 45 mins

How to secure better outcomes from person-centred care

Adrian Sieff, Ewan King, David Tomson; UK - 45 mins

A14 - Improving Population Health
Level 1, Room: Carrick

Chair: Virginia D'Addario; US

- 2638 Association of avoidable hospital admission rates and prevalence - a methodological approach of prevalence adjustment**
S. E. Droessler, S. Knorr, C. Scheidt-Nave, M. Weyermann; DE - 15 mins
- 2134 Tele-monitoring and readmission risk**
N. D. Shah, M. Centeno, C. Fullerton, D. Ballard; US - 15 mins

- 1477 Replication of a new, evidence-based preventative health trainer service for people at risk of developing Type 2 Diabetes**
A. Betzlbacher, S. Cotterill, I. K. M. Summers; UK – 15 mins
- 1457 The effect of health promotion program intervention for high risk of hypertensive and hypercholesterolemia in middle aged and elderly population**
M.-P. Wu, T.-C. Wang, S.F. V. Wu; TW – 15 mins
- 2206 Integrated transitional care model and risk stratification**
M. Centeno, C. Fullerton; US – 15 mins

A15 - Patient and Family Experience, Engagement and Coproduction Level 3, Room: Sidlaw

Chair: George Bo Linn; US

WHO: Engaging patients for safe, high quality and people-centered health services: challenges and possibilities

Susan Frampton; US, Margaret Murphy; IE, Kadar Marikar; MY, Nittita Prasopa-Plaizier; WHO – 90 mins

A16 Accreditation and External Evaluation Level 0, Room: Moorfoot

Chair: Kadar Marikar; MY

- 1147 Can a model of pathway peer review assure quality and offer good value for money?**
D. Patel, **H. Crisp**; UK – 15 mins
- 2121 Accreditation survey reliability: techniques to achieving a credible survey outcome**
L. Low, J. Braithwaite, D. Greenfield; AU – 15 mins
- 1654 Evaluation of the first completed accreditation cycle in Danish hospitals**
C. Engel, K. A. Nielsen, C. Ibsen, A. M. Falstie-Jensen; DK – 15 mins
- 2037 Self-assessment - what do users think?**
M. Brandon, V. Crawford; AU – 15 mins
- 2210 Employee resistance and change agent role during accreditation process: a case study of a Saudi public hospital**
F. Bawazir; SA – 15 mins

A17 - Education in Safety and Quality Level 1, Room: Harris

Chair: Pierre Chopard; CH

- 1208 Building quality & safety attributes in systems-based practice for enhancing residents' competency**
D. S. Mujumdar, S. Archuleta, S. Ang, S. C. Quek; SG – 15 mins
- 1702 Applying the trigger review method after a brief educational intervention: potential for teaching and improving safety in GP specialty training?**
C. De Wet, J. Mckay, M. Kelly, P. Bowie; UK – 15 mins
- 2261 IT supported team learning with near-real-time feedback in healthcare organisations for improving quality, efficacy and efficiency of care**
M. Holderried, U. Herter, F. Holderried, C. Ernst; DE – 15 mins
- 1424 A novel, national approach to building capacity and capability in healthcare quality improvement in a resource constrained environment**
G. Walsh, O. Mullally, D. Vaughan, **P. Lachman**; IE – 15 mins
- 1354 Reducing suicide risk: Making mental health services safer**
A. Wimberley, J. Malcolm; UK – 15 mins

A18 - Quality and Safety in Transitional and Developing Countries Level 3 Room: Pentland

Chair: Sheila Leatherman; ISQua

Improving Quality in Nations; The Role, Responsibilities and Contributions of Government
Enrique Ruelas; MX, Carol Ann Marshall; SA, Mirwais Rahimzai; AF - 90 mins

A19 - Health Information Technology Level 1, Room: Ochil

Chair: Tim Shaw; AU

2544 EMR-based medication adherence metric markedly enhances identification of non-adherent patients

R. Balicer, S. R. Singer, M. Leibowitz, M. Hoshen; IL - 15 mins

1219 The relationship between quality of care and choice of clinical computing system: Retrospective analysis of family practice performance under the UK's quality and outcomes framework

E. Kontopantelis, I. Buchan, D. Reeves, T. Doran; UK - 15 mins

1742 Use of cloud computation and business intelligence knowledge management technologies to establish the Taiwan clinical performance indicator platform

W. T. Wu, **P. C. Wang**, C. H. Cheng, S. I. Guo; TW - 15 mins

1890 Empowering of pregnant women by making them report their own primary clinical record in a web-based system

K. M. Lyng, M. Simonsen, H. K. Hegaard; DK - 15 mins

2100 Preparing the yellow card scheme for SNOMED CT encoded data

D. Truran, D. Hansen, P. Barrow, P. Mozzicato; AU, US & UK - 15 mins

A20 - Measuring Service Performance and Outcomes Level 0, Room: Tinto

Chair: Peter Christie; SC

2657 Measuring Deaths - Saving Lives

Peter Christie, Simon MacKenzie, Roger Black; SC - 90 mins

15:15 - 15:45 Afternoon Break

Afternoon Plenary Level 3, Pentland

15:45 - 16:45 Chair: Phil Hassen; ISQua

John Ware and Alvin Tarlov Career Achievement Prize in Patient Reported Outcomes Measures - 10 mins

Scotland's Quality Journey

Jason Leitch; SC - 50 mins

16:50 - 17:45 Level 0, Room: Tinto

ISQua AGM - Members only

19:00 - 21:00 Networking Reception "Ceilidh" - Grand Gallery The National Museum of Scotland

Tickets - €30

ISQua EDINBURGH: Tuesday 15 October

BREAKFAST SESSION

Health Foundation Breakfast Session: Why do we need to be scientific about improvement

Speaker: *Helen Crisp; UK*

Level 0, Room: Tinto

Over the past three years the Health Foundation has been working with leading international researchers and practitioners to develop the science of improvement in healthcare. The development aims to tackle the common criticisms levelled at improvement efforts; that the evidence base is weak and that interventions lack the theoretical underpinning that might predict success. Indeed, challenging the evidence is used by some clinicians as a strategy to avoid cooperation with improvement interventions. Methodological shortcomings in the improvement research literature include problems with the design and analysis of the interventions and poor reporting of the results. There is a need to develop a sound theoretical, empirical and experiential knowledge base to improving quality and to adopt a more scientifically rigorous approach to the development, evaluation and dissemination of improvement methods.

The session will give an overview of the work the Health Foundation is supporting to build this knowledge base and will consider aspects such as:

- » The difference between doing improvement and studying improvement
- » Using multiple knowledge systems to improve healthcare; how generalisable scientific knowledge, local system knowledge and data from measures come together in improvement
- » The centrality of context; understanding not just “what works?” but “what works where, how and to what degree?”

The workshop style will be a mixture of brief presentation and discussion in small groups to consider benefits of studying improvement to build the knowledge base of what works to improve quality of care.

MORNING PLENARY

Quality and Efficiency of the Electronic Medical Record System in Hong Kong

Speaker: *NT Cheung; HK*

Level 3, Pentland Room

The ability of electronic medical record systems to improve the quality of care delivery has been demonstrated repeatedly for many years.

However there is also a widespread notion that electronic medical record systems (EMRs) are highly disruptive to workflow, and will reduce clinical efficiency. As healthcare costs rise inexorably, can EMRs be developed which provide the quality benefits whilst also increasing clinical productivity and controlling costs? In the last 20 years the Hong Kong Hospital Authority (HA) has maintained a steady investment in developing the Clinical Management System (CMS), a comprehensive EMR which is used in all of the 41 hospitals and 120 clinics of the Hospital Authority.

The Hospital Authority enables the government to fulfil its policy that “no one should be prevented, through lack of means, from obtaining adequate medical treatment” and must do so in an affordable and high quality manner, so the ability of CMS to increase clinical efficiency is as important as its ability to improve quality of care and enhance patient safety. The consideration of the impact of an EMR on workflow is key, and the HA has developed numerous key projects which have delivered on both quality and efficiency simultaneously.

Taiwans Experience

Speaker: *Jack Li; TW*

CONCURRENT SESSIONS MORNING 10:45 - 12:15

B3

CareTrack Australia: the levels of appropriate care in Australia and the international implications

Speakers: *Jeffrey Braithwaite & Bill Runciman; AU*

Level 3, Room: Pentland

The CareTrack Australia study was designed to determine the percentage of healthcare encounters at which a representative sample of adult Australians received “appropriate care” (care in line with evidence- or consensus-based guidelines) following the RAND-UCLA study in the USA ten years earlier. Participants in our sample received appropriate care in 57% of 35,573 eligible encounters compared with the US at 55%. We found high compliance for some conditions such as the management of coronary artery disease (90%) and dyspepsia (78%), and poor compliance for the use of recommended risk assessment tools (1%) and inadequate responses to severe or deteriorating conditions (between 5-40%).

At health care provider level, compliance ranged from 32-84%. We cannot rule out that it is a current property of modern health systems that only half the care delivered is appropriate. We will discuss the study, consider the international implications, and propose some initial steps for addressing this situation.

B5

Regulating social care; the good, the bad and the ugly

Speakers: *Annette Bruton; SC, Robbie Pearson; SC, Mark Brandon; AU*

Level 0, Room Tinto

The regulatory approaches are very different across the world. Speakers will talk about their approach to promoting quality through regulation and laws. The range of approaches will be covered by speakers from 3 countries.

B7 Designing and Implementing Results at a Large Scale: Lessons from LMICs

Speakers: *Pierre Barker; US, Sodzi Sodzi-Tetty; GH, Shamik Trehan; IN, Bruce Agins; US*

Level 3, Room: Fintry

1. To describe the attributes of health program implementation prototypes that can be taken to full scale.
2. To understand the conditions that are required to take a health program to full scale (will, context, ideas, improvement capability, spread mechanisms) in low and middle income countries.
3. To understand the phased sequence required for exponential scale up.
4. To learn three case studies from low and middle income settings in Africa and Asia that illustrate methods used and the conditions required for large scale implementation of health programs.

B9 Integrating Proactive Risk Assessment and Quality Management Systems: An Imperative for Patient Safety

Speakers: *Patricia Gray; US, Paul Huntly; SG, Karen Timmons; US, Deborah Weller; US*

Level 3, Room: Sidlaw

This session will focus on the experience of Scottsdale Health Care System in introducing a proactive risk assessment approach at the system level, to identify and act on potential areas of vulnerability regarding patient safety. The aim is to build upon the basis and platform provided by DNV's standards relating to quality management accreditation and also the proactive risk assessment philosophy detailed in the Managing Infection Risk (MIR) Standard and associated MIR Centre of Excellence Programme. Although the approach can be applied to any area of patient safety, Scottsdale's main focus to date has been on healthcare associated infections and how to address the introduction of structured and proactive risk-based learning and change in an organization-wide and sustainable manner.

An overview of the Standards and approach will be presented, together with practical examples of Scottsdale's work in the introduction of risk management initiatives and tools in a healthcare setting. The session will also provide an interactive component where participants engage in the development of a barrier-based, risk assessment model (BowTie), as a practical example of a readily applied tool to support the identification of risks and how best to mitigate and manage them.

LUNCHTIME SESSIONS**B10 Improving care outcomes whilst controlling costs? The rise of integrated care as a global strategy in health reform**

Speaker: *Nick Goodwin; UK*

Level 3 Room: Pentland

The ability to find a way to sustain or even improve health outcomes within limited financial resources has become one of the greatest challenges in health care reform. In most developed countries, a demographic and epidemiological transition has taken place which has seen a significant increase in costs associated with age-related and long-term chronic illness. Current health systems, however, appear to be ill-equipped to meet the challenge as they have over many years developed systemic and institutional structures that focus on cure rather than care.

