



33rd International Conference

Change and Sustainability in Healthcare Quality: the Future Challenges

**Tokyo International Forum, Japan
16 – 19 October 2016**

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TOKYO 2016

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ISQua WELCOME TOKYO 2016



Welcome to Tokyo, Japan and ISQua 2016. The vibrancy of this wonderful city is matched only by the excitement of the programme for the next few days.

The history of ISQua, over 30 years, cannot of course match the venerable story of this land and its peoples. Nor can our efforts in quality improvement match the phenomenal technological growth that is synonymous with Japan.

With your collaboration, we are up to the challenge. The Programme Planning Committee and the ISQua staff have built an exciting, stimulating and forward-looking programme, which will have something for all. We cannot get to every presenter, so choose carefully. The conversation times over meals and tea breaks are ideal spaces to glean lessons from those who heard other speakers.

The programme brings together the enthusiasm of youth and the wisdom of experience. The plenary speakers are, as always, highlights, but don't forget the posters, which so often represent the future of Quality Improvement. I will look forward to meeting you at these displays.

Above all meet and greet each other, both old friends and colleagues and new acquaintances from other countries and of course, the faces of those authors you like to read. ISQua 2016 is without doubt the "Meeting of the Minds", the "Great Good Place" and Tokyo, the city to explore and inspire.

Welcome Everyone

Clifford Hughes
ISQua President

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SUNDAY 16 OCTOBER

OVERVIEW

08:30 – 12:45	Pre-Conference 1 Level 5, Room B5 (1)	Innovations Workshop: Future-Proofing National Health Systems So They Can Deal with Ageing Cohorts with Associated Chronic Diseases: Creating Sustainable Health Care
13:30 – 17:15	Pre-Conference 2 Level 5, Room B5 (1)	Using Patient Reported Outcomes Measures(PROMs) to Promote Patient-Centered Care: PROMs for Patient-Centered Care 101
13:30 – 16:35	Pre-Conference 3 Level 4 Hall C	Japan and WHO Session: Special Policy Forum: Reforming Healthcare in the Super-Aging Society
09:00 – 15:00	Pre-Conference 4 Level 5 Room B5 (2)	External Evaluation Systems: Future Challenges
15:30 – 17:30	Pre-Conference 5 Level 5 Room B5 (2)	How Do We Learn About Improving Health Care?

Pre Conference 1: Innovations Workshop: Future-Proofing National Health Systems So They Can Deal with Ageing Cohorts with Associated Chronic Diseases: Creating Sustainable Health Care

08:30 – 12:45 (Break: 10:30 – 11:00) **Level 5, Room B5 (1)**

Facilitators: René Amalberti; FR, Jeffrey Braithwaite; AU, [On behalf of the Innovations Systems of Working Group of the International Society for Quality in Health Care]

Abstract

Health care systems across the world are experiencing increased financial, organisational and social pressures attributable to a range of critical issues including the challenge of ageing populations. Health systems need to adapt, in order to continue to provide quality care to the widest range of patients, particularly those with chronic and complex diseases, and especially those in vulnerable and low income groups. We report on a workshop designed to tackle such issues held under the auspices of ISQua in October 2015 in Doha, Qatar, with representatives from Argentina, Australia, Canada, Colombia, Denmark, Emirates, France, Ireland, Jordan, Qatar, Malaysia, Norway, Oman, United Kingdom, South Africa and Switzerland. We discuss some of the challenges facing health care systems in countries ageing rapidly, to those less so, and touch on current and future reform options.

1. Amalberti R, Nicklin W, Braithwaite J (2016). Preparing national health systems to cope with the impending tsunami of ageing and its associated complexities. Towards more sustainable healthcare. International Journal for Quality in Health Care, In press.

Pre Conference 2: Using Patient Reported Outcomes Measures(PROMs) to Promote Patient-Centered Care: PROMs for Patient-Centered Care 101

13:30 – 17:15 Level 5, Room B5 (1)

Presenters: Susan Frampton; US, Janne Knudsen; DK, Eugene C. Nelson; US, John Ovretveit; SE, Eyal Zimlachman; IL

Aim: To advance patient-centered care by making effective use of patient reported outcomes.

Description of Workshop: We will use brief presentations and discussions to provide a comprehensive introduction on how to use the voice of the patient (patient reported outcomes) to promote patient-centered care in ways that matter most to patients.

Handouts: A summary of the presentations and a cause and effect diagram on factors leading to successful adoption of PROMs to support patient centered care will be made available as handouts.

13:30 – 13:40	Opening: Preview of Workshop	Janne Knudsen; DK
13:40 – 14:10	Patient-Centred Care and PROMs: What, Why, How, Impact?	Eugene Nelson; US
14:10 – 14:40	Measuring What Matters to Patients: What is the State of the Art?	Eugene Nelson; US
14:40 – 15:10	Using PROMs to Improve Patient Care: Cases and Principles	Susan Frampton; US
15:10 – 15:30	Break	
15:30 – 16:00	Using eHealth Media and HIT to use PROMs to Promote Patient-Centred Care: Slaying the IT Dragon	John Ovretveit; SE
16:00 – 16:30	Changing the Clinical Culture: How to Engage Physicians and Staff in Using PROMs to Take Better Care of Patients and to be More Efficient?	Eyal Zimlachman; US
16:30 – 17:15	Putting PROMs into Practice: Panel Discussion, Driver Diagram, and Questions and Answers	All presenters
17:15	Close	Presenters Available for Curbside Consults

Pre-Conference 3: Japan and WHO Session: Special Policy Forum: Reforming Healthcare in the Super-Aging Society

13:30 – 16:35 Level 4, Hall C

13:30 – 13:35	Opening	Hirobumi Kawakita; JP Edward Kelley; WHO
13:35 – 14:20	History and Current Situation of Universal Health Coverage in Japan	Keizo Takemi; JP
14:20 – 14:50	G7 Health Ministers' Meeting and Japan Vision – Health Care 2035	Kenji Shibuya; JP
14:50 – 15:05	Break	
15:05 – 15:35	The future of Japan's Health System – Sustaining Good Health and Equity at Low Cost in Super-Aging Society	Hiroki Nakatani; JP
15:35 – 16:05	Visualization and Collaboration for Health System Reforming	Yuichi Imanaka; JP
16:05 – 16:35	WHO Vision and Expectations	Edward Kelley; WHO

Pre-Conference 4: External Evaluation Systems: Future Challenges

09:00 – 15:00 Level 5 Room B5 (2)

External evaluation programs have evolved to adopt similar structures, elements and approaches. It is also recognised that they face common challenges irrespective of sector and country context. Many debates surrounding their efficacy and contribution to safety and quality, far from being resolved, continue, often with renewed intensity as healthcare systems come under increasing pressure.

This pre-conference session will examine the future challenges for external evaluation systems. What is predicted to remain the same and what will the challenges be?

Speakers from east and west, developed and developing countries will offer their perspectives and direction forward to address the challenges.

09:00 – 09:05	Introduction and Objectives	
09:05 – 09:20	Where Have We Come from and Where Are We Now? Accreditation	Triona Fortune; ISQua
09:20 – 10:30	What are the Challenges? Experiences from Accreditation	
09:20 – 09:50	Evaluating External Evaluation Programmes for Effectiveness and Sustainability	Virginia Mumford; AU
09:50 – 10:20	Side Effects of Overdoing it: Lessons from a Comprehensive Hospital Accreditation Programme	Carsten Engel and Henning Boje Andersen; DK
10:20 – 10:30	Questions and Answers	
10:30 – 11:00	Morning Break	
11:00 – 12:30	Considerations for the Future	
11:00 – 11:25	The Bigger Picture, A National Strategy	Sheila Leatherman; US
11:25 – 11:50	Emerging Hybridity: A Comparative Analysis of Regulatory Arrangements in the Four Countries of the United Kingdom	Joy F. Furnival; UK
11:50 – 12:05	Implementing the Accreditation Program in Iranian Hospitals: Challenges and Barriers, Tehran, Iran	Pouran Raiesi; IR
12:05 – 12:30	Panel Discussion: Considerations and Challenges for the Future	
12:30 – 13:30	Lunch	
13:30 – 15:00	How...Examples of New Ways of Working from Around the World	
13:30 – 13:50	Clients' Insights and Experiences on the Approach Towards Culturally Based Accreditation Standards	Calvin Wood; CA
13:50 – 14:10	French Quality Accounts: A New Way to Strengthen Leadership in the Field of Quality and Security Improvement	Bruno Lucet; FR
14:10 – 14:30	Working Together – The Brazilian Experience	Maria Carolina Moreno; BR
14:30 – 14:50	Twenty Years of Hospital Accreditation - The Thai Hospital Accreditation Experience	Anuwat Supachutikul; TH
14:50 – 15:00	Comments, Questions and Close	Triona Fortune; ISQua

Pre-Conference 5: How Do We Learn About Improving Health Care?

15:30 – 17:30

Level 5 Room B5 (2)

Speakers: Peter Lachman; ISQua, Cliff Hughes; ISQua, M. Rashad Massoud; US, Leighann Kimble; US

Outline: This session will describe the outcome of the Salzburg Global Seminar convened July 10 – 15, 2016 on how to increase the rigor, attribution and generalizability of improvement. There has been a dichotomy between the world of implementation and research. The Salzburg Global Seminar brought these two worlds together for better learning and advancement of the field of healthcare improvement. During this session, participants will apply the domains of guidance developed at the Salzburg Global Seminar.

17:30 – 19:00

Welcome Reception

Venue: Exhibition Hall, Room B7, Level 7

MONDAY MORNING

17 October 2016

08:00 – 08:45

**WELCOME COFFEE WITH
THE TRADE EXHIBITORS**

08:45 – 10:00

**MONDAY MORNING
OPENING AND PLENARY**

OPENING CEREMONY AND AWARDS

Level 4, Hall C

Chair: Cliff Hughes; ISQua

Official Conference Opening *(25 minutes)*

Hirobumi Kawakita, Chair; Japan Council for Quality Health Care (JQ)

Cliff Hughes; ISQua President

Yasuhisa Shiozaki; The Minister of Health, Labour and Welfare

Yoshitake Yokokura; President, Japan Medical Association

Making the Most of the Conference

Peter Lachman; ISQua CEO

Morning Plenary: Can We Improve Quality Improvement? *(50 minutes)*

Speaker: Mary Dixon-Woods; UK

This talk will identify many of the challenges faced by quality improvement (QI) in healthcare. Though QI is frequently advocated as a way of addressing healthcare's problem, evidence of its effectiveness has remained very mixed. The reasons for this are varied, but include an ongoing tendency to see QI methods and interventions as magic bullets, an absence of sound evaluation, weak fidelity in the application of QI methods, failures of specification and poor understanding of mechanisms, inattentiveness to context and what it means, inadequate reporting and publication bias, and lack of coordination of effort or sharing of learning. Too much QI is undertaken in isolation at local level, failing to pool resources and develop collective solutions, and introducing new hazards in the process. Suggestions on how QI might most effectively be improved will be offered for discussion.

10:00 – 10:30

MORNING BREAK

10:30 – 12:00 MONDAY CONCURRENT SESSIONS A1 - A8

A1 Cost of Quality at the System Level

– 90 minutes

Level 5, Room D5

Chair: Joanna Noble; CA

Quality and Safety of Obstetrics in Canada

Speakers: Joanne Noble, Malcolm Eade and Leslee Thompson; CA

With a common goal of advancing patient safety and practice excellence in obstetrics, Accreditation Canada led the development of a joint report on the quality and safety of obstetrics in Canada.

The report leverages Accreditation Canada data, medico-legal claims data and Risk Assessment Checklists (RAC) program results from the Healthcare Insurance Reciprocal of Canada (HIROC), medico-legal claims data from the Canadian Medical Protective Association (CMPA) and results from Salus Global Corp's Managing Obstetrical Risk Efficiently (MORE^{OB}) Program.

This collaboration provided the opportunity for shared learning from various patient safety data sources to improve reliability by identifying important and actionable deficiencies in health care processes, latent and system issues, and the economic 'burden' of obstetrical patient harm incidents.

This session will share the knowledge translation and transfer strategy employed by the four partners, key results, 'scale and spread' learnings, and recommendations for improving obstetrical safety at the macro and local levels.

A2 Improvement Science for Quality and Safety

– 15 minutes each

Level 4, Room G409

Chair: Siu Fui; HK

Is There a Relationship Between Early Unplanned Return to Theatre and Three-Year Revision Rates for Elective Hip and Knee Replacement Surgery? (Abstract no. 2316)

Alex Bottle, H. Chase, P. Aylin, M. Loeffler; UK

The 6-Pack Program to Decrease Fall Injuries in Acute Hospitals: A Cluster Randomised Controlled Trial (Abstract no. 1962)

Anna Barker, R. Morello, R. Wolfe, C. Brand; AU

Improvement Science to Evaluate Person-Centred and Integrated Care: An International Comparison (Abstract no. 3108)

B. Vrijhoef, S. Tan, T. Wong, Mila Nurjono; SG

**Halving Broken Hips in Hospital – The New Zealand Experience
(Abstract no. 2603)**

R. Hamblin, **Sandy Blake**, C. Petagna; NZ

**The Aftermath of Medical Errors: Supporting Our Second Victim Colleagues
(Abstract no. 1909)**

Hanan Edrees, A. Wu; US

A3 External Evaluations Systems – *15 minutes each*

Level 5, Room B5 (1)

Chair: Paula Wilson; US

**Analysis of an External Evaluation Project in Argentine Public Maternity Hospitals
(Abstract no. 1154)**

Carol Mae Gilmore, I. Kurlat, R. Bernztein; AR

**Manual Cleaning of Endoscopic Retrograde Cholangiopancreatography
Endoscopes Using Remote Video Auditing (Abstract no. 1337)**

Donna Armellino, K. Cifu, M. Wallace, S. Johnson; US

**Assessing the Longitudinal Impact of Safety and Quality Reforms: An Analysis of
the ACHS Pilot Accreditation Program in Hong Kong (Abstract no. 2863)**

David Greenfield, M. Pawsey, D. Yen, C. Dennis; AU

**Evaluation Framework for Patient Safety Incident Reporting Systems
(Abstract no. 1828)**

Kelsey Flott, A. Darzi, E. Mayer; UK

**Hospital Variations in Postoperative Sepsis and Related Outcomes after Coronary
Artery Bypass Grafting Surgery (Abstract no. 2735)**

Lixin Ou, J. Chen, K. Hillman, A. Flabouris; AU

A4 Using Education to Support Quality Improvement

– 45 minutes each

Level 5, Room B5 (2) **Chair:** Tsung-Hsien Su; TW & Sophie Bulmer; UK

Session 1: Using Simulation as a Comprehensive Strategy for Quality Improvement

Speakers: Huei-Ming (Matthew) Ma, Tsung-Hsi Wang; TW

Simulation has been used mainly for teaching knowledge and skills in medical education. Now there is a trend to incorporate soft skills of safety and quality into the simulation training. This session will describe Taiwan's successful experiences for applying simulation as a comprehensive strategy to support quality improvement and cover:

1. Educating patient safety practices to medical students,
2. Improving team performance with teamwork-based simulation,
3. Fostering changes through national patient safety simulation contest,
4. Using in-situ simulation as an improvement tool for error detection in introduction of new protocols.

Objectives:

1. To apply simulation training to individuals, teams, work units and organizations.
2. To apply simulation as the tool for creating safe culture and fostering changes in work procedures and systems.

Session 2: Developing Relational and Reflective Practice to Enhance Engagement with Quality Improvement

Speakers: Sophie Bulmer, Liz Wiggins, Brian Marshall; UK

There is much research into the technical aspects of QI and much research into the importance of relational and reflective practice to the development of change leaders. Yet the two disciplines rarely meet. The Health Foundation and Ashridge Business School have pioneered GenerationQ, a Masters programme in Quality Improvement Leadership, which teaches relational skills alongside the technical so leaders are better able to improve patient quality in practice. In this highly participative session, we offer delegates the opportunity to experience a little of the programme and to enhance their own relational and reflective skills; we will share the evaluation from the first four cohorts of the programme; lastly we will invite discussion into the topic of what more could, or should, be done to integrate technical leadership with its focus on tools and techniques and relational leadership, with its focus on self-awareness and an ability to engage others.

Objectives: After the session attendees will be able to:

1. Experience the highly interactive, Adult-Adult learning style and content of the GenerationQ programme.
2. Personally have the opportunity to enhance their own relational and reflective skills.
3. Connect with others to share experiences and hear and learn from their stories.
4. Learn about the impact of the first four cohorts of the GenerationQ programme.

A5**Person Centred Care – 45 minutes each****Level 7, Room D7****Chair:** Richard Thomson; UK**Session 1: The Role of Person Centred Care for Improving Healthcare Quality and Safety****Speakers:** Richard Thomson, Susan Hrisos, Jason Scott, Lynne Stobbart; UK

There is growing support for the role of person centred approaches in improving healthcare quality and safety. Shared Decision Making (SDM) is argued as central to achieving Evidence Based Medicine, and patient empowerment as key to improving patient safety. We further argue that to fully realise this potential, the interdependence of patient and professional perspectives and behaviours in relation to person centred care needs to be fully appreciated. This workshop explores these proposed interdependences using tried and tested person centred approaches to demonstrate and illustrate arguments (e.g. MAGIC and ThinkSAFE). The session will begin with a presentation supported by robust theoretical and empirical evidence, followed by plenary discussion. Delegates will then be introduced to SDM tools and patient safety resources, and in small groups explore and reflect on the merits of these to support collaborative interactions with patients. The workshop closes with structured feedback, key learning, and questions for the authors.

Objectives:

1. To gain an understanding of how SDM, patient involvement in safety and other person centred approaches to healthcare might function as mechanisms for supporting collaborative change and improvement.
2. To understand the significance of the interdependent and relational nature of patient and professional perspectives and behaviours in this endeavour.
3. To gain insight about decision aids and PDAs and their use and application to support effective patient/professional interactions.
4. To critically appraise own practice and/or research in relation to supporting patient/professional collaborative interactions.

Session 2: Impact of Online Patient Feedback in 2 Countries

Speakers: Michael Greco; AU

Whilst traditional forms of patient feedback methods (e.g. surveys, interviews, etc.) often provide data about patient experience, one of their potential shortfalls is that they are largely 'one-way' because it is the organisation seeking 'feedback' from the consumer. The question could be asked 'what's in it for the consumer?' In addition, the public is now going online to tell their story about their experiences with health services. This is because technology (such as smart phones) have democratised the public voice. Most people can now go online and 'shout' about their experience (good or bad). However, this too is a 'one-way' conversation because health organisations and their staff find it difficult to engage constructively with such postings on the internet. What is needed is more of a two-way dialogue where consumers 'feel heard' when they provide feedback, and health organisations and their staff can engage in a productive conversation with the consumer where the focus is on service improvement.

Such public online 'engagement' (as opposed to 'feedback') has impacts on the public's perception of the health organisation's commitment to person-centred care. It also has impacts on the health organisation and their staff, particularly in terms of resolving issues (in real time), restoring relationships (that may have been damaged), reducing formal complaints and helping them to focus on service improvements that are more person-centred.

Objectives:

By the end of the session participants will gain:

1. Knowledge about what makes online public feedback different to other traditional forms of patient feedback.
2. An understanding of the impact that online (interactive) feedback has on health organisations and the community.
3. Insights about how the Patient Opinion platform is resolving issues, restoring relationships between patients and providers, reducing formal complaints and improving services.

A6 Health Information Technology – 15 minutes each

Level 5, Room G510

Chair: Carlos J. Regazzoni; AR

Implementing External Electronic Medication Records to Promote Effective Hospital Medication Reconciliation (Abstract no. 2073)

Chien-Ning Hsu, Y.-C. L. Wang, I.-L. Chen, S.-C. Hsiao; TW

A Collaborative Cross-Country Study to Measure the Impact of Electronic Medication Management Systems (Abstract no. 2346)

Johanna I Westbrook, S. Shah; UK, E. Lehnborn; AU, A. Girling; UK

A National Scheme to Ensure Medication Safety: The National Certification System for Computerized Physician Order Entry (CPOE) in France (Abstract no. 2356)

Pierre Liot, M. Mohammad, V. Mary; H. Nabarette; FR

Estimating the Effects of Fall Prevention Interventions by Adjusting for the Risk of Falling with a Propensity Score (Abstract no. 1327)

Sachiko Iijima, S. Toyokawa, E. Morita; JP, P.A. Quigley; US

Home Telemonitoring for Aged Care – Do The Elderly Comply and Complete? (Abstract no. 2955)

Marlien Varnfield, R. Jayasena, J. O'Dwyer, B. Celler; AU

A7 Care Across the Continuum – 90 minutes

Level 4, Hall C

Chair: Edward Kelley; WHO

Implementing Integrated People Centred Health Services: Engaging Providers and Patients with the WHO Framework

Speakers: Nuria Toro Polanco; WHO, Bruce Agins; US, Rashad Massoud; US, Yuichi Imanaka; JP and Nittita Prasopa-Plaizier; WHO

The WHO *Framework on integrated people-centred health services* (IPCHS) calls for reforms to reorient health services, shifting away from fragmented, vertical, supply-oriented models, towards health services that are delivered through models built on strong and effective primary health care that put people and communities at their centre. A key strategy to achieving these reforms is engaging and empowering people. But how can we know if we are succeeding?

