



The International Society for Quality in Health Care



32nd International Conference

Building Quality and Safety into the Healthcare System

4th - 7th October 2015

National Convention Center, Doha, Qatar

Conference Programme

2016–17 HARKNESS FELLOWSHIPS in HEALTH CARE POLICY and PRACTICE

Call for Applications

THE COMMONWEALTH FUND invites promising mid-career professionals—government policymakers, academic researchers, clinical leaders, hospital and insurance managers, and journalists—from Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, and the United Kingdom—to apply for a unique opportunity to spend up to 12 months in the United States as a Harkness Fellow in Health Care Policy and Practice. Established by The Commonwealth Fund in 1925, the Harkness Fellowships were modeled after the Rhodes Scholarships and aim to produce the next generation of health policy leaders in participating countries.

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APPLICATION DEADLINE

November 16, 2015:

Canada, France, Germany, the Netherlands, Norway, Sweden, and the U.K.

Note: Australia/New Zealand deadline closed September 2015.

VISIT

www.commonwealthfund.org/fellowships
for more details and to apply.

The Commonwealth Fund brings together the full class of Fellows throughout the year to participate in a series of high-level policy briefings and leadership seminars with U.S. health care leaders. Building on their fellowship experiences, Harkness Fellows have moved into senior positions within academia, government, and health care delivery organizations, making valuable contributions to health policy and practice at home and in the United States.

EACH FELLOWSHIP PROVIDES UP TO U.S. \$130,000 IN SUPPORT, which covers roundtrip airfare to the U.S., living allowance, project-related travel, travel to fellowship seminars, health insurance, and U.S. federal and state taxes. A family supplement (i.e., approximately \$60,000 for a partner and two children up to age 18) is also provided to cover airfare, living allowance, and health insurance.

DOHA 2015

Programme overview

SUNDAY 4 OCTOBER

09:00 –16:30

Session 1

External Evaluations Systems:
Utilising the data to make
improvements – **Full Day**
([Level 1, Room 103](#))

Session 2

Using Patient Reported Outcomes to
Support Quality Care in Practice
– **Half Day**
([Level 1, Room 104](#))

Session 3

National Health Strategy Qatar;
Transforming – **Half Day**
([Level 1, Room 105](#))

Session 4

Patient Safety and Quality Tools
– **Full Day**
([Level 1, Room 106](#))

Session 5

Tracheostomy care training and skills
demonstration – **Half Day**
([Level 1, Room 104](#))

17:00

Welcome Reception

Conference Center, Ground Floor

MONDAY 5 OCTOBER

08:00 – 08:45

Coffee with Exhibitors

08:45 – 10:00

Conference Opening and Plenary
Plenary Speaker: David Bates; ISQua

10:00 – 10:30 BREAK

10:30 – 12:00

Concurrent Sessions

12:00 – 13:45

**Lunch, Sponsored Sessions and
Short Oral Presentations**

13:45 – 15:15

Concurrent Sessions

15:15 – 15:45 AFTERNOON BREAK

15:45 – 16:45

Afternoon Plenary and Awards
Plenary Speaker: Professor Lord
Darzi; UK

17:00 – 18:30

ISQua AGM - Members Only
([Level 1, Room 103](#))

TUESDAY 6 OCTOBER

08:00 – 08:45

Coffee with Exhibitors

08:45 – 10:00

Morning Plenary and Awards

Plenary Speaker: David Marx; US

10:00 – 10:30 BREAK

10:30 – 12:00

Concurrent Sessions

12:00 – 13:45

**Lunch, Sponsored Sessions and
Short Oral Presentations**

13:45 – 15:15

Concurrent Sessions

15:15 – 15:45 BREAK

15:45 – 16:45

Afternoon Plenary and Awards

Plenary Speaker: Bryony Dean
Franklin; UK

17:00

Poster Reception

Ground floor

WEDNESDAY 7 OCTOBER

08:00 – 08:45

Coffee with Trade Exhibitors

08:45 – 09:00

Welcome to Japan 2016

09:00 – 10:00

Morning Plenary and Awards

Plenary Speaker: Tom Nasca; US

10:00 – 10:30 BREAK

10:30 – 12:00

Concurrent Sessions

12:00 – 13:45

Lunch and Short Oral Presentations

13:45 – 14:45

Concurrent Sessions

14:45 – 15:50

Afternoon Plenary and Awards

Plenary Speaker: Abdul Rahman
Jazieh; SA

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Table of contents

Welcome	4
Qatar Programme and Planning Committee	6
General Conference Information	8
Scientific Information	10
Plenary Speakers Biographies	13
Sunday 4 October: Pre-Conference Overview	17
Monday 5 October: Programme in Detail	25
Session Outlines	28
Tuesday 6 October: Programme in Detail	49
Session Outlines	53
Wednesday 7 October: Programme in Detail	73
Session Outlines	76
Posters Selected for Display	91
Map - Ground Floor	116
Map - Level 1	117
Map - Level 2	118
Call for Papers - Japan 2016	119

DOHA 2015

ISQua welcome



As President of ISQua it gives me great pleasure to welcome you to Qatar for this our 32nd International Conference.

With its fascinating ancient culture, centuries old art works, museums housing treasures of past and present, striking landscapes and sophisticated purpose built education and medical centres, Doha provides the perfect backdrop for what we hope will be a rewarding scientific, networking and social time together. This will be ISQua's first Conference in Qatar and just our second in the Middle East although we are no strangers to this part of the world where our various Programmes are well supported.

ISQua's partners for this important event are The Supreme Council of Health, without whom this Conference would not have occurred. Together, with the theme of "Building Quality and Safety into the Healthcare System" we have provided what we believe is an outstanding programme which will be enjoyed by delegates from approximately 70 countries.

Longfellow said 'A single conversation across the table with a wise man is better than ten years mere study of books'. And so ISQua brings us all together to learn from each other, to test our ideas, our research findings and our insights on our peers and the experts that abound at this Conference. To then return to our homes to apply our new knowledge and skills to the benefit of our patients, who are the reason we do what we do. We also gather together to enjoy the lighter side of life through the various social and cultural gatherings we have organised and to renew old friendships and make new ones.

On the learning side, the scientific content this year is of the highest standard. This year, we received 820 abstracts of very high calibre from 68 countries. In the end we have selected over 250 speakers and 300 posters displays.

As always, our eight tracks cover some of the old favourites, which remain as important today as they have always been, such as external evaluation, person centered care and education. There are also emerging issues that will be presented to you to help develop a focus on challenges to come and to prepare to face those challenges; such themes are: care across the continuum and healthcare quality for vulnerable persons. Personally I am very pleased to see HIT well represented with eHealth, Big Data, 'Sticky Technology' and The Digital Hospital among the presentations.

It would be impossible to organise an ISQua Conference without some element of fun. Our social events on Sunday 4th and Tuesday 6th will provide a unique platform for all of us to network and meet new friends, enjoy each other's company and soak up the local culture. We hope to see you all there.

Organising this conference would not have been possible without support and input from a range of people worldwide, their commitment is very much appreciated and reflects the spirit and culture that is ISQua. A special thank-you is required for all the local sponsors of this event. And thanks also to our talented staff—we encourage you to get to know them during the meeting.

This conference is designed to facilitate learning, stimulate you by letting you share and hear about innovations, and, importantly, for you to relax and have some fun. So, on behalf of ISQua and The Supreme Council of Health, it is an enormous pleasure to welcome you to ISQua's 32nd Annual International Conference!

David Bates
ISQua President

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Professor Lord Darzi	Board Member, Supreme Council of Health, Qatar

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COMMITTEE

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General Conference Information

Welcome Reception

SUNDAY 4 OCTOBER 17:00 - 18:30

The Welcome Reception will be held in the Exhibition Hall, Ground Floor, of the Qatar National Convention Centre (QNCC). Entrance is free for attendees registered for 2 days or more but tickets must be pre-booked when registering.

Extra tickets are available to be purchased onsite at the registration desk, on the Ground Floor, for QAR 100.

Poster Reception

TUESDAY 6 OCTOBER 17:00 - 18:30

The Poster Reception will take place in the Exhibition Hall, Ground Floor, at the QNCC. You will have an opportunity to interact with the authors to discuss their research and to enjoy an informal lively networking experience. Light refreshments will be provided and entrance is free for all registered attendees.

Extra tickets are available to be purchased onsite at the registration desk, on the Ground Floor, for QAR 80.

Access for those with disabilities

The QNCC offers a full range of amenities to assist those with disabilities. For further information or assistance please go to the Conference Information Desk on the Ground Floor.

Prayer Room

There are prayer rooms available throughout the QNCC.

No Smoking

The QNCC is a smoke-free facility. No indoor smoking areas are provided but there are smoking areas located outside on the ground level, first level on the west and east of the building and second level on the north of the building.

Certificates

You will find a Certificate of Attendance in your conference bag.

Name Badge

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

Catering Points

Lunch and coffee breaks will be served every day in the **Poster and Exhibition area on the Ground Floor**. For break times, please see daily programme schedules.

ISQua Desk

The ISQua Desk is located in the Exhibition Hall. Come visit us for further information on any of our ISQua programmes, or just to say hello.

Conference Registration and Information Desk

LOCATED ON THE GROUND FLOOR

Sunday 4 October 2015

07:30 – 19:00

Monday 5 October 2015

07:00 – 19:00

Tuesday 6 October 2015

07:30 – 18:30

Wednesday 7 October 2015

07:30 – 16:00

Cloakroom

A cloakroom service is available for participants on the Ground Floor next to the registration desk. Please make sure that no personal belongings are left after closing each day. All items are left at the owner's risk. For opening times see conference registration above.

Messages

If you are trying to contact somebody, leave a message on the notice board on the Ground Floor or contact the person via the Mobile App. A Delegate list is available in your bag and on the Mobile App. Changes to the programme will be posted on the Notice Board, on the Plasma Screens at the ISQua desk and updated on the Mobile App.

Emergency and Assistance on Site

In case of emergency, or if you require any assistance, please contact the staff at the Registration Desk on **+41 22 33 99 589**

Wi-Fi Connection

Wi-Fi connection will be available for ISQua participants free of charge.

Network: ISQua 2015

Password: Doha2015

Educational Site Visits

Educational Site Visits are offered on Tuesday evening 6 October for anyone who has registered for the full main Conference Programme. Participants must have registered with ISQua to attend the Visits. Entry is by ticket only; tickets can be collected from the ISQua Desk on Tuesday 6 October.

First Aid

A first aid station is available on the ground level next to the exhibition hall, follow signs.

Useful Contacts

Emergency	999
Hamad Airport	+974 40106666
Registration Desk QNCC	+41 22 33 99 589

Social Media

We would welcome lots of activity via the ISQua Twitter tag #ISQua2015 however if taking pictures please be conscious of interrupting the presenter. Your Tweets will automatically be uploaded to the Social Wall which will be available on a Plasma Screen near the ISQua desk and on the Mobile App.

DOHA 2015

Scientific Information

The conference proceedings are structured to allow delegates to network, to share knowledge and to learn.

Each day will open and close with a Plenary Session in the Theatre Room on Level 1. Concurrent Sessions start after the morning and lunch breaks. These sessions are organised in 8 thematic tracks reflecting the overall learning objectives of the conference. Delegates can follow a track of interest, or choose to hear a range of presentations by moving across the different tracks. The tracks are as follows:

- 1 **Improving Care Accounting for Cultural Issues**
- 2 **Health Information Technology**
- 3 **Patient Centred Care**
- 4 **Patient Safety**
- 5 **Education and Research in Quality and Safety**
- 6 **Accreditation, Regulation and External Evaluation**
- 7 **Quality and Safety in Developing Countries**
- 8 **Improving Population Health and Efficiency**

For more information on learning objectives for individual presentations, go to www.isqua.org and see session outlines throughout this programme.

Continuous Professional Development

This conference is an Accredited Group Learning Activity (Category 1) as defined by the Qatar Council for Healthcare Practitioners, Accreditation Department and is approved for a maximum of 18 hours. For the relevant activity code and information on how to redeem these CPD points go to www.isqua.org

Concurrent Sessions

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

Lunchtime Oral Presentations

Abstracts selected for short presentation will be presented at lunch time each day in the session rooms. These consist of 5 minute presentations and are open to all delegates. These sessions offer an opportunity to actively interact with the presenters.

Poster Displays

Posters will be displayed in thematic tracks in the Exhibition Hall from Monday 5 to Wednesday 7 October. Don't miss the Poster Reception on Tuesday 6th October at 17:00.

To locate a poster please see pages 91 to 115 and map, page 116.

Speakers Information

Technical assistance for your presentation can be found in the Speaker Preview Area, which is located in **Meeting Room 102** on the **First Floor**. See map page (p117) for more details. We recommend that you submit your presentation to the Speaker Preview Area no later than 2 hours prior to your presentation. Presentations will be sent electronically to the room you are presenting in prior to your session.

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

Sunday 4 October 2015

07:30 – 19:00

Monday 5 October 2015

07:00 – 19:00

Tuesday 6 October 2015

07:30 – 18:30

Wednesday 7 October 2015

07:30 – 16:00

Poster Information

Posters should be in place no later than 10.00 on Monday 5th October. All posters must be removed by 15:00 on Wednesday 7th October. If they are not removed by this time they will be taken down by the conference staff and no responsibility can be taken for their safe return. Materials to fix your poster in its allotted space will be available at the poster desk, located in the poster area. Be sure not to cover the number on the board with your poster.

There will be three prizes awarded this year, one for the most innovative research outcome, the second for the best designed poster and the third for the best local poster. Conference delegates will be able to nominate their choice by voting via the Conference App or via www.surveymonkey.com/r/posters-in-doha. Voting closes at 15:00 Tuesday 6 October.

Poster judges Triona Fortune; ISQua and Helen Crisp; UK will announce the winners before the closing plenary on Wednesday 7 October

Conference App

ISQua's conference App is freely available to download from the AppStore or Google Play, search for "ISQua". To log into the App please enter "isqua2015". If you wish to personalise your schedule or network with other delegates, use the email you registered with and the Individual Registration Code, previously emailed to you.

If you have problems logging in or using the App, contact conference@isqua.org or visit the ISQua Desk.

ePosters

In order to showcase the terrific work from our poster delegates ISQua offered authors the option to display online an electronic version of their poster. To view the available posters please register at: <https://isqua.multilearning.com/isqua/register>

Once registered you can download the ePoster App "Poster on the Go".

Abstracts and Presentations

All abstracts that have been selected for this programme are available to view via the ISQua website www.isqua.org. To make searching easier all abstracts have a number after their title in the programme. Following the conference, ISQua is planning to publish as many presentations as possible, with the permission of the authors. In order to access these presentation you will be required to enter a password, please use **“ISQuaDoha15”**.

Conference Evaluation

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

Liability and Insurance

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



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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.

DOHA 2015

Plenary Speakers Biographies

1 David Bates



Professor Bates is an internationally renowned expert in patient safety, using information technology to improve care,

quality-of-care, cost-effectiveness, and outcomes assessment in medical practice.

He is a Professor of Medicine at Harvard Medical School, and a Professor of Health Policy and Management at the Harvard School of Public Health, where he co-directs the Program in Clinical Effectiveness. He directs the Center for Patient Safety Research and Practice at Brigham and Women's Hospital, and serves as external program lead for research in the World Health Organization's Global Alliance for Patient Safety.

He is the president of the International Society for Quality in Healthcare (ISQua) and the editor of the Journal of Patient Safety. He serves as the principal investigator of the Health Information Technology CERT. He has been elected to the Institute of Medicine, the American Society for Clinical Investigation, the Association of American Physicians and the American College of Medical Informatics, and was chairman of the Board of the American Medical Informatics Association. He has over 600 peer-reviewed publications, and an H-index of over 80.

2 Professor Lord Darzi



Professor the Lord Darzi of Denham holds the Paul Hamlyn Chair of Surgery at Imperial College London, the Royal Marsden Hospital and the Institute of Cancer Research.

He is Director of the Institute of Global Health Innovation at Imperial College London and an Honorary Consultant Surgeon at Imperial College Hospital NHS Trust. Research led by Professor Darzi is directed towards achieving best surgical practice through innovation in surgery and enhancing patient safety and the quality of healthcare.

His contribution within these research fields has been outstanding, publishing over 800 peer-reviewed research papers to date. In recognition of his achievements in the research and development of surgical technologies, Professor Darzi has been elected as an Honorary Fellow of the Royal Academy of Engineering, a Fellow of the Academy of Medical Sciences and a Fellow of the Royal Society. In 2013 he was elected a foreign associate of the Institute of Medicine. In January 2014 Professor Darzi was awarded the Qatari Sash of Independence by HH the Emir Sheikh Tamim bin Hamad al-Thani in recognition of his contribution to the development of Qatar's health sector.

Lord Darzi was knighted for his services in medicine and surgery in 2002. In 2007, he was introduced to the United Kingdom's House of Lords as Professor the Lord Darzi of Denham and appointed Parliamentary Under-Secretary of State at the Department of Health.

Professor Darzi has had the privilege of contributing to many activities in Qatar, mostly in Health Care reform and Innovation. He is currently a member of the Supreme Council of Health board, appointed by His Highness the Emir, and serves His Excellency Mr Abdullah Bin Khalid Al Qahtani, The Health Minister, in many areas of reform including cancer and primary care services.

3 David Marx



David Marx is CEO of Outcome Engenuity

David Marx is a true pioneer in the internationally

recognized safety practice of Just Culture.

He draws on experience that spans more than two decades of examining laws, regulations, and industry practices to help lawmakers, regulatory authorities, and organizational leaders fulfil their responsibilities to produce safer outcomes.

Marx currently leads Outcome Engenuity, formerly Outcome Engineering, in the development and implementation of values supportive practices and culture within high

consequence organisations. Marx's Just Culture algorithm advises to console true human errors, coach against risky behaviours, and ultimately discipline reckless behaviour. A strong Just Culture puts a premium on critical decision-making skills-and asks the organisation to continually evaluate the risks inherent in the systems it creates, and staff members to do the same with the choices they make.

David's expertise in aviation/aerospace is supported by his experience at Boeing, where he was an aircraft design engineer. He organized a human factors and safety group at Boeing and was awarded the International Federation of Airworthiness' Whittle Award for his development of a human error investigation process used by airlines around the world. The Federal Aviation Administration's Human Factors Research Program and the NASA Space Shuttle Program used Marx as a primary advisor, and he was NASA's principal consultant in the development of the agency's major mishap investigation process. Marx was also an outside team leader in benchmarking space shuttle processing quality.

In the healthcare sector, Marx authored Patient Safety and the 'Just Culture': A Primer for Healthcare Executives for the US National Institutes of Health. He also advises the US Agency for Healthcare Research and Quality in its efforts to improve patient safety. Marx's book, Whack-a-Mole: The Price We Pay for Expecting Perfection, was released in August 2009.

4 **Bryony Dean Franklin**



Professor Bryony Dean Franklin is Director of the Centre for Medication Safety and Service Quality (CMSSQ), a joint

research unit between Imperial College Healthcare NHS Trust and UCL School of Pharmacy.

She is Professor of Medication Safety at UCL School of Pharmacy, Chair of the Centre for Patient Safety and Service Quality at Imperial College Healthcare NHS Trust, a visiting Professor at Imperial College, and a theme lead for the NIHR Imperial Patient Safety Translational Research Centre.

Bryony has been involved with medication safety research for nearly twenty years. She has published widely on methods for studying medication errors, and the frequency and causes of prescribing, dispensing and medication administration errors. She has particular research interests in the evaluation of various technologies designed to reduce error, and in how we can better involve patients in developing and evaluating safety-related interventions. Her role includes research and teaching as well as clinical practice as a hospital pharmacist.

She lives in London with her daughter and husband, and is passionate about her garden, cycling, running, and learning to fly on the flying trapeze.

5 **Tom Nasca**



Dr. Nasca is Chief Executive Officer, Accreditation Council for Graduate Medical Education.

Dr. Nasca has been involved in medical education since 1981.

In April, 2007 Dr. Nasca was named the first Anthony F. and Gertrude M. DePalma Dean of Jefferson Medical College. Dr. Nasca left the deanship at Jefferson to assume the role of CEO of the Accreditation Council for Graduate Medical Education in December, 2007. In May, 2009 Dr. Nasca became the founding CEO of ACGME-International, LLC.

Dr. Nasca is certified by the American Board of Internal Medicine in Internal Medicine and Nephrology. He was member of the Council of the Association of Program Directors in Internal Medicine (APDIM), having served as both Secretary, Treasurer and President. He served as Associate Editor of the Nephrology MKSAP for the American College of Physicians (ACP). He is a former Chairman of the Residency Review Committee for Internal Medicine (RRC-IM).

Dr. Nasca was a member of the Council on Graduate Medical Education (COGME) of the Department of Health and Human Services (HHS) and the U.S. Congress.

Dr. Nasca served on the Initiative to Transform Medical Education (ITME) of the American Medical Association, the

Committee to Evaluate the US Medical Licensing Examination (CEUP), and is a past member of the Liaison Committee on Medical Education (LCME). Among many honours and honorary degrees, Dr. Nasca has received the Dema C. Daley Founders Award for Excellence in Internal Medicine Education from the Association of Program Directors in Internal Medicine, the Rev. Clarence Shaffrey, S.J. Award from St. Joseph's University in Philadelphia, and the 2010 Jefferson Medical College Alumni Achievement Award. He was named one of the 50 most powerful/influential physician executives in 2009, 2010, 2011, 2012 and 2013 by Modern Healthcare. He is the author of over 120 peer reviewed articles, chapters, and other publications, and has delivered more than 350 invited lectures and presentations worldwide on topics related to medical education.

6 Abdul Rahman Jazieh



Dr. Abdul Rahman Jazieh is the Chairman, Department of Oncology, King Abdulaziz Medical City and a Professor at King

Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia.

He is also the founding Director of the MENA Center for NCCN Collaboration, Ministry of National Guard Health Affairs, Riyadh, Saudi Arabia.

He obtained his MD Degree from Damascus University, Syria and his Masters in Public Health from Tulane University, New Orleans. He completed his Fellowship in Haematology and Medical Oncology from University of Arkansas for Medical Sciences. He obtained American Boards of Internal Medicine, Haematology and Medical Oncology.

He was a Professor of Medicine and Chief of Haematology Oncology Division at University of Cincinnati. Dr. Jazieh is a member of multiple professional societies and was a member of the International Affair Committee of American Society of Clinical Oncology (ASCO).

Dr. Jazieh won multiple honours and awards including proclamation to the City of Cincinnati naming the day of January 5, 2006 as Dr. Abdul Rahman Jazieh Day.

Beside his clinical interest in lung cancer, Dr. Jazieh is working on improving patient safety and patient and family centered care at his institution.

Dr. Jazieh has numerous publications and many presentations at various meetings.

SUNDAY 4 OCTOBER

PRE CONFERENCE OVERVIEW

You may select separate morning and afternoon sessions.

SESSION 1 Full Day: External Evaluation Systems: Utilising the data to make improvements
Level 1, Room 103

SESSION 2 Morning: Using Patient Reported Outcomes to Support Quality Care in Practice
Level 1, Room 104

SESSION 3 Morning: National Health Strategy Qatar; Transforming Healthcare
Level 1, Room 105

SESSION 4 Patient Safety and Quality Tools
Level 1, Room 106

Morning: Clinical audit as a quality improvement process - Lessons from different countries

Afternoon: Sure your improvement effort is really worth it?

SESSION 5 Afternoon: Tracheostomy care training and skills demonstration
Level 1, Room 104

Session 1

External Evaluation Systems: Utilising the data to make improvements

09:00 - 16:00

Level 1, Room 103

Health care continues to evolve, populations are getting older, technology is smarter and our patients are now our partners. It's been almost 100 years since we had the first standards in healthcare and the accreditation movement was born but are we making the best use of all the data we collect? Probably not.

Accreditation in health care has its fans and equally there are the critics. It gains favour, it loses regard, economies grow, governments change, we redefine the term. It's voluntary, a series of adverse events occur, we change it to mandatory. Have we all changed and adapted? Maybe some of us have not moved into the 21st century quickly enough?

This pre-conference session will examine how different external evaluation systems have successfully used the data to make improvements. Examples will be given from east and west, developed and developing countries.