As a result, many countries have begun the search for structural or technological solutions that embrace new and more integrated care models that place the emphasis on preventing ill health, supporting self-care, delivering care closer to people's homes, eliminating waste and duplication, and reducing the reliance on hospitals and long-term care institutions. This lunchtime seminar will discuss how different countries have sought to take forward the integrated care agenda, what it means, and the various strategies that are being adopted. It will reflect on new research studies, such as Project INTEGRATE (www.projectintegrate.eu), that have sought to understand how best to achieve such aims, and use specific case examples from around the World as illustrations.

CONCURRENT SESSIONS AFTERNOON 13:45 - 15:15**B11 'Hospital on Trial'**

Speakers: *Adrian Hopper, Mark Kinirons, Alice Osborne, Eamonn Sullivan, Paul Tunstell, Corinne Slingo, Louise Wiltshire, Steve Walters, Patricia Snell; UK*

Level 3, Room: Pentland

Come and decide whether your healthcare colleagues are guilty or not guilty!

In a time of unprecedented pressure within the health system on safety and quality, this session brings to life a court room 'drama' hosted by lawyers and with real medical professionals giving evidence, based around an all too common medication error. The session delivers a genuine court room experience to highlight how such errors can be perceived outside the hospital environment, with strong messaging around consequence, set within an entertaining scene.

The session is run by DAC Beachcroft LLP, a leading international law firm providing advice within the public and independent health and social care sector since the inception of the NHS, now pre-eminent in both strategic and operational advice in an evolving health system. Witnesses giving evidence are leading professionals at Guy's and St Thomas' NHS Foundation Trust.

B12 Lessons learned in accelerating patient safety across countries and cultures through WHO "change models"

Speakers: *Benedetta Allegranzi; WHO, Shams Syed; WHO, Kadar Marikar; MY, Edward Kelley; WHO, Pierre Barker; US*

Level 3, Room: Sidlaw

Since the launch of the WHO Patient Safety Programme in 2004 (then entitled the World Alliance for Patient Safety) issues of patient safety have become a global priority. This has transformed the safety and quality agenda and health-care systems in countries around the world. The Global Patient Safety Challenges - Clean Care is Safer Care and Safe Surgery Saves Lives - have inspired good hand hygiene practices and safe surgical procedures in hospitals worldwide. These Global Challenges led to initiatives that have been proven to reduce mortality due to health-care associated infections and unsafe surgery. More recent work has involved partnership with Johns Hopkins University on models of changing clinical behaviour and culture, including addressing central line-associated blood stream infections (CLABSI) and developing an international Surgical Unit-based Safety Programme (SUSP).

Progress, however, has not been even in all parts of the world. Low and middle income countries face particular challenges in preventing health-care harm. Indeed, there is an urgent need to change patient safety culture through effective planning for health service delivery.

In this session, WHO will present thinking on “models of change” to improve patient safety. Key lessons from nearly a decade of implementation will be shared, with a focus on transferable lessons. Discussions will drill down on how to spread these “models of changes” to accelerate the patient safety agenda in developing and transitional countries. In particular, WHO will examine whether its hospital-to-hospital partnerships approach could be a platform to foster positive patient safety culture in hospital systems and drive the sharing of these initiatives across institutions within and between continents.

B15 Accreditation in India - The NABH experience

Speaker: *Narottam Puri; IN*

Level 0, Room: Moorfoot

The National Accreditation Board for Hospitals & Healthcare (NABH) was set up only 7 years ago as a part of the Quality Council of India (QCI). The NABH was set up with a vision “to be the apex national accreditation & quality improvement body, functioning at par with global benchmarks”. NABH works steadfastly with both the Public & Private healthcare industry and works not only to provide Accreditation to hospitals and related healthcare services but also works with health providers to improve Quality & Safety Standards of Care.

In a short span of 6½ years, NABH has accredited 207 hospitals (as on July, 2013) and 719 are in the queue to attain accreditation. Whilst each of its 3 editions of Accreditation Standards has been approved by ISQua, last year, NABH became the 20th organization in the world to be ISQua accredited - A singular honour.

The set - up of the organisation, how we did it and lessons learnt along this journey are being shared so that NABH serves as an incentive and an inspiration, from a country which is synonymous with quantity. But India is slowly and surely emerging as an economic force and is also focusing on Quality products, services and delivery in myriad areas including healthcare.

NABH is a success story that needs sharing.

B16a Scotland's Approach to Education for Quality

Speaker: *Malcolm Wright; SC*

Level 3, Room: Fintry

NHS Education for Scotland (NES) is responsible for education, training and workforce development across NHSScotland. Our core business of recruiting, funding and training key healthcare staff is crucial to ensuring that the NHS Scotland Quality Strategy and the 20:20 Workforce Vision are delivered by a competent and engaged workforce with the right leadership skills to provide new models of care which cross professional and organisational boundaries. Of particular importance is our work on quality improvement supporting national policy priorities through education and training developed in partnership with Healthcare Improvement Scotland and NHS Health Scotland.

This 45 minute session will describe some of the initiatives underway within NES to support the Quality Strategy and the 20:20 Workforce Vision:

- » Recruitment and training of key healthcare staff which meets regulatory requirements and supports delivery of the quality ambitions
- » Quality Improvement (QI) capacity and capability building
- » Patient Safety initiatives
- » Leadership and Management development
- » A range of support for the Person-Centred Care and Early Years Collaborative Programmes

B16b Educating the social care workforce - developing content and engagement in Australia and UK

Speakers: *Russell Bricknell & Mark Brandon; AU*

Level 3, Room: Fintry

Providing consistent high quality learning content to employees within a Social Care setting has been difficult due to a number of factors. This session will explore the importance of linking quality frameworks within this setting which incorporate elements of continuous improvement and education; with engaging with regulators, providers and policy makers to build learning approaches and content frameworks; and partnering with service providers, their staff and clients to develop high quality learning content that engages, informs and inspires staff to change the manner in which care is delivered.

The presentation will use as a case study the development of Home Care programs by the Aged Care Channel and its partners in Australia and the UK to explore how these linkages enhance workforce engagement. The session will incorporate three elements:

- » The regulatory and quality framework in Australia;
- » The process of engagement and partnering that led to the development of Social Care specific programs; and
- » Early outcomes in terms of impact on workforce engagement as a result of this project.

B18a Exploiting the potential of digitised health data: Opportunities and challenges

Speaker: *Aziz Sheikh; UK*

Level 0, Room: Tinto

There is considerable national and international interest in exploiting the increasing array of digitised healthcare data to support epidemiological and public health research, clinical trials, policy evaluations and service redesign initiatives.

This presentation will provide an overview - with worked examples - of the range of uses that electronic health care records derived data can be put to, and also provide an update on work underway to create a taxonomy of secondary uses of digitised data.

B18b Learning from International Experiences: Benchmarking the use of Digital Solutions for Health

Speakers: *Jennifer Zelmer; CA, Ashish Jha; US, Elettra Ronchi; OECD*

Level 0, Room: Tinto

Building on earlier collaborative efforts, such as OECD's Health Care Quality Indicators Working Group, OECD convened a process to establish consensus on international approaches for benchmarking adoption and use of information and communication technologies in the health sector.

A core set of indicators has recently been agreed in four areas: electronic health records, health information exchange, personal health records, and telehealth. Piloting is beginning in a number of countries to further explore opportunities and challenges for cross-national comparisons and learning. This panel will provide an overview of this work, along with the experiences of specific countries

AFTERNOON PLENARY

It is simply murder—How do we communicate and improve the value of the quality movement?

Speaker: *Robert Brook; US*

Level 3, Room: Pentland

About 130 years ago, the new president of the United States was shot. However the physicians who took care of him murdered him by exploring his wounds with dirty instruments and fingers even though 16 years earlier Lister had discussed his new methods of antiseptics in front of exactly these same American doctors.

This year the New York Times reported that 30 per cent of physicians are washing their hands, and hospitals are investing in video monitors, id chips and prizes to increase this number.

We know that when patients visit a physician they get half of what they need, and perhaps 30 per cent of what they get they do not need. Whether a new drug or procedure works is probably as much dependent on the quality of how it is used as on the basic advances made in the laboratory that produced it. This plenary talk will explore what we can or should do to increase the likelihood that our health systems will provide humane, effective, excellent care.

Hello Healthcare: Uniting healthcare professionals to sending out an open invitation to patients

Speaker: *Beth Lilja; DK*

It is well known, that when patients and families are being invited, by the physicians and nurses at the ward, to actively engage in patient safety and care decisions, they are more likely to do so. But quite often, and for many different reasons, patients are trucked by “white Coat silence”- leaving us reluctant to vocalize our concerns, knowledge and questions to the staff.

The consequences are real and fateful: Important and vital choices about care and treatment, are silently approved by the patient with a quiet “yes”. Beth Lilja from the Danish Society for Patient Safety will present a new solution to this problem: Bringing and boosting the invitation to dialogue from the enclosed wards at the hospitals to the streets and the public sphere.

Can we unite healthcare professionals to sending out an open public invitation to patients and families - thereby creating and sharing a new norm and understanding of what you can do and expect as a patient?

TUESDAY 15 OCTOBER

07:45 – 08:30 **Level 0, Room: Tinto**

Health Foundation Breakfast Session: Why do we need to be scientific about improvement
Helen Crisp; UK

08:00 – 08:45 **Level -2, Cromdale Hall**

Welcome Coffee with the Exhibitors

Morning Plenary Level 3, Room: Pentland

08:45 - 10:15 **Chair: David Bates; ISQua President**

Quality and Efficiency of the Electronic Medical Record System in Hong Kong and Taiwan

- 70 mins

NT Cheung; HK, Jack Li; TW,

Life Membership Awards - 20 mins

10:15 - 10:45 **Morning Break**

10:45 - 12:15 **Concurrent Sessions - Morning**

B1 - Governance, Leadership and Health Policy Level 1, Room: Ochil

Chair: Paul van Ostenberg; US

2478 Testing approaches for getting knowledge into action

K. Ritchie, A. Wales; UK - 15 mins

2307 Multiple simultaneous accreditations: a new challenge for accrediting agencies

S. Clark; AU - 15 mins

1617 The aging of population and physician mal-distribution: a longitudinal study in Japan

K. Matsumoto, K. Seto, T. Kitazawa, T. Hasegawa; JP - 15 mins

2628 The development of an evidence-based, patient-centred, provider-informed and organizationally aligned Quality Improvement Plan (QIP)

P. Mckernan, E. Leung; CA - 15 mins

2102 The role and potential of human resources departments in healthcare organisations

D. Pereira, **D. Greenfield**, G. Ranmuthugala, J. Braithwaite; AU - 15 mins

B2 - Patient Safety Level 0, Room: Kilsyth

Chair: James Robblee; CA

1351 Prevalence, patterns and predictors of nursing care left undone in European hospitals: results from the multi-country cross-sectional RN4Cast study

