

INTERNATIONAL FORUM ON  
**Quality and Safety**  
**in Health Care**

**Conference, Sponsorship  
and Exhibition Guide**

**22–25 April 2008**  
Le Palais des Congrès de Paris, France



[internationalforum.bmj.com](http://internationalforum.bmj.com)

Presented by:



With the support of:



# Welcome and assistance

We are delighted that you have decided to attend the International Forum on Quality and Safety in Health Care in the beautiful city of Paris. This is the largest Forum to date, with over 2000 delegates from over 50 countries. With more sessions than ever before and presenters from 26 nations (including a strong showing from our host nation France), the programme covers the whole range of issues encompassed by the concepts of 'quality and safety in health care'.

We hope to meet our aim of supporting the movement for health and health care improvement by presenting the best of the thinking and work on quality improvement and safety that is going on worldwide – and by providing a forum where practitioners, educationists, academics, and leaders can meet and learn from each other.

If you have any questions or require any information, please go to the Registration Desk, Hall Maillot, Level 2, where members of the conference team in green t-shirts will be happy to assist you.

## Language and translation

The official Forum language is English; however where you see these symbols the session will also be translated into French.

## With special thanks to:

**Strategic advisory board:** **Ross Wilson** (Chair), Australia; **Helen Bevan**, UK; **Mats Bojestig**, Sweden; **Penny Carver**, USA; **Göran Henriks**, Sweden; **Philippe Michel**, France; **Marchella Mitchell**, UK; **Fiona Moss**, UK; **Piera Poletti**, Italy; **Wim Schellekens**, The Netherlands; **Jane Smith**, UK; **David Stevens**, USA; **Rosa Suñol**, Spain; **Alex Williamson**, UK; **Nellie Yeo**, Singapore

**Programme reference panel:** **Ahmed Abdullatif**, Egypt; **Marc Berg**, The Netherlands; **Alès Bourek**, Czech Republic; **Strasimir Cucic**, The Netherlands; **Martin Fletcher**, UK; **Vin McLoughlin**, UK; **Sir John Oldham**, UK; **Anuwat Supachutikul**, Thailand; **Richard Thomson**, UK; **Karen Timmons**, USA; **Christof Veit**, Germany; **Stuart Whittaker**, South Africa; **Peter Wilcock**, UK

**Haute Autorite De Santé (HAS)** for their support of the International Forum 2008

**French advisory group:** Mission d'Expertise et d'Audit Hospitalier (MEAH), Fédération des organismes régionaux pour l'amélioration des pratiques en établissements de santé (FORAP), Association Française des gestionnaires de risques sanitaires (AFGRIS), Association française pour la qualité hospitalière (AFQHO), Société française d'hygiène hospitalière (SFHH), Société française de santé publique (SFSP), Société française de gestion des risques en établissements de santé (SoFGRES)

## Future forum dates

### IHI National Forum 2008 and 2009

For more information visit the IHI webpage at [www.ihf.org](http://www.ihf.org)

- 7–10 December 2008, Nashville, Tennessee, USA
- 6–9 December 2009, Orlando, Florida, USA

### International Forum on Quality and Safety in Health Care, 2009

For more information visit the International Forum webpage at

[www.internationalforum.bmj.com](http://www.internationalforum.bmj.com)

- 18–20 March 2009, Berlin, Germany

## Web broadcast – free to view online

Following on from the success of last year's web broadcasts in Barcelona, we will again be broadcasting our plenary sessions free over the internet. With more delegates attending the 2008 International Forum than ever before, we are striving to widen the reach of the Forum, to make it more accessible and inclusive, and to give those unable to attend a chance to participate.

The plenary sessions will be available free to download on-demand after the event via the [internationalforum.bmj.com](http://internationalforum.bmj.com) website.

We would like to thank the NHS Institute for Innovation and Improvement for their support.

## General information

**Registration:** Opens at 08.00 hrs daily and will be staffed at all times. Forum staff in green t-shirts will be on hand to direct delegates to various areas of the venue and to answer any questions.

**Telephone messages and faxes:** Telephone messages may be left at +33 (0)1 40 68 64 02, Faxes may be sent to +33 (0)1 40 68 64 03. All messages and faxes will be pinned on the board next to the registration desk.

**Poster viewing and Best Poster Award:** Poster viewing is encouraged on all three days of the Forum, during registration, morning and afternoon refreshment breaks and during lunch. There is an award for the "Best Poster" and the voting criteria and form are in your delegate pack. Please return the completed form to the Registration Desk by Thursday 24 April, 18.30 at the latest. The winning poster will be announced on Friday 25 April at 09.15–09.30, just prior to Plenary III.

**Accreditation:** The Forum has been awarded 23 CPD credits in total – delegates wishing to claim CPD should sign the attendance registers at the Registration Desk on a daily basis. Certificates will be emailed to you after the event.

**European Accreditation Council for Continuing Medical Education (EACCME):** We have applied for accreditation from the European Accreditation Council for Continuing Medical Education (EACCME). The EACCME is an institution of the European Union of Medical Specialists (UEMS), [www.uems.net](http://www.uems.net). Please sign the attendance registers at the Registration Desk – EACCME Certificates will be issued after the Forum and, subject to a successful application. Note that EACCME credits are also recognised by the American Medical Association towards the Physician's Recognition Award (PRA). General certificates of attendance will be sent out by email after the Forum, upon request only.

**Badges:** Please wear your badge at all times while you are at the conference, the colour code is as follows:

Delegates:	Blue
Speakers and session chairs:	Green
Exhibitors:	Red
Conference staff:	Black

**Accommodation enquiries:** If you have any questions about your accommodation, Lafayette Travel, our official hotel booking agency, will be onsite as follows:

- Tuesday 22 April, 16.00–18.30
- Wednesday 23 April, 8.00–11.00

**Smoking policy:** Please note that no smoking is allowed in the conference centre. You will only be able to smoke outside the building.

**Conference evaluation form:** We hope that you will take the time to complete and return the conference evaluation form, which you will find in your delegate bag. Feedback from participants is one of the most important ways of improving future Forums.

## Students at the Forum:


We are pleased to have at the Forum 20 healthcare students from different disciplines and countries. Along with some of their teachers, they will have the opportunity to learn about improvement in healthcare together with participants at the International Forum. The students can be identified by an orange circle on their badges. This "student strand" at the Forum is actively working on integrating better professional development, better system performance, and better measurement. If you would like to learn more please contact a student or Michael Bergström (Sweden) and Paul Batalden (USA).

# Conference programme

## Tuesday 22 April

<b>08.00–09.30</b>	Registration	Hall Maillot, Level 2
<b>09.30–17.30 Minicourses PS–QI</b>		
<b>PS:</b>	<b>Understanding patient safety</b> Frank Federico, USA; Ian Sturgess, Jason Leitch, UK	Room 352, Level 3
<b>QI-1:</b>	<b>The science of quality improvement: the basics</b> Lloyd Provost, USA; Brandon Bennett, South Africa	Room 252, Level 2
<b>QI-2:</b>	<b>The science of quality improvement: the basis</b> Robert Lloyd, USA; Patricia O'Connor, UK; Mary Smillie, Canada	Room 242, Level 2
<b>16.30–18.30</b>	Registration and poster set-up	Hall Maillot, Level 2

## Wednesday 23 April

<b>08.00–09.30</b>	Registration	Hall Maillot, Level 2
<b>09.30–10.30 Welcome and Plenary I</b>		
	<b>Welcome and Official Opening of the Forum</b> – Laurent Degos, France; Donald M Berwick, USA; Fiona Godlee, UK	Grand Amphitheatre Level 2
	<b>Plenary I: Healthcare transformation in global perspective</b> – Donald M Berwick, USA	Grand Amphitheatre Level 2
<b>10.30–11.00</b>	Refreshments, exhibition and poster viewing	Hall Maillot, Level 2 Bordeaux Foyer, Level 3

<b>11.00–12.30 Sessions A1–A11</b>		
<b>A1:</b>	<b>Strategies for reducing waste, increasing efficiency and improving patient safety</b> – Dennis O'Leary, USA; Song Khim Chua, Singapore; Alistair Chesser, UK	Bordeaux, Level 3 
<b>A2:</b>	<b>International perspectives on health professions' education to improve healthcare quality and patient safety</b> – David Stevens, Paul Batalden, USA; Michael Bergström, Sweden; Fiona Moss, UK; Merrilyn Walton, Australia	Room 241, Level 2
<b>A3:</b>	<b>DEFEND your older hospital patient: prevent functional disabilities</b> – Sophia E de Rooij, Susanne Smorenburg, Bianca Buurman, The Netherlands	Room 253, Level 2
<b>A4:</b>	<b>Using payments and purchasing power to accelerate quality</b> – Vinod K Sahney, USA; Aldien Poll, Piet Stam, The Netherlands	Room 252, Level 2
<b>A5:</b>	<b>Whole system transformation, based on redesigned primary care</b> – Douglas Eby, Chanda Aloysius, USA	Room 251, Level 2
<b>A6:</b>	<b>Empowering ward based staff through front line process improvement</b> – Nick Downham, UK; Patricia Rutherford, USA	Havane, Level 3
<b>A7:</b>	<b>Quality improvement and patient safety in mental and behavioural health care</b> – Hong-Choon Chua, Daniel Fung, Singapore	Room 352, Level 3
<b>A8:</b>	<b>Innovative approaches to enhancing clinical handover</b> Christine Jorm, Rick Iedema, Australia	Room 351, Level 3
<b>A9:</b>	<b>Networks in quality and safety in health care: international workshop</b> – Nathalie de Marcellis-Warin, Canada; Patrick Nachin, Philippe Michel, Michael Sfez, France	Room 342, Level 3
<b>A10:</b>	<b>Patient safety for children: not just small adults</b> Matt Scanlon, USA; Karen Dunn, Australia; Barb Brady-Fryer, Canada; Peter Lachman, UK	Room Malliot Level 2
<b>A11:</b>	<b>Integrating care for patients with mental health conditions in primary care</b> – Pascal Briot, USA & France; Wayne Cannon, Brenda Reiss-Brennan, Lucy Savitz, USA	Room 242, Level 2

<b>12.30–14.00</b>	Lunch and exhibition	Hall Maillot, Level 2 Bordeaux Foyer, Level 3
<b>13.15–14.00</b>	<b>Chaired poster viewing by theme:</b> Improving diagnosis Improving hospital care Process and statistics and pathways Safer patient initiative <i>see pages 11–18 for a list of relevant posters</i>	Neully Corridor, Level 2 Paris Corridor, Level 2 Neully Corridor, Level 3 Paris Corridor, Level 3
<b>13.15–14.00</b>	<b>Show and tell session: Teams and leadership</b> <i>see pages 18–19 for a list of show and tell posters</i>	Bordeaux Foyer, Level 3

<b>14.00–15.30 Sessions B1–B6</b>		
<b>B1:</b>	<b>Morbidity and mortality conferences: a tool for quality and safety improvement</b> – Gwenaëlle Vidal-Trecan, Sandra David-Tchouda, Patrice Francois, France	Bordeaux, Level 3 
<b>B2:</b>	<b>The patient safety education project: an international collaboration</b> – Tim Shaw, Merrilyn Walton, Australia; Martin Hatlie, USA	Room 241, Level 2
<b>B3:</b>	<b>How to write</b> – Fiona Moss, UK; Duncan Neuhauser, USA	Room 253, Level 2
<b>B4:</b>	<b>Quality and safety essentials in primary care</b> Paul vanOstenberg, USA; Jonas Gonseth Garcia, Spain; Sir John Oldham, UK	Room 251, Level 2
<b>B5:</b>	<b>Lessons for the developed world from developing countries</b> – Barbara Tobin, Pierre Barker, USA; Victor Boguslavsky, Russia; Marco Linden, Malawi; Gilbert Buckle, Ghana	Room 351, Level 3
<b>B6:</b>	<b>Increasing the time nurses spend in direct care: towards safer, more dignified and more efficient care</b> Liz Thiebe, UK; Patricia Rutherford, USA	Havane, Level 3
<b>15.30–16.00</b>	Refreshments, exhibition and poster viewing	Hall Maillot, Level 2 Bordeaux Foyer, Level 3

