**International Forum on Quality & Safety in Healthcare**

**Amsterdam, 2-4 May 2017**

**Wednesday 2 May**

**On site workshops**

**Full day courses (0900-1700)**

**M1: International Science and Research Symposium**

The Improvement Science and Research Symposium provides a unique platform for researchers and key scientific stakeholders to unite in the advancement of improvement science in healthcare.

The programme includes presentations of leading research and interactive sessions to highlight key issues to improve quality and patient safety. Topics that will be discussed include the challenges in identifying improvement interventions, the context in which they are applied, and the methods used to understand how they impact on healthcare.

**M2: Continuous Learning in Healthcare Delivery in The Netherlands: Regional oncology networks, outcome data and active learning at the clinical and organizational level**

This pre-day program provides an overview of main approaches for improvement and learning in healthcare delivery in The Netherlands. It’s about healthcare delivery via regional networks, national collaboration of clinicians and hospitals and the clinical work in oncology. We will share an in depth view in considerations for the Dutch approach and a dialogue about it with the international audience.

The program includes key-note introductions of leading clinicians, both MDs and RNs, and interactive working sessions around tumor-specific delivery models i.e. for head and neck and colorectal tumors. It will provide healthcare professionals and others interested in collaboration in delivery and improvement with inspiration, good examples and insight in pitfalls.

Be part of a vivid program about creating and organizing good cancer health care delivery in The Netherlands and collect an artist’s impression of our session afterwards.

**M3 (1): Communicating Quality Improvement**

The effective use of communication plays a major role in sharing improvements, project successes and challenges, and leads to improved outcomes for patients. In this interactive workshop you will have the chance to explore various different strategies for communicating quality improvement and building networks to disseminate your ideas.

After this session, participants will be able to:

1. Understand the role that communications and media coverage plays in successful improvement programmes and campaigns.
2. Apply a simple six step framework to produce your own communications strategy.
3. Use stories as a key part of your engagement and communications activity.
4. Learn how to create an effective quality improvement network

**Aidan Fowler,** Director of NHS Quality Improvement and Patient Safety/Director of 1000 Lives Improvement Service, Public Health Wales

**Charlotte Frendved,** Journalist, MD, medical writer and editor, Danish Society for Patient Safety

**Andrew Cooper,** Strategic Campaigns Manager, 1000 Lives Improvement, Public Health Wales

**Frits Bredal**, Head of Communications at the Danish Society for Patient Safety

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| **SPECIALTY** | **CARE SECTOR** | **LEVEL** | **STYLE** | **STREAM** |
| **Nurse** | **Primary care** | **All-levels** | **Workshop** | **Safety** |
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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**M3(2): How to share your work**

In this interactive workshop our expert speakers will explore how you can get your quality improvement work recognised. You will learn how to write up projects as structured abstracts suitable for publication, and also how to use visual tools such as sketchnoting to communicate your ideas in new and exciting ways via social media.

After this session, participants will be able to:

1. Demonstrate improved understanding of the needs of customers/readers
2. Reflect on the strengths and weaknesses of their QI work using the writing up process
3. Understand how to sketchnote ideas and use social media to gain exposure for your work

**Cat Chatfield,** Quality Improvement Editor, The BMJ

**Fiona Moss**, Dean, Royal Society of Medicine & Founder Editor BMJ Quality and Safety

**Helen Bevan,** Chief Transformation Officer, NHS Horizons

**Leigh Kendall,** Communications Lead, NHS Horizons

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|  |  |  | **Minicourse** |  |
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**M4: Facilitating Collaboration, improving Care: Anesthesia’s Role in Safe Obstetrics**

**25 Years of Dutch Obstetric Anesthesia (NVA)**

Centered around Lieve Blancquaert’s intriguing photographs on how the world welcomes its children, this full day course will explore the different challenges and potential solutions to safety and quality improvement in obstetrics and obstetric anaesthesia care.

The Netherlands is well-known for the physiological approach to pregnancy and delivery. The recent transition to integrated maternal care has further optimised collaboration between midwives and obstetricians, but little attention has been paid to the contribution of anaesthesia in delivering safe and high-quality perinatal care.

The current changes in maternal demographics such as age, comorbidities and analgesic preferences require active participation of anesthesia in obstetric care. In this course you will be given the opportunity to recognize anesthesia's role in safe and high-quality obstetric care,

to identify the different barriers to value-based safe maternal care for women in diverse societies around the world, and to focus on the organisational changes needed to optimise collaboration.

Learning outcomes:

1. Understand the role of obstetric anesthesia in safety and quality of obstetric care

2. Identify barriers to change and possible solutions in different maternity care systems

3. Learn how to create patient centred maternal care through optimising professional collaboration and by informing, engaging and empowering women and their partners.

**Half day workshops (0900-1230)**

**M5: High-Impact Leadership in the Real World**

As health care continues to evolve, what does leadership mean in this world of constant challenge and change? Are there high-impact changes that can accelerate transformation across health and social care? This session will draw on real-life examples of these questions being answered with a resounding "yes." Using the newest thinking on leading improvement and building on recent lessons in navigating change, the speakers will draw on their global experience to describe how to lead sustainable change.

After this session, participants will be able to:

1. Identify their own mental leadership models and key leadership behaviors

2. Develop new individual and organizational leadership skills and behaviors consistent with achieving Triple Aim results

**Jason Leitch,** National Clinical Director, Scottish Government

**Steve Swensen,** Medical Director, Mayo Clinic

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|  |  |  | **Minicourse** |  |
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**M6: Why Lecture on PDSAs When You Can Experience Them?**

People can tell us what PDSA stands for (Plan, Do, Study, Act), but can they run several PDSAs in a day? “This session will provide a variety of practical (and fun) games and exercises that explain the theory behind the PDSA cycle and reveal that we do PDSAs every day. Participants will be given instructions and guidance on how to facilitate all the games and exercises and apply them within their own organizations.

After this session, participants will be able to:

Describe the application of the PDSA cycle to daily work

Experience rapid-cycle PDSA testing through simulation and games

Determine which PDSA games will work best within their organizations

**Robert Lloyd**, Vice President, Institute for Healthcare Improvement

**David M. Williams**, PhD Executive Director & Improvement Advisor, Institute for Healthcare Improvement (IHI)

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|  |  |  | **Minicourse** |  |
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**Half day workshops (1330 - 1700)**

**M7: Multimodal strategies for evidence-based reliable care**

The gap between evidence-based best practice of safe care and current care is often immense. Barriers to implementing evidence-based practice are numerous in the highly complex environment of health care. This interactive session will summarize the literature and experience of the faculty on bridging the gap to reliable care and discuss designing multimodal improvement packages and measurement strategies through a case study. Participants will also practice designing and applying the strategies in a case and adapting the method to their own environment of care. The lessons learned will be applicable to reducing harm in a variety of clinical topics.

Objectives:

After this session, participants will be able to:

1. Apply the concept of multimodal improvement to patient safety initiatives.

2. Design a measurement strategy to assess the implementation of an improvement package

3. Advise leadership on implementation science in a high complexity environment.

**Anthony Staines,** Patient Safety Program Director - Fédération des hôpitaux vaudois - Switzerland, Professeur associé - IFROSS - University of Lyon III - France

**Frank Federico,**  Vice President and Senior Safety Expert

**Amelia Brooks,** Director, Patient Safety and Europe, Institute for Healthcare Improvement

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| **Junior Professional** |  |  | **Poster session** |  |
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|  |  |  | **Minicourse** |  |
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**M8: Engaged Physicians Transform Care**

Implementing the Virginia Mason Production System (VMPS) as its management system transformed Virginia Mason Medical Center into one of the United States’ safest and best hospitals. This session explores key principles underpinning its success: urgency for change; a shared vision that puts patients first; effective physician leadership.

The session also describes the process Virginia Mason engaged in to co-develop clear and reciprocal expectations – a new compact – between organisational leaders and doctors.

