29th International Conference

Advancing Quality and Safety for All: Now and in the Future

GENEVA
21st - 24th October 2012
Centre International de Conférences Genève (CICG)

Conference Programme
At ISQua this highlights what we believe the essence of our new Fellowship Programme will be.

We believe that professionals in the healthcare industry must keep up to date with changing standards of healthcare by constantly improving their knowledge and skills. Whether this is by attending seminars or conferences, publishing papers or taking part in ISQua Education activities such as webinars, debates or forums - join our Fellowship Programme to enhance your professional development and to share your accomplishments with the international healthcare community.

ISQua’s Fellowship Programme is achievable at three levels:

- Fellowship;
- Associate Fellowship; and
- Certificate of Achievement

For more information, contact our Education Resource Officer, Jo Burke jburke@isqua.org

To learn more about the ISQua’s Fellowship Programme, attend the Education Session during the Conference on Monday, 22nd October, 2012 - ‘From Undergraduate to Leader: What is the quality and safety agenda?’.

This session also features Kim Oates, Director of Undergraduate Quality and Safety Education, Clinical Excellence Commission, NSW, Australia and David Mayer, Co-Executive Director of the University of Illinois at Chicago (UIC) Institute for Patient Safety Excellence and Associate Professor of Anaesthesiology.

“Tell me and I will forget. Show me and I may remember. Involve me and I will understand”

- Chinese proverb.
ISQua WELCOME

On behalf of ISQua, I am delighted to welcome you to Geneva, the City of Peace, where the River Rhone emerges from Lake Geneva to begin its journey of more than 500km through France to the Mediterranean Sea.

We are all gathered here for ISQua’s 29th International Conference to share our experiences, learning and good practice in improving quality and safety worldwide, and also to enjoy equally good companionship. ISQua’s partners for this important event are Hôpitaux Universitaires de Genève and the World Health Organization and together we have provided for you a Conference that we are confident will remain with you for many years to come.

We believe that the quality of what you will experience will be of the highest calibre. We had a record of 1,200 abstracts from which to choose to put together an exciting programme and we have well over 1,000 delegates attending. There are nine tracks covering perennial safety and quality issues such as patient safety, measurement, governance and external evaluation and there are also additional important topics ISQua has introduced more recently and which are growing apace such as innovative technologies using e-health and health technology assessment and incorporating safety and quality education and training in student curricula and in the professional development of health professionals.

The Organising Committee for the Conference, co-chaired with me by Pierre Chopard, has mixed Plenary and Concurrent sessions skillfully and has sought to ensure that interaction is encouraged during the course of the Conference. There will also be a few surprises as ISQua announces some exciting new initiatives to further support improvements in safety and quality worldwide.

Networking with colleagues from around the globe has always been a feature of ISQua conferences and so it will be in Geneva. You will have numerous occasions to meet and mix with friends old and new. I am reminded of a W.B. Yeats quote which sums up this approach: ‘There are no strangers here, just friends who have not yet met.’

And so, ISQua, Hôpitaux Universitaires de Genève and the World Health Organization welcome you to ISQua’s 29th Annual International Conference in Geneva, Switzerland. Experience and contribute to the riches on offer over these three days and we hope that you will return to your homes and professional lives further inspired and invigorated to carry on your important and essential work in improving the quality and safety of care for our patients across the globe.

Dr Tracey Cooper
President

ISQua BOARD

Tracey Cooper; IE - President
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Barba Farlow; CA - Patient Perspective
Sheila Leatherman; US - Low and Middle Income Countries
Roisin Boland; ISQua CEO - Secretary to the Board
PROGRAMME OVERVIEW GENEVA 2012

SUNDAY 21 OCTOBER 2012

09:00 – 16:30 ISQua Pre-Conference Programme
- Session 1: Accreditation Symposium: The many faces of External Evaluation
- Session 2: Indicator Summit: Strengthening the information infrastructure for Quality
- Session 3: Best Practice Implementation through Clinical Programs
- Session 4: WHO Workshop: From research to action: a practical guide for achieving evidence-informed policy-making

17:30 Welcome Reception: Centre International de Conférences Genève (CICG)

MONDAY 22 OCTOBER 2012

08:00 – 08:45 Coffee with Trade Exhibitors
08:45 – 09:30 Conference Opening and Welcome
09:30 – 10:30 Opening Plenary: Margaret Chan; WHO
Sir Liam Donaldson; WHO
10:30 – 11:00 MORNING BREAK
11:00 – 12:30 Concurrent Sessions
12:30 – 14:00 LUNCH & LUNCHTIME SESSIONS
14:00 – 15:30 Concurrent Sessions
15:30 – 16:00 AFTERNOON BREAK
16:00 – 16:10 Lifetime Membership Award
16:10 – 17:25 Afternoon Plenary: Christian Lovis; CH
Andrew Morris; SC
17:30 – 18:15 ISQua AGM Members Only
19:00 – 21:00 Networking Reception

TUESDAY 23 OCTOBER 2012

07:45 – 08:30 Breakfast Session
08:00 – 08:45 Coffee with Trade Exhibitors
08:45 – 09:45 Morning Plenary: Carolyn Clancy; US
09:45 – 10:00 International Accreditation Programme (IAP) Awards & Distinguished Service Award
10:00 – 10:30 MORNING BREAK
10:30 – 12:00 Concurrent Sessions
12:00 – 13:45 LUNCH & LUNCHTIME SESSIONS
13:45 – 15:15 Concurrent Sessions
15:15 – 15:45 AFTERNOON BREAK
15:45 – 15:55 Reizenstein Awards
15:55 – 17:00 Afternoon Plenary: François Clergue; CH
Didier Pittet; CH
17:00 – 19:00 Poster Reception
19:00 – 21:00 Educational Site Visits Limited Space available

WEDNESDAY 24 OCTOBER 2012

07:45 – 08:30 Breakfast Session
08:00 – 08:45 Coffee with Trade Exhibitors
09:00 – 10:15 Morning Plenary: Sam Zaramba; UG
Sodzi Sodzi-Tettey; GH
10:15 – 10:45 MORNING BREAK
10:45 – 12:00 Concurrent Sessions
12:00 – 13:45 LUNCH & LUNCHTIME SESSIONS
13:45 – 14:45 Concurrent Sessions
14:45 – 15:00 Poster Presentation Awards
15:00 – 16:00 Closing Plenary: Peter Pronovost; US
16:00 – 16:05 President’s Farewell
16:05 CLOSE OF CONFERENCE
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WELCOME RECEPTION
SUNDAY 21 OCTOBER 17:30 - 19:00
The Welcome Reception will be held in the Convention Foyer on Level 0 of the Centre International de Conferences Genève (CICG). Hot and cold canapés will be served and you can enjoy traditional and innovative music. Extra tickets are available to be purchased at the registration desk for CHF40.00.

NETWORKING RECEPTION
MONDAY 22 OCTOBER 19:00 - 21:00
The Reception is being held at The Palais De Nations. It is a great opportunity to relax and meet with old and new friends in this historic United Nations building, which provides spectacular views of Lake Geneva and Mont Blanc. You must bring your invitation and ISQua name badge with you to gain access to this event which can be found in your registration pack. Tickets are limited and are available to be purchased at the registration desk for CHF 45.00.

POSTER RECEPTION
TUESDAY 23 OCTOBER 17:00 - 19:00
The Poster Reception will take place at the Poster Areas on Level -1 of the CICG. You will have an opportunity to interact with the authors to discuss their research and projects, and to enjoy an informal and lively networking experience. A traditional Swiss cheese and wine reception will be available.

ACCESS FOR THOSE WITH DISABILITIES
The CICG offers a full range of amenities to assist those with disabilities. Lifts are also at the disposal for those with disabilities. For further information or assistance please go to the Conference Information Desk on Level 0.

NO SMOKING
The CICG 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 is included in your conference bag.

LOCAL CME/CNE ACCREDITATION
The ISQua conference is recognised by:
» The Swiss Association of Public Health Administration and Hospital Pharmacists (GSASA). Your certificate of attendance will enable you to validate your credits.
» The Swiss Medical Association (FMH). Please collect your CME certificate on-site in the registration area.

LANGUAGE AND SIMULTANEOUS INTERPRETATION
The official language of the conference is English. Simultaneous interpretation in French will be provided during the Opening Ceremony and all Plenary Sessions. Headphones are located in the room and ready to be used.

NAME BADGE
Security is strict in the CICG. 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 CICG. Lunch and coffee break services will only be available to delegates registered for the full conference, or for that particular day.

CATERING POINTS
Lunch will be served every day from the restaurant area on level 1 and from level 0 from Monday 22 October. Coffee stations will be available in the exhibition area on Level 0 of the CICG. For break times, please see daily programme schedules.

CONFERENCE REGISTRATION AND INFORMATION DESK
LOCATED AT THE CONVENTION FOYER, LEVEL 0, CICG
Sunday 21 October 2012  07:30 - 19:00
Monday 22 October 2012  07:00 - 18:00
Tuesday 23 October 2012  07:00 - 18:00
Wednesday 24 October 2012  07:30 - 16:00
MESSAGES
Notice boards will be available near the ISQua desks to leave messages for colleagues. Any changes to the programme will be posted here on a daily basis and on the plasma screen at the ISQua desk.

ISQua DESK
The ISQua Desk is located in the exhibition area on Level 0 of the CICG. Any questions in relation to ISQua, or educational site visits, should be directed to staff there. Information will also be available on ISQua’s new programmes; The ISQua Fellowship and the Special Interest Group (SIG) for Quality in Social Care for Older Persons.

CLOAKROOM
A cloakroom service is available for participants 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.

EMERGENCY AND ASSISTANCE ON SITE
In case of emergency, or if you require any assistance, please contact the staff at the Information Desk on Level 0.

WIFI CONNECTION
WiFi connection will be available for ISQua participants free of charge. Please use the following login and password to benefit from this service:
Login: isqua
Password: 2012

COMPUTER TERMINALS
There are designated computer terminals across the venue.

USEFUL CONTACTS

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<td>+41 (0)900 57 15 00</td>
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ACCOMMODATION
The hotel desk is located in the registration area on level 0. Please visit the hotel desk to make or amend a reservation during your visit to the conference.

CONFERENCE BAGS
We are pleased to announce that our ISQua 2012 delegate bag has been produced by Township Patterns, a social enterprise which designs, produces and markets a range of eco-friendly textile conference bags in order to directly support the sustainable development of women-owned sewing cooperatives operating out of the townships of South Africa. Township Patterns is a fair trade, WFTO (www.wfto.com) accredited company and supplies customers world-wide.

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, share knowledge and learn. Each day will open and close with a Plenary Session in Room 1 located on Level 1 of the CICG. 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. Patient Centered Care**
- **Track 2. Education in Safety and Quality**
- **Track 3. Governance, Leadership and Health Policy**
- **Track 4. Patient Safety Systems**
- **Track 5. Measuring Service Performance and Outcomes**
- **Track 6. Integrated Care and Interface with Primary and Social Care**
- **Track 7. Innovative Technologies using e-health and Health Technology Assessment**
- **Track 8. Quality and Safety in Transitional and Developing Countries**
- **Track 9. Accreditation and Regulation of Systems and Professionals**

CONFERENCE APP

ISQua’s conference App for all smartphones, tablets, laptops, and even desktops is available for free download. This App provides details on the conference programme, daily schedule, speakers and other information relevant to the conference.

Simply enter [http://www.eventmobi.com/isqua2012/](http://www.eventmobi.com/isqua2012/) on your smartphone or tablet web browser and the App will appear on screen or scan the below QR code.

WiFi at the conference is free but we recommend that you download and save an offline version of the App for periods of high usage or when travelling.

LUNCHTIME ORAL PRESENTATIONS

Abstracts selected for short presentation will be presented at lunchtime 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 on Levels -1. Don’t miss the Poster Reception on Tuesday 23 October at 17:00.

To locate a poster please see pages 53 to 67 and maps pages 68 to 70.

POSTER INFORMATION

Posters may be hung from 07:30 but should be in place by no later than 10.00 on Monday 22 October. Poster prizes will be awarded before the closing plenary on Wednesday 24 October at 14:45. There are two award categories, best research and best quality improvement project. First, second and third will be awarded within each category.

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.
Posters will be on display from:

» 08:00 on Monday 22 to 15:00 on Wednesday 24 October

» All posters must be removed by 15:00 on Wednesday 24 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.

**POSTER JUDGES**

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<thead>
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<tr>
<td>Triona Fortune; ISQua - Co-Chair</td>
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<td>Helen Crisp; UK – Co Chair</td>
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<td>Marc Berlinguet; US</td>
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<td>Elizabeth Brown; US</td>
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<td>Edward Chappy; JO</td>
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<td>Michael Counte; US</td>
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<td>Christopher Cornue; US</td>
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<td>Virginia D'Addario; US</td>
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<td>Carsten Engel; DK</td>
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<td>Ezequiel Garcia Elorrio; AR</td>
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<td>David Greenfield; AU</td>
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<td>Carlos Goes de Souza; BR</td>
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<td>Elma Heidemann; CA</td>
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<td>Reece Hinchcliffe; AU</td>
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<td>Clare Rees; UK</td>
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<td>Majdah Shugdar; SA</td>
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<td>Rosemary Smith; IE</td>
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<td>John Sweeney; IE</td>
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<td>Iain Yardley; UK</td>
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<td>Eyal Zimlichman; US</td>
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**ABSTRACT DISPLAY**

All abstracts that have been selected for this programme are available to view at any one of the designated computer terminals. They are also available during and after the conference 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.

**SPEAKERS**

All speakers are asked to visit the Speaker Preview Room located on Level 1, behind the entrance of room 1, no later than two hours before your presentation. See map pages 68 to 70 for more details.

**EDUCATIONAL SITE VISITS**

Three Educational Site Visits are offered on the evening of Tuesday 23 October for anyone who has registered for the full main conference programme. Visit 1 and 3 are full however tickets may still be available for Visit 2 from the ISQua Desk. The visits last from 19:00 - 21:00.

» Visit 1: Visit of the SIMULHUG Program (Simulation Center of The University Hospitals of Geneva)

» Visit 2: Access to healthcare among the disadvantaged in Geneva: the role of the mobile ambulatory consultation care in the community (CAMSCO)

» Visit 3: Visit to WHO Headquarters

Entry is by ticket only; tickets can be collected from the ISQua Desk on Tuesday 23 October. Transport will not be provided. Delegates should proceed to the site visit no later than 18:15.

**CONFERENCE EVALUATION**

A web-based questionnaire will be emailed to you within a week after 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.
MARGARET CHAN

Dr Margaret Chan, from the People’s Republic of China, obtained her medical degree from the University of Western Ontario in Canada. She joined the Hong Kong Department of Health in 1978, where her career in public health began. In 1994, Dr Chan was appointed Director of Health of Hong Kong. In her nine-year tenure as Director, she launched new services to prevent the spread of disease and promote better health. She also introduced new initiatives to improve communicable disease surveillance and response, enhance training for public health professionals, and establish better local and international collaboration. She effectively managed outbreaks of avian influenza and of Severe Acute Respiratory Syndrome (SARS).

In 2003, Dr Chan joined WHO as Director of the Department for Protection of the Human Environment. In June 2005, she was appointed Director, Communicable Diseases Surveillance and Response as well as Representative of the Director-General for Pandemic Influenza. In September 2005, she was named Assistant Director-General for Communicable Diseases.

Dr Chan was elected to the post of Director-General on 9 November 2006. The Assembly appointed Dr Chan for a second five-year term at its sixty-fifth session in May 2012. Dr Chan’s new term began on 1 July 2012 and will continue until 30 June 2017.

SIR LIAM DONALDSON

Professor Sir Liam Donaldson served as the Chairman of the World Alliance for Patient Safety since its creation in 2004 and was named WHO Envoy for Patient Safety on behalf of the Director General of WHO in July 2011. Under Sir Liam’s leadership, the WHO Patient Safety Programme grew from a small initiative within WHO’s Health Systems activities to a global advocacy and scientific community, with activities in over 140 countries and all six regions of the World Health Organization. Sir Liam also serves as Chair of the Independent Monitoring Board (IMB) for the Global Polio Eradication Initiative (GPEI) and is Professor at Imperial College, London and Chair of Health Policy at the Institute for Global Health Innovation, Imperial College.

Sir Liam is also the former Chief Medical Officer (CMO) for England and held this historic post from 1998 to 2010. Among Sir Liam’s many public honours are:

» 14 Honorary Doctorates from British Universities
» Eight fellowships from medical royal colleges and faculties

» The Gold Medal of the Royal College of Surgeons of Edinburgh
» The Queen’s Honorary Physician between 1996 and 1999.
» He was knighted in the 2002 New Year’s Honours List. Sir Liam was appointed as Chancellor of Newcastle University, succeeding Lord Patten of Barnes from 1 August 2009.
» Picker Institute Award for Excellence 2006
» World Health Executive Forum Distinguished Leader Award 2008

Sir Liam is co-author of a standard textbook of public health (Donaldsons’ Essential Public Health), a history of the Chief Medical Officers of England (The Nation’s Doctor) and over 130 papers in peer review journals.

CHRISTIAN LOVIS

Christian Lovis is Professor of Clinical Informatics at the University of Geneva and leads the Division of Medical Information Sciences at the Geneva University Hospitals. The Clinical Information at HUG was awarded the prestigious Stage 6 HIMSS Europe EMRAM Award at the 2010 HIMSS Europe Health IT Leadership Summit.

