

International Forum on
**QUALITY &
SAFETY** in
HEALTHCARE

International Forum on Quality & Safety in Healthcare

Amsterdam 5-8 April 2011

Better Health, Safer Care, Lower Costs

Registration Brochure





How to find the right sessions for you

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Better Health, Safer Care, Lower Costs

Our theme for 2011 builds on last year's theme and captures the essence of excellent, safe and affordable healthcare.

We have organised our conference sessions into 6 content areas or streams to allow you to focus on your priorities and interests.

Streams for 2011

1 Safe and reliable care

2 Service redesign and transformation

3 Leadership and business management

4 Clinical improvement and innovation

5 Patient partnerships

6 Learning, education and culture

The pull out section 'programme by stream' can be found in the middle of this brochure.

Tuesday 5 April

There are 3 full day minicourses to focus your learning. This year, running concurrently are two other special events, the International Improvement Science Symposium and Experience Days 'Learn Locally, Act Globally – Inspiration from The Netherlands'

How to select your sessions

Over the course of the Forum, you may choose to register for sessions individually, by day, or by stream.

.....Session code

.....Each colour denotes a specific stream

G1

Turning the world upside down: global shared learning for large-scale health and healthcare improvement

This session will engage large-scale improvement leaders from throughout the world in exchanging successes and failures as their efforts evolve.

After this session participants will be able to:

- Enhance their large-scale healthcare improvement efforts by reflecting with others engaged in similar endeavours
- Promote bi-directional learning between improvement efforts in developing and developed countries
- Continue to build personal and professional improvement networks
- Explore further relationships with those individuals or institutions working on similar topics in order to accelerate the rate of improvement

Pedro Delgado, Executive Director; **Lord Nigel Crisp**, Strategic Advisor, Institute for Healthcare Improvement, USA; **Francis Omaswa**, Executive Director, African Centre for Global Health and Social Transformation, Uganda

..... Learning outcomes

Better Health, Safer Care, Lower Costs



Maureen Bisognano
President and Chief Executive Officer
Institute for Healthcare Improvement, USA

The Forum aims to support the movement for healthcare improvement by presenting the best of new thinking and work that is happening worldwide. The 16th annual Forum will be held in the vibrant city of Amsterdam, which will further inspire the representatives of this global movement who will gather there in April 2011.

The past year has seen many challenges for the quality and patient safety movement. The economic landscape of the healthcare industry has significantly evolved - the challenge of how we deliver safe and improved care while reducing our costs remains an ongoing issue for all of us. Our theme for the main programme of 'Better Health, Safer Care, Lower Costs' reflects this.

New to the programme this year is the **'International Improvement Science Symposium 2011'** - this will be held on Tuesday 5 April and aims to connect researchers and healthcare professionals who are at the frontline of implementing evidence-based interventions to improve care.

Also on Tuesday 5 April is our new **'Experience Days'** where delegates will be able to visit local health organisations in Amsterdam to get an insight into the Dutch quality and safety programmes.

Our programme is structured into six streams, which we feel really capture the essence of today's quality improvement movement. The streams will help you navigate our comprehensive programme and enable you to select sessions to maximise your experience and learning at the Forum. The streams are:



Fiona Godlee
Editor in Chief
British Medical Journal, UK

1. Safe and reliable care

2. Service redesign and transformation

3. Leadership and business management

4. Clinical improvement and innovation

5. Patient partnerships

6. Learning, education and culture

With such a comprehensive programme and so many speakers, it has always been a challenge to get to all the sessions you want to. So for Amsterdam 2011, we will be filming around 35 of our most popular sessions for all attending delegates to view online after the event. This will enable you to access almost three times the number of presentations than was previously possible, making the Forum better value for money than ever before.

We look forward to seeing you in Amsterdam in 2011.

About Amsterdam

Amsterdam is one of the most beautiful cities in Europe with its recognisable canals, world-famous museums and unique architecture. Being a small city, getting to know Amsterdam is easy especially on a bicycle. In Amsterdam, you can enjoy the café culture or shop at one of the dozen markets specialising in everything from art to antiques. Within reach are the breathtaking tulip fields and iconic windmills which are just a short bus ride away.

Dates

Tuesday 5 - Friday 8 April 2011

Venue

The 2011 Forum will take place at Amsterdam RAI, located at Europaplein 22, NL 1078 GZ, Amsterdam.

Directions

By train

The Amsterdam RAI railway station is 300 metres from the RAI and has a direct connection with Duivendrecht, Amsterdam Amstel, Amsterdam Zuid and Schiphol railway stations, which are linked to the international InterCity network. Follow the signs for Amsterdam RAI when you leave the station.

By tram, metro and bus

Tram route 4 between the centre of Amsterdam, Amsterdam Central and the RAI (stop at Europaplein). From the Amstel railway station you can reach the RAI via metro 51 or bus route 15. Metro 51 also runs to Amsterdam Central Station.

By car

Directly on approaching Amsterdam via the motorway A1, A2 or A4 and entering the ring road (A10), the RAI is indicated on the signboards. Amsterdam RAI is located along side the ring road (exit S109). From the exit the route to the car parks is indicated.

Car Park

Amsterdam RAI has its own underground car parks, situated alongside the Amsterdam's A10 Motorway (exit S109). Parking fees are NOT included in the registration fee.

By plane

Amsterdam RAI is only a 15 minute journey away from Amsterdam Schiphol Airport by car, taxi and public transport. Visit Schiphol.nl for up-to-date flight information, airport services, connecting forms of transport to the RAI and travel tips.

Accommodation

Accommodation can be booked through our official hotel booking agency; Amsterdam RAI Hotel & Travel Service. To book accommodation for the International Forum please visit:

<http://internationalforum.bmj.com/2011-forum/accommodation>

Or

Email: hotelservice@rai.nl

Or

Fax: **+31 (0)20 549 1946**

Registration

Registration will take place in the Onxy Lounge, Entrance G on the ground floor of the venue. We recommend that delegates pre-register on Tuesday 5th April from 17:00 onwards in order to beat the queues on Wednesday morning. Registration is open as follows:-

- Tuesday 5th April: 0730-0900
(full day minicourse attendees only)
- Tuesday 5th April: 1700-1900
(all attendees)
- Wednesday 6th April: 0730-1900
(all attendees)
- Thursday 7th April: 0730-1730
(all attendees)
- Friday 8th April: 0730-1630
(all attendees)

Cash Machine

The Amsterdam RAI has ABN AMRO Bank and ING cash points. The Registration Team will be able to advise you of their exact locations.

Travel

We urge you not to make non-refundable travel arrangements prior to receiving email confirmation of your registration. BMJ Group Ltd cannot be held responsible for non-refundable travel tickets.

Letters of invitation and visas

Some visitors from non-European countries will require a visa to enter The Netherlands. Please check the requirements with your nearest Netherlands embassy or consulate. If a letter of invitation is required to support your visa please contact us

Email: hbyrnes@bmjgroup.com

Amsterdam Tourism Information

If you would like any general information about visiting Amsterdam please visit the Holland Tourist Board Website:

<http://www.holland.com/uk/>

Conference attire

The dress code for the conference is smart-casual, and comfortable shoes are recommended. Daytime temperatures in Amsterdam in April range from 4°C to 13°C.

Badges

You will be issued with your name badge when you register, this will also clearly show the days you are eligible to attend the Forum. Please wear your badge at all times as entry to the venue is via the venue security team.

Delegate Benefit - Free access to the newly launched journal BMJ Quality & Safety

All paying delegates attending the International Forum will get a FREE online subscription to the newly re-launched journal BMJ Quality & Safety until 31st Dec 2011.

QSHC is re-launching in January 2011, with a new co partner The Health Foundation. This leading international journal will now be published monthly under the new title BMJ Quality & Safety. The journal aims to provide academics, clinicians, healthcare managers and policy makers with an even richer mix of news, opinion, debate and research.

Your subscription will commence after the International Forum, when you will be emailed with a user name and password to access the online journal.

If you have any questions about the Forum, please do not hesitate to contact:

Harriet Byrnes, Conference Assistant, BMJ Events.

Email:

hbyrnes@bmjgroup.com

Tel:

+44(0) 207 383 6241

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+44 (0) 207 554 6997



Mark Stuart
Forum Director,
BMJ Group, England

Strategic Advisory Board

Special thanks to the Strategic Advisory Board for their advice and support.



Göran Henriks
Chairman of the Forum's Strategic Advisory Board & Director of Learning & Innovation, Jönköping County Council, Sweden



Helen Bevan
Executive of Service Transformation Team, NHS Institute for Innovation and Improvement, England



Mats Bojestig
CMO, Health Care Department, Jönköping County Council, Sweden



Penny Carver
Senior Vice President, IHI, USA



Philippe Michel
Director, Regional Centre for Quality and Safety, Hôpital Xavier Arnoz, Bordeaux University Hospital, France



Fiona Moss
Director of Medical and Dental Education Commissioning, London Deanery, England



Piera Poletti
Director, CEREF, Italy



Wim Schellekens
Chief Inspector Curative Health Care, Dutch Health Care Inspectorate, The Netherlands



David Stevens
MD, Editor, Quality and Safety in Health Care, Adjunct Professor and Director, Quality Literature Programme, Dartmouth Institute for Health Policy and Patient Care, USA



Edward Briffa
Director of BMJ Learning, BMJ Group, England



Ross Wilson
Senior Assistant Vice President, Quality, Deputy Chief Medical Officer, New York City Health & Hospitals Corporation, USA



Nellie Yeo
Chief Quality Officer, National Healthcare College, National Healthcare Group, Singapore

Programme Reference Panel

The Forum's programme reference panel reviews abstracts submitted via the call for papers, while also actively researching, identifying and advising the Strategic Advisory Board of new innovative work in patient safety and quality.

Marc Berg
Partner, Plexus Medical Group, The Netherlands

Ales Bourek
Assistant Professor, University Centre for Healthcare Quality, Czech Republic

Strasimir Cucic
Coordinator of Implementation and Communication, ZonMw Quality And Effectiveness Programme Of The Netherlands Organization For Health Research and Development

Martin Marshall
Clinical Director, Director of Research & Development, The Health Foundation, England

Sir John Oldham
National Clinical Lead for Quality and Productivity, Department of Health, England

Anuwat Supachutikul
Chief Executive Officer, Institute of Hospital Quality Improvement & Accreditation, Thailand

Rosa Suñol
Director General, Avedis Donabedian Foundation, Spain

Richard Thomson
Professor of Epidemiology and Public Health, Institute of Health and Society, Newcastle University, England

Karen Timmons
President and Chief Executive Officer, Joint Commission International, USA

Christof Veit
Executive Director, National Institute for Quality Measurement in Health Care, Germany

Stuart Whittaker
Chief Executive Officer, Council for Health Service Accreditation of Southern Africa

Peter Wilcock
Director of Service Improvement, Salisbury NHS Foundation Trust, England



Maureen Bisognano

President and CEO,
Institute for Healthcare Improvement (IHI)

Maureen is a prominent authority on improving health care systems and tireless advocate for change. She is an elected member of the Institute of Medicine and has been appointed to The Commonwealth Fund's Commission on a High Performance Health System. Maureen is an Instructor of Medicine at Harvard Medical School and a Research Associate in the Brigham and Women's Hospital Division of Social Medicine and Health Inequalities. Prior to joining IHI, she served as CEO of the Massachusetts Respiratory Hospital and Senior Vice President of The Juran Institute.



David Pencheon

Director,
NHS Sustainable Development Unit (England)

David Pencheon is a UK trained Public Health Doctor and is currently the founder Director of the NHS Sustainable Development Unit (England) (NHS SDU), one of the few organisations of this type in the world. The NHS SDU develops organisations, people, tools, and policy to help the National Health Service in England fulfill its potential as a leading sustainable and low carbon organization.

The role of this unit is to help shape NHS policy nationally and locally, to spread the best evaluated practice on sustainable development, to promote an appropriate NHS response to climate change, and to develop programmes of organizational and personal development in these areas for NHS organizations and employees. He has worked as a Director of a Public Health Observatory, a joint Director of Public Health, a Public Health Training Programme Director in the East of England, with the NHS R&D programme, and in China in the early 1990s with Save the Children Fund (UK). His main interests and areas of research and publication are: health and sustainable development, climate change, underpinning local and national public health action and policy with good information and evidence, training, professional and organizational development, organizational development, medical informatics and decision support, and education in evidence based practice.



Atul Gawande

Associate Professor of Surgery at Harvard Medical School and Associate Professor in the Department of Health Policy and Management at the Harvard School of Public Health; writer for the New Yorker Magazine

Atul Gawande is a general and endocrine surgeon at Brigham and Women's Hospital and the Dana Farber Cancer Institute. He is also Associate Professor in the Department of Surgery at Harvard Medical School and the Department of Health Policy and Management at the Harvard School of Public Health. His research has concentrated on strategies to improve medical performance and public health. He became director of the World Health Organization's global campaign to reduce surgical deaths in 2007.

Dr. Gawande served as a senior health policy advisor in the Clinton presidential campaign and White House from 1992 to 1993. He has been a staff writer for the New Yorker magazine since 1998. In 2006, Dr. Gawande received a MacArthur Award for his research and writing. His nonfiction writing has been selected to appear in the annual Best American Essays collection three times and in Best American Science Writing seven of the last eight years. His book 'Complications: A surgeon's notes on an imperfect science' was a finalist for the National Book Award in 2002 and is published in more than twenty languages. His book 'Better: A surgeon's notes on performance' was a New York Times bestseller and selected as one of the ten best books of 2007 by Amazon.com and the Sunday Times of London. His most recent book 'The Checklist Manifesto: How to get things right' was a New York Times bestseller and selected as one of the best books of the month for December in 2009 by Amazon.com.





Rein Willems

Former president and CEO of SHELL, member of Parliament ("House of Lords") for the Christian-Democrats party (CDA)

In SHELL, Rein Willems gave safety top priority in the business strategy. In 2004 the Minister of Health Care asked him his advice about patient safety in hospitals. His report to the Minister ("You work safe here or you don't work here") did have a huge influence in Dutch Health Care and was the starting point of national safety programs in all Dutch Healthcare sectors.



Jim Easton

NHS National Director for Improvement and Efficiency

Jim Easton has been an executive in the UK National Health Service for over 20 years. In June 2009 he was appointed as the NHS National Director for Improvement and Efficiency. Working to the NHS Chief Executive David Nicholson, he is leading the drive to achieve over £15 billion efficiency savings whilst improving the quality of services for the 51 million people in England.

Jim is leading on changes needed in the NHS to deliver its quality and efficiency commitments through a greater focus on quality, innovation, productivity and prevention.

Previously Jim was Chief Executive of South Central Strategic Health Authority, and prior to this he was the Chief Executive of York Hospitals NHS Foundation Trust, a 700 bed acute hospital. During his career Jim has also worked in primary care, mental health, health care commissioning and policy development.



Emily Friedman

Assistant Professor, School of Public Health, Boston University and Independent Health Policy and Ethics Analyst

Emily is an independent health policy and ethics analyst based in Chicago. Ms. Friedman has been named one of the "100 Most Powerful People in Health Care" and one of the "Top 25 Women in Health Care" by Modern Healthcare magazine, and has won many other awards and honors. Among her areas of interest are trends in health care; political attempts to change health care systems; the social ethics of health care; the ethics of health care leadership; health policy and how it works (or doesn't); the impact of demographic change on health care; insurance and coverage issues; and the relationship of the public and society with the health care system.

Emily writes a regular column for Hospitals and Health Networks Online, contributes to many other publications, and is the author or editor of several books on ethics, health care history, and other topics. She has recently published works on the impact of immigration on the health care.



Session Selection

You can choose to attend the International Improvement Science Symposium, Experience Day or one of the full day minicourses.

0730-0900 Registration for full day minicourses

1700-1900 Registration opens for all attendees
Poster registration and set up
Welcome Reception

0900-1700 Full day minicourses M1-M5

M1 International Improvement Science Symposium 2011

Fiona Godlee, Lloyd Provost, Boel Andersson-Gare, Cordula Wagner, Charles Vincent, Martin Marshall

OR

M2 Experiences from The Netherlands

Rob Dillman, Wim Schellekens, Roland Bal

OR

M3 Essentials of improvement principles, methods and tools

Ross Wilson, Nellie Yeo, Tai Hwei Yee

M4 Improving and sustaining patient safety

Frank Frederico, Malcolm Daniel, Inger Hansen

M5 A crash course in facilitation skills for quality improvement

Mary Smillie, Julia Taylor



Session Details

International Improvement Science Symposium 2011

M1

The International Forum on Quality and Safety in Healthcare is proud to present a full day symposium on healthcare improvement science. This new event aims to connect those engaged in quality and safety research with healthcare professionals who are at the frontline of implementing evidence-based interventions to improve care.