The afternoon session will facilitate group work to help identify accreditation based projects that generate useful data and a possibility to publish.

Pre conference overview for **SUNDAY 4 OCTOBER 2015** continued

09:00 – 09:05	Introduction and objectives Triona Fortune; ISQua
09:05 – 09:20	The burden of external evaluation Triona Fortune; ISQua
09:20 – 10:00	What do we do with the data? Improving leadership at a National Level Wendy Nicklin; CA Linking human resource management to quality Christine Dennis; AU Comparing patient rights in public and private organisations Kadar Marikar; MY
10:00 – 10:30	Panel Discussion Wendy Nicklin; CA, Christine Dennis; AU, Kadar Marikar; MY
10:30 – 11:00	Morning Break
11:00 – 11:45	Future Solutions; What to measure? How to measure? Overcoming the burden of audit Anne Chenoweth; US Moving to outcome measures Steve Clark; AU Using technology to measure Thomas Leludec; FR
11:45 – 12:15	Panel Discussion Anne Chenoweth; US, Steve Clark; AU, Thomas Leludec; FR
12:15 – 13:30	Lunch
13:30 – 16:10	Afternoon Group Work
13:30 – 15:00	Contributing to the accreditation evidence base, planning an improvement activity What evidence do you need now and in three years' time? David Greenfield and Anne Hogden; AU
15:00 – 15:15	Afternoon Break
15:15 – 16:00	Nominating an improvement activity and collaboration formation David Greenfield and Anne Hogden; AU
16:00 – 16:10	Closing Remarks Triona Fortune; ISQua

Pre conference overview for **SUNDAY 4 OCTOBER 2015** continued

Session 2	Using Patient Reported Outcomes to Support Quality Care in Practice
09:00 – 12:35	Level 1, Room 104
09:00 – 09:10	Welcome Janne Lehmann Knudsen; ISQua
09:10 – 09:45	What are Patient Reported Outcomes (PROs) and current approaches for using PROs to increase quality in healthcare? Eugene Nelson; US
09:45 – 10:15	PROMs Career Award Winner 2015 Recipient of HAL Award
10:15 – 10:35	Morning Break
	Tools and Examples: How PROs can be applied to support Patient Centeredness, Care planning, Empowerment, Effectiveness and Payment Chair: Eugene Nelson; US
10:35 – 10:50	PROs in Cancer Care: Potentials, Experiences and the Way Forward in Denmark Janne Lehmann Knudsen; ISQua
10:50 – 11:05	Patient Activation Measures: Assessing Patient Needs, Supporting Care and Empowering Patients with Long-term Conditions Helen Crisp; UK
11:05 – 11:25	Available tools: 'Patient Passports' Planetree', the 'Doctella' App. and 'How's your Health' Susan Frampton; US
11:25 – 11:45	Available Tools: Patient Use of Their Own Reported PROs and PROs for Value Based Payment John Ovretveit; SE
11:45 – 12:30	Panel debate and closing: Chair: Janne Lehmann Knudsen; ISQua Panel: Eugene Nelson; US, Helen Crisp; UK, Susan Frampton; US, John Ovretveit; SE & the winner of the HAL PROMs award
12:30 – 12:35	Closing Remarks
12:35 – 13:30	Lunch

Pre conference overview for **SUNDAY 4 OCTOBER 2015** continued**Session 3****Local Gulf Cooperation Council (GCC)
Session****09:00 – 12:30****Level 1, Room 105****Coffee Break
10:30 – 11:00****National Health Strategy Qatar; Transforming Healthcare****Speaker:** Robert Moorhead; QA

The Qatar National Health Strategy 2011-2016 (NHSQ) is the largest of the 14 sector strategies detailed in the Qatar National Development Strategy 2011-16. The NHSQ was formulated to make meaningful and achievable progress towards achieving the ambitious Qatar National Vision 2030. The NHSQ is a comprehensive transformation program that has included 42 projects and sub-programs aimed at achieving the goal of improving the health of Qatar's population through the development of an integrated health and wellbeing system managed according to world-class standards and accessible to the entire population.

Mr. Moorhead will outline how the NHSQ is providing a comprehensive framework for transforming the full continuum of Qatar's health services and their ability to respond to both fast and slow moving health issues in a framework that supports quality and patient safety improvement. He will describe how the NHSQ program has increased the capacity of the sector through strong leadership, responsive governance, targeted investment, sector participation, and strategic international partnerships, that are supported by regulation, quality and performance management. Qatar's health services are facing many challenges. However, Qatar has a National Health Strategy, and it is methodically executing that strategy.

12:30 – 13:30**Lunch**

Pre conference overview for **SUNDAY 4 OCTOBER 2015** continued**Session 4****09:00 – 12:30****Patient Safety and Quality Tools****Level 1, Room 106****Coffee Break
10:30 – 11:00****Morning Session - Clinical audit as a quality improvement process - Lessons from different countries****Chair:** Sandy Middleton; AU**Speakers:** Ulrich Wienand; IT, Baile Moagi; BW, Steven Bukkems, Catherina Farajian and Esmée Vural; NL, Nancy Dixon; UK, Yvonne Silove and Jenny Mooney; UK

Clinical audit is generally regarded as a process for supporting the improvement of the quality of patient care. In the UK, clinical audit is deeply embedded in the healthcare system, through contractual terms between commissioners and providers of healthcare services; expectations in medical and healthcare professional training programmes; and in individual professional competence assessment programmes such as revalidation of doctors. In other countries, clinical audit is embedded in standards for accreditation of healthcare organizations, which prompts clinical services to carry out clinical audits of their practices as part of the accreditation process.

Clinical audit is often seen as an activity carried out by individual clinical services about the quality of care provided to patient groups. Some countries, such as England and Scotland, have extensive long-running national clinical audit programmes that have demonstrated that patient care at local organizational level is improved using the process.

Across the world, clinical audit has been understood as involving the collection and interpretation of data about care provided to well-defined groups of patients. The details of how clinical audits are designed and carried out may vary about how quality-of-care is measured and acted on to achieve quality improvements.

In this pre-conference session, representatives of several countries — Australia, Botswana, England, Holland and Italy — will share their experiences in implementing clinical audit at healthcare facility, state and national levels.

Pre conference overview for **SUNDAY 4 OCTOBER 2015** continued

Each speaker will place clinical audit in context in the country and describe what is being achieved through clinical audit in their settings.

Lessons learned about what can drive the implementation of clinical audit in a care setting and the challenges in introducing clinical audit will be addressed in the session

12:30 – 13:30

Lunch

13:30 – 16:30

Afternoon Session - Sure your improvement effort is really worth it?

Coffee Break
15:00 – 15:30

Speaker: Edward Broughton; US

This highly interactive presentation will teach participants how to do scientifically rigorous cost-effectiveness analysis (CEA) of improvement interventions. It will be structured as follows:

- An introduction to what CEA for improvement is and how it differs from traditional health CEAs. This will include interactive demonstration of determining willingness-to-pay and other concepts.
- Participants will design a CEA model and discuss assumptions and data needs.
- Gathering cost and effectiveness data at each stage of an Intervention will be discussed with real examples used to explain rigorous designs.
- Different measures of effectiveness (health outcomes, DALYs, QALYs, deaths averted, etc.) will be discussed in terms of usefulness and limitations.
- Analysis using decision trees and calculations including sensitivity analysis and other complex methods will be explored using the examples that participants developed in previous sections.
- Interpreting results will be explained in relation to audience needs and level of experience with economic analysis.
- Communicating results will be discussed, including uncertainty in results and how analysts can present information to assist decision-makers in executing evidence-based choices.
- Final questions

Pre conference overview for **SUNDAY 4 OCTOBER 2015** continued

Session 5

Tracheostomy care training and skills demonstration

13:30 - 16:30

Level 1, Room 104

Coffee Break 15:00 - 15:30

Care of patients with tracheostomies is a core issue for safety and quality in healthcare, particularly in the MENA region.

This session combines didactic talks with interactive learning, skills stations and a simulation scenario to explore the issues surrounding care of patients with tracheostomies. Led by Sidra Medical and Research Center's Department of Surgery, Simulation Center, and Education Department, the session promotes multidisciplinary, patient-centered care. It also introduces the Global Tracheostomy Collaborative (GTC), and how this organisation is leading partner hospitals to take great strides in reducing morbidity and mortality associated with tracheostomy care.

Timetable for MONDAY 5 October 2015

MORNING

08:00 - 08:45 **Welcome Coffee with Trade Exhibitors**
Ground Floor

08:45 - 10:00 **Official Conference Opening and Plenary**
Level 1, Theatre **Chair:** Tracey Cooper; ISQua

Official Conference Opening
David Bates; ISQua President

Making the Most of the Conference
Peter Carter; ISQua

Morning Plenary Speaker: Developing "Sticky" Technology for Patient Engagement (Further Info. Pg. 28)
David Bates; US

10:00 - 10:30 Morning Break

10:30 - 12:00 **CONCURRENT SESSIONS - (A1 - A8)**

A1 - Improving Care Accounting for Cultural Issues
Ground Floor, Auditorium 2 **Chair:** Hung- Jung Lin; TW

Cross Cultural Care Quality: East and West Experiences Improving Patient Safety Culture (Further Info. Pg. 29)
Speakers: Bryan Sexton; AU, Wui-Chiang Lee and Che-Kim Tan; TW

A2 - Health Information Technology
Level 1, Room 104 **Chair:** Bruce Lambert; US

Short Orals x 15 minutes each (Further Info. Pg. 29)

A3 - Patient Centred Care
Level 1, Room 103 **Chair:** Susan Frampton; US

Developing Patient - Centered Measures of Outcomes and Cost (Further Info. Pg. 30)
Speakers: Eugene Nelson; US, Janne Lehmann Knudsen; DK

A4 - Patient Safety
Ground Floor, Auditorium 1 **Chair:** Adeel Ajwad Butt; QA

Caring for Carers - So they can provide high quality care (Further Info. Pg. 31)
Speakers: Abdullatif Al-Khal and Timothy McDonald; QA

A5 - Education and Research in Quality and Safety
Level 1, Room 106 **Chair:** Michael Counte; US

Short Orals x 15 minutes each (Further Info. Pg. 31)

Timetable for **MONDAY 5 October 2015** continued

A6 - Accreditation, Regulation and External Evaluation	
Level 1, Room 105	Chair: Carsten Engel; DK
Short Orals x 15 minutes each (Further Info. Pg. 32)	
A7 - Quality and Safety in Developing Countries	
Level 1, Theatre	Chair: Neelam Dhingra-Kumar; WHO
Lessons learned from the Ebola response: how to improve health care safety and quality (Further Info. Pg. 33)	
Speakers: Shams B. Syed; WHO M. Rashad Massoud; US, Mondher Letaief; WHO, John Øvretveit; SE, Ahmed Al Mandhari; OM, Kadar Marikar; MY	
A8 - Improving Population Health and Efficiency	
Level 1, Press Room	Chair: Oliver Groene; UK
Short Orals x 15 minutes each (Further Info. Pg. 34)	
LUNCHTIME 12:00 - 13:45	
12:45 - 13:30	Hamad Medical Corporation: Qatar's State Healthcare System - Delivering Quality Improvement to Reach Excellence (Further Info. Pg. 35) Ground Floor, Auditorium 1
12:30 - 13:30	International Collaboration As A Strategy To Improve Hospital Care: What Works, What Doesn't, and Strategies for the Future - Sponsored Partners Healthcare International (Further Info. Pg. 36) Ground Floor, Auditorium 2
12:50 - 13:30	Short Orals x 5 Minutes (AP1 -AP4) (Further Info. Pg. 37-39)
AFTERNOON	
13:45 - 15:15	CONCURRENT SESSIONS - (A9 -A16)
A9 - Improving Care Accounting for Cultural Issues	
Level 1, Room 106	Chair: Christopher Cornue; US
Short Orals x 15 minutes each (Further Info. Pg. 40)	
A10 - Health Information Technology	
Level 1, Theatre	Chair: John Helfrick; US
Reducing Hospital Mortality: How Can a Hospital Review Deaths to Improve Quality and Safety? (Further Info. Pg. 41)	
Speaker: Allen Kachalia and Jennifer Beloff; US	
A11 - Patient Centred Care	
Level 1, Room 105	Chair: Paul vanOstenberg; US
Short Orals x 15 minutes each (Further Info. Pg. 41)	

Timetable for **MONDAY 5 October 2015** continued

	<p>A12 - Patient Safety Level 1, Press Room Chair: David Greenfield; AU</p> <p>Short Orals x 15 minutes each (Further Info. Pg. 42)</p>
	<p>A13 - Education and Research in Quality and Safety Level 1, Room 103 Chair: Anthony Staines; CH</p> <p>Involving the public in patient safety research: benefits and challenges (Further Info. Pg. 43) Speaker: Bryony Dean Franklin, Seetal Jheeta and Charles Boucher; UK</p>
	<p>A14 - Accreditation, Regulation and External Evaluation Ground Floor, Auditorium 2 Chair: Rosa Suñoll; ES</p> <p>Session 1: Integrating Healthcare Facilities Licensing and Accreditation: Qatar's Approach to Quality Improvement (Further Info. Pg. 44) Speakers: Aisha Abdulla Al-Aali; QA Sebastien Audette; CA</p> <p>Session 2: Advances in quality improvement over the last two - three decades (Further Info. Pg. 44) Speaker: Andrea Gardini; IT</p>
	<p>A15 - Quality and Safety in Developing Countries Level 1, Room 104 Chair: Mondher Letaief; TN</p> <p>Short Orals x 15 minutes each (Further Info. Pg. 45)</p>
	<p>A16 - Improving Population Health and Efficiency Ground Floor, Auditorium 1 Chair: John T Kelly; US</p> <p>Session 1: Preparedness: What's Really Required (Further Info. Pg. 46) Speakers: Paul Biddinger; US, Paul Welford; QA</p> <p>Session 2: Good Group Governance: Effective use of quality and patient safety systems and data for hospital networks (Further Info. Pg. 47) Speaker: John Sweeney, Oonagh Gilvarry, Feargal McDowell and Mairead Murphy; IE</p>
15:15 - 15:45	Afternoon Break
15:45 - 16:45	<p>Afternoon Plenary and Awards Level 1, Theatre Chair: David Bates; ISQua</p> <p>John Ware and Alvin Tarlov Career Achievement Award</p> <p>Afternoon Plenary: Innovation in Patient Safety (Further Info. Pg. 48) Speaker: Professor Lord Darzi; UK</p>
17:00 - 18:30	ISQua AGM Level 1, Room 103

MONDAY MORNING 08:45 - 10:00

5 October 2015

PLENARY AND AWARDS

Level 1, Theatre

Chair: Tracey Cooper; ISQua

Official Conference Opening *(25 Minutes)*

Morning Plenary

David Bates: US *(50 Minutes)*

Developing “Sticky” Technology for Patient Engagement

Increasing evidence suggests that patients who are more engaged do better, and patients want more access to their data. At the same time, information technology is transforming our ability to get patients involved with their care. Dr. Bates will discuss the use of outpatient personal health records, a novel inpatient portal, mobile technology and social media to get patients more engaged with the care they receive. Although lots of technology has been developed, it has to be “sticky” if patients are to benefit - stickiness refers to the frequency with which patients actually use a technology. Outpatient PHRs are increasingly widely used, at least in some countries, but uptake has been variable. Inpatient portals are in their infancy. Dr. Bates will present the results of the PROSPECT study, which shows that giving patients and families access to their information while they are in the hospital and even in the ICU results in better outcomes and more satisfied patients. Although there are over 40,000 health apps available, many are not targeted to the patients who could benefit the most. Dr. Bates will review the findings of a new study of the current marketplace. Finally, while social media play a huge role in other domains - but they are just beginning to be accepted in healthcare, and their potential will be discussed.

MONDAY MORNING 10:30 – 12:00

CONCURRENT SESSIONS

A1 Improving Care Accounting for Cultural Issues

Ground Floor, Auditorium 2

Chair: Hung- Jung Lin; TW

Monday Morning: 10:30 – 12:00 (90 Minutes)

Cross Cultural Care Quality: East and West Experiences Improving Patient Safety Culture

Speakers: Bryan Sexton; AU, Wui-Chiang Lee and Che-Kim Tan; TW

Patient safety culture is a leading indicator for patient safety. Organizational culture plays a decisive role in setting the preconditions for success or failure in managing risk. Influential organizations such as the Agency for Healthcare Research and Quality (AHRQ), the National Health Service (NHS), The Joint Commission, and Taiwan Joint Commission on Hospital Accreditation (TJCHA) have encouraged facilities to measure safety culture. In response to the issues, TJCHA has surveyed nationwide patient safety culture yearly with SAQ (Safety Attitude Questionnaires) since 2009. There were at least 120 facilities enrolled in TJCHA surveys. More than half of them surveyed their organizational safety culture twice or more each year. In addition, many activities were conducted to improve safety culture.

How to interpret safety culture result is a key issue for improving safety culture. Different healthcare policy, healthcare systems, financial resources (private or public/government insurance), and logistics systems may form different culture-cultivating processes. TJCHA recognizes how important the issue is and is willing to share experiences with the audience.

A2 Health Information Technology

Level 1, Room 104

Chair: Bruce Lambert; US

Monday Morning: 10:30 – 12:00 (15 Minutes each)

The Functionality of the Rapid Response Team Drive System and the Impact on Patient Safety Abstract no. 1745

A. Pirutti, L. Torrano, I. Tortoza, P. Senna Mayrbaurli; BR

Using a Computerized Communication Platform as a Tool for Spreading Safety Culture - The Brazilian Patient Safety Program Experience Abstract no. 2004

F. Folco, T. Sotto Mayor, M. M. Damasceno, M. Machado; BR

Hospital Infrastructure of Information Technology and Physician use of Clinical Practice Guidelines Abstract no. 1402

N. Sasaki, Y. Imanaka, A. Okumura, N. Yamaguchi; JP

Session Outlines for **MONDAY 5 OCTOBER 2015** continued**Challenges Facing E-Health Deployment in Nursing Practice From Perspective Of Nurses: Qatar as a Case Study** Abstract no. 1070**R. A. Al-Huneiti**, Z. Al Hanaiti, W. Balachandran; QA & UK**Assessment of the Readiness to Implement a Computerized Provider Order Entry (CPOE) System: A Pilot Study from King Saud University Medical City** Abstract no. 1479Y. S. Amer, A. A. Jamal, **M. Baksh**, K. I. Aljonaieh; SA**A3 Patient Centred Care**

Level 1, Room 103

Chair: Susan Frampton; US**Monday Morning: 10:30 - 12:00** (90 Minutes)**Developing Patient - Centered Measures of Outcomes and Cost****Speakers:** Eugene Nelson; US, Janne Lehmann Knudsen; DK

The movement towards patient-centred, value-based care for episodes of care for defined populations is gaining momentum in many countries. Therefore, many hospitals and healthcare delivery systems are beginning to focus their attention on delivering longitudinal care to important clinical populations and to measure, improve and publicly report on both the outcomes and costs of care for defined clinical populations.

The clinical value compass approach offers a practical, adaptable framework for measuring the outcomes and costs of care for important populations -- such as people with cancer, heart disease, depression, back pain, total joint replacement, acute myocardial infarction, pregnant women, low birth weight infants, etc. The value compass specifies four major categories of measures for a care episode: clinical outcomes, functional outcomes, patient reports on care experiences, and total costs of care.

This workshop will:

- (a) Introduce the value compass approach and value compass worksheet for measuring and improving the outcomes and costs of care,
- (b) Show how the value compass approach has been successfully applied to measure the value of care for different types of patient populations,
- (c) Give participants an opportunity to apply the value compass worksheet to a clinical population of interest to them, and
- (d) Conclude with a discussion on how the value compass approach works and how it can be used in different contexts.

A4 Patient Safety

Ground Floor, Auditorium 1

Chair: Adeel Ajwad Butt; QA

Monday Morning: 10:30 – 12:00 (90 Minutes)

Caring for Carers – So they can provide high quality care

Speakers: Abdullatif Al-Khal and Timothy McDonald; QA

Using a case-based approach - this session will be broken down in to three discrete components.

The first part of the session will include a description of the rationale behind the need for organizations to establish a comprehensive “caring for carer” program that is capable or rapidly responding the emotional first aid needs of all employees, especially those who may be involved in unexpected harm or “near miss” patient safety events. A special emphasis will be provided on the unique needs of learners that include health science students and resident physicians.

The second component of this session will show the way in which a “caring for carer” program can be integrated in to the organizations overall Quality and Patient Safety program in a way that will help create and support a “fair and accountable” or “Just Culture” approach to the prevention and response to unexpected patient harm events.

The final component of the session will focus on sharing a validated and an “evidence—based” best practice toolkit for implementing a “caring for carer” program in any institution that includes the development of a comprehensive infrastructure to support such a program.

A5 Education and Research in Quality and Safety

Level 1, Room 106

Chair: Michael Counte; US

Monday Morning: 10:30 – 12:00 (15 Minutes each)

A Systematic Approach to Developing Quality Management System in Primary Health Care: Oman Experience Abstract no. 2164

A. M. Taman; OM

Quality Improvement Initiatives Tackled by Healthcare Organisations - A 5 Year Review of ACHS Annual Quality Improvement Awards

Abstract no. 1340

M. W. Burgess, L. O'Connor, **K. Linegar**; AU

Sessions Outlines for **MONDAY 5 OCTOBER 2015** continued

What Aspects of Quality Matter to Patients, Professionals and Policy Makers? Abstract no. 1828

H. Crisp; UK

The Impact of Pay for Performance (P4P) Project for Acute Stroke Quality Assessment Abstract no. 1517

J.H. Yang, G.J. Ha, Y.H. Rhu, M.K. Kim; KR

Is Quality of In-Hospital Care Associated with 30 Day Mortality Among Patients with HIP Fracture? A Nationwide Cohort Study Abstract no. 1683

P. K. Kristensen, T. M. Thillemann, K. Søballe, S. P. Johnsen; DK

A6 Accreditation, Regulation and External Evaluation

Level 1, Room 105

Chair: Carsten Engel; DK

Monday Morning: 10:30 – 12:00 (*15 Minutes each*)

Is Compliance with Hospitals Accreditation Associated with Shorter Length of Stay and Lower Risk of Acute Readmission? - A Danish Nationwide Population-Based Study Abstract no. 1270

A. M. Falstie-Jensen, H. Larsson, S. P. Johnsen, E. Hollnagel; DK

Revision of the OECI Accreditation and Designation Standards

Abstract no. 1612

H. Blaauwgeers, F. Boomsma, M. Docter, M. Saghatchian; NL

Areas for Improvement Recommended by Hospital Accreditation Process in Japan Abstract no. 1242

T. Yamano, R. Yokoyama, H. Sugawara, Y. Imanaka; JP

The Quest for Safety and Quality Indicators; Linking Hospital Accreditation Scores and Hospital Acquired Staphylococcus Aureus Infection Rates across 78 Acute Care Hospitals

Abstract no. 1550

V. Mumford, **D. Greenfield**, R. Reeve, J. Braithwaite; AU

National Accreditation Results Inform System Improvements in Safety

Abstract no. 1454

W. Nicklin, J. Mitchell, V. Roman, Q. Hasanaj; CA

A7 Quality and Safety in Developing Countries

Level 1, Theatre

Chair: Neelam Dhingra-Kumar; WHO

Monday Morning: 10:30 – 12:00 (90 Minutes)

Lessons learned from the Ebola response: how to improve health care safety and quality

Speakers: Shams B. Syed; WHO, Rashad Massoud; US, Mondher Letaief; WHO, John Øvretveit; SE, Ahmed Al Mandhari; OM, Kadar Marikar; MY

The Ebola virus disease (EVD) outbreak in West Africa has been unprecedented in its scale, complexity and severity, and presented a major challenge to the capacity of health systems to respond to an acute epidemiological threat. The outbreak was exacerbated due to weak and fragile health systems, severe shortages of skilled health-care workers and lack of community engagement in the affected countries. This once again highlighted the need for strong and resilient health systems. Ebola also had a profoundly negative impact on the delivery of essential health services and core public health functions in Guinea, Liberia and Sierra Leone.