Prof Lovis is a medical doctor trained in Internal Medicine with special emphasis on emergency medicine. In parallel, he studied Medical Informatics at the University of Geneva focusing on clinical information systems. In 1998, Prof Lovis developed a natural language entry system for the CPOE in the Veterans Affairs’ Vista computerised patient record in Seattle. In 2000, he graduated with a Masters in Public Health from the University of Washington.

Christian is the author of a large number of peer-reviewed papers and an editorial board member of major journals in medical informatics, such as the Journal of the American Medical Informatics Association, Methods of Information in Medicine and The International Journal of Medical Informatics.

Christian is the president of the Swiss Medical Informatics Association and a member of several working groups at the European Union for ICT activities. He is the clinical leader of the DebugIT Eu project of the 7th Framework that intends to develop a distributed pan-European network around infectious disease surveillance using clinical information systems.

His research focuses on a) clinical information architectures, semantics and interoperability; b) impacts of CIS on people, patients and outcomes; c) use of CIS and clinical data for improved processes, efficient care, decision support, governance and clinical research; d) use of aggregated CIS data for biomonitoring, post market surveillance, public health and epidemiology research.
Andrew Morris is the Professor of Medicine and Dean of Medicine at the University of Dundee. He was appointed as Chief Scientist for Health at the Scottish Government from 1 March 2012. He leads a research team that uses informatics to study the epidemiological and molecular aetiological basis of diabetes. He led the DARTS research study, has published over 230 original papers and has attracted over £30 million in peer-reviewed grant funding. He is the principal investigator on many clinical studies of new therapeutics of diabetes as well as genetics of diabetes.

He was awarded the RD Lawrence Award by Diabetes UK in 2003 and the Saltire Society Scottish Science Award in 2005. He was appointed by the Minister for Health and Community Care to be Lead Clinician for Diabetes in Scotland (2002-2006) and led a national programme of quality improvement in diabetes care. He is a Governor of the Health Foundation and was co-founder of Aridhia. In his spare time he enjoys cycling, golf and Scottish travel.

CAROLYN CLANCY

Carolyn M. Clancy, MD, is Director of the Agency for Healthcare Research and Quality (AHRQ)

Prior to her appointment, Dr Clancy was Director of AHRQ’s Center for Outcomes and Effectiveness Research.

Dr Clancy, a general internist and health services researcher, is a graduate of Boston College and the University of Massachusetts Medical School. Following clinical training in Internal Medicine, Dr. Clancy was a Henry J. Kaiser Family Foundation Fellow at the University of Pennsylvania. Before joining AHRQ in 1990, she was also an Assistant Professor in the Department of Internal Medicine at the Medical College of Virginia. Dr. Clancy holds an academic appointment at the George Washington University School of Medicine and serves as Senior Associate Editor for the journal Health Services Research. She serves on multiple editorial boards, including Annals of Internal Medicine, Annals of Family Medicine, American Journal of Medical Quality, and Medical Care Research and Review.

Dr Clancy is a member of the Institute of Medicine and was elected a Master of the American College of Physicians in 2004. In 2009, she was awarded the William B. Graham Prize for Health Services Research. Dr. Clancy’s major research interests include improving healthcare quality and patient safety and reducing disparities in care associated with patients’ race, ethnicity, gender, income and education. As Director of AHRQ, she launched the first annual report to Congress on healthcare disparities and healthcare quality. Dr. Clancy lives in the Maryland suburbs of Washington, DC, with her husband, Bill. She enjoys jogging, movies, and spending time with her extended family, especially her four nieces, who live in Virginia.

FRANÇOIS CLERGUE

François Clergue, MD, is an Anaesthesiologist who started his career in Paris, France. He is currently, and has been since 1996, Professor at the Faculty of Medicine in Geneva University, Chief of the Division of Anaesthesia, and Director of the Department of Anaesthesia-Pharmacology-Intensive Care in Geneva University Hospital. He has been involved in the field of patient safety and anaesthesics through various different bodies. Within the French Society of Anaesthesia and Reanimation, he was Chairman of the Patient Safety Committee (1994-1996), then Chairman of the Risk Analysis and Risk Management Committee (2005-2008). He was actively involved in the French law on “Anaesthesia Safety” approved by the French Government in 1994. This law made it mandatory for pre-anesthetic consultation for all elective anaesthesia cases, anaesthesia monitoring intra-operatively, and post-anaesthesia stay in recovery room.

Within the European Society of Anaesthesia, he was Chairman of the Sub-committee for Anaesthesia Patient Safety, Equipment and Computers (1998-2001), and Chairman of the Patient Safety Committee (2002-2004). He has been involved in a number of research studies as well as publications focused on patient safety.

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Carolyn M. Clancy, MD, is Director of the Agency for Healthcare Research and Quality (AHRQ)

Prior to her appointment, Dr Clancy was Director of AHRQ’s Center for Outcomes and Effectiveness Research.

Dr Clancy, a general internist and health services researcher, is a graduate of Boston College and the University of Massachusetts Medical School. Following clinical training in Internal Medicine, Dr. Clancy was a Henry J. Kaiser Family Foundation Fellow at the University of Pennsylvania. Before joining AHRQ in 1990, she was also an Assistant Professor in the Department of Internal Medicine at the Medical College of Virginia. Dr. Clancy holds an academic appointment at the George Washington University School of Medicine and serves as Senior Associate Editor for the journal Health Services Research. She serves on multiple editorial boards, including Annals of Internal Medicine, Annals of Family Medicine, American Journal of Medical Quality, and Medical Care Research and Review.

Dr Clancy is a member of the Institute of Medicine and was elected a Master of the American College of Physicians in 2004. In 2009, she was awarded the William B. Graham Prize for Health Services Research. Dr. Clancy’s major research interests include improving healthcare quality and patient safety and reducing disparities in care associated with patients’ race, ethnicity, gender, income and education. As Director of AHRQ, she launched the first annual report to Congress on healthcare disparities and healthcare quality. Dr. Clancy lives in the Maryland suburbs of Washington, DC, with her husband, Bill. She enjoys jogging, movies, and spending time with her extended family, especially her four nieces, who live in Virginia.

TUESDAY 23 OCTOBER

CAROLYN CLANCY

Carolyn M. Clancy, MD, is Director of the Agency for Healthcare Research and Quality (AHRQ)

Prior to her appointment, Dr Clancy was Director of AHRQ’s Center for Outcomes and Effectiveness Research.

Dr Clancy, a general internist and health services researcher, is a graduate of Boston College and the University of Massachusetts Medical School. Following clinical training in Internal Medicine, Dr. Clancy was a Henry J. Kaiser Family Foundation Fellow at the University of Pennsylvania. Before joining AHRQ in 1990, she was also an Assistant Professor in the Department of Internal Medicine at the Medical College of Virginia. Dr. Clancy holds an academic appointment at the George Washington University School of Medicine and serves as Senior Associate Editor for the journal Health Services Research. She serves on multiple editorial boards, including Annals of Internal Medicine, Annals of Family Medicine, American Journal of Medical Quality, and Medical Care Research and Review.

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DIDIER PITTET

Professor Didier Pittet, MD, MS, is the Hospital Epidemiologist, Professor of Medicine, and Director of the Infection Control Programme and WHO Collaborating Centre on Patient Safety at the University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland. He holds Honorary Professorships at Imperial College London, UK, Hong Kong Polytechnic University School of Health Science, and the First Medical School of the Fu, Shanghai, China. Professor Pittet is the External Lead of the WHO Global Patient Safety Challenge “Clean Care is Safe Care”.

He is the recipient of several national and international honours including a CBE (Commander of the British Empire) awarded by Her Majesty Queen Elizabeth II for services to the prevention of healthcare-associated infection in the UK (2007), the Society for Healthcare Epidemiology of America Lectureship for his contribution to infection control and healthcare epidemiology (2008), and the European Society of Clinical Microbiology and Infectious Diseases’ Award for Excellence (2009).

Professor Pittet is co-author of more than 400 publications in peer-reviewed journals and 50 textbook chapters. His current research interests include the epidemiology and prevention of healthcare-associated infections, methods for improving compliance with barrier precautions and hand-hygiene practices, as well as innovative methods for improving the quality of patient care and patient safety. He is also involved in research on the epidemiology of infectious diseases.
WEDNESDAY 24 OCTOBER

SODZI SODZI-TETTEY

Sodzi Sodzi-Tettey is currently the Director of Project Fives Alive!. Project Fives Alive! aims to accelerate the reduction of under-five mortality in Ghana through the application of quality-improvement methods. In this role, Sodzi Sodzi-Tettey provides strategic, technical and operational leadership to improve the processes of maternal and child health services at large scale within the National Catholic Health Service Ghana (NCHS) and the Ghana Health Service, the largest healthcare provider in Ghana.

Prior to this, Sodzi worked in frontline district medical practice in Ghana and subsequently as the Monitoring and Evaluation Coordinator/ Improvement Advisor of the National Catholic Health Service Ghana (NCHS). In the latter roles, he assisted in an innovative phase of Project Fives Alive! that resulted in a 17% reduction in under-five mortality in nine NCHS hospitals.

Effective November 2011, Sodzi Sodzi-Tettey was also elected to serve a two-year tenure as the Vice President of the Ghana Medical Association (GMA) after a distinguished two-term tenure as the Association’s General Secretary.

Sodzi has training in health administration and management, has a bachelor’s degree in Biological Sciences and a medical degree from the University of Ghana Medical School. He also has a postgraduate qualification in Public Health with special interest in health policy analysis and health systems strengthening.

Sodzi is an activist writer with over a decade-long engagement with the Ghanaian media, having written numerous stirring pieces spanning health, politics and challenging social themes. He lives in Accra with his family.

SAM ZARAMBA

Dr. Sam Zaramba is a graduate of Makerere Medical School in Uganda for his undergraduate training where he obtained a Bachelor of Medicine and Bachelor of Surgery (MB.CHB), and postgraduate training for a Master of Medicine in Ear, Nose and Throat Surgery (M.MED, ENT). He had postgraduate training attachment at the University of Vienna, Austria. Following clinical practice he was encouraged to take up Health Services Management at the Ministry of Health of the Republic of Uganda.

Dr Zaramba was appointed a Director of Health Services in charge of Clinical Services responsible for hospitals and lower health units in addition to Community Health. While working as a Director of Health Services, he underwent several Health Services Management Courses of various types and disciplines at Birmingham University (UK), Boston University (USA), Harvard Medical School (USA) and Kennedy School at Harvard (USA). He provided leadership to a senior team of health professionals at the Ministry of Health, while at the same time coordinating a number of national and international health-related organisations in implementing the different health policies and programmes in the health sector, in addition to intersectoral collaboration.

During this period, Dr. Zaramba interacted heavily with the World Health Organization both locally, regionally and at the WHO Headquarters in Geneva, Switzerland. He has been a member of the Strategic Advisory Committee (STAG) on Neglected Tropical Diseases.

In 2006 Dr Zaramba was appointed as the Director General of Health Services (DGHS) of the Ministry of Health of Uganda and served a four year term. Dr. Zaramba has been chairperson to the executive Board of WHO.

PETER PRONOVOST

Dr. Pronovost is a practicing Anesthesiologist and Critical Care Physician and a Professor in the Departments of Anesthesiology and Critical Care Medicine, Surgery and Health Policy Management, who is dedicated to finding ways to make hospitals and healthcare safer for patients. He is Senior Vice President for Patient Safety and Quality and Director of the Armstrong Institute for Patient Safety and Quality, Johns Hopkins Medicine.

He has developed a scientifically proven method for reducing the deadly infections associated with central line catheters. His simple but effective checklist protocol virtually eliminated these infections saving 1,500 lives and $100 million annually across the State of Michigan. The checklist protocol is now being implemented across the United States, state by state, and has helped to reduce these infections by 60%. Several other countries are also implementing the program.

Peter has chronicled his work helping improve patient safety in his new book, Safe Patients, Smart Hospitals: How One Doctor’s Checklist Can Help Us Change Health Care from the Inside Out. In addition, he has also published more than 400 articles related to patient safety and the measurement and evaluation of safety efforts. He serves in an advisory capacity to the World Health Organizations’ World Alliance for Patient Safety.

The winner of several national awards, including the 2004 John Eisenberg Patient Safety Research Award and a coveted MacArthur Fellowship in 2008, he is known popularly as the “genius grant”. Peter was named by Time magazine as one of the world’s 100 “most influential people” in the world for his work in patient safety.

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INTERNATIONAL REVIEW PANEL

Kittinan Anakamanee; TH
Donna Anderson; CA
Oliver Anderson; UK
Ricardo Armando Otero; AR
Carmen Audera; WHO
Filippo Azzali; IT
Monica B. VanSuch; US
Ran Balicer; IL
Paul Bartels; DK
Martin Beaumont; CA
Catherine Besthoff; US
Regis Beuscart; FR
Martin Beyer; DK
Douglas Bilton; UK
Pascal Bonnaby; CH
Jeffrey Braithwaite; AU
Mark Brandon; AU
Claire Brown; US
Mary Browne; IE
Joy Brumby; AU
Antonio Carlos de Azevedo; BR
Ian Carter; IE
Ngai Tseung Cheung; HK
Alexander Chiu; HK
Pierre Chopard; CH
Eibhlin Connolly; IE
Meghan Cooper; US
Christopher Cornue; US
Jocelyn Cornwall; UK
Victoria Crawford; AU
Helen Crisp; UK
Bob Crone; US
Virginia D’Addario; US
Martine de Bruyne; NL
Mary Desmond Vasseghi; IE
Armelle Desplanques; FR
Nancy Dixon; UK
Danielle Dorschner; CA
Hilary Dunne; IE
Hugo E. Arce; AR
Carsten Engel; DK
Pamela Fagen; IE
Carol Fancott; CA
Monica Finnigan; AU
Bev Fitzsimons; UK
Triona Fortune; IE
Wendy Fox-Kirk; UK
Susan Frampton; US
Ezequiel Garcia Elorrio; AR
Carlos Goes De Souza; BR
Joanna Goodrich; UK
Jane Grimson; IE
Joanna Groves; UK
Jennifer Haas; US
Guy Haller; CH
David Hansen; AU
Elma Heidemann; CA
Kim Hill; AU
Joseph Ibrahim; US
Ravindran Jegasothy; MY
Brian Johnston; AU
Noëlle Junod Perron; CH
Anastasia Kastania; GR
Sandra Kears; CA
Linda Kenney; US
Nie Klaizinga; NL
Sharon Kleefield; US
Katharina Kovacs Burns; CA
Solveig Kristensen; DK
Pranee Kumar; IN
Benoit Lavallart; FR
Austin Leahy; IE
Peter Lee; SG
Sang-II Lee; KR
Paolo Lehnus; IT
Mondher Letaief; TN
Susana Lorenzo-Martinez; ES
Lena Low; AU
SF Lui; HK
Milton Lum; HK
Jan Mackereth-Hill; UK
Guy Maddern; AU
Georges Maguerez; CH
Ana Maria Malik; BR
Jan Mainz; DK
Russell Mannon; UK
Kadar Marikar; MY
Stuart Marshall; AU
Rashad Massoud; US
Stephen McAndrew; UK
Paolo Merlani; CH
Steve Meurer; US
Philippe Michel; FR
Marta Miguelez Liebana; CH
Ana Tereza Miranda; BR
Mohamed Nazir bin Abdul Rahman; MY
Takeshi Morimoto; JP
Libby Morris; SC
Anastasious Moutzoglou; GR
Russell Muddiman; UK
Jeremy Myerson; UK
James Naessens; UK
Puri Narottam; IN
Mathieu Nendaz; CH
Stephanie Newell; AU
John Ovretveit; SE
Torben Palshof; DK
Anam Parand; UK
Derick Pasternak; US
Angela Payne; UK
James Pelegano; US
Marie-Pascale Pomey; CA
Arne Poustrup; DK
Nittita Prasopa-Plaizier; WHO
Elizabeth Pringle; AU
Peter Qvist; DK
Anand R; IN
BK Rana; IN
Bernice Redley; AU
Bara Ricou; CH
Hamish Robertson; AU
Ronen Rozenblum; US
Mahasti Saghatcian; FR
Laura Schlesari; CH
Walter Sermes; BE
Tim Shaw; AU
Rosemary Smyth; IE
Patricia Snell; UK
Amy Stern; US
Tineke Stokes; NZ
Rosa Sunol; ES
Anuwat Supachutikul; TH
Shams Syed; WHO
Tam Ka Wae Tammy; HK
Turgut Tatlisumak; FR
Koen Van den Heede; BE
Paul Van Ostenberg; US
Frederick van Pelt; US
Charles Vincent; UK
Yau-Onn Voo; SG
Bert Vrijhoef; NL
Gillian Walsh; IE
Merrilyn Walton; AU
Lai Yi Eliza Wong; HK
Pauline Wong; HK
Wing Nam Wong; HK
Peter Woodruff; AU
Loretta Yam Yin Chun; HK
Iain Yardley; UK
Hing Yu; HK
Jennifer Zelmer; CA
PRE-CONFERENCE PROGRAMME
SUNDAY 21 OCTOBER