<b>16.00–17.30 Sessions C1–C6:</b>		
<b>C1:</b>	<b>What is new in safety thinking and its implications for health care</b> – René Amalberti, France; Carol Haraden, USA	Bordeaux, Level 3 
Presenters in the following sessions are not listed in the order they will present. For information on order please ask at the registration desk.		
<b>C2:</b>	<b>Critical care (early warning systems)</b> <b>Chaired by: Richard Thomson, UK;</b> Anu Suokas, Kate Beaumont, Tina Howell, Ivor John Kirby, UK; Barbara Ann Adelstein, Australia	Room 241, Level 2
<b>C3:</b>	<b>National projects</b> <b>Chaired by: Stuart Whittaker, South Africa;</b> Klaus Doebler, Germany; Oscar Nuñez, Nicaragua; Stella Quimbo, The Philippines; Yoo-Mi Kim, South Korea; Jan Mainz, Denmark	Room 251, Level 2
<b>C4:</b>	<b>Infection in intensive care units</b> <b>Chaired by: Don Goldman, USA;</b> Wendy Butvila, Michelle Yong, Australia; Stanley Craig, UK; Stefania Rodella, Italy; Stein Roald Bolle, Sweden	Room 351, Level 3
<b>C5:</b>	<b>Electronic and other ways of improving medication safety</b> <b>Chaired by: Carin Svensson, Sweden;</b> Kathryn Went, UK; Ana Belén Jiménez-Muñoz, Spain; Willa Fields, USA; Pierre Liot, France; Philippe Garnerin, Switzerland	Havane, Level 3
<b>C6:</b>	<b>Obstetric care</b> <b>Chaired by: Michael Smith, Australia;</b> Sally Calva, Italy; Jorge Hermida, USA; Suellen Allen, Michael Nicoll, Australia; Sophie Beglund, Sweden	Room 253, Level 2

# Conference programme

## 14.00–17.30 Half-day minicourses M1–M5

- M1: Better quality through better measurement** Room Maillot  
Robert Lloyd, USA; Dylan Williams, Susanna Shouls, UK Level 2
- M2: Systems analysis of clinical incidents** Room 252, Level 2  
Charles Vincent, Sally Adams, UK; Christine Jorm, Australia
- M3: Apply Lean and Six Sigma to your own work processes to free up time** Room 342, Level 3  
– Helen Bevan, Lynn Callard, UK
- M4: Accreditation as a driver for healthcare quality improvement** Room 352, Level 3  
– Karen H Timmons, USA; Charles Bruneau, France; Derick Pasternak, Middle East; Cathy Wung, Taiwan
- M5: Open disclosure following an adverse event: an Australian approach to high-level training** Room 242, Level 2  
Stewart Dunn, Ian Swallow, Australia

## 17.30–18.30 Meet the faculty

- Mental health Room 241, Level 2  
Primary care Room 251, Level 2  
Patient safety Bordeaux, Level 3  
Ward based care Havane, Level 3  
*See page 19 for further details*

- 17.30–18.30 Join us for a dialogue on Healthcare Transformation** Room Maillot  
– Doug Eby, USA; Level 2  
Goran Henriks, Sweden  
*See page 19 for further details*

- 17.30–18.30 EUNetPAS (European Union Network for Patient Safety)** Room 352, Level 3  
– Charles Bruneau, René Amalberti, Jean Bacou, France  
*See page 19 for further details*

- 17.30–18.30 Chaired poster viewing by theme:**  
Surgical care Neuilly Corridor, Level 2  
Care of older people Paris Corridor, Level 2  
Patient involvement Neuilly Corridor, Level 3  
Education and training Neuilly Corridor, Level 3  
*see pages 11–18 for a list of relevant posters*

- 17.30–18.30 Show and tell session: Indicators** Bordeaux Foyer, Level 3  
*see pages 18–19 for a list of show and tell posters*

- 18.30–20.00 Welcome reception** Hall Maillot, Level 2

## Thursday 24 April

- 08.00–09.30 Registration** Hall Maillot, Level 2

- 08.15–09.15 Show and tell session: Hospital outcomes /involving patients** Bordeaux Foyer, Level 3  
*see pages 18–19 for a list of show and tell posters*

- 08.15–09.15 NHS Institute for Healthcare breakfast session: Innovation – pathway to improvement** Hall Maillot, Level 2  
– Bernard Crump, UK

- 08.15–09.15 BUPA breakfast session: Outputs to outcomes – shifting the focus** Room 252, Level 2  
Andrew Vallance Owen, Sneha Khemka, Denise Keane, Beth Spin, UK

- 08.15–09.15 Simpler Consulting breakfast session: Time to PCI (Percutaneous Cardiac Intervention)** Room 352, Level 3  
– Bonnie Phipps, William Greskovich, USA

## 09.30–10.30 Plenary II

-  **Plenary II: Whole system transformation: the case of Jönköping** Grand Amphitheatre, Level 2  
– Goran Henriks, Mats Bojestig, Sweden  
**Chaired by:** Helen Bevan, UK

- 10.30–11.00 Refreshments, exhibition and poster viewing** Hall Maillot, Level 2  
Bordeaux Foyer, Level 3

## 11.00–12.30 Sessions D1–D12

- D1: Leadership WalkRounds: adding power and effectiveness to engagements with staff** Bordeaux, Level 3  
Allan Frankel, USA; Pete Cavanaugh, UK 

- D2: How do we learn from reporting systems?** Room 241, Level 2  
Martin Fletcher, UK; Beth Lilja Pedersen, Denmark

- D3: Conversations: published QSHC authors discuss their work** Room 242, Level 2  
– David Stevens, USA; Perla Marang-Van De Mheen, The Netherlands; Philippe Michel, France

- D4: Shared decision-making: from scientific experiences to routine health care** Room 243, Level 2  
– Glyn Elwyn, UK; Martin Härter, Torsten Hecke, Christine Vietor, Germany

- D5: Local improvement clinic** Room 252, Level 2  
– Donald Berwick, USA; Ross Wilson, Australia

- D6: What is a high performing health care system and what are the policies and practices to get there?** Havane, Level 3  
Cathy Schoen, Robin Osborn, Maureen Bisognano, USA

- D7: Improving chronic disease management in primary care** Room 342, Level 3  
– Jason Cheah, Lew Yii-Jen, Singapore

- D8: How can adverse events and near misses lead to organisational change? Engaging clinicians** Room 251, Level 2  
Catherine Mayault, France; Carol Haraden, USA; Louise Wallace, UK

- D9: Quality healthcare in the 21st century: a new outlook for humanity** Room 351, Level 3  
– Brent James, USA

- D10: Health care-associated and nosocomial infections** Room 352, Level 3  
Philippe Berthelot, Jacques Fabry, Pierre Parneix, Joseph Hajjar, France; Olivia Keita-Perse, Monaco

- D11: Improvement in ambulatory mental health settings: objectives, actions, results** Room 252, Level 2  
– Maxime Cauterman, Sebastien Woynar, Jacques Gaillard, France

- D12: Connecting the science of improvement to medical research** Room Maillot, Level 2  
– Fiona Godlee, UK; Lloyd Provost, USA

- 12.30–14.00 Lunch and exhibition** Hall Maillot, Level 2  
Bordeaux Foyer, Level 3

- 13.15–14.00 Chaired poster viewing by theme:**  
Emergency and critical care Neuilly Corridor, Level 2  
Hospital acquired infection Bleu Corridor, Level 2  
Primary and community care Paris Corridor, Level 2  
Safety Paris Corridor, Level 3  
*see pages 11–18 for a list of relevant posters*

- 13.15–14.00 Show and tell session: Education and training** Bordeaux Foyer, Level 3  
*see pages 18–19 for a list of show and tell posters*

## 14.00–15.30 Sessions E1–E7

- E1: Breakthrough change: it is all in the execution** Bordeaux, Level 3  
Carol Haraden, USA 

- E2: Integrating improvement learning into health professional educational curricula** Room 241, Level 2  
– Paul Batalden, David Stevens, USA; Michael Bergström, Gerd Ahlström, Sweden

- E3: Overview of the High 5s initiative** Room 251, Level 2  
– Karen Timmons, Carolyn Hoffman, Canada; Martin Fletcher, UK

- E4: Enabling frontline staff to investigate adverse events: root cause analysis and related error investigation techniques** Room 351, Level 3  
– Louise Wallace, Brian Toft, UK; Rick Iedema, Christine Jorm, Australia

- E5: Measuring patient safety in developing countries** Room 243, Level 2  
Ross McL Wilson, Australia; Ahmed Abdullatif, Egypt


# Conference programme

**E6: Comparative overview of the three patient injury compensation national schemes** – Dominique Martin, France; Kaj Essinger, Sweden, Marie Bismark, New Zealand Room 253, Level 2

**E7: Cutting edge research for improvement in health care** Havane, Level 3  
Mats Bojestig, Boel Andersson Gäre, Sweden; Duncan Neuhauser, USA; Michel Wensing, The Netherlands; Christian von Plessen, Norway

**15.30–16.00** Refreshments, exhibition and poster viewing Hall Maillot, Level 2  
Bordeaux Foyer, Level 3

## 16.00–17.30 Sessions F1–F7

**F1: Standards of evidence in patient safety: opportunities and threats** – Donald M Berwick, Paul B Batalden, USA; Paul Bate, Vin McLoughlin, UK  Bordeaux, Level 3

Presenters in the following sessions are not listed in the order they will present. For information on order please ask at the reception desk.

**F2: Primary and community care** Room 243, Level 2  
**Chaired by: Pat Rutherford, USA;**  
David Price, Canada; Arlene Napier, David Lyon, Rosemary Rushmer, UK; Dorien Zwart, The Netherlands

**F3: Leadership – Chaired by: Maureen Bisognano, USA;** Room 241, Level 2  
Ara Chalian, Ronnah Pascua Montemayor, USA; Mandy King, Stephen Ramsden, Christine Bamford, UK

**F4: Mental Health – Chaired by: Philip DaSilva, UK;** Room 253, Level 2  
Chua Hong Choon, Singapore; Colin Crawford, UK; Peter Rhode, Denmark; Isaac Bermejo, Germany

**F5: Patient involvement** Room 251, Level 2  
**Chaired by: Paul vanOstenburg, USA;**  
Martin Härter, Germany, Madeleine Murtagh, Deanna Latham, UK; Ewa Idvall, Sweden; Candy Auclair, France

**F6: Lean thinking – Chaired by: Alés Bourek, Czech Republic;** Havane, Level 3  
Svante Lifvergren, Sweden; Elizabeth Bradbury, Lesley Bevan, Paul Hetherington, UK; Michael Caesar, Canada

**F7: Teamwork – Chaired by: Anette Nilsson, Sweden;** Room 351, Level 3  
Vanessa Blount, Canada; Lee Leng Noey, Singapore; Peter McCulloch, UK; Thomas Erik Würmb, Germany; Grace Jenq, USA

## 14.00–17.30 Half-day minicourses M6–M10

**M6: The Triple Aim: the optimal balance of good health, positive care experience, and low cost** Room 242, Level 2  
John Whittington, USA; John Dean, UK

**M7: Setting up a hospital-wide patient safety programme** Room Maillot, Level 2  
Ian Leistikow, Cor Kalkman, Harry Molendijk, The Netherlands

**M8: Now, what improvement tools shall I use for the strategies that I have?** – Nellie Yeo, Hwei Yee Tai, Yee Juan Lim, Singapore Room 252, Level 2

**M9: New generation of ideas on spread: from collaboratives to wave sequence spread and campaigns** Room 342, Level 3  
M Rashad Massoud, Joseph McCannon, USA

**M10: Thinking differently: how to develop innovative ideas for health service improvement** – Paul Plsek, USA; Lynne Maher, Sarah Garrett, UK Room 352, Level 3

**17.30–18.30 Meet the faculty**  
The evidence base for quality and safety Room 351, Level 3  
Capacity building in a system Bordeaux, Level 3  
Patient involvement Room 241, Level 2  
(Repeat) Patient safety Havane, Level 3  
Reporting systems Room 251, Level 2  
*See page 19 for further details*

**17.30–18.30 Join us for a dialogue on Healthcare Transformation – Led by: Doug Eby, USA; Goran Henriks, Sweden** Room Maillot, Level 2  
*see page 19 for further details*

**17.30–18.30 Chaired poster viewing by theme:**  
Cancer care and palliative care Paris Corridor, Level 2  
Improving mental health care Neuilly Corridor, Level 2

Flow and lean Neuilly Corridor, Level 3

Adverse events Paris Corridor, Level 3  
*see pages 11–18 for a list of relevant posters*

**17.30–18.30 Show and tell session: Hygiene and medication reconciliation** Bordeaux Foyer, Level 3  
*see pages 18–19 for a list of show and tell posters*

## Friday 25 April

**08.00–09.30** Registration Hall Maillot, Level 2

**08.15–09.15 BMJ breakfast session: Making a difference with BMJ Group** – Fiona Godlee, Room Maillot, Level 2  
Domhnall MacAuley, UK; Donald M Berwick, USA

**08.15–09.15 IMPACT BC breakfast session: Last call for family practice – the renaissance of primary health care in Western Canada** Room 252, Level 2  
Dan MacCarthy, Canada

**08.15–09.15 GE Healthcare breakfast session: Improving efficiency and patient experience in theatres** – Andy Phillips, Andrew Archibald, UK Room 352, Level 3

## 09.15–10.30 Best poster awards and Plenary III

 **Best poster awards** – Fiona Moss, UK Grand Amphitheatre Level 2

**Plenary Session III: Should patient safety include access to care?** Grand Amphitheatre Level 2  
Laurent Degos, France  
**Chaired by: Ross McL Wilson, Australia**

