



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

Inspiring Healthcare  
for 20 years

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

21 - 24 April 2015, ExCel London

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**In Partnership with Patients**

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**Programme**

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## Keynote Speakers

### ■ Keynote I: Inspiring a new generation of healthcare improvers

**Maureen Bisognano**, President and CEO, Institute for Healthcare Improvement (IHI), USA; plus young improvers

### ■ Keynote II: Providing practical, emotional and educational support to vulnerable inner-city children and young people

**Camila Batmanghelidjh**, Founder and Director, Kids Company, England

Kids Company was founded by Camila Batmanghelidjh in 1996. It provides practical, emotional, and educational support to vulnerable inner-city children. Their services reach 36,000 and intensively support 18,000 children across London and Bristol, including the most deprived and at risk whose parents are unable to care for them due to their own practical and emotional challenges.

### ■ Keynote III: EBOLA: The Global Impact

Featuring:

**Professor David Heymann**, Chair of the Health Protection Agency UK, Head of the Centre on Global Health Security at Chatham House, London and Professor of Infectious Disease; **Colin Brown**, Infectious Diseases Lead for the King's Sierra Leone Partnership; **Stephen Mepham**, Consultant in Microbiology and Infectious Diseases, Royal Free London NHS Foundation Trust, UK

- The public health challenges faced in West Africa and other countries
- A personal account from Sierra Leone, including the practical aspects of managing ebola and the measures employed to ensure the safe care of patient
- A discussion around the resilience of different healthcare systems against the virus
- How the crisis has led to accelerated drug development

### ■ Keynote IV: A story about fruit flies, balloons, toys and our future: What can healthcare learn from Google's global innovation and customer-centric approaches

Our beautiful world is changing at an incredible pace. How? Why? And so what?  
Come and expect to be challenged, inspired and armed to change the world for the better.

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

- Understand technology advances that will shape the future
- Proactively help shape the future , combining their passions and skills with the technology opportunities.

**Alfred Biehler**, Head of Customer Advocacy, Google, England

### ■ Keynote V: A Story of Suffering, Recovery, Determination and Self-Belief

**Martine Wright**, Paralympian; Survivor of the 7/7 London Bombings; Patient Spokesperson, England

Martine Wright lost both legs in the 7/7 terrorist attacks on the London underground. She has since rebuilt her life, skydived, learned to fly, and become a member of the British 2012 Paralympic volleyball team. On 6 July 2005 Martine and work friends gathered to watch the announcement of the host city for the 2012 Olympic and Paralympic games. The next morning, having overslept, Martine caught the Circle line and sat just three feet away from suicide bomber Shehzad Tanweer. The worst injured, and consequently last rescued survivor of the 7/7 bombings, Martine was trapped for over an hour having lost 80% of her blood supply as well as both legs above the knees. There followed a painful year of rehabilitation including learning to walk again on prosthetics.

As Martine regained her confidence, she also regained the ambition she once had in her career as international marketing manager for CNET. A Paralympic potential day at Stoke Mandeville hospital led her to the relatively new sport of sitting (not wheelchair) volleyball. Since her injury, Martine has not just qualified for the 2012 Paralympics with the British volleyball team, but also learned to fly a light aircraft, skydived from 10,000 feet, and learned to ski (as well as getting married and giving birth to her first child). Martine's is a remarkable patient story of suffering and recovery, determination and self-belief.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## ■ Keynote VI: Keynote title to be confirmed

**Donald M. Berwick**, MD, MPP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement;  
Former Administrator, Centers for Medicare and Medicaid Services

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## Featured Speakers

### **Celine Schillinger**

French Business Woman of the Year 2013, charter member of Change Agents Worldwide, and currently running the Sanofi Pasteur's dengue programme

### **Simon Stevens**

Chief Executive, NHS England

### **Sanjeev Arora, MD**

Founder of Project ECHO, USA

### **Clara Mancini**

Head of the Animal-Computer Interaction Lab at The Open University and research fellow in Multispecies Interaction Design

### **Anne Rogers**

Professor of Health Systems Implementation, University of Southampton and Research Director of the NIHR CLAHRC Wessex, England

### **Helen Bevan**

Chief Transformation Officer, NHS Improving Quality, England

### **Ole Kassow**

Founder, Cycling Without Age, Denmark

### **Göran Henriks**

Chief Executive of Learning & Innovation, Jönköping County Council , Sweden  
Founder, Cycling Without Age, Denmark

### **Harry Burns**

Professor of Global Public Health, Strathclyde University, UK

### **Helen Rowntree**

Head of Digital Services, NHS England, UK

### **Rosanne Haggerty**

Founder and President of Community Solutions, USA

### **Jakob Iversen**

Senior Project Manager, Health and Human Interaction Technologies, Danish Technological Institute, Denmark

### **Medical team from the Glasgow 2014 Commonwealth Games**

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

## FULL PROGRAMME: Tuesday 21 April 2015

The Tuesday schedule is focused on special events which include: the 5<sup>th</sup> annual International Improvement Science and Research Symposium, London Experience Days, and Full Day Courses.