Objectives

1. Appreciate the profound adaptive challenges for doctors and managers in transforming health care delivery
2. Identify strategies that shine a light on urgency for change and build and sustain shared vision
3. Describe how reciprocal and explicit expectations that are transparent and fair enhance doctor engagement in change.
4. Identify lessons from Virginia Mason’s transformation process applicable to their own organisation

**Gary Kaplan**, Chairman and CEO, Virginia Mason Health System

**Jack Silversin**, Founding Partner, Amicus, Inc

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**Thursday 3 May**

0815-0845 - International perspectives on breaking down boundaries

These 30 min morning energiser sessions will give a range of perspectives on breaking down barriers to create better healthcare systems from different countries across the world

**En1 - Collaborating for Improvement – thinking differently about improving population health**

We are convinced it is time to think differently about how we improve population health. For too long we have got stuck behind traditional organisational and professional boundaries, and the consequence has too often been fragmented services, poor experience of care and waste.

In this interactive workshop we will focus on the essential ingredients for change - the power of relationships, the value of making connections and collaborating to improve health and healthcare.

After this session, participants will be able to:

1. Think very differently about what is needed in the future to transform how we deliver and enable healthcare in our changing populations

2. Reflect on the learning from the session as to how it might apply within their own system of care

3. Take home some ideas and approaches that they can use to engage around this topic with patients, colleagues and citizens

**Bob Klaber,** Associate Medical Director (Quality Improvement) & Consultant Paediatrician, Imperial College Healthcare NHS Trust, UK

**Dominique Allwood,** Consultant in Public Health and Senior Improvement Fellow, The Health Foundation & Imperial College Healthcare NHS Trust, UK

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**En2** - **User-Driven Care in an Outpatient Clinic in Norway**

User-driven clinics for people living with HIV and Myalgic encephalomyelitis (ME) have been developed, implemented and evaluated at Soerlandet Hospital Kristiansand (SSHF) over the last five years. The user-driven clinics put the users of the service in direct control of their care. The presentation will focus on results regarding adherence, quality and satisfaction for the users including other benefits such as improved adherence and attendance at the clinic and peer-to-peer sharing of experiences.

After this session, participants will be able to:

1. Understand the important issues at stake in development of user-driven clinics.

2. Understand the importance of true user involvement in outpatient clinics.

3. Have knowledge about how user-driven clinics may improve quality of care

**Kim Fangen**, Daily manager - Nye Pluss (National association of people living with HIV), Norway

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En3 - **Improving emergency care for aged care residents: the Geriatric Emergency Department Intervention**

The Geriatric Emergency Department Intervention (GEDI) improves care of older people by prioritising ED medical and nursing review, frontloading geriatric specific assessment and focusing on shared patient-medical decision making. Evaluative outcomes show reduced length of stay in the ED and hospital, increased discharge with no change in re-presentation or morbidity and significant cost savings. The development of the model of care and the results of a robust evaluative research study will be presented.

After this session, participants will be able to:

1. Understand the value to the older patient and the health service of prioritising early, geriatric specific assessment in the emergency department;

2. Understand “How to GEDI”: the GEDI model of care;

3. See the financial and patient level benefits of an ED based service for older people

**Elizabeth Marsden,** Emergency Physician, Sunshine Coast Hospital and Health Service, Queensland, Australia

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En4 - **Pilot Project in Science of Improvement for the National Program of Patient Safety in Brazil: Learning Experiences and Challenges**

The National Program of Patient Safety of Brazil was launched in 2013. In 2016 the Safe Patient Project was carried out in a partnership between the Ministry of Health and Moinhos de Vento Hospital. One of the major challenges was the continental dimension beyond regional differences and resource constraints. In this session we will describe the methods used, the results achieved, the challenges and the learning experiences from the pioneering implementation day in the country.

After this session, participants will be able to:

1. Know the logical model used to implement the patient safety program in different realities.

2. Identify strategies for developing and adapting the improvement model in situations with limited financial means.

3. Know the lessons learned from implementing the patient safety program, its innovations, strategy customization, as well as how to build a collaborative network according to the cultural and regional differences.

4. Know possible ways to manage the science of improvement in a limited financial means environment.

**Elenara Oliveira Ribas,** Manager Patient Safety Project, Moinhos de Vento Hospital partnership the Ministry of Health, Brazil

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En5 - **From Pledge to Action: the journey to spark a revolution**

At the International Forum on Quality and Safety in Healthcare in 2014, Dr Faisal Saeed made a pledge to ‘spark a revolution in Maldives health care’ atop the Arc de Triomphe in Paris. Four years later, with support from developed health systems such as Denmark, Scotland, and Australia, he is here to share the challenges and successes on his journey from pledge to action in a bid to bring safe and quality healthcare to the people of his homeland.

After this session, participants will be able to:

1. Understand how change can be implemented in low resource and challenging settings

2. See examples of Kotter’s principles in use

3. Understand the need for networking and knowledge sharing amongst developed and developing health systems, as patient safety is a global issue.

**Faisal Saeed, Director Clinical Governance ADK Hospital, Maldives**

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**En6 - Protecting patients from harm: The science of safe communication in healthcare**

The process of interpersonal communication is central to every aspect of health care. When clinicians communicate well with colleagues and patients, health outcomes are substantially enhanced. When communication is performed poorly, health outcomes and patients themselves are put at significant risk. Based on her research, Professor Hannawa will present a groundbreaking conceptualization of “safe communication” and demonstrate the role of five core interpersonal skills in the causation of unsafe care.

After this session, participants will be able to:

1. Understand common pitfalls of interpersonal communication in healthcare

2. Understand the core processes of successful interpersonal communication

3. Understand the five core skills that constitute “safe communication” as a vehicle to safer, higher quality care

**Annegret F. Hannawa,** Associate Professor of Health Communication, University of Lugano, Switzerland

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**En7 - Translating the Evidence Base for Patient and Family Engaged Care into Practice**

The National Academy of Medicine convened healthcare researchers, professionals and patient/family leaders to collaborate on development of a Guiding Framework for Patient and Family Engaged Care. The multi-stakeholder process yielded a framework that takes a broad view through the inclusion of overlooked dimensions of workplace culture, environment, quality of human interactions, and other levers impacting healthcare culture, quality, experience and value.

The framework will be presented in a multi-country panel session, along with the evidence in support of its various elements.

After this session, participants will be able to:

1. Identify elements essential to the implementation of successful patient and family engagement strategies.

2. Learn how such strategies are applied in multicultural settings.

3. Leave with access to a proven framework that can be applied in their own organizations.

4. Understand how use of the Framework links to outcomes related to the Triple Aim.

**Susan Frampton,** President, Planetree International

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|  |  |  | **Minicourse** |  |
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**En8: Introduction to Dutch healthcare system**

In this session our expert speakers will provide an overview of the healthcare system in the Netherlands, and the challenges and opportunities it is currently facing.

**Ate G.J. van der Zee**, Vice-president Board of Directors of the University Medical Center Groningen and Chairman of the NFU-consortium Quality of Care
**Sjaak Wijma**, Board member, the National Health Care Institute

0900 - 0930 - Opening and welcome remarks

0930-1030 - Keynote 1 -How to move from fixed to growth mindset

In this exciting opening keynote, you will hear different perspectives on mindset. A junior and senior doctor will reflect on their shared experience of giving and receiving feedback after a breakdown in communication on a busy nightshift. A patient will share her story of receiving a misdiagnosis and how this led to a meeting with her radiologist that transformed both of their outlooks. Referencing the pioneering work of Carol Dweck, Ann Batenburg will reflect on both of these events and show how this shift from a fixed into a growth mindset is an essential part of developing quality improvement within an organisation. After the session the audience will be invited to consider their own mindset, what changes they could make and the impact this could have on improving outcomes for their patients.

