



The International Society for Quality in Health Care

# ANNUAL REPORT

OCTOBER 2016 - SEPTEMBER 2017





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# Executive Summary

**This annual report covers the progress of the activities undertaken by the International Society for quality in Health Care (ISQua) from October 2016 to September 2017.**

The overall goal of ISQua is to increase the network of members worldwide, with a focus on developing benefits for members so they can innovate, transform, develop, and improve safe person centred care.

ISQua's vision is to be the leader of transformation in healthcare quality and safety globally.

This is being achieved through our three main streams of Events, External Evaluation and Education.

Each department and programme has provided their strategy, key achievements, challenges faced, changes and updates from the past year.

## KEY HIGHLIGHTS FROM THE PAST 12 MONTHS INCLUDE:

**STAFFING:** All ISQua teams are fully staffed and all positions have been filled. This includes an Executive Assistant for the CEO and President, and a Network Programme & Corporate Support Officer to support our newer activities.

**NEW ACTIVITIES:** The Quality Improvement (QI) Network was successfully launched with a select number of organisations. The QI Network are Institutional Members and Fellowship participants. This particular network within our network aims to allow the free exchange of ideas and develop partnerships to accelerate change.

**NEW ACTIVITIES:** Established during our 33rd International Conference in Tokyo, the African Communities of Practice has gone from strength to strength with active participants from 20 regions in Africa. A regional meeting of the communities is being developed for 2018. We hope to use this success to springboard new communities of practice in other regions.

We received the highest number of abstracts for any conference to date in February for the London conference. Over 1,500 abstracts were submitted and this has carried over to the number of delegates registered to attend the conference.

The 3rd edition of the ISQua Guidelines and Standards for Surveyor Training Programmes has been positively received and four organisations have already been assessed against these.

Over 180 applications were received for our Fellowship programme in 2017 and from this 10 places were awarded to candidates from Papua New Guinea, Egypt, Philippines, Indonesia, Pakistan, Zimbabwe, India, Sudan, Syria and Kenya.

Our Membership numbers for 2017 are at their highest in over 6 years with 489 Individual Members and 88 Institutional Members. The Board elections for the 2017-2019 garnered a lot of interest with 25 candidates and over 48% of our Members took part in the voting process.

# Strategic Goals 2016 - 2018

## Introduction

The aim of the strategy is to provide the direction for ISQua over the next three years. The six strategies are inter-dependant and form a matrix. The three main streams of Events, External Evaluation and Education have a common purpose, and will all be person centred and innovative.

## Vision

To be the leader of transformation in healthcare quality and safety globally.

## Mission

To inspire and drive improvement in the quality and safety of healthcare worldwide through education and knowledge sharing, external evaluation, supporting health systems and connecting people through global networks.

## TAG Line

Inspiring and driving improvement in the quality and safety of healthcare worldwide.

## Values

Transparency, Integrity, Diversity, Ethical, Excellence, Evidence Based

## Overriding Goal to which the strategy leads

As a membership organisation, ISQua aims to increase the network of members worldwide with a focus on developing benefits for members so they can innovate, transform, develop and improve safe person centred care.

### STRATEGIC AIM 1 EXPANDING EXTERNAL EVALUATION

ISQua is to be the global leader in supporting the development and improvement of health and social care external evaluation organisations.

### STRATEGIC AIM 2 ENHANCING EVENTS

ISQua conference aims to be the leading International networking and educational event for all those involved in improving health and social care worldwide (payers, researchers, accreditors, improvers, providers, educators, policy makers and consumers (patients))

### STRATEGIC AIM 3 GROWING EDUCATION AND KNOWLEDGE SHARING

ISQua aims to set the benchmark for accessible healthcare quality and patient safety education.

### STRATEGIC AIM 4 ADVOCATING FOR PERSON CENTRED CARE

ISQua will place the person at the core of all its programmes and champion this approach globally.

### STRATEGIC AIM 5 FOSTER INNOVATION

ISQua aims to be at the forefront of innovation in quality improvement, patient safety and person centred care.

### STRATEGIC AIM 6 DEVELOPING AND SUPPORTING REGIONS AND LMIC

ISQua aims to develop an improvement network of healthcare providers in all regions with a special focus on LMIC and provide support for continual improvement in resource poor environments.

### **STRATEGIC AIM 1** **EXPANDING EXTERNAL EVALUATION**

ISQua is to be the global leader in supporting the development and improvement of health and social care external evaluation organisations.

We will:

- ▶ Develop greater understanding of the accreditation organisations and surveyors
- ▶ Develop cutting edge IT solutions
- ▶ Develop an ISQua advisory service
- ▶ Explore new markets such as regulators.

### **STRATEGIC AIM 2** **ENHANCING EVENTS**

ISQua conference aims to be the leading International networking and educational event for all those involved in improving health and social care worldwide (payers, researchers, accreditors, improvers, providers, educators, policy makers and consumers (patients))

We Will:

- ▶ Expand the current International Conference
- ▶ Develop effective marketing strategies for the Conference
- ▶ Develop new criteria and strategies for annual Regional Meeting
- ▶ Work with partners and their conferences

### **STRATEGIC AIM 3** **GROWING EDUCATION AND KNOWLEDGE SHARING**

ISQua aims to set the benchmark for accessible healthcare quality and patient safety education.

We Will:

- ▶ Grow the fellowship programme by developing regional hubs
- ▶ Develop new programmes to enhance the education
- ▶ Be a recognised CPD provider, competency testing and accredit education programmes.
- ▶ Develop a Knowledge / Crowd Sourcing Strategy

### **STRATEGIC AIM 4** **ADVOCATE FOR PERSON CENTRED CARE**

ISQua will place the person at the core of all its programmes and champion this approach globally.

We will:

- ▶ Integrate person centred care into all that we do
- ▶ Define and publish a set of globally agreed definitions of person centred care and publish a policy statement
- ▶ Identify cultural barriers and ways to overcome them in providing person centred care
- ▶ Align and partner with key Person Centred groups

### **STRATEGIC AIM 5** **FOSTER INNOVATION**

ISQua aims to be at the forefront of innovation in quality improvement, patient safety and person centred care.

We will:

- ▶ Publish White Papers on topics of importance
- ▶ Develop awards programme for innovation
- ▶ Partner with organisations innovating solutions for healthcare challenges
- ▶ Develop a network of innovators in quality improvement
- ▶ Identify small start-up companies to present at ISQua Events

### **STRATEGIC AIM 6** **REGIONS AND LMIC**

ISQua aims to develop an improvement network of healthcare providers in all regions with a special focus on LMIC and provide support for continual improvement in resource poor environments.

We will:

- ▶ Define Regions and their common interests and challenges into a Regional Strategy
- ▶ Develop a Charter for each Region and establish regional networks
- ▶ Ensure adequate resources for Regions by innovative collaborative programmes
- ▶ Increase key regional collaboration year on year
- ▶ Continue to support the development of the National Quality Strategies and Policies

# Forward by the CEO



**Peter Lachman**  
*Chief Executive Officer*

ISQua has an ambitious mission statement, that is:

**“To inspire and drive improvement in the quality and safety of healthcare worldwide through education and knowledge sharing, external evaluation, supporting health systems and connecting people through global networks.”**

This statement requires an agile and flexible team supported by a Board that focuses on expanding the scope of ISQua within a sustainable framework and financial model.

Over the past year ISQua has undergone several positive changes to ensure that we can deliver on our mission and build on the progress made over the past few years. There have been many exciting developments as well as a few challenges:

## Structures

- ▶ As indicated at the last AGM, we wanted to develop Communities of Practice. The African Community and the QI Network are the first two examples of this, and over the next year we aim to expand these so that the network for ISQua will grow and develop. The Expert Community is the next one that we will facilitate, followed by one for patients.
- ▶ The ISQua team has grown over the past year both in number and in confidence. I believe that the key role of management is to ensure that there is joy at work, and that the team can have the freedom to be innovative. Leadership development and organisational structural changes have been central to the developmental changes. While we sadly said goodbye to Triona Fortune, our former Deputy CEO, we gained three new members of staff, all of whom have become an integral part of their respective teams in ISQua.
- ▶ We have a new office in the heart of Dublin city which provides the environment that we need to develop the service required. The layout is designed to ensure collaborative working and has all that is needed for now and for the future with the potential to grow as needed.
- ▶ We are redeveloping the website and it should be ready in the new year. We think that we need to be accessible with a responsive and adaptable website.
- ▶ Leadership has been distributed so that all the team members have a leadership role and can deliver the service that members require.

## Processes

Over the past year, we have strengthened our governance processes as they were due for review. I take the view that less is more and that we need to make it easy to do the right thing. To that end, we have begun a process of modernising our policies and procedures and then our processes:

- ▶ The Corporate Governance Manual has been redrafted.
- ▶ The process for elections has been updated and made more reliable and independent.
- ▶ All Terms of References for all committees have been updated.
- ▶ Financial procedures have been reviewed and strengthened.
- ▶ We are now reviewing and simplifying all remaining policies and this process should be completed by the end of the year.
- ▶ A challenge is the ongoing work on the IAP and the EU.

## Outcomes

Measurable outcomes are essential and these are demonstrated in the reports from the different programmes. I can highlight a few achievements:

### MEMBERSHIP

- ▶ The number of candidates for the Board election was up by 60%.
- ▶ Individual Membership has increased by 25%.
- ▶ Communication with members has increased with monthly newsletters.

### IAP AND STRATEGIC PARTNERS

- ▶ Accreditation remains the foundation of ISQua and we have increased interest in the link between accreditation and quality.
- ▶ Improved and better linkages with WHO.
- ▶ Development of the African Community of Practice.
- ▶ Development of the Quality Improvement Network.

## EVENTS

- ▶ The number attending the conference has grown and we have had considerable interest in hosting future conferences.
- ▶ Invitations to speak at various forums in many countries has been unprecedented.

## EDUCATION

- ▶ The Specialist Certificates programme is now live! This has been in the pipeline for the past couple of years and over the past 12 months have come together. Three certificates will be launched at the conference.

## The future

### Over the next year, we plan to:

- ▶ Modernise the website and improve communication with members, and attract new audiences.
- ▶ Increase membership by improving benefits for members.
- ▶ Consolidate work in the LMIC with a new strategy that is implementable.
- ▶ Work on our person-centred care programme.
- ▶ Increase representation of patients in the work that we do.
- ▶ Ensure that we have a sound financial foundation.

In conclusion, ISQua is in a healthy position. We have built the foundation to deliver on the strategy and have a vibrant team in Dublin. We are increasing our pool of experts who can contribute to our mission and we have more interest in the Society than before.

We now will be entering new areas of interest as we deliver on our goal to be the leading facilitator of safe and integrated person centred care and quality improvement.

**Peter Lachman**

*September 2017*

# Foreword by the President



**Cliff Hughes**  
*President*

**When first I took the mantle of President from my predecessor, Dr. David Bates, it seemed such a long way away but the twenty-four months have flown by.**

This is largely thanks to the interesting work that we are doing throughout ISQua and indeed the safety quality movement globally. It has also been a great privilege to work with a fabulous team of men and women in the office, in the executive functions as an Officer of the Board, and with the Board members themselves. But that is only the tip of the iceberg. I have been encouraged, strengthened and educated by so many colleagues in the ISQua family, that I know I leave the formal role a wiser man thanks to the input of some many of our colleagues.

