



The International Society for Quality in Health Care



31st International Conference

Quality and Safety along the Health and Social Care Continuum

5th - 8th October 2014

Windsor Barra Conference Centre, Rio de Janeiro, Brazil

Conference Programme



**HEALTH,
SANTÉ,
SALUTE,
健康.**

**AQUI, COMO NOS MELHORES
HOSPITAIS DO MUNDO,
SAÚDE TEM O MESMO SIGNIFICADO.**

Nos últimos 35 anos o mundo passou por muitas mudanças. E o Hospital Santa Joana, fiel aos princípios de pioneirismo e constante evolução, aperfeiçoou sua estrutura e a prestação de serviços, atento ao compromisso com a vida, a sociedade, a classe médica e seus colaboradores.

Em 2012, conquistou a acreditação internacional com a certificação pela *Joint Commission International*, consolidando o Polo Médico de Pernambuco como um dos mais bem conceituados do país.

E ao longo de 2014, novos serviços e ampliações estão programados, demonstrando o quanto o Santa Joana investe e se dedica para que sua saúde esteja sempre em boas mãos.

NOVIDADES 2014

**NOVA EMERGÊNCIA | NOVA UNIDADE DE DOR TORÁCICA | NOVA UTI PEDIÁTRICA
AMPLIAÇÃO E MODERNIZAÇÃO DO CENTRO CIRÚRGICO | NOVA UNIDADE AVANÇADA
DO SANTA JOANA DIAGNÓSTICO | NOVA UNIDADE DE TRANSPLANTE DE MEDULA ÓSSEA
AMPLIAÇÃO DO COMPLEXO HOSPITALAR COM A CONSTRUÇÃO DE UMA NOVA TORRE.**

PROGRAMME OVERVIEW

BRAZIL 2014

SUNDAY 5 OCTOBER

09:00

Session 1

Making the Most of Standards for External Evaluation Programmes

(Ground Floor, Room: Versailles I)

Session 2

Implementation of PROMS:
Key Lessons Learnt

(First Lower Level, Room: Queluz III)

Session 3

Quality in Health Care and Patient Safety in Latin America

(Ground Floor, Room: Louvre)

Session 4

Patient Safety and Quality Tools

(Ground Floor, Room: Versailles II)

17:30 - 19:00

Welcome Reception

Windsor Barra Hotel Conference Center, 2nd Floor

MONDAY 6 OCTOBER

08:00 - 08:45

Coffee with Exhibitors

08:45 - 10:00

Conference Opening;

David Bates; ISQua President,
Arthur Chioro; Minister of Health,
Peter Carter; ISQua CEO

Opening Plenary: Julio Frenk; MX

10:00 - 10:30 BREAK

10:30 - 12:00

Concurrent Sessions

12:00 - 13:45

Lunch & Short Oral Presentations

Sponsored by Hospital Santa Paula

13:45 - 15:15

Concurrent Sessions

15:15 - 15:45 BREAK

15:45 - 16:45

Afternoon Plenary & Awards

Plenary:

Stewart Mercer; SC

17:00 - 17:45

ISQua AGM - Members Only

First Floor, Room: Itamaraty

19:00 - 21:00

Networking Reception - Village Mall

Tickets - BR \$100

TUESDAY 7 OCTOBER

08:00 – 08:45

Coffee with Exhibitors

08:45 – 10:00

Morning Plenary & Awards

Plenary: Gonzalo Vecina Neto; BR
& Teresa Tono; CO

10:00 – 10:30 BREAK

10:30 – 12:00

Concurrent Sessions

12:00 – 13:45

Lunch & Short Oral Presentations

13:45 – 15:15

Concurrent Sessions

15:15 – 15:45 BREAK

15:45 – 16:45

Afternoon Plenary & Awards

Plenary:
David Banta; US

17:00 – 18:30

Poster Reception

Second Floor

WEDNESDAY 8 OCTOBER

08:00 – 08:45

Coffee with Exhibitors

08:45 – 09:00

Welcome to Qatar 2015

09:00 – 10:00

Morning Plenary & Awards

Plenary: Sue Sheridan; US

10:00 – 10:30 BREAK

10:30 – 12:00

Concurrent Sessions

12:00 – 13:45

Lunch & Short Oral Presentations

13:45 – 14:45

Concurrent Sessions

14:45 – 15:15

Closing Plenary:

Martin Marshall; UK
Presidents Closing Remarks

RIO DE JANEIRO 2014

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As President of ISQua it gives me great pleasure to welcome you to Brazil for this the 31st International Conference. Rio, known as the cidade maravilhosa (marvellous city), occupies one of the most spectacular settings of any metropolis in the world, with its gorgeous mountains, white sand beaches, and verdant rainforests fronting deep blue seas. This is only ISQua's second time in South America but following the success of this programme we are keen to return on a more regular basis.

ISQua's partners for this important event are CBA, without whom this Conference would not have occurred. Together, with the theme of "Quality and Safety along the Health and Social Care Continuum" we have a terrific programme and we expect over 1,100 delegates from 70 countries.

As with all ISQua conferences we meet to learn from each other and share experiences of how we can make the biggest impact in improving the quality and safety of health and social care. While ISQua's ultimate goal is to improve safety and quality worldwide, we are also here to meet our friends and colleagues who return every year and, of course, to make new acquaintances and connections.

Firstly, the scientific content for this year is of the highest standard. We received 1,150 abstracts from 60 countries and they were of very high calibre. We were especially pleased to have 260 abstract submissions from our Brazilian colleagues alone. Within the programme there are over 250 speakers presenting and 300 posters on display.

As always, the nine tracks cover core areas for ISQua, which remain as important today as they always have been, including patient safety, accreditation, governance and patient centred care. This year we've also focused our attention to the more vulnerable users of health and social care services. It is now also well accepted that our aging population is growing, which will require innovative approaches for effective management. Palliative care and mental health also are featured in this year's programme.



It would be impossible to come to Rio and indeed attend an ISQua conference without having some fun. While I will not be wearing a skirt this year (as I did in Edinburgh), I will partake in the very important Carioca tradition of dance, as we hope you will. If you don't know what a Caipirinha is, you will before you leave. The social events on Sunday 5 and Monday 6 will let us network and meet new friends, enjoy each other's company and soak up the local culture. Traditional Carioca entertainment will be provided and in addition on Monday 6, you will enjoy spectacular views of the Barra da Tijuca lagoon.

Organising this conference demanded support and input from many people worldwide, and their commitment is deeply appreciated—it reflects the spirit and culture that is ISQua. In addition, we want to extend a particular special thank-you to all the local sponsors of this event who have been terrific.

The conference is designed to facilitate learning, share innovations, promote new ideas and also, to relax and have some fun! Thus, on behalf of ISQua, and the CBA, it is my great pleasure to welcome you warmly to ISQua's 31st Annual International Conference.

David Bates
President

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Eadin Murphy; ISQua Head of Events

Diana Oliveira; Federal Ministry of Health

Jamal Rashid Al Khanji; Supreme Council of Health, Qatar - 2015 Conference

Érico Theodorovitz; Patient Representative

Claudia Travassos; Oswaldo Cruz Foundation

LOCAL ORGANISING COMMITTEE

CHAIR

Maria Manuela Alves dos Santos; Consórcio Brasileiro de Acreditação (CBA)

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Ruben Covello; IQG - Health Services Accreditation

Sandra Cristine de Silva; Hospital Sírio-Libanês

RIO DE JANEIRO 2014

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E: simone.mendonca@bpsp.org.br

W: www.bpsp.org.br

GENERAL

CONFERENCE INFORMATION

Welcome Reception

SUNDAY 5 OCTOBER 17:30 – 19:00

The Welcome Reception will be held on the Second Floor of the Windsor Barra Conference Centre (WBCC). Entertainment will be provided by Maria Souto, Quinteto Instrumental. Entrance is free for attendees registered for two 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 BR \$75.00.

Networking Reception

MONDAY 6 OCTOBER 19:00 – 21:00

The Networking Reception consists of a “Traditional Brazilian Night” and is being held in the Village Mall overlooking the Barra da Tiju lagoon. You must bring the ticket provided in your registration pack, to gain access to the event.

A small number of tickets are still available to be purchased at the registration desk, price BR \$100. Limited transport will be provided and will be available outside the main door of the WBCC starting at 18:30. Return transport to the WBCC will also be provided starting at 20:30.

Poster Reception

TUESDAY 7 OCTOBER 17:00 – 18:30

The Poster Reception will take place on the Second Floor of the WBCC.

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.

Access for those with disabilities

The WBCC 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 or the ISQua Desk on the Second Floor.

No Smoking

The WBCC is a smoke-free facility. No indoor smoking areas are provided.

Certificates

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

Name Badge

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

Catering Points

On Sunday 5 lunch will be served on the First Floor, Alvorada room.

From Monday 6 October lunch and coffee breaks will be served every day in the poster and exhibition area on the Second Floor. To facilitate networking extra seating will be available on the First Floor, Alvorada Room. For break times, please see daily programme schedules.

Conference Registration and Information Desk

LOCATED ON THE GROUND FLOOR

Sunday 5
07:00 – 19:00

Monday 6
07:00 – 18:00

Tuesday 7
07:30 – 18:00

Wednesday 8
07:30 – 16:00

Cloakroom

A cloakroom service is available for participants on the Ground Floor. 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.

ISQua Desk

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

Messages

If you are trying to contact somebody, leave a message on the notice board near the ISQua desk on the Second Floor. A Delegate list is available in your bag. Any changes to the programme will be posted here on a daily basis and on the plasma screens at the ISQua desk.

Emergency and Assistance on Site

In case of emergency, or if you require any assistance, please contact the staff at the Registration Desk on the Ground Floor.

Wi-Fi Connection

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

Network: ISQua

Password: isqua2014

Educational Site Visits

Two Educational Site Visits are offered on the morning of Thursday 9 October for anyone who has registered for the full main conference programme. Participants must have registered with ISQua to attend the Visits.

The Visits last from 10:00-12:00. One of the following can be chosen:

Visit 1: Moorish Castle of Fiocruz, Oswaldo Cruz Foundation.

Visit 2: Family Health Care Unit “Maria do Socorro Silva e Souza” at the Favela Rocinha.

Tickets must be pre-booked and can be collected from the ISQua Desk on Tuesday 7 October. Return transport will be provided from the WBCC, refer to your ticket for the transfer time.

First Aid

A first aid station is available on the First Floor, follow signs or call **192**.

Useful Contacts

Emergency	193
Rio Airport	55 21 3398 5050
Registration Desk WBCC	192

Social Media

We would welcome lots of activity via the ISQua Twitter site #ISQua2014 however if taking pictures please be conscious of interrupting the presenter.

Liability and Insurance

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



#ISQua2014
twitter.com/ISQua



www.facebook.com/isqua



Join our ISQua group

RIO DE JANEIRO 2014

SCIENTIFIC PROGRAMME

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 on the Ground floor. Concurrent Sessions start after the morning and lunch breaks. These sessions are organised in 9 thematic tracks. Delegates can follow a track of interest, or choose to hear a range of presentations by moving across the different tracks. The tracks are as follows:

1 **Governance, Leadership and Health Policy**

2 **Improvement Science and Patient Safety Solutions**

3 **Patient Centered Care**

4 **Accreditation and External Evaluation Systems**

5 **Education and Research**

6 **Learning with Developing Countries**

7 **Comparative Effectiveness in Health Information Technology and Health Technology Assessment**

8 **Health and Social Care for the Vulnerable and Older Persons**

9 **Integrated Care**

Translation

Simultaneous Interpretation (SI) will be available for all the sessions presented in the plenary room on the Ground Floor. SI will be provided in English and Portuguese. Headsets will be available outside the plenary room. Ensure that you return your head set after each session.

Conference App

To help you maximise your time at the conference we would like to invite you



to use the official App sponsored by CNS for ISQua2014. With this you can browse the programme, create your own conference schedule, receive the latest news and updates, view maps, speaker profiles and much more.

The App can be downloaded from the AppStore or Google Play – search for 'ISQua2014'. To log into the App please use the email address you registered for the conference with as your username. Password is ISQua2014.

A mobile version of the App is also available and can be accessed from <http://www.eventkaddy.org/isqua2014>

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

ePosters

This year, 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”.

Concurrent Sessions

Concurrent sessions are 90 minutes long and may be a combination of 45 minute presentations and 15 minute Abstracts. 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 brief 5 minute presentations to include questions and are open to all delegates.

Poster Displays

Posters will be displayed in thematic tracks on the Second Floor from Monday 6 to Wednesday 8 October. Don't miss the Poster Reception on Tuesday 7 October at 17:00.

To locate a poster please see pages 89 to 116 and map, page 117.

Poster Information

Posters should be in place by no later than 10:00 on Monday 6 October. All posters must be removed by 15:00 on Wednesday 8 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 on the second floor. Be sure not to cover the number on the board with your poster.

There will be two prizes awarded this year, one for the most innovative research outcome and the second for the best designed poster. For the first time Conference delegates will be able to nominate their choice by voting via the Conference App or via <http://fluidsurveys.com/surveys/isqua/posters-in-rio/>. Voting closes at 15:00 on Tuesday, 7 October.

Poster judges Triona Fortune; ISQua and Helen Crisp; UK will announce the winners after the morning plenary on Wednesday.

Abstract Display and Presentations

All abstracts that have been selected for this programme are available to view now 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. However, any delegate wanting access to slides should ask the speaker directly for a copy and, if agreed, provide an email address.

Abstract Committee

Co-Chairs

Karen Joynt; US
Triona Fortune; ISQua

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Viviana Rodriguez; AR
Nick Goodwin; UK
Allen Kachalia; US
Wui-Chiang Lee; TW
Ezequiel Garcia Elorrio; AR
Claudia Travassos; BR
Jennifer Zelmer; CA

Abstract Reviewers: ISQua would like to thank all our 167 Reviewers from 20 countries, whose names can be found on the Website www.isqua.org

Speakers

Technical assistance for your presentation can be found in the Speaker Preview Area, which is located in Aranjuez Room on the Second Floor. See map page 120 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. You cannot upload presentations in the room you are presenting in.

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

Sunday 5
07:00 - 19:00

Monday 6
07:00 - 18:00

Tuesday 7
07:30 - 18:00

Wednesday 8
07:30 - 16:00

Conference Evaluation

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

Important disclaimer:

Every effort has been made to ensure that the Conference programme is accurate at the time of printing. However, Conference organisers reserve the right to change the programme as circumstances may require.



1 Julio Frenk

Since January 2009, Dr. Julio Frenk is Dean of the Faculty at the Harvard School of Public Health and T & G Angelopoulos Professor of Public Health and International Development, a joint appointment with Harvard Kennedy School of Government.

Dr. Frenk served as the Minister of Health of Mexico from 2000 to 2006, where he introduced Universal Health Coverage. He was the founding director of the National Institute of Public Health of Mexico and has also held leadership positions at the Mexican Health Foundation, World Health Organization, the Bill and Melinda Gates Foundation, and the Carso Health Institute.

Julio Frenk holds a medical degree from the National University of Mexico, as well as a Masters of Public Health and a joint doctorate in Medical Care Organization and in Sociology from the University of Michigan. He has been awarded three honorary doctorates.

He is a member of the U.S. Institute of Medicine, the American Academy of Arts and Sciences, and the National Academy of Medicine of Mexico.

His written production comprises 33 books and monographs, 63 book chapters, 130 articles in academic and professional journals, and 117 articles in cultural periodicals and newspapers.

Two of his books are best-selling novels for youngsters explaining the functions of the human body. In September of 2008, Dr. Frenk received the Clinton Global Citizen Award for changing “the way practitioners and policy makers across the world think about health.”

2 Stewart Mercer

Stewart Mercer is Professor of Primary Care Research in the Institute for Health and Wellbeing at the University of Glasgow and is the National lead for Research on Multi-morbidity, under the auspices of the Scottish School of Primary Care.

His research includes the development and evaluation of complex interventions to enhance wellbeing in patients with multi-morbidity, the epidemiology of multi-morbidity in the Scottish population, and defining and measuring the importance of patient-centred care on outcomes.

He developed and validated the CARE Measure which is now widely used internationally and is accredited by the General Medical Council for revalidation of doctors in the UK. He is a former Director of Quality at the Royal College of General Practitioners in Scotland, and continues to work closely with the College on several projects. He was Visiting Professor in Primary Care at the Chinese University of Hong Kong and remains an Adjunct Professor there.

3 Gonzalo Vecina Neto

Gonzalo Vecina Neto is a specialist in Health Management and has a Master's degree in Management.

He has been Secretary for Administrative Issues for São Paulo Branch of the Brazilian Social Security Institute, Chief of Staff of São Paulo Municipal State Department, Director of PROAHSA (a program of health management education), Executive Director of the Central Institute of Hospital das Clínicas da Faculdade de Medicina da USP (with 2000 beds the biggest university hospital in Latin America), National Secretary of Sanitary Surveillance, Founder and first President of the National Sanitary Surveillance Agency (ANVISA).

Presently, he is the Chief Executive Officer at Hospital Sírio-Libanês, an author and a well-known leader in the health management field.

4 Teresa M. Tono Ramírez

Teresa Tono is currently Director of Research at the Organization for Excellence in Health and Director of the Observatory of Diabetes of Colombia.

She was previously Executive Director of Program Support for Health Reform (Programa de Apoyo a la Reforma de Salud), an IADB Credit Operation for the implementation of the Colombian healthcare reform and Principal Negotiator for the healthcare and the social protection sectors before the Multilateral Banks and the International Monetary Fund at the Ministry of Social Protection.

Teresa was also Principal Investigator at the Hospital Management Centre, (Centro de Gestión Hospitalaria) and FES, (Fundación FES), SER Research Institute (Instituto SER de Investigación) and Senior Consultant for the World Bank and Kellogg Foundation. Teresa Tono was Senior Advisor to the Minister of Health for the development of the norms and regulations of the Law 100 of 1993 of Colombia on healthcare system reform.

5 David Banta

David Banta received his medical education at Duke University and has a Master's degree in public health from Harvard University.

He worked at the US Congressional Office of Technology Assessment in 1975-1983, heading a team that developed the basic concepts and methods of health technology assessment.

He was deputy director of PAHO in 1983 – 1985. David has worked throughout the world promoting HTA and rational policies toward health technology, especially in Europe, Latin American, and Asia, supported by World Health Organization, World Bank and the European Commission. He has published widely on the diffusion of health technology and on improving quality of health care through the use of HTA. He is Professor at the University of Maastricht, the Netherlands.

6 Susan E. Sheridan

Susan Sheridan became involved in patient engagement after her family experienced two serious medical system failures.

Her husband, Pat, died in 2002 after his diagnosis of spinal cancer failed to be communicated. Their son, Cal, suffered brain damage called kernicterus five days after his birth in 1995 when his neonatal jaundice was untreated.

Susan is currently the Director of Patient Engagement of the Patient-Centered Outcomes Research Institute, (PCORI). She is responsible for creating networks and engaging patients across the nation to provide broad-based input on the development and execution of PCORI's research.