The Symposium aims to:

- Create a meeting and networking place for academics, researchers, policy makers and clinicians
- Allow for research teams to share their projects and methods
- Closely link research with implementation
- Foster a more evidence-based approach for healthcare professionals working in quality improvement
- Allow researchers to identify the burning research questions from the field of healthcare improvement
- Enhance the visibility of good research to the Forum delegates

Through a number of themed segments and keynote presentations, the Symposium will cover:

- Evidence of multi-interventions impact
- Impact of external evaluation initiatives (such as accreditation)
- Evidence-based approach to management styles and effectiveness of change
- Validation of safety indicators
- Economic research

The programme will consist of three keynote presentations, a lively panel and debate session, and over 15 rapid-fire presentations from world class presenters, including:

- **Fiona Godlee**, Editor in Chief, British Medical Journal, England
- **Lloyd Provost**, Improvement Advisor, Institute for Healthcare Improvement, USA
- **Boel Andersson-Gare**, Director, Department of Research and Education, Jönköping County Council, Sweden
- **Charles Vincent**, Professor of Clinical Safety Research, Director Imperial Centre for Patient Safety & Service Quality, Imperial College London, England
- **Cordula Wagner**, Professor of Patient Safety, University Medical Centre Amsterdam and Head of the research area Quality and Organisation of Hospital and Long Term Care, Netherlands Institute for Health Services Research (NIVEL), The Netherlands
- **Martin Marshall**
Clinical Director, Director of Research & Development, The Health Foundation, England





Experience Days

M2

Learn Locally, Act Globally
- Inspiration from The Netherlands

This interactive and energising day will unite the Dutch healthcare community and the international delegates of the global quality movement. The purpose of the day is to advance progress and fresh thinking in improvement and safety by:

- Enabling international visitors to actively learn from the world-class examples of the Dutch healthcare system
- Providing Dutch healthcare professionals with an interactive opportunity to learn from the wider global community, and to inspire fresh thinking around local initiatives

The day will start at 0900 at the Amsterdam RAI Conference Centre with a presentation of the healthcare system of The Netherlands and an insightful overview of the national quality and safety programmes. From there, delegates will be transported to various healthcare sites in and around Amsterdam to deep-dive specific issues, bringing together local and international perspectives.

The day will also include tours and demonstrations of local healthcare facilities. Transport will be provided and delegates will be returned to the Amsterdam RAI Conference Centre by 1700 in time for the Forum Welcome Reception.

Opening Keynote for all 'Experience Day' guests.

Introduction on the Dutch Healthcare System and the history of quality improvement in The Netherlands

Rob Dillman, PhD, Zaans Medical Centre and
Wim Schellekens, PhD, MD, Dutch Health Care
Inspectorate; Chaired by **Prof. Dr. Roland Bal**,
Institute of Health Policy & Management

Choose one of the local experiences listed here:

Experience 1

Health system reform for safe and improved care

Hosted by: Institute of Health Policy and Management

Location: Amsterdam RAI Conference Centre
Many countries are in the process of reforming their healthcare systems. In the recent Commonwealth Fund Mirror report, The Netherlands scored highest on almost all quality aspects while being in the middle range of healthcare expenditures.

This session will give a detailed and inside view of the Dutch healthcare systems with presentations of policy makers, academics and practitioners to explore the relationship between system reform and quality and safety of care.

This session will have a broad focus, including primary care and long-term care. Moreover, the session will explicitly put the experiences in The Netherlands with the changes in their healthcare system into an international perspective. This will be an interactive session, and will be especially relevant for health policy makers and healthcare leaders who are interested in system change.

Please refer to our website for full details

Experience 2

Leading for patient safety and quality of care in a Dutch district general hospital

Hosted by: Tergooi Hospital, Hilversum

Location: Hilversum

The hospital team will present the efforts they are taking to deliver best clinical care which is safe and meets the highest quality standards.

An essential part of this process is self reflection on the professional, leadership and reporting adverse events of routine daily practice - an insight on how this is undertaken by the team will be provided. Also in the session, we will focus on risk assessment of patient care and the detection of child abuse and domestic violence.

Please refer to our website for full details

Experience 3

Home healthcare for people with disabilities and the elderly - living safely and independently

Hosted by: Vilans, Centre of Excellence in Long Term and Social Care in The Netherlands

Location: Hilversum

The staff and clients of St Joseph's village will share their unique concept of healthcare services for people with disabilities in a presentation and a walk around the site. You will get an understanding of the safety projects being implemented, such as reducing restraints.

St Joseph's unites all kinds of services, care, welfare and home services in one building. It was opened in 2004 as the first 'Living & Service Zone' in The Netherlands. St Joseph's philosophy is that when welfare and quality of life is optimised, the need for care decreases. That makes it possible for people to live longer in their own homes and take part in the community. St Joseph's consists of apartments where people can live and there is also a nursing unit for more intensive care.

Please refer to our website for full details

Experience 4

Dutch Patient Safety Management System - 100% focus on 100% safety

Hosted by: Zaans Medical Centre and the Dutch Hospital Patient Safety Programme

Location: Zaandam

During your visit to the Zaans Medical Centre you will learn how the patient safety management system has been shaped around the 10 national priorities of the Dutch VMS Patient Safety Programme that all Dutch hospitals participate in. We will show how we have shaped the patient safety management system, and our implementation plan for the 10 national safety themes.

Please refer to our website for full details

Experience 5**Patient safety and quality programmes in the Free University medical centre (VUmc) Amsterdam**

Hosted by: Free University medical centre Amsterdam (VUmc)

Location: Amsterdam

Hands-on presentations of patient safety programmes actually running in VUmc, with explanation of practical tools that can be used universally. There will be first-hand discussions from experienced patient safety officers, doctors and nurses. The day will cover:

- Safety rounds
- Disclosure of errors
- Surgical checklist passport programme
- Process oriented quality systems
- How the centre is learning from patient experiences

Please refer to our website for full details

Experience 6**Improving mental healthcare**

Hosted by: Trimbos Institute, Dutch Centre of Expertise on Mental Health and Addiction and Arkin

Location: Amsterdam

This day will showcase the best practices and new innovations in quality improvement and patient safety in Dutch mental healthcare. The day will focus on:

- e-healthcare for mental health
- patient coercion and safety in the mental health clinic

Please refer to our website for full details

Experience 7**Primary and community care services in The Netherlands**

Hosted by: Almere Care Group and The Dutch College of General Practitioners, NHG

Location: Almere

In Almere, primary care and home healthcare for the elderly are closely integrated. This reduces the demand on clinical services but sets higher standards for quality and safety. Today, you will experience how the Almere Care Group introduces quality and safety programmes into primary and community care.

Please refer to our website for full details

M3**Essentials of improvement principles, methods and tools**

Participants will have the opportunity to gain an insight into the science of improvement and how evidence-based medicine can translate into better patient outcomes using proven improvement tools and methods. The highly interactive workshop will provide the participants with hands-on experience in applying these tools and techniques to bring down costs, increase patient satisfaction and raise clinical outcomes. The strategy on how to sustain an improvement and spread best practice is also shared. Participants will walk away with a readily available toolkit to assist them with their improvement journey when they return to work.

After this session, participants will be able to:

- Apply the knowledge gained and initiate an improvement project
- Track an improvement over time to assess sustainability and spread

Ross Wilson, Chief Quality Officer, & Deputy Chief Medical Officer, New York City Health & Hospital Corporation, USA; **Nellie Yeo**, Chief Quality Officer, National Healthcare College, National Healthcare Group; **Tai Hwei Yee**, Chief Quality Officer, Assistant Chairman Medical Board and Senior Anaesthesiologist, National Health Care Group/Tan Tock Seng Hospital, Singapore

M4**Improving and sustaining patient safety**

In this course, participants, through interactive sessions, will be introduced to: the culture of safety, the factors that contribute to errors, a systems approach to safety, the role of teamwork and communication, the use of measurement, and methods to improve. At the end of the session, participants will have an understanding of the human component of errors and understand how to design system changes to minimise those opportunities for errors.

After this session, participants will be able to:

- Discuss the meaning of culture of safety
- Describe the role of human factors in errors
- Identify five behaviours that any practitioner can engage in to improve safety for patients in his or her direct care
- Report why effective teamwork is important to patient safety
- Describe tools that have been proven to improve communication and the culture of safety

Frank Frederico, Executive Director, Strategic Partner, Institute for Healthcare, USA; **Malcolm Daniel**, Health Foundation / Institute for Healthcare Improvement Fellow, Consultant in Anaesthesia & Intensive Care, Glasgow Royal Infirmary, NHS GG&C, Scotland; **Inger Hansen**, Care Development Officer, Kulturum, Jönköping County Council, Sweden

M5**A crash course in facilitation skills for quality improvement**

Facilitation is a key skill for anyone who leads quality improvement. A collaborative approach is the most effective way to gain consensus, analyse problems, and plan actions, and groups consistently make better decisions than individuals. Yet people who lead quality improvement activities often get no formal training in how to facilitate groups for better results. This course is the opportunity to rectify that! The course will be dynamic and engaging, packed with tools and techniques, and provide insight into the important facilitation competencies. You will receive a take home "toolkit" of materials to use in your own workplace to get better outcomes from your improvement efforts. While the course is at beginner level, it is also suitable for experienced quality improvement leaders and facilitators who want to make their improvement efforts even more effective by encompassing the theory and practice of group and team dynamics.

After this session, participants will be able to:

- Engage people and maximise their participation in the quality improvement process
- Differentiate between process and content facilitation and use both effectively
- Identify the core practices and skills required for effective facilitation
- Recognise difficult behaviours and situations and use tools and strategies to intervene and manage the process

Mary Smillie, Senior Quality Improvement Consultant, Saskatchewan Health Quality Council, Canada; **Julia Taylor**, Programme Director, NHS Institute for Innovation and Improvement, England

Session Selections

This timetable shows you an overview of the timings on Wednesday.

In the afternoon, the day is divided into half day minicourses (**M sessions**) or 90 minute sessions (**B sessions**) followed by 60 minute sessions (**C sessions**)

Please choose to attend either:
One **A** session + one **M** session

or One **A** session + one **B** session
+ one **C** session

Timetable

	1030-1200	A1-A10 sessions	
0730-0900	Registration		
0900-0915	Welcome and Introduction to Forum		
0915-1000	Keynote I: Maureen Bisognano		
1000-1030	Refreshments		
1030-1200	A1-A10 sessions		
1200-1230	Keynote II: David Pencheon		
1230-1330	Lunch		
1330-1630	Minicourses M6-M10		
1330-1500	B1-B5 Sessions		
1500-1530	Refreshments		
1530-1630	C1-C5 Sessions		
1645-1730	Keynote III: Atul Gawande		
1730-1900	Poster Reception		
1030-1630			
Exclusive Chief Executive Day			
	Maureen Bisognano, Gary Kaplan, David Fillingham, Goran Henriks, Toivo Heinsoo, Derek Feeley, Wim Schellekens, Peter Lee, Chien Earn Lee, Mats Bojestig, Elmer Mulder		
	A1	WHO commitments in patient safety: training the next generation of safety leaders Merrilyn Wallton, Agnes Leotsakos, Bruce Barraclough	A7
	A2	Cost and quality themed session (Part a) Delivering cost and quality in the English NHS realities of progress Bernard Crump, Lynne Winstanley (Part b) Does quality improvement save money? Barbara van der Linden, John Øvretveit	A8
	A3	Transforming pre-hospital and preventative care themed session (Part a) A Population-based Approach to Primary and Mental Health Care in Singapore Yew-Meng Leong (Part b) A national spread of preventive care Joakim Edvinsson, Jesper Ekberg (Part c) Transforming community based services Michelle Bateman	A9
	A4	Mobilising healthcare improvement themed session (Part a) Trials, tribulations and triumphs the role of improvement advisors in a national campaign Joy Whitlock, Julie Ward-Jones (Part b) Designing the National Health Service for the 21st Century Elizabeth Carter	A10
	A5	The role of young doctors in quality and safety themed session (Part a) How can you really engage young doctors in safety and quality? Tim Shaw, John Helfrick (Part b) Innovating from the frontline - empowering junior doctors to deliver your quality, safety and productivity goals Ashley McKimm	
	A6	Finding innovative answers to the toughest questions Lindsay Martin, Stephanie Loveridge, Harry Ashurst,	
			Empowering team-led change themed session (Part a) Teamwork training and assessment Wouter Keijser, Nick Sevdalis (Part b) Managing conflict and dysfunction in healthcare teams: evidence and practice Jenny King, Megan Joffe Safety management system implementation in all Dutch Hospitals Brigit Heemskerck Using the IHI Global Trigger to measure harm Frank Frederico, Brian Bjørn Using the experience of patients and staff to design better healthcare services Lynne Maher, Helen Baxter

or

1330-1630	M sessions (half day minicourses)	1330-1500	B sessions	1530-1630	C sessions
M6	Creating large scale change in healthcare Paul Plsek	B1	Ensuring safe and reliable care for elderly patients Kevin Stewart, Adrian Hopper, Doug Woodhouse	C1	The challenge of continuity of care: the need for rethinking some fundamentals of quality and safety approaches Carol Haraden, Rene Amalberti
M7	Improving transitions and reducing rehospitalisations Pat Rutherford, Gail Nielsen	B2	Building capacity: the big challenge! Robert Lloyd, Pat O'Connor	C2	Perfecting emergency department operations Joseph Crane
M8	Lean tools for better health, safer care, lower cost Katharine Luther, Diane Miller	B3	Patient partnerships themed session (Part a) Mixed method approaches for deeper understanding of the patient's perspective Andrew Thompson, Piera Poletti	C3	Conducting quality improvement research and audits in resource limited settings Chaturaka Rodrigo
M9	Developing reliable processes in healthcare Frank Frederico, Roger Resar, Marije Hansen-Stoffe		(Part b) Improving quality of care by patient engagement Rolande Franx, Ellis van der Putten-Bierman	C4	Do group consultations really work? Femke Seesing, Baziel van Engelen
M10	Saving lives, saving money: the business case for quality improvement Maureen Bisognano, Jim Easton	B4	Lessons from India (Part a) Clinical Excellence: the Apollo experience Anupam Sibal	C5	The present and future of quality management: Long-term care for older people in Europe Henk Nies, K Leichsenring
		B5	Kampala 2010 - Applying quality improvement to redesigning care to meet the chronic nature of HIV/AIDS Alex Ario, Nigel Livesley, Suzanne Gaudreault, Kedar Mate, Godfrey Kayita		

Exclusive Chief Executive Day

We are inviting all Chief Executives and Chief Financial Officers to an exclusive programme especially designed for Chief Executives, senior healthcare leaders and policy makers responsible for the quality of care their organisation provides. The day will start with the opening keynote of the Forum, and then this meeting will be convened in a separate area of the conference centre in a private and confidential setting.

The theme of the day is:

A total makeover for healthcare: can we have better healthcare for less money?

Sessions include:

- Setting the stage for a total makeover in healthcare
- How other sectors drive innovation, quality and productivity gain
- New business models of care
- Setting national aims and strategies for quality and cost savings
- Improving clinical performance while reducing unnecessary costs: 10 key actions
- Organisation-wide strategies to improve quality, patients safety, and reduce costs

These sessions will enable you to network with other senior leaders in a small, personal and interactive setting. The day will feature some internationally renowned experts in quality and safety including:

- **Maureen Bisognano**, President and Chief Executive Officer, Institute for Healthcare Improvement, USA
- **Gary Kaplan**, Chairman and Chief Executive Officer, Virginia Mason Medical Center, USA
- **David Fillingham**, Chief Executive Officer, the Advancing Quality Alliance (AQuA), England
- **Goran Henriks**, Chief of Learning and Innovation, Jönköping County Council, Sweden
- **Toivo Heinsoo**, Chief Executive Officer, County Council of Stockholm, Sweden
- **Derek Feeley**, Director of Policy and Strategy, Scottish Government Health Directorate, Scotland
- **Wim Schellekens**, Chief Inspectorate Curative Health Care, Dutch Health Care Inspectorate, The Netherlands
- **Peter Lee**, Deputy Director, Learning Systems and Organisational Excellence, Ministry of Health, Singapore
- **Chien Earn Lee**, Director of Medical Services (Health Services and Performance), Ministry of Health, Singapore
- **Mats Bojestig**, Director of Health Care, CMO, County Council of Jönköping, Sweden
- **Elmer Mulder**, Chief Executive Officer, Medical Centre of the Free University of Amsterdam (UVMC), The Netherlands

Keynote Details

K1: Maureen Bisognano, President and CEO, Institute for Healthcare Improvement (IHI)

K2: David Pencheon, Director, NHS Sustainable Development Unit (England)

K3: Atul Gawande, Associate Professor of Surgery at Harvard Medical School and Associate Professor in the Department of Health Policy and Management at the Harvard School of Public Health; writer for the New Yorker Magazine

A1

WHO commitments in patient safety:
training the next generation of safety leaders

Patient safety education for healthcare students is now recognised by many accreditation bodies. Under graduate / graduate health professional programmes are increasingly required to demonstrate how they prepare health professionals for safe practice. Healthcare professional education programmes have been slow to introduce patient safety concepts and principles into existing curricula. This session will describe how the WHO Multi Professional Patient Safety Curriculum Guide can assist educational institutions and universities to graduate health professionals who have the skills, knowledge and behaviours necessary for safe care.