**SESSION 1**
**ACCREDITATION SYMPOSIUM: THE MANY FACES OF EXTERNAL EVALUATION**
**LEVEL 0, ROOM 3**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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</thead>
<tbody>
<tr>
<td>09:00 - 09:10</td>
<td>Welcome: Triona Fortune; IE and Wendy Nicklin; CA</td>
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<tr>
<td></td>
<td>Chair: Helen Crisp; UK</td>
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<tr>
<td>09:10 - 09:50</td>
<td>Health service accreditation programmes – what does the empirical literature tell us?</td>
<td>David Greenfield; AU</td>
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<tr>
<td>09:50 - 10:30</td>
<td>The benefit to consumers of publishing reports: A panel discussion</td>
<td>Wendy Nicklin; CA, Charles Bruneau; FR, David Greenfield; AU and Barbara Farlow; CA</td>
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<tr>
<td>10:30 - 11:00</td>
<td>COFFEE</td>
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<tr>
<td>11:00 - 11:30</td>
<td>Moving beyond traditional accreditation: applying lessons from safety-critical industries</td>
<td>Karen Timmons; US</td>
</tr>
<tr>
<td>11:30 - 12:15</td>
<td>Quality in social care for older persons: how you inspect or regulate</td>
<td>Mark Brandon; AU, Tracey Cooper; IE and Wendy Nicklin; CA</td>
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<tr>
<td>12:15 - 13:30</td>
<td>LUNCH</td>
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</table>

**SESSION A**
**MEASUREMENT AND EVALUATION**
**LEVEL 0, ROOM 3**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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</thead>
<tbody>
<tr>
<td>13:30 - 14:30</td>
<td>Rating Principles in Accreditation Programmes: Should we strive for a gold standard?</td>
<td>Carsten Engel and Anne Mette Falstie-Jensen; DK</td>
</tr>
<tr>
<td>14:30 - 15:00</td>
<td>Combining accreditation and quantitative indicators</td>
<td>Heather Walker; UK</td>
</tr>
<tr>
<td>15:00 - 15:30</td>
<td>COFFEE</td>
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<tr>
<td>15:30 - 16:30</td>
<td>“There’s No Evidence that Accreditation Improves Healthcare Quality and Safety”: What We’ve Learned, What We Agree and Disagree On, and The Strategy From 2012</td>
<td>John Helfrick; US, BK Rana; IN, Paul van Ostenberg; US, Helen Crisp; UK, Wendy Nicklin; CA</td>
</tr>
<tr>
<td>16:30 - 16:40</td>
<td>Conclusion</td>
<td>Brian Johnston; AU</td>
</tr>
</tbody>
</table>

**SESSION B**
**EVALUATION IN LOWER-INCOME COUNTRIES**
**LEVEL 2, ROOM 13**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>13:30 - 14:10</td>
<td>The interaction between quality assurance, quality improvement, accreditation and patient-safety programmes and their role in improving quality and safety in resource-restricted settings</td>
<td>Stuart Whittaker; ZA, Jacqui Stewart; ZA, Baile Moagi; BW</td>
</tr>
<tr>
<td>14:10 - 14:40</td>
<td>Patient-Safety Standards in Egypt, Jordan, Morocco, Pakistan, Sudan, Tunisia and Yemen</td>
<td>Sameen Siddiqi and Riham Elassady; WHO</td>
</tr>
<tr>
<td>14:40 - 15:00</td>
<td>Questions and answers with panel</td>
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<tr>
<td>15:00 - 15:30</td>
<td>COFFEE</td>
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</tr>
<tr>
<td>15:30 - 15:45</td>
<td>GP accreditation in resource-poor setting with an associated middle-income component</td>
<td>Morgan Chetty; ZA</td>
</tr>
<tr>
<td>15:45 - 16:30</td>
<td>Preparing primary care facilities for accreditation using the SafeCare approach</td>
<td>Nicole Spieker; NL</td>
</tr>
<tr>
<td>16:30 - 16:40</td>
<td>Conclusion</td>
<td>Stuart Whittaker; ZA</td>
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**SESSION 2 - INDICATOR SUMMIT: STRENGTHENING THE INFORMATION INFRASTRUCTURE FOR QUALITY**

**LEVEL 0, ROOM 4**

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:00 - 09:10</td>
<td>Welcome: Niek Klazinga; NL and David Ballard; US</td>
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**STRENGTHENING THE INFORMATION INFRASTRUCTURE**

**Chair:** Niek Klazinga; NL

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 09:10 - 09:40 | Strengthening the information infrastructure for quality measurement: data linkage and secondary data use from Electronic Health Records in OECD countries  
Jillian Oderkirk; OECD |
| 09:40 - 10:30 | Strengthening the information infrastructure; national experiences from South Korea and Belgium; A panel discussion  
Sun Min Kim; KR, Pascal Meeuws; BE and Jillian Oderkirk; OECD |

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>10:30 - 11:00</td>
<td>COFFEE</td>
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</table>

**FULL CYCLE CARE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
</table>
| 11:00 - 11:35 | Full cycle care in AMI and stroke in France  
Armelle Leperre-Desplanques; FR |
| 11:35 - 12:10 | Whole system healthcare quality measurement in Toscana  
Sabina Nuti; IT |
| 12:10 - 12:15 | Summary  
Niek Klazinga; NL |
| 10:30 - 11:00 | LUNCH                                                                 |

**MEASURING AND IMPROVING QUALITY IN PRIMARY CARE**

**Chair:** David Ballard; US

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 13:30 - 13:50 | Measuring and reducing disparities in quality of community care; the Clalit experience  
Ran Balicer; IL |
| 13:50 - 14:10 | Improving quality of primary care in Denmark  
Jan Mainz; DK |
| 14:10 - 14:30 | Measuring and improving primary care in the US  
Cliff Fullerton; US |
| 14:30 - 14:50 | Measuring and improving primary care in the UK  
Tim Doran; UK |
| 14:50 - 15:00 | Summary  
David Ballard; US |
| 15:00 - 15:30 | COFFEE                                                                 |
| 15:30 - 16:30 | Debate with morning and afternoon speakers as panellists  
Moderators: David Ballard; US and Niek Klazinga; NL |
| 16:30 - 16:40 | Summary  
Niek Klazinga; NL and David Ballard; US |

**PRE-CONFERENCE PLANNING COMMITTEE**

- **Triona Fortune** - Chair; ISQua
- **David Ballard**; US
- **Pierre Chopard**; CH
- **Brian Johnston**; AU
- **Niek Klazinga**; NL
- **Edward Kelley**; WHO
- **Anthony Staines**; CH
SESSION 3 - BEST PRACTICE IMPLEMENTATION THROUGH CLINICAL PROGRAMS
LEVEL 3, ROOM 5

Chair: Anthony Staines; CH

Clinical programs have been developed as a structure and a concept to implement evidence-based medicine in the daily practice and to reduce care delivery inefficiencies. Intermountain Healthcare (Utah, USA) and its Institute for Healthcare Delivery Research have led the way in designing, implementing and assessing these programs.

This one-day session will present the concept of clinical programs and analyze its foundations and building blocks: selecting clinical processes with opportunities for improvement, evidence-based medicine and guideline dissemination, process and outcomes measurement, data systems design, governance, organizational structure, clinical support tools, education and research, business case and value improvement, the mix between a top-down and a bottom-up approach, culture and engagement, care integration and leadership.

The program will draw on qualitative and quantitative research to analyze the components of a clinical program and will illustrate the concepts and tools with practical examples from Intermountain Healthcare and other leading healthcare organizations.

09:00 – 10.30  Implementing Evidence-based medicine
Anthony Staines; CH, Tracey Cooper; IE, Oliver Groene; UK and Pierre Chopard; CH

10:30 – 11:00  COFFEE

11:00 – 12:15  Intermountain Healthcare's Clinical Programs - the Brand
Anthony Staines; CH, Brenda Reiss-Brennan; US and Pascal Briot; US

12:15 – 13:30  LUNCH

13:30 – 15:00  Success factors in implementing clinical programs
Anthony Staines; CH, Alice Teil; FR, Pascal Briot; US, Pierre Chopard; CH, Brenda Reiss-Brennan; US and François Kundig; CH

15:00 – 15:30  COFFEE

15:30 – 15:50  Applying the concept of clinical programs in Europe
Alice Teil; FR and François Kundig; CH

15:50 – 16:20  Analysis of clinical programs: modeling for success
Pascal Briot; US

16:20 – 16:30  Conclusion
Anthony Staines; CH

SESSION 4 - WHO WORKSHOP: FROM RESEARCH TO ACTION:
A PRACTICAL GUIDE FOR ACHIEVING EVIDENCE-INFORMED POLICY-MAKING
LEVEL 3, ROOM 6

Chair: Edward Kelley; WHO

Speakers: Ulysses Panisset, Isabelle Wachsmuth, Nittita Prasopa-Plaizier, Shams Syed; WHO

09:00 – 16:30  Evidence-informed policy-making is key to achieving safe, effective and sustainable healthcare and health system improvements. But how exactly can available research evidence be translated into practical actions?

10:30 – 11:00  COFFEE

The first step in the knowledge translation journey is to ensure that policy-makers are aware of such knowledge, have access to tools and are able to apply them in their policy-making process and specific country context. The challenge is to establish dialogue, understanding and sustainable linking mechanisms between researchers, policy-makers and other relevant stakeholders, including patient groups, so that they can work as ‘partners’ to achieve policies informed by best available research evidence.

12:15 – 13:30  LUNCH

This will be an interactive workshop. The panel, led by the WHO Evidence-Informed Policy Network (EVIPNet), will present practical steps for engaging policy-makers and empowering them to use available tools. Participants will be actively engaged in ‘hands-on’ exercises using case studies of successful uses of evidence in health policy-making. The session will be of interest to researchers who wish to know how best to frame evidence to maximize its use; policy-makers eager to understand how to identify and use good research evidence; and knowledge brokers focused on how to better facilitate knowledge translation for action.
ISQua GENEVA: 
Monday 22 October

CONCURRENT SESSIONS
MORNING 11:00 - 12:30

A1 Putting the patient at the center of a Patient Safety Incident Analysis
Speaker: Hugh McLeod; CA
Level -1, Room 18
This session:
» Provides methods to analyse single or multiple incidents - therefore, more incidents can be reviewed resulting in more improvement and learning generated
» Places analysis in the incident management continuum, linking it with other activities that take place at different times and levels in the organisation (crisis management, disclosure, informing the media) - in this way increasing the effectiveness of analysis in improving care by aligning processes
» Offers guidance on developing and managing recommended actions - as a result, adding more precision to what improvements should be implemented.

A4 The Second Victim Phenomenon: Caring for our Own
Speakers: Susan Scott; US, Anthony Staines; CH, Nicoletta von Laue; CH
Level 0, Room 3
When patients suffer unexpected clinical events, clinicians are also at risk of suffering as a result of the unanticipated outcome and become “second victims”. Suffering caregivers feel as though they have failed the patient and frequently second guess their clinical skills, knowledge base and career choice. It is important to understand the second victim phenomenon and to realize that supportive interventions can promote a healthy recovery during this vulnerable period. This presentation will provide insights into the second victim experience and present the design and the results of pioneer institution’s program to support professionals that suffer the devastating second victim phenomenon.

A5a Measuring value: Integrating Patient-Reported Outcomes on a System-Wide Level
Speaker: Eyal Zimlichman; US
Level 3, Room 5
As Partners HealthCare System is responding to the changes that are expected to happen with healthcare and payment reforms, we have launched a strategic initiative focused at redesigning care around healthcare value, patients and the continuum of care. To allow for providers and managers to perform this redesign will require a whole new set of quality/value measures – and, specifically, outcome measures that will be meaningful to patients. Through robust research conducted within the last year we developed a strategic approach to the questions of what outcome measures matter to patients, how to best gather these measures (mostly patient-reported) and how to use them in the process of care redesign.

The established plan adopted by Partners HealthCare focuses on developing customised patient-reported outcome tools for specific medical conditions, establishing an information technology based patient-reported data collection system, feeding back the outcome data in real-time to clinicians through EMRs and to patients through portals and, finally, incorporating the patient-reported outcome metrics into Partners value dashboards.

Implementing this ambitious strategic initiative has positioned Partners HealthCare among the first networks with an established plan for incorporating patient-reported outcomes as quality and value metrics on a system-wide level.

A5b Interoperable systems in healthcare: A national traceability solution based on global standards for surgical instruments
Speakers: Alana McMahon, Jim Bracken; IE
Level 3, Room 5
There is well documented evidence on the importance of effective decontamination processes to prevent the spread of infections. Numerous international and regulatory bodies recognise this. The Medical Devices Directive (93/42/EEC) specifies the minimum Standards in relation to decontamination of medical devices. Hospital acquired infections are a concern for all hospitals. Surgical Site Infections (SSIs) can have an impact on both patient safety (e.g., development of a serious illness) and hospital costs (e.g., additional cost of treatment for the patient).

The importance of a robust Track-and-Trace system for medical instruments is recognised as an integral part of all Central Decontamination Units that comply with national, regional and international best practices. Under the current economic pressure that faces most of the world’s health services there is often a need to share hospital resources such as medical instruments and there is also a market for manufactures to loan instruments sets to hospitals. Doing so has obvious benefits, but, can also challenge proprietary systems of instrument identification in Central Decontamination units.

In the context of a service that necessitates that quality assurances for both patient and hospital are a prerequisite to comply with international recommendations, this session explores the benefits of using GS1 Global Standards for barcodes and globally unique identification numbers to facilitate an interoperable national traceability network for surgical instrument sets.
How do we ensure quality and safety from new technology?

Speaker: Guy Maddern; AU

Level 0, Room 2

With the rapid development and arrival of new surgical technology in the form of devices and procedures, how do we ensure safe introduction and quality treatment? The path needs to include regulatory oversight of devices, evidence-based use of new procedures, appropriate credentialing and training of practitioners and post-market surveillance, not only of devices but also of procedures. The difficulty in finding the balance between prompt access to the “new” and safe introduction into a healthcare system can be facilitated by “coverage with evidence”. In order for the new to be funded, disinvestment in old technologies is often suggested as the solution. Unfortunately, few practical examples of this exist.

This session will provide case studies to discuss and will encourage group debate on the practical and ethical challenges linked to new technology introduction. At the end of the 90 minute session, approaches applicable to any hospital will have been discussed and practical guidance and references will be provided.

Professional Regulation and Patient Safety: Parallel planets or two halves of one whole?

Speakers: Harry Cayton; UK, Ron Paterson; NZ, Martin Fletcher; AU

Level 0, Room 4

The regulation of the practise of health practitioners is well established in most modern healthcare systems, dating back to the 19th century. Typically it encompasses standards setting, dealing with concerns about fitness to practice and determining standards for educational programmes which are the pathway to licensure. Despite this long tradition, regulation of practitioners has usually stood apart from wider efforts to improve patient safety, although this is changing in many countries.

This session will explore the worlds of practitioner regulation and patient safety and how they can and should be better linked. Drawing on experience from multiple countries, issues to explore include individual accountability versus a systems focus on clinical governance, punishment versus protection, using levers for change such as revalidation and continuing competency, working with individual regulators and system regulators, how different countries are building patient safety into their regulatory systems.

BUILDING A COLLABORATIVE NETWORK TO RESEARCH ACCREDITATION: AN INVITATION TO PARTICIPATE

Speakers: David Greenfield and Reece Hinchcliff; AU

Level 0, Room 2

Research is at once a simple and complex activity. Identifying where to start, using a clear framework and having support along the way are all elements that contribute to successful projects. The goal of this seminar is to promote success in healthcare accreditation research through three activities: examine gaps in the healthcare accreditation literature to identify opportunities for research projects; provide a framework for projects; and, build a collaborative research network to support projects.

We seek colleagues from the international quality and safety community, both novice and skilled practitioners and researchers, to contribute to these activities. The seminar is an opportunity for attendees to discuss the opportunities and challenges associated with research projects, within a supportive environment. We hope to form a collaborative network to encourage and assist participants to implement projects in their local contexts in the years ahead.

WHO’s High 5s initiative: implementing standard operating protocols (SOPs) in patient safety by hospitals in participating countries

Speakers: Edward Kelley and Agnes Leotsakos; WHO

Level 1, Room 1

Experiences and outcomes of SOP implementation show that standardised protocols can be implemented across multiple hospitals and countries with minimum variation and that this can improve hospital processes and patient safety, functioning best if integrated into existing processes of care. However, major challenges remain in standardising SOPs across diverse countries and addressing language issues pertaining to global participation.

LUNCHTIME SESSIONS

Publishing Your Paper

Speaker: Eric Schneider; US

Level 0, Room 3

In this interactive session, Dr. Eric Schneider, Editor-in-Chief of the International Journal for Quality in Health Care will be joined by deputy editors in a presentation and discussion of the process for writing a successful research paper. They will discuss the types of papers the Journal seeks to publish, the characteristics of a strong research paper, a quality improvement report, and strategies that authors can use to successfully navigate the peer review process. They will also discuss the editorial process, the ingredients of a high-quality peer review, and an efficient approach to peer review.
This will be an interactive session with discussants and audience participation.

Professor Kim Oates, Director of Undergraduate Quality and Safety Education, Clinical Excellence Commission, NSW, Australia will speak on his current programme for medical students which includes four interactive modules and how this was introduced in five medical schools in NSW. He will also pose questions on how to include Q&S in the medical curriculum and how to get students excited about it.

David Mayer, Co-Executive Director of the University of Illinois at Chicago (UIC) Institute for Patient Safety Excellence and Associate Professor of Anaesthesiology and founder of the Telluride Patient Safety Roundtable and Student Summer Camps, will focus on what has been happening in the US and how accreditation has really driven safety and quality. He will be covering the use of reporting and best practice examples of trainees leading quality improvement in hospitals.