D. Ausserhofer, S. De Geest, R. Schwendimann; CH - 15 mins

1543 Patient safety rules in operating room: exploring rule-related factors associated with levels of compliance

A. Vacher, J. Trichereau, J.C. Ardouin, Y. Auroy; FR - 15 mins

1223 Unplanned transfers from sub-acute to acute care: time to move patient safety beyond acute care

J. Considine, M. Street, B. O' Connell, B. Kent; UK - 15 mins

1528 The epidemiology of medication errors in the neonatal intensive care units in Japan: The Jade Study**M. Sakuma**, Y. Ohta, H. Ida, T. Morimoto; JP - 15 mins**1889 The nature of preventable hospital deaths: an approach to determining the underlying causes****H. Hogan**, F. Healey; UK - 15 mins**B3 - Improving Population Health
Level 3, Room: Pentland****Chair: John Helfrick; US****Care Track Australia: the levels of appropriate care in Australia and the international implications**

Jeffrey Braithwaite, Bill Runciman; AU - 90 mins

**B4 - Patient and Family Experience, Engagement and Coproduction
Level 1, Room: Carrick****Chair: Susan Frampton; US****1645 CVDecide shared decision support tool for primary prevention of cardiovascular disease: Feasibility study and implementation plans****L. Penn**, J. Colquhoun, M. Lambert, R. G. Thomson; UK - 15 mins**2276 Patient experience of a home-based cardiac rehabilitation program using mobile phones****M. Varnfield**, M. Karunanithi, D. Hansen; AU - 15 mins**1551 Testing accelerated experience-based co-design: a qualitative study of using a national archive of filmed patient experience interviews to promote rapid patient-centred quality improvement****L. Locock**, G. Robert, S. Vougioukalou, A. Boaz; UK - 15 mins**1985 Developing and running a system for data collection of patient satisfaction and experiences in Norway****T. Dimoski**, NO - 15 mins**1670 An analysis of breast cancer websites' ability to meet patient information needs****E. Warren**, K. Footman, C. Knai; UK - 15 mins**B5 - Accreditation and External Evaluation Systems
Level 0, Room: Tinto****Chair: Mark Brandon; AU****Regulating social care; the good, the bad and the ugly**

Annette Bruton; SC, Robbie Pearson; SC, Joke de Vries; NL, Mark Brandon; AU - 90 mins

**B6 - Education in Safety and Quality
Level 0, Room: Moorfoot****Chair: Ezequiel Garcia Elorrio; AR****2633 Patient safety education- creating a tipping point****A. Hain**, H. MacLeod; CN - 15 mins**2614 Developing knowledge brokers to get knowledge into practice for healthcare quality****A. Wales**, A. Thain; UK - 15 mins**1795 The effectiveness of the 5-tier project-based learning model on staff engagement in healthcare services****L. F. Chan**, V. Mok, A. Or, A. Cheng; HK - 15 mins

2057 A natural experiment using case studies to generate hypotheses about the place of learning communities in the implementation of improvement science in the NHS

J. Gabbay, A. Le May, J. Klein, C. Connell; UK - 15 mins

0006 Development of an Institute of Leadership at the Royal College of Surgeons in Ireland (RCSI) - Experience Gained and Lessons Learned

C. O'Boyle; IE - 15 mins

B7 - Quality and Safety in Transitional and Developing Countries Level 3, Room: Fintry

Chair: Pierre Barker; US

Designing and Implementing Results at a Large Scale: Lessons from LMICs

Sodzi Sodzi-Tettey; GH, Shamik Trehan; IN, Bruce Agins; US - 90 mins

B8 - Health Information Technology Level 1, Room: Harris

Chair: Doreen Rabi; CA

1204 Economic evaluation of implementing a continuous monitoring system in a medical-surgical unit

S. P. Slight, C. Franz, D. W. Bates, E. Zimlichma; US - 15 mins

1236 Progress in Japanese nationwide medical adverse event reporting system in 2012

Shin Ushiro; JP - 15 mins

1736 Underreporting of falls and fall injuries in hospital incident reporting databases: Capture-recapture analysis of fall event data in Australian acute hospitals

A. Barker, **C. Brand**, R. Morello; AU - 15 mins

2444 Changes in medication administration errors following the implementation of electronic medication management systems in hospitals

J. I. Westbrook, I. Li; AU - 15 mins

1967 Bolton relapse project, using mobile phones to prevent relapse

J. Aulton, G. Mallinson, R. Kalnina; UK - 15 mins

B9 - Measuring Service Performance and Outcomes Level 3, Room: Sidlaw

Chair: Karen Timmons; US

Integrating Proactive Risk Assessment and Quality Management Systems: An Imperative for Patient Safety

Patricia Gray; US, Paul Huntly; SG, Karen Timmons; US, Deborah Weller; US - 90 mins

12:15 - 13:45 Lunch and Sessions

12:45 - 13:30 Level 3 Room: Pentland

B10 - Improving care outcomes whilst controlling costs? The rise of integrated care as a global strategy in health reform

Nick Goodwin; UK

12:50 - 13:30 **Oral Presentations****BP1 - Patient Safety
Level 3, Room: Sidlaw****Chair: Solvejg Kristensen; DK**

- 1565 Sampling hospital deaths for review to identify patient safety issues**
J. M. Naessens, J. M. Huddleston, M. G. Johnson, J. A. Hickman; US - 5 mins
- 1825 Ethnic differences in adverse events in dutch hospital care? A record review study**
F. Van Rosse, M. C. De Bruijne, M - I. Essink-Bot, C. Wagner; NL - 5 mins
- 1557 Improving the quality of interprofessional postoperative handover into the recovery room**
B. Redley, M. Botti, T. Bucknall; AU - 5 mins
- 1355 The impact of inconsistent implementation of safety procedures among physicians on staff nurse compliance with hospital safety procedures**
M. J. Pumar-Méndez, A. Wakefield, M. Attree; ES - 5 mins
- 2074 Identification of patient in hospital sector imaging state Sumaré**
A. Pirutti; BR - 5 mins
- 2180 Determining the important characteristics of quality monitoring and feedback to improve anaesthetic care**
D. Dlima, J. Moore, G. Arnold, J. Benn; UK - 5 mins

**BP2 - Measuring Service Performance and Outcome (National Approaches to QM)
Level 3, Room: Fintry****Chair: Majdah Shugdar; SA**

- 1867 Access to coronary artery bypass graft surgery under pay for performance: Evidence from the premier hospital quality incentive demonstration**
A. Epstein, K. E. Joynt, A. K. Jha, E. J. Orav; US - 5 mins
- 1292 Early death rate in acute promyelocytic leukemia as an indicator for assessing the “system centered” quality of health care**
L. Degos; FR - 5 mins
- 2367 Variation in surgical readmissions and relationship to quality of surgical care**
T. C. Tsai, K. E. Joynt, A. A. Gawande, A. K. Jha; US - 5 mins
- 1193 Temporal variation in surgical mortality within French hospitals**
A. Duclos, S. Polazzi, S. Couray-Targe, M. Carty; US & FR - 5 mins
- 1241 Clinical pathways as a quality improvement tool in optimising length of stay of patients undergoing laparotomy for non-malignant gynaecological disorders**
A. N. Thang, N. S. B. Mohd Saini, C. L. P. Koh, P. D/O Thangaraju; SG - 5 mins
- 1509 Is a quality indicator biased by a cold climate? - in-hospital mortality in acute heart failure patients**
N. Sasaki; H. Ikai, K. Fushimi, Y. Imanaka; JP - 5 mins

**BP3 - Governance, Leadership and Health Policy
Level 1, Room: Harris****Chair: Charles Shaw; UK**

- 1757 The future projection of cost of illness of lung cancer in Japan**
K. Haga, K. Matsumoto, T. Kitazawa, T. Hasegawa; JP - 5 mins
- 1910 Improvement of teamwork perception of nursing staffs in observation room of emergency department with team resource management**
W-H. Lee, H.-C. Wang, S.-C. Hsiang, J.-H. Chuang; TW - 5 mins

- 1560 Improving decision-making in cancer multidisciplinary team meetings: prospective longitudinal evaluation of a multi-component intervention over 1,421 patients**
B. W. Lamb, J. S. Green, C. Vincent , N. Sevdalis; UK – 5 mins
- 2412 Conversion to for-profit status and its impact on access, quality, and outcomes in US hospitals**
K. E. Joynt, E. J. Orav, A. K. Jha; US – 5 mins
- 1284 Possibly fewer donors due to decreasing hospital mortality rates**
E. Vorstius kruijff, M. D. Vos, **R. Slappendel**; NL – 5 mins

BP4 - Patient and Family Experience, Engagement and Coproduction Level 1, Room: Ochil

Chair: Helen Crisp; UK

- 1891 Relationships between the implementation of quality management strategies and patient-reported experience in European hospitals**
O. Groene, O. A. Arah, R. Sunol; ES & UK – 5 mins
- 2443 Patient involvement for clinical practice guidelines in Japan**
A. Okumura, M. Yoshida, N. Yamaguchi, M. Group; JP – 5 mins
- 2558 Outsourcing family care to migrant carers? Lessons for quality improvements in care around-the-clock**
A. E. Schmidt, **J. Winkelmann**, R. Rodrigues, K. Leichsenring; AT – 5 mins
- 2593 What do families are willing to do about patient safety during children hospitalizations in Argentina?**
E. Garcia Elorrio, N. Dackiewicz , S. Rodriguez, C. Gonzalez; AR – 5 mins
- 2184 Patient views on links between quality of care and health information technology use**
J. Zelmer, C. Leaver; CN – 5 mins
- 2150 Assessing surgical ward round quality and impact on variability of patient outcomes**
P. Pucher, R. Aggarwal, A. Darzi; UK – 5 mins

BP5 - Improving Population Health Level 0, Room: Tinto

Chair: Rosemary Smyth; IE

- 1251 Strengthening community systems to increase uptake and retention of PMTCT services in Tanzania**
R. Bright, R. Shrestha, E. Hizza, A. Lupembe; TZ – 5 mins
- 2145 Four year follow up on adult pneumococcal vaccination rates since the introduction of new vaccination program in Clalit health services**
A. Cohen, S. Vinker, D. Comaneshter, H. Bitterman; IL – 5 mins
- 2563 Hygiene standards in republic of Ireland and Northern Ireland hospitals - investigation of continuous improvement**
M. Murphy, O. Gilvarry , J. Sweeney; IE – 5 mins
- 2436 Understanding barriers to medication adherence and needs for drug information in the hypertensive and/or diabetic patients: quantitative and qualitative approaches**
B.R. Lee, S.-Y. You, D.-S. Kim, C.-M. Park; KR – 5 mins
- 1870 Measuring the impact of public-private partnerships**
C. M. Besthoff, Y. D. Dlugacz, M. De Geronimo, M. T. Carney; US – 5 mins
- 2546 Unwarranted use of broad-spectrum antibiotics: call for action**
R. Balicer, M. Low, R. Raz, H. Bitterman; IL – 5 mins

BP6 - Accreditation and External Evaluation Systems Level 0, Room: Moorfoot

Chair: Elizabeth Pringle; AU

- 1330 A 'buoyancy aid' for accreditation**
M. Amess, **A. Al-Dahma**; UK - 5 mins
- 2101 Implementing nation-wide mandatory accreditation standards: Lessons from the Australian experience**
R. Hinchcliff, **D. Greenfield**, M. Banks, J. Braithwaite; AU - 5 mins
- 1322 Accreditation preparation - which implementation methods had high impact in the organization and has the accreditation preparations contributed to a change in attitude to quality improvement?**
J. Lerke, M. N. Andersen, B. Schou; DK - 5 mins
- 2349 Apollo accreditation program (AAP): a web based JCI standards compliance management tool**
R. S. Uberoi, I. Kaur, S. Dewan, A. Sibal; IN - 5 mins
- 2026 Building an accreditation system for peer recovery support services: the faces & voices of recovery journey**
T. Hill, E. Burden, **T. R. Zastowny**; US - 5 mins
- 2017 Revalidation in the UK: the Janus face of medical regulation?**
J. Archer, **S. Nunn**, S. Regan de Bere; UK - 5 mins