Presenters:

**Ian Leistikow,** MD PhD, Senior Inspector, Dutch Health and Youth Care Inspectorate; Professor at Erasmus School of Health Policy & Management, Erasmus University Rotterdam; The Netherland

**Manvir Jesuduran**, Chairman, Patients for Patient Safety, Malaysia & Patient Advocate; Malaysia

**Anne P.J. De Pagter**, Fellow Pediatric Hematology, Erasmus MC Rotterdam; The Netherlands

**Wim Helbing**, Visiting Professor and Division Chief, Pediatric Cardiology, Erasmus MC; The Netherlands

**Ann Batenburg,** Clinical Associate Professor, Southern Methodist University, USA

1030-1100 - Refreshments

1100-1215 - A sessions

**A1: Choosing Wisely International: from an idea to an international movement**

Choosing Wisely campaigns are emerging worldwide to address the problem of overuse which does not add value and is potentially harmful to patients. This bottom-up, grassroots approach harnesses clinicians’ professionalism to identify areas of overuse, and drive practice change. The campaign encourages conversations between clinicians and patients and engages patients and the public through a variety of approaches.

An international consortium of over 20 countries is sharing campaign strategies, challenges, and measurement and evaluation efforts, in collaboration with the OECD. This session will present the emerging evidence of impact and the implications of the international collaboration for local efforts to reduce overuse.

**After this session, participants will be able to:**

1. Recognize the quality and safety problem of overuse, and the approach of Choosing Wisely campaigns to address this problem

2. Understand the emerging evidence of the impact of Choosing wisely internationally

3. Describe opportunities and approaches used by Choosing Wisely to engage patients in national campaigns

**Wendy Levinson,** Chair, Choosing Wisely Canada & Choosing Wisely International, Professor, Department of Medicine, University of Toronto

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| **SPECIALTY** | **CARE SECTOR** | **LEVEL** | **STYLE** | **STREAM** |
| **Nurse** | **Primary care** | **All-levels** | **Workshop** | **Safety** |
| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**A2: Using design thinking with patients in mind**

You will hear how patients are involved in the co-design of their care from both a designer and service provider’s perspective. We describe how BC Children’s hospital in Vancouver improved preparation for surgery using design thinking methodology, and how the designers of Panton help hospitals and medical device companies reframe problems to co-create innovative solutions.

After this session you will:

1. Understand design thinking as it relates to patient care.

2. Describe co-design methods as a foundation for improvement

3. Understand how to use patient stories to engage others in the change process

**Liz Lamb,** Quality, safety and accreditation leader, Surgical services, BC Children’s Hospital, Provincial Health Services Authority, Canada

**Ingeborg Griffioen,** Owner and innovation manager Panton, Deventer, The Netherlands

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**A3: Applied Health Intelligence for Improvement – Science & Art of using data**

Established healthcare systems routinely collect large datasets that are traditionally regarded as the realm of management. Chronic disease epidemic, ageing population, new technologies and resource pressures require new innovative intelligence to support evidence and value based medicine. In the first presentation you will hear how Scotland has utilised its rich data resources and developed tools for clinicians and managers to share their insights across the breadth of health and social care pathways. Those insights facilitate timely interventions and innovations around quality and variation.

Data representations that are overwhelmingly busy or too technical can also disable the dialog between presenter and audience – especially when used for oral presentations. Taking account of how the human brain processes visual information - given different “people styles at work” – the second presentation will help to effectively convey the message and facilitate dialog.

After this session, participants will be able to:

1. Actively influence the quality of their own routinely collected data to ensure they are fit for purpose for evidence based practice;

2. Appreciate the use of applied data intelligence to deliver value and quality for their patients;

3. Articulate their own data needs in order to take the next step to explore the use of applied data intelligence in their own clinical settings.

4. Understand the core principals of how humans process visual information

5. Understand how a cognitive overload triggered by a “too busy” data representation reduces the probability that the audience understands the message to be conveyed (and how to avoid that)

6. Gain insight into the core principles of data representation in the context of different “people styles at work” with practical hands on exercises in Microsoft Excel

**Doris A. Behrens**, Interim Lead for Mathematical Modelling, ABCi, Aneurin Bevan University Health Board

**Professor Mahmood Adil,** Medical Director, Information Services Division, NHS National Services Scotland

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| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**A4: Can we really learn anything useful from aviation?**

Aviation and healthcare are very different, but approaches to safety in aviation and other high reliability industries can be adapted for healthcare.

We will describe the use of “normal” and “emergency” checklists in complex, chaotic clinical environments. We will then present national experience using incident investigation methods adapted from air accident investigation.

Learning objectives.

1. To understand the differences between ‘normal’ and ‘emergency’ checklists in high cognitive load situations.

2. To understand how investigation methods from other industries can be adapted for healthcare

**Kevin Stewart,** Medical Director, Healthcare Safety Investigation Branch

**Christian P Subbe,** Honorary Senior Clinical Lecturer and Consultant Physician, Bangor University, Bangor, UK. Improvement Science Fellow, The Health Foundation, London, UK

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**A5: How can we use technology to reach patients in the community?**

A lot of great community based care relies on patients living within a reasonable distance of the facilities that are able to provide that care. But what happens when you have a population that is not only isolated geographically, but also faces barriers such as language, education and cultural difference? In this session we will look how technology is being used in a range of low income countries to reach into communities who were previously isolated from professional care. You will hear how mobile technology can greatly enhance the distribution of accurate, reliable and up to date information for expectant mothers, how mobile-based training can help community healthcare workers improve their quality of care, and how using mobile phone based diagnostic tools can greatly reduce the burden of travel on patients with preventable conditions. There will also be time to reflect on the challenges that are still faced in these areas, as well as how you can transfer the learning into your own practice.

**Charlie Sword**, Consultant

**Peter Waiganjo**, AMREF

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**A6 - Working with complex patients: a playbook and its stories**

Worldwide, 5% of patients comprise approximately 50% of health care costs, is proportionately use health care services, and often have multiple physical, behavioral and social needs and poor clinical outcomes and functional status. We will introduce ‘The Playbook: Better Care for People with Complex Needs,’ an online, curated, interactive repository of promising innovative care models. We will describe the methodology for creating The Playbook, present examples of particularly attractive models, and highlight limitations/gaps in current resources.

After this session, participants will be able to:

1. Understand the characteristics of the so-called ‘high-cost, high-need’ patient population in developed economies, how to define and identify this segment of the population, and why it is important for health care delivery systems, payers, and policy makers to focus on these patients.

2. Know how to use ‘The Playbook’ to find resources on better care for these patients.

3. Know the core elements, experience and evidence to-date, and business case for two particularly promising models for improving care for complex patients

**Don Goldmann**, Chief Scientific Officer Emeritus, and Senior Fellow, Institute for Healthcare Improvement; Professor of Immunology and Infectious Diseases, and Epidemiology, Harvard TH Chan School of Public Health; Clinical Professor of Pediatrics, Harvard Medical School, USA

**Marit Tanke,** Harkness Fellow in Health Care Policy and Practice, The Commonwealth Fund, Harvard School of Public Health, Partners Health Care, USA. Senior researcher, Radboud university Medical Center Nijmegen, the Netherlands

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**A7: How norms and guidelines hinder quality in Dutch and German hospitals - Towards parsimony in guideline development and smartness in implementation**

External expectations to deliver care according to guidelines are overstretched and contra-productive. Consequently, several hospitals are struggling to meet these demands. We argue that there are better and more efficient ways to deliver excellent care to patients. Based on different stakeholder perspectives, the presenters will demonstrate in a provocative and interactive session why the contemporary cycle of guideline development and implementation has lost its effectiveness. Several dilemmas induced by this practice will be introduced in rapid-fire-presentations and possible solutions discussed with active contributions from the audience.

After this session, participants will be able to:

1. Understand the importance of guidelines, their benefits and their problems, including the current pitfalls and dilemma’s concerning the use of guidelines

2. Think critically about guidelines: how this can hinder patient safety and shared decision making

3. Understand dilemmas of hospitals to implement guidelines, how to prioritize in the enormous amount of guidelines and how to meet demands of external surveillance

**Doris Voit,** Officer for quality assurance and quality management for German hospitals, Deutsche Krankenhausgesellschaft, German Hospital Federation, Berlin

**Louise Blume,** Policy officer at Dutch Hospital & PhD student

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**A8: Maximizing value of care for patients and providers with same day discharge after percutaneous coronary intervention**

Supported by a growing body of evidence, Same-Day-Discharge (SDD) after percutaneous coronary intervention (PCI) is safe and feasible, in selected cases. Benefits range from improved patient experience, freed up bed-capacity & physical space, to reduced cost & resource utilization. Moreover, innovative centers have maximized patient-centricity by establishing lounge-like patient holding areas.