WHO and USAID ASSIST are working together to promote people-centred care as an essential pillar of quality improvement in Mali and South Africa. To support the implementation of IPCHS, a set of indicators to monitor the progress achieved has been developed based on validated measurement tools. In parallel, qualitative research to develop measures and indicators from patients' and families' perspectives has been conducted in support of the *Global framework on patient and family engagement*.

This session will present results from the IPCHS quality improvement initiative in Mali and South Africa with a focus on engaging and empowering people and will highlight how the inclusion of indicators that measure engagement, including patients and families-based indicators, can further enrich the IPCHS implementation and measurement approach.

A8

Quality Care in Developing Countries and for Vulnerable Populations – 15 minutes each

Level 1, Room D1

Chair: Amy Stern; US

Standard Risk Screening and Assessment Tools Used to Prevent Harm to Older People in Hospitals (Abstract no. 1324)

Bernice Redley; AU

Assessing the Pillars of Life Quality for Long-Term Care Clients in Residential and Community Contexts (Abstract no. 2364)

Tracey Therese Anne McDonald; AU

Effectiveness of Infection Control for Preventing Catheter-Associated Bloodstream Infection (Abstract no. 2831)

Phan Thi Hang, T.T.T. Hang, H.T.N. Hanh; VN

Integration of Quality Control Circle and PHS Win-Win Concept to Promote the Medical Quality of Hematopoietic Malignancies (Abstract no. 2082)

Qian-Li jiang, W.-Y. Li, H.-S. Wu, P.-L. Hu; CN

What Are Junior Medical Doctors in Ethiopia Actually Doing: Using Evidence Generated from Task Analysis Study to Strengthen Medical Practice, Education and Regulation (Abstract no. 1513)

Daniel Dejene, T. Yigzaw, S. Megistu, A. Hiruy; ET

MONDAY LUNCHTIME

17 October 2016

12:00 – 13:45 **LUNCH AND POSTER
VIEWING**

12:45 – 13:30 **SHORT ORALS AND
LUNCHTIME SESSION**

12:45 – 13:30

Publish or Perish? How to Get Your Research Accepted in a High Quality Journal

Level 7, Room D7

Speakers: Yu-Chuan (Jack) Li; TW, Anthony Staines; CH,
David Greenfield and Jeffrey Braithwaite; AU

The goal of this research seminar is to help potential authors to publish high quality research in the field of healthcare quality and patient safety. To achieve this goal necessitates the development of rigorous well planned, executed and disseminated studies. This seminar is an opportunity to review the principles and approach to conducting high quality research studies, and the publication of their findings, in high quality journals.

The session is truly interdisciplinary. We welcome audience participation from the disciplines of health services research, health care evaluation, policy, health economics, quality improvement, management, and clinical research focused on the quality and safety of care. We believe that this seminar will help anyone who wants to improve their scientific writing. It will support participants in their endeavor to publish in high quality journals such as *International Journal for Quality in Health Care (IJQHC)*.

Objectives:

By the end of the session, participants will have learned about a range of matters including:

1. An introduction to the official ISQua journal - International Journal for Quality in Health Care (IJQHC)
2. The annual best papers
3. Scientific paper writing

12:45 – 13:30

Introduction to Japan Obstetric Compensation System for Cerebral Palsy

Level 4, Hall C Speaker: Hideaki Suzuki; JP

Industry Sponsored Session, see Sponsors page for more details.

“Cerebral palsy” means disturbance of motor function or posture of infants that is often caused by hypoxic conditions or other causes. The prevalence is around 2.0 per 1000 births.

The Japan Obstetric Compensation System for Cerebral Palsy was launched in 2009 by Japan Council for Quality Health Care (JQ) as a no-fault compensation system.

Aims of the system include not only monetary compensation for patients funded by allowance for births from health care insurers, but also improvement of quality in obstetric care by analyzing individual cases medically and collective cases epidemiologically, and providing feed-back reports.

According to those characteristics of this system, JQ has well managed the system so far in collaboration with health care insurers, indemnity insurance firms, medical academic societies, lawyers, etc.

This seminar introduces how the Japan Obstetric Compensation System has started, what is the structure of it, how the system works, and what impact it may have.

Objectives:

This session provides the audience with the whole picture of this compensation system to share this unique experience.

12:45 – 13:30 **SHORT ORAL LUNCHTIME SESSIONS AP1 – AP6**

AP1

Cost of Quality at the System Level

– 5 minutes each

Level 5, Room G510

Chair: Elizabeth Pringle; AU

An Innovative Strategy to Improve Hand Hygiene Compliance: Use of Evidence-Based Hand Hygiene Bundled Interventions (Abstract no. 2191)

Chui Wing Lam, S.L. Yuen, M.K. Kwong, S.Y. Lee; HK

Factors Influencing the Costs of Laboratory and Radiologic Tests in Surgical Patients: Results of an Eight Hospital Study (Abstract no. 2108)

Gerhard Halmerbauer, N. Kamptner, T. Königswieser, R. Haslinger; AT

Reducing No Show in Outpatient Clinics – Improving Efficiency and Saving Cost (Abstract no.3156)

Huma Naz; PK

Cost of In-Hospital Adverse Events in Taiwan: Analysed by Using a National Reporting System (Abstract no. 2376)

Kuan-Yu Hung, H.-F. Huang, J.-S. Jerng, H.-Y. Yu; TW

The Contribution of a Financial/Administrative Decision on Pharmacy Operations to Improvement on Patient Experience (Abstract no. 2648)

Yudai Shiota, S. Kobayashi, G. Gondo, T. Aoki, H. Chubachi; JP

The Financial Protection in Indonesia's National Health Security Program: Hospital Patients' Out-Of-Pocket Expenditure (Abstract no. 2947)

Novianti BR Gultom, M. Harno, C. Jaya, W.A. Baros; ID

AP2

Improvement Science for Quality and Safety

– 5 minutes each

Level 4, Room G409

Chair: Claudia Travassos; BR

An Exploration of Nurses' Clinical Working Time Management on Patient Handover (Abstract no. 3125)

Mingyi Hsu; CN

Daily Morning Brief, Effective to Handle the Situation and Incidents at a Regional Hospital (Abstract no. 2449)

Lawrence Lai, Q. Leung, A. Wong, D. Yeung, HK

Automation Nurses' Daily Report to Improve Nursing Administrative Efficiency (Abstract no. 2280)

Min Chang, C.Y. Lee, C.J. Hsu, S.C. Chen; TW

Understanding the Nature of Quality and Safety Improvement in an Emergency Department (Abstract no. 2510)

Jonathan Back, J. Anderson, M. Duncan, A. Ross; UK

Is There a Psychological Limit for Workload in Healthcare? (Abstract no. 3016)

Holger Pfaff, S. Zeike; DE

Can Hospital Volunteers Help Improve Patient Safety? (Abstract no. 2684)

Jane K. O'Hara, G.E. Louch, M.A. Mohammed; UK

Tribes or Teams? The Relationship Between Interprofessional Collaboration, Employee Engagement and Supervisor Support on Patient Safety Climate (Abstract no. 2921)

Susan Jane Brandis, S. Schleimer; AU

AP3 Improvement Science for Quality and Safety

- 5 minutes each

Level 1, Room D1

Chair: Sang- IL Lee; KR

A Risk Management Framework in Introducing New Procedures, Devices and Services (Abstract no. 2892)

Diana Ramos Santos, S. Mujumdar, S. Ang, S.C. Quek; SG

Evaluating the Quality of Community Pharmacy Services Around the World (Abstract no. 2868)

David Rhys Axon; US, M. Watson; UK, T. Warholak; US

A Model to Enhance the Secondary Use of Data for Improving Medication Safety in Hospitals (Abstract no. 1224)

Navila Talib Chaudhry, B.D. Franklin, J. Benn; UK

Strengthening Medication Reconciliation Practices: A Patient Safety Initiative at a Tertiary Care Hospital at Karachi Pakistan (Abstract no. 2954)

Nazia Khuwaja, S. Jaffer, R. Roshan; PK

Interactive Pharmacological Service Implementation to Reduce Adverse-Drug Reaction (ADR) Events (Abstract no. 1636)

Po-Jen Shih, Y.-W. Lin, F.-C. Ko, N.-P. Yang; TW

One Piece Flow Concept Applied in a Casemix Unit and Outpatient Pharmacy to Reduce Waiting Time (Abstract no. 2913)

Astari Mayang Anggarani, F.D. Rachmat, R.I. Wardani, W.B. Utomo; ID

AP4 External Evaluation Systems – *5 minutes each*

Level 5, Room B5 (2) **Chair:** Margaret Banks; AU

Enhancing Surveyor Education to Improve Accreditation (Abstract no. 2529)

Christopher Dean, J. Peters, S. Lachapelle, S. Larocque; CA

ICUS Quality Status in the General Hospitals in South Korea (Abstract no. 2715)

Kana Park; KR

Level of Compliance of Haemodialysis Centres in the MSQH Chronic Dialysis Treatment Accreditation Program 2013 - 2015 (Abstract no. 3031)

Noramiza Md. Nasir, K. Marikar; MY

Consumer Awareness on Healthcare Accreditation in Republic of Korea (Abstract no. 2627)

Seungyeon Do, Y. Jung, I. Park, S. Suk; KR

Using Patient Focus Methodology in Hospital Accreditation and Clinical Auditing in Taiwan (Abstract no. 3133)

Hung-Jung Lin, H.-J. Lay; TW

Pilot Testing to Evaluate Readiness of the National Healthcare Facilities Licensing and Accreditation Program (Abstract no. 2293)

Merlyn Patricia Dsouza, A.A. Al Aali, M. Lessing Turner, A.R.A. Al Mashaan; QA

AP5 Quality Improvements by Staff and Service Users – *5 minutes each*

Level 5, Room D5 **Chair:** Carolina Moreno; BR

A Critical Approach to Improve Patient Engagement (Abstract no. 2281)

Tung Wen Ko, F.-C. Wai, S.-H. Hung, P.-C. Wang; TW

An Exploration of Patients' Experience of Point-Of-Care Health Information Technology in Acute Care (Abstract no. 2573)

Leigh McNicol, A. Hutchinson, M. Botti, B. Redley; AU

The Effect of Inbound Medicine on Quality in Health Care and the Roles of Third Party Facilitators (Abstract no. 2934)

Hideomi Yamada, T. Ishii, D. Koide, S. Tamura; JP

Applying the High-Fidelity Simulation-Based Team Training to Enhance the Patient Safety Culture (Abstract no. 1780)

Sheng Hui Hung, Y.-L. Wu, T.-W. Ko, P.C. Wang; TW

Development of a Toolkit to Measure User Experiences of the Health Visiting Service in England (Abstract no. 1647)

Amy Tallett, A. Attwood, T. van Doorn; UK

The Hybrid Quality Improvement Methods Can Improve Ambulance Prehospital Electrocardiogram Implantation Rate- A 5-Year City Based Multicentre Trail (Abstract no. 1948)

Wei-Chun Huang, C.-C. Hung, G.-Y. Ma, C.-P. Liu; TW

AP6

Care Across the Continuum – 5 minutes each

Level 5, Room B5 (1)

Chair: Shams Syed; WHO

Integration of Health and Social Care in England Requires a New Concept of Safety (Abstract no. 2341)

Jason Scott, Y. Birks, F. Aspinall, J. Waring; UK

Readmissions Among Patients with Chronic Obstructive Pulmonary Disease: All-Cause or Potentially Preventable? (Abstract no. 2706)

Kaiser Lim, J.M. Naessens, M. Dulohery, S. Peterson; US

Cancer Trajectories in a French Disadvantaged Area (Abstract no. 1817)

Laurent Visier, G. Zoia; FR

Using Segmentation Analysis to Understand Utilisation Across the Care Continuum in the High-Risk Population (Abstract no. 2080)

Sabine Ingrid Vuik, E. Mayer, A. Darzi; UK

An Exploratory Study of Healthcare Employee Resilience in Taiwan: A Case Study of a Teaching Hospital in Taiwan (Abstract no. 3101)

Yii-Ching Lee, W.-L. Hsieh, S. Chen; TW

MONDAY AFTERNOON

17 October 2016

13:45 – 15:15 **CONCURRENT
SESSIONS A9 - A16**

A9 **Cost of Quality at the System Level – 15 minutes each** Level 1, Room D1 **Chair:** Eric de Roodenbeke; CH

Healthcare Services Utilization Following Admission for Hip Fracture in Patients Older Than 65 Years (Abstract no. 1960)

Jacob Dreier, E. Fliss, O. Weinstein, M. Sherf; IL

Hip Fracture Mortality by Teaching Status of Treating Hospital (Abstract no. 1366)

Katie Sheehan, B. Sobolev, P. Guy; CA

The Association Between Weekend/Weekday In-Hospital Mortality and Centralisation of Stroke Services (Abstract no. 2703)

Violeta Balinskaite, A. Bottle, P. Aylin; UK

What Would It Take for Accreditation to be Cost-Effective? A Threshold Analysis Case Study (Abstract no. 2548)

Virginia Mumford, D. Greenfield, B. Parkinson, J. Braithwaite; AU

The Effect of Dementia on Medical Care in Middle-Aged and Elderly Patients with Diabetes Mellitus in Taiwan (Abstract no. 1655)

Yi-Chien Yao, Y.-C. Li; CN

A10 Improvement Science for Quality and Safety

– 45 minutes each

Level 5, Room D5

Chair: Anthony Staines; CH

Session 1: Anticipating the Future Disruption in Healthcare

Speaker: Chris Cornue; US

Hospitals, health systems, governments and individuals are faced with an evolving healthcare environment that is complicated further (both in positive and negative ways) by disruption that is occurring each and every day. Disruption in healthcare can take on many forms, including advanced technology, improved approaches to delivery, new market entrants, different ways of looking at patient outcomes, collaboratives, and many others. It may be simple or complex, but it will happen. Christopher Cornue will help the participants understand the disruption that is occurring within the industry and consider different ways to address it by providing current facts and trends, highlighting some examples of the disruptions and encourage everyone to embrace the change facing them and become the disrupters instead of being disrupted.

Session 2: Developing a Quality Improvement Framework and improvement capacity in Ireland

Speakers: Philip Crowley; HSE, Peter Lachman; ISQua and RCPI

This interactive session will demonstrate how to:

1. Develop a National Quality Improvement Framework
2. Build the capacity in a country to deliver quality improvement and patient safety
3. Initiate a network for improvement

A11 External Evaluations Systems – 45 minutes each

Level 4, Hall C

Chair: Agnès Buzin; FR

Session 1: Collaboration re the ACCREDIT Research Program Aged Care AGPAL and ACHS

Speakers: David Greenfield, Virginia Mumford; AU

The session will report the findings from the Australian ACCREDIT (Accreditation Collaborative for the Conduct of Research, Evaluation and Designated Investigations through Teamwork) project, conducted between 2010-2015. ACCREDIT has shed light on the challenges facing accreditation agencies and their stakeholders in their efforts to advance the sustainability and credibility of their accreditation programs.

The program of research applied a cutting edge design, using a multi-method approach to its investigations. ACCREDIT brought together researchers at Macquarie University, and staff of the Australian General Practice Accreditation Limited, Australian Council on Healthcare Standards, Australian Aged Care Quality Agency, the Australian Commission on Safety and Quality in Health Care, and the New South Wales Clinical Excellence Commission. The study findings, discussed here, have wide application across accreditation, surveying and standards setting activities in low, middle income and developed countries.

Objectives:

The session will present participants with the opportunity to: discuss the research findings, in context of the broader empirical literature; and identify issues and appropriate methodologies for future research. At the end of the session participants will be able to:

1. List and discuss the key findings from contemporary research into accreditation.
2. Develop ways to apply the findings in their own setting and work.

Session 2: Reducing the Burden of Multiple Accreditation Systems; Lessons from a Collaborative Approach by Two Accreditation Agencies

Speakers: Lena Low, Christine Dennis, Christina Bolger; AU, Triona Fortune; ISQua

Over the past decade the healthcare system in Australia has been progressively implementing strong regulatory frameworks in the acute, aged care and primary health care sectors.

The burden of accreditation has been of particular concern to health services that provide a mix of acute care and aged care services. These organisations are currently subject to accreditation against the Australian Commission for Safety and Quality in Health Care (ACSQHC), National Health Service Standards and the Aged Care Accreditation Standards as detailed in the Quality of Care Principles 2014. This concern expands beyond Australia with ISQua encouraging its accreditation clients to consider alternative models.

This session will explore the opportunities and lessons from implementing a collaborative accreditation survey process for two health services in Victoria, Australia. The collaboration will require an international accreditation provide for predominantly acute health service organisations (the Australian Council on Healthcare Standards) and the Aged Care Quality Agency to deliver a single accreditation survey against two sets of standards concurrently.

The key driver is reducing the burden of effort associated with reported duplication and, organisational workload to comply with approaches to accreditation surveys that are perceived to benefit the accreditation providers more so than the health care organisation.

The accreditation agencies and the health care providers in this study remain committed to the intent of standards and to the continuum of compliance through to organisational excellence.

Objectives:

1. Understand the concept and benefits of accreditation.
2. Understand how different systems can come together for the benefit of both patients and staff.

A12 Using Education to Support Quality Improvement - 15 minutes each

Level 5, Room B5 (2)

Chair: BK Rana; IN

Evaluation of Team Training Impact on Surgical Outcomes: A Cluster Randomized Trial (Abstract no. 1195)

Antoine Duclos, J.-L. Peix, V. Piriou, C. Colin; FR

Analysis of Patient Safety Incidents in Brazilian Accredited Hospitals - The Safety Sentinel Project (Abstract no. 2853)

F. Folco, Taissa Sotto Mayor, J. Cherubim, M. Machado; BR

Resilience and Depression Synergically Affect Self-Care Maintenance of Heart Failure (Abstract no. 1476)

Pei-Shan Tsai; CN

Forethought on the End of Life: Using Simulation to Improve Communication Skills with End-Of-Life Patients and Their Families in Hospitals of Clalit Health Services (Abstract no. 2772)

R. Yahalom, Henia Perry-Mezare, M. Leonenko, M. Brezis; IL

Implications from Case Studies and Updating Programs in the Teamstepps Trainings in Japan (Abstract no. 2258)

Yumi Arai, K. Yudo, K. Taneda, M. Yamagishi; JP

A13 Person Centred Care - 15 minutes each

Level 4, Room G409

Chair: Ronen Rozenblum; US

Family and Caregivers are an Integral Part of Home Care Safety (Abstract no. 2418)

Ariella Lang, M. Macdonald, W. Nicklin, J. Mitchell; CA

Streaming Quiet Time to Ensure Adequate Rest for Patients (Abstract no. 2352)

Elizabeth Joseph, P. Rindani, P. Cruz, V. Tribhuvan; IN

Person- and Family Centred Crisis Assessment and Home Treatment Services in Mental Health Care (Abstract no. 2096)

Kristen Kistrup, A. Hertz; DK

The Impact of an Innovative Patient-Centred Care Model on Patient and Family Experience in Acute Care (Abstract no. 3180)

Ronen Rozenblum, C. Morrison, P. Gazarian, K. Silva, J. Donzé; US

The Effect of a Patient Centred Care Bundle Intervention on Pressure Ulcer Incidences (Intact) (Abstract no. 2368)

Wendy Chaboyer, T. Bucknall, E. McInnes, M. Wallis; AU

A14**Health Information Technology – 45 minutes each****Level 5, Room G510****Chair:** James Robblee; CA**Session 1: Learning Healthcare System and Learning Machines: How Should We Adopt Emerging Information Technologies in Healthcare?****Speaker:** Tomohiro Sawa; JP

Over the last several years, information technologies made another big progress. Artificial intelligence has caught the third wave and has been surpassing human beings in board games such as Go and Shogi. The implementations of IoT are prevailed and various machines including drones have gained autonomy with a variety of sensors and cloud technologies. Translational bioinformatics has gained the power of next generation sequencers and big data technologies. Large-scale clinical case registries and databases have been emerging around the world. Wearable technologies have made consumer health informatics in action.