When I first started, Mr. Peter Carter had continued the work of previous CEOs, notably Roisin Boland, and I found myself in a highly organised, competent organisation, with a clear vision and mission, supported by a wonderfully dedicated but very small band of staff members. It would be inappropriate to single out any one staff member over the other because I have observed incredible team work amongst all the staff who are willing to step in and help each other out as workloads and crisis situations dictate.

The organisation is well led by our Chief Executive, Dr. Peter Lachman and his annual report is a tribute to his hard work, vision and commitment. He, of course, brought a fresh challenge to all of us and has led the way to what looks to be a very exciting future in quality and safety, accreditation, and patient-based care programmes, championed by ISQua. The Board functions largely behind the scenes but spends enormous amounts of time on teleconferences, face-to-face meetings, and reading a significant amount of material around each of the activities of the organisation. All of them have contributed greatly to the success of the programmes over the last twelve months and we will be sorry to see several departing as their time on the Board has expired. To those leaving, we wish them well and congratulate them on their past endeavours. We were excited that there was a large number of applicants for Board positions this year and I am pleased to congratulate the new appointments. We look forward to hearing more from each of them during our regular Conference, Board meetings and Committee activities.

The Board is now in a position to elect a new President Elect who will follow on from the great job that Wendy Nicklin has done in supporting me in my role as President. Wendy will be a very worthy President and I know she will have strong backing from all the membership over the next two years.

I would also like to congratulate the work of the Accreditation Council in their work that is so important to maintain a high standard of activity in the role of accreditation. This work is recognised by jurisdictions around the globe and the number of countries interested in our International Accreditation Programme is a tribute in itself.

ISQua is a global organisation and that poses significant challenges to all of us. Not the least of these is how to maintain a sense of context and continuity at a local level while reaching to the challenges presented by different countries at different times. Nevertheless, the membership has enthusiastically embraced steps towards regional development and I am pleased to advise that the African Community of Practice headed up by Dr. Bruce Agins and his team is demonstrating the benefits of this local contextualisation.

The Board has had the wisdom of a number of advisors to the Board for LMIC (Sheila Leatherman), Education (Professor Bruce Barraclough) and Patient-Centred Care (Mr. Russell McGowan). We were sorry to lose the regular advice from Bruce Barraclough secondary to family commitments but he remains a passionate supporter and is still very readily approachable from time to time. Bruce has been at the forefront of safety and quality in Australasia and WHO circles as well as being a stalwart on the ISQua Board and of course a former President. Our work in amongst LMI countries continues under the wise council of Sheila Leatherman and it is pleasing to see the interest in the ISQua membership, the Fellowship and the Emerging Leaders Programme from some of these countries.

Finally, ISQua is a membership based organisation. It is you, the Members, who make our task more enjoyable, more focused and more critical. We appreciate the feedback that you provide and we look forward to meeting with as many of you as is possible during our annual conferences.

I have no doubt that the new Board under Wendy's direction will respond positively and I look forward to continuing my role as the immediate Past-President serving you the membership, all the staff, the Board and it's committees.

Thank you for the privilege of leading this organisation over the last two years.

**Cliff Hughes**

*September 2017*

# Foreword by the President Elect



**Wendy Nicklin**  
*President Elect*

**I am sincerely honoured to be the incoming President of ISQua.**

**ISQua has a very strong foundation which has been built on years of dedication of colleagues united in our commitment to inspire, promote and support quality improvement in healthcare globally.**

Due to our success to date - and the focus on accreditation, education, events and communities of practice - the profile and respect of ISQua continues to grow in depth and breadth.

I have been actively involved with ISQua since 2004 and experienced the organisation from many vantage points: as an institution member, as a member and Chair of several committees, as a conference attendee and presenter, as an Expert, as a graduate of our Fellowship programme and as a surveyor. I am totally committed to the success and future of ISQua.

My personal focus and commitment throughout my career has been that of improving the quality of health and healthcare - from all perspectives. ISQua is one platform from which all of us can do this and with potential for growing impact of a global nature. Whether consumer, caregiver, clinician, researcher, academic, administrator, organisation partner or key stakeholder, together we are making a difference - and ISQua is a solid platform from which to optimise our contribution.

The highlights of this annual report demonstrate to you the impact of ISQua initiatives and what lies ahead. As we facilitate Communities of Practice, escalate our involvement with LMIC, strengthen our partnerships with other important national and international organisations such as WHO and quality improvement councils, momentum and impact on quality of healthcare will grow further.

There are many global health and healthcare challenges. It is important to maximise our impact and focus on our priorities whilst being realistic. I have no doubt we will continue to embrace our mission and demonstrate to our global partners our ability to truly make a difference.

Ensuring that ISQua is governed effectively by a Board of dedicated and skilled leaders is fundamental to our continuing success. I congratulate the new Board members joining our Board who will contribute to moving us forward effectively. My sincerest thank you to our outgoing Board members who I know will continue to remain linked with us and contribute - at conferences, on committees, as a resource.

My sincerest thank you to David Bates, our outgoing Past President. David is an expert par excellence who has made an immense contribution to ISQua and will continue to actively support and enable our goals. He is a respected international healthcare leader to whom we owe a debt of gratitude.

Sincerest thanks to Cliff Hughes as he moves into the Past President role. His leadership to date has been exceptional. I welcome his sage advice and support as we continue to work together.

Our success for the future builds on ensuring a strong relationship between the Board and Peter Lachman, our CEO. Peter has developed a strong team and culture that will enable and ensure that ISQua thrives.

None of us can make a difference alone – it is all about partnership, commitment, trust, respect and leadership.

It is an honour to be the incoming President of ISQua. I look forward to our challenges and opportunities, to maximising our partnerships and working together to truly inspire, promote and support healthcare quality improvement globally.

**Wendy Nicklin**

*September 2017*

# Annual Review

## Conference and Events

### Strategy

In the past year we aimed to provide leading International networking and educational events for all those involved in improving health and social care worldwide.

### Key Achievements

The Tokyo conference took place in October 2016, with over 1,200 delegates attending from over 69 countries. Of the delegates surveyed 95% would recommend the conference to their colleagues. #ISQua2016 was one of the top 10 trending topics in Tokyo and London during the conference days and it topped the @symplur hashtag healthcare project as the highest trending conference. The International Journal for Quality in Health Care included a supplement of the 2016 abstracts and our intention is for a second supplement with the 2017 abstracts.

The 2017 conference is scheduled for London and as of 1st September over 1,300 delegates have registered from over 70 countries. There was also a 36% increase in abstract submission for the London Conference with over 1,700 received.

Both the 2016 and 2017 Conference were accredited by the European Accreditation Council for Continuing Medical Education (EACCME®). The London 2017 Conference has achieved Patients Included status. This status signifies that the event has satisfied all five criteria as identified in the Patients Included charter.

### Challenges

The main challenge, like all years, is maintaining a high standard and innovative conference, whilst keeping within budget. This was especially difficult in Tokyo due to the high costs of the venue and in London due to the lower than usual uptake on sponsorship opportunities. Each year brings a new venue and a new challenge. Each venue has its own positives and negatives and we endeavour to keep breakout rooms as close as possible and give enough space to the poster display area.

There has been such a huge amount of interest in presenting at the London conference this year, it was a challenge to include as many people as possible without overloading the programme. Therefore we increased the number of poster displays by 50%, by displaying posters on alternative days and for the first time we have introduced E-Poster presentations.

### Changes

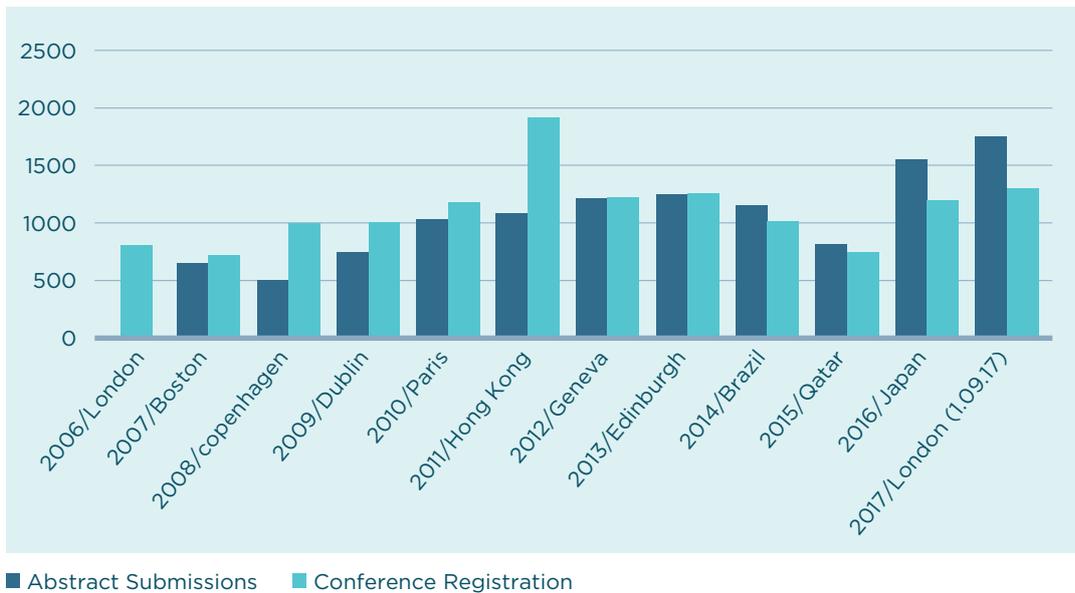
The Tokyo survey highlighted the fact that more patient involvement is needed in the programme. A conscious effort was made to involve more patients in the programme, both in designing it and participating in the sessions. Complimentary registrations were also offered. We accept more can be done and intend to concentrate on patient involvement for 2018.

In an attempt to encourage more participation from students, frontline staff and LMIC delegates, specific sessions were included in the programme and discounted registrations were made available.

## Programme update

As you can see from the below chart, 2016 and 2017 have been positive years for ISQua with impressive numbers of abstract submissions and attendance at the conference. The conference locations have been planned for Kuala Lumpur, Malaysia for 2018 and Cape Town, South Africa 2019. Decisions will be made on the locations for 2020 and 2021 by the end of this year.

### The Conference 10 Years on



# Annual Review

## International Accreditation Programme (IAP)

### Strategy

In line with ISQua's strategic objective of expanding external evaluation, the focus in the past year has been on consolidating, developing and growing the existing external evaluation programme and on exploring potential new products.

### Key achievement

The 3rd edition of the *ISQua Guidelines and Standards for Surveyor Training Programmes* were published in September 2016 following a comprehensive revision process which included consultation with all relevant stakeholders and testing with client organisations and surveyors.

### Challenges

In 2016, ISQua was informed by the Irish government that the European Commission considered Ireland to be in breach of EU legislation EU 765/2008 due to ISQua being based in Ireland and offering accreditation services. Under EU 765/2008 only national accreditation bodies can offer accreditation services or use this term to describe the services they offer. Therefore, the Irish government advised ISQua that it could no longer use the term "accreditation" to describe the existing International Accreditation Programme (IAP) or the activities they undertake.

A survey was undertaken with stakeholders including client organisations on alternative names for the programme and services offered. This exercise highlighted that changing the name of the programme is not an option as stakeholders consider that the term "accreditation" is fundamental and must be included in the name of the programme.