Susan also is responsible for concept development and implementation of patient engagement related programs and processes at PCORI.

Sheridan is Co-Founder and Past President of Parents of Infants and Children with Kernicterus. She was asked to lead the World Health Organization's Patients for Patient Safety initiative, and served as Program Lead from 2004-2011. She speaks frequently on patient engagement across the full spectrum of healthcare at national and international events.

In 2011 Sheridan was appointed by the Secretary of Health and Human Services to serve on the Advisory Committee on Infant Mortality of the Health Resources and Services Administration.

Sheridan received her BA from Albion College and her MIM and MBA from Thunderbird School of Global Management. She has a professional background in international banking and served in Ecuador with her late husband, Pat, as Peace Corps volunteers.

7 Martin Marshall CBE

Martin Marshall is Professor of Healthcare Improvement at University College London and Lead for Improvement Science London, a new initiative to promote the science of improvement across three London Academic Centres.

Previously Martin was a Director of Research and Development at The Health Foundation, Deputy Chief Medical Officer and Director General in the Department of Health and a clinical academic at the University of Manchester.

Martin has been a GP for 24 years and is a fellow of the RCGP, RCP and FPHM. In 2005, Martin was awarded a CBE in the Queen's Birthday Honours for Services to Health Care.

NOTES:

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SUNDAY 5TH OCTOBER 2014

PRE CONFERENCE OVERVIEW

You may select separate morning and afternoon sessions.

Session 1

Making the most of Standards for External Evaluation Programmes

Ground Floor, Room: Versailles I

This workshop is aimed at both experienced and novice healthcare staff who wish to improve patient care. Standards are the cornerstone of all external evaluation programmes and are not easy to develop, but once done well, can be invaluable. However in this time of complex healthcare systems, do we need a one size fits all or do we need multiple sets of standards to cover every eventuality. This informal interactive session will help to answer some of these questions.

09:00 – 09:10

Introduction and objectives

Triona Fortune; ISQua, David Greenfield; AU

09:10 – 09:55

Morning: What is the aim of standards?

Chair: David Greenfield; AU

Is it to regulate?

Margaret Banks; AU

Is it to improve?

Carsten Engel; DK

Can they accommodate resource poor systems?

Nicole Spieker; NL

09:55 – 10:30

Panel Discussion

Margaret Banks; AU, Stuart Whittaker; ZA,
Nicole Spieker; NL, Carsten Engel; DK, Linda O'Conner; AU

10:30 – 11:00

Morning Break

11:00 – 11:50

Back to basics

Chair: Triona Fortune; ISQua

How to write external evaluation standards that are achievable?

Paul vanOstenberg; US

Are standards always evidenced based?

David Greenfield; AU

Can standards contribute to enhancing patient/family centred care?

Wendy Nicklin; CA

11:50- 12:30	Panel Discussion Denise Klavano; CA, Wendy Nicklin; CA, Paul vanOstenberg; US, Carlos Goes de Souza; BR
12:30 - 13:30	Lunch
AFTERNOON CHAIRS: Triona Fortune; ISQua, David Greenfield; AU	
13:30 - 14:30	Delegates to choose 1 topic and work in facilitated groups Facilitators: Claudia Jorgenson; US, Jessica Gacki-Smith; US, Carlos Goes de Souza; BR, Anne Hogden; AU, Lena Low; AU A How do we write external evaluation standards that are achievable? B Develop debating points for the proposition: Peer review is a better approach for promoting continuous improvement. C Develop an approach to finding the evidence for a patient centred care standard and a patient safety standard.
14:30 - 15:00	Feedback David Greenfield; AU
15.00 - 15.10	Closing Remarks Triona Fortune; ISQua

Session 2	Implementation of Patient Reported Outcomes Measures (PROMs): Key Lessons Learnt First Lower Level, Room: Queluz III
09:00 - 09:10	Welcome Janne Lehmann Knudsen; DK
09:10 - 09:45	Successful use of PROMs in frontline clinical settings: Case Examples Eugene Nelson; US
09:45 - 10:20	Laying down a conceptual framework for a PROMs programme Eyal Zimlichman; IL

10:20 - 10:45 Morning Break

10:45 - 11:05 PROMs at the Frontline
2014 Recipient of HAL Award



11:05 - 11:35 Systematic collection of PROMs for care and research - moving into 21st century clinical practice
Irene Katzan; US

11:35 - 12:05 Implementing PROMs in cancer care - key challenges and lessons learned
Liv Dørflinger; DK

12:05 - 12:30 Panel Discussion
Janne Lehmann Knudsen; DK
Eugene Nelson; US, Eyal Zimlichman; IL, Irene Katzan; US, Liv Dørflinger; DK

12:30 - 13:30 Lunch

AFTERNOON

13:30 - 13:40 Overview
Eugene Nelson; US, Eyal Zimlichman; IL

13:40 - 14:25 Workshop 1: Designing the Tools: How to choose the right questionnaire
Eugene Nelson; US

14:25 - 15:10 Workshop 2: How to engage patients and clinicians for successful implementation
Eyal Zimlichman; IL

15:10 - 15:20 Questions

15:20 - 15:35 Closing Remarks
Janne Lehmann Knudsen; DK, Eugene Nelson; US, Eyal Zimlichman; IL

Session 3	Quality in Health Care and Patient Safety in Latin America Ground Floor, Room: Louvre
09:00 - 10:30	Welcome Chair: José Carvalho de Noronha; BR Challenges in implementing quality of care programmes in middle income countries Jose Maria Paganini; AR
10:30 - 11:00	Morning Break
11:00 - 12:30	Chair: Gerardo Alfaro; BR Panel: Quality and safety along the continuum of health care: A Latin American approach Claudia Travassos; BR, Rosa Suñol; ES, Jorge Hermida; EC
12:30 - 13:30	Lunch
AFTERNOON	
13:30 - 16.30	Chair: Ezequiel Garcia Elorrio; AR Second panel: Quality of health care and patient safety in Latin America – an evaluative review Hugo Arce; AR, Eduardo Schnitzler; AR, Hugo Guajardo; CL, Teresa Tono; CO, José Carlos Moutinho; BR <i>Rapporteur:</i> Walter Mendes; BR
15:00 - 15:30	Afternoon Break
16:30	Close

Session 4

Patient Safety and Quality Tools

Ground Floor, Room: Versailles II

MORNING

Patient safety tools in the real world: Keys to successful implementation

Aim: In this Preconference session on Safety Tools, participants will learn about how to get Safety initiatives underway, and then spread and maintain them. The interactive session will start with some background on important patient safety issues. Then, through a varied presentation format that will include brief lectures, interactive discussions, and case studies participants will learn how information technology can improve safety, how to implement new interventions and manage change, how to scale up successful inventions, as well as building a culture of safety that can support this work.

09:00 - 12:30

Allen Kachalia; US, David Bates; US, Itziar Larizgoitia; WHO, Ezequiel García-Elorrio; AR

10:30 - 11:00

Morning Break

12:30 - 13:30

Lunch

AFTERNOON

Managing knowledge to improve care

Aim: This interactive session will discuss simple rules of managing knowledge. The presenters will guide participants through the application of two techniques of managing knowledge, storytelling and speed consulting. Additional techniques of managing knowledge and how they can be used at different stages of an improvement effort will be discussed and resource materials provided for further learning.

13:30 - 16:30

Kate Fatta; US, Rashad Massoud; US, Bruce Agins; US

15:00 - 15:30

Afternoon Break

16:30

Close

A3 Exploring the past, present and future of patient involvement in patient safety

First Floor, Room: Imperial

Speakers: Stephen Campbell, Jane O'Hara, Sally Giles and Jonathan Boote; UK

This session will explore the historical context, current state of, and future opportunities for patient involvement in patient safety interventions across both primary and secondary care. Delegates will be provided with a series of presentations from some of the United Kingdom's leading researchers in patient involvements in patient safety, chaired by one of the UK's most visible proponents of patient engagement and empowerment. The session will finish with an open discussion about the future of patient involvement in patient safety, and the challenges and opportunities this presents for health care globally.

A5 Quality Improvement Methods adapted for LMIC: The Goodbye Bacteraemia Campaign in the Latin American region

Ground Floor, Room: Louvre

Speakers: Pedro Delgado; VE, Vivanna Rodriguez; AR, Jafet Arrieta; MX

The regional initiative 'Adiós Bacteremias', promoted by the International Consortium for Innovation, Quality and Safety in Health (CLICSS), had the aim of reducing the rate of central line-associated blood stream infections (CLABSI) in Latin American Intensive Care Units (ICUs) through the implementation of evidence-based interventions, the model for quality improvement and multi-country collaborative work. The initial phase of the initiative was launched on September 28, 2012 reaching an outstanding 56% overall reduction. The campaign does not have financial funding of any kind and the members of the Task Force are working on a pro bono basis. The panel will share key challenges in implementing and evaluating this type of interventions. Finally the audience will participate in suggesting solutions that address the barriers presented.

A6

National Programme for Patient Safety: The Brazilian context

First Lower Level, Room: Queluz III

Speakers: Shams Syed; WHO, Regina Ungerer; WHO,
Diana Carmem Nunes; BR, Luciana Yumi Eu; BR

WHO Service Delivery and Safety was launched early in 2014, bringing together key WHO technical areas to support Universal Health Coverage (UHC). What does this mean for low and middle-income countries? What are the assets in this new WHO Department and within WHO as a whole? How can these be effectively harnessed to catalyse high quality integrated health services? This is the main session focus.

Brazil has a rich experience in constructing a national approach to quality from which many lessons can be harvested. In particular, how did Brazil utilise interactions with WHO to establish its national architecture on patient safety and quality. Participants will be informed on this national evolution.

South-south collaboration is increasingly recognised as critical to partnerships involving thematic and linguistic dimensions. A new WHO Collaborating Centre established at the Oswaldo Cruz Foundation in 2014 will allow expansion of the WHO African Partnerships for Patient Safety to Portuguese speaking countries through collaboration with WHO ePORTUGUÊSe. The collaborative effort will be described in detail.

Innovations for service delivery and safety flow in a multi-directional manner between low, middle and high income countries. The session will explore this concept through engagement of the panel, as well as the audience.

A8

When everybody wins – maximising staff engagement in improvement

First Lower Level, Room: Queluz I

Speakers: Helen Crisp and Jane Jones; UK

A key factor in implementing improvement projects is the attitude of the staff involved, whether they see the initiative as extra work, or an easier way to provide high quality services. Quality leads need to have a sense of what is likely to enthuse staff and thus facilitate successful implementation, and what is a “turn off”. Using research evidence, we will explore the different cultural and motivational challenges to staff engagement, we will offer some ideas and how these can be overcome.

This session will outline challenges of getting staff commitment and involvement in quality improvement work, based on The Health Foundation's research. It will cover the importance of understanding organisational and professional cultures and intrinsic and extrinsic motivators. An outline to successful approaches to engage and involve specific staff groups, will be explored.

CONCURRENT SESSIONS **AFTERNOON 13:45 - 15:15**

A11

Learning from large scale systems transformations

First Floor, Room: Itamaraty

Speakers: Cliff Hughes; AU, Liam Donaldson; UK, David Mayer; US, Jeffrey Braithwaite; AU

We know a lot about what should be done to improve care in acute settings. Strategies include checklists in operation theatres to reduce morbidity and mortality, and care bundles in ICUs to reduce catheter-related infections. Research has underpinned other measures to improve care and strengthen health systems including handovers, hand hygiene, root cause analyses, clinical guidelines, productive organisational cultures and e-health solutions.

What is missing is the capacity to ramp up implementation efforts and realise large-scale systems transformation. This is very difficult to achieve. Our current understanding of how to effect improvement at scale is poor.

We identified six large-scale systems-level interventions which satisfied rigorous criteria. They took measurements before and afterwards, compared the interventions to a control group, or both; evaluated the intervention; demonstrated large-scale systems improvement; and explained the limitations of the change process.

Large-scale change can be achieved, but it needs effective planning and design, as well as concerted effort. One key property of success is measurement, another is evaluation built into the design and another is the capacity to take a strategic approach and build momentum.

We discuss these studies and experiences and create an opportunity for participants in small groups to apply the findings to their own change initiatives.

A13 Jumpstarting and Sustaining Quality in Developing Countries

Ground Floor, Room: Louvre

Speakers: Nicole Spieker; NL, Martin Ngari; KY, Nathaniel Otoo; GH, Njide Ndili; NG

Many transitional and developing countries have low capacity and resources to meet quality and patient safety aspirations and patient needs. As the same time health sector reform is providing access to care for especially lower income groups through (national) health insurance initiatives, offered in a public-private sector approach. While the insurance funds, governments and in many cases aid agencies desire to help the health sector fulfil their quality aspirations, the tools and methodologies are mostly NGO-driven and not embedded in the national institutional framework, leading to poor sustainability.

Traditional accreditation relies on comprehensive sets of standards that are beyond the reach of most providers in these countries and are an expensive evaluation methodology; the licensing framework is often low in capacity. What is needed is unique configurations of standards and unique quality evaluation tools wrapped in an incremental methodology, and not focused on accreditation but rather continuous improvement, firmly embedded in the national health system.

Participants will learn about the unique tools and approach of the SafeCare programme as used in national insurance programs in Kenya and the Ghana Accreditation System, and learn about the promising research related to the use of SafeCare's approach in provider organisation in several countries.

A16 Improving Patient Safety: Simulation of Adverse Outcomes and Human Factors

First Lower Level, Room: Queluz II

Speakers: Douglas Slakey, Ned Cosgriff, Ingemar Davidson and James Korndorffer; US

Optimising patient safety, especially when care is complex, requires consideration and co-ordination of the healthcare system. Human factors can be applied to optimise the interaction of people, environment and technology, allowing for comparative effectiveness of treatment options. To achieve high reliability human factors that affect the system of care should be evaluated and tested using a method that does not risk injury to patients.

Using simulation to study the complex interaction of human factors and the healthcare system is a method that can reveal strengths and weakness, and suggest approaches to improve patient care and safety. Simulation methods can reconstruct errors and adverse outcomes, detect root causes, and system failures. Human factors and system improvements can then be evaluated in a simulated environment prior to being applied or tested in the actual healthcare environment.

This session will present information about the use of simulation to evaluate complex systems of healthcare delivery and the relationship to human factors. The results to research with a technique of simulation of adverse outcomes will be discussed. In conclusion, the session will consider the application of the methodology of simulation of adverse outcomes to improving patient safety, comparative effectiveness, and optimising outcomes.

A18

The Stakeholders Perspective: Quality in Medicine in Transitional Post-communist Countries

First Lower Level, Room: Queluz I

Speakers: Tomáš Doležal, Miroslav Verner, Hana Konečná and Eva Šrámková; CZ

This session will look at the changes that have occurred in relation to the radical restructuring of medicine following the collapse of communism. Healthcare reform is complex and changes often have unintended consequences on other parts of the system. This session will present insights from four stakeholder perspectives (a health practitioner, a patient representative, a medical lawyer and a healthcare manager).

Each stakeholder will give a 12-15 minute presentation looking at key changes (decentralisation, privatisation, funding, primary care) that have occurred in healthcare in post-communist countries and the impact (intended and unintended) that this has had on quality. It will focus on the motivations behind government policy and how this has impacted on the system and altered the responsibilities and roles of the stakeholders.

It will also look at how reforming various aspects of the system has impacted on the health and social care continuum. Particular attention will be paid to the difficulties of transferring practices from other countries with different systems, traditions and cultures. The session will end by considering how these experiences can help us shape future policy decisions on healthcare across the globe, where the key focus is on quality.

PLENARY 16:00 - 16:45

Integrated Care and Multimorbidity; The Challenges

Ground Floor, Room: Louvre

Speakers: Stewart Mercer; SC

As countries around the world face the increasing burden of chronic disease, it is becoming increasingly apparent that transformation is needed in healthcare services for people with multiple complex conditions. 'Multimorbidity' is the norm rather than the exception in most common chronic conditions, especially in the elderly. The co-existence of physical and mental health problems is also common in multimorbidity. Furthermore, there is increasing evidence of the social patterning of multimorbidity, resulting in higher healthcare needs in those at the lower end of the socioeconomic spectrum. Such factors increase the burden of illness on individuals, reducing length and quality of life. Multimorbidity also results in heavy use of health care, including potentially avoidable hospital admissions. Evidence-based healthcare responses to the burgeoning phenomenon of multimorbidity are in their infancy, especially those focusing on the dual problem of multiple complex illnesses and low socioeconomic status. The speaker will review the challenges of multimorbidity, and the evidence base to date, and will present new work from Scotland. The importance of integrated care in multimorbid patients will be discussed.