Since notifying the world of the Ebola outbreak in West Africa on 23 March 2014, WHO has, in partnership with the international health community, mobilized its largest response to the most severe and most complex outbreak in the history of this disease. Strengthening infection surveillance, prevention and control, health-care worker safety, community engagement and access to safe, essential health services have been at the core of these health system redesign and recovery efforts.

Sessions Outlines for **MONDAY 5 OCTOBER 2015** continued**A8 Improving Population Health and Efficiency**

Level 1, Press Room

Chair: Oliver Groene; UK**Monday Morning: 10:30 – 12:00** (*15 Minutes each*)**Association between Regional Health Spending and Health Outcomes after Out-of-Hospital Cardiac Arrest in Japan: Does Spending More Matter?**

Abstract no. 2152

Y. Tsugawa, K. Hasegawa, A. Hiraide, A. K. Jha; US**Designing and Implementing Best Practice Interventions in the Community: The Spinal Cord Injury and Spina Bifida Pressure Injury Project**

Abstract no. 1575

J. C. Long, J. W. Middleton, L. Kelly, J. Hsieh; AU**The Chronic Care Model Improves HIV Patient Care in Uganda**

Abstract no. 1283

E. Broughton; US**Evaluation of a Novel Maternal Sepsis Assessment (MASA) Scoring System in Prediction on Intra-Amniotic Infection in Preterm Premature Rupture of Membrane** Abstract no. 1225**P.J. Cheng**, S. Huang, S. Su, C. Hsiao; TW**Characteristics of Cardiovascular and Diabetic Health of Workers Participating in Worksite Screening in Ireland** Abstract no. 2003**R. Glynn**, P. McCarthy, A. Shortt; IE

LUNCH BREAK: 12:00 – 13:45

Poster Viewing, Short Oral Sessions and Sponsored Satellite Symposia

SPONSORED LUNCHTIME SESSION with Hamad Medical Corporation

Ground Floor, Auditorium 1

Monday Lunchtime: 12:45 – 13:30

**Hamad Medical Corporation – Qatar's State
Healthcare System - Delivering Quality
Improvement to Reach Excellence**



The State of Qatar has undergone a massive transformation over the past four decades and has rapidly expanded its infrastructure to meet the needs of its ever-growing population. At the same time, Qatar's principal public healthcare provider, Hamad Medical Corporation (HMC), has experienced commensurate growth with eight hospitals (soon to be eleven) providing over 85% of Qatar's healthcare services.

Expanding at such a rapid rate and serving the needs of Qatar's diverse patient population has required a consistent and sustained focus on quality improvement. Our vision – to deliver the safest, most effective and most compassionate care to each and every one of our patients – can only be achieved by demonstrating a commitment to the highest quality services while building and improving workforce capability.

Our methods have always been inclusive. We strive to design and sustain system-wide quality improvement solutions, often partnering with leading international institutes and associations. Our ultimate aim is to adopt best practices into the everyday practice of our clinicians and support staff.

A recent extension of HMC's commitment to quality improvement is the development of the Hamad Healthcare Quality Institute (HHQI), which has been designed with the single-minded aim of improving the quality of healthcare within HMC, the State of Qatar, and the greater region. The introduction of HHQI builds on and complements existing departments and services within HMC and brings to the forefront new and innovative quality improvement initiatives.

In this interactive session we will share with you our quality improvement journey, demonstrating the key milestones leading to the development of the institute, the challenges we face and the opportunities that lie ahead. Join us as we share with you our work to continually improve the quality of direct patient care and our commitment to building capacity and capability in our dynamic healthcare system.

SPONSORED LUNCHTIME SESSION with Partners Healthcare International

Ground Floor, Auditorium 2

Monday Lunchtime: 12:30 – 13:30



International Collaboration as a Strategy to Improve Hospital Care: What Works, What Doesn't, and Strategies for the Future

Speakers: Lynn Stofer, Gilbert Mudge, David Barlow and Thomas Beatty; US

Hospitals internationally are increasingly reaching out to recognized world leading healthcare organizations for assistance in improving the quality and safety of care and the development of healthcare programs. Partners HealthCare System (PHS) in Boston, a group of nationally ranked Harvard teaching hospitals, has had a broad experience with initiatives that have worked effectively and, unfortunately, a few that left room for improvement.

Comprehensive, long term relationships have proven to be most effective in achieving the goals of the hospitals involved. In some instances this relationship has begun before there's a hole in the ground for a new hospital. An example is the collaborative partnership between Shanghai Jia Hui International Hospital and Partners Healthcare International (PHI) which has included everything from designing hospital blueprints to the development of policies and procedures. A second example is the relationship between Women's Hospital in Doha and PHI in the development of clinical leaders who would ultimately assume important Ob/Gyn department leadership positions. This cannot be done during a four day workshop in a hotel conference room. At the Women's Hospital patient benefit facilitated by the collaboration included a valuable reorganization of workflow of the very busy emergency department and the implementation of an evidence based more-efficient out-patient approach to managing gestational diabetes which was associated with a 90% reduction in admissions. And finally, it is extremely important to have clinicians and administrators from the home hospital spend time embedded in departments in the partner hospital for an extended period of time; from 2 weeks to 6 months or more. This is how sustainable change is most likely to occur.

This interactive session will include a summation of what has worked and why, what hasn't, and will conclude with a Q & A session.

SHORT ORAL PRESENTATIONS

12:50 – 13:30

AP1 Patient Safety

Level 1, Room 104

Chair: Kieran Walshe; UK

Monday Lunchtime: 12:50 – 13:30 (*5 Minutes each*)

Improving Quality Management Skills Among Leaders – Is Patient Safety Culture Affected? Abstract no. 1350

S. Kristensen, S. Sabroe, P. Bartels, J. Mainz; DK

The Patient View: Testing Feasibility of the Culturally Adapted Patient Measure of Safety Abstract no. 1555

N. Taylor, E. Hogden, R. Clay-Williams, J. Braithwaite; AU

The Epidemiology of Adverse Events in ICU Patients in Japan: The Jet Study Abstract no. 1600

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

Burnout in Taiwan Hospitals and its Relation to Patient Safety Culture Abstract no. 1898 (*5 mins*)

W. Tzu-Ying, L. Shing, L. Hung-Jung, **C. I. Huang**; TW

Visionary Plan for Quality and Patients Safety in Oman: Where Strategic and Operational Plans Meet Abstract no. 1925

A. Al-Mandhari; OM

AP2 Patient Centred Care

Level 1, Room 105

Chair: Ana Maria Malik; BR

Monday Lunchtime: 12:50 – 13:30 (*5 Minutes each*)

What do General Public Want to Know before Visiting Medical Institutes? Abstract no. 1122

R. Yokoyama, H. Sugawara, H. Kawakita, Y. Imanaka; JP

Understanding the Care Experiences of People Living with a Chronic Health Condition: A Focus on Sickle Cell Disease Abstract no. 1365

A. Tallett, S. Chakravorty, G. Sathyamoorthy, J. James; UK

Sessions Outlines for **MONDAY 5 OCTOBER 2015** continued**Patient Perspective in Healthcare; The Quality Impact of Understanding and Designing Process Through Patient's Perspective and Adding Value Through Technology** Abstract no. 1940**M. Yusuf**; PK**Why Wait So Long? Improving Door-To-Exit Time at an Urban Primary Care Facility in Ghana** Abstract no. 1971**E. H. Otchi**, K. Marfo, P. Amoo, R. Lamptey; GH**AP3 Education and Research in Quality and Safety**

Level 1, Room 106

Chair: Donna Anderson; CA**Monday Lunchtime: 12:50 - 13:30** (*5 Minutes each*)**Defensive Medicine in Italy: A Nationwide Survey**

Abstract no. 1092

M. Panella, C. Donnarumma, C. Rinaldi, F. Leigheb; IT**A Randomized Controlled Study of the Effectiveness of Pharmacy Quality Commitment - A Standardized Continuous Quality Improvement Program in Community Pharmacies** Abstract no. 1144**C. Chinthammit**, M. T. Rupp, T. Modisett, T. Warholak; US**Value Based Purchasing: Understanding Major Components of the Hospital Patient Experience** Abstract no. 1395**M. A. Counte**, M. Morgan; US**U.S. Health Care Managers' Perceptions of Quality Care: Evidence from Care Scenarios** Abstract no. 1883**R. Amati**, A. F. Hannawa, A. A. Kaissi, R. H. Brook; CH**Examining Health Care Culture and Attitudes to Quality and Safety Issues**

Abstract no. 2189

B. St Clair, D. Greenfield, A. Georgiou; AU

AP4 Quality and Safety in Developing Countries

Level 1, Press Room

Chair: Maria Carolina Moreno; BR

Monday Lunchtime: 12:50 – 13:30 (*5 Minutes each*)

Adaptation and Implementation of an Evidence-Based Clinical Practice Guideline for Management of Heart Failure in a University Medical City
Abstract no. 1528

W. Alhabeeb, **M. Abdelraheim Titi**, Y. Sami Amer, N. Mohammed Rabea; SA

The Role of Government in Fostering Health Care Quality Improvement in Low-Resource Settings: Experience from Uganda Abstract no. 1562

H. Kisamba, M. Ssendyona; UG

The Role of PHC Supervision in Continuous Quality Improvement: Results from an Evaluation Conducted in 96 Health Facilities in Mpumalanga Province, South Africa Abstract no. 1670

D. Jacobs; US

Systematic Review of Patients' Views of the Quality of Primary Health Care in Sub-Saharan Africa Abstract no. 2176

D. S. Ogaji, P. Bower, G. Daker-White, S. Giles; UK

MONDAY AFTERNOON 13:45 – 15:15

CONCURRENT SESSIONS

A9 Improving Care Account for Cultural Issues

Level 1, Room 106

Chair: Christopher Cornue; US

Monday Afternoon: 13:45 – 15:15 (15 Minutes each)

Assessing the Effects of New Methods on the Results of Quality and Risk Management in French Comprehensive Cancer Centers Abstract no. 1423

G. Sieradzki, A. De Jesus, H. Esperou, C. Bussy; FR

Dark Side of Culture: Influence of Cultural Factors on Hand Hygiene Behaviour Among Health Care Workers in Intensive Care Units of Korean Hospitals Abstract no. 1433

H. S. Jo, H. J. Jeong; KR

Cultural and Practical Barriers for the Implementation of Rehabilitation Guidelines Across Sectors Abstract no. 1512

L. Morsø, P. Qvist; DK

A Survey of Patient Safety Culture from Medical Term Members in a Regional Teaching Hospital in North Taiwan Abstract no. 2193

M. J. Wu, Y. G. Cherng, G. Y. Chen, Y. H. Cheng; TW

The Development of a Clinical Protocol for the Prevention of Ventilator-Associated Pneumonia (VAP) in the Brazilian Culture Reality
Abstract no. 1996

F. Folco, **T. Sotto Mayor**, M. M. Damasceno, M. Machado; BR

A10 Health Information Technology

Level 1, Theatre

Chair: John Helfrick; US

Monday Afternoon: 13:45 - 15:15 (90 Minutes)

Reducing Hospital Mortality: How can a Hospital Review Deaths to Improve Quality and Safety?

Speakers: Allen Kachalia and Jennifer Beloff; US

Mortality rates in hospitalized patients are increasingly being used to measure the quality and safety of care provided to patients. Though there is some controversy in using mortality as an indicator of quality, it is generally accepted that many deaths are avoidable and that hospitals should take aggressive measures to prevent them. Success requires not only measuring mortality rates, but also determining which deaths were preventable. However, eliminating preventable deaths remains a challenge for a number of reasons: finding the resources to review cases, identifying safety issues, and implementing system changes.

This 90 minute session will describe what is being done to reduce mortality in U.S. Hospitals. We will explore the concept of mortality review and a range methodologies regarding data collection, analysis, dissemination, monitoring, and improvement strategies. Common challenges such as establishing the necessary safety culture, obtaining leadership support, tracking data, learning from deaths, and launching initiatives to reduce deaths in hospitals will also be delineated. A new electronic process that engages front line providers in mortality review will also be presented.

Participants will be asked to share their experiences and what has and has not worked at their institutions as well as given the opportunity to ask questions and engage in a dialogue about what approaches may work best.

A11 Patient Centred Care

Level 1, Room 105

Chair: Paul vanOstenberg; US

Monday Afternoon: 13:45 - 15:15 (15 Minutes each)

Development of a European Generic Cancer Consumer Quality Index Questionnaire Abstract no. 2169

A. Wind, J. Heerink, H. J. Sixma, W. H. van Harten; NL

Determinants of Patient Satisfaction with Cancer Care Delivered by the Danish Healthcare System Abstract no. 1509

A. C. S. Heerdegen, J. L. Knudsen; DK

Sessions Outlines for **MONDAY 5 OCTOBER 2015** continued**The Perspectives of Patients with Complex, Long-Term Pathways: A Mixed Method Analysis in Light of Recommended Practice** Abstract no. 1937**G. K. R. Berntsen**, D. B. Gammon, A. Høyem, C. Ruland; NO**Improving the Follow-up of Cancer Patients at Home: How to Design a Cancer Care Coordination Program?** Abstract no. 1503**M. Ferrua**, F. Yatim, A. Fourcade, E. Minvielle; FR**A12 Patient Safety**

Level 1, Press Room

Chair: David Greenfield; AU**Monday Afternoon: 13:45 – 15:15** (*15 Minutes each*)**Treatment Injuries in Danish Public Hospitals 2006-2012** Abstract no. 1522**J. Tilma**, M. Noergaard, K. L. Mikkelsen, S. P. Johnsen; DK**One Fourth of Unplanned Transfers to a Higher Level of Care are Associated with a Highly Preventable Adverse Event: A Patient Record Review in Six Belgian Hospitals** Abstract no. 1791**K. Marquet**, N. Claes, E. De Troy, A. Vleugels; BE**Is there an Association between Patient Safety Incidents and Practice and Organizations in Primary Care?** Abstract no. 2014**P. Michel**, A. Mosnier, M. Kret, J. Bami; FR**Application of Knowledge gained through Adverse Event Reporting System and No-Fault Compensation/Peer-Review System to new Peer-Review System on Clinical Death Case in Japan** Abstract no. 1286**S. Ushiro**, M. Sakaguchi, H. Sakai, J. Inoue; JP**Our journey towards implementation of key Performance Indicators sets for hospitals in Oman** Abstract no. 22**S. Al Barwani**; OM

A13 Education and Research in Quality and Safety

Level 1, Room 103

Chair: Anthony Staines; CH**Monday Afternoon: 13:45 - 15:15** (90 Minutes)**Involving the Public in Patient Safety Research: Benefits and Challenges****Speakers:** Bryony Dean Franklin, Seetal Jheeta and Charles Boucher; UK

There has been increased recognition of the potential benefits of patient and public involvement in research, and researchers are increasingly being asked to demonstrate how they will achieve such input. Such involvement can include identifying research priorities, acting as grant holders or co-applicants, protocol development, providing input to an advisory group, developing patient materials, participating in data collection or conducting analysis. However, there have also been concerns that patient and public involvement can be somewhat tokenistic.

This session will be workshop-based, with the following objectives:

- (a) To highlight the benefits, challenges, barriers and facilitators to the involvement of the public in patient safety research.
- (b) To draw on shared experiences of presenters and participants in involving lay people in patient safety research.
- (c) To identify practical tips for those wishing to involve the public in this way.

We will draw on our experiences of involving members of the public in a number of ways, but focusing specifically on involvement in data collection and analysis in a study of inpatient involvement in medication safety with both paper-based and electronic prescribing.

A14 Accreditation, Regulation and External Evaluation

Ground Floor, Auditorium 2

Chair: Rosa Suñoll; ES

Monday Afternoon: 13:45 – 14:30 (*45 Minutes*)

Session 1: Integrating Healthcare Facilities Licensing and Accreditation: Qatar's Approach to Quality Improvement

Speakers: Aisha Abdulla Al-Aali; QA, Sebastien Audette; CA

As part of the National Healthcare Strategy (NHS), the Supreme Council of Health (SCH) in partnership with Accreditation Canada International (ACI) is implementing a project that aims to establish a unique integrated licensing and accreditation system in Qatar. This innovative integrated program will be implemented in more than 450 healthcare facilities in Qatar, covering the entire continuum of care from small clinics to large hospitals. The main objective of the program is to build an effective system of continuous quality improvement starting with foundational licensing requirements and advancing to the highest levels of accreditation over time.

This presentation will look at the motivation for transitioning to an integrated system and its anticipated benefits. It will highlight advancements made to the licensing process and protocols, as well as the introduction of internationally recognized accreditation standards built on ISQua principles. The presentation will provide an overview of how the program was designed to engage healthcare facilities through advisory groups and education initiatives, and its strategic role within the NHS.

The presenters will also speak to the project's approach to building in-country capacity in quality improvement through the development of national inspector and surveyor resources and the first steps made towards achieving ISQua accreditation.

Monday Afternoon: 14:30 – 15:15 (*45 Minutes*)

Session 2: Advances in quality improvement over the last two - three decades

Speaker: Andrea Gardini; IT

In 2010 the Italian Society for Quality in health Care (SIQuas) celebrated its 20th National conference titled "Quality is Sustainability". The National Assembly mandate to the board was to work up an alliance with other Italian partners to launch a national movement towards a "Slow Medicine". This was similar to the Italian Slow Food movement which proposed " Good, clean and fair food" the Italian Slow Medicine movement proposed " Measured, Respectful and Equitable care".

Slow Medicine is a Slow Food partner and promotes the idea of systems thinking and complexity studies to push towards a paradigm change from a mechanical to a systemic approach to human health care.

The ISQua founders met again in Udine in May 2015, 30 years after the original meeting. This was organized by the by the Italian Society for Health Care Quality and discussed advances made the Slow Medicine Italian movement. It is now hoped to spread these ideas and principles in the health care and social sector and to make alliances among patients, citizens, doctors, nurses and institutions to improve health. Through the improvement of what Avedis Donabedian named the "System Design", become more and more sustainable, reduce over diagnosis, implement appropriateness and patient safety.

A15 Quality and Safety in Developing Countries

Level 1, Room 104

Chair: Mondher Letaief; TN

Monday Afternoon: 13:45 - 15:15 (15 Minutes each)

Measuring Pediatric Quality of Care in Rural Clinics: A Multi-Country Assessment in Cambodia, Guatemala, Zambia and Kenya Abstract no. 2240

A. Edward, K. Dam, J. Chege, A. Ghee; US

Triangulating Data on Improved Quality Outcomes of Obstetric Care in Mozambique's Model Maternities Abstract no. 1281

J. Ricca, M. D. L. Vaz, M. Anjos, **E. Necochea**; US

A Framework for Improvement of the Quality of Care at the Primary Care Level Abstract no. 1386

M. Letaief, M. A. Ardakani, S. Siddiqi; EG

A Multi-Faceted Intervention to Improve Quality of Clinical Records at Primary Care Level Abstract no. 1311

O. H. Mahomed, S. Asmall, S. Naidoo, M. Taylor; ZA

Standards of Nursing Practice a Cornerstone of Quality Safe Patient Care: Examining the Challenges of Establishing a Standard of Practice in a Greenfield Hospital in Qatar Abstract no. 1319

M. Boyd, V. Buchannon; QA

A16 Improving Population Health and Efficiency

Ground Floor, Auditorium 1

Chair: John T Kelly; US

Monday Afternoon: 13:45 – 14:30 (*45 Minutes*)

Session 1: Preparedness: What's really required?

Speakers: Paul Biddinger; US, Paul Welford; QA

The consequences of disasters vary widely, but in all disasters needs are greater than available resources. Responding to disasters requires use of emergency management structures and plans that promote effective and efficient management of resources. This is especially challenging when multiple hospitals and other health care partners must coordinate their response. Several medium-scale emergencies in a large urban area prompted enhancements in a healthcare system's protocols for responding to emergencies and improvements in its management infrastructure. This was accomplished in collaboration with international disaster management experts.

This 45 minute session will identify the key elements and process considerations that led to the development and successful implementation of a "Major Incident Plan" at this healthcare system. The key areas that will be highlighted include:

- a) Importance of disaster preparedness: Why does it matter?
- b) Effective disaster planning: What is required?
- c) Coordination with the ambulance service and other supportive healthcare services
- d) Defining the role of the Health System Leadership in planning and in response
- e) Training, implementation and testing the Major Incident Plan in the healthcare system and at individual hospitals.

This session will conclude with a question and answer period.

Monday Afternoon: 14:30 – 15:15 (45 Minutes)

Session 2: Good Group Governance: Effective use of quality and patient safety systems and data for hospital networks.

Speakers: John Sweeney, Oonagh Gilvarry, Feargal McDowell and Mairead Murphy; IE

The systems for the effective management of patient safety, and enhancing the quality of care, are multifaceted and complex. For countries which do not have the decades of experience, and tradition, (such as the USA, Canada and Australia), these systems often appear a challenge which is difficult to achieve. For many countries the reality are systems which are paper based, slow, and bureaucratic. For hospital networks, more often than not, they are site specific, with limited cross over and organisational learning.

This session looks at the development process involved in bringing a hospital group from a fragmented, paper based, quality and patient safety management system, to a centralised, electronically enabled and streamlined system. This looks at all aspects from clinical governance, resource utilisation, incident and risk management, process control, audit and tracer management, to quality improvement tracking.

The Irish case study will demonstrate the challenges in the creation of a successful quality and patient safety management system which focuses on the use of integrated processes and the effective understanding and utilisation of key information. The session will include:

- a) The Goals
- b) The Challenges
- c) The Project Plan
- d) The Implementation
- e) The Outcome and Benefits
- f) The Future - For improvement and for regulation

This session will conclude with a question and answer period.

MONDAY AFTERNOON 15:45 – 16:45

5 October 2015

PLENARY AND AWARDS

Level 1, Theatre

Chair: David Bates; ISQua

John Ware and Alvin Tarlov Career Achievement Award *(15 Minutes)*

Afternoon Plenary: Innovation in Patient Safety

Professor Lord Darzi *(45 Minutes)*

Innovation in patient safety offers an unparalleled opportunity to transform patient experience, save lives and greatly improve the cost-effectiveness of healthcare. In his talk at the 32nd ISQua International Conference in Doha, Professor the Lord Darzi of Denham will make the case for patient-centred, design-led approaches to patient safety, while highlighting some of the pioneering technologies, services and business models transforming the delivery of healthcare around the world.