In this session, the concepts of newly developed information technologies are introduced and the progress of artificial intelligence is explained. Applications of these technologies in healthcare will be discussed. We will explore possibilities to connect translational bioinformatics, clinical informatics and consumer health informatics.

Objectives:

Understand the recent advances in artificial intelligence, IoT, and cloud technologies.

Understand the recent progress of translational bioinformatics, large scale clinical databases and consumer health informatics.

Discuss the possibilities to adopt the emerging information technologies into healthcare.

Session 2: Web Improvement Support for Healthcare (WISH): A Web-Based Tool Supporting Quality Improvement**Speakers:** Vasa Curcin, Thomas Woodcock; UK

The Web Improvement Support for Healthcare (WISH) software is a toolkit supporting multidisciplinary improvement teams to implement research into practice. Continuous data collection and analysis are essential to achieving improvement in healthcare. However, data for local improvement initiatives are often not readily available from hospital systems. WISH allows project teams to design the desired process model, define quantitative improvement measures, automatically generate a web application for team members to enter measurement data at regular intervals, and monitor progress in real-time. Based on the team's specification, data collection pages and live reports for team members are automatically generated to track the improvement project progress. The reports provide statistical process control analysis and allow the integration with qualitative data in the form of PDCA cycles, comments, and novel sustainability and long term success tools. WISH belongs to a larger methodology supporting quality improvement projects which will also be briefly introduced as context.

Objectives:

1. Understand the need for continuous data collection and analysis during healthcare improvement projects.
2. Recognise the need for bespoke data collections and tailored measurement to support improvements.
3. Understand key facilitators and barriers to measurement in an improvement project.
4. Appreciate how measurement fits into and supports a broader quality improvement approach throughout the project's completion.

A15 Care Across the Continuum – 15 minutes each

Level 5, Room B5 (1)

Chair: Michael Counte; US

Care Across the Continuum: Supporting Women Concerned About Breast Cancer in Genetics and Oncology Settings (Abstract no. 2496)

Frances Rapport, P. Shih, K. Churrua; AU

Predicting Pediatric Readmissions (Abstract no. 1722)

James M. Naessens, E. Knoebel, M. Johnson, M. Branda; US

Coordinating Care Across the Continuum by Managing Post Discharge Transitions at Home (Abstract no. 3152)

Rozina Khimani, S. Akbar, H. Naz, K. Sohani; PK

Longitudinal Adherence to a National Screening Program for Early Detection of Colorectal Cancer in Israel (Abstract no. 1531)

O. Paltiel, D.H. Jaffe, O. Manor; IL

Got Pills? A Pharmacist's Impact on Chronic Disease and Older Adults in Transitions of Care (Abstract no. 2242)

Mae Centeno, C. Fullerton; US

A16 Quality Care in Developing Countries and for Vulnerable Populations – 45 minutes each

Level 7, Room D7

Chair: Charles Shaw; UK

Session 1: A Framework Toward Improved Health and Wellbeing Outcomes for Members of the LGBTI Community

Speaker: Stephen Clark; AU

On 25 September 2014, United Nations Secretary-General Ban Ki-moon spoke of his strong support for equal rights for the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community worldwide and voiced concern over the widespread harassment of its members.

Abolishing homophobia and transphobia is “a great human cause,” Ban Ki-moon said, adding that the fight against discrimination “lies at the core of the mission of the United Nations.”

The research demonstrates LGBTI people have poorer health outcomes than the general population because of the discrimination that they experience. The actual or perceived discrimination by services also means LGBTI people are more likely to avoid or delay seeking care. Consequently, any LGBTI health consumers want to know that they can access services where their sexual orientation or gender identity will be valued and where service providers understand their needs.

Recognising the challenges many LGBTI people face, *Quality Innovation Performance (QIP)*, have worked collaboratively to improve the delivery of inclusive service provision and health care within Australia by developing the *Rainbow Tick*.

The Rainbow Tick Standards and accreditation program is a voluntary program which aims to address the health inequalities for LGBTI people by assisting health and human services to understand and respond to the needs of their LGBTI health consumers. It is expected that the health and wellbeing of LGBTI consumers will improve as a result of services understanding their needs.

Session 2: Enhancing the Evidence for Medication Safety in Low and Middle Income Countries

Speakers: Ezequiel García Elorrio; AR, Terri Warholak, Ana L. Hincapie; US

There are extensive evidence-based strategies proven to prevent medication errors and increase patient safety. However, the overwhelming majority of evidence has been generated in high-income countries, which represents an obstacle for successful dissemination and implementation of research-tested interventions into adaptable programs in low and middle-income countries (LMICs). To bring into practice interventions that are proven to be effective, high quality evidence produced in settings with diverse systems capacities is needed. This session will: 1) describe the burden on medication errors incidence in LMICs; 2) discuss the context in which reported interventions yielded positive outcomes; and 3) identify the research gaps in the field of medication error prevention in LMICs. Finally throughout case examples, this session will provide participants with practical best-practice applications that address common challenges producing research and quality improvement reports on medication safety from LMICs, with emphasis in methods amenable to settings with limited resources.

Objectives:

By the end of this session participants should be able to:

1. List the most common barriers of conducting medication safety research in low and middle income countries.
2. Describe innovative ways to contribute to medication safety evidence in low and middle income countries.

15:15-15:45

AFTERNOON BREAK

15:45 – 16:45

AFTERNOON PLENARY
AND AWARD

PLENARY AND AWARD

Level 4, Hall C Chair: David Bates; ISQua

John Ware and Alvin Tarlov Career Achievement *(15 minutes)*

Afternoon Plenary: Hospital Experiences: Health, Spirituality, and Life: A Patient's Point of View *(45 minutes)*

Speaker: Yushi Nomura; JP

From his experiences of being a patient, Yushi Nomura will speak about the core of hospital care as health, spirituality, and life. The words health, heal, whole, and holy share the same source. Healthy or being healed means to regain one's wholeness. How does holiness come into it? It is related to the spiritual aspect of our being. The WHO at its 50th anniversary proposed adding "spiritual well-being" to its constitutional definition of health as physical, mental and social well-being. Our spiritual dimension reveals the sacred nature of our life. Life after all is the final concern of medical and health care. What is life really though? The Chinese character for mei, which means life, also means command. It is ten-mei, or the heavenly command for us to live. This resonates with the Judeo-Christian idea of life as God's gift for us to live fully. In Greek, life could be either bios or zoe. Although bios with its prefix bio-, such as in biology, biotechnology and bioethics, is most familiar to us today, the Bible seems hardly interested in bios, but rather draws our attention to zoe. While bios is dealing with biological life-and-death matters, zoe points to something beyond. With zoe, the meaning of end-of-life care deepens, benefiting patients as well as the people surrounding them: families, friends, caregivers and medical professionals. A new zoe-ethics may hint at a new paradigm of life and better hospitable healthcare quality.

17:00 – 17:45	ISQua AGM, Level 1, Room D1 Members Only
19:00 – 21:00	Networking Reception Venue: The Happa-en which means "The Garden of Eight Views"

TUESDAY MORNING

18 October 2016

07:30 – 08:30 **ISQUA MEMBERS, FELLOWS AND EXPERTS
EXCLUSIVE BREAKFAST SESSION**

How Digital Health can Improve Patient Safety

Level 5, Room B5 (1) Chair: Martin Kelly; IE

Each quarter HealthXL hosts meetings for the leaders and investors in digital health to explore topics where technology can empower and transform health access and delivery. Our interactive session will focus on the opportunity to improve patient safety via digital health.

Objectives: To develop a global challenge on how digital health can dramatically improve patient safety.

08:00 – 08:45 **WELCOME COFFEE WITH THE TRADE EXHIBITORS**

08:45 – 10:00 **TUESDAY MORNING PLENARY AND AWARDS**

PLENARY AND AWARDS

Level 4, Hall C Chair: BK Rana; IN

Japan's Quality Improvement Body-Its Achievement And Future Role In Public Healthcare Service As Private Sector Entity (55 minutes)

Speaker: Shin Ushiro; JP

Private healthcare facilities have brought a great deal of medicine, to public services in Japan. Not only healthcare provision but quality improvement has also been attributed to the private sector. Japan Council for Quality Health Care (JQ) was launched in 1995 by various healthcare-related entities within the private sector with the aim of quality improvement. As decades passed, JQ's quality improvement projects have grown to be more diverse and unique, including an adverse event (AE) reporting system, no-fault compensation/investigation and prevention system on cerebral palsy and so on. The AE reporting system has become an influential tool to convey prophylactic measures not only to medical institutions but to pharmaceutical manufactures. Both of whom have relinquished sound-alike brand names and altered packages for patient safety in response to the disclosed cases and knowledge gained from the system.

The obstetric compensation system has witnessed a steady decrease of lawsuit cases which was credited as one of the major causes of shortage of obstetricians not only in Japan but in many states with advanced economies. Recent fatal accidents within JQ's accredited University Hospitals motivates JQ for further involvement of accreditation in patient safety in advanced hospitals. JQ's achievements and future perspective of JQ's role will be presented.

Life Time Achievement, Presidential Citation and Distinguished Service Award
(20 minutes)

10:00 - 10:30 MORNING BREAK

10:30 – 12:00 TUESDAY CONCURRENT SESSIONS B1 - B8

B1 Cost of Quality at the System Level – 15 minutes each Level 5, Room B5 (2) Chair: John Ovretveit; SE

What Can Be Learned from the Implementation of a Pay for Performance Programme? (Abstract no. 3191)

Adrien Dozol, A. Fouchard, B. Lalloué, X. Poulain, C. Grenier; FR

Is Readmission Policy Penalising Hospitals for Keeping People Alive? (Abstract no. 1142)

Mauro Laudicella, D. Patel; UK

The Impact of New Payment Models on Care Delivery: Reductions in Emergency Care Use Among Beneficiaries in a Medicare Pioneer ACO (Abstract no. 2413)

John Hsu, M. Price, C. Vogeli, M. Chernew, T. Ferris; US

Improving Efficiency in Hematology Laboratory (Abstract no. 2008)

Mashhooda Rasool Hashmi, B. Moiz, S.A. Baloch, I.A. Ansari; PK

The Cost of Quality to Patients: The Impact of Surgical Complications on Wellbeing (Abstract no. 1936)

Stephanie Archer, S. Vuik, A. Pinto, A. Darzi; UK

B2 Improvement Science for Quality and Safety – 90 minutes

Level 7, Room D7 Chair: John Helfrick; US

Evaluation of Quality Improvement Interventions – How to Get Started

Speakers: Helen Crisp, Donna Buxton; UK

The session will be workshop style, with a mix of presentation, discussion and exercises, exploring the challenges of evaluation of quality improvement interventions in health care, with a focus on methodological and practical considerations.

Presentations will cover:

1. Why do an evaluation?
2. Different types of evaluation;
3. Design and commissioning considerations;
4. Practical issues such as stakeholder involvement, roles and responsibilities and timing for an evaluation;
5. Reporting and sharing evaluation findings;
6. The content will draw on case studies with real life findings and issues arising from evaluation studies that the Health Foundation has undertaken.

During the session participants will complete a pre-evaluation questionnaire to take away, that will help planning evaluation activities for a current quality improvement intervention that they are involved with, to initiate planning or identify improvements for the evaluation.

Objectives:

1. Understand why evaluation is an essential part of quality improvement, enabling learning about what works (or doesn't work) and why, to accelerate spread of successful approaches
2. Understand a range of different evaluation methods, how to apply these and the design and measurement considerations for each approach.
3. Consider and assess the practical issues that may affect the evaluation, including the concept of developing a concordat between the evaluators and the health care teams undertaking the improvement intervention.

Complete a 'pre-evaluation' questionnaire based on a current project, allowing attendees to apply learning to a relevant quality improvement intervention and take action on return to their workplace.

B3 External Evaluations Systems – 90 minutes

Level 5, Room D5 **Chair:** Michio Hashimoto, Tomonori Hasegawa; JP

Effective Use of Accreditation from the Experience of Three Countries

Speakers: Michio Hashimoto, Tomonori Hasegawa; JP, Leslee Thompson; CA and Cliff Hughes; AU

Accreditation can encourage hospitals to improve quality of care but hospitals may feel difficulty in using accreditation effectively to improve quality of care. Accreditation bodies are expected to support hospitals in implementing activities aiming to improve quality. By comparing the accreditation system and related activities to support hospitals in three countries, we can share the experience and foresee the conditions where accreditation can be used effectively in hospitals.

Objectives:

1. Share the experience about the effective use of accreditation in hospitals.
2. Identify contributing factors and barriers in utilizing accreditation to improve quality in health care.

B4 Using Education to Support Quality Improvement – 15 minutes each

Level 1, Room D1

Chair: Pierre Chopard; CH

Improving the Quality and Safety of the Consultation and Referral Process: It's More Than Professionalism and Collegiality (Abstract no. 2683)

David G. Moores, M. Sargious, B. Fisher, J. Glassford; CA

Feasibility of Post Discharge Follow-Up Call to Urology Patients at a Private Tertiary Care Hospital in Karachi (Abstract no. 2946)

Sajidi Salman Chagani, S.S. Khan, W.A. Aziz, N.F. Faruqui; PK

Exploring Latent Teaching Stress and Coping Profiles Among Clinical Teachers and Examining Associations (Abstract no. 1658)

Shih-Kuang Chiang; TW

The Brazilian Patient Safety Program – Building a Network to Help Brazilian Hospitals to Improve Quality of Care Offered to the Population (Abstract no. 2875)

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

Educating Physicians from the Classroom to the Clinic (Abstract no. 2520)

Yosef Dlugacz, R. Silverman, M. Grissom, K. Masick; US

B5 Person Centred Care – 90 minutes

Level 4, Hall C

Chair: Susan Frampton; US

Implementation and Outcomes of Involvement of Patient-Family Advisors in Quality Improvement in Three Countries

Speakers: Türkan Özilhan; TR, Malek Almoosa; SA, Lisa Allen; US

Today, partnerships with patients and family are at the forefront of healthcare quality improvement efforts. Accrediting bodies are incorporating standards on how organizations partner with healthcare consumers. Legislation has been enacted in some countries, requiring hospitals to have patient and family advisory councils (PFACs). Established institutions like the Institute of Medicine and the Australian Clinical Excellence Commission have embraced partnerships with patients as core to their improvement agendas. Healthcare organizations worldwide are beginning to use PFACs as a foundational structure to engage patients and family members as partners in quality and process improvement, strategic planning, hiring and evaluation, and staff training to promote community building and align the hospital's strategic priorities with what matters most to patients. This panel will present practical examples from hospitals in several countries, including John Hopkins in the USA and Almoosa in KSA in order to build our knowledge of how PFACs can be successfully organized and involved in quality work.

Objectives:

1. Participants will understand how to organize Patient-Family Advisory Councils at the hospital and healthcare system levels.
2. Participants will be able to identify 2-3 specific quality assurance and improvement projects in which PFACs can be valuable partners with clinical staff.

B6 **Health Information Technology – 15 minutes each**

Level 5, Room G510

Chair: Eyal Zimlichman; IL

Are Statistical Natural Language Processing Models for Pneumonia Surveillance Generalizable Across Acute Care Hospitals? (Abstract no. 1878)

Christian M. Rochefort, A.D. Verma, D.L. Buckeridge, A. Forster; CN

A Mixed Methods Investigation of the Efficacy of Organisational Level Feedback from Incident Reporting (Abstract no. 2575)

D. D'lima, A. Bottle, **Jonathan Benn**; UK

Automated Identification of Triggers from the Global Trigger Tool in Electronic Health Records (Abstract no. 1575)

Kjersti Mevik, T.E. Hansen, A. Ringdal, B. Vonen; NO

Utilizing Electronic Health Record Documentation to Measure Value for Prostate Cancer Clinical Care (Abstract no. 1363)

Tina Hernandez-Boussard; US

Using Routinely Collected Administrative Data to Further Examine Variation in Obstetric Outcomes by Day of the Week (Abstract no. 1955)

Paul Aylin, W. Palmer; UK

B7 **Care Across the Continuum – See timings below**

Level 4, Room G409

Chair: Jose Noronha; BR

Patient Feedback About Safety: Can it Improve Safety and How Do Ward Staff Engage With This Feedback? Results From a Randomised Controlled Trial and Findings of a Qualitative Process Evaluation of the Patient Reporting and Action for a Safe Environment (PRASE) Intervention (Abstract no. 2578) 45 minutes

Laura Sheard; UK

Children's Care Pathway and Parental Experiences Following Use of NHS 111, A Non-Emergency Medical Helpline in England (Abstract no. 2682) 15 minutes

Sarah-Ann Burger, A. Tallett, I. Maconochie, K. Pall; UK

Impact of Age and Renal Function on Incidence of Adverse Drug Event: The Jade Study (Abstract no. 1524) 15 minutes

Yuri Takashi, M. Sakuma, T. Morimoto; JP

B8	Quality Care in Developing Countries and for Vulnerable Populations – 15 minutes each
Level 5, Room B5 (1)	Chair: Ezequiel Garcia Elorrio; AR
Practice-Driven Research in Aged Care Nursing (Abstract no. 2322) <u>Tracey McDonald</u>; AU	
Our Journey Towards Excellence: An Analysis of Efforts Made to Ensure Continuous Care by Providing Medical Records (Abstract no. 2069) <u>Aienullah Beg</u>, S. Malik, E. Awan, I. Khan; PK	
Evolution of the Quality of Care: An Investigation into Hospital Performance and the Role of Accreditation in South Africa (Abstract no. 3013) <u>Chloé Van Biljon</u>, C. Adams, J. Bloch, A. Smith; ZA	
Hospital Health Service Quality and Universal Health Care in Indonesia (Abstract no. 3178) <u>Edward Broughton</u>, K. Latief; US	
Narrowing the Gap: Hospital Accreditation and Inequality in South Africa (Abstract no. 2820) <u>Shivani Ramjee</u>, K.D. Hauck, R. Burger, J. Stewart; ZA	

TUESDAY LUNCHTIME 18 October 2016

12:00 – 13:45 **LUNCH AND POSTER
VIEWING**

12:45 – 13:30 **SHORT ORAL
SESSIONS BP1 – BP6**

BP1 **Improvement Science for Quality and Safety**
– 5 minutes each
Level 5, Room B5 (1) **Chair:** Ulfat Shaikh; US

Selecting the Optimal Tool to Assess Fall Risk in Children (Abstract no. 2272)

Henia Perry-Mazare, J. Dreiherr, A. Peles-Bortz, L. Perelman; IL

The Use of 3% Hyper Tonic Saline (HTS) In the Emergency Department (ED) with Pediatric Patients with Severe Blunt Traumatic Head Injury (Abstract no. 1334)

Feroza Perveen, A. Latif Sheikh, E. Uddin, S. Ahsan; PK

Attributes Associated with Birth-Related Injury Events in Taiwan Health Organisations (Abstract no. 1712)

Hsin Hui Huang, H. Shuang Kao, H. Peng Wang, C. Feng Chiang; TW

Do Children with Non-IMCI Presenting Complaints Receive Optimal Quality Screening? (Abstract no. 2270)

Anbrasi Edward, M. Venkataramani, P. Ickx, D.H. Peters; US

Use of Mucolytic Agents for Cystic Fibrosis (CF) in a Tertiary Centre, In Two Cohorts Before and After the Implementation of an Annual Review Process (Abstract no. 1896)

Raffaella Armiento, J. Harrison; AU

Driving Sustainable Improvements in Quality of Care: National Clinical Guidelines for Qatar (Abstract no. 2989)

Huda Al-Katheeri, R. Al Huneiti, I. Siddiq, M. Jaran; QA

BP2 Improvement Science for Quality and Safety

– 5 minutes each

Level 5, Room B5 (2)

Chair: Alex Bottle; UK

Structuring Strategic Collaboration: Lessons from a Longitudinal Social Network Analysis of a Translational Research Network (Abstract no. 2241)

Janet Cameron Long, P. Hibbert, J. Braithwaite; AU

Selection, Implementation and Monitoring of Safe Clinical Practices in Healthcare Organisations from Different EU Countries (Abstract no. 2583)

Pascal Gareil; BE

Throughput Initiatives Focused on Optimizing Hospital Capacity (Abstract no. 2685)