Peter Carter, acting CEO of ISQua will then introduce ISQua’s newest programme - the ISQua Fellowship. ISQua’s network extends over multiple countries, cultures and professions, varied health systems and professionals at beginning to advanced stages of their career. The one thing they all have in common is a drive to continually improve and enhance their knowledge. ISQua has decided therefore to introduce a Quality and Safety in Healthcare Fellowship Programme that caters for the diversity that is the nature of a global organisation.

Healthcare systems in every country of the world are facing the challenge of providing access to high-quality care from constrained budgets. In the English National Health Service, Jim Easton leads the work to generate £20bn of efficiencies while improving quality. Already, over £8bn of this has been delivered, with quality markers improving.

Jim will describe the need for all systems to address these challenges; outline those areas of healthcare improvement which have the most potential for delivering quality and efficiency improvements together; describe how quality improvement methods have been taken to the next level through the development and implementation of the NHS Change Model for driving large-scale change; and discuss personal leadership lessons for driving the next stage of the quality journey.

DUQuE “Deepening our understanding of quality improvement in Europe” is a research project financed by the EU 7th Research Framework Programme. This 42-month project started in November 2009 and its completion is scheduled for April 2013. The main goal of the DUQuE project is to study the effectiveness of quality improvement systems in European hospitals and to produce guidance for hospital managers and purchasers for improving and contracting, respectively, hospital services.

DUQuE was designed as a cross-sectional, observational study of European hospitals. Data was collected at hospital, departmental (focus on care for four patient groups: stroke, hip fracture, acute myocardial infarction, and deliveries), professional and patient levels. Data sources include professional surveys, chart reviews, administrative data, patient surveys, and external visits. Hospitals in the Czech Republic, France, Germany, Poland, Portugal, Spain, Turkey and the United Kingdom participated.

During the workshop, we will provide an overview of the rationale and objectives of the DUQuE project, report on logistic and ethical difficulties in gathering hospital and patient level data across countries in Europe and give details of results of the statistical analysis addressing associations between constructs, which have not been reported previously.

This is one of the largest collaborations to assess the impact of hospital quality management systems worldwide. The practical issues involved in recruiting hospitals, professionals and patients to participate in a large-scale observational study are substantial and knowledge about local motivations is paramount to ensure success.

For too long, mental health conditions have been largely overlooked as part of strengthening primary care quality outcomes. This is despite the fact that up to 60% of people attending primary care clinics have a diagnosable mental disorder. Integrating mental health into primary care facilitates patient and family-centred and holistic services and, as such, is central to the values and principles of the Alma Ata Declaration of 1978 which identified primary healthcare as the key to the attainment of the goal of ‘Health for All’.

For the past 12 years, Intermountain Healthcare (IH - USA) has implemented and sustained a Mental Health Integration (MHI) across its 80 primary care and specialty medical group clinics and 25 non-IH health centres across the USA. To achieve these practice changes MHI has applied the tools of robust process improvement
(continuous quality improvement, lean management, change management) to redesigning the practice of care focusing on integrating 1) Leadership and culture, 2) Resource workflow, 3) Information and measurement, 4) Economics and financing, 5) Community support and patient and family engagement.

In this session, we will present the key components of the IH MHI programme and its results, and expand on the broader delivery of care model of Intermountain Healthcare and its achievements in improving quality of care, saving lives and reducing costs.

**A20 Strengthening capacity for patient-safety improvement in low-resource settings**

*Speakers: Shams Syed; WHO, Tonny Tumwesigye; UG, Nittita Prasopa-Plaizier; WHO, Margaret Murphy; IE*

**Level -1, Room 15**

This session will provide a diverse range of insights on achieving and sustaining patient-safety improvement in low-resource settings. Firstly, the linkages between regional policy and local patient-safety action will be explored in the context of a multi-country partnership programme involving 14 African and three European countries. Key lessons on catalysing and sustaining change are highlighted. Secondly, the importance of stimulating patient-safety research in low-resource settings across the world will be discussed, highlighting the influence of local patient-safety research on health systems. The panel will share the country-level experiences from Uganda to illustrate “global-local” co-linkages in patient safety; the focus here is how global, regional and national policy are inter-linked to achieve change at the institutional level.

Finally, the panel will discuss how to effectively engage and strengthen patients’ capacity so that they become “empowered and informed” partners in a path towards patient-safety improvement. All of these elements provide a perspective on how patient-safety can be integrated into effective future health systems in low-resource settings.

**AFTERNOON PLENARY**

**Using e-health and Health Technology Assessment**

*Speakers: Christian Lovis; CH, Andrew Morris; SC*

**Level 1, Room 1**

“The death of Hippocrates” – Culture transformation in Medicine

A reflection on the recent transformation of medicine set in perspective with some major discoveries and the cultural and societal changes occurring more recently. The impact of information sciences and knowledge driven science. One of the postulates in physics is that the universe is information. Life sciences are slowly moving in a direction where it seems that life is information.

**Biomedical Informatics supporting our quest to advance Quality and Safety for All**

Healthcare is arguably the last major industry to be transformed by the information age. Deployments of information technology have only scratched the surface of possibilities for the potential influence of information and computer science on the quality and cost-effectiveness of healthcare. In this talk, the opportunities provided by computer science and “big data” to transform health care delivery models will be discussed. Examples will be given from nationwide research and development programmes that integrate electronic patient records with biologic and health system data. Two themes will be explored; specifically:

- How the size of the Scotland (5 million residents), allied to a relatively stable population and unified health care structures facilitate the application of health informatics to support nationwide quality-assured provision of health care.

- How population-based National Health Service (NHS) datasets and disease registries can be integrated with biologic information to facilitate (i) epidemiology; (ii) drug safety studies; (iii) enhanced efficiency of clinical trials through automated follow-up of clinical events and treatment response; and, (iv) the conduct of large-scale genetic, pharmacogenetic and family-based studies essential for stratified medicine.
Monday 22 October

08:00 - 08:45 Convention Foyer - Level 0
Welcome Coffee with the Exhibitors

Level 1, Room 1
Opening Plenary

08:45 - 09:30 Chair: David Bates; ISQua President Elect
Official Conference Opening
Pascal Strupler; Director- General, Federal Office of Public Health
Pierre-Yves Maillard; Health and Social Affairs Minister, Canton de Vaud
Tracey Cooper; ISQua President
Roisin Boland; ISQua CEO

09:30 - 10:30 Chair: Tracey Cooper; ISQua President
Opening Plenary - Safer Health Care in a Global Perspective: The Coming Challenges for WHO and the World
Margaret Chan, Director General; WHO, Sir Liam Donaldson, Envoy for Patient Safety; WHO

10:30 - 11:00 Morning Break

11:00 - 12:30 Concurrent Sessions – Morning

A1 - Patient Centered Care
Level -1, Room 18

Chair: Helen Crisp; UK
Putting the patient at the center of a Patient Safety Incident Analysis
Hugh MacLeod; CA - 45 mins

1899 What do you mean the patient called a reach rapid response? Patient engagement at the 'sharp end'
K. Luxford, A. Gal, C. Hughes; AU - 15 mins

1420 Development of evidence-based information tool for public in Japan: support for effective utilization of clinical practice guidelines
A. Okumura, Y. Sato, M. Yoshida, N. Yamaguchi; JP - 15 mins

1569 What are healthcare organisations doing to measure and improve patient experience?
12 case studies from England
J. Cornwell, G. Robert, R. Levenson, N. Joule; UK - 15 mins

A2 - Education in Safety and Quality
Level 3, Room 6

Chair: Paul Bartels; DK
Managing knowledge for improvement: Why knowledge management approaches are new and essential tools for improving health systems
T. Shaw; AU, M R Massoud; US, L Marquez; US - 30 mins

2573 Patient safety knowledge, attitudes and skills - the impact of an online programme for graduate medical practitioners in Ireland
S. McCarthy, M. Burgdorf, D. O’Flynn, A. O’Shaughnessy; IE - 15 mins

2402 What is leadership for quality improvement? Making sense of leadership in a complex system
H. Hunter, K. Hooton, T. Smerdon, L. Wiggins; UK - 15 mins

1448 Application of kano methods to identify and categorize quality improvement training preferences of healthcare workers
I. Seoudi, N. Dymond; QA - 15 mins
A3 - Governance Leadership and Health Policy
Level -1, Room 15

Chair: Carlos Goes de Souza; BR

2539 Clinical governance assurance by NHS professionals for nurses, midwives and careworkers working as flexible workers
A. O’Brien, K. Barraclough, P. Khaira, M. Verghese; UK - 15 mins

1832 Determinants of burnout, job satisfaction, and intention to leave among four categories of hospital professionals
I. Gilles, B. Burnand, I. Peytremann-Bridevaux; CH - 15 mins

2675 The influence of hospital complexity on surgical mortality
M. L. McCrum, K. E. Joynt, A. A. Gawande, A. K. Jha; US - 15 mins

2667 National reference values for the German inpatient quality indicators
U. Nimptsch, T. Mansky; DE - 15 mins

2323 Large scale quality improvement in primary care in Australia
D. J. Wright, C. Caesar; AU - 15 mins

A4 - Patient Safety Systems
Level 0, Room 3

Chair: Duncan Inverarity; AU

The Second Victim Phenomenon: Caring for our Own
Susan Scott; CA, Nicoletta von Laue; CH, Anthony Staines; CH - 90 mins

A5 - Measuring Service Performance and Outcomes
Level 3, Room 5

Chair: Jean Latreille; CA

Measuring value: Integrating Patient-Reported Outcomes on a System-Wide Level
Eyal Zimlichman; US - 60 mins

Interoperable systems in healthcare: A national traceability solution based on global standards for surgical instruments
Alana McMahon, Jim Bracken; IE - 30 mins

A6 - Integrated Care and Interface with Primary and Social Care
Level 2, Room 14

Chair: Richard Choong; AU

1757 Social capital as a predictor of risk management in hospitals
H. Pfaff, N. Ernstmann, A. Shukor, A. Hammer; DE - 15 mins

1312 Developing national standards for integrated care pathways (ICPS) for child and adolescent mental health services (CAMHS)
D. Thomson, J. Byrne, F. Forbes, C. Macmillan; SC - 15 mins

1421 Transitions between care settings and patient experienced quality
M. T. Sandager, C. Sperling, J. L. Knudsen; DK - 15 mins

1450 Improving quality and safety of ortho-geriatric cooperation in the treatment of geriatric trauma: a peer review based concept to audit centres for geriatric trauma in Germany
T. A. Friess, E. Hartwig; DE - 15 mins

1155 A collaboration between a restructured hospital team and nursing home staff to reduce pneumonia in nursing home
D. Wild, H. Yang, D. Yong, SG - 15 mins
A7 - Innovative Technologies using e-health and Health Technology Assessment
Level 0, Room 2

Chair: René Amalberti; FR

How do we ensure quality and safety from new technology?
Guy Maddern; AU – 90 mins

A8 - Quality and Safety in Transitional and Developing Countries
Level 2, Room 13

Chair: Ezequiel Garcia Elorrio; AR

The safecare essentials: a rapid and cost-effective tool to screen healthcare quality in resource-restricted settings
P. van Ostenberg, N. Spieker, S. Whittaker, T. Rinke de Wit; NL & ZA – 15 mins

Spread of better care practices and quality improvement for maternal and newborn services from Niger to Mali
M. A. Boucar, Z. Saley, S. Djibrina, K. Sangare; NE – 15 mins

Evaluation of mortality rates and length of hospital stay using reduction risk models by ap-drg in Hospital Estadual de Diadema
M. N. De Paula, F. L. Gastal, N. S. Mansur, M. H. Kono; BR – 15 mins

National study of adverse events incidence in public Chilean hospitals, 2009
N. J. Alvarez Ortíz, G. I Ramirez Donoso, M. E Carrasco Portiño; CL – 15 mins

Patient-centered care in the labor and delivery wards of Rwandan health facilities: results of an observational assessment of 72 health facilities

A9 - Accreditation and Regulation of Systems and Professionals
Level 0, Room 4

Chair: Bruce Barraclough; AU

Professional Regulation and Patient Safety: Parallel planets or two halves of one whole?
Harry Cayton; UK, Martin Fletcher; AU, Ron Paterson; NZ – 90 mins

12:30 - 14:00 Lunch and Sessions

12:55 - 13:50 Level 0, Room 3
A10 - Publishing your paper
Eric Schneider; US

13:00 - 13:45 Level 0, Room 2
A11 - Building a collaborative network to research accreditation: an invitation to participate
David Greenfield and Reece Hinchcliff; AU

13:00 - 13:45 Level 1, Room 1
A12 - WHO’s High 5s initiative: implementing standard operating protocols (SOPs) in patient safety by hospitals in participating countries
Edward Kelley and Agnes Leotsakos; WHO
13:10 - 13:50 Oral Presentations

**AP1 - Patient Safety Systems**  
Level -1, Room 18

**Chair:** Carlos Goes de Souza; BR

**2447 Global patient safety alerts - sharing for learning**  
**E. Pollock**; S. Kossey, H. MacLeod; CA – 5 mins

**2251 Safety culture in a university hospital: results of a questionnaire survey**  
**J.-B. Wasserfallen**; S. Vialle, P. Michel, I. Peytreman-Bridevaux; CH – 5 mins

**0005 Increase of Outpatient Surgery cases by improving the management process**  
**Hyunkyung Lee**; TW – 5 mins

**2174 Procedural sedation complication & training for doctors**  
**C. W. Lau**; C. W. Kam, P. F. Tang; HK – 5 mins

**2617 Investigating Nurses’ Reporting Intention Of Medical Incidents**  
**S. Y. Hsieh**; S. Chang, W. Hsu; TW – 5 mins

**AP2 - Accreditation and Regulation of Systems and Professionals**  
Level -1, Room 15

**Chair:** Majdah Shugdar; SA

**1684 Excellence in governance: paramount to Accreditation Canada’s role in promoting quality healthcare**  
**W. Nicklin**; B. MacDonald, J. Mitchell, M. Lee; CA – 5 mins

**1883 Users’ views on the role of self-assessment in the Australian residential aged care accreditation process**  
**V. Crawford**; **M. Brandon**, L. Irwin; AU – 5 mins

**2701 Does cancer care accreditation really improve quality performance among cancer centers?**  
**Y.-Y. Chen**; **K-P Chung**, R.-K. Hsieh, C.-S. Huang; TW – 5 mins

**2668 Value and impact of international hospital accreditation in Spain**  
**D. S. Shepard**; E. A. Undurraga, J. M. Gutierrez, P. J. Saturno; US – 5 mins

**AP3 - Measuring Service Performance and Outcomes**  
Level 3, Room 5

**Chair:** Alex Bottle; UK

**1222 Clinical impact of a critical pathway for heart failure patients**  
**A. Zawodnik**; N. Garin, S. Carballo, A. Perrier; CH – 5 mins

**1368 Effective team management of diabetic foot discovered by timely review of prolonged hospital stay**  
**J.-H. Chuang**; H.-C. Wang, S.-C. Hsiang, C.-J. Hsieh; TW – 5 mins

**2104 Exploring & optimizing surgical patient flows in an eye hospital**  
**L. Wauben**; D. de Korne, J. van den Dobbelsteen; NL – 5 mins

**1699 Comparison of adverse drug events and medication error between adult and pediatric inpatients: the jade study**  

**1465 Has there been quality improvement? Long-term trends of quality indicators in 58 Swiss hospitals**  
**W. Wiedermann**; D. Wiedenhöfer, B. Eckl, U. Frick; DE – 5 mins
AP4 - Patient-Centered Care
Level 3, Room 6

Chair: Helen Healey; CA

1360 Why do people from ethnic minority groups report poorer experiences of hospital care?
J. Ellins; UK - 5 mins

2580 Patient satisfaction with the tuberculosis control program in Rio de Janeiro metropolitan area, Brazil
M. C. Portela, S. M. L. Lima, C. Brito, C. C. Escosteguy; BR - 5 mins

1945 Major quality improvements in a short time through managerial focus - development and implementation of a new nursing documentation system
M. B. Pedersen, I. Sørensen; DK - 5 mins

1147 Impact of “silence in hospital” on patient and employee satisfaction
S. Nagarajan, N. Puri; IN - 5 mins

0006 Patients are given estimated time to see doctors at Primary Care Clinic
Evan Sim Chin Sing; SG - 5 mins

AP5 - Innovative Technologies using e-health and Health Technology Assessment
Level 2, Room 13

Chair: Clare Rees; UK

2088 E-health to support mental health integrated care pathways development across Scotland
M. Fleming, D. Thomson; SC - 5 mins

1999 Advancing safety, science and service in community care through technology
C. Cheung, C. Szabo; CA - 5 mins

1675 Can we improve patient safety with analyzing medical incident reports?
M. Akiyama, K. Fujita, I. Sakata; JP - 5 mins

2001 Evaluation of a highly structured electronic nursing record
K. Lawton, K. M. Lyng; DK - 5 mins

1573 Healthcare workers’ perceptions and attitude in using electronic incident reporting system EIRS, Hamad Medical Corporation HMC, in state of Qatar
M. Alishaq, J. Alajmi; QA - 5 mins

AP6 - Education in Safety and Quality
Level 2, Room 14

Chair: David Ballard; US

2373 Does training in family medicine in Hong Kong help in the quality of care and empowerment of patients with chronic illness?
F. S. K. Yu, K. Kung, S. Wong S. W. Mercer; HK - 5 mins

1092 Workflow model – a new approach to reducing handoffs & improving patient safety in the post anesthetic care unit
M. Zubrinic, L. Steel; CA - 5 mins