**10.30–11.00** Refreshments, exhibition and poster viewing Hall Maillot, Level 2  
Bordeaux Foyer, Level 3

## 11.00–12.30 Sessions G1–G12

**G1: National efforts to improve quality and safety: reflections on large scale change** – Joseph McCannon, USA; Philip Hassen, Canada; Jason Leitch, UK; Beth Lilja Pedersen, Denmark  Bordeaux, Level 3

**G2: Local improvement clinic** – Donald M Berwick, USA; Ross McL Wilson, Australia; Bernard Crump, UK Room Maillot, Level 2

**G3: SAVE: improving safety and efficiency through a hospital-wide benchmarking and redesign programme** Room 252, Level 2  
Marc Berg, Judith Houtepen, The Netherlands

**G4: Quality and safety strategies in Europe: how effective are they?** – Rosa Suñol, Spain, S Cule Cucic, The Netherlands Room 342, Level 3

**G5: How to develop a survey on citizen and patient opinion** – Andrew Thompson, UK, Diana Delnoij, The Netherlands, Piera Poletti, Italy Room 352, Level 3

**G6: Quality, transparency, independence – how doctors review doctors to induce quality improvement and patient safety** – Sophia Schlette, Stefanie Henning, Germany; Michel Wensing, The Netherlands Room 243, Level 2

**G7: Why and how to evaluate your hospital reporting system** – René Amalberti, Philippe Michel, Jean Luc Quenon, France Room 242, Level 2

**G8: The big picture: institutional strategies for holistic improvement** – Anthony Staines, France and Switzerland Room 253, Level 2

**G9: Voulez-vous? Combining evidence and human factors** Room 241, Level 2  
Sir John Oldham, Phil Highton, UK

# Conference programme

- G10: Analysing risks in hospitals** – Annick Macrez, Benjamin Meyer, France Room 251, Level 2
- G11: Interviews with improvement experts: Richard Smith interviews** Helen Bevan, UK; Dennis O'Leary, USA, Wim Schellekens, The Netherlands Room 351, Level 3
- G12: Coaching health care: from hocus pocus to focus** Göran Henriks, Sweden Havane, Level 3
- 12.30–14.00** Lunch and exhibition Hall Maillot, Level 2  
Bordeaux Foyer, Level 3
- 13.15–14.00** **Chaired poster viewing by theme:** Chronic care and rehabilitation Paris Corridor, Level 2
- National QI projects Neuilly Corridor, Level 3
- Teams and leadership Neuilly Corridor, Level 3
- Safer medication and prescribing see pages 11–18 for a list of relevant posters Paris Corridor, Level 3
- 13.15–14.00** **Show and tell session: Disaster management and e-solutions** Bordeaux Foyer, Level 3  
see pages 18–19 for a list of show and tell posters

## 14.00–15.30 Sessions H1–H7

- H1: Next level leadership for quality and safety improvement** – Jim Easton, UK Bordeaux, Level 3 
- H2: Publish your improvement work: how publication guidelines can help** – David Stevens, Paul Batalden, Frank Davidoff, USA; Boel Andersson Gäre, Sweden Room 241, Level 2
- H3: Patient safety indicators in Dutch health care** Jan Vesseur, Birgit Heemskerck, Wim Schellekens, The Netherlands Havane, Level 3
- H4: Improving care for diverse patient populations** Karen Scott Collins, USA Room 243, Level 2
- H5: Are you really serious about building capacity for quality improvement?** – Robert Lloyd, USA; George Cheriyan, Saudi Arabia; Mary Smillie, Canada Room 251, Level 2
- H6: Knowing the people planning** – David Galler, David King, Barry Welsh, New Zealand Room 253, Level 2
- H7: Patient and professional involvement in patient safety** – Maria Augusta Nicoli, Piera Poletti, Italy; Britt Wendelboe, Denmark Room 351, Level 3
- 15.30–16.00** Refreshments, exhibition and poster viewing Hall Maillot, Level 2  
Bordeaux Foyer, Level 3

## 16.00–17.30 Sessions I1–I7

- I1: Make it easy to do it right: essential organisational infrastructure for quality care** – Brent James, USA Bordeaux, Level 3 
- Presenters in the following sessions are not listed in the order they will present. For information on order please ask at the reception desk.
- I2: Critical care** – **Chaired by: Barb Brady-Fryer, Canada** Bekele Afessa, USA; Chris Hancock, UK; Caroline Buitert, The Netherlands, Simona Amato, Italy Room 241, Level 2
- I3: Older people** – **Chaired by: Christof Veit, Germany** Eva-Lisa Dessner, Maria Ljung, Sweden; Jane Spencer, Martine Noah, France Room 243, Level 2
- I4: Paediatrics** – **Chaired by: Peter Lachman,** Barbara Spreadbury, Richard Greenberg, Brian Carter, USA; Mary Montgomery, David Tuthill, UK Room 253, Level 2
- I5: Education and training** – **Chaired by: Peter Wilcock,** Kathleen MacMillan, Canada; Matthew Cooke, UK; Helle Wijk, Sweden; Kazue Nakajima, Japan; Marlies Schijven, The Netherlands Havane, Level 3

- I6: Safety: incident reporting** Room 251, Level 2  
**Chaired by: Martin Fletcher,** Marc-Anton Hochreutener, Switzerland; Pat McKernan, Canada; Maurizio Pincetti Nervi, Italy; Debbie Dunne, Ireland, Roshan Hussain, USA
- I7: Improving medication safety and prescribing** Room 351, Level 3  
**Chaired by: Elisabeth Beau, France** Helen Hirst, UK; Marja-Liisa Lommi, Finland; Carin Svensson, Ulf Bergman, Sweden; Nicole Mabs, France

## 14.00–17.30 Half-day minicourses M11–M15

- M11: Improving flow improves everything** Room Maillot, Level 2  
Carol Haraden, USA; Kate Silvester, UK
- M12: Patients as partners: effectively engaging patients in advancing quality and safety** Room 252, Level 2  
– Helen Hughes, UK, Fedir Petkenych, Ukraine; Martin Hatlie, USA; Nagwa Metwally, Egypt, Jolanta Bilinska, Poland
- M13: Team practice and human factors: adapting aviation's crew resource management to healthcare** Room 342, Level 3  
Allan Frankel, Michael Leonard, USA
- M14: Whole system transformation: a passion and a thrilling challenge** Room 352, Level 3  
– Göran Henriks, Sven-Olof Karlsson, Mats Bojestig, Sweden; Anthony Staines, France and Switzerland;
- M15: Improving quality whilst reducing costs** Room 242, Level 2  
Maureen Bisognano, USA, Bernard Crump, UK
- 17.30–18.30** **Join us for a dialogue on Healthcare Transformation** – Doug Eby, USA; Goran Henriks, Sweden  
see page 19 for further details Room Maillot Level 2

## Close of International Forum

*This programme is subject to change without notice*

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For questions, contact Robin Osborn at The Commonwealth Fund  
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# Sponsors and exhibitors

## Web Broadcast supported by:



## Thursday 24 April, 08.15–09.15

**NHS Institute for Innovation and Improvement** are hosting a breakfast session entitled



### **Innovation – the Pathway to Improvement**

**Speaker:** Bernard Crump, Chief Executive, NHS Institute for Innovation & Improvement

**Summary:** An interactive session providing an update on recent successes and plans for the future, including information about our

- new business model
- involvement in World Class Commissioning
- development of solutions for NHS organisations

**BUPA** are hosting a breakfast session entitled



### **Outputs to Outcomes – shifting the focus**

**Speakers:** Dr Andrew Vallance-Owen, Group Medical Director; Dr Sneh Khemka, Assistant Medical Director; Denise Keane, Healthcare Quality Programme Manager; Beth Spink, Healthcare Quality Project Manager

**Summary:** We at BUPA firmly believe that the best way to ensure quality and safety in any health system is to focus on outcomes. In this session, you will be able to hear how our focus on outcomes has changed the way health professionals work, especially when it comes to caring for cancer patients.

**Simpler Consulting Ltd** are hosting a breakfast session entitled



### **Time to PCI (Percutaneous Cardiac Intervention)**

**Speakers:** Bonnie Phipps, President / CEO, St. Agnes Hospital; William Greskovich, VP Operations / CIO, St. Agnes Hospital

**Summary:** Hospitals are challenged with healthcare regulations and requirements that require integrated processes to change. St. Agnes Hospital utilises Lean as its continuous improvement methodology to reduce waste by identifying the non value added steps within a process. Utilisation of Rapid Improvement Events (Kaizen) allows our organisation to engage associates in the identification of waste and creating the least-waste-way to design processes for efficient patient care. Rapid change is needed for a rapidly changing healthcare environment.

## Friday 25 April, 08.15–09.15

**BMJ Group** are hosting a breakfast session entitled



### **Making a difference with BMJ Group**

**Speakers:** Fiona Godlee, Editor, BMJ; Domhnall MacAuley, Primary Care Editor, BMJ; Donald M Berwick, President & Chief Executive Officer, Institute for Healthcare Improvement

**Summary:** Come and hear about the BMJ Group's campaign to promote evidence and initiate action on some of the most pressing quality improvement issues in health care. Which will be chosen – from a readers' and experts' shortlist – as the most urgent challenges, needing better knowledge translation and health care improvement?

**GE Healthcare** are hosting a breakfast session entitled



### **Improving efficiency and patient experience in theatres**

**Speakers:** Dr Andy Phillips, Consultant Anaesthetist, University Hospitals of Coventry & Warwickshire; Andrew Archibald, Senior Consultant, GE Healthcare, Performance Solutions, UK

**Summary:** This session will cover an overview of Lean healthcare tools and concepts and highlight a case study where Lean tools were applied in theatres to reduce the average turn-around times between cases in theatres by 36%, improve on-time starts, implement a theatres 'dashboard' and create a mind-set of continuous improvement within the department. You will hear how the project team consisting of GE Lean healthcare experts and UHCW clinicians leveraged the existing theatre Info system, reviewed the layout and environment, established 'golden rules' within the department and instigated a recovery pull system to improve safety and efficiency in theatres.

**Impact BC** are hosting a breakfast session entitled



### **Last call for family practice – the renaissance of primary health care in Western Canada**

**Speaker:** Dr Dan MacCarthy, Director of Professional Relations, BC Medical Association, Vancouver, Canada

**Summary:** In British Columbia the renaissance of primary health care is well under way. Primary care physicians are re-connecting with the joy of family practice through a grass-roots delivery system redesign movement. This presentation explains how this process is grounded in the world-wide collaborative health improvement methodology, by incorporating the implementation of the Expanded Chronic Care Model with a critical understanding of the relationships necessary to bring about fundamental system-wide change.

## Exhibitors

### **1 18 Weeks Team, Department of Health**

New King's Beam House, 22 Upper Ground, London, SE1 9BW, United Kingdom  
**Telephone:** +44 (0)20 7633 4020

**Email:** Harriet.luximon@dh.gsi.gov.uk, Felicity.Butler@dh.gsi.gov.uk

**Website:** <http://www.18weeks.nhs.uk/public/default.aspx?load=HomeNews>

The Department of Health (18 weeks team) and the NHS Institute for Innovation and Improvement is collaborating to support the NHS to transform planned healthcare for patients. Aiming to deliver shortening waiting times and provide rapid treatment with the ultimate goal of reducing referral to treatment time to 18 weeks.

### **2 CHKS Ltd**

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**Telephone:** +44 (0)20 7389 1000 **Fax:** +44 (0)207 389 1027

**Email:** [information@chks.co.uk](mailto:information@chks.co.uk) **Website:** [www.chks.co.uk](http://www.chks.co.uk)

CHKS assists healthcare organisations to improve through accreditation and comparative information. Working internationally, CHKS:

- offers an International Hospital Accreditation Programme
- works with ministries of health and quality institutes to develop local accreditation schemes
- provides data analysis, consultancy and training to shape the modernisation of healthcare services.

### **3 The Health Foundation**

90 Long Acre, London, WC2E 9RA, United Kingdom

**Telephone:** +44 (0)20 7257 8000 **Fax:** +44 (0)20 7257 8001

**Email:** [info@health.org.uk](mailto:info@health.org.uk) **Website:** [www.health.org.uk](http://www.health.org.uk)

The Health Foundation is an independent charitable foundation working to improve the quality of healthcare across the UK and beyond. We spend more than £20 million annually to develop leaders in healthcare, test new ways of improving the quality of health services and disseminate evidence for changing health policy and practice.

### **4 NHS Institute for Innovation & Improvement**

Coventry House, University of Warwick Campus, CV4 7AL, United Kingdom

**Telephone:** +44 (0)800 555 550 **Fax:** +44 (0)2476 475 810

**Email:** [enquiries@institute.nhs.uk](mailto:enquiries@institute.nhs.uk) **Website:** [www.institute.nhs.uk](http://www.institute.nhs.uk)

The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world-class leadership.