After the session, participants will be able to:

- Know the knowledge skills and behaviours necessary for safe practice
- Know the patient safety learning requirements for health professionals
- Know how to introduce patient safety concepts and principles into their curricula
- Know how to teach patient safety

Merrilyn Walton, Professor of Medical Education (Patient Safety), Sydney School of Public Health, The University of Sydney, Australia; **Agnes Leotsakos**, Patient Safety Solutions Programme Manager, Patient Safety, World Health Organisation, Switzerland; **Bruce Barraclough**, Australasian College of Surgeons, Australia

A2

Cost and quality themed session

(Part a) Delivering cost and quality in the English NHS realities of progress

Following previous sessions at the Forum in which the tools and the approach being taken to quality and cost improvements have been described, this session will report systematically on progress during the past twelve months. The presenters will summarise the region by region approach to spreading improvements across England and use case studies of local health systems and organisations to examine the realities of benefit realisation and achievements. We will be joined by a select group of frontline staff who have delivered these improvements.

After this session, participants will be able to:

- Identify factors for delivering quality and cost improvement
- Assess leadership roles in creating change at scale
- Design a quality and cost programme for their area of responsibility
- Develop approaches to benefits realisation for such a programme

Bernard Crump, Chief Executive Officer;
Lynne Winstanley, Area Director, NHS Institute for Innovation and Improvement, England

(Part b) Does quality improvement save money?

The Netherlands Organisation for Health Research and Development (ZonMw) has identified more than 100 interventions that have demonstrated potential for savings in care delivery, without compromising the quality of care. Once published, we invited healthcare leaders to implement them in their own organisations in all care sectors. The session will present the theoretical framework for cost-effectiveness and quality research, the selection of 100 interventions, and examples from practice including organisations where the original research took place and examples of implementation trajectories.

After this session, participants will be able to:

- Develop policy relevant cost-effectiveness research
- Identify areas for potential cost saving
- Implement scientifically proven cost-effective interventions

Barbara van der Linden, Staff Member Implementation, ZONMw, The Netherlands; **John Øvretveit**, Director of Research, Karolinska Institute, Sweden

A3

Transforming pre-hospital and preventative care themed session

(Part a) A population-based approach to primary and mental healthcare in Singapore

In Singapore, healthcare fragmentations has engendered the need to right-site and integrated care. At the primary care level, key strategies include targeted health promotion, team-based care, and integration with hospitals. In 2005, a comprehensive programme of population & community-based initiatives was also launched under the National Mental Health Blueprint. This presentation describes Singapore's population-based approach, especially in the primary care and mental health areas.

After this session, participants will understand:

- Team-based and integrated models of healthcare
- Integration of health promotion into the care process
- The redesign of health services to include inter-agency collaboration

Yew-Meng Leong, Chief Executive Officer, Institute of Mental Health & National Healthcare Group Polyclinics, Singapore

(Part b) A national spread of preventive care

Since March 2010 the district of Qulturum in Sweden has implemented a Swedish government initiative to create a national quality registry for 17 000 care units in Sweden - this presentation describes this new initiative, which has led to an improved level of performance for a whole healthcare system.

After this session, participants will be able to:

- Understand how a national quality registry is implemented

Joakim Edvinsson, RN, Improvement Manager;
Jesper Ekberg, Project Manager, Qulturum, Jönköping County Council, Sweden

(Part c) Transforming community based services

Over the last 18 months Nottinghamshire Community Health has worked with NHS Institute for Improvement and Innovation (NHSI) on implementing the productive Community Services Programme to enable frontline staff to transform their services, improving the experience for both patients and staff. This session will give a brief outline of the programme and how it was implemented within NCH through the empowerment of staff to redesign services whilst maintaining a focus on quality and safety of services.

After this session participants will be able to:

- Consider the potential for implementing the Productive Community Services within their own organisations
- Identify the positive impact on quality and safety on implementing the programme
- Identify the positive impact on staff wellbeing and patient experience

Michelle Bateman, Assistant Director (Professions and Governance), Nottinghamshire Community Health, England

A4

Mobilising healthcare improvement themed session

(Part a) Trials, tribulations and triumphs the role of improvement advisors in a national campaign

Improvement advisors from Wales share their learning and experiences from working on the national 1000 Lives Campaign, covering concepts such as how to maximise the opportunity presented by a patient safety campaign and gaining and maintaining momentum. There will be an opportunity to reflect on issues such as getting balance between what and how to improve; roles and responsibilities; influencing and enabling reliable process design to improve outcomes; the use of data and 'remote' reporting to participating organisations.

After this session, participants will be able to:

- Assess the contribution of Improvement Advisors in a national safety campaign
- Understand the value of a balanced approach between the evidence base and improvement methodology
- Understand the integration of patient safety and quality improvement science

Joy Whitlock, Service Improvement Manager;
Julie Ward-Jones, Service Improvement Manager, NHS Wales, Wales

(Part b) Designing the National Health Service for the 21st Century

The NHS 'Campaign' builds on a vision of hope, based on common values and shared purpose. We are using 'organising' as our theory of change as developed by Professor Marshall Ganz. We are working with a non hierarchical model together across the NHS and beyond to achieve our aim of valuing the NHS and being engaged to deliver our goals of increased engagement, quality improvement and cost reduction. We want to share our story so far, our learning, our failures and successes.

After this session, participants will be able to:

- Understand the NHS 'Campaign' story, strategy and structure
- Understand why this is our theory of change

Elizabeth Carter, Consultant, Thought Leadership Team, NHS Institute for Innovation and Improvement, England

A5

The role of young doctors in quality and safety themed session

(Part a) How can you really engage young doctors in safety and quality?

How can you really engage junior doctors in safety and quality? What are the success factors around building programmes for these hard to reach doctors? This interactive workshop will reflect on the successful development of a doctor-led programme piloted in 2010 by all incoming interns across the Partners Healthcare System of hospitals in Boston. The programme used real cases to bring to life the National Patient Safety Goals and a novel online learning delivery platform called Spaced Education.

After this session, participants will be able to:

- Understand what motivates junior medical staff to engage with safety and quality
- Develop interactive programmes for junior medical staff
- Understand success factors for engaging junior doctors

Tim Shaw, Workforce, Education and Development Group, University of Sydney, Australia; **John Helfrick**, Partners Harvard Medical International, USA

(Part b) Innovating from the frontline - empowering junior doctors to deliver your quality, safety and productivity goals

Junior doctors have a unique insight into the quality and safety challenges at the frontline of healthcare. Yet this energised, highly creative group has traditionally been one of the least empowered segments of the medical workforce. England's 'Junior Doctors: Agents for Change' programme will have 1000 junior doctors leading quality improvement projects by the end of 2010. Using examples from their approach this session

will demonstrate how to build a junior doctor programme to help meet your quality, safety and productivity goals.

After this session, participants will be able to:

- Understand why junior doctors are an under-utilised resource in quality and safety improvement
- Give junior doctors the tools they need to innovate
- Change junior doctor 'clinical audit' to more productive 'clinical improvement'
- Make managers and junior doctors excited about collaborating
- Implement a local junior doctor programme in your region

Ashley McKimm, Department of Health and BMJ Publishing Group, England

A6

Finding innovative answers to the toughest questions

When problems have no easy solutions, using innovation methods to find answers is within reach of any healthcare organisation. In this session, we will describe a 90-day research and development process that has been used in the US and the UK to solve very difficult challenges, and give examples of how it worked in the UK.

This work was funded through The Health Foundation Safer Patients Network Innovation Stream.

After this session, participants will be able to:

- Describe how innovation methods help to solve the toughest problems
- Identify the essential elements of an effective R & D project
- Design an innovation project to solve a difficult challenge in healthcare

Lindsay Martin, Senior Research Associate, Institute for Healthcare Improvement, USA; **Stephanie Loveridge**, Clinical Governance Manager; **Harry Ashurst**, Consultant Anaesthetist and Associate Medical Director, Bradford Teaching Hospitals NHS Foundation Trust, England

A7

Empowering team-led change themed session

(Part a) Teamwork training and assessment

Leading healthcare teams to a level of continuous quality and safety improvement entails changing in attitudes and behaviour ('minds, hearts and hands'). We will highlight our experiences with and scientific work on assessment, measuring and improving teamwork within multidisciplinary teams (e.g. TeamSTEPPS Dutch version 1.0; OTAS tool). This interactive session will illustrate a number of approaches to team assessment, which participants may use or modify for their own organisations.

After this session, participants will be able to:

- Identify success criteria (e.g. quality, completeness, applicability) of teamwork training
- Recognise significance of attitude and behaviour (the triad 'heart-mind-hands') in successfully implementing improvement initiatives
- Identify various dimensions of team working and a range of tools to assess them
- Review additional information on relevant healthcare improvement programmes, teamwork training and medical leadership

Wouter Keijser, Trainer/Researcher Teamwork and Medical Leadership, Scientific Institute for Quality of Healthcare (IQ Healthcare), The Netherlands;

Nick Sevdalis, Psychologist and Senior Lecturer, Division of Surgery and Centre for Patient Safety and Service Quality, Imperial College, England

(Part b) Managing conflict and dysfunction in healthcare teams: evidence and practice

Conflict and dysfunction in healthcare teams pose serious risks to patient safety and quality of care. This workshop provides practical approaches to identifying, managing and resolving conflict and behavioural difficulties in healthcare teams. The facilitators, both Chartered Psychologists, draw on research-based evidence and case studies based on their extensive experiences of working with multi-disciplinary teams. Participants will be encouraged to discuss different approaches and to consider the most appropriate tools, options and routes to resolution.

After this session, participants will be able to:

- Recognise and act on early signs of teams in difficulty
- Assess causes and contributory factors, and the impact on patient care
- Address team conflict and dysfunction to restore safe, effective service delivery
- Identify practical frameworks and tools to use in their own organisation

Jenny King, Health Practice Leader & Chartered Psychologist; **Megan Joffe**, Consultant Psychologist, Edgcombe Consulting Group, England

A8**Safety management system implementation in all Dutch Hospitals**

This session will provide insight into the National Dutch Patient Safety Programme, which aims to prevent injury and to promote safety of workforce and patients in all Dutch hospitals. The methods and qualitative and quantitative successes of the programme will be presented. The lessons from this programme that can be applied to other healthcare systems will be shared and discussed.

After this session, participants will be able to:

- Develop a critical view on patient safety and prevention of injury in their own organisation
- Explore how the lessons and approaches presented can be applied in their own countries

Brigit Heemskerk, Manager, Dutch Patient Safety Programme, VMS Veiligheidsprogrammema, The Netherlands

A9**Using the IHI Global Trigger to measure harm**

Measuring patient safety in an organisation is a difficult task. There are many sources of data. During this session, participants will learn how organisations in different countries are using the IHI Global Trigger Tool to measure harm and assess the success of their patient safety programmes.

After this session, participants will be able to:

- Discuss harm versus errors as a way to determine the safety of an organisation
- Describe the use of triggers as a method to review case notes for harm
- Discuss how to use the information gathered to focus improvement efforts

Frank Frederico, Executive Director, Strategic Partner, Institute for Healthcare, USA; **Brian Bjørn**, MD, Danish Society for Patient Safety, Denmark

A10**Using the experience of patients and staff to design better healthcare services**

This workshop is about how you can use the experiences of patients, families and staff to gain insight into current services and dramatically improve the delivery of care. We will provide an overview of the principles and use of a powerful toolkit of techniques that really work.

After this session, participants will be able to:

- Build partnerships with patients, their families and staff to redesign care
- Focus on experience as a powerful driver for change, rather than attitude or opinion
- Utilise storytelling approaches to identify the touch points that determine patient experience co-design services
- Evaluate improvements and benefits from the patient and staff perspective

Lynne Maher, Interim Director for Innovation; **Helen Baxter**, Lead Associate, NHS Institute for Innovation and Improvement, England

M6**Creating large scale change in healthcare**

Transformational change at scale requires additional approaches from social movement theory, complexity science and panarchy theory that build on and extend traditional improvement methods. The NHS Academy for Large-Scale Change has developed a practical model and set of methods to support large-scale and has demonstrated its effectiveness in diverse efforts across NHS England. We will describe the theory and tools and present case examples from the work of the Academy.

After this session, participants will be able to:

- Describe how large-scale change thinking is an extension of traditional improvement thinking
- Identify models and tools that can aid their own LSC efforts

Paul Plsek, Paul E Plsek & Associates Inc, USA

M7**Improving transitions and reducing rehospitalisations**

Rehospitalisations are prevalent, costly, and represent an opportunity to demonstrate that improvements in quality care for patients can also reduce avoidable hospital costs. This session will present promising ideas for reducing rehospitalisations and highlight the opportunities for clinicians and staff in hospitals, office practices, home care and skilled nursing facilities to improve transitions in care for patients after an acute care hospitalisation.

After this session, participants will be able to:

- Describe common problems that contribute to rehospitalisations
- Identify high-leverage changes to reduce rehospitalisation and describe four key strategies for creating an ideal transition home after hospitalisations
- Discuss transformational ideas for a multi-stakeholder quality improvement initiative that spans traditional organisational boundaries

Pat Rutherford, Vice President, Institute for Healthcare Improvement, USA; **Gail Nielsen**, IHI Fellow, Education Administrator, Iowa Health System, USA

M8**Lean tools for better health, safer care, lower cost**

Participants will get an overview of lean tools with real-world clinical examples of their application to improve safety and reduce cost of care for patients and improve work-life for staff. The format will be a mixture of lecture, video and hands-on learning of lean concepts. Participants will leave with tactical ideas and tools for implementation in their care setting as well as an understanding of the power of lean thinking to transform an entire organisation.

After this session, participants will be able to:

- Describe benefits to an organisation of lean concepts and implementation strategy
- Identify ways to use lean tools in current work environments

Katharine Luther, Executive Director, Institute for Healthcare Improvement; **Diane Miller**, Executive, Virginia Mason Medical Center, USA

M9**Developing reliable processes in healthcare**

Reliable processes are not achieved by chance. There must be a deliberate plan, inclusion of human factors, standardised processes and use of segments in order to achieve reliable processes. In this session, participants will learn how to develop reliable processes through group activities.

After this session, participants will be able to:

- Describe the three tier model used to develop reliable processes
- Describe the importance of including human factors design in developing reliable processes

Frank Frederico, Executive Director, Strategic Partner; **Roger Resar**, Senior Fellow, Institute for Healthcare Improvement, USA; **Marije Hansen-Stoffe**, Senior Project Manager, Erasmus Medical Centre, The Netherlands

M10**Saving lives, saving money: the business case for quality improvement**

In these turbulent economic times we can only deliver on our promises to patients by having a complete understanding of the link between cost and quality. We know that improving quality often reduces costs, but reducing costs alone never improves quality. This session will focus on leaders' roles in improving quality and strengthening finances.

After this session, participants will be able to:

- Understand how to improve quality and reduce costs at the same time
- Understand the leader's role in improving quality and reducing costs
- Describe the costs and savings of specific safety projects discovered in research and assess what could be expected in your setting
- Choose and use simple, tested tools for predicting and then costing a project

Maureen Bisognano, President and Chief Executive Officer, Institute for Healthcare Improvement, USA; **Jim Easton**, NHS National Director for Improvement and Efficiency, Quality, Innovation, Productivity and Prevention (QIPPI), Department of Health, England

B1**Ensuring safe and reliable care for elderly patients**

Many safety problems (e.g. falls, pressure sores, medication errors) disproportionately affect elderly patients in hospital, at home or in nursing homes. Addressing these problems is a major focus of Quality Improvement programmes internationally, including NHS England's QIPP programme. This workshop will examine problems and solutions in different settings, drawing from practical experience in the UK and in other European countries and on materials developed by IHI.

After this session participants will be able to:

- Identify the main safety issues facing elderly patients in different settings
- Understand the interventions which can be used to help address these
- Understand how costs can be reduced while improving safety
- Use appropriate outcome measures to demonstrate results

Kevin Stewart, Medical Director, QIPP Safer Care Programme, Department of Health; **Adrian Hopper**, Associate Medical Director for Patient Safety, Guy's and St Thomas' Foundation Trust, England; **Doug Woodhouse**, Consultant, Plexus, The Netherlands

B2**Building capacity: the big challenge!**

All too often healthcare organisations claim that their quality improvement efforts are well positioned to achieve the results they desire. Upon closer inspection, however, it turns out that many organisations only give lip service to the role and position of quality improvement within the organisation. In this session, participants will be challenged to answer a rather simple question; Are you REALLY serious about building capacity for quality improvement? Frameworks, models and tactics for capacity building will be shared as well as case studies. Participants will also complete a self-assessment to determine the current level of capacity building in their own organisations.

After this session, participants will be able to:

- Assess their own organisation's capacity for real change
- Define the key components of a capacity building strategy
- Develop a roadmap for the capacity building journey
- Explain different models for structuring a quality improvement capacity building framework
- Establish measures to know if their capacity building journey will be successful

Robert Lloyd, Executive Director Performance Improvement, Institute for Healthcare Improvement, USA; **Pat O'Connor**, National Patient Safety Development Advisor, Healthcare Policy and Strategy Directorate, The Scottish Government, Scotland

B3**Patient partnerships themed session****(Part a) Mixed method approaches for deeper understanding of the patient's perspective**

The aim of this session is to introduce participants to the theory and application of mixed methods (including multi-methods) in the development of measurement tools that focus on patients' perspectives in healthcare. Real examples will be drawn on to illustrate the processes involved, emphasising the underlying purposes and assumptions, as well as the relative strengths and weaknesses of each method. A conceptual framework will guide participants in a practical exercise relevant to their interests.