In 2017, ISQua have focused on alternative solutions to address this issue including exploring the possibility of moving the IAP to another non-EU jurisdiction such as Switzerland. Work is ongoing in relation to this.

### Changes

An analysis of survey report turnaround times in 2016 highlighted that reports were often delayed at the Validation Panel stage of the process and that this was often due to the late receipt of the survey report from one team member. Therefore, in 2017 ISQua decided to pilot a one-person Validation Review process with senior surveyors or a Council representative undertaking the reviews and to evaluate this approach. To date, the change in process appears to be working well and no issues have been reported.

### Programme updates

A total of 26 surveys were undertaken between October 2016 and August 2017. This includes 11 organisational on-site surveys, 12 standards surveys and 3 surveyor training programme surveys. Surveyor training programmes were assessed against the 3rd edition of the *Guidelines and Standards for Surveyor Training Programmes* from January 2017. As of the 31st of August 2017, a total of 273 surveys will have been undertaken by ISQua comprising 162 standards surveys, 76 organisational on-site surveys, 29 surveyor training programme surveys and 6 combined on-site organisational and surveyor training programme surveys.

ISQua Programmes	No. of surveys
Standards (Principles)	162
Onsite Organisation	76
Surveyor Training Programme	29
Combined Onsite Organisation and Surveyor Training Programme	6
<b>Grand Total</b>	<b>273</b>

A further 14 surveys are scheduled between September and December 2017 comprising 2 on-site surveys, 10 standards surveys and 2 surveyor training programme surveys.

Interest in the IAP continues and the number of assessments undertaken continues to rise on an annual basis. Standards surveys continue to be most common type of survey undertaken each year.

### IAP Programmes



# Annual Review

## Education

### Strategy

In line with the strategic plan, the Education Department has worked towards growing the Fellowship Programme as well as consolidating, growing and developing other education offerings.

One of the main priorities has been to maximise access of the programmes to the regions. This has been achieved by the introduction of a 50% discount to participants from low and lower middle income countries, so that the programmes could become more affordable.

2017 saw consistency in learner numbers as well as a significant development in the building of new partnerships with internationally acclaimed organisations such as Thomas Jefferson University, the National Patient Foundation, the Royal Australasian College of Surgeons, HealthcareCAN and Médecins Sans Frontières.

### Key achievements

The launch of the Specialist Certificates at ISQua's 34th International scientific meeting in October 2017 is a culmination of the focused work over the past year. This is the first expansion of the Education Programme offerings since 2012 when the Fellowship Programme was introduced. The Specialist Certificates will fill a niche for focused e-learning courses that help the learners to study a particular area of their interest in depth by tapping into the knowledge and expertise of international recognised experts in the field.

### Challenges

A notable challenge faced by the Education Department over the past year is the retention of Fellowship Graduates. The Fellowship Programme is a continuous professional development programme (CPD) which calls for continuous learning by means of maintaining the Fellowship on an annual basis. The current Fellowship Programme retention rate is still very high (66%) in comparison to other CPD courses, however it is significantly lower than the rate recorded over the same period last year (91%).

To address this issue, the Education Department has:

- ▶ Increased the number of resources being added to the Fellowship library on a weekly basis to address the educational needs of ongoing learners;
- ▶ Enhanced the Programme benefits for the Participants, including, but not limited to:
  - Subscription to the Membership and Fellowship package which has increased benefits and offers better value for money;
  - Offered internship placements with a wider pool of international organisations;
  - Commenced work on developing potential preferential maintenance loyalty scheme with discounts for each year the learners maintain their Fellowship without lapsing;
  - Initiated the preparation process for the accreditation of e-learning activities for CPD credits.

## Changes

The following changes took place during the last year:

- ▶ The introduction of agreements with the content contributors to address the Intellectual Property Rights of the Programme content.
- ▶ The strengthening of the Education Committee Terms of Reference (TOR) to facilitate better governance and accountability.
- ▶ The implementation of the Internship and Mentoring Programme policies.
- ▶ The standardisation of the Scholarship Terms and Conditions.
- ▶ The launch of a Membership & Fellowship package and revision of the Fellowship Programme rates as follows:

New Applicants	Old Rate	New Rate	LMIC Rate
Fellowship only	€400	€500	€250
Membership & Fellowship	n/a	€450	€225
Associate Fellowship	€200	€200	€100
Certificate of Achievement	€150	€150	€75
<b>Maintenance for new applicants</b>			
Maintenance Fellowship only	€250	€350	€175
Maintenance Membership & Fellowship	n/a	€300	€150
Maintenance Associate Fellowship	€150	€150	€75
Maintenance Certificate of Achievement	€100	€100	€50
<b>Maintenance for Existing Fellows (fee freeze for 2 years)</b>			
Maintenance Fellowship (No Membership)	€250	€250	€125
Fellows Change to Membership & Fellowship package	n/a	€300	€150
Maintenance Associate Fellowship	€150	€150	€75
Maintenance Certificate of Achievement	€100	€100	€50
<b>ISQua/ASQua/JCT Joint Fellowship</b>			
Annual Fee including Membership	€500	€420	n/a

## Programme Updates

A total of 224 new learners enrolled between October 2016 and September 2017 which brought the total number of active Fellowship Programme participants to 460 from 59 countries.

### Fellowship Programme 2012-2017



Since October 2016, 159 Fellowship participants have completed the initial year of the Programme, increasing the Fellowship Graduate network to 339: Fellowship - 314, Associate Fellowship -9 and Certificate of Achievement -16.

The ISQua team has continued the annual tradition of offering scholarship places for the Fellowship Programme. In October 2016, 180 applications were received and 10 scholarship places were awarded to candidates from Papua New Guinea, Egypt, Philippines, Indonesia, Pakistan, Zimbabwe, India, Sudan, Syria and Kenya.

The Education Department has also commenced work on building a curriculum for each of the educational tracks in the Fellowship Programme. This will ensure that each track will contain a comprehensive set of resources beneficial to all participants, no matter what level of experience they have in quality and safety in healthcare. The number of tracks will be increased from seven to eight with the addition of "Improvement Science" to the list.

# Annual Review

## Membership

### Strategy

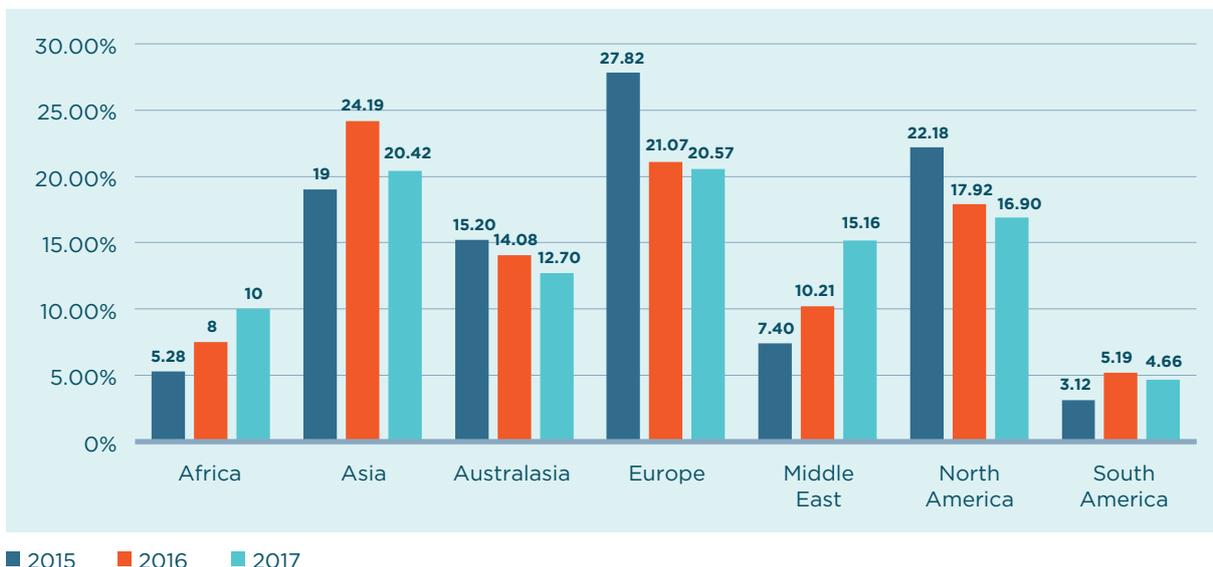
In line with ISQua's strategic objectives of expanding our members network, the past year has included identifying ways to make membership accessible for all. With this in mind, an analysis was carried out to investigate whether reducing membership fees would have a negative impact on the organisation. In addition to this, there was an initial move to join up some of the ISQua programmes and the result of this was the launch of combining membership with the Fellowship Programme.

### Key achievement

- ▶ Launched staggered membership fees which included discounted member fees for those living and working in low and middle-income countries (LMICs).
- ▶ Membership fees for students, trainees and retired persons were reduced.
- ▶ The Joint Membership and Fellowship Programme was launched.

### Programme updates

#### Members by Region (2015, 2016 and 2017)



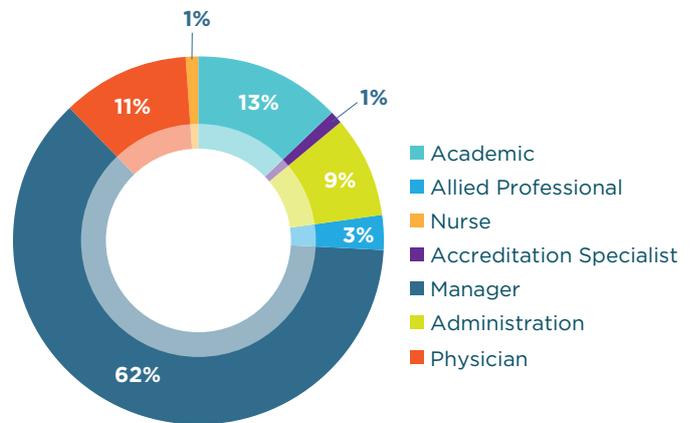
### Challenges

There are a number challenges for the organisation, one of which is to ensure that the value of membership is high for both renewing and new members. Reaching out to those that are just starting their career in safety and quality in health care is often difficult.

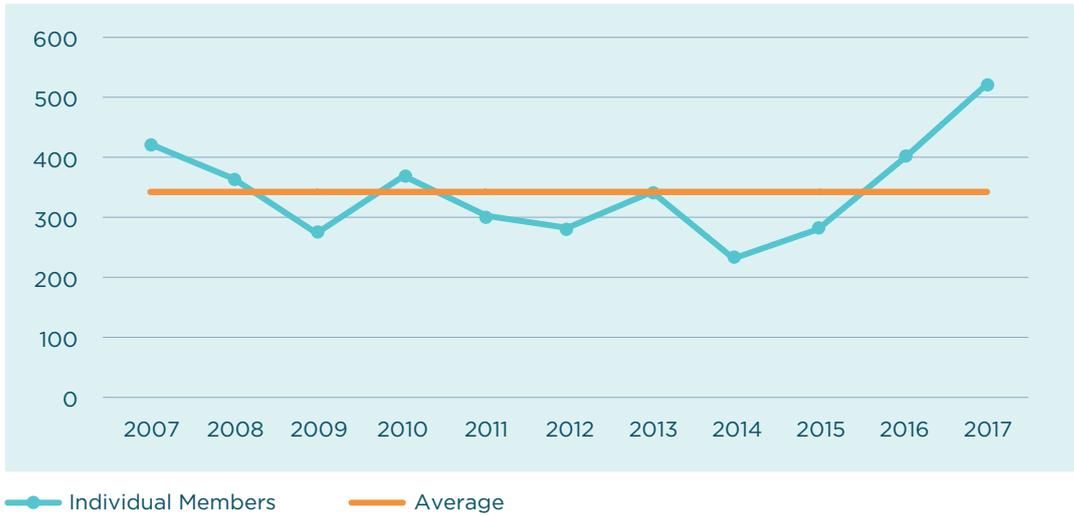
### Changes

The introduction of the reduced membership fees for those living and working in low and middle-income countries and the launch of the membership and fellowship fees. The introduction of a Quality Improvement Network which was established to allow the free exchange of ideas and develop partnerships to accelerate change.