### 0900-1700: Full day events M1-M6

You can choose to attend one of the following parallel special events:

#### ■ M1

##### International Improvement Science and Research Symposium



Sponsored by The Health Foundation

The International Improvement Science and Research Symposium, part of the four-day Forum programme, provides a unique platform for researchers and key scientific stakeholders to unite in the advancement of improvement science in healthcare. The meeting offers an opportunity to link researchers with decision makers, and others directing or implementing quality improvement initiatives.

##### The Improvement Science Symposium aims to:

- Create the opportunity for research teams to connect and share their work
- Enhance the visibility of good research
- Identify the burning research questions from improvement experts
- To test the validity of scientific innovations

##### Programme

###### 0900-0910: Welcome and introduction

**Fiona Godlee**, Editor-in-chief, The BMJ

**Göran Henriks**, Chairman of the Forum's Strategic Advisory Board and Chief Executive of Learning & Innovation, Jönköping County Council, Sweden

###### 0910-0930: Opening keynote

###### Challenges for Improvement Science for the real world: making a difference for patients

**Maxine Power**, *Director of Innovation and Improvement Science at Salford Royal Foundation Trust, England*

###### 0930 -1040: Presentations

###### Researching how we work together

**Chair: Paul Batalden**, Professor Emeritus, Dartmouth Medical School, USA

**'The most productive meeting we have ever had': the power of constructing programme theory diagrams using the Action Effect Method**

**Laurel Issen**, Research Associate, Collaborative Learning and Partnerships Theme, NIHR CLAHRC, Imperial College London, Chelsea and Westminster Hospital, England

**Using ethnographic research to inform the development of a diagnostic and intervention toolkit for intensive care settings**

**Scott Reeves**, Professor in Interprofessional Research, Faculty of Health, Social Care and Education, Kingston University & St George's, University of London, England

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

## **Collaboration and proactive teamwork used to reduce (CAPTURE) falls**

**Katherine Jones**, Associate Professor, Division of Physical Therapy Education, School of Allied Health Professions, Omaha, Nebraska, USA

## **1040-1100: Refreshments and networking**

### **1100-1120: Getting to person-centred care: building and using the evidence**

**Helen Crisp**, Assistant Director of Research, The Health Foundation, United Kingdom

This segment is sponsored by The Health Foundation.

### **1120-1230: Presentations:**

#### **Putting patients at the centre of Improvement Science**

**Co-chairs: Fiona Godlee**, Editor-in-chief, The BMJ

**Göran Henriks**, Chairman of the Forum's Strategic Advisory Board and Chief Executive of Learning & Innovation, Jönköping County Council, Sweden

#### **Quality improvement and person-centredness: developing and refining the 'always event' concept for primary care**

**Gregor Smith**, Senior Medical Officer, Primary Care Division, Scottish Government, Scotland

#### **System-oriented engagement of stakeholders in identifying priority evidence-practice gaps, barriers and strategies for primary healthcare improvement**

**Ross Bailie**, Professor of Public Health and Scientific Director, Centre for Primary Health Care Systems, Menzies School of Health Research, Australia

#### **Partnership between patients and health workers to implement an improvement change package – a strategy to accelerate improvement gains**

**Martin Muhire**, Quality Improvement Advisor, USAID- Applying Science to Strengthen and Improve Systems (ASSIST) Project, University Research Co., LLC, Kampala, Uganda

## **1230-1300: Lunch and networking**

### **1330- 1430: Improvement Science world café: 'conversations about research'**

Presentations from authors to their table.

**Co-chairs: Fiona Godlee**, Editor-in-chief, The BMJ

**Göran Henriks**, Chairman of the Forum's Strategic Advisory Board and Chief Executive of Learning & Innovation, Jönköping County Council, Sweden

### **1430-1445: Reflection and discussion around the table: 3 challenges in Improvement Science**

Within the categories of design and collaboration, methodology, measurement and evaluation

## **1445-1515: Refreshments and networking**

### **1515-1600: Presentations**

#### **Challenging our thinking on approaches to Improvement Science**

**Chair: Kaveh Shojania**, Editor-in-Chief, BMJ Quality & Safety

#### **Evaluation of improvement initiatives using statistical process control and theory driven evaluation**

**Tom Woodcock**, Information Theme Lead, Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Northwest London, Imperial College, England

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

## **How scientific is the Plan-Do-Study-Act method? Comparisons of the scientific method and its application in chemistry and in healthcare**

**Julie Reed**, Research Strategy Manager, National Institute for Healthcare Research CLAHRC (Collaboration for Leadership in Applied Health Research and Care) North West London, England

### **1600-1645: Presentations**

#### **Implementation and knowledge translation**

**Chair: Gareth Parry**, Senior Scientist, Institute for Healthcare Improvement (IHI) and Clinical Assistant Professor at Harvard Medical School, USA

#### **Achieving implementation objectives is associated with effective delivery system innovation**

**Olivia Jung**, PhD Student in Health Policy (Management), Graduate School of Arts and Sciences, Harvard Business School, Harvard University, USA

#### **Improving physician hand hygiene compliance: design and pilot of a theory-based knowledge translation intervention**

**Stefanie Linklater**, Research Assistant, Ottawa Hospital Research Institute (OHRI), Ontario, Canada

### **1645-1715: Panel discussion**

#### **How do we translate what we know into practice? Moving from research to implementation**

**Chair: Fiona Godlee**, Editor-in-chief, The BMJ

**Panelists: Maxine Power, Paul Batalden, Helen Crisp, Boel Andersson Gäre, Kaveh Shojania**

### **1715-1730: Closing remarks**

**Fiona Godlee**, Editor-in-chief, The BMJ

**Göran Henriks**, Chairman of the Forum's Strategic Advisory Board and Chief Executive of Learning & Innovation, Jönköping County Council, Sweden

## **■ M2**

### **London Experience Days**

These interactive and energising Experience Days will give a detailed and inside view of the best quality and safety initiatives in the UK healthcare system. Choose one of 6 experiences taking place at various healthcare sites across London to deep-dive specific issues, bringing together local and international perspectives. The Days will include tours and demonstrations of local healthcare facilities.

