Welcome to Dublin and ISQua!

Meeting the needs of our members and conference delegates poses some challenges and opportunities for ISQua and the Programme and Planning Committee. It takes a considerable amount of innovation and enthusiasm from all concerned to ensure that the conference programme promotes discussion and learning as well as providing great opportunities for networking. This year is no exception, the theme “Designing for Quality” has brought a new track to the programme. This year as in other years there is a full and exciting programme with six plenary sessions, however the number of concurrent sessions has been increased to 72 thus providing a wider choice of presentations for delegates to attend and will involve more than 350 presenters and 290 poster displays. In all 55 countries are represented.

It would not have been possible to organise this conference without the help of numerous people from around the world, some are members and others are friends of ISQua, many of whom are listed below and throughout this programme. We are also grateful to our sponsors and particularly acknowledge the Department of Health and Children for their generous support and thank them for their commitment to ISQua since its arrival in Dublin in 2008.

Your task is to make the most of the conference, to gain knowledge, share ideas and meet new colleagues and friends. We hope you enjoy this, our biggest conference yet and look forward to meeting as many of you as possible over the course of the next three days.

Bruce Barracough
President ISQua
John O’Brien
Executive Chair of the Programme & Planning Committee

Dublin Programme and Planning Committee

John O’Brien
Health Service Executive, Ireland, Executive Chair
Bruce Barracough
Clinical Excellence Commission NSW, Australia, ISQua President
Philip Hassen
Canadian Patient Safety Institute, Canada, ISQua President Elect
Rosín Boland
ISQua CEO
Charles Bruneau
Haute Autorité de Santé (HAS), France, ISQua Board Member
Anne Carrigy
Health Service Executive, Ireland
Kevin Conlon
Trinity College Dublin, Ireland
Tracey Cooper
Health Information and Quality Authority (HIQA), Ireland, ISQua Board Member
Philip Crowley
Department of Health & Children, Ireland
Tom Keane
National Cancer Control Programme, Ireland
Janne Lehmann Knudsen
Danish Cancer Society, Denmark
Jim Livingstone
Department of Health, Northern Ireland
Margaret Murphy
Patients for Patient Safety, WHO, Ireland
Ann Scott
Dublin City University, Ireland

A very warm welcome to ISQua’s 26th International Conference and the new home of ISQua, Dublin.

Welcome to Dublin and ISQua!

International Review Panel

Rajes Aggarwal, UK
Paul Bartels, Denmark
Jo Bibby, UK
Jon Billings, Ireland
Jeffrey Braithwaite, Australia
Mark Brandon, Australia
Claire Brown, Australia
Elizabeth Brown, USA
Jean Carlet, France
Ian Carter, Ireland
Fergus Clancy, Ireland
Stephen Clark, Australia
Michael Counte, Australia
Virginia D’Addario, USA
Breda Doyle, Ireland
Hillary Dunne, Ireland
Hugo E. Arce, Argentina
Lynn Eckhert, USA
Benjamin Ellis, USA
Triona Fortune, Ireland
Wendy Fox-Kirk, USA
Ezequiel García Elorrio, Argentina
Carlos Hiran Goes de Souza, UK
Dante Granata, Argentina
David Hansen, Australia
Christian Hay, Switzerland
Joseph Ibrahim, Australia
Sidika Kayar, Turkey
Leo Kearns, Ireland
Anne Marie Keown, Ireland
Sharon Kleefield, USA
Ulla Breth Knudsen, Denmark
Peter Lee, Singapore
Sang-Il Lee, Korea
Claire Lerner, UK
Karim Lemmens, Netherlands
Mondher Letaiif, Tunisia
Jerod Loeb, USA
Pierre Lombrail, France
Susana Martinez Lorenzo, Spain
Jan Mackereth-Hill, UK
George Maguere, France
Ana Maria Malik, Brazil
Russell Mannion, UK
Kadar Marikar, Malaysia
Stephen McAndrew, UK
Steve Meurer, USA
Jose Joaquin Mira Solorzano, Spain
Takeshi Morimoto, Japan
Mary Morrissey, Ireland
Anastasios Mountzopoulos, Greece
James Naessens, USA
Aase Nissen, Denmark
John O’Brien, Ireland
Marie-Pascale Pomey, Canada
Mike Pringle, UK
BK Rana, India
Bernice Redley, Australia
Karen Risberg, Denmark
Odet Sarabia Gonzalez, Mexico
Laura Schlesari, Brazil
Eric Schneider, USA
Shakeel Shakh, Pakistan
Charles Shaw, UK
Inger Margrete
D Siemons, Denmark
Ivan Sola, Spain
Anuwat Supachutchikul, Thailand
Andrew Thompson, UK
Helen Thornton-Jones, UK
Karen Timmons, USA
Kris Vanhaecht, Belgium
Monica B. VanSuch, USA
Arthur Vleugels, Belgium
Yau-Onn Voo, Singapore
Jennifer Zelmer, Denmark
Eyal Zimlichman, Israel

26th International Conference Programme Dublin
Welcome to Dublin and ISQua!

The Welcome Reception will be held on Sunday 11th October in Trinity College Dublin and will commence at 19:00hrs.

Tickets for this event can be paid for in advance or a limited amount will be available at the Registration Desk in The Burlington Hotel on Sunday 11th October and in Trinity College between 18:30 and 20:00. Please note that in order to gain access to Trinity College your ticket is required, entry will not be allowed without a ticket.

Programme Arrangements

ISQua’s Dublin Conference programme involves over 300 presentations and there will be over 100 sessions to choose from during the three main conference days. The programme each day will open and close with plenary presentations.

Concurrent sessions of oral presentations and invited sessions will start after the morning break each day and also after the lunch break. Delegates will be able to follow through a track of interest at these times, or choose to hear a range of selected oral presentations by moving across different tracks. All posters will be displayed in the ground floor extension area. Posters selected for presentation will be presented during lunchtime each day in chaired sessions. A list of the titles and authors of the posters on display can be found at the end of this programme.

Poster authors are requested to have their poster in place by no later than 08:45 on Monday 12th October 2009. Posters will be on display from 08:00 on Monday 12th October until 14:00 on Wednesday 13th October.

Poster Viewing

There will be an official poster viewing session which will be accompanied by a Wine and Cheese reception on the evening of Tuesday 13th October 2009, from 18:00 – 19:00. We ask that authors be at their poster at this time.

Poster Prize

This year there will be two poster prizes awarded in the categories of 1) Best Poster by a Newcomer and 2) Best Overall Poster. The winners will be announced at 14:45 on Wednesday 14th October.

Poster Removal

Posters should stay in place until 13:30hrs on Wednesday 14th October. All posters must then be removed by 15:00 on that day. If they are not removed by this time, conference staff will take them down and no responsibility can be taken for their safe return.

Registration

Registration is available from 11th - 14th October at the Conference venue.

<table>
<thead>
<tr>
<th>Registration Desk - Opening hours during the Conference</th>
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<tbody>
<tr>
<td>Sunday 11th October</td>
<td>07:30-20:00</td>
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<tr>
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<td>07:00-17:00</td>
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<tr>
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<td>07:30-17:00</td>
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<tr>
<td>Wednesday 14th October</td>
<td>08:00-16:30</td>
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</tbody>
</table>

Concurrent Sessions

For concurrent track sessions, efforts have been made to schedule each track in the same pattern of rooms; however, this has not always been possible. The programme lists a number for each session and its location. Please note that preference was recorded for the tracked sessions for the purpose of room allocation but places have not been pre-booked therefore seating may be limited.

Oral Presentations will be for 15 minutes to include 5 minutes of exchange with the audience. In chaired Poster Sessions, each poster presenter will be invited to briefly outline their poster and answer questions. A total of 5 minutes for each poster has been allocated.

Chairpersons for all sessions will be firm about the timing of presentations and will keep the programme in the order it is printed. All abstracts are included in the ISQua’s Dublin Conference programme involves over 300 presentations and there will be over 100 sessions to choose from during the three main conference days. The programme each day will open and close with plenary presentations.

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<td>08:00-16:30</td>
</tr>
</tbody>
</table>

Social Programme

There are many social events throughout the conference programme. The Welcome Reception is on Sunday 11th at 19.00 – 22:00 in Trinity College, a pre-paid ticket is required. This year the Gala Reception is being held at Dublin Castle on Monday 12th October, from 19.00 and is hosted by the Minister for Health and Children. You must bring your pre-booked invitation with you to gain access to this event. If you have not yet received an invitation, please contact the Registration Desk. Dress is informal. There will also be a Wine and Cheese Reception on Tuesday 13th from 18:00 – 19:00 at the hotel, followed by music in Bellini’s Bar in the Hotel and the ISQua Disco from 22.00. Entry is free to the disco but a ticket is required and is available from the ISQua desk.

Professional Visits

Three stimulating Professional Visits are being offered to delegates on the evening of Tuesday 13th October with departure from The Burlington Hotel at 18:15. The timeframe for the visit is approximately 1.5 – 2 hours.
The Visits available are to the The Adelaide and Meath Hospital Dublin, incorporating the National Children’s Hospital (AMNCH)—Tallaght, the Dublin Dental Hospital or St. Vincents University Hospital.

All visits are free of charge but entry is by ticket only and numbers are limited. A small amount of tickets may be available at the ISQua desk at the conference during Monday 12th and Tuesday 13th October.

Each of these organisations is located about 5 –15km from The Burlington Hotel. Transportation will be by taxi paid by the conference delegates.

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.

### General

#### No Smoking

Irish law stipulates that smoking within public buildings is illegal. A no smoking policy applies to the conference and all facilities. Please do not smoke anywhere unless in a designated smoking area. Designated smoking areas are available outside of the hotel.

#### Photographs and Telephones

Official photographs of presenters and events have been arranged. No other photographs in plenary and other scientific programme sessions will be permitted. This includes the use of video or digital cameras to copy speaker slide presentations. Cell phones / mobiles must be switched off or diverted for all conference sessions.

#### Attendance Certificate

If a Certificate of Attendance is required, please contact and leave your name and details at the Registration Desk. Certificates will be sent electronically after the Conference.

#### Evaluation Forms

As a quality organisation ISQua values your feedback on all aspects of the conference. An evaluation form will be emailed to you next week. Please complete and return to isqua@isqua.org. If you do not receive this email please contact isqua@isqua.org.

#### Name Badge

Security is strict for The Burlington Hotel. You will need to wear your delegate name badge at all times. This will identify you to conference colleagues, door staff, hotel, catering and session staff. Lunch and coffee break services will only be available to delegates registered for the full conference or for that particular day.

#### Messages

A Notice Board has been placed in the main reception to leave a message for a colleague during the conference. Any changes to the Programme will be posted on a daily basis.

### Internet Cover

Wireless access to the internet is available on the Ground Floor of The Burlington Hotel and in the Business Centre on the Second Floor. Computer access, printer and photocopier are also available in the Business Centre. Please speak to a member of the hotel staff for further information.

### Local Transportation

The Aircoach offers you a direct bus every 15 minutes from The Burlington Hotel to the Airport and will take approximately 40 minutes. Please check www.aircoach.ie or www.dublinks.com for further information. A taxi to Dublin Airport from the hotel is approximately €40.

The number 41X and 32X bus goes from The Burlington Hotel to Trinity College (Fare €2.50).

The number 11 and 46A bus goes to Nassau St which is a short walk to Dublin Castle (Fare €1.60).

For further information contact www.dublinbus.ie or Tel: +353 1 873 4222.

Taxi Telephone Numbers:

- Xpert Taxis - 01 667 0777
- Network Taxis - 01 295 7777
- Southside Taxis - 01 298 8444
- Dublin Airport Taxis - 01 443 4563

### Liability and Insurance

Neither the organisers nor the Conference Secretariat will assume any responsibility whatsoever for damage or injury to persons or property during the Conference. Participants are recommended to arrange for their personal travel and health insurance.

### Emergency Services

Police – Ambulance – Fire Brigade: Dial 999

Telephone numbers for doctors, dentists etc can be got from the hotel reception.
Dublin 2009. 
Plenary Speakers Biographies

Roger S. Ulrich
Recognized as the founder of evidence-based healthcare design, he is it's most cited and influential researcher internationally. He is Beale Endowed Professor of Health Facilities Design at Texas A&M University, professor of architecture, and a faculty fellow of the Center for Health Systems and Design.

He has worked in Scandinavia, the United Kingdom, Canada, Australia, and the United States. He is a member of the Board of Directors of The Center for Health Design, California, and serves on the Hospital of the Future committee established by the Joint Commission on Accreditation of Healthcare Organizations.