MONDAY 6 October 2014

08:00 - 08:45 **WELCOME COFFEE WITH THE EXHIBITORS**
Second Floor

OPENING PLENARY

Ground Floor, Room: Louvre

Chair: Jose Carvalho de Noronha; BR

08:45 - 09:10 **Official Conference Opening**
David Bates; ISQua President
Arthur Chioro, Ministro de Estado da Saúde; BR
Making the Most of the Conference
Peter Carter; ISQua CEO

09:10 - 10:00 **Opening Plenary**
Julio Frenk; MX

10:00 - 10:30 **MORNING BREAK**
Second Floor

CONCURRENT SESSIONS MORNING 10:30 - 12:00

A1 Governance, Leadership and Health Policy First Floor, Room: Itamaraty

Chair: Karen Linegar; ISQua (90 mins)

Governance, Leadership and Health Policy

Robin Osborn; US

A2

Improvement Science and Patient Safety Solutions

Ground Floor, Room: Versailles I

Chair: David Ballard; US (15 mins each)

The Implementation of Decision Support System for Reducing Adverse Drug Events and Medication Errors in Japanese Inpatients: The Jade Study (1924)

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

Evaluation of a Pharmacist Managed Warfarin Protocol: Looking Beyond Process Measurements (1227)

J. Moriarty, P. Daniels, D. Manning, J. Naessens; US

Off-Hours Admission and Acute Stroke Care Quality: A Nationwide Study of Processes of Care and Case-Fatality (1761)

N. Sahlertz, J. Mainz, B. M. Nørgaard, S. P. Johnsen; DK

Does Clinical Governance Influence Appropriateness in Hospital Stay? (1175)

A. G. De Belvis, A. Poscia, P. Parente, M. L. Specchia; IT

Which Really Impacts the Quality of Care for Acute Heart Failure - Hospital Case Volume or Cardiologist Team Size? (1400)

N. Sasaki, H. Ikai, K. Fushimi, Y. Imanaka; JP

A3

Patient Centred Care

First Floor, Room: Imperial

Chair: Peter Walsh; UK (90 mins)

Exploring the Past, Present and Future of Patient Involvement in Patient Safety

Stephen Campbell, Jane O'Hara, Sally Giles, Jonathan Boote; UK

A4

Accreditation and External Evaluations Systems

Ground Floor, Room: Versailles II

Chair: BK Rana; IN

(15 mins each)

The Influence of the Hospital Accreditation on Quality and Hospital Management in Taiwan (1280)

W.-C. Lee, S. Liao, H. J. Lin, T. H. Su; TW

Do Short-Notice Reviews Remove the 'Staged' Reality of Surveys? (1921)

R. Marthinsen; DK

A New Program for the Sustainability of High Quality Care to Further Improve Accredited Hospitals: An Analysis of First-Year Achievements in the Cost-Containment Era (2446)

Y. Imanaka, H. Sugawara, M. Imamura, H. Kawakita; JP

From a Ripple to a Tidal Wave one year on: Driving Improvements in Safety and Quality through a National Accreditation Scheme (2390)

M. Banks; AU

International Hospital Accreditation for a Public General Hospital in the Great São Paulo (1642)

L. V. Gaspary, S. A. P. B. Sousa; BR

A5

Education and Research

Ground Floor, Room: Louvre

Chair: Ezequiel Garcia Elorrio; AR

(90 mins)

Quality Improvement Methods adapted for LMIC: The Goodbye Bacteraemia Campaign in the Latin American region

Viviana Rodriguez; AR, Jafet Arrieta; MX, Pedro Delgado; VE

A6

Learning with Developing Countries

First Lower Level, Room: Queluz III

Chair: Sir Liam Donaldson; WHO (90 mins)

National Programme for Patient Safety: The Brazilian context

Shams Syed; WHO, Regina Ungerer; WHO, Diana Carmem Nunes; BR, Luciana Yumi Eu; BR

A7

Comparative Effectiveness in Health Information Technology and Health Technology Assessment

First Lower Level, Room: Queluz II

Chair: Siu Fai Lui; HK (15 mins each)

Clinical Governance in Telehealth. The Present has caught up with the Future (1466)

M. E. Robinson; AU

Role of Web-Based Nationwide Medical Adverse Event Reporting System In Planned Clinical Investigation System on Patient Death in Japan (1244)

S. Ushiro, H. Sakai, J. Inoue, K. Nomoto; JP

Health Technology Assessment as a Tool to Increase the Quality of Investment in Health Information Technology (1588)

K. Kidholm, **P. Jest,** C. D. Pedersen, J. Risom; DK

The Costs Associated with Implementing Electronic Health Records in Hospitals (1452)

S. P. Slight, C. Quinn, D. Bates, A. Sheikh; US/UK

A Novel Electronic Nursing Information and Documentation System Impacts Nurse Workflows (1405)

B. Redley, M. Botti, K. Coleman, J. Considine; AU

A8 Health and Social Care for Vulnerable and Older Persons/Governance, Leadership and Health Policy

First Lower Level, Room: Queluz I

Chair: Steve Clark; AU

When everybody wins - maximising staff engagement in improvement

Helen Crisp & Jane Jones; UK (45 mins)

Utilising Advantageous Risk Management and Performance Improvement Techniques (1899)

S. Clark; AU (15 mins)

Can Management by walk rounds In a University Hospital Improve Quality? Deployment and Results for the First 18 Months (2340)

A. Ourahmoune, G. Dessard-Choupay, A.-C. Rae, P. Chopard; CH (15 mins)

A9 Integrated Care

First Floor, Room: Liberdade

Chair: Jennifer Zelmer; US (15 mins each)

Prevalence and Potential for Integrated Care with Remote Patient Monitoring in Canada (1369)

B. Gheorghiu, J. Zelmer; CA

Apply Clinical Alert System to Reduce In-Hospital Cardiac Arrests: Multidisciplinary Team Integrated Care (2228)

W.-L. Liu, S. C. Vong, H. C. Huang, C. J. Chen; TW

Community Assets and Health Outcomes: New Models of Change (2295)

M. Tait, S. Rippon, J. Foot, T. Hopkins; UK

The Critical Conceptual and Practical Issues of the Integrated Care Co-ordination Pilot (CCP) in Hungary (2550)

E. Sinko, **P. Gaal;** HU

12:00 - 13:45

LUNCH BREAK -

Sponsored by Hospital Santa Paula



Catering: **Second Floor**

Seating Area: **First Floor, Room Alvorada**

13:00 - 13:30

How Physical Environment Reduce Harm, improve satisfaction and Lower Costs

Paul Barach; AU

First Floor, Room: Intamaraty

SHORT ORAL PRESENTATIONS **LUNCHTIME 12:50 - 13:30**

AP1

Accreditation and External Evaluations Systems

First Floor, Room: Liberdade

Chair:

Christopher Cornue; US

(5 mins each)

Using Hierarchical Linear Modelling for Patient Safety Culture Growth Curve and Related Factors in Taiwan: A 5 Year Longitudinal Study (1324)

T. Y. Wu, S. Liao, **H. J. Lin**, T. H. Su; TW

Introduction of SBM-R, Internal and External Verification System Improves Quality of Health Care in Malawian Health Facilities (1916)

E. S. Gumbo, T. Rashidi, L. Useni; MW

Effect of Implementation of Specialty Hospital Designation (Medical Cost & Length of Stay) (1568)

D. W. Jung, H. J. Yoon, N. S. Lee, S. I. Kim; KR

Where do Healthcare Organisations Excel? - An Analysis of Outstanding Achievement Ratings (1692)

L. O' Connor, D. Jones, L. Low, K. Linegar; AU

AP2

Education and Research

First Floor, Room: Imperial

Chair: Caroline McAndrew; IE *(5 mins each)*

Enable Intra-hospital Safe Transfer of Patient (2382)

C. Y. C. Chan, H. K. C. Lam, A. O. K. Lee, S. Mun Lei; HK

Quality Improvement in the Education of Doctors of Pharmacy in the United States (1876)

A. L. Hincapie, T. Warholak, V. Arya; US

Implementation of Sexually Transmitted Infections - Korean Guidelines and Related Factors: An Analysis of the Sales Funnel Approach (2209)

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

Savic - Advanced Heart Failure Support Course: A New Teaching Methodology for Acute Heart Failure (2052)

M. F. Canesin, M. T. Oliveira Jr, A. C. P. Barretto, A. C. Carvalho; BR

From Global Policy to Local Action: Implementing WHO Multi-Professional Patient Safety Curriculum Guide in Thailand (2436)

P. Limpayalert, A. Supachutikul, S. Tassniyom, N. P. Plaizier; TW/WHO

Analysing the Association of Hospital-Level Quality Performance Indicators (1368)

M. A. Counte, M. Morgan, A. Schoen, V. Cheng; US

AP3

Governance, Leadership and Health Policy “Quality Maintaining Cost Efficiencies”

First Lower Level, Room: Queluz I

Chair: Alex Bottle; UK (5 mins each)

Protocol Management: Assistance and Financial Results (1861)

R. M. G. P. Macedo, R. F. D. Silva, W. N. Issa, L. B. Taveira; BR

Improving Cost-Effectiveness and Quality of Care by HIRA’s Claims Review (2008)

Y. Baek, **J. Koo**, M. Lee , K. Ham; KR

How Hospitals Responded to a Financial Incentive to Improve Quality. A Qualitative Analysis of the French Hospital Pay-For-Performance Experiment (1216)

A. Girault, A. Fourcade, P. Loirat, E. Minvielle; FR

How Frontline Manager Learning and Development Influences Governance and Leadership (1695)

A. Kellner, S. A. Lawrence, K. Townsend, **D. Greenfield**; AU

Safety Culture Assessment and Leadership (1408)

T. A. Listyowardojo, S. Leyshon, M. Lyons, M. Pytte; NO

AP4

Health and Social Care for Older Persons

First Lower Level, Room: Queluz II

Chair: José de Lima Valverde Filho; BR (5 mins each)

Postoperative Progression of Isolated Myocardial Revascularization Surgery in Young and 80-Year-Old Patients (1829)

D. L. Ramos, N. S. Lasta, **P. G. M. B. Silva**, V. A. Fernandes; BR

E-Health Technologies for Ageing Citizens: First Hints on Acceptance Factors in Italy (1483)

L. Buccoliero, E. Bellio; IT

Change in Quality and Behaviour of Medical Service Before and after the Introduction of Pilot Program of Korea Case Payment System (KCPS) (1541)

S. M. Lim, M. Y. Ko, M. Y. Kim, Y. J. Moon; KR

The Impact of Social Factors on Re-admissions for Older Adults (2085)

M. Centeno, C. Fullerton, D. Ballard; US

AP5

Improvement Science and Patient Safety Solutions “For Medication Errors”

First Lower Level, Room: Queluz III

Chair:

Villis Marshall; AU

(5 mins each)

Optimizing High Risk Medication in 16 Dutch Hospitals (1857)

E. Van Der Schrieck-De Loos, L. M. Hanff, S. J. Troost, J. J. P. Van Groenestijn; NL

Drug-Drug Interaction Alerts Focused on Prevention of Serious Injuries in Hospital Setting: The Prevalence of Overrides and Prescriber Determinants (2523)

T. Eguale, D. L. Seger, S. P. Slight, D. W. Bates; US

Reducing Medication Errors in Mental Health Community Settings (2438)

T. Vasquez; AU

Understanding Junior/Trainee Nurses in Relation to the Administration of Anticancer Drugs and Immunotherapy Process (2530)

D. M. S. Okada, Y. B. Q. Oliveira, **A. J. Barretto**, L. G. Silva; BR

Incidence and Outcome of Inappropriate In-Hospital Empiric Antibiotic Therapy for Severe Infection: A Systematic Review (1235)

K. Marquet, A. Liesenborgs, A. Vleugels, N. Claes; BE

AP6

Patient Centred Care “Experience”

Ground Floor, Room: Versailles II

Chair: Bernice Redley; AU (5 mins each)

Associated Factors Related to Poor Patient Engagement in Hospital Care (2233)

L. Y. E. Wong, W. L. A. Cheung, H. K. C. Yam, SF Lui; HK

Development of a Patient Reported Experience Measure for Transition: Assessing Young Adults’ Experiences of Transferring from Paediatric to Adult Healthcare Services (1095)

A. Tallett, B. Hopwood; UK

Satisfaction Survey: A Patient Centred Quality Improvement Tool (1128)

A. S. Al Qahtani, F. M. Messahel; SA

CONCURRENT SESSIONS AFTERNOON 13:45 - 15:15

A10

Governance, Leadership and Health Policy

Ground Floor, Room: Versailles I

Chair: Carol Bates; US (15 mins each)

What Powers do Hospital Middle Managers Hold in Influencing Clinical Staff on Quality & Patient Safety? (1217)

A. Parand, S. Dopson, C. Vincent; UK

Driving Ownership & Accountability as the Cornerstone of Patient Safety Strategy (1306)

D. S. Mujumdar, A. Lim, S. C. Quek, S. Ang; SG

Policy Development at National Level: The Australian Open Disclosure Framework (1661)

L. Slawomirski, G. Bedford, S. Allen; AU

Linking Patients to Providers for Performance Assessment: The Effects of Attribution Method on Provider Performance Measures in a Large Primary Care Practice (2322)

P. Ramar, **J. Naessens**, L. Benetti, K. Bunkers; US

The Most Important Dimension of Quality to Health Workers in a Large Teaching Hospital in Ghana (1917)

E. H. Otchi, P. K. Amoo, K. K. Marfo; GH

A11 Improvement Science and Patient Safety Solutions

First Floor, Room: Itamaraty

Chair: Jeffrey Braithwaite; AU (90 mins)

Learning from large scale systems transformations

Cliff Hughes; AU, Sir Liam Donaldson; UK, David Mayer; US,

A12 Patient Centred Care

First Floor, Room: Imperial

Chair: Ronen Rozenblum; US (15 mins each)

Enhancing Quality Measurement With Electronic Healthcare Records (1518)

T. Hernandez-Boussard, S. Tamang, N. Shah; US

How Do Staff Engage With Feedback From Their Patients About Safety And Quality? Lessons Learned From A Multi-Centre Cluster Randomised Controlled Trial (1793)

L. Sheard, J. O'Hara, R. Lawton, G. Armitage; UK

Fool's Gold Or A Pot Of Gold At The End Of The Rainbow?: The Potential Outcomes Of The Patient-As-Professional Role To Deliver Patient Centred Care (1378)

R. Phillips, A. Short, P. Dugdale, **D. Greenfield**; AU

Communicating With Non-Speaking Patients: An Interview Study Exploring Current Practices In Swiss Intensive Care Units (2170)

T. Manser, P. Immoos, P. Massaroto, P. Vanek; CH

Engaging Patients and Families in Refining an Innovative Patient-Centered Care Intervention to Enhance Patient Experience

Ronen Rozenblum; US

A13 Accreditation and External Evaluations Systems

Ground Floor, Room: Louvre

Chair: Paul vanOstenberg; US (90 mins)

Jumpstarting and Sustaining Quality in Developing Countries

Nicole Spieker; NL, Martin Ngari; KE, Nathaniel Otoo; GH, Njide Ndili; NG

A14 Education and Research

First Lower Level, Room: Queluz III

Chair: John Helfrick; US (15 mins each)

Return To Theatre For Elective Hip And Knee Replacements: What is the Relative Importance of Patient Factors, Surgeon and Hospital? (1478)

A. Bottle, M. Loeffler, P. Aylin; UK

The Epidemiology of Operation Related Adverse Events in Inpatients: The Jet Study (2283)

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

Distance Learning Program for Staff of the Dominican Ministry of Health on Quality of Health Services (1155)

H. E. Arce, D. S. Gayol; AR

Using a Novel Online Learning Method to Respond to Adverse Event Data and Supplement Quality Improvement Programs (2344)

J Helfrick, T. Shaw, M. Ryan, H. Bowen-Brady, E. Brown; AU

A15

Learning with Developing Countries

Ground Floor, Room: Versailles II

Chair: Ana Maria Malik; BR

(15 mins each)

Association Between Patient and Hospital Admission Factors and Adverse Event Occurrence in the Brazilian Prevalence Study of Adverse Events (Ibeas-Brazil) (2354)

C. Travassos, W. Mendes, M. Martins, A. L. B. Pavao; BR

Strengthening Systems to Improve Nutrition Care, Support and Treatment in Malawi: Results from Balaka and Karonga Districts (2220)

L. E. Hauya, A. Stern; MW

A Three-Year Trend of Hospital Performance in Afghanistan: Results from a National Assessment Applying the Balanced Score Card (2259)

A. Edward, K. Osei-Bonsu, C. Branchini, G. Burnham; AF

Prevalence of Potentially Inadequate Medication (PIM) Among Elders in an Academic Hospital of a Transitioning Country (1870)

J. T. Insua, A. Fajreldines; AR

The Cost-Effectiveness of Improving Maternal and Neonatal Health Care: Results from Mali and Uganda (1532)

E. Broughton, C. Namajji, A. Coly, E. Karamagi-Nkolo; US

A16

Comparative Effectiveness in Health Information Technology and Health Technology Assessment

First Lower Level, Room: Queluz II

Chair: Douglas Slakey; US

(90 mins)

Improving Patient Safety: Simulation of Adverse Outcomes and Human Factors

Ned Cosgriff, Ingemar Davidson, James Korndorffer; US

A17

Health and Social Care for Vulnerable and Older Persons

First Floor, Room: Liberdade

Chair:

Yuichi Imanaka; JP

(15 mins each)

Medication Management in the Older Adult: Thinking Outside the Pill Box
(1339)

M. Centeno, C. Fullerton, D. Ballard; US

Adult Social Care Survey Feasibility Study (1188)

K. Flott, E. Ainley, R. Humphries; UK

Prevalence of the Prescribing of Potentially Inappropriate Medication to Elderly in Korea: A Nationwide Claim Data Based Study (2570)

H.-L. Jeon, J. Park, D.-S. Kim; KR

Experiences of Care, Quality and Safety in Aged Care Homes: The Views of Health Professionals and Residents and their Families (1719)

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

ISQua's International Resident Quality and Safety Initiative

John Sweeney; ISQua

A18

Integrated Care

First Lower Level, Room: Queluz I

Chair:

Tomáš Doležal; CZ

(90 mins)

The Stakeholders' Perspective: Quality in Medicine in Transitional Post-communist Countries

Hana Konečná, Eva Šrámková, Miroslav Verner; CZE

MONDAY 6 October 2014

15:15 – 15:45 **AFTERNOON BREAK**
Second Floor

AFTERNOON PLENARY

Ground Floor, Room: Louvre

Chair: David Bates; ISQua

15:45 – 16:00 **Awards**
ISQua Presidential Citation
John Ware and Alvin Tarlov Career Achievement

16:00 – 16:45 **Integrated Care and Multimorbidity; The Challenges**
Stewart Mercer; SC

17:00 – 17:45 **ISQua AGM (Members only)**
First Floor, Room: Itamaraty

19:00 **Networking Reception Village Mall**
Tickets BR \$100 from the Registration Desk

SPECIAL BREAKFAST SESSION **MORNING 07:45 - 08:30**

Special Breakfast Session

First Floor, Room: Itamaraty

Speakers: Presented by The Commonwealth Fund

The Harkness Fellowships in Health Care Policy and Practice provide a unique opportunity for 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 U.K. to spend up to 12 months in the United States working with leading experts to study health care delivery reforms (e.g. bundled payments, accountable care organizations, innovative approaches to care for high need/high cost patients) and critical issues on the health policy agenda in both the U.S. and their home countries. 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. Each fellowship provides up to U.S. \$119,000 in support, plus a family supplement of up to \$55,000.

Please join Robin Osborn, Vice President of The Commonwealth Fund and Director of the Harkness Fellowships, and Harkness alumni Martin Marshall and Jennifer Zelmer to learn more about the Harkness Fellowship experience, who should apply, and the impact of the Fellowship on Fellows' career paths.

CONCURRENT SESSIONS **MORNING 10:30 - 12.00**

B2

Diagnostic Error in Medicine

Ground Floor, Room: Versailles I

Speakers: Mark Graber; US, Gordon Schiff; US, Pat Croskerry; CA

This presentation will include an overview of the topic, and discuss the different research approaches that have provided data on the incidence and epidemiology of diagnostic error.

A review of recent advances in understanding clinical reasoning, and how the dual process paradigm is applied in solving clinical problems will be outlined. Understanding how our innate cognitive tendencies contribute to errors offers a unique approach to help prevent diagnostic errors.

The importance of the Electronic Medical Record (EMR) in the diagnostic process will be evaluated. The EMR is a reality in health care today and its use has profound implications for diagnostic quality and diagnostic safety.

The speakers will discuss the how many variables influence the complex process of clinical decision making: the nature and presentation of the illness itself, the design and operation of the healthcare system in which clinicians work, ambient conditions at the time the patient is seen, the patients themselves, and multiple characteristics of the decision maker (gender, personality, age, decision making style and others). This presentation focuses on the characteristics of the decision maker, in particular their decision making style.

The basic properties of human decision making will be reviewed with special emphasis on dual process theory. This proposes that decision making is made in one of two modes: either a very fast, reflexive, subconscious process, referred to as intuitive decision making or Type 1 processing, or a slower, deliberate, analytical approach that is referred to as Type 2 processing.