#### **EXPERIENCE 1: Olympic Experience Day: Regeneration and Innovation in Newham**

A morning visiting the Queen Elizabeth II Olympic Park, host site for the London 2012 Olympic & Paralympic games followed by an afternoon out in the local community of Newham. Delegates will experience an official tour of the iconic park gaining an insight into the planning of health services throughout the games and how new services have been designed for the local population post-games. After a lunchtime trip up the Anish Kapoor designed Orbit Tower, delegates will then be taken out to experience the local health services that serve one of the UK's most deprived populations.

#### **Learning Objectives**

- To gain an insight into the Olympic and Paralympic 2012 legacy and how health services have evolved and sustained to support Newham's regeneration and new population.
- To look at examples of how local health services are building on the legacy of the Games, by incorporating exercise into healthcare and working with young people, in the youngest population in the UK
- To learn how Newham is building and embedding a culture of quality and safety in primary care through collaboration with academia, secondary care and community partners.
- To learn how Newham health system is driving innovation and behaviour change across a whole system.
- To visit the Olympic site and see local regeneration, first-hand.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

## Experiences

- Risk stratification of patients and the use of informatics (EMIS) across whole patient journey.
- Engaging 'hard to reach' patients in diabetes self-management.
- Embedding the science of improvement into primary and community care.

## Facilitators

- **Dr Zuhair Zarifa**, Chair of Newham CCG
- **Satbinder Sanghera**, Director of Partnerships Newham CCG and previously Director of Athletes' Village
- **Meradin Peachey**, Director of Public Health, London Borough of Newham
- **Dr Shanti Vijayaraghavan**, Consultant Diabetologist, Barts Health
- **Professor Martin Marshall**, Lead, Improvement Science London, Professor of Healthcare Improvement, UCL

## EXPERIENCE 2: Improving Care of Children, Great Ormond Street Children's Hospital

Great Ormond Street Children's Hospital Trust (GOSH) is one of the top 5 children's hospitals in the world. Everything the Trust does – from excellent clinical care to cutting edge research and paediatric education - is devoted to improving the health of children and supporting their families during what we know are difficult times.

Achieving sustainable change is a challenge that many organisations face on their improvement journey. Great Ormond Street Hospital is continually learning how to develop and sustain Quality Improvement interventions despite encountering significant challenges.

### Your experience:

Your visit to GOSH will take you into the heart of the organisation, where you will learn how GOSH teams deliver their safety agenda across a complex system.

Delegates will see our successes and challenges and how we addressed them. There will be an opportunity to interact with those who have innovated and improved, as well as experience skills learning workshops and a visit to clinical areas.

### Your hosts and facilitators:

- **Zoe Egerickx**, Transformation Programme Manager
- **Peter Lachman**, Co-Deputy Medical Director and Consultant Paediatrician

## EXPERIENCE 3: Embedding quality improvement in mental health and community services at East London NHS Foundation Trust

East London NHS FT is a provider of predominantly mental health and community services in one of the most culturally diverse and economically deprived parts of the country. The organisation has embraced quality as its business strategy, and has embarked on a large organisation-wide quality improvement programme, in partnership with the IHI. East London NHS FT receives some of the best patient feedback results among its peers, and has recently been named as one of the top 10 best places to work in healthcare in the country.

### Your experience:

Spend a day with East London NHS FT, and learn more about:

- How the organisation is applying systematic continuous improvement to tackling complex quality issues in mental health and community services, hearing directly from the teams leading improvement work
- How the organisation is shifting to being improvement-focused, building capacity and capability for improvement at scale, and making quality its business strategy
- How patients, carers, and families are partnering with staff and leaders to influence decisions, define quality measures, and being part of all improvement work
- Some of the innovative service models in operation within liaison teams, primary care, and community settings – which have applicability beyond the mental health and community services context.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

## Your hosts and facilitators:

- **Dr Kevin Cleary**, Medical Director
- **Dr Amar Shah**, Associate Medical Director for QI

## EXPERIENCE 4: Primary Care Experience Day

The UK's health system is based on comprehensive primary health provision and free access for all. The recent Commonwealth Fund's 2014 report ranked the UK the best performing health system in the world.

During the morning of the primary care experience day, there will be an opportunity to visit some of the following:

- An innovative community-led organisation working alongside a primary care practice in one of the most deprived areas of the UK
- A site that has undergone system wide reform of urgent care services
- A site where GP-led commissioning has resulted in new solutions to patient care.
- A GP practice to learn more how primary care is delivered, managed and incentivised.

In the afternoon we will come together to share reflections from the morning. We will also hear from UK primary care leaders about approaches to establishing new multi-professional primary care offerings at greater scale.