#### 2017 Individual members by Profession



**Individual Membership 2007-2017**



**Institutional Membership 2007-2017**



# Annual Review

## Journal

### Strategy

The International Journal for Quality in Health Care (IJQHC) is a leading international peer-reviewed scholarly journal addressing research, policy and implementation related to the quality of health care and health outcomes for populations and patients worldwide.

The strategy of the Journal is to encourage contributions from ISQua Board Members, IJQHC Editors and ISQua members. The process is carried out by inviting papers from well-known respected authors, while also encouraging submissions from developing countries.

In the past year, ISQua have developed Layman's summaries of editor's choice publishing in ISQua's Bulletin. Our focus for this year was to reduce the turnaround time for publication. To encourage and assist those living and working in Lower and Middle Income Countries (LMICs), ISQua held a Webinar outlining the requirements for submission. To raise awareness of the Journal, we endeavor to promote the ISQua Journal at other related conferences. As per previous years, to help promote the IJQHC a Journal session will be held at ISQua Conference in London.

### Key achievements

- ▶ The impact factor is stable (2014 : 1.756 ; 2015: 2.545 ; 2016: 2.342)
- ▶ Increase in the number of issues: 6 to 8 in 2016 and up to 10 in 2017.
- ▶ ISQua Tokyo Conference 2016 – Abstract Supplement IJQHC published (Sponsored jointly by €2,500 – Taipei Medical University, €1,650 – ISQua and €3,917 by Jefferson College of Population Health).
- ▶ Author's package sent to all accepted papers.
- ▶ Editor's choice promotion via OUP social media (Facebook & Twitter) plus press releases by OUP.
- ▶ Layman's summaries of editor's choice publishing in ISQua's Bulletin.
- ▶ Terms of Reference for Editorial Committee, revised 2017.
- ▶ Number of submissions increased (Year 2014: Papers 489, Year 2015: Papers 537 , Year 2016: Papers 691, Year 2017: Papers 514 from 01.01.2017 to 31.08.2017).
- ▶ Turnaround time (First submission to final decision) 2014-2015 (3 months decreased) (Average months: 8 to 5) (Maintained for 2015-2016) - Maintained for 2017.
- ▶ 2016 Ranking in Health Care Sciences & Services (32 out of 90).
- ▶ 2016 Ranking in Health Policy & Services (18 out of 77).
- ▶ Journal session for promotion at ISQua conferences 2015, 2016 and will be in 2017.
- ▶ Successfully facilitated Webinar for LMIC 2017.
- ▶ Four new editors recruited.

### Challenges

There have been a number of challenges this past year. The need to secure more citations across different journals. ISQua are experiencing continuing difficulties to secure reviewers. Improvements will be made to ISQua's marketing strategies as well as the approach to maintain the journals reputation due to new journals in the field. Due to the increase in submissions, the translation of abstracts is an on-going challenge for the abstract translation teams which can impact on the publication of issues.

## Changes

Changes this year include: the number of issues increased to 10 in 2017, increased Editors Choices from 1 to 2 per issue. Some other notable changes include:

- ▶ Increased Deputy editors and editorial committee members.
- ▶ Renewed IJQHC Editorial board members - Represent all regions.
- ▶ Trial advertisement on journal website for revenue.
- ▶ Promotional strategies - Author's package, ISQua bulletin, and OUP Social media and Press release.

## Programme updates

Looking ahead, ISQua plan to publish a Health IT Supplement, Patient Safety Supplement and Salzburg Supplement. The aim is to increase the impact factor - stable 2.342 for 2017 and send editor's choice to board members for each issue. To also translate the Layman's Summary into Chinese as well as promoting the journal with our colleagues at the Joint Commission Taiwan. Those abstracts that are 15 minute presentations at the ISQua London Conference will be published as a supplement. This publication will be an annual commitment. ISQua aspire to collaborate with local journals in different countries to ultimately promote IJQHC.

# Annual Review

## Communications

### Strategy

As a membership organisation, ISQua aims to increase the network of members worldwide with a focus on developing benefits for members so they can innovate, transform, develop and improve safe person-centred care. ISQua will have effective networking as a core strategy. Active communications with members and non-members is a key part of this process.

### Key achievement

Over the past 12 months, we have greatly increased our social media presence. ISQua is now active on Twitter (4,271 followers), Facebook (2,821 followers), LinkedIn (2,783 group members, 1,749 followers). ISQua also has an Instagram account (41 followers) which will be pushed at the London Conference in October 2017.

There was a significant increase to our social media activities during the 2016 conference in Tokyo, with attendees actively tweeting and retweeting content.

The use of Symplur Live on the plasma screens at our stand, which showed real time data of tweets, tweeters and discussion points in a user-friendly manner, helped keep the momentum going and pushed more delegates to take part.

During the four days of the Conference:

- ▶ #ISQua2016 was one of the top 10 trending topics in Tokyo on Sunday (16th October) and in the UK on Monday (17th October) and Tuesday (18th October).
- ▶ #ISQua2016 topped the @symplur hashtag healthcare project as the top trending conference.
- ▶ Almost 9,000 tweets using the #ISQua2016 hashtag were sent during the conference from 1,027 participants, averaging 52 tweets an hour.
- ▶ The #ISQua2016 hashtag gained 14 million impressions over the four days.

### Challenges

A considerable effort needs to be made to increase our activity on LinkedIn – this will involve actively recruiting Board members, Experts and Staff to submit discussion posts, and to follow up on any comments made.

An ISQua blog would be a strong addition to our social media presence but this will have to wait until the website has been redesigned as the current iteration cannot support a blog successfully.

The main aim of having social media channels is to make the public and our members aware of what we can offer – by directing them back to our website. Over 80% of all social media activity takes place on mobiles or tablets for which our website is not enabled.

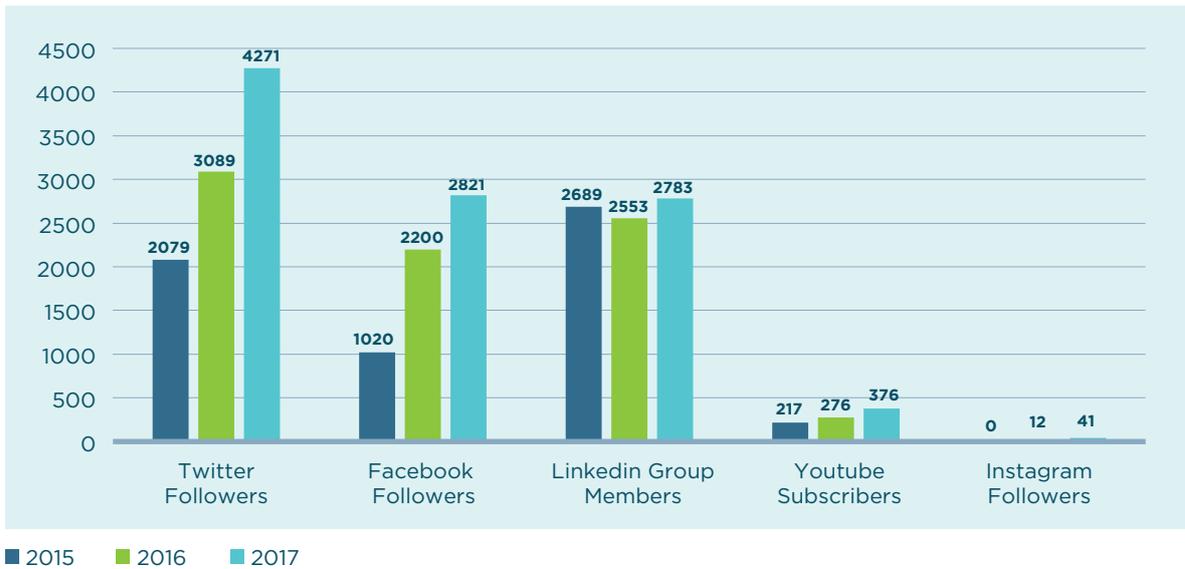
### Changes

Since April 2017, ISQua now has a dedicated Communications Officer. This has ensured that ISQua has become more actively visible through our channels.

Our Membership bulletin is now published monthly and has retained an open rate of 41%. Ezines with up to date information are sent out regularly to our members and to our 13,000-strong database of contacts.

## Programme updates

### ISQua's Social Channels



# Annual Review

## New Activities

### Quality Improvement (QI) Network

The QI Network was developed by ISQua in 2017 to provide an opportunity for a select number of organisations to regularly engage in interactive sharing and learning webinars. As well as this, members also receive ISQua Conference registrations, Fellowship places and a number of expert days. Packages are flexible and can be adjusted to suit the needs of the organisation.

To date, the QI Network have met on 3 occasions. The first meeting was hosted by our CEO, Peter Lachman. The second meeting was hosted by the Clinical Excellence Commission (CEC) from Sydney. Their presentation was entitled 'Diagnostic Error' and synthesised the development of 'Take 2: Think, Do'- an initiative to reduce diagnostic errors in the clinical environment.

The third meeting was hosted by the Canadian Foundation for Healthcare Improvement (CFHI-FCASS). The title of the meeting was 'Effectively Consulting With Stakeholders To Identify Future Priorities'.