1268 ‘Lessons learnt: building a safer foundation’ – a national program for embedding patient safety into postgraduate medical training
M. Ahmed, S. Arora, S. Tiew, N. Sevdalis; UK - 5 mins
1297 The WHO multi-professional patient safety curriculum: the implementation of key modules and its impact on patient safety knowledge and attitudes in medical students at the university of the Algarve
J. Fonseca, P. Sousa; PT - 5 mins

2084 End-of-life in the intensive care unit
V. Gardaz, S. Doll, B. Ricou; CH - 5 mins

AP7 - Governance Leadership and Health Policy
Level 0, Room 4

Chair: Christopher Cornue; US

2164 Defining patient expectations for an academic healthcare institution through public consultation: a qualitative approach
M. P. Law, P. McKernan, D. Sinclair; CA - 5 mins

2296 Improving diabetes care through policy formulation: a case study of the expert advisory group for diabetes
S. Mc Hugh, R. Brugha, I. J. Perry; IE - 5 mins

1178 A multi-pronged quality management approach to improving cardiac mortality

1808 The ethics of decision-making in healthcare quality improvement programmes
T. Grüning, R. Höchstetter; DE - 5 mins

1492 Improving healthcare quality through human resource management’s association with team functioning and performance: a blueprint for the future
D. Pereira, D. Greenfield, G. Ranmuthugala, J. Braithwaite; AU - 5 mins

14:00 - 15:30 Concurrent Sessions – Afternoon

A13 - Patient Centered Care
Level 2, Room 14

Chair: Virginia D’Addario; US

2435 Applying Innovative Cloud Technologies for an ICU On-Line Registration Service

0003 The Impact of a Proactive Patient-Centered Care Model on Patient Satisfaction during Hospitalization
Ronen Rozenblum, N. Efrati, J. Donze, DW Bates; US - 15 mins

2090 How to disclose the diagnosis from the patient’s perspective
C. Sperling, M. Sandager, J. L. Knudsen; DK - 15 mins

1889 The enactment of patient participation in medication management during acute episodic illness requiring hospitalisation
L. Mc Tier, M. Botti, M. Duke; AU - 15 mins

1193 Is improving a patient’s confidence to manage their depression worthwhile? A study of the effectiveness of a self-management of depression course on severity of symptomatology and functional impairment
D. Pearce; UK - 15 mins
A14 - Education in Safety and Quality
Level 0, Room 2
Chair: Cliff Hughes; AU
From Undergraduate to Leader: What is the quality and safety education agenda?
Kim Oates; AU, David Mayer; US, Peter Carter; AU – 90 mins

A15 - Governance Leadership and Health Policy
Level 0, Room 3
Chair: John Ovretveit; SE
Tackling the Cost and Quality Challenge
Jim Easton; UK – 90 mins

A16 - Patient Safety Systems
Level 3, Room 6
Chair: Puri Narottam; IN
2597 Barriers and facilitators for taking action after classroom-based crew resource management training: results from three intensive care units
P. Kemper, C. van Dyck, C. Wagner, M. de Bruijne; NL – 15 mins
1560 Distractions and disruptions in surgery: a threat to patient safety?
A. Wheelock, A. Suliman, C. Vincent, S. Arora; UK – 15 mins
2477 The nature, frequency, severity and outcomes of nurse-related sentinel adverse events in New Zealand public hospitals
M. P. Finlayson, D. Rowe; AU & NZ – 15 mins
1563 Impact of nurses' working hours on hospital patient-safety culture among Japan, the US and Chinese Taiwan
1118 Trans-Atlantic alliance to compare patient safety (in-patient falls) performance between the UK and USA organizations
M. Adil, B. Crawford, P. Briot; US – 15 mins

A17 - Measuring Service Performance and Outcomes
Level 0, Room 4
Chair: Anthony Staines; CH
Application of Health System Quality Governance by the OECD following Quality of Care reviews from South Korea and Israel, in 2012
Niek Klazinga; NL – 45 mins
Deepening our understanding of quality improvement in Europe – DUQuE
Rosa Sunol; ES, Oliver Groene; UK, Basia Kutryba; PL, Niek Klazinga; NL – 45 mins

A18 - Integrated Care and Interface with Primary and Social Care
Level 3, Room 5
Chair: Hing Yu So; HK
Mental Health Integration: Enhancing Primary Care Value at Lower Cost to the Community
Brenda Reiss-Brennan and Pascal Briot; US – 90 mins
A19 - Innovative Technologies using e-health and Health Technology Assessment
Level 2, Room 13

Chair: John Sweeney; IE

1452 Electronic medical record systems enhancing quality and equity in primary care
C. A. Leaver, S. Hagens; J. Zelmer; CA – 15 mins

1708 Shrinking distances and broadening horizons via teleradiology: a success story of reaching out to the under-privileged using innovative technology in the third world
R. Amin, S. M. Sohail, M. Yusuf, S. Habib; PK – 15 mins

1483 Impact of a clinical alert within an electronic health record on the diagnosis and management of pediatric overweight and obesity

1976 Automated dispensing systems: how could they improve the efficiency of the drug logistic process?
O. François, S. Dumont, M.-F. Métivier, P. Bonnabry; CH – 15 mins

1276 Incident reports using a virtual toolbox
J. A. Robblee, M. J. Cleland, T. Zakutney; CA – 15 mins

A20 - Quality and Safety in Transitional and Developing Countries
Level -1, Room 15

Chair: Abdul Ghaffar; WHO

WHO: Strengthening capacity for patient safety in low-resource settings
Shams Syed; WHO, Tonny Tumwesigye; UG, Nittita Prasopa-Plaizier; WHO, Margaret Murphy; IE – 90 mins

A21 - Accreditation and Regulation of Systems and Professionals
Level -1, Room 18

Chair: Salem Al Walabi; SA

1685 Achieving safer care: Accreditation Canada's pivotal role in strengthening patient safety nationally and internationally
W. Nicklin, B. MacDonald, J. Mitchell, C. Dean; CA – 15 mins

2657 The importance of consumers in the accreditation of long-term aged care
V. Crawford, M. Brandon; AU – 15 mins

1970 Stakeholders' views on the effects of national standards on mental health services in Ireland
L. M. O'Farrell, L. Moore; IE – 15 mins

Y. Imanaka, M. Hashimoto, T. Hasegawa, H. Kawakita; JP – 15 mins

1340 Prediction of accreditation decisions from a reduced number of mandatory standards and quality indicators: can we use hospitals' self-assessment?
S. Guerin, P. Loirat, B. Lucet, C. Grenier; FR – 15 mins
15:30 - 16:00 Afternoon Break

Level 1, Room 1
Afternoon Plenary

16:00 - 16:10 Lifetime Membership Award
Presented by Tracey Cooper; ISQua President – 10 mins

16:10 - 17:25 Chair: David Bates; ISQua President Elect
Using e-health and Health Technology Assessment
Christian Lovis; CH, Andrew Morris; SC – 75 mins

17:30 – 18:15 Level 0, Room 3
ISQua AGM – Members only

19:00 - 21:00 Networking Reception – The Palais des Nations
No admission without tickets.
Tickets – CHF45.00

NOTES:
**E-Innovation for Patient Safety**

Speakers: Diana Zandi, Misha Kay, Itziar Larizgoitia, Angela Lashoher; WHO

**Level 0, Room 4**

The use of information and communication technologies (ICT) for health, or eHealth, is transforming health services and systems around the world. Similarly, health technologies in their many forms have become an integral part of healthcare delivery. Countries are experimenting with new technologies and platforms, such as mobile devices (mHealth), for reporting and monitoring patients’ health conditions and providing just-in-time information to guide care. In addition, they are increasingly turning to eLearning, that is the use of electronically-supported learning and teaching to reach the health workforce with the education, training and resources they need to deliver safe and quality care.

How can eHealth, mHealth and eLearning be used to improve patient safety? Are these technologies practical, feasible, acceptable – and safe – in low-income countries? In what settings are they best suited? How do we know if they have an impact?

This session will explore these questions. The panel will introduce the broader concept and approach of eHealth for improving healthcare, drawing on specific examples on the use of eLearning for patient safety. The panel will share the results of the Global Observatory for eHealth (GOe) surveys, which monitor the development of eHealth worldwide. In addition, the application of a checklist aimed at improving the health and safety of mothers and newborns will highlight the use of eHealth in the field.

**Making Health Care Better in Low and Middle Income Economies**

Speaker: Rashad Massoud; US

**Level 2, Room 14**

This session will report on the Salzburg Global Seminar (SGS) on “Making Health Care Better in Low and Middle Income Economies: What are the next steps and how do you get there.” Fifty-eight global health leaders from 33 countries convened on April 22nd through April 27th, 2012 to chart the way forward for improving healthcare, they reviewed available evidence to improve quality and safety in low and middle income economies, synthesised lessons learned, discussed challenges and opportunities, and recommended next steps to stimulate improvement in the quality and safety of healthcare.

By attending this session you will:

1. Learn how the seminar was designed and convened
2. Hear the recommendations and Statement from the Salzburg Global Seminar
3. Understand the impact of the Statement at the World Health Assembly (WHA) briefing
4. Share new ideas on how to integrate the recommendations and Statement from the Salzburg Global Seminar into your work.
1. Steve Clark - Background to General Practice accreditation and how patient feedback is utilised by general practices.

2. Robert Boyd-Boland - Background to the developing system of accreditation for dentists in Australia, including patient feedback. This is a wholly new concept and Robert will describe how dentistry has responded to this new initiative.

3. Peter Reeves - Background to the Quality Care Pharmacy Program (QCPP) which underpins pharmacy accreditation. Patient Feedback is now in its second phase and Peter will describe the impact on pharmacies.

Michael Greco will provide an overview of comparisons of patient-experience data across the three professions, outlining strengths and areas for further development. Lessons for future development will also be presented.

New challenges for Quality and Patient-Safety Officers

Speaker: René Amalberti; FR

Level 0, Room 4

The profession of Quality and Patient-Safety Officers (QPSO) has become a standard only during the last decade, yet it already asks for deep reconsideration. The profession was established to fill the vacuum in expertise in response to the growing demand for quality and safety methodologies in certification programmes. The success has been significant, but should not mask some growing loopholes.

Firstly, the hierarchical positioning of QPSO has been proven to be far too low, thus meaning that quality and safety priorities are not valued highly enough in the arbitration rounds occurring with other medical and administrative priorities. Secondly, the area can no longer be condensed into care and patients' judgments, with such limited interactions with the managers dealing with occupational accidents, absenteeism, staff's satisfaction, and careers. Finally, healthcare changes rapidly, new organisations emerge breaking the traditional silos (hospital care, primary care, and home care) moving the vision to patients' journey. The Quality and Safety scheme cannot be achieved without shifting to this new vision, giving emphasis on macro and meso levels and without forgetting the payment scheme (especially under financial pressure). The certification and accreditation paradigms move in the same direction. The presentation details these significant evolutions, and highlights the consequences for QPSO recruiting and training.

External Evaluation and Social Care

Speakers: Mark Brandon; AU, Pilar Hilarion; ES, Clive Bowman; UK

Level 3, Room 5

The main topics to be covered in this session are:

- External evaluation of consensus indicators as a basis of change
- Examples of projects in residential and home care for the elderly using these methods
- Impact of this process in residents’ care

Mark Brandon will outline the emergence of external evaluation schemes in long term care for older persons around the world.

Pilar Hilarion will cover the Donabedian Institute's work in quality of social care in residential care and home care in Spain.

Clive Bowman will discuss the BUPA experience in providing long term care to older persons under four different regulatory regimes in England, Spain, Australia and New Zealand.

LUNCHTIME SESSIONS

Teaching about patient safety in developing and transitional countries

Speaker: Bruce Barraclough; AU

Level 0, Room 2

The introduction of patient safety into healthcare professionals’ education aims to contribute towards building a foundation of knowledge and skills that will better prepare healthcare professionals and students to meet the patient-safety demands of today’s complex healthcare environments. This session will focus on the experiences and impact of teaching patient safety in academic institutions and to hospital staff from a range of countries using the WHO Multi-professional Patient Safety Curriculum Guide.

CONCURRENT SESSIONS AFTERNOON 13:45 - 15:15

Measuring the quality of patient experience in primary care – lessons from general practice, pharmacy and dentistry

Speakers: Michael Greco, Stephen Clark, Robert Boyd-Boland, Peter Reeves; AU

Level 0, Room 3

Michael Greco will introduce the session with some background about the significance of patient experience as a quality indicator in accreditation systems. This will be followed by a brief outline of the patient experience tool being used in Australia to provide feedback to general practices, pharmacy and dentistry as part of their accreditation programs.
Ten years ago, the WHO passed a resolution committing to work on improving quality and patient safety across the world. Since then, the WHO Patient Safety Programme, in collaboration with Member States, international agencies and institutions, has accomplished significant milestones of global reach and impact, which have placed patient safety firmly on the policy agenda in many countries. While most of the advances in patient safety to date have focused on what happens to patients in acute hospital settings, there is increased recognition of the essential role of safe primary care to achieve universal health coverage.

The WHO is willing to facilitate some reflection around ways to bridge the knowledge gap on unsafe primary care and to bring momentum and collaborative action forward. During this session, the WHO proposes to review and reflect on this matter by bringing world leaders from a wide range of socioeconomic developments to discuss this exciting topic.

Many innovative improvement ideas, including concepts that appear to work in early implementation trials, fail to produce sustained results when applied more broadly. Such failures drain will, sap energy, and cast doubt on the utility of improvement science. A disciplined sequence of innovation, prototyping, pilot-testing in diverse contexts and conditions, spread, and scale-up will be described. This approach includes careful delineation of a draft conceptual and/or logic model, key drivers and changes, and a measurement framework early in the prototyping stage. The model, drivers, changes and measurement framework should be amended based on real-time evaluation during the prototyping and pilot-testing phases, using both quantitative and qualitative methods. Even during spread and scale-up, careful observation should continue in an effort to detect anomalies that challenge earlier assumptions and further elucidate which elements must be implemented with great fidelity and which need to be adapted to local conditions. Rigorous design and evaluation of improvement projects should produce credible results suitable for peer-reviewed publication.

This session will outline Scotland’s approach to measuring the performance of the health and social care system. It will describe a coherent approach to measurement starting with high-level country-wide measurement called ‘Scotland Performs’. It will then describe more granular measurement at the frontline of Scotland’s safety work as an example. Crucially, the link between measurement and improvement will be made clear.

The Scottish Patient Safety Programme has delivered unprecedented improvements in mortality, infection and harm. Measurement has been crucial to the success of the programme. The session will include time to discuss lessons learned with delegates and how Scotland would do things differently if starting again.
When Internal Quality Systems Work (and Fail) – A Review of External Evaluators.

Utilising ISQua’s International Accreditation Programme (IAP) as a Framework for Compliance and Improvement

ISO 9001: 2008 and ISQua’s IAP – A Synergy for Compliance and Improvement

The workshop shall highlight successful systems which have been utilised by external evaluators to maximise the quality of processes and the management of internal risk. During the discussions the opportunity to examine the challenges will also be provided.

B18 Quality of Health Care in the Cloud: Advantages and Security Issues

Speaker: Olga Ferrer Roca; ES, Ales Bourek; CZ, Anastasia N. Kastania; GR, Anastasius Mountzoglou; GR

Level 2, Room 14

This session will explain what cloud services are, the various types of cloud services, and their pros and cons when compared with traditional in-house IT technologies. Moreover, it will articulate the most significant security risks attached to using cloud services, explore the adoption of cloud solutions, and look at cloud-based personal health information systems, and interoperability between healthcare IT systems. Finally, it will assess the quality and patient-safety linkage of cloud-based healthcare, and anticipate the provision of healthcare at a distance, the replacement of face-to-face contacts with technology-mediated interactions, and patient-driven healthcare.

AFTERNOON PLENARY

Translating global safety concepts into practice

Speakers: François Clergue and Didier Pittet; CH

Level 1, Room 1

François Clergue argues;

Anaesthesia is frequently identified as an example for its success in the field of safety. Over the last decades, there has been a 10-fold decrease in anaesthesia-related mortality. The first step in safety was obtained by a standardization of three factors influencing safety: the formal training of all anaesthesia providers (physicians and nurses), the use of intra-operative instrumental monitoring (pulse oxymetry and capnography) and the provision of facilities for postoperative surveillance (recovery rooms). These requirements became mandatory in most countries. The following target of safety addressed the reduction of human failures, through an improvement of human-technical interfaces (fail-safe device to prevent the delivery of hypoxic gas mixtures, drug labelling of vials and syringes, identification of venous/arterial lines) or through the standardization of high-risk procedures, such as difficult intubation and CVC insertion.

The present efforts in anaesthesia safety address improvements at the team or system levels. Improvements in team communication should be improved through combined team training sessions and standardization of hand-outs. Systemic aspects of safety should also be considered, such as safety culture, staffing and organizational aspects of care, in order to either prevent post-operative complications (through pre-anaesthesia consultation to improve pre-operative assessment) or mitigate their consequences (by implementation of intermediate care units).

Didier Pittet discusses;

Healthcare-associated infection (HAI) is a major, global issue for patient safety and its prevention was chosen by WHO Patient Safety as the theme of its 1st Global Patient Safety Challenge “Clean Care is Safer Care” launched in October 2005. Infection rates and risk differ dramatically between countries with the greatest burden in developing nations. Although some differences can be explained by patient mix diversity or health systems, others suggest a wide variability of policies and practices in HAI prevention, such as differences in adoption and application of guidelines and protocols, beliefs and attitudes among healthcare workers, staffing patterns, available resources, or barriers to implementing best practices.