After this session, participants will be able to:

- Understand the basis for choosing and combining different methods in the development of measurement tools, as well as their limitations
- Appreciate the added value of using mixed methods in understanding patients' perspectives
- Develop or commission such tools to enable deeper and more nuanced approaches to understanding patients' perspectives that lead to more effective and patient-centred management of services

Andrew Thompson, Senior Lecturer in Advanced Quantitative Methods, School of Social and Political Science, University of Edinburgh, Scotland; **Piera Poletti**, Director, Centro Ricerca e Formazione (CEREF), Italy

(Part b) Improving quality of care by patient engagement

VU University Medical Centre in Amsterdam has implemented different methods of patient engagement (shadowing, continuously digitally measuring patient's experiences, visits from mystery patients and mirror conversations) to improve quality of care. In this session we will share our experience with the audience. We hereafter will present them several hypotheses to let the audience investigate whether the different methods could be implemented in their own organisation.

After this session, participants will be able to:

- Learn from our experiences in implementing different methods
- Identify the usefulness of a method in their own organisation

Rolande Franx, Health Care Advisor; **Ellis van der Putten-Bierman**, Health Care Advisor, VU University Medical Centre, The Netherlands

B4**Lessons from India****(Part a) Clinical Excellence: the Apollo experience**

The best in class clinicians, state of the art infrastructure and tender loving care form the backbone of the excellent clinical care offered by Apollo Hospitals, credence to which is lent by patients who visit Apollo Hospitals from around the world. In continuance of its pursuit for clinical excellence, the Group has devised and implemented the Apollo Clinical Excellence - ACE @ 25 models.

After this session, participants will be able to:

- Understand use of benchmarking in driving Clinical Excellence

Anupam Sibal, Group Medical Director, Apollo Hospitals, India

(Part b) Accreditation: the Indian perspective

This session will trace the journey of accreditation in India against the background of the developing quality movement.

After this session, participants will be able to:

- Understand the quality improvement measures under way in India
- Understand the role of accreditation in improvement

Narottam Puri, Advisor, Fortis Healthcare Ltd, India

B5**Kampala 2010 - Applying quality improvement to redesigning care to meet the chronic nature of HIV/AIDS**

In June 2010 a bold step was taken by the Ministry of Health of Uganda to engage in a redesign effort to address HIV/AIDS as a chronic disease. A demonstration project is currently underway. This session will describe their effort, addressing the chronic nature of HIV/AIDS, the existing systems of care in Uganda, the application of improvement methods to redesign care, and the transformation underway.

After this session, participants will be able to:

- Articulate key issues related to HIV/AIDS in Uganda
- Describe the principles of chronic care management
- Learn how chronic care design is being applied to care systems for HIV/AIDS

Alex Ario, Programme Officer - Policy, AIDS Control Programme; **Godfrey Kayita**, STD/AIDS Control Programme, Ministry of Health, Uganda; **Nigel Livesley**, Chief of Party in Uganda for USAID Health Care Improvement Project; **Suzanne Gaudreault**, Lead, USAID Health Care Improvement HIV/AIDS Portfolio, University Research Co, USA; **Kedar Mate**, Country Director, Institute for Healthcare Improvement Programmes in South Africa, South Africa

C1

The challenge of continuity of care: the need for rethinking some fundamentals of quality and safety approaches

This session addresses the significant evolution needed in quality and safety approaches to improve the continuity of care. We need to eliminate the divide between hospital safety interventions and out of hospital care strategies. A broader view of patient safety will mean that adverse events no longer relate only to episodic errors and failures in procedures at specific times but also to cumulative failures throughout a patient's journey within the health system. Reconciliation of drugs at discharge is only one celebrated example amongst many others to gain consistency amongst in-hospital and out-hospital worlds. The presentation, based on various field examples, proposes to revisit our definition of harm, broaden our vision of risk, and suggest a set of methods and patient safety indicators to improve Safety and Quality applied to the continuity of care.

After this session, participants will be able to:

- Develop better safety measurement
- Design more effective safety recommendations
- Learn to manage usual crisis conditions in wards and offices

Carol Haraden, Vice president, Institute for Healthcare Improvement, USA; **Rene Amalberti**, Senior Adviser Patient Safety, HAS, France

C2

Perfecting emergency department operations

This session will focus on the general concepts needed for emergency department operational improvements and current best practices. Lean healthcare and queuing theory will be discussed as they relate to perfecting emergency department flow. These concepts will be applied to some current best practices in the emergency department in the 3 key intervals: Door to Doctor, Doctor to Disposition, Disposition to Departure.

Joseph Crane, Emergency Physician, Mary Washington Hospital, USA

C3

Conducting quality improvement research and audits in resource limited settings

This session concentrates on carrying out research and audits that would meaningfully contribute to improvement of healthcare in resource limited settings. It aims at identifying and overcoming obstacles to conducting such projects in these settings with an input from the personal experience of the presenter. The audience will work in groups to identify the barriers and logistical problems, ways of overcoming them, harnessing the available resources and contributing with productive work with minimum funding.

After this session, participants will be able to:

- Identify common problems in conducting quality improvement assessments in resource limited settings
- Identify the available resources in these settings
- Successfully identify key areas for research and interventions that can be carried out with available resources and a low budget
- Create a network of colleagues to continuously assess, communicate and evaluate implementation of such projects after the Forum

Chaturaka Rodrigo, Registrar in Internal Medicine, University Medical Unit, National Hospital of Sri Lanka, Sri Lanka

C4

Do group consultations really work?

Since 2005 over 60 healthcare teams from various specialties in The Netherlands have been trained to offer shared medical appointments (SMA's) to their patients. In an SMA a number of 6-12 patients are seen simultaneously by a physician and a group facilitator. During this session three aspects of SMA's will be shared with the audience; implementation, research results and physician experience. Participants will get feedback on how to set up their own SMA.

After this session, participants will be able to:

- Assess if SMA's are a possible way of organising care in their own practice/ organisation
- Know which steps to take when they want to implement SMA's
- Have an overview of current research results on this topic

Femke Seesing, Advisor and PHD student at the department of neurology, Dutch Institute for Healthcare Improvement (CBO); **Baziel van Engelen**, Professor for neuromuscular diseases, Radboud University Medical Centre Nijmegen, The Netherlands

C5

The present and future of quality management: Long-term care for older people in Europe

Quality and safety of long-term care for older people is at stake in many countries, both care homes and in community care. Quality assurance approaches, quality management and quality improvement programmes are emerging in developing and emerging LTC systems in Europe. In this session we sketch the main trends in quality management in ten European countries. Based on a typology we will discuss the pros and cons and what future of quality management we should be aiming at.

After this session, participants will be able to:

- Explore the idiosyncrasies and similarities of quality management and policies in long-term care across countries
- Identify and reflect on the strengths and weaknesses of the various policies and practices
- To infer conclusions for participants' own situations

Henk Nies, Chief Executive Officer, Vilans, Centre of Expertise for Long-Term Care, Utrecht; **K Leichsenring**, Senior Research Associate and Consultant, European Centre for Social Welfare Policy and Research, The Netherlands.

Session Selections

This timetable shows you an overview of the timings on Thursday.

In the afternoon, the day is divided into half day minicourses (**M sessions**) or 90 minute sessions (**E sessions**) followed by 60 minute sessions (**F sessions**)

Please choose to attend either:
One **D** session + one **M** session

or One **D** session + one **E** session
+ one **F** session

Timetable

	1030-1200 D Sessions			
0730-0900 Registration	D1	Strategies for transformation from across the globe	D7	Using new and innovative technologies to improve quality Rubin Minhas, Helen Morant
0745-0845 Breakfast sessions		(Part a) An inspiring story about unleashing thousands of frontline staff to transform health Roger Dennis	D8	Using video for engaging professionals in reflexive practice improvement Elizabeth van Rensen, Bas de Vries, Rick Iedema
0900-1000 Keynote IV: Rein Willems		(Part b) Accelerating excellence in Saskatchewan, Canada Bonnie Brossart	D9	Clinical improvement technology themed session (Part a) The value of simulation based training: the case of resuscitation Cordula Wagner
1000-1030 Refreshments	D2	Building nation-wide capability for improvement Carol Haraden, Jason Leitch		(Part b) The IHI virtual primary care practice coach development programme Cory Sevin
1030-1200 D1 - D11 Sessions	D3	Engaging the next generation in improving care for patients Carly Strang, Shannon Mills	D10	Leadership themed session (Part a) Creating contagious commitment: senior healthcare leaders as mobilising leaders of change Helen Bevan
1200-1230 Keynote V: Emily Friedman	D4	Triple Aim themed session (Part a) A regional approach to attaining the IHI Triple Aim Carol Beasley, Gerry Marr		(Part b) The quality continuum how it all joins up John Dean, Michael Robinson
1230-1330 Lunch		(Part b) Buy what you want patients, providers, payers pursuing the Triple Aim Dan MacCarthy, Valerie Tregillus	D11	Make or Break - the seismic challenge of managing long term conditions Sir John Oldham
1330-1630 Minicourses M11-M14	D5	Patients managing their own chronic diseases - case studies from different countries (Part a) Self management in The Netherlands Jeroen Havers		
1330-1500 E1-E6 Sessions		(Part b) Patients managing their own chronic diseases Alex Ario		
1530-1630 F1-F6 Sessions	D6	The future of primary care themed session (Part a) A new professionalism - training doctors to be system thinkers Robert Varnam		
1645-1730 Keynote VI : to be confirmed		(Part b) Quality, expansion and management in primary care - experience from England and Alaska Ian Rutter, Douglas Eby		
		(Part c) Towards greater collaboration in primary care - Federations of primary care practices Steve Field		

or

1330-1630	M sessions (half day minicourses)	1330-1500	E Sessions	1530-1630	F Sessions
M11	Developing and implementing a safety programme within your organisation Frank Federico, Carol Peden, Anthony Staines	E1	Leading change from the frontline of care: a global themed session (Part a) Transforming frontline care-transatlantic spread Annette Bartley, Janet Davies (Part b) How to mobilise thousands of nurses for change Liz Ward (Part c) Leading change from the frontline: an example from Afghanistan Mirwais Rahimzai	F1	Sustainability: evidence and unanswered questions Trisha Greenhalgh
M12	Better quality through better measurement Robert Lloyd, Tracey Sherin, Peter Kammerlind			F2	Clinical Leadership for lean times Mark Kinirons, Adrian Hopper, Emma Stanton, Claire Lemer
M13	Patient centred care: making it a reality Pedro Delgado, Jason Leitch			F3	The Global Health Workforce Crisis - Issues and Solutions Lord Nigel Crisp, Lauren Crigler, Kedar Mate
M14	Application of standardised outcome measures in sustainable patient safety improvement Sir Brian Jarman, Paul Aylin, André van der Veen	E2	Primary care themed session (Part a) The Triple Aim in primary care Stephen Liversedge (Part b) Transparency in primary care: balancing between policy, practice and science Jozé Braspenning, Stephen Campbell	F4	Senior Alert - A safety registry for preventive care Joakim Edvinsson, Jesper Ekberg
		E3	Learning from failures Pierre Barker, Bruce Agins, Rashad Massoud	F5	ORAL SESSION Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details
		E4	Art and Science of coaching interdisciplinary groups in healthcare improvement Goran Henriks, Anette Nilsson, Marjorie Godfrey	F6	Quality indicator construction and feedback: using data to support improvement in hospital quality and safety Rosella Hermens, Jonathan Benn, Anna Renz
		E5	Writing for publication Fiona Moss, Jane Smith, Duncan Neuhauser		
		E6	How do hospitals transform themselves? Three case studies (Part a) Aspiring to be the safest local healthcare system in Sweden Ann Christine Johansson (Part b) Improving quality and safety whilst reducing costs: an organisational approach Ian Renwick (Part c) Transforming the hospital system in Afghanistan Nasrine Oryakhail, Karima Mayor Amiri		

Keynote Details

K4: Rein Willems, Former president and CEO of SHELL, member of Parliament ("House of Lords") for the Christian-Democrats party (CDA)

K5: Emily Friedman, Assistant Professor, School of Public Health, Boston University and Independent Health Policy and Ethics Analyst

K6: To be confirmed

D1**Strategies for transformation from across the globe****(Part a) An inspiring story about unleashing thousands of frontline staff to transform health**

Changing health systems is not easy. Traditional efforts usually fail in the face of the complexity and scale of the problem. In New Zealand, one local health system has recognised this and is unleashing people at the frontline to make it better. Learn first hand how the Canterbury District Health Board has empowered thousands of people to begin the transformation journey.

After this session, participants will be able to:

- Understand that health system transformation requires both sponsorship from the top and empowerment from the frontline
- Identify the transition from talk into a solid and tangible process with measurable results

Roger Dennis, Consultant in Innovation Strategy, Innovation Matters, New Zealand

(Part b) Accelerating excellence in Saskatchewan, Canada

Ensuring the highest quality of healthcare for one million people every time they seek it demands an unprecedented amount of energy across Saskatchewan's entire healthcare system. This presentation will reveal how our formula - Saskatchewan's Accelerating Excellence Programme - has contributed to mobilising large numbers of health system leaders, managers, and frontline providers to generate the energy required to transform a complex healthcare delivery system. Taking some liberties with Einstein's formula, the presentation will share results and lessons learned from our experience to date.

After this session, participants will be able to:

- Learn the key programme elements driving the success of the initiative and be able to relate them to Einstein's simple formula
- Understand the vital importance of relationships throughout the system and the need to continuously extend invitations cross functionally and cross jurisdictionally

Bonnie Brossart, Chief Executive Officer, Health Quality Council, Canada

D2**Building nation-wide capability for improvement**

Creating capability and capacity that supports sustainable large scale improvement begins with a dedicated strategy and an execution plan. How do you determine the type of expertise required as well as the number of staff and clinicians that need those skills? How do you bring together multiple agencies to develop and offer the needed programmes? Learn how Scotland has planned for sustainable improvement using these strategies.

After this session, participants will be able to:

- Analyse the type of skills needed and in what numbers to build capacity in a nation
- Describe the various methods to build capacity and capability at all levels

Carol Haraden, Vice President, Institute for Healthcare Improvement, USA; **Jason Leitch**, National Clinical Lead for Quality, Scottish Government, Scotland

D3**Engaging the next generation in improving care for patients**

An introduction to the IHI Open School for Health Professions by the IHI Open School team - 3 Chapter leaders will present, focusing on how they have used the IHI Open School to integrate students into improvement work in clinical settings. The session will focus on methods for partnering Chapters with local healthcare settings, not necessarily the methodological approaches and results of individual projects. We will use an RFP process to identify unique stories to share, propose steps participants can take when they return to their organisation to engage students in local improvement work and close with a summary and wrap-up from Open School team.

After this session, participants will be able to:

- Describe at least 3 resources available on the IHI Open School for Health Professions website
- Define at least 3 opportunities for engaging with local IHI Open School Chapters in their community or health system
- Describe at least one approach to engaging students in local improvement activities
- Identify at least one method for integrating IHI Open School resources into teaching strategies for health professions students in their local context

Carly Strang, Project Manager; **Shannon Mills**, Community Manager, Institute for Healthcare Improvement, USA

D4

Triple Aim themed session

(Part a) A regional approach to attaining the IHI Triple Aim

This session will provide a major opportunity to learn and develop models of healthcare that are affordable and sustainable for the long run, while continuing to improve patient care experience and contributing to population health. This session will highlight the potential of a regional focus for reducing the financial burden healthcare places on individuals, employers, and public funds while also safeguarding or improving population health, patient experience, and care quality.

After this session, participants will be able to:

- Develop ideas for reducing the financial burden health within a region
- Identify resources that need to be put in place to allow for sustainability of maintaining affordable health

Carol Beasley, Director, Strategic Projects, Institute for Healthcare Improvement, USA, **Gerry Marr**, Chief Operating Officer, NHS Tayside, Scotland

(Part b) Buy what you want: patients, providers, payers pursuing the Triple Aim

To support primary care, new targeted physician payments aligned to gaps in care, training, ongoing evaluation and practice support were initiated. For higher care needs patients, there is an inverse relationship between the level of attachment to a primary care practice, and costs. The more patients attach to a practice the lower the overall annual costs to the health system. Physicians who bill higher rates of incentive payment have higher levels of patient attachment.

After this session, participants will be able to:

- Define micro-level change processes to achieve macro-level improvement
- Draw lessons from BC's experience that can be applied to your organisation or jurisdiction
- Develop effective engagement mechanisms for different players in the health system.

Dan MacCarthy, Director of Professional Relations, British Columbia Medical Association, **Valerie Tregillus**, Executive Director of Primary Care, British Columbia Ministry of Health Services, Canada

D5

Patients managing their own chronic diseases - case studies from different countries

(Part a) Self management in The Netherlands

This session gives an insight in the necessary conditions to make the shift from professional care towards more self management for patients. The accent will be on possibilities to empower patients (help patient to take their role as self manager) and support healthcare professionals (to take their role as self management facilitator and stimulator). In the session a general framework will also be discussed with definitions and working principles for self management. This is developed on base of literature and input from professionals.