Karen Stockton
Karen has an undergraduate degree in microbiology and immunology from the University of Western Ontario, a master's degree in community health and epidemiology from the University of Toronto and is certified in infection control. She joined the University Health Network in 2001 and is the director of Infection Prevention and Control Program.

She acts as a consultant in Ontario healthcare facilities and is a contributing member of national and international committees in infection control and healthcare design and construction. She is an instructor of construction and design to infection control professionals across Canada through Centennial College and the Canadian Community and Hospital Infection Control Association.

Professor Clifford Hughes
CEO of Clinical Excellence Commission, NSW, Australia (2005 - Present). From 1995 – 2005 he was the head of the Cardiothoracic Surgical Unit, Royal Prince Alfred Hospital. He is a member of Australian Council on Safety and Quality in Health Care, Chair of Safe Hours Taskforce, Fatigue Project Taskforce, Australia and New Zealand Heart Valve Registry. Led five medical teams to China and also operated in Hong Kong, Singapore, Malaysia, India and Bangladesh.

Professor Hughes has been honoured with an Alumni Award from the University of NSW and an Honorary Fellowship from Indian Association of Cardiothoracic Surgeons.

Linda Kenney
Linda K. Kenney, Executive Director and President of MITSS (Medically Induced Trauma Support Services, Inc.), founded the organization in 2002 as the result of a personal experience with medically induced trauma. She identified the need for support services in cases of adverse events and outlined an agenda for change. She is an activist for patient, family, and clinician rights. She is a nationally and internationally recognized leader in the patient safety movement and speaks at healthcare conferences and forums. In 2006, Linda was the first consumer graduate of the prestigious HRET/AHA Patient Leadership Fellowship and received the National Patient Safety Foundation’s esteemed Socius Award.

Karen has been honoured with an Alumni Award from the University of NSW, and an Honorary Fellowship from Indian Association of Cardiothoracic Surgeons.

Frederick Van Pelt
Dr Van Pelt is Director of Global Programs, Partners Harvard Medical International. At PHMI Dr. Van Pelt focuses on quality improvement and patient safety. He has a background in acute care, perioperative / surgical and minimally invasive care services, and is an expert in change management. Prior to PHMI, he served in the anesthesia department of Brigham & Women’s Hospital. He is a co-founder of the Clinician Peer Support Service at Brigham, a service dedicated to providing support to care providers following adverse medical events, and is the former Chairman of the Board for Medically Induced Trauma Support Services.

Mary E. Fletcher-Smith
Mrs Fletcher-Smith has specialist nursing experience in Midwifery, Paediatric, and Psychiatric training from the Maudsley Hospital in London. She has worked with the Health Education Bureau writing and designing health education literature and making educational videos.

After undertaking a Higher Diploma in Hospital & Health Service Administration she worked in Baghdad where she commissioned a new Paediatric Unit before taking a position in Nursing Administration. Mrs Fletcher-Smith was part of a team that supervised the evacuation of the hospital staff during the Gulf War.

She has worked in the Middle – East with Guys Hospital as Director of Education before moving to the position of Director of Nursing.

Since her husband’s death she has been working in a Consultancy basis for Multiple Sclerosis Ireland, HIQA and the National College of Ireland.

Aine Lawlor
Aine Lawlor is from Dublin and started working for RTÉ in 1984 as a radio announcer, using all her speech and drama experience on air.

A full-time job as a trainee journalist followed, eventually leading to her becoming a presenter on Morning Ireland, which she joined in 1995.
Along the way, Aine has worked on The Pat Kenny Show, Today at 5, RTÉ 2FM News and a variety of television programmes, including The Nature of Things, Tuesday File and Today Tonight. She was the narrator for States of Fear, the television programmes that lifted the lid on abuse in residential institutions in Ireland.

Before joining RTE, Aine worked in arts administration after graduating from Trinity College Dublin, where she was Students’ Union President.

### Professor Jeffrey Braithwaite

Professor Jeffrey Braithwaite, BA, MIR (Hons), MBA, DiplLR, PhD, FAIM, FCHSE is Foundation Director, UNSW Institute of Health Innovation, Director, Centre for Clinical Governance Research, and Professor, School of Public Health and Community Medicine, University of New South Wales, Australia.

His research examines the changes in health systems, particularly patient safety and the structure and culture of organizations. He has published multiple times in the British Medical Journal, The Lancet and many others. Jeffrey has received numerous national / international awards including a Vice-Chancellor’s award for teaching from UNSW and four separate awards for research papers in 2007 and 2008.

### Professor Enrico Coiera

Professor Coiera MB, BS, PhD, FACMI, FACHI, is the Foundation Chair in Medical Informatics within the Faculty of Medicine at the University of NSW and Director of the Centre for Health Informatics. His research is focused on improving how clinicians can safely and effectively make decisions and communicate. He is the author of The Guide to Health Informatics, widely used in health informatics in the US, UK, Australia. Professor Coiera has received a number of national / international awards for his technology developments in support of clinical decision-making, including a prestigious 2005 IBM Faculty Award, and the 2006 Intel DonWalker award.

### Richard Alvarez

Richard Alvarez is known for taking on challenging mandates and building successful organizations. As President and Chief Executive Officer of Canada Health Infoway, he has been a catalyst for accelerating the development of electronic health record (EHR) systems in Canada.

Leadership has characterized Mr Alvarez’s career, not only with Infoway but also with the Government of Alberta and the Canadian Institute for Health Information. As former president, chief executive officer and ex-officio board member of the Canadian Institute for Health Information (CIHI), he played a key role in harnessing the power of information to improve health care and helped CIHI evolve into a highly respected organization with strong ties to the research community.

Thanks to his steadfast vision for reforming Canada’s health care system through innovation and technology Richard Alvarez is helping to position Canada as a world leader in health care renewal.

### John Glaser

John Glaser, PhD, is Vice-President and Chief Information Officer, Partners HealthCare System, Inc. Dr. Glaser is a member of the Board of the National eHealth Collaborative. He is the co-Chair of the Board of the National Alliance for Healthcare Information Technology and he is a Senior Advisor to the Deloitte Center for Health Solutions.

Dr. Glaser has been awarded the John Gall award for healthcare CIO of the year. He was elected to CIO Magazine’s CIO Hall of Fame. He has published over one hundred and fifty articles and three books on the strategic application of information technology in healthcare.

### Sir John Oldham

Sir John Oldham qualified at Manchester Medical School in 1978 and worked in various teaching hospitals, culminating as a GP trainee in inner city Manchester. He joined Manor House Surgery, Glossop in 1983, becoming senior partner in 1988.

In 1992 he gained an MBA with Distinction from Manchester Business School, his dissertation was on Continuous Quality Improvement in Primary Health Care. He is currently head of Quest4Quality Ltd and a member of the National Quality Board, setting the strategic direction for quality and safety in the NHS.

In 2000 he received the OBE for services to patients and in 2003 was awarded a knighthood for services to the NHS. He conducts workshops and presentations internationally.
# Programme Overview
## Dublin 2009

### SUNDAY 11th OCTOBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 09:00 - 17:00 | **ISQua Pre-Conference Programme**  
  - Quality and Safety Trends  
  - Accreditation Symposium  
  - Indicators Summit |
| 19:00 - 23:30 | **Welcome Reception at the Dining Hall, Trinity College**                                      |

### MONDAY 12th OCTOBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 07:25 - 08:30 | **Breakfast Meeting – Bottom Billion**  
  Sheila Leatherman |
| 08:45 - 09:00 | **Welcome**  
  Bruce Barracough and John O’Brien |
| 09:00 - 09:15 | **Conference Opening:** Mary Harney, Minister for Health and Children                      |
| 09:15 - 09:20 | **Making the Most of the Conference**  
  Roisin Boland |
| 09:20 - 10:20 | **Opening Plenary Session**  
  Roger Ulrich and Karen Stockton |
| 10:20 - 10:30 | **Lifetime Membership Award**                                                                |
| 10:30 - 11:00 | **BREAK**                                                                                        |
| 11:00 - 12:30 | **Concurrent Sessions**                                                                       |
| 12:30 - 14:00 | **LUNCH**                                                                                       |
| 13:15 - 13:50 | **Poster Presentation Sessions**                                                              |
| 14:00 - 15:30 | **Concurrent Sessions**                                                                       |
| 15:30 - 14:00 | **BREAK**                                                                                        |
| 16:00 - 17:00 | **Afternoon Plenary**  
  Cliff Hughes, Linda Kenney, Mary Fletcher-Smith, Rick van Pelt & Aine Lawlor |
| 17:00 - 17:15 | **Picker Institute Awards**                                                                    |
| 19:00 - 21:00 | **Gala Reception, Dublin Castle**                                                              |

### TUESDAY 13th OCTOBER

<table>
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<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:00 - 09:05</td>
<td><strong>Reizenstein Award</strong></td>
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| 09:05 - 10:30 | **Morning Plenary**  
  John Glaser & Richard Alvarez |
| 10:30 - 10:50 | **Address by The President of Ireland, Mary McAleese**                                         |
| 10:50 - 11:20 | **MORNING BREAK**                                                                               |

### WEDNESDAY 14th OCTOBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:45 - 09:00</td>
<td><strong>Welcome to Paris 2010</strong></td>
</tr>
</tbody>
</table>
| 09:00 - 10:20 | **Morning Plenary**  
  Bryce Taylor, Alan Merry & Ara Darzi (via video link) |
| 10:20 - 10:30 | **Distinguished Service Award**                                                                 |
| 10:30 - 11:00 | **BREAK**                                                                                        |
| 11:00 - 12:30 | **Concurrent Sessions**                                                                       |
| 12:30 - 13:45 | **LUNCH**                                                                                       |
| 13:05 - 13:40 | **Poster Presentation Sessions**                                                               |
| 13:45 - 14:45 | **Concurrent Sessions**                                                                       |
| 14:45 - 15:00 | **Presentation of Poster Prizes**                                                               |
| 15:00 - 15:55 | **Closing Plenary**  
  Sir John Oldham |
| 15:55 - 16:00 | **Presidents Address**  
  - Philip Hassen, ISQua President |
| 16:00 | **CLOSE OF CONFERENCE**                                                                         |

### THURSDAY 15th OCTOBER

<table>
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<th>Time</th>
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<td>09:00 -17:00</td>
<td><strong>Mentorship Programme</strong></td>
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### FRIDAY 16th OCTOBER

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</table>
A2 Capital investment and the design of better quality healthcare environment

Speaker: Paul Barach (AUS)

Dr. Barach will provide convincing evidence based information that demonstrates a clear connection between the physical environment and the safety and quality of patient care. This interactive presentation will include a review of evidence-based design literature, demonstrate how to balance initial, one-time capital expenditures with ongoing operating cost savings and revenue enhancement through market differentiation, and review cost-effective interventions that help make an organization more environmentally sustainable. Dr. Barach’s presentation will conclude with specific recommendations to improve the physical environment, reduce patient harm and improve sustainability.

A3 Inspirational leadership in healthcare organizations

Speakers: Aoife McDermott (IRL) and Patrick Flood (IRL)

Drawing on interviews with eleven senior Irish leaders from the health, public, voluntary and private sectors, the objective of this session is to illuminate the enduring qualities of successful leadership, the challenges of the healthcare context and how individuals can rise to the leadership challenges.

A4 Regulations of quality in health care – a comparative perspective

Speakers: Kieran Walsh (UK), Judith Healy (AUS) and Janne Lehmann Knudsen (DNK)

During the last decade there has been a rise in the number and range of regulatory concepts and methods that aim to improve the quality of health care. The progression has been from single tools developed and handled by health professionals in local settings to more complex and comprehensive initiatives. These include a developing framework of multiple strategies, the emergence of safety and quality leaders, and the strengthening of national-level regulation. This is a universal trend although some countries have emerged as leaders while others remain laggards. This workshop addresses the issue of how and why regulation is increasing and what lessons have been learned.

A5 National Health Stats Initiative - dabank of performance information for Irish health services

Speakers: Maureen Lynott (IRL) and Mark Turner (IRL)

HealthStat - Supporting High Performance Each year, over 100,000 Health Service Executive (HSE) staff delivers health and social care services costing over €15 billion. Everyone living in Ireland will use a HSE service at least once every year - but to evaluate and ultimately improve those services, we need to accurately measure how they are working. The session will explore, what came before HealthStat, what is it?, who uses it? How does Health Stat Forum drive improvement? and how are targets set?