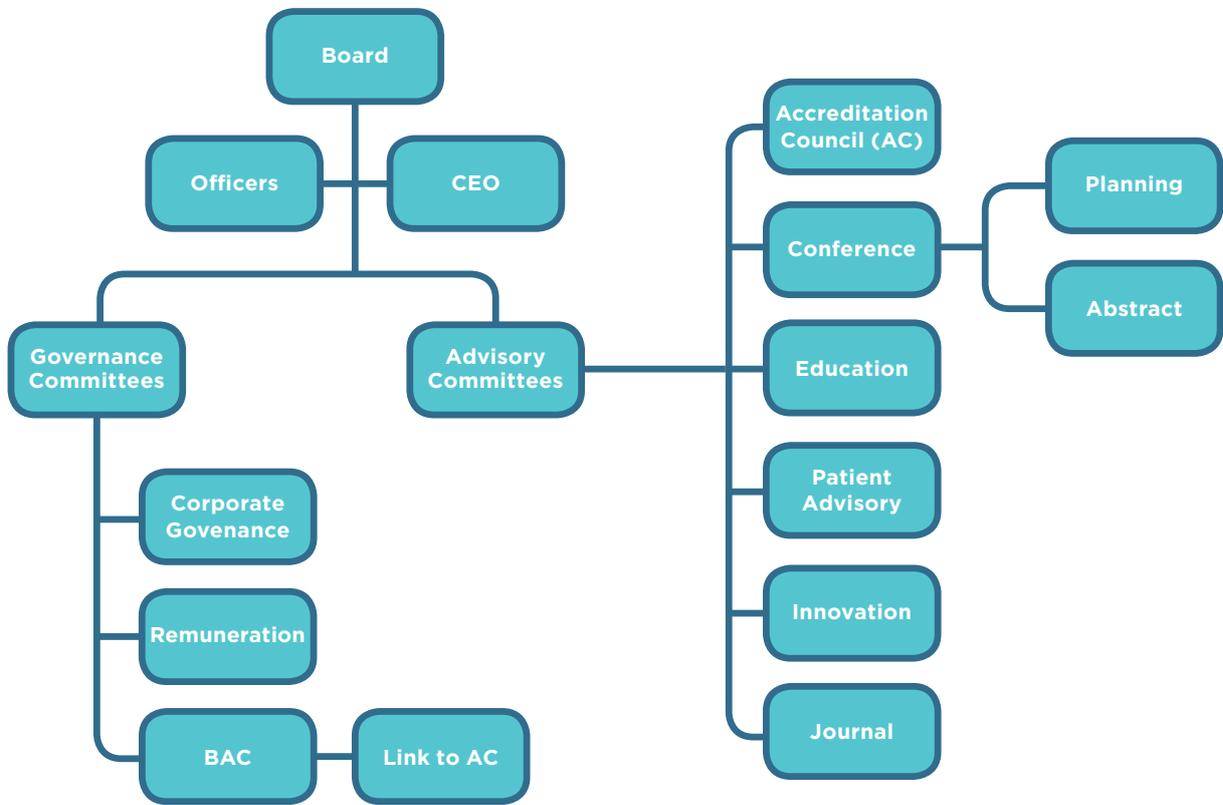
The expertise of ISQua and its network of members is a highly valued resource by those in the medical and social care community. This particular network within our larger network aims to allow the free exchange of ideas and develop partnerships to accelerate positive change.

### African Communities of Practice

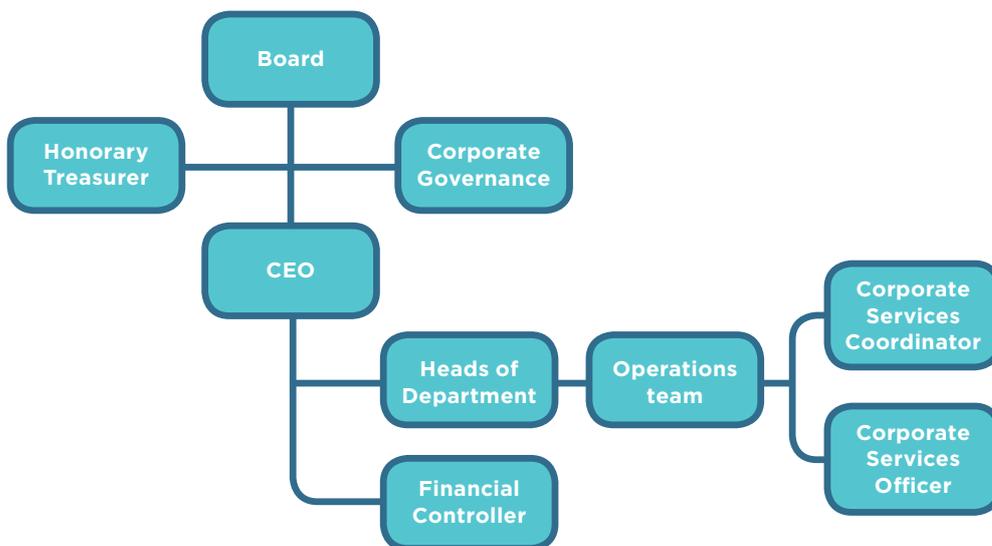
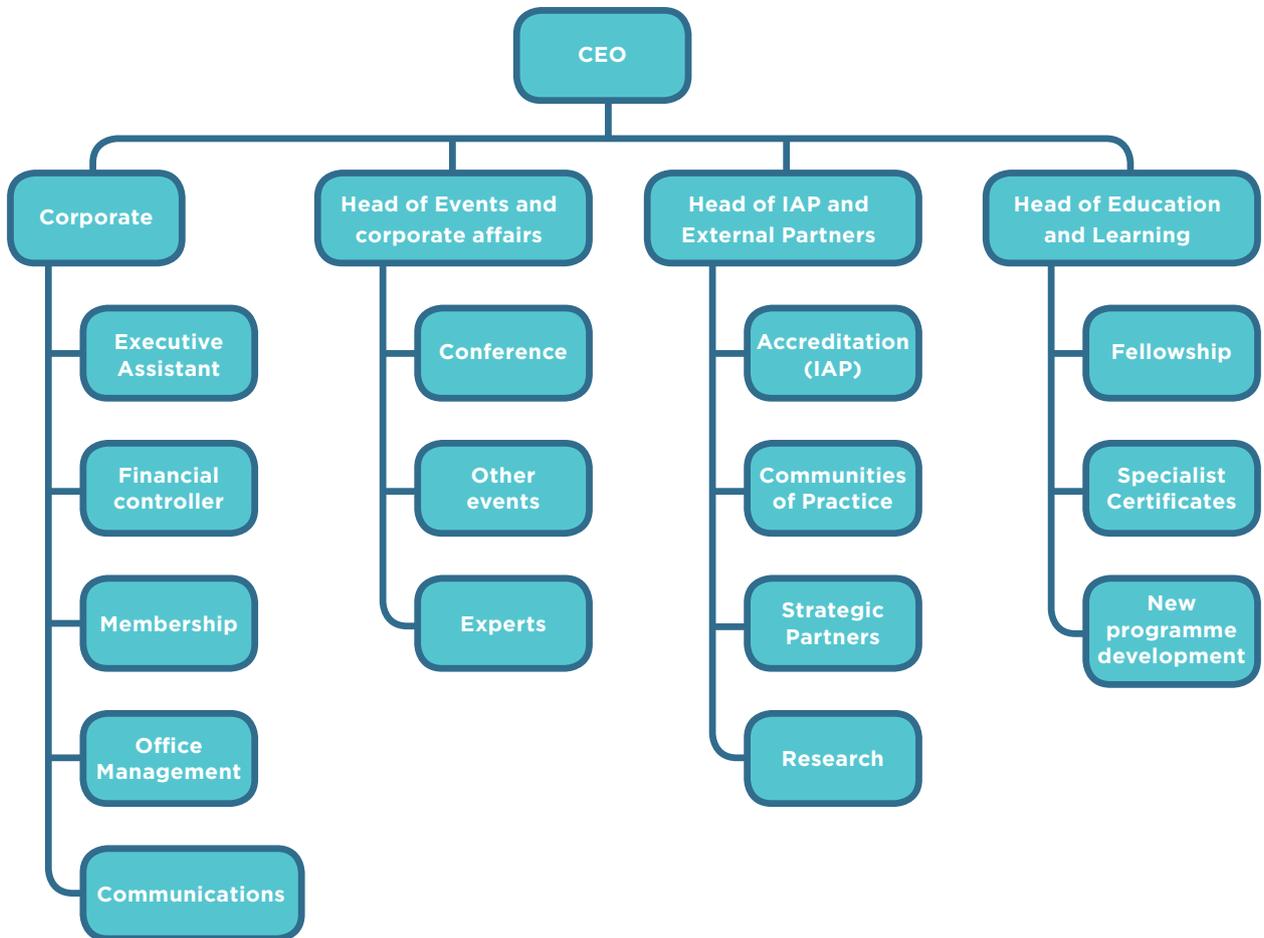
ISQua has made a commitment to support a regional approach to its work, including specific activities to strengthen engagement with professionals in lower and middle-income countries. The development of an Africa network reflects this commitment. The African Communities of Practice was established during ISQua's 33rd International Conference. The groups meet on a regular basis to exchange information and share learning on issues that are specific to Africa.

Currently, we have more than 40 members from 20 regions in Africa. Some of the presentations to date have been from the **World Health Organization**, the **Clinical Quality Improvement Division of the National HIV Program, Mozambique**, and from the **Community Medicine Department of the University of Khartoum**.

# Organisational Structure



# Organisational Structure



# Staff



**Dr Peter Lachman**  
CEO



**Eadin Murphy**  
Head of Events



**Elaine O'Connor**  
Head of International  
Accreditation and  
Strategic Partnerships



**Yulianna Susla**  
Head of Education



**Nicola McCauley-  
Conlan**  
Accreditation  
Manager



**Gillian Conway**  
Accreditation  
Manager



**Deirdre Burke**  
Corporate Services  
Coordinator



**Sinead McArdle**  
Communications  
Officer



**Eveline Holmes**  
Education  
Coordinator



**Eleanor Keegan**  
Event Coordinator



**Simon Donohoe**  
Executive Assistant



**Orla Corcoran**  
Administrative  
Assistant



**Caroline Usher**  
Education  
Administrator



**Caitriona Curran**  
Network  
Programme and  
Corporate Support  
Officer

# Committees

## Governance Committees

### BOARD ACCREDITATION COMMITTEE

Committee Member	Country
Wendy Nicklin (Chair)	Canada
Janne Lehmann Knudsen	Denmark
Yuichi Imanaka	Japan
Stephen Clark	Australia
Carsten Engel	Denmark

The Board Accreditation Committee (BAC) is a subcommittee of the Board with the responsibility for the governance and policy development of the external evaluation programmes of ISQua in accordance with ISQua's strategic plan. The BAC is responsible to the Board for all external evaluation activities, this includes: overseeing the coordination and integration of IAP activities, articulating objectives, milestones and risk management plan for IAP, establishing a process for evaluation, the efficacy of proposed activities, represent views and interests of the Accreditation Council (AC) and of the external evaluation community's to the Board, and ensuring the AC and all products adhere to best practice ethical principles. They have specific responsibility for approving external evaluation awards, programme standards and assessment methodologies. The BAC met eight times over the past year and have ratified 29 awards in this timeframe.

### CORPORATE GOVERNANCE AND AUDIT COMMITTEE

Committee Member	Country
Wendy Nicklin (Chair)	Canada
Duncan Inverarity	Ireland
Villis Marshall	Australia
Peter Lachman	Ireland
Catherine Hallinan (ISQua) Financial Controller	Ireland

The purpose of the Corporate Governance and Audit Committee (CG&AC) is to assist the Board of Directors in setting and evaluating the principles of good governance by which ISQua is controlled. These principles include but are not limited to: conducting the business with integrity and fairness, being transparent with regard to all transactions, making all the necessary disclosures, decisions, and complying with all the relevant Irish laws. The CG&AC meets at least two weeks before every Board meeting and regular items on the agenda include: reviewing the finances such as the budget, assessing risks and ensuring that the organisation is complying with Irish Company Law, Irish Revenue and the Irish Charities Regulator. Throughout 2016 and 2017 the CG&AC reviewed procedures, policies, terms of references, oversaw a review of the Corporate Governance Manual and discussed issues directly impacting on the organisation such as the EU 765/2008.