## Your hosts and facilitators:

- **Dr Kate Adams**

## EXPERIENCE 5: Improving acute care for all ages - inspiration from University College London Hospitals NHS Foundation Trust

University College London Hospitals NHS Foundation Trust (UCLH) is one of the most complex NHS trusts in the UK, serving a large and diverse population. In July 2004, they were one of the first NHS trusts to achieve Foundation Trust status. They provide academically-led acute and specialist services to people from the local area from throughout the United Kingdom and overseas. UCLH are committed to delivering top-quality patient care, excellent education and world class research. They are one of the country's five biomedical research centres and were a founding member of UCL Partners, designated as one of the UK's first Academic Health Science Centres. UCLP is one of the world's leading centres of medical discovery, healthcare innovation and education.

On average, UCLH sees 950,000 outpatients, 125,000 A&E attendances, and admits over 156,000 patients each year. They employ over 8,000 staff working across all hospital sites.

## UCLH delivers clinical services from six hospital sites:

- University College Hospital
- National Hospital for Neurology and Neurosurgery
- Eastman Dental Hospital
- The Royal National Throat Nose and Ear Hospital
- The Heart Hospital
- The Royal London Hospital for Integrated Medicine

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

## Your experience:

Your visit to UCLH will provide you with access a wide range of talks from our executive team and our clinical leaders. These will be interactive sessions with a focus on safety, quality improvement and innovation. This will be through a large group session in the morning with the opportunity for delegates to break into smaller groups with a specialty focus in the afternoon. During the day you will:

- Learn from leading experts in women's health, elderly medicine, critical care and cancer care on what they've been doing to improve clinical outcomes and patient experience.
- Network with clinical experts interested in improving clinical outcomes, safety and patient experience
- Develop ideas on the use of simulation that you can implement in your own organisation

## Morning sessions for all:

- Hear about our organisation and the benefits and challenges facing an acute foundation Trust in the current economic climate - Sir Robert Naylor (CEO)
- Hear about our improvement journey so far and our aspirations for the future - Jonathan Fielden (Medical Director) & Tara Donnelly (Director Quality, Efficiency and Productivity )
- Learn how our critical care team with the support of UCLP have successfully sustained a 50% reduction in cardiac arrests and eliminated pressure ulcers in their unit whilst improving staff and patient satisfaction - John Welch (Nurse Consultant ) & Elaine Thorpe (Matron)
- Observe the use of simulation in clinical training and learn how you could implement this approach in your own organisations - Melissa Whitten (Consultant Obstetrician)

## Specialised afternoon streams to choose from:

### Cancer care

- Learn about moving from an inpatient model of care to ambulatory care for cancer patients including the use of our patient hotel and the impact this has had on acute bed day usage. Also hear from our patients on the positive impact of this initiative on patient experience - Stephen Rowley, Matron, Clinical Haematology
- Learn how we are improving care through specialist networked cancer services - Jonathan Gardner, Cancer Programme Director; Kathy Pritchard-Jones, Chief Medical Officer for London Cancer

### Improving care in Women's Health

- Learn about an innovative team approach to the introduction of a complex new procedure to the NHS working across organisational boundaries - Pranav Pandya, Director of Fetal Medicine.
- Learn about how we provide the support and care for each individual referred to our female genital mutilation service, by addressing their needs specifically within a dedicated and specialised environment - Yvonne Saruchera, Consultant Midwife; Lata Kamble, Consultant obstetrician and Sohier Elneil, Consultant Urogynaecologist

### Improving care for elderly and frail patients

- Learn about our improvement journey in support of delivering compassionate care to our vulnerable elderly and frail patients including strategies for caring for a complex aging population with increased co-morbidities - Dr Nadia Raja, Clinical Lead, Elderly Medicine; Vicki Leah Consultant Nurse
- Learn how we have achieved improvements in care for patients with cognitive issues across specialty boundaries, and how you can apply these concepts in your own setting Vicki Leah Consultant Nurse

## Your hosts and facilitators

- **Breid O'Brien**, Deputy Director, Quality, Efficiency & Productivity
- **Eamonn Sullivan**, Deputy Chief Nurse
- **Asiya Yunus**, UCLP
- Cancer Services - **Nick Kirby**, Divisional Manager,

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

- Older persons - **Eamonn Sullivan**, Deputy Chief Nurse
- Women's Health - **Julie Hogg**, Head of Midwifery

## **EXPERIENCE 6: The BMJ experience day: How insights into what BMJ does can help you with your quality improvement agenda**

Learn how to write a paper and get published, plus the opportunity to meet the BMJ editors and learn about how BMJ creates and disseminates evidence-based information and learning.

### **Morning programme:**

#### **Writing for publication - how to write an abstract and share the lessons of your work**

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

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

- Write up QI projects as structured abstracts
- Be aware of the needs of customers / readers
- Summarise main messages and learning points
- Use structure for QI report as basis for reflection on QI work

**Fiona Moss**, Editor, Postgraduate Medical Journal, England

#### **Your hosts and facilitators**

- **Luisa Dillner**, Head of BMJ Research and Development, BMJ, UK

### **Afternoon programme:**

Expert speakers from around BMJ will present on the following topics:

- Data analytics- How to work out where you are and design an intervention. What can data tell us?
- Don't test me to identify my areas of weakness- I feel bad enough already'- How listening to users creates better products and services
- So you want to learn about Quality- the role of current learning theory on quality improvement
- Change management- Is there overlap between changing behaviour in commercial organisations and quality improvement plans?
- How to use evidence- evidence based practice is key to quality improvement. BMJ has a methodology that critically appraises the literature.