Allison Glasser, H. Brannon, V. LoPachin; US

Whether the Nationwide Regional Cooperation Project in Quality Improvement Really Improve the Quality of Care? An Evaluation in Taiwan (Abstract no. 1690)

Chieh Yu Sun, T. Hsien Yu, K. Piao Chung, H. Hsiang Liao; TW

Exploring the Safety Culture in the Virgin Land of Quality Management – A Cross Sectional Study from the National Hospital of the Faroe Islands (Abstract no. 1925)

Kristensen Solveijg, N. Tügvustein, P. Bartels, J. Mainz; DK

Postoperative Adverse Events Inconsistently Improved by Surgical Safety Checklist; A Systematic Literature Review of 25 Studies (Abstract no. 2285)

Elzerie Catharina De Jager, R. Gunnarsson, L. Bartlett, Y.H. Ho; AU

The Effect of Patient and Hospital Characteristics in the Rate of Adverse Events in Acute Hospitals (Abstract no. 3143)

Paulo Sousa, A. Sousa Uva, F. Serranheira, C. Nunes; PT

BP3 Using Education to Support Quality Improvement

– 5 minutes each

Level 5, Room D5

Chair: Yosef Dlugacz; US

Developing Emerging Leaders Through New Zealand's National Patient Safety Campaign (Abstract no. 2032)

Deon York, L. Price, I. Stolarek, G. Bohm; NZ

Nurses' Roles and Responsibilities in Healthcare Quality – Measuring the Impact of Specialty Education (Abstract no. 1090)

Elizabeth Oldland, M. Botti, B. Redley, A. Hutchinson; AU

The Patient Safety Summit (PSS); Improving Patient Safety Through Continued Learning (Abstract no. 2524)

Nadeem Moghal, C. Smith, H. Campbell, A. Corbett-Nolan; UK

Medication Administration E-Learning for Nurses: Towards a Better Educational Paradigm (Abstract no. 2388)

Yaffa Raz, M. Panchek, L. Yariv, D. Weiss; IL

Effects of an Educational Video on the Knowledge, Satisfaction and Postoperative Outcomes of Patients with Gastric Cancer (Abstract no. 1640)

Wei Zhang, J. Yang, K. Li; CN

Enhancement Program for Acute Pain Management (Abstract no. 1830)

Lee Mei Hing, N. Lai Kwan, N. Mei Ling, C. Miu Kuen; HK

BP4

Person Centred Care – 5 minutes each

Level 7, Room D7

Chair: Kadar Marikar; MY

“It’s Always About the Eating Disorder”: Losing the Person in the Treatment of Bulimia (Abstract no. 2710)

Kate Churruca, F. Rapport; AU

What Do Patients See That Staff Don’t? Exploring the Experience of Patients as Observers Within an Experience Based Co-Design Project (Abstract no. 3046)

Liz Thorpe, P. Gardner, R. Lawton, J. O’Hara; UK

Understanding The ‘Black Box’ of Shared Decision Making (Abstract no. 2695)

Lynne Stobbart, S. Hrisos, J. Scott, R. Thomson; UK

Measuring Health Literacy in Hospital Patients – How Do Four Commonly Used Instruments Measure Up? (Abstract no. 2167)

Rebecca Leigh Jessup, A. Beauchamp, R. Buchbinder, R.H. Osborne; AU

The Implication Of Medical Care Collaboration To Reduce Tube Thoracostomy Complications In Thoracic Surgical Patients (Abstract no. 1667)

Lee Ming-Ching; TW

Review of Health Information Infrastructure in Supported Accommodation Settings: Providing an Integrated Model of Disability Health Informatics for People with I/DD (Abstract no. 2598)

Maria R. Dahm, A. Georgiou, B. Hemsley; AU

BP5

Health Information Technology – 5 minutes each

Level 1, Room D1

Chair: Fabio Leite Galstal; BR

‘Big Bang’ Digital Hospital Implementation: Ensuring Patient Safety Amid the Transformation (Abstract no. 1267)

C. Sullivan, A. Staib, Michael Daly, R. Collins; AU

Big Data Exploration for Drugs and Cancer Risk: Online Tool for Massive Observational Studies with Controls (Abstract no. 1388)

Usman Iqbal, W.-S. Jian, P.-A. Nguyen, Y.-C.(J) Li; TW

Integration of Hospital Data for Resilience Engineering (Abstract no. 3055) Alastair Ross , J. Anderson, P. Snell, T. Kirby, P. Jaye; UK
French Website for Public Reporting on Quality in Hospitals: News Indicators and New Design (Abstract no. 2357) Sabine Cohen , C. Grenier; FR
“FS-SYSTEMET” CVDNOR: A System for Data Collection of Cardiovascular Diseases in Norway (Abstract no. 1569) Tomislav Dimoski ; NO
Key to VTE Risk Assessment Unlocked (Abstract no. 3139) Harpreet Kaur , A. Bajaj; IN

BP6	Quality Care in Developing Countries and for Vulnerable Populations – 5 minutes each Level 4, Room G409 Chair: Edward Broughton; US
Cutting Deeper: Alternative Approaches to the Measurement of the Quality of Health Care in Primary Health Care Facilities in South Africa (Abstract no. 2668) Anja Smith , R. Burger, S. Ramjee, L. Rossouw; SA	
Quality and Safety in Developing Countries (Abstract no. 2446) Adel Salman Oleik ; LB	
A Longitudinal Study Using Quality Improvement Methods to Reduce Antenatal Clinic Waiting Times in Six Healthcare Facilities in Lagos State, Nigeria (Abstract no. 2298) Ayodele Uche Adiat , M. Shodimu, T. Olatunji-Bello, T. Adaramewa; NG	
Improved Chronic Disease Care Through the Establishment of a Disease Management Program in Kazakhstan (Abstract no. 2997) Benjamin Chan , C. Rauscher; CA, D. Kuzembaeva; KZ, C. Davis; CA	
Taking the Changes and Lessons from the Partnership for HIV-Free Survival to Scale in Northern Uganda (Abstract no. 2149) Judith Aloyo , T. Nsubuga Nyombi, E. Karamagi, M. Rahimzai; UG	
Research Proposal on Managing Feeding Difficulties for Older Adults with Dementia in Residential Care Homes (Abstract no. 1514) Yuet-Ying Wong ; HK	

TUESDAY AFTERNOON 18 October 2016

13:45 – 15:15 **TUESDAY CONCURRENT
SESSIONS B9 - B16**

B9

Cost of Quality at the System Level

– 45 minutes each

Level 5, Room D5

Chair: Shin Ushiro; JP

Session 1: Pay for Performance and Value Based Payment to Accelerate Improvement

Speakers: John Øvretveit; SE and Michael Counte; US

Quality improvement is increasingly being driven by new payment systems. Evidence shows some can improve quality and some can damage quality and improvement activities. The purpose of this session is give improvers, leaders and researchers new to the subject an understanding of the different systems and their strengths and weaknesses in the countries for which there is evidence, and of the dangers when mis-applied or inappropriately transferred to another country or context.

Objectives:

1. Describe the main pay for performance and value-based payment systems for physicians and healthcare organisations, the evidence of their effectiveness and their strengths and weaknesses,
2. Assess the implications for your service, including how quality and performance will be assessed,
3. Use tools and guidance to prepare for and influence their adoption and to carry out research

Session 2: No-fault Based Compensation/Peer Review System for Quality/Safety Improvement and Conflict Resolution

Speakers: Takashi Okai and Tsuyomu Ikenoue; JP

It is imperative to investigate and study adverse events for the prevention of similar cases. No-fault based compensation of profound cerebral palsy has been operated by Japan Council for Quality Health Care (JQ) in response to the shortage of obstetrician and growing number of conflict in Japan. Additionally, a new peer-review system on accidental death was launched in 2015 in close cooperation with Japan Surgical Association (JSA), Japan Medical Association (JMA), etc. JSA has operated a nation-wide scale database on surgical operations which has recently made a great contribution to the promotion on patient safety. Various international peer-review systems on adverse events will be presented and the effect on conflict resolution by no-fault compensation will be reviewed in the session.

Objectives:

The session is aimed at studying various international peer-review systems on adverse events will be presented and the effect on conflict resolution by no-fault compensation system.

B10 Improvement Science for Quality and Safety

– 15 minutes each

Level 1, Room D1

Chair: David Ballard; US

Measuring Patient Safety Using Clinical Registries – Opportunities and Areas for Improvement (Abstract no. 3135)

Anne-Marie Hansen, P. Bartels; DK

The Hospital at Night Team Nursing Model of Care (Abstract no. 2255)

Janet Weir-Phyland, M. Keogh, M. Fossum, T. Bucknall; AU

How Patients-As-Partners Can Help Increase Patient Safety at the Bedside (Abstract no. 2464)

Marie-Pascale Pomey, N. Clavel, M. Chiu-Neveu; CA

How to Achieve Safety Excellence on Elderly Medical Wards: A Positive Deviance Approach (Abstract no. 1646)

Ruth Baxter, N. Taylor, I. Kellar, R.J. Lawton; UK

“Beyond Projects” – A Systemic Approach to Improving Quality, Patient-Focussed Care (Abstract no. 2904)

Karen Luxford, S. Newell, V. Armour; AU

B11**External Evaluations Systems – 15 minutes each****Level 5, Room B5 (2)****Chair:** Steve Clark; AU**Hospital Assessment and Total Quality Management in China****Chen Wang**; CN**Improvements Identified, But Future Sustainability is Not Assured: Stakeholders' Views on Accreditation in Australian General Practices (Abstract no. 3062)**D. Debono, D. Greenfield, **Virginia Mumford**, J. Braithwaite; AU**The Accreditation Canada Program: Facilitating Integration Across a Health System and the Continuum of Care (Abstract no. 2674)**T. Yan, **Catherine Gaulton**, J. Mitchell; CA**The Differences of Strengths Between Subgroups of Acute Care Hospitals in Accreditation Survey Result in Japan (Abstract no. 1278)****Tomoko Yamano**, R. Yokoyama, H. Sugawara, Y. Imanaka; JP**Patient Safety's Missing Link: Using Clinical Expertise to Recognize, Respond to and Reduce Risks at a Population Level (Abstract no. 2335)****Peter Hibbert**; **AU**, F. Healey, T. Lamont; UK, W. Runciman; AU**B12****Using Education to Support Quality Improvement****– 90 minutes****Level 5, Room G510****Chair:** Naohito Yamaguchi; JP**Integrated Evidence-Based Approaches to Healthcare Quality and Safety Improvement****Speakers:** Holger Schunemann; CA, Rintaro Mori; JP, Francois Cluzeau; UK, Yuichi Imanaka; JP

Evidence supporting the healthcare quality and safety is emerging rapidly, and systematic methods to disseminate and implement the best clinical practice based on such evidence are evolving worldwide. In this session, the local and global activities of evidence-based approaches, such as clinical practice guidelines and Cochrane Collaboration, are highlighted in an attempt to facilitate the integration of such activities with other hospital-based activities, such as accreditation and quality and safety management systems. The session covers the current state-of-the-art of evidence-based approaches from evidence synthesis to implementation of clinical practice guidelines in healthcare settings, and how such evidence-based approaches could be incorporated into healthcare quality and safety management systems.

Objectives:

1. To learn how the evidence is synthesized by systematic methods into implementable forms such as clinical practice guidelines
2. To learn how clinical practice guidelines can be incorporated into healthcare quality and safety management systems in hospitals.

B13

Person Centred Care – 15 minutes each

Level 5, Room B5 (1)

Chair: Kees Van Dun; NL

French On-Line Initiative to Measure Patient's Experience for Improvement of the Quality of Care (Abstract no. 2589)

Brigitte Le Cossec, M. Gloanec, F. Capuano, C. Grenier; FR

Documentation of Patient Communication in Hospital Medical Records: A Protection or a Threat to Patient Safety for Adults with Communication Disability (Abstract no. 1897)

Bronwyn Hemsley, A. Georgiou, S. Hill, S. Balandin; AU

Developing a Patient-Led Electronic Feedback System for Quality and Safety Within an Existing Electronic Health Record (Abstract no. 1444)

C. Reynolds, **Sally Giles**, G. Armitage, J. Heyhoe; UK

Randomized Trial of a Personalized Multi-Condition Risk Assessment in Primary Care (Abstract no. 2483)

Jennifer Haas; US

Willingness to Use Internet-Based Channels to Communicate with Doctors Among Citizens in Spain (Abstract no. 2662)

Víctor Reyes-Alcázar, M. Herrera-Usagre, J.A. Valverde, A. Torres-Olivera; ES

B14

Linking Science to Quality Improvement

– 45 minutes each

Level 7, Room D7

Chair: Jeffrey Braithwaite; AU

Session 1: eHealth and Universal Health Coverage: Access to Information, Access to Services, and Better Decision-Making

Speakers: Russell Gruen, Josip Car; SG, Yu Chuan (Jack Li); TW, David Bates; US

Sustainable Development Goal 3 includes a target to “achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.” Electronic processes and communication technology (eHealth) has much to offer UHC through access to health-related information, access to healthcare services, and better healthcare decision making, both by clinicians and by consumers.

This session will examine the current situation and what the eHealth community can do to enhance the value to UHC of mobile devices, electronic records, big data, and decision support systems.

Session 2: How Researchers Can Help Improvers; A Case Study Using the Researcher-in-Residence Model in Care Homes in England

Speaker: Martin Marshall; UK

Improvers and researchers too often operate in parallel worlds. Improvers fail to make use of research evidence and as a result repeat past mistakes; researchers ask the wrong questions and hide their scientifically robust work in obscure journals. There is enormous benefit in the two groups working together for patient benefit but this benefit is rarely realised. In this session Martin Marshall will describe an innovative safety improvement project carried out in English care homes in which an experienced health services researcher was embedded in an improvement team. Using a participatory methodology in the form of the emerging Researcher-in-Residence model, the researcher both mobilised established research knowledge and created new knowledge from a process evaluation, all the time negotiating their insights with the improvers, practitioners and service users.

In this interactive session attendees will have an opportunity to hear how a complex, often messy, improvement initiative benefited from researcher input, to discuss the challenges of carrying out participatory research, to share their experiences and to consider the implications for their own work.

B15

Care Across the Continuum – 15 minutes each

Level 4, Room G409

Chair: David Greenfield; AU

Improving Access and Outcomes in Community Psychological Therapies (Abstract no. 1136)

Alan J. Poots, F. Amati, G. Greenfield, J. Green; UK

Care Pathways' Assessment for Improvement: The French Experience on Myocardial Infarction with St Elevation (STEMI) (Abstract no. 1576)

L. Banaei-Bouchareb, F. Capuano, J.-F. Thébaut, Catherine Grenier; FR

Care in the Ether – Developing a Robust Clinical Review Method for Telehealth (Abstract no. 2493)

M.E. Robinson, Mary Byrne, R. McKenzie; AU

Israel's Elderly Population: Do They Receive High Quality Care? (Abstract no. 2502)

Vered Kaufman-Shriqui, R. Podell, R. Calderon-Margalit, A. Ben-Yehuda; IL

Patient-Provider Disconnect: A Qualitative Exploration of Understanding and Perceptions to Care Integration in Singapore (Abstract no. 1201)

Yi Feng Lai, A. Lum, E. Ho, Y.W. Lim; SG

B16

Quality Care in Developing Countries and for Vulnerable Populations – 90 minutes

Level 4, Hall C

Chair: Sir Liam Donaldson; WHO

WHO: Health Systems and Security: Building Resilient Public Health, Infection Prevention and Community Health Systems Through Quality UHC

Speaker: Sheila Leatherman; US, Benedetta Allegranzi, Shams Syed; WHO

Quality UHC is a key driver towards resilient health systems and health security. In early 2016, WHO convened experts from the three Ebola affected countries alongside Japanese experts in Kobe. The rich technical exchange identified actionable work streams to achieve resilient health systems.

The WHO Global Learning Laboratory on Quality UHC is being launched to engage health stakeholders to share knowledge, experiences and ideas across the globe. The learning laboratory will co-develop resources for action on quality UHC.

Country experience highlights action required at the global, regional, national and sub-national levels to strengthen governance for quality. The drive for quality UHC provides an opportunity for countries to develop and refine national quality policy and strategy with a focus on implementation informed approaches. Details of the WHO work in this area in collaboration with ISQua are shared.

At facility level, WHO and partners implemented the Surgical Unit-based Safety Programme (SUSP) into five African hospitals between January 2014 and December 2015. Overall, the intervention led to approximately 44% reduction in surgical site infections (SSI) risk and improvement at follow-up compared to baseline. Qualitative findings revealed the value of the adaptation of SUSP to limited-resource settings and to the local culture.

15:15-15:45

AFTERNOON BREAK

15:45 – 16:45**AFTERNOON PLENARY
AND AWARDS****PLENARY AND AWARDS****Level 4, Hall C****Chair:** Peter Lachman; ISQua**An International Campaign to Reduce Unnecessary and Harmful Care** *(45 minutes)***Speaker:** Wendy Levinson; CA

Waste in healthcare is a major problem with estimates that up to 30% of medical care is wasteful and does not add value for patients. Overuse of unneeded care compromises quality and can lead to patient harm. Choosing wisely is a campaign to engage physicians and patients in conversations about the use of unnecessary tests, treatments, and procedures in order to help patients make informed choices. The campaign is led by physicians and includes the development of “Do not do lists” based on best evidence. It also includes patient education on when test and treatments are needed and when they are not necessary or even harmful. Choosing wisely started in the US in 2012, in Canada in 2014 and is now being adapted in 17 countries around the world. The Organization for Economic Cooperation and Development is collaborating to measure indicators of overuse across the OECD countries. This presentation will explain the key elements that have led to the wide adoption of the campaign and present evidence of the impact.

ISQua Fellowship Awards *(15 minutes)*

Clifford Hughes; ISQua

17:00 – 18:30**Poster Reception****Venue:** Poster Hall, B7, Level 7

NOTES:

WEDNESDAY MORNING 19 October 2016

08:00 – 08:45

**WELCOME COFFEE WITH
THE TRADE EXHIBITORS**

08:45 – 10:00

PLENARY AND AWARDS

PLENARY AND AWARDS

Level 4, Hall C

Chair: Wendy Nicklin; ISQua

Welcome to London 2017 *(15 minutes)*

International Frontiers in Tracking Variation in Health Care *(45 minutes)*

Speaker: David Goodman; US

The emergence of population-based measurement of health care through small area analysis in the 1970s led to the identification of striking unwarranted variation in health care delivery and outcomes. Since then, research and policy application of “variation studies” has grown rapidly in the U.S., the U.K, and Canada, but less so in other countries. In most nations, the lack of available data and inadequate funding has left an information vacuum on the differences in health system performance.

In this talk, I will discuss the disparate global development of variation analysis and the remarkable interest and activity that has occurred in the past decade. Recent research and public reporting in Europe, Asia, and Latin America is nearing a critical mass of theory and quantitative inquiry. In many countries, these efforts have become linked to public policy and clinical improvement activities. Still, there are persistent barriers to both the surveillance of health care, and research into the causes, consequences, and remedies of variation.

International Accreditation Awards *(15 minutes)*

10:00 - 10:30

MORNING BREAK

10:30 – 12:00 WEDNESDAY CONCURRENT SESSIONS C1 - C8

C1 **Cost of Quality at the System Level – 90 minutes** Level 4, Hall C Chair: Yuichi Imanaka; JP

Reconstructing National/Regional Healthcare Systems in Countries with Active Aging

Speakers: Jeffrey Braithwaite; AU, Akira Morita; JP, Yuichi Imanaka; JP, Gert Westert; NL

The pressures on costs are increasing world-wide, along with ongoing resource limitations; these forces may threaten the sustainability of health systems and impair the quality and equitable distribution of health care.

For policy makers, and also for quality and organizational managers in health care, it is essential and important to understand the social pressure and policy in trend in health care systems resulting from these forces.

Ambitious examples of new social designs and policies in several countries are presented and discussed.

Objectives:

1. To discuss the trend of health and social security policies emanating from cost and resource pressures, which are the basis for health care quality.
2. To appreciate how the aging of societies affects health care and its quality.
3. To understand how we can act and be prepared for aged and super-aged societies to sustain and improve healthcare quality.