A6 Sleep complaints in the elderly population: which tools and Indicators to Improve the quality of primary care

Speakers: Aremelle Desplanques Leperrre (FR), Nathalie Piolacci (FR), Sarah Hartley (FR) and Sylvie Parola – Royant (FR)

The session is dedicated to a major public health issue “Sleep complaints in the elderly population: quality of primary care and overuse of psychotropic drugs”. The session will be broke up into several Working groups. Working group one will be based on a concrete clinical case in primary care: how to improve the treatment? Which practices tools could be helpful? When and how to refer to the specialist? Which care organization? Working Group two will be based on the same concrete clinical case in primary care: how to measure the improvement in terms of indicators? In terms of clinical practices, quality of life for the patient, health system?

A7 WHO: patient safety medical curriculum

Speakers: Marilyn Walton (AUS), and Amatai Zv (IL)

This workshop will introduce the new Patient Safety Medical School Curriculum. Central to improving patient safety is changing culture. Often the habits that contribute to the culture of Healthcare are formed very early in medical training. The production of this curriculum was stimulated by demand from students and clinicians. This session will consist of two parts. Firstly an overview of the curriculum, explaining the background and practical aspects. This part will also identify future work on the curriculum including broadening to include other professions. The second part will be a train the trainer session to help those interested in patient safety feel equipped to use the curriculum in their home environment.

A8 Does online education in safety and quality really work? Using a new online methodology called spaced education

Speakers: Tim Shaw (USA), John Heitlick (USA), Betsy Brown (USA) and Rick Van Pelt (USA)

Online education is increasingly being used to educate health professionals about safety and quality. How effective this education is remains unclear. This interactive workshop will explore the pros and cons and the do’s and don’ts of online education. It will also demonstrate how Partners Harvard Medical International is using a new online educational methodology developed by Harvard Medical School to develop scalable and effective programs in safety and quality.

A9 Picker Institute: Hot Topics Debate

Panelists: Harry Cayton (UK), Sir John Oldham (UK), Margaret Murphy (IRL), Peggy O’Kane (USA) and Phil Hassen (CAN)

This Session will be an interactive, informative and entertaining debate, moderated by Sir Donald Irvine. The panelists will be experts in their fields. The audience will be involved in proceedings.

A15 Weathering the storm: creating focus and stability in times of chaos

Speaker: Mike Wagner (USA)

It is well-known and much discussed amongst healthcare providers that various pressures -- economic, social, political, technical, ethical, and so on -- are making the job of providing quality healthcare ever more challenging. As a result, the reality of constant change, combined with non-stop efforts to improve performance, leads to exhaustion and frustration for staff members at every level of an organisation. Unfortunately, healthcare leaders often contribute to this anxiety by the actions they take as leaders -- too often setting agendas that are reactionary, making decisions that are suboptimal, and taking actions that create problems rather than solve them. This presentation will provide insights and guidance as to how the best, most effective leaders migrate their organisations from reactionary, crisis-driven management to a leadership of steadfast focus, stable operations, and engaged staff members.

A17(a) The intimate and the public in healthcare; privacy, data sharing and the public good

Speaker: Harry Cayton (UK)

The potential of health information in a digital age to improve quality, manage health systems and benefit clinical research is enormous. But electronic systems raise new fears about data...
Improving quality requires leadership: an international perspective to develop a nurse manager competency model to manage performance

Speakers: Elizabeth Brown (USA), Patricia Folcarelli (USA) and Joanne Ayoub (USA)

Nurse Managers play a critical role in building and fostering a positive work environment and driving the quality and patient safety agenda. Yet, from our experience working with multiple international health care organizations, nurse managers frequently feel unprepared for the role given that many organizations often promote strong clinical nurses into management roles without clear expectations of that role or formal preparation and development. The objective of this session is to share an approach to designing a workforce system for nurse managers to manage and improve unit performance. The team, comprised from nursing, human resources, and quality management disciplines, will share their experiences in developing and customizing a nurse leadership competency model in an academic medical center in the United States, in a health care network in Turkey, and a hospital system in India. The participants will learn about the competency model development and the key applications in each setting. In addition, the participants will have the opportunity to engage in a discussion regarding the design and implementation of quality dashboards.

Large-scale change in patient safety

Speakers: Vibeke Rischel (DK), Jonathan Gray (Wales) and Pedro Delgado (IV-IRL)

Institute for Healthcare Improvement (IHI) large scale improvement efforts have been customized into other health care settings. Several countries in Europe have organised national campaigns focusing on reducing harm and hospital mortality rates and improving patient safety. The session will share tips and tricks on how to adapt foreign tools, measures, results and experience to a national setting.
Monday 12th October: Morning Session

07:00  Registration Burlington Hotel

07:25 - 08:30  Breakfast Meeting: Elgin Room
Chair: Elizabeth Pringle
Innovation in Quality of Care for “Bottom Billion”, Integrating Microfinance and Health Access Initiatives.
Sheila Leatherman (USA).

08:45 - 09:00  Welcome: Bruce Barraclough, ISQua President and John O’Brien, Executive Chair for Conference

09:00 - 09:15  Conference Opening: Ms. Mary Harney, Minister for Health and Children

09:15 - 09:20  Making the most of the conference: Róisín Boland CEO ISQua

09:20 - 10:20  A1 Plenary Presentation: Pembroke & Herbert Room
Opening Plenary
Chair: John O’Brien (IRL)
“Evidence–Based Hospital Design for Safety” Roger Ulrich” (USA).
“Hospital Design and the Control of Infections: Bad Design Leads to Bad Outcomes” Karen Stockton (CA)

10:20 - 10:30  Life Membership Award Presented by Bruce Barraclough

10:30 - 11:00  MORNING BREAK

11:00 - 12:30  12 Concurrent Sessions – Morning

A2 Invited Session: Elgin Room,
Estate
Chair: Brian Gilroy (IRL)
Capital investment and the Design of better quality healthcare environments
Paul Barach (AUS). 90 Minutes

A3 Invited Session and Brief Paper Presentation: Ulster Room
Governance and Leadership
Chair: Tracey Cooper (IRL)
Inspirational leadership in health care organizations
Aoife Mc Dermott (IRL) Patrick Flood (IRL). 45 Minutes

371 10 years on: a review of clinical governance arrangements in three district health boards in New Zealand
Robinson, M.E. (AUS). 15 Minutes

720 Partnership Decision Tree - making sure we have the right governance to manage risk and protect our reputation

698 International essentials of healthcare quality and safety: a framework for risk reduction and quality improvement
Timmons, K.H. (USA) VanOstenberg, P. (USA). 15 Minutes

A4 Invited Session: Pembroke Room
External Evaluation Systems
Chair: Charles Bruneau (FR)
Regulations of quality in health care – a comparative perspective
Kieran Walsh (UK) Janne Lehmann Knudsen (DNK) Judith Healy (AUS). 90 Minutes
A5 Invited Session and Brief Paper Presentations: Connaught Room

Health Information Management Systems
Chair: David Bates (USA)
National health stats initiative – databank of performance information for Irish health services
Maureen Lynott (IRL) Mark Turner (IRL). 45 Minutes

355  A wireless all-in-one PDA solution to prevent potentially hazardous transfusion error

597  Use of patient-held paper and electronic portable health files (PHFs) to facilitate reliable health knowledge transfer among healthcare providers and patients

267  Measurement for improvement – developing a global trigger tool for primary care

A6 Invited Session and Brief Paper Presentations: O’Connell Room

Patient Safety Protocols
Chair: Bonnie Adamson (CA)

Sleep complaints in the elderly population: which tools and indicators to improve the quality of primary care?

628  Patient’s perception and the evaluation of an educational resource on medication safety

374  Medication use process survey in Irish hospitals: implications for patient safety and continuity of care

A7 Invited Session: Herbert Room

WHO: Education and Research
Chair: Bruce Barraclough (AUS)
WHO: Patient Safety Medical Curriculum
Amatai Ziv (IL) Merrilyn Walton (AUS). 90 Minutes

A8 Invited Session: Munster Room

Workforce
Chair: Peter Lee (SG)
Does online education in safety and quality really work? Using a new online methodology called spaced education
Betsy Brown (USA) John Helfrick (USA) Rick Van Pelt (USA) Tim Shaw (USA). 90 Minutes

A9 Invited Session: Lansdowne Room

Positive Patient Experience
Chair: Sir Donald Irvine (UK)
Picker Institute: Hot Topics Debate
Harry Cayton (UK) Sir John Oldham (UK) Margaret Murphy (IRL) Peggy O’Kane (USA) Phil Hassen (CA) Anne Carrigy (IRL). 90 Minutes

A10 Brief Paper Presentations: Leinster Room

Incident Reporting
Chair: Jan Mackereth-Hill (UK)

226  Issues related to the management of adverse events in a provincial health system in Canada: lessons learnt and moving forward
Gregory, D.M. (CA) Thompson, R.C. (CA). 15 Minutes

297  Requirements of adverse events reporting system: a patient safety challenge in Omani hospitals
Taman, A.M. (OM). 15 Minutes
402 The nature and causes of unintended events reported at ten internal medicine wards

749 The Scottish audit of surgical mortality
Pace, N. (UK). 15 Minutes

386 Response to the melamine-tainted milk product (MTMP) incident - sharing Hong Kong’s experience
Pang, F.C. (CN) Au, A. (CN) Lui, S.F. (CN) Poon, K.T. (CN) et al. 15 Minutes

A11 Brief Paper Presentations: Clyde Room
Clinical Chair: Farida Mgunda (TZ)

593 Inclusion of patients with COPD into the Danish national indicator project by administratively collected ICD-10 codes: estimation of validity and completeness

496 Application of variable life adjusted displays (VLAD) on Victorian admitted episodes dataset (VAED)

454 Initiatives to improve the quality of health care in HIV and AIDS programs in South Africa

214 Pandemic influenza – global threat, local response

259 Quality systems assessment: a program to evaluate the patient safety and clinical quality programs in the NSW public hospital system
Harrison, B. (AUS) King, B. (AUS) Hughes, C. (AUS). 15 Minutes

A12 Brief Paper Presentations: Leeson Room
Indicators Chair: Jerod Loeb (USA)

313 Analysis of safety culture and patient safety indicators: a nationwide safety survey in Taiwan

278 Key-factors for managing quality in hospitals on the basis of a set of French indicators

129 Managing quality within the Helios hospital group – methods, experiences and achievements of a structured quality improvement process

623 A four-year project for implementing hospital quality indicators in Israel

A13 Brief Paper Presentations: Appian Room
Health Information Management Systems Chair: Jane Grimson (IRL)

420 Lowering the recommended age for influenza vaccination from 65 to 60 years: impact on the total number of vaccinations

308 A systematic approach to developing quality systems within community pharmacy to deliver health promotion and lifestyle advice to UK populations

795 Integrating quality improvement at all levels of the Ugandan health service

199 The importance of correctly coding end of life care
Pisko, J. (UK) Robinson, P.J. (UK). 15 Minutes

227 Developing a national system to guide the continued competence assessment of registered nurse prescribers in Ireland
Kearns, T. (IRL). 15 Minutes
12:30 - 14:00  **LUNCH**

13:10 - 13:55  **Meeting:** Landsdowne Room  
**Chair:** Hilary Dunne (IRL)  
Young and New to Quality and Safety Research Mentorship Forum.  
*Eric Schneider (USA)*

13:15 - 13:50  **Poster Presentation Sessions: 9 rooms**  
**AP1:** Lesson Room  
**Clinical**  
**Chair:** Richard Choong

100  **Sub-optimal use of evidence based guidelines for venous thromboembolism prophylaxis**  

685  **Designing for quality, effectiveness and patient safety in colonoscopy**  

150  **Predictors of re-admission to a cardiac surgical intensive care unit**  

139  **Rate of adherence to treatment recommendations (TREATRE) based on high quality literature: a clinical audit project**  

188  **Implementation of a ventilator bundle in the context of the “safer patient’s initiative”: a qualitative case study**  
Pinto, A. (UK) Benn, J. (UK) Burnett, S. (UK) Parand, A. (UK) et al

**AP2:** Herbert Room  
**Quality Systems**  
**Chair:** Peter Lee (SG)

406  **What interventions are there to reduce risk and improve quality and safety for older hospital in-patients? A scoping review of the literature**  

809  **Multidisciplinary quality improvement teams: the bedrock of quality improvement**  
Dixon, N. (UK) Henderson, A. (UK)

497  **Development of a residential care policies and procedures framework (ResPaP)**  
Sweeney, J. (IRL) Fagan, P. (IRL)

494  **The operationalization of an information system to enhance efficiency in the management of defective medical equipment**  

**AP3:** Pembroke Room  
**External Evaluation**  
**Chair:** Elma Heidemann (CA)

306  **The clinical audit for the assessment of the quality improvement of the treatment of acute myocardial infarction of the Reggio Emilia health authority (Italy)**  