## **■ M3**

### **Stream: Leadership and Management**

#### **Quality as business strategy: integrating cost, quality, and the patient experience**

How do you see the relationship between cost and quality? Do you see it as having a very strong and interconnected relationship or one that functions as separate and distinct silos? In this minicourse the linkages between cost and quality will be explored and clarified. Quality as a Business Strategy (QBS) will provide the strategic foundation. Understanding and measuring the voice of the customer (VOC) and the voice of the process (VOP) will provide the tactical approaches to building an integrated approach to the cost and quality debate. Participants will be asked to diagnose their organization's approach to minimizing costs while enhancing quality.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

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

- Describe why cost and quality must be regarded as two sides of the same coin
- Assess how well they are integrating the VOC with the VOP
- Start building a cascading system of measurement that supports QBS

**Robert C. Lloyd**, PhD, Executive Director Performance Improvement, Institute for Healthcare and Improvement (IHI), USA; **Kathy Luther** RN, VP, Institute for Healthcare Improvement (IHI), USA; **Tricia Woodhead** MD Medical Lead Safer Care South West, West of England Academic Health Science Network, UK; **Lisa Schilling** RN, VP National Vice President, Healthcare Performance Improvement and Director of Kaiser Permanente's Center for Health System Performance, USA

## ■ M4

### *Stream: Leadership and Management*

#### **A one-day school for healthcare radicals**

The people who actually change the world are the heretics and radicals; those with the courage and skills to challenge the status quo. It's tough being a healthcare radical, so spend an energising day with people of like minds. We'll explore tactics for rocking the boat, yet staying in it, and engaging others who may not want to change. We'll apply the thinking and practice of other radical leaders to achieve a "revolution in health and care quality" in our own organisations and communities.

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

- Learn the tactics and success strategies of other radical leaders and increase their effectiveness as a leader of change
- Take home a toolkit of alternative/additional approaches to supporting change to complement their healthcare improvement toolkit
- Build alliances for change based on social movement principles and increase the likelihood of success from their improvement efforts
- Use powerful narrative methods to call other people to action for quality and safety

**Helen Bevan**, Chief Transformation Officer, NHS Improving Quality, England; **Jackie Lynton**, Head of Transformation – Horizons Group, NHS Improving Quality, England; **Boel Andersson Gäre**

## ■ M5

### *Stream: Patient Safety*

#### **The Journey to Improve Patient Safety across the Continuum**

Much of the work to improve patient safety has been completed in silos. In order to improve patient safety, it will be necessary to consider the patient's journey through the continuum of care. During this session, faculty will share the framework, interventions and measures that should be considered to provide safe care. Participants will have an opportunity to assess their progress in improving safety and develop a plan to address the opportunities for improvement.

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

- Describe the structures and processes that must be in place to improve patient safety
- Discuss how to diagnose safety problems in an organization
- Discuss the role each individual in an organization in developing a culture of safety
- Describe how to engage patients and families in patient safety

**Frank Federico**, Executive Director, Institute for Healthcare and Improvement (IHI), Cambridge, USA

**Anthony Staines**, Fédération des hôpitaux vaudois, Switzerland

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Tuesday, 21 April 2015

## ■ M6 BY APPLICATION ONLY

### *Stream: Leadership and Management*

#### Policy seminar on strategies and infrastructure for improving healthcare at national level



Sponsored by The Health Foundation

Chaired by:

**M. Rashad Massoud, MD, MPH, FACP**

Director, USAID Applying Science to Strengthen and Improve Systems Project; Senior Vice President, Quality & Performance Institute; University Research Co., LLC - Center for Human Services

**Professor Jason Leitch, DDS, MPH, FDSRCS (Eng.), FDSRCS (Edin.)** Clinical Director, Quality Unit, Scottish Government

**Richard Taunt**, Director of Policy, The Health Foundation

This full day seminar is for experienced health system leaders and policy makers directly involved in leading healthcare policy at national, international or government level. Participants must be willing to actively engage with discussions relating to policy matters and to stimulate thoughtful conversation throughout the day.

**To apply to attend this session please email Simon Morgan at [smorgan@bmj.com](mailto:smorgan@bmj.com) with your name, job title, organisation and country together with a short overview of your area of responsibility for policy.**

This 'summit-style' day will focus on how policy makers set national priorities for improvement. It will also ask participants to collaborate on how to achieve the priorities once set. Discussion will be framed around how national policy can best support local improvement.

The day will aim to develop a consensus output statement which reflects international policy maker's priorities.

This "all-teach/all-learn" seminar presents a 'thoughtful conversation' between peers interested in leading and supporting improvement. Readings will be sent to participants ahead of the meeting to provide context for the seminar, which will be designed around a handful of questions for discussion. Participants will be asked to share their experiences, thoughts, and challenges related to these questions.