Timetable for TUESDAY 6 October 2015

MORNING

08:00 - 08:45 **Welcome Coffee with Trade Exhibitors**
Ground Floor

08:45 - 10:00 **Morning Plenary and Awards**
Level 1, Theatre **Chair:** Jamal Al Khanji; QA

Morning Plenary: Building a Culture of Accountability
(Further Info. Pg. 53)
Speaker: David Marx; US

International Accreditation Awards
Triona Fortune; ISQua

10:00 - 10:30 Morning Break

10:30 - 12:00 **CONCURRENT SESSIONS - (B1 - B8)**

B1 - Improving Care Accounting for Cultural Issues
Level 1, Press Room **Chair:** Chris Brook; AU

Short Orals x 15 minutes each (Further Info. Pg. 53)

B2 - Health Information Technology
Ground Floor, Auditorium 1 **Chair:** Azhar Ali; US

Session 1: eHealth and Quality of Care (Further Info. Pg. 54)
Speaker: Hans C. Ossebaard; NL

Session 2: Adverse Drug Events and the need for Health Information Technology in an Academic Hospital in Saudi Arabia (Further Info. Pg. 55)
Speaker: Hisham Aljadhey; SA

B3 - Patient Centred Care
Level 1, Room 105 **Chair:** Stephen Clark; AU

Short Orals x 15 minutes each (Further Info. Pg. 55)

B4 - Patient Safety
Level 1, Room 103 **Chair:** Karen Linegar; AU

Session 1: European Union Network for Patient Safety and Quality of Care (PaSQ) (Further Info. Pg. 56)
Speakers: Jean Bacou; FR, Erica de Loos; NL, Lena Mehrmann and Jasna Mesaric; HR

Session 2: Global Tracheostomy Collaborative (Further Info. Pg. 56)
Speaker: David Roberson; US

Timetable for **TUESDAY 6 October 2015** continued**B5 - Education and Research in Quality and Safety**

Level 1, Theatre

Chair: Robert Crone; US

The Clinical Care Improvement Training Program (CCITP) - a Transformation Journey in Healthcare Improvement and Patient Safety (Further Info. Pg. 57)

Speakers: Reham Hassan and Sajith Pillai; QA, Duncan Phillips; US

B6 - Accreditation, Regulation and External Evaluation

Ground Floor, Auditorium 2

Chair: Kadar Marikar; MY

Short Orals x 15 minutes each (Further Info. Pg. 58)

B7 - Quality and Safety in Developing Countries

Level 1, Room 104

Chair: Rashad Massoud; US

Strategies for Improving Healthcare (Further Info. Pg. 58)

Speakers: Rashad Massoud and Amanda Ottosson; US

B8 - Improving Population Health and Efficiency

Level 1, Room 106

Chair: Ezequiel Elorrio; AR

Short Orals x 15 minutes each (Further Info. Pg. 59)

LUNCHTIME 12:00 - 13:45**12:25 - 13:40**

Healthcare research for quality and safety professionals: study design, implementation and translation (Further Info. Pg. 60)

Speakers: Yu-Chuan (Jack) Li; TW, David Greenfield, Anne Hogden and Deborah Debono; AU

Level 2, Auditorium 3

12:45 - 13:30**Sidra Sponsored Session**

Ground Floor, Auditorium 1

12:45 - 13:30

Big data in Healthcare: Hospital patient outcomes improvement - International Experience: **Sponsored Telstra Health** (Further Info. Pg. 61)

Ground Floor, Auditorium 2

12:50 - 13:30**Short Orals x 5 Minutes (BP1 - BP5) (Further Info. Pg. 62-64)****AFTERNOON****13:45 - 15:15****CONCURRENT SESSIONS - (B9 - B17)****B9 - Improving Care Accounting for Cultural Issues**

Level 1, Theatre

Chair: John Sweeney; ISQua

Session 1: Using a Culturally-Sensitive Approach to Improve Patient Care (Further Info. Pg. 65)

Speaker: Taroub Harb Faramand; US

Session 2: Play, Preparation, and Pre-Anaesthesia Testing: Developing quality experiences for children and families (Further Info. Pg. 65)

Speakers: Toni Crowell-Petrungaro and Rosalie F. Tassone; QA

Timetable for **TUESDAY 6 October 2015** continued

<p>B10 - Health Information Technology Level 1, Room 106 Chair: Sarper Tanli; AE</p>
<p>Session 1: Digital Hospital: A French National Program to develop Health Information Technology (HIT) Implementation and by the same to Potentiate Quality and Safety. (Further Info. Pg. 66) Speaker: Bruno Lucet; FR</p> <p>Session 2: Short Orals x 15 minutes each</p>
<p>B11 - Patient Centred Care Ground Floor, Auditorium 2 Chair: Shams Syed; WHO</p>
<p>Towards people-centred and integrated health service approaches: how to better integrate the patients', families' and communities' perspectives? (Further Info. Pg. 67) Speakers: Nuria Toro Polanco; WHO, Nittita Prasopa-Plaizier; WHO, B K Rana; IN, Karin Jay; US, Dato Azman Abu Bakar; MY, Elom Otchi; GH, Ezequiel García-Elorrio; AR, Philippe Michel; FR</p>
<p>B12 - Patient Safety Level 1, Room 105 Chair: Kees van Dun; NL</p>
<p>Short Orals x 15 minutes each (Further Info. Pg. 68)</p>
<p>B13 - Education and Research in Quality and Safety Level 1, Room 104 Chair: Jean Bacou; FR</p>
<p>Short Orals x 15 minutes each (Further Info. Pg. 68)</p>
<p>B14 - Accreditation, Regulation and External Evaluation Ground Floor, Auditorium 1 Chair: Moyra Amess; UK</p>
<p>Session 1: QH Accreditation: Can we construct a unique recognition system for Healthcare Quality? (Further Info. Pg. 69) Speakers: Susana Lorenzo and Manuel Vilches; ES</p> <p>Session 2: Working Together with other Accrediting Organizations (Further Info. Pg. 70) Speakers: Anne Chenoweth and Holly Rapp; US</p>
<p>B15 - Quality and Safety in Developing Countries Level 1, Press Room Chair: Salma Jaouni; JO</p>
<p>Short Orals x 15 minutes each (Further Info. Pg. 70)</p>
<p>B16 - Improving Population Health and Efficiency Level 1, Room 103 Chair: Aisha Al Aali; QA</p>
<p>Young People and Diabetes in Qatar Speaker: Shk. Mohammed Hamad j. Al Thani; QA</p>

Timetable for **TUESDAY 6 October 2015** continued

	<p>Special ISQua Session Level 2, Auditorium 3</p>
	<p>Improving health care quality 'one tweet' at a time (Further Info. Pg. 71) Speakers: David Bates; US, Yu-Chuan (Jack) Li; TW, Jeffrey Braithwaite; AU, Edda Costarelli; IT, Teresa Tono; CO <i>(Please note: You must be an ISQua Expert, ISQua Member or an ISQua Fellow to attend this session)</i></p>
15:15 – 15:45	Afternoon Break
15:45 – 16:45	<p>Afternoon Plenary and Awards Level 1, Theatre Chair: Peter Carter; ISQua</p>
	<p>Afternoon Plenary: Medication Safety – problems, solutions and challenges (Further Info. Pg. 72) Speaker: Bryony Dean Franklin; UK ISQua Awards: Fellowship and Emerging Leaders Programme Clifford Hughes; ISQua</p>
17:00 – 18:30	<p>Poster Reception Ground Floor</p>

TUESDAY MORNING 08:45 - 10:00

6 October 2015

PLENARY AND AWARDS

Level 1, Theatre

Chair: Jamal Al Khanji; QA

Morning Plenary

David Marx; US (60 Minutes)

Building a Culture of Accountability: Hospitals, nursing facilities, and ambulatory care facilities all face the task of building a stronger culture of accountability within their organizations. David Marx, recognized as a father of “Just Culture” concepts, will explore the movement to build more accountable cultures within organizations. He will discuss how organizations strive to help a group of inescapably fallible human beings produce good patient results. This will include the building a strong reporting and investigative culture, as well as the task of helping clinicians make good choices in their provision of care. David will link today’s general human resource practices and methods of regulatory oversight with the outcomes organizational leaders try to create. He will provide insights for organizations striving to create a more accountable culture.

International Accreditation Awards (15 Minutes)

Triona Fortune; ISQua

TUESDAY MORNING 10:30 – 12:00

CONCURRENT SESSIONS

B1 Improving Care and Accounting for Cultural Issues

Level 1, Press Room

Chair: Chris Brook; AU

Tuesday Morning: 10:30 – 12:00 (15 Minutes each)

Increase of Adverse Events Notifications: A Change in Institutional Culture

Abstract no. 1852

A. Pirutti, G. Ruiz Cruz; BR

Using Models for Continuous Quality Improvement to Improve Paediatric Enrolment in the HIV/AIDS Care and Treatment Clinics Abstract no. 1189

B. Mbwele, B. Chirangi; TZ

Session Outlines for **TUESDAY 6 OCTOBER 2015** continued**Cultural Safety in Maternity Care Workshops: High Fidelity Simulation as a Conduit to Quality Improvement and Enhanced Collaboration**

Abstract no. 1285

S. Andy, B. Gibson-Thorpe, B. Bulle, **K. Freeman**; AU**Clinical Protocol of Sepsis Early Detection Developed for Brazilian Culture Reality** Abstract no. 1841**T. Sotto Mayor**, M. Machado, M. Damasceno, F. Folco; BR**B2 Health Information Technology**

Ground Floor, Auditorium 1

Chair: Azhar Ali; US**Tuesday Morning: 10:30 - 11:15** (45 Minutes)**Session 1: eHealth and Quality of Care****Speaker:** Hans C. Ossebaard; NL

eHealth is about the use of information and communication technology to reinforce health and health care. It refers to forms of prevention and education, diagnostics, therapy and care delivered through technology, independently of time and place. eHealth also generates new contents of care such as 'blended' care where conventional mental health care is combined with online interventions. Most stakeholders have high hopes and great expectations of eHealth' potential. eHealth allegedly strengthens the possibilities for self-management and participation of patients. It supposedly increases range and impact of disease prevention.

It drives global health care innovation and curbs expenditures. In short, eHealth consolidates the public interests of affordability, quality and accessibility. Does eHealth really improve quality and safety in care? What is the state-of-the-art anno 2015? In my presentation - which is more than just a lecture - I will review some recent studies on this relationship, promote the eHealth=Health concept, criticize techno-utopianism and observe that as of now there is sufficient evidence-base to accept that eHealth actually contributes to solving global health care issues e.g., preserving quality of care with less resources. I will conclude that now we should focus on building eHealth into the care system, with support from improvement sciences.

Tuesday Morning: 11:15 – 12:00 (45 Minutes)**Session 2: Adverse Drug Events and the need for Health Information Technology in an Academic Hospital in Saudi Arabia****Speaker:** Hisham Aljadhey; SA

In the Adverse Drug Events in Saudi Arabia (ADESA) study we investigated the incidence of adverse drug events (ADEs) prospectively in four Saudi hospitals. Among these hospitals an academic hospital in which we found that 96% of the preventable ADEs occurred in the ordering stage. Therefore, an intervention to target this stage was implemented which included electronic prescribing of all medication orders. It is expected to have lower incidence of ADEs in the prescribing stage. Other benefits from applying this intervention included an improvement in efficiency and reducing waiting time in the outpatient pharmacy significantly. This presentation will describe the ADESA study and the implementation of the intervention.

B3 Patient Centred Care

Level 1, Room 105

Chair: Stephen Clark; AU**Tuesday Morning: 10:30 – 12:00** (15 Minutes each)**Risk Management: From Controls to Resident Advancement in Irish Designated Centres** Abstract no. 1658O. Gilvarry, **J. Sweeney**, M. Murphy; IE**What do Patients Value in the UAE: A Cross Sectional Analysis of Patient Experience** Abstract no. 1146**S. Devkaran**, P. N. O' Farrell; AE**Towards an HIV-Free Generation: Putting the Needs and Values of HIV-Positive Mothers and their Babies at the Forefront of their Care**

Abstract no. 1485

T. Nsubuga- Nyombi, E. Karamagi- Nkolo, M. Namwabira, J. Draru; UG**Performance of Patient & Family Rights in Malaysian Accredited Public and Private Hospitals** Abstract no. 1173**Y. T. Poh**, K. Marikar; MY**Patient Characteristics predict little of the risk for adverse events during Heart Failure Hospitalizations** Abstract no. 2024**J. Huddleston**, S. Romero Brufau, J. Naessens; US

Session Outlines for **TUESDAY 6 OCTOBER 2015** continued**B4 Patient Safety**

Level 1, Room 103

Chair: Karen Linegar; AU**Tuesday Morning: 10:30 – 11:15** *(45 Minutes)***Session 1: European Union Network for Patient Safety and Quality of Care (PaSQ)****Speakers:** Jean Bacou; FR, Erica de Loos; NL, Lena Mehrmann and Jasna Mesaric; HR

During this session the European Union Network for Patient Safety and Quality of Care (PaSQ) will be presented, focusing on tools proposed to practitioners and risk managers to fulfil local needs in terms of good practices exchange and implementation. The PaSQ database containing about 400 good clinical and organizational practices will be introduced, focusing on themes chosen by the audience. The added value of PaSQ at national level will be addressed through an example. The European Commission's perspectives in the field of Patient Safety and Quality of care will also be addressed.

Tuesday Morning: 11:15 – 12:00 *(45 Minutes)***Session 2: Global Tracheostomy Collaborative****Speaker:** David Roberson; US

This talk will review why tracheostomy is a high risk medical device and the data demonstrating an unacceptably high frequency of morbidity and mortality in the postoperative period. We will then examine the programme at the small number of exemplar hospitals that have made remarkable strides in reducing this morbidity and mortality. We'll discuss why a quality improvement collaborative is a good choice for disseminating improvement strategies. We'll review the formation and launch of the Global Tracheostomy Collaborative and present preliminary data demonstrating improved outcomes in GTC member hospitals. We'll finish by reviewing future directions for the GTC, and for improvement in tracheostomy care worldwide.

B5 Education and Research in Quality and Safety

Level 1, Theatre

Chair: Robert Crone; US

Tuesday Morning: 10:30 – 12:00 (90 Minutes)

The Clinical Care Improvement Training Program (CCITP) – International Collaboration as a Strategy To Improve Hospital Care: What Works, What Doesn't, and Strategies for the Future

Speakers: Reham Hassan and Sajith Pillai; QA, Duncan Phillips; US

The Institute of Medicine defines patient-centered care as: “Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” Patients and their families must be at the heart of everything caregivers do.

Clinicians in clinical microsystems are often divorced from the improvement efforts of their organization. Initiatives overseen by quality improvement leaders, with little involvement of clinical staff, are being done without awareness of actual patient preferences and needs. The culture of QI seems to many clinical staff to be focused primarily on meeting accreditation standards rather than on improving patient care. Fundamentally, this disconnect between QI experts within hospitals and their clinical staff reveals that Improvement efforts are not truly patient centered. The question is, how can organizations effectively engage clinicians in initiatives which focus on the patient and demonstrably improve healthcare quality and patient safety? One effective concept, the “Clinical Care Improvement Training Program (CCITP)”, is a four-month introductory patient centered course which effectively engages front line staff and results in improvement in quality and patients.

This 90-minute interactive session will focus on how healthcare systems and individual hospitals can shift improvement efforts to empowered front line practitioners. In one case study, the implementation of a CCITP initiative resulted in over 300 trained physicians, including more than 70 residents/trainees, and the completion of 115 quality improvement projects with measureable outcomes. CCITP trained physicians led over 1000 other team members in 95% of departments across an entire 8 hospital system in the completion of these clinical initiatives. The session will describe the curriculum, results, how to set up a successful program, how to overcome challenges of developing improvement capability and the benefits of the coaching module in spreading and supporting systems redesign.

Participants will be given an opportunity to share their experiences of what has and has not worked in developing quality improvement programs, and to ask questions of what may work best.

Session Outlines for **TUESDAY 6 OCTOBER 2015** continued**B6 Accreditation, Regulation and External Evaluation**

Ground Floor, Auditorium 2

Chair: Kadar Marikar; MY**Tuesday Morning: 10:30 – 12:00** (15 Minutes each)**A Qualitative Study of Unannounced Surveys in Public Hospitals in Denmark: The Experience of Hospital Staff and Surveyors** Abstract no. 1328A. G. Junge, **G. S. Rasmussen**; DK**Stakeholder views of the Australian National Safety and Quality Health Service Standards: Perspectives from the New World** Abstract no. 1765**D. Greenfield**, A. Hogden, D. Debono, J. Braithwaite; AU**How is Feedback from National Cancer Audits used? A Mixed-Methods Study based on views from English NHS Trust Audit Leads**

Abstract no. 1335

O. Groene; UK**Implementation of Internal Quality Audit (IQA) in a Private Hospital in Hong Kong** Abstract no. 1720T. T. Pang, **S. F. Wong**; HK**B7 Quality and Safety in Developing Countries**

Level 1, Room 104

Chair: Rashad Massoud; US**Tuesday Morning: 10:30 – 12:00** (90 Minutes)**Strategies for Improving Healthcare****Speakers:** Rashad Massoud and Amanda Ottosson; US

This session will walk participants through three short case studies, with facilitated small group discussions. Participants will then have the opportunity to report back and synthesize with the larger group. The three case studies will address critical areas of starting up improvement efforts, setting priorities and transitioning from one priority to the next while drawing on personal experiences from global health experts.

Objectives:

- Start-up improvement efforts
- Set priorities for improving health care
- Transition to new priorities.

B8 Improving Population Health and Efficiency

Level 1, Room 106

Chair: Ezequiel Elorrio; AR

Tuesday Morning: 10:30 – 12:00 (*15 Minutes each*)

The Impact of Client and Family-Centred Care on the Accreditation Canada Standards Development Process Abstract no. 1543

W. Nicklin, D. Dorschner, T. King, L. Phillips; CA

Working with a Cascade Approach to Monitor and Evaluate HIV Chronic care Outcomes Abstract no. 1525

G. Aluma, K. B. Kasule, M. Muhire; UG

Healthcare Quality Improvement through Indicator Linkage Management Service (ILMS) on the National Health Insurance Service in Korea

Abstract no. 1272

K. S. Bae, **J. S. Yoon**; KR

Reducing Surgical Intercase time using the Lean Single Minute Exchange of DIE (SMED) Approach for Primary knee and hip Arthroplasties

Abstract no. 1336

L. Vaillancourt, O. Fichet, L. Perreault, G. Moreau; CA

Kenya: Impact of Systemic evidence based Quality Management on Material and Neonatal Health in Kenya Abstract no. 1969

M. Marx, M. Nafula, H. Richter-Airijoki, J. Szecsenyi; DE

LUNCH BREAK: 12:00 – 13:45

Poster Viewing, Short Oral Sessions and Sponsored Satellite Symposia

SPECIAL LUNCHTIME SESSION

Level 2, Auditorium 3

Tuesday Lunch: 12:25 – 13:40

Healthcare research for quality and safety professionals: study design, implementation and translation

Speakers: Yu-Chuan Li; TW, David Greenfield, Anne Hogden and Deborah Debono; AU

The goal of research is to enhance the delivery of high quality, safe, efficient and affordable health care, and in doing so improve patient outcomes. To achieve this goal necessitates rigorous well planned, executed and disseminated studies. This seminar is an opportunity to review the principles and approach to conduct high quality research studies and the publication of findings. Participants will discuss how to:

- identify and design a study that is grounded in the literature;
- engage stakeholders and overcome challenges to successfully implement a study;
- plan and report study findings, implications and future directions; and,
- prepare a manuscript for publication in the official ISQua journal - International Journal for Quality in Health Care (IJQHC).

We believe that this seminar will help in your endeavour to publish in a high quality journal such as IJQHC.

SPONSORED LUNCHTIME SESSION with Telstra Health

Ground Floor, Auditorium 2

Tuesday Lunch: 12:45 – 13:40



Big data in Healthcare: Hospital patient outcomes improvement - international experience

Speaker: Keith Schlagbauer; ZA

This session will cover both international/multi-country and national/regional approaches to improving patient outcomes through the use of data and benchmarking. Telstra Health has worked with more than fifty hospitals in 12 countries over the past four years in an international collaborative: Dr Foster Global Comparators.

Additionally, for the past 15 years we have provided hospitals with clinical outcomes benchmarking solutions at a national/regional level.

After this session, participants will be able to:

- Appreciate the value in linking international/multi-country datasets to monitor hospital performance, drive academic research and improve patient outcomes.
- Examine learnings obtained from hospitals across these countries in specific clinical areas including Stroke, Colorectal Surgery and Acute Myocardial Infarction.
- Gain insight into analytical software tools that are available to provide granular level analytics capabilities.
- Understand the benefits hospitals and healthcare organisations have experienced from applying these tools and approaches.

SHORT ORAL PRESENTATIONS

12:50 – 13:30

BP1 Accreditation, Regulation and External Evaluations

Level 1, Room 103

Chair: Solvejg Kristensen; DK

Tuesday Lunch: 12:50 – 13:30 (5 Minutes each)

Attitudes of Hospital Staff and Surveyors towards Unannounced Hospital Surveys: Primary Reporting of Survey Results Abstract no. 1431

K. B. Simonsen, M. B. Jensen, G. S. Rasmussen, **L. H. Ehlers**; DK

A Study on the Tendency of Performance for Hospital Accreditation Surveyors in Taiwan Abstract no. 1839

S. W. Lin, Y. Ping, S. Y. Chen, C. I. Huang; TW

Identifying the Knowledge Resources that Accrue from the Participation of Peer Surveyors in the Surveyor Workforce Abstract no. 2010

J. A. Lancaster; AU

Hospital Accreditation: The Role of Organisational Design Factors, Market Intensity and the Association with Hospital Performance

Abstract no. 1695

V. Wardhani; ID

Quality of In-Hospital Care Before, During and After Accreditation: A Nationwide Study Abstract no. 1948

S. B. Bogh, E. Hollnagel, S. P. Johnsen; DK

A Review on the Awareness and Impact of Hospital Accreditation in Korea Abstract no. 2230 (5 mins)

S. H. Suk, Y. Y. Jung, **I. T. Park**; KR

BP2 Patient Safety

Level 1, Room 104

Chair: Jan Mackereth-Hill; UK

Tuesday Lunch: 12:50 – 13:30 (5 Minutes each)

The Global Trigger Tool: A Systematic Review of the Methods Used and Outcomes Reported Abstract no. 1459

P. Hibbert, C. J. Molloy, T. D. Hooper, **J. Braithwaite**; AU

Ensuring Safe Transfer of Medical Discharge Information from Hospital to the Community Abstract no. 1582

C. Kelly, **J. Samers**, H. Booth, M. Van Beveren; AU

Effective Stepwise Improvement of quality Indicators over 10 Years in a Medical Center Abstract no. 1602

C. H. Wu, **C. T. Lee**, F. C. Lee, H. C. Wang, J.H. Chuang; TW

Transforming Healthcare in Qatar: Hamad Medical Corporations Strategy for Delivering Best Care, Always Abstract no. 1707

C. H. Pain, D. J. Vaughan, M. Hassan Abdulla, J. Ali A.A. Al Ajmi; QA

The Use of Claims Submission Data in the Development and Measurement of Quality Performance Indicators in the State of Qatar

Abstract no. 2209

F. M. H. Ali, K. K. P. Fan, O. Gjebrea, **H. Reka**; QA

BP3 Patient Safety

Level 1, Room 105

Chair: Natalie Taylor; AU

Tuesday Lunch: 12:50 – 13:30 (5 Minutes each)

Construction-Related Power Outages in a Cardiac Hospital

Abstract no. 1232

J. A. Robblee, M. Cleland, T. Zakutney; CA

FS-Systemet: Developing a System for Data Collection of Diabetes Mellitus in Norway Abstract no. 1935

T. Dimoski; NO

A Seven Years Assessment, Following Implementation of a Computerised Incidents Reporting System in Geneva University Hospital (HUG)

Abstract no. 2008

A. Ourahmoune, S. Vallon, P. Chopard; CH

Patient Safety Friendly Hospital Initiative: Initial Step towards Establishing a National Patient Safety Program in Qatar S. M. Abstract no. 1382

S. Shamseldin, H. A. Al-Katheeri, R. B. Nusr, F. M. Hussain Ali; QA

Cohesive Initiates to Reduce Consumption of Medicine and Ensure Optimal Pharmacological Treatment Abstract no. 1254

M. Bertelsen, A. Hertz; DK

Session Outlines for **TUESDAY 6 OCTOBER 2015** continued**BP4** Improving Population Health and Efficiency

Level 1, Room 106

Chair: Edward Broughton; US**Tuesday Lunch: 12:50 – 13:30** (5 Minutes each)**The Pareto Principle for Quality Improvement (QI) Initiatives: Indicator-Based QI System as Key to Clinical Assessments and Priority Setting in Tanzania**

Abstract no. 1191

S. Kubaj, **M. Marx**, B. Ngoli, E. Nangawe; DE, TZ**Improving Care for Patients with Non-Communicable Diseases in Georgia is Cost-Saving** Abstract no. 1456**E. Broughton;** US**Effect of Prenotification by Emergency Medicine System on the Stroke, Collaboration between Ambulances and Emergency Departments, a New Experience of Kaohsiung City, Taiwan** Abstract no. 1055**S. C. Hung**, W. H. Lee, C. T. Kung, Y. J. Liu; TW**BP5** Health Information Technology

Level 1, Press Room

Chair: Takeshi Morimoto; JP**Tuesday Lunch: 12:50 – 13:30** (5 Minutes each)**How EHealth can Improve Quality and Safety of Intersectoral Care? A Survey Based Study** Abstract no. 1255**M. Holderried**, S. Vosskuehler, F. Holderried, V. E. Schoch; DE**Practical Approaches and Demands for Promoting the Utilization of Clinical Practice Guidelines in Japan** Abstract no. 1482**A. Okumura**, N. Yamaguchi, M. Yoshida; JP**Incidence and Variation of Discrepancies in Recording Chronic Conditions in Australian Hospital Administrative Data** Abstract no. 1759**H. Assareh**, H. M. Achat, J. M. Stubbs, K. Hill; AU**Managing Ubiquitous Healthcare in the Hospital of the Future: A Proposal for the Brazilian Health Community** Abstract no. 2212**F. Leite Gastal**, C. Costa, R. Righi, J. L. Barbosa; BR

TUESDAY AFTERNOON 13:45 – 15:15

CONCURRENT SESSIONS

B9 Improving Care Accounting for Cultural Issues

Level 1, Theatre

Chair: John Sweeney; ISQua

Tuesday Afternoon: 13:45 – 14:30 (45 Minutes)

Session 1: Using a Culturally Sensitive Approach to Improve Patient Care

Speaker: Taroub Harb Faramand; US

Achieving sustained improvement in health requires culturally-sensitive approaches which take the different needs, constraints, and opportunities that women, men, girls, and boys in different cultures face into account and which respond strategically in the design, implementation, and evaluation of health projects. Building quality and safety into the health care system necessitates that systems are responsive to the needs of patients, which are heavily influenced by socially constructed roles, behaviours and attributes considered appropriate for males and females of different ages. The session will include a 30-minute presentation highlighting the USAID ASSIST Project's innovative seven-step approach to address cultural issues throughout the stages of a program to improve health outcomes. The approach has been tested in a variety of contexts and thematic areas, including in non-communicable disease programs, maternal health and family planning programs, and HIV/AIDS programs and has achieved improved service utilization, retention in care, and a decrease in adverse events. Examples from multiple countries and relevant resources will be shared. The presentation will be followed by a 30-minute interactive skill building activity and discussion which will include sensitizing participants to how different cultural issues impact the quality of health projects, services, and systems, and will draw on participants' experiences.