## ACCREDITATION COUNCIL

Committee Member	Organisation	Country
<b>Stephen Clark (Chair)</b>	Australian General Practice Accreditation Limited (AGPAL)	Australia
<b>Carsten Engel</b>	Danish Institute for Quality and Accreditation in Healthcare (IKAS)	Denmark
<b>Harish Nadkarni</b>	National Board for Hospitals and Healthcare Providers (NABH)	India
<b>Ann Wunsch</b>	Australian Aged Care Quality Agency	Australia
<b>Catherine Grenier</b>	Haute Autorité De Santé	France
<b>Danielle Dorschner</b>	Accreditation Canada	Canada
<b>Helen Healey</b>	Diagnostic Accreditation Program, College of Physicians and Surgeons	Canada
<b>Pa-Chung Wang</b>	Joint Commission Taiwan	Taiwan
<b>Jacqui Stewart</b>	Council for Health Service Accreditation of Southern Africa (COHSASA)	South Africa
<b>Kadar Marikar</b>	Malaysian Society for Quality in Health	Malaysia
<b>Kess van Dun</b>	Netherlands Institute for Accreditation of Hospitals	Netherlands
<b>Lena Low</b>	Australian Council on Healthcare Standards	Australia
<b>Moyra Amess</b>	CHKS	UK
<b>Nancy Yamaguichi</b>	Brazilian Association for Accreditation of Systems	Brazil
<b>Paul Chang</b>	Joint Commission International	USA
<b>Salma Jouni</b>	Health Care Accreditation Council	Jordan
<b>Yuichi Imanaka</b>	Japan Council for Quality in Health Care	Japan
<b>Eric de Roodenebeke (Observer)</b>	International Hospital Federation	Switzerland
<b>David Greenfield</b>	Australian Institute of Health Service Management, University of Tasmania	Australia
<b>Shams Syed</b>	World Health Organization	Switzerland

In collaboration with the Head of International Accreditation and Regulation, the Council's role is to advise and/or make recommendations to the Board Accreditation Council on matters regarding the International Accreditation Programme and accreditation/external evaluation-related issues. This may include principles, standards, policies, procedures, and practice for existing programmes and new products. The Accreditation Council has convened four times over the past year. There were two face-to-face meetings including the annual ISQua conference in Tokyo last October and the May 2017 meeting which was kindly hosted by HCAC in Jordan. Working groups comprised of members of the Council are currently working with the IAP team on the revision of the Principles and Standards.

## EDUCATION COMMITTEE

Committee Member	Country
WC Lee, Taiwan (Chair)	Taiwan
Luke Feeney, Ireland	Ireland
David Greenfield, Australia	Australia
Russell McGowan, Australia	Australia
John Brennan, Resident Scholar	Ireland
Peter Lachman, ISQua CEO	Ireland
Yulianna Susla, ISQua Head of Education	Ireland
John Browne, Resident Scholar	Ireland
Ezequiel Garcia Elorrio	Argentina
Tim Shaw	Australia
John Helfrick	USA

The Education Committee (EC) assists the Board of Directors in setting the governance and policy development of the education and professional development activities as well as regulating these activities. The EC advises on the development of the curricula for the education and professional development activities in accordance with the strategic plan. The Education Programme oversaw a number of activities during the year including mentoring selection policy, Specialist Certificates and, further developed the Fellowship curriculum and reviewed proposals for an Undergraduate Programme.

## CONFERENCE PROGRAMME AND PLANNING COMMITTEE

Committee Member	Organisation	Country
Cliff Hughes	ISQua President	Australia
Helen Crisp	The Health Foundation Representative	UK
Sibylle Erdmann	Patent Representative	UK
Ezequiel Garcia Elorrio	Department at the Institute for Clinical Effectiveness and Health Policy in Buenos Aires	AR
Dominique Allwood	The Health Foundation	UK
John Brennan	Resident Scholar	Ireland
Rory Conn	Tavistock and Portman NHS	UK
Kevin Stewart	Royal College of Physicians	UK
Apollo Basenero	Quality Management Directorate	Namibia
Justin Waring;	Nottingham University Business School	UK
Wendy Nicklin	ISQua President	Canada
Janne Lehmann Knudsen	ISQua Board Member	Denmark
Gavin Lavery	Public Health Agency	Northern Ireland
Tricia Woodhead	Patient Safety West of England Academic Health Science Network	United Kingdom
Catherine Pope	Faculty of Health Sciences, University of Southampton	United Kingdom
Aidan Fowler	NHS Quality Improvement and Patient Safety, Public Health Wales	United Kingdom
Kadar Marikar	Malaysian Society for Quality in Health (MSQH)	Malaysia
Brian Robson	Healthcare Improvement Scotland	United Kingdom
Philip Crowley	Health Executive Service	Ireland
Peter Lachman	ISQua CEO	Ireland

The International Society for Quality in Health Care's 34th International Conference is scheduled to take place in London October 1st to 4th 2017. The Conference programme will offer plenary presentations, selected oral and poster papers, expert panels, invited workshops and other opportunities to maximise delegate exchange and involvement. The Programme and Planning Committee (PPC) was established to oversee the development of the scientific programme and is responsible for ensuring the quality of the content of the conference.

### CONFERENCE ABSTRACT PLANNING COMMITTEE

Committee Member	Organisation	Country
Ronen Rozenblum	Harvard Medical School	USA
Jacqui Stewart	The Council for Health Service Accreditation	South Africa
David Greenfield	University of Tasmania	Australia
Joseph Murungu	Ministry of Health and Child Care	Zimbabwe
Chris Cornue	Slainte Global Partners	USA
Geraldine Strathdee	NHS	United Kingdom
Jim Robblee	University of Ottawa Heart Institute	Canada
Bruce Agins	New York State Dept of Health	USA
Ezequiel Garcia-Ellorio	Institute for Clinical Effectiveness and Health Policy	Argentina
Rashad Massoud	USAID	USA
Leighann Kimble	USAID	USA
Jennifer Zelmer	Azimuth Health Group	Canada

The Abstract Planning Committee is responsible for scheduling all conference programmes, including presentations, selected oral and poster papers, expert panels, invited workshops and any other method that will maximise delegate exchange and involvement.

### INNOVATIONS AND SYSTEMS CHANGE WORKING GROUP

The Board has identified healthcare innovation as one of its strategic priorities, to this end the Innovations and Systems Change Working Group (I&SCWG) was established. The main aim of the I&SCWG is to identify current and impending health care issues/challenges, publish on topics of importance and partner with organisations innovating solutions for healthcare challenges. With such a broad remit the I&SCWG focused on the impending global issue of ageing populations. The I&SCWG held a workshop in Tokyo during ISQua's 33rd International Conference. The workshop built on a previous workshop held in Qatar following which ISQua's first White Paper was published: Health Systems and their Sustainability; Dealing with the impending issues of global ageing, chronic and complex technologies and resource constraints.

Committee Member	Organisation	Country
<b>Rene Amalberti (Chair)</b>	Haute Autorité de santé (HAS)	France
<b>Jeffrey Braithwaite</b>	Australian Institute of Health Innovation	Australia
<b>Wendy Nicklin</b>	President Elect	Canada
<b>Charles Vincent</b>	Imperial College London	United Kingdom
<b>Christopher Cornue</b>	Slainte Global Partners (SGP)	USA
<b>Ed Chappy</b>	Healthcare Quality and Accreditation Consultant	USA
<b>Janne Lehmann Knudsen</b>	Danish Medicines Agency	Denmark

## EDITORIAL COMMITTEE

The Editorial Committee ensures that the International Journal for Quality in Health Care (IJQHC) is edited and published in a manner which supports the ISQua Members' pursuit of quality improvement and is in line with overall objectives of ISQua. The Deputy Editors and Editors are responsible to the Board for overseeing the governance and any risks associated with the Journal, advising on key trends and areas requiring consideration for the content of the IJQHC, defining the workplan for publication, reviewing content and ensuring processes are in line with best practice and also identifying areas of key interest for special publications.

Committee Member	Organisation	Country
<b>Yu-Chuan (Jack) Li, Editor-in-Chief</b>	Taipei Medical University	Taiwan
<b>David Greenfield, Deputy Editor</b>	Australian Institute of Health Service Management	Australia
<b>Rosa Sunol, Deputy Editor</b>	Avedis Donabedian Research Institute	Spain
<b>Wen Chen, Deputy Editor</b>	Fudan School of Public Health	
<b>Anthony Staines, Deputy Editor</b>	Federation of Hospital of Canton Vaud	Switzerland
<b>Oliver Groene, Deputy Editor</b>	OptiMedis AG	United Kingdom
<b>Ezequiel Garcia Elorrio, Deputy Editor</b>	Institute for Clinical Effectiveness and Health Policy	Argentina
<b>Sophie Staniszewska, Editor</b>	University of Warwick	United Kingdom
<b>Giovanni Apolone, Editor</b>	Ministry of Health	Italy
<b>Yuichi Imanaka, Editor</b>	Japan Council for Quality in Health Care	Japan
<b>Sang Il-Lee, Editor</b>	Korean Society for Quality in Health Care	South Korea
<b>Gert Westert, Editor</b>	Radboud University Medical Center	The Netherlands
<b>Jan Mainz, Editor</b>	Region Nordjylland	Denmark
<b>Pedro Saturno, Editor</b>	Universidad de Murcia	Spain
<b>Kieran Walshe, Editor</b>	University of Manchester,	United Kingdom

Committee Member	Organisation	Country
Jennifer Zelmer, Editor	Azimuth Health Group	Canada
Karen Joynt, Editor	Harvard School of Public Health	
Claudia de Rezende Travasso, Editor	Oswaldo Cruz Foundation	Brazil
Usman Iqbal, Editor	Taipei Medical University	Taiwan
Julie Reed, Editor	Imperial College London	United Kingdom
Hanan Edrees, Editor	Ministry of National Guard - Health Affairs	Saudi Arabia
Hardeep Singh, Editor	Baylor College of Medicine	USA
Sodzi Sodzi-Tettey, Editor	Institute for Healthcare Improvement	Ghana
Paulo Sousa, Editor	National School of Public Health	Portugal

### ADVISORY COMMITTEE AND FORUM ON PARTNERSHIP WITH PATIENTS

One of ISQua's aims is to increase representation of the diverse views of healthcare service users (patients) worldwide and to incorporate different contexts. The Board established the Advisory Committee on Partnerships with Patients (ACPP) to provide input from the patient perspective to all business transacted by the Board including: establishing an Advisory Forum on Partnership with Patients (AFPP). This is a network of patient partners to increase the representation of diverse views of healthcare services users globally. One of the first areas of focus for the AFPP was to agree on a definition of Person Centred Care which was then adopted by the Board.