506  **Comparison of weighted and equally weighted composite quality score for acute myocardial infarction**  

602  **Improving quality in clinical sessions**  

295  **Variability in the quality of post-acute phase medical management of myocardial infarction according to quality indicator**  

822  **A clinical indicator system in mental health: an evaluation study**  
AP4: Connaught Room

Health Information Management Systems
Chair: Freerk van der Heijden (NL)

104 Applying a new “mobile medical station” with an information system for improving the process of hemodialysis - a case study in Taiwan

520 Application and comparison of Resetting Sequential Probability Ratio Tests (RSPRT) and Variable Life Adjusted Displays (VLAD) on Victorian Admitted Episodes Dataset (VAED)

470 Establishment and effectiveness of an intra-hospital on-line patient safety reporting system

AP5: Munster Room

Patient Safety Systems
Chair: Virgina D’Addario (USA)

98 Sowing the seeds of safety research: an online enquiry-led, case-based approach

311 In-hospital falls and fractures: results of a 10 year population cohort study

319 SAMPLE (specimen, accuracy, measure of integrity, proforma, labelling, education) – getting theatre specimens correctly sent to the laboratory
Harford, J. (IRL), Callanan, L. (IRL)

800 Slips, trips and staying still: standardising the reporting of falls and pressure ulcers to enable monitoring and reduction

676 Patient safety culture survey on Asan Medical Centre (AMC)

AP6: O’Connell Room

Workforce
Chair: Sarper Tanli (TUR)

426 Having fun and learning in patient safety – consequences of an educational programme in Verona

723 Impact of a process deviation working group in an aseptic compounding unit

472 Review on patient safety climate – staff survey

612 Perceived quality of the accreditation of competence by healthcare professionals

AP7: Elgin Room

Positive Patient Experience
Chair: Petra Doets (NL)

43 Family history of cancer and access to genetic testing HJ
Hass, J.S. (USA) Baer, H.J. (USA) Brawarsky, P. (USA)

540 To what extent does a patient-given global rating of quality of care reflect process, structure or outcome aspects of care?
657  Effectiveness of self-management interventions for chronic care patients  

332  Real-time registration, analysis and evaluation of patient satisfaction survey  

789  Disruptive physician cases: reconsidering cases and recommendations considering systems effects  
Williams, B.W. (USA) Williams, M.V. (USA)

AP8: Leinster Room

External Evaluation  
Chair: Stephen Clark (AUS)

37  Accreditation – the Indian perspective  
Puri, N. (IND)

218  Monitoring and evaluating the performance of quality assessors/surveyors during accreditation visits to residential aged care homes in Australia  
Brandon, M. (AUS)

209  Preliminary assessment on the outcome of hospital accreditation surveyor on-site training: Taiwan experience  

483  Designing healthcare standards to comply with legislation  
Avey, P. (AUS) Lynne, T. (AUS)

AP9: Ulster Room

Indicators  
Chair: Carlo Ramponi (FR)

210  Positive predictive value and potential preventability of the AHRQ patient safety indicators in a national sample of hospitals from the USA  
Drosler, S. (DE) Romano, P.S. (USA) Utter, G. (USA) Sadeghi, B. (USA) et al

394  Assessment of quality and efficiency of cardiac care in Sweden: a baseline study in relation to the national guidelines  
Wigand, R. (SE) Lawrence, M. (SE) Brandstrom, H. (SE) Dahlgren, C (SE) et al

342  Accomplishing decrease in patient mortality in the neonatal intensive care unit (NICU) by implementation of quality improvement projects  

231  Incorporating equity into performance measurement: results from the project for an Ontario women's health evidence-based report card (POWER) study  

343  Post-hospital survival as a measure of intensive care quality  

14:00 - 15:30  12 Concurrent Sessions – Afternoon

A14 Invited Session: Elgin Room  

Estate  
Chair: Eilish Hardiman (IRL)  
Aesthetics and Anaesthetics – design quality in a clinical environment  
John Cole (NI, IRL) Sue Francis (UK). 90 Minutes

A15 Invited Session and Brief Paper Presentation: Herbert Room  

Governance and Leadership  
Chair: Jon Billings (IRL)  
Weathering the storm: creating focus and stability in times of chaos  
Mike Wagner (USA). 45 Minutes

228  Large national initiative highlighted need for cultural readiness  
282  From paint chips to policy: the role of patient engagement and leadership in improving patient experience outcomes  

A16 Brief Paper Presentation: Ulster Room

External Evaluation Systems
Chair: Wendy Nicklin (CA)

99  Accreditation and its impact on hospital acquired infections: a case study of Wockhardt Hospital, Bangalore, India  
Cooper, M.T. (USA) Helfrick, J.F. (USA) DeSilva, R.A. (USA) Adhikary, R. (USA) et al. 15 Minutes

457  Designing quality into healthcare accreditation surveyor performance: strategies for professional development  

501  Measurement of a regulatory process: self assessed compliance, capability to monitor, and quality improvement activities for legislated health standards  

806  Surveying the surveyors: a study to map accreditation programmes in the UK  

784  Testing innovative accreditation methods: piloting the patient journey survey methodology  

A17 Invited Session: Connaught Room

Health Information Management Systems
Chair: Michael Gorton (AUS)

The intimate and the public in healthcare: privacy, data sharing and the public good  
Harry Cayton (UK). 45 Minutes

Introducing a unique health identifier for Ireland  
Jane Grimson (IRL). 45 Minutes

A18 Invited Session: Pembroke Room

Patient Safety Protocols
Chair: Itziar Larizgoitia (WHO)

WHO: unsafe care in developing and transitional countries: first estimates and lessons learned  
David Bates (USA) Concha Colomer Revuelta (ESP) Philippe Michel (FR) Ross Wilson (AUS) Ramon Limon (ESP). 90 Minutes

A19 Brief Paper Presentations: Clyde Room

Education and Research
Chair: Elizabeth Pringle (AUS)

353  Best practice clinical learning environments: a quality framework for health services  

608  Improving appropriateness in general practice through educational initiatives: An evaluation tool  

95  Introducing quality improvement and patient safety to medical students at Chulalongkorn University and King Chulalongkorn Memorial Hospital, Thailand  

525  Development of a realistic, patient free colonoscopy training environment using patient data  

463  Bridging the gap: enhancing interprofessional education using simulation  
Robertson, J. (CA) Bandali, K. (CA). 15 Minutes
A20 Invited Session: Munster Room

Workforce
Chair: Anne Carrigy (IRL)
Improving quality requires leadership: an international perspective to develop a nurse manager competency model to manage performance
Elizabeth Brown (USA) Patricia Folcarelli (USA) Joanne Ayoub (USA). 90 Minutes

A21 Invited Session: Lansdowne Room

Positive Patient Experience
Chair: Stephen Schoenbaum (USA)
Picker Institute Education Session: challenges to achieving patient – centered care globally
Basia Kutryba (PL) Charles Shaw (UK) Janne Lehmann Knudsen (DNK). 90 Minutes

A22 Invited Session: O’Connell Room

Isolated and Minority Groups
Chair: Philip Crowley (IRL)
Promoting quality healthcare for hard to reach and disadvantage groups
Shelagh Jane Woods (CA) Graham Watt (UK) Austin O’Carroll (IRL). 90 Minutes

A23 Invited Session and Brief Paper Presentations: Leeson Room

Patient Safety
Chair: Bill Runciman (AUS)
Large-scale change in patient safety
Vibeke Rischel (DNK) Jonathon Gray (Wales) Pedro Delgado (N.IRL). 45 Minutes

230 Achieving excellence in patient care in hospitals with limited resources in Thailand
Farrell, J.M. (CA). 15 Minutes

281 How can national health authorities promote quality and safety when considering the introduction of new and expensive technologies?
Ringard, Å. (NOR) Mørland, B. (NOR). 15 Minutes

186 Designing quality and safety initiatives for optimal medical engagement
Parand, A. (UK) Burnett, S. (UK) Berin, J. (UK) Pinto, A. (UK) et al. 15 Minutes

A24 Invited Session and Brief Paper Presentations: Leinster Room

Patient Safety Protocols
Chair: Jim Bracken
Service level quality improvement
Barry White (IRL). 45 Minutes

516 A new approach to educating senior clinicians: review of clinical excellence commission’s blood watch program the transfusion question campaign

337 Skin and wound care excellence at North York general hospital
Adamson, B. (CA). 15 Minutes

504 Safety attitude profiles of doctors, nurses and allied health professionals in the South Australian health system

A25 Brief Paper Presentations: Appian Room

Patient Experience
Chair: Helen Crisp (UK)

62 Improving the patient experience: the Planetree patient-centered hospital designation project
Frampton, S. (USA). 15 Minutes

241 Improving quality of care by benchmarking patient satisfaction in Dutch academic hospitals
Kleefstra, S.M. (NL) Kool, R.B. (NL). 15 Minutes
| 677 | Patients' experience of hospital care: a qualitative study  
| 183 | Factors associated with patient perception of acute inpatient care in Ireland  
Toye, L. (N.IRL) Boyce, M. (N.IRL) McCann, S. (N.IRL) Murphy, S (N.IRL) et al. 15 Minutes |
| 658 | A difficult communication: how to manage the relationship with a citizen who has been victim of an adverse event  

15:30 - 16:00  **AFTERNOON BREAK**

16:00 - 17:00 **Afternoon Plenary**

**A26 Plenary Presentation:** Pembroke & Herbert Room  
Chair: Michael Scanlon (IRL)  
'On the Couch'  
Moderator: Aine Lawlor (IRL)  
Cliff Hughes (AUS), Linda Kenney (USA), Mary Fletcher Smith (IRL) & Rick Van Pelt (USA)

17:00 - 17:15 **Picker Institute Awards**

19:00 **Gala Reception Dublin Castle**
B2 The safe design plan – a safer patient experience

Speakers: Patricia Young (UK) and Jane McElney (UK)

A hospital is a complex organisation in which many health care professional work together to resolve complicated tasks, often under acute circumstances. In April this year the National Patient Safety Agency (NPSA) hosted a “Design for Patient Safety” workshop. The aim of the workshop was to identify future priorities for the NPSA and their partners in the promotion of how an intelligent use of design could improve patient safety. The NPSA is developing a programme aimed at understanding what is required for designing for patient safety to inform and encourage the National Healthcare Service (NHS) to put design for patient safety at the centre of healthcare delivery.

21st Century healthcare design – trends and priorities

This presentation will identify the key influences on design trends in current healthcare design, including patient expectations and safety, standardisation and adaptability, and interpretation of guidance; ways of embedding these elements within the project brief from the outset will be explored.

B3 Clinical networks – making healthcare safer by exploiting their natural properties

Speakers: Jeffrey Braithwaite (AUS) and Bill Runciman (AUS)

This session uses the latest thinking in clinical networks research to address the failure of current approaches to change practice and make things safer for patients. We must seek to involve clinicians as part of the solution, ie by advocating more bottom-up strategies to go with existing top down strategies.

But how can we accomplish this? Most health systems experience that engaging clinicians is hard, even daunting. On the other hand, there are naturally occurring groups (friendships, referral clusters, clinical interest groups, political factions and the like) which can be harnessed for change and improvement. What kinds are there? What are the characteristics of these emergent networks and communities? What would a bottom-up solution look like?

We discuss these issues, and invite audience participation to gauge how successful our suggestions might be.

B5 Clinical decision support and the quality-safety agenda

Speaker: John Fox (UK)

The case for supporting evidence-based decision-making at the point of care has become widely accepted over the last decade. Several recent systematic reviews in major medical journals clearly demonstrate the benefits, in many cases using very simple techniques. However, although the prize may be huge the pace of adoption remains slow. This talk will briefly review current evidence for the benefits of clinical decision support in improving the quality and safety of care, and some of the leading technical approaches will be illustrated with examples from work by my team*. Possible strategies for improving the take-up of these promising technologies will be discussed.

*Supported by Cancer Research UK

B6 Addressing excellence in patient safety – High 5s

Speakers: Agnès Leotsakos (CH), Charles Bruneau (FR), Chris Baggoley (AUS), Karen Timmons (USA) and Kate Beaumont (UK)

The High 5s project is a collaboration between several countries, World Health Organisation’s (WHO) Patient Safety Programme and the WHO Collaborating Centre for Patient Safety designated as The Joint Commission International (JCI). Launched by the WHO in 2006, the mission of the project is to facilitate implementation and evaluation of standardized patient safety solutions within a global learning community to achieve measurable, significant, and sustainable reductions in challenging patient safety problems in hospitals from several countries over five years. The following countries participate in the High 5s: Australia, Canada, France, Germany, the Netherlands, New Zealand, Saudi Arabia, Singapore, the United Kingdom and the United States of America.