BP7 - Health Information Technology Level 0, Room: Kilsyth

Chair: Peter Lachman; UK

- 2455 Patient vulnerability in the Australian health care system: a spatial modeling approach**
H. Robertson, N. Nicholas, J. F. Travaglia; AU - 5 mins
- 1306 The challenges of developing a relevant and practical online asthma resource**
D. Morrison, S. Wyke, N. C. Thomson, F. S. Mair; UK - 5 mins
- 1905 Cross-strait emergency medical service CS-EMS (79595)**
H.-T. Lee, Y-S. Huang, M. Huang; TW - 5 mins
- 1314 National health insurance information system and its impact on healthcare quality in Korea**
J. Yoon, B-K Yi, D-J Choi, **J.-S. Lee**; KR - 5 mins

13:45 - 15:15 Concurrent Sessions - Afternoon

B11 - Governance Leadership and Health Policy Level 3, Room: Pentland

Chair: Patricia Snell; UK

"Hospital on Trial"- Court Room Drama

Adrian Hopper, Mark Kinirons, Eamonn Sullivan, Corrine Slingo, Louise Wiltshire, Steve Walters, Alice Osborne, Paul Tunstell; UK - 90 mins

B12 - Patient Safety Level 3, Room: Sidlaw

Chair: Hugh McLeod; CA

Lessons learned in accelerating patient safety across countries and cultures through WHO "change models"

Benedetta Allegranzi; WHO, Shams Syed; WHO, Kadar Marikar; MY, Edward Kelley; WHO, Pierre Barker; US - 90 mins

B13 - Improving Population Health Level 1, Room: Ochil

Chair: Catherine Besthoff; US

- 1863 Improving population health using quality improvement to embed public health interventions in the local health system**
S. A. Green; K. J. Phekoo, C. Howe, R. Barnes; UK - 15 mins
- 1309 Tobacco treatment outreach to disadvantaged smokers**
J. Haas; E. Park, J. Linder, N. Rigotti; US - 15 mins
- 1696 Engaging vulnerable and diverse communities in health services plan**
J. O'Neill; L. Lucier, S. Meagher, J. Yip; CA - 15 mins
- 2599 Identifying patients for care coordination efforts**
J. M. Naessens; L. R. Haas, H. C. Heien, P. Y. Takahashi; US - 15 mins
- 2541 Diabetes: turning the curve to reduce mortality and hospital admissions through joined up action**
J. R. Bullivant; N. Joule, J. Clarke, A. Corbett-Nolan; UK - 15 mins

B14 - Patient and Family Experience, Engagement and Coproduction Level 0, Room: Kilsyth

Chair: Ros Moore; SC

Getting to the Third Curve - Experience Engagement and Coproduction
Ros Moore; SC, Ronen Rozenblum; US, Gordon Johnston; SC - 90 mins

B15 - Accreditation and External Evaluation Level 0, Room: Moorfoot

Chair: Carlos Goes de Souza; UK

Accreditation in India - The NABH experience
Narottam Puri - 30 mins

- 1372 Does hospital accreditation promote high performance in human resource management practice?**
A. Kellne, **D. Greenfield,** S. Lawrence, K. Townsend; AU - 15 mins
- 2427 Establishing a national healthcare accreditation system in a middle-income country: the Jordan experience**
A. Cico, **E. Chappy;** JO - 15 mins
- 0007 Politics, people and pragmatism: Developing national standards for healthcare quality and safety in the context of economic austerity**
J. Billings, D. Mulholland; IE - 15 mins

B16 - Education in Safety and Quality Level 3, Room: Fintry

Chair: Anthony Staines; CH

Scotland's approach to education for quality
Malcom Wright; SC - 45 mins

Educating the social care workforce - developing content and engagement in Australia and UK
Rissell Bricknell; UK, Mark Brandon; AU - 45 mins

B17 - Quality and Safety in Transitional and Developing Countries Level 1, Room: Harris

Chair: Girdhar Gyani; IN

- 1508 Clinical guidelines: perception and use in Afghan paediatric and obstetric hospitals**
H. Graham, M. Tokhi, A. S. Salehi, **A. Edward**; AF - 15 min
- 1484 Barriers and facilitators of institutionalization of quality improvement in Niger**
M. A. Boucar, A. Coly; US - 15 min
- 2550 Investigating healthcare professionals' reporting intention of medical incidents**
S. Y. Hsieh, I. Chen; TW - 15 min
- 1493 How do staff perceive a newly introduced accreditation program?**
M. Alkhabbaz, A. A. Hassan, V. Doyle; UK & KW - 15 min
- 1041 Establishing a unique, integrated, independent National Health Regulatory Authority (NHRA) in Bahrain: a potential model for healthcare regulation**
G. E. Nelson, U. O'Rourke, T. Cilgi; BH - 15 min

B18 - Health Information Technology Level 0, Room: Tinto

Chair: Jennifer Zelmer; CA

Exploiting the potential of digitised health data: Opportunities and challenges

Aziz Sheikh; UK - 45 min

Learning from International Experiences: Benchmarking the use of Digital Solutions for Health

Jennifer Zelmer; CA, Ashish Jha; US, Elettra Ronchi; OECD - 45 min

B19 - Measuring Service Performance and Outcomes Level 1, Room: Carrick

Chair: Paul Bartels; DK

- 2115 International cardiac surgery benchmarking study: Evaluation of cardiac and valve replacement procedures to drive improvement**
C. Jorgenson; US - 15 mins
- 1954 Relationships between the implementation of quality management strategies and clinical outcomes in European Hospitals**
R. Sunol, O. A. Arah, C. Wagner, **O. Groene**; ES, US, NL, UK - 15 mins
- 2083 Israel's national program for quality indicators in community healthcare - trends and international comparisons**
D. Jaffe; O. Manor; IL - 15 mins
- 2559 Improved performance assessment through a health data navigator**
J. Winkelmann, M. M. Hofmarcher; AT - 15 mins
- 1980 Development of a suite of indicators for quality improvement in maternity care**
H. E. Knight, D. Cromwell, J. Van der Meulen, I. Gurol-Urganci; UK - 15 mins

15:15 - 15:45 Afternoon Break

ISQua EDINBURGH:

Wednesday 16 October

BREAKFAST SESSION

WHO: Injection safety – achievements so far and challenges

Speakers: *Benedetta Allegranzi; WHO, Marc Koska; UK*

Level 0, Room: Tinto

Each year, unsafe injection practices cause 260,000 human immunodeficiency virus (HIV) infections, 21 million hepatitis B virus (HBV) infections (32% of the global burden) and 2 million hepatitis C virus (HCV) infections (40% of the global burden). Annually, unsafe injections cause 1.3 million early deaths, a loss of 26 million years of life, and direct medical costs of 535 million US dollars. The major issues concerning unsafe injections include unjustified injections and the reuse of needles and syringes without proper sterilization (about 39.6% out of 16.7 billion annual injections worldwide)

WHO, the Safe Injection Global Network (SIGN) and stakeholders have worked to foster technology transfer for safety engineered injection devices and implemented strategies to change health seeking behaviours. Achievements in recent years have resulted in a reduction of the reuse of injection equipment from 39.6% in 2000 to 5.5% in 2012 (88% decrease). However, achievements were not equal in different parts of the world. Also, while much progress has been made in immunization, the safety of therapeutic injections remains a challenge.

The panel will share achievements and challenges in efforts to improve safe injections and discuss the models of behavior changes that help reduced unnecessary use of injections, drawing examples from the ***new WHO initiative for promoting the rational and safe use of syringes and needles, especially for therapeutic purposes.***

MORNING PLENARY

A New Approach to Managing Complexity in Healthcare: Bridgepoint's Transformative Solutions

Speaker: *Marian Walsh; CA*

Level 3, Room: Pentland

Bridgepoint has been leading a transformation in the way that complex patients are treated within the healthcare system in order to intervene earlier in their life course and prevent acute episodes. Hear from Bridgepoint's President & CEO about the discovery that led to this strategic focus upon complexity and the construction of a \$1.2B new facility to provide care for complex patients.

The new 680,000-square-foot facility opened in June 2013 and is designed to engage and support patients with a collaborative active healthcare approach. Filled with natural light and remarkable views from one and two-bed patient rooms, Bridgepoint is a testament to 21st-century thinking about wellness and presents a holistic approach to active patient care and connection to community.

Bridgepoint Active Healthcare manages, delivers, researches and teaches leading health care practices so that people with complex health conditions can live better. Bridgepoint Active Healthcare is made up of the Bridgepoint Hospital, Bridgepoint Family Health Team, Bridgepoint Collaboratory for Research and Innovation and Bridgepoint Foundation.

CONCURRENT SESSIONS MORNING 10:40 - 12:10

CTa Professional Autonomy and Social Expectations

Speaker: *Hirobumi Kawakita; JP*

Level 0, Room: Moorfoot

Medicine participates in one's life daily and directly. Therefore, we, health care professionals, must provide our ability to the society, and improve the quality through our norm. We must execute our commitment at the risk of our lives. For this commitment, we can manage our duties freely and autonomically. That is to say "the Professional Autonomy".

To bring out the Professional Autonomy, we need to know the social expectations based on the social, cultural and political backgrounds. Professional has the accountability to our commitment, in case of medicine, by having an evaluation from the third party and by publishing the results.

In Japan, the universal health care coverage was established in 1961. This system is still the background of Japanese low cost and high performance medical service. However, the health care budget is very limited today because the aging population is increasing rapidly and economic growth becomes slower. There are the same situations in many other developed countries. So it is necessary to re-construct the health care system in those countries. When the best balance based on the social expectations is achieved, Professional Autonomy would take initiative, and lead the society.

JCQHC, a Non- governmental, not-for-profit organisation responsible for promoting and providing quality health care in Japan, was established in 1995. Now it manages a wide range of projects related to improvement of quality and safety besides hospital accreditation. Through this expansion, JCQHC becomes one of the core systems to ensure the overall Japanese health care quality and safety.

CTb Experience in implementing domain-focused standards in conjunction with department-focused standards in a resource-poor setting

Speaker: *Stuart Whittaker; ZA*

Level 0, Room: Moorfoot

South Africa is in the process of developing a National Health Insurance Programme (NHI). Key to the success of such a project is a governance model to ensure institutional readiness. This requires familiarizing participants with programme specifications and planning activities aimed at achieving the required results. To assist the implementation of the NHI, a domain-based set of National Core Standards (NCS) was introduced by the National Department of Health.

Some countries in South Africa have severe resource restrictions and face a number of challenges as they work towards implementing the NCS. To overcome these, a programme was developed which included a set of ISQua-accredited multidisciplinary organisational standards in tandem with the NCS to bring about general system strengthening.

The programme included a training component at provincial, district and facility levels to empower all categories of staff. The NCS and the ISQua accredited standards were assessed jointly at baseline. This was followed by scheduled self-evaluations by facility staff and validation surveys conducted by an ISQua accredited organisation after every third self-evaluation.

Two groups of facilities emerged, "Performers" and "Non-performers" with clear differences."

C1c When Governments get interested In Quality

Speakers: *Lena Low, Karen Linegar; AU*

Level 0, Room: Moorfoot

This session will provide observations on the progression and consequences of Commonwealth and State/Territory Governments in a federated political environment collectively agreeing to introduce a national set of core standards focussed on improving performance in selected significant areas impacting on the safety and quality of health services.