### ADVISORY COMMITTEE ON PARTNERSHIP WITH PATIENTS

Committee Member	Organisation	Country
Janne Lehmann Knudsen (Chair)	Danish Medicines Agency	Denmark
Cliff Hughes	ISQua President	Australia
Robina Kaitiritimba	Uganda National Health Consumers Organization	Uganda

## ADVISORY FORUM ON PARTNERSHIP WITH PATIENTS

Forum Member	Organisation	Country
<b>Janne Lehmann Knudsen (Chair)</b>		Denmark
<b>Wissam Abdul Hadi</b>	Dubai Healthcare City	UAE
<b>Gro Bernsten</b>	University Hospital of Northern Norway	Norway
<b>Eva Maria Ruiz de Castilla</b>	Red Cancer Peru	Peru
<b>Michael Greco</b>	Patient Opinion Australia/Care Opinion	Australia
<b>Anthony Lombardi</b>	Javadale Pty Ltd	Australia
<b>Karin Jay</b>	Plantree	USA
<b>Michael P Rodriguez</b>	Abt Associates Inc	USA
<b>Shelley de la Vega</b>	University of Philippines	Philippines
<b>Sara Yaron</b>	Israeli Cancer Association, SHEVET, The Cochrane Collaboration	Israel
<b>Roula Zahar</b>	Mount Lebanon Hospital	Lebanon
<b>Morgan Chetty</b>	IPA Foundation	South Africa
<b>Trevor Critchley</b>	The Health Foundation	UK
<b>Joanna Kaufman</b>	Institute for Family Centered-Care	USA
<b>Lena von Bulow</b>	Centre for Quality	Denmark
<b>Gerald Sendlhofer</b>	Austrian Society for Quality and Safety in Healthcare	Austria

# Volunteers

ISQua Accreditation Surveyors	
Anand R	India
Anita Harris	Canada
Ann Wunsch	Australia
Anne Chenoweth	United States
Assaf F Al-Assaf	USA
Barbara Helen Donaldson	New Zealand
Bernadette MacDonald	Canada
Bhupendra Kumar Rana	India
Brian Johnston	Australia
Bruno Lucet	France
Carlos Hiran Goes de Souza	United Kingdom
Carsten Engel	Denmark
Catherine Cummings	New Zealand
Claudia Jorgenson	USA
Conny Menger	Canada
Danielle Dorschner	Canada
David Hamer	Australia
Dawn Skidmore	Australia
Deborah Jones	Australia
Donna Anderson	Canada
Edward P Chappy	United States
Eileen Goudy	Canada
Elma Heidemann	Canada
Fabienne Menot	France
Gary Smith	Australia
Gilles Lanteigne	Canada
Girdhar Jessaram Gyani	India
Glenna Parker	Australia
Hein Muller	Netherlands
Helen Healey	Canada
Holly Rapp	United States
Hugo Eduardo Arce	Argentina
James Robblee	Canada
Jan Mackereth-Hill	United Kingdom
Jim DuRose	New Zealand
Judith Ann Sullivan	United States
Kadar Marikar	Malaysia
Katrine Nielsen	Denmark

ISQua Accreditation Surveyors	
Kirsten Peddie	Australia
Lena Low	Australia
Linda O'Connor	Australia
Lisa Cochran	New Zealand
Loretta Yin Chun Yam	Hong Kong
Margarida Madalena Martins Franca	Portugal
Maria Carolina de Toledo Sivieri Moreno	Brazil
Martin Beaumont	Canada
Mary Boyd	Qatar
Nancy Chisholm	Australia
Neeraj Lal	India
Parvez Ahmad	India
Paul Chang	United States
Paul van Ostenberg	United States
Pawan Kapoor	India
Peter Frendin	Australia
Philomena Mitolo	Australia
Rabab Diab	Jordan
Randy V Penney	Canada
Ravindran Jegasothy	Malaysia
Ros Pearson	Australia
Sanjeev Singh	India
Steven Wilson	United Kingdom
Susan Yates	Canada
Syed Sajid Ahmed	Qatar
Thaira Madi	Jordan
Tricia Dore	New Zealand
Triona Fortune	Ireland
Ulla Knudsen	Denmark
Virginia Matthews	Australia
Wendy Nicklin	Canada
Yuichi Imanaka	Japan
Maria Centoni	
Paul Richards	
Elizabeth Pringle	
Ricardo Otero	
Rosa Sunol	
Freek van der Heijden	

ISQua Experts	
Alan Forster	Canada
Alan Merry	New Zealand
Amitai Ziv	Israel
Andrew Likaka	Malawi
Anthony Staines	Switzerland
Anuwat Supachutikul	Thailand
Apollo Basenero	Namibia
Ashish Jha	USA
Aziz Sheikh	Scotland
Barbara Farlow	Canada
Barbara Donaldson	New Zealand
Ben Chan	Canada
Bhupendra Kumar Rana	India
Bo Wang	China
Bonnie Jean Adamson	Canada
Brian Johnston	Australia
Bruce Barraclough	Australia
Bruce D Agins	United States
Carlos Hiran Goes de Souza	United Kingdom
Carsten Engel	Denmark
Charles Anthony Vincent	United Kingdom
Charles Hawkhurst Pain	Australia
Charles Shaw	United Kingdom
Chen Xiaohong	P.R. China
Chor-Chiu Lau	Hong Kong
Christina Krause	Canada
Christopher Cornue	United States
Cliff Hughes	Australia
Daniel Cohen	United Kingdom
Danielle Dorschner	Canada
David Greenfield	Australia
David Hillis	Australia
David John Wright	Australia
David Joseph Ballard	United States
David W Bates	United States
Denice Klavano	Canada
Donna Anderson	Canada
Duncan Inverarity	Ireland
Edward Kelley	Switzerland
Edward P Chappy	United States
Elma Heidemann	Canada
Emmanuel Ayodeji Aiyenigba	Nigeria

ISQua Experts	
Enrique Ruelas	Mexico
Eric C Schneider	United States
Eric De Roodenbeke	Switzerland
Eyal Zimlichman	Israel
Ezequiel Garcia Elorrio	Argentina
Gail A Nielsen	United States
Gary Smith	Australia
Girdhar Gyani	India
Guy Maddern	Australia
Harry Cayton	United Kingdom
Helen Crisp	United Kingdom
Helen Healey	Canada
Hirobumi Kawakita	Japan
Hugh MacLeod	Canada
Jack Li	Taiwan
Jacqui Stewart	South Africa
Jamal Rashid Al-Khanji	Qatar
James Robblee	Canada
Janne Lehmann Knudsen	Denmark
Jason Leitch	United Kingdom
Jeffrey Braithwaite	Australia
Jennifer Zelmer	Canada
Jishan Wang	China
John Browne	Ireland
John F Helfrick	United States
John Ovetveit	Sweden
John Sweeney	Ireland
Jonathon Gray	New Zealand
Jorge Hermida	Ecuador
Jose C Noronha	Brazil
Kadar Marikar	Malaysia
Karen A Luxford	Australia
Karen Jane Linegar	Australia
Kees van Dun	Netherlands
Kim Oates	Australia
Laura Nneka Mobisson-Etuk	South Africa
Laurent Degos	France
Lawrence Lai	Hong Kong
Lena Low	Australia
Lord Ara Darzi	United Kingdom
Luke Feeney	Ireland
M. Rashad Massoud	United States
Mark Brandon OAM	Australia

ISQua Experts	
Martin Fletcher	Australia
Martin Marshall	United Kingdom
Michael Marx	Germany
Michael William Gorton	Australia
Mike Durkin	United Kingdom
Nigel Livesley	USA
Nnkea Mobisson-Etuk	South Africa
Oliver Groene	Germany
Pa-Chun Wang	Taiwan
Pak Yin Leung	Hong Kong
Pat J Martin	Australia
Patricia Jane Woodhead	United Kingdom
Paul van Ostenberg	United States
Peter Carter	Australia
Peter Damian Hibbert	Australia
Philip Charles Hassen	Canada
Pierre Chopard	Switzerland
Rainu Kaushal	United States
Rajesh Aggarwal	United States
Rene Amalberti	France
Riccardo Tartaglia	Italy
Richard Grol	Netherlands
Ronen Rozenblum	United States
Rosa Sunol	Spain
Russell James McGowan	Australia
Salma Jaouni	Jordan
Sheila Leatherman CBE	United States
Shin Ushiro	Japan
Sir Bruce Keogh	United Kingdom
Sir John Oldham	United Kingdom
Sir Liam Donaldson	United Kingdom
Stephen Clark	Australia
Steve Einfeld	Australia
Stuart Whittaker	South Africa
Sun Niuyun	China
Susan B Frampton	United States
Teresa Margarita Tono Ramirez	Colombia
Tim Shaw	Australia
Tingfang Liu	China
Tonny Tumwesigye	Uganda
Tracey Cooper	United Kingdom
Triona Fortune	Ireland

ISQua Experts	
Ulfat Shaikh	United States
Wendy Nicklin	Canada
William (Bill) Ben Runciman	Australia
Wui-Chiang Lee	Taiwan
Yuichi Imanaka	Japan

# Partners

## The China Federation for Hospital Quality Control Circle (CGHQCC)

In January 2017, a partnership with The China Federation for Hospital Quality Control was formally agreed. CFHQCC have strengths in healthcare quality, research and patient safety and have trained thousands of teams across China in quality control. ISQua and CFHQCC entered an operational agreement with regards to specific projects with a view to improving healthcare outcomes. These activities include a joint meeting in Beijing in 2018, potential joint research projects and supporting training programmes for both organisations.

## Thomas Jefferson University

The Jefferson College of Population Health was established in 2008 and is one of six schools of Thomas Jefferson University founded in 1824. Jefferson Medical College is engaged in health and health services professionals through its offering of graduate certificate and graduate degree programmes in population health, public health, health policy, healthcare quality and safety, and applied health economics outcomes research. The partnership with Thomas Jefferson University aims to maintain, facilitate and promote direct linkages between our Fellowship Programme and the international track of JCPH's graduate Certificate and Master of Science degree programmes in Healthcare Quality and Safety.



## International Hospital Federation

The International Hospital Federation is a global association of healthcare organisations, which includes, hospital associations and representative bodies as well as their members and other health care related organisations with a vision of a world of healthy communities served by well managed hospitals and health services where all individuals reach their highest potential for health. The partnership with IHF is based on management, education and innovation with both parties collaborating and exchanging information on projects and activities to further joint aims and individual aims of ISQua and IHF.



## GS1

GS1 is a leading global non-profit organisation dedicated to the development and implementation of global standards and solutions to improve the efficiency and visibility of supply and demand chains internationally and across sectors, both private and public. This partnership supports and encourages the link between hospital accreditation and implementation of harmonised standards for automatic identification of patients and caregivers.



## Health Foundation

Following a tender to host ISQua' 34th annual conference the Health Foundation were confirmed as the partnering organisation to host the conference in London. The Health Foundation is an independent charity which provides grants to organisations working at the frontline. The Health Foundation also commissions research, carries out research and policy analysis. The Health Foundation aims to have a healthier population, supported by high quality health care that can be equitably accessed. By creating a virtuous circle that connects what is happening at the front line to effective policy making, the aim is to make change happen. The objective of the partnership with the Health Foundation is to work together to oversee the planning and development of the scientific programme and social programme for the London conference.



## Institute for Healthcare Improvement (IHI)

The Institute for healthcare Improvement (IHI) is a leading innovator in health and health care improvement working to ensure everyone enjoys the best care and health possible. IHI works to optimise health care delivery systems, drive the triple aim for populations, realise person and family-centred care and build improvement capability for professionals and students around the world through education, strategic guidance and dissemination of knowledge and best practices. The partnership entails knowledge sharing, corporation, collaboration and operational agreements for specific work in areas including education and science.



## Asian Society for Quality in Health Care (ASQua)

The Asian Society for Quality in Health Care (ASQua) is a network of National Societies from the Asian region dedicated to the improvement of quality in healthcare at national and international levels. ASQua is committed to the achievement of its aims through collaborative action and in association with other health and quality related individuals and professional organisations in Asia. The Joint Fellowship programme with ISQua, ASQua and the Joint Commission Taiwan is a continually developing programme offering Chinese content in the form of e-learning modules that are grouped together in seven themes. The Joint Fellowship programme also includes many elective activities for participants in the joint programme.