In this session participants will learn how different centers designed and implemented SDD after PCI, with insights on:

* Safety and feasibility for simple and complex procedures
* Key requirements for successful implementation
* Implementation challenges
* Patients experience improvements
* Impact on clinical outcomes and cost

1215-1315 - Lunch

1315-1430 - B sessions

**B1: Not another session on culture**

Developing and sustaining a culture of safety requires a commitment from the entire organization to change the attitudes and behaviors of all employees. Although much has been written and lots of guidance offered, many continue to struggle to change their culture. Faculty will share lessons learned in their work around the world which have led to a change in culture linking staff morale and external forces and impact the internal culture of the organization

After this session, participants will be able to:

1.Define safety culture and its key components

2. Describe the behaviors and attitudes that lead to culture change

3. Develop a set of best practices to improve safety culture in their home organization

**Frank Federico,** Vice President and Senior Safety Expert, IHI, USA

**Amelia Brooks,** Director, Patient Safety and Europe, IHI, USA

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
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**B2: Social movement transforming emergency care from the bottom up**

The Ambulatory Emergency Care (AEC) and Acute Frailty (AFN) Networks are exciting models of emergency care sweeping across the UK. Widespread accelerated adoption has been achieved through innovative networks of clinicians, patients and managers creating a social movement for change. Over 100 hospitals have participated. The programmes have not been mandated but participating clinical teams have self-selected to take part and drive the change forward from the frontline; results are impressive.

After this session, participants will be able to:

1. Describe the principles of AEC and acute frailty and how adopting these models can streamline patient care, improving quality and efficiency.

2. Understand the clinical models of AEC and acute frailty and how they can be applied to their own local systems.

3. Develop processes to effectively: a) identify and select appropriate patients to be treated in an ambulatory emergency care environment b) implement processes to screen and identify frail patients

**Deborah Thompson,** Director – NHS Elect

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**B3: What has inspection ever done for improvement?**

Do you consider ‘inspection’ a tool for improvement? In Scotland we are evolving our quality management approach across health and social care incorporating quality assurance, quality improvement and quality planning. With a focus on outcomes and experience of care and a balance of ‘internal’ and ‘external’ assurances we will describe our work in primary care, social care and hospital care in Scotland and how we involve users of services and professionals in our work.

After this session, participants will be able to:

1. describe a framework positioning inspection as part of an approach to quality management

2. Plan changes to inspection and improvement activity which place outcomes at the centre of activity

3. Find new ways of involving people and patients in inspection and quality assurance

**Rami Okasha** Executive Director of Strategy and Improvement, Care Inspectorate, Scotland

**Brian Robson** Medical Director, Healthcare Improvement Scotland, IHI / Health Foundation Fellow, Scotland

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| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

B4: **Antimicrobial resistance in healthcare? Everyone's business!**

Prevention of antimicrobial resistance (AMR) is a worldwide healthcare imperative. In this session you will hear from two diverse and original approaches to AMR. Mark P Jarrett will focus on how a health system can organize an approach to antimicrobial stewardship that is effective and sustainable. Garance Fannie Upham will address the issue of "patients" as critical members of the hospital team. Both presentations will emphasise the importance of considering healthcare as a whole system, which includes patients, family members, and the public as part of the team.

After this session, participants will:

1. Learn how to enable a health system to address Antimicrobial Stewardship across all sites of care, inpatient, outpatient, and long term care facilities.

 2. Understand the elements of a robust education process for providers, other staff, patients, family members, and the general public

3. Learn how to get involved in containment of AMR infections.

4. Understand a systemic PDCA participatory approach from the WHO Patient for Patient Safety experience to field experiments.

**Garance Fannie Upham,** Vice-President, World Alliance Against Antibiotic Resistance (WAAAR)

**Mark P. Jarrett,** Senior Vice President, Chief Quality Officer, Associate Chief Medical Officer, Northwell Health

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

B5**: How Innovation Can Bring Real Solutions to Intractable Problems in Healthcare Delivery**

In this session you will learn about how innovation can address the challenges you, your patients and health workers face every day in your health care system. We will explore different approaches to defining problems and sourcing innovations from within and outside your own system and even outside your own country. But an innovation is only useful if it addresses your health system’s needs. We will explore how to test an innovations’ adaptability to your environment and, if there is a fit, how to scale it up to reach more people.

After this session, participants will be able to:

1. Keep the needs of patients and health workers in the center of the innovation process;

2. Understand how to test and scale-up innovations in their own system; and

3. Develop a plan to source, test and scale-up innovations in their own health system.

**Leslie Pelton** Director, Innovation, Institute for Healthcare Improvement

**Felix Kreier** MD, PhD, Chief Medical Information Officer, Pediatrician, board member of the Dutch CMIO society

**Fenna Heyning,** MD, PhD, Director STZ, Internist

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| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

B6: **Optimizing Patient Flow by Reducing Variability and Aligning Capacity with Demand**

Experiencing delays is about more than inconvenience, it has the power to change outcomes for the sickest patients. In this session one speaker will present about the approach Scotland has taken to improve the timeliness and quality of patient care. Another will present about the impact achieved by reducing artificial variability in healthcare operations.

After this session you will:

1. Understand how a systematic approach puts the patient and their family at the centre of the plan of care

2. Know how to identify and reduce artificial variability in your operations

3. Understand how to reduce delays and improve access

**Sandeep Green Vaswani,** Senior Vice President, Institute for Healthcare Optimization

**Andrea Jamieson**, National Improvement Advisor, The 6 Essential Actions for Improving Unscheduled Care National Programme, The Scottish Government

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| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

B7: **Designing and Managing Community-Based Scale-up Efforts**

Why is scale up so hard? In this session you will learn from the experience of three large scale systems working to create the conditions that will produce results at scale. Collaborating across multiple agencies and professional groups, you will hear how improvement methods are being applied to three different contexts, exploring common methods and tools applied for progress towards results at scale.

After this session you will:

• Understand key principles that support planning and implementation for scale

• Identify tools and methods to help plan and execute delivery

• Consider the benefits of multi-professional collaboration to achieve community based improvement

**Anette Nilsson,** Development Strategist, Region Jönköping, Qulturum

**Tina Lynge,** Program Director, Senior Consultant, Danish Society for Patient Safety

**Susan Hannah**, Head of Improvement Programme – Children and Young People, Collaborative Scottish Government

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| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

1430 - 1500 - Refreshments

1500-1600 - C sessions

C1: **High intensity mental health crisis: Developing a network of global solutions**

The High Intensity Network is an international network of integrated mental health and police teams all using the same multiple award-winning SIM model of crisis care from the UK.

The session will describe the model of care, how it helps to reduce demand on Police, Ambulance, Emergency Departments and Mental Health ward teams as well as helping service users find fresh starts in life, new identities and avoid the criminal justice system.

After this session, participants will be able to:

1. Understand how their healthcare team can use the SIM model

2. Understand how to start setting up a SIM team

3. Understand the operational benefits of connecting with other teams around the world through the network that supports them.

**Paul Jennings,** Police Sergeant – Hampshire Constabulary Mental Health Team

**Bauke Koekkoek,** Associate Professor of Social Psychiatry & Mental Health Nursing, Hogeschool van Arnhem en Nijmegen

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| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

C2: **Breaking the Rules for Better Care**

If you could break or change one rule in service of better care for patients or staff, what would it be? For one week, health care leaders across the United States, Canada, and Europe asked their patients and staff this simple question. The responses were illuminating and galvanizing. Join us to explore how this effort led health care leaders to discover hundreds of rules, policies, and habits that were developed with the best of intentions but do little to improve the care experience and the actions taken to address them.

