SESSION PROPOSAL GUIDELINES

ISQua seeks to bring together individuals from around the world and from a range of perspectives. The following factors will therefore be considered when selecting proposals for inclusion in the programme: Only session proposals submitted in English will be considered.

1. The number of submissions received for each area of focus or topic.
2. The number of submissions received from a single institute, organisation or hospital.
3. The requested session duration and its suitability for inclusion in the programme.
4. The diversity of presentation teams, including ethnicity, culture, gender, level of experience and areas of expertise.
   - Priority will be given to sessions developed in collaboration with patients.
   - Priority will be given to sessions that are innovative.
   - Priority will be given to sessions that demonstrate robust research.
   - Priority will be given to sessions that provide evidence of contribution or evaluation of effectiveness.

SESSION PROPOSAL INFORMATION

Session proposals can only be submitted online via the submission website, which will be accessible through the official ISQua 2027 congress website:

1. IMPORTANT DATES

Submissions accepted from:	14 October 2026
Submission deadline:	**25 January 2027, midnight, CET**
Final Notifications to submitters:	April 2027

Proposals received after the deadline will not be accepted!

2. TECHNICAL REQUIREMENTS

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

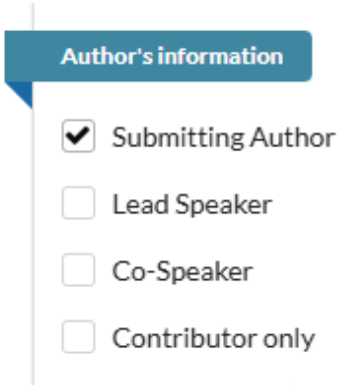
3. GENERAL

Session proposals can only be submitted **online via the submission website** that can be found on the official ISQua 2027 conference website:

ISQua 2027 Conference Website

Session proposals sent by post or email will not be accepted.
No exceptions will be made.
CLICK HERE TO START YOUR SUBMISSION

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

Title	A maximum of 100 characters *(If accepted, this description will appear in the app)* *If your session is selected, this will be the title listed on our website and event brochure. Please consider making it eye-catching, engaging and descriptive of what you will be covering to maximise attendance at your session.*
Session Duration	*You will be asked to indicate your referred session duration: 90 minutes 60 minutes 45 minutes *If your session cannot be accommodated at your preferred duration, you may be asked whether it could be shortened to fit the programme
Presenters	Maximum 4 participants for a 90-minute session Maximum 3 participants for a 60-minute session Maximum 2 participants for a 45-minute session Please enter each relevant person's name, title, affiliation and country. Please ensure that every person involved in the proposed session is added to the submission and assigned the correct role. Select Lead Speaker for the session lead, Co-Speaker for each additional speaker, Chair for the session chair, and Contributor only for any other contributor who will not speak or chair the session. Before finalising the proposal, check that all relevant roles have been selected correctly.  **The Lead Speaker is responsible for:** • coordinating and planning the session; • liaising with ISQua; • ensuring that ISQua receives any requested session outlines or biographies; • chairing the session, if required. The Lead Speaker will receive complimentary registration, and the other speakers in the session may register at the special speaker rate. Please note that ISQua does not cover any other expenses.

Track	You will have to specify which track this session would fall under:

1. Patient Safety

- The impact of communication and connection on patient safety
- Patient safety in the age of complexity
- Responding when harm occurs
- Patient safety tools and solutions
- Human factors and ergonomics
- Application of resilience thinking and Safety-II
- Promoting a culture of quality and safety
- How social science can be used to improve safety
- How implementation science can be used to improve safety
- Safety issues in primary care
- Cultural differences in safety
- Leveraging technology to enhance safety
- Education and capacity building for patient safety
- Other - Patient Safety

2. Quality Improvement

- How social science can be used to improve quality
- How implementation science can be used to improve quality
- National strategies for healthcare quality
- Dissemination and scaling of innovations and improvements
- Strategies and innovation for continuous quality improvement in healthcare settings
- Cultural differences in quality
- Education and capacity building
- Real-time data dashboards for quality monitoring
- Predictive analytics for quality improvement
- Equity-focused QI initiatives
- Infection prevention control (IPC) and antimicrobials stewardship (AST)
- Other - Quality Improvement