#### **In summary, during this session, participants will be able to:**

1. Share experiences and ideas from different countries on successful models for leading and providing support for improving health care at the national level, including developing policies and plans for improvement;
2. Exchange ideas on appropriate infrastructures that enable Ministries of Health to lead and support health care improvement;
3. Stimulate a thoughtful conversation around this topic area which would be helpful to participants in their work in their respective countries.

#### **How to prepare for the seminar**

You will be seated at a summit-style table, and will be encouraged to actively contribute to the chaired open forum throughout the day.

We ask that you come to the table ready to share examples of your experience in policy development and implementation. You will be encouraged to actively discuss stories and examples of improvement efforts that you have been involved with, so before to the seminar you may wish to reflect on the following points as they relate to your own work:

- Identifying the need for improvement
- Setting improvement priorities
- Developing infrastructure for improvement
- Approaches and methods of improvement
- Reflecting on the challenges and successes
- Impact of national policy at local level
- Lessons and recommendations you can share with others

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

**FULL PROGRAMME: Wednesday 22 April 2015**

**0915-0930: Welcome and opening of the Forum: Fiona Godlee**, Editor in Chief, British Medical Journal, England

**0930-1030: Keynote I: Maureen Bisognano**

**Inspiring a new generation of healthcare improvers**

**Maureen Bisognano**, President and CEO, Institute for Healthcare Improvement (IHI), USA; plus young improvers.

**1100-1230: 90 minute sessions A1-A11**

You can choose to attend one of the following parallel sessions:

## ■ A1: Connecting and inspiring for change

**Stream: Leadership and Management**

**(Part a): Can social networks support minimally disruptive medicine through promoting connections and mobilising resources outside of formal medical care?**

Minimally Disruptive Medicine is described as a service-driven approach to care, co-created with patients, that makes sense for patients and meets their goals with evidence-based approaches, in a manner consistent with their needs and preferences. Self-care is often seen as part of the aspiration for co-creation with service providers and has been promoted extensively as part of achieving optimal chronic illness management. The vision for building self- management capacity has often been through appeals to normative lifestyles desirable behaviours, references and encouraging the "resourceful patient" as one who should accept responsibility. In this session I will argue that in order for the aspiration of minimally disruptive medicine to progress support and management needs to shift to becoming something that is a 'normal' part of everyday life in and where the power and capacity of personal networks can take the aspiration of self- management beyond the confines of traditional medical and health care settings.

**Anne Rogers**, Professor of Health Systems Implementation, University of Southampton and Research Director of the NIHR CLAHRC Wessex, England

**(Part b): Quality Mindset: Health & Care Radicals Inspiring Industrial Quality Improvement**

Quality results from processes, systems and mindset combined. When faced with lasting quality issues, organisations often focus de facto on processes and systems. To change mindsets, the classical recipes of employee communications are still in use. But could Quality Mindset actually be the most important factor for quality improvement? And what if there was a more modern, more efficient approach to change? – An approach inspired by change agents and health & care radicals.

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

- Hear about new approaches to quality improvement, applied to industrial manufacturing
- Understand what it takes to actually change a corporate culture
- Feel energized to put knowledge into practice

**Celine Schillinger**, Head, Innovation and Engagement, Sanofi Pasteur Quality, USA

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## ■ A2: What Matters To Me?

### *Stream: Patient and Family-Centred Care*

#### **(Part a) Making "What matters to you?" matter.**

Asking "What matters to you?" helps us understand our patients' needs, but the responses can be challenging. We asked heart failure patients in Scotland "What matters to you?" Their replies generated innovation in service delivery and patient-centred care. Patients led the way with peer-to-peer support. Health care teams delivered what they previously described as impossible.

This session will provide participants with support to ask the question and how to deal with the responses.

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

- Understand how to incorporate "what matters to me" in to day to day practice in their local frontline setting
- Use "what matters to me" to drive quality and safety improvements
- Understand use of the model for improvement in evolution of new services

**Catherine Labinjoh**, Consultant Cardiologist and Clinical Lead for Cardiology, NHS Forth Valley, Scotland

#### **(Part b) "What matters to me?" An international perspective**

As systems around the world recognise the essential need to engage patients and their families in health and health care, there is a resounding need to shift our focus from "what's the matter?" to "what matters most to you?" Understanding patients' life goals and perspectives is essential to improved outcomes. Presentations from the Middle East, Scotland, and the United States will reveal cultural challenges and opportunities we all can learn from as we focus on patient-centred care.

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

- Describe the cultural opportunities in implementing patient-centred care
- Identify tools for changing conversations that result in culture shifts

**Kedar Mate**, MD, Senior Vice President, Institute for Healthcare Improvement (IHI), USA

#### **(Part c) What matters to you, what's the matter with you, what's the difference?**

Last year Maureen Bisognano challenged participants of the Forum to change from asking patients "what's the matter with you?" to "what matters to you?". In this session we share the results from an exploration of asking patients and family members both questions. The responses are enlightening and will provide you with valuable insight into the way you frame questions and discussions in order to fully understand what matters to patients and families.

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

- Understand the difference in responses when asking patients "what's the matter with you?" and "what matters to you?"
- Frame questions and discussions in order to fully understand what matters to patients and families.