The National Safety and Quality Health Service (NSQHS) Standards, endorsed by Health Ministers, were published in final form in September 2012. These Standards became mandatory for Australian hospitals and day procedure services from 1 January 2013.

This presentation will provide insights from an accreditation agency's perspective on its evolution from a business model of accrediting to its own standards since 1974 to accrediting to the NSQHS Standards. It will also include the challenges of implementation of a mandatory accreditation program to a new set of national core standards and the innovative methodologies applied to progress as an independent not-for-profit accreditation agency in the changing face of health care accreditation and regulation in Australia.

C2 A Continuum of Design for Patient Safety Research

Speakers: *Oliver Anderson, Jonathan West, Susanna Walker, Merilee Briggs; UK*

Level 0, Room: Tinto

A multidisciplinary team of clinicians, designers and manufacturers collaborated on a series of innovative healthcare design projects delivering commercially viable products that have a research evidence-base. The teams have participated in several projects of progressively greater complexity and impact. In this presentation we will tell you the story of our journey and share the key lessons we have learnt. The topics discussed will include:

- » the importance of design for patient safety
- » the redesign of healthcare processes through a product
- » the future of design for patient safety.

C4a Alive and Clicking - using the patient voice to drive safety and improvement via social media

Speakers: *Paul Hodgkin; UK, Michael Greco; AU*

Level 3, Room: Sidlaw

Today, everyone has a public voice on the web. This means that everyone can blog and say exactly what they think of their health services and their staff. The public voice has been democratised, comment is free. Sites such as Facebook, Twitter and YouTube allow people to tell their story of their care, or to say how they would like their care to be different.

Health organisations may find it difficult to make sense of these web-based comments. People may be posting pictures of dirty toilets on a hospital ward, or openly criticising a doctor or after-hours service, but what exactly are busy managers supposed to do about the posting once they have tried to rectify the problem?

Patient Opinion was designed to be as useful to busy staff as to patients, carers and families. As a not-for-profit charitable organisation, Patient Opinion enables the newly democratised voices to speak in ways that a wide range of stakeholder organisations can monitor and respond to. The result are thousands of safe, structured public conversations that lead to a service improvement around 12% of the time - a more useful dialogue than the unarmed combat that passes for discussion on much of the web. To achieve this Patient Opinion uses transparency in radical new ways - for example around 80 Members of Parliament currently use it to monitor and comment on how local health services are perceived.

This joint presentation from the CEOs of Patient Opinion in the UK and in Australia will explore the potential for such platforms to improve safety in a wide range of health and social care settings in a wide range of countries.

C4b Integrating Human Factors Engineering and the Patients' Voice into Patient Safety and Risk Reduction Programs

Speakers: *Terry Fairbanks, Carole Hemmelgarn, Kelly M. Smith, David B. Mayer; US*

Level 3, Room: Sidlaw

There is a critical need for integrating Human Factors Engineering (HFE) methodologies and the patient voice into patient care risk reduction programs. HFE is an interdisciplinary discipline concerned with understanding the capabilities and limitations of people and applying this knowledge in the design and use of tools, equipment, systems and environments. Simply said, HFE uses what we know about people to optimise the design of the systems use. By applying a disciplined HFE approach, one can develop devices, systems, and environments that are more efficient, easier to use, safer, and ultimately improve patient safety.

This 90 minute interactive session will use case studies to provide hands on experience with the application of HFE to systems science, integrating patients into system design, to improve the quality and safety of Healthcare. By the end of the session, delegates will be able to:

1. Identify and apply core elements of HFE to risk reduction programs
2. Formulate a plan to integrate patients into systems improvement efforts
3. Apply HFE elements and patients into root cause analyses at their institutions

Participants will have a better appreciation for the application of HFE and integration of patients into the process of safety improvement.

C5 Debate: “Within health care and social care, accreditation leads to safer patient care and improved outcomes”

Session Moderator: *Edward Kelley; WHO*
 Speakers: *Wendy Nicklin; CA, Mark Brandon; AU, Sodzi Sodzi Tetty; GH, Sir John Oldham; UK*

Level 3, Room: Pentland

Objective: This session will examine how health-care accreditation facilitates health-care and social-care professionals in providing safer care to patients. The purpose is to explore ideas, issues and some self-reflection on how health-care accreditation contributes to the patient safety and quality agenda and how it works in real life day-to-day patient care, and to do so in a format that will encourage active exchange from some of the world’s leaders in this topic.

Concept: Accreditation, which has been widely used for health-care quality improvements, is well established as one of the strategies for good safety practices and ensuring quality of health care. Hospitals around the world use the accreditation process as a tool to raise awareness on patient safety, and use accreditation requirements as the primary driver of safety efforts. While there can be a variation in levels of quality, it is expected that all health-care facilities meet the minimum acceptable standard that is sufficiently good and safe for patients. However, accreditation efforts are not the only tool available to policy-makers to ensure quality of health care. Moreover, in recent years, accreditation programmes have been under the spotlight based on the cost of training and verification efforts and some research highlighting lack of relationship between accreditation status and better clinical outcomes. How can policy-makers and practitioners get accreditation requirements “right”? How do countries ensure that the rules are clear, practical, actionable and compliance observable at all levels of care? Indeed, should accreditation be the focus of the global patient safety community to drive patient safety improvement? This session will attempt to address these issues in a debate format that will explore “touchy” questions while elucidating some ways forward for accreditation programmes globally.

C6 Building capacity and capability for healthcare improvement

Speakers: *Anthony Staines; CH, Susan Went; SC, Gerry Marr; SC*

Level 0, Room: Kilsyth

This session will comprise three presentations describing how the theoretical base for organisational development and an approach to building capacity for quality improvement can be applied at a national level and then specifically in a local healthcare system in Scotland to transform care. Presentations will focus on:

1. How the theory was developed and how it could benefit healthcare systems.
2. The adoption of the theory at a national level to develop the infrastructure to support healthcare organisations in Scotland drive up the quality of healthcare.
3. The application in one Scottish health board to adopt the characteristics of highly reliable organisations to build capacity and capability to transform the quality of healthcare it delivers.

C7 How are safety and quality linked with Universal Health Coverage?

Speakers: *Hernan Montenegro; WHO, Shams Syed; WHO, Anuwat Supachutikul; TH, Cluadia Travassos; BR*

Level 1, Room: Harris

Universal Health Coverage (UHC) is a global priority. In December 2012, the United Nations General Assembly adopted a resolution urging governments to move towards providing all people with access to affordable, quality health-care services. In February 2013, WHO and the World Bank co-hosted a meeting in Geneva to discuss the way forward for global UHC.

UHC has to date largely focused on health financing. However, quality and safety are essential elements of UHC that are being increasingly recognized. Indeed UHC is not just about health financing, but also about service delivery. But how do we ensure that the delivery of safe, high quality health care is available and accessible to people who need it in all settings, especially in low and middle-income countries? One of the approaches WHO has taken to address this is the development of the “*WHO Strategy on High Quality Integrated People-Centered Care*”.

In this session, the panel will discuss how the WHO Patient Safety Programme will encourage its existing expertise, network and key stakeholders to mobilize contributions to the UHC agenda through the development of the “*WHO Strategy on High Quality Integrated People-Centered Care*”. The panel will also discuss efforts to strengthen and integrate services, which will encompass safety, high quality, integrated and patient-centered services and infection control across primary care to long-term care, with a focus on the needs of developing and economies in transition countries.

C8 A Roadmap for Patient Safety in E-Health

Speakers: *Vahé A. Kazandjian; US, Anastasius Moumtzoglu; GR, Anastasia N. Kastania; GR*

Level 1, Room Ochil

The session explores the ways in which uncertainty can be incorporated into the delivery of superior performance approaches while tracing the core definitions of uncertainty from Hippocrates to Osler, and addressing the dimensions of decision - making appropriateness, its timeliness, the expected and true value of the care services, and the role of efficient communication between providers of care as well as with patients. Moreover, it articulates that the patient safety movement, dealing either with the person or system approach, is only one aspect of patient safety suggesting risk perception, as a patient safety dimension, which comes into play through personalized self-care. Finally, it analyzes cloud computing issues relating to patient safety and patient safety considerations for cloud computing.

C9 OECD-NSF and ESF Initiatives on Smarter Models of Care

Speakers: *Elettra Ronchi; OECD, Michael Rigby; IE, Claudia Pagliari; SC*

Level 3, Room: Fintry

Quality health care, facing heightened economic and demographic challenges, increasingly requires greater efficiency, home health monitoring, better targeting of patients' needs, and integration of health and social care delivery. One potential enabler is better use of information technologies. A second is ensuring greater coordination across sectors and synergy between service providers including social and informal care-givers.

The OECD (with the US National Science Foundation) has recently examined the strategic directions that countries are considering to achieve a smarter health and wellness future, from both the technology and policy viewpoints. The work has looked at the role of information and communication technologies (ICTs) and outlines the research and policy options to stimulate the re-engineering of health and wellness systems. The resultant report will be released in summer 2013.

Meanwhile, the European Science Foundation has been assessing one specific aspect of this, the use of ICTs to support the delivery of integrated holistic care, in partnership with informal carers. To achieve the considerable benefits many issues have to be addressed, requiring applied social science research to identify acceptable and practical solutions. The ESF report was released in January 2013.

This event will represent the official global launch of the two publications internationally.

LUNCHTIME SESSIONS**C11 Leaders Guide to Patient Safety and Quality of Care**

Speakers: *Bruce Barraclough; AU, Agnes Leotsakos; WHO*

Level 3, Room: Pentland

The importance of leadership in safety and quality improvement has received increasing recognition. Health-care leaders are in a unique position to influence and inspire individual and organizational commitment to create a positive organizational culture and implement organization-wide safe practices. Leadership commitment is also fundamental to achieving the sustained delivery of safe and quality health services.

Despite increased awareness, existing evidence suggests that resources directed towards developing and strengthening capacity of health-care leadership remain limited. There is a need for a comprehensive leadership guide addressing a broad range of topics specific to health-care leaders, which will help facilitate the adoption and implementation of patient safety concepts and practices on an organizational level. In this session, WHO will share progress towards the development of its new Leaders Guide to Patient Safety and Quality of Care which targets hospital CEOs, directors, managers and senior administrators and policy-makers from ministries of health and health-care institutions, associations and educators teaching this subject.

**CONCURRENT SESSIONS
AFTERNOON 13:30 - 14:30****C15 Quality and Safety in Public Health**

Speakers: *Carol Tannahill, Phil Hanlon; SC*

Level 3, Room: Pentland

Carol will outline the history of Scotland's health in a European context over recent decades. The key point will be the relatively poor position of Scotland. This will invite the question 'why' and Carol will describe a public health analytical framework for this problem and begin to suggest some of the complex reasons which might explain Scotland's position.

Phil will then explore the applicability of concepts like 'quality' and 'safety' to this complex set of population health problems.

Carol will then outline the possible and actual public health responses in Scotland to its poor health - again she will emphasise the complex and multi-layered nature of the public health response.

Phil will then lead an interactive discussion about 'prognosis' - what can we expect as we move forward. A key question is the degree to which the ideas being explored in the conference may or may not contribute to these public health challenges.

C20

Innovation and Systems Change

Speaker: *Jeffrey Braithwaite; AU*

Level 0, Room: Tinto

There are many innovations and encouraging examples of systems change in healthcare. ISQua has identified healthcare innovation as one of its strategic priorities and has established a sub-committee of the Board entitled the *Innovation and Systems Change Working Group* to advance this priority. This group aims to track these innovations and systems change in healthcare and to try and initiate discussion in this area. This will enable those involved in innovation in healthcare to share their work. Over time we intend to build an innovation and systems change international network to promote new and better ways of delivering health services.