C2 **Improvement Science for Quality and Safety** – 15 minutes each

Level 5, Room B5 (2) Chair: Karen Luxford; AU

Improving Seven-Day Post-Operative Follow-Up Rate at Iganga Islamic Medical Center in Uganda (Abstract no. 1718)

Albert Twinomugisha, J. Byabagambi, E. Karamagi, M. Rahimzai; UG

Computer Aided Quality Assurance in the Planning of the Surgical Pathway (Abstract no. 2984)

John J van den Dobbelaar, A.C.P. Guedon, F.C. Meeuwssen, J. Dankelman; NL

Quality and Safety in the Older Person's Unit: A Resilience Engineering Approach (Abstract no. 2509)

M. Duncan, J. Anderson, J. Back, **Alastair Ross**; UK

An Integrated Tool for Evaluating the French Mandatory Quality Indicators Used for Hospital Improvement, Public Disclosure and Regulation (Abstract no. 2572)

P. Michel, L. Fraticelli, **Catherine Grenier**, M. Eliazewicz; FR

An Observation Audit Tool for Nurse-To-Nurse Bedside Clinical Handover (Abstract no. 1697)

Rachael Dorothy Waugh, B. Redley; AU

C3 External Evaluations Systems – 15 minutes each

Level 5, Room B5 (1)

Chair: Jacqui Stewart; ZA

Patient Empowerment Through Healthcare Unit Accreditation Process (Abstract no. 2645)

Ana Rodríguez-Benavente, Á. Palop-Río, L. González-Gaggero, M Castellano-Zurera; ES

Speaking Up for Patient Safety Survey (Abstract no. 2321)

Fiona Herco, K. Thitchener; AU

The Effect of Community Psychiatric Rehabilitation Institution Accreditation in Taiwan (Abstract no. 1699)

G.W. Chen, Y.W. Sun, P.Y. Chen, C.F. Chiang; TW

A Tale of Two Evaluations: The Quality Account and the Accreditation Survey (Abstract no. 1995)

M-L. Barbotin, **Bruno Lucet**, G. Georg; FR

C4 Using Education to Support Quality Improvement – 15 minutes each

Level 4, Room G409

Chair: Bernice Redley; AU

Experiences of Implementing Occupational Health Services Driven Intervention Methods for Sustainable Leadership in Health Care (Abstract no. 2687)

Andrea Eriksson, M. Strömgren, L. Dellve; SE

Mentoring and Education to Improve Confidence of Staff Caring for People with Dementia in Acute Hospitals (Abstract no. 1963)

Colleen Doyle, D. Jackson; AU

Undergraduate Students Perceptions and Satisfaction with the Quality of the Integrated Medical Curriculum (Abstract no. 3009)

Somanath Mohapatra, A.M. Sebiany, C.C. Jones Nazar; SA

Effectiveness of Implementing the Smoke-Free Hospitals Program in Improving Quality (Abstract no. 2622)

Wei Leng Chin, W.C. Hung, C.K. Sun, C.W. Lin; TW

Patients' Stories: Can This Insider View Be Used to Support Medication Adherence in Kidney Transplantation? (Abstract no. 2887)

Jac Kee Low, A. Williams, E. Manias, K. Crawford; AU

C5 Person Centred Care – 45 minutes each

Level 7, Room D7

Chair: Villis Marshall; AU

Session 1: Demonstrating the Business Case for Patient Safety

Speakers: Eyal Zimlichman; IL

With current cost sensitive reality health care providers need to balance any potential benefits with financial implications. While traditionally health care executives have been focused on generating revenues and less on cost savings, recent financial burden as well as new payment policies has pushed attention to the potential of cost savings. This represents an opportunity for enabling more investment in patient safety but also requires that health care researchers and policy makers demonstrate the evidence for the potential savings as well as determine the return on investment (ROI) for safety interventions. This new reality requires patient safety and quality professionals to understand and be able to demonstrate financial implications which include pointing to potential cost savings as well as advocate through estimating return on investment. In this session I will provide two case studies – one for an information technology order entry solution and one for monitoring patients on general wards.

Objectives:

1. Understand the importance of demonstrating return on investment to promote patient safety interventions.
2. Be familiar with some of the evidence for such patient safety interventions as continuous monitoring on general floors, CPOE systems and avoiding health care associated infections.
3. Understand how to establish estimated cost savings and what is needed for assessing ROI.

Session 2: Developing Relational and Reflective Practice to Enhance Engagement with Quality Improvement

Speakers: Sophie Bulmer, Liz Wiggins, Brian Marshall; UK

There is much research into the technical aspects of QI and much research into the importance of relational and reflective practice to the development of change leaders. Yet the two disciplines rarely meet. The Health Foundation and Ashridge Business School have pioneered GenerationQ, a Masters programme in Quality Improvement Leadership, which teaches relational skills alongside the technical so leaders are better able to improve patient quality in practice. In this highly participative session, we offer delegates the opportunity to experience a little of the programme and to enhance their own relational and reflective skills; we will share the evaluation from the first four cohorts of the programme; lastly we will invite discussion into the topic of what more could, or should, be done to integrate technical leadership with its focus on tools and techniques and relational leadership, with its focus on self-awareness and an ability to engage others.

Objectives:

After the session attendees will be able to:

1. Experience the highly interactive, Adult-Adult learning style and content of the GenerationQ programme.
2. Personally have the opportunity to enhance their own relational and reflective skills.
3. Connect with others to share experiences and hear and learn from their stories.
4. Learn about the impact of the first four cohorts of the GenerationQ programme.

C6 Health Information Technology – 90 minutes

Level 5, Room D5

Chair: Shing Liao; TW

Smart Ways to Create Worry-Free Continuous Care

Speakers: Hung-Jung Lin, Min-Huei (Marc) Hsu, Ying-Wei Wang; TW

With advances in medical technology, life expectancy is extended. However, medical resources consumption of the elderly and intensive care population is higher than before. The continuous care becomes more important than ever especially after patients discharge from hospital.

The development of mobile based application may provide solutions to current limitation to deliver a continuing care after inpatient treatment.

The session will introduce how to utilize information technology to build a safe, high-quality, and smart healthcare for receiving medical care and going home with no worry. The topics will cover home-based and communization care for chronic diseases and hospice; continuous care from pregnancy, childbirth to child care, and finally to improve medication reconciliation by using national medication use records to share the medication information among doctors.

Objectives:

1. Learn how to use IT solutions to improve continuous care.
2. Work smart by integrating and sharing individual medication record through cloud management system.

C7**Care Across the Continuum – 45 minutes each****Level 5, Room G510** **Chair:** Paul Bartels; DK, Toshiro Kumakawa; JP**Session 1: National Clinical Registries: 20 Years of Experience of Improving Quality in Denmark****Speakers:** Paul Bartels, Jan Mainz, Søren Paaske Johnsen, Jens Winther Jensen; DK

Documentation of health care performance and outcomes is an essential component of well-functioning and efficient health care systems in order to identify quality problems and variations, and to make informed priorities. Data on the quality of care is essential for accountability and transparency in health care. Most countries lack a system of health care surveillance that could identify what problems occur and where, and that could monitor progress towards health care improvement. Denmark has a long tradition for working with clinical registries and therefore have extensive experience with both the strengths and limitations of the registries. In this session we report on the 15 years Danish experiences with using clinical registries covering 80 diseases, as a central pillar in the national strategy for improving quality of care. Data documenting significant improvements in different disease areas will be presented.

Objectives:

1. How to establish and organize evidence based performance and outcome measurement on national, regional and hospital level
2. How to obtain quality improvement using national clinical registries.

Session 2: Social Prescription and Patient-Doctor Partnership**Speakers:** Toshiro Kumakawa; JP, Susan Frampton; US, Nittita Prasopa-Plaizier; WHO

Social and Community prescription is a process through which a healthcare professional and a patient can identify together the type of activities that will be of benefit, with the professional writing a 'prescription' directly to a service or referring the patient to an intermediary, such as a link worker or navigator, with whom a package of services can be constructed.

It is very important to utilize Social and Community Prescription strategically to achieve good performance in community-level comprehensive care system which aims to support living at home by skillfully combining five constituent elements: the professional services of prevention, medical care, and nursing care and the preconditions for these services, that is, housing and living support/welfare services. This approach has a great potential to improve the quality of care and of health by integrating medical/social care and community resources.

C8 Quality Care in Developing Countries and for Vulnerable Populations – 15 minutes each

Level 1, Room D1

Chair: James Naessens; US

Effectiveness of Three Intervention Programs Designed to Implement WHO Safe Childbirth Checklist in Colombia (Abstract no. 3132)

Ana Carolina Amaya Arias, M.L. Cortés Díaz, L.M. Gómez, J.H. Eslava-Schmalbach; CO

Governance Standards for Aboriginal Health Services – A Collaborative Journey (Abstract no. 2526)

Danielle Dorschner, J. McVeety, T. King, H. Tasse; CA

Improving the Safety and Quality of Health Care for Aboriginal and Torres Strait Islander People Using the Australian National Safety and Quality Health Service Standards (Abstract no. 2476)

Margaret Banks; AU

Quality and Predictors of Diabetes Care Among Patients with Schizophrenia (Abstract no. 1522)

Mette Jørgensen, J. Mainz, S. Paaske Johnsen; DK

WEDNESDAY LUNCHTIME 19 October 2016

12:00 – 13:45 **LUNCH AND POSTER
VIEWING**

12:45 – 13:30 **SHORT ORAL LUNCHTIME
SESSIONS CP1 – CP6**

CP1 **Improvement Science for Quality and Safety** – 5 minutes each

Level 7, Room D7

Chair: Terri Warholak; US

Hospital-Wide Multidisciplinary Efforts and Quality Measure Management Increased the Rate of Prompt Interpretation of Outpatient Imaging Studies (Abstract no. 2607)

Jiyeon Kim, H. Kim, J. Choi, S. Lee; KR

An Investigation into Variation in the Volume and Repeat Test Patterns of Hospital Pathology Requesting (Abstract no. 2544)

Andrew Georgiou, L. Li, E. Vecellio, J.I. Westbrook; AU

Estimation of Adverse Events Using Global Trigger Tool and Validation of ICD-10 Codes Used at Patient Discharge in a Norwegian Cohort – A Protocol (Abstract no. 2669)

Anette Storesund, A. Steinar Haugen, H. Flaatten, E. Søfteland; NO

Evaluation of a Contact Free Monitoring Technology for Screening of Moderate and Severe Sleep Apnea Patients (Abstract no. 2338)

Asher Tal, Z. Shinar, M.I. Davidovich, D. Argaman; IL

Correlation Between Emergency Department Staff Burnout and Patient Safety Culture in Taiwan (Abstract no. 1670)

C.F. Huang, T.Y. Wu, Y.L. You, H.H. Liao; TW

Team Training in the Perioperative Arena: A Methodology for Implementation and Auditing Behaviour (Abstract no. 2433)

Amanda J Rhee, V. LoPachin; US

CP2 Improvement Science for Quality and Safety
– 5 minutes each

Level 5, Room D5

Chair: Johanna Westbrook; AU

Proposing a Method for Finding Indicators of Success: A Case Study of Early Detection of Sepsis (Abstract no. 1638)

Titte Caroline Raben, E. Hollnagel, J. Hounsgaard; DK

Acceptance of Influenza Vaccine in Healthcare Workers in New Territories East Cluster Using a Health Belief Model (Abstract no. 2612)

Alice Ho, M. Ni; HK

Improvements in Clostridium Difficile Infection in England and Comparative Epidemiology with the US (Abstract no. 1946)

A. King, B.H. Mullish, H.R.T. Williams, **Paul Aylin**; UK

Improving Compliance of Surgical Hand Washing Through the Eye of the Lens (Abstract no. 1952)

Ambreen Khan, S. Nausheen, S. Kaghazwala, M. Shah; PK

Application of Care Bundle Intervention to Reduce Invasive Catheter-Associated Infection in High Risk Units – A Pilot Study of Multi-Center of Taiwan (2013 – 2014) (Abstract no. 2197)

Chun-Ming Lee, H.-T. Chiang, L.-J. Chien, S.-H. Tseng; TW

Antimicrobial Prescribing in an Australian Rural Hospital Emergency Department (Abstract no. 2412)

Girish Swaminathan; AU

CP3 Improvement Science for Quality and Safety

– 5 minutes each

Level 5, Room B5 (1)

Chair: Edward Anbrasi; US

Improving Patient Care and Reducing Hospital Length of Stay with A Respiratory Recovery Clinical Pathway (Abstract no. 2480)

Vicki LoPachin, J. Goachee, K.M. Banoff, A. Leibowitz; US

The Institutional Response to Mortality Alerts: An Evaluative Framework (Abstract no. 3072)

Jonathan Benn, D. D'Lima, P. Dawson, S. Burnett; UK

Integrating Individual Patterns of Cancer Screening Among Women to Identify Common Predictors: Data from a Large HMO in Israel over 15 Years (Abstract no. 3170)

Noya Galai, S. Vered, A. Porat, E. Elran; IL

Developing and Testing Patient Safety Icons for Providing Tailored Patient Care in Inpatient Settings: Electronic Patient Safety Dashboard (Abstract no. 1242)

Kumiko O Schnock, E. Mlaver, W. Leung, P.C. Dykes; US

Co-Designing Interventions to Overcome Key Barriers to Referral of Colorectal Cancer Patients with a High Risk of Hereditary Cancer to Genetics Counselling Services (Abstract no. 2931)

Natalie Taylor, D. Debono, J.C. Long, R. Williams; AU

Applied Delivery Science: Dissemination of the ABCDE Bundle Across an Integrated Healthcare System (Abstract no. 2972)

Andrew Masica; US

Evaluation of Patient Safety Walk Round from the Participants' Perspective (Abstract no. 1685)

Wing Yee Wu, S.F.F. Wong, C.Y. Mak, T.T. Pang; HK

CP4 External Evaluation Systems – 5 minutes each

Level 5, Room B5 (2)

Chair: Peter Hibbert; AU

The Results of a Project for Accreditation Program Dissemination in Small Clinics in São Paulo - Brazil (Abstract no. 2862)

Maria Carolina Moreno, A.R. Kelian, K. Dias, R. Carocchini; BR

Preventing Violence and Promoting Workplace Safety in Canadian Health Organizations (Abstract no. 2531)

Viktoria Roman, Q. Hasanaj, J. Mitchell, H. Sabourin; CA

Building the Monitor and Evaluation Framework for the National Health Insurance in Taiwan (Abstract no. 1930)

Kuo-Piao Chung, T.-H. Yu, Y.-C. Tung; TW

Developing an Instrument to Measure the Reporting Quality of the Quality Improvement(QI) Six Sigma Projects in Healthcare (Abstract no. 2025)

Anselmo Chung, W.-H. Lee, H.-J. Jeong; US

CP5 **Using Education to Support Quality Improvement** – 5 minutes each

Level 4, Room G409

Chair: Usman Iqbal; TW

Creating a Culture of Safety: A Roadmap of an International Healthcare Organization Journey to Building Effective Teams Within and Across Disciplines (Abstract no. 1564)

Vanessa Buchannon; QA

Leveraging the Capabilities of MSQH Electronic Assessment Tool to Implement the Measurement of Performance Indicators (Abstract no. 2535)

Rozana Osman, R. John, K. Marikar; MY

Implementation Project of a Health Technology Cluster in the Southern Brazil (Abstract no. 2729)

Fábio Leite Gastal, M.L. Gastal, T. Zobel; BR

Implementing an Organisation-Wide Electronic Mortality Tool in an Australian Tertiary Hospital (Abstract no. 1587)

Amanda Charles, A. Dwyer; AU

Perioperative Performance of Surgical Signatures in Electrosurgery (Abstract no. 3006)

Frederique C Meeuwssen, A.C.P. Guedon, J. Dankelman, J.J. van den Dobbelsteen; NL

A Novel Model for Evaluating Performance Using a Laparoscopic Simulator Using an Automatic Software Program (Abstract no. 1954)

Ronnie R Tepper, Y. Atzmon, N. Shvalb, B. Ben-Moshe; IL

Transforming Health with Quality Improvement Capability (Abstract no. 2319)

Jorge Tristan Vasquez; AU

CP6

Health Information Technology – 5 minutes each

Level 1, Room D1

Chair: Jennifer Zelmer; CA

Assisting Healthcare Providers to Achieve Accreditation Using Global Standards (Abstract no. 3082)

Tania Michelle Snioch, U. Kreysa; BE

Evaluation of Effectiveness of Web-Based Mobile Application to Management and Continuous Control of Length of Stay of Patients in a Large Hospital (Abstract no. 1530)

Hermano Alexandre Lima Rocha, M.C. Façanha, A.C. de Castro Alcantara, J. Cremonin; BR

Between the ‘Electronic’ Flags – Developing an Electronic Track and Trigger Observation Chart for Use in NSW Public Hospitals (Abstract no. 2362)

Malcolm Green, P. Hudson, H. Lander, T. Azzam; AU

Application of Electric Health Record Data to Quality Indicator (QI); Trial and Validation for Design and Development of the Standardized Automatic Modules (Abstract no. 1211)

Ray Yokoyama, H. Sugawara, Y. Imanaka; JP

The Effect of Mobile Application on Health Management of Diabetic Patients (Abstract no. 2993)

Sunhee Ahn, C. Park, S. Park, K. Lee; KR

WEDNESDAY AFTERNOON 19 October 2016

13:45 – 14:45 WEDNESDAY CONCURRENT SESSIONS C9 - C16

C9 **Cost of Quality at the System Level** – *15 minutes each* Level 5, Room G510 Chair: Virginia Mumford; AU

The Comprehensive Cost of Illness of Fracture in Japan (Abstract no. 2943)

Kanako Seto, K. Matsumoto, T. Hasegawa; JP

Sometimes Less Is More! Managing Wisely Laboratory Tests Among Hospitalized Patients (Abstract no. 2769)

Mira Maram, E. Weiss, G. Rashid; IL

Undertaking Large-Scale Research in Australia: Encountering the Complex Web of Ethics and Governance in Hospitals and Health Services (Abstract no. 2861)

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

The Implications of Variation in Risk Adjusted Cost of Care of Hospitalized Patients on Complications, Cost, Length of Stay, and Readmission Within 30 Days (Abstract no. 3153)

Samuel F. Hohmann; US

C10 Improvement Science for Quality and Safety – 60 minutes

Level 4, Hall C

Chair: Sir Liam Donaldson; WHO

Measuring Quality of Health Services in the Context of Sustainable Development Goals

Speakers: Sheila Leatherman; US, Cliff Hughes; AU, Shin Ushiro; JP

An increasing number of countries are moving towards universal health coverage (UHC) - a target under the Sustainable Development Goal for health. UHC goals are laudable - ensuring that more people have access to broader health services without financial ruin. But, with more people accessing services, it is more important than ever to ensure that the services delivered are high quality and safe, lest we expand access to poor quality.

To adequately track the progress towards effective universal health coverage, countries need to ensure regular mechanisms for monitoring UHC, including quality of care. Measuring health-care quality is challenging, particularly in settings without strong routine health information systems and in the absence of globally validated metrics. OECD has been expanding the availability of internationally comparable quality indicators for almost 15 years through their Health Care Quality Indicators project. The World Bank is developing new “service delivery” indicators in health care and education. WHO is working with both organizations and other partners through the Health Data Collaborative and Primary Health Care Performance Initiative to develop indicators of quality relevant to and feasible to collect in various income settings.

To provide policy-makers with a global picture on quality of care and its importance to achieve public health goals, WHO in collaboration with the OECD and the World Bank, are producing the first ever global report on the quality of health care services. The report describes the foundations of quality and identifies key issues and action points to improve quality of health care globally.

C11 External Evaluations Systems – 60 minutes

Level 5, Room B5 (2)

Chair: Carsten Engel; DK

From Evaluation to Action – The Improvement of Quality in Health System

Speakers: Kaja Põlluste, Margus Lember, Mari Mathiesen; EE

During the session we will discuss the role of formal evaluation performed by the group of scientists, policymakers and practitioners for the further improvement of health care (HC) quality. Using Estonia as an example we describe the evaluation methodology and process, implementation of recommended strategy, and the outcomes measured after 10 years. This evaluation was initiated in 2004 by the Ministry of Social Affairs in collaboration with the WHO Regional Office for Europe with the purpose of mapping the quality situation in the Estonian HC system and to present suggestions for planning the national strategy. A re-evaluation in 2015 demonstrated a remarkable progress in implementation of formal and voluntary resources in HC quality improvement. This session offers an opportunity for professionals with different background – scientists, policy makers, managers, and clinicians – to discuss about the methodology used for evaluation as well about applicability of the results in their own countries.

Objectives:

Delegates should expect to receive:

1. Information about the methodology used for the evaluation of national health care quality system;
2. Understanding about the roles of different stakeholders in evaluation process, policy formulation and implementation of changes;
3. Information about the development of a health care quality system in a country which has experienced very rapid changes during the relatively short period.