Many of the numerous biases and heuristics that have been described in human decision making reside in the intuitive mode and while they serve us well most of the time, they have the potential to cause diagnostic failure. Their deleterious impact on decision making can be mitigated by firstly alerting decision makers to the presence of bias and secondly by promoting the use of cognitive debiasing strategies.

B3

Engaging patients and the community for people-centred health services – why is it important for universal health coverage?

Ground Floor, Room: Louvre

Speakers: Nittita Prasopa-Plaizier; WHO, Denice Klavano; CA, Sue Sheridan; US, Nuria Toro Polanco; WHO

Patient, family and community engagement and patient-people-centred health services are closely interlinked and well recognised in many developed nations. In low and middle income countries, these concepts and how they are implemented are less understood.

A strategy for attaining health for all that has been endorsed by all WHO Member States is Universal Health Coverage (UHC), which aims to ensure that all people have access to the comprehensive and quality health services they need without suffering financial hardship. The move toward UHC is a challenging journey that needs all parties—patients, providers, policy-makers and the community on board. To facilitate this journey, WHO has developed a “Strategy on People-Centred and Integrated Health Services”, emphasising that UHC is also about safe and high quality services that are responsive to the needs of people who use them.

WHO has also developed the “Patient and Family Engagement Framework” to facilitate meaningful and respectful patient-professional engagement.

The panel will discuss practical approaches to enable patients, providers and policy-makers to better integrate the patients’, families’ and communities’ perspective to create safe, integrated and people-centred health services.

B6 Improving quality of and access to health care in Latin America

Ground Floor, Room: Versailles II

Speakers: Ezequiel Garcia Elorria; AR, Jafet Arrieta; MX, Jorge Hermida; EC

The objectives of this session are to 1) feature work from lower resourced settings and 2) highlight initiatives that focus on better access, more effective quality care and enhancements in equity. The speakers will present specific work in Latin American countries such as Nicaragua, Mexico, Ecuador and others that explore specific challenges to quality of care, the processes put in place towards improvement including coordination with local Governments, community organizations and the results achieved. The session will promote a discussion on the particular aspects of improvement work in Low and Middle Income (LMIC) countries, focusing on obstacles and approaches with potential for results in specific organizational, political and low-resource environments.

B7

Learning from Greg's Journey: Continuity of Care and Digital Health

First Lower Level, Room: Queluz III

Speakers: Jennifer Zelmer and Ward Flemons; CA

The Health Quality Council of Alberta, Canada followed the health care journey of Greg Price, a young man who was diagnosed, and later died, from testicular cancer, in an effort to better understand continuity of care in the province. The Council's report highlighted a number of recommendations for coordinating care among providers to improve quality and outcomes. Several focused on the potential of digital health solutions to highlight and address potential gaps in care. For instance, the report recommended that patients have more access to their health information and that e-referral and follow-up systems be strengthened. This presentation will review key findings from the report, as well as examples of these types of solutions in action in Canada and elsewhere.

B8

Health and Social Care for Vulnerable and Older Persons: Asian Perspectives

First Lower Level, Room: Queluz II

Speakers: Chung-Liang Shih; TW, Yuichi Imanaka; JP, B. K. Rana; IN

Health and social care for vulnerable and older persons are global issues. Most of the Asian Countries have life expectancy between 60 to 80 years. Among the Asian Countries, Japan and Taiwan are the top 10 countries having highest life expectancies. The share of India's older population (ages 60 and older) is projected to increase dramatically in next four decades. As the result, fast aging years cause burdens to the society and health care insurance.

The vulnerable population always requires lots of assistance and health care in their life, however, they usually do not get sufficient support which they should get due to their disadvantage social situation, less politic influences, unequal social resources distribution, etc... The sources of health care and social problems are illness and poverty. This population is usually trapped due to illness and poverty, so the key is to break the vicious cycle of poverty and illness.

This session will explore how the issues are handled in Taiwan, Japan, and India. Three speakers will share the experiences in providing the health and social care for vulnerable and older persons in their countries. And the deep discussion will be arranged for idea exchange. It is hoped to form better solutions.

TUESDAY 7 October 2014

LUNCHTIME SESSION **12:30 - 13:30**

Special Lunch Session

First Floor, Itamaraty

Speaker: Presented by DNV

This session will commence with a short presentation on risk management and will be accompanied by copies of the Person Centred Guidebook, a new book on person-centered care developed by DNV GL. Drawing on our 150 year history of proactive risk management, interviews with 40 world leaders in healthcare, and 10 case examples from low, middle and high income countries, we show how person-centered healthcare can be a reality for all. Attendees will be given a free copy of the guidebook.

The majority of the session will be devoted to a customer panel with the aim of describing their first-hand experience in using the tools and methodologies of DNV GL to improve quality and safety, such as proactive risk assessment, robust quality management systems and internationally recognized standards

All delegates will then have a chance to take part in a short quiz on safety and quality and win some wonderful prizes, such as an iPad. Questions will be based on the presentations. Lunch will be provided.

CONCURRENT SESSIONS **AFTERNOON 13:45 - 15:15**

B10

“Hospital on Trial”

Ground Floor, Room: Louvre

Speakers: Corrine Slingo, Louise Wiltshire, Adrian Hooper and Alice Osborne; UK

Come and decide whether your healthcare colleagues are guilty or not guilty! In a time of unprecedented pressure within the health system on safety and quality, this session brings to life a court room ‘drama’ hosted by lawyers and with real medical professionals giving evidence, based around an all too common medication error. The session delivers a genuine court room experience to highlight how such errors can be perceived outside the hospital environment, with strong messaging around consequence, set within an entertaining scene.

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The session is run by DAC Beachcroft LLP, a leading international law firm providing advice within the public and independent health and social care sector since the inception of the NHS, now pre-eminent in both strategic and operational advice in an evolving health system. Witnesses giving evidence are leading professionals at Guy's and St. Thomas' NHS Foundation Trust.

B13a How do we know care is safe? Safety measurement and monitoring

First Floor, Room: Itamaraty

Speakers: Jonathan Bamber; UK, Mary Dixon-Woods; UK and Claudia Travassos; BR

Despite the huge volume of data collected on medical error and harm to patients, as well as a number of tragic cases of healthcare failure and a growing volume of government reports on the need to make care safer, we still don't know how safe care really is. This session will explore the evidence, challenges and progress in understanding how to improve our approach to measuring and monitoring safety, focusing on the experience with the UK and Brazil as case studies. The session will begin with an outline of the history, challenges and progress in understanding how to improve our approach to measuring and monitoring safety, focusing on the experience with the UK and Brazil as case studies.

Recent approaches within the UK and Brazil to tackle measurement of safety, including safety collaboratives, incident report systems, the role of assurance and regulation, and original research outlining a new approach to measuring and monitoring will be discussed. These presentations will be followed by a discussion session on the themes developed by the three speakers.

B14 The Value of Research and Publication in a Peer Review Journal

Ground Floor, Room: Versailles I

Speaker: Eric Schneider; US

In this interactive session, Eric, former editor-in-chief of the International Journal for Quality in Health Care, will present a tactical approach to writing and revising manuscripts for publication in peer-reviewed journals. He will focus on scientific papers and commentaries, identifying commonly-encountered challenges in the writing and peer-review process. Participants are encouraged to bring examples and questions based on their own experience as authors and peer-reviewers.

B16

The Creative Step in Patient Safety

First Lower Level, Room: Queluz III

Speakers: Ed Mathews, Hawys Tomos and Jonathan West; UK

Building on our previous ISQua sessions, we will demonstrate the value of embedding Inclusive Design thinking into traditional processes of clinical research and trials. The design process is informed by formal evidence gathering, generating solutions that can be methodically trialled and iteratively refined. The merits of this process will be demonstrated through case studies undertaken by the presenting team, resulting in award-winning, commercially viable designs with a proven evidence base. These will be compared to interventions that omit the creative step, or gather insufficient clinical and trial data. The session will conclude with discussion to further probe the design process.

B18

Integrating Performance Measurement into Every Level of Care: What Does it Mean in Your Organisation? Is Your Organisation Ready?

Ground Floor, Room: Versailles II

Speaker: Catherine Besthoff; US

This session will highlight the role of performance measurement and analytics in leadership prioritising performance improvement, construction and internalising patient safety systems, applying analytic principles for evaluation and educating physicians on quality management to build organizational capacity for transformative changes in healthcare delivery systems.

This session will describe the successful approaches of a large, diverse integrated healthcare delivery system to improve care, establish strategic partnerships and improvement programs that integrate performance measurement into every level of healthcare operations. Highlights of the CEO's improvement prioritisation based on an executive dashboard include: construction of an improvement programme, measurement and analytics to reduce sepsis-related mortality, implementation of executive patient safety round utilising an interactive patient safety database, mechanisms to analyse inpatient mortality, adverse events and environment of care, and meeting the challenge of education residents on quality management and advanced research methods for practice-based learning and improvement. Case studies will demonstrate the role of acute and ambulatory care, community health and post-acute care measurement into improvement science and the role of strategic partnerships in reaching the next level.

PLENARY 16:00 - 16:45

Health Technology Assessment and Quality of Health Services

Ground Floor, Room: Louvre

Speaker: David Banta; NL

Health technology assessment was developed beginning about 1975, first in the USA, as a public sector activity carried out mainly by agencies or centres affiliated with Ministries of Health. The impetus was evidence of poor quality health care, especially related to misuse and excessive use of health technology. The main issues for HTA from the beginning were efficacy and safety, that is, a focus on health outcomes. Financial costs were also a concern, leading to the use of cost effectiveness analysis.

Today, HTA is widely used to mean evaluation of health services, whether carried out by academia, private groups such as industry, physician associations, etc. Quality of care activities grew about the same time, for similar reasons. These activities were not so focused on health outcomes, with much more attention to structure of health care and processes of health care. Overtime, quality activities have also focused more and more on outcomes. There is an overlap between HTA and quality assurance, but there has been rather limited working together, in general. It seems to me that the greatest development during the last years has been a growing attention to evidence for health care, focusing on patient outcomes. Evidence based medicine has become a familiar term. Policy makers have also become more interested in evidence, whether it is called HTA, quality assurance or EBM.

I have been doing a projection on diabetes care during the last few months. The amount of attention to evidence for good care is truly inspiring. Good care is not only a correct prescription, but involves co-ordinated care psychosocial care, counselling, involvement of patients and their families in care, and other changes from the traditional model of episodic medical care. This change has been brought about by health care professionals themselves, with the involvement of policy makers. For example a high priority for these professionals is a national diabetes policy that assures attention to issues such as those described here.

In short, all good professionals are seeking the same: good care and good outcomes for sick people. I am glad to see the widespread nature of these ideas. We are all in this together.

TUESDAY 7 October 2014

07:45 - 08:30 **Special Breakfast Session**
The Commonwealth Fund
First Floor, Room: Itamaraty



The
COMMONWEALTH
FUND

08:00 - 08:45 **WELCOME COFFEE WITH EXHIBITORS**
Second Floor

MORNING PLENARY

Ground Floor, Room: Louvre

Chair: Eric Schneider; US

08:45 - 08:50 **Brazilian partnerships with African countries as part of WHO/APPS**
Paulo Buss; BR

08:50 - 09:45 **Morning Plenary**
Gonzalo Vecina Neto; BR, Teresa Tono; CO

09:45 - 10:00 **International Accreditation Awards**
Triona Fortune; ISQua

10:00 - 10:30 **MORNING BREAK**
Second Floor

CONCURRENT SESSIONS MORNING 10:30 - 12:00

B1 Governance, Leadership and Health Policy

First Floor, Room: Imperial

Chair: Anthony Staines; CH *(15 mins each)*

Pharmacy - Prohibiting the Provision of Incentives for Prescription Drug Sales that put Rewards Ahead of Health Interests (1873)

K. Gustavson, B. Nakagawa, D. Kipp; CA

Where there are no Data: Measuring National Coverage of use of Uterotonics for the Prevention of Postpartum Haemorrhage (1526)

J. M. Smith, J. Ricca, V. Dwivedi, J. Varallo; US

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Merging Four Organisations into One – Lessons and Challenges (1902)

S. Clark; AU

Do Community Healthcare Quality Indicators of the Treatment of Diabetes Mellitus Improve Health Outcomes? (2527)

R. Calderon-Margalit, D. H. Jaffe, O. Manor; IL

B2 Improvement Science and Patient Safety Solutions Ground Floor, Room: Versailles I

Chair: Mike Durkin; UK (90 mins)

Diagnostic Error in Medicine

Mark Graber; US, Gordon Schiff; US, Pat Croskerry; CA

B3 Patient Centred Care Ground Floor, Room: Louvre

Chair: Sir Liam Donaldson; WHO (90 mins)

Engaging patients and the community for people-centred health services – why is it important for universal health coverage?

Nittita Prasopa-Plaizier; WHO, Denice Klavano; CA, Sue Sheridan; US, Nuria Toro Polanco; WHO

B4 Accreditation and External Evaluations Systems First Floor, Room: Itamaraty

Chair: Carsten Engel; DK (15 mins each)

A Glass Half Full or Half Empty? Perspectives from the Frontline About Accreditation Survey Reliability (1905)

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

How to Secure the Benefits from Re-Licensing Doctors: A United Kingdom Perspective (1410)

D. Patel, **H. Crisp**, J. Archer; UK

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Moving from Structure and Process to Outcomes (2338)

D. J. Wright; AU

Introducing Quality Account in the French Accreditation Process (1111)

B. Lucet, F. Berard, T. Le Ludec, Y. Morice; FR

Measuring-Up: How do Social Services Agencies Fare Against Health Care Institutions? (2509)

F. Sauvé; CA

B5

Education and Research

First Lower Level, Room: Queluz I

Chair: Cláudia Travassos; BR (15 mins each)

Making Every Moment Count: Quality Improvement in Action for Doctors in Training (1515)

E. Vaux; UK

Patient Handover - PhD Report (1196)

I. M. D. Siemsen; DK

The Design and Delivery of a Curriculum to Improve the Outcomes of Patients with Kidney Disease (ESRD) in Vietnam (1531)

D. Slakey, I. Davidson, J. Korndorffer; US

Incidence and Nature of Injuries Due to Medical Care in Japan: The Jet Study (2070)

T. Morimoto, **M. Sakuma,** Y. Ohta, D. W. Bates; JP/US

Clinical Care Improvement Training Program (CCITP) (1117)

S. Akshaya; QA

B6

Learning with Developing Countries

Ground Floor, Room: Versailles II

Chair: Pedro Delgado; VE (90 mins)

Improving quality of and access to health care in Latin America

Ezequiel Garcia Elorria; AR, Jafet Arrieta; MX, Jorge Hermida; EC

B7

Comparative Effectiveness in Health Information Technology and Health Technology Assessment/Integrated Care

First Lower Level, Room: Queluz III

Chair: James Robblee; CA

Learning from Greg's Journey: Continuity of Care and Digital Health

Jennifer Zelmer and Ward Flemons; CA (45 mins)

Electronic Health Records for Health Service Improvement: Patient and Public Hopes and Concerns in the UK (2443)

C. Papoutsis, C. Marston, J. Reed, D. Bell; UK (15 mins)

Development of Public Disclosure on Hospitals Quality (2439)

S. Goubet, S. Cohen, C. Grenier; FR (15 mins)

B8

Health and Social Care for Vulnerable and Older Persons

First Lower Level, Room: Queluz II

Chair: Tsung-Hsien, Wui-Chiang Lee; TW

Health and Social Care for Vulnerable and Older Persons: Asian Perspectives

Chung-Liang Shih; TW, Yuichi Imanaka; JP, B. K. Rana; IN (45 mins)

Amber Care Bundle: Improving Patient Centred Decision Making Where Recovery is Uncertain (1591)

A. Hopper, S. Shouls, I. Carey; UK (15 mins)

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Improving the Quality of End of Life Care for Hospital Patients Whose Recovery is Uncertain - An International Approach (1536)

A. H. Walker, B. King, C. Hughes; AU (15 mins)

The Future of Regulation - Improving Health and Social Residential Care

John Sweeney; ISQua (15 mins)

B9

Integrated Care

First Floor, Room: Liberdade

Chair:

Kathleen Mac Lellan; IE

(15 mins each)

Re-admission to a Different Hospital - Risk Factors and Impact on Length of Stay (1605)

N. Flaks-Manov, **E. Shadmi**, H. Bitterman, R. Balicer; IL

Providing Individual Placement and Support Through an Integrated Employment Program for People with Serious Mental Illness: Clinical and Community Services in Collaboration (1720)

M. Petrakis, T. Swadling, K. Higgins, Y. Stirling; AU

Can a Mental Health Service Really Change its Spots? - Lessons from a Successful Service Transformation Project (1656)

J. Black, H. Glover; AU

Mindfulness Based Cognitive Therapy for Improving Quality of Life for Inflammatory Bowel Disease Patients: A Pilot Randomised Controlled Trial with Embedded Process Evaluation (2105)

M. Schoultz, I. Atherton, R. Kyle, A. J. Watson; UK

12:00 - 13:45

LUNCH BREAK

Catering: **Second Floor**

Seating Area: **First Floor, Room Alvorada**

12:30 - 13:30

DNV Session

First Floor, Room: Itamaraty



BP1

Accreditation and External Evaluations Systems “Methodologies”

First Floor, Room: Liberdade

Chair: Bernadette McDonald; CA (5 mins each)

**Hand Hygiene Compliance Rates as an Indicator of Hospital Accreditation:
A Longitudinal, Comparative Study of 96 Australian Hospitals (1705)**

V. Mumford, **D. Greenfield**, D. Debono, J. Braithwaite; AU

**Internal Auditing as a Measure of Quality Assurance in the Accreditation
Cycle (1380)**

CM Van Dun, F. Van Der Heijden; NL

Instrument Validated for Assessment of the Nursing Service in Brazil (1156)

L. B. Feldman, I. C. K. O. Cunha, M. D’Innocenzo; BR

**Impact of Peer Accreditation Upon Safety and Quality of in Vitro
Fertilization (IVF) Centers in Argentina (1664)**

M. G. Alaluf, J. Blaquier, M. Horton, S. Papier; AR

**Trauma Distinction: Providing a Framework for Trauma Systems, Getting the
Right Patient to the Right Place at the Right Time (2038)**

B. MacDonald, D. Sarakbi, T. Taulu, P. Poirier; CA

BP2

Comparative Effectiveness in Health Information Technology and Health Technology Assessment

First Floor, Room: Imperial

Chair: Peter Qvist; DK

(5 mins each)

Prospective Monitoring of Complaints and Feedback (2227)

R. Tsui, E. Li, C. Cheung, I. Kan, P. Wong; HK

Realizing the Transparency in Pharmaceuticals Distribution via Establishment of RFID Tag Information Linkage System (1678)

T. H. Kim; KR

Use of a Serial Pop Up Data Capture System to Monitor Adherence to Back Pain Guidelines (1214)

P. Qvist, L. Morsoe; DK

BP3

Improvement Science and Patient Safety Solutions “Culture, The Challenges”