### **5 National Leadership and Innovation Agency for Healthcare**

Innovation House, Bridgend Road, Llanharan, CF72 9RP, United Kingdom

**Telephone:** +44 (0)1443 233 333 **Fax:** +44 (0)1443 233 334

**Website:** [www.nliah.wales.nhs.uk](http://www.nliah.wales.nhs.uk)

National Leadership and Innovation Agency for Healthcare (NLIAH) provides a national strategic resource to support NHS Wales in delivering the Designed for Life agenda, by building leadership capacity and the capability to secure continuous service improvement, underpinned by technology, innovation, leading-edge thinking and best practice. Supporting NHS Wales to deliver world class healthcare.

# Exhibitors

## 6 Healthcare Commission

Finsbury Tower, 103 - 105 Bunhill Row, London, EC1Y 8TG, United Kingdom

Phone: +44 (0)845 601 3012 Fax: +44 (0)20 7448 9200

Email: [feedback@healthcarecommission.org.uk](mailto:feedback@healthcarecommission.org.uk)

Website: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

The Healthcare Commission exists to promote improvement in health and healthcare in England and Wales. Our work spans the NHS and independent healthcare sector and our responsibilities include awarding annual performance ratings, carrying out reviews, investigations and inspections of healthcare organisations, handling second stage complaints about the NHS and reporting annually on the state of healthcare. We are committed to making a real difference to the delivery of healthcare for the benefit of patients and the public.

## 7 (8&9) NHS Scotland

c/o Elliott House, 8-10 Hillside Crescent, Edinburgh, EH7 5EA, United Kingdom

Telephone: +44 (0)131 623 4300

Website: [www.nhshealthquality.org](http://www.nhshealthquality.org), [www.patientsafetyalliance.scot.nhs.uk](http://www.patientsafetyalliance.scot.nhs.uk), [www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement)  
NHS Quality Improvement Scotland (NHS QIS) and the Improvement and Support Team (IST) help to improve the quality and safety of healthcare within Scotland. NHS QIS translates the latest evidence into recommended improvements, while IST plays a key role in helping the service implement those recommendations. Visit our stand to find out more about how our organisations work together to the benefit of patients in Scotland.

## 10 Simpler Consulting LP

Curlew's House, Crowle Wharf, Ealand, North Lincs, DN17 4JS, United Kingdom

Telephone: +44 (0)1724 711 174 Fax: +44 (0)1724 711 126

Email: [lloyd@simples.com](mailto:lloyd@simples.com) Website: [www.simples.com](http://www.simples.com)

Simpler has become the largest and fastest growing Lean-focused consulting company in the world by holding ourselves accountable for helping our clients achieve lasting, measurable results and a culture of never-ending improvement. We operate in North America, Europe and Asia in the healthcare, military and government and commercial sectors.

## 11 Dr Foster Research Ltd

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Telephone: +44 (0)20 7332 8814 Fax: +44 (0)20 7332 8825

Email: [ellen.klaus@drfoster.co.uk](mailto:ellen.klaus@drfoster.co.uk) Website: [www.drfoster.co.uk](http://www.drfoster.co.uk)

Dr Foster is the leading independent provider of health information in the UK and is the biggest supplier of clinical benchmarking systems to UK hospitals and the leading publisher of comparative information about health services. Dr Foster works with The Dr Foster Unit at Imperial College London, directed by Professor Sir Brian Jarman and Dr Paul Aylin.

## 12 IMPACT BC

Suite 260 - 1401 West 8th Avenue, Vancouver, BC, V6H 1C9, Canada

Telephone: +1 604 742 1772 or toll free (North America): +1 888 742 1772

Fax: +1 604 742 1773 Email: [info@impactbc.ca](mailto:info@impactbc.ca) Website: [www.impactbc.ca](http://www.impactbc.ca)

IMPACT BC works within BC's health care system to help improve patient care for chronic conditions. We assist primary care practices to adopt, adapt, implement and sustain new ideas that improve primary health care by supporting dynamic collaborative learning networks. On display - clinical change modules and facilitator guides.

## 13 Outcome

US Address: 201 Broadway, 5th Floor, Cambridge, MA 02139, USA

EU address: Ch du Canal 5, 1260 Nyon, Switzerland

Telephone: US: +1 617 621 1600; EU: +41 (0) 22 560 7950

Fax: US: +1 617 621 1620; EU: +41 (0) 22 560 7952

Email: [support@outcome.com](mailto:support@outcome.com) Website: [www.outcome.com](http://www.outcome.com)

Outcome Sciences (dba Outcome) is a leading provider of web-based quality measurement systems for quality-improvement, pay-for-performance, and accreditation/certification programmes, providing hospitals/practices with the resources to ensure continuous quality improvement in patient care. Our programmes allow hospitals/practices to distinguish themselves in specific therapeutic areas, including stroke, coronary artery disease, heart failure, and diabetes, and provide regional and international benchmarking capabilities.

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The Improvement Foundation is a leading international organisation achieving large scale quality improvement in health and inequalities. We also provide leadership and quality skills training. Emphasis on measurement allows us to demonstrate impact and value for money. Our clients include health, social care and education in the UK and overseas.

## 15 GE Healthcare Ltd

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Email: [Chris.gordon@med.ge.com](mailto:Chris.gordon@med.ge.com) Website: [www.gehealthcare.com](http://www.gehealthcare.com)  
GE Healthcare Performance Solutions partners with healthcare providers worldwide to help improve operational, clinical, and management processes by leveraging GE's industry recognised tools, clinical expertise, and global best practices. Our expertise in Diagnostic Imaging, Critical Care, and Performance Excellence through culture change and hands-on skills transfer provides a comprehensive approach to the issues and needs facing organisations.

## 16 National Patient Safety Agency

4-8 Maple Street, London, W1T 5HD, United Kingdom

Telephone: +44 (0)20 7927 9500 Fax: +44 (0)20 7927 9501

Email: [enquiries@npsa.nhs.uk](mailto:enquiries@npsa.nhs.uk) Website: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)  
The NPSA's work includes specific safety aspects of hospital design, cleanliness and food. The NPSA is also ensuring research is carried out safely, through its responsibility for the National Research and Ethics Service (NRES); and is supporting local organisations in addressing their concerns about the performance of individual doctors and dentists, through its responsibility for the National Clinical Assessment Service (NCAS).

## 17 The Patient Safety Company

Jan Ligthartstraat 1, 1817 MR Alkmaar, The Netherlands

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Email: [info@patientsafety.com](mailto:info@patientsafety.com) Website: [www.patientsafety.com](http://www.patientsafety.com)  
The Patient Safety Company is a Dutch software company specialised in delivering on-demand clinical risk management. Our systems facilitate detecting risks and can be used to register, analyse (near) incidents and to improve processes in order to preserve patient safety and high quality standards within care organizations.

## 18 Institute for Healthcare Improvement

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Email: [info@ihi.org](mailto:info@ihi.org) Website: [www.IHI.org](http://www.IHI.org)  
The Institute for Healthcare Improvement (IHI) is a not-for-profit organisation that leads the improvement of health care throughout the world by cultivating innovative concepts for improving patient care and putting those ideas into action to achieve breakthrough results.

## 19 BMJ Group

BMA House, Tavistock Square, London, WC1H 9JR, United Kingdom

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## 20 Haute Autorité De Santé (HAS)

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Telephone: +33 (1)43 55 93 70 00 Fax: +33 (1)43 55 93 74 00

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The French National Authority for Health (HAS) is an independent, scientific, public authority with a key regulatory function. It advises the French Government on the reimbursement of drugs, medical devices and procedures. It assesses healthcare technologies, issues guidelines for practitioners, proposes healthcare strategies, implements quality improvement programmes and informs patients.

## 21 Quest

Manor House, Manor Street, Glossop, Derbyshire, SK13 8PS, United Kingdom

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Email: [info@healthdialog.co.uk](mailto:info@healthdialog.co.uk) Website: [www.healthdialog.co.uk](http://www.healthdialog.co.uk)

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## 25 Health and Co

31 Chemin des Balmes - BP 14 - F 69144 RILLIEUX CREPIEUX, France

Magazine Title: RISQUES & QUALITE EN MILIEU DE SOINS

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Website: [www.healthandco.fr](http://www.healthandco.fr) / [www.risqual.net](http://www.risqual.net)

RISQUES & QUALITE, created in 2004, is the leading French magazine dedicated to risks management and quality improvement in health institutions. It is a quarterly magazine and subscriptions include access to the archives.

# Poster displays

Listed below are posters being displayed at the Forum.

Some themes have been grouped into a single chaired poster session for discussion purposes, and this is shown below. Otherwise each theme has its own chaired poster session.

## Paris Corridor, Level 2

**Theme: Hospital based clinical care (Chaired poster session: Improving hospital care)**

- 1 **Building in quality and safety to urgent eye care redesign**, NHS Grampian, UK
- 2 **Improving quality and safety in the provision of non-invasive ventilation on an acute medical ward**, Imperial College Healthcare NHS Trust, UK
- 3 **Survey of the logistic process of emergency transfusion in Champagne Ardenne**, DRDASS Champagne Ardenne, France
- 4 **Improving the quality of care for adults presenting to hospital with community acquired pneumonia**, Health Informatics Centre, UK
- 5 **A model for implementing best practices in wound care in a hospital setting**, St. John's Rehab Hospital, Canada
- 6 **Check list in anaesthesia: an Italian experience**, A.O. Provincia Pavia, Italy
- 7 **Development of a basal-bolus insulin management approach to improve glycaemic control of hospitalised patients**, Repatriation General Hospital, Australia
- 8 **Advantages with One-Stop Diagnostic Breast Clinic**, University Hospital Malmö, Sweden
- 9 **Reducing incidence and prevalence of pressure ulcer: a MeaH campaign towards every day excellence of prevention and treatment**, Mission D'Expertise Et D'Audit Hospitaliers, Ministry Of Health, France

**Theme: Nursing care (Chaired poster session: Improving hospital care)**

- 10 **The Productive Ward Scheme – releasing time to care**, Luton & Dunstable Hospital NHS Foundation Trust, UK
- 11 **Nursing rounds: effects on patient safety outcomes**, Jewish General Hospital, Canada
- 12 **Good nursing care-scale: developing and testing the scale in different clinical fields**, University of Turku, Finland
- 13 **Audit of nursing documentation**, Galway University Hospitals, Ireland
- 14 **Change interventions reduce interruptions in nursing work**, University of Toronto, Lawrence S. Bloomberg Faculty Of Nursing, Canada
- 15 **The association between nurse staffing levels and in-hospital mortality in Belgian cardiac surgery nursing units**, Centre For Health Services and Nursing Research, K.U.Leuven, Belgium

**Theme: Cardiac care (Chaired poster session: Improving hospital care)**

- 16 **Changing the habits of a lifetime: implementing a same-day treat and return programme for coronary intervention and pacing on the medical admissions unit**, University College London NHS Trust, UK
- 17 **Inappropriate thrombolysis in suspected myocardial infarction – a clinical audit based model for risk management**, Pennine Acute Hospitals NHS Trust, UK
- 18 **Extending primary PCI provision within a Cardiac Network**, Greater Manchester & Cheshire Cardiac Network, UK
- 19 **Multi disciplinary peer review of coronary care units within Greater Manchester and Cheshire Cardiac Network**, Greater Manchester & Cheshire Cardiac Network, UK
- 20 **Quality improvement and clinical register decrease death, morbidity and bleeding in acute myocardial infarction**, Jönköping County Council, Sweden

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Come and find out more at **stand 7** in the main exhibition hall.