After this session, participants will be able to:

- Understand the main elements of self management
- Understand the requirements for an action plan 'how to implement self management'
- Start to develop an action plan for improving self management

Jeroen Havers, Senior Consultant, Dutch Institute for Healthcare Improvement (CBO), The Netherlands

(Part b) Patients managing their own chronic diseases

This presentation will review the use of expert clients in delivering HIV care in Uganda. It will be based on case studies and documentation of best practices from a number of different HIV programmes.

After this session participants will be able to:

- Identify opportunities for working with expert clients in chronic care delivery
- Implement integrated programmes with expert clients playing a critical role in HIV and AIDS care.

Alex Ario, Programme Officer - Policy, AIDS Control Programme, Ministry of Health, Uganda

D6

The future of primary care themed session

(Part a) A new professionalism - training doctors to be system thinkers

Doctors' training, in contrast to that of other professional groups, has emphasised the personal and individual nature of clinical care. Yet the challenges for improving quality, safety and efficiency require very different skills of understanding, measuring and designing systems. Based on experience in training physicians from different nations in quality improvement, this session will present a framework for helping doctors develop new skills and a new perspective on effective healthcare.

Robert Varnam, General Practitioner, Associate, NHS Institute for Innovation and Improvement and Honorary Lecturer, University of Manchester

(Part b) Quality, expansion and management in primary care - experience from England and Alaska

Drawing on their experience of leading service transformation in England and Alaska, this presentation will explore a vision of the future of primary care in the areas of clinical care and managerial leadership.

After this session, participants will be able to:

- Maximise the quality of existing primary care
- Understand how the expansion and integration of primary care can optimise the health of a population
- Understand how primary care can be integrated with specialist and hospital services
- Develop primary care physicians' management skills

Ian Rutter, General Practitioner, Westcliffe Medical Practice, England; **Douglas Eby**, Vice President, of Medical Services, Alaska Native Medical Center, USA

(Part c) Towards greater collaboration in primary care - Federations of primary care practices

Primary care has traditionally been provided by relatively small teams whose relationships with other primary providers are ad hoc and often competitive. The Royal College of General Practitioners in the UK has developed and championed a model of inter-practice collaboration to improve quality, efficiency and community impact. The speaker will present the challenges of persuading practices to make changes in organisational boundaries, relationships and autonomy, and present tips for success in increasing inter-practice collaboration.

Steve Field, Immediate Past Chairman of Council, Royal College of General Practitioners, England

D7**Using new and innovative technologies to improve quality**

Starting with the lessons learned from the Apollo 11 space programme, the session will lead on to provide an overview of the evolution of evidence-based medicine concluding with an examination of how technology provides a platform for its dissemination and also how technology can provide new functionalities that lead improvements in clinical quality. The session includes a state of science overview covering clinical guidelines, performance improvement tools, decision support, e-learning, computerised order entry and mobile e-health technologies.

After this session participants will be able to:

- Know the effectiveness of clinical guidelines, performance measures, computerised decision support tools and e-health solutions.

Rubin Minhas, Clinical Director, BMJ Evidence;
Helen Morant, Editor of Online Learning, BMJ Learning,
BMJ Publishing Group, England

D8**Using video for engaging professionals in reflexive practice improvement**

This presentation reports on an international collaborative project using HELICS, a "real-life" video feedback technique. Ten Australian and Dutch hospital departments participated in videoing existing handover practices to enable frontline staff to devise improvements. The collaborative project engaged medical and nursing personnel in analysing footage of their own handover practices and devising new handover approaches. This session will be a demonstration of the technique. The participants will experience and perform the video feedback technique themselves.

After this session participants will be able to:

- Understand the power of using video for quality improvement
- Describe the rules for using the video reflexive practice improvement
- Identify the barriers and facilitators for applying the HELICS technique

Elizabeth van Rensen, Senior Researcher, Centre for Patient Safety; **Bos de Vries**, Trainer and Senior Consultant, School of Medical Sciences, University Medical Centre Utrecht, The Netherlands, **Rick Iedema**, Director, Centre for Health Communications, Faculty of Arts and Social Sciences, University of Technology, Australia

D9**Clinical improvement technology themed session****(Part a) The value of simulation based training: the case of resuscitation**

Simulation based training is an integrated part of surgical skills training. It is less common for non-technical skills. A large anaesthesiology department of VU University medical centre in Amsterdam has a simulation room for training of technical and non-technical skills. Recently, a research project has been conducted to relate experience, personal characteristics and stress to performance during a resuscitation setting. To improve performance a decision aid has been introduced. Some unexpected side effects were found. The question is whether residents should be selected based on the results of a technical and non-technical skills assessment. In other industries this is common practice.

After this session, participants will be able to:

- Have knowledge of the added value of simulation based training for non-technical skills
- Have a basic understanding of the relation between personal factors and performance
- Can formulate an implementation strategy for decision aids

Cordula Wagner, Professor of Patient Safety, University Medical Centre Amsterdam and Head of the research area Quality and Organisation of Hospital and Long Term Care, Netherlands Institute for Health Services Research (NIVEL), The Netherlands

(Part b) The IHI virtual primary care practice coach development programme

The best methods for development of coaches for practice redesign are not clear. The Institute for Healthcare Improvement tested a virtual programme for supporting coaches in development of skills to assess and respond to the human dimensions of change and skills for communication and interaction. Participants will understand the curriculum, the virtual delivery method, coach self-assessment results and have an interactive experience based on the community learning design using selected topics from the curriculum.

After this session, participants will be able to:

- Explain the rationale for focusing a coaching development programme on skill in the human dimensions of change and interaction
- Identify curriculum elements essential for skills in the human dimensions of change and interaction
- Describe the learning design for a 12 month virtual skill development community
- Try out an interactive learning design on specific topics within the curriculum

Cory Sevin, Director, Institute for Healthcare Improvement, USA

D10**Leadership themed session****(Part a) Creating contagious commitment: senior healthcare leaders as mobilising leaders of change**

What can we learn from the leaders of the great social movements that have been able to unite thousands of people around a common cause and ignite change at scale? How can we apply for of the same principles in our own organisations to unleash the creativity and energy of our own workforce and of patients and their families? Come prepared to shift your approach to leading change forever.

After this session, participants will be able to:

- Create "contagious commitment" to change by mobilising frontline staff and service users
- Bring alive motivation that is rooted in common values
- Build power from the resources of your community and use that power to achieve your goals and outcomes
- Build change on a platform of commitment rather than compliance

Helen Bevan, Chief of Service Transformation, NHS Institute for Innovation and Improvement, England

(Part b) The quality continuum how it all joins up

There are many approaches to improving the quality of patient care and experience. These include regulation, performance management, patient safety, clinical standards and guidelines, education, clinical leadership, clinical audit, quality improvement and innovation and research. We will demonstrate how these approaches are complimentary and should be combined and integrated to bring about measurable improvements in quality.

After this session, participants will be able to:

- Understand the complementary roles of the many approaches to safety and quality
- Understand how to integrate safety and quality improvement with other approaches to improving clinical quality
- Maximise the use of current workforce to improve clinical quality

John Dean, Medical Director for Quality and Care Improvement; **Michael Robinson**, Assistant Director of Clinical Governance, NHS Bolton, England

D11**Make or Break – the seismic challenge of managing long term conditions**

The management of people with long term conditions is pivotal to the sustainability of the health care systems of industrialised countries. This session will present the transformation in long term condition care being undertaken across whole health economies in England. This is designed to improve outcomes for patients and save £1.7 billion of expenditure. It will also illustrate the principles and practice of large system change in the context of major financial and structural challenges.

After this session participants will be able to:

- Understand the issues in the future management of long term conditions
- Learn about a model of care that improves outcomes and reduces hospital admissions
- Learn how to involve patients centrally to the process
- Debate mechanisms to maximise self management for patients

Sir John Oldham, National Clinical Lead for Quality and Productivity, Department of Health, England

M11

Developing and implementing a safety programme within your organisation

Improving patient safety requires an acknowledgment that there is a safety problem, developing a structure and process to address the gaps in care, using a methodology to improve and selecting appropriate process and outcome measures. In this one day session, faculty will discuss the components of a framework for implementing and sustaining safety in an organisation.

After this session, participants will be able to:

- Discuss the components of a patient safety plan
- Develop their own safety plan
- Describe the role of measurement in determining patient safety

Frank Federico, Executive Director, Strategic Partner, Institute for Healthcare, USA; **Carol Peden**, Consultant in Anaesthesia and Intensive Care Medicine and Associate Medical Director for Quality Improvement, Royal United Hospital, England; **Anthony Staines**, Patient Safety Programme Director, Fédération des hôpitaux vaudois, Switzerland

M12

Better quality through better measurement

Good decision making is based on data that are collected and analysed in a systematic way. This session will provide a framework and practical recommendations for avoiding roadblocks during your quality measurement journey. Selecting a balanced set of measures; developing clear operational definitions; building a practical data collection plan, organizing dashboards of strategic measures and understanding the variation that lives in the data provide the major milestones along this journey. Building knowledge on how to link measurement to improvement strategies will also be discussed. Case studies and exercises will be used to demonstrate the application of measurement principles to healthcare topics.

After this session, participants will be able to:

- Distinguish between data for research, judgement, and improvement
- Identify and build useful measures (operational definitions, sampling, and stratification)
- Understand variation both conceptually and statistically, and decide which control chart is most appropriate for your data

- Link measurement efforts to improvement strategies

Robert Lloyd, Executive Director Performance Improvement, Institute for Healthcare Improvement, USA; **Tracey Sherin**, Researcher, Health Quality Council, Canada; **Peter Kammerlind**, Qulturum, Jönköping County Council, Sweden

M13

Patient centred care: making it a reality

Patient safety, although not solved, at least has a strong evidence base and the safety community know which interventions to implement. The same is not true of person-centred care. What changes have to be made to make healthcare delivery truly person-centred? Drawing on the examples of NHS Scotland, other global examples and participant's experiences this session will try to answer this question. We will, together, develop a driver diagram for transformational change on person centred care.

After this session, participants will be able to:

- Define person-centred care
- Design a driver diagram for person-centred care
- Build will and commitment to implement the changes necessary for transformational change on person-centred care

Pedro Delgado, Executive Director, Institute for Healthcare Improvement, USA; **Jason Leitch**, National Clinical Lead for Quality, Scottish Government, Scotland

M14

Application of standardised outcome measures in sustainable patient safety improvement

Information is a powerful driver for patient safety improvement. The application of standardised outcome measures (such as (H)SMRs) in the hospital care of countries like UK, US and The Netherlands does confirm this. We will describe how this approach is put in practice. We present the methodology and describe various international practices how to implement this in patient safety management.

After this session participants will be able to:

- Understand the methods and principles of case mix standardisation and data requirements
- Analyse and properly interpret the standardised outcome measures
- Apply the outcome information in sustainable patient safety management (for instance in care bundles)
- Use this information as a driver for continuous healthcare improvement

Sir Brian Jarman, Professor, Director, Dr Foster Unit, Imperial College; **Paul Aylin**, Clinical Reader in Epidemiology and Public Health, Department of Primary Care and Public Health, School of Public Health, Associate Director, Dr Foster Unit, Imperial College, England; **André van der Veen**, Director, de Praktijk Index, The Netherlands

E1

Leading change from the frontline of care: a global themed session

(Part a) Transforming frontline care - transatlantic spread

This session will describe how Wales adapted the US Transforming Care at the Bedside Initiative (TCAB) developed by IHI/RWJF to transform frontline care to suit a different national context. Attendees will be able to identify the improvement methodology used, describe the specific aims and objectives of the work and hear the results and learning from the three pilot sites. The session will also show the spread strategy and describe how the initiative is being rolled out across Wales to achieve improved clinical outcomes and a better care experience for patients.

After this session, participants will be able to:

- Describe how a model designed to transform frontline care within the US context can be successfully adapted for use within a different national context to in order to achieve benefits for patients and staff
- Identify the specific aims and objectives set and the improvement methodology utilised
- Learn about the results, challenges and successes and the national roll out programme

Annette Bartley, Welsh Faculty for Healthcare Improvement 1000 Lives Plus Campaign; **Janet Davies**, Head of Clinical Governance Support & Development Unit, Welsh Assembly Government, Wales

(Part b) How to mobilise thousands of nurses for change

This session will share practical examples of how nurses and midwives have been engaged and mobilised to make significant improvements in the care they deliver. Participants will learn how to mobilise this vital healthcare workforce and inspire change that will have a positive impact on the cost and quality of care. Combining techniques of large scale change alongside simple practical tools that can be used in any care setting connects to nurse's core values and gives them the capability necessary to transform healthcare.

After this session, participants will be able to:

- Understand how to link compelling narrative to practical implementation
- Understand how learning from peers can be an effective way to inspire others to adapt and adopt excellent practice from elsewhere
- Use a variety of simple tools and techniques that can be used to make practical improvement in any care setting

Liz Ward, Innovation Practice and Design Team, NHS Institute for Innovation and Improvement, England

(Part c) Leading for healthcare change in Afghanistan

More than three decades of war and conflict have seriously affected almost each and every part of the health system in Afghanistan. After the Taliban were removed from power in 2001 Afghanistan once again found the opportunity to become a

country and revive different Government Institutions. This session describes how the Ministry of Public Health has implemented reforms and expanded primary and secondary care services.

After this session, participants will be able to:

- Develop knowledge on how changes work in a in-conflict resource poor environment
- Learn about front line challenges and obstacles and strategies remove obstacles for improvement in Afghanistan

Mirwais Rahimzai, Chief of Party, URC-Health Care Improvement Project, Afghanistan

E2

Primary care themed session

(Part a) The Triple Aim in primary care

This presentation will demonstrate how transparent sharing of quality measures and coaching leadership can deliver ground breaking results for a population whilst delivering NHS Bolton strategy which is based on IHI Triple Aim. Practices are presented with detailed information about their performance across key areas of disease prevalence and process measures within the key disease areas that contribute most to health inequalities. Practice data is presented in peer group clusters which ensure that different practice demographics are taken into account.

After this session, participants will be able to:

- Assess primary care performance
- Understand the development of primary care to deliver strategic objectives allied to the Triple Aim
- Support primary care to improve quality

Stephen Liversedge, Chair of the Professional Executive Committee, Bolton Primary Care Trust, England

(Part b) Transparency in primary care: balancing between policy, practice and science

Quality systems have been developed to evaluate primary care with measurements based on clinical performance, practice management and patient's experiences. Extra stimuli can be given by offering money or support. How sustainable are these different systems? In this session we will discuss five aspects related to sustainability, from the view of four different countries: data collection, valid and reliable indicators, effect of feedback on quality indicators, improvement plans and stimuli for quality improvement (such as P4P).

After this session, participants will be able to:

- Implement adequate registration without too much administrative burden
- Develop useful indicators for different purposes in general practice
- Assess the possibilities and restrictions of different quality improvement systems in general practice
- Identify characteristics of successful improvement plans

- Learn more about the long-term effects of different stimuli for quality improvement

Jozé Braspenning, Associate Professor at IQ Healthcare, Radboud University Nijmegen Medical Centre, The Netherlands; **Stephen Campbell**, Senior Researcher, Primary Care Research Group, University of Manchester, England

E3

Learning from failures

Improvement delivers change, but not every change yields improvement. For this session three leaders in global health will reflect on some of the failures they have learned from the field. This is an interactive session in which participants will be asked to share and reflect on their own failures and learning from them.

After this session participants will be able to:

- Discuss improvement as a series of changes some of which will not be successful but none the less, valuable for leadership.
- Describe key programme failures and lessons for moving forward
- Openly share their own failures and learning with peers

Pierre Barker, Professor of Pulmonary Medicine, University of North Carolina; **Bruce Agins**, Medical Director, New York State Department Of Health AIDS Institute; **Rashad Massoud**, Senior Vice President, Quality and Performance Institute, University Research Co, USA

E4

Art and Science of coaching interdisciplinary groups in healthcare improvement

The Art and Science of coaching interdisciplinary groups in healthcare improvement is a key activity in the transformation of healthcare systems. Improving healthcare processes and systems must be done by those at the frontline of care. Coaches of interdisciplinary teams can support and build the context for successful improvement by the frontlines teams of care. Coaching attributes, skills and models based on years of in the field coaching and recent PhD studies will provide the essentials all coaches of healthcare improvement will need to be successful.

After this session, participants will be able to:

- Develop a personal coaching development plan
- Apply specific coaching skills in particular contexts
- Consider various tools and processes to engage and support frontline clinical teams to achieve improvement goals
- Build a system/network for healthcare improvement coaches

Goran Henriks, Chief Executive of Learning and Innovation; **Anette Nilsson**, Project Leader, Kultorum, Jönköping County Council, Sweden; **Marjorie Godfrey**, Co-Director, Microsystem Academy and Instructor, Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth Medical School, USA

E5

Writing for publication

In this interactive session, participants will describe their own Quality Improvement work and with colleagues identify messages and lessons of interest and potential use to others. Then from their told accounts and using a structured framework, participants will write the about the key points of their work. Finally by sharing ideas with colleagues participants as authors will modify their messages and produce a first draft quality improvement abstract and plan the next steps of writing.