B7 Improving quality in Northern Ireland’s integrated health and social care system

Speakers: Austin Stack (IRL), Glenn Houston (N.IRL), Maeve Hully (N.- IRL), Noeleen, Devaney (N.IRL) and Veronica Gillen (N.IRL)

The general theme of the session will be to consider how the three dimensions of Quality (Safety, Standards and Patient/Client experience) are being addressed in Northern Ireland with its integrated health and social system and the challenges that lie ahead. The session also includes a presentation on an award-winning cross-border project involving hospitals in the border region working to improve quality of services to renal patients.

B8 Creating the ideal quality and safety oversight process: if given a blank piece of paper I would . . .

Speaker: John Helfrick (USA)

This interactive session will discuss the critical components of a quality and patient safety oversight process and how it should be developed, implemented, managed and monitored for the following:

- Healthcare Professionals
- Ambulatory Facilities
- Hospitals

In this imperfect world, what are the barriers faced in the implementation of a robust quality and safety oversight process? What are the opportunities? A real life scenario will be used to supplement the discussion.

B9 Picker Institute Education Session: How to achieve outstanding patient and family-centered care – methods and tools

Speakers: Susan Frampston (USA), Peggy O’Kane (USA) and Beverly Johnson (USA)

Objective: Learn how all involved in health care can achieve excellence in patient and family-centered care and better outcomes:

- How to achieve perfect patient encounters in hospitals
- Accountability and Patient-Centered Care
- How patients and their families can help providers achieve better patient and family centered care

Achieving excellence in patient-centered care depends on the success of many different partnerships—patient and caregiver, patient and family, family and healthcare professionals, external accreditors and internal managers—working together to produce good outcomes. In this session, representatives of some of these partnerships will discuss their roles in striving to achieve this goal, and some of the methods and tools that have helped them.

B15 Safety and quality in a highly engineered environment

Speakers: Derek Moulds (IRL), Hilary Humphreys (IRL), Nic Allen (IRL) and Phil Nedin (UK)

The presentation will consider the advantages of designing holistically through a sustainable model, consider the changes that are confronting the healthcare designer and then present some of the innovative models that we have considered necessary to support the changing needs. It will also examine the role of the environment in the cause and transmission
of healthcare-associated infections (HCAIs) and highlight how an improved environment might assist in enhancing the quality and safety of patient care by reducing HCAIs.

**Integrated Design - delivering safety and quality in healthcare facilities**

The theme centres on the benefits of an integrated approach to design from a Safety and Quality perspective, and will deal with design brief assessment, key design principles, the formation of an integrated team from the outset, and key interfaces with clinicians, patients and other users.

It will describe the advantages of an integrated and coordinated approach to concept design which utilises site master planning principles, evidence based design, cross-specialty consultation, and the establishment of design assessment and design coordination plans, it will also refer to modelling as a tool to test options at concept stage. All of the above striving to support the model of care and operating principles/ processes of the healthcare facility.

**B16 Corporate governance in the National Health Service (NHS) in England: improving the patient experience and enhancing the safety of care**

**Speaker:** John Bruce (UK)

Corporate Governance in the National Healthcare Service has been going through many challenges during the past 3 years: system reform, Foundation Trusts, increasing expectations, patient choice, use of patient reported outcome measures, health inequalities, World Class Commissioning; payment by results, etc. In addition there have been dramatic headlines due to failures in the system resulting in avoidable harm, including avoidable patient deaths.

This presentation sets out how one District General Hospital has begun to increase its corporate governance capability by introducing Policy Governance® as its system of governance, placing quality squarely in the centre of its agenda and demanding rigorous monitoring from its executives. A brief description will be given of Policy Governance and practical examples of how the board are using it to improve the patient experience, increase safety and ensure financial sustainability in increasingly challenged times.

**B18 (a) Rolling out the remote**

**Speaker:** James Barlow (UK)

Remote care – the use of Information and Computer Technology (ICT) to provide telecare and telemedicine services – has been heralded as a key tool for coping with escalating demand for healthcare services in a cost effective, high quality and patient focused way. There have been thousands of pilot projects across the world and large sums of public finance have been spent on developing new technologies and trying to implement them. Yet creating workable systems, embedded as part of mainstream care services, has proved elusive. This session will explore the arguments for remote care and outline how mainstream implementation can be achieved.

**B18 (b) EUNetPaS (European Union Network for Patient Safety)**

**Speakers:** Jean Bacou (FR), Jørgen Hansen (DNK), Margaret Galgraith (FR) and Solveig Kristensen (DNK)

EUNetPaS is a network involving the 27 member states of the European Union, funded and supported by the European Commission within its 2007 Public Health Programme. This project is coordinated by HAS (French National Authority for Health). Its purpose is to establish an umbrella network of all 27 EU Member States and EU stakeholders to encourage and enhance their collaboration in patient safety (culture, reporting and learning systems, medication safety and education) through the establishment of national platforms involving national stakeholders.

**B19 Patient safety in children - challenges and solutions**

**Speakers:** Charles Homer (USA), Peter Lachman (UK), Paul Sharek (USA) and Lynn Eckhart (USA)

Charles Homer: Are children different? - The case for an alternative approach.

Paul Sharek: Developing a measurement strategy for safety in paediatric health care

Peter Lachman: Addressing the challenges of paediatric medicine management

Lynn Eckhart: Addressing pediatric safety in the community

**B20 WHO: implementation surgical safety checklist: barriers and solutions**

**Speaker:** Abdel Al Briezat (JOR), Amit Vats (UK) and Alan Merry (NZ)

The aim is to provide information about implementation of the Surgical Safety Checklist in different parts of the world, the similarities, differences and lessons learned.

**B22 Follow up programs for cancer survivors – quality and patient perspectives**

**Speakers:** Alastair Smith (UK), Carol Sawka (CA), Gilmour Frew (UK), Jarne Lehmann Knudsen (DNK) and Mary McCabe (USA)

More and more patients survive their cancer disease as a consequence of better treatments. The risk of recurrence of the primary cancer, spread of the cancer or new cancers are high during a period of years after treatment has stopped. Complications and late sequels of treatment as well can occur up to several years after treatment and the patient might need psychological support to manage with the new life situation. Therefore there is a need for follow-up programs for cancer survivors for several years which monitor the patient on a holistic base.

**B24 Measurement and improvement of chronic disease management: Collaborative efforts between primary and secondary sectors in Denmark**

**Speakers:** Lene Grosen (DNK), Tina Eriksson (DNK), Peter Qvist (DNK), Birthe Lindegård (DNK) and Arne Poulsen (DNK)

Results after one year’s experience with automatic data collection and feedback in Danish general practice

Time is a critical resource in general practice and therefore data collection for quality purposes is a challenge. It was to solve this problem that the Information and Computer Technology (ICT) – section of the Danish Quality Unit of General Practice (DASK) designed the data capture module. The aim of this part of the workshop is to present the results of the first year’s experience with the system. The focus will be on the possibilities, the barriers, and the problems.

**Implementation of an integrated care strategy in chronic disease management: Comparison of different evaluation approaches**

It is generally acknowledged that improving quality and effectiveness requires a close cooperation between health care providers in both the primary and the secondary health care sector. The aim of this part of the workshop is to present and discuss experiences gained through pilot testing of different approaches to measure the impact of the regional initiatives. Presentation of the results of the pilot tests will serve as introduction to an open floor discussion about pro and cons in relation to measuring quality of patient pathways in chronic disease.
Tuesday 13th October: Morning Session

07:30 Registration

09:00 - 09:05 Reizenstein Prize.
Introduction: Bruce Barraclough
Presented by: Eric Schneider

09:05 - 10:30 B1 Plenary Presentation: Pembroke & Herbert Room

Morning Plenary
Chair: John Helfrick (USA)
“Improving Care Quality Through Electronic Health Records: The Experience at Partners Health Care”
John Glaser (USA).
“Transforming and Modernizing Care: The Electronic Health Record Implementation Experience in Canada”
Richard Alvarez (CA).

10:30 - 10:50 Address by the President of Ireland, Mary McAleese

10:50 - 11:20 MORNING BREAK

11:20 - 12:50 12 Concurrent Sessions – Morning

B2 Invited Session and Brief Paper Presentations: Elgin Room

Estate
Chair: Pat McGrath (IRL)
The safe design plan – a safer patient experience.
Jane McElroy (UK) Patricia Young (UK), 60 Minutes

269 Community nursing units at St. Mary’s Hospital, Phoenix Park; a new prototype
Mahon, S. (IRL), 15 Minutes

740 Designing out the means to commit suicide reduces the number of suicides
Thomas, B. (UK) Cleary, K. (UK), 15 Minutes

B3 Invited Session and Brief Paper Presentations: Herbert Room

Governance and Leadership
Chair: Cathy Wung (TW)
Clinical networks – making healthcare safer by exploiting their natural properties
Jeffrey Braithwaite (AUS) Bill Runciman (AUS), 45 Minutes

414 The relationship between organizational leadership for safety and learning from patient safety events
Ginsburg, L. (CA) Chuang, Y. (CA) Ng, P.T. (CA) Berta, W. (CA) et al. 15 Minutes

465 The UK safer patients initiative: understanding the impact of a large-scale care systems improvement programme
Benn, J. (UK) Burnett, S. (UK) Parand, A. (UK) Pinto, A. (UK) et al. 15 Minutes

671 Implementing a quality improvement plan in a large acute hospital setting; effect on the incidence of cardiac arrest

B4 Brief Paper Presentations: Ulster Room

External Evaluation Systems
Chair: Brian Johnston (AUS)

744 Accreditation Canada’s Qmentum program: continuing to promote quality improvement one year after implementation
219 Has accreditation by an external accrediting body driven system wide improvements in long term residential aged care in Australia?
Brandon, M. (AUS). 15 Minutes

519 Developing a national set of core standards and conducting a baseline assessment across the South African health system

262 Improvement in medical records service area of accredited district public hospitals in Malaysia

460 Beyond the hospital walls – accreditation across the whole health economy in Madeira
Mackereth-Hill, J. (UK). 15 Minutes

B5 Invited Session and Brief Paper Presentations: Lansdowne Room
Health Information Management Systems
Chair: Sir John Oldham (UK)
Clinical decision support and the quality - safety agenda
John Fox (UK). 45 Minutes

558 The use of comprehensive electronic medical records based data warehouse in Clalit health services for quality measurement for the years 1998-2009
Cohen, A.D. (IL) Anetbi, F. (IL) Regev-Rosenberg, S. (IL) Vidavsky, L. (IL) et al. 15 Minutes

804 The professional electronic portfolio for healthcare
Feeney, L. (IRL) Pitman, S. (IRL). 15 Minutes

B6 Invited Session: Pembroke Room
Patient Safety Protocols
Chair: George Bearham (AUS)
WHO: addressing excellence in patient safety – High 5s
Agnès Leotsakos (CH) Charles Bruneau (FR) Chris Baggoyle (AUS) Kate Beaumont (UK) Denis O’Leary (USA). 90 Minutes

B7 Invited Session: Connaught Room
Education and Research
Chair: Clifford Hughes (AUS)
Improving quality in Northern Ireland’s integrated health and social care system
Austin Stack (IRL) Glenn Houston (N.IRL) Maeve Hully (N-IRL) Noeleen, Devaney (N-IRL) Veronica Gillen (N.IRL). 90 Minutes

B8 Invited Session: Munster Room
Workforce
Chair: Austin Leahy (IRL)
Creating the ideal quality and safety oversight process: if given a blank piece of paper I would...
John Helfrick (USA). 90 Minutes

B9 Invited Session: Leinster Room
Workforce
Chair: Mark Waxman Beverly Johnson (USA)
Picker Institute Education Session: how to achieve outstanding patient and family centered care methods and tools
Peggy O’Kane (USA) Susan Frampton (USA). 90 Minutes

B10 Brief Paper Presentations: O’Connell Room
Isolated and Minority Group
Chair: Philip Crowley (IRL)
326 Effects of socioeconomic status on 30-day mortality and wait for surgery after hip fracture

510 Perceptions of risk and vulnerability in health services
Travaglia, J. (AUS) Braithwaite, J. (AUS). 15 Minutes
B11 Brief Paper Presentations: Clyde Room

Clinical Audit
Chair: Amatai Ziv (IL)