**Lynne Maher**, Director of Innovation, Ko Awatea, New Zealand

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## ■ A3: Definitions of value

### *Stream: Cost, Value, and Quality*

#### **(Part a) Patient-centric value tool: an innovative approach to linking clinical and financial performance**

Achieving value in healthcare requires improving outcomes and experiences while lowering costs (Value = Outcomes ÷ True Cost). We have combined the Patient- and Family-Centred Care Methodology and Practice with Time-Driven Activity-Based Costing to create a Patient-Centric Value Tool. This tool allows us to determine true cost over the full cycle of care at the level of the clinical condition and drive improvements that decrease cost while protecting or enhancing experience and outcomes.

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

- Understand the steps in determining true cost over the full cycle of care for any clinical condition
- Learn how to align financial with clinical objectives in any healthcare organisation

**Michelle Giarrusso**, Director, PFCC Innovation Centre, USA

#### **(Part b) Optimizing value: lessons from the front line**

Organisations challenged with providing higher levels of value to their patients must leverage new skills and measures. These include full cycles of care, detailed cost calculations, value stream maps, and integration of patient-reported outcomes to drive clinician-finance partnerships and data-driven improvement efforts. This session will use examples from several organisations and collaboratives to illustrate how to get started or how to enhance already robust efforts.

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

- Understand the full spectrum of value calculation
- Construct a "value equation" for your patient population
- Implement strategies to identify gaps or unnecessary variation in your organisation's care processes
- Develop a plan for optimising value within your organisation

**Katharine Luther**, Vice President, Institute for Healthcare Improvement (IHI), USA

## ■ A4: Patient-centred health and care

### *Stream: Improving Population and Community Health*

#### **(Part a) Segmentation for self-management: viewing the world through patient's eyes**

Self-management pathways for people with long-term conditions should be tailored and person-centred. By using person-centred segmentation, it is possible to develop deeper insight of segment's needs. Population segments differ in their needs and aspirations of services, communications, and support for effective self-management. Presenters would offer a new insight into the self-management needs of diabetes, COPD, CHD, and asthma, and how these pathways should be tailored.

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

- Understand the new way of segmenting population based on people's needs and aspirations
- Describe the concept of "persona" used in social marketing for segmenting the population
- Tailor the self-care pathways based on segment needs
- Tailor communications to each segment to encourage them to engage more with primary and secondary care
- Learn detailed application of the approach through real examples

**Dimple Vyas**, Consultant Anaesthetist, The Health Foundation, USA; **Sue Cummings**, Insight Manager, Liverpool Primary Care Trust Public Health Department, England

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## **(Part b) Happiness and health behaviours**

In 2007, 2009, and 2012, a television programme was aired aiming to promote health and happiness. Over 500,000 questionnaires connected to the TV programme were completed. Analysis of the data revealed that, of 70 different health indicators, confidence in the future was most strongly associated with a healthy lifestyle. We also report a positive change in health behaviours 1.5 years after a positivity coaching, which was linked to the TV programme.

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

- Understand the key elements of happiness
- Understand how the key elements of happiness predict health behaviours
- Learn how to promote the happiness skills
- Get ideas for new kinds of interventions aiming for a positive change in population-level health behaviours

**Pekka Mustonen**, CEO, MD, PhD Duodecim Medical Society/Duodecim Medical Publications Ltd, Finland

## **(Part c) Using a Four-Point Strategy to Engage/Partner with Diverse Communities for Health and Wellness**

The North Shore-LIJ Health System (NSLIJHS) spans across a diverse service area encompassing seven million people, and focuses on improving the health and wellness of the communities it serves. The NSLIJHS has created and implemented a strategy in partnership with diverse communities to inform, enable, empower, and incentivise people to make impactful behaviour changes that will allow them to take an active role in their health and well-being, and live a healthier lifestyle.

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

- Discuss strategies that foster partnerships among health care providers and the communities they serve
- Understand that when people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices
- Identify the importance of diversity, inclusion, and health literacy in the delivery of safe and quality care and in transforming the health of diverse populations
- Identify the importance of partnering with our communities to make health and wellness a priority in their lifestyle, and the components needed to make this strategy sustainable, scalable, cost-effective, and replicable

**Jennifer H. Mieres**, Senior Vice President, Community and Public Health Chief Diversity and Inclusion Officer Medical Director, Centre for Learning and Innovation North Shore-LIJ Health System, USA

## **■ A5: Safer healthcare: strategies for the real world**

### ***Stream: New Technology and Innovation***

Patient safety has been defined as the reduction of incidents in which patients have been harmed by healthcare. Eliminating these distressing, sometimes tragic events, remains a priority but this ambition does not fully capture the challenges before us. We believe that we will have to conceptualise patient safety differently if we are to advance further. In particular we attempt to reimagine patient safety from the perspective of the patient rather than from the professional's viewpoint.

This inversion of the traditional view has a number of consequences.

Safety from this perspective involves an expanded view of the nature of harm and mapping the risks and benefits of care along the patient journey through the healthcare system. Standards of care and reliability vary hugely along this journey which points to an important distinction between aspiring to high quality care and preventing harm. Safety also needs to be approached differently in the varying contexts of healthcare delivery; the management of risk in the home needs a very different approach to the management of risk in very controlled environments such as pharmacy and radiotherapy. This leads us to consider strategies for safer healthcare that reflect the realities of healthcare along the patient journey. Current safety strategies primarily aim at raising standards and accordance with best practice. We refer to this family of strategies as 'Optimisation'. This approach

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

is excellent where feasible but needs to be complemented by strategies of 'Control' and 'Adaptation and Recovery'. Finally we will discuss the need to develop portfolios of strategies rather than single interventions and consider how these need to be adapted in different contexts along the patient journey.