Improvement in practices requires questioning basic beliefs, behavioral change, adapted interventions, and support to individual and group creativity. Learning and behavior change comes from training in a safe and controlled environment. In several countries, public reporting of HAI is now mandatory. A net ‘zero’ may not be realistic, but it is suggested that most success in infection prevention comes from simply complying with practice recommendations, often available since many years. Hospitals must consider how they can implement system and practice change as failure to do may result in them being forced to do so by the public and by legislation in the future.
Tuesday 23 October

07:45 – 08:30  Level 3, Room 5
Breakfast Session supported by The Health Foundation
Helen Crisp; UK

07:30 – 08:30  Level 3, Room 6
Swiss Session: Improving Medication Safety with Technology: perspectives, pitfalls and results
David Bates; US

08:00 – 08:45  Convention Foyer - Level 0
Welcome Coffee with the Exhibitors

Level 1, Room 1
Morning Plenary

08:45 - 10:00  Chair: Pierre Chopard; CH

08:45 – 09:45
Measuring Service Performance and Outcome
Carolyn Clancy; US

09:45 – 10:00
Distinguished Service Award
Presented by Tracey Cooper; ISQua President

International Accreditation Programme Awards
Presented by Wendy Nicklin; Chair of Accreditation Council; ISQua

10:00 - 10:30  Morning Break

10:30 - 12:00  Concurrent Sessions – Morning

B1 - Patient Centered Care
Room 3, Level 6

Chair: Christopher Cornue; US

2210  Pain prevalence study at the child and adolescent department of the Geneva University Hospitals
C. Savin, C. Korff, M. Zaugg, A.-C. Rae; CH – 15 mins

2489  Evaluation of a patient-led hospital exit checklist to improve information handover and reduce postsurgical anxiety
D. De Korne, J. Rekko, K. Van Overdam, F. Hiddema; NL – 15 mins

1840  Developing a service improvement programme to enhance patient-centred care
B. Fitzsimons; UK – 15 mins

2512  Making a silk purse out of a sow’s ear – learnings from implementation of an open disclosure program
S. Brandis; AU – 15 mins

0008  Voice of the Patient
Nagwa Metwally; EG – 15 mins

B2 - Education in Safety and Quality
Level-1, Room 18

Chair: David Greenfield; AU

1299  Understanding and improving patient experience: A national survey of training courses provided by higher education providers and healthcare organisations in England
G. Robert, J. Cornwell, R. Waite, J. Maben; UK – 15 mins
2649 Assessment of and the factors that influence patient-safety competence among health professionals at entry to practice
D. Tregunno, L. Ginsburg, P. Norton, J. Medves; CA – 15 mins

1803 Effective delivery of an electronic safe prescribing module for medical interns
L. V. Graudins, E. Tong, L. Denby, L. Rotstein; AU – 15 mins

2198 Reducing errors in pharmaceutical calculations – educating & training medical staff
R. Lahat, L. Baitelman, M. Leonenko, D. Netzer; IL – 15 mins

2361 Patient safety transformation
B. P. Y. Lau, C. Gomersall, G. Joynt, K. M. Ho; HK – 15 mins

B3 - Governance Leadership and Health Policy
Level 0, Room 2

Chair: Peter Woodruff; AU

Implementing Value Improvements
John Ovretveit; SE – 60 mins

1723 Impact of pay for performance on quality of care for minority patients: the premier hospital quality incentive demonstration

1993 Making tough decisions in hard times
H. Crisp, D. Patel, M. Airoldi; UK – 15 mins

B4 - Patient Safety Systems
Level 0, Room 3

Chair: John Helfrick; US

A Continuum of Design for Patient Safety Research
Oliver Anderson, Jonathan West, Susanna Walker, Merrilee Briggs; UK – 90 mins

B5 - Measuring Service Performance and Outcomes
Level -1, Room 15

Chair: Alex Bottle; UK

1924 Demonstration of patient-safety indicators in Japan

1440 Effect of modified early warning score (mews) in a Hong Kong regional hospital on outcome of adult patients with infection compared with regional hospitals not implementing mews
K. C. Chan, H. P. Shum, K. S. Liu, L. Y. C. Yam; HK – 15 mins

2575 Precision of composite performance scores: The ideal number of indicators in an indicator set
A. Van Doorn-Klomberg, J. Braspenning, D. Reeves, S. Campbell; UK & NL – 15 mins

1117 Evaluating implementation of a rapid response team: considering multiple outcome measures

2397 Refinement and validation of 3 AHRQ patient-safety indicators (PSIS) adapted to the French diagnosis and procedure coding systems: the CLARTE research project
M. A. Le Pogam, S. Couray-Targe, J. M. Januel, C. Colin; FR – 15 mins
**B6 - Integrated Care and Interface with Primary and Social Care**  
*Level 2, Room 13*

**Chair:** John Bullivant; UK

**1454** Work division between primary and secondary care - effect on mortality  
*G. K. R. Beinzen,* G. Ersdal, T. Deraas; NO - 15 mins

**1543** The role of practice accreditation as quality improvement for primary care practices  
*K. Goetz,* S. Campbell, S. Willms, J. Szecsenyi; DE - 15 mins

**1418** Impact of Intermountain Healthcare's integrated primary care practice on patients' long-term medical utilization  

**1615** Sustaining the gains: quality improvement of HIV and AIDS programs in South Africa (2007 – 2011)  
*D. Jacobs*; ZA - 15 mins

**1886** Comparisons of patient-safety culture among Japan, Taiwan and the US  
*S. Fujita,* K. Seto, Y. Wu, T. Hasegawa; JP - 15 mins

**B7 - Innovative Technologies using e-health and Health Technology Assessment**  
*Level 0, Room 4*

**Chair:** Najeeb Al Shorbaji; WHO

**WHO: E-innovation for patient safety**  
Diana Zandi, Misha Kay, Itziar Larizgoitia, Angela Lashoher; WHO - 90 mins

**B8 - Quality and Safety in Transitional and Developing Countries**  
*Level 2, Room 14*

**Chair:** Jose Carvalho de Noronha; BR

**Making Healthcare Better in Low and Middle Economies**  
Rashad Massoud; US - 45 mins

**1444** Trends and determinants of quality of adult ambulatory care in Afghanistan  

**1909** Evaluation of training quality for Libyan nurses in public hospitals: a pre-revolution survey in Benghazi, Libya  
*S. Mohapatra,* A. Al-Shekhteria, H. Adetunji; SA - 15 mins

**1989** Prevalence of adverse events in Brazilian hospitals (IBEAS-Brazil study)  
C. Travassos, M. Martins, W. Mendes, *A. L. Pavão*; BR - 15 mins

**B9 - Accreditation and Regulation of Systems and Professionals**  
*Level 3, Room 5*

**Chair:** Mark Brandon; AU

**External Evaluation and Social Care**  
Mark Brandon; AU, Pilar Hilarion; ES, Clive Bowman; UK - 90 mins
12:00 - 13:45  Lunch and Sessions

12:45 – 13:30  Level 1, Room 1, B10 – DNV: Reducing patient safety risk through independent international accreditation
Bruce Barraclough; AU

12:45 – 13:30  Level 0, Room 2
B11 - WHO: Teaching about patient safety in countries
Bruce Barraclough; AU

12:45 – 13:30  Level 0, Room 3
International Accreditation Programme; Surveyor update
Triona Fortune, Jan Mackereth-Hill; ISQua

12:50 - 13:30  Oral Presentations

BP1 - Patient Safety Systems
Level -1, Room 18

Chair: Rosemary Smith; IE

1179 What near misses tell us about our organizational management and perceptions of the healthcare team towards this approach in intensive and intermediate care
C. Tschanz, F. Taalba, G. Sridharan, H. Ksouri; CH – 5 mins

1859 Implementation of patient-safety practices in international healthcare organizations
C. Menger, S. Ahmed, S. Audette, K. Tarasova; CA – 5 mins

2410 C.A.R.E. multidisciplinary falls and fractures prevention intervention program for a rehabilitation setting
N. Shkuratova, S. Howell, H. Jones, J. Butchers; AU – 5 mins

1106 “A workman may blame his tools”: an audit of difficult airway trolleys in emergency departments in Ireland
I. Callanan, T. Soyemi; IE – 5 mins

2268 Critical analysis of current system and processes in ent one day surgery
K. Marquet, N. Claes, T. Postelmans, A. Vleugels; BE – 5 mins

BP2 - Accreditation and Regulation of Systems and Professionals
Level -1, Room 15

Chair: Reece Hinchcliff; AU

1997 Organisational self-assessments compared with survey team assessments: an accreditation mechanism to improve quality
B. St Clair, M. Moldovan, D. Greenfield, J. Braithwaite; AU – 5 mins

2635 Improvements in the surveyors qualification program through the ISQua surveyor training programme
J. A. Carrasco Peralta, D. Núñez García, M. D. M. Castellano Zurera, R. Burgos Pol; ES – 5 mins

1221 Quality approach on quality of life in the workplace
V. Ghadi, B. Lucet, V. Mounic, T. Le Ludec; FR – 5 mins

2631 Proposed law on healthcare quality in Poland and institutional settings of healthcare quality policy in EU member states
T. R. Hermanowski, D. Duleba, J. Hutton, G. Pignataro; PL – 5 mins

2610 Evaluating the potential effect of accreditation on Danish hospitals’ performance and clinical outcomes for chronically ill patients
N. Ghith; DK – 5 mins
BP3 - Measuring Service Performance and Outcomes
Level 3, Room 5

Chair: Jean Latreille; CA

1959 Measuring efficiency of the enhanced recovery after surgery (ERAS) pathway in colorectal surgery
D. Roulin, A.-C. Griesser, A. Donadini, N. Demartines; CH – 5 mins

1928 Job stress among healthcare workers in Japan
S. Ito, S. Fujita, K. Seto, T. Hasegawa; JP – 5 mins

2576 Falls and pressure ulcer prevalence in Swiss acute care hospitals: results of the first national scale quality assessment
C. Vangelooven, S. Hahn, R. Heller; CH – 5 mins

2074 Development of a cross-specialty organization to improve the screening and the management of malnutrition in hospitalized children
P. Occelli, A. Duclos, S. Touzet, N. Peretti; FR – 5 mins

2358 Correlation between reperfusion rate and mortality of AMI (acute myocardial infarction)

BP4 - Patient-Centered Care
Level 3, Room 6

Chair: Jan Mainz; DK

2238 To improve the admission registration process so as to reduce process time and deliver timely care to patients
S. L. Lee, S. K. Yeo, R. W. K. Teo, M. T. B. Ramat; SG – 5 mins

2159 Multidisciplinary care for patients with amyotrophic lateral sclerosis at Geneva University Hospitals, Switzerland
A-C. Heritier Barras, D. Adler, R. Iancu Ferfoglia, J.-P. Janssens; CH – 5 mins

1292 Nurses’ attentiveness and attitudes regarding patient satisfaction: an international multicenter study

1837 ‘Your story’ – a consultation tool designed to capture the experiences of children and young people who have used child and adolescent mental health services in Scotland
C. Macmillan, J. Byrne, V. Rigley, J. Mouriki; SC – 5 mins

2281 Towards optimal patient involvement in guideline development groups
C. Pittens, T. Brouwer, A. Snijders, S. Kersten; NL – 5 mins

BP5 - Innovative Technologies using e-health and Health Technology Assessment
Level 2, Room 13

Chair: Takeshi Morimoto; JP

2531 The implementation of an electronic document of the Braden Scale to assess the risk of developing pressure ulcer among hospitalized patients
E. O. Ribas, F. I. Farias, M. S. Malta, M. L. Silva; BR – 5 mins

2154 DUR for providing real-time safe drug management and information in Korea
Y. Lee, SJ Kim, GS Kim, SM Yuk, SM Kim, CU Kim, WH Choi, Yl Yoon; KR – 5 mins

2429 Does implementing a DVT/PE prophylaxis system reduce the incidence of hospital DVT/PE?
J. M. Naessens, M. Johnson, T. Morgenthaler, J. Lovely; US – 5 mins
1272 Compilation of standardized common rheumatological private practice case records in Denmark
G. Ølsgaard, F. Johannsen, B. Christau; DK – 5 mins

2602 Online construction of continuous education itineraries in clinical and care management
M. Periáñez, T. Esposito, F. Garcia; ES – 5 mins

BP6 - Patient Safety Systems
Level 2, Room 14

Chair: Daniel Cohen; UK

1383 Redesign how we receive, transcribe and pick medications at the outpatient pharmacy to reduce medication errors.
C. M. Hua Heng, L. Y. Ching, E. T. D. Uson; SG – 5 mins

1676 The operation of the CDUR program enabling cost saving and fewer prescribed drugs?

1319 Promote the reporting culture of near-miss medication to enhance patient safety

1472 Medication reconciliation at hospital admission and discharge: Implementation of a national hospital patient-safety program
E. S. Koster, C. de Blok, C. Wagner; NL – 5 mins

1384 Recuperare model applied to serious adverse drug events (SADE)
C. Chenaud, A. Ourahmoune, M. Bourrier; CH – 5 mins

BP7 - Quality and Safety in Transitional and Developing Countries
Level 0, Room 4

Chair: Ezequiel Garcia Elorrrio; AR

2549 Supporting clinical audit in Botswana
T. Gothusang, F. Madzimbamuto; BW – 5 mins

2303 Risk analysis of medication process in a medical intensive care unit
H. Ravaghi, Z. Abdi; IR – 5 mins

1923 Engaging clients in quality improvement: a pre and post assessment of a client engagement intervention at 12 HIV facilities in western Uganda.
M. Namwabira, H. Kisamba, S. Smith, H. Megere; UG – 5 mins

1481 Simple, low-cost measures at the National Institute of Child Health’s pediatric intensive care unit in Lima, Peru decrease healthcare-associated infections
R. Shimabuku, G. Nakachi, D. Fernandez, M. Alvarado; PE – 5 mins

2637 Are chronic conditions related to patient-safety indicators? A cross-sectional study of the Argentine healthcare cost and utilization project
J. T. Insua, D. Giunta, P. Ioli, R. Villalon; AR – 5 mins

1269 Improving the quality of cervical cancer prevention services using the SBMR model
F. M. Lambe, D. Soetikno, Y. M. Kim; ID – 5 mins

13:45 - 15:15 Concurrent Sessions – Afternoon

B12 - Patient Centered Care
Level 0, Room 3

Chair: Ronen Rozenblum; US

Measuring the quality of patient experience in primary care – lessons from general practice, pharmacy and dentistry
Michael Greco, Stephen Clark, Robert Boyd-Boland, Peter Reeves; AU – 90 mins
B13 - Education in Safety and Quality
Level 0, Room 4

Chair: Janne Lehmann Knudsen; DK

New challenges for Quality and Patient-Safety Officers
René Amalberti; FR – 90 mins

B14 - Governance Leadership and Health Policy
Level 0, Room 2

Chair: Carolyn Clancy; US

WHO: Safer care outside the hospital: a discussion
David Bates; US, Aneez Esmail; UK, Benedetta Allegranzi; WHO, Nana Twum-Danso; US,
Itziar Larizgoitia; WHO – 90 mins

B15 - Patient Safety Systems
Level -1, Room 15

Chair: Mondher Letaief; TN

1184 Risk appetite in clinical commissioning groups in England, UK
J. R. Bullivant, M. Aiken, S. Arnold, A. Zeineldine; UK – 15 mins

2227 Positive Recognition Program Increases compliance with Medication Reconciliation by Resident Physicians in an Outpatient Clinic: 2 Years of Sustainability Data

2333 The need to conquer ‘cat-herding’ and ‘opaque quality’ to improve patient safety in hospitals
E. Renkema, M. Broekhuis, K. Ahaus; NL – 15 mins

1506 Examining the efficacy of three patient-led, patient-safety incident reporting mechanisms in a hospital setting
J. Ward, G. Armitage; UK – 15 mins

B16 - Measuring Service Performance and Outcomes
Level 3, Room 5

Chair: Marc Berlinguet; US

Improvement science – Developing evidence for what works in the real world
Don Goldmann; US – 45 mins

Measuring outcomes across a nation – the Scottish experience
Jason Leitch; SC – 45 mins

B17 - Integrated Care and Interface with Primary and Social Care
Level 3, Room 6

Chair: Elizabeth Brown; US

Pamela Fagan; IE, Jason Graefling; AU and David O’Keefe; IE – 45 mins

Quality Systems for External Quality Evaluators – Practicing What We Preach
John Sweeney; IE, Mark Brandon; AU and Paul van Ostenberg; US – 45 mins
B18 - Innovative Technologies using e-health and Health Technology Assessment
Level 2, Room 14

Chair: SF Lui; HK

Quality of Healthcare in the Cloud: Advantages and Security Issues
Anastasius Mountzoglou; GR, Olga Ferrer Roca; ES, Ales Bourek; CZ, Anastasia N. Kastania; GR – 90 mins

B19 - Quality and Safety in Transitional and Developing Countries
Level 2, Room 13

Chair: Michael Counte; US

2491 Building patient-safety systems for African hospitals: utilizing the potential for community-driven change
R. Gooden, P. Rutter, E. Kelley, S. B. Syed; UK & WHO – 15 min

1844 Infection prevention and control in labor and delivery wards in Madagascar
E. Bazant, V. Tripathi, J. P. Rakotovao, J. Ranjalaly Rasolofomanana; MG & US – 15 min