577 Designing an effective legal environment for clinical incident disclosure

815 Ethics issues related to clinical audit — a review and analysis
Dixon, N. (UK). 15 Minutes

201 Implementing decision support to reduce inappropriate diagnostic practice

270 Thromboprophylaxis for fractured neck of femur and relation with mortality and other outcomes

814 Reinvigorating clinical audit in a major teaching hospital

B12 Brief Paper Presentations: Leeson Room

Clinical
Chair: Richard Choong (AUS)

542 Improving quality of care through systematic performance and outcome measurement and follow-up. Experiences from the psychiatry in region north Denmark

503 Optimising trauma team performance

46 AHRQ patient safety indicator-accidental puncture and laceration: a multi-disciplinary review
VanSuch, M.B. (USA) Naessens, J.M. (USA) Johnson M.G. (USA). 15 Minutes

766 A cancer team designation model: evaluation of the process

250 The balanced score card tool for performance improvement in Afghanistan’s health sector – an analysis of trends from 2004 to 2008

B13 Brief Paper Presentations: Appian Room

Chronic Disease
Chair: Breeda Doyle (IRL)

205 Continuous quality improvement driving and embedding health reform-chronic disease management, the exemplar
Chris Brook (AUS). 15 Minutes

665 Supporting quality control and development in health care of cancer patients by monitoring national integrated cancer pathways in Denmark

413 Development of a platform of reference information on cancers for patients and their family members: the platform Cancer Info
Bara, E. (FR) Carrelier, J. (FR) Ramon, A. (FR) et al. 15 Minutes
731 The use of the “Safety Walk-Round” as a risk assessment instrument in timely communication: between diagnostics, the clinician and administration

364 Patient participation in symptom management in acute oncology: a quality issue

12:50 - 14:00 LUNCH

13:10 – 13:55 Meeting: Ulster Room
ISQua’s International Accreditation Programme – Surveyor Update

13:15 - 13:50 Poster Presentation Sessions: 9 rooms
BP1: Munster Room

Patient Safety
Chair: Bonnie Adamson (CA)

768 Must common adverse events: a study in two public general hospitals at Mexico
Sarabia, O. (MX) Garrido, F. (MX) Poblano, O. (MX)

447 Evaluation of 40 teaching hospitals from São Paulo, Brazil, utilizing inpatient AHRQ quality indicators

357 Implementation of clinical alert system in the general wards of a tertiary referred medical center: impact on in-hospital resuscitation

643 Applying quality improvement to improve follow up for abnormal newborn hearing screening results

BP2: Herbert Room

Governance and Leadership
Chair: Nancy Dixon (UK)

816 Clinical governance: integrating IT solutions at Guys & St Thomas’ NHS Foundation Trust

327 A knowledge base for the diffusion of quality and safety good practices in healthcare: the experience of the Italian agency for healthcare services (Agenas)

134 Quality improvement activities at Samsung medical center to prepare “self medication” management flow and protocol

761 Effect of rapid response team implementation on “Failure to Rescue”

BP3: Pembroke Room

External Evaluation Systems
Chair: Mark Brandon (AUS)

669 Different strategies to face similar challenges: lessons learned through three different quality journeys
Schiesari, L. (BR)

245 Establishing a nosocomial infection control inspection system in Taiwan

502 The change management journey – from medical accreditation to quality improvement for health services
Clark, S.L. (AUS) Choong, R.F. (AUS)
BP4: Clyde Room

Patient Safety
Chair: Ana Tereza Miranda (BR)

- 407 A Turkish hospital's safety climate survey results
  Ozturk, K. (TUR) Budak, M. (TUR)

- 779 Estimation of costs for preventative measures in hospital patient and healthcare workers safety

- 596 Emergency medicine closed claims analysis of settled medical negligence claims
  Oglesby, A. (IRL)

- 682 Could a routine review of unplanned readmissions to the hospital improve quality in hospital care?

- 684 Designing for quality: effective communication
  Potter, M.C. (USA)

BP5: Appian Room

Education and Research
Chair: Clodagh Geraghty (IRL)

- 335 Nurses’ perception of frequent adverse events and the contributing factors relating patients: a survey in Chinese hospitals

- 384 The epidemiology of potential inappropriate prescribing for elderly inpatients: Japan adverse drug events (JADE) study

- 521 An empirical evaluation of hospital quality indicators: cholecystectomy as a model

- 638 Assuring Safe Care for the Underserved: Strategies for Safe Medication Use Systems Used by Safety Net Providers in the United States
  Sorensen A, Bernard S

- 718 Appropriateness review of medications: yes we can

BP6: O’Connell Room

Positive Patient Experience
Chair: Nancy Morelli (AUS)

- 828 Financial counselling for patients in a restructured hospital
  Tan, C.J. (SGP) Ong, M.L. (SGP) Tang, V.S.P. (SGP)

- 662 Advancing medical regulatory improvement in Ireland through stakeholder research

- 644 Implementation of computer-based appointment system to improve breast sonography appointments

- 97 Improving quality of health care by focusing on patient’s experiences
  Kool, R. (NL) Tolen, V.E.M. (NL)

- 650 Patients’ associations and the fight against nosocomial infections: comparing France and Quebec
  Pomey, M.P. (CA) Naiditch, M. (CA)

BP7: Leeson Room

Clinical
Chair: James Robblee (CA)
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<td>533</td>
<td>Development and implementation of national integrated cancer pathways in Denmark</td>
<td>Hermann, N. (DNK) Hjulsager, M.A. (DNK) De Neergaard, L. (DNK)</td>
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**BP8: Elgin Room**

**Indicators**

**Chair:** Darlene Hennessy (AUS)

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<td>121</td>
<td>Using data to improve access &amp; retention to care, treatment, and services: the NIATx (Network for the Improvement of Addiction Treatment) experience</td>
<td>Zastowny, T.R. (USA)</td>
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**BP9: Connaught Room**

**Patient Safety**

**Chair:** Meghan Cooper (USA)

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<td>411</td>
<td>What is known about adverse events in older medical in-patients? A systematic literature review and re-analysis of the international adverse event studies</td>
<td>Long, S.J. (UK) Ames, D.E. (UK) Vincent, C.A. (UK)</td>
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<td>696</td>
<td>Transforming quality and risk management in Hong Kong East cluster of hospital authority</td>
<td>Li, J. (HK) Tang, C.N. (HK) Chan, F. (HK) Aboo, G.H. (HK) et al</td>
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**Afternoon Sessions**

**B14 Special Interest Seminar for Irish Delegates:** Lansdowne Room

**Implementations of the Report of The Commission on Patient Safety and Quality Assurance**

*See Separate Programme for More Detail*
### 12 Concurrent Sessions – Afternoon

#### B15 Invited Session: Elgin Room

**Estate**

**Chair:** Paul Barach (AUS)

**Safety and quality in a highly engineered environment**

Derek Moulds (IRL) Hilary Humphreys (IRL) Nic Allen (IRL) Phil Nedin (UK). 90 Minutes

#### B16 Invited Session and Brief Paper Presentations: Herbert Room

**Governance and Leadership**

**Chair:** John Ovreteit (SWE)

**Corporate governance in the National Health Service (NHS) in England: improving the patient experience and enhancing the safety of care**

John Bruce (UK). 45 Minutes

- **507** Introducing clinical innovation – an organisational approach to clinical governance in clinical practice
  
  *Hill, K.N. (AUS) Duggan, A.E. (AUS).* 15 Minutes

- **523** Applying quality improvement principles to reposition a quality improvement organisation
  
  *Ireland, P.D. (AUS).* 15 Minutes

- **575** National policy changes and evolving hospital quality management systems
  

#### B17 Brief Paper Presentations: Ulster Room

**External Evaluating Systems**

**Chair:** Kadar Marikar (MY)

- **323** Supporting implementation of the Danish healthcare quality programme (DDKM) in community pharmacies
  
  *Nielsen, H. (DNK) Kjeldsen, L. (DNK).* 15 Minutes

- **499** Practical application of a responsive regulatory model to drive quality improvement in health care
  
  *Avey, P. (AUS) Lynne, T.A. (AUS).* 15 Minutes

- **363** Beyond accreditation: the benefits of surveying
  

- **309** Outcomes monitoring in healthcare regulation
  

- **314** Improvement of healthcare quality through the national healthcare quality improvement campaign in Taiwan
  

#### B18 Invited Session: Pembroke Room

**Health Information Management Systems**

**Chair:** Richard Alvarez (CA)

**Rolling out the remote**

James Barlow (UK). 45 Minutes

**EUNetPaS (European Union Network for Patient Safety)**

Jean Baccou (FR) Jorgen Hansen (DNK) Margaret Galgraith(FR) Solveig Kristensen (DNK). 45 Minutes

#### B19 Invited Session: Leinster Room

**Patient Safety Protocols**

**Chair:** Rosa Sunol (ESP)

**Patient safety in children - challenges and solutions**

Charlie Homer (USA) Lynn Eckheart (USA) Peter Lachman (UK) Paul Sharek (USA). 90 Minutes
B20 Invited Session: Munster Room
Education and Research
Chair: Bryce Taylor (AUS)
WHO: implementation surgical safety checklist: barriers and solutions
Abdel Al Briezat (JOR) Amit Vats (UK) Alan Merry (NZ). 90 Minutes

B21 Brief Paper Presentations: Appian Room
Workforce
Chair: Margarita P. Hurtado

287 Professional development through an action research project stimulating an interprofessional culture to enhance quality and safety
Brathwaite, J. (AUS). 15 Minutes

135 What can we learn about patient safety from the mining industry?

296 The impact of nursing staff levels on in-hospital cardiac surgery mortality: analysis of administrative data

478 Team talk: the cornerstone of service improvement?
Harden, H.E. (AUS) Locke, S.E. (AUS). 15 Minutes

694 Facilities design for safety

B22 Invited Session: O’Connell Room
Positive Patient Experience
Chair: Elma Heidemann (CA)
Follow up programs for cancer survivors – quality and patient perspectives
Alastair Smith (UK) Carol Sawka (CA) Gilmour Frew (UK) Janne Lehmann Knudsen (DNK) Mary Mc Cabe (USA). 90 Minutes

B23 Brief Paper Presentations: Leeson Room
Patient Safety
Chair: Virginia D’Addario (USA)

530 Safety culture and team climate in Post Anaesthetic Care Units (PACU): its impact on handover safety
Redley B.H. (AUS) Botti M. (AUS) Johnstone M.J (AUS) Bucknall T. (AUS) et al. 15 Minutes

716 Raiders of the lost archives

634 Experience of using a root cause analysis approach during an independent review of a major outbreak of clostridium difficile

646 Healthcare risk antecedent statistical monitoring: results from a four-years study

253 Using failure mode and effects analysis to improve the safety of patients transported to a critical care unit following cardiac surgery

B24 Invited Session: Connaught Room
Quality Systems
Chair: Andrea Rochfort (IRL)
Measurement and improvement of chronic disease management: Collaborative efforts between primary and secondary sectors in Denmark
Lene Grosen (DNK) Tina Eriksson (DNK) Peter Qvist (DNK) Birthe Lindegaard (DNK) Arne Poulstrup (DNK). 90 Minutes
**B25 Brief Paper Presentations: Clyde Room**

**Adverse Incident Reporting**
**Chair:** Chris Baggoley (AUS)

**320 VLAD - a more effective statistical tool, to assist in monitoring and improving the safety and quality of care of health systems**

**307 A motivational model of medical error response: preventing disclosure or promoting improvement?**
*Janus, K. (USA) Zou, X. (USA).* 15 Minutes

**345 Reverse engineering disasters: what can healthcare learn from other industries?**
*Travaglia, J. (AUS) Hughes, C. (AUS) Braithwaite, J. (AUS).* 15 Minutes

**667 Reporting near-misses: what have we learnt from the first results of the French certification scheme for doctors?**
*Chevallier, P. (FR) Mayault, C. (FR).* 15 Minutes

**381 Incidence of adverse drug events and medication errors in Japan: Japan Adverse Drug Events (JADE) Study**

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**B26 Special Clinical Session: Adelaide Room**

**Image Guided Medical Procedures- A Potential Help and Hindrance to Patient Safety in Modern Medicine**
**Chair:** Eibhlin Connolly (IRL)
**Speaker:** Leo Lawler (IRL)
*Mater Misericordiae University Hospital.* 45 Minutes

**A Patient’s right and a legal obligation**
**Speaker:** Michael Gorton (AUS). 45 Minutes

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**15:30 - 15:55**  
**AFTERNOON BREAK**

**15:55 - 16:05**  
**ISQua Accreditation Awards**
**Presented by:** Wendy Nicklin (CA)

**16:05 - 17:00**  
**Afternoon Plenary**
**B27 Plenary Presentation: Pembroke & Herbert Room**
**Chair:** Sheila Leatherman (USA)
**A new model for managing errors using market-based control mechanisms.**
*Jeffrey Braithwaite (AUS) and Enrico Coiera (AUS)*

**17:15 - 18:00**  
**ISQua AGM**

**18:00**
**Meet the Poster Presenters Wine and Cheese Reception**

**19:00 - 21:00**  
**Professional Visits**

**22:00**  
**ISQua Disco**
*Pure Nightclub, The Burlington Hotel*  
*Tickets are available at the ISQua Desk*
ISQua Dublin: Invited Concurrent Track Sessions
Wednesday 14th October

C2(a) Economics of quality and safety in health design. Investing in hospitals of the future
Speaker: Stephen Wright (UK) and John Kelley (UK)
The European Observatory on Health Systems and Policies together with the European Health Property Network/ European Centre for Health Assets and Architecture has recently published two complementary studies on the issues of investing in healthcare and hospital facilities. Investing in Hospitals of the Future is a thematic study of context, planning, workforce, financing, life-cycle economics, facilities management, community impact and sustainable design. It is supported by a volume of eleven case studies of current projects, programmes and policies spread across Europe. The presentation will cover the origins, and the broad findings, of these two major studies. It will accentuate the aspect of translating services into appropriate capital assets. Key lessons will be drawn for capital development in the health sector.