First Lower Level, Room: Queluz II

Chair: Kees Van Dun; NL

(5 mins each)

Patient Safety Culture In International Healthcare Organizations – What are the Challenges (1522)

S. S. Ahmed, **C. Menger**, S. Audette, M. Manso; CA

The Role of Incident Reporting in Monitoring and Learning from Error: An International, Multi-Centre, Qualitative Study (1582)

A.-M. Howell, L. Hull, N. Sevdalis, A. Darzi; UK

Identifying Safety Culture Improvements: The Need for Developing Nurses’ Critical Thinking Skills (2111)

M. J. Pumar-Méndez, A. Wakefield, M. Attree; ES/UK

Connecting for Improvement: The Value of Networks, Collaboratives and Communities of Practice (2183)

H. Crisp, M. Tait, F. Sullivan; UK

BP4

Integrated Care

First Lower Level, Room: Queluz III

Chair: Yaniv Sherer; IL (5 mins each)

An Interoperable Model To Bridge Systems Working In Silos (1947)

A. Khamisani, H. U. Rehman; PK

Care Pathways' Assessment & Benchmarking: The French Experience on Myocardial Infarction with St Elevation (STEMI) (1627)

L. Banaei-Bouchareb, M. Gloanec, F. Capuano, C. Grenier; FR

Reducing Hospital Acquired Pressure Ulcers - Obtaining the Objective Through a Combined Regional and Local Efforts (1481)

C. G. Fabricius, T. E. Sejr, D. Bagger, I. Rønberg; DK

Rapid Improvement Exercise in an Academic Medical Centre to Improve the Physical Safety of Psychologically Disturbed Patients (1139)

B. Mohankumar; SG

BP5

Patient Centred Care - "In Partnership"

First Lower Level, Room: Queluz I

Chair: Shaun Maher; SC (5 mins each)

NHS Scotland Person-Centred Health and Care Collaborative: It's all About People and Relationships! (1222)

D. Harley, S. Maher, G. Adkins; UK

Supporting Patients to be Active Participants in Anticoagulant Medication Safety (1412)

Y. Jani, J. Carthey, E. Ward, S. Hallet; UK

Evaluating Patient Participation in Interdisciplinary Medical Ward Rounds (1434)

B. Redley, D. Campbell, S. Barnes, K. Stockman; AU

A Study on Enhancing Caring Abilities of Family Members of Patients Transferred from a Medical Intensive Care Unit by Means of Discharge Planning (1795)

Y. W. Lin, Y. H. Wu; TW

BP6

Brazil Session - "Patient Safety Solutions"

Presentations in Portuguese

Ground Floor, Room: Louvre

Chair: Carlos Goes De Souza; BR (5 mins each)

Risk Assessment in Perioperative Admission Process (2524)

V. L. Borrasca, A. L. Mirancos, P. G. Scudeller, S. A. Ferreira; BR

Electronic System for Management of Care in a Committee of Wound Therapy (2587)

S. C. Conceição, R. P. S. Codá, R. C. L. Silva; BR

Implementation of International Patient Safety Goals in a Brazilian Public Hospital (1853)

N. M. P. Andrade, A. P. Santos, E. A. Ramos, L. V. Gasparly; BR

Root Cause Analysis During Patient Handovers and Suggestions for Improvement on University Hospital in Brazil (1316)

M. M. Pena, M. M. Melleiro, A. T. Braga, M. V. G. Pereira; BR

Patient Safety Climate: Perceptions of Brazilian Professionals (2374)

R. Carvalho, S. Cassiani, K. Zago, M. Rigobello; BR

Connectivity on Risk Monitoring - A Safer Way to Patient Care (1390)

C. H. Goes De Souza, M. A. Dias; BR

CONCURRENT SESSIONS **AFTERNOON 13:45 - 15:15**

B10 Governance, Leadership and Health Policy Ground Floor, Room: Louvre

Chair: Patricia Snell; UK (90 mins)

Hospital on Trial

Corrine Slingo, Louise Wiltshire, Adrian Hooper, Alice Osborne; UK

B11 Improvement Science and Patient Safety Solutions First Floor, Room Imperial

Chair: Eyal Zimlichman; US (15 mins each)

A Novel Method of Adverse Event Detection can Accurately Identify Venous Thromboembolism (VTE) Events from Electronic Health Record Data (2370)

C. M. Rochefort, A. Verma , D. Buckeridge; CA

Understanding Patient Safety Vulnerabilities of Electronic Prescribing Systems (1464)

S. P. Slight, M. Amato, D. Bates, G. Schiff; UK/US

Transfer Between Hospitals as a Predictor of Delay In Patients With Non-Small-Cell Lung Cancer (1253)

A. K. Fallesen, M. Iachina, E. Jakobsen, A. Green; DK

The Use of the N95 Respirator for the Prevention of Mycobacterium Tuberculosis (MTB) Transmission: A Clinical Audit at Nyangabgwe Referral Hospital, Botswana (2168)

T. K. Masupe, M. Selemogo, G. Tawana; BT

Evaluating a Patient Safety Learning System in an Outpatient Department in Beijing (2361)

C. Liu, W. Liu, Y. Wang, Z. Zhang; AU

B12

Patient Centred Care

First Lower Level, Room: Queluz II

Chair: Janne Lehmann Knudsen; ISQua (15 mins each)

Experience in establishing a Patient and Family-centred Care Model

F. S Furtado Gerolin; BR

Development Of New Models For Collection And Use Of Patient Experience Information In The NHS (1165)

J. King, K. Flott, E. Gibbons; UK

Shifting To The New Paradigm: Creating Patient-Centred Diabetes Care For Young Adults With Type 1 Diabetes (1912)

J. Wiley, R. O. Day, J. R. Greenfield, J. Braithwaite; AU

Implementing Patient Reported Outcome Measures In Cancer Care (1193)

L. Dorflinger, N. H. I. Hjøllund, J. L. Knudsen; DK

B13

Accreditation and External Evaluations Systems

First Floor, Room: Itamaraty

Chair: Jonathan Bamber; UK (45 mins each)

How do we know care is safe? Safety measurement and monitoring

Mary Dixon-Woods; UK, Cláudia Travassos; BR

Being Among the Best: Challenges for International Accreditation in Brazil

José de Lima Valverde Filho; BR

B14

Education and Research

Ground Floor, Room: Versailles I

(90 mins)

The Value of Research and Publication in a Peer Review Journal

Eric Schneider; US

B15

Learning with Developing Countries

First Lower Level, Room: Queluz I

Chair: Michael Counte; US *(15 mins each)*

Challenges in Implementing International Standards in Brazilian Hospitals - are they Different? *(1520)*

S. S. Ahmed, **C. Menger**, S. Audette, M. Manso; CA/BR

Establishing a National Health Accreditation Agency: A Challenge for Tunisia *(2156)*

S. B. Y. Majoul, S. Zeghal, M. N. Ben Salem, M. S. Ben Ammar; TN

Regulation of Quality within Health System Reform for Universal Healthcare Coverage *(2476)*

C. A. Marshall, A. Jitsing; ZA

Development and Implementation of a National Organizational Assessment to Build Sustainable Quality Management Programs in Low- And Middle-Income Countries *(1256)*

J. Bardfield, B. Agins, M. Geis, R. Birchard; US

B16

Comparative Effectiveness in Health Information Technology and Health Technology Assessment

First Lower Level, Room: Queluz III

Chair: Ed Matthews; UK *(90 mins)*

The Creative Step in Patient Safety

Jonathan West, Hawys Tomos; UK

B17**Health and Social Care for Vulnerable and Older Persons**

First Floor, Room: Liberdade

Chair: Jennifer Hass; US*(15 mins each)***Improving the Flow of Frail, Older People Along the Emergency Care Pathway (2084)****J. Jones;** UK**Organizational and Financial Assessment of Palliative Care in Switzerland: How to Provide Palliative Care in a Fragmented Health Care System (2473)****O. Kessler,** M. Wächter, A. Bommer, G.C. Gentile; CH**Development of Cost-Effectiveness Management Tool for Korean Traditional Medicine Area (To Prepare Aged Society) (1542)****Y. Yang,** M. Rho, E. Hwang, J. Sung; KR**The Impact of the Disease-Specific Care Program for Heart Failure (1823)**D. V. S. Rinaldi, **P. G. M. B. Silva,** D. J. Ribeiro, M. Y. Okada; BR**B18****Integrated Care**

Ground Floor, Room: Versailles II

Chair: David Wright; AU*(90 mins)***Integrating Performance Measurement into every level of care: What does it mean in your Organization? Is your Organization ready?**

Catherine M. Besthoff; US

TUESDAY 7 October 2014

15:15 - 15:45 **AFTERNOON BREAK**
Second Floor

AFTERNOON PLENARY

Ground Floor, Room: Louvre

Chair: Clifford Hughes; ISQua

15:45 - 16:00 **ISQua Awards**
Reizenstein
Fellowship
Emerging Leaders Programme

16:00 - 16:45 **Health Technology Assessment and Quality of Health Services**
David Banta; NL

17:00 - 18:30 **Poster Reception, Second Floor**

PLENARY 09:00 - 09:50

Getting to Patient-Centered Care and Better Outcomes by Engaging Patients as Partners – From Direct Care to Policy Making

Ground Floor, Room: Louvre

Speaker: Sue Sheridan; US

The current status of global healthcare elevates the need for patient-centered care that is safer, better quality, evidence based, systems based and aligned with priorities, needs and preferences of patients and their families. In order to achieve truly patient-centered care and better outcomes it will be important to engage patients and their families across the entire healthcare spectrum, not only as activated partners in self-care, but also as partners in the organizational redesign and governance of healthcare systems, the planning, conduct and dissemination of patient-centered research and the development and implementation of healthcare policy.

Ms Sheridan will share her personal story of two medical systems failures that impacted both her son and her husband. Sheridan will also share initiatives that are engaging patients as partners to improve safety, quality and outcomes including the emergence of Patient and Family Advisory Councils (PFACS), the WHO's Patients for Patient Safety Programme and the Patient Centered Outcomes Research Institute (PCORI).

CONCURRENT SESSIONS MORNING 10:30 - 12:00

C1 Does, and how does, health reform drive quality and safety? Evidence from 30 countries

Ground Floor, Room: Versailles II

Speakers: Yukihiro Matsuyama; JN, Russell Mannion; UK, and Julie Johnson; AU, Jeffrey Braithwaite; AU

In this session we aim to offer a global perspective on healthcare reform and its relationship with efforts to improve quality and safety. We will present key themes about the ways national reform initiatives drive quality and safety of care or how they are to negate such goals.

Every country is involved in a reform and improvement process, but each takes place in a particular social, cultural, economic and developmental context, leading to differing emphases and varied progress. Methods for tackling common problems (financing, efficiencies, effectiveness, evidence-based practice, institutional reforms, quality improvement, and patient improvement, and patient safety initiatives) also differ.

There is a unique opportunity for cross-fertilisation of ideas to the mutual benefit of countries participating in the session; countries drawn from every continent are represented in our data set. A wide range of groups (governments, policymakers, managers and leaders, interested clinicians, teaching academics, researchers and students) will be interested in this information. It will provide an update about the current 'state of the art' in global healthcare reform.

C2

Why don't we have black boxes in the operating theatre?

Ground Floor, Room: Versailles I

Speakers: Dirk de Korne; SG, James Calland; US and Edward Kelley; WHO

Many studies have shown that healthcare is often hazardous to patients with unnecessary morbidity and mortality. What strikes is that similar contributing factors – complexity of the work processes, organizational characteristics, and professional autonomy – are faced by several industries. And some have found good approaches to mitigate their effect on safety and quality. Aviation's "black box" is one of these. When a plane crashes or when something goes wrong they have a black box that records everything and the recorder is analyzed not by the company but by an independent investigator. If you believe that healthcare is more complex and given the amount of harm that takes place in operating theatres why doesn't healthcare have **black boxes** in the operating theatres?

In the session, novel results from studies on the application of black box devices in operating rooms in Singapore, U.S. and Canada are discussed. The studies suggest that the application (and adaptation) of aviation's black box can be successful and result in various positive safety and efficiency outcomes. Computer assisted systems using video imaging technology can improve both surgical technical skills as well as non-technical factors in the operating room environment. Innovative integrated analysis of micro- laparoscope and room overview images supports efficient learning and improves safety in the operating room environment. Regulatory and professional challenges for wider application will be interactively discussed with the participating delegates.

C3

Humanizing the Patient Experience: Initiatives improving quality outcomes across the care continuum

Ground Floor, Room: Louvre

Speakers: Susan Frampton; US, Claudia Garcia de Barros; BR, Alice Mwongera; KE, Karin Jay; US

A growing body of research has demonstrated links between empathic, compassionate provider-patient interactions and safer/ better care. Positive correlations have been found between patients' ratings of their care providers degree of empathy, and improved clinical outcomes, including the following: more rapid flu recovery (Rakel et al 2011), improved control of chronic conditions (Hojat et al 2011), better treatment adherence and fewer major medical errors (Haslam 2007), and lower patient anxiety and distress and significantly better clinical outcomes (Derksen 2013).

Successful initiatives to improve the humanization of care delivered in acute, ambulatory and long-term care settings will be described in this session. The perspectives of various stakeholders will be presented by panel members, including that of the patient, physician, nurse and quality professional. Examples from both developed and developing countries will be included, with a focus on practical strategies that participants can use in their own organizations to further humanize care delivery.

C5

Understanding and advancing safety in primary care

First Floor, Room: Itamaraty

Speakers: David Bates; US, Stephen Campbell; UK, Hernan G Gaitan-Duarte; CO, Nicole Spieker; NL

Although primary care is where most healthcare is provided, most attention has focused on specialist care. The emergence of People's Centered and Universal Care as a new global health priority brings renovated attention to the quality and safety of primary care to address the complex needs and expectations of patients, families and the public. In 2012, the Patient Safety Programme convened a consultation with the participation of some of the world experts in primary care, health services and patient safety research, quality improvement and patient safety science, to form the Inaugural Safer Primary Care Expert Working Group.

The consultation reviewed the evidence on unsafe primary care and emphasized the need for developing solutions to improve safety. Based on its recommendations, WHO and its partners are engaged in furthering this initial reflection by jointly producing a new global report, "A Roadmap for Safer Primary Care", expecting it to become a useful tool for bringing momentum and advocacy for safety and quality in primary care, while also informing on the key facts and main challenges to safety, and suggesting solutions. This session will provide a discussion forum about the known facts, pressing gaps and needs for advancing patient safety in primary care. It will be an excellent platform to reflect on relevant issues and gather feedback from the audience on the WHO work fostering safer primary care.

C9

Patient Safety across the Continuum of Care; a focus on risks in the ambulatory setting

First Floor, Room: Imperial

Speakers: Tejal Gandhi; US

This session will describe patient safety risks across the continuum of care, including medication safety, missed and delayed diagnosis and test result management in the ambulatory setting, as well as transitions of care from the inpatient to the outpatient setting. In addition, the presentation will focus on potential best practices and opportunities to mitigate these risks, with a particular focus on information technology.

LUNCHTIME SESSION **12:30 - 13:15**

From evidence to action: New WHO policy to ensure safe injection practices

First Floor, Room: Itamaraty

Speakers: Selma Khamassi; WHO, Cristiane Raparini; BR

1. **Overuse of injections** for mild health conditions where oral formulations are available and can be used.
2. **Reuse of injection equipment** on more than one patient leading to the transmission of bloodborne viruses such as HIV, HBV and HCV from one patient to another. In 2010, WHO estimated that 5.5% of the 16 billion injections were given with reused injection equipment, leading to 1.6 million of new HBV cases, half a million new HCV cases and around 100 000 HIV cases, all transmitted through unsafe injection practices.
3. **Accidental needle stick injuries to health care providers**
4. **Unsafe sharps waste management** putting the community at large at risk of stick injuries and blood-borne virus infections.

The panel will discuss the new WHO policy recommending the use of safety engineered syringes to prevent the reuse of syringes on more than one patient and the needle stick injuries rate in health care workers (HCWs), which is part of a comprehensive package of multifaceted interventions needed to ensure safe and rational use of injections. In particular, a 2014 review of the evidence on the burden of disease associated with injections will be discussed.

CONCURRENT SESSIONS **AFTERNOON 13:45 - 14:45**

C13 “Internationalization” of accreditation standards: A collaborative model to improve care

Ground Floor, Room: Louvre

Speakers: Rubens Covello; BR, Wendy Nicklin; CA

In recent years, more and more healthcare jurisdictions have considered accreditation as a useful tool for improving the quality of health care. Despite the differences between these health systems, many original features remain in the accreditation models: peer surveyors, support by professional associations and an approach taking into account local system characteristics.

This convergence reflects to a certain extent the fact that most of these programs are meeting criteria defined by ISQua.

There are important international and intra-national variations in the development of quality improvement in health. Among others, legal requirements for quality improvement strategies are an important factor of progress, along with initiatives from local and national governments, professional associations, etc. The adoption of components of international accreditation programs by national programs through a participatory approach, coined “internationalization”, is helping to recognize these variations by considering different levels of complexity of local structures.

The escalation of patient mobility across borders, along with the implications of the provision of care within liberalizing markets and financing of health systems, clearly require enhanced cooperation towards international harmonization of health care standards. The experience in the “internationalization” of standards has created a great opportunity for learning and exchanging experiences and ideas.

Our presentation will show what difficulties, synergies and positive results in the “internationalization” of standards through a collaborative approach.

C16 Patient Registries Initiatives European Joint Action (PARENT Project); a contributing factor to a high quality, efficient, cross-border delivery of health services

Ground Floor, Room: Versailles I

Speaker: Yannis Skalkidis; GR

Patient Registries (PR) present a growing, pivotally important but extremely underused source of data for research, health services quality improvement and public health. In order to utilise the data that covers crucial domains of care, cross-organisational and cross-border exchange/sharing and merging of data is required. PARENT Joint Action aims to support the EU in increasing and improving secondary use of PR data.

Over 500 relevant PR have been identified at national and international level. Based on the feedback collected from over 120 of those registries the key findings will be explored during the session.

According to the analysis of registry holder's attitudes a clear and rather urgent need exists for an international co-ordination of services to support PR' holders (e.g. standards, legal advice, common services). Registry of Registries (RoR) presents an opportunity to map PR as a potential data source but a number of obstacles need to be removed.

The ultimate outcome of PARENT's effort will enable healthcare professionals and stakeholders to use, maximise and effect the available wealth of clinical and health services data for the benefit of citizens, both in terms of health status improvements as well as providing cost effective care.

PLENARY 14:45 - 15:35

General practitioners: the boundary specialists

Ground Floor, Room: Louvre

Speaker: Martin Marshall; UK

In many countries around the world, general practice has over recent decades made massive strides in its development as a speciality and there is much talk about its central role in the health system. It is therefore ironic that many General Practitioner's (GP's) are finding it increasingly difficult to be effective and in some countries morale and recruitment are starting to suffer.