ISQua defines healthcare innovation and systems change as *“the introduction of a new concept, idea, service, process or product with the intention of improving the experience, quality, safety, outcomes, efficiency or costs of healthcare”*.

The aim of this session is to raise awareness of these innovations. The focus will be on the patient journey, looking at innovations and systems change designed to improve care as patients navigate complex settings and structures across and within systems nationally and internationally. The session will be an open dialogue format moderated by a member of the Innovation and Systems Change Working Group. Small working groups will be formed during the session to stimulate the dialogue. The focus will be on capturing and exploring delegate experience, thoughts and ideas on the topic which will ultimately inform the work of the sub-committee and assist ISQua in realising this strategic priority.

WEDNESDAY 16 OCTOBER

07:45 – 08:30 Level 0, Room: Tinto
Chair: Edward Kelly; WHO
WHO: Injection safety – achievements so far and challenges
 Benedetta Allegranzi; WHO, Marc Koska; UK

08:00 – 08:45 Level -2, Cromdale Hall
Welcome Coffee with the Exhibitors

Morning Plenary Level 3, Pentland

08:45 - 10:10 Chair: José Noronha; ISQua

Welcome to ISQua's 31st International Conference, Rio de Janeiro 2014 – 15 mins

Morning Plenary : A New Approach to Managing Complexity in Healthcare: Bridgepoint's Transformative Solutions – 60 mins

Marian Walsh; CA

International Accreditation Awards – 10 mins

Triona Fortune, Wendy Nicklin; ISQua

10:10 - 10:40 Morning Break

10:40 - 12:10 Concurrent Sessions – Morning

C1 - Governance, Leadership and Health Policy Level 0, Room: Moorfoot

Chair: Karen Linegar; AU

Professional Autonomy and Social Expectations

Hirobumi Kawakita; JP – 30 mins

Experience in implementing domain-focused standards in conjunction with department-focused standards in a resource-poor setting

Stuart Whittaker; ZA – 30 mins

When Governments get interested in Quality

Lena Low, Karen Linegar; AU – 30 mins

C2 - Patient Safety Level 0, Room: Tinto

Chair: Steve Clark; AU

A Continuum of Design for Patient Safety Research

Oliver Anderson, Jonathan West, Susanna Walker, Merilee Briggs; UK – 90 mins

C3 - Improving Population Health Level 1, Room: Carrick

Chair: James Naessens; US

1700 Health services of a rural community in Kenya by enhancing community-facility linkages
I. C. Mwamuye, M. Mwaniki, D. Amolo, Y. Tawfik; US – 15mins

1452 Enhancing access of health services for most vulnerable children, through quality improvement technique in community settings: A case of Bagamoyo district- Tanzania
F. P. Nyagawa, K. Sono , J. Mussanga, E. Kamote; TZ – 15mins

1367 Raising the quality of care: An impact evaluation in Afghanistan**P. Zainullah**, Y.M. Kim, E. Bazant, K. Yari; AF, US - 15mins**2547 Setting the grounds to improve quality and humanise healthcare: The case of Mozambique****I. A. Nhatave**, MZ - 15mins**1370 Mambulance: An innovative intervention to reduce maternal deaths in rural Manafwa and Mbale districts of Uganda****A. Mohanty**, US - 15mins**C4 - Patient and Family Experience, Engagement and Coproduction
Level 3, Room: Sidlaw****Chair: Janne Lehmann Knudsen; DK****Alive and Clicking - using the patient voice to drive safety and improvement via social media**

Paul Hodgkin; UK, Michael Greco; AU - 45 mins

Integrating Human Factors Engineering and the Patients' Voice into Patient Safety and Risk Reduction Programs

Terry Fairbanks, Carole Hemmelgarn, Kelly M. Smith, David B. Mayer; US - 45 mins

**C5 - Accreditation and External Evaluation Systems
Level 3, Room: Pentland****Chair: Edward Kelley; WHO****Debate: "Within health care and social care, accreditation leads to safer patient care and improved outcomes"**

Sir John Oldham; UK, Wendy Nicklin; CA, Mark Brandon; AU, Sodzi Sodzi-Tetty; GH - 90 mins

**C6 - Education in Safety and Quality
Level 0, Room: Kilsyth****Chair: Eric Schneider; US****Building capacity and capability for healthcare improvement**

Anthony Staines; CH, Susan Went; SC, Gerry Marr; SC - 90 mins

**C7 - Quality and Safety in Transitional and Developing Countries
Level 1, Room: Harris****Chair: Sir Liam Donaldson; WHO****WHO: How are safety and quality linked with Universal Health Coverage?**

Hernan Montenegro; WHO, Shams Syed; WHO, Anuwat Supachutikul; TH, Cluadia Travassos; BR - 90 mins

**C8 - Health Information Technology
Level 1, Room: Ochil****Chair: SF Lui; HK****A Roadmap for Patient Safety in E-Health**

Vahé A. Kazandjian; US, Anastasios Moumtzoglou; GR, Anastasia N. Kastania; GR - 90 mins

C9 - Measuring Service Performance and Outcomes Level 3, Room: Fintry

Chair: Michael Rigby; IE

OECD-NSF and ESF Initiatives on Smarter Models of Care

Elettra Ronchi; OECD, Michael Rigby; IE, Claudia Pagliari; SC - 90 mins

12:10 - 13:30 Lunch and Sessions

12:40 - 13:20 Level 0, Room: Moorfoot
C10 - EPSO

Anne Mette, Jan Vesseu, Joeske Vos; EPSO

12:40 - 13:20 Level 3, Room: Pentland

C11 - WHO: Leaders Guide to Patient Safety and Quality of Care

Bruce Barraclough; AU, Agnes Leotsakos; WHO

12:35 - 13:20 Level 0, Room: Kilsyth

C12- Reach patient and family activated escalation of care: 12 months on and the sky did not fall

K. Luxford, A. Gal, C. Hughes; AU

12:40 - 13:20 Oral Presentations

CP1 - Patient Safety Systems Level 1, Room: Carrick

Chair: Jan Mackereth-Hill; ISQua

2271 Patient participation in their care: fact or fiction

A. M. Malik; S. Clinco; BR - 5 mins

2262 Enhancing quality through standardization

B. Ho, J. Liu, K. Wong, C. Tong; HK - 5 mins

2094 Medication matters - giving our patients their medicines safely

C. Swift, S. Ballard-Smith; UK - 5 mins

1380 Find the gap: Understanding where we can improve our management of clinical deterioration

C. Kelly, I. Hamley, **M. Sandford**, J. Weir-Phyland; AU - 5 mins

2650 Promoting healthy and safe living for individuals and their caregivers through exercise

C. Brookman, O. Maharaj; CA - 5 mins

CP2 - Measuring Service Performance and Outcome Level 1, Room: Harris

Chair: Dan Cohen; UK

1510 Proceed (preconception care for diabetes in Derby): An integrated model

P. King; UK - 5 mins

1107 Quality of life in nursing homes following the group-living principle. A pilot study measuring the quality of life from the subjective perspective of dependent-living elderly

A. Simon; DE - 5 mins

2033 "If you build it they will come" engaging clinicians and teams in quality system improvement

B. King, W. Jamieson, C. Pain, C. Hughes; AU - 5 mins

1118 The quality and pattern of care since the mandatory application of DRG payment system in Korea

N. Y. Kim, M. S. Shin, M.-G. Kim, **C. U. Park**; KR - 5 mins

CP3 - Education in Safety and Quality Level 1, Room: Ochil

Chair: **Bill Ghali; US**

- 2021 The Sheffield Microsystem Coaching Academy (MCA): building improvement capability into the workforce of Sheffield's healthcare system**
P. J. Richmond; UK - 5 mins
- 2317 Conformance - the challenge of health care providers**
D. J. Wright, S. Shepherd; UK - 5 mins
- 1906 The association between computerized prescriber order entry and medication errors in government owned hospitals in the United States: an analysis of voluntary medication error reports**
H.-J. Jeong, J. M. Franklin, L. Morlock; US - 5 mins
- 2429 Cleaning up the paper trail- our best clinical notes in open view**
G. Lambe, N. Linnane, I. Callanan, M. Butler; IE - 5 mins

CP4 - Patient-Centered Care Level 0, Room Tinto

Chair: **Margaret Banks; AU**

- 1036 Developing a health accreditation program for remote communities**
K. Linegar, **L. O'Connor,** L. Low; AU - 5 mins
- 2154 Developing a national accreditation standard and instrument for community health center in Indonesia**
T. Kuntjoro, T. Mohamad, I. Koerniawati, H. Djasri; ID - 5 mins
- 1651 Contribution of feedback and internal control to meet the requirements**
G. Sieradzki, B. Lucet, F. Berard, T. Le Iudec; FR - 5 mins
- 2525 Self-assessment as a tool in the Danish social sector accreditation programme**
L. J. Soerensen, H. Qvist, M. G. Axelsen; DK - 5 mins
- 2103 Involving consumers in healthcare through accreditation programs**
R. Hinchcliff, P. Carswell, **D. Greenfield,** J. Braithwaite; AU - 5 mins
- 2421 The role of accreditation in improving healthcare governance in Lebanon- successes, limitations and lessons learnt**
R. Zahar; LB - 5 mins

13:30 - 14:30 Concurrent Sessions - Afternoon

C13 - Governance Leadership and Health Policy Level 0, Room: Kilsyth

Chair: **Chris Cornue; US**

- 2242 Adopting hospital based health technology assessment in EU**
J.B. Wasserfallen, AdHopHTA Working Group; CH & ES - 15 mins
- 2565 Support effective governance through a quality management information system**
B. Doyle, P. Fagan, M. Brookfield, D. Roche; IE - 15 mins
- 1278 A board monitor to recognize malfunctioning professionals**
R. Slappendel, M. De Vos, M. Smit; NL - 15 mins
- 1098 Changing behaviour: Educating leadership via dashboards**
Y. Dlugacz, C. Sweetapple, M. Degeronimo; US - 15 mins

C14 - Patient Safety Level 0, Room: Moorfoot

Chair: Alex Bottle; UK

- 2332 Piloting the PRASE (patient reporting for a safe environment) intervention**
J. O'Hara, R. Lawton, G. Armitage, I. Sheard; UK - 15 mins
- 1368 Pharmacist-led effect of medication reconciliation in acute care transitions of 12 Dutch Hospitals**
E. M. Van der Schrieck-de Loos, P. M. Van den Bemt; NL - 15 mins
- 2128 Restraint minimization project**
H. Lee, K. Tang, I. Mak, M. Wong; HK - 15 mins
- 1525 Promoting culture of safety through the implementation of a standardised peer review process**
M. Reznick, B. A. Barton; US - 15 mins

C15 - Improving Population Health Level 3, Room: Pentland

Chair: Jill Vickerman; SC

Quality and Safety in Public Health
Carol Tannahill, Phil Hanlon; SC - 60 mins

C16 - Patient and Family Experience, Engagement and Coproduction Level 1, Room: Carrick

Chair: Pauline Wong; HK

- 2054 A proactive patient-centred care model improved hospitalized patients experience and satisfaction in Denmark**
M. Lisby, D. W. Bates, R. Rozenblum; US - 15 mins
- 1461 Patient centred care - using real time patient experience to confirm the value of a partnership approach to care and treatment**
J. Sheppard, S. Thomson; AU - 15 mins
- 1145 Quantifying our patient's experience**
A. Fitzgerald, M. Lanigan; IE - 15 mins
- 1287 'Navigation' to support shared decision making for patients with a High Grade Glioma (HGG). A qualitative evaluation**
S. Shepherd, I. M. Wallace, B. Hacking, S. E. Scott; UK - 15 mins