Healthcare Buildings in the Downturn - Part of the Solution or Part of the Problem?
As healthcare enters what has been referred to as a financial tsunami, there is renewed pressure to extract savings, efficiency gains and quality with some ambitious claims regarding what the built environment can contribute. This session will examine the evidence for where the estate can help directly, indirectly or not at all.

C2(b) Dignity, privacy and cost-effectiveness in hospital care: evidence on the role of good design
Speaker: Charles Normand (IRL) and Amandine Hugodot (IRL)
Research on end of life care tends to raise the same issues as in other aspects of health care, but can provide a stronger focus on the key points. A review was carried out of English and French language sources of evidence on how good design can contribute to privacy and dignity for people in hospital near the end of life, and on the cost-effectiveness of improved design. Evidence suggests that the slightly higher cost of building well designed facilities is quickly recovered in lower operating costs.

C3(a) Learning from the NAO’s work around clinical governance, infection prevention & control and the patient safety in the National Health Service in England
Speaker: Karen Taylor (UK)
The National Audit Office (NAO) report to Parliament on the economy, efficiency and effectiveness with which departments and other bodies have used their resources. In 1997, the British Government introduced a 10 year programme to improve continuously the overall standard of clinical care in the National Healthcare Service (NHS) in England. A number of the NAO studies have focussed on quality and safety; these include two generic reports in 2003 and 2007 on clinical governance in the acute and primary care sectors respectively; a more specific report on learning to improve patient safety and three reports over the ten years, on the management and control of healthcare associated infections. The presentation will highlight some of the findings on clinical governance, and will use the more focused reports to debate whether safety and quality has improved in the NHS in the last ten years.

C3(b) Systematic efforts to improve patient safety in Ministry of Health (MY)
Speaker: Paa Mohd Nazir, Ministry of Health Malaysia
Making the Malaysian health care system safer has always been one of the key goals of the Ministry of Health Malaysia (MOH) and is a core element of its many Quality improvement activities that target patient safety. Developing a safe Malaysian health care system necessitates the institutionalization of a culture of quality and safety. The initial key steps are the acknowledgement that we humans are not perfect, the systems of care that we design are not perfect and that the provision of health care can result in unintended harm to our patients and that a “non-punitive”, learning culture should be developed, while doing away with the present “blaming culture” which is so inherent in almost all health care organisations in the world.

C4 Improving patient outcomes meets value for money – the role of regulation
Speaker: Mairin Ryan (IRL) and Mark Fletcher (UK)
This session focuses on the relationship between efficiency and effectiveness in the use of healthcare resources to provide the maximum benefit for patients. It will explore the role of regulation in utilising an ‘optimum value for patients’ approach that uses the principles of Health Technology Assessment and traditional ‘value for money’ reviews to assess how the business of high reliable healthcare is delivered by providers. This is becoming an increasingly relevant area given the current economic challenges.

C5 Simple information technology, total quality
Speakers: NT Cheung (HK), SF Lui (HK) and WH Seto (HK)
eHealth in the Hospital Authority – an essential infrastructure for quality care
This presentation will discuss some of the features of the ePR (Electronic Patient Record) & CMS (Clinical Management System), and will show how these features have supported the delivery of high quality patient to the citizens and clinicians of Hong Kong.

The Use of Information Technology for Infection Prevention and Management.
The need for information technology in the field of Infection Prevention escalated after the Severe Acute Respiratory Syndrome outbreak in Hong Kong. Four main areas of focus will be discussed.
1. Reporting of infections and infection related events.
2. Cluster detection in outbreak identification and control.
Application of Medical Informatics in the Hospital Authority – an essential component for Patient Safety and Quality Healthcare.
Over the past 15 years, Hospital Authority (HA), Hong Kong has applied Medical Informatics to enhance patient safety and quality patient care. This presentation will focus on the implementation and the values of 3 main systems as examples.
**C7** Better knowledge for safer care: strengthening capacity and infrastructure for research for patient safety with the WHO Patient Safety Programme

**Speakers:** Itziar Larizgoitia (WHO), Philippe Miche (FR), Nittita Prasopa-Plaizer (WHO) and Bill Runciman (AUS)

Current capacity for research on patient safety, in terms of funding, trained resources, institutional support and essential instruments and tools is perceived as a major obstacle to the expansion of research for patient safety. The World Health Organisation (WHO) Patient Safety for Patient Safety is supporting a number of strategies to strengthen research capacity worldwide that will eventually lead to new knowledge for patient safety. Key strategies are around expanding training programmes and developing educational materials, setting up funding schemes, and developing basic tools such as the International Classification for Patient Safety. The symposium will cover these issues and will offer a discussion platform to the audience with the aim to identify barriers and opportunities for ensuring the effective delivery of these strategies.

**C8** How will we educate the health workforce in safety and quality in 2020?

**Speakers:** Sarper Tanli (TUR), Tim Shaw (USA) and Walter Sermeus (BEL)

How will the healthcare environment in 2010 impact on how we train future health care professionals in safety and quality? How can we be proactive in ensuring we make the most out of any new opportunities that arise as well as plan to manage the challenges the future will present? The workshop will draw on thought leaders in health and education as well as the collective experience of the audience in helping set the agenda for education in safety and quality over the next 5-10 years. Areas covered will include the impact of technology and workforce planning. This will include drawing on the findings of the large EU-Nursing Framework Track 7 Project - RN4CAST.

**C9** WHO: global examples of patient/healthcare system partnerships to improve quality and safety

**Speaker:** Margaret Murphy (IRL)

This session will highlight the work of Patients for Patient Safety (PFPS), an action area of the World Health Organisation’s (WHO) Patient Safety Programme, and showcase innovative approaches for effectively engaging patients in patient safety work and successful PFPS patient/healthcare system partnerships. WHO “Patient Voices” videos from various regions of WHO, demonstrating new partnerships and collaboration between patients and the healthcare system, will be featured.

The aim of the session is to encourage:
1. The recruitment of patients/consumers as advisers in developing authentically patient-centred goals and plans,
2. The engagement of patients/consumers in the development of effective patient safety initiatives, in collaboration with healthcare providers, agencies, government programs and institutions
3. The integration of patient experience and perspective into public policy initiatives to ensure safe, patient-centred care.

**C10** Meet the editors: What makes a successful quality-related manuscript for publication?

**Leader:** Eric Schneider (USA) and Jennifer Zelmer (DNK)

In this panel session, Editors-in-Chief for two international journals (International Journal for Quality in Health Care and Healthcare Policy) will share thoughts about how to design and write “high quality” papers about quality-related issues. The session is intended to help authors understand what types of articles different journals prefer, how the peer review process works, and how they can improve their success rates. Speakers will also explore what makes for a “good” review and how to effectively engage in the peer review process. An open discussion period is planned where participants in the session will have the opportunity to contribute their own perspectives on these issues, as well as to ask questions of the panelists.

**C11** Designing improvements with high returns on investment: saving through quality

**Leader:** John Ovretveit (SWE)

This paper presents recent thinking about how to introduce economic considerations into managers thinking about quality and how to address any actual or perceived quality-cost-production trade-offs in designing and running services and improvement projects. It also presents empirical findings from a 3 year quality costing study in Sweden which examines the cost and savings of different interventions for improving quality and safety which have been reported to
be effective. It presents the simple costing model which was found to be easily applied and valid by service administrators using routine cost information. The costs and savings of the interventions and the lessons for health care will be presented and followed by open discussion of the issues.

C19 Investing in research and development can limit the impact of recession on quality and safety in healthcare

Speaker: Ailis Quinlan (IRL), Enda Connelly (IRL) and Jeffrey Braithwaite (AUS)

During times of recession it is not uncommon to see any number or variety of organisations decrease the amount of money they invest in Research & Development (R&D). This session aims to discuss why continued investment is necessary particularly during recessionary times, it furthermore seeks to explore why investment is necessary both in privately and public funded healthcare systems, finally it aims to provide some practical examples of R&D projects that will be maintained during times of recessions and the expected benefits associated with these projects over the coming years.

C22 Harm in primary care: innovations in measurement and in research methods

Speakers: Philippe Michel (FR), Susan Dovey (NZ), John Hickner (USA), Bob Philips (USA) and Aneez Esmail (UK)

Several instruments are used to measure quality and safety in primary care. The session will start with an overview of these methods and two presentations will focus on root cause analysis and on reporting systems. Results about adverse event in primary care will show that the way of tackling these events and of implementing prevention strategies implies radically different way of thinking than the current strategies developed in hospitals, primarily because the latter exclude the fact that patients may create errors that influence their health. We aimed to identify the types of errors that patients can contribute and help manage, especially in primary care. Finally, an innovative way of research will be presented, currently implemented through an European Union funded 5-country patient safety study, and moving away from the epidemiological to a paradigm in which the research quite deliberately changes as it studies.

C23 Building a Learning Culture from Reporting to Quality

Speakers: Libby Lee (HK), Loretta Yam (HK) and YW Shum (HK)

Advanced Incident Reporting System - Implementation and Reporting and Safety Culture at Hospital

Advanced Incident Reporting System (AIRS) is an electronic-based system for reporting, analyzing and monitoring adverse incidents in all public hospitals of Hong Kong.

Building Clinical Leadership and Knowledge: A Turning Point in Quality and Safety Movement

Improvement of hospital performance depends critically on making a difference to the experience of patients and service users, which in turn hinges on the day-to-day decisions of doctors and nurses. Engagement of clinicians and development of clinical leaders were identified as prerequisites for creating an environment in which excellence in clinical care and meaningful quality improvement can be sustained.

Reporting Drives Change

Similar to all other health care systems, the Hospital Authority (HA) are facing a rapid growth of public demand and expectation for an advanced, efficient and high quality health care provision. With the increasing complexity of the system, we have no immunity to errors.