In this presentation I will make a case that the position general practice finds itself in is a consequence of an overly narrow understanding of its role. A GP's job is to act as a boundary specialist, to operate at the interface between areas where there are legitimate competing demands - the boundary between health, illness and disease; between certainty and uncertainty; between self-care and professional care; and between individual and collective need. These tensions are becoming greater as health care becomes increasingly sophisticated and complex. They are inherent to the nature of health and healthcare, so pretending that they don't exist, or positioning in once camp or the other, is unrealistic and unhelpful.

General practice will only thrive and deliver benefit for individuals, communities, the health system and wider society when their role as boundary specialists is made more explicit by GP's themselves, and is understood and valued by others.

WEDNESDAY 8 October 2014

08:00 – 08:45 **WELCOME COFFEE WITH EXHIBITORS**
Second Floor

MORNING PLENARY

Ground Floor, Room: Louvre

Chair: Janne Lehmann Knudsen; ISQua

08:45 – 09:00 **Welcome to Qatar 2015**

09:00 – 09:50 **Getting to Patient-Centered Care and Better Outcomes
by Engaging Patients as Partners – From Direct Care to
Policy Making**

Sue Sheridan; US

09:50 – 10:00 **Poster Awards**

Triona Fortune; ISQua and Helen Crisp; UK

10:00 – 10:30 **MORNING BREAK**

Second Floor

CONCURRENT SESSIONS MORNING 10:30 - 12:00

C1 Governance, Leadership and Health Policy

Ground Floor, Room: Versailles II

Chair: Jeffrey Braithwaite; AU *(90 mins)*

**Does, and how does, health reform drive quality and safety? Evidence from
30 countries**

Yukihiro Matsuyama; JN, Russell Mannion; UK, Julie Johnson; AU

C2

Improvement Science and Patient Safety Solutions

Ground Floor, Room: Versailles I

Chair: Dirk F de Korne; SG

(90 mins)

Why don't we have black boxes in the operating theatre?

James F Calland; US, Edward Kelley; WHO

C3

Patient Centred Care

Ground Floor, Room: Louvre

Chair: Susan Frampton; US

(90 mins)

Humanizing the Patient Experience: Initiatives improving quality outcomes across the care continuum

Claudia Garcia de Barros; BR, Alice Mwongera; KE, Karin Jay; US

C4

Accreditation and External Evaluations Systems

First Lower Level, Room: Queluz III

Chair: Helen Crisp; UK

(15 mins each)

Assessing the Effectiveness of the Clinical Indicator Program to Improve Patient Care (1351)

G. Cadwallender, L. O'Connor, **L. Low**, B. Collopy; AU

Employees' Perceptions Over Quality Actions in an Excellence Accredited Institution (1848)

E. Neermann, **M. F. Gayoso Neves**, S. Feitosa, A. M. Braguini; BR

Is Accreditation Status Associated with Patient Mortality? A Nationwide Population-Based Study (1785)

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

WEDNESDAY 8 October 2014

Contributing to System Improvement: The Value of National Accreditation Data (1992)

W. Nicklin, B. MacDonald, J. Mitchell, V. Roman; CA

The Relationship Between Accreditation and Patient Safety Culture – A Follow up Study in Taiwan (1287)

C.-M. Lo, S. Liao, H. J. Lin, T. H. Su; TW

C5 Education and Research

First Floor, Room: Itamaraty

Chair: Itziar Larizgoitia; WHO (90 mins)

Understanding and advancing safety in primary care

David Bates; US, Stephen Campbell; UK, Hernan G Gaitan-Duarte; CO, Nicole Spieker; NL

C6 Learning with Developing Countries

First Lower Level, Room: Queluz II

Chair: Shams Syed; WHO (15 mins each)

Enabling a Learning Approach for Collaborative Quality Improvement in India (2182)

S. Deka; IN

A Framework for the Development of a National Continuing Care Strategy: The Qatari Experience (2231)

N. Dymond, I. Seoudi, M. Al-Raisi; QA

Improving patient safety through a strengthened regulatory framework: The Kenyan experience

Njeri Mwaura; KE

Improving Quality and Safety in Delivering Radiology Services through Innovative Technology Solutions in a Tertiary Care Teaching Hospital in the Developing World (1445)

S. M. Sohail, M. Yusuf, Z. Sajjad, A. Rajani; PK

Contribution of the Medical Education for Reproductive Health Quality Service (1777)

V. Reis, G. Dussault, C. McCallum, B. Chilundo; US

C7

Comparative Effectiveness in Health Information Technology and Health Technology Assessment

First Floor, Room: Liberdade

Chair: Shin Ushiro; JP

(15 mins each)

Prevalence and Causes of Wrong Time Medication Administration Errors at Tertiary Care Hospital, Karachi, Pakistan (2407)

S. T. Kirmani, **S. Kagazwala**, S. Ahmed; PK

Experience with a Smart Labelling System to Improve Medication Safety in the Operating Room (1092)

S. B. Ang, W. C. Hing, S. Y. Tun, U. Narasimhan; SG

Study of Effective use of the Nigeria National Pharmacovigilance Tool by Healthcare Professionals for Reporting of Adverse Drug Reactions in Nigerian Teaching Hospitals (1171)

R. Okechukwu, O. Emelumadu, P. Adogu, **G. L. Chaojie**; NG

Network Organization of Care Reduces Mortality for St Elevation Acute Myocardial Infarction (Stemi) in the Outskirts of Sao Paulo (2121)

A. H. P. Barbosa, C. M. R. Alves, A. C. Moreno, A. C. C. Carvalho; BR

Using Dur System: Immediate Notification and Prevention of Forbidden Drugs (1557)

W. S. Cha, C. U. Kim, Y. H. Lee, Y. E. Hur; KR

C8

Health and Social Care for Vulnerable and Older Persons

Queluz I

Chair: Christopher Cornue; US

(15 mins each)

Proactive Tobacco Treatment Outreach to Disadvantaged Smokers (1391)

J. Haas, J. Linder, N. Rigotti, E. Parks; US

Development and Validation of a Frailty Model for Acute Medical Care (2277)

J. T. Y. Soong, **A. Poots**, D. Bell; UK

Co-Creating a Path Forward: Testing the Method of Open Space Technology with a Vulnerable Population (2408)

J. Milne, R. Leitner, J. Johnson, A. Funke; AU

How do Professionals in Long Term Care Settings Identify Patients with Dementia as in Need of Palliative Care? (2255)

J. Van Riet Paap, E. Mariani, Y. Engels, M. Vernooij-Dassen; NL

C9

Integrated Care

First Floor, Room: Imperial

Chair: Rashad Massoud; US

(90 mins)

Patient Safety across the Continuum of Care; a focus on risks in the ambulatory setting

Tejal Gandhi; US

WEDNESDAY 8 October 2014

12:00 – 13:45 LUNCH BREAK

Catering: **Second Floor**
Seating Area: **First Floor, Room Alvorada**

12:30 – 13:15

First Floor, Room: Itamaraty

Chair: Shams Syed; WHO

From evidence to action: New WHO policy to ensure safe injection practices

Selma Khamassi; WHO, Cristiane Raparini; BR

SHORT ORAL PRESENTATIONS LUNCHTIME 12:50 – 13:30

CP1

Accreditation and External Evaluations Systems “Global Experience”

First Floor, Room: Liberdade

Chair: Anne Chenoweth; US *(5 mins each)*

An Integrated Approach to Quality Assurance and Patient Safety through Regulatory Mechanism: The Lithuanian Experience (1487)

J. Galdikas; LT

Analysis of Taiwan Health Check-Up Program Certification – 2011 To 2013 (1198)

H.-Y. Wu, C. H. Hsu, R. T. Cheng, **H. L. Lin;** TW

Multidimensional Healthcare Quality Assessment in Portugal (1625)

A.M de Silva, S. C. Vaz, **E. Coelho,** E. Board Direction; PT

Accreditation as a Driving Force for Changes in the Health Care Organization: A Vision of Health Care Professionals (2426)

J. A. Carrasco, V. Reyes Alcazar, M. Herrera Usagre, R. De Burgos Pol; ES

CP2

Governance, Leadership and Health Policy “Clinical”

First Floor, Room: Imperial

Chair: Ide Welle; CH *(5 mins each)*

Facilitating Effective Governance of National Healthcare Strategy Projects using Information Technology (1484)

I. Seoudi, N. Dymond, M. Al-Raisi; QA

Improving Healthcare Quality through Team Engagement: A Qualitative Study with Multidisciplinary Clinicians (1694)

D. Pereira, D. Greenfield, G. Ranmuthugala, J. Braithwaite; AU

Breast Cancer Data Quality at the Population-Based Cancer Registry of São Paulo: Implications for Health Planning (1207)

D. P. D. Silveiral, E. Artmann; BR

Engagement in Engineered Change: Preliminary Findings from Alberta's Strategic Clinical Networks (1693)

K. Mrklas, J. M. Norris, D. White; CA

Oral Anticoagulation Quality Control Among Inpatients: Digging into the Data (1792)

I. Welle, V. Rollason, J. Desmeules, P. Chopard; CH

Quality Culture: Using “Quality Improvement Projects” Methodology to Create Quality Culture and Sustain Competitive Advantage in Radiology Services (1847)

S. M. Sohail, Z. Sajjad, A. H. Tasneem, M. A. Khan; PK

CP3 Health and Social Care for Vulnerable Persons First Lower Level, Room: Queluz I

Chair: Jacqueline Milne; AU (5 mins each)

Disease Prevention Activities in the Harmful Living Environment of a “Slum” – The Health and Community Center of Villa 21-24, Buenos Aires as an Example (2315)

S. Datlinger-Kofler, B. Florian; AR

Developing Quality Indicators as a Tool for Improving the Organisation of Palliative Care Services (2265)

J. Van Riet Paap, M. Vernooij-Dassen, K. Vissers, Y. Engels; NL

Pre-Empting Future Needs of Adults with Intellectual Disability: A Pilot Project to Assess Complex Health Needs in Children and Adolescents with Intellectual Disability (1212)

J. Milne, J. Johnson, N. Ong, N. Silove; AU

CP4 Improvement Science and Patient Safety Solutions “Clinical” First Lower Level, Room: Queluz II

Chair: Voo Yau Onn; SG (5 mins each)

Having a Structured and Facilitated Approach to Developing Programme Theory: A Qualitative Study to Identify the Technical and Social Functions of the Action Effect Method (1629)

L. Issen, J. Reed, D. Bell; UK

Co-Designing Local Patient Safety Interventions: Is Using the TDF Feasible, Acceptable and Effective? (2068)

N. Taylor, **R. Lawton**, B. Slater, M. Mohammed; AU

Nursing Staff Teamwork at Kafr El Dawer General Hospital, Egypt (2317)

A. S. Tolba, H. Z. Abd El-Kader, **R. A. Mosallam**; EG

WEDNESDAY 8 October 2014

Monitoring Clinical Indicators: A Methodology to Improve Quality of Care and Patient Safety (2450)

Sohail Habib, Q. F. Panjwani, **G. S. Lakhani**; PK

A Snapshot of the Indications for Flexible Cystoscopies in a UK District General Hospital (2429)

N. Bevins, K. Gordon, N. Moini, R. Macdonagh; UK

CP5

Learning with Developing Countries

First Lower Level, Room: Queluz III

Chair:

Amy Stern; US

(5 mins each)

Using Quality Improvement to Improve Follow Up of Safe Male Circumcision (SMC) Clients for HIV Prevention: A Review of Ten Health Facilities in Eastern Uganda (1406)

J. T. Ssensamba, J. Byabagambi, H. Megere, M. Pamela; UG

Essential Medicines Selection and the Global Burden of Disease in Brazil (2442)

T. A. Figueiredo, J. M. D. A. Schramm, V. L. E. Pepe; BR

Leveraging Knowledge Management Techniques to Improve Improvement Programs in Low and Middle Income Countries (1419)

K. Fatta; US

First use of Maldi-Tof MS for the Identification of Bacteria at Hospital Principal De Dakar (Senegal, West Africa) (2337)

B. Fall, B. S. Ba, F. Fenollar, D. Raoult; SN

Re-engineering the Process of Document Management (2394)

A. Khamisani, H. U. Rehman; PK

Prevalence Study of Adverse Events in Brazilian Hospitals (Ibeas-Brazil): Analysis of Adverse Event Impact and Severity (2347)

A. L. B. Pavao, W. Mendes, C. Travassos, M. Martins; BR

CP6

Patient Centred Care “Using Information To Improve”

Ground Floor, Room: Versailles II

Chair: Laura Schiesari; BR (5 mins each)

Clinical Practice Guideline-Based Information Tool for Patient and Public (2451)

A. Okumura, M. Yoshida, N. Yamaguchi; JP

The Effects of Fasting in Muslim Patients Taking Warfarin (1184)

Y. F. Lai; SG

Risk Management to Support the Adoption of Person-Centred Care (2023)

E. Turk, S. Leyshon, M. Pytte; NO

Status of Health System Responsiveness & Consumer Right in Public Health Sector in Bangladesh (1163)

M. A. Hasan, S. M. Musa; BD

Innovative Approaches To Gender Integration Using The Science Of Improvement To Improve Patient Care (1387)

E. R. Silva, T. Faramand, M. Ivankovich; US

Digitalized Tracking Maternal and Infant Care (E-baby) in Health Promotion - Taiwan Experience (1250)

S. B. Yong, K. D. Yang, C. C. Lo, P. H. Hsu; TW

CONCURRENT SESSIONS AFTERNOON 13:45 - 14:45

C10 Governance, Leadership and Health Policy First Lower Level, Room: Queluz III

Chair: Catherine Besthoff; US (15 mins each)

Surgical Mortality During Summer Vacation (1201)

A. Duclos, P. Caillet, C. Payet, J. C. Lifante; FR

Evaluating the Value for Money of Implementation of a National Maternity Strategy: A Mixed-Methods Approach (2021)

W. L. Palmer; UK

More than 10 Years of Quality Assessment of Bariatric Surgeries in Private and Public Hospitals (2424)

R. Yahalom, D. Dicker, D. Comaneshter, S. Vinker; IL

C11 Improvement Science and Patient Safety Solutions First Lower Level, Room: Queluz II

Chair: David Greenfield; AU (15 mins each)

High Reliability and Consistency of End of Day Operating Room Cleaning using Remote Video Auditing with Feedback (1292)

D. Armellino, R. Mercieca, N. Insanalli, F. Overdyk; US

Effectiveness of Systems Changes Suggested by Simulation-Based Root Cause Analysis of Adverse Surgical Outcomes (1209)

J. R. Korndorffer Jr, C. L. Martin, D. P. Slakey, E. R. Simms; US

Enhanced Communication Between Hospital/Clinic And Community Pharmacy to Identify Error on Prescription Through Nationwide Pharmaceutical Near-Miss Event Reporting System (1340)

K. Nomoto, **S. Ushiro**, H. Sakai, J. Inoue; JP

C12

Patient Centred Care

Ground Floor, Room: Versailles II

Chair: Margaret Banks; AU

(15 mins each)

Computer Tablets can Empower Breast Cancer Patients Undergoing Radiation Therapy Treatment (1772)

S. Johnsson, C. Wilde Björling; SE

Creating a Simulated Environment of Home to Improve Neonatal Family Home-Care Ability (1809)

T.-Y. Wei, H. Y. Su, M. L. Kuo, L. C. Chen; TW

Evaluation of Nursing Bedside Handover for Evidence of the Use of a Structured Handover Framework and Patient Participation (2334)

K. Lewis, D. Bolster, T. Bucknall; AU

C13

Accreditation and External Evaluations Systems

Ground Floor, Room: Louvre

Chair: Sebastien Audette; CA

(60 mins)

“Internationalization” of accreditation standards: A collaborative model to improve care

Rubens Covello; BR, Wendy Nicklin; CA

C14 Education and Research

First Lower Level, Room: Queluz I

Chair: James Naessens; US (15 mins each)

An Integrated Multidisciplinary Approach to the Brazilian Legislation on Drugs (2348)

A. G. Andrade, C. M. Silveira, E. R. Siu, **A. F. Pedrazzi**; BR

Clients' And Providers' Perspectives of PMTCT Services in Tanzania (1399)

R. Bright, S. Smith Lunsford, E. Hizza, A. Lupembe; US

New Research Tool for the Diagnosis of Safety Culture (1868)

G. P. Espino; BR

C16 Comparative Effectiveness in Health Information Technology and Health Technology Assessment

Ground Floor, Room: Versailles I

Chair: Edward Broughton; US (60 mins)

Patient Registries Initiatives European Joint Action (PARENT Project); a contributing factor to a high quality, efficient, cross-border delivery of health services

Yannis Skalkidis; GR

C17 Health and Social Care for Vulnerable and Older Persons

First Floor, Room: Itamaraty

Chair: Rene Amalberti; FR (60 mins)

Psychosocial aspects of Frailty

Alex Kalache; BR, Jose Ricardo Jauregui; AR

WEDNESDAY 8 October 2014

C18

Integrated Care

First Floor, Room: Liberdade

Chair: Heleno Costa Junior; BR (15 mins each)

Implementation of the Dutch Guideline Cancer Rehabilitation in the Netherlands (2535)

B. Gijssen, M. Velthuis; NL

Rapid Response Team (RRT): Characteristics of Yellow Code Attendances in a Hospital Specialised in Cardiology (1828)

N. S. Lasta, B. I. Akinaga, **P. G. M. B. Silva**, C. Gabrilaitis; BR

Implementation of a Cancer Survivorship Care Plan in Nurse-Led Cancer Follow-Up Care in Three Hospitals in the Netherlands (2419)

J. Hellendoorn, S. Lunter, **B. Gijssen**; NL

Comparison of the Patient Perspective and the Clinical Perspective in an Integrated Rehabilitation Pathway (2536)

L. Henriksen, P. Qvist, **L. Morsø**; DK

CLOSING PLENARY

Ground Floor, Room: Louvre

Chair: Wendy Nicklin; ISQua

14:45 – 15:35 General practitioners: the boundary specialists

Martin Marshall; UK

15:35 – 15:45 Presidents Closing Remarks

David Bates; ISQua

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GOVERNANCE, LEADERSHIP AND HEALTH POLICY

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Fostering Successful Patient and Family Engagement: Nursing's Critical Role

Catherine Besthoff; US

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The Effect Of Government Supervision On Quality Of Integrated Care And Diabetes Type 2 Health Outcomes: A Cluster Randomized Controlled Trial

SF Oude Wesselink, HF Lingsma, JP Mackenbach, PBM Robben; NL

1228

Reliability And Validity Of The Brazilian Version Of The Hospital Survey On Patient Safety Culture

Claudia Tartaglia Reis, Josué Laguardia, Mônica Martins; BR

1232

Maximize The Societal Impact Across Various Socio-Economic Classes In The Developing World By Expanding A High Quality Lab-Testing Network Resulting In Ease-Of-Access

Sohail Habib, Sohail Baloch, Taha Khan; PK

1234

Hospital Mortality In Selected Brazilian Hospitals: Do Primary Payer Status And Public-Private Partnerships For Financing Hospitals Affect Quality?