After this session, participants will be able to:

1. Learn how to implement a “Breaking the Rules for Better Care” week in your organization

2. Discover effective strategies for determining which rules need to be broken within your own organization

3. Develop mechanisms for prioritizing and taking action on unnecessary rules

**Saranya Loehrer,** Head of North America Region, IHI, USA

**Amelia Brooks,** Director, Patient Safety and Europe, IHI, USA

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| **SPECIALTY** | **CARE SECTOR** | **LEVEL** | **STYLE** | **STREAM** |
| **Nurse** | **Primary care** | **All-levels** | **Workshop** | **Safety** |
| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**C3: From transparency to collaboration – taking patient accessible records to the next level**

In this workshop, we will discuss early experiences with co-production of the health record. How can patients contribute to their notes, and what are the benefits and drawbacks of different approaches? We will briefly present experiences from the Swedish patient accessible EHR (PAEHR), OurNotes (US), and PatientsKnowBest (UK), following them with interactive discussion in smaller groups. The goal will be to identify critical elements in the co-production of records and to develop strategies for maximizing benefit.

After this session, participants will be able to:

1. Describe different approaches for co-production of health records.

2. Discuss the benefits and drawbacks of different approaches.

3. Critically analyse benefits in different contexts.

**Maria Hägglund,** Senior Researcher in Health Informatics at Karolinska Institutet, Stockholm, Sweden

**Jan Walker,** RN, MBA, Assistant Professor of Medicine, Harvard Medical School in Boston

**Mohammad Al-Ubaydli ,** Patient with Hyper IgM syndrome, and CEO, Patients Know Best

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| **SPECIALTY** | **CARE SECTOR** | **LEVEL** | **STYLE** | **STREAM** |
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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**C4: Smile! Our behaviour affects patient care**

This session will introduce the science of happiness and behavioural human factors for individuals and leaders to generate more joy in work. Discover simple strategies that improve patient experience, staff wellbeing, quality, safety and productivity for the cost of a smile.

After this session, participants will be able to:

1. Understand the evidence underpinning the science of happiness

2. Indentify strategies to improve patient experience, staff wellbeing, safer practice and increased productivity for the cost of a smile.

**Joy Whitlock,** Quality and Safety Improvement Manager, Cardiff and Vale University Health Board

**Ruth Walker,** Executive Director of Nursing, Cardiff and Vale University Health Board

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**C5: An Alternative Improvement Method to ‘IHI Breakthrough Series’, making use of data science, applied to PAOD**

The IHI Breakthrough Series is a great improvement method. Elements include: at the start there are clear improvement targets and a list of necessary improvement actions. Data are only used for monitoring. We used a different method characterised by: no clear targets at the beginning; clinical guidelines, experts and data science are used to get clear targets; interventions can include rewriting of guidelines. Applied to PAOD: safer care and yearly savings of € 25 M

After this session, participants will be able to:

1. Learn a different improvement method, for parts of health care with improvement potential, big data, but without clear goals or improvement plan. Also learn the requirements for success.

2. Learn how this method was applied in The Netherlands (reaching clear target, role of data science, dynamics between stakeholders, expected savings, adjustments made to guidelines and reimbursement of physiotherapy).

3. Know the details of method applied to peripheral arterial obstructive disease in the Netherlands, and maybe in 2 other European countries.

**Pieter ten Have,** MD, data scientist at Dutch National Health Care Institute, Netherlands

**Lotte Hermsen,** Epidemiologist, project leader, PhD, Netherlands

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**C6: How can sustainable, resilient and scalable improvements in patient care be created?**

‘Appreciative Inquiry’ is an innovative ‘approach’ of taking an inquiring attitude in a situation focuses on what the organisation does well. A strengths-based approach that allows for better understanding & enhancing ‘what works’.

In this session; the Clinical Care Improvement Training Program (CCITP), will share its experience in transforming patient care: using an Appreciative Action Research approach.

After this session, participants will be able to:

1. Learn from what went well, rather than what did not happen to generate change from within

2. Develop a culture of inquiry of reflective professional practice and use own knowledge and skills to systematically develop better practice

3. Empower front liners to be an ongoing problem solver and experimenter in their work

**Khawla Ahmad Athamneh,** Head of Education – Hamad Healthcare Quality Institute - Hamad Medical Corporation – Qatar

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

C7: **Quality cost and value – the business case for QI**

This session will propose a framework for understanding return on investment from quality improvement, with case examples from East London NHS Foundation Trust (ELFT) to illustrate how an organisation or system would apply this in practice.

We will also describe how ELFT is now utilising quality improvement to improve value for money, with a portfolio of projects aimed at cost reduction.

After this session, participants will be able to:

1. Demonstrate return on investment for QI through a systematic framework

2. Build a benefits realisation plan to calculate and track improvements in value from QI work

3. Identify potential areas of cost reduction that could be delivered through systematic quality improvement work

**Amar Shah,** Associate Medical Director for QI & Consultant Forensic Psychiatrist; East London NHS Foundation Trust

**James Innes,** Associate Director of Quality Improvement

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**C8: Nation wide quality improvement in low and low-middle income countries: two African perspectives**

Yibetal Mekonnen is the Acting Head Clinical Services in the Ethiopian Federal Ministry of Health, based in Addis Ababa and Joseph Ana is a health administrator, medical educator, clinician and editor of BMJ West Africa. Both speakers have been instrumental in achieving quality improvement in their respective countries and will be sharing lessons in country wide transformation of care.

**Joseph Ana**, Lead Senior Fellow, Africa Center for Clinical Gov Research & Patient Safety

**Yibeltal Mekonnen**, Acting Director, Primary Health Care Clinical Guideline National Coordinator, Clinical Service Directorate, Addis Ababa, Ethiopia

1600-1615 - Movement break

1615-1700 - Keynote 2 - Creating moments that matter

Some experiences are vastly more memorable and meaningful than others: A moment of extraordinary service that a customer can’t stop talking about. A moment of insight that helps a group of employees embrace a new vision. A moment of compassion that makes a patient’s burden feel lighter. Everywhere you look, people are trying to craft memorable experiences—from customer experiences to patient experiences. Leaders are working hard to boost employee engagement, student engagement, and parishioner engagement. But these discussions have been dominated by a focus on fixing problems (what Dan Heath calls “filling pits”), rather than creating memorable experiences (“raising peaks”). Yet Heath’s research suggests that it’s far more valuable to build peaks.

How do you build peaks for the people you care about? In this talk, drawing from his forthcoming book The Power of Moments, Heath will reveal the four elements that create defining moments. Armed with an understanding of these elements, we can be the authors of moments that spark delight, connection, and insight.

**Dan Heath,** Author, Entrepreneur and Senior Fellow at Duke University’s CASE Center; USA

**Maureen Bisognano**, President Emerita and Senior Fellow, Institute for Healthcare Improvement (IHI); USA

**Friday 4 May**

0800-0900 - Special interest breakfast sessions

**Br1: Integrating Innovation and Systems Thinking into the Continuum of Health Care Education and Training**

**Sponsored by School for the Science of Health Care Delivery, Arizona State University**

Traditional training models for health care professionals, both pre and post-professional, do not typically integrate the science of how health care is delivered. Systems thinking, innovation,

partnering with health care systems and transdisciplinary approaches are imperative in order to create change in health care. This presentation highlights the Science of Health Care Delivery best practices for integrating its innovation curricula into the spectrum of health care. Furthermore, it will provide

attendees with some practical examples of how to implement these strategies into their clinical and academic environments.

After this session, delegates will be able to:

1. Identify the gaps in traditional healthcare training programs and describe examples of current innovative curricula.

2. Describe the best practices for implementing system thinking and innovation (The Science of Health Care Delivery) into the continuum of health care training programs.

3. Develop a model curricula along with logistical strategies that can be integrated into health care systems and training programs around the globe.

**William Riley,** Professor, School for the Science of Health Care Delivery, College of Health Solutions, ASU

**Kristen Will**, Director, Health Solutions Executive Education, Clinical Assistant, Professor, Science of Health Care Delivery, College of Health, Solutions, ASU

**Keith A. Frey**, Chief Physician Executive, Arizona Service Area, President, Dignity Health Medical Group in Arizona, Dignity Health

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

0915-0930 - Welcome and opening remarks

0930 - 1030 - Keynote 3 – Caitlyn Jenner

Caitlyn will be sharing the lessons learned from her inspirational journey and discussing how key concerns in the transgender community demonstrate the importance of putting the person at the heart of healthcare.