Tuesday Afternoon: 14:30 – 15:15 (45 Minutes)

Session 2: Play, Preparation and Pre-Anaesthesia Testing: Developing Quality Experiences for Children and Families

Speakers: Toni Crowell-Petrunaro and Rosalie F. Tassone; QA

Building quality in healthcare begins with building trust and positive patient experiences at each stage of the patient's journey, especially when uncertainty and anxiety is inherent. The presenters will share their experience in developing a comprehensive, inter-disciplinary Pre-Anaesthesia Testing (PAT) clinic in a developing hospital in Qatar. This patient and family centered care approach incorporates and addresses cultural, developmental, psychosocial, and medical needs of the paediatric patient and his/her family.

Session Outlines for **TUESDAY 6 OCTOBER 2015** continued

Within the visit children engage in medical play within a mock operating-room environment, prepare for the surgical process in developmentally appropriate ways, and practice coping techniques; achieving a sense of mastery and control that will decrease anxiety and support compliance. Additionally, parents have the same opportunities to prepare for their role in supporting their child throughout the surgical process, have their questions and concerns addressed, and are connected to resources accessible both in the moment and on-line to support understanding, coping, and the formation of partnerships with healthcare providers.

B10 Health Information Technology

Level 1, Room 106

Chair: Sarper Tanli; AE

Tuesday Afternoon: 13:45 – 14:30 (45 Minutes)

Session 1: Digital Hospital: A French National Program to develop Health Information Technology (HIT) Implementation and by the same to Potentiate Quality and Safety

Speaker: Bruno Lucet; FR

The digital hospital policy defines a development plan and modernizing hospital information systems; it aims to set priorities and goals for the next years, mobilizing all stakeholders and supporting health facilities in processing by the information technology and communication.

This program is run by different operators from the Ministry of Health in conjunction with French Authority for Health (HAS). A set of indicators has been developed to drive improvements.

A relationship between the indicators of digital hospital program and the requirements of the accreditation manual has been established and these indicators are taken into account to drive improvements in the HCO's quality accounts; during the accreditation survey and are linked to the accreditation process.

Tuesday Afternoon: 14:30 – 15:15 (20 Minutes each)

Session 2: Health Information Technology Orals

Strengthening Patient Safety through the traceability management System with Serial number of Pharmaceutical Products on a real time basis

Abstract no. 2208

D.-J. Choi, **E. J. Cha**; KR

Say “Hello” to the Camera: using simulation to test a Video Telehealth system and train Healthcare professionals to develop rapport with Callers

Abstract no. 1690

R. Clay-Williams, **N. Taylor**, M. Baysari, D. Zalitis; AU

B11 Patient Centred Care

Ground Floor, Auditorium 2

Chair: Shams Syed; WHO

Tuesday Afternoon: 13:45 – 15:15 (90 Minutes)

Towards people-centred and integrated health service approaches: how to better integrate the patients', families' and communities' perspectives?

Speakers: Nuria Toro Polanco; WHO, Nittita Prasopa-Plaizier; WHO, B K Rana; IN, Karin Jay; US, Dato Azman Abu Bakar; MY, Elom Otchi; GH, Ezequiel García-Elorrio; AR, Philippe Michel; FR

Engaging and empowering people is one of the five interdependent strategic directions of the WHO Strategy on People-Centred and Integrated Health Services (PCIHS). It is about providing the opportunity, skills and resources that people need to be articulate and empowered users of health services. It aims to unlock individual and community resources for action at all levels, so they become informed partners in managing their own health, co-producing healthy environments, collaborating with the health sector and contributing to healthy public policy.

This strategy regards patients, families and communities as participants and beneficiaries of health systems that respond to their needs and values in a humane and holistic way. The challenge is how to translate this global vision into a local reality where engagement is expected, encouraged, facilitated and appreciated.

To support the realization of the PCIHS Strategy, WHO is developing the “Patient and Family Engagement Framework”, which articulates practical approaches - the “how”- to engage and empower. It aims to facilitate meaningful and respectful patient-professional engagement through empowering and strengthening capacity of both parties.

The session will be interactive, with a focus on the implementation side. The panel will explore, with the audience, ideas and possibilities on how to implement the PCIHS Strategy through engagement and empowerment in their own settings.

Session Outlines for **TUESDAY 6 OCTOBER 2015** continued**B12 Patient Safety**

Level 1, Room 105

Chair: Kees van Dun; NL**Tuesday Afternoon: 13:45 – 15:15** (*15 Minutes each*)**Executive Patient Safety WALKROUNDS Enhance Patient Safety Culture and empower Staff Records** Abstract no. 2133**K. A. Mohamed**, B. Alhourri, A. Mustafa, M. Janahi; QA**Minimising Post-Operative risk through use of a Post-Anaesthetic Care Tool (PACT)** Abstract no. 1486**M. Street**, N. M. Phillips, B. Kent; AU**Engagement for Patient Safety: Umbrella Strategies for Thai Patient Safety Program** Abstract no. 2050**P. Limpanyalert**, S. Kunaratnapruk, A. Supachutikul, N. P. Plaizier; TH**Debriefing to improve safety culture and reduce preventable Obstetrical Harm** Abstract no. 1060**S. Powell**; US**The meaning of Patient Safety Culture for patient outcomes– Is the glass half empty or half full?** Abstract no. 2044**S. J. Brandis**, S. Schleimer; US**B13 Education and Research in Safety and Quality**

Level 1, Room 104

Chair: Jean Bacou; FR**Tuesday Afternoon: 13:45 – 15:15** (*15 Minutes each*)**Does Radiographic Technologists' Communication skills play a role in ensuring efficient Procedure and Impact Patient Satisfaction?**

Abstract no. 1889

H. Ali, A. H. Tasneem, S. M. Naqvi; PK**Improving Quality through Academic Primary Care Health Networks**

Abstract no. 1209

J. Ovretveit; SE

The Implementation of the Diarrhoea Alert System for Antibiotics-Related Diarrhoea: The Jade Study Abstract no. 1641

M. Sakuma, T. Nakamura, D. W. Bates, T. Morimoto; JP

The effect of Citizenship Status on Satisfaction with Healthcare Services: Implications for Policymaking in Qatar Abstract no. 1617

S. M. Khaled, H. F. Abdul Rahim; QA

B14 Accreditation, Regulation and External Evaluation

Ground Floor, Auditorium 1

Chair: Moyra Amess; UK

Tuesday Afternoon: 13:45 – 14:30 (45 Minutes)

Session 1: QH Accreditation: Can we construct a unique recognition system for Healthcare Quality?

Speakers: Susana Lorenzo and Manuel Vilches; ES

Currently there is no universal model or recognition for quality in the health care settings. In each country certifications and quality systems are used, utilizing different measurement and evaluation tools.

The Spanish Institute for Development and Integration of Health (IDIS), a non-profit organisation established in 2010 to bring the private healthcare sector together and promote the improvement of health in Spain, decided to develop a Synthetic Quality Indicator (SQI), a recognition system integrating in a single data set, aggregate weighted quality components. In the project, conducted in collaboration with the Spanish Society for Quality in Healthcare, different organizations have participated; including the Spanish Quality Association and experts representing the different Autonomous Communities to ensure scientific validity.

The SQI established after conducting a Delphi study has managed to identify, agree and weigh the different standards applied by all the quality systems currently used in the Spanish healthcare hospitals. It is a measurement unit that integrates in a single data set all weighted quality components. It considers all the certifications and recognitions of each organization. The SQI can be used by any organization, public or private.

Session Outlines for **TUESDAY 6 OCTOBER 2015** continued**Tuesday Afternoon: 14:30 – 15:15** (45 Minutes)**Session 2: Working together with other Accrediting Organizations****Speakers:** Anne Chenoweth and Holly Rapp; US

The AABB has found that working in collaboration with our accrediting partners has been a large step forward in customer service to our accredited organizations.

In the face of declining resources and personnel, multiple external assessments by different accreditors has become a burden to our organizations. By working in cooperation with other accreditors such as the College of American Pathologist and A2LA, the AABB has made a conscious effort to reduce this burden and maintain voluntary accreditation to move patient safety and quality forward.

The presenters will address how the concept of collaboration was started and its history. Also they will openly discuss the challenges and rewards of the existing programs both from the accreditor and accredited organizations perspective.

B15 Quality and Safety in Developing Countries

Level 1, Press Room

Chair: Salma Jaouni; JO**Tuesday Afternoon: 13:45 – 15:15** (15 Minutes each)**Lebanese National Accreditation System a success story, and useful Pattern for Regional Healthcare Facilities** Abstract no. 1933**A. S. Olleik**, S. I. Al Rabbaa; LB**Failure mode and effect Analysis (FMEA) for Implementation of Clinical Practice Guidelines at a Tertiary Care Teaching Hospital in Saudi Arabia**

Abstract no. 1434

A. M. I. Babiker, **Y. S. Amer**, H. A. A. Wahabi, K. A. Alswat; SA**Implementation of Quality Assurance Program (QAP) in Sudanese Hospitals: Lessons Learned** Abstract no. 2184**H. Awadalla**; SD

SPECIAL ISQua SESSION

Level 2, Auditorium 3

Tuesday Afternoon: 13:45 - 15:15 (90 Minutes)**Improving health care quality 'one tweet' at a time****Speakers:** David Bates; US, Yu-Chuan (Jack) Li; TW, Jeffrey Braithwaite; AU, Edda Costarelli; IT, Teresa Tono; CO*(Please note: You must be an ISQua Expert, ISQua Member or an ISQua Fellow to attend this session)*

In less than a decade, social media has opened up unprecedented new possibilities for health literacy, clinical care, appointment setting and reminders, diagnostic test results reporting, health information sharing, prescription notifications, peer-to-peer communication and public engagement. In response, providers, health systems and governments have launched numerous social media-based initiatives with variable intent and impact, from online quality ratings for providers and physicians, to patient interaction and public engagement. Critics warn about the risks of consumer-generated content, breaches of patient privacy, a disruption of personal-professional boundaries, licensing and legal issues. Has social media-based engagement truly democratized service delivery? What do weblogs, instant messaging, video chats and social networks have to offer to quality improvement and patient-centred care? And where exactly do we want to draw the line?

When tweeting at this session please us #ISQuaMEF

TUESDAY AFTERNOON 15:45 – 16:45

6 October 2015

PLENARY AND AWARDS

Level 1, Theatre

Chair: Peter Carter; ISQua

Afternoon Plenary: Medication Safety – problems, solutions and challenges

Bryony Dean Franklin; UK (*45 Minutes*)

The use of medication is one of the most common interventions in today's healthcare. Medication use takes place in many different settings and involves many different health care professionals as well as patients and their carers – and errors can arise at any stage. This presentation will set the scene by describing some of the problems that can occur, before considering some solutions and challenges, drawing on evidence in this field. Potential solutions include the use of technology (both high tech and low tech), human factors, system design, communication strategies and greater patient involvement. Suitable solutions must also take into account both a 'medical' view of safety (the avoidance of harm) and a 'patient' view of safety ('feeling safe'). Challenges include the importance of context (what works in what setting may not work in another), fidelity of implementation, unintended consequences, and the ubiquitous nature of medication use and wide range of stakeholders involved. During the presentation I hope to inspire delegates to address at least one of these challenges in their own area.

ISQua Awards

Fellowship and Emerging Leader Programme (*15 Minutes*)

Clifford Hughes; ISQua

Timetable for WEDNESDAY 7 October 2015

MORNING

08:00 - 08:45 **Welcome Coffee with Trade Exhibitors**
Ground Floor

08:45 - 10:00 **Morning Plenary and Awards**
Level 1, Theatre **Chair:** Rene Amalberti; ISQua

Welcome to Japan 2016

Plenary Speaker: Tom Nasca; US

Distinguished Service Awards
Clifford Hughes; ISQua

10:00 - 10:30 Morning Break

10:30 - 12:00 **CONCURRENT SESSIONS - (C1 - C9)**

C1 - Improving Care Accounting for Cultural Issues

Ground Floor, Auditorium 1 **Chair:** Ali Amer Al Sanousi; QA

Session 1: Improving Healthcare Quality: Impact of transplanting an established medical school to enhance a healthcare system and the community it serves (Further Info. Pg. 76)

Speaker: Javaid Sheikh; QA

Session 2: Qatar's social health insurance and using insurance as a driver for quality (Further Info. Pg. 77)

Speaker: Faleh Mohammed Hussain; QA

C2 - Health Information Technology

Level 1, Press Room **Chair:** Rainu Kaushal; US

Short Orals x 15 minutes each (Further Info. Pg. 78)

C3 - Patient Centred Care

Level 1, Theatre **Chair:** David Ballard; US

Accelerating the implementation of Person-Centred Care (Further Info. Pg. 78)

Speakers: Darshan Patel and Helen Crisp; UK

C4 - Patient Safety

Level 1, Room 105 **Chair:** Stephen McAndrew; UK

Short Orals x 15 minutes each (Further Info. Pg. 79)

Timetable for **WEDNESDAY 7 October 2015** continued**C5 - Education and Research in Quality and Safety**

Level 2, Auditorium 3

Chair: Nancy Dixon; UK

The Hospitalist in Holland: Bridging the gap on Quality and Safety (Further Info. Pg. 79)

Speakers: Arthur Bouwman, Justin Drupsteen, Marjolein Schouten, Catharina Farajian and Esmée Vural; NL

C6 - Accreditation, Regulation and External Evaluation

Level 1, Room 103

Chair: Anne Chenoweth; US

Short Orals x 15 minutes each (Further Info. Pg. 80)

C7 - Quality and Safety in Developing Countries

Level 1, Room 106

Chair: Bhupendra Rana; ISQua

Short Orals x 15 minutes each (Further Info. Pg. 81)

C8 - Improving Population Health and Efficiency

Ground Floor, Auditorium 2

Chair: Jack Best; AU

Health Promotion: Finding Mission in Omission (Further Info. Pg. 81)

Speakers: María J. Pumar-Méndez, Olga López-Dicastillo and Agurtzane Mujika; ES

C9 - Patient Safety

Level 1, Room 104

Chair: James Robblee; CA

Short Orals x 15 minutes each (Further Info. Pg. 82)

LUNCHTIME 12:00 - 13:45

12:50 - 13:30 Short Orals x 5 Minutes (CP1 -CP4) (Further Info. Pg. 83-84)

AFTERNOON

13:45 - 14:45 CONCURRENT SESSIONS - (C10 -C16)

C10 - Health Information Technology

Level 1, Theatre

Chair: Helen Crisp; UK

Patient Centred Care using Digital Health Technologies and evidence and progress towards a learning health system co-care (Further Info. Pg. 85)

Speaker: John Øvretveit; SE

C11 - Patient Centred Care

Level 1, Room 103

Chair: Anne Hogden; AU

Short Orals x 15 minutes each (Further Info. Pg. 85)

Timetable for **WEDNESDAY 7 October 2015** continued

	<p>C12 - Patient Safety Ground Level, Auditorium 2 Chair: Janne Lehmann Knudsen; ISQua</p> <p>Positive and Safe: An English Approach to Reducing the Need for Restrictive Intervention (Further Info. Pg. 86) Speakers: Ben Thomas and Dave Atkinson; UK</p>
	<p>C13 - Education and Research in Quality and Safety Level 1, Room 106 Chair: Rashad Massoud; US</p> <p>Short Orals x 15 minutes each (Further Info. Pg. 86)</p>
	<p>C14 - Accreditation, Regulation and External Evaluation Level 1, Room 105 Chair: Claudia Jorgenson; US</p> <p>The Next Frontier in Patient Safety – using bar codes to reduce the burden of external evaluation (Further Info. Pg. 87) Speakers: Paul vanOstenberg; US, Thomas de Rijdt and Tania Snioch; BE</p>
	<p>C15 - Quality and Safety in Developing Countries Ground Floor, Auditorium 1 Chair: Shams B. Syed; WHO</p> <p>From engaging for patient safety to empowering for people-centred and quality universal health coverage: what will it take? (Further Info. Pg. 88) Speakers: Denice Klavano; CA, Elom Otchi; GH, Kadar Marikar; MY, Huda Amer Al-Katheeri; QA, Supachai Kunaratanapruk; TH, Mondher Letaief; WHO</p>
	<p>C16 - Improving Population Health and Efficiency Level 1, Room 104 Chair: Jack Li; ISQua</p> <p>Short Orals x 15 minutes each (Further Info. Pg. 89)</p>
14:45 - 15:50	<p>Afternoon Plenary and Awards Level 1, Theatre Chair: Wendy Nicklin; ISQua</p> <p>ISQua Awards: Poster and Reizenstein Triona Fortune; ISQua, Helen Crisp; UK, Jack Li; ISQua</p> <p>Closing Plenary Speaker: Abdul Rahman Jazieh; SA</p>
15:50 - 16:00	<p>President's Closing Remarks Clifford Hughes; ISQua</p>

WEDNESDAY MORNING 08:45 - 10:00

7 October 2015

PLENARY AND AWARDS

Level 1, Theatre

Chair: Rene Amalberti; ISQua

Welcome to Japan 2016 *(15 Minutes)*

Morning Plenary Speaker

Tom Nasca; US *(45 Minutes)*

Distinguished Service Awards

Clifford Hughes; ISQua *(15 Minutes)*

WEDNESDAY MORNING 10:30 - 12:00

CONCURRENT SESSIONS

C1 Improving Care Accounting for Cultural Issues

Ground Floor, Auditorium 1

Chair: Ali Amer Al Sanousi; QA

Wednesday Morning: 10:30 - 11:15 *(45 Minutes)*

Session 1: Improving Healthcare Quality: Impact of transplanting an established medical school to enhance a healthcare system and the community it serves

Speaker: Javaid Sheikh; QA

In 1995 under the leadership of Qatar's First Lady, Sheikha Mozah bint Nasser, the non-profit Qatar Foundation was established to promote health and healthcare, education, science, and community development and to "support Qatar on its journey from a carbon economy to a knowledge economy by unlocking human potential".

As part of this effort, in 2001, New York's Weill Cornell Medical College signed an agreement with the Qatar Foundation to establish the World's first international branch campus of an established US medical school.

The program began in the fall of 2002 and graduated its first class of students receiving the Cornell University Doctor of Medicine (MD) degree in 2008. Since that time the College of Medicine in partnership with the Supreme Council of Health, Hamad Medical Center, and the Qatar Foundation has fulfilled its mission and aims by:

- Produced 223 new physician leaders destined to return to this community
- Recruited 500 medical faculty and staff to Qatar from around the world
- Participated in the development of the 400 bed Sidra Medical Research Center

- Introduced and imbedded North American standards in undergraduate, graduate and continuing education through developing assessment, accreditation, and certification programs with a number of global partners.
- Established the “Health First” public health and education program for the people of Qatar
- Created a community of biomedical researchers who in 5 years have published over 250 papers in prestigious scientific journals as well as three new patents
- Using international standards, established a bi-institutional IRB to protect human and animal subjects participating in research and clinical trials
- Created and sponsored the Journal: Innovations in Global Medical & Health Education
- Established an ongoing Program in Continuing Professional Development for practicing physicians, nurses and allied health professionals in the region
- Begun sharing its knowledge, knowhow and success with other medical schools and health systems in the region.

Despite its success, many challenges lie ahead. We look forward to the next decade of growth and development of Qatar's knowledge economy, its health and welfare locally, regionally and globally.

Wednesday Morning: 11:15 – 12:00 (45 Minutes)

Session 2: Qatar's social health insurance and using insurance as a driver for quality

Speaker: Faleh Mohammed Hussain; QA

Healthcare financing in the State of Qatar (Qatar) is being re-designed to drive healthcare quality. Voluntary social health insurance since 1965, which offered low-cost comprehensive cover for public providers and paid providers prospectively based on historical budgets, had led to fragmented health coverage among opt-outs, lack of provider incentives, competition and data, multiple payers with limited price negotiating influence, inconsistent relationships between financing and clinical outcomes or market prices, and inconsistent levels of employer cost-sharing. Hosting the world's fastest population growth since 1950 and second highest migrant population accelerated the need for action.

The new approach addresses all aspects of quality, including patient safety, access, involvement, effectiveness, efficiency and equity, as conceptualized by the World Health Organisation. In 2013, a new scheme was introduced called Seha, and healthcare coverage increased to complete for nationals and near-complete for non-nationals by 2014. A new organization was also established in 2013 to pool Seha funds and pay for Seha services, allowing it to minimize revenue fragmentation, lower administrative costs, negotiate substantial savings, and deter fraud. This reimburses Seha providers against the same prices to enhance competition on quality, and against prices based on market cost for efficiencies. It captures all Seha episode user and provider data.

The next challenge includes incorporating appropriate pay for performance mechanisms. This is in addition to incorporating appropriate financial incentives as part of the new health service provider agreements which began reporting on patient safety and other quality minimum datasets in 2013.

C2 Health Information Technology

Level 1, Press Room

Chair: Rainu Kaushal; US

Wednesday Morning: 10:30 – 12:00 (*15 Minutes each*)

Build Cloud Computing and Intellectual Decision System to Enhance the Efficiency of Healthcare Management in Northern Medical Centre in Taiwan
Abstract no. 1928

M. Cheng-Hsien, L. Fu-Man, T. Jin-Sheng, **C. Wen-Hsin**; TW

A Study on the effect of Major Indicators on Health and Treatment and Efficiency Abstract no. 1636

E. Bae; KR

Evaluation of a Continuous Quality Monitoring and Feedback Initiative to Improve Quality of Anaesthetic Care Abstract no. 1794

J. Benn, G. Arnold, D. D'Lima; UK

Applying the MSQH Electronic Assessment Tools for Hospital Accreditation Survey helps to Improve the Effectiveness of Survey Report
Abstract no. 1563

R. Osman, K. Marikar; MY

An Internet Platform Based Toolbox for Healthcare Quality Management
Abstract no. 2199 (*15 mins*)

S. Sax, S. Abelfoni, A. Plueschke, I. Omogi; DE

C3 Patient Centred Care

Level 1, Theatre

Chair: David Ballard; US

Wednesday Morning: 10:30 – 12:00 (*90 Minutes*)

Accelerating the implementation of Person-Centred Care

Speakers: Darshan Patel and Helen Crisp; UK

Globally, health services face similar challenges – ageing populations and more people living with long-term conditions. Person-Centred Care (PCC) can meet these challenges and achieve higher quality, safer care, by supporting people with the knowledge, skills and confidence to effectively manage and make informed decisions about their health and health care, whilst ensuring people are treated with dignity, compassion and respect. It has been called the “the blockbuster drug of the century”!