C17 - Accreditation and External Evaluation Level 3, Room: Fintry

Chair: Brian Johnston; AU

- 2023 The power of accreditation data to inform system improvements in quality and safety: Strengths and opportunities for improvement identified from the Accreditation Canada national and jurisdictional reporting program**
W. Nicklin, B. Macdonald, J. I. Mitchell; CA - 15 mins
- 1385 Quality Systems Assessment (QSA) - ticking the box or improving care?**
W. Jamieson, B. King, C. Pain, C. Hughes; AU - 15 mins
- 1356 Accreditation: 4000 "recommendations for improvement": Do they make a difference?**
A. Depaigne-loth, V. Mounic, M. Makhoukh, X. Chen; FR - 15 mins
- 1640 Reinforced quality healthcare through nation-wide hospital accreditation in Taiwan**
J. H. Chuang, H. C. Wang, H. C. Yang, J. Y. Lin; TW - 15 mins

C18 - Education in Safety and Quality Level 1, Room: Harris

Chair: Yosef Dlugacz; US

- 2426 How can we bring together the worlds of quality improvement and implementation science?**
T. Shaw, D. McGregor, T. Robinson, N. Rankin; AU – 15 mins
- 1602 Integration of patient safety incident into high-fidelity, simulation-based team**
S. H. Hung, S. I. Guo, C. H. Wang, P. C. Wang, TW – 15 mins
- 1787 Assessing the applicability of airline pilot selection measures for surgeons**
L. Vankan, D. De Korne, J. Kesteloo, F. Hiddema; NL – 15 mins
- 1893 Learning to make a difference: Enabling UK core medical trainees to learn and develop quality improvement skills that offer real benefits to patients**
E. Vaux; UK – 15 mins

C19 - Quality and Safety in Transitional and Developing Countries Level 1, Room: Ochil

Chair: Stephen McAndrew; UK

- 2228 Quality under question: Assessing the success rate of perma catheter (PERMACATH) insertion for procedures carried out in the radiology department in a tertiary care JCI accredited teaching hospital in the developing world**
A. Rajani, S. Syed M, T. U. Haq, A. Bilal; PK – 15 mins
- 1549 The effects of a training program on the health professionals for maternal and new born care in the Kingdom of Swaziland**
C. C. Chung, G. C. Yeh, S. C. Kou, C. M. Chen; TW – 15 mins
- 1331 Implementation of accreditation standards in international healthcare organizations - are challenges for small and large organisations different?**
S. S. Ahmed, C. A. Menger; CA – 15 mins
- 1113 Maternal, neonatal and reproductive health care: developing and implementing a quality improvement system for outpatient services in Kenya**
L. Musyoka, H. Prytherch, M. Nafula, J. Szecsenyi; DE – 15 mins

C20 - Health Information Technology Level 0, Room: Tinto

Chair: Rene Amalberti; ISQua

Innovation and Systems Change
Jeffrey Braithwaite; AU – 60 mins

C21 - Measuring Service Performance and Outcomes Level 3, Room: Sidlaw

Chair: Carsten Engel; DK

- 1070 Vanguard referral network: using a mentoring approach to build self-motivation to(?) part of title from abstract**
D. Suryaningsih, E. Iswandi; IN
- 2636 From Board to Bedside - creation and implementation of a Quality Innovation Fund (QIF) at St. Michael's hospital**
C. Hayes, E. Leung, P. Mckernan; CA
- 2595 Deming cycle is ticking over: the problem of recurrent adverse events and the introduction of the "no fly" policy in the radiation treatment process management**
E. G. Lenaerts, M. Delgaudine, P. Coucke; BE

POSTERS SELECTED FOR DISPLAY

**Governance,
Leadership and Health
Policy**

1083

An investigation of the isolation rate and other relevant factors of acinetobacter baumannii infection in ICU

T-W Liu, L-C Chen, H- Tai Chang, C- H Liao; TW

1250

What is the impact of using thresholds for first-eye cataract surgery on the delivery of the cataract service? And is it clinically and cost effective to perform second-eye cataract surgery in the absence of other ocular comorbidities?

J. Kelly, H. Emengo; UK

1255

Engaging clinicians in quality improvement at the University of California Davis Health system

U. Shaikh, F. Meyers; US

1268

Patient safety policy in long-term care: feasibility of executive patient safety walkrounds TM to improve managing soft signals. A study protocol.

L. Van Dusseldorp, H. Hamers, T. van Achterberg, L. Schoonhoven; NL

1294

Cues to queues - an Albertan political debate

O. Heisler; CA

1316

The strength of working together in a structured Q & S approach in Flemish hospitals

V. De Troyer, D. Ramaekers, J. Hellings; BE

1338

The effect of newly-established "general principles of liquid medicines" in Korea

K. Han, A-y. Jung, B. Kim, S. Kim; KR

1361

Ecce: 4 factors lead to successful changes in swab counting practice

M. Yi Tan, W. Lee, T. Fung David Sun; HK

1419

Towards evidence-based quality improvement: the theory/practice balancing act

K. Oliver, R. Kislov, G. Harvey, R. Boaden; UK

1456

Effects of adopting the computational review system in South Korea

Y. Na, S-h Yoon, M. Jang, M-k KiM; KR

1566

Development and evaluation of a checklist to support decision-making in cancer multidisciplinary team meetings: MDT-QUIC

B. W. Lamb, J. S. Green, C. Vincent, N. Sevdalis; UK

1570

Perceptions and patterns of use of generic medicines among Korean medical doctors

J. Kim, M. Ryu; KR

1697

Continuous quality improvement: implementing a shared governance model that maximises agent-specific knowledge

V. Burkoski, J. Yoon; CA

1827

Internal communication going social - worth it or not?

S. S.-L.Yeung; HK

1936

Application of risk management strategies in the non-medical personnel during unexpected in-hospital resuscitation at the public space

H-O Lin, K-C Chung, J -S Liu, Y -I Tseng; TW

2031

Promoting effective governance to support safe high quality care

M. Brandon, L. Irwin; AU

2064

The impact of decentralization on perceived job characteristics: a survey within a sample of hospital doctors

P. Adam, R. Verhaeghe, P. Gemmel; BE

2130

Handling of the blood sampling (venipuncture)-related adverse events: results of a nationwide survey in japan

S. Maeda, R. Kobayashi, E. Kamishiraki, M. Baba; UK, JP

2160

Establishment of a standard treatment policy

J. Kim, Y. Kim, M. Kim, J. Lee; KR

2227

To analyze and assess the methodology for optimization of computed tomography (CT) and magnetic resonance imaging (MRI) procedures in a tertiary care JCI accredited teaching hospital in the developing world.

M. Rehanullah Baig, M. Akbar Khan, S. Syed M, Y. Mohammad; PK

2255

Eight years of low-volume thresholds for elective procedures in Germany - where are we now?

D. Peschke, T. Mansky; DE

2259

The evolution of an effective clinical governance and patient safety

D. Santos, S. Mujumdar, S. Chye Quek, S. Ang; SG

2275

The application of cost-effectiveness measure for pay for performance (P4P) project in Korea

Y. Cho, Y. Mi Park, M. Kyung Kang, S. Joung; KR

2363

Smoking cessation practices in Taiwan: community pharmacists' knowledge, attitudes, skills, self-efficacy, and government policy

C. Wen Chuang, C -L. Huang, S. Huang; TW

2422

Compensation of chief executive officers at non-profit U.S. hospitals: implications for improving quality of care

K. E. Joynt, S. T. Le, E. J. Orav, A. K. Jha; US

2424

The ripple effect: diffusing health policy through the use of icons

M. Banks, D. Greenfield, D. Picone, J. Braithwaite; AU

2467

The future projection of cost of illness for breast cancer

Y. Uezono, K. Matsumoto, K. Haga, T. Hasegawa; JP

2555

Recipients of healthcare and nursing services provided by municipalities in Norway for 2011

S. Marie Herbern; NO

1

Developing and piloting national quality and patient safety key performance indicators in nursing & midwifery practice

K. Mac Lellan, R. Maher, S. Condell; IE

Patient Safety

1030

Effect of Team Resource Management (TRM) intervention: a cost of quality perspective

C. Meimiau; TW

1049

Prevention of hospital acquired infection of Methicillin Resistant Staphylococcus Aureus (MRSA)

M. L. F. IP, V. C. Y. Chow, M. C. Y. Chung; HK

1060

Classification of patients complaints – can the classification system in the Danish patient safety database be used for patients complaints from hospitals

M.E. Bommersholdt; DK

1078

Needlestick injury incidence among nursing staff and investigation of associated labor safety risks

F. Chih-Chia, W. Li-Lan; TW

1150

A single-centre prospective observational study on fluctuations in INR control for Singapore's muslim patients on oral anticoagulation therapy with stable warfarin dosing over the months of Ramadan and Hari Raya Aidilfitri

Y. Feng Lai, F. Hui Ing Yeo, H. Joo Ng; SG

1155

A quality improvement strategy implemented across multiple sites to reduce

C. Sinfield; UK

1165

No longer in the dark: timely quality care after hours

M. Sandford, A. McKimm, O. Roodenburg, J. McClure; AU

1168

Transforming care for the elderly in nursing homes

J. Haines-Wood, G. Lavery; UK

1172

Systematic review of interventions designed to reduce medication administration errors in hospitals

R. N. Keers, S. D. Williams, J. Cooke, D. M. Ashcroft; UK

1180

Adverse events recorded in English primary care

C. Tsang, A. Bottle, A. Majeed, P. Aylin; UK

1201

Hypoglycaemia in the elderly population

S. C. Raj, J. Williams; UK

1206

Implementing adverse event reporting in a NICU

N. Dackiewicz, G. Goldsmit, E. Bagnara, D. Vargas; AR

1224

A project to improve inpatient fall incidence and severe injuries

H-C. Chiang, S-C. Liang, M-H. Chen, H. Chen; TW

1238

No-fault based obstetric compensation /causal analysis and future prevention system and its effect on conflict easing and quality improvement in obstetric care in Japan

S. Ueda, S. Ushiro; JP

1245

Prevention of catheter associated urinary tract infection using improvement science

S. Magee; UK

1325

Prevention of choking incident in psychiatric ward by using root cause analysis method in Taiwan

C. Huang, S-H. Ko; TW

1348

A system to ensure safe introduction of new technology in a cluster of hospitals

A. K.W. So, J. Wong, P. Tong Chui, H. Yu So; HK

1369

Providing feedback on prescribing errors to junior doctors: developing potential solutions

B. D. Franklin, J. Bertels, M. Reynolds, J. Benn; UK

1391

Safety and the deteriorating surgical patient: an analysis of the cognitive elements of nursing expertise

D. C. Marshall, M. Finlayson; AU

1400

The clinical efficacy of using improved physical restrains in nursing homes

M-P. Wu, L-F. Hsiao, H. Ho, T-C. Wang; TW

1429

Infection Prevention and Control (IPAC) - an audit program for reprocessing of medical devices in physician offices

S. Hanington, K. Mazurek, S. Holt; CA

1431

Can local systems improve recognition of deteriorating Emergency Department patients

J. Considine, J. Currey, J. Rawet; AU

1433

Recognising deterioration in Emergency Department (ED) patients: organisational met criteria versus ED specific