After this session, participants will be able to:

- Write up projects as structured abstract
- Be aware of customers / readers needs
- Summarise main messages

Fiona Moss, Director of Medical and Dental Education Commissioning, London Deanery; **Jane Smith**, Deputy Editor, BMJ Group, England; **Duncan Neuhauser**, Professor of Epidemiology and Biostatistics, Medical School, Case Western Reserve University, USA

E6

How do hospitals transform themselves? Three case studies

(Part a) Aspiring to be the safest local healthcare system in Sweden

In 2006 the mission of the Värnamo health service area was to become one of the world's most patient safe and effective local healthcare systems. A board for patient safety was formed where patients participate in 14 different safety areas. This session describes methods, results and learning.

After this session participants will be able to:

- Develop an inspiring mission for patient safety
- Get leadership engagement, patient participation, and use transparent measurements

Ann Christine Johansson, Jönköping County Council, Sweden

(Part b) Improving quality and safety whilst reducing costs: an organisational approach

The session will describe a systematic approach to improving quality and safety and reducing costs, through the bringing together of a variety of tools, techniques and background information as part of an organisation-wide Strategic Programme for Improvement. It will show how NHS Institute benchmarking information and other tools (including the 'Effective Ward' programme), 'Lean' methodologies and measures to eliminate waste and variation have been focused into a cohesive organisational strategy.

After this session, participants will be able to:

- Identify tools and techniques signposting opportunities for quality improvements
- Understand how different tools and techniques can be brought together as part of a cohesive strategic plan for improvement

Ian Renwick, Chief Executive Officer, Gateshead Health NHS Foundation Trust, England

(Part c) Hospital transformation in Afghanistan

Afghanistan is just now beginning to implement a hospital reform project to raise the quality of care in the country. This session will discuss how a consistent approach is being coordinated in national and specialty hospitals through central Government routes.

After this session participants will be able to:

- Develop knowledge on how changes work in a in-conflict resource poor environment
- Learn about front line challenges and obstacles and strategies remove obstacles for improvement in Afghanistan

Nasrin Oryakhil, Director, Malali Maternity Hospital;
Karima Mayar Amiri, Improving Quality of Health Care Unit Coordinator, Ministry of Public Health, Afghanistan

F1

Sustainability: evidence and unanswered questions

Quality improvement efforts are often short-term projects, but if the gains made during the funded project period are not sustained, the efforts are of limited value. The literature on sustainability identifies three tensions:

- (1) between fidelity, maintaining the intervention as originally designed and adaptation, changing it to accommodate new contingencies;
- (2) between 'hard', formal structures and 'soft', hearts and minds approaches and
- (3) between sustaining the programme locally and disseminating it to other settings.

After this session, participants will be able to:

- Build sustainability into their plans for quality improvement

Trisha Greenhalgh, General Practitioner and Director of the Healthcare Innovation and Policy Unit, Barts and the London School of Medicine and Dentistry, England

F2

Clinical Leadership for lean times

The productivity/quality healthcare challenge requires new ways to manage change which needs new ways of engaging clinical staff. We will present case studies of:

- (1) Improvement in an acute hospital including a range of methods from email campaigns to podcasts.
- (2) Diagnosis: a clinical leadership social enterprise model building on a network of junior doctors.
- (3) Plenary discussion on how to sustain and spread change reflecting on different leadership models we have used

After this session, participants will be able to:

- Identify and assess the leadership challenges applied in the English National Health Service
- Engage frontline clinical staff in change and improvement

- Learn new ways of engaging clinical staff in improvement and change
- Use social enterprise as a new way of creating improvement networks
- Apply behavioural economics to healthcare improvement

Mark Kinirons, Clinical Lead for Patient & Drug Safety;
Adrian Hopper, Associate Medical Director for Patient Safety, Guy's and St Thomas' Foundation Trust;
Emma Stanton, Commonwealth Fund Harkness Fellow in Health Care Policy and Practice 2010 - 2011, Psychiatry Specialist Registrar, South London and Maudsley NHS Foundation Trust; **Claire Lemer**, Ophthalmology Operations Manager, NIMUH and Paediatric Specialist Registrar, Barnet and Chase Farm NHS Hospitals Trust

F3

The Global Health Workforce Crisis - Issues and Solutions

One of the key issues in global health is the health workforce crisis. This session will address the causes and look at strategies underway to address it. It will build on Lord Nigel Crisp's book "turning the World Upside Down" as well as the innovative work of the USAID Health Care Improvement Project and the Institute for Health Care Improvement.

- Articulate the issue of the global health workforce crisis
- Discuss strategies underway to deal with it
- Describe how quality improvement is being used to address the global health workforce crisis

Lord Nigel Crisp, KCB, Member of the House of Lords and author of Turning the world upside down - the search for global health in the 21st Century, England;
Lauren Crigler, Director of Workforce Development, Health Care Improvement Project, University Research Co, USA; **Kedar Mate**, Country Director, Institute for Healthcare Improvement Programmes in South Africa, South Africa

F4

Senior Alert

- A safety registry for preventive care

A knowledge based care prevention process has resulted in a new level of performance for a whole healthcare system. Since March 2010 Qulturum (JCC) has acted for the Swedish government to spread a preventive care process and registration in a national quality registry.

After this session, participants will be able to:

- Learn more about a new way of spreading new ideas by coaches
- Gain more profound knowledge about how to have a systemic approach to complex healthcare issues
- Lead an implementation that aims for every one doing risk assessment to take preventive and follow up actions and results for every patient

Joakim Edvinsson, RN, Improvement Manager;
Jesper Ekberg, Project Manager, Qulturum, Jönköping County Council, Sweden

F5

ORAL SESSION

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

F6

Quality indicator construction and feedback: using data to support improvement in hospital quality and safety

Before improving patient care, insight into actual performance is necessary. This requires development of effective clinical indicators, effective processes for data feedback and a local organisational context that is conducive with use of data to drive improvements in care. Several systematic, consensus methods exist to translate available evidence into objective performance measures, including the RAND-modified Delphi method. Little evidence exists concerning effective feedback processes, though some consensus has emerged on effective strategies for use of data in quality improvement projects. This session will discuss the feasibility of this method for indicator construction and to come to an optimal method and the characteristics and context for effective indicator feedback to medical professionals.

After this session participants will be able to:

- Develop valid and reliable clinical indicators
- Understand the factors which influence effective data use: cultural, systemic and organisational factors and data presentation
- Appreciate the differences between using data for local quality improvement and data for organisational reporting

Rosella Hermens, Senior Researcher at IQ Healthcare, Radboud University Nijmegen Medical Centre, The Netherlands; **Jonathan Benn**, Lecturer, Centre for Patient Safety and Service Quality (CPSSQ); **Anna Renz**, Department of Primary Care and Social Medicine, Imperial College London, England

Session Selections

The timetable below shows you an overview of the timings on Friday.
There are no split sessions in the afternoon.
You can choose to attend one of the **G**, **H** and **I** sessions.

0730-0900 Registration	G5 Aiming for zero harm in paediatrics Peter Lachman, Anne Matlow, Steve Meuthing	H4 Elementary patient safety: learning from catastrophic error Douglas Noble, Felix Greaves
0745-0845 Breakfast sessions		
0900-1000 Keynote VII: Jim Easton	G6 Improving primary care beyond the consultation - themed session (Part a) Patient safety in primary care Michel Wensing	H5 European framework for quality of care and quality of life indicators in care homes Mirella Minkman, Ruth Pel
1000-1030 Refreshments	(Part b) Reducing waste to improve quality and safety in primary care Paresh Dawda	H6 Fresh perspectives in patient handovers Myrra Vernooij-Dassen, Paul Barach, Julie Johnson
1030-1200 Sessions G1-G11	(Part c) Getting evidence into practice - reliably Richard Jenkins	H7 ORAL SESSION
1200-1300 Lunch	G7 New knowledge - themed session (Part a) The knowledge of improvement Frank Davidoff, David Stevens	H8 ORAL SESSION
1300-1400 Session H1-H11	(Part b) Six ways your writing for scholarly publication can accelerate your improvement success David Stevens, Boel Andersson-Gare	H9 ORAL SESSION
1415-1515 Sessions i1-i11	G8 Engaging doctors in care improvement Gary Kaplan, Jack Silversin	H10 ORAL SESSION Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details
1515-1545 Refreshments	G9 Clinical improvement nursing session (Part a) Increasing the responsibilities of nurses in practice training Maaïke Pouwels	H11 Safer Systems for Safer Primary Care Maureen Baker
1545-1630 Keynote VIII: to be confirmed	(Part b) Implementing evidence-based guidelines to improve quality and safety in nursing Lisette Schoonhoven, Joke Mintjes	
1630 Close of International Forum	G10 Leading for patient safety: themed session (Part a) Leading patient safety improvement: don't ignore the four traits! Ian Leistikow	
	(Part b) "Never again" Doctors share their adverse events: the story behind the book Judith van der Vloed, Harry Molendijk	
Sessions G1-G11	G11 ORAL SESSION Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details	
G1 Turning the world upside down: global shared learning for large-scale health and healthcare improvement Pedro Delgado, Lord Nigel Crisp, Francis Omaswaf		
G2 Primary care themed session (Part a) Engaging primary care clinicians in improvement: thinking outside the box Robert Varnam, Martin Marshall		
(Part b) Enhancing primary care capacity in managing chronic conditions at lower cost Brenda Reiss-Brennan, Pascal Briot		
G3 Patient voices for patient safety: examples from across Europe (Part a) Involving patients using an electronic download centre for patient safety charts Alice M Hamersma		
(Part b) Real time patient involvement in safety briefings Hayley Peters		
(Part c) Patient involvement in patient safety Nicola Bedlington		
(Part d) Involving patients, relatives and staff for safer care Ann-Margreth Kvarnefors		
G4 Leadership themed session (Part a) Nurse leadership development to improve quality Elisabeth Brown		
(Part b) Leadership and the empowerment of change in healthcare Jan Swinkels, Marianne de Visser		
	Session H1-H11	
	H1 The value of a virtual learning network for patient safety Annette Bartley, Gerry Marr	i1 Patient safety - improvement in any language Beth Lilja Pedersen, Carol Haraden, Vibeke Rischel, Sue Gullo
	H2 A "Masterclass" in framing to connect with hearts and minds Helen Bevan, Maxine Power,	i2 Transformation of a hospital consistent leadership using examples from other industries Frans Hiddema, Kees Sol
	H3 Patient safety across the continuum of care John Dean, Darren Mansfield	i3 Safe healthcare across a system Berit Axelsson
		i4 The future of remote learning Helen Morant
		i5 Using health information technology for patient centred care in your organisation Brian Robson, Laura Adams
		i6 Serious games to improve patient safety Pamela Kato
		i7 Discovering information to improve care Paul Bataalden, Dale Webb
		i8 ORAL SESSION
		i9 ORAL SESSION
		i10 ORAL SESSION
		i11 ORAL SESSION Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details

Keynote Details

K7: Jim Easton, NHS National Director for Improvement and Efficiency

K8: To be confirmed

G1

Turning the world upside down: global shared learning for large-scale health and healthcare improvement

This session will engage large-scale improvement leaders from throughout the world in exchanging successes and failures as their efforts evolve.

After this session participants will be able to:

- Enhance their large-scale healthcare improvement efforts by reflecting with others engaged in similar endeavours
- Promote bi-directional learning between improvement efforts in developing and developed countries
- Continue to build personal and professional improvement networks
- Explore further relationships with those individuals or institutions working on similar topics in order to accelerate the rate of improvement

Pedro Delgado, Executive Director; **Lord Nigel Crisp**, Strategic Advisor, Institute for Healthcare Improvement, USA; **Francis Omaswaf**, Executive Director, African Centre for Global Health and Social Transformation, Uganda

G2

Primary care themed session

(Part a) Engaging primary care clinicians in improvement-thinking outside the box

Engaging clinicians in service improvement is vital but often challenging, with unique issues in primary care. This interactive session will challenge some of the established norms for engaging clinicians in primary care and suggest new ways to build engagement. Should traditional levers for change be abandoned altogether? Are small scale changes always best? Is multiprofessional working the best approach to building engagement? Should we focus more on people than systems? Come and join the debate.

After this session participants will be able to:

- Evaluate the climate for engagement
- Engage clinicians more effectively in service improvement

Robert Varnam, General Practitioner, Associate, NHS Institute for Innovation and Improvement and Honorary Lecturer, University of Manchester;
Martin Marshall, Clinical Director & Director of Research & Development, The Health Foundation, England

(Part b) Enhancing primary care capacity in managing chronic conditions at lower cost

This session will focus on an integrated redesign of primary care for chronic conditions that has demonstrated quality outcomes and service benefits to patients, their families, healthcare providers and community partners in the US. The Mental Health Integration (MHI) programme places mental health at the heart of team-based primary care, resulting in improved provider satisfaction and a 54% decrease in ER utilisation. A diverse faculty panel will present collective action strategies that address political and practical barriers and opportunities for building the reciprocal community partnerships needed to successfully implement "mind body" integration and sustain high quality at lower costs within their local communities (Singapore, Argentina, UK, and USA).

After this session participants will be able to:

- Identify enabling solutions to active community engagement and "buy in" for quality improvement that supports patients and their families with chronic conditions in their local context
- Explore standardised clinical and economic tools needed to create, coordinate, monitor and reward complementary healthcare team roles that co-produce positive quality outcomes in a high performance health system

Brenda Reiss-Brennan, Mental Health Integration Director Intermountain Healthcare; **Pascal Briot**, Quality Research Analyst, Institute for Healthcare Delivery Research, USA

G3

Patient voices for patient safety: examples from across Europe

(Part a) Involving patients using an electronic download centre for patient safety charts

Information and demonstration of the need and benefits of Customisable patient safety brochures for download on 'My Safe Care' portal ("MijnZorgVeilig.nl" in Dutch) in an aim to encourage the patients to be actively involved in their healthcare's safety. It provides patients with various tips and cartoons on contributing to the safety of their treatment and to make them more aware of potential risks. Together with the participants we will make a safety brochure for patients tailored to their (patient's) needs.

After this session participants will be able to:

- Be open to information from patients about possible safety risks in the daily practice
- Identify relevant information and materials to stimulate patients

Alice Hamersma, Staff Member, Federation of Patients and Consumer Organisations (NPCF), The Netherlands

(Part b) Real time patient involvement in safety briefings

Team safety briefings are central to fostering a safety culture in any organisation. Such a culture encourages and rewards reporting of concerns 24/7. Introducing "real time" patient feedback to safety briefings provides a golden, rich opportunity to capture patient concerns and inform care immediately. We asked our patients two simple questions, "what went well?" and "even better if...", this has enabled us to focus on what matters to patients during the de-brief and the opportunity to act on patient concerns there and then.

After this session, participants will be able to:

- To recognise the richness of "real time" patient feedback and how this can raise standards and improve patient safety.
- To be able to implement patient focused safety briefings

Hayley Peters, Senior Matron, Preparation for Surgery, Royal Devon & Exeter NHS Foundation Trust, England.

(Part c) Patient involvement in patient safety

The session will focus on patient safety as a joint effort, outlining the benefits of involving both individual patients and patients' organisations in safety and quality policies and programmes. Good practices and useful tools to encourage patient involvement, and examples from recent European cooperation efforts will be presented. The session will also discuss the importance of e-health and health literacy.

After this session, participants will be able to:

- Appreciate the importance of patient involvement in safety and quality initiatives
- Know about examples of European projects and cooperation initiatives in this area, as well as examples of good practice
- Identify useful advocacy tools as well as practical resources to encourage and support patients' involvement

Nicola Bedlington, Director, European Patients' Forum, Belgium

(Part d) Involving patients, relatives and staff for safer care

How do we increase value and safety for our patients? We are convinced that we have to work much more together with patients and relatives in our safety and improvement work. During the session we will share our experiences from a programme called "Together" in which we do improvement work in multidisciplinary teams together with patients and relatives. In this programme we use the book "Taste of water" written by a patient.

After this session participants will be able to:

- Use this as a model to develop the interaction between care staff, patients and their relatives in quality improvement
- Identify the value of patient storytelling and how patient involvement gives us a safer care

Ann-Margreth Kvarnefors, Project Leader, Kulturm, Jönköping County Council, Sweden

G4**Leadership themed session****(Part a) Nurse leadership development to improve quality**

A three person team, representing nursing, human resources, and quality management, will share their experiences in developing and customising a nurse leadership competency model in a medical centre in the United States, a healthcare network in Turkey, and a hospital system in India. The participants will learn about the implementation of the competency model and unit-based dashboards as a vehicle to managing performance and improving quality.

After this session, participants will be able to:

- Identify global challenges and opportunities driving the need for nurse leadership development
- Describe the implementation of a nurse leadership competency model aimed at improving quality

Elisabeth Brown, Director of Clinical Services, Partners Harvard Medical International (PHMI), USA

(Part b) Leadership and the empowerment of change in healthcare

How can a board of directors responsible for the quality of care in a Dutch hospital empower change? This session explores how leadership, understanding of human factors, formal accreditation and certification processes can be used to provide benchmarks for quality.

After this session, participants will be able to:

- Understand how accreditation and certification can be used in hospitals as a driver for cost effective change

Jan Swinkels, Professional Behaviour Course Coordinator, Faculty of Medicine; **Marianne de Visser**, Academic Medical Centre, University of Amsterdam, The Netherlands

G5**Aiming for zero harm in paediatrics**

Paediatric patient safety is a growing field as clinicians and researchers realise that children have different needs from adults. Children differ from adults in that the risks change with age and most children are treated in environments designed for adult care. In this session, experts from leading paediatric institutions around the world will address innovative approaches to global paediatric patient safety issues facing children in healthcare both in hospital and in primary care.