# Poster displays

## Theme: Maternity and obstetric care (Chaired poster session: Improving hospital care)

- 21 The local adaptation of a national guideline on the prevention of early-onset Group B Streptococcal disease in UK obstetric units**, London School of Hygiene and Tropical Medicine, UK
- 22 Reducing the frequency of rupture of the anal sphincter at delivery**, Soder Hospital, Sweden
- 23 Considerations of alleged serious failings in healthcare**, Healthcare Commission, UK
- 24 Research transfer strategies to reduce obstetrical risk in hospitals: lessons learned**, University of Toronto, Canada
- 25 Improving care for diabetics with hyperlipidemia: drug treatment adherence, intensification, and outcomes**, Kaiser Permanente, USA
- 26 Safe handover: safe care – a tool to improve communication on a labour ward unit**, Brighton & Sussex University Hospitals NHS Trust, UK

## Theme: Improving paediatric care (Chaired poster session: Improving hospital care)

- 27 Incident reporting in a paediatric hospital – pilot project**, University of Florence, Italy
- 28 Service redesign in a paediatric MRI department – the “no bed” patient pathway**, Great Ormond Street Hospital for Children NHS Trust, UK

## Theme: Cancer care and palliative care

- 29 Multidisciplinary approach for optimising a screening programme for cervical cancer**, Region Midtjylland, Denmark
- 30 West London Cancer Network teleconferencing abstract – better clinical decisions through innovative communication**, West London Cancer Network, UK
- 31 A model for enhancing quality of symptom management in an oncology setting**, Deakin University, Australia
- 32 Quality of care for patients with cancer is a concern and nursing care that provides effective symptom management can improve care quality. Does certification of nurses affect patient outcomes?** University of Arkansas for Medical Sciences, USA
- 33 Implementation of a professional evaluation programme of doctors in a comprehensive cancer centre: moving away from the constraints**, Institut Jean-Godinot, France
- 34 Improving outcomes for lung cancer patients: the role of prospective audit in implementing service improvements in South East Scotland**, South East Scotland Cancer Network, UK
- 35 The development of the French cancer plan 2003-2007: What kind of medical assistance? The example of the cooperation between a regional network in oncology and a school of oncology**, ONCOR (Oncology Network), France
- 36 New strategy: adjuvant treatment in groups of 4-6 patients**, Regionshospital Viborg, Denmark
- 37 Set up of a REX (Return of Experience) committee at the Angers Cancer Centre**, CRLCC Paul Papin Angers, France
- 38 Patient logistics in an ambulatory treatment centre for medical oncology**, The Netherlands Cancer Institute – Antoni Van Leeuwenhoek Hospital, The Netherlands
- 39 Going further on cancer waiting times**, The Whittington Hospital NHS Trust, UK
- 40 Multidisciplinary teams improve survival following surgery for breast cancer**, West of Scotland Cancer Surveillance Unit, UK
- 41 Improving team-based care and keeping patients informed**, National Breast Cancer Centre, Australia
- 42 Implementation of a multidisciplinary clinic care model for lung cancer**, UT Cancer Institute, USA
- 43 Changing practice in a hospice mortuary with regard to dignity and moving and handling**, Saint Francis Hospice, UK

**44 Impact of a comprehensive cancer treatment educational programme in the Philippines: Institutional and personnel outcomes**, University of California San Diego Medical Center, USA

**45 The organisation of oncology RCPs (multidisciplinary conciliation meetings) at the Bordeaux University Hospital**, Bordeaux University Hospital, France

**46 A 'model' for achieving and sustaining whole system change: 95% of urgently referred cancer patients now receive treatment in 62 days across England**, Cancer Services Collaborative 'Improvement Partnership', UK

## Theme: Chronic care and rehabilitation

- 47 Management of medical emergencies in a chronic/rehabilitation hospital**, West Park Healthcare Centre, Canada
- 48 Successful chronic care programme in Al Ain Primary Health Care, United Arab Emirates (UAE)**, Health Authority – Abu Dhabi, United Arab Emirates
- 49 Improving access to HIV/AIDS care and patient retention in four Russian cities**, University Research Co., LLC, Russia
- 50 Quality improvement through an information technology intensive care management programme**, Oregon Health & Sciences University, USA
- 51 Development work at a higher level by giving patients personal support**, Landstinget Jonkopings Lan, Sweden
- 52 Training in Parkinson's disease for care assistants working in health and social care: a comparison of self study and an interactive training day**, University of Surrey, UK
- 53 "Return on Investment": The Chronic Care Model making a tangible difference**, Medical College of Wisconsin, USA
- 54 Implementing a new tool for functional assessment**, Oxford Brookes University, UK
- 55 A short message service by cellular phone in type 2 diabetic patients for 12 months**, The Catholic University of Korea, South Korea
- 56 Implementing group visits/shared medical appointments for diabetes: tailoring an intervention to the context and system redesign by the intervention**, Louis Stokes Cleveland Dept. Of Veterans Affairs Medical Center, USA
- 57 A comparison of two methods to improve Hgb A1c testing: "pay for performance" versus a "chronic care collaborative"**, Medical College of Wisconsin and Froedtert Hospital, USA
- 58 Accuracy of an asthma registry for quality improvement: an easy method based on billing data**, Mayo Clinic, USA
- 59 Impact of quality improvement on asthma care in polyclinics**, National University Hospital, Singapore
- 60 Online patient learning for optimal diabetes control**, Ballochmyle Medical Group, UK
- 61 The Scottish renal registry quality improvement programme**, Scottish Renal Registry, UK
- 62 Designing an intervention for improving primary care management of sleep problems (REST: Resources for Effective Sleep Treatment)**, University of Lincoln, UK
- 63 Customer quality and type 2 diabetes in Australia**, University of Queensland, School of Population Health, Australia

## Theme: Care of older people

- 64 Multidisciplinary collaboration and falls reduction in hospitalised adults**, North Cheshire Hospitals NHS Trust, UK
- 65 Ageism or Appropriateness? Results of a nationwide indicator-based measurement system continuously monitoring the technical/medical quality of hospital care**, The Danish National Indicator Project, Denmark
- 66 Older People Services – moving from Fragmentation to Integration**, East Lancashire Primary Care Trust, UK
- 67 Comparing patients' and clinicians' assessments of the quality of stroke care: using agreement and discrepancy to build understanding**, Healthcare Commission, UK

- 68 Socks! – A mean of preventing serious falls in geropsychiatric inpatients**, Unit for Clinical Quality and Patient Safety, Denmark
- 69 SPARRA (Scottish Patients at Risk of Readmission and Admission): simple methods, rapid adoption, national impact**, Information Services Division, NHS Scotland, UK
- 70 Follow-home intervention for elderly medical patients discharged from hospital: randomised controlled trial**, University Hospital Of Gentofte, Denmark
- 71 Parachute project**, Göteborgs Stad/Senior Göteborg, Sweden
- 72 Passion for life**, Qulturum, County Council of Jönköping, Sweden
- 73 Skill mix in a long stay care of the elderly setting**, Health Services National Partnership Forum, Ireland
- 74 Quality improvement in the care of elderly alternate care patients in acute care hospitals by improving work conditions for patient-handling staff**, University of Victoria, Canada
- 75 Using health status longitudinal data as a platform for measuring quality of service interventions: results from an Australian community aged care study**, The Alfred Hospital, Australia
- 76 Multiple Hospital Readmissions-Are they Inevitable?** Prince Philip Hospital, UK
- 77 Improving the emergency care of older people who fall**, Swansea University, UK
- 78 A holistic care for long-term bed-ridden patients of skin lesion**, Changhua Christian Hospital, Taiwan

#### Theme: Primary and community care

- 79 Primary health care staff job satisfaction of Department of Health and Medical Service, Dubai 2006**, PHC – Department of Health and Medical Services, United Arab Emirates
- 80 Linking primary care practices and community resources: the prescription for health experience**, University of Colorado at Denver Health Sciences Center, USA
- 81 A systems assessment tool for Australian indigenous communities using a participatory action research approach**, Menzies School of Health Research, Australia
- 82 Evaluation of the effectiveness of training course on complementary feeding counselling (CFC) in primary care setting in Ismailia Governorate, Egypt**, Faculty of Medicine, Suez Canal University, Egypt
- 83 Pilot of wireless telemedicine services in primary care in Greater Manchester and Cheshire Cardiac Network**, Greater Manchester & Cheshire Cardiac Network, UK
- 84 Healthy communities collaborative-widening access to a healthier diet**, Improvement Foundation, UK
- 85 Effective management of stable heart failure patients in primary care through multidisciplinary teams**, National Healthcare Group Polyclinics, Singapore
- 86 A matter of attention: Inconsistencies between prescription and drug intake in elderly multimorbid patients in primary care**, Institute for General Practice, Johann Wolfgang Goethe-University, Germany
- 87 e-Discharge: improving information transfer between primary and secondary care on hospital discharge**, Swansea NHS Trust, UK
- 88 A collaboration project where three clinics at Malmö University Hospital in Sweden establish new forms for cooperation and together build an interdisciplinary unit jointly operated**, Centre for Sexual Health, Malmö University Hospital, Sweden
- 89 Why did a quality improvement intervention fail to increase delivery of preventive services in Australia's remote Indigenous communities?** Menzies School of Health Research, Australia
- 90 Productive Community Hospital**, NHS Institute for Innovation And Improvement, UK
- 91 Pilot of wireless telemedicine services in Primary Care in Greater Manchester and Cheshire Cardiac Network**, Greater Manchester and Cheshire CDC Collaborative, UK

#### Bleu Corridor, Level 2

#### Theme: Infection control (Chaired poster session: Hospital acquired infection)

- 92 Americano-Congolese university collaboration to introduce total quality management and improve nosocomial HIV infection control in the Eastern Kasai Province (Democratic Republic of the Congo)**, College of Health Professions, Wichita State University, USA
- 93 Enhancing patient area cleaning/disinfecting activities in twenty hospitals using a new objective evaluation method**, Caritas Carney Hospital, USA
- 94 Successful control and prevention of a H influenza outbreak in a district general hospital in England**, Royal Bournemouth Hospital, UK
- 95 Delivering real time data: how quality management web-based technology can change clinical behaviour and practice at the bedside**, The Krasnoff Quality Management Institute, USA
- 96 Healthcare-associated infections**, University Hospital Malmö, Sweden
- 97 Starting a statewide healthcare-associated infection surveillance programme – building partnerships**, Office of Safety and Quality in Health Care Western Australia, Australia

#### Theme: Wounds and surgical site infection (Chaired poster session: Hospital acquired infection)

- 98 Reducing infections, concerning primary hip and knee replacement**, NLL, Sweden
- 99 It takes a country to reduce surgical site infections!: one Canadian experience**, Safer Healthcare Now! Campaign, Canada
- 100 The cost of surgical site infections**, NHS Institute for Innovation and Improvement, UK
- 101 Improvement for the use of prophylactic antibiotics in orthopaedic surgery in Taiwan**, Kuang Tien General Hospital, Taiwan

#### Theme: Reducing infections in catheters and cannulae (Chaired poster session: Hospital acquired infection)

- 102 Neonatal percutaneous central venous lines: improving insertion technique and surveillance**, Community Paediatrics, UK
- 103 Process standardisation and continuous training leads to the elimination of catheter related blood stream infections (CR-BSI)**, Allegheny General Hospital, USA
- 104 Successful introduction of a 'Central Line Care Bundle' decreases line infection rates**, NHS Tayside, UK
- 105 Use of mupirocin cream and aggressive management of exit site and tunnel infections to reduce the risk of PD peritonitis**, Royal Liverpool Hospital, UK
- 106 How are American hospitals preventing infections due to central venous and urinary catheters?: a national mixed-methods study**, University of Michigan Health System, USA
- 107 Vascular access service**, Addenbrookes Hospital Cambridge University Hospitals, UK

#### Theme: MRSA and Clostridium difficile infections (Chaired poster session: Hospital acquired infection)

- 108 Neck of femur fracture patients: A case for MRSA prophylaxis or selective screening**, North Staffordshire University Hospital, UK
- 109 Comparison between mandatory surveillance and hospital administrative data for healthcare associated infections**, Imperial College London, UK
- 110 Safe in our care – The MRSA Improvement Team experience**, Department of Health, UK
- 111 Clostridium difficile: How vulnerable are our patients?** Birmingham Heartlands Hospital, UK
- 112 Reducing healthcare associated infections: lessons learned from the national strategy**, Cambridge University Hospitals NHS Foundation Trust, UK
- 113 Development of an innovative, proactive, patient-centred strategy for prevention of Clostridium difficile infection**, NHS Institute for Innovation and Improvement, UK

# Poster displays

**114 Driving unprecedented reduction in clostridium difficile incidence using a breakthrough series collaborative model**, Salford Royal NHS Foundation Trust, UK

## Neuilly Corridor, Level 2

### Theme: Surgical care

**115 Consenting patients for trauma operations: a prospective audit and guidance for safe practice**, Gateshead Health NHS Foundation Trust, UK

**116 A national model for improving care: the Scottish Hip Fracture Audit**, Royal Infirmary of Edinburgh, UK

**117 The Surgery Project – a registry based method for describing areas with improvement potentiality within specialised surgery**, National Board of Health, Denmark

**118 Pain Service – make it better doctor!** South Devon Healthcare NHS Foundation Trust, UK

**119 Audit of venous thromboprophylaxis in general surgery patients on a large surgical ward in St. Vincent's University Hospital**, St Vincent's University Hospital, Ireland

**120 Postsurgical telephonic update**, North Devon District Hospital, UK

**121 A simple technique to avoid wrong site surgery involving surgeon, anaesthetist and patient**, Derby Hospitals NHS Foundation Trust, UK

**122 Patients with hip fractures should not be treated as outliers**, Lund University Hospital, Sweden

**123 Audit of patient experience of day case inguinal hernia repair**, The Ipswich Hospital, UK

**124 Cultural change in the ENT emergency clinic improved the patient pathway**, Freeman Hospital, Newcastle Upon Tyne Hospitals NHS Foundation Trust, UK

**125 The application of Six Sigma to improve non-operative time – turnover time in operating room**, Cathay Medical Center, Taiwan