However, whilst there is agreement on benefits of PCC, implementation is not standard practice. Using Health Foundation evidence, we will explore the challenges of mainstreaming PCC approaches, with ideas on overcoming these.

C4 Patient Safety

Level 1, Room 105

Chair: Stephen McAndrew; UK

Wednesday Morning: 10:30 – 12:00 (15 Minutes each)

Every move Counts in Medication Safety: Reducing Wrong Time Medication Administration errors by strengthening E-Mar System at the Secondary Care Hospitals, Karachi Abstract no. 1774

R. S. Ramji, A. I. Noorani, R. T. Meghani, S. S. Ali; PK

Positive and safe: An English approach to reducing the need for Restrictive Intervention Abstract no. 2172

B. Thomas, D. Atkinson; UK

Building pews into the Healthcare System for Paediatric Patients of 5 Dutch General Hospitals via the European Union Network for Patient Safety and Quality of care Abstract no. 1546

E. Van Der Schriek-De Loos, L. V. D. Steeg, S. V. Schoten, C. Wagner; NL

Prioritization of Patients in see and Treat Front Line Areas by Experienced Staff and creating Majors in Minor's Area for Timely Patient Management. A New Concept Busy ED Abstract no. 2247

S. Anjum, Y. Sharma, Y. Mohammad; QA

C5 Education and Research in Quality and Safety

Level 2, Auditorium 3

Chair: Nancy Dixon; UK

Wednesday Morning: 10:30 – 12:00 (90 Minutes)

The Hospitalist in Holland: Bridging the gap on Quality and Safety

Speakers: Arthur Bouwman, Justin Drupsteen, Marjolein Schouten, Catharina Farajian and Esmée Vural; NL

Several stakeholders in the healthcare system in The Netherlands acknowledged that the current approach to training doctors is more focused on developing medical technical skills than on competences needed to lead improvement of patient care quality and safety. Also, the training of medical specialists emphasizes super specialist skills with less attention on comprehensive medical care. To close the gap between clinical practice and quality and patient safety improvement, the Dutch government officially registered a new training program for hospitalists, which integrates comprehensive medical care with skills for leading clinical governance, including quality improvement and patient safety. In this session we will share our experience introducing the new hospitalist residency in The Netherlands. We will explain the anticipated future role of the hospitalist in Dutch health care and how the residency training program was developed.

Sessions Outlines for **WEDNESDAY 7 OCTOBER 2015** continued

We also will present evidence related to local implementation of the hospitalist residency program and achievements so far. We will conclude with a presentation on the 'masterpiece', which is a quality or patient safety improvement project completed by the hospitalist residents in the final stage of the training program to demonstrate competence in the new role.

C6 Accreditation, Regulation and External Evaluation

Level 1, Room 103

Chair: Anne Chenoweth; US

Wednesday Morning: 10:30 – 12:00 (*15 Minutes each*)

Cohesion and Diversity bring Opportunity: A Survey of the Critical Elements, Strengths and Challenges to an Australian Primary Care Accreditation Program Abstract no. 1766

D. S. Debono, **D. Greenfield**, A. Hogden, J. Braithwaite; AU

Hospitals Accreditation Program in Romania. A Review of the First Experiences in Implementing Accreditation at National Level

Abstract no. 1245

V. Cepoi, I. N. Iacob, **I. Ilisei**, G. A. Militaru; RO

Regional Analysis of Compliance to Joint Commission International's Hospital Accreditation Standards for Patient Safety and Quality Healthcare at Accredited Hospitals Abstract no. 2260

P. Chang, R. Clinard; US

The New Model of Highly Intensive Acute Hospital Inspections in England: Purpose, Process and Impact Abstract no. 1989

K. Walshe, R. Addicott, A. Boyd; UK

The Successes and Challenges in Implementing the National Accreditation Program for Hospitals in Kuwait, Retrospective Review of Accreditation Reports Abstract no. 1717

M. Husain, A. Elbashir, B. Al-Muthaf, G. Okasha; KW

C7 Quality and Safety in Developing Countries

Level 1, Room 106

Chair: Bhupendra Rana; ISQua

Wednesday Morning: 10:30 – 12:00 (15 Minutes each)

Lean Journey in Endoscopy Unit Abstract no. 1661

A. Sayegh, Z. Mneimneh; LB

Patient Safety in Sao Paulo State Hospitals: Preliminary Findings

Abstract no. 1911

A. M. Malik, L. Schiesari, M. L. Zanardo, R. R. Graf; BR

The Relationship between Patient Safety Culture and Patient Safety Indicators: - Four Years' Follow up in Taiwan Abstract no. 2166

C. M. Lo, Y. L. You, S. Liao, H. J. Lin, **J. Hsu**; TW

Patient Safety Situational Analysis in a Developing Country: The case of a large Teaching Hospital Abstract no. 1986

E. H. Otchi, C. Bannerman, C. O. Peprah, R. Esena; GH

C8 Improving Population Health and Efficiency

Ground Floor, Auditorium 2

Chair: Jack Best; AU

Wednesday Morning: 10:30 – 12:00 (90 Minutes)

Health Promotion: Finding Mission in Omission

Speakers: María J. Pumar-Méndez, Olga López-Dicastillo and Agurtzane Mujika; ES

Patient safety is the prevention of medical errors, understanding by error “an act of omission or commission in planning or execution [of care] that contributes or could contribute to an unintended result [for the patient and the health system]” (Grober & Bohnen 2005). Building a safer Primary Care (PC) is being strongly advocated in the recognition of the potential for preventable harm in this setting (WHO 2012). Indeed, PC has been entrusted with the prevention and control of a major problem threatening the sustainability of health systems: the epidemic of chronic diseases. Surprisingly, the research agenda for patient safety in PC that is being set up does not explicitly address the need for measuring and addressing a particular category of medical errors to which PC is especially prone: the omission of health promotion. Such omission, in addition to threatening standards in the care provided to chronic patients may also translate into missed opportunities to invest in people’s health and reduce burden on health systems. The session will review and discuss the theoretical and epidemiological grounds for introducing the theme of omissions of health promotion in the agenda for a safer PC (15 minutes). Then, examples from two successful health promotion projects in Spain will be used to further justify this proposal (30 minutes). 15 minutes will be allocated to questions and discussion.

Sessions Outlines for **WEDNESDAY 7 OCTOBER 2015** continued**C9 Patient Safety**

Level 1, Room 104

Chair: James Robblee; CA**Wednesday Morning: 10:30 – 12:00** (*15 Minutes each*)**Patient Safety in Danish Cancer Care After Primary Treatment – Attention Is Highly Needed** Abstract no. 1507A. H. Christiansen, H. Lipczak, **J. L. Knudsen**; DK**Combinational effects of clinical area and Healthcare Workers' Job Type on the Safety Culture in Hospitals** Abstract no. 1460**H. J. Jeong**, B. J. Song, E. A. An, S. Y. Kim; US**How Scientific is the Plan-Do-Study-Act Method? Comparisons of the Scientific Method and its application in chemistry and in Healthcare**

Abstract no. 1975

J. E. Reed, C. McNicholas; UK**Preserving Occupational Health in the EBOLA Outbreak Crisis**

Abstract no. 1187

J. J. Mira, S. Lorenzo, T. Gea, P. Anton; ES

LUNCH BREAK: 12:00 – 13:45

Poster Viewing, Short Oral Sessions

SHORT ORAL PRESENTATIONS 12:50 – 13:30

CP1 Patient Safety

Level 1, Room 103

Chair: Christopher Cornue; US

Wednesday Lunch: 12:50 – 13:30 (5 Minutes each)

Using a Standard Battery of Perception and Memory Tests to Predict Real-World Wrong Drug Error Rates Abstract no. 2238

B. L. Lambert, S. R. Schroeder, M. M. Salomon, W. L. Galanter; US

Inpatient Participation in Medication Safety: A Qualitative Study

Abstract no. 1369

S. Garfield, S. Jheeta, C. Norton, **B. D. Franklin**; UK

Quality and Safety in Telehealthcare Services Abstract no. 1914

D. Baltruks, A. Corbett-Nolan; UK

CP2 Education and Research in Quality and Safety

Level 1, Room 104

Chair: Christine Dennis; AU

Wednesday Lunch: 12:50 – 13:30 (5 Minutes each)

Enhanced Training Aimed at Improving Patient Safety & Overall Quality
Abstract no. 1351

J. Kim, M. Kim, J. Lee, S. A. Lee; KR

What is the Nature of Online International Healthcare Quality and Safety Education and how do Healthcare Professionals Perceive its Effectiveness?

Abstract no. 1514

Y. Susla; IE

The Instrumental Role of the National CPD Program in Promoting the Culture of Continuous Quality Improvement and Patient Safety in Qatar's Healthcare System Abstract no. 1710

S. Aboulsoud, H. Elbanawy, C. Campbell, **J. Gordon**; QA

Effective use of Feedback for Professional Learning and Quality Improvement in Healthcare: A Sociotechnical Perspective Derived from Qualitative Case Studies Abstract no. 1824

D. D'Lima, **J. Benn**; UK

CP3 Education and Research in Quality and Safety

Level 1, Room 105

Chair: Salma Jaouni; JO

Wednesday Lunch: 12:50 – 13:30 (5 Minutes each)

Increasing Community Tuberculosis Case Detection in an Urban Setting. A Community Led Intervention Abstract no. 1579

M. Muhire, H. Kisamba, T. Nyombi, E. Karamagi Nkolo; UG

HCAC Primary Health Care and Family Planning Accreditation and Certification Programs: Five Years of Experience Abstract no. 1650

S. W. Jaouni Araj, T. A. Madi, A. Shatat; JO

Positive Influence of Accreditation on Patient Safety Culture – A Follow up Study in Taiwan Abstract no. 2163

C. M. Lo, Y. L. You, S. Liao, H. J. Lin, C. I Huang; TW

CP4 Quality and Safety in Developing Countries

Level 1, Room 106

Chair: Majda Shugdar; SA

Wednesday Lunch: 12:50 – 13:30 (5 Minutes each)

Responsive Regulation for Improving Quality and Overall Performance in Health Systems: The Case of Qatar Abstract no. 1860

H. A. Al-Katheeri, F. El-Jardali, N. A. Salem, F. M. Hussein Ali; QA

The Development of the Libyan Health System to Improve the Quality of the Health Services Abstract no. 2258

M. El Fallah; LY

Patients for Patient Safety: Public Participation in Thailand Health-Care System Abstract no. 2018

P. Limpanyalert, S. Kunaratnapruk, A. Supachutikul, N. P. Plaizier; TH

Client Satisfaction in a Faith-Based Health Network: Findings from a Survey in Uganda Abstract no. 2250

K. Kabali, C. Shumba, J. Mugadu, J. Miyonga; UG

WEDNESDAY AFTERNOON 13:45 – 14:45

CONCURRENT SESSIONS

C10 Health Information Technology

Level 1, Theatre

Chair: Helen Crisp; UK**Wednesday Afternoon: 13:45 – 14:45** (60 Minutes)

Patient centred care using Digital Health Technologies and Clinical Registers: examples and evidence and progress towards a learning health system for co-care

Speaker: John Øvretveit; SE

Digital technologies have been slow coming to healthcare, and have generally underperformed. Yet the potential is great for providing the information patients and providers need at the time and place they need it, and for improving quality safety and reducing costs. Patients are increasingly using the technologies for information, support, and contact with other patients and alternative consultation, discovering that many needs can be met without physical visit. Alternative services are more patient and customer centered, with advantages and disadvantages. This session presents research into advanced examples of how digital technologies have been used in formal health systems in Sweden for PCC and co-care and in USA (Intermountain HC and Dartmouth HC) for co-care and process improvement, with evidence of improvements in outcomes and costs. The presentation situates these as early examples of progress towards co care learning health systems and new ways to provide services which combine the benefits of high touch professional care, the efficiency and convenience we are growing to expect, the potential for research but also are able to enhance human dignity. Evidence and issues concerning safety, privacy, and equity are considered.

C11 Patient Centred Care

Level 1, Room 103

Chair: Anne Hogden; AU**Wednesday Afternoon: 13:45 – 14:45** (15 Minutes each)

Reconceptualising Patient-Centred Care: The Role of Family Carers Abstract no. 1548

A. Hogden, D. Greenfield, P. Nugus, M. Kiernan; AU

Empowering Patients, What Interventions Work for Chronic Patients? Results of an Overview of Systematic Reviews of Patient Empowerment Interventions Abstract no. 1687

C. Orrego, M. Ballester, L. Perestelo, **R. Sunol**; ES

The Consent Form: Enabling or Disabling Patients' Active Involvement? Abstract no. 1638

C. Stavropoulou, C. Doherty, M. Saunders; UK

C12 Patient Safety

Ground Level, Auditorium 2

Chair: Janne Lehmann Knudsen; ISQua

Wednesday Afternoon: 13:45 – 14:45 (60 Minutes)

Positive and Safe: An English Approach to reducing the need for Restrictive Intervention

Speakers: Ben Thomas and Dave Atkinson; UK

In recent years there has been growing concern across English healthcare settings regarding the excessive and hazardous use of restrictive interventions such as physical and mechanical restraint. Such interventions risk breaching of human rights and have been associated with significant emotional and physical trauma, including patient deaths.

In April 2014 the UK government launched Positive and Safe: a two year programme to reduce the incidence of restrictive interventions across healthcare services and improve safety. The programme comprises five distinct work streams:

1. Supporting services to comply with clear standards and new national guidance.
2. Supporting healthcare practitioners through national programmes of training and development.
3. Supporting commissioners to establish effective contracts with high quality services.
4. Providing professional leadership in order to deliver cultural change.
5. Monitoring progress through effective reporting and reviewing protocols.

During the session the presenters, who led the Positive and Safe initiative for the UK Department of Health, will spend around 35 minutes outlining its key components, along with early indicators of its impact. They will reflect on challenges to successful implementation and report on how these were overcome. During the final 10 minutes, will be opportunity for delegates to explore the lessons learned and identify their broader applicability.

C13 Education and Research in Quality and Safety

Level 1, Room 106

Chair: Rashad Massoud; US

Wednesday Afternoon: 13:45 – 14:45 (15 Minutes each)

Becoming a “Second Victim” in Health Care, Pathway of Recovery after Adverse Event Abstract no. 1076

M. Panella, C. Donnarumma, C. Rinaldi, F. Leigheb; IT

The Characteristics of Falls in Hospitalized Patients in a Regional General Acute Hospital in Hong Kong Abstract no. 1719P. Y. V. Chan, **C. K. A. Chu**, H. Y. H. Cheung, K. S. Tang; HK**Epidemiology of Medical Errors Among Inpatients in Japan: The Jet Study** Abstract no. 1624**T. Morimoto**, Y. Ohta, M. Sakuma, D. W. Bates; JP**Quality Improvement in the Education of Doctors of Pharmacy in the United States: A Project Update** Abstract no. 1985**T. L. Warholak**, J. Cooley, A. Hincapie; US**C14 Accreditation, Regulation and External Evaluation**

Level 1, Room 105

Chair: Claudia Jorgenson; US**Wednesday Afternoon: 13:45 – 14:45 (60 Minutes)****The Next Frontier in Patient Safety – using Bar Codes to reduce the burden of external evaluation****Speakers:** Paul vanOstenberg; US, Thomas de Rijdt and Tania Snioch; BE

The use of medications, implantable medical devices, and other hospital supplies is a critical patient safety issue. Regulations for medicine traceability and Unique medical Device Identification (UDI) are being released in many countries, driving suppliers to identify and bar code their products, as well as share data about these items. For hospitals, there is now an opportunity to leverage supplier efforts and implement processes to relate at the point of care the products used to for a patient, thus creating an accurate, complete and consistent record of activity. More importantly, scanning at the point of care ensures the correct product is applied to the right patient and the right time, putting in place system based checks to improve safety and quality of care. With these records in place, the effort needed by the hospital to satisfy external audit requirements is much reduced.

This panel will explore the benefits of use of global standards at the point of care from both a patient safety and audit perspective. Participants will hear from a hospital implementing scanning of pharmaceuticals at the point of care, GS1, the global bar code standards experts, and from JCI, the international accreditation organization whose recently published standards require hospitals to identify critical supplies and relate these to patients. Participants will take away practical ideas for implementation in their own organisations.

C15 Quality and Safety in Developing Countries

Ground Floor, Auditorium 1

Chair: Shams B. Syed; WHO

Wednesday Afternoon: 13:45 – 14:45 (60 Minutes)

From engaging for patient safety to empowering for people-centred and quality universal health coverage: what will it take?

Speakers: Denice Klavano; CA, Elom Otchi; GH, Kadar Marikar; MY, Huda Amer Al-Katheeri; QA, Supachai Kunaratanapruk; TH, Mondher Letaief; WHO

Patient engagement and empowerment lead to better health outcomes, better care, better patient experience and lower costs. People can make informed decisions, choose appropriate care options and seek health interventions appropriately when meaningfully engaged and empowered.

Building on its approach on engaging for patient safety, the WHO Patients for Patient Safety (PFPS) programme is developing a global framework on patient and family engagement to support health systems to incorporate the patient/people voice in a meaningful way. This is critical as countries across the world move forward towards achieving universal health coverage (UHC). Indeed, the voice of patients & people will be pivotal in ensuing quality of care is recognized as a fundamental precondition to effective health service delivery as health systems adapt to UHC driven reforms.

But how can engagement and empowerment be taken forward meaningfully within the context of these promising concepts? How can we ensure universality and that disadvantaged people or groups have equal access to have a voice in health care? What role will they play in system re-design for the future? How can countries learn from each other? This session will be an interactive discussion with patients, health professionals and policy-makers from countries at different stages of the journey towards UHC. The panel will engage with the audience to harvest experience and viewpoints for collective learning. Please come and share with us your vision for people-centred and quality UHC!

C16 Improving Population Health and Efficiency

Level 1, Room 104

Chair: Jack Li; ISQua

Wednesday Afternoon: 13:45 – 14:45 (15 Minutes each)

Improving the Quality and Coherence of Rehabilitation for Cancer Survivors in Denmark through Inter-Municipal and Cross-Sectorial Cooperation

Abstract no. 1737

A. Bech, I. Kristensen, J. Albaek; DK

Improving Timely Access to ART among TB/HIV Co-Infected ART Naive Clients: Successes from High TB/HIV-Burden Kampala City, Uganda

Abstract no. 1524

C. Namajji, M. Muhire, H. Kisamba, E. Karamagi Nkolo; UG

Improving Population Health: Comparison between Complementary & Alternative Medical Care (CAM) and Conventional Medical Care in India

Abstract no. 1955

S. Mohapatra; SA

Incorporating Quality in to the Measurement of the Hospital Efficiency for Pay-For-Performance Diabetes Care: An Application of the Two-Stage Approach with Double Bootstrap Abstract no. 2031

T. T. Chen; TW

WEDNESDAY AFTERNOON 14:45 – 16:00

PLENARY AND AWARDS

PLENARY AND AWARDS

Level 1, Theatre

Chair: Wendy Nicklin; ISQua

ISQua Awards: Poster and Reizenstein (*15 Minutes*)
Triona Fortune; ISQua, Helen Crisp; UK, Jack Li; ISQua

Afternoon Plenary Speaker
Abdul Rahman Jazieh; SA (*50 Minutes*)

President's Closing Remarks (*10 Minutes*)
Clifford Hughes; ISQua

DOHA 2015

Posters selected for display

IMPROVING CARE ACCOUNTING FOR CULTURAL ISSUES

1701

Better Communication With Quality Nursing Documentation

Y. T. P. Ko, S. H. Yeung, S. F. A. Yang; HK

1211

Improving The Workflow Of Sample Drugs In Outpatient Pharmacy

Y. F. Lai, J. Y. Lim, S. H. Chiong; SG

2034

Evaluation Of Staff Managers' Satisfaction Walkrounds At The Geneva University Hospitals

*A. Ourahmoune, A.-C. Rae,
G. Dessard-Choupay, P. Chopard; CH*

1753

Impact Awareness Of Lab Collaborators In The Release Of Examination Protocols Results In Unimed Santa Helena Hospital

*A. Pirutti, P. S. Mayrbaurl, E. Rodrigues,
I. Tortoza; BR*

1997

Clinical Prevention Protocol For Catheter-Associated Urinary Tract Infection (CAUTI) Designed To Serve Socio-Cultural Differences Of Brazil

*T. Sotto Mayor, F. Folco, M. M. Damasceno,
M. Machado; BR*

1387

A Foreign Caregiver Oriented Educational Programme Improved Care Quality of Dialysis Vascular

*C. H. Wu, W. H. Chiang, H. H. Hu,
C. T. Lee; TW*

14

The Willingness to Pay for Public Healthcare Quality Improvements in Saudi Arabia

*Mohammed K Henawi Al-Shareef,
Vaidya, K., Leask G.; SA, UK*

HEALTH INFORMATION TECHNOLOGY

1352

Improvement Of Customer Satisfaction Through Development And Application of Smart Health Questionnaire

H. Bae, Y. Kim, S. Jeong, E. Ihn; KR

2030

Effective Use Of Technology To Enhance Patient Diagnosis Deployment Of Picture Archiving & Communication Systems (PACS)

*M. Bilal, M. Malik, I. Valliani,
S. Kagazwala; PK*

1198

Evaluation Of A National Electronic Medical Record Exchange System in Taiwan

*I. Chang, W. W. Chen, C. L. Wang,
Y. H. Huang; TW*

1435**Secondary Use Of Routine Data To Improve Medication Safety In Hospitals: A Systematic Review***N. T. Chaudhry, S. Mohammed, B. D. Franklin, J. Benn; UK***1062****Nursing Experience Of A Hemodialysis Patient Who Faced Frequent Vascular Access Occlusion***S. Chen; TW***1626****The Effects Of The Application Of Barcode Technology In Tracking Specimens And Minimizing The Laboratory Test-Related Errors***S. Chiu, H. I. Chiang; TW***1492****Improving Quality Of Care Through Standardization And Computerization Of Endoscopic Medical Records***K. R. Choi, M. H. Yun, M. S. Lee, S. M. Byun; KR***1128****Predictors For 7 Day Hospital Re-Admission***S. Saraswathi, H. Elhadi, S. Fortunat, F. Khan; QA***1114****Prediction Model For Time Interval By Using Hemoglobin A1C From Pre-Diabetes Progressing To Diabetes***U. Iqbal, P. A. Nguyen, W. S. Jian, Y. C. J. Li; TW***1783****Decision Support System Reduced Pharmacy Interventions In An Emergency Department***J. Ng, H. M. Kam; SG***1313****Physician's Perspective On Clinical Decision Support System For Adverse Drug Events***T. Nakamura, M. Sakuma, T. Sonoyama, T. Morimoto; JP***1861****Telemedicine: A Tool To Expand Access To Healthcare In Brazil***F. M. Viana, A. M. Malik; BR***1445****Exploring The Feasibility And Acceptability Of Remote Consultations Via Skype In A Diabetes Service***J. Wherton, S. Vijayaraghavan, E. Byrne, T. Greenhalgh; UK***1884****Improving Productivity With Information Technology Challenges For Hospitals With Limited Resources***R. Zahar; LB***PATIENT CENTRED CARE****2206****Reduce The Incidence Of Cardiopulmonary Arrest And Initiate The Process Of Mock Drills***N. Alwani, R. Shazad, A. Memon, S. Adnan; PK*

2234

Audit Of Ankle X-Rays In GHG Emergency Department To Look For Use Of Ottawa Rules In Emergency Department And Its Impact On Positive And Negative X-Rays

S. Anjum; QA

1053

Improvement In Discharge Process: The Hospital Perspective

U. Arora; IN

1891

Nursing Experience Of A Patient Diagnosed With HIV

M. J. Cai, H. Y. Lin; TW

1157

Impact Of Pharmacist Discharge Counselling Service On Hospital Readmission Rate

Y. H. Chan, M. Leung; CN

1469

A Program To Improve Implementation Rate Of Dysphagia Screening For Patients With Stroke

S. F. Chao; TW

1498

Care Quality And Patient Choice

A. Chen, P. Lillrank, A. Peltokorpi; FI

1540

Use Process Re-engineering To Enhance The Efficiency Of Patient Discharged In Northern Medical Center In Taiwan