After this session participants will be able to:

- Identify the key challenges for safe care in children
- Be able to assess differences between adult and paediatric safety interventions
- Implement a programme to decrease harm

Peter Lachman, Associate Medical Director for Patient Safety, Great Ormond Street, England; **Anne Matlow**, Professor, Department of Pediatrics, and Laboratory Medicine and Pathobiology and Associate Director,

Centre for Patient Safety, University of Toronto, Canada; **Steve Meuthing**, Assistant Vice-President Patient Safety, Associate Professor and Associate Director, General & Community Paediatrics, James Anderson Center for Health System Excellence, USA

G6**Improving primary care beyond the consultation - themed session****(Part a) Patient safety in primary care**

Patient safety in the primary care setting is higher than ever on the healthcare agenda. This session will explore the issues of safety in primary care, through the results of a nation-wide study in The Netherlands. The results of an international inventory of safety improvement interventions will also be discussed in terms of the lessons that can be applied to all primary care settings.

After this session, participants will be able to:

- Understand how safety in primary care can be improved
- Identify effective safety improvement interventions

Michel Wensing, Health Researcher and Associate Professor, Radboud University Nijmegen Medical Centre, The Netherlands

(Part b) Reducing waste to improve quality and safety in primary care

Finding additional time is a major obstacle to primary care staff engaging in new activities or quality improvement. Yet poorly designed systems, inappropriate variation and lapses in processes all result in clinicians' time being routinely wasted. This session will introduce a variety of methods for identifying waste, and present the speaker's experience of applying the productives methodology and Kai Sigma in primary care. The results show that it is possible simultaneously to improve efficiency, quality and safety - without asking staff to work harder.

Paresh Dawda, General Practitioner, England & Honorary Lecturer, University of Monash, Australia

(Part c) Getting evidence into practice - reliably

Even when there is clear evidence about best practice, many patients do not receive it. Policies alone are insufficient to ensure that every patient receives the most appropriate care. The speaker will present a method for designing more reliable care processes developed specifically for primary care, and discuss his experiences of training and coaching primary care practices in improving the reliability with which they deliver the care they wish to provide.

Richard Jenkins, GP Associate, NHS Institute for Innovation and Improvement and West Midlands Ambulance Trust, England

G7

New knowledge - themed session

(Part a) The knowledge of improvement

This session will offer an in-depth exploration of the knowledge that drives improvement. Building on deliberations from the 2003, 2008 and 2009 International Forums and a 2010 meeting at Cliveden, UK, participants will consider: the multiple dimensions of improvement knowledge; sources of evidence; social determinants of action; cross-disciplinary collaboration; professional education; and methods of inference. The programme will use the SQUIRE publication guidelines as a general framework for discussion, and will include faculty from several countries who participated in the UK meeting.

After this session, participants will be able to:

- Describe several dimensions of improvement knowledge
- Explain the difference between enumerative and analytic studies
- Characterise the relationship between social change, experiential learning, and improved clinical outcomes

Frank Davidoff, Executive Editor, Institute for Healthcare Improvement, Editor Emeritus, *Annals of Internal Medicine*; **David Stevens**, Editor-in-Chief, Quality and Safety in Health Care, Adjunct Professor, The Dartmouth Institute for Health Policy and Clinical Practice, USA.

(Part b) Six ways your writing for scholarly publication can accelerate your improvement success

A journal editor and a research programme director will present six strategies to use scholarly writing and publication to accelerate participants' improvement work, hasten their improvement of patient care, and enhance their careers. It will draw on their combined experience with doctors-in-training, graduate students and faculty as they have learned to write more effectively in a writing collaborative, participate in journal article writing and reviewing, work effectively with co-authors, and find the right publication for their reports.

After this session, participants will be able to:

- Write more effectively and productively for publication of improvement work
- Integrate excellent scholarly writing into the work of healthcare improvement
- Improve their writing competence

David Stevens, Editor-in-Chief, Quality and Safety in Health Care, Adjunct Professor, The Dartmouth Institute for Health Policy and Clinical Practice, USA;

Boel Andersson-Gare, Director, Department of Research and Education, Jönköping County Council, Professor, Quality Improvement and Leadership, Jönköping Academy for Improvement of Health and Welfare, Jönköping University, Sweden

G8

Engaging doctors in care improvement

The active engagement of physicians in care and safety improvement is more often an aspiration than reality. In their journey to implement the

Virginia Mason Production System, leaders in this organisation have gained hearts-and-mind involvement of physicians. A framework and strategies applicable to other organisations will be shared.

After this session, participants will be able to:

- Understand why it is critical to engage doctors in improvement
- Appreciate successful doctor engagement requires a proven method to improve results as well as strategies to manage the human/cultural dimensions associated with new ways of working
- Understand how strategies to generate urgency, build and reinforce shared vision, align expectations (compact) with the vision, and develop new competencies among leaders and managers are fostering physician engagement at one organisation
- Identify lessons in physician engagement from Virginia Mason's adoption of Toyota Production System that are applicable to their own organisation

Gary Kaplan, Chairman and Chief Executive Officer, Virginia Mason Medical Centre; **Jack Silversin**, President, Amicus Inc, USA

G9

Clinical improvement nursing session

(Part a) Increasing the responsibilities of nurses in practice training

Real life learning is the central goal of a special unit of a hospital ward that is run by nurses in training. They are responsible for all aspects of care, 24 hours a day, seven days a week. Patient safety is guaranteed because students are coached by certified nurses. The advantages of this system are that we can accommodate more nurses in training and that the conditions of training closely resemble those of work, so that the nurses are better prepared for work once their training is finished.

After this session, participants will be able to:

- Know what the advantages are of creating a specific section in their hospital ward that is run by nurses in training
- Be able to conduct measurements of the learning atmosphere for nurse at their hospital

Maaïke Pouwels, Head of Department of Practical Training for Nurses, VU Medical Centre, The Netherlands

(Part b) Implementing evidence-based guidelines to improve quality and safety in nursing

Evidence is not always used in practice, and many examples of problematic implementation of research into practice exist. This results in suboptimal quality and safety of care. This session aims to provide an overview of current developments in implementation science and to apply these to nursing. We will introduce a framework for implementation, discuss common implementation determinants, and provide a rationale for choosing implementation strategies

using the available evidence from nursing research and general health services research.

The workshop will use several innovative implementation studies as examples, such as projects on implementing several guidelines simultaneously and addressing social influence in teams.

After this session, participants will be able to:

- Assess determinants of nurses' compliance with interventions/guidelines
- Identify strategies for successful improvement of quality of clinical practice
- Be aware of current and new developments in this area

Lisette Schoonhoven, Senior Research Fellow, IQ Healthcare, Radboud University Nijmegen Medical Centre; **Joke Mintjes**, Professor of Critical Care, HAN University of Applied Sciences and Chief Executive Officer of The Netherlands Centre for Excellence in Nursing (LEW), The Netherlands

G10

Leading for patient safety: themed session

(Part a) Leading patient safety improvement: don't ignore the four traits!

In this session I will share the findings of my PhD thesis (December 2010) on how to lead patient safety improvement. First I will illustrate that the problem of patient safety can be defined in four traits: low visibility, high ambiguity, high diversity and a problematic relationship with professionalism. Then I will share our experiences on leading patient safety initiatives in a way that recognised these four traits and led to sustained, continuous and measured improvement

After this session, participants will be able to:

- Identify the four traits of the patient safety problem
- Use this insight to recognise barriers for patient safety initiatives
- Develop a way of leading sustainable patient safety improvements

Ian Leistikow, Coordinator, Patient Safety Programme, UMC Utrecht, The Netherlands

(Part b) "Never again" Doctors share their adverse events: the story behind the book

In the book 12 doctors talk openly about adverse events they were directly involved in. The book has been distributed to over 40,000 healthcare professionals in The Netherlands with the aim of promoting an open culture around adverse events.

First the background of the book (originate, aim, target group) will be told, followed by the process of making (selection of doctors, choices about the content), practical issues (finance, public relations), the reaction from the public and lessons learned.

After this session, participants will be able to:

- Develop a tool (a book) to promote a culture to speak openly about adverse events in healthcare
- Use the power of story telling to stimulate healthcare professionals to be open about adverse events
- Create a tool to open the discussion within the society about the fallibility of healthcare

Judith van der Vloed, Advisory, Dutch Institute for Healthcare Improvement (CBO); **Harry Molendijk**, Manager, Centre for Patient Safety Isala Klinieken Zwolle, The Netherlands

G11

To be confirmed ORAL SESSION

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

H1

The value of a virtual learning network for patient safety

The session will focus on the value of creating/being part of a nationwide learning network focusing on patient safety. This will include discussion around some of the key network activities: How do you create 'value' from the perspective of members? How can you support network organisations to build skills in innovation? How can you build system capability to improve patient safety within network member organisations.

After this session, participants will be able to:

- Understand more about the complexities involved in creating a member-led virtual learning network
- Identify the key benefits of being part of a learning network
- Describe how being part of a learning network can help to accelerate learning
- Describe how to build skills in innovation and build capacity and capability for improvement within a member led virtual network

Annette Bartley, Programme Director and Chair of The Health Foundation's Safer Patients Network, England; **Gerry Marr**, Chief Operating Officer, NHS Tayside, Scotland

H2

A "Masterclass" in framing to connect with hearts and minds

Research shows that what leaders base 80% of their messages to others on does not tap into 80% of the primary motivators of the workforce for putting extra energy into the change programme. How can we frame our messages about quality, safety and cost improvement in ways that generate energy, commitment and engagement in change?

After this session, participants will be able to:

- Call people to action rather than just

communicate your change initiative

- Frame your improvement strategy in ways that resonate with the values, beliefs and experiences of your audience
- Frame your improvement message in ways that significantly increase your chances of delivering transformational change
- Create the optimal balance of diagnostic, prognostic and motivational aspects to get people on board

Helen Bevan, Chief of Service Transformation, NHS Institute for Innovation and Improvement; **Maxine Power**, Department of Health, England

H3

Patient safety across the continuum of care

We will describe an approach to improve patient safety across the continuum of care, the challenges encountered and how we developed new ways of working between primary care, community services, an acute hospital and social care. This was developed as part of the Health Foundation Safer Clinical Systems Programme. Case studies, illustrations of improvement tools and group work will be used to demonstrate applicability. Lessons learned will be shared.

After this session, participants will be able to:

- Understand the Safer Clinical Systems approach to improving patient safety
- Learn the use of safety tools across the continuum of care
- Learn how to overcome barriers between organisations involved in the continuum of care

John Dean, Medical Director for Quality and Care Improvement; **Darren Mansfield**, GP and Clinical Director for Urgent and Primary Care, NHS Bolton, England

H4

Elementary patient safety: learning from catastrophic error

Intrathecal administration of vincristine is a catastrophic error and is the classic systems error which continues to occur 40 years after the first recorded incident. Protecting against this error requires an organisational wide approach involving: standard operating procedures, ensuring valid and up-to-date training, effective communication, medication safety and patient engagement. In this interactive multimedia session we review the basics of how organisations can learn from catastrophic errors. Particularly suitable for those new to patient safety.

After this session participants will be able to:

- See how standard operating procedures protect against error
- Understand the importance of up-to-date training
- Learn how poor communication can directly contribute to errors
- Realise that patients have a role in patient safety

Douglas Noble, Healthcare Innovation and Policy Unit,

Queen Mary's University Hospital; **Felix Greaves**, Clinical Research Fellow, Imperial College London, England

H5

European framework for quality of care and quality of life indicators in care homes

The session presents an international set of result-oriented indicators on quality of life, quality of care, leadership, economic performance and context in long-term care facilities. The indicators focus on residents, their families, staff, management and other stakeholders. The set draws on indicator sets of seven different countries and is tested in care homes across these countries. The workshop helps you to identify how to use these indicators for improving practice. Vilans' experience with hundreds of participants in the Care for Better programme helps you to make indicators really work in practice.

After this session, participants will be able to:

- Understand the quality indicator frameworks in multiple countries in Europe
- Know the opportunities to use this set in your own practice
- Critically review your own quality indicator set and approach

Mirella Minkman, Ruth Pel, Vilans, Centre of Expertise for Long-Term Care, The Netherlands

H6

Fresh perspectives in patient handovers

Complex patient care makes adverse safety events difficult to study. Qualitative research offers a range of methods to gain insight into high-risk clinical processes. We used qualitative methods to explore patient handovers in EU HANDOVER project. This large-scale qualitative research project, which cut across countries, languages and cultures, was feasible by harmonising data collection and analysis. We will actively engage participants in the use of qualitative methods including collective coding and using qualitative analysis software.

After this session, participants will be able to:

- Identify the value of qualitative research in studying complex quality problems
- Assess appropriate methods to better understand provider and patient communications
- Discuss how qualitative research methods can contribute to specific improvement interventions

Myrra Vernooij-Dassen, Director, Alzheimer Centre, Radboud University Nijmegen Medical Centre, Nijmegen; **Paul Barach**, Professor, Utrecht Medical Centre, The Netherlands; **Julie Johnson**, Associate Professor, Faculty of Medicine and Deputy Director of the Centre for Clinical Governance Research, University of New South Wales, Australia

H7**To be confirmed ORAL SESSION**

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

H8**To be confirmed ORAL SESSION**

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

H9**To be confirmed ORAL SESSION**

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

H10**To be confirmed ORAL SESSION**

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

H11**Safer Systems for Safer Primary Care**

This interactive workshop sets out common safety problems in general practice/family medicine and looks at solutions - both manual and IT - that could address these problems. Participants will have the opportunity to suggest problems from their own setting to discuss. The workshop will look at the National Patient Safety Agency and Royal College of General Practitioners 'Seven Steps to Patient Safety in General Practice' to help identify solutions. Technology solutions from NHS Connecting for Health will be demonstrated.

After this session participants will be able to:

- Identify system problems within a general practice that can generate patient safety incidents
- Identify a number of solutions to mitigate system problems

Maureen Baker, General Practitioner, Royal College of General Practitioners, England

i1**Patient safety - improvement in any language**

The IHI and the Danish Society for Patient Safety have embarked on a two and half year journey to support Danish hospitals in transformational change. In this session, members of the Danish and IHI Core Teams describe the journey of reaching the hearts and minds of clinicians by overcoming language, safety culture and translational issues across five Danish hospitals. The key lessons and adaptations that are instrumental in overcoming these barriers to engage frontline clinicians will be discussed.

After this session, participants will be able to:

- Identify the complexity of patient safety improvements in the face of language differences
- Discuss the strategy to enhance relationships between two teams from different countries in order to achieve the goals
- Understand the translational issues of patient safety language

Beth Lilia Pedersen, Director, Danish Society for Patient Safety (DSPS); **Vibeke Rischel**, Project manager DSPS, Denmark; **Sue Gullo**, Director, Institute for Healthcare Improvement, USA

i2**Transformation of a hospital consistent leadership using examples from other industries**

Interested in new ways to reach an innovative culture? The Rotterdam Eye Hospital has, during 18 years, fundamentally changed its organisation and safety approach by using examples from industries like airline, oil and food and by exchanging of ideas and best practices with eye hospitals worldwide. Our patient philosophy is based on the reduction of fear. The results are a patient centred innovative culture and efficient and effective care process.

After this session, participants will be able to:

- Discover possibilities of using examples of other industries in their hospital
- Formulate a patient philosophy

Frans Hiddema, Chief Executive Officer; **Kees Sol**, Chief Financial Officer, The Rotterdam Eye Hospital, The Netherlands

i3**Safe healthcare across a system**

Patient safety is a priority on many leaders' agenda. We present our strategy to improve patient safety titled: "Safe Health Care - Every time, all the time", which covers 14 key areas of patient safety. The primary concept is around the spread of new knowledge and ways of working, and has been applied to the workforce of three hospitals and a number of care centres in Sweden. The resulting improvement in safer patient care is centred around the individual experience of the patient in the care centre.

After this session, participants will be able to:

- Have insight into how a positive change can be made through a whole system
- Know about the methods used to implement effective change at the point of patient care

Berit Axelsson, Development Leader, Kultorum, Jönköping County Council, Sweden

i4**The future of remote learning**

Remote learning is increasingly a key part of education and training. Experienced presenters describe how they have taken conferences online so you can learn how to get involved and maximise the benefits for yourself and your organisation.

After this session, participants will be able to:

- Understand the benefits of participating remotely
- Know which technologies can enhance remote learning
- Confidently facilitate a remote event

Helen Morant, Editor of Online Learning, BMJ Learning BMJ Publishing Group, England

i5**Using health information technology for patient centred care in your organisation**

Are you wondering how health IT might improve the services you offer to patients? As a patient or a healthy citizen, how can IT help get the care I want, when I want and need it? Our expert faculty will help you consider what is generalisable from the early adopters of health IT to support patient-centred care. We will work together to consider how YOUR organisations might adapt or adopt from leaders in the field.