3. Data, AI and Technology

- Trust in technology
- Innovative trends and strategies
- Artificial Intelligence and infrastructure
- Artificial Intelligence: The promises and safety risks - mitigation and prevention
- Cybersecurity and data breaches as patient safety threats
- Safety implications of using patient-generated data alongside clinical data in routine practice
- Using patient-generated data alongside clinical data in routine practice
- Simulation as a training model
- Innovation in complex systems
- Co-production and AI
- Telemedicine for safe, compassionate and inclusive care

	• Technology as a support for resilient, personalised care • Technology as a support for sustainable healthcare • Data science to support for thriving, compassionate healthcare systems • Other - Data, AI and Technology **4. A Thriving Workforce** • Leadership practices to support a thriving workforce • Ensuring every staff voice is heard in shaping quality and safety • Recruitment and retention strategies for the global crisis in healthcare staffing • A culture of learning • Workforce wellbeing and thriving • Meeting increased demand with available resources • Overcoming the generation gap in the care workforce • Social media and the care community • Other - A Thriving Workforce **5. External Evaluation** • Innovative approaches to assessment of standards of care • Reconciling standardisation and complexity thinking • Co-evaluating and accrediting healthcare. • Approaches to Certification, Licensing, and Regulation • External evaluation, Accreditation and surveying as the cornerstone of improvement • Performance monitoring • How technology can support the assessment of inclusive health systems • Trust in evaluation • Other - External Evaluation **6. Resilience and Sustainability** • Preparedness for the Effects of Climate Change • Disaster planning and emergency management practices (e.g. fires, floods, earthquakes, tsunamis) • Governance for sustainability • Resilience planning for thriving healthcare systems • Initiatives for green, sustainable healthcare practices • Reducing policy-led overuse and misuse of healthcare resources • Fragile states, war zones, migration: Challenges for care delivery • Resilience to technology failures and cybersecurity threats. • Reducing policy-led overuse and misuse of healthcare resources • Other - Resilience and Sustainability **7. Co-production** • The power of participation and partnership • People-centred care • Co-designing inclusive healthcare • Co-delivering healthcare • Tools to promote Coproduction (including External Evaluation)

	• Coproduction when implementing innovations • Creating a culture of Coproduction • People and planet – coproduction for inclusive, sustainable healthcare • Patient engagement and co-production to create compassionate and inclusive healthcare • Other - Co-production **8. Integrated Care and Equity** • Integrating care along the entire patient journey – primary care, social care, hospitals and partnering with communities. • Tools to promote integrated care (including External Evaluation) • Safety and quality when working together across organisational borders • Ageing populations and compassionate care (including terminal care) • Primary care as the pivot of universal health coverage • Health Justice – Equity of access, treatments, and outcomes • Mental healthcare and wellbeing • Strategies to achieve universal health coverage and improve access to healthcare services across communities. • Capacity building for equitable and integrated care • Governance for equitable and integrated care • Other - Integrated Care and Equity

Session Description and Objectives	A maximum of 180 words *(if accepted, this description will appear in the app)* *Please note that special consideration will be given to sessions that have been co-produced with patients.* **After this session, participants will be able to:** *List no more than four learning objectives (If accepted this description will appear in the printed programme)*
Preferred Format	You will be asked to indicate your preferred session format, for example, a panel discussion, workshop, presentation, question-and-answer session or roundtable. Please note that the requested room layout cannot be guaranteed.
Target Audience	Please indicate which audience the session is intended for; for example, senior health care managers, policy makers, clinicians or patients.
Research	Outline the research, policy drivers and/or implemented initiatives or pilots that underpin the session content. Where relevant, indicate when the research or initiative was conducted.
Past Presentation	You will need to indicate if you have presented this session at another conference, including ISQua, or had it published.
Declaration	Any conflict of interest must be declared in this proposal and, if your session is accepted, the conflict of interest must be declared on your opening PowerPoint slide.

Suitability	You will be asked to answer the following question: Why should ISQua select this session? Describe any distinctive features that would engage delegates and encourage attendance.

PROBLEMS SUBMITTING?

If you experience any problems or have questions, please contact us:
Email: isqua.abs@mci-group.com