ABSTRACT SUBMISSION GUIDELINES FOR SHORT ORALS, LIGHTNING TALKS AND POSTER DISPLAYS

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

Only abstracts submitted in English will be considered.

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

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

A recent version of Firefox, Chrome, Safari or Microsoft Edge is required.
Cookies and JavaScript need to be enabled.

3. GENERAL

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

ISQua 2027 Conference Website

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

The online abstract submission system will guide you through submitting an abstract for consideration as a Short Oral, Lightning Talk or Poster Display.

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

ABSTRACT TOPICS

Abstracts are accepted on a wide range of topics. Submitters must select the most appropriate topic to support the correct scoring of the abstract. The abstract content must be relevant to the selected topic.

Certain keywords may be relevant across all tracks, including person-centred care, evidence-based practice, measurement, quality improvement, leadership, innovation and change.

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

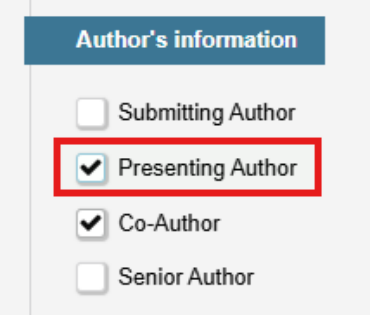
- The power of participation and partnership
- People-centred care
- Co-designing inclusive healthcare
- Co-delivering healthcare
- Tools to promote Coproduction (including External Evaluation)
- Coproduction when implementing innovations
- Creating a culture of Coproduction
- People and planet – coproduction 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

PRESENTERS

Please enter each relevant person's name, title, affiliation and country are correctly entered.



GENERAL REMARKS

If the work has already been submitted to or presented at another meeting or conference, please provide this information in the relevant section of the submission form.

For standardisation, the abstract must contain a **maximum of 3,800 characters**. The character count includes the authors' details, title, spaces, line breaks and other non-visible characters.

Abstracts may be saved in "Draft" status and edited until the submission deadline of 25 January 2027. Submitters will therefore be required to create a user account.
Draft and submitted abstracts cannot be edited after the submission deadline.

Once all required criteria have been met, the abstract can be saved with "Final submission" status. **Only abstracts in "Final submission" status will be regarded as successfully submitted and considered for review.**

Submission of an abstract constitutes a formal commitment by the designated presenting author to present the abstract, if accepted, in the format, session and time assigned by the Scientific Committee. Registration fees will not be waived.

To confirm participation, the designated presenting author must register for the conference by the deadline specified in the notification email. If the presenting author changes after submission, the change must be confirmed by email to isqua.abs@mci-group.com.

Please ensure that your abstract does not contain spelling, grammatical or scientific errors, as it may be reproduced exactly as submitted. The submitter is responsible for linguistic accuracy, and no proofreading will be provided.

STRUCTURE

The abstract should be structured into the following sections:

- **Title** A title that clearly indicates the nature of the work. It should describe an improvement in healthcare, broadly defined to include healthcare quality, safety, effectiveness, patient-centredness, timeliness, cost, efficiency and equity.

- **Introduction to include:**
  - The introduction should include a description of the problem and a summary of the available knowledge.
  - The objectives should comprise one or two sentences that clearly identify the scientific question, the objectives of the study and its clinical or other importance.

- **Methods** should contain sufficient information to explain the study design, analytical techniques and statistical methods used. Ethical considerations must be documented where applicable.

- **Results** should provide objective data addressing the scientific question or questions. This may include associations between interventions and outcomes, including unintended consequences. A graph may be included where appropriate.

- One **table** may be inserted. However, it is included in the characters count. Please note that tables may significantly reduce the number of available characters.

- One **image or graphic** may be inserted as image file with the following criteria:
  - Minimum image resolution: 96 dpi
  - Minimum image width: 50 px
  - Allowed file types: .gif, .jpg, .png

- **Conclusion** should be directly supported by the results and should explain the implications for clinical or other relevant practice. Avoid speculation and overgeneralisation.

- **Conflict of interest:** ISQua intends to provide high-quality educational content that is free from commercial influence or bias. The submitting author must therefore declare any potential conflicts of interest for all authors during the abstract submission process.

- **Abbreviations:** All abbreviations must be defined when first used.

AFTER THE SUBMISSION

- Submitting authors will be notified in **April 2027**, at the **email address provided during submission**, whether their abstract has been accepted.

- Registration, travel and accommodation funding is not provided to Short Oral, Lightning Talk or Poster Display presenters.

- If you need to withdraw your abstract after the submission deadline, please send a written statement explaining the reason for the withdrawal to isqua.abs@mci-group.com.

PRESENTATION OF ABSTRACTS

- Abstracts may be accepted as a Short Oral, Lightning Talk or Poster Display.

- If your abstract is accepted as a Poster Display, you will be expected to be available for discussion during the relevant poster viewing session.

- Details of the presentation format and full presentation guidelines will be included in the notification letter and published on the ISQua 2027 conference website.

- Submission of an abstract constitutes a formal commitment by the designated presenting author to present the accepted abstract in the format, session and time assigned by the Scientific Committee.

- Any change to the presenting author must be communicated in writing to isqua.abs@mci-group.com. If the original presenting author is unable to present the abstract, it is their responsibility to arrange for one of the co-authors to assume the presenting role, subject to confirmation by ISQua.

PROBLEMS SUBMITTING?

- If you experience a problem or have any questions, please contact us:
  Phone: +41 22 33 99 808
  Email: isqua.abs@mci-group.com

About ISQua

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

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