Juliana Machado, Monica Martins, Iuri Leite; BR

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Performance Indicators Used Internationally To Report Publicly On Healthcare Organisations And Local Health Systems

Peter D Hibbert, Natalie Hannaford, Jennifer Plumb, Jeffrey Braithwaite; AU

1417

The Hospital Manager's Part In Quality Of Care And Patient Safety: A Systematic Literature Review

Anam Parand, Sue Dopson, Anna Renz, Charles Vincent; UK

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Quality In Nursing - Nurses' Perspectives On The Nnn Taxonomies

Hana Konecna, Ondrej Dosekocil, Ludek Sidlo, Karolina Davidova; CZ

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Key Functions And Recommendations On Reporting And Learning Systems For Patient Safety Incidents Across Europe

Martin E. Bommersholdt, Sonja Barth, Marcos Manhaes; UK

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Team Effectiveness In Clinical Networks: The Importance Of Team Inputs, Participation, And Presence Of Conflict

Jill Marie Norris, Debbie White; CA

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Korea's Specialty Hospital System

Da Won Jung, Sang Ji Kim, Nam Surk Lee, Soo In Kim; KR

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The Present Situation And Future Trends Of Hospital Accreditation In Mainland China

Jishan Wang; CN

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Cooperative Leadership In The Implementation Of Quality Systems: Structure, Process And Outcome Relationships

Vanessa Burkoski, Jennifer Yoon; CA

1740

Management By Walkrounds In A University Hospital: Deployment And Evaluation Of Visiting Managers' Satisfaction

Aimad Ourahmoune, Gaelle Dessard-Choupay, Anne-Claire Rae; CH

1881

São Camilo Hospital Score For Predicting The Long Term Hospital

Marcelo Ricardo de Andrade Sartori, Renato Jose Vieira, Fabio Luis Peterlini; BR

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Performance Monitoring Of Group Practices In Hungary

Norbert Kiss, Tamas Gergely, Eszter Sinko, Csaba Dozsa; HU

1922

Do French General Practitioners Use Quality Indicators Results To Refer Their Patients To Hospitals?

Marie Ferrua, Benoit Lalloue, Claude Sicotte, Etienne Minvielle; CA/FR

1937

Measuring Social Capital In European Hospitals: Psychometric Properties Of A Questionnaire For Chief Executive Officers

Antje Hammer, Holger Pfaff, Oliver Groene, Rosa Sunol; DE, ES, UK

2114

The Impact Of The Management Of Beds Based On Lean Six Sigma Methodology

Ana Luiza Demarchi Geloneze, Monica de Souza Bomfim Pinheiro, Nidia Licy Neves Bittencourt, Paulo Alves de Melo Junior; BR

2166

Malaysian Patient Safety Goals - Singular Benchmarking In Malaysian Healthcare

Nor'aishah Abu Bakar; MY

2203

Establishment Of Guidelines For Safe Invasive Procedures

Hui-Chin Wang, Chien-Te Lee, Jiin-Haur Chuang; TW

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Job Dissatisfaction And Turnover Intention Of Contract Nurses In Hospitals In Guangdong Province In China

Jing Zheng, Liming You, Ke Liu; CN

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Patient Satisfaction Survey In Hong Kong - A Tool To Engage Staff And Patients For Quality And Patient-Centred Care

Roy Tsui, Richard Au Yeung, Victor Leung, Pauline Wong; HK

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Pharmacist Presence In National Health System Hospital Network In The State Of Rio De Janeiro

Milton Dayrell Lucas Filho, Aline A. Costa, Monique Araujo Brito, Rachel Magarinos-Torres; BR

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No Fault Competition For Blood Sampling (Venipuncture)-Related Adverse Events; Attitude Of The Japanese Medical Institutions

Shoichi Maeda, Etsuko Kamishiraki, Rika Kanagawa; JP

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A Pilot Study Of Workplace Violence Experienced By Nursing Personnel

Chia-Ling Hsu, Chun-Lin Chen, Yu-Chun Lin; TW

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Working Around 'The Clocks': Nurses' Responses To Electronic Overdue Medication Alerts

Deborah Debono, David Greenfield, Deborah Black, Jeffrey Braithwaite; AU

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Satisfaction Of Mothers With Childcare Services Provided At Public Institutions In Japan: The Association Of Socioeconomic Factors

Eri Ishikawa, Shoichi Maeda, Jay Starkey; JP

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Awareness And Improvement Of Patient Safety Culture In A Newly Established Local Community Hospital Using The Questionnaire From Saq And Ahrq

Li-Wen Hung, Yen-Ying Ma; TW

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Practical Implementation Of A Clinical Case In The Selection Of Nursing Technicians

Anelise Jábali Barretto, Deborah Rozencwajg, Renata Ferreira Ganem, Daisy Mitiko Suzuki Okada; BR

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The Presence Of Nurses In The Management Of Beds In The Admission Patients Area

Luiz Fernando Moreira, Juliana Teixeira Vasconcelos, Adriana Miguel Alexandridis, Regiane Pereira Santos; BR

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Development Program Nurse - The Challenge Of Attracting The Best Professional

Regiane Pereira Santos, Deborah Rozencwajg, Daisy Mitiko Suzuki Okada, Michele Alves Mendrot; BR

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Using Risk Scores To Identify Vulnerable Populations: A Case For Ldl Cholesterol

Ronit Calderon-Margalit, Dena Jaffe, Orly Manor; IL

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Improving Weaning Rate Of Prolonged Mechanical Ventilation

Chen Yen Liu, Shu-Fen Wu, Kuo-Chou Hsieh, Chin-Pying Wu; TW

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Lost In Translation? The Implementation Of Lean In Hospitals As A Multilevel And Multifaceted Process. A Mixed Method Study Of Local Preconditions For Improvement

Hege Andersen, Kjell Arne Røvik; NO

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The Characteristics And Risk Factors Of Unexpected Out-Of-Hospital Cardiac Arrest Within 72 Hours After Emergency Department Discharge

Kuan-Han Wu, Chao-Jui Li, Yuan-Jhen Syue, Chi-Wei Hung; TW

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Central-Line Associated Bloodstream Infections In Private Intensive Care Units In Brazil

Eduardo Vieira Neto, Adriana de Medeiros Cavalcanti, Daniele Pinto da Silveira, Raquel Medeiros Lisboa; BR

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Implementing Successful Hand-Hygiene Program: Prospective Study

Ali Saeed Al Qahtani, Farouk M Messahel; SA

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Evaluation Of The Quebec E-Health Record Medication Functions - Potential Benefits And Barriers To Its Realization According To Early Users Of The Technology

Aude Motulsky, Claude Sicotte, Marie-Pierre Gagnon, Robyn Tamblyn; CA

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Implementation Of Venous Thromboembolism Prophylaxis Protocol In A Tertiary Care Hospital

Sandeep Budhiraja; IN

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To Improve Nurses And Caregivers Compliance To Modified Diet And Fluid Consistencies To 100% In Ward 73 Within Six Months

Siti Khadijah Zainuddin, Huiyan Lu; SG

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Development Of Treatment Protocol For Hypoglycemia Adult Inpatients

Daniella Vianna Correa Krokoszcz, Luciana Maria de Freitas, Denise Duarte Iezzi; BR

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Appraisal And Major Revision Of No-Fault Based Compensation / Causal Investigation System For Cerebral Palsy

Shigeru Ueda, Shin Ushiro, Hideaki Suzuk; JP

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Enhancing Quality And Patient Safety By Designing And Complementing Medication Management With A Clinical Decision Support System In An Academic Hospital Of Pakistan

Abdul Latif Sheikh, Syed Shamim Raza; PK

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Sepsis Kills - But Not In New South Wales, Australia

Rosemary Sullivan, Mary Fullick, Lisa Coombs, Paul Hunstead; AU

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Toolkit: Catalogue Of Infection Prevention Measures To Decrease Risk Associated With An Indwelling Urinary Catheter And Achieved Results

Donna Armellino, Catherine Galla, Denise Mazzapica, Kerri Scanlon; US

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Tracking The Specimen Workflow By Using Barcode Specimen Tracking System To Improve The Safety Of Patient'S Specimens

Hung-Tse Lin, Yung-Ta Chang, Shu-Yu Peng, Hsiao-Chen Ning; TW

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Exploring The Relationship Between Hospital Innovation Activities And Organizational Performance

Kao-Piao Chung, Yunyi Chen, Tsung-Hsien Yu; TW

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Improving Daily Life Independency To Post-Rehabilitated Stroke Patients: Scoring By Barthel Index

Yung-Yi Chen, Tsung-Hsien Wang, Allen-CL Hsu, Jui Ling Hung; TW

1304

Healthcare Quality Indicator Improvement Project_ Reduction Of Unplanned Re-Admission Rate

Ying-Kuang Lin, Huan-Sheng Chen, Yu-Ju Huang, Jui-Ling Hung; TW

1309

Adherence To The Surgical Safety Checklist: A Cross-Sectional Survey At The 97Th Annual Meeting Of The Swiss Society Of Surgery

Stéphane Cullati, Delphine S Courvoisier, Marc-Joseph Licker, Pierre Chopard; CH

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Towards Resilience: The Evolution And Unveiling Of A New Improvement Science Model

Andrew Johnson, Paul Lane, Robyn Clay-Williams, Jeffrey Braithwaite; AU

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Quality Analysis Of Chinese Health Information Websites

Siru Liu, Jialin Liu, Bianyin Song; DE

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Staff Experiences Of Implementation Of Standardised Handover Improvement Tools In The Post Anaesthetic Care Unit

Kimberley Elisa Coleman; AU

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Process Mapping And Risks: An Experience Report About The Implementation In The Management Of Hospital 9 De Julho

Karina Banhos, Ana Paula Tomé Mikulenas, Regina Tranchesí, Marcella Nicoletti Gumieiro; BR

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The Use Of The Hospital Survey Of Patient Safety Culture In Europe

Antje Hammer, Tanja Manser; DE/CH

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Risk And Clinical Management Protocols: An Interface In Quality Improvement And Patient Safety

Andreza Pivato Susin Hamada, Gisely Morelli Schrot, Daniella Bruni Romano, Fernando Colombari; BR

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Hospital Staffing And Hospital Acquired Conditions In Colorectal Surgery

Tina Hernandez-Boussard, Doug Morrison, Kathryn McDonald, Kim Rhoads; US

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Iatrogenic Prescription In Oncology: Application Of The Oncology Trigger Tool

Marie Ferrua, Guillaume Hebert, Florence Netzer, François Lemare, Etienne Minvielle; FR

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A Population Based Study Of The Secular Trends Of Cardiopulmonary Arrest And Mortality And Their Association With Rapid Response System Expansion

Jack Chen, Lixin Ou, Ken Hillman, Arthas Flabouris; AU

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Decrease The Failure Rate Of Pap Smear Test For Cervical Cancer Screening

Hui-Ju Lin, Hui-Chun Lo, Shu-Chuan Yu, KuanHui Lee; TW

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Decrease The Incidental Reinsertion Rate Of Nasogastric Tube In Homecare Patients

Ya-Wen Lee, Po-Yi Chin, Ya-Wen Yang, KuanHui Lee; TW

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Discrepancies During Time-Out – An Analysis Of Over 130.000 Surgical Checklists

Daniel Berning, Daniela Renner, Christian Vorderbrügge, Christian Thomeczek; DE

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Evaluating The Quality And Safety Of Perinatal Care Using Administrative Data: A Systematic Review And Retrospective Cohort Study

William L Palmer, Paul Aylin; UK

1609

How Time Consuming Is The Surgical Team-Time-Out?

Daniela Renner, Daniel Berning, Christina Gunkel, Christian Thomeczek; DE

1630

The Implementation Of Team Resource Management (Trm) To Achieve Complete Postoperative Handover Of Cardiac Surgery Patients To The Intensive Care Unit (Icu)

Yi-Chun Chen, Chia-Lin Lee, Jiun-Yi Li, Jen-Kun Cheng; TW

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Combining Professional Advancement And Patient Safety: Developing A Novel Professional Certification Program For Nursing Technicians In Brazil

Karina Paris, Rubia Maestri, Andreia Miranda, Felipe Vieira Lima; BR

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The Practice Of Epidural Anaesthesia In Princess Marina Hospital Labour Ward In Botswana: A Clinical Outcome Audit

Goabaone Rankgoane, Gothusang Tawana, Tiny Masupe, Mooketsi Molefi; BW

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Geographic Variations In Rate Of Failure-To-Rescue Among Surgical Patients: A Population-Based Study In New South Wales, Australia

Hassan Assareh, Lixin Ou, Jack Chen, Stephanie Hollis; AU

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Invite Caregiver Prevention Falls Reduces Incidence Of Psychiatric Patient Falls At The Medical Center In Taiwan

Huang Shu-Wen, Yan Ching-Yi, Hsieh Yu-Lin, Liu Wen-Yu; TW

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Development And Validation Of A Hospital Safety Attitude Questionnaire In Korean And The Application Of The Empirical Bayes Method

Heon-Jae Jeong, ByungJoo Song, EunAe An, So Yeon Kim; KR

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A Maximum Difference Scaling Survey Of Barriers To Intensive Combination Treatment Strategies In Early Rheumatoid Arthritis

Sabrina Meyfroidt, Marlies Hulscher, René Westhovens, Patrick Verschueren; BE

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To Achieve 100% Discharge Of *Appropriate Elective *As23 Orthopaedic Patients Before 1000Hrs Within 6 Months

Alicia Sook Ping Chang, Kim Yan Lim; SG

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Involving The Family In The Adherence To Hand Hygiene (Hh): A Multidisciplinary Study With Playful Strategies

Melina Blanco Amarins, João Fernando Almeida, Arlei Alves Silva, Simone Brandi; BR

1806

Implementing An Electronic Medication Overview In Belgium

Hannelore Storms, Kristel Marquet, Neree Claes; BE

1833

Readmission Rates As A Quality Indicator: A Systematic Review Of Methodological Conditions And Scientific Evidence On Validity

Claudia Fischer, Hester Iingsma, Ewout Steyerberg, Dionne Kringos; NL

1866

Improvement Of Surgery Preparation Process And Indication Of Correct Surgery Site Of Orthopedic Surgery Patient To Prevent Wrong Site Surgery

Ki Sun Seong, Mi Ja Ju, Hyun Jung Oh, Ga Lam Choi; KR

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Risk Evaluation Of Errors Arising From Patients Identification In An Obstetric Unit Of A Teaching Hospital

Terezinha Hideco Tase, Daisy Maria Rizatto Tronchin; BR

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Operational Safety Program Based On Human Factors Approach: The Proposal Of A Model For Critical Care Units

Hageas Fernandes, Elizabete Cazzolato, Valter Carneiro, Raquel Pusch; BR

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Minimizing The Waiting Time During Discharge To Achieve More Effective Use Of Patient Beds

Jui-Ling Hung, Yun-Hsiu Hung, Xiu-Fang Wu; TW

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Improvement Of The Exacerbation Of Patients With C O P D By Identifying And Correcting The Technique Of

Hui-Chen Hsieh, Chih-Hao Chao, Yi-Chou Chiou, Shu-Hui Yeh; TW

1914

Clinical Laboratory Job Safety/Hazard Analysis Regarding Charcoal Mask Usage In Collection Points For Formaldehyde

Sohail Ally Baloch, Natasha Ali, Muhammad Ahmer; PK

1925

How Do Individual And Organizational Factors Impact The Relationship Between Clinician Burnout And Patient Safety?

Annalena Welp, Tanja Manser; CH

1950

Using Intern Audit To Verify Safety Practices In The Use Of Concentrated Electrolytes

Juliana Martins, Laiane Oliveira, Roberta Flecher; BR

1960

Use Of Fall Profile And Incidence To Reassess The Current Prevention Practice Of A Pediatric Hospital In Brazil

Carla Patrícia Amaral Carvalho Denser, Denise Pourrat Dalge; BR

1976

Empowerment Of Middle Management In Improving And Analysis Of Institutional Protocols At Hospital Unimed Santa Helena

Izabela Fernanda Tortoza, Luciane Matos Torrano; BR

1977

Implementation Of A New Change-Of-Shift Report Model For Improvement Of Handoff Communications

Karina Paris, Elisangela Freitas Melo, Daniela Oliveira, Rubia Maestri; BR

1979

Sedimentation Of Culture Of Notices Of Sentinel Events With Emphasis On Chain Drug In Unimed Santa Helena Hospital

Lidiana Oliveira Mendes, Luciane Matos Torrano, Tatiane Silva Vieira, Vanessa Esperidião Silva; BR

2012

Evaluation Of Implementing A Standardised Innovative Rapid Response System In Australian Hospitals

Stephanie J Hollis, Jack Chen, Hassan Assareh, Lixin Ou; AU

2035

Using A Computerized Barcode System For Surgical Instrument Packs To Enhance Instrument Management

Ju hsiu Jen, Ying Ching Huang, Mei Yei Chuang, Wei Yao Huang; TW

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Improving Safety And Quality Of Mental Health Care Units In South Brazil

Dinarte Alexandre Prietto Ballester, Débora Cunha, Fábio Leite Gasta; BR

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Paediatric Clinical Practice Guidelines Audit Project

Sarah Patterson, Sarah Dalton; AU

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Using Control Charts To Monitor And Assess Improvement Of Catheter-Related Bloodstream Infection In Surgical Intensive Care Unit

Hung Fang Ming , Chen Chung Wei, Wang Chao Ping, Tung Chai Mei; TW

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The Improvement Of Patient Safety By Water Aerators Maintenance

Maria-Luisa Cristina, Anna Maria Spagnolo, Fernanda Perdelli, Paolo Orlando; IT

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Enhancing Patient-, Staff- And Equipment-Safety Through Failure Modes And Effects Analysis (Fmea) On Mri Suite Safety In Jci Accredited Tertiary Care Teaching Hospital

Muhammad Akbar Khan, Imran Ahmed, Zafar Sajjad, Mirza Rehanullah Baig; PK

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A Case Study Of The Investment Cost For Patient And Healthcare Workers Safety Concerning Pci

Shinji Muka, Toru Hashiguchi; JP

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Applying Innovative Cloud Technology For Ureteral Stent Implants Management

Wei-Lun Liu, Chian-Shiung Lin, Wen-Chou Fan, Chia-Jung Chen; TW

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Adverse Events And Death Related To The Use Of The Magnetic Resonance Equipment

Ricardo Alcoforado Maranhão Sá, Walter Mendes; BR

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Quality and Patient Safety Tuesdays: Transforming an Auditing Process into a Continuous Improvement

Suzana Maria Bianchini, Marcia Utimura Amino, Natal Candido Martins Junior, Luciana Mendes Berlofi; BR

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Development and Validation of an Alert Mechanism that Precedes Expected Bed Exit in Hospitalized Patients

Eyal Zimlichman, Dalia Argaman, Rina Weizman, Zvika Shinar; IL

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Reducing The Irrational Use Of Therapeutic Antibiotic In Elective Cesarean Section