After this session, participants will be able to:

- Identify the key elements comprising patient centred health IT and consider their organisation's progress against these elements
- Develop their understanding of the role that health IT can play in patient centred care

Brian Robson, Medical Director for e-Health, NHS National Services Scotland, Scotland; **Laura Adams**, President and Chief Executive Officer, Rhode Island Quality Institute, USA

i6**Serious games to improve patient safety**

Examples of innovative video games for health that have been evaluated in the peer review literature will be presented. There will be a focus on a video game developed to improve patient safety among junior doctors by teaching them patient safety principles and training them in techniques to manage their physiology to perform at their peak in demanding situations. It is well-known that stress is a factor in patient safety and physician distress (stress, depression, and burnout) makes young doctors six to eight times more likely to make a medical error. Findings on the effectiveness of this new media approach and implications of this emerging technology in healthcare and medical education will be discussed.

After this session, participants will be able to:

- Identify areas where video games have been shown to improve outcomes in the domain of health
- Understand the role that video game technology can play in patient safety education in particular, and medical training in general

Pamela Kato, Health Psychologist and Senior Research Scientist, University Medical Centre Utrecht Patient Safety Centre, The Netherlands

i7**Discovering information to improve care**

We will present and discuss the key findings from a recent Colloquium that brought together a group of leading thinkers from the different disciplines that are helping to build knowledge about how to improve health and the quality and safety of healthcare. The session will consider some of the fundamental questions relating to where the field currently is and where it needs to be in the future.

After this session, participants will be able to:

- Identify some of the benefits of understanding the multiple ways of building knowledge for the improvement of healthcare
- Identify the relevance of these multiple disciplines for the ongoing development of the scholarship of and professional education about the improvement of healthcare.

Paul Batalden, Professor of Paediatrics and Community and Family Medicine, Dartmouth Medical School, USA;
Dale Webb, Head of Evaluation & Strategy, The Health Foundation, England

i8**To be confirmed ORAL SESSION**

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

i9**To be confirmed ORAL SESSION**

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

i10**To be confirmed ORAL SESSION**

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.

i11**To be confirmed ORAL SESSION**

Oral sessions will be selected from abstracts submissions at the end of November. Please refer to the website for full session details.



Virtual Delegate package

This year, following last year's successful pilot programme, we will be providing you with the opportunity to experience the Forum from your home base with our new Virtual Delegate Package. This package enables you to experience the best of the 2011 programme as it happens, and all throughout the year.

- View many more sessions than is ever possible to attend at the live conference
- Save on airfare and travel costs
- Save on hotel costs
- Reduce your carbon footprint

See the Delegate Registration form for Virtual Delegate fees.

Our new Virtual Delegate Package, includes:

- Access to the live web streamed broadcast of all of the 8 keynotes and 27 sessions as they occur on Wednesday, Thursday and Friday of the 2011 Forum
- Access to the video-on-demand of up to 35 recorded sessions shortly after the event to view at your convenience, for a one-year period – you will also be able to view the slides alongside the presentations
- Online access to around 500 posters that will be presented in Amsterdam, with the opportunity to communicate online with the presenters
- A Virtual Delegate Programme Pack, which will give you a written overview of the sessions presented including summaries, learning objectives, and presenter biographies

- PLUS, a one year online subscription to BMJ Quality and Safety Journal (QSHC)

To access the virtual broadcast, all you will need is a broadband Internet connection and Adobe Flash Player installed on your computer. We will provide you with a secure access link and personal password.

The live broadcast will also be repeated a number of times on the same day to correspond with different world time zones. But if you miss any of the live broadcast sessions, you can view them anytime at your own convenience through our video-on-demand portal for a one-year period.

*Access to the virtual package is for single personal use only. Institutional packages are available on request.

International Forum on Quality and Safety in Healthcare

Terms and conditions of Registration

All bookings are subject to the terms and conditions set out below. Our registered address is BMA House, Tavistock Square, London, WC1H 9JR, UK. The person signing or submitting the registration form must be authorised to accept all conditions as set out herein on behalf of those named for any booking.

1. International Forum

- 1.1 When you book for the International Forum, your registration fee includes:
 - Entrance to the conference and workshops
 - Lunch and refreshments
 - Conference materials

2. Placing an order and our acceptance

- 2.1 When you register for the International Forum, the language that we offer to you for the conclusion of this process will be English only.
- 2.2 For online transactions you will be asked to input the details of your order, following your input of your order details you will be given the opportunity to review this information and confirm or correct the information prior to the completion of your order. If you are making a Group Booking (which is defined as a booking for 3 or more delegates) you are given the option of requesting an invoice. If you are not making a Group Booking you will then be asked to submit card payment details. We will then either process your payment via World Pay or send you an invoice as appropriate. We will send you confirmation of your order and a copy of these terms and conditions. For all bookings (however received), submission of your booking is an offer which will be acknowledged in writing by email by the BMJ Publishing Group Ltd ('BMJ Group') who administer the International Forum. Acceptance of the booking will take place when BMJ Group has received cleared funds for the conference or received an invoice request and sent you confirmation of your booking. Our contract comes into effect with you once we have sent you confirmation of our acceptance of your booking. We shall keep a copy of these terms and conditions, which are accessible to you upon request.

3. Travel and hotel arrangements

- 3.1 We urge you not to make non-refundable travel arrangements as the BMJ Group cannot be held responsible for non-refundable travel tickets. We suggest you make your refundable travel booking only after you have received confirmation from the BMJ Group.
- 3.2 Bookings, cancellations or amendments to hotel arrangements should be made by directly contacting the hotel/accommodation booking agency, the BMJ Group are not involved with and do not accept any responsibility for such matters.

4. Use of personal data

Use of the data that you provide us, or which is collected by us, is governed by our Privacy Policy which can be found on our website at <http://group.bmj.com/group/about/legal/privacy/>. In brief however should your booking be accepted the information you supply on any registration form, will be used to process your request to attend an International Forum, inform the venue and caterers of all delegates, create a delegate list of names for all attendees and lead sponsors and generally manage your registration and fulfil our obligations to you.

5. Prices and payments

- 5.1 The prices quoted are inclusive of VAT (unless otherwise specified), which shall be payable on all bookings at the prevailing rate in The Netherlands from time to time (currently 19%). Prices are valid for the relevant the International Forum and shall be valid for such period indicated and charged in the currency as specified. For any delegates making payments from a bank account outside of the UK and where you are charged in pounds sterling, your bank will convert the fee payable and the amount deducted will be subject to the exchange rate at the time.
- 5.2 Whilst we try to ensure that all of our prices on our website are accurate, errors may occur. If we discover an error in the prices of the products you have ordered, we will inform you as soon as possible and give you the option of confirming your order at the correct price or cancelling it. If you do not respond to our contact we will treat the order as cancelled. If you cancel in these circumstances and we have already processed your payment, you will receive a full refund.
- 5.3 Where we invoice you, payment will be permitted via cheque, credit, debit card or bank transfer and shall be due as indicated on our invoice. We take all reasonable precautions to keep the details of your order and payments secure. Unless we are negligent, we cannot be held liable for losses caused as a result of unauthorised access to the information provided by you.
- 5.4 Please note that we may make a search with a credit reference agency, which will keep a record of that search and may share that information with other businesses. In the case of company bookings we may also make enquiries about the principal directors with a credit reference agency.

6. Cancellation, alterations losses and refunds

- 6.1 Transfers from one delegate to another for the booked conference will be permitted at any time upon written notice to the BMJ Group.
- 6.2 Cancellation charges, for contracted bookings, are as follows:
 - If written notice is received within 20 or more working days before date of the event, a full refund will be given.
 - If written notice is received between 8-19 working days before the date of the event, your fee will be refunded in full, less £250 administration charge. This administration charge will not apply if you have cancelled your booking within 7 working days or less after our contract comes into effect (see Clause 2.2).
 - If written notice is received within 7 working days or less prior to the event, refunds will only be given in exceptional circumstances, and at the discretion of the BMJ Group. This is because we will have had to confirm and in most cases had to pay for final numbers at the event and will have started performing our services. You therefore hereby agree that in such circumstances, that no refunds shall be permitted.
- 6.3 It may be necessary for reasons beyond the control of the BMJ Group to alter the content and timing of the conference, the identity of the speaker, and/or the date or the venue. In the unlikely event of the conference being cancelled (as opposed to postponed), by BMJ Group we will refund you the registration fee but to the fullest extent permitted by law, we will not be liable to you for any other costs or losses, whether direct or indirect. This does not affect your statutory rights. In addition to the fullest extent permitted by law we will not be liable to you for any losses (whether direct or indirect) based on reliance on any content at event and to the fullest extent permitted by law the BMJ Group disclaims all warranties regarding the event, whether express or implied (including by statute).

- 6.4 Notwithstanding the other provisions in this contract our liability shall be limited to the booking fee and we shall not be liable for any indirect or consequential loss. Nothing within this contract shall be taken to exclude or limit our liability for death, personal injury, fraudulent misrepresentation or where such limitation of liability is otherwise not permitted by law.
- 6.5 Clauses 6.1 to 6.3 do not apply for your benefit if you have been granted a free place by the BMJ Group at this International Forum (such as a gratuitous places that we have provided to delegates whom were unable to attend the 2010 International Forum in Nice owing to travel disruption caused by the Icelandic Volcano); in the event that you have been provided with a free place at this International Forum you will not be entitled to any refund nor will you be entitled to transfer your place to another delegate.

7. Venue rules

- 7.1 You will need to comply at all times with the rules and regulations imposed by the venue and may be excluded or removed from the conference for failure to adhere to such requirements. You will also need to ensure that you have your own insurances against any loss to your property or any loss or damage you may cause at the conference.

8. Waiver

- 8.1 If you breach these conditions and we take no immediate action, this will not be deemed a waiver of our rights and we will still be entitled to take further action at a later time.

9. Events beyond our reasonable control

- 9.1 Should BMJ Group be unable to perform any obligations under this Agreement due to causes or circumstances beyond its reasonable control, including but not limited to any Act of God, war or threatened war, terrorism or threatened terrorism, fire, flood, drought, strike, lock out or actions of the venue, they will not be liable to you for any losses or claims arising from this.

10. Entire Agreement

- 10.1 To the fullest extent permitted by law, these conditions constitute the entire agreement between you and BMJ Group with respect to the International Forum being booked.

11. Modifications

- 11.1 These conditions cannot be changed or terminated orally, and no changes or amendments to these conditions shall be binding until accepted by both you and BMJ Group in writing (which includes by fax and email).

12. Exclusion of Third Party Rights

- 12.1 There shall be no right whatsoever for any third party to enforce these conditions You and the BMJ Group hereby expressly wish to exclude the operation of the Contracts (Rights of Third Parties) Act 1999.

13. Complaints or contacting us

- 13.1 If you have any complaints or wish to contact us, please contact us by emailing events@bmjgroup.com or writing to:
BMJ Events, BMJ Publishing Group Ltd, BMA House, Tavistock Square, London, WC1H 9JR.

14. Governing Law and Jurisdiction

- 14.1 These terms and conditions are subject to the laws of England and the sole jurisdiction of the English Courts.



Early Bird offer ends 15 December 2010



INSTITUTE FOR
HEALTHCARE
IMPROVEMENT

BMJ Group

International Forum on Quality and Safety in Healthcare Amsterdam 2011

Choose Your Sessions

Name

Tuesday 5 April

0900-1700 Full day Minicourse M1-M5 (one only) M1 M2* M3 M4 M5
1700-1900 Welcome Reception WR (Please tick if you wish to attend)
*** Please see left for details**

*M2

When choosing Session M2 please specify one of the following experiences:

Experiences 1-7

- Experience 1
Health system reform for safe and improved care
- Experience 2
Leading for patient safety and quality of care in a Dutch district general hospital
- Experience 3
Home healthcare for people with disabilities and the elderly - living safely and independently
- Experience 4
Dutch Patient Safety Management System - 100% focus on 100% safety
- Experience 5
Patient safety and quality programmes in the Free University medical centre (VUmc) Amsterdam
- Experience 6
Improving mental healthcare
- Experience 7
Primary and community care services in The Netherlands

Please register on this form for the sessions you wish to attend during the Forum, ensuring that you mark your choices clearly in the boxes provided. Places at the sessions are allocated on a 'first come, first served' basis, and your first choice cannot be guaranteed. The keynote sessions are open to all, as is the Welcome Reception.

Wednesday 6 April

0900-1000 Keynote I K1 (Please tick if you wish to attend)
1030-1630 CEO Session CEO
1030-1200 Session A1-A10 (one only) A1 A2 A3 A4 A5 A6
A7 A8 A9 A10
1200-1230 Keynote II K2
1330-1630 Minicourse M6-M10 (one only) M6 M7 M8 M9 M10
Please note the half day minicourses run until 1630 so please do not select from the 'C' Sessions below

OR

1330-1500 Session B1-B5 (one only) B1 B2 B3 B4 B5

AND

1530-1630 Session C1-C5 (one only) C1 C2 C3 C4 C5
1645-1730 Keynote III K3 (Please tick if you wish to attend)
1730-1900 Poster Reception PR (Please tick if you wish to attend)

Thursday 7 April

0900-1000 Keynote IV K4 (Please tick if you wish to attend)
1030-1200 Session D1-D11 (one only) D1 D2 D3 D4 D5 D6
D7 D8 D9 D10 D11
1200-1230 Keynote V K5
1330-1630 Minicourse M11-M14(one only) M11 M12 M13 M14
Please note the half day minicourses run until 1630 so please do not select from the 'F' Sessions below

OR

1330-1500 Session E1-E6 (one only) E1 E2 E3 E4 E5 E6

AND

1530-1630 Session F1-F6 (one only) F1 F2 F3 F4 F5 F6
1645-1730 Keynote VI K6 (Please tick if you wish to attend)

Friday 8 April

0900-1000 Keynote VII K7 (Please tick if you wish to attend)
1030-1200 Session G1-G11 (one only) G1 G2 G3 G4 G5 G6
G7 G8 G9 G10 G11
1300-1400 Session H1-H11 (one only) H1 H2 H3 H4 H5 H6
H7 H8 H9 H10 H11
1415-1515 Session I1-I11 (one only) i1 i2 i3 i4 i5 i6
i7 i8 i9 i10 i11
1545-1630 Keynote VIII K8 (Please tick if you wish to attend)

International Forum on Quality and Safety in Healthcare Amsterdam 2011

Delegate Registration Form

PLEASE COMPLETE ONE FORM PER DELEGATE

Please return this form together with your payment to BMJ Publishing Group Ltd, BMJ Events, PO Box 295, London WC1H 9TE, Tel: + 44 (0) 20 7383 6281/6241; Fax: +44 (0) 20 7554 6997; Email: hbyrnes@bmjgroup.com or cwoolcock@bmjgroup.com

Section 1 - Personal details

Title (eg Mr/Mrs/Dr/Prof)

First Name

Surname

Job title

Organisation

Address

Town/City

County/State

Country

Post Code/Zip Code

Telephone (including country code)

Email

Special requirements (Diet/mobility etc)

Section 2 - Registration details

Early bird (Payment by 15 December 2010)

4 days	£1,299
3 days (Tues-Thurs)	£938
3 days (Weds-Fri)	£875
2 days	N/A
1 day	N/A

Standard (Payment on or after 16 December)

4 days	£1,458
3 days (Tues-Thurs)	£1,059
3 days (Weds-Fri)	£997
2 days (Tues-Weds)	£859
2 days (Weds-Thurs or Thurs-Fri)	£797
1 day (Tues)	£461
1 day (Weds, Thurs or Fri)	£399

Group of 3+ delegates (Fee is per person)

4 days	£1,389
3 days (Tues-Thurs)	£991
3 days (Weds-Fri)	£928
2 days	N/A
1 day	N/A

Virtual Delegate Fee

4 days	N/A
3 days (Tues-Thurs)	N/A
3 days (Weds-Fri)	£708
2 days	N/A
1 day	N/A

Please indicate which day(s) you will be attending the Forum:

Tuesday 5 April Wednesday 6 April
Thursday 7 April Friday 8 April

Section 3 - Payment

Total payment enclosed

Method of payment

Visa MasterCard American Express
Switch/Maestro (UK only) Delta

Card Number

3 Digit Security Code (4 for Amex)

Expiry Date

Issue Number (Switch only)

Name on card

Signature

Cardholder's Address
if different from Section 1 above:

Cheque attached

(Cheques must be made payable to BMJ Publishing Group Ltd and drawn in Pounds Sterling)

*Please note all fees are inclusive of Dutch VAT @ 19%

You are automatically bound by our Terms and Conditions on submission of this form (see page 33)

Please return the form with your payment to:
BMJ Publishing Group Ltd, BMJ Events, PO Box 295,
London WC1H 9TE

Tel: +44 (0) 20 7383 6281/6241

Fax: +44 (0) 20 7554 6997

Email: hbyrnes@bmjgroup.com

Dutch VAT No: NL 822492647B01

Account code: J469/1305/JC151

Data Protection

We (the BMJ Group and Institute of Healthcare Improvement, based in the USA) would like to keep you up to date with news of our respective products and services that may be of interest to you. If you prefer not to receive these marketing communications*, please tick this box

We would also like to pass your information to our parent organisation, the British Medical Association. If you do not want to receive marketing communications* from the BMA

please tick this box

We would like to share your details with any selected and relevant 3rd parties. If you disagree and in addition do not want to receive marketing communications* from these organisations, which include pharmaceutical companies, please tick this box

*by email, SMS and post.