**Caitlyn Jenner,** Former Olympic Athlete, Transgender Activist and author of New York Times bestselling memoir, The Secrets of My Life; USA

1030 - 1100 - Refreshments

1100-1215 - D sessions

D1: **Improvement Collaboratives Led by Ministries of Health to achieve PEPFAR 90-90-90 targets: examples from Namibia and Zimbabwe**

HEALTHQUAL with Ministries of Health (MOH) in Namibia and Zimbabwe respectively have launched QI collaboratives to improve gaps in the HIV treatment cascade to achieve global 90-90-90 targets. HEALTHQUAL has uniquely adapted the IHI BTS model to embed this work within national MOH, which is also supported and co-led by local government (state/district). Each collaborative is led by MOH and layered onto existing structures, activities and programs, integrating into the public health portfolio of services.

After this session, participants will be able to:

1. Understand how collaboratives can be embedded within existing public health national structures to achieve sustainability

2. Understand how collaboratives can be layered onto the foundation of existing capacity building activities and programs

3. Understand how learning and knowledge from the collaborative model can enable MOH to design, implement, spread and evaluate Collaboratives moving forward.

4. Understand how collaboratives can be deployed to address gaps in the HIV treatment cascade to achieve global 90-90-90 targets.

**Bruce Agins**, Director, HEALTHQUAL International

**Apollo Basenero,** Chief Medical Officer, Namibia Ministry of Health and Social Services

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

D2: **How leaders and health care professionals can transform health care culture together**

In this session you will learn about the key elements of culture that can empower and engage health care professionals to believe that zero-defect health care is possible. The experiences in implementing “Stop the Line” will be highlighted from Virginia Mason Medical Center and Zealand University Hospital.

After this session you will:

1. Understand the key requirements to creating a sustainable improvement culture

2. Recognize the importance of a shared vision around the patient experience, quality and safety

3. Learn how the concept of “Stop the Line” can engage staff and drive improvement

**Henry Otero,** Executive and Transformation Sensei, Virginia Mason Institute

**Anita Pedersen,** Risk Manager, Zealand University hospital, Denmark

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

D3: **Collaborating to improve value: better outcomes at optimum cost**

Continuously improving outcomes in affordable care is a common goal of healthcare world-wide. Different countries, organizations and individuals have piloted innovative efforts to achieve this common goal. In this session two speakers from China and Netherlands will share their experiences. You will hear how a national government-led initiative and private agencies improved primary care utilization, population health management and reduced overall healthcare cost; and how 7 Dutch hospitals collaborated to continuously improve their value of care, through comparison of care outcomes and costs, and mutual learning by multidisciplinary teams which was inclusive of patients.

After this session, participants will be able to:

1. Understand how to leverage existing resource and technology to help improve primary care utilization and population health management

2. Understand how to set up a data-driven, patients included infrastructure aiming to improve value of healthcare within and between hospitals / care network

**Mu Tian,** Quality Assurance Manager, Jiahui International Hospital, Shanghai

**Samyra Keus,** Project lead Value Based Healthcare, Organisation: OLVG hospital (Santeon group)

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

D4: **Not another pill, please**

Medications are the most common intervention in health care. Properly managed, medications can reduce admissions and readmissions. However, many patients take many more medications than needed because of many reasons. In this session, faculty will share international efforts to reduce the number of medications to the essential few. The result will be fewer medication-related harms, better adherence and easier management.

After this session, participants will be able to:

1. Identify patients at greater risk for medication-related harm

2.List approaches to reduce the number of medications to the essential few

3. Describe the impact of reducing the number of medications on patient outcomes and satisfaction

**Frank Federico,** Vice President and Senior Safety Expert, IHI

**Alpana Mair,** Deputy Pharmaceutical Officer, Scottish Government, Head Prescribing & Therapeutics @ScotGov-4 safe appropriate meds: Improve patient outcomes. EU &WHO polypharmacy lead

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| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**D5: Engaging Junior Doctors and Emerging Leaders to Innovate and Improve Care**

Students and junior doctors are an often untapped resource when it comes to developing innovative ways of improving care and coming up with new solutions to everyday challenges. Both Aarhus University Hospital (AUH) and the IHI Open School have experience leveraging the knowledge and energy of these rising leaders and are here to share their lessons learned as well as key skills and resources you can take home to your organizations.

After this session, participants will be able to:

1. See students and junior doctors as a source of innovation and improvement

2. Identify available resources and lessons learned from a global educational network that can inform your own education and improvement efforts

3. Understand the role of leaders when working with young doctors and health professionals as a source of organizational innovation

**Jessica Perlo,** Director, IHI

**Carly Strang,** Executive Director, IHI

**Kirsten Wisborg,** Medical director, Head & Heart Center, Aarhus University Hospital, Denmark

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**D6: An impact framework to show the full value of quality improvement**

Traditional approaches to evidencing impact often don’t demonstrate the full value of improvement work. This workshop introduces a new *Impact Framework*. It borrows from the world of developmental evaluation to go beyond traditional approaches to measurement and evaluation, using methods such as Contribution Analysis and Most Significant Change as well as a storytelling framework from the great storytellers, Disney Pixar. The session will challenge participants to think beyond traditional evaluation approaches and explore new ways of evaluating improvement

1. understand the reasons why it is so hard to show the full value of quality improvement efforts and why it is so important
2. challenge thinking about what evaluation can achieve, particularly when applied to complex innovation/improvement programmes
3. take home an evaluation framework that they can apply in their own quality improvement efforts

**Grace Sweeney,** Senior Manager Impact Research and Evaluation, Sustainable Improvement Team, NHS England

**Helen Bevan,** Chief Transformation Officer, NHS Horizons

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| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
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**D7: Everyday Science in the One-Person Laboratory: A Quantified Self Perspective on Citizen Science**

In this session you will hear from two experienced self-trackers on the topic of using self-collected data to work on non-trivial questions about personal health. Both of our speakers have been engaging in self-tracking and self-experimentation spanning years and will share experiences and learnings gained both as individuals and in the Quantified Self community.

After this session you will:

• Understand the principles of self-tracking and personal data science and how it may be used for personal health and learning

• Know more about the global Quantified Self community and how healthcare can benefit from the 10 years of documented experiments

• Know more about where self-tracking is going and what the future of self-tracking may look like

**Sara Riggare,** PHD Student, Karolinska Institutet and Self Care Expert

**Thomas Blomseth Christiansen**, Self-Tracker, Technologist and Co-Founder, TOTTI Labs

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| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
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**D8: Lessons in transforming patient safety at a national level**

In March a BMJ hosted roundtable brought together experts and thought leaders from six countries around the globe to explore best practice in transforming patient safety at a national level.

This session continues the exploration with an extended panel discussion and your opportunity to share your experience and thoughts.

During this session, participants will be able to:

● Learn from international experts about national transformation work

● Hear examples of successful national patient safety transformation and the challenges

● Understand the existing published knowledge on this topic

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| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

1215 - 1315 - Lunch

1230 - 1300 - L1 **2019-20 Harkness Fellowships in Health Care Policy and Practice**

Session sponsored by the Commonwealth Fund

This learning session will provide an overview of the Commonwealth Fund's Harkness Fellowship, a unique opportunity for mid-career professionals to spend up to 12 months studying health care policy in the US.

The session will:

* Provide an overview of the history of the Harkness Fellowship , and what the Fellowship year is like.
* Discuss the benefits of the Fellowship and the impact it has had on the careers of our alumni.
* Provide information on what we look for in a candidate and what types of projects we look for.