C12 Using Education to Support Quality Improvement – 60 minutes

Level 5, Room B5 (1)

Chair: WC Lee; ISQua

Anticipating the Future Disruption in Healthcare

Speakers: Ulfat Shaikh; US, Yuichi Imanaka; JP, Yulianna Susla; ISQua

There is a significant gap between recommended best practice and actual clinical care. Educational interventions, such as distribution of printed materials, lectures, conferences, academic detailing, online courses, and webinars are frequently part of quality improvement interventions. But how frequently do they change clinical practice and improve patient outcomes?

This presentation summarizes commonly utilized educational strategies in healthcare quality improvement. Examples from the published literature are provided to illustrate how and why some strategies are more successful than others, and the impact of organizational culture. Presenters will share their experiences at the University of California Davis Health System, University of Sydney, Kyoto University Graduate School of Medicine, Japan Council for Quality Health Care, and the International Society for Quality in Health Care. The audience will be engaged in a large group discussion using question prompts about successful strategies in their own settings, and will also participate in a Twitter chat during the conference.

Objectives:

1. Learn about educational strategies used in quality improvement initiatives in healthcare
2. Evaluate the pros and cons and effectiveness of various educational strategies in changing clinical practice and improving patient outcomes
3. Assess how to select the most suitable strategy for specific situations in healthcare settings

C13 Person Centred Care – 15 minutes each

Level 4, Room G409

Chair: Bruce Agins; US

Improving Care and Choice as Motor Neuron Disease Progresses (Abstract no. 2690)

Amanda Attwood, B. Hopwood, V. Gaulter-Carter, K. Pearce; UK

National Guidelines for Spiritual Care in Aged Care (Abstract no. 1369)

Elizabeth Pringle, C. Doyle, D. Jackson; AU

Patient-Centred Measurement of Experiences and Outcomes of Care in British Columbia, Canada: Statistics Without the Tears Wiped Off (Abstract no. 1473)

Lena Neubieser Cuthbertson, L. Parsons; CA

Using a New Patient Feedback Survey to Explore Experiences of Living with Sickle Cell Disease in The UK (Abstract no. 1920)

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

C14 Health Information Technology – 15 minutes each

Level 1, Room D1

Chair: Christopher Cornue; US

A Mobile Data-Driven Safety and Quality System for Voluntary Medical Male Circumcision (VMMC) In Mozambique (Abstract no. 1862)

Edgar Necochea; US, L. Nhambi, M. Mahomed, D. Bossemeyer; MZ

How Nations Compare: Benchmarking Use of Information Technology to Improve Care (Abstract no. 2431)

Jennifer Zelmer, J. Adler-Milstein; US

Hospital Information Technology Infrastructure Affects Quality of Care (Abstract no. 1665)

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

Health Information Exchange Systems and Length of Stay in Readmissions to a Different Hospital (Abstract no. 3059)

Ran Balicer, N. Flaks-Manov, E. Shadmi, M. Hoshen; IL

C15 **Care Across the Continuum – 15 minutes each****Level 5, Room D5****Chair:** Yaniv Sherer; IL**Joining Up the Continuum from Cancer Services to Family Practice Through Improved Communication (Abstract no. 1279)****Andrew Knight**, G. Delaney, A. Girgis, S.T. Liaw; AU**Geodemographic Aspects of Primary Care Access: The Czech Republic (Abstract no. 1953)****Hana Konecna**, L. Sidlo, B. Burcin, P. Stych; CZ**The Post-Discharge Long-Term Mortality and Care Burden Among Elective Surgical Patients with Postoperative Sepsis (Abstract no. 2889)****Jack Chen**, L. Ou, K. Hillman, A. Flabouris; AU**Digital Information and Communication Technology in Healthcare: Sociodemographic Aspects on Quality and Safety of Care (Abstract no. 2381)****Martin Holderried**, F. Holderried, A. Hoepfer, C. Ernst; DE**C16** **Quality Care in Developing Countries and for Vulnerable Populations – 60 minutes****Level 7, Room D7****Chair:** Rashad Massoud; US**Keeping HIV-Positive Mothers and Their Exposed Infants Alive and In Care****Speakers:** Amy Stern, Anisa Ismail; US, Judith Aloyo; UG

Outline: The Partnership for HIV-Free Survival (PHFS) supports the goal of eliminating new HIV infections among children by 1) keeping HIV-positive mothers on treatment and in care and 2) providing continued routine care and nutrition support for mother-baby pairs. Using quality improvement methods, USAID ASSIST demonstrated results from changes made across the care pathway in four countries (Uganda, Tanzania, Kenya, Lesotho), showing large positive effects of improvement. For example, Uganda's 22 PHFS demonstration sites decreased vertical transmission of HIV to exposed infants from an average of 20% in the first 6 months of PHFS activities to an average of 2.2% in the most recent 6 months with data. This result is within the 5% level set by WHO towards elimination of new pediatric HIV infections in breastfeeding populations.

This session will describe key interventions that were tested and found successful in PHFS demonstration sites that are subsequently being packaged for scale-up.

Objectives:

1. By the end of the session, participants will be able to describe improvement principles used in healthcare delivery.
2. By the end of the session, participants will be able to list interventions applied in PHFS sites to keep HIV-positive mothers and their exposed infants alive and in care, with the infants remaining HIV-free.
3. By the end of the session, participants will be able to describe the process to harvest learning and package proven interventions for scale-up.

14:45 – 16:00 AFTERNOON PLENARY AND AWARDS

AWARDS AND PLENARY

Level 4, Hall C

Chair: Helen Crisp; UK

ISQua Awards: Poster and Reizenstein Awards (*15 minutes*)

Safer Healthcare: Strategies for the Real World (*55 minutes*)

Closing Plenary Speakers: Rene Amalberti; FR and Charles Vincent; UK

There have been many advances in patient safety but we now need a new and broader vision that encompasses care throughout the patient's journey. We suggest that we need to see safety through the patient's eyes, to consider how safety is managed in different contexts and to develop a wider strategic and practical vision in which patient safety is recast as the management of risk over time. Most safety-improvement strategies aim to improve reliability and move closer toward optimal care. However, healthcare will always be under pressure and we also require ways of managing safety when conditions are difficult. We need to make more use of strategies concerned with detecting, controlling, managing and responding to risk. Strategies for managing safety in highly standardised and controlled environments are necessarily different from those in which clinicians constantly have to adapt and respond to changing circumstances.

Presidents Closing Remarks (*5 minutes*)

Clifford Hughes; ISQua

TOKYO 2016

Posters selected for display

COST OF QUALITY AT THE SYSTEM LEVEL

1159 **Study of Influencing Factors On the Utilization of Non-Urgent Medical Resources in Emergency Department in Taiwan**
Sue Wenchi, Kuang Hua Huang; TW

1384 **Reducing The Incidence Rate of Vacuum Pump Malfunctions**
Yen-Chih Tseng, Yaw-Huei Huang, Chin-Chung Li, Yu-Hsin Chen; TW

1499 **Enhance Operational Efficiency of Central Supply Room in Hospital**
Shieh-Chieh Chen, Shu-Ching Chi, Ya-Fang Wang, Tsui-Ying Liao; TW

1758 **Applying Lean Thinking to Reduce Discharge Time for Patients from Department of Medicine**
Yi Ching Chen, Yang-Cheng Lee, Chao-Jung Lee, Yi Ling Tai; TW

1807 **The Effects of Insomnia On Health Care Utilization and Medical Care Outcome**
Chao Mei Wang, Ying Chun Li; TW

1835 **Impact of Anemia On Health Care Outcomes and Utilizations in Patients with Chronic Obstructive Pulmonary Disease**
Wei Ling Huang, Ying Chun Li, Jong Rung Tsai; TW

1840 **The Analysis of “Inter-Professional Bar Code Integrate System” In Return Remaining Medication Process**
Tsai Pei-Shan, Wang Ping-Yu, Wu Lu-Hsuan; TW

1866 **Effectiveness of Pay-For-Performance Incentive Designs On Diabetes Care**
Herng-Chia Chiu, Hui-Min Hsieh, Shu-Ling Tsai; TW

1965 **Discussion On Failure from Full Sanitary Equipment Construction Remodeling of Hospital Wards**
Chen Kun Chih, Wu Yu-Lung, Tao Yu-Hui, Wu Chao-Yen; TW

2616 **Physician Geographic Distribution in Japan: Is It Improving or Worsening When Healthcare Demand Is Adjusted?**
Koji Hara, Yuichi Imanaka; JP

2727 **Economic and Clinical Burden of Antimicrobial-Resistant Infections in Japanese Inpatients.**
Hironori Uematsu, Susumu Kunisawa, Kazuto Yamashita, Yuichi Imanaka; JP

3051 **Exploring The Related Factor of Patient Revisited Emergence Department Within 72 Hours at a Teaching Hospital in Taiwan**
Mei-Jung Wu, Yih-Giun Cherng, Lung Chan; TW

IMPROVEMENT SCIENCE FOR QUALITY AND SAFETY

1078 **Utilizing Multiple Innovative Strategies to Enhance Surgery Safety of a Medical Center in Taiwan**

Yu-Hui Hung, Hui Chen, Shun-Yi Zheng, Pei-Ling Huang; TW

1099 **Applying HFMEA to Build a Safer System for Proton and Radiation Therapy Center**

Chia Hui Cheng; TW

1155 **Patient Safety Pinpoint: Handover-Polished Health Care Quality**

Chiung-Ying Tseng, Pin-Chun Wang, Mei-Li Chen; TW

1164 **Improved Safety with Using the CPOEs in Traditional Chinese Pharmacy Process**

Yen Chang Tsai, Shyh Shyan Janu, Chiu Lin Tsai, Zi Rong Yen; TW

1172 **Assessing Adverse Drug Events Using Modified Naranjo Algorithm: The Jade Study**

Hiroki Murayama, Mio Sakuma, Takeshi Morimoto; JP

1182 **Exploring The Predictor Variables Associated with Risk Factors for Fall Injuries Among Hospitalized Patients**

Chen Yichun; TW

1198 **Quality Improvement Initiative to Reduce Tunnelled Catheter-Related Infections in Hemodialysis Patients in a Tertiary Hospital**

Lee Kian-Guan, Michelle Li-Choo Ng, Wenxiang Yeon, Lina Hui-Lin Choong; SG

1252 **Measuring Regional Variations in Inpatient Care and Outcome for Acute Ischemic Stroke: Applications of Japan's National Claims Database**

Tetsuya Otsubo, Susumu Kunisawa, Noriko Sasaki, Yuichi Imanaka; JP

1260 **The Analysis of Transfusion Error Events in a Metropolitan Hospital**

Jung-Hsuan Chu, Shu-Ju Huang, Ching-Hsiao Lee, Chi-Ching Chen; TW

1263 **Promoting Early Mobilization to Shorten the Duration of Mechanical Ventilator for Patients with Acute Respiratory Failure in The Intensive Care Unit in Taiwan**

Chin-Ming Chen, Willy Chou; TW

1275 **Using The Hospice Workshop to Enhance Nurses' Competencies and Knowledge of Hospice Palliative Care in The Emergency Department**

Ya-Chun Yang; TW

1281	Pharmacist-Mediated Establishment of a Risk Avoidance System Aimed at Promoting the Appropriate Use of Drugs On Wards <i>Masayuki Nishihara, Atsushi Utsumi, Hitomi Kawamoto, Nobuyoshi Okuhira; JP</i>	1345	Factors Associated with Hospitalization of Elderly People Receiving Home Care Nursing <i>Shu Fen Pai, Hong Jer Chang; TW</i>
1289	Validation of The Safe Discharge from Icu (SD-ICU) Score. A Risk Assessment Tool of Unplanned Icu Readmission. <i>Widlani Sousa Montenegro, José Raimundo Araujo Azevedo, Monique Silva Rocha, Thalita Pereira Veiga; BR</i>	1368	Establishing Local Diagnostic Reference Levels in Angiography in Taiwan <i>I-Chin Cheng, Yi-Chun Huang, Ying-Chi Tseng, Chi-Jen Chen; TW</i>
1291	Proactive Approach to Enhance Nurse-Relative Relationship: A Bedside Communication Tool <i>Wing Yi Wong, Lai Kuen Yvonne Chan, Sim Heung Yeung, Yin Yuk Chan; HK</i>	1383	Introduction of The WHO Surgical Safety Checklist Improves Perioperative Non-Technical Skills of Surgeons <i>Ayako Kadowaki,, Yuki Kawano, Naomi Hamaguchi-Itoh, Toshihiro Kaneko; JP</i>
1294	Nipped: Nurse Initiated Pain Protocol in The Emergency Department <i>Paul Weng Wan, Shashi S/O Chandra Segaram, Norizan Bte Jaafar, Shao Hui Koh; SG</i>	1409	Improving The Care for Disabled Home Care Patients Able to Intake Food Orally <i>Lih Jen Perng, Yu-Ling Liu, Hui-Wen Yu; TW</i>
1322	The Project of Improvement on the Incidence of Inpatient Falls <i>Hui Ju Cheng, Mei Luan Huang; TW</i>	1423	Delivering Safe and Effective Test Result Communication, Management and Follow Up: An Australian Research Study <i>David Greenfield, Robert Linderman, Prashan Malalasekera, Andrew Georgiou; AU</i>
1343	Reducing Radiation Dose and Optimizing Image Quality to The Patients for 64-MDCT Coronary Angiography <i>Nan-Han Lu, Wang-Chun Chen, Ching-Yi Wu, Ming-Sheng Tsai; TW</i>	1432	Reducing Waiting Time for Emergency Operation and Patient Mortality Using Team Resource-Based Intervention Strategy <i>Shu Ching Chang, Wen Hsin Chang, Cheuk Kwan Sun, Po Chin Yu; TW</i>

1448	Understanding Serious Adverse Events: A Process to Improve Organizational Culture <i>Bonnie Portnoy, Marc Napp, Rebecca Anderson, Vicki Lopachin; US</i>	1539	Innovative Smart Management System to Enhance the Safety of Pathology Specimen in The Exam Rooms <i>Chia Hui Cheng, Li-Yueh Huang, Chiao-Wen Wu, Yen-Ting Wang; TW</i>
1477	Towards A Never Event – A Quality and Safety Journey into Throat Pack Incidents in A Specialist Paediatric Hospital <i>Sui An Lie, Yew Nam Siow, Sharon Yuan Kwan Wan, Suan Ling Lim; SG</i>	1547	Use of HFMEA in The Improvement of Operational Integrity of Inhalational Nitric Oxide System for Neonates <i>Hsinhua Lee; TW</i>
1496	A Proactively Approach to Reduce Sharps Injuries: Promoting 3V Safe Sharps Behaviour for Operating Theatre <i>Oi Shan Tang, Miu Nga Wong, Kin Ying Wong, Ying Hon Wong; HK</i>	1558	Nutrition Screening Compliance – The First Step for Early Intervention of Malnutrition in A Rehabilitation Hospital in Hong Kong <i>Pik Lai Erica Ho, Mimy Woo, Tsui Sim Chow, Yuk Sim Chau; HK</i>
1506	Heart Rehabilitation Can Improve the Effectiveness of Medical Care in Patients with Chronic Heart Failure <i>Gau Jia-Ying, Huang Jing-Long; TW</i>	1561	How to Select Adequate Interventions to Improve Outcomes in Health Care – The Case of Aortic Valve Disease <i>Nina Zipfel, Stef Groenewoud, Paul Bastiaan Van Der Nat, Gert P Westert; NL</i>
1518	Compliance with The Surgical Safety Checklist: A Prospective Audit <i>Reshma Ambulkar, Priya Ranganathan, Sukhada Savarkar, Kirti Salunke; IN</i>	1584	The Activities for Improving Accuracy On Issuing Certificates <i>Donggyo Shin, Yoonseon Park, Sanghee Ryu, Hwayeon Kim; KR</i>
1523	Trends in Clinically Significant Pain Prevalence Among Hospitalized Cancer Patients at an Academic Hospital in Taiwan: A Retrospective Cohort Study <i>Wei-Yun Wang, Shung-Tai Ho, Chi-Ming Chu, Kwua-Yun Wang; TW</i>	1589	The Effectiveness of Taiwan's Center Catheter Bundle Care Quality Promotion Program Implementation Results from 2013 To 2014 <i>Yuhan Wang, Julia Hsu, Shing Liao; TW</i>

1605	Identifying Important Error Trends Through the Use of a Structured Incident Taxonomy <i>Catarina Lam; CA</i>
1606	Set Up of a Cardiopulmonary Resuscitation Team and The Survival Outcome in a Hong Kong Private Hospital <i>Wing Yee Wu, Chui Fan Kung, Siu Fong Fanny Wong, Tak Ting Pang; HK</i>
1610	Use Me! I'm Clean! To Achieve 90% Cleanliness of Commode Chairs in Ward 64 Within The Next 9 Months. <i>Eliz Michael Acedo Pelayo, Kue Bien Molly How, Vasuki S. Pillay, Wei Feng Doris Lim; SG</i>
1624	Changes in The Practice of Coronary Revascularization in The Republic of Korea <i>Yoon Jung Choi, Youn Song Choi, Eugene Lee, Yu Jin Yun; KR</i>
1634	Using Therapeutic Play in Reduction of Preschooler's Pain Under the Venipuncture: A Strategy for Pain Reduction <i>Su Fan, Tsai Mei; TW</i>
1635	Using Root Cause Analysis and Team Resource Management to Prevent Malpractice of Stereotactic Radiosurgery: A Combined Multimodality Quality-Improving Project <i>Wen Hsing Chiang, Hon Yi Lin, Shih Kai Hung, Po Hao Lin; TW</i>
1642	Methodological Quality of Surgical Mortality Studies Using Large Hospital Databases: A Systematic Review <i>Cécile Payet, Muriel Rabilloud, Jean-Christophe Lifante, Antoine Duclos; FR</i>
1649	The Implementation of a Transfusion Bundle Significantly Reduces the Number of Inappropriate Red Blood Cell Transfusions in an Intensive Care Setting. <i>Dave Dongelmans, Marjon Borgert, Astrid Goossens, Alexander Vlaar; NL</i>
1654	The Nurses' Decision Making in Protocol Based Care Framework <i>Monica Vázquez-Calatayud, María Jesús Pumar-Méndez, Cristina Oroviogoicoechea; ES</i>
1662	The Issue of Using Clinical Practice Guidelines as Evidence in Medical Malpractice Lawsuits in Japan <i>Noriko Kojimahara, Naohito Yamaguchi, Hiroaki Igarashi, Hiromichi Kuwabara; JP</i>
1688	A Risk Factor Analysis of Fall Injury Among Inpatients in a Southern Local Community Hospital <i>Li Jing Lin, Yu-Cheng Chen; TW</i>
1695	A Program to Improve the Accuracy of Pediatric Nurses for The Barcode Medication Administration System <i>Li Yi-Rong, Lyu Ji-Yan, Su Hui-Chun, Cheng Ya-Chun; TW</i>