J. Hosking, J. Considine, N. Sands; AU

1434

The relationship between patient safety culture and adverse events in Chinese hospitals: a nurse questionnaire survey

K. Liu, X. Wang, L. You, J. Zheng; CN

1435

Incidence of adverse events and medical errors in Japan: the jet study

T. Morimoto, M. Sakuma, Y. Ohta, D. W. Bates; US

1437

Patient safety awareness enhancement activities through operation and announcement of patient safety team

H. Sook Hwang, C-i. Sohn, P. Cho Choi, Y. Gon Kim; KR

1463

Adverse events monitoring: a step towards making akuh a safe place for patients

G. S. Lakhani, A. A. Sunesra, R. Roshan, Q. Panjwani; PK

1478

Types of incidences detected from 2010 to 2012 in two emergency hospital laboratories: evolution and its influence on patient safety

M L. Lopez-Yeste, E. Guillén, M. Buxeda, M. Ballbé; ES

1481

Analysis of medication errors voluntarily reported

S. Moreno, C. Mestres, M.C Cipres, C. Molina; ES

1502

The epidemiology of medication errors in intensive care units in Japan: the jade study

Y. Ohta, M. Sakuma, D. W. Bates, T. Morimoto; JP

1522

Providing an evidence-based reminder intervention to reduce inappropriate urinary catheterisation and reduce catheter-associated urinary tract infections in hospitalised patients in a medical center in Taiwan

S. Lin, H-Yu Lin; TW

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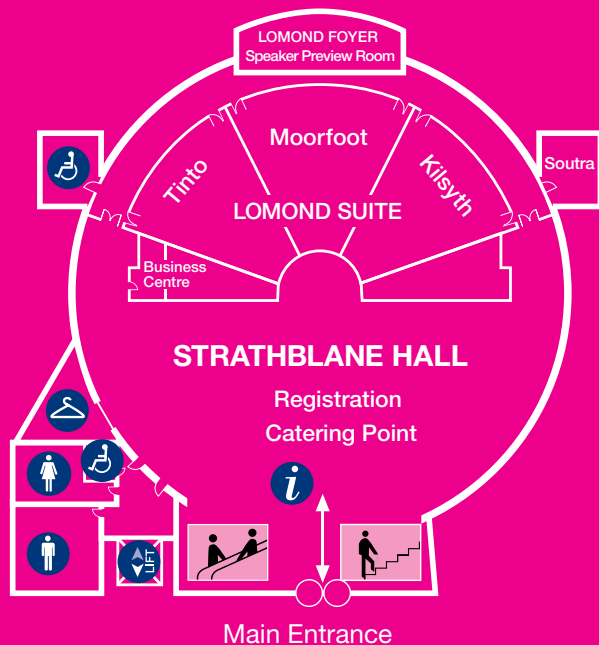
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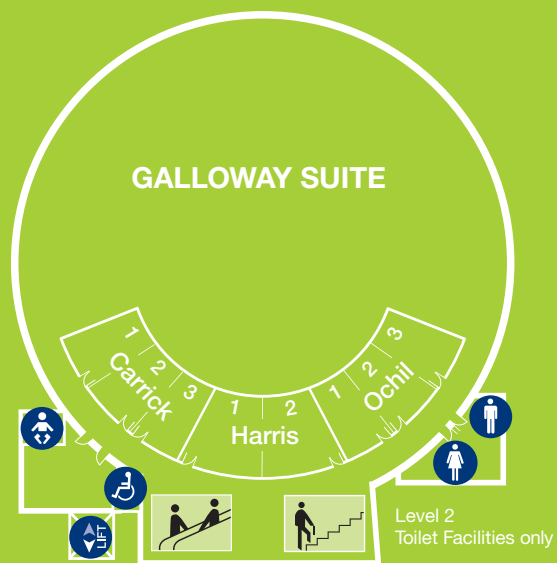
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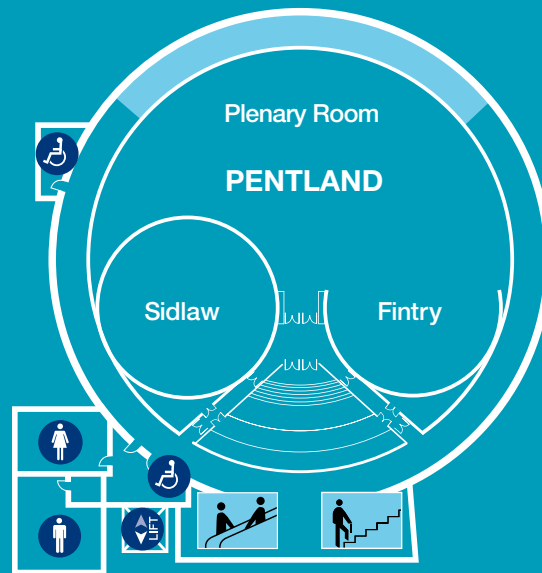
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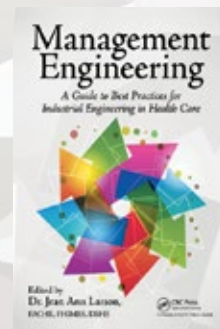
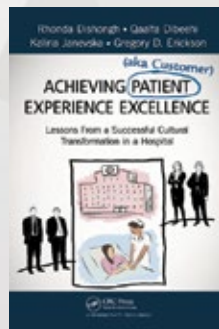
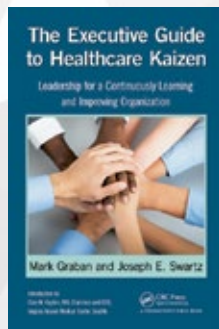
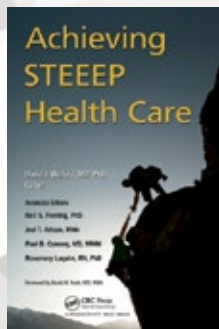
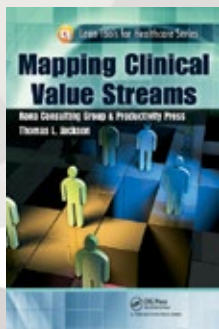
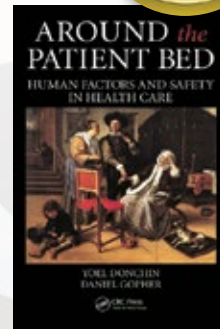
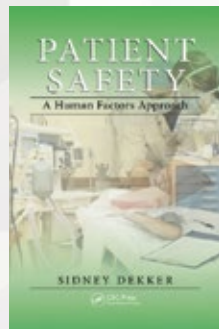
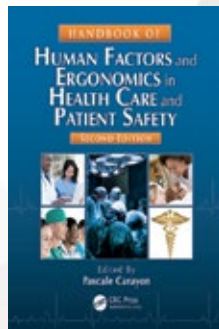
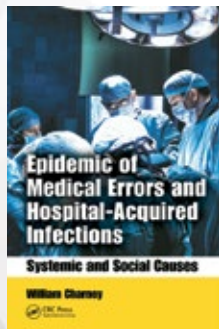
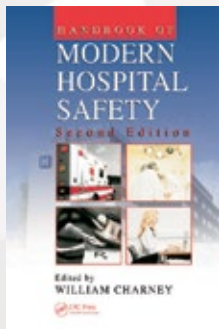


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For more details and an application form, please visit www.commonwealthfund.org/fellowships.

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32nd International Conference: Doha, Qatar
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34th International Conference, 2017
It could be you, for more information.
Contact: **Eadin Murphy** emurphy@isqua.org

ISQua WOULD LIKE TO THANK THE FOLLOWING FOR THEIR KIND SUPPORT OF THE 2013 EDINBURGH CONFERENCE

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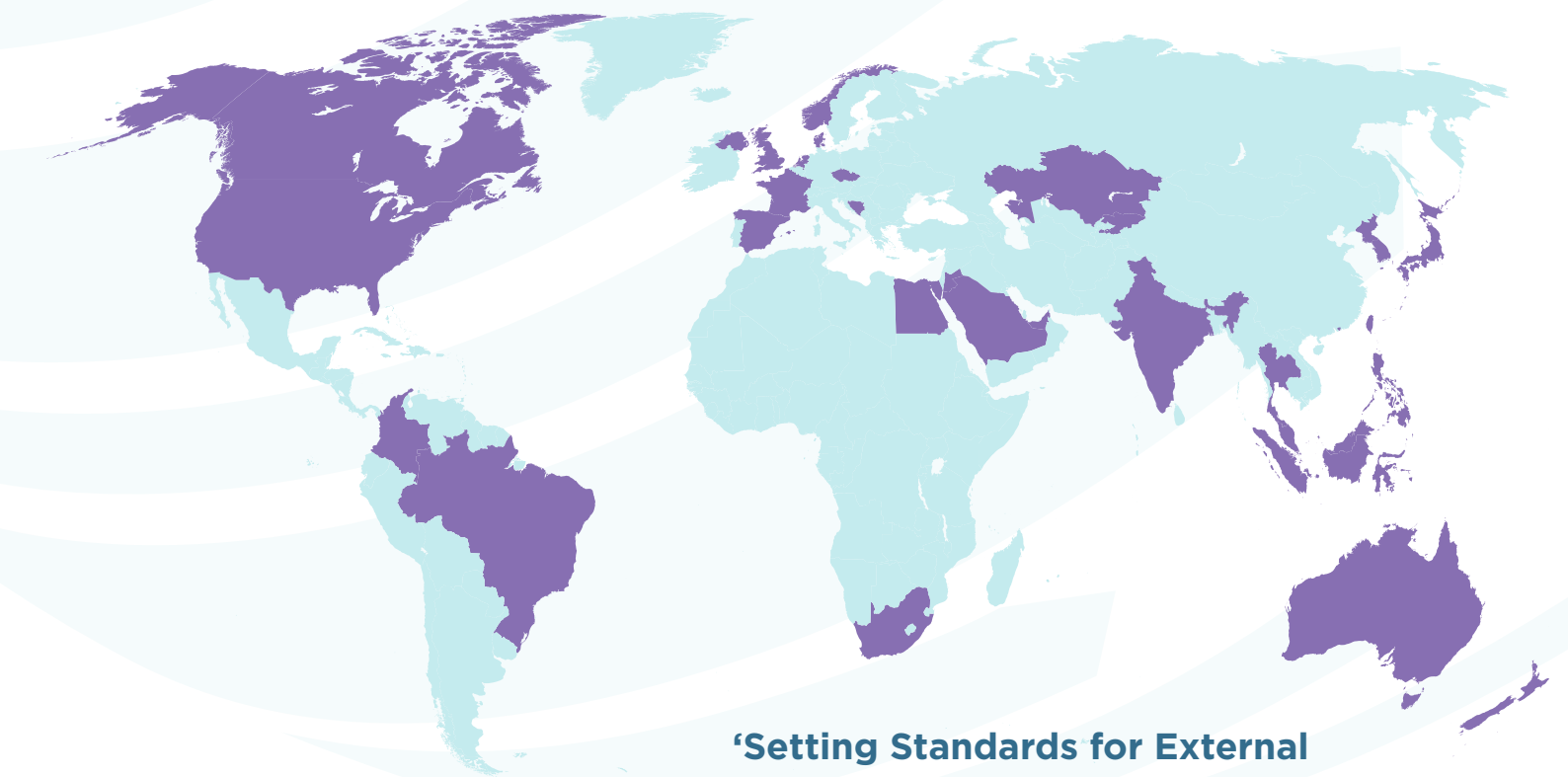


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