1968 Maternal health service improvements in Kunduz province, Afghanistan

1753 Developing patient-safety systems in a rural Ugandan hospital: the power of a partnership-based approach
S. Hoyle, T. Tumwesigye, S. B. Syed; UK & UG – 15 min

2439 A multi-faceted intervention to increase the use of prophylactic oxytocin for the management of the third stage of labor and to reduce the routine use of episiotomies in selected facilities in Nicaragua
E. Garcia Elorrio, Y. Lacayo, A. Aleman, H. Espinoza; AR – 15 min

B20 - Accreditation and Regulation of Systems and Professionals
Level -1, Room 18

Chair: Charles Shaw; UK

1237 Patient-safety culture improvement fundamental change (PSCIFC): A case study at King Fahd Hospital – Jeddah
M. A. Shugdar; SA – 15 mins

2235 A comprehensive assessment of healthcare systems - Beyond a clinical focus
L. O’Connor, E. Kingsley, B. Johnston, K. Linegar; AU – 15 mins

2069 Accreditation in Lebanon 1999-2011
S. Haroun; LB – 15 mins

2191 Nurse-reported patient-safety culture one year after ISO certification - A retrospective study
K. Brubakk, I. S. Sjetne, D. Hofoss, O. Tjomsland; NO – 15 mins

1504 The positive impact of accreditation on hospital climate - 4 years’ follow up in Taiwan
C. M. Lo, H. H. Liao, C. L. Shih, W. C. Lee; TW – 15 mins

15:15 - 15:45 Afternoon Break
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>15:45 - 15:55</td>
<td><strong>Reizenstein Award</strong>&lt;br&gt;Presented by Eric Schneider, Editor-in-Chief, International Journal for Quality in Health Care – 10 Mins</td>
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<td>15:55 - 17:00</td>
<td><strong>Chair: Phil Hassen; ISQua Immediate Past President</strong>&lt;br&gt;<strong>Patient Safety - Translating global safety concepts into practice</strong>&lt;br&gt;Didier Pittet and François Clergue; CH – 65 Mins</td>
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<td>17:00 - 19:00</td>
<td><strong>Poster Reception, Level -1</strong></td>
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<td>19:00 - 21:00</td>
<td><strong>Educational Site Visits</strong></td>
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<td>• <strong>Visit 1:</strong> Visit of the SIMULHUG Program (Simulation Center of The University Hospitals of Geneva)</td>
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<td>• <strong>Visit 2:</strong> Access to healthcare among the disadvantaged in Geneva : the role of the mobile ambulatory consultation care in the community (CAMSCO)</td>
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<td>• <strong>Visit 3:</strong> Visit to WHO Head Quarter</td>
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**NOTES:**

*Tuesday 23 October*
ISQua GENEVA: Wednesday 24 October

BREAKFAST SESSION

WHO: Global burden of unsafe care
Speakers: Ashish Jha and David Bates; US
Level 3, Room 6

This panel will discuss the latest updates on the state of knowledge about the global burden of unsafe medical care. It will present the final results from the WHO sponsored global burden of harm which results from care to hospitalised patients, and preliminary estimates of the financial costs of adverse events. In order to ensure that we track the safety of healthcare systems across the world, we will need key data and the session will identify the data elements that would be most helpful. Finally, the panelists will share their experience with the modelling approach in the United States and how it might be improved. The panel will conclude with a clear path forward to ensure that tracking the global burden of disease that results from unsafe care is a key part of the global health policy agenda.

CONCURRENT SESSIONS MORNING 11:00 - 12:30

C2 Learning by Doing: Linking Quality Improvement Theory and Practice
Speakers: Boel Andersson and Johan Thor; SE
Level 0, Room 4

Speakers will introduce thinking about how to integrate research, quality improvement, and implementation of evidence-based practice, student involvement and cultural change. They will draw on the experience of training undergraduate health professions students, practising clinicians, and managers in the Jönköping County Council health system and at the Jönköping Academy for Improvement of Health and Welfare. An overarching theme in these examples is the integration of professional knowledge and improvement knowledge in the service of better health and welfare.

This will be an interactive session where participants will contribute by sharing their experience and discussing several brief presentations by the speakers.

C3a Asking the Unaskable, Thinking the Unthinkable
Speakers: Tracey Cooper; IE, Hugh McLeod; CA
Level 0, Room 2

To change behaviour and regenerate hope and confidence healthcare system leaders, both formal and informal, need to learn how to integrate three things that are vital to quality and patient safety transformation: Creating - nurturing the growth of seeds of innovation that will allow for a well connected and aligned quality and management system, Preserving - leveraging, sustaining and spreading what works, and Discarding - abandoning old patterns, structures and processes found to be incompatible with the present and the future.

Posing questions and critically examining the current state of affairs across the healthcare spectrum is essential to large-scale quality improvement.

Tracey and Hugh will explore hot buttons themes that need to be talked such as: Why being an Authentic Leader is crucial and how misplaced EGO can become destructive to change and transformation, Alignment versus Structural Change, Short Term results at the expense of Long Term Sustainability, the importance of the Patient Voice, and more. This will not be a presentation; rather it will be a live conversation in front of the audience. The conversation will start with Tracey and Hugh and then bridge to a larger conversation with the audience.

C3b Policy and practice – The chicken or the egg? An exploration of policy leadership and experience
Speaker: Cliff Hughes; AU
Level 0, Room 2

Fatalities from motor vehicle accidents were first measured in NSW in 1934. The numbers climbed steadily till the late 60’s. In the early 1970’s the rate began to fall with the decline marked by two remarkable steep reductions in fatal road crashes. In 2011, despite the complexity of our cars and roads the statistics were similar to those of the mid 1940’s.

In Health Care the extent of adverse events was first documented in the Quality in Australian Health Care in 1990. Sixteen per cent of patients dying during a hospital stay experienced a recognized adverse event. Nevertheless it was not until that 2005 NSW rolled out an Incident Information Management System, available to all staff, on line, in every facility. The Clinical Excellence Commission now logs over 16,000 notifications each month. Over the last seven years there has been a monthly increase in reporting compared to the same month in the previous year. Over 1.25 million notifications have been analysed. Almost 50% of these were “near misses” but about half of 1% concerned severe life or limb threatening events.

Notable incidents include falls, medication errors and finally to recognize and resuscitate deteriorating patients.

Analysis of this information, reported by our staff has prompted a range of Clinical improvement projects jointly developed by Clinical Excellence Commission, the Agency for Clinical Innovation, the Ministry of Health, managers and clinicians across the State. Evaluation of each of these projects has in turn led to other programs such as the Quality Use of Antibiotics in Intensive Care, the Central Line Associated Bacteraemia project, a Sepsis project and the landmark “Between the Flags” Program for the recognition and management of deteriorating patients.

But we must ask ourselves: Are these relevant and effective? In order to respond and learn, a “Quality System Assessment” program has been implemented across NSW at three levels: Local Health District, Facility, and Clinical Unit (or ward) unit.
This self-assessment program has been taken up by more than 95% of clinical units and verification (a 20% on site review of the evidence) has demonstrated 98% accuracy.

At a recent “clinical focus group” of Chief Executives all participants indicated that they have used these data together with outcome data from sources such as the Chartbook (CEC), System Performance Reports (BHI) to drive Clinical Improvement projects and programs.

These programs support policy and are, in turn, themselves, supported by policy. Interestingly, both on our roads and in our hospitals effective policies post date effective behavioural(cultural) change. This paper will explore, in more detail, the complex relationships between information systems, policy and clinical practice. They are even more problematic than “Which comes first – the chicken or the Egg?”

**C10 Advancing the Field of Clinical Governance Research and Practice**

**Speaker:** Julie Johnson; AU

**Level 0, Room 2**

In this interactive session we will review the origins of clinical governance and track the effect of government actions on health care governance. We will outline currently accepted governance strategies and review their changing patterns over time. Drawing on our own research and the literature, we will identify and discuss the importance of effective governance of health services by using an illustrative case study of governance arrangements in a large health care organization. Participants will then join facilitated small group discussions, which will be used to explore the applicability of clinical governance frameworks to different clinical settings. This will include resource-limited settings, multidisciplinary environments, transitional and developing countries as well as countries where the concept has not been embraced.

**C4 WHO: Safer injections, safer healthcare**

**Speakers:** Selma Khamassi, Edward Kelley, Benedetta Allegranzi; WHO

**Level 0, Room 3**

Harm from unsafe injections is a global public health issue, especially in low-income countries where resources are scarce and reuse of equipment is still a reality. The problem is further aggravated by inappropriate or over-use of injections. Every year, billions of injections are given worldwide with reused equipment, leading to millions of cases of infections mainly from blood-borne viruses. The keys to reducing harm from unsafe injections are the rational use of injections, safe devices and safe injection practices. Safety-engineered injection devices have been developed and identified as one of the strategies to avoid syringe and needle reuse. Over the last decade, the WHO has strongly promoted injection safety, in particular through technology transfer for auto-disable syringes, for immunisation in several countries.

But have unsafe injections decreased? What is the current magnitude and extent of unsafe injections worldwide? Which cost-effective interventions can effectively promote and sustain rational and safe use of injections?

In this session, the panel will present new evidence on the emergence and spread of blood-borne pathogens through unsafe injections, including the global burden of unsafe injections. They will also discuss strategies and interventions to promote rational and safe use of injections, drawing on country experiences on a successful application of innovation and new technologies to combat unsafe injections.

**LUNCHTIME SESSIONS**

**C11 European Society for Quality in Healthcare Workshop**

**Speakers:** Paul Bartels; DK, Basia Kutryba; PL

**Level 0, Room 3**

At the ISQua Conference in Paris, ESQH was given the opportunity to lead a workshop about general aspects of the development in the field of quality patient safety. While the Paris workshop was focused on the clinical experience of the various types of quality improvement activities, we propose a workshop for Geneva with the aim of discussing the growing concern in ESQH at the fragmentation of the quality field, in the hope of continuing the close relationship between ISQua and ESQH.

Patient safety, accreditation, improvement and change, patient centredness, performance measurement, is the unifying concept of quality of care falling apart?

In the monumental work “The definition of quality and approaches to its assessment”. Avedis Donabedian introduced the field by stating “It is by no means clear whether quality is a single attribute, a class of functionally related attributes, or a heterogeneous assortment gathered into a bundle by establishing usage, administrative fiat, or personal preference”.

Now, after 30 years of explosive developments, refinements and system-building in quality of patient safety, we see a variation in the concept of quality ranging from the accreditation concept, where quality is mainly determined by management and governance to clinical guidelines, from performance measurement where quality is a branch of applied evidenced medicine to political moral concepts, concerning the absolute demand for change, movement and revolution when it comes to patient safety or patient involvement. The unifying model of Donabedian seems to have been eliminated in the process of differentiation.

This lack of a common foundation has created increasing disillusion and scepticism concerning the effectiveness of quality/patient-safety efforts. There seems to be a need to re-examine the field, and reinvent the underlying conceptual structures that seem to embrace all efforts revealing the sources of their similarities, and the reasons for their differences.

Thus, after three short presentations, given a critical overview of the present situation in established quality activities, the workshop will discuss the possibility of the future unifying theory, which can set goals for innovation and application of future activities.
in attitudes regarding the interpersonal aspects of surgery between organization and among subgroups (anaesthetists, surgeons, nurses) within organization. We conclude that integrated quality assurance and human factors programs have the potential to increase safety, efficiency and job satisfaction among medical personnel.

The majority of accidents in technical professions have human error as a causal element. More critically, these errors tend to involve interpersonal issues: communications, leadership, conflict, flawed decision making, etc. Aviation has responded by initiating formal instructions in the interpersonal aspects of human factors through programs that are known as Crew Resource Management (CRM) training.

Research into the interpersonal activities in the operating room has demonstrated similar problems in communication, conflict and situational awareness. To define the issues more sharply, an input-process-outcome model of operating room team performance was adapted from one developed in aviation. The model defines areas such as attitudes, organizational culture and group processes that are amenable to improvement through training and organizational interventions. It has also led to the development of formal human factors training programs that, like that in aviation, involve simulation.

Team Oriented Medical Simulation (TOMS) at the Department of Anaesthesia University Hospital of Basel is a training program that includes a full operating room simulator. Anaesthetists, surgeons, nurses and orderlies conduct scheduled surgery on an instrumented mannequin that allows both anaesthetic and laparoscopic procedures. Initial results from simulations show highly favorable reactions from participants.

Human factors and quality assurance programs need to be data-driven to have positive impact. Survey and systematic observational methodologies have been used to define areas that may benefit from training. Results from three hospitals showed highly significant differences to define areas that may benefit from training. Results from three hospitals showed highly significant differences.
The ‘Health for All’ goal defined by the WHO in 1977 has not been achieved. At the same time, inequities in quality of healthcare are present in most countries. Although major advances have been achieved in protocol and guidelines definitions, as well as in accreditation programmes and standards, further discussions for a national health system strategy are needed to mobilise interest and resources.

The goal is the right to healthcare quality and safety for all. Taking into consideration that most health systems are complex, fragmented social systems, the complexity paradigm is utilised to outline a national health system plan for quality and safety in healthcare. The purpose is to articulate collective interest and coordinate resources and activities for quality and safety under basic ethical principles of solidarity, justice and equity.

The 5/5/5 Quality and Safety Health Care Plan defines 5 objectives, 5 strategies and 5 systems process results. Its objectives are to:

1. Encourage political commitment and cohesive policies with the participation of all actors involved
2. Promote consumer and stakeholder participation
3. Coordinate National, Provincial and Municipal health systems
4. Develop networks of services and integrated healthcare models with public private partnerships
5. Encourage self-evaluation and accreditation

NOTES:
Wednesday 24 October

07:45 – 08:30  Level 3, Room 6
WHO: Global Burden of Unsafe Care
Itziar Larizgoitia; WHO, Ashish Jha, David Bates; US

08:00 – 08:45 Convention Foyer - Level 0
Welcome Coffee with the Exhibitors

08:45 - 09:00 Welcome to ISQua’s 30th International Conference, Edinburgh 2013
Frances Elliot; SC – 15 Mins

09:00 - 10:15 Chair: Sheila Leatherman; US
Quality and Safety in Transitional and Developing Countries
Sam Zaramba; UG, Sodzi Sodzi-Tettey; GH - 75 Mins

10:15 - 10:45 Morning Break

10:45 - 12:15 Concurrent Sessions – Morning

C1 - Patient Centered Care
Level 3, Room 6

Chair: Christine Ann Goeschel; US

2652 Patient-centered approach in clinical guidelines: a position paper of the allied health community of the Guidelines International Network (G-I-N)
S. V. Dulmen, P. V. D. Wees; NL – 15 mins

1517 Is there a relationship between information concerns of patients and adherence to therapy?
Findings from the Swiss Inflammatory Bowel Disease Cohort Study
V. Pittet, G. Rogler, B. Burnand, J.-P. Vader; CH – 15 mins

2025 The Perspectives of Young Adults with Type 1 Diabetes: Shared Decision Making
J. Wiley, D. Greenfield, J. Braithwaite, R. Day; AU – 15 mins

1778 Patient experience in safety-net hospitals: implications for improving care and value-based purchasing
P. Chatterjee, K. Joynt, E. J. Orav, A. Jha; US – 15 mins

0004 The Kaleidoscope of Clinical Quality; Perspectives, Points of View and What Really Matters
D. Cohen; US – 15 mins

C2 - Education in Safety and Quality
Level 0, Room 4

Chair: Girdhar Gyani; IN

Learning by Doing: Linking Quality Improvement Theory and Practice
Johan Thor and Boel Andersson-Gäre; SE – 90 mins
**C3 - Governance Leadership and Health Policy**  
**Level 0, Room 2**

Chair: Brian Johnston; AU

*Asking the Unaskable, Thinking the Unthinkable*  
Tracey Cooper; IE, Hugh McLeod; CA - 45 mins

*Policy and practice - The chicken or the egg? An exploration of policy leadership and experience*  
Cliff Hughes; AU - 45 mins

**C4 - Patient Safety Systems**  
**Level 0, Room 3**

Chair: Marie-Paule Kieny; WHO

*WHO: Safer injections, safer healthcare (tentative)*  
Selma Khamassi, Edward Kelley, Benedetta Allegranzi; WHO - 90 mins

**C5 - Measuring Service Performance and Outcomes**  
**Level -1, Room 15**

Chair: Clare Rees; UK

2434 *Instituting Client Orientated Provider Efficient Services (COPE) in Anti-Retroviral Therapy (ART) Centres in Karnataka State*  
C. Rangaraju, S. G. Shastri, R. Washington; IN - 15 mins

2194 *Three years improving Qis assessing the quality of care at AMI discharge: better prescription or traceability of contraindication?*  
F. Capuano, P. Loirat, C. Grenier; FR - 15 mins

1754 *The relationship of unit characteristics and safety climate with clinical outcomes in Swiss nursing homes*  
F. Zúñiga, S. De Geest, R. Schwendimann; CH - 15 mins

2200 *Changes of in-hospital mortality after implementation of an outcome-driven quality management system*  
U. Nimptsch, T. Mansky; DE - 15 mins

**C6 - Integrated Care and Interface with Primary and Social Care**  
**Level 2, Room 14**

Chair: Kadar Marikar; MY

1950 *The Out-patients Integration Care (OPIC) for multiple chronic conditions patients – the Taiwan experience*  

1853 *Impact of an EHR-based diabetes management form on quality and outcomes of diabetes care in primary care practices*  
D. J. Ballard, J. Herrin, C. Fullerton, P. Aponte; US - 15 mins