M. Cheng-Hsien, L. Fu-Man, H. Yu-Ling, C. Wen-Hsin; TW

1769

Electronic Medication Management Systems: Supporting And Challenging Nurses' Delivery Of Patient-Centred Care

D. S. Debono, D. Greenfield, D. Black, J. Braithwaite; AU

1715

Simple Frailty Score For Acute Medical Care

L. Dinesen, J. T. Soong, A. J. Poots, D. Bell; UK

2000

Indicators For Quality In Residential Care - A Need For International Consensus

R. Glynn, J. Sweeney, M. Brandon; IE

1333

Patient Involvement In Quality Management: Rationale And Current Status

O. Groene; UK

1771

"It Just Hit Me Like A Sledgehammer": Impact Of Indoor Noise On The Lifestyle Choices Of Older Adults

A. Hogden, A. Short, H. Rajendran, D. Greenfield; AU

1056

The Successful Experience Of Establishment Of Pre-Hospital Electrocardiogram In Kaohsiung City, Taiwan

W. C. Huang, C. C. Hung, G. Y. Mar, C. P. Liu; TW

1923

Treatment Of Patients With Terminal Cancer Who Do Not Wish For CPR In Relation To The Likelihood Of Consciousness Recovery And Prognosis: The Current Situations In Japan

E. Kamishiraki, M. Baba, S. Maeda; JP

1388

Enhancing Patient Satisfaction Through The Establishment Of A Pain Management System

H.Y. Kang, D.S. Han; KR

1597

Increase The Oral Care Compliance Rate For Patients With Oral Endotracheal Intubation In Medical Intensive Care Units

M. C. Kao, Y. Y. Tsai, H. J. Tu, L. C. Liu; TW

1595

Safety Improvement Through Identifying Patient

S. Lim, I. Oh; KR

1418

Personalised And Patient-Centred Care From The Perspective Of Nursing

H. Konecna, O. Doskocil, K. Novakova; CZ

1217

Nursing Experience Of An Initially Diagnosed Patient With AIDs

H. C. Ku, H. Y. Lin; TW

1542

“Health Services Education Network” - A New Medical Educational Approach In Health Service Using Design Driven Strategic Planning Within The Brazilian National Health Systems

F. Leite Gastal, N. Barcellos, M. Paes, B. Remus; BR

1984

Application “Friendly Procedure-Related Program” To Reducing The Anxiety Of Lumbar Puncture In Children With Cancer

F. R. Lin; TW

1678

Using Team Resource Management And Promote Complete Care For Children Diagnosed With Cancer

H. M. Liu, M. H. Lu, I. H. Chu, H. C. Liu; TW

1838

Developing A Patient-Centred Care Culture - A Model Of Compassionate Care Establishment

W.L. Liu, C.S. Chang; TW

1549

Getting A Foot In The Door: Engaging Primary Health In Interventions For Low Incidence Conditions

J. C. Long, J. W. Middleton; AU

1877

End Of Life Decisions In Terminal Cancer Patients In Japan: Hospital Policies Regarding Informed Consent In DNR

S. Maeda, E. Kamishiraki, J. Starkey; JP

1723**Organisational Constraints Affecting Patient Centred Care In Teaching Hospitals: The Case For Change***J. Milne, D. Greenfield, J. Braithwaite; AU***2130****Improving Patient Access By Reducing The No Show Rate In Pediatric Neurology Outpatients***K. A. Mohamed, S. Tahtamouni, A. Mustafa, R. N. Hassan; QA***1108****Collaborative Efforts To Improve Patient Satisfaction Via Interpersonal Relationship In Labour & Delivery Ward***S. Mohammad, A. Wali, A. Javed, K. Sajwani; PK***1623****Improving Emergency Response For Children At A Tertiary Facility In Ghana Through ETAT And QI Approaches***E. H. Otchi, K. Marfo, W. Obeng, P. Amoo; GH***1844****Therapeutic Plan Associated To Multi-Disciplinary Visit To Ensure Better Results In Patient Safe Assistance Of Unimed Americana Hospital Adult ICU***A. Pirutti, K. Lopes; BR***1831****Gemba Quality - Where The Work Happens - Hospital Unimed Santa Helena***A. Pirutti, L. O. Mendes, L. M. Torrano, V. E. D. Silva; BR***1995****Central-Line-Associated Bloodstream Infection (CLABSI) Clinical Prevention Protocol Oriented To The Reality Of Brazilian Culture***T. Sotto Mayor, F. Folco, M. M. Damasceno, M. Machado; BR***1213****Compliance With Planned Systematic Approach To The Provision Of Patient Care In Ambulatory Care Services***Y. T. Poh, K. Marikar; MY***1234****Utilizing Team Resource Management (TRM) To Implement Lean Process On Outpatient Examination***S. L. Shiu, W. F. Chiang, C. Y. Yi, Y. H. Hung; TW***2192****Improving Patient Care By Providing The Radiological Images Hospital-Wide Through PACS And Creating Filmless Environment***W. Siddiqui, K. M. Akbar, M. Yousuf, N. Syed Mansoor; PK***1706****To Reduce Inpatient Appointment Times For Non-Urgent Peripherally Inserted Central Catheters (PICC) In The Department Of Radiology From 7 to 3 Calender Days***B. P. Tan, H. M. Low, K. Kwan; SG***1781****Effective Use Of Technology To Manage Patient Nutrition At The Aga Khan Hospital For Women & Children, Kharadar***I. Valliani, S. Kagazwala, M. Bilal, S. Akbar; PK*

1628

A Patient Centric Initiative To Reduce Radiation Dose To Pediatric Patients In Computer Tomography Chest And Abdomen Procedures

M. Yusuf; PK

1373

Patients' Perception of and Satisfaction with Surgical-Care Quality and Safety in Libya: A Post Revolution Survey

S. Mohapatra, A. Al-Shekhteria; LY

2246

Patient Centred Care Lessons Learnt from New Accreditation Standards Implemented in a Resource Limited Setting: A Case Study of Uganda's Faith Based Health Network

K. Kabali; UG

1659

Patient Centred Care - Development of a Toolkit for the Management of Allegations or Concerns of Abuse

M. N. Murphy, O. Gilvarry, J. Sweeney; IE

2182

A Prespective of Patients Concerns and Priorities in Different Parts of the World beyond the Standard Six Key Features of High Reliability

M. E. Abd El Bagi; SD

6

Optimizing Care Coordination through improving Medication reconciliation at hospitals under the Abu Dhabi Health Services Company - SEHA

*N. Al Hammadi,
T. H. Mohammed; AE*

PATIENT SAFETY

1292

Patient Safety In Primary Health Care: A Systematic Review

D. M. H. Al Lawatiya; OM

1210

Surgical Safety Checklist: Outcome And Challenges Of Six Years Implementation In Two Saudi Hospitals

A. S. Al Qahtani; SA

1902

Role Of Software In Optimizing Image Quality And Reducing Radiation Dose To The Patients

H. Ali, A. H. Tasneem, S. M. Naqvi; PK

2089

A.W.H. Against Catheter Associate Urinary Tract Infection, 6 North Medical Inpatient, Al Wakra Hospital, 2014 (Assessment Of Risk, Watch Out For CAUTI, Heighten Education)

F. Altura - Visan, A. Zakaria, M. Sadek; QA

2086

Switch: Al Wakra Hospital Journey To 90% Hand Hygiene Practice Compliance, 2011-2014

*F. Altura-Visan, K. Al Ismail, A. Zakaria,
N. Al Ansari; QA*

1812

Decreasing Sepsis Mortality Through The Use Of A Comprehensive Intervention In The Emergency Department And Inpatients Settings

*A. R. Glasser, S. Lorin, H. Gatollari,
V. LoPachin; US*

1819**Decreasing Healthcare Acquired Multidrug-Resistant Organisms In A Surgical Intensive Care Unit (ICT)***R. Kohli-Seth, F. Wallach, R. M. Anderson, V. LoPachin; US***1552****Incidences And Variations Of Hospital Acquired Venous Thromboembolism In Australian Hospitals***H. Assareh, J. Chen, L. Ou; AU***1266****A Retrospective Audit Of Venous Thromboembolism (VTE) Among High Risk Patients In An Academic Medical Centre***A. Aung, S. C. Quek, S. Mujumdar; SG***1275****Medication Reconciliation As Part Of The WHO Project 'High5s' In Germany - Interim Findings***D. Berning, S. Huckels-Baumgart, C. Thomeczek; DE***1741****Monitoring Of Quality Indicators At An Intensive Care Unit: Analysis Of Adverse Events And Their Correlations***E. Bohomol, D. B. Ortega, M. D'Innocenzo; BR***1299****How Does A Greenfield Healthcare Organisation Accurately Measure And Benchmark The Culture Of Safety Before The Hospital Opens For Patients And Families?***V. Buchannon; QA***1444****Prevention Of Post-Operative Pneumonia Program For Surgical In-Patients In Hong Kong***F. Chan, S. Ng, H. T. Leong; HK***1806****The Impact Of The Blood Watch Program On Red Cell Blood Transfusion Among Colorectal Surgery Patients***J. Chen, L. Ou, H. Assareh; AU***1491****Physiological Track And Initiation Of A Team-Based Daily Goal Round To Avoid Unexpected Cardiopulmonary Resuscitation (CPR) Among Patients In Internal Medicine Ward***P. L. Chen, Y. C. Liu, S. C. Chiu, W.-W. Lai; TW***1200****Prevention Of Chemotherapy Errors In A Regional Hospital***D. L. Cheong, W. Y. Chow; HK***1291****Central Venous Catheter Related Incidents Analysis And Improvement In The Intensive Care Unit***J. Y. Chi, C. C. Wu; TW***1411****The Effectiveness Of Applying The Barcode Medication Administration In Reducing The Medications Errors***H. I. Chiang, S.-C. Chiu; TW*

1620**The Development And Monitoring Of The Computerized Critical - Value Reporting System (CRS) For Image Examination***G. E. Choi, Y. J. Kim, S. Y. Park, Y. S. Kwon; KR***1262****Installing An Automatic Dose Monitoring System For Managing Patients' Exposed Dose***Y. Chung, S. Kim, B. Gu, Y. Kim; KR***1557****From Policy To Practice: A New Way Of Developing Protocols That Work***R. Clay-Williams, J. Hounsgaard; DK***2054****Trade-Offs Between Hospital Policy And Effective Care: The Case For And Against Workarounds In Medication Safety***D. S. Debono, D. Greenfield, J. Travaglia, J. Braithwaite; AU***1862****Sleep Disruption Is A Significant Preventable Patient Harm***J. Dubose, K. Emmons; US***1276****Patient Mortality Is Associated With Staff Resources And Workload In The Intensive Care Unit: A Multicentre Observational Study***A. Neuraz, C. Guérin, C. Payet, A. Duclos; FR***1686****Documentation Of Patients' Weight During Their Hospital Admission***S. Jheeta, B. D. Franklin; UK***2221****Improved The General Ward Outcome By Creating Highly Effective And Collaborative Women's Hospital Multidisciplinary Care Team***N. Ali, S. Ahmad, N. J. A. Garcia, M. Abreo; QA***1349****Safety Management For Correct Patient Identification In Medication And Transfusion***D. S. Han, Y. M. Kim; KR***1505****Surgical Quality And Safety: Revisit Operative Complications***H. C. Ho, C. Y. Lee; TW***1905****Why are Patients Still Dying?: Multidisciplinary Findings From an FMEA***J. Huddleston, L. Loynes, Y. Dong; US***1071****A Decade Of Experience With Mortality Review: Lessons Learned For Saving Lives, Improving Culture Of Safety And Engaging Clinicians***J. Huddleston, T. Morgenthaler, P. Santrach; US***1822****Patient Safety And Team Resource Management Training In Neonatal Intensive Care Unit***Y.-L. Hung, C.-M. Shen; TW*

1448**Role Of The Patient Safety Promotion For Improvement Of Patient Safety In Japan***E. Kawasaki, Y. Yokoyama,
M. Hashimoto; JP***2009****Leadership, Safety Culture And Patient Safety In Hospitals***O. Kessler; CH***2045****Activity To Prevent Wrong Invasive Procedure***H. Kim, J. Choi, T. Kim, Y. Chung; KR***2167****The Process Improvement Of Critical Values Reporting***H. Kim, J. H. Jung, J. S. Choi,
J. S. Byeon; KR***1987****Optimization Of Feedback Of Laboratory Results By Establishing The Integrated Critical Value Reporting Process***S. H. Kim, Y. J. Bae, S. W. Youn,
J. H. Song; KR***1630****Activities For Improvement To Ensure Patient Safety At The Sedation***T. N. Kim, M. S. Kim, Y. J. Kim, J. Y. Lee; KR***1282****Adaption And Validation Of The Safety Attitude Questionnaire For The Danish Hospital Setting***S. Kristensen, P. Bartels, J. Mainz,
K. B. Christensen; DK***1637****Cluster-Wide Strategies To Reduce Transcription Errors In NTEC***B. S. C. Kwok, W. WS HO, W. Kei LAM,
H. Yu SO; CN***1721****Proactive Risk Management Approach In Preparing For In-Patient Medication Order Entry***B. S. Kwok, B. Ch Kwan, C. B. Leung,
H. Y. So; CN***1779****Activities For Hospital Falls Prevention***Y. S. Kwon, G. Choi, M. S. Kim, Y. J. Kim; KR***1664****Reduced Cardiopulmonary Arrests By Rapid Response Team Activites***D. Lee, H. Min, Y. Y. Choi, E. Y. Lee; KR***1142****Prospective Observational Study Of Effectiveness Of Combing Reporting And Trigger Tool Methods To Measure Adverse Events And Errors In The Emergency Department***W. H. Lee, E. Zhang, C. Y. Chiang,
S. C. Hung; TW***1823****Patient Care Assessment Index (PCAI -IDA): An Instrument To Evaluate Patient Care And Safety In A Brazilian Hospital Network***F. Leite Gastal, E. Ribas, L. F. Goncalves,
P. Bopsin; BR*

1367**Long-Term Effect Of Introducing An Integrated Color Graphic Observation Chart For Standardized Monitoring Of Modified Early Warning Score***C. M. Leung, C. W. Wong, G. Aboo, K. Y. Pang; HK***1475****Improve The Healthcare Quality Of Bacteremia***H. S. Chen, Y. H. Lin, R. Y. Luo, S. T. Chen; TW***1476****Improvement X-Ray Imaging Quality Through Quality Control Circle***J. X. Lee, Q. L. Chen, G. W. Wang; TW***1424****Effectiveness Of Using Creative And Diversified Teaching Mode To Promote Medication-Use Safety In Community Health Education***K. F. Hsu, C. C. Chen, H. Shin-Chang, J. D. Chen; TW***1470****Reduction Of Lip Injury Incidence During General Anesthesia***X. P. Xu, M. Y. Wang, X. T. Wen, Y. X. Wu; TW***1168****Use Quality Manage To Improve The Inpatient Identificatin In Pediatrics Ward***F. R. Lin; TW***1586****Changes In Nurse Work Environments And Perceived Quality Of Care In Intensive Care Units In Guangdong Province In China: A Two-Stage Cross-Sectional Study***J. Liu, L. You, J. Zheng, K. Liu; CN***1591****Nurse Job Burnout And Quality Of Care In Intensive Care Units In Guandong Province In China***J. Liu, L. You, K. Liu, J. Zheng; CN***1673****Applying Airway Management System To Enhance Patient Safety: Multidisciplinary Team Integrated Care***W. L. Liu, Y. H. Chen, P. O. Leung, C. J. Chen; TW***1787****Taiwan Antimicrobial Stewardship Program: How To Improve The Turnaround Time Of Clinical Microbiology Report And The Quality Of Clinical Specimens***P. H. Lu, H. C. Lin, R. T. Cheng, S. H. Tseng; TW***1735****National Quality And Safety Goals (NQS GS): Five Years Of Experience***T. A. Madi, A. Shatat; JO***1767****“Strengthen The Hand Over Process” SBAR (Situation, Background, Assessment And Recommendation)***A. B. Memon, F. B. Baloch, S. Q. Qasim, N. J. Khalique Raza; PK*

1231**Open Disclosure Approaches In The Spanish Hospitals***S. Lorenzo, J. J. Mira; ES***1718****Attitudes And Practices Of Medical Staff About Patient Safety In Hospitals In The Republic Of Macedonia***L. Mitevska, D. Donev, M. Blagoevska, E. Velkova; MK***1109****Essential Neonatal Vaccines: Taking Ownership And Making An Effort To Ensure Newborns' Safety***K. Sajwani, S. Mohammad, R. Meghani, H. Khawaja; PK***1931****Systematic Approach To Reducing Medications Errors***T. K. Khee, S. J. Binte Ismail; SG***1259****"Improving Diabetes Care In Elderly Home Care Population In Qatar"***H. Al Hamad, W. Alam, N. Nadukkandiyil, E. Al Sulaiti; QA***1564****Analysis Of The Results Of Mechanical Ventilation Weaning Protocol In A Adult Intensive Care Unit's Quality Indicators At Hospital Estadual Sumare, Brazil***J. Nalin Passarini, T. Chaim, C. D. Paes, M. A. Pelanda; BR***1970****Adverse Events & Maternal Deaths: The Case Of A Large Teaching Hospital In Ghana***E. H. Otchi, K. K. Marfo, P. Amoo, R. Esena; GH***2168****Working On Patient Safety, Culture Of Safety***N. Patel, N. J. Ambion Garcia, A. M. A. Ahmed Ma, M. T. T. Panizales; QA***1214****Activities For Improvement To Ensure Patient Safety At The High-Risk Procedure***S. Park, M. Kim, Y. Kim, T. Kim; KR***1988****Research Model Implementation And Analysis Of Clinical Incidents From Protocol Of London In A Private Hospital In Sao Paulo: Experience Report***A. Pirutti, S. H. Miaguti, V. Simonelli, R. L. Carocchini; BR***1742****The Human Factors Engineering As A Facilitator Of Medication Dispensing System In The Emergency Care Of UNIMED Paulistana***A. Pirutti, L. Mendes, L. Torrano, T. Guariento; BR***1826****Patient Chart Workshop: Encouraging Nurses To Clinical Thinking From The Accuracy Methodology Of Nurses' Diagnosis Accuracy In UNIMED Santa Helena Hospital***A. Pirutti, J. G. Herculian, T. C. Alfenas, M. Nunes; BR*

1990**Safety Sentinel Project - Promoting Notification And Events Treatment Through A National Network Of Support In Brazil***F. Folco, T. Sotto Mayor, J. O. Cherubim, M. Machado; BR***1317****Compliance With World Health Organization (WHO) Patient Safety 'Safe Surgery Saves Lives', Surgical Safety Checklist In Malaysian Accredited Hospitals***Y. T. Poh, K. Marikar; MY***1896****Medicine Errors Reduction After Implement Of Protocols During The Process Of Canada Accredited***M. N. Ramos, C. L. Tonhasolo, M. R. Pelanda, C. S. Gabriel; BR***1381****Preventing Medication Errors Based On Nationwide Pharmaceutical Near-Miss Event Reporting System And Medical Near-Miss/Adverse Event Reporting System In Japan***M. Sakaguchi, S. Ushiro, H. Sakai, J. Inoue; JP***1855****Pain Protocol As Good Practice In Patient Safety In Sumare State Hospital***A. C. Guedes, M. Santos, M. Pelanda, A. Shimo; BR***1956****A 10-Year Journey Of Engaging Patients In Patient Safety Education, Research And Improvement***K. M. Smith, M. J. Hatlie, D. B. Mayer, T. B. McDonald; QA***1273****Why Is It Important To Relate Adverse Events In Hospitals With Patient Condition And Complexity Of Procedure***P. Sousa, A. S. Uva, F. Serranheira, C. Nunes; PT***1798****Electronic Platform For Handover Improved Quality Of Operation Information Transmission***Y. K. Sun, K. H. Cheng, W. C. Shih, J. K. Cheng; TW***1903****Reduction In Radiation Dose To Patients Undergoing Pelvic X-Rays Through Proper Use Of Protective Shielding***A. H. Tasneem, H. Ali, S. M. Naqvi; PK***1315****Impact Of Peer-Review Report In Terms Of Quality Improvement And Curb Of Lawsuit/Damage Claim In No-Fault Based Compensation/Peer-Review System For Cerebral Palsy In Japan***S. Ushiro, H. Suzuki, S. Ueda; JP***1793****Healthcare System Improvement Among Hospitals Globally By International SOPS For Patient Safety***E. Van Der Schrieck-De Loos; DE, A. Leotsakos; CH, A. Dayal; US, C. Hoffman; CA*

1078**Feasibility And Added Value Of Executive Walkrounds In Long-Term Care Organisations***L. Van Dusseldorp, G. Huisman-de Waal, L. Schoonhoven; NL***2156****How Many Rounding Processes Can A Medical Ward Have?***V. Walton, D. Greenfield, A. Hogden; AU, J. Johnson; US***1845****The Hospital Infection Control Centre And Patient Safety: The Impact Of The Shares On MDR Bacteria Reduction***A. R. Wolff, S. T. Silva, M. H. P. Pavan, M. A. R. Pelandra; BR***1879****Fall Prevention Program By VATIC***W. Y. Wong, S. Ng; HK***1730****An Innovative "Green" Program For New Graduate Nurses***S. F. Yang, Y. T. Ko, H. Y. Tsang, S. H. Yeung; HK***1635****A Medication Management Plan Following Transition From An Acute Hospital Stay: A Partnered Clinical Pharmacist Model***J. Yip, B. Levkovich, M. Dooley, C. Kelly; AU***2032****A Study Of Potentially Risk Factors In A Teaching Hospital Of Combined Oriental And Western Medicine Therapy***J. Y. Yeo, J. Yoon; KR***1574****Identification And Improvement Of Risk Factors Associated With Pathologic Examination To Establish An Efficient And Safety Examination System***H. Yun, J. Sohn; KR***1190****Implementation Research In Quality Management: Assessing Patient Safety In Hospitals In Algeria***S. Kubaj, A. Sydow, W. Amhis, M. Marx; DE***1247****Surgical Risks Associated with Winter Sport Tourism***S. Sanchez, C. Payet, J. C. Lifante, A. Duclos; FR***2137****Prescription Errors in Accredited and Non-Accredited Family Health Facilities***M. M. Al Tehewy, D. N. Boulous, M. H. Shehata, M. A. Rabie; EG***1357****EMRO/WHO Safe Medication Standards: Improving Medication Safety Practices at the Hospital Level***M. M. Altehwey, M. Letaief; EG*

1583

Utilizing HFMEA to Reduce Health Care Associated Infection in Intensive Care*C. L. Y. C. Chueh-Lien Yang, W. F. Fang, W. Y. Kuo; TW*

1393

A "Deadly" Need for Methadone/Opiate Education*D. Collins; CA*

2045

Activity to Prevent Wrong Invasive Procedure*H. Kim, J. Choi, T. Kim, Y. Chung; KR*

1440

Effective Feedback from Centralised Incident Reporting Systems in Patient Safety: A Systematic Narrative Review*S. Mohammed, D. D'Lima, J. Benn; UK*

1921

Epidemiology of Sepsis and Sepsis Related Mortality among Elective Gastrointestinal Surgical Patients in Public Acute Hospitals of New South Wales, Australia*L. Ou, J. Chen, H. Assareh; AU*

1960

Partnering with Patients to Identify and Address Breakdowns and Address Breakdowns in Care*K. M. Smith, T. Gallagher, K. Fisher, K. M. Mazor; US*

1

Health profile and quality of Life before and after Hijama: A Population-Based Cross-Sectional Study in Madinah, Saudi Arabia*M. Noorelahi, A. Hamzah, K. Kasim, H. M. Abo-Haded; EG*

2

A Study on Evaluating the Awareness among Healthcare Providers about National Patient Safety Goals (PSGs) in Tertiary Care Spinal Cord Injury Centre*N. Yadav, K. Preetham, N. Maitra; IN*

3

Disaster Management in Tertiary Care Hospital: A Cross-Sectional View*N. Yadav; IN*

4

Effective Implementation of Herpes Zoster Vaccination (HSV) Programme among Elderly*N. Nadukkandiyil, M. Al Obaidely, H. A. Hamad, F. Umminiyattle, M. Refae, M. Ramadan, M. Abdelhady, G. Fawzi; QA*

7

A Comparison Study on Patient Safety Grade (PSG) between Accredited and Non-Accredited Hospitals in Saudi Arabia*V. Plummer, W. Cross, N. A. Altalhi; AU*

13

Clinicians' Perceptions on Reporting of Adverse Events: A Comparison Study between Accredited and Non-Accredited Hospitals in Saudi Arabia*V. Plummer, W. Cross, N. A. Altalhi; AU*

2171**Which are the Knowledge Gaps on Hand Hygiene among Health Professionals? A Latent Class Analysis with Andalusian Public Health System Professionals***M. Herrera-Usagre, A. Torres-Olivera, P. Pérez-Pérez, M. Vázquez-Vázquez; ES***1158****Nurse Training Before Using Subcutaneous And Intravenous Prostanoids: An Experience in NCKUH Taiwan***L. J. Chen, C. H. Hsu, C. C. Wu, T. F. Tsai; TW***EDUCATION AND RESEARCH IN QUALITY AND SAFETY****1514****What is the nature of online international healthcare quality and safety education and how do healthcare professionals perceive its effectiveness?***Y. Susla; IE***1731****Medication Safety Student Ambassador Program - A Multidisciplinary Interactive Program to Enhance Students' Attitudes in Medication Safety***C. Y. C. Cheung, T. F. D. Sun, Y. Y. M. Wong, H. Y. So; HK***1712****Qatar's CPD Framework: A Lifelong Experience That Complements Healthcare Quality Improvement***S. Aboulsoud, A. S. Hussain, H. Agban; QA, C. Campbell; CA***1280****Evaluating Staff End Of Life Training Needs At Chelsea And Westminster Hospital***C. Christensen-Moore, V. Gaulter-Carter, K. Adlem; UK***2079****Translating Of Research Findings To Improve Patient Outcomes In Clinical Settings***E. A. Almomani, F. Milligan, M. Hajjeh, P. Colagan; QA***1341****Making The Medical Manager: Educating Clinical Leaders About Quality Through Participation In Research***R. Clay-Williams, N. Taylor, E. Hogden, J. Braithwaite; AU***1688****The Epidemiology Of Adverse Drug Events And Medication Errors In Psychiatric Inpatients in Japan: The Jade Study***N. Ayani, M. Sakuma, J. Narumoto, T. Morimoto; JP***1228****Clinical Librarians - Building Bridges, Driving Quality, Delivering Value***J. Farrelly; QA***2123****The Influence Of Surgeon And Hospital Volume On Risk-Adjusted Outcomes Of Oesophago-Gastric Cancer Surgery***C. Fischer, H. Lingsma, O. Groene, E. Steyerberg; UK*

1133

Using Pressure Ulcer Simulation Scenario To Improve Nurse's Pressure Knowledge And Outcome In The Medical Center In Taiwan

J. H. Jen, H. Y. Line; TW

1288

Development And Validation Of The Safety Attitude Questionnaire: Korean Version Revision 1 And The Application Of Variance Components Models And Empirical Bayes Method

H. J. Jeong, B. J. Song, E. A. An, S. Y. Kim; KR

1662

How Can We Improve The Acknowledgement Of Healthcare Workers Of The Fall-Down In The Hospital?