**126 Knowledge translation for glucose control during cardiac surgery**, Sunnybrook Health Sciences Centre, Canada

**127 Assessing the relevance of a second surgeon in cardiac surgery: guidance from HAS**, Haute Autorité De Santé (HAS), France

**128 Improving post-operative care for biliary surgery patients using biliary clinical pathway**, Tan Tock Seng Hospital, Singapore

**129 Patient safety: monitoring hospital care outcomes using record linked audit data**, NHS Lothian, UK

**130 The development and use of profile reports to support improvements in the quality of surgical care**, NHS National Services Scotland, UK

**131 An organisational approach to reducing retained foreign bodies in surgery**, University of Illinois Medical Center At Chicago, USA

**132 The Scottish audit of surgical mortality**, Scottish Audit of Surgical Mortality, UK

**133 Quality improvements by Orthopaedic Focus Groups**, Department of Orthopaedics, South Hospital, Sweden

**134 Effective patient care in fracture neck of femur**, Cambridge University Hospitals NHS Foundation Trust, UK

**135 Helping French hospitals making ambulatory surgery happen, the MeaH experience**, Mission Nationale D'expertise Et D'audits Hospitaliers (MeaH), France

**136 Breakthrough Perioperative Care improves quality, safety, cost effectiveness and patient centeredness of care after a colonic resection: implementation of the ERAS-protocol in 25% of hospitals in The Netherlands**, Dutch Institute for Health Care Improvement, The Netherlands

**137 Cardiothoracic Surgery: who reports patient safety incidents?** Manchester Royal Infirmary, UK

**138 Patient safety in the OR: an intervention study**, Leiden University Medical Centre, The Netherlands

**139 Transformation in the operating rooms**, University Health Network, Canada

**140 The introduction of pre-printed admission booklets as a method of improving the completeness of clinical admission documentation in an acute surgical unit**, Colchester General Hospital, UK

**141 Using Lean to dramatically improve care for fractured neck of femur patients**, University Hospitals Coventry and Warwickshire NHS Trust, UK

**Theme: Emergency care (Chaired poster session: Emergency and critical care)**

**142 Evaluation of the cervical spine clearance process in a Level 1 trauma centre**, National Trauma Research Institute and The Alfred Hospital, Australia

**143 Implementing red flags: a vital tool to provide quality, safe and uniform care in an Emergency Department**, University College London Hospitals NHS Foundation Trust, UK

**144 Improving interpersonal communication skills in the emergency department**, Yonsei University, Yongdong Severance Hospital, Korea

**145 Reorganisation of emergency room layouts**, Vienne Hospital, France

**146 Triage decreases visits at doctors of emergency units in Finland**, Jorvi Hospital, Finland

**147 Improving emergency department efficiency: an integrated patient-centred system**, Connecticut Children's Medical Center, USA

**148 A community health system approach to improve the emergency care of heart attack victims**, Orange County California Health Care Agency, USA

**149 Improve access to emergency medical service in Ubonratchathane, Thailand**, Sappasittiprasong Hospital, Thailand

**150 Safety in bariatric patient transfers**, Nine of July University Center, University of Alberta, And EWI Works International, Canada

**151 Development of an integrated model of emergency care**, Cambridge University Hospitals NHS Foundation Trust, UK

**Theme: Critical care (Chaired poster session: Emergency and critical care)**

**152 Should we/could we change the system of tracheostomy care?** Austin Health, Australia

**153 The risk assessment of non-medical transfers of critically ill patients**, Royal Devon & Exeter NHS Foundation Trust Hospital, UK

**154 Preliminary analysis of in-Hospital Cardiopulmonary Resuscitation Simulation (SimCode) Training Programme** Rhode Island Hospital Medical Simulation Center, USA

**155 Severely injured patient study – neurotrauma**, National Confidential Enquiry Into Patient Outcome and Death, UK

**156 50% risk reduction in 12 months through a networked approach to managing critical care transfers in North West London**, North West London Critical Care Network, UK

**157 A vital prescription: implementing a simple solution for poor oxygen prescribing**, Walsall Hospitals NHS Trust, UK

**Theme: Improving mental health care**

**158 To overcome the gap between mental health and social services**, Division of Psychiatry, Lund University Hospital, Sweden

**159 Management and outcome of substance misuse during pregnancy**, Sandwell & West Birmingham NHS Trust, UK

**160 Changing mental health through care planning**, Central Northern Adelaide Health Service, Australia

**161 The challenges and schisms of staff's handling interpersonal mechanisms, caring and empowering patients and reducing self-mutilation**, Central Jutland Region, Unit for Clinical Quality and Patient Safety, Denmark

**162 Implementing suicide prevention strategy: North East London Mental Health Trust, April 2001 – March 2005**, North East London Mental Health NHS Trust, UK

**163 Utilisation of mental health and auxiliary services among hematopoietic transplant recipients: support for additional psychosocial support throughout the transplant process**, Department of Psychology, Baruch College, The City University of New York, USA

**164 Improving documentation of suicide risk assessment utilizing an electronic dictation innovation**, Mayo Clinic, USA

**165 Reducing the number of appointment cancellations at the Granville Medico-Psychologique Center (MPC)**, Pontorson Hospital Centre, MPC Granville, France

**166 Cultural change for service improvement**, Care Services Improvement Partnership DH, UK

**167 Ready to landing: From chaos to coping**, Aker University Hospital, Norway

**168 Improvement project concerning the use of restraint within psychiatry in Denmark: Implementing EpiData, a measurement tool based on Statistic Process Control**, Centre for Quality Improvement, Denmark

**169 Enhancing learning through the development of an e-learning tool for mental health**, National Leadership & Innovations Agency for Healthcare, UK

**170 Improving depression care in a psychiatry resident psychopharmacology clinic: measurement, monitoring, feedback, and education**, Dartmouth Medical School, USA

**171 Quality improvement in mental health in The Netherlands: The Breakthrough Collaborative on Anxiety Disorders**, Trimbos-Institute, The Netherlands

**172 Evaluating the effectiveness of an integrated model of care for alcohol and drug clients**, Deakin University, Australia

**173 Introducing systematic improvement work in a clinic treating alcohol and substance addicted patients**, Aker University Hospital, Norway

**174 Improving access to mental health ambulatory settings**, EPS Départementale de la Marne EPSDM, France

**175 A QI approach to developing Suicide Prevention and Management Programme**, Tan Tock Seng Hospital, Singapore

**176 The Breakthrough Schizophrenia in The Netherlands**, Trimbos-Instituut, The Netherlands

**177 The Rapid Access Service approach to managing risk and mental health problems with older people in the community**, South West Yorkshire Mental Health Trust, UK

**Theme: Improving laboratory testing (Chaired poster session: Improving diagnosis)**

**178 Collaborative learning about better patient safety focusing on pre-analytical and post-analytical activities in laboratory testing**, Jönköping County Council, Sweden

**179 UHCW phlebotomy project abstract**, University Hospital of Coventry & Warwickshire, UK

**180 Are we still performing too many blood tests?** Princess Alexandra Hospital NHS Trust, UK

**181 Enhancing the contribution of laboratory services to patient care using electronic ordering systems: a data feedback intervention to support effective work-practice change**, University of Sydney, Australia

**182 Patient safety in the laboratory: targeting patient and specimen identification defects in the Henry Ford production system**, Henry Ford Health System, USA

**Theme: Radiology (Chaired poster session: Improving diagnosis)**

**183 Substitution of radiologists by radiology-technicians**, Haute Autorité De Santé, France

**184 Automatic monitoring of a multi-step preoperative process using active radio frequency identification**, Department of Productivity and Project Management, SINTEF, Norway

**185 Evaluation of causes of delays in x-ray reporting for A&E x-rays as a part of risk management**, St. Mary's Hospital, UK

**186 Rapid improvements to diagnostic services in radiology, endoscopy and urology**, NHS Tayside, UK

## Paris Corridor, Level 3

**Theme: Safety – general**

**187 A wristband to improve patient safety: the experience of the Tuscany Region**, Centre for Clinical Risk Manager and Patient Safety Tuscany Region, Italy

**188 Using Quality Improvement Methodologies In Risk Prevention**, Team Healthcare Consulting, United Arab Emirates

**189 Error proofing to eliminate missed investigation results in a tertiary hospital**, National University Hospital, Singapore

**190 Prospective front line clinical risk management: development and impact of a novel approach to clinical risk and patient safety in interventional cardiology**, Imperial College Healthcare NHS Trust and Imperial College London, UK

**191 Designing hospitals to reduce harm and stress on patients and staff: an evidence based approach**, University of Utrecht Medical Centre, The Netherlands

**192 Assessment of interest in and accuracy of coding of AHRQ Patient Safety Indicators in England**, Imperial College London, UK

**193 The business case for quality and safety: how strategic partnerships accelerate the development, adoption and spread of local innovation**, NHS South West, UK

**194 Organisational safety: implementing a Quality Improvement Patient Lift Programme**, St. Michael's Hospital, Canada

**195 Is hospital safe? opinions of the hospital staff about the safety culture dimensions in Brazil**, Fundação Getulio Vargas, Brazil

**196 Patient safety culture survey in a Norwegian University Hospital – results and recommendations**, Health Services Research Unit, Akershus University Hospital, Norway

**197 Development and validation of the SURgical PATient Safety System (SURPASS) checklist**, Academisch Medisch Centrum, The Netherlands

**198 Patient identification bracelets: hospital-wide audits improve safety**, SMDB Jewish General Hospital, Canada

**199 Diagnosis of the patient safety culture at a second-level hospital in El Salvador**, Universidad Dr. José Matías Delgado, El Salvador

**200 Eliminate wrong site, wrong patient, and wrong procedure surgery**, Clemenceau Medical Centre, Lebanon

**201 The business case for patient safety: development and initial evidence from a Project Scorecard tool**, National Patient Safety Agency, UK

**202 Innovative approaches to researching patient safety**, Faculty of Humanities and Social Sciences, The University of Technology, Australia

**203 Assessing and improving the transfer of patient care responsibilities: designing safe and effective handovers**, University of Chicago, USA

**204 Assessing organisational culture for quality and safety improvement: a national survey of tools and tool use**, Centre for Health and Public Services Management, York Management School, The University of York, UK

**205 Leveraging on information technology to provide safer care – the Singapore Critical Medical Information System**, Ministry of Health, Singapore

**206 Patient safety walkaround: a risk assessment pilot study in a medical department**, Niguarda Hospital, Italy

**207 Mislabelled specimens: avoiding a costly medical error**, University of California San Diego Medical Center, USA

**208 Looking for harm using Patient safety leadership walkrounds**, NHS Tayside, UK

**209 The Clinical Indemnity Scheme – a national approach to clinical claims and risk management in the Republic of Ireland**, State Claims Agency, Ireland

**210 Levels in patient safety**, Norwegian Knowledge Centre for The Health Services, Norway

**211 Preventing errors due to misidentification: task analysis of wristband application and use**, Royal Lancaster Infirmary, UK

**212 Renal inpatient falls: improving patient safety**, Nottingham University Hospital NHS Trust, UK

# Poster displays

**213 Move your Dot in The Netherlands: Improving patient safety for high-risk patient groups in Dutch hospitals**, CBO Dutch Institute for Healthcare Improvement, The Netherlands

**214 Patient safety and the role of communication**, Windesheim University of Professional Education, The Netherlands

**215 The Spinal Long Luer (SLL) needle and syringe to prevent fatal intrathecal administration of Vincristine and other drugs**, VU University Medical Centre, The Netherlands

**Theme: Adverse events, incident reporting and near misses (Chaired poster session: Adverse events)**

**216 A systematic review of the types, risk factors and likely causes of preventable adverse events arising from hospital care**, Tehran University of Medical Sciences, Iran

**217 Major incident reporting in a tertiary NHS unit**, St. Mary's Hospital Manchester, UK

**218 Towards a learning organisation**, Antrim Area Hospital, UK

**219 Risk management and blood transfusion**, Catholic University of Sacred Heart, Pol. Gemelli, Italy

**220 Using Trigger Tools to reduce adverse events at the Luton & Dunstable Hospital**, Luton & Dunstable Hospital, UK

**221 Using Root Cause Analysis to involve staff in a patient safety programme**, UMC Utrecht, The Netherlands

**222 Embracing risk management to improve patient safety**, CHKS, UK

**223 Systematic review of adverse events in a surgical ward**, Patient Security Unit, Sweden

**224 An innovative approach to managing sentinel events through a human factors engineering review**, Department of Health South Australia, Australia

**225 Root Cause Analysis (RCA) in Copenhagen (II) – an overview of the quantitative and qualitative data**, Danish Society for Patient Safety, Denmark

**226 Recuperation of adverse events in the operating room: teamwork assessment**, French Society for Risk Management In Health Services (SoFGRES), France

**227 Reducing patient harm by analysing root causes of adverse events and near misses**, NIVEL, Netherlands Institute for Health Services Research, The Netherlands