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| **SPECIALTY** | **CARE SECTOR** | **LEVEL** | **STYLE** | **STREAM** |
| **Nurse** | **Primary care** | **All-levels** | **Workshop** | **Safety** |
| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

1315-1430 - E sessions

E1: **Energy for change: a critical force for quality improvement**

Energy for change is “The capacity and drive of a team, organisation or system to act and make the difference necessary to achieve its goals”. How can we create quality improvement efforts that surge with energy, that are an unstoppable force for positive change? In this session, we’ll explore different kinds of energy for change. Participants will analyse the energy levels in their current improvement initiatives and plan how to build them

After this session, participants will be able to:
1. Understand why igniting energy is a critical capability for leaders and change agents who are serious about quality
2. Discuss how to liberate the natural energy and vitality of service users, patients, families and staff for the cause of high quality care.
3. Take home a powerful framework for understanding, analysing and unleashing energy for change

**Helen Bevan**, Chief Transformation Officer, NHS Horizons

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

E2: **Infection control - two international approaches**

In this session you will hear about two different approaches to infection control. Paulo Borem will discuss sustaining, spreading and scaling up healthcare-acquired infection reduction in Portugal, and Marjolien Damen will highlight local initiatives from the Netherlands.

**Marjolien Damen**, Medical Microbiologist and Head of the Department of Infection Control, Maasstadziekenhuis Rotterdam, the Netherlands

**Paulo Borem**, Project Director (Institute for Healthcare Improvement)

E3: **Quality Improvement at national level - two Scandinavian models for better health**

In this session you will follow two different strategies which have set the direction for quality improvement at national level.

In the first presentation you will learn how a national quality improvement tool based on selected quality indicators was developed in Sweden, and examine how Uppsala Region has improved quality based on these chosen indicators. In the second presentation you will hear how Norway designed a pathway for older patients and those with long term conditions, which resulted in improvement in quality across municipalities. Collaboration between hospitals and municipalities, and the importance of asking the patient 'what matters to you?' will also be discussed.

After this session you will:

· Understand the strategies our two countries have designed for better Quality in healthcare to elderly and long term conditions

· Learn how national strategies can be followed up by local Quality Improvement

· Understand the set of quality indicators chosen to improve healthcare for this group in Sweden

· Understand the design of regional learning collaboratives for better pathways in long term conditions and older patients in Norway

**Anders Vege,** Head of section for Quality Improvement, Norwegian Institute of Public Health

**Robert S Kristiansson**, Chief Medical Officer, Hoh , Region Uppsala Sweden

**Ulrika Elmroth,** Project Manager, SALAR; Sweden

**Stina Arvidsson Gäre**

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| **SPECIALTY** | **CARE SECTOR** | **LEVEL** | **STYLE** | **STREAM** |
| **Nurse** | **Primary care** | **All-levels** | **Workshop** | **Safety** |
| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

E4: **Improving Care for Specific Populations: Older Adults, Individuals with Intellectual Disabilitiesand individuals with Mental Health Needs**

Participants will learn strategies to improve care for three specific populations (older adults, individuals with intellectual disabilities and individuals with mental health needs) and how the approach may be adopted to define care with other specific populations. First session: Discusses the U.S-based Age Friendly Health Systems initiative and the reliable implementation of the 4Ms of age-friendly care: What Matters, Medications, Mobility, and Mentation. Second session: Describes the Wales 1000 Lives Mental Health and Intellectual Disabilities Improvement Programme focusing on physical health inequalities e.g. the care bundle initiative and an integrated IT system. Participants will learn about these programs and identify how they can work to improve care for these specific populations across organizations.



After this session participants will be able to:

1. Understand the key elements of an Age-Friendly Health System, including core process and outcome measures.

2. Describe specific change ideas and results observed in five U.S. health systems who are testing an age-friendly approach to care

3. Develop a clear understanding of the Welsh NHS National Agenda for people with mental health needs and Intellectual Disabilities and the unique clinical initiatives being developed across Wales

4. Understand how coproduction and person centered approaches are being used to drive improvement

**Mara Laderman,** Director, Innovation, Institute for Healthcare Improvement

**Leslie Pelton**, Director, Innovation, Institute for Healthcare Improvement

**Sharon Williams,** Learning (Intellectual) Disabilities Service Improvement Manager, Public Health Wales 1000 Lives

**Michaela Morris,** Learning (Intellectual) Disabilities Service Improvement Manager, Public Health Wales 1000 Lives

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| **Nurse** | **Primary care** | **All-levels** | **Workshop** | **Safety** |
| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

E5: **How to organise patient and family member involvement after complications or serious incidents**

There is a growing consensus in healthcare that when things go wrong, patients or family members should be involved. However, this tells us little about how this involvement should be organized. In this session, three projects will be presented that study how various healthcare organizations in the Netherlands involve patients or family members after complications or serious incidents. We explore how hospitals and elderly care organizations try to involve patients or family members, how involving patients or family members might aid improvement initiatives, but we also look into the difficulties organizations encounter when trying to involve patients and family members.

After this session, participants will be able to:

1. Recognize the benefits and difficulties of patient or family member involve037ment following complications or serious incidents for both healthcare professionals as well as patients;

2. Engage with legal issues and issues of confidentiality when healthcare professionals and patients or family members share stories about complications or serious incidents;

3. Use the insights from this session to further develop patient or family member involvement activities in their own organization.

Petra Zusterzeel, Gynaecological oncologist, Radboud University Medical Centre

Josje Kok, PhD Candidate Health Care Governance, Institute of Health Policy & Management, Erasmus University Rotterdam

David de Kam, PhD Candidate Health Care Governance, Institute of Health Policy & Management, Erasmus University Rotterdam

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| **Nurse** | **Primary care** | **All-levels** | **Workshop** | **Safety** |
| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

E6: **You cannot create experience: Stories of transformation through co-creation.**

IKONE’s goal is to improve the quality of care by facilitating collaboration between patients and healthcare, together with patient experts. Bernhoven, with the ambition for a full-scale transformation,

was the first hospital to use IKONE’s patients included transformation program by co-creating and really undergoing the patients experience. The program focusses on equivalent contact with patients at an organisational level, and the process from head to heart into tangible thinking and action.

**After this session, participants will be able to:**

1.Understand the value and necessity of cooperation with patients at organisational level in hospitals

2.Gain insight about how to work together with patients and how this can re-energise employees.

3. Demonstrate where a transformed hospital meets the needs of patients living in the 21st century.

**Anne-Miek Vroom,** Founder & Director IKONE Foundation, Medical Sociologist, Patient

**Mariëlle Bartholomeus**, Medical Director and Neurologist at Bernhoven Hospital, Uden

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
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E7: **Passion and ambition don’t retire; emancipation of the elderly**

**I**n 2017, there was an estimated 962 million people aged 60 or over in the world, comprising 13 per cent of the global population. By 2050 it is estimated that all regions of the world except Africa will have nearly a quarter or more of their populations at ages 60 and above.[1] This ageing population is often perceived in a negative light, as a burden on resource and a crisis waiting to unfold. The image of the older person often portrayed in the media is of the lonely or the dependant, with decisions around their care resting with the family or healthcare professional. However, the reality is very different - many older people participate and contribute to society, and are becoming the pioneers of a process that seeks to emancipate and empower this important sector of society. Movements such as Long Live the Arts encourage elderly people to get involved in their local communities, to challenge themselves by learning new skills, and to take responsibility for their own lives. This new emancipation also extends into healthcare, where wellbeing is the focus of treatment, and the older person is empowered to make choices about how they spend their final days and hours, extending to the choice of when they wish to die.

In this session you will learn:

* How the rapidly ageing population in Europe and across the world can be seen as an asset and not a burden
* How groups and community involvement can improve the lives of the older patient by increase their autonomy and improving mental and physical health
* Why it is important that older patients are empowered to make their own choices about care.

Source: http://www.un.org/en/sections/issues-depth/ageing/

**Hedy D'Ancona,** Former Dutch Minister of Health, Welfare and Culture

1430-1500 - Refreshments

1500-1600 - F sessions

F1: **Leadership Lessons from the Field: From Sports to Healthcare**

Tackling the emerging challenges in the pursuit of better care and better health requires fresh leadership ideas. The presenters will bring their experiences and observations from leading and supporting organizations from Europe and Latin America tackle these challenges whilst generating joy in work, using high impact leadership frameworks and behaviours as well as analogies from management and sports.