D. S. Kim, H. Lee, J. Lee; KR

1622

The Standardized Activities For Suicide Prevention

H. Park, H. Moon, K. Kim, E. Jang; KR

2038

Continuum Of Care As New Performance Challenge: Improve Clinical Microsystem Performance Through Pursuing Complex Patient Value

K. V. Laaribi, F. Scotte, S. Moulías, C. Herve; FR

2245

Which Prevental Deaths Might Not Be Managed With Rapid Response Teams

W. L. Liu, H. H. Lee; TW

1950

Improving PDSA Cycle Conduct By Influencing Context: A Mix Methods Study

C. McNicholas, J. Reed, L. Lennox, D. Bell; UK

1378

A Discussion On The Effect Of Improving Nursing Care For Patients On Ventilator Utilizing Empirical Method

W. Mei Hua; TW

1760

The Quality In Acute Stroke Care (QASC) Implementation Project: Taking Evidence-Based Practice Research Into The Real World

S. Middleton, D. Comerford, A. Lydtin, S. Dale; AU

1945

Validating Servqual Instrument In Measuring District Health Service Quality: An Innovation In Health Care Quality Research

S. Mohapatra; SA

1513

To Investigate The Applicability Of A Clinical Prognostic Tool Across Care Settings And The Influence Of Measuring Outcome At Different Time Points In The Clinical Course

L. Morsø, P. Qvist; DK

1082

Defensive Medicine: Overview Of The Literature

M. Panella, C. Donnarumma, C. Rinaldi, F. Leigheb; IT

1843**Patient Assessment Of A Pharmacy Star Rating Model***T. Warholak, M. Patel, P. Campbell, H. Johannesmeyer; US***1748****Effectiveness Training: Use Of Evidences As Quality Indicators Of Results In Unimed Santa Helena Hospital***A. Pirutti, L. Pereira, J. S. D. Farias, L. Torrano; BR***2147****A Systematic Review On Developing Leading Indicators Within High-Risk Industries And Reflections On The Transferability To A Healthcare Context***D. C. Raben; DK***1196****Management Of Medical Adverse Events In Vietnam - A Situation Analysis***T. Q. Tuong, T. H. Vach, C. Strosing, H. T. Son; VN***1880****Improving Radiation Safety Practices Through Online Radiation Safety Module In A Tertiary Care Hospital In Karachi, Pakistan***N. Syed Mansoor, A. H. Tasneem I, H. Ali, M. U. Zaman; PK***1511****Why Do Physicians Resign From Their Jobs?***A. Taman; OM***1553****High Performing Hospitals: A Qualitative Systematic Review Of Associated Factors And Practical Strategies For Improvement***N. Taylor, R. Clay-Williams, E. Hogden; AU, O. Groene; UK***1483****Evaluating The Recruitment Strategies For A Complex Multidisciplinary Quality Improvement Project***V. Walton, D. Greenfield, A. Hogden; AU, J. Johnson; US***1407****Emergence Of Personalized Medicine: Potential Impact On Quality And The Role Of Clinical Practice Guidelines***N. Yamaguchi, A. Okumura, M. Yoshida; JP***1965****If You Can't Measure It, You Can't Change It: Creating Evidence For The Impact Of Quality Improvement. Development Of An Indicator Based Framework In 3 African Countries***M. Marx, M. Nafula, J. Szecsenyi; DE, I. Imogi; KE***1982****Reporting Intention of Medical Incidents: A Comparison among Three Hospital Systems in Taiwan***S. Y. Hsieh; TW***1375****National Health Strategy Project Development: Key Stakeholder Engagement***R. B. Nusr, H. A. Al-Katheeri, I. O. Siddig, F. M. Hussain Ali; QA*

5

Challenges of Continuing Medical Education in Saudi Arabia's Hospitals

A. Alghamdi; SA

8

Prematurely Discontinued Randomized Trials are Frequently Labelled "Completed" in Trial Registries – A Systematic Review

R. Alturki, S. Schandelmaier, K. K Olu Roy Frei, B. von Niederhäusern, A. Agarwal, M. Briel; CH, CA

ACCREDITATION, REGULATION AND EXTERNAL EVALUATION

2012

Enhancing The Comprehensive Stroke Certification Process In Partnership With Practicing CSC Stroke Coordinators

C. Abrahamsen, J. Mazabob, G. Brown; US

1233

Senior Managers' Perspective on CBAHI Accreditation: A Qualitative Study

M. Almasabi, H. Yang, S. Thomas; AU

1222

The Association between CBAHI Accreditation and Infection

H. Yang, S. Thomas, M. Almasabi; AU

1614

Does Tumour Specific Assessment Evaluate the Quality of the Organisation of the Lung Cancer Care?

H. Blaauwgeers, R. Limbeek, M. Middelburg, S. Kersten; NL

1145

Sustaining Improvement after the Accreditation Survey – An Innovative Life Cycle Model

S. Devkaran, P. N. O' Farrell; AE, UK

2001

Is Hospital Compliance with Accreditation Standards Associated with Quality of In-Hospital Care? A Danish Nationwide Population-Based

A. M. Falstie-Jensen, S. B. Bogh, S. P. Johnsen; DK

1551

The Association Between HRM, Safety and Quality: Evidence from a Longitudinal Analysis of Health Service Accreditation Program

S. Lawrence, Y. van Gellecum, C. Dennis, D. Greenfield; AU

1565

Professional Attitudes to Accreditation Programs and their impact on Safety and Quality: A Comparative Analysis of the Aged, Acute and Primary Care Sectors in Australia

D. Greenfield, A. Hogden, D. Debono, J. Braithwaite; AU

1576

Partnering with Consumers: The Australian Experience of the Development of a National Health Service Accreditation Standard

A. Hogden, D. Debono, D. Greenfield, J. Braithwaite; AU

1786**Evolution of Hospital Accreditation Standards – Any Positive Impact on Accredited Hospital***J. Hsu, C. F. Chiang, C. I. Huang, H. J. Lin; TW***1523****A Study on the Tendency of Performance for Hospital Accreditation Surveyors in Taiwan***S. W. Lin, Y. Ping, S. Y. Chen, C. I. Huang; TW***1711****The Evaluation of the National Accreditation for Teaching Hospitals in 2011-2014 in Taiwan***H. C. Chung, J. H. Chen, S. H. Lee; TW***1547****Quality of Healthcare Versus Human Capital – Assumptions, Challenges and Risk***H. Konecna, L. Sidlo, M. Verner; CZ***1353****Development of a Scoring Model for the Decision Making Process of French Hospitals Accreditation***B. Lucet, E. Prin-Lombardo, F. Bérard, T. Le Ludec; FR***1110****Implementation of Quality Accounts in the French HCOS Accreditation Process: An Analysis on the first Submitted Accounts***B. Lucet, M. L. Barbotin, F. Bérard, T. Le Ludec; FR***1118****The Impact of Breast Imaging Unit (BIU) Certification on Women and Staff Safety***T. A. Madi, A. Shatat; JO***1782****The Performance of Hospitals Accredited Using the 3rd Edition and 4th Edition Hospital Accreditation Standards***N. Md. Nasir, K. Marikar; MY***1554****Counting the Costs of Accreditation in Acute Care: An Activity Based Costing Approach***V. Mumford, D. Greenfield, K. Forde, J. Braithwaite; AU***2025****Outcome on the Accreditation Process and Surveyor's Satisfaction on MSQH Electronic Hospital Accreditation Assessment Tools (MY E-HAP) Introduced in 2013***R. Osman, K. Marikar; MY***2224****Navigating Towards Accreditation***S. M. Abu Yaqoub, K. K. Al-Maslmani, H. A. M. Ahmed, M. T. T. Panizales; QA, US***1322****Analysis of the Effectiveness of Compulsory Accreditation for Long-Term Care Hospital***M. Park, J. Lee, Y. Kim; KR***2204****Implementing a Long Term Care Accreditation Program***M. Castellano-Zurera, Á. Palop del Rio, J. A. Carrasco-Peralta, V. Reyes-Alcázar; ES*

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1613

The Application of Relative Cost-Effectiveness Measure (CI) for Acute Stroke Quality Assessment

J. H. Yang, G. J. Ha, Y. H. Rhu, M. K. Kim; KR

1045

Management and Improvement of Gastric Cancer Clinical Indicator Evaluation in National Health Insurance

J. Yun; KR

1888

How Accreditation Can Become a Better Tool to Improve Quality in Lebanon

R. Zahar, T. Elmadjian, M. Hamandi; LB

10

The Impact of Accreditation on Quality of Care: A Cross-Sectional Study in Saudi Arabia

M. Almasabi, H. Yang, S. Thomas; SA

12

The Association between Accreditation and Quality Indicators

M. Almasabi, H. Yang, S. Thomas; SA

QUALITY AND SAFETY IN DEVELOPING COUNTRIES

2220

Do Demographic Characteristics Affect How Staff Perceive Quality of Care? A Cross Sectional Study in Saudi Arabia

M. H. Almasabi, H. Yang, S. Thomas; AU

1439

Enhancing Medical Record Documentation By Physicians: A Study in a Teaching Medical City in Saudi Arabia

A. A. Ekhezaimy, A. R. Tarakji, H. R. Bou Mahdi, Y. S. Amer; SA

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Proposal of a Medication System Assessment Tool in Brazilian Hospitals

E. Bohomol, M. J. de Souza Pinto, I. C. K. O. Cunha; BR

1394

The Blood Exposure Accidents in the Algerian Health System: An Attempt to Approach the Public Sector

H. A. Boucherba, B. Badaoui; DZ

1300

Utilizing the Future of Nursing: Leading Change, Advancing Health Report as a Framework to Transform Nursing in Qatar and Provide Quality Care that is Accessible to All

V. Buchannon; QA

1489

Providing Technical Assistance to Address the Quality and Safety of a National HIV Prevention Program in Uganda: The Experience of the USAID ASSIST Project

J. B. Byabagambi, E. Karamagi-Nkolo, P. Marks; UG, US

1494

Lived Meaning of Patient Satisfaction in the Medical Encounters: An Existential-Phenomenological Study on Chinese Patients

A. Chen; FI

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1920

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2239

Acute Coronary Syndrome Accuracy Rate in the Emergency Care in a Brazilian Hospital

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I. I. O. Silva, V. C. D. A. Penteadó*

1181

Active Detection of Tuberculosis among People Living with HIV/AIDS: A Real Practice of Continuous Quality Improvement

B. Mbwele, E. Nkwabi; TZ

1117

Improving Knowledge of Health Care Workers Regarding Infectious Control Policies and Practices to Provide Safe and Quality care to the Patients

*N. Mohammad, A. Lakhani, S. Mohammad,
A. Javed; PK*

1040

Improving Physician Compliance to WHO Guidelines for Better Health of Pediatric Population a Project of Quality Care!

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S. Mohammad; PK*

1704

Reducing No Show in Outpatient Clinics: Improving Efficiency and Saving Cost

H. Naz, N. Essa; PK

1374

Perceived Quality of Free Delivery Care among Poor Women in Gujarat, India: A Community Based Survey

S. L. Saiyed, K. S. Vora; IN

2020

Weakening Health Systems: The Disharmonizing Infulence of Multiple Quality Improvement Models

S. Sax, M. Marx; DE

1339

Establishing an Effective Fire Prevention and Response System

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

1464

Cath Lab Operational Efficiency Increase through Process Improvement

E. Yun; KR

1447

Total Quality Management Obstacles and Contributors in Developing Countries, A Down to Earth, River Nile Explanatory Model

M. E. Abd El Bagi; SD

IMPROVING POPULATION HEALTH AND EFFICIENCY

1089

Perspective and Outcomes of HIV Care among Elderly Patients in Nigeria

E. Agogo, M. Alalgi, J. Idoko; NG

2039

HMC Women's Hospital Gestational Diabetes Care Improvement Project

T. Beatty, F. E. T. M. Taha, J. Robinson, C. Zera; QA, US

1036

Implementing a Learning Cycle by Integrating the Recruitment Criteria, the Training Program and the Quality Improvement Plan

S. S. Bounouh; QA

1580

A Project of Reducing the Frequency of Improper Posture in the Working Environments of Nurses

L. H. Chi; TW

1901

The Impact and Improvement of the Workplace Incivility on the Spouse's Well-Being

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1364

The Improvement Project to Make Safe Workplace - Kitchen in Hospital

K. Choi, E. M. Kim, J. H. Lee, K. H. Oh; KR

1151

A Review of UK Food Safety Information Provision for Chemotherapy Patients and Associated Caregivers

E. W. Evans, S. Dawson, A. Peters, E. Redmond; UK

1396

Utilisation and Temporal Trends for Elective Orthopaedic Surgery in Ireland

R. Glynn, P. Harrington, M. O'Neill, M. Ryan; IE

1927

Socio-Economic Status and Child-Raising Factors Affecting Child-Rearing Mothers'

E. Ishikawa, J. Starkey, M. Hirata, S. Maeda; JP

1917

Mind Yourself: The Impact of Self-Management Ability on Compliance of Primary and Secondary Cancer Prevention Behavior

H. S. Jo, H. J. Jeong, H. W. Oh, S. M. Jung; US, KR

1473

"Cooking Oil Reduction Plan" of Staff Canteen in Landseed Hospital

Y. R. Deng, Q. C. Liu, X. Q. Jiang, M. L. Liao; TW

1465

To Raise the Rate of Definite Diagnosis on Screening of Oral Cancer, Colorectal Cancer and Breast Cancer Abnormalities

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1195

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Improving Operational Efficiency at Primary Healthcare through Implementation of the Integrated Chronic Disease Management Model

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2104

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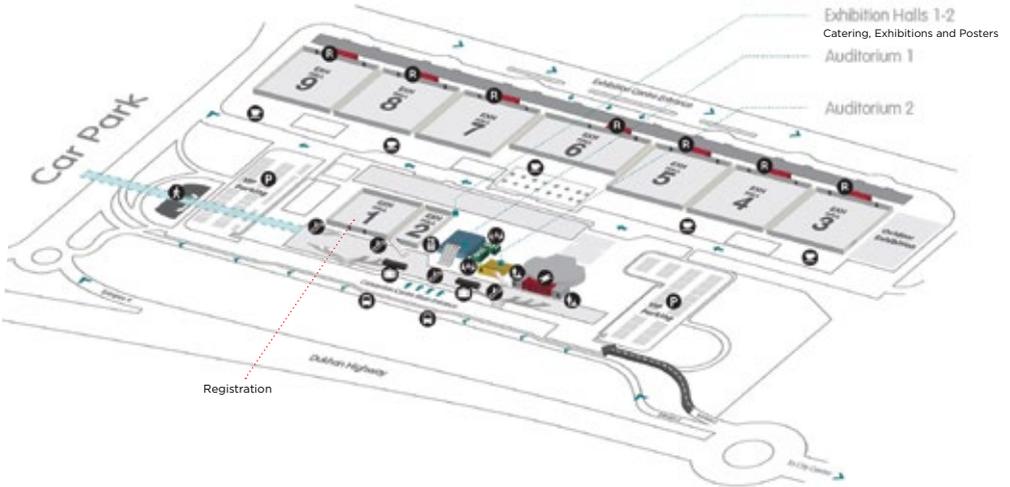
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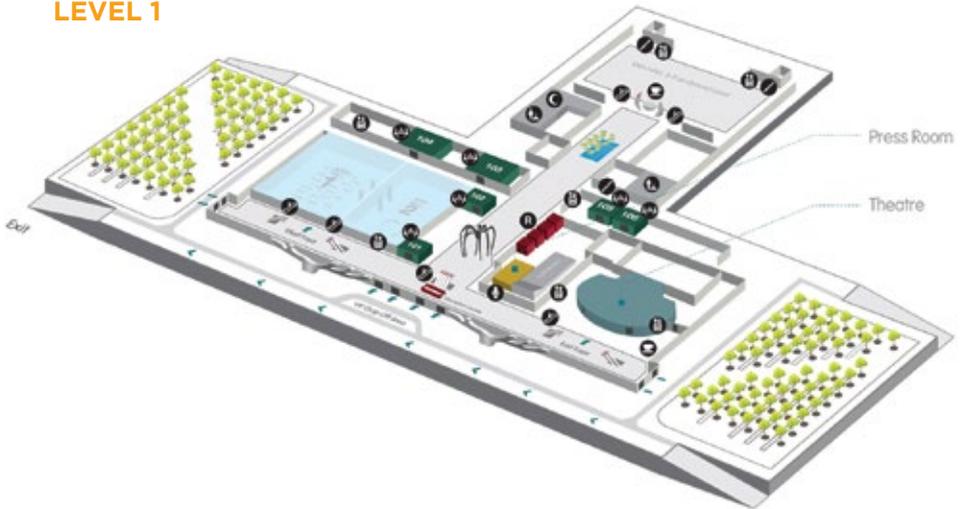
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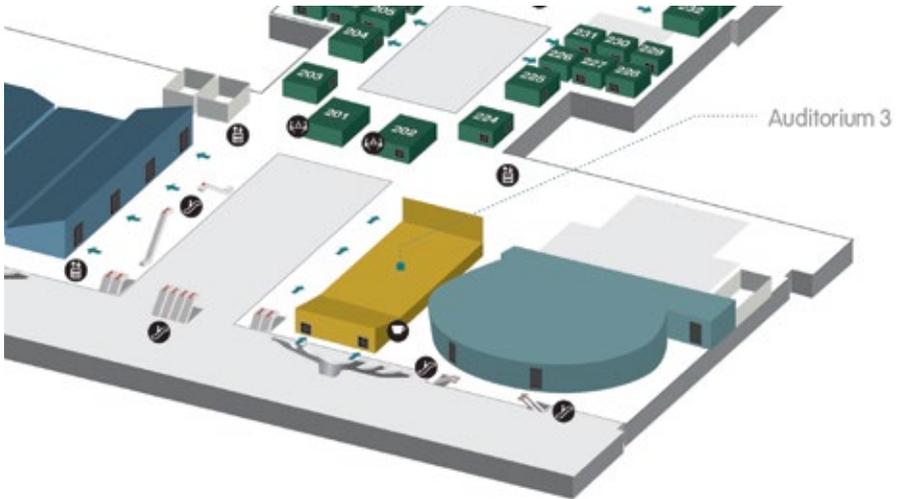
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Auditorium 2		A1	PHI	A14	B6	Telstra	B11	C8		C12
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Theatre		Plenary/ A7		A10/ Plenary	Plenary/ B5		B9/ Plenary	Plenary/ C3		C10/ Plenary
Room 103	Session 1	A3	AP1	A13/ ISQua AGM	B4	BP1	B16	C6	CP1	C11
Room 104	Session 2 AM Session 5 PM	A2	AP1	A15	B7	BP2	B13	C9	CP2	C16
Room 105	Session 3	A6	AP2	A11	B3	BP3	B12	C4	CP3	C14
Room 106	Session 4	A5	AP3	A9	B8	BP4	B10	C7	CP4	C13
Press Room	ISQua Session	A8	AP4	A12	B1	BP5	B15	C2		
Room 102	Speaker Preview									

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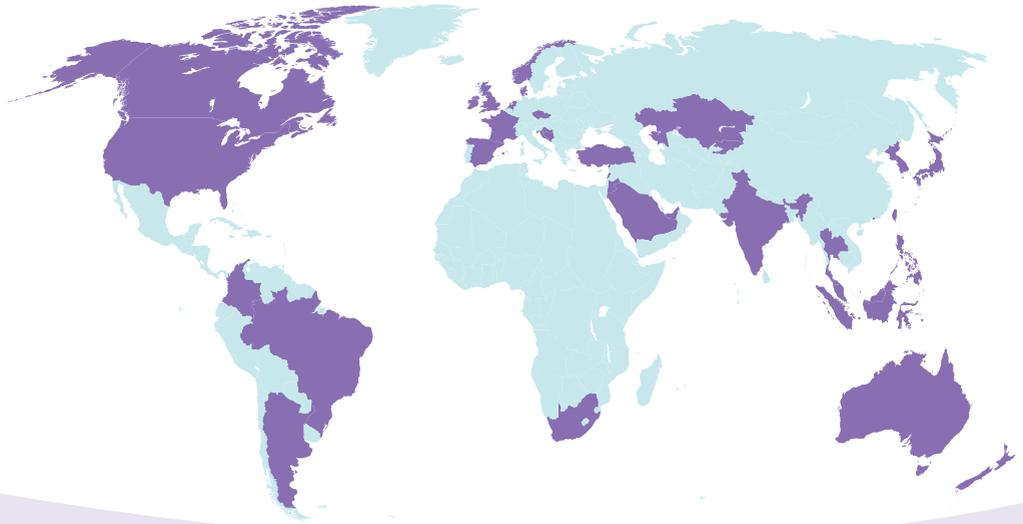


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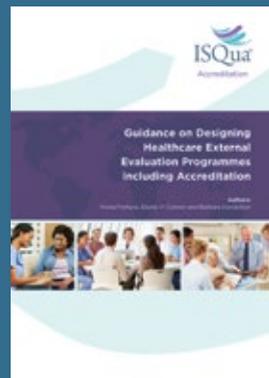


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