## Joint Commission of Taiwan

The Joint Commission of Taiwan (JCT) is an organisation established in 1999 funded by the Ministry of Health and Welfare, Taiwan Hospital Association, Taiwan Non-Government Hospitals and Clinics Association, and Taiwan Medical Association. JCT is committed to promoting quality and patient safety concepts, the use of quality management tools, and healthcare professional training in order to help administrators of healthcare organisations and professional healthcare providers to improve healthcare quality. JCT is making continuous efforts to promote healthcare quality in order to develop the partnership between people and healthcare facilities to enhance healthcare quality. The Joint Fellowship programme with ISQua, ASQua and the Joint Commission Taiwan is a continually developing programme offering Chinese content in the form of e-learning modules that are grouped together in seven themes. The Joint Fellowship programme also includes many elective activities for participants in the joint programme.



## Cognitive Institute

Each year 12,000 clinicians across 10 countries attend Cognitive Institute designed courses, presented by more than 100 highly trained doctors, dentists, nurses and allied health professionals. For more than 10 years, worldwide, leading names in healthcare have relied on their education. The Cognitive Institute is a subsidiary of the not for profit Medical Protection Society. The Cognitive Institute is to provide educational that distils complex issues and challenges into relevant practical training with simple step by step skills models that clinicians and put into practice. By partnering with the Cognitive Institute ISQua can offer Fellowship programme participants complementary access to two Open Disclosure e-learning courses.



## HealthCareCAN

HealthCareCAN is a national voice of healthcare organisations and hospitals across Canada. HealthCareCAN fosters informed and continuous, results orientated discovery and innovation across the continuum of healthcare. We act with others to enhance the health of the people in Canada; to build the capability of high quality care; and to help ensure value for money in publicly financed, healthcare programmes. Through partnership with HealthCareCAN and CHA Learning (the professional development division of HealthCareCAN) ISQua can offer its Members and Fellowship programme participants discounted tuition fees to their online courses. In addition, CHA Learning annually provide five scholarships to ISQua Fellows from lower and middle income countries.



## Japan Council for Quality in Health Care (JQ)

The Japan Council for Quality in Health Care was established in 1995 to conduct third party evaluations of health care institutions, with the aim of supporting such institutions in their quest to provide high quality health care. Not only do JQ provide hospital accreditation but they also positively contribute to Japan's "health care quality improvements" and "health care safety" via diverse projects such as The Japan Obstetric Compensation System, for Cerebral Palsy, National Database of Medical Adverse Events and National Database of Near-miss Events in Pharmacy. Our partnership with JQ means that we can offer Japanese content to Fellowship participants as well as offering abstracts in the International Journal in Quality in Health Care in Japanese.



## Royal College of Surgeons (RCSI)

The Royal College of Surgeons in Ireland was granted a Charter on 11th February 1784. This Charter gave the College the power to control the practice of surgery and to make provision for surgical education. Prior to that time the surgeons were grouped with the barbers and the Barbers Surgeons Guild. The founders had no premises so the earliest meeting was held in the boardroom of the Rotunda Hospital in Dublin. Subsequently, a disused hall in Mercer Street beside Mercer's Hospital was acquired.



## The Office of Biobank Education and Research (OBER)

The Office of Biobank Education and Research (OBER) was developed by the University of Columbia. The Biobank Resource Centre develops and delivers educational, operational, and research tools for researchers and biobankers who collect, store, or study human biospecimens. OBER's goal is to enhance the quality and reproducibility of biospecimen research by promoting biobank certification, education, and adoption of best practices globally. The OBER education and support centre in Canada offers a series of online courses around biobanking. By partnering with OBER participants of our Fellowship programme can claim credit points towards their Fellowship award by completing the Biobank online course.



**Biobank Resource Centre**

Developed by the University of British Columbia Office of Biobank Education and Research and the Canadian Tissue Repository Network

## American Medical Informatics Association

The American Medical Informatics Association (AMIA) is a community committed to the vision of a world where informatics transforms people's care. Over the last 35 years, the use of informatics has grown exponentially to improve health and to make better healthcare decisions. Through education, training, accreditation and certification, AMIA supports the current and next generation of informatics professionals. AMIA is a centre of action for more than 4,000 health care professionals, informatics researchers, and thought-leaders in biomedicine, health care and science. ISQua's partnership with AMIA enables us to offer the Fellowship Programme participants' access to Health Informatics Building Blocks which are educational lessons that provide practical tools to help education applied informaticians, public health workers, policy makers, and healthcare practitioners in low-resources settings.

## Canadian Patient Safety Institute

Established in 2003, the Canadian Patient Safety Institute (CPSI) works with governments, health organisations, leaders, and healthcare providers to inspire extraordinary improvement in patient safety and quality. The CPSI develops evidence-informed products, provide excellent stewardship of resources, ensure clear and open communication deliver measurable results, celebrate the successes of our partners, nurture successful partnerships, and are passionate about safe healthcare for all Canadians. The collaboration with CPSI enables ISQua to offer Fellowship participants access to a number of presentations from Canada's Forum on Patient Safety and Quality Improvement.

## Health Improvement Scotland

Health Improvement Scotland (HIS) is an organisation of many parts with one purpose to drive improvements that support the highest possible quality of care for the people of Scotland. HIS's broad programme of work supports health and social care services in Scotland. These services include regulation of an independent hospitals and clinics along with the Healthcare Environment Inspectorate, the iHub, Scottish Health Council, Scottish Health Technologies Group, Scottish Intercollegiate Guidelines Network, Scottish Medicines Consortium and the Scottish Patient Safety Consortium. The partnership with HIS gives Fellowship participant access to HIS's QI Connect WebEx series which supports healthcare professionals to learn from international leaders in quality improvement.



## International Foundation for Integrated Care

The International Foundation for Integrated Care (IFIC) is a not-for-profit educational membership-based network that crosses organisational and professional boundaries to bring people together to advance the science, knowledge and adoption of integrated care policy and practice. The Foundation seeks to achieve this through the development and exchange of ideas among academics, researchers, managers, clinicians, policy makers and users and carers of services throughout the World.



**International Foundation  
for Integrated Care**  
A movement for change

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## Ministry of Health, New Zealand

The partnership with the Ministry of Health, New Zealand includes an understanding that ISQua provides the designated auditing agencies (DAAs) in New Zealand with a third party external evaluation service. The Ministry's requirements are incorporated into the ISQua Standards for External Evaluation Organisations, and DAAs in New Zealand are assessed against these requirements as part of the ISQua onsite organisational survey. A mid-point onsite surveillance is incorporated into the 4-year cycle for these ISQua client organisations. This memorandum of understanding is updated on an annual basis.

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## Institute for Clinical Effectiveness and Health Policy: University of Buenos Aires

Institute for Clinical Effectiveness and Health Policy (IECS) is an independent academic institution, affiliated with the Buenos Aires University School of Medicine UBASM, devoted for more than a decade to research, education and technical cooperation in healthcare. IECS has been running the Masters in Clinical Effectiveness from UBASM since 1999 with more than 600 graduates and recently launched a concentration in Quality in Health Care and Clinical Management to generate focused learning in this field. The IECS and ISQua collaborate on a Masters programme

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## National Patient Safety Foundation (NPSF)

The National Patient Safety Foundation (NPSF), a central voice for patient safety since 1997, and the International Society for Quality in Healthcare (ISQua), have established an agreement to jointly promote patient safety education and professional certification.

A major focus of the agreement is to enable current participants of the ISQua Fellowship Programme to pursue the Certified Professional in Patient Safety (CPPS) credential. Since 2012, when the certification program began, more than 1,500 health professionals across the US and in 11 countries have achieved professional certification in patient safety.



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## Royal Australasian College of Surgeons

The partnership with RACS will introduce resources on Developing Professionalism, Ethics and Building Respect and Improving Patient Safety to the Fellowship Programme.

# Financials 2016

## **Legal Information for Annual Report**

Company Secretary: ByrnWallace Coporate Secretaries Limited

Registered Number: 461093

Registered Office:  
Huguenot House  
35-38 Stephens Green  
Dublin  
D02 NY63

Registered charity number: 20072445

## INCOME AND EXPENDITURE ACCOUNT WITH RETAINED EARNINGS

FOR THE YEAR ENDED 31 DECEMBER 2016

	Note	2016 €	2015 €
Turnover	4	<b>2,257,178</b>	2,049,535
<b>Gross profit</b>		<b>2,257,178</b>	2,049,535
Administrative expenses		<b>(2,292,917)</b>	(1,969,364)
<b>Operating (loss)/profit</b>	5	<b>(35,739)</b>	80,171
Interest receivable and similar income		<b>85</b>	(2,729)
<b>(Loss)/profit after tax</b>		<b>(35,654)</b>	77,442
Retained earnings at the beginning of the year		<b>1,654,103</b>	1,576,661
		<b>1,654,103</b>	1,576,661
(Loss)/profit for the year		<b>(35,654)</b>	77,442
<b>Retained earnings at the end of the year</b>		<b>1,618,449</b>	1,654,103

All amounts relate to continuing operations.

**BALANCE SHEET**

AS AT 31 DECEMBER 2016

	Note	2016 €	2015 €
<b>Fixed assets</b>			
Tangible assets	7	<u>11,495</u>	<u>22,697</u>
		<b>11,495</b>	22,697
<b>Current assets</b>			
Debtors: amounts falling due within one year	8	<b>757,947</b>	942,516
Cash at bank and in hand	9	<u>1,623,431</u>	<u>1,283,629</u>
		<b>2,381,378</b>	2,226,145
Creditors: amounts falling due within one year	10	<b>(774,424)</b>	(594,739)
<b>Net current assets</b>		<u>1,606,954</u>	<u>1,631,406</u>
<b>Total assets less current liabilities</b>		<u>1,618,449</u>	<u>1,654,103</u>
Net assets		<u>1,618,449</u>	<u>1,654,103</u>
<b>Capital and reserves</b>			
Profit and loss account	14	<u>1,618,449</u>	<u>1,654,103</u>
Shareholders' funds		<u>1,618,449</u>	<u>1,654,103</u>

## STATEMENT OF CASH FLOWS

### FOR THE YEAR ENDED 31 DECEMBER 2016

	2016 €	2015 €
<b>Cash flows from operating activities</b>		
(Loss)/profit for the financial year	<b>(35,654)</b>	77,442
<b>Adjustments for:</b>		
Depreciation of tangible assets	<b>16,903</b>	22,800
Loss on disposal of tangible assets	-	(844)
Interest received	<b>(85)</b>	2,729
Decrease/(increase) in debtors	<b>184,569</b>	(284,678)
Increase in creditors	<b>179,685</b>	67,090
<b>Net cash generated from operating activities</b>	<b>345,418</b>	(115,461)
<b>Cash flows from investing activities</b>		
Purchase of tangible fixed assets	<b>(5,701)</b>	(23,086)
Sale of tangible fixed assets	-	1,429
Interest received	<b>85</b>	(2,729)
<b>Net cash from investing activities</b>	<b>(5,616)</b>	(24,386)
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>339,802</b>	(139,847)
Cash and cash equivalents at beginning of year	<b>1,283,629</b>	1,423,476
<b>Cash and cash equivalents at the end of year</b>	<b>1,623,431</b>	1,283,629
<b>Cash and cash equivalents at the end of year comprise:</b>		
Cash at bank and in hand	<b>1,623,431</b>	1,283,629
	<b>1,623,431</b>	1,283,629









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