1700	Underlying Influence of Management Trust On Critical Dimensions of Safety Climate for Patient Safety Study of the Attitudes and Behaviors <i>Wu Chieh-Liang, Gau Jia-Ying, Weng Shao-Jen, Kim Seung-Hwan; KR</i>
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1710	Safer Teams in The Pediatric or? –A 5 Year Evaluation of the Effects of Implementing Crew Resource Management on Technical Skills, Non-Technical Skills and Safety Culture <i>Kiku Pukk Härenstam, Andrew F Gaffney, Carl Savage; SE</i>
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1731	Association Between Physical Therapists' Years of Work Experience and Incidence and Incident Level of Patient Falls in Japan <i>Nobuyuki Takeuchi, Taiga Fujii, Masanao Matsumoto; JP</i>
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1732	The Use of Healthcare Failure Mode and Effect Analysis (HFMEA) in The Prevention of Medication Errors <i>Shu Mei Liao; TW</i>
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1760	Use Quantitative Indicators to Improve the Teaching Quality of Teaching Hospitals Perform “Two-Years Medical Staffs Training Program” in Taiwan <i>C. J. Yang, H. C. Su, H. C. Chung, C.I. Huang; TW</i>
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1778	Satisfaction Survey of Trainees Engaged in 1-Year Postgraduate Training Program <i>K. C. Tsai, M.C. Lin, H.C. Chung, C.I. Huang; TW</i>
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1838	Reduction of Accidental Leaks in Stomas of Inpatients by Using Quality Control Circle Method <i>Chin-Chia Wu, Ying-Chun Liu, Chin-Min Wang, Ching-Hsiang Chen; TW</i>
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1883	The Validity of Completion Rate of Pgy Trainee Satisfaction Questionnaire Regarding Community-Based Teaching Program: A Southern Regional Teaching Hospital as an Example <i>Yi Hsin Huang, Chen Pei Lin, Yi Ting Wu, Wen Chuan Lin, Ju Wei Yeh; TW</i>
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1935	The Development of a Brief Dietary Assessment Tool for Japanese Type 2 Diabetic Patients <i>Tatsuo Yanagawa, Hidetake Tsunoda, Keiko Koyano, Shuhei Iida; JP</i>
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1971	Promoting The Correct Cognition Rate of Diet Care Guidance for Children with Cancer <i>Hsiu Mei Liu, Yu Ying Huang, Shu Li Lee; TW</i>
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1975	Staff Empowerment: Self Scheduling of Nursing Roster in Surgical Ward <i>Mei Ling Ng, Sau Ming Szeto, Monica Lai Kwan Ng, Mei Ki Lau; HK</i>
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1990	To Improve the Integrity of Isolation Precautions for Cleaning Staffs <i>Ting Chi Pine, Chen Qing Qing, Tasi Lai Yin, Lin Li Chun; CN</i>
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2002	The Experience of Audit to Enhance the Effectiveness in The Hospital Quality Improvement <i>Tzu Ching Chuang, Yu Ling Hsieh, Yun Ching Chen, Fang Yeh Chu; TW</i>
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2979	Promotion of Mediation Skills Training in Hospital Authority for Effective Conflict Resolution <i>Roy Tsui, Pauline Wong; HK</i>
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2881	Utilization of Medical Safety Information in Medical Institutions <i>Misa Sakaguchi, Hiromi Sakai, Junko Inoue, Shin Ushiro; JP</i>
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2985	Exploratory The Effects of Diversified Teaching Strategies in Pig-Tail Drainage Tube Care of Nursing Post Graduate Year Two Students <i>Yin-Chen Chen, S.-C Kuo, S.-F Chen, C.-H. Chang; TW</i>
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3028	Preparing for The Commencement of an Allogeneic Stem Cell Transplantation Service: Building Capacity Through Experiential Learning <i>Emma Cohen; AU</i>
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2936	The Effects of Using TRM Skills in CPR Critical Simulation Training Program <i>Su-Yueh Lin, Chih-Jung Wang, Sheng-Han Tsai, Hui-Fen Chen; TW</i>
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2959	Protocol-Driven Respiratory Rehabilitation Program in Ventilator Difficult-To-Weaned Patients: A Respiratory Care Unit Experiences <i>Chen Liang Tsai, Jing Yi Li, Pei Hsun Wu, Chih Feng Chian; TW</i>
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1378	Increasing Palliative Care Input for Patients with Poor Prognosis in Neurosurgical Intensive Care Unit (NICU) <i>Yulin Wong, Choo Hwee Poi, Huiling Tan; SG</i>
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1396	Reduce The Pain Index of Preschool Children Receiving Intravenous Injection in Emergency Room <i>Li Jui-Hsuan, Hu Fang Chi, Chang Yi Chen; TW</i>
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1402	Futile Medical Care for End of Life Critical Care Patients <i>Hsiao Lin Fang, Mei Fang Chen; TW</i>
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1488	Multi-Disciplinary Team (MDT) Patient-Centered Approach in Treating Oesophageal Cancer - A Single Centre 5-Years Review <i>Wong Ka Fai Kevin; HK</i>
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1509	Using Regular Patient Satisfaction Questionnaires and PDCA Cycle to Create a Friendly Medical Environment <i>Feng-Chun Hsu, Shih-Kai Hung, Yeh-Ru Lin, Hon-Yi Lin; TW</i>
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1528	Sustained Health Care Quality and Bio-Psychosocial (BPS) Approach On Cost-Effectiveness of Cancer Patient's Treatment: Preliminary Results of a Small Outpatient Clinic <i>James Freitas Fleck, Luis Fernando Venegas, Rosangela Dambros, Alexia Costa; BR</i>	1767	Reduced The Unplanned Cancellations of Surgical Operations by Establishment the Standardized Management Process <i>Pei-Jung Hsu, Jih-Shuin Jerng, Szu-Fen Huang, Jui-Sheng Sun; TW</i>
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1923 **Language Support System for People from Overseas in National Center for Global Health and Medicine Hospital**
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1966 **Reducing Cancer Patients' Misconceptions of Opiate Analgesics and Increasing Satisfaction with Pain Control**
Nien-Chin Sung, Chia-Fen Hsieh, Hsiu-Ling Chou; TW

1970 **Development Clinical Nutrition Nursing Guidelines for Critical Patients in Taiwan**
Hui-Fang Tung, Yu-Chu Pai, Hsiu-Ching Ko, Mei-Chuan Chen; TW

1980 **Patient Driven Goal Setting; How Can We Do It Better?**
Lisa Mary Somerville, Lisa Jane Cameron, Natasha Anne Lannin, Catherine E Naismith; AU

2020 **Implementation of A Dedicated Fast Track System Reduces Antibiotics Door-To-Needle (DTN) Time in Suspected Chemotherapy Induced Febrile Neutropenia**
Oscar Siu Hong Chan, Iris Wong, Wai Man Ling, Rebecca Yeung; HK

2022 **Effectiveness of Dietitian Interventions on Nutritional Care Quality Status in Home Health Care**
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2046 **The Effectiveness of Shared Decision Making Model On Improving Decisional Conflict in A Patient with Recurrent Aspiration Pneumonia Facing**
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2055 **Promoting 'Scrub The Hub' Bundled Strategies in Preventing Mrsa Bacteremia in Patients Having Central Venous Catheter Undergoing Hemodialysis**
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2078 **Trends in Quality of Post-Stroke Care at Primary Care Clinics in Singapore: A 7-Year Review Using The "Stroke Bundle"**
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2104 **Arteriovenous Fistula (AVF) Created Before Starting Dialysis Minimized Hospitalization to Improve Quality of Initiation**
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2103	The Project of Exerting Information Technology Blending with Port-A Care in a Cancer Ward in Southern Taiwan <i>Chunmi Pan; TW</i>	2470	The Use of Short Message Service (SMS) to Improve Communication (CM) Between the Administrative Board and Doctors at a Private Hospital (H) In Brazil. <i>F Braga, L Franolin, A Lopes, Pa Palocci; BR</i>
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2944	The Development of Self-Services Business Intelligence Decision System and Cloud Computing Platform at Taiwan Healthcare System <i>Lin Fu-Man, Mao Cheng-Hsien, Hsieh Yu-Ling, Chang Wen-Hsin; TW</i>
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3021	Development of an Android Mobile Application Teaching How to Use Metered-Dose Inhaler (MDI) In Myanmar and English (Me-Mdi App) <i>Kanokwan Chanto, Chanoknan Thongthet, Suppachai Insuk; TH</i>
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3190	Application of Health Technology Assessment (HTA) To Reduce Medication Errors <i>Sanjeev Singh, Ajeena Paul, Shijo Tm, Prem Nair, Bk Rana; IN</i>
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CARE ACROSS THE CONTINUUM

1128 **A Program to Improve Completeness of Nursing Record in Post-Anesthesia Care Unit**

Pei-Yu Peng, Chiu-Tzu Cheng, Ying-Chun Lee, Pao-Yuan Wu; TW

1190 **Workplace Interpersonal Conflicts Detected by The Incident Report System of a University-Affiliated Medical Center**

Jih-Shuin Jerng, Li-Ching Chen, Szu-Fen Huang, Hui-Wen Liang; TW

1325 **Transitions Between Hospitals During the Course from Diagnosis of Cancer Until Death: A Population-Based Study Using Cancer Registry Data**

Toshitaka Morishima, Kayo Nakata, Isao Miyashiro, Nariaki Matsuura; JP

1414 **Solutions to Increase the Referral Rate for Long-Term Care at A Medical Center in Taiwan**

Li Ling Chien, Yu-Ling Liu, Yu-Ting Chang; TW

1554 **Increased Frequency of Vital Sign Monitoring in Patients Discharged from Intensive Care Units to General Wards Decreases The 24-Hour Unplanned Readmission Rate**

Jun-Nong Lin, Shu-Ching Chi, Tsai-Yun Chiu, Chih-Hui Yang; TW

2161 **Hospital Based Ambulance Accelerates “Cyclic Type Medical Welfare System” and “Integrated Community Care System”**

Yutaka Seki, Keiko Suzuki, Takao Ando, Kunihiro Mashiko; JP

2198 **Assessment of Intra-Hospital Stroke Care Pathways in France Using Healthcare Quality and Safety Indicators**

Benjamin Bouamra, Marie Erbault, Melanie Couralet, Catherine Grenier; FR

2354 **Optimizing Quality Measurement: Appropriate Controller Therapy for Asthma**

Michal Krieger, Shiri Guy-Alfandary, Ehud Horowitz, Orly Manor; IL

2369 **Present Condition of Fall Incidents in Tohoku University Hospital, Japan.**

Harumi Memezawa, Chiyo Oikawa, Masao Tabata, Taku Obara, Keisei Fujimori; JP

2416 **Understanding The Access to Specialty Care and Health-Related Quality of Life Outcome in Children and Adolescents with Chronic Kidney Disease**

You-Lin Tain, Chien-Ning Hsu; TW

2525 **Integrated Governance Analysis – Aberdeen City Health and Social Care Partnership (Scotland)**

Christopher Smith, Donal Sutton, Andrew Corbett-Nolan; UK

2571	Designing and Evaluating Integrated Care Across the Continuum of Care <i>Milawaty Nurjono, Shermin Tan, Kah Mun Foo, Hubertus Johannes Maria Vrijhoef; SG</i>	3105	Improving Patient Outcome Using Discharge Bundle Intervention for Chronic Obstructive Pulmonary Disease Patients in A Respiratory Ward <i>Alice Ho, Eric Chan, Rita Lau, Wn Tang; HK</i>
2586	The Impact of Patient Navigators Across the Care Continuum <i>Kok-Yong Fong, Elian Hui San Chia, Julian Thumboo, Salimah Bte Mohd Ayoob; SG</i>	3182	Satisfaction with Outpatients Services of 36 Tertiary Hospitals in China <i>Zhao Na; CN</i>
2661	Waiting Time Management of Initial Patients in OPD <i>Anjum Khamisani; PK</i>	3183	Applications and Effects of Doctor - Nurse Multidisciplinary Collaborative Management Model in The Management of Enhanced Recovery After Surgery <i>Wang Yuejian, Zhang Li, Huaqaei, Lia Xujia, Mai Jiezhen; CN</i>
2793	To Push or Not to Push the Panic Button Organization-Wide Process to Manage Reporting Critical Laboratory Values: Identifying Problems and Improving Processes <i>Gloria Rashid, Doron Weinstein, Eli Weiss, Mira Maram; IL</i>	3184	The Effects of Standardized Strangers Evaluation Program (SSEP) On Nurses' Care Attitude <i>Zhao Jing, Zhao Shujan, Wang Hui; CN</i>
2804	Inpatient Satisfaction Survey by The Managerial Level as Tools for Quality Improvement <i>Hsiu-Ching Cheng, Hsin-Ju Lu, Chen-Jung Liu; TW</i>	3187	Discussion of Informationized Management in Hospital Adverse Events <i>Wang Yuejian, Zeng Yong, Lia Shan, Zhou Zhihao; CN</i>
3036	Integrated Health Regions in Switzerland: Can They Improve the Health of the Population, Foster The Continuum of Care and Contain the Costs? <i>Oliver Kessler, Matthias Wächter; CH</i>		

QUALITY CARE IN DEVELOPING COUNTRIES AND FOR VULNERABLE POPULATIONS

1309 **Exploring The Relationships
Among Emotional Labor,
Compassion Fatigue and
Turnover Intention of Clinical
Nurses**
Chen-Yun Wu, Li Chuen Weng; TW

1377 **The Development of Korean
Rehabilitation Patient Group
(K RPG) Version 1.0 As A Case-
Mix and Payment Tool for
Rehabilitation Inpatients**
*Soojin Hwang, Jinhwi Kim,
Sunhye Moon, Younghye Ha; KR*

1401 **Medication Errors in Latin
America: A Systematic Review
of Epidemiology and Prevention
Strategies**
*Chanadda Chinthammit, Vasduha
Gupta, Claudia Marcela Vargas
Peláez, Ana L Hincapie; US*

1520 **Translating International
Standards of Care in A Brazilian
Cancer Center: A Preliminary
Perspective**
*Cristiane Decat Bergerot, Hakaru
Tadokoro, Alexia Mandolesi
Costa; BR*

1573 **Using an On-Line Abnormal-
Data Alert System Effectively
Improves Patient Safety During
Radiotherapy**
*Pohao Lin, Hon Yi Lin, Shih Kai
Hung; TW*

1625 **Service Quality of Private
Hospitals; The Pakistani
Patients' Perspective**
*Zahid Hussain, Muhammad Bilal
Maqsood; PK*

1628 **Performance of Special Care
Nursery/Neonatal Intensive
Care Unit Standards in
Malaysian Accredited Hospitals**
Yong Ting Poh, Kadar Marikar; MY

1631 **The Exploration of Coping
Process of Illness for
Acute Exacerbation and
Rehospitalization Among the
Patients with COPD**
*Chen Hui Hsieh, Chen Yi Lin, Hao
Chih Chao, Chih Hsien Tseng,
Ming Che Hsu; TW*

1943 **A Project for Utilizing
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the Breastfeeding Knowledge
and Ability of the Hospitalized
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*Yi Tseng Tsai, Tsai-Hua Hu, Su-
Wei Chiang, Su-Wei Chiang, TW*

1944 **Zero Preventable Deaths in
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*Aline Yuri Chibana, Enis Donizetti
Silva; BR*

1982 **A Systematic Approach
Using Lean Six Sigma for
Implementing an Electronic
Modified Early Warning System
(E-MEWS) in Ministry of
National Guard Health Affairs-
Wr, Saudi Arabia**
*Jane Thomson, Shaymaa
Malibari, Maryam Khalil,
Abdulaziz Aljahdali; SA*

1999	Comparison of Mental Health Status Between Migrant Children and Local Children in Guangzhou, China <i>Jun Wang, Liming You, Ke Liu, Jing Zheng; CN</i>
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2021	The Evidence of Distance Effects On Opioid Harm Reduction Drug Choice in Taiwan: A Logistic Regression Study <i>Lien-Chung Wei, Kunhong Wu, Jiaxiang Zhan, Sun-Yuan Chou; TW</i>
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2048	Understanding Falls Among Personal Alert Victoria Clients <i>Sze-Ee Soh, Anna Barker, Catherine Thompson, Darshini Ayton; AU</i>
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2070	Socioeconomic Inequality in Patient Outcome Among Hip Fracture Patients: The Role of Quality of In-Hospital Care <i>Pia Kjær Kristensen, Theis Muncholm Thillemann, Kjeld Søballe, Søren Paaske Johnsen; DK</i>
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2077	Developing A Pediatric Patient Experience Questionnaire, A Pilot Study <i>Chia-Yu Chou, Huey-Wen Liang, Frank Leigh Lu, I-Jung Tsai; TW</i>
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2125	The Experience of Manchester Model Use Associated with Risk Stratification Assistance in The Classification of the Patient in Hospital Emergency Service of Santa Helena <i>Rafael Fernando Brandão Canineu, Ronaldo Kalaf, Renato Restituti, Luciane Patricia Amaral; BR</i>
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2318	The Importance of Managing Maintenance of Medical Devices in The Promotion of Quality in Health Care Case of Study: Urology and Nephrology Hospital - Abdelkader Chrayat <i>Hocine Abdelatif Boucherba, Brahim Badaoui, Moahmed Tahar Hammoud; DZ</i>
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2532	The Use of Quality Improvement Strategies to Improve Partograph Utilisation at Lagos State Health Facilities: A Longitudinal Study <i>Temitope Adaramewa, Temitope Olatunji-Bello, Ayodele Adiat, Motunrayo Shodimu; NG</i>
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2657	Promotion of National Colorectal Cancer Screening Health Policy by Clinical Medical Technologist <i>Wei-Chou Hung, Chien-Hui Weng, Yu-Ying Yang; TW</i>
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2743	The Effect of Available Resources Distribution On the Access to Public Hospital Services in Algeria <i>Mohamed Tahar Hammoud, Badaoui Brahim, Boucherba Abdelatif Hocine; DZ</i>
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2757	Test Introducing Idea of Joint Govt and Non-Govt Collaboration for Coordinating Quality of Care Activities in a Developing Country <i>Shayema Khorshed, Aminul Hasan; BD</i>
2758	The Development of the Libyan Health System to Improve the Quality of the Health Services <i>Mohamed El Fallah; LY</i>
2869	“God Has No Hands but Ours”: Why Faith-Based Organisations Deliver Quality Care in Papua New Guinea <i>Patti Shih, Frances Rapport; AU</i>
2927	Applying Quality Improvement to Integrate Nutrition Assessment, Counselling and Support (NACS) Services at HIV Clinics in Zambia <i>Anisa Ismail, Robert Musopole; ZM</i>
3035	Health Service Performance Indicators and Agreements in Qatar; Delineate Challenges and Enhance Health System Performance Initiative <i>Nader Ahmed Badr, Rasha Bushra Nusr, Noora Abdulla Salem, Huda Amer Al-Katheeri; QA</i>
3043	Newborn Hearing Screening Program in A University Hospital <i>Paulo Marcio Yamaguti, Lucieny Serra, Daniela Medved, Anna Santiago; BR</i>
3057	Providing Healthy and Quality Medical Training - A Case Study of Taiwan International Healthcare Training Center Implement in Mongolian Medical Improvement <i>Ying-Ru Chen, Ling-Na Shih, Jiin-Chyr Hsu, Min-Hsuan Chiang; TW</i>
3106	The Relationships Between Socio-Economic Status(SES) And Child-Rearing Feelings Among Mothers with Infants in Japan <i>Eri Ishikawa, Miyuki Hirata, Shoichi Maeda; JP</i>
3109	A 15-Year Experience Of The Oral Care Center For Inherited Diseases, University Hospital Of Brasilia, Brazil <i>Paulo Marcio Yamaguti, Ana Carolina Apolinário, Lilian Marly De Paula, Ana Carolina Acevedo; BR</i>
3173	Improving Compliance of Comprehensive Emergency Obstetric and Newborn Care (Cemonc) In Hospital by External Monitoring and Evaluating <i>Hanevi Djasri; ID</i>

NOTES:

GENERAL INFORMATION

TOKYO 2016

Registration and Information Desk Located on the Hall C1 Lobby on Level 1

Sunday 16 October 2016	07:00 – 19:00
Monday 17 October 2016	07:00 – 18:00
Tuesday 18 October 2016	07:30 – 18:30
Wednesday 19 October 2016	07:30 – 16:00

Access for Those with Disabilities

The Tokyo International Forum (TIF) offers a full range of amenities to assist those with disabilities. For further information or assistance please go to the Conference Information Desk Hall C1 Lobby on Level 1 or to the Congress Center Information Desk located on the floor -1 of the Glass Building.

Emergency and Assistance on Site

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

Name Badge

You will be issued with a name badge when you register. You must wear your badge at all times. This will identify you to conference colleagues, door and catering staff. Delegates who do not display the appropriate name badge will not be permitted to enter the TIF.

Catering Points

Lunch and coffee breaks will be served Monday to Wednesday in the Poster and Exhibition area in B7, Level 7 and in B5 Lobby, Level 5 on Sunday. For break times, please see daily programme schedules.

Cloakroom

A cloakroom service is available and located in Hall C1 Lobby on Level 1. 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.

Useful Contacts

Emergency within the congress center	+41 22 33 99 589
Ambulance/Fire	119
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Airport Haneda	+81 03 5757 8111
Registration Desk TIF	+41 22 33 99 589

Social Events and Tours

Welcome Reception, Sunday 16 October 17:30 – 19:00

Venue: Exhibition Hall, B7, Level 7

Entrance is free for attendees registered for 2 days or more but tickets must be pre-booked when registering. Extra tickets are available to be purchased onsite at the registration desk, for 25 EUR.

Networking Reception, Monday 17 October 19:00 – 21:00

Venue: The Happa-en which means “The Garden of Eight Views”

It will be an opportunity for delegates to catch up with old friends and meet new ones while enjoying the rich culture Japan has to offer surrounded by the magnificent gardens of the Happa-en. A small number of tickets are still available to be purchased at the registration desk, price 30 EUR. Limited transport will be provided.