1364 *Spanning boundaries between primary and social care: examining knowledge exchange and the impact of integration efforts on healthcare quality*  

2614 *Patients’ views on the role of general practice during cancer diagnostics and treatment*  
C. Enevoldsen, J. L. Knudsen; DK - 15 mins

1667 *Association between patient and family practitioner characteristics and unplanned first-time admissions for cancer*  
A. Bottle, C. Tsang, A. Majeed, P. Aylin; UK - 15 mins
### C7 - Innovative Technologies using e-health and Health Technology Assessment
**Level 2, Room 13**

**Chair:** Arne Poulstrop; DK

**1881** Direct-to-consumer breast cancer imaging devices: a systematic review of their effectiveness in diagnostic and screening settings  
*T. Vreugdenburg*, C. Willis, L. Mundy, J. E. Hiller; AU – 15 mins

**1390** Evolving quality benefits through the use of telehealth: measuring the impacts  
B. Gheorghiu, S. Hagens, *J. Zelmer*; CA – 15 mins

**1875** Health technology assessment as a framework for assessing health service accreditation  
*M. B. Kristensen*, C. Engel, J. Mainz, S. P. Johnsen; DK – 15 mins

**1824** Clinical and cost-effectiveness evidence in context to ensure best quality care for all: making best use of health technology assessments in NHS Scotland  
K. Macpherson, S. Myles; SC – 15 mins

**1258** Active pharmacovigilance and healthcare utilization  
*J. Haas*, E. J. Orav, G. Schiff, D. Bates; US – 15 mins

### C8 - Patient Safety Systems
**Level 3, Room 5**

**Chair:** Iain Yardley; UK

**2184** WHO’s High 5s Medication Reconciliation Project: the Australian experience  

**2215** Overuse of antipsychotics and other psychotropics in Alzheimer's patients: the results of a 4-year French national survey  
*A. Leperre-Desplanques*, J. Deligne, J.-M. Harlin, P. Ricordeau; FR – 15 mins

**1990** An audit of dispensing practice of weekly, low-dose oral methotrexate in Ireland  
*A. O’Leary*, L. Geraghty, T. Delaney, I. Callanan; IE – 15 mins

**1417** A multimodal safety system significantly reduces errors in the recording and administration of drugs during anaesthesia  
*C. S. Webster*, A. F. Merry; NZ – 15 mins

**2674** Reducing medication errors and adverse events: Is bar code medication administration the key?  
*M. G. Johnson*, J. M. Naessens, K. M. Swanson, P. J. Santrach; US – 15 mins

### C9 - Accreditation and Regulation of Systems and Professionals
**Level 1, Room 18**

**Chair:** Jan MacKereth – Hill; UK

**1518** Managing infection risks in healthcare organisations  
*A. H. Robertson*, I.-M. Blix, P. Huntly, S. McAdam; NO – 15 mins

**2441** Adapting a medical model of credentialing to evaluate competence and safety for nurses practising at expanded scope: a New Zealand pilot  
I. Stolarek, J. Dean, *N. Richardson*, M. Halford; NZ – 15 mins

**1605** Developing credentialing checks in voice recognition system (VRS) for detecting radiology reporting violations  
*S. M. Sohail*, S. Wasif, Z. Sajjad, M. Imran; PK – 15 mins
Towards a formative assessment of diagnostic competencies for personnel performing malaria microscopy in Saudi Arabia
M. Afifi, N. H. Al Hussainy; SA – 15 mins

Setting up document control structure in Caritas Medical Centre and beyond: where bottom up and top down meet
D. M. W. Tse, J. C. W. Chan, A. Au, F. Lee; HK – 15 mins

12:15 - 13:45 Lunch and Sessions

12:50 – 13:30 Level 0, Room 2
C10 - Advancing the Field of Clinical Governance Research and Practice
Julie Johnson; AU

12:50 – 13:35 Level 0, Room 3
C11 – European Society for Quality in Healthcare Workshop
Paul Bartels; DK, Basia Kutryba; PL

12:50 - 13:30 Oral Presentations

CP1 - Patient Safety Systems
Level -1, Room 18

Chair: Iain Yardley; UK

0007 Eliminating Central Line-Associated Bloodstream Infections: A National Patient Safety Cohort Collaborative
Kristina Weeks; US – 5 mins

1666 Patient safety working group as part of patient safety management system – experiences from the department of operative care of Turku University Central Hospital
M. Ervast, M. Viljanen-Peuraniemi, K. Peltomaa; FI – 5 mins

1552 Are protocols for second victim support following established international gold standards?
E. Van Gerven, K. Vanhaecht, D. Seys, W. Sermeus; BE – 5 mins

1058 To have 100% compliance with pre-op checks for elective urology surgery in operating theatre 15, in 6 months: the “urology time-out script trial”

1549 Benchmarking clinical risk of chemotherapy processes through standardized FMECA
M. Cavallin, P. Trucco, F. Lorenzi, S. Amato; IT – 5 mins

CP2 - Education in Safety and Quality
Level -1, Room 15

Chair: Agnès Leotsakos; WHO

2561 A controlled trial of crew resource management training at emergency departments: a mixed model analysis on explicit professional oral communication (EPOC)
I. Van Noord, M. C. de Bruijne, C. van Dyck, C. Wagner; NL – 5 mins

1290 Building one common language of quality through wiser-driven educational & staff development activities
L. W. F. Chan, E. Y. W. Liu, K. H. L. Tsang, C. T. Hung; HK – 5 mins

1280 Trainees’ satisfaction with the effectiveness of “post-graduate 2-year medical staff training programs” in Taiwan

1511 Getting knowledge into action: the evidence-based care delivery of a novel sepsis improvement collaborative
S. Wilson, A. Hunter, K. D. Rooney, M. Kirkwood; UK – 5 mins

1630 Change of human factors attitude survey (HFAS) after crew resource management training
W.-T. Wu, P-C Wang, S.-M. Hou, S.-L. Guo; TW – 5 mins
CP3 - Measuring Service Performance and Outcomes
Level 3, Room 5

Chair: Christine Ann Goeschel; US

1548 The association of patient safety climate and nurse-related organizational factors with selected patient outcomes: a cross-sectional survey
D. Ausserhofer, M. Schubert, S. De Geest, R. Schwendimann; CH - 5 mins

1983 Impact of community factors on readmission rates
K. E. Joynt, E. J. Orav, A. K. Jha; US - 5 mins

1938 30 days readmission rates used as quality indicator for hospital performance in Norway
A. Schou Lindman, K. Damgaard, O. Tjomsland, J. Helgeland; NO - 5 mins

1225 Effect analysis of public reporting of medical cost and length of stay
M. Shin, W. M. Jang, A. Kim; KR - 5 mins

CP4 - Patient-Centered Care
Level 3, Room 6

Chair: Virginia D’Addario; US

2122 Healthcare reform in Newfoundland and Labrador, Canada: a 10 year trend of acute care registered nurses’ perceptions of quality and patient safety and measurements of attitudinal and behavioural intentions
D. M. Gregory, C. Y. Way, P. S. Parfrey; CA - 5 mins

1091 The factors associated with the do-not-resuscitate decision or intention among elderly nursing home
Y. P. Tseng, T. H. Huang, S. I. Hsieh; TW - 5 mins

2567 Contribution of a scientific society to knowledge: the sadeca case
V. Reyes-Alcázar, M. Dotor-Gracia, A. Torres-Olivera, E. Ignacio-García; ES - 5 mins

1209 Writing patient information in plain language: does it improve readability?
L. C. Zandbelt, C. Both, M. Fransen, S. Molenaar; NL - 5 mins

CP5 - Integrated Care and Interface with Primary and Social Care
Level 2, Room 13

Chair: David Greenfield; AU

2255 Validation of a measure of youth-friendly primary care services
D. M. Haller, A. Meynard, N. Perone, F. Narring; CH - 5 mins

1677 Assuring continuity of care by improving communication and information between hospitals and primary care physicians in Germany with integrated health intelligence (IHI) and team learning
M. Holderried, J. Maschmann, M. Bamberg, C. Ernst; DE - 5 mins

2125 The coordination of health reform: target population?
T. Heggestad, B. Skilbrei, H. Bergmann, I. Halstensen; NO - 5 mins
CP6 - Governance Leadership and Health Policy  
Level 2, Room 14

Chair: Kristensen Solvejg; DK

1947  A six sigma approach to reduce non productive time in OT  
S. Singh; IN – 5 mins

1637 Whether financial incentives could retain doctors in rural areas: lesson learnt from Thailand  
N. Pagaiya, S. Sriratana, C. Labkum, W. Worarach; TH – 5 mins

1721 Developing clinical leaders to deliver change  
P. I. Lachman, D. Vaughan, G. Walsh, A. O’Shaughnessy; UK – 5 mins

CP7 - Patient Safety Systems  
Level 0, Room 4

Chair: Shams Syed; WHO

2424 Interventions for hand hygiene in moderately compliant intensive care units: a stepped  
wedge trial to improve hand hygiene among healthcare workers in 11 sites in Argentina  
E. Garcia Elorrio, V. E. Rodriguez, C. Giuffre; AR – 5 mins

2370 Using electronic alert system to improve the administration of prophylactic antibiotics  
T.-C. Chao, Y.-Y. Su, C.-H. Lee, H.-Y. Dai; TW – 5 mins

2509 Variability in use of the WHO surgical safety checklist and relationship with teamwork and  
the timing of antibiotic prophylaxis in UK operating theatres  
S. J. Russ, S. Rout, N. Sevdalis, A. Darzi; UK – 5 mins

1431 Barriers and bridges to infection prevention and control in the Netherlands and Canada:  
two comparative case studies  
C. Backman; CA – 5 mins

2290 From a staff’s perspective: which safety culture dimensions determine patient safety in the  
emergency department?  
I. van Noord, C. Wagner, J. W. Twisk, M. C. de Bruijne; US – 5 mins

13:45 - 14:45 Concurrent Sessions – Afternoon

C12 - Patient Centered Care  
Level 0, Room 4

Chair: Triona Fortune; IE

The Scottish Approach to Person-Centred Care  
Frances Elliott; SC – 60 mins

C13 - Education in Safety and Quality  
Level 2, Room 14

Chair: Yuichi Imanaka; JP

1157 Implementing a sustainable hand hygiene program to reduce HAI  
A. Vandiver, S. L. Grand-Clement; US – 15 mins

2452 Navigating healthcare quality and safety through hospital administrative residency at private  
hospital in Thailand  
K. Reungjareamrungr. K. Intra, S. Manoleehagul, V. Kongsakulyanond; TH – 15 mins

1357 Developing future leaders in quality and safety: the equip programme  
J. Runnacles, P. Lachman; UK – 15 mins

2388 Proposed curriculum for a Harvard Medical School Clinical Fellowship in Quality  
and Patient Safety  
S. A. Abookire, T. K. Gandhi; US – 15 mins
C14 - Governance Leadership and Health Policy
Level 3, Room 6

Chair: James Naessens; US

2615 Evaluation of a national mental health services collaborative project - A quality improvement initiative to facilitate the implementation of mental health policy in Ireland
P. Gilheaney, R. Smyth; IE – 15 mins

1640 Doing transformational change in the English NHS in the context of ‘big bang’ redorganisation: findings from an evaluation of the north east transformation system
J. Erskine, D. Hunter, C. Hicks, T. McGovern; UK – 15 mins

1936 Payment reform that physicians, policy makers, care executives and researchers across western health systems value most: a discrete choice experiment
P. Van Herck, W. Sermeus, L. Annemans, R. Kessels; BE – 15 mins

1741 Evaluation of new shift models for doctors at a German university hospital three years after: Do they fulfil the demands of the European Working Time Directive without increasing costs?
J. Maschmann, M. Holderried, G. Blumenstock, M. Bamberg; DE – 15 mins

C15 - Patient Safety Systems
Level 0, Room 3

Chair: Jan Mainz; DK

Crew Resource Management; simulation
Daniel Scheidegger; CH – 60 mins

C16 - Measuring Service Performance and Outcomes
Level 2, Room 13

Chair: Daniel Cohen; US

1929 The effects of weekend and after-hours admissions on mortality in acute myocardial infarction patients in Japan
T. Otsubo, J. Lee, H. Ikai, Y. Imanaka; JP – 15 mins

2205 Across country comparisons of venous thromboembolism events occurring in patients undergoing hip arthroplasty using an external benchmark

2321 Integrating equity within the corporate quality improvement frameworks for an academic healthcare setting
P. McKernan, J. Li, J. O’Neill; CA – 15 mins

1257 Performance measures of diabetes management do not always predict better glycemic control: the need for case-mix adjustment
G. Sidorenkov, J. Voorham, F. M. Haaijer-Ruskamp, P. Denig; NL – 15 mins

C17 - Integrated Care and Interface with Primary and Social Care
Level 0, Room 2

Chair: Stephen Clark; AU

Designing and managing care integration in the County of Jönköping
Pernilla Söderberg; SE – 60 mins
C18 - Innovative Technologies using e-health and Health Technology Assessment  
Level -1, Room 15

Chair: Elma Heidemann; CA
Health Information Technology Comes of Age  
Ashish Jha; US - 60 mins

C19 - Quality and Safety in Transitional and Developing Countries  
Level 3, Room 5

Chair: Shams Syed; WHO
Five Alive project in Ghana  
Sodzi Sodzi-Tettey; GH - 30 mins
A proposal for a national health system plan for quality and safety in healthcare - 
The Argentine experience  
Jose Maria Paganini; AR - 30 mins

C20 - Accreditation and Regulation of Systems and Professionals  
Level -1, Room 18

Chair: Carsten Engel; DK
1781 The secret to success: factors that influence the ability of accreditation programs to improve the quality and safety of health services  
R. Hinchcliff, D. Greenfield, J. Westbrook, J. Braithwaite; AU - 15 mins
1826 Improvements related to the safe management of biomedical equipment driven by the healthcare accreditation programs at hospital level  
2665 Promoting infection prevention and control through accreditation  
J. Dreiher, L. Perelman, A. Mordehay, E. Davidson; IL - 15 mins
1446 Accreditation: complex adaptive system approach in knowledge creation and organization learning  
S. Y.-F. Kwan; CN - 15 mins

Level 1, Room 1  
Closing Plenary

14:45 – 15:00 Poster Presentation Awards  
Presented by Triona Fortune; ISQua and Helen Crisp; UK - 15 Mins
15:00 – 16:00 Chair: Cliff Hughes; AU  
Behavioural and Cultural Change  
Peter Pronovost; US - 60 Mins
16:00 – 16:05 Presidents Farewell  
Tracey Cooper; ISQua President
16:05 Conference Close
1067  
Implementing a falls prevention programme in a nursing home in Singapore  
B. H. Swee, M. Saravanan, H. H. Yong; SG

1123  
Patient-centered care: a case study on post stroke dysphagia elder  
W. Yuet Ying; HK

1136  
Exploration related factors of oral cancer remove tumor during surgery and flap reconstruction of disturbed sleep  
H.-N. Chen, F.-M. Huang, M.-C. Tasi; TW

1142  
Empowerment as a mediator of the influence of quality of life in community rehabilitation for chronic schizophrenia patients  
Y.-W. Shih, C.-J. Hsieh, T.-M. Hung, C.-Y. Wang; TW

1205  
Intensive team care for diabetic foot increasing the limb’s preserving rate  
C.-J. Hsieh, L.-T. Li, J.-J. Sheu, C.-C. Chen; TW

1238  
Effectiveness of applying multimedia cd-rom and health manual in patients receiving carotid artery stenting  
L. H. Cheng, M. S. Tong, E. Y. Lin, F. Y. Li; TW

1242  
In order to promote a sense of patient-centered service  
L. I-hsiu, S. Ching-Yun, H. Hsiao-Ping, W. Chin-Ling; TW

1273  
Cannulation of arteriovenous fistula using buttonhole cannulation method  
Y. H. Chow, H. L. Tang, C. M. K. Tang, K. L. Tong; HK

1329  
SMART group training – effective or not?  
C. K. Ip, M. Y. Lam, M. K. Wong, L. S. Yip; HK

1331  
A nursing experience for a sepsis case based on Levine’s conservation model and sepsis bundles  
N.-Y. Chang, T.-Y. Lai, Y.-J. Liu, T.-Y. Huang; TW

1349  
Improving the accuracy and efficiency of prescription receipt and medication delivery for in-patient chemotherapy  
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Originally emerged from the Council of Health Services as a non-profit organization, CBAHI is primarily responsible for setting the quality and safety standards that allow the proper assessment of healthcare institutions. The goal of the assessment process is to define and support the level of institutional commitment towards implementing the standards that have been designed by the Board to optimally provide safe healthcare.

Although the early roots of CBAHI date back to 1422 H-2001AD , the official inauguration was due when the Minister of Health, in his capacity as the Chairman of the Council of Health Services, therefore issued the Ministerial Decree #144187/11 on 1/9/1426 H- 2005 AD, which called for the formation of the Central Board for Accreditation of Healthcare Institutions , which shall cover all regions and governorates of Saudi Arabia. A few years later, the Council of Health Services mandated accreditation by CBAHI for all public and private healthcare organizations – Order Number 8/58 on 9/1/1433H.

CBAHI began few years ago with only a few hospitals enrolled in the accreditation process and a limited number of surveyors and staff. Today, CBAHI is proud to have developed a comprehensive set of evidence-based and ISQua Accredited quality and safety standards that are utilized for accreditation of nearly 5,000 healthcare institutions operating across the country.

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