The HA has therefore developed and implemented AIRS to facilitate incident reporting, investigations and management. It is not just a reporting system to register the occurrences of adverse events. It serves as a trigger for a paradigm shift of safety culture.
Wednesday 14th October: Morning Session

08:00 Registration

08:45 - 09:00 Welcome To Paris – ISQua 2010
Phil Hassen (CA) and Laurent Degos (FR)

09:00 - 10:20 C1 Plenary Presentation: Pembroke & Herbert Room

Morning Plenary
Chair: Bruce Barraclough (AUS)
Designing Patient Safety Protocols and WHO Safe Surgery Saves Lives for Developed and Developing Countries
Bryce Taylor (Canada), Alan Merry (New Zealand) and Lord Darzi via Video Link
First Discussant: Abdel-Hadi Suleiman Al Breizat

10:20 - 10:30 Distinguished Service Award Presented by Bruce Barraclough

10:30 - 11:00 MORNING BREAK

11:00 - 12:30 12 Concurrent Sessions – Morning

C2 Invited Sessions: Elgin Room

Estate
Chair: Dermot Smith (IRL)
Economics of quality and safety in health design
Steve Wright (UK) John Kelly (UK). 45 Minutes

Dignity, privacy and cost-effectiveness in hospital care: evidence on the role of good design
Charles Normand (IRL). 45 Minutes

C3 Invited Sessions: Herbert Room

Governance and Leadership
Chair: Stuart Emslie (UK)
Learning from the NAO’s work around clinical governance, infection prevention & control and the patient safety in the National Health Service in England
Karen Taylor (UK). 45 Minutes

Systematic efforts to improve patient safety in Ministry of Health Malaysia
Paa Mohd Nazir (MY) Kalsom Maskom (MY). 45 Minutes

C4 Invited Sessions: Ulster Room

External Evaluation Systems
Chair: Mark Brandon
“Improving patient outcomes meets value for money – the role of regulation”
Mairin Ryan (UK) Mark Fletcher (UK). 90 Minutes

C5 Invited Session and Brief Paper Presentations: Pembroke Room

Health Information Management Systems
Chair: BK Rana (IND)
Simple information technology, total quality
NT Cheung (HK) SF Lui (HK) WH Seto (HK). 45 Minutes

584 Developing a quality management information system (QMIS) in an acute Irish hospital setting

755 The value of inter RAI data for planning

529 A Process Support Tool for Quality Improvement of Interprofessional Handover in Post Anaesthetic Care Units (PACU)
**C6 Brief Paper Presentations**: Connaught Room

**Patient Safety Protocols**
**Chair:** Anne Carrigy (IRL)

*333 The evaluation of Jhpiego’s health services support project’s quality assurance standards on infection prevention in Afghanistan*

*629 Embracing hand hygiene, embracing health at North York general hospital*
Adamson, B. (CA) McBride, L. (CA) Ng, A. (CA) Katz, K. (CA) et al. 15 Minutes

*182 Collaboration promoted quality patient care by reducing the incidence of hospital acquired infections in the neurosurgical care unit*

*782 The Danish Multidisciplinary Cancer Groups (DMCG) as a key actor in order to improve the clinical and scientific outcome of all elements in the scenario of cancer*

*793 Study of impact of infection control practices in a tertiary care hospital of a developing country*

**C7 Invited Sessions**: Lansdowne Room

**Education and Research**
**Chair:** David Bates (USA)

*WHO: Better knowledge for safer care: strengthening capacity and infrastructure for research for patient safety with the WHO Patient Safety programme*
Itziar Larizgoitia (WHO) Philippe Miche (FR) Nittita Prasopa-Plaizier (WHO) Bill Runciman (AUS). 90 Minutes

**C8 Invited Sessions**: Munster Room

**Workforce**
**Chair:** Philip Hassen (CA)

*How will we educate the health workforce in safety and quality in 2020?*
Sarper Tanli (TUR) Tim Shaw (USA) Walter Sermeus (BEL). 90 Minutes

**C9 Invited Session and Brief Paper Presentations**: O’Connell Room

**Positive Patient Experience**
**Chair:** Michael Gorton (AUS)

*WHO: Global examples of patient/ healthcare system partnerships to improve quality and safety*
Margaret Murphy (IRL). 45 Minutes

*492 Patient centred care: consumers and carers at the centre of clinical networks and the development of models of care*

*648 The development of a quality assurance framework to support sustainable lay led self-management programmes in England*

*590 Promoting empowerment strategies and programs within the regional health care systems in Italy*

**C10 Brief Paper Presentations**: Clyde Room

**Clinical**
**Chair:** James Robblee (CA)

*114 The acute postoperative pain (APOP) project – an Australian quality improvement initiative*

*594 Patient safety in Danish cancer treatment*

*760 Peer review and opportunities for performance improvement: experience of an urban trauma centre*
392 Cancer patients’ experiences of the overall treatment process - a Danish national survey  

811 Designing quality improvement in doctors own healthcare  
Rochfort, A. (IRL). 15 Minutes

C11 Invited Session and Brief Paper Presentations: Leinster Room

Education and Research  
Chair: Sheila Leatherman (USA)
Meet the editors: What makes a successful quality-related manuscript for publication?  
Eric Schneider (USA) Jennifer Zelmer (DNK). 45 Minutes

555 High quality clinical databases - by name or by fact?  

432 Risk assessment of patient records in radiotherapy  

508 Modeling cancer stage guidelines in an existing terminology  

C12 Brief Paper Presentations: Leeson Room

Patient Safety  
Chair: Kim Hill (AUS)

541 Reflections on ten years of teaching patient safety and the quality of health care to postgraduate students  
Ibrahim, J.E. (AUS) Evans, S. (AUS). 15 Minutes

701 A national process and core list of never events to improve patient safety  

424 Exploring patient safety culture in a primary, community and continuing care setting in Ireland  
Garvey, F. (IRL) Joyce, P. (IRL). 15 Minutes

630 Cancer patients reporting of adverse events  

641 Rapid implementation of clinical handover system using modified early warning score (MEWS) and situation-background-assessment-recommendation tool (SBAR) in a regional hospital in Hong Kong  
Lao, W.C. (CN) Aboo, G.H. (CN) Yeung, S.H. (CN) Kho, C.S. (CN) et al. 15 Minutes

C13 Brief Paper Presentations: Appian Room

Workforce  
Chair: Elizabeth Brown (USA)

422 Quality improvement in the processes of the medical emergency dispatch centre 118 of Verona Province, Italy  
Zerman, T. (ITA) Schonsberg, A. (ITA) Cipolotti, G. (ITA) Romano, G (ITA) et al. 15 Minutes

451 The effect of work environment as it relates to quality within healthcare organizations: intent to stay of nurses due to manager support  
Abernathy, S.F. (USA) Adams Thompson, L. (USA). 15 Minutes

456 What motivates general practitioners to engage in accreditation in Denmark?  

726 Deaths under the care of surgeon: outcomes from a peer review process of surgical mortality audit in Australia  

774 Comparison between urban and rural university hospitals in Japan regarding incident reports including drug names  

12:30 - 13:45 LUNCH
13:05 - 13:40  
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**CP1: Elgin Room**  
**Positive Patient Experience**  
**Chair:** Jan Mackereth-Hill (UK)

- **531** A guide to enhance interactions between clinician and family of critically ill patients in emergency departments  
  *Redley, B.H. (AUS) Botti, M. (AUS)*

- **108** Patient outcome survey following hip and knee arthroplasty surgery at Blackrock clinic using the Oxford hip and knee questionnaires  

- **485** The quality of nursing care in an emergency care unit of adults: the perception of users  

- **380** Engaging patients in patient safety. Translating ‘10 tips for patient safety’ into minority languages, reveals cultural differences in relation to health services  

- **419** Care pathway governance guides for boards: asking the right questions  

**CP2: Herbert Room**  
**Governance and Leadership**  
**Chair:** Cathy Doyle (IRL)

- **725** Ensuring sustainable improvement: a model for designing, implementing, and maintaining quality improvement initiatives  
  *Van Ostenberg, P. (USA)*

- **556** Improving transitions across care settings  
  *Ashford, Y. (CA) Doody, P. (CA)*

- **618** The impact of transformational and transactional leadership styles on patient safety culture  

**CP3: Pembroke Room**  
**External Evaluation**  
**Chair:** Karsten Hundborg (DNK)

- **695** What time is it? Time-out time  

- **275** Quality improvement in a Portuguese hospital through action learning  
  *Thomas, S. (UK) Wright, R. (UK)*

- **352** Designing quality in accreditation programs by researching the reliability of survey teams: lessons learnt when things went awry  

- **70** Defining an approach to qualify software components for telemedicine in an open source community  
  *Dumay, A.C.M. (NL) Bezemer, R.A. (NL) Hensbroek, R. (NL)*

**CP4: Lansdowne Room**  
**Patient Safety/ Clinical**  
**Chair:** Patricia Young (UK)

- **805** Successes and challenges of a national multilayered patient safety programme in obstetrics  
  *Rutter, P.J.A. (CA) Milne, J.K. (CA)*
735 Implementing a quality improvement plan in a tertiary referral intensive care unit: effect on central line related bloodstream infection (CLBSI)

702 A new approach for enhancing patient safety along the clinical pathway in hospital: the ReMINE project
Arici, S (ITA) Bertele, P. (ITA) Fantini, P. (ITA)

489 Upgrade the integration of nursing guidance in abdominal surgery

CP5: Munster Room
Education and Research
Chair: Elizabeth Pringle (AUS)

225 Inequalities in brain imaging utilisation for patient with stroke: a descriptive study using hospital administrative data

821 Development of online continuous education programme in a tertiary care hospital of a developing country

624 Research skills in surveyors: design of a self-assessment questionnaire
Reyes-Alcázar, V. (ESP) Sotillos-González, B. (ESP) Torres-Olvera, A. (ESP)

554 Resilience in healthcare and clinical handover
Bartels, U. (DNK)

CP6: O’Connell Room
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Chair: John Sweeney (IRL)

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Carolan, S. (IRL)

221 Senior medical performance review – a promising quality outcome

409 What does staff perceive to be the risks to older patients in hospital? What interventions could reduce these risks? - An interview study

601 Development and face-validity of explicit indicators for access to community pharmacy services: a Delphi consultation study

CP7: Leinster Room
Measures / Indicators
Chair: Anne Nakano

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790 ACS consensual clinical indicators from first symptoms to a one year follow up

787 A Simple New Generic Measure of Health Related Quality of Life: howRU Author
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826 Centralised same day admission facility - patients, at the heart of our design
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**Patient Safety Systems**  
**Chair:** Maureen Potter (USA)

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### CP9: Ulster Room

**Patient Safety/Medication Errors**  
**Chair:** Denis Murphy (IRL)

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**12 Concurrent Sessions – Afternoon**

**C14 Invited Session: Elgin Room**

**Estate**  
**Chair:** Eilish Hardiman (IRL)

- **‘Healing architecture’**  
  Bryan Lawson (UK). 60 Minutes

**C15 Invited Session: Herbert Room**

**Governance and Leadership**  
**Chair:** Tracey Cooper (IRL)

- Governance and quality improvement in healthcare – international perspectives on the role of the board  
  Stuart Emslie (UK). 60 Minutes

**C16 Brief Paper Presentations: Ulster Room**

**External Evaluation**  
**Chair:** Mark Brandon (AUS)

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Chair: Mairin Ryan (IRL)

580 The impact of accreditation on measurable adherence to clinical guidelines – a natural experiment in Denmark

252 Quality Indicators: need to improve traceability of information in medical records

42 Design and implementation of a hospital-wide tracking system for medical devices
   Relihan E (IRL) Hegarty F (IRL) Fetherstone L (IRL). 15 Minutes

803 Managed clinical network (MCN) gynaecology; improved treatment of ovarian cancer in the North of the Netherlands

C18 Invited Session: Pembroke Room
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Chair: Triona Fortune (ISQua)

Desgining improvements with high returns on investment: saving through quality
   John Ovretveit (SWE). 60 Minutes

C19 Invited Session: Leinster Room
Education and Research
Chair: Suzanne McDonough (IRL)

Investing in research and development can limit the impact of recession on quality and safety in healthcare
   Ails Quinlan (IRL) Enda Connelly (IRL) Jeffrey Braithwaite (AUS). 60 Minutes

C20 Brief Paper Presentations: Clyde Room
Indicators
Chair: Walter Sermeus (BEL)

56 Application of patient safety indicators in 16 OECD member countries using administrative hospital data
   Dröseler, S.E. (DEU) Klazinga, N.S. (NL) Tancredi, D.J. (USA) Romano, P.S. (USA). 15 Minutes

185 Implementing a quality improvement initiative in a tertiary referral intensive care unit; effect on the incidence of ventilator associated pneumonia

794 Are clinical indicator results used or useful when accrediting Australian hospitals?

678 Using performance measurement and reporting to drive equity in health
   Bierman, A.S. (CA). 15 Minutes

C21 Brief Paper Presentations: Appian Room
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   Mary Desmond Vasseghi (IRL). 10 Minutes

592 Pre-intake information and patient satisfaction: informing patients before intake improves patient satisfaction

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649 The role of users’ committees in the management of Quebec’s health and social services centres
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Philippe Michel (FR) Susan Dovey (NZ) John Hickner (USA) Bob Philips (USA) Aneez Esmail (UK). 60 Minutes

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C24 Brief Paper Presentations: O’Connell Room
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57 Introducing a safe surgery initiative to the operating room
705 Packaging culture tools for better local use
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663 Is there a system that works? “Yes”. Private hospital group, medi-clinic Southern Africa (MCSA), considers there is a workable system
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659 Dieticians strive for highest standards of diabetes patient care through structured patient education
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Chair: Philip Hassen (CA)
‘No Option’
Sir John Oldham.
15:55 - 16:00 Presidents Address Philip Hassen
16:00 Conference Close

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.
Posters selected for display only are listed below. See list with authors as follows. These are displayed in the ground floor extension area for the full three days of the Conference.

Each author of a display poster has been invited to have their abstract published on ISQua’s Conference website after the Conference.

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