Poster Reception, Tuesday 18 October 17:00 – 18:30

Venue: Poster Hall, B7, Level 7

You will have an opportunity to interact with the authors to discuss their research and to enjoy an informal lively networking experience. Light refreshments will be provided and entrance is free for all registered attendees. Extra tickets are available to be purchased onsite at the registration desk, for 20 EUR.

Tours and Cultural Programmes

Tokyo Convention & Visitors Bureau are offering delegates complimentary City Tours and Cultural Programmes during the course of the conference. The Cultural Programme includes Tea ceremonies, Kimono Dressing and Origami classes, which will take place in Room G701, Level 7. The City Tours include trips to Tokyo Sky Tree, Meiji Jingu Shrine, Asakusa Walking tour and Night tours.

For further information on Tokyo or to sign up for the Cultural Programmes and Tours, please visit the Tokyo City Information Desk beside the registration desk in Hall C1 Lobby on Level 1. Please note places are limited.

Educational Site Visits, Thursday 20th October 10:00

Participants must have Pre Registered for the visits. Please note Tokyo Waterworks Museum is the only visit with availability, all others are fully booked. Tickets must be collected from the ISQua Desk on Tuesday 18th October.

1. The Cancer Institute Hospital of JFCR
2. The Tokyo Waterworks Historical Museum
3. St. Luke's International Hospital
4. National Center for Global Health and Medicine

Visits are available to delegates registered for the full conference only.

Wifi and Social Media

Wi-Fi Connection

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

Network: ISQUA2016

Password: ISQUA2016

Conference App

ISQua's conference App is freely available to download from the App Store or Google Play, search for "ISQua". If you wish to personalise your schedule or network with other delegates, log in with the email you registered with and the Individual Code, previously emailed to you. If you have problems logging in or using the App, contact conference@isqua.org or visit the ISQua Desk in the Exhibition Area.

Social Media

Share your thoughts using this year's hashtag #ISQua2016. All tweets with our hashtag will be visible on our 'Social Wall' in the app and on the plasma screen at the ISQua desk. **New this year** - Check out Symplur, on the App or direct <http://www.symplur.com/healthcare-hashtags/isqua2016/>, to see our top influencer's. Keep Tweeting! Our top tweeter at the end of the Conference will receive a prize!

Scientific

Conference Theme

The programme is planned in 8 themes, which reflect the overall learning objectives of the conference

1. Cost of Quality at the System Level
2. Improvement Science for Quality and Safety
3. External Evaluation Systems
4. Using Education to Support Quality Improvement
5. Person Centred Care
6. Health Information Technology
7. Care Across the Continuum
8. Quality Care in Developing Countries and for Vulnerable Populations

Accreditation - CME Credits

The Conference has been awarded 23 European CME credits (ECMEC) by the European Accreditation Council for Continuing Medical Education (EACCME). Credits can also be converted to an equivalent number of American Medical Association (AMA), Physician's Recognition Award (PRA) Accredited Group Learning Activities (Section 1). The Conference is also deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada. Please visit the ISQua desk for further information.

Poster Viewing

Over 400 posters will be on display in B7, Level 7. Posters will be grouped in accordance to their theme and can be viewed from 10:00 on Monday 17 until 13:45 Wednesday 19. In addition, a Poster Reception will take place on Tuesday 18 October at 17:00. There will be a number of Poster Prizes and a special delegate prize which be can voted on via the Conference App. The ISQua Board would like to strongly encourage delegates to visit the poster area during the break and lunchtimes.

ePosters

All ISQua poster authors have been provided the option to submit an electronic version of their poster. All submitted electronic posters are archived online and are available for you to view via the following link: <http://www.epostersonline.com/isqua2016/> or via the Conference App. You can also search and filter information by a variety of criteria, such as by poster title or number, author names, institutions, or topic and more.

Speakers

Technical assistance for your presentation can be found in the Speaker Preview Area, which is located on level 5 in the lobby of Hall B5, see map for more details. The Speaker Preview Area will be open during the times detailed below:

Sunday 16 October 2016	08:00 – 19:00
Monday 17 October 2016	08:00 – 18:00
Tuesday 18 October 2016	08:00 – 18:30
Wednesday 19 October 2016	08:00 – 16:00

Scientific Material

All conference presentations and recordings from Hall C only with the permission of the presenters will be available online via the ISQua Website. The code to access these presentations and recordings will be sent to you on completion of the post Conference evaluation.

Certificate

Attendance certificates will be emailed to delegates on completion of the post Conference Evaluation Form.

Evaluation

A web-based questionnaire will be emailed to you, on the last day of the conference. We would appreciate any feedback, especially if we can improve on next year's conference. We would also appreciate real-time feedback about individual sessions and your general comments, please use the surveys available on the App or send your feedback to conference@isqua.org.

Liability and Insurance

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



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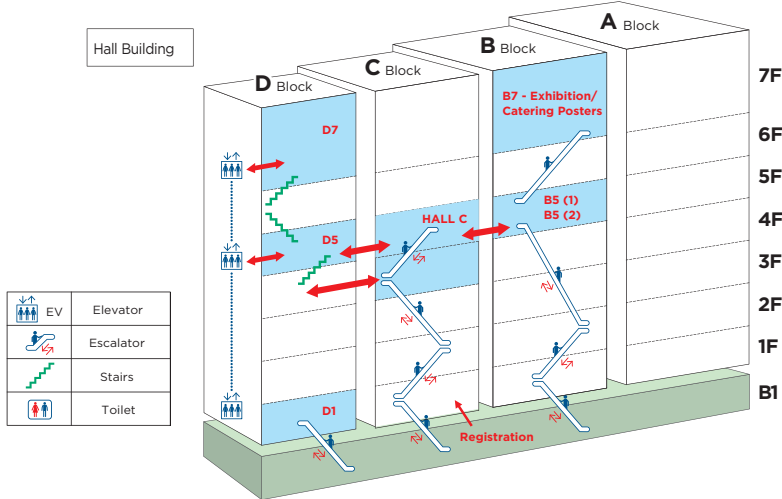
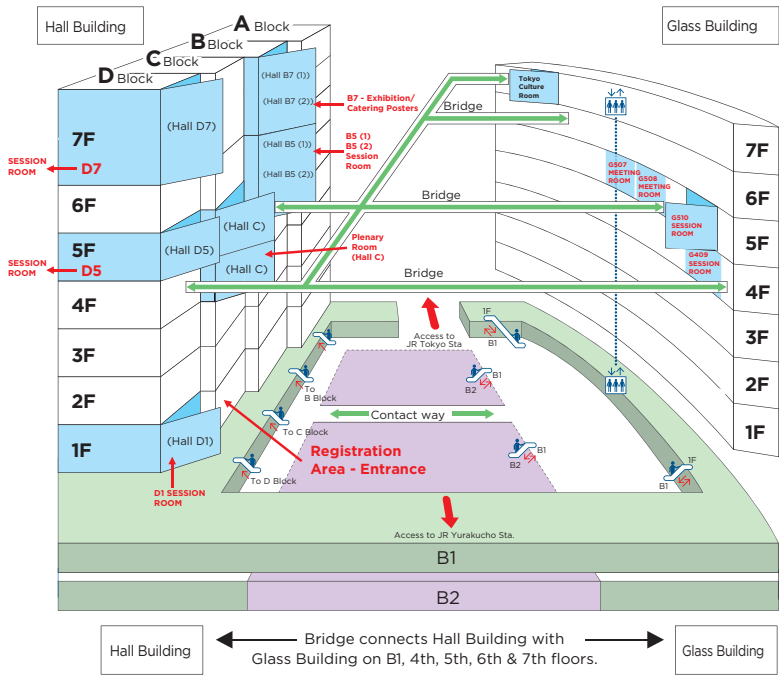
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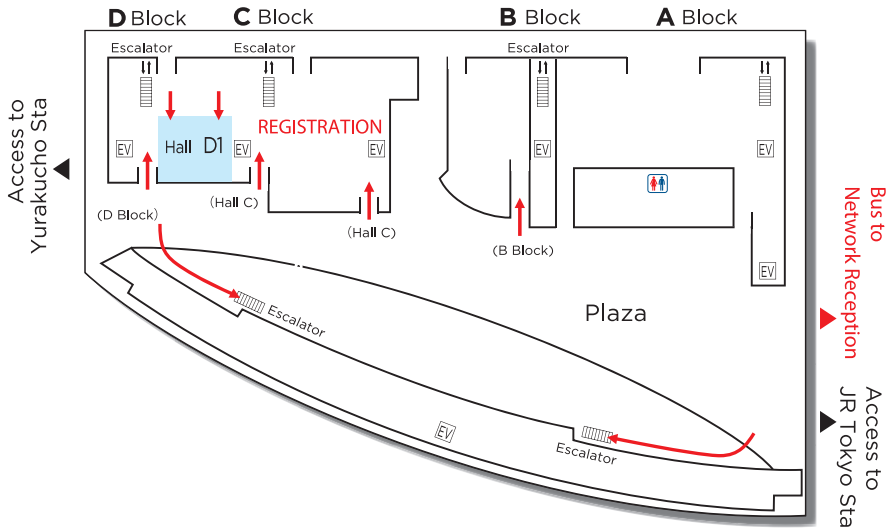
Every effort has been made to ensure that the Conference programme is accurate at the time of printing. However, Conference organisers reserve the right to change the programme as circumstances may require. Please see Conference App for most up to date programme.

MAPS

TOKYO 2016

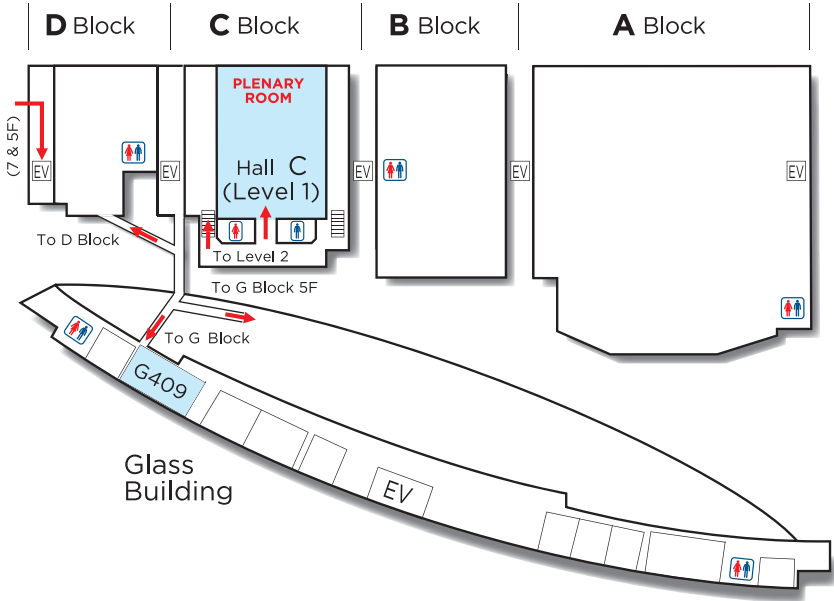


LEVEL 1



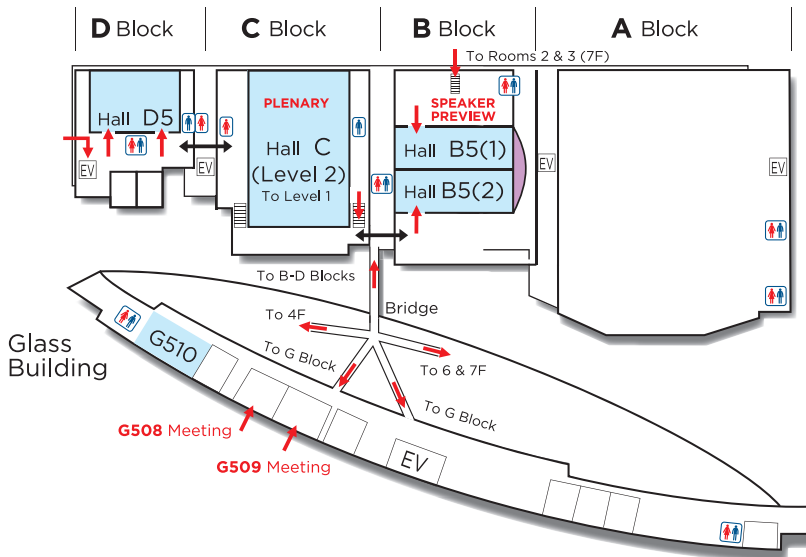
Room	D1	C Block
Mon AM	A8	Registration
Mon Lunch	AP3	Registration
Mon PM	A9/ AGM	Registration
Tues AM	B4	Registration
Tues Lunch	BP5	Registration
Tues PM	B10	Registration
Wed AM	C8	Registration
Wed Lunch	CP6	Registration
Wed PM	C14	Registration

LEVEL 4



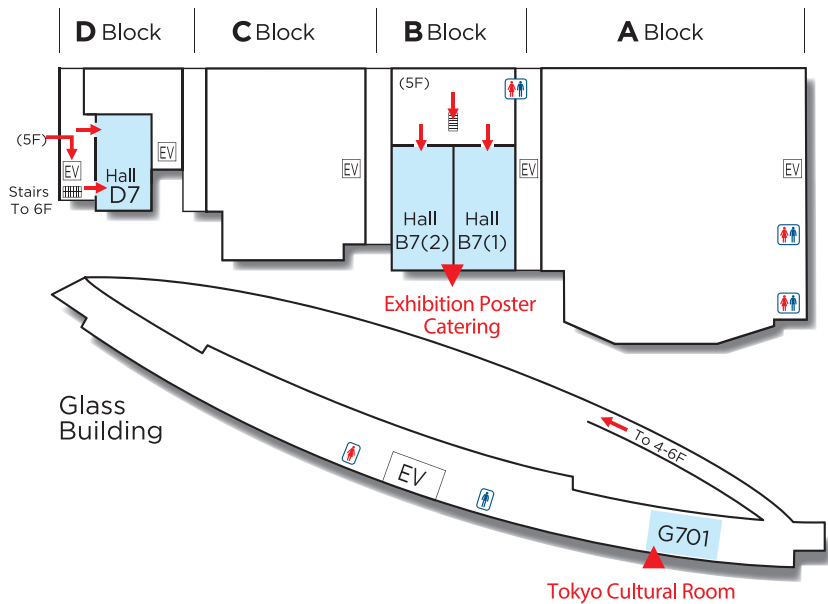
Room	Hall C	G409
Sunday	Pre Conference 3	
Mon AM	Plenary/A7	A2
Mon Lunch	Industry Sponsored Session by Aioi Nissay Dowa Insurance Co., Ltd.	AP2
Mon PM	A11/ Plenary	A13
Tues AM	Plenary/ B5	B7
Tues Lunch		BP6
Tues PM	B16/Plenary	B15
Wed AM	Plenary/ C1	C4
Wed Lunch		CP5
Wed PM	C10/ Plenary	C13

LEVEL 5



Room	B5 (1)	B5 (2)	D5	G510
Sunday	Pre Conference 1 & 2	Pre Conference 4 & 5		
Mon AM	Breakfast Session / A3	A4	A1	A6
Mon Lunch	AP6	AP4	AP5	AP1
Mon PM	A15	A12	A10	A14
Tues AM	B8	B1	B3	B6
Tues Lunch	BP1	BP2	BP3	Jeffrey Braithwaite Session (Private)
Tues PM	B13	B11	B9	B12
Wed AM	C3	C2	C6	C7
Wed Lunch	CP3	CP4	CP2	Surveyor Session (Private)
Wed PM	C12	C11	C15	C9

LEVEL 7



Room	B7	D7
Sunday	Exhibition/Posters	
Mon AM	Exhibition/Posters and Catering	A5
Mon Lunch		Publish or Perish
Mon PM		A16
Tues AM		B2
Tues Lunch		BP4
Tues PM		B14
Wed AM		C5
Wed Lunch		CP1
Wed PM		C16



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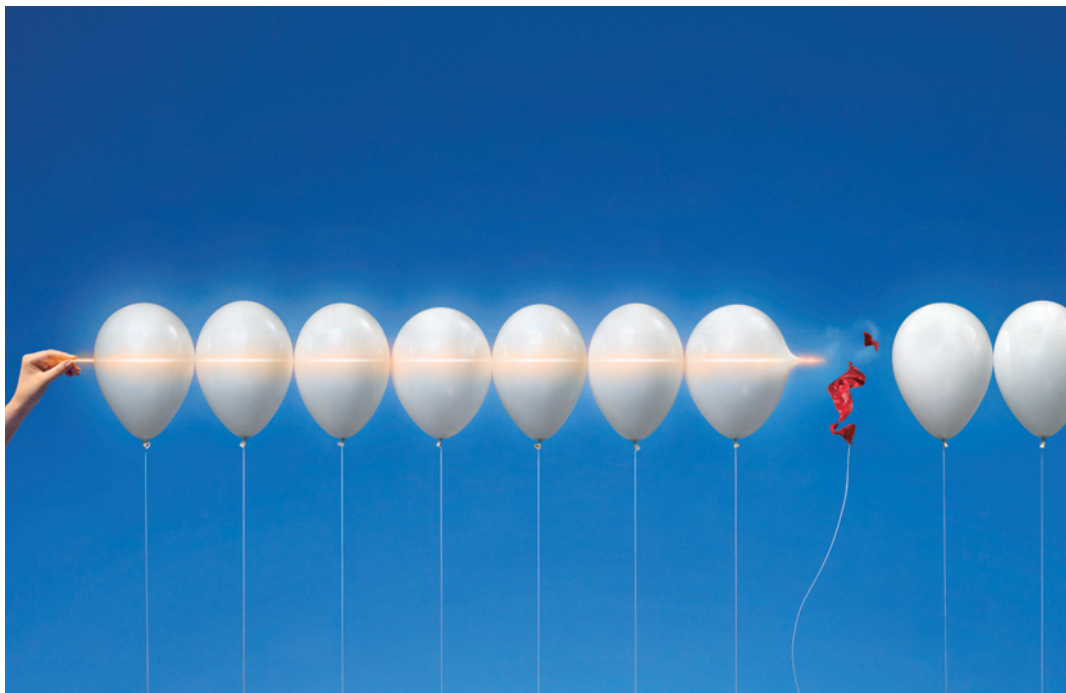
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2017–18 HARKNESS FELLOWSHIPS in HEALTH CARE POLICY and PRACTICE

Call for Applications

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

Fellows are placed with mentors who are leading U.S. experts at organizations such as Harvard University, Stanford University, Kaiser Permanente, and the Institute for Healthcare Improvement to study issues relevant to The Commonwealth Fund's mission to support a high performing health care system—insurance coverage, access, and affordability; health care delivery system reforms (e.g., bundled payments, accountable care organizations, innovative approaches to care for high-need/high-cost patients); cost containment; and other critical issues on the health policy agenda in both the U.S. and their home countries. A peer-reviewed journal article or policy report for Health Ministers and other high-level policy audiences is the anticipated product of the fellowship. Harkness Fellows have published their findings in top-tier journals, including: *BMJ*, *Health Affairs*, and *New England Journal of Medicine*.

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

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

The Commonwealth Fund is a private foundation, established in 1918 and based in New York, which aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable.

“

I know of no comparable experience to widen someone's professional horizons in health care, combined with their ability to meet those new expectations. Harkness Fellows have unparalleled access to thinkers and doers at the highest levels across American health care and health policy. Crucially they also have the time and flexibility to explore their own direction, priorities, and views. More generally, living and working in the United States is a fascinating contrast to life at home—not least for the things it tells us about our own NHS.

”

James Mountford

*(2005–06 Fellow)
Director of Clinical Quality and Value
UCL Partners*



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APPLICATION DEADLINES

November 14, 2016:

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

Australia and New Zealand deadline has passed.

VISIT

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

CONTACT

Robin Osborn, vice president and director,
International Program in Health Policy and
Practice Innovations, at ro@cmwf.org to
inquire about the program, eligibility, and
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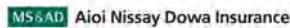
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have supported our journey
to make seemingly
impossible treatments reality.
This road to discovery
demands unique ideas
and pioneering new ways of thinking.
It calls for thinking beyond
rational approaches and innovating
new possibilities for better results.
Every day patients around the world
wait for the discovery of new drugs.
At CHUGAI, that's the value we create.



Discovery. Creativity in Pharma.

INNOVATION BEYOND IMAGINATION

Innovation all for the patients



CHUGAI PHARMACEUTICAL CO., LTD.

 Roche Group