**228 Indicators of adverse events in the intensive care unit: a French multicentric study**, Saint Joseph Hospital Network, France

**229 Strengthening the organisations memory: sharing the learning from serious incidents**, NHS Quality Improvement Scotland, UK

**230 Learning from the best – critical examination of the application of RCAs for investigation of serious untoward incidents (SUIs) by Root Cause Analysis (RCA) in exemplar NHS trusts in England**, Applied Research Centre Health & Lifestyles Interventions, UK

**Theme: Claims, complaints and disclosure (Chaired poster session: Adverse events)**

**231 Overcoming culture: the development and implementation of an innovative and comprehensive full disclosure and rapid remedy programme**, University of Illinois Medical Center at Chicago, USA

**232 Complaints: improving learning**, Leeds Teaching Hospitals NHS Trust, UK

**233 Teaching the art of medical error full disclosure: evaluation of a new curriculum**, University of Illinois at Chicago, USA

**234 Change in the number and size of professional liability claims after implementation of an innovative and comprehensive full disclosure and rapid remedy programme**, School of Public Health, University of Illinois at Chicago, USA

**235 Regaining trust after an adverse event: series of well timed conversations**, The Royal Australian College of General Practitioners, Australia

**236 Patient safety jigsaw – putting the pieces together**, Clinical Indemnity Scheme, Ireland

**237 Patient safety on the move: mobile clinical adverse event reporting and feedback**, Coventry University, UK

**238 Critical fiction – a novel approach to feedback in adverse outcome audit**, Wishaw General Hospital, UK

**239 Using a prospective adverse event tracking mechanism to change practice in an orthopaedic unit**, Flinders Medical Centre, Australia

**Theme: Safer medication and prescribing**

**240 Medication prescribing errors in Saudi hospitals**, King Saud University, Saudi Arabia

**241 Medication errors in Brazilian hospitals: identification and classification to improve the quality of medication process**, University of Sao Paulo, Brazil

**242 A leadership initiative to improve the medication reconciliation process**, Danbury Hospital, USA

**243 Missed medications in acutely ill patients**, University of Plymouth, UK

**244 Using automation to improve controlled drugs management on hospital wards**, Pharmacy Department, Imperial Healthcare NHS Trust, UK

**245 Practice of prescribing broad spectrum antibiotics in a university hospital in the UK – lessons learnt**, Royal Preston Hospital, UK

**246 Improvement of quality of practices for the preparation of cytotoxic drugs: results of a 'before-after' study in a French cancer network**, Réseau ONCOR, France

**247 Evaluation of financial implementation strategies in a Dutch Guideline Project**, Institute of Health Policy And Management, The Netherlands

**248 Medicines reconciliation on hospital discharge – trial of new paper-based documentation**, Whipps Cross University Hospital NHS Trust, UK

**249 Medication safety tours: a strategy to promote the identification of unit-specific safety improvement initiatives**, SMBD – Jewish General Hospital, Canada

**250 Electronic prescribing, safer prescribing? The School of Pharmacy**, University of London, UK

**251 Collaboration and standardisation to improve the quality of medication safety information in Ireland**, The Adelaide and Meath Hospital, Dublin, Incorporating The National Children's Hospital, Ireland

**252 Mass media have a role in changing antimicrobial prescribing practice**, NHS Institute for Innovation and Improvement, UK

**253 Implementation of a caregiver self-assessment on a regular basis regarding therapeutics: a self-administered quiz on TEGELINE®**, Pôle Digestif Purpan Hôpital Purpan, France

**254 Sustainability in practice – case studies in medication safety**, The Prince Charles Hospital – Northside Health Service District, Australia

**255 Towards improving inpatient anticoagulation safety**, Barts and The London NHS Trust, UK

**256 Antimicrobial drugs errors in Brazilian hospitals**, University of São Paulo at Ribeirão Preto College of Nursing, Brazil

**257 Medication error – junior doctors' misplaced confidence in knowledge**, Hull York Medical School, UK

**258 Case Study: using an electronic patient record, medication bar coding and cold chain delivery service to improve patient safety**, St. James's Hospital, Ireland

**259 Medicines waste initiative**, NHS Tayside, UK

**260 Design of a "day 3 bundle" to improve the review of inpatient antibiotic prescriptions**, CHU de Nice, France

**261 Improvement of inpatient warfarin titration time to therapeutic range**, Tan Tock Seng Hospital, Singapore

**262 Implementation of a medication reconciliation process in the division of primary care internal medicine clinics**, Mayo Clinic, USA

**263 Reduction of potential warfarin toxicity using an integrated warfarin management system**, The Prince Charles Hospital, Australia

**264 A successful model of improving quality in drug prescribing in general practice by means of economical incentives**, Stockholm County Council, Sweden

## Theme: Safer Patients' initiative

- 265 The Safer Patients Initiative – an incredible journey**, Conwy & Denbighshire NHS Trust, UK
- 266 Improving patient safety – beyond the safer patients initiative**, Conwy & Denbighshire NHS Trust, UK
- 267 Implementing the Safer Patients Initiative at Luton & Dunstable Hospital NHS Foundation Trust**, Luton & Dunstable Hospital NHS Foundation Trust, UK
- 268 Measuring and learning from adverse events**, NHS Tayside, UK

## Neuilly Corridor, Level 3

### Theme: Process, statistics and pathways

- 269 Putting the va-va-voom into NHS logistics: the right people & equipment at the right time & place**, Manchester Business School, UK
- 270 Internal audit network at Ullevål University Hospital**, Norway, Ullevål University Hospital, Norway
- 271 Which trusts get inspected by the Healthcare Commission? (An update)**, Healthcare Commission, UK
- 272 Bedside handover in nursing: one tool to improve patient safety**, Griffith University, Australia
- 273 Clinical workforce redesign – piloting of new practices**, Great Ormond Street Hospital For Children, UK
- 274 Single Box – using Statistical Process Control (SPC) to improve patient care**, NHS Ayrshire & Arran, UK
- 275 Combining and adopting two powerful instruments in order to improve the quality of services offered by a Sicilian School of Public Health**, CEFPAS, Italy
- 276 Electronic clinical pathway as a tool for Improvement of quality of care and patient safety**, Østfold Hospital Trust, Norway
- 277 Implementing coherent patient pathways through strategy maps and guidelines at Aarhus University Hospital**, Skejby, Denmark, Aarhus University Hospital, Skejby, Denmark
- 278 Ophthalmology service redesign**, NHS Highland, UK
- 279 Eye care redesign Tayside**, NHS Tayside, UK
- 280 A diamond model for involving physicians in quality improvement efforts**, Haskayne School Of Business, University of Calgary, Canada
- 281 Through the eyes of practitioners: re-imagining and re-storying medication safety with a repeat photography research protocol**, University of Alberta, Canada
- 282 Achieving rapid change in orthopaedics**, The Royal Bournemouth and Christchurch Hospitals NHS Trust, UK
- 283 Improving compliance with medical record standards using an open chart audit process**, Tawam Hospital, United Arab Emirates
- 284 Evaluating the impact of a multi-disciplinary team (MDT) approach on emergency pathways and developing patient pathway tools**, Brunel University, UK
- 285 Assessment of the quality in the professional health care in Slovenia**, Medical Chamber of Slovenia, Slovenia
- 286 Administrative hospital data: can they be used for measuring quality?** Belgian Health Care Knowledge Centre, Belgium
- 287 Medical documentation and clinically coded data improvement audit**, University of Leicester, UK
- 288 OPTIGOV methodology: optimising clinical governance and quality of care within health care organisations**, Catholic University of the Sacred Heart, Italy
- 289 Delivering 18 week elective referral-to-treatment pathways for patients in England**, Department of Health, UK
- 290 Continuous quality improvement in anaesthesia, driven by real time data analysis and automatic alerting**, Massachusetts General Hospital, USA
- 291 Clinical indicators: kickstarting improvements in safety and quality of care**, Southern Health, Australia

- 292 Better management of the health organisation through analyses of the flow of patients**, Malmö University Hospital, Sweden
- 293 Standardised the ophthalmology referral pathway and documentation from the community into the hospital environment**, NHS Scotland, UK
- 294 Standardised approach for surge capacity planning and management**, Ontario Ministry of Health and Long Term Care, Critical Care Secretariat, Canada
- 295 The impact of clinical pathways on the organisation of care processes**, Centre for Health Services and Nursing Research, Belgium
- 296 QA as an engine of cultural transformation**, Professional Renewal Center, USA
- 297 Clinical engagement – making it better**, National Leadership and Innovation Agency for Healthcare, UK
- 298 Case example of quality improvement in a resource constrained setting**, Institute for Healthcare Improvement, USA

### Theme: Education and training

- 299 Using kappa to measure agreement between literature selectors. case study: the low back pain HTA**, NHS Quality Improvement Scotland, UK
- 300 Anticipatory medicine**, Clinical Safety Research Unit, Imperial College London, UK
- 301 Ghanaian research skills course that meets UK quality standards**, Liverpool School of Tropical Medicine, UK
- 302 Designing for safety: constructing the Canadian patient safety officer course**, Canadian Patient Safety Institute, Canada
- 303 Ensuring that robust appraisal is a viable component in doctors' revalidation**, CHKS Healthcare Accreditation and Quality Unit, UK
- 304 Bundle Monitoring Model (BuMM): integrating professional knowledge with improvement knowledge**, Northern Sydney Central Coast Health, Australia
- 305 Emergency medicine team training using a chief complaint-based simulation curriculum**, Mayo Clinic, USA
- 306 Assessing the impact of patient safety training**, Royal Brompton and Harefield NHS Trust, UK
- 307 Improving palliative care in a graduate medical training programme: initial results of a trainee designed intervention**, Mayo Clinic, USA
- 308 A quality improvement intervention reduces inappropriate prescribing of Ondansetron**, Mayo Clinic, USA
- 309 An interdisciplinary approach to designing a longitudinal patient safety curriculum: the Telluride experience**, University of Illinois at Chicago, USA
- 310 Principles and practice underlying development and delivery of high quality educational courses as a means of improving quality and safety in health care**, Liverpool School Tropical Medicine, UK
- 311 Risk management self-appraisal modules**, Healthcare Insurance Reciprocal of Canada (HIROC), Canada
- 312 Patient safety knowledge and attitudes: a comparison among students in the health sciences**, University of Illinois at Chicago, USA
- 313 Developing mortality and morbidity conferences in a university hospital**, Cochin Saint Vincent De Paul Hospital, France
- 314 A quality improvement education programme for specialist registrars: the prescribing of breakthrough opioid analgesia at a NHS District General Hospital**, Winchester and Eastleigh NHS Trust and The Wessex Deanery, UK

### Theme: National quality improvement projects

- 315 Inspiring innovation in implementing best practice in Victorian Health Services**, JA Projects Pty Ltd, Australia
- 316 THFC Quality Improvement in Malawi Project**, The Health Foundation, UK

# Poster displays and show & tell sessions

**317 "That's not the question you should be asking" – enlisting stakeholders in a reform of Australian Health care accreditation**, Australian Commission on Safety And Quality In Health Care, Australia

**318 Identifying high level, 'system level' improvement indicators for Wales, UK**, Wales Centre for Health, UK

**319 The Greater Metropolitan Clinical Taskforce : an Australian model for clinical governance and system change**, Greater Metropolitan Clinical Taskforce, Australia

**320 The use of a national audit for bowel cancer to improve patient outcomes**, Imperial College London, UK

**321 Results from the implementation of a Quality Model adapted from the European Foundation for Quality Management (EFQM) Model**, Daughters of Charity Service for ID, Ireland

**322 The impact of accreditation on quality of care in Lebanese hospitals**, American University of Beirut, Lebanon

**323 Open Disclosure – national pilot of an ambitious policy**, University of Technology, Australia

**324 Creating a common quality strategy - obstacles and possibilities**, Central Denmark Region Health Care Org, Denmark

**325 Endoscopy service improvement in Wales**, National Leadership and Innovation Agency for Healthcare, UK

**326 Contribution of the French National Authority for Health to a national policy of disease management**, French National Authority for Health, France

**Theme: Patient flow/transfer/discharge (Chaired poster session: Flow and Lean)**

**327 A report of successful work on eliminating waiting lists at a clinic for dermatology and venereology by combining an in-depth study of implementation of process flow with Breakthrough project**, Sahlgrenska University Hospital, Sweden

**328 Transforming delayed transfers of care into effective transfers of care ('Six Steps from DToc to EToc')**, National Leadership & Innovation Agency for Healthcare, UK

**329 Optimisation of bed management system in the Lyon Nord Clinic**, Rillieux, Clinique Lyon Nord – Rillieux, France

**330 Redesign of the referrals system; the electronic pathway**, NHS Fife, UK

**331 Development of an international outpatient non attendance benchmarking initiative**, St. James's Hospital, Ireland

**332 Eliminating a waiting list for urological outpatients**, Guy's & St Thomas NHS Foundation Trust, UK

**333 Implementing advanced access in paediatric out-patients at the Royal Free Hampstead NHS Trust**, Royal Free Hampstead Trust, UK