After this session, participants will be able to:

1. Identify the key success factors to the implementation of best practices aimed at leading high performance organizations

2. Understand how organizations are adopting, adapting and implementing best practices in different contexts

3. Recognize the importance of moving beyond the classroom and putting knowledge into practice to build capacity and generate joy in work more effectively

**Pedro Delgado,** Head of Latin America and Europe, IHI

**Göran Henriks**, Chief Executive of Learning and Innovation, Region Jonkoping County

**Hugh McCaughey**, Chief Executive at South Eastern Health and Social Care Trust

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

F2: **Clinical Leadership and Health Systems improvement as a Manpower resource development intervention**

A highly interactive session, that will engage the participants in a reflective discourse on the importance of clinical leadership in resource limited environments. The presenters shall share how 10 years of dedicated manpower development through competency based medical education (CBME) and organizational leadership, significantly impacted the quality of health care delivery in Curacao as a model resource limited environment. Participants would get a first-hand experience of the strategic role of CBME in health care reform

1. Understand the fundamental concepts of effective communication in healthcare

2. Understand the Importance of collective Leadership and interprofessional collaboration in healthcare and its importance in different contexts

3. Understand the impact of cultural context in achieving effective care in resource limited environments

**Jamiu Busari,** Assoc Professor, Educational research and development dept. Faculty of Health, medicine and Life sciences, Maastricht University

**Ashley J. Duits,** Director, Red Cross Blood Bank Foundation, Curacao

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| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

**F3: Patient Safety in the Home: Issues, Challenges, and Opportunities**

Care in the home setting is expanding as a result of rising health care costs, patient preference, technological innovations and a growing aging population. Yet patient safety in the home care setting is less well understood than patient safety in other settings. This session will present findings from a landscape analysis of patient safety in the home care setting.

After this session, participants will be able to:

1. Describe patient safety issues associated with care in the home setting

2. Describe existing safety resources and infrastructures in the home care settings.

3. Identify risk mitigation strategies to keep patients safe at home.

**Tejal Gandhi**, Chief Clinical and Safety Officer, Institute for Healthcare Improvement

**Deborah Carpenter,** Senior Study Director, Westat

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

F4: **Patient Council: How to rock the power balance**

Together with 25 other patients or family members I am counseling Zealand University Hospital, a 750 bed teaching hospital, in order to make the hospital able to meet the ambitions of a new, better and different way of operating the newly appointed University Hospital. The tasks of the Patient Counsel are numerous: From taking part in hiring committees and in all of the hospitals standing commitees including the research counsil, the quality counsil etc. The work and results of the counsil will be presented and discussed by head of the Patient Counsil and by the CMO of the hospital

After this session, participants will be able to:

1. Get ideas on how to invite and get adviced by a patient council

2. The many ways of listening to patients

3. Understand the benefits and pitfalls of a patient council

**Mette Storm Elner,** Patient and chairman of Patient Council, Zealand University Hospital, Denmark

**Beth Lilja,** CMO, Zealand University Hospital, Denmark

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
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**F5: Steering on Quality across hospitals: from the patient’s bedside to the boardroom**

The executive board of a hospital is accountable for the quality of care delivered and to make a difference in quality improvement. The Dutch Program Steering on Quality works on the way this board position is optimally facilitated with quality information and opportunities for to optimally use that information to foster the quality in hospitals. An Expert Group builds a framework that integrates concepts, perspectives and helps understand this field and act effectively in it.

After this session, participants will be able to:

1. Learn how to start the discussion within your hospital on steering on quality of care.

2. Learn how to exchange quality information with your hospital board.

3. Learn how to involve patient in steering on quality of care.

**Erica De Loos,** Project coordinator, Netherlands Federation of University Medical Centres – Consortium Quality of Care

**Roos Trooster,** Programme manager, Netherlands Federation of University Medical Centres

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
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**F6: Finding and Creating Joy in Work: Lessons from IHI**

New and innovative approaches are urgently needed to help caregivers in office and community settings tackle the challenge of restoring and maintaining joy in their work and the work of their staff. When internal and external pressures continually mount, it can become increasingly difficult for team members to focus on the positive aspects of their jobs. The IHI Joy in Work Framework provides proven methods to foster a positive work environment that creates equity, camaraderie, meaning, and choice and ensures the commitment deliver high-quality care, even in stressful times. In this session you’ll learn from IHI, and East London Foundation Trust, principles and techniques that enable the workforce to truly thrive, not just persevere.

After this session, participants will be able to:

1. Describe key leadership behaviors that raise staff engagement and restore joy

2. Identify the key changes in the system for joy in work

3. Take away at least one intervention you can test in your institution to assure staff feel meaning, choice, camaraderie, and equity

**Derek Feeley,** CEO, President, IHI

**Amar Shah,** Associate Medical Director for QI & Consultant Forensic Psychiatrist; East London NHS Foundation Trust

**Jessica Perlo,** Director, IHI Open School

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
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**F7: Patient-Centeredness Lessons from Around the World**

In this session you will hear real-life stories of how strategies for patient-centered care were implemented in various healthcare systems across the world. You will hear how a Brazilian city has engaged front-line practitioners in improving patient-driven access to primary care and how patient-centered engagement is integrated into the design of quality improvement initiatives in Africa.

Learning objectives:

- Understand strategies for overcoming resistance among healthcare professionals in moving towards patient-centered care

- Know strategies for patient involvement in health policy formulation and in community-facility collaboratives

- Discuss the applicability of such patient-centered care lessons to other scenarios

**Jorge Zepeda, S**ecretary of Health of Florianópolis, Brazil / University of Leeds, UK

**Sodzi Sodzi-Tettey,** Executive Director, Africa Region, Institute for Healthcare Improvement

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
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**F8: The Participation Clinic: how nurses and caretakers can develop leadership and professionalism by looking through the eyes of the patient**

For excellent care in all phases of life, professionalism and leadership within nursing is crucial. In this presentation Sonja Kersten will talk about how V&VN stimulates the development of leadership and professionalism through training nurses and caretakers in the Participation Clinic. In this temporary nursing home, care professionals experience what it is like to be dependent on care through a number of simulations and then reflect upon their experiences. They are encouraged to share these stories and make plans for a different and better approach based on the insights they have received. These activities are part of a movement by professionals working in long term care that encourages pride,professionalism and leadership, and one that recognises making small changes to the way care is delivered can have a big impact on the patient's experience. You will hear from staff who have taken part in the process over the last year and how it has changed their practice. At the end, the audience is encouraged to reflect on how would they change the care they provide if they lived a day in the life of one of their patients.

**Arjella van Scheppingen,** Researcher and Facilitator, The Participation Clinic

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| **Pharmacist** | **Secondary care** | **Beginner** | **Lecture** | **Quality, Cost, Value** |
| **Doctor/Physician** | **Tertiary care** | **Intermediate** | **Excursion offsite** | **Person and Family-Centred Care** |
| **Policymaker** | **Community care** | **Expert** | **Debate** | **Population and Public Health** |
| **Manager** | **None** |  | **Rapid fire** | **Building Capability and Leadership** |
| **Junior Professional** |  |  | **Poster session** |  |
| **Researcher** |  |  | **Panel discussion** |  |
|  |  |  | **Minicourse** |  |
|  |  |  | **None** |  |

1600-1615 - Movement break

1615 - 1700 - Keynote 4: **Quality Goes Global at Last: Three Guiding Reports Soon to Arrive**

In the United States, the Institute of Medicine reports, "To Err Is Human" and "Crossing the Quality Chasm" (in 1999 and 2001, respectively) marked a turning point in the awareness of pervasive quality problems in America, and in understanding scientific foundations for their remedy. Now, nearly two decades later, a vast body of evidence on quality throughout the world has accumulated, including in low and middle income countries. Major international bodies have taken this evidence under advisement, and, in 2018, three different reports will appear that represent in essence the global analogues to the US "Chasm Report." This session will describe what is underway, what may be expected as findings and recommendations, and how leaders in many nations may use these reports as a springboard for accelerated progress.

**Donald M Berwick**, Former President and CEO of the Institute for Healthcare Improvement,