Nigar Jabeen, Raheel Gujrati, Ambreen Memon, Sana Zahiruddin; PK

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Prioritize: Asking Healthcare Professionals About Patient Safety Priorities In Primary Care

Rajvinder Samra, Lorainne Tudor Car, Paul Aylin, Azeem Majeed; UK

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Correlation Between The Annotation Nursing X Rates Of Nursing Services And Use Of Additional Equipment On Private Hospital Services

Renata Ferreira Ganem, Michelle Feltrim Vaz, Juliana Assi, Márcia Yuriko Masukawa; BR

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An Evaluation Of A Complex Social Intervention To Build High Reliability Patient Care Teams

Robyn Clay-Williams, Julie Johnson, Peter Kennedy, Gabriel Shannon; AU

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Developments Of Culture Of Patient Safety: Comparative And Linear Analysis With Americans Hospitals

Elenara oliveira Ribas, Michele Santos Malta, Fabio Leite Gastal, Luiz Felipe Santos Gonçalves; BR

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Introduction To Prospective Analysis Of Patient Safety By Risk Audits

Daniela Akemi Costa; BR

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Use Of Team Resource Management Technique To Improve Extra-Corporeal Membrane Oxygenation Care Quality

Hung Yu Liu, Mei Fang Cheng; TW

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Global Trigger Tool: An Approach To Enhance Patients' Safety

Gulzar Samir Lakhani, Aqsa Rahim Sajwani; PK

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Governing Correct Surgical Count Through Vigo (Visual Gauze Organizer)

Yoong Fook Ngian, Suriati Deraman, Tan Mei Li, Sharifah Azura, Saiyed Abdul karim; MY

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Reducing Hazards Through Handover: A Central London Teaching Hospital Experience

Elinor Warner, Catherine Ingram, Mark Kinirons, Adrian Hopper; UK

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A Simple Solution To The Problems Encountered During Junior Doctor Change-Overs In The Nhs, Uk

Angela Pathiraja, Roaa Al-bedaery, Mohsin Salahuddin; UK

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Consensus Of Items And Quantities Of Clinical Equipment Required To Deal With A Mass Casualties Big Bang Incident: A National Delphi Study

Edward Duncan, Keith Colver, Purva Abhyanker, Nadine Dougall; UK

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Surveillance Of Multi-Resistant Bacteria (Mrb) At Principal Hospital Of Dakar: Assessment Of 1 Year

Bécaye Fall, Kowry Sow Ndiaye, Yaya Dieme, Boubacar Wade; SN

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Critical Missed Doses: Education And Audit Package

Linda Velta Graudins, Catherine Ingram, Melita Van de Vreede; AU

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Development Of An Incentive Program, Focused On Adverse Events Prevention And Strengthening Of Patient Safety In México

Odet Sarabia; MX

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Team Resource Management Improves Safety Of Transfer Of Post-Surgical Critical Patients To Intensive Care Units

Yu-Yun Wu, Jun Yi Li; TW

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The Ins And Outs Of Paediatric Cvad's

Gabrielle O'grady, Margaret Allen, Adam Bennett, Kay Babalis; AU

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Transforming Health: Creating A Culture Of Quality Improvement

Tristan Vasquez; AU

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How Visual Management For Continuous Improvement Might Guide And Affect Hospital Staff – A Case Study

Waqar Ulhassan, Ulrica von Thiele Schwarz, Christer Sandahl, Johan Thor; SE

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What Do Hospitals In São Paulo State Do Regarding Safety Issues: An Intended Census

Ana Maria Malik, Laura Schiesari, Georges Maguerez, Maria Laiz Zanardo; BR

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Risk Management Assessment As A Means Of Fostering Safety In Healthcare

Laura Schiesari, Denise Schout, Evandro Tinoco Mesquita, Fabio Peterlini; BR

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Bedside Care Teams: Disseminating The Concepts Of Patient Safety

Aline Pardo Mello, Cristina Satoko Mizoi, Adriana Pereira Silva, Samara Paula Silva; BR

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Identification And Classification Of An Adverse Event Using An Adapted Who International Classification For Patient Safety (Icps) Taxonomy

Carla Fatima da Paixão Nune, Leny Cavalheiro, Daniella Cristina Chanes, Paola Bruno de Araujo Andreoli; BR

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Using Proactive Risk Assessment To Creatively Reduce The Risk Of Healthcare Associated Infections

Janet Nau Franck; US

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Assessment Of The Surgical Safety Checklist: A Before And After Study Design

Maristela Nardo Ramos, Carlos Marcondes Antunes, Edna silva Beck, Fernanda raphael Gimenes; BR

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Computerization Of The Diet Census At Hospital Estadual Sumaré

Marcela Regiane Santos, Luciana Gomes Scian Gullo, Fabio Roberto Gonçalves, Carlos Eduardo Marcondes Antunes; BR

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Automated Methods Of Adverse Events Detection: A Critical Review Of The Literature

Christian M. Rochefort; CA

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Implementation Of A Plan Of Care In Situations Overcrowding In A Unit Of Emergency

Ana Julia Sichirolí Medeiros, Carlos Antunes, Carina Ruella, Karla Caproni; BR

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Safety Administration Of Contrast: Imaging State Hospital Sumaré

Ana Julia Sichirolí Medeiros, Karen Lopes Vasconcellos, Antonieta Keiko Kakudo, Carlos Marcondes Antunes; BR

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The Impact Of The Nursing Records' Standardization Over The Loss Of Financial Income Related To Dressing Material

Maria Emilia Gaspar Ferreira Del Cistia, Danivea Bongiovanni Poltronieri Munhoz, Marilia Moura Luvisotto, Claudia Regina Laselva; BR

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Awareness Toward Falls Prevention To Reduce Patients' Harm On A Report Of Nurse Staff Compare With Three Academic Affiliated Hospitals In North Taiwan

Mei-Jung Wu, Chaung Juan Wu, Yih-Giun Cherng; TW

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Leading Practice In Venous Thromboembolism Prophylaxis

Maria Chiara Chindamo, Oneide Silva, Kelvyane Baeta, Gilvane Lolato; BR

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Creating A Database For Prevention Of Nosocomial Infection In A Federal Hospital At The City Of Rio De Janeiro

Silvio Cesar Conceição, Eliete Lannes Oliveira Moura, Gicélia Lombardo Pereira, Hercília Regina Amaral Montenegro; BR

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How To Involve The Professional Tip To Follow Mandatory Safety Practices (Rop): A Successful Report Experience In A Health Care Institution

Gilvane Lolato, Anna Butter Nunes, Amanda Alvaro, Ana Carolina Figueiredo; BR

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Quality Improvement and Safety Issues in Private Dental Care Practices in Canada: What do Patients Say?

Rukhsana Ahmed, Zahirul Hasan Khan; CA

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Reducing The Incidence Of Pressure Sores Induced By Skin Pressure Caused By Oxygen Tubes

Jing-Yun Lin; TW

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Nursing Experience For A Patient With A Spinal Cord Injury Caused By Car Accident

Shu_Hua Hsieh; TW

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Developing A Patient-Led Incident Reporting Scheme For Renal Patients

Sally Giles, Gerry Armitage, Caroline Reynolds; UK

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A Brief Instrument Effectiveness in the Assessment of Dissatisfaction of Health Care Centers users Avoiding "Ceiling Effect"

Fernando Ramón Vazquez, Simone Navarro; AR

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Reducing Treatment Default And Improving Patients' Healthcare Experience By Minimizing Stock Out Situation At The Specialist Outpatient Clinic Pharmacy

Yi Feng Lai, Yeng Ching Lee; SG

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Personal Context And Childhood Experiences Affect Adult Vaccination Behaviour

Ana Wheelock, Anam Parand, Marisa Miraldo, Nick Sevdalis; UK

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Improvement Of Effective Shift Handoff Process By Using Isbar Techniques

Jia Yu Yuan, Hsin-I Chen, Gin-Ying Lee; TW

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Interventions To Promote Psychiatric Patients' Compliance To Mental Health Treatment: A Systematic Review

Mosidi Belinda Serobatse, Emmerentia du Plessis; ZA

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Delivering Timely Specialist Care To Subsidized Inpatients In A Tertiary Hospital

Dr Sandhya Mujumdar, Donna Penanueva, Sophia Ang., Swee Chye Quek; SG

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Applying "J" Saliva Ejectors With Creative Design To Reduce The Cost In Home Care

Lin Ching Chun, Chan Shu Wen, Chen Hsiui Chen; TW

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The Efficacy Of Dysphagia Nursing Interventions For Aspiration Pneumonia In Esophageal Cancer Patient

Mei Ying Liu, Tsung-Lan,Chu Chu, Wen-Pin Yu, Zhao- Hui Wang; TW

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The Failure Mode And Effect Analysis (Femea) For A Chemotherapy Center Of Unimed Campinas (Cqa)

Cintia Isomura De Paula, Iria Coelho Costa, Bárbara de Campos, Emerson Gatti; BR

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Streamlining Reporting System Of Critical Neonatal Bilirubin Results Through A Quality Project

Shireen Mohammad, Kashif Sajwani, Atika Sher Mohammad, Rozina Shazad; PK

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Chronic Related Groups In Lombardia Region Strategy: Continuum Of Care And Value For Patients

Elena Bellio, Luca Buccoliero; IT

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Effects Of A Pain Education Program On Pain Management Practices In Hospitalized Patients

Christiane Moreira Padovani, José Paulo Cividanes, Angela Maria Sousa, Talita Araujo; BR

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Risk Management In The Discharge Of The Cath Lab

Ana Flávia Finalli Balbo, Marcelo José Cantarelli; BR

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The Impact Of The Implementation Of A Quality Programme In Anesthesiology At A Reference Hospital In The State Of São Paulo

Leopoldo Muniz da Silva, Arthur de Campos Vieira Abib, Cláudio Muller Kakuda, Fernando Nardy Bellicieri; BR

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Brazilian Experience In Family Involvement Concerning The Integrality Of The Care Of Patients With Acute Stroke According To Canadian Distinction Stroke Program

Isaura Azambuja de Oliveira Rocha, Sara Ângela Kislánov, Natália Castro Telles, Julia Corrêa Neder Bacha; BR

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Integration Of Evidence-Based Practice And Patient-Centered Care By Clinical Practice Guidelines; The Current Status In Japan

Naohito Yamaguchi, Akiko Okumura, Masahiro Yoshida, Kosuke Kiyohara; JP

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Integration Of Evidence-Based Practice And Patient-Centered Care By Clinical Practice Guidelines; The Current Status In Japan

Yan Ping Wong, Albert Yick Hou Lim; SG

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Using A Diabetes Bundle To Measure The Quality Of Care In The National Healthcare Group, Singapore

Matthias Paul Han Sim Toh, Yin Min Thaug, Lin Jen Lee, Linus Wai Chung Tham; SG

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Improving Compliance Of Prophylactic Antibiotic Administration In Obstetrics & Gynecology, Through Empowerment Of Operating Room Nurse

Sidrah Nausheen, Huma Naz; PK

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Patient-Doctor Communication In Primary Care - Patients' Values And Experiences

Kaja Pölluste, Willemijn Schäfer, Wienke Boerma, Margus Lember; EE

1602

Implementation Of Radiology Electronic Order Entry System At Emergency Department (Ed) To Enhance Patients' Safety And Efficiency In A Tertiary Care Teaching Hospital

Mirza Rehanullah Baig, Sohail Syed Mohammad, Yusuf Muhammad, Khurrum Shahid; PK

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The Controversial Usefulness Of Patient Experience Measures: Contribution Of Literature Analysis Applied To Myocardial Infarction (Mi)

Linda Banaei-Bouchareb, Armelle Leperre-Desplanques, Catherine Grenier; FR

1631

Assessment On The Impact Of Implementing A Vap Prevention Protocol On The Incidence Density Of Infection

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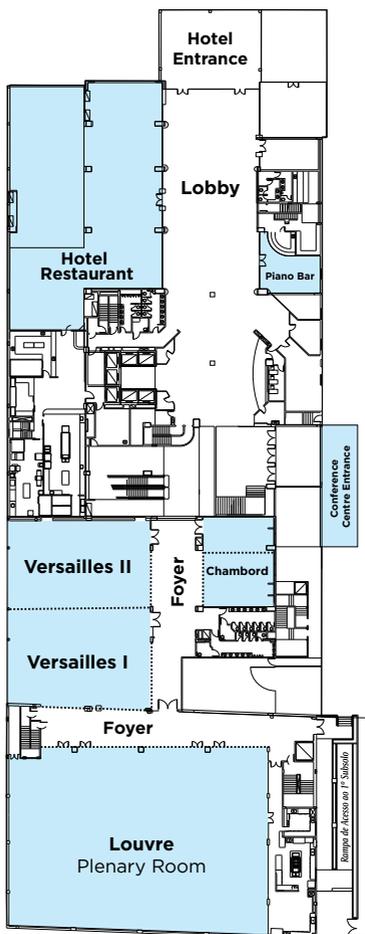
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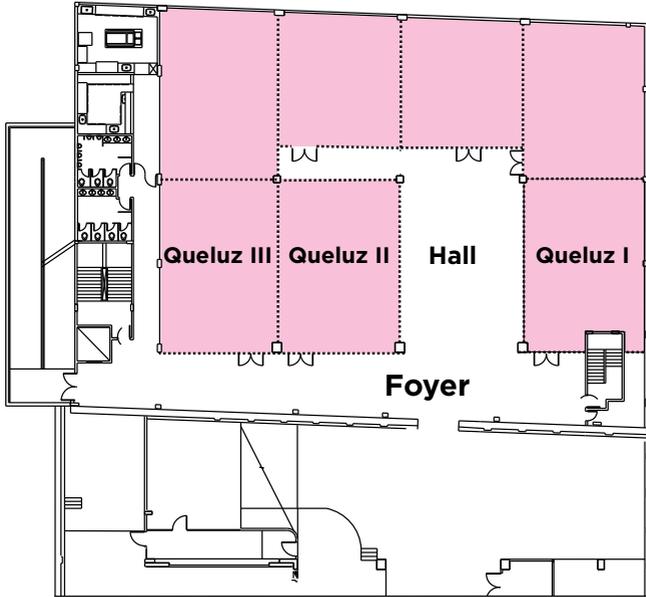
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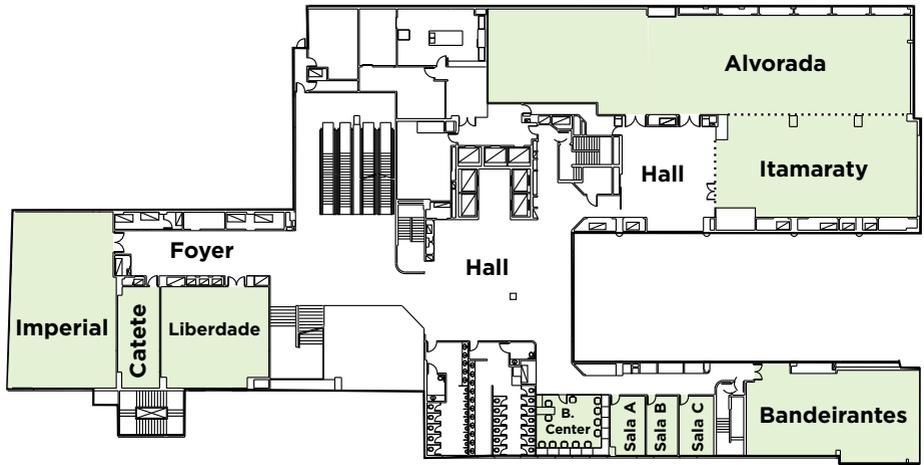
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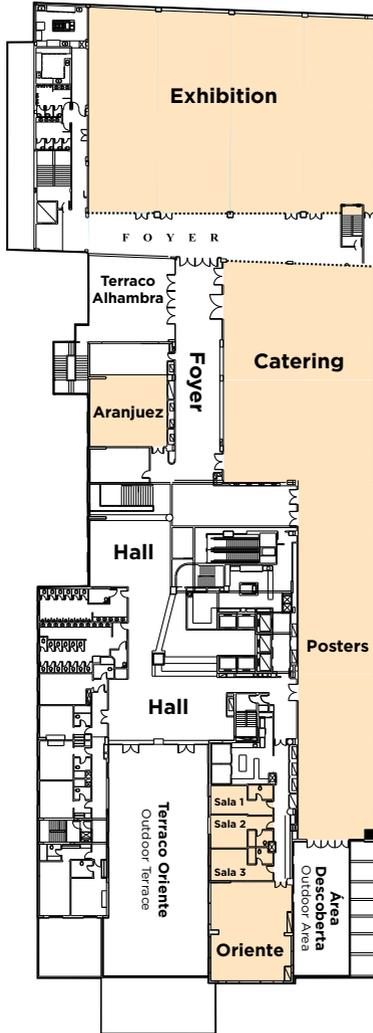
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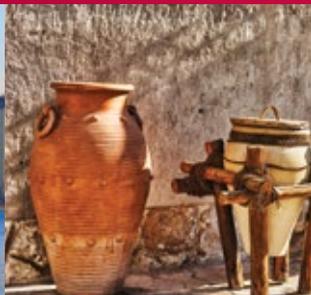
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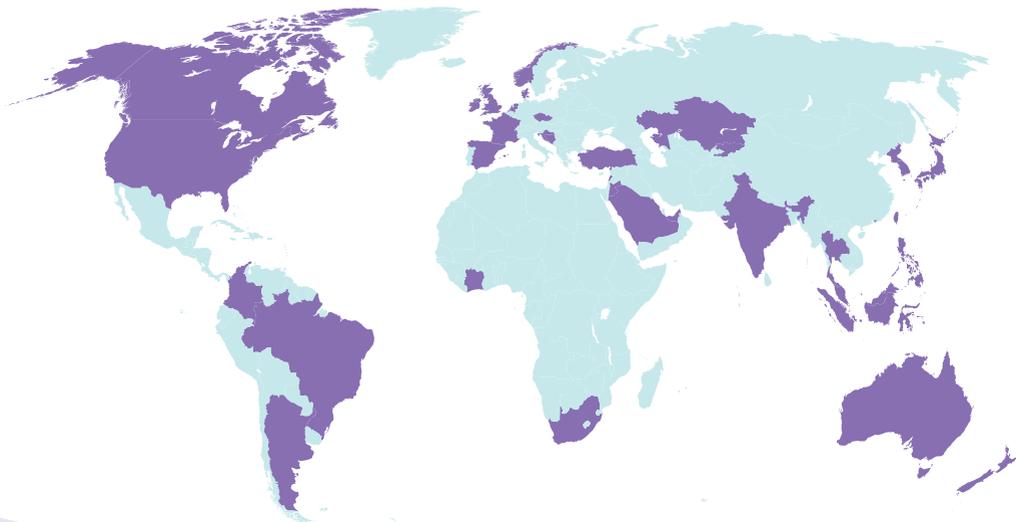
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