**334 Improving discharge process to achieve the 4-hour emergency access target**, Nottingham University Hospitals NHS Trust, UK

**335 Respiratory early discharges: maintaining quality of care and patient safety**, Ashford and St Peter's NHS Trust, UK

**336 "You are fit for discharge" but "I am not ready!" – How to manage difficult discharge patients in a public funded hospital?** Tuen Mun Hospital, Hospital Authority Hong Kong, Hong Kong

**337 Improving discharge using a modified BRASS index**, International School of Management (ISM), Germany

**Theme: Lean methodology (Chaired poster session: Flow and Lean)**

**338 Bolton Improving Care System – clinical engagement in improving services**, Bolton Hospitals NHS Trust, UK

**339 Lean in Lothian: Team driven rapid process improvement in Computed Tomography (CT)**, NHS Lothian, UK

**340 Leaning towards improved quality in cervical cytology: the surepath liquid based cytology 'lean' processing cell**, Bro Morgannwg NHS Trust, UK

**341 Employing lean to enable cultural and process improvements in an operating theatre department**, University Hospital Coventry & Warwickshire NHS Trust, UK

**342 Time to PCI**, St Agnes Hospital, USA

**Theme: Leadership (Chaired poster session: Teams and leadership)**

**343 Shared leadership and improved patient safety: report of an intervention**, The Health Foundation, UK

**344 Reducing error – the role of nursing leadership**, Auckland District Health Board, New Zealand

**Theme: Teams and simulation (Chaired poster session: Teams and leadership)**

**345 Communication matters: evaluation of a multi-disciplinary human course in rural Australia**, The University of Newcastle, University Department of Rural Health Northern New South Wales, Australia

**346 The effect of pre-operative team briefings on theatre communication and efficiency: a prospective study**, Taunton and Somerset NHS Trust, UK

**347 Effectiveness of the multidisciplinary team meeting treatment plan**, Newcastle Upon Tyne Hospitals NHS Trust, UK

**348 Simulation training for paediatric emergency teams**, Sydney Children's Hospital, Australia

**Theme: Patient involvement**

**349 The Communication Complexity Score – a model for estimating relative need for professional healthcare interpreters based on patient complexity**, Simpson Centre for Health Services Research University of New South Wales, Australia

**350 Real time patient feedback**, NHS Tayside, UK

**351 Engaging patients in service developments**, Guy's & St Thomas NHS Foundation Trust, UK

**352 Can surveys of patients and staff highlight opportunities for improving quality and safety? results of a national programme of NHS surveys in England**, Healthcare Commission, UK

**353 Facilitating change using patient stories**, Pembrokeshire & Derwen NHS Trust

**354 Patient-centred care and its effect on patient satisfaction and quality of care**, UPMC St. Margaret, USA

## Show and tell sessions

*Note: these posters will be displayed only on the day of the chaired session.*

**Wednesday 23 April, 13.15-14.00, Show and tell session: Teams and leadership**

**A Leadership role in promoting quality improvement in primary healthcare**, Institute of Public Administration, Saudi Arabia

**B Whiteboard assisted communication in acute care wards: a tool to improve patient safety and patient flow**, Griffith University and Gold Coast Health Service, Australia

**C Leadership development role: influencing quality and safety**, Conwy and Denbighshire NHS Trust, UK

**D Improving diabetes care through shared leadership for team**, The Health Foundation, UK

**E Using simulation to promote team-based disclosure of errors**, Ryerson University, Canada

**Wednesday 23 April, 17.30-18.30, Show and tell session: Indicators**

**F Public led clinical benchmarking across 23 community health services**, East Lancashire Primary Care Trust, UK

**G Performance indicators of the Reims University Hospital Centre (CHU) Ambulatory Surgery Unit (ASU)**, Unité De Chirurgie Ambulatoire, CHU De Reims, France

**H Development of an 'Evidence Bank'**, Pontypridd and Rhondda NHS Trust, UK

**I Developing clinical indicators for the secondary health system in India,** Tata Institute of Social Sciences, India

**J Administered healthcare data has limited value for benchmarking but enables modelling and scenarios of healthcare outcomes. Result of CEEQNET project,** University Centre for Healthcare Quality, Medical Faculty, Masaryk University, Czech Republic

**Thursday 24 April, 08.15-09.15, Show and tell session: Hospital outcomes/ involving patients**

**K Informed consent in underdeveloped countries,** Isstecali Ensenada, Mexico

**L 'Just Ask' – collaborating with patients to make health care safer,** Brighton and Sussex University Hospitals NHS Trust, UK

**M Assuring quality outcomes after cardiac surgery: beyond the surgeon,** Bristol Royal Infirmary, UK

**N Affecting change in craniotomy surgical site infection rates at the Toronto Western Hospital,** Toronto Western Hospital, University Health Network, Canada

**O Positivity! The positive energy of collaborating with patients in developing self-management tools,** Rehabilitation Centre De Hoogstraat, The Netherlands

**P Continuous monitoring of surgical performance: an application to total hip replacement,** Hôpital Saint Louis, France

**Thursday 24 April, 13.15-14.15, Show and tell session: Education and training**

**Q Sustaining a quality improvement education programme for newly qualified doctors,** Salisbury NHS Foundation Trust, UK

**R Effective training programmes – the key requirement for culture change,** The University of Texas M.D. Anderson Cancer Center, USA

**S Programme of training in patient safety for doctors in training at ABC medical centre,** ITESM – School of Medicine, Mexico

**T Crisis team training of perinatal healthcare professionals using simulation technology,** Emory University School of Nursing, USA

**U What is it like to be seconded to an Academy run by McKinsey & Company Management Consultancy and the NHS III?** Luton and Dunstable Hospital NHS Foundation Trust, UK

**Thursday 24 April, 17.30-18.30, Show and tell session: Hygiene and medication reconciliation**

**V Enforcing the hygiene code: a surveillance-response methodology,** Healthcare Commission, UK

**W How to improve the drug supply process to patients by preventing delays and interruptions,** Milton Keynes NHS Foundation Trust, UK

**X Improving anticoagulant therapy outcome,** Caisse Autonome Nationale De La Sécurité Sociale Dans Les Mines, France

**Friday 25 April, 13.15-14.00, Show and tell session: Disaster management and e-solutions**

**Y Creative solution – the patient medicine bag,** NHS Innovations East Midlands, UK

**Z Disaster management: quality health care aspects,** Pakistan Red Crescent Society, Pakistan

**ZZ Stress, safety and surgical performance; developing advanced simulation and safety (based) intra-operative stress training (ASSIST),** Imperial College London, UK

## From pages 4 and 5:

**23 April 2008**

**17.30-18.30 EUNetPAS (European Union Network for Patient Safety)**

**Led by:** Charles Bruneau,

France, René Amal Berti, Jean Bacou

A network involving the 27 member states of the European Union, funded and supported by the Public Health Executive Agency within the 2007 Public Health Programme of the European Commission. This project is coordinated by HAS (French National Authority for Health). Its purpose is to establish an umbrella network of all 27 EU Member States and EU stakeholders to encourage and enhance their collaboration in patient safety (culture, reporting and learning systems, medication safety and education). EUNetPAS will establish common principles at the EU level through the integration of knowledge, experiences, and expertise gathered from individual member states and EU stakeholders, facilitate the development of patient safety programmes in member states, and also provide support to less advanced countries. The network plans to bring together professionals from health care organisations in 10 member states who will test some of these practices in medication safety. We will present the objectives and methodology and we want feedback as the project is only now being launched.

**23 & 24 April 2008**

**17.30-18.30 Meet the faculty** – These themed sessions aim to bring together the presenters of sessions on that theme. Participants will therefore have an opportunity to raise issues with a group of presenters from several different sessions

**23, 24 & 25 April 2008**

**17.30-18.30 Join us for a dialogue on Healthcare Transformation**

**Led by:** Doug Eby, USA; Goran Henriks, Sweden

Elements of a conceptual framework for transformation are beginning to emerge. Identifiable topics such as clarity of purpose, sophisticated whole workforce mobilisation, intentional whole system design, markedly different roles for patients and families, active use of technology to drive different approaches to information management, rethinking team composition are part of the conversation. It is now time to move past the 'experimentation' phase of whole system transformation and begin to build a Transformation Theory that includes definitions, principles, a framework, and application tool boxes. You are a transformation agent already at work in your system. We invite you to continue to use your 'new eyes' to expand knowledge, encourage disciplined creativity, and create productive experimenting.

**This is an exciting time! Please join with us at the end of each day – for an hour of dialogue on this critical issue of Transformation.**

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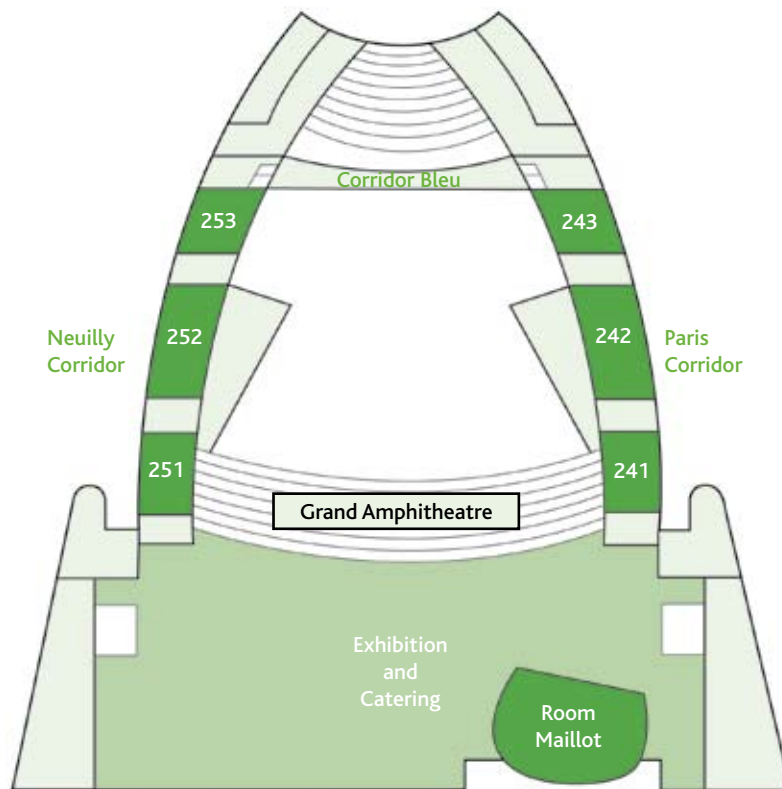
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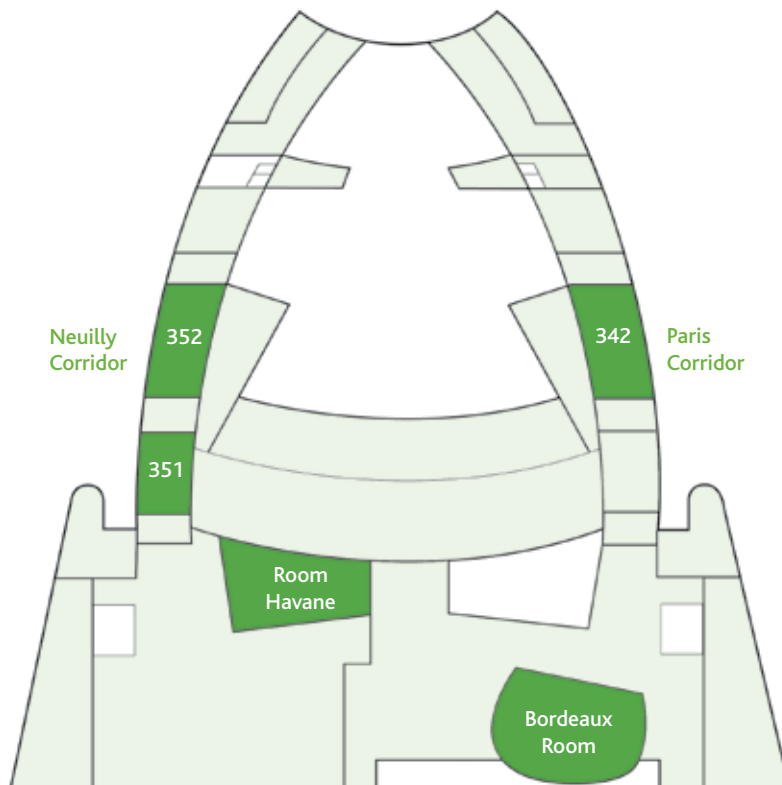
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## Venue map

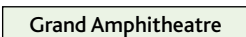
### Level 2



### Level 3



 = Minicourse and session rooms

 Grand Amphitheatre = Plenary session location