**Charles Vincent**, Director of the Imperial Centre for Patient Safety and Service Quality (CPSSQ) and the Clinical Safety Research Unit, Imperial College, England; **René Amalberti**, Professor, Senior Technical Advisor for Patient Safety, Haute Autorité de Santé, France

## ■ A6: Global strategies for improving care for mothers and babies

### *Stream: Clinical Improvement*

#### **(Part a) Improving the quality and patient safety during delivery**

The improvement of patient safety and quality of perinatal care during delivery can be accelerated by the use of model of improvement and the collaborative approach. We will present the design, impact, and results of such national programmes from Scotland, Denmark, and IHI.

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

- Understand the key components of national improvement programmes that are applicable to a perinatal healthcare context
- Be aware of the challenges and how to address these by using collaboratives and models of improvement
- Learn about results achieved in a variety of different countries across a range of work processes
- Be able to connect to a wider international network of professionals seeking improvement in perinatal healthcare

**Rikke von Benzon Hollesen**, Director of the national perinatal safety programmes Danish Society for Patient Safety, Denmark

#### **(Part b) Improving retention of mother-baby pairs**

Three countries (Uganda and either Tanzania, Kenya, or Mozambique) will share their experience and recommendations on keeping HIV-exposed babies and their mothers in care for 18 months – the prescribed time they need to remain in care to get support from the health system to achieve HIV-free survival for the baby at 18 months. Retention is pivotal in rolling out the PMTCT options recommended by WHO, and although antenatal attendance and hospital delivery has improved, postnatal attendance is problematic, greatly increasing exposed babies becoming infected with HIV.

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

- Understand the barriers to retaining mother-baby pairs in care
- Learn ways to track mother-baby pairs
- Understand which interventions have improved retention of mother-baby pairs
- Understand how the community can contribute to retention of mother-baby pairs

**Esther Karamagi-Nkolo**, MBChB, MSc Infectious Diseases, Technical lead for URC's USAID ASSIST project in Uganda

#### **(Part c) Improving healthcare in India**

This 60-minute interactive panel session will review progress in implementing initiatives to improve healthcare in India. Speakers from the Government of India, non-governmental organisations, and the private sector will present and lead discussions on:

- Introduction to the health system in India
- Current outcomes in maternal and child care
- Designing improvement efforts for India

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

- Building partnerships to support improvement work
- Scaling up improvement work
- Spreading knowledge and learning at a large scale.

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

- Understand the challenges faced in improving care for mothers and children in India
- Understand how a large scale effort to improve care was developed and implemented
- Understand strategies to spread knowledge and learning on a large scale

**Nigel Livesley**, Project Director USAID ASSIST, India; **Rakesh Kumar**, Joint Secretary for Reproductive and Child Health in the Ministry of Health and Family Welfare, Government of India, India

## **■ A7: The impact of improvement research on clinical practice**

**Stream: Improvement Science (sponsored by The Health Foundation)**

### **(Part a) Applying comparative qualitative assessment technique to evaluate implementation of patient engagement initiatives**

This session presents the results of a comparative qualitative analysis (CQA) of two patient engagement tools—patient activation and shared decision making—implemented at Intermountain Healthcare. CQA is an innovative evaluation tool that bridges the gap between qualitative and quantitative analysis in situations where complex interventions are implemented in approximately 5-50 sites.

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

- Understand the basics of CQA
- Be familiarised with the pros and cons of using CQA
- Integrate generalised lessons learned in implementing two patient engagement tools at a high performing delivery system

**Lucy A. Savitz**, Director of Research and Education, Intermountain Healthcare Institute for Health Care Delivery Research, USA

### **(Part b) Layers of learning: the complex task of improving surgery**

We will analyse the lessons learned from the NIHR Safer Surgical Services research programme, to illustrate the complexity of successful safety and quality improvement in healthcare. We will discuss: (a) what we learned about the value of culture-first approaches (teamwork training) versus systems improvement; (b) the origins of difficulties and barriers we encountered; (c) our strategy for overcoming barriers using a standardised Implementation template; and (d) what we still don't know about how to do this.

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

- Appreciate the value of combined strategies for safety and quality improvement
- Anticipate likely barriers to proposed improvement projects by analysing aspects of the current culture and structure of their organisation.
- Design a rational implementation strategy to maximise the chances of achieving acceptance, ownership, and sustainability for new ways of working

**Peter McCulloch**, Associate Professor for Surgery, University of Oxford, UK

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## **(Part c) Ramp it up: building improvement at scale using a collaborative ramp approach**

Collaborative Quality Improvement projects are an established approach for achieving improvement at scale. We will show how we have developed multiple collaboratives in a short time frame (emulating the PDSA ramp approach) at organisational, regional, and national levels. It's made a big difference to improvement in New Zealand - come and see how you can use it too!

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

- Learn how to apply the collaborative methodology at scale
- Be stimulated to apply a ramp of collaboratives for a cascade of improvement within an organisation or at regional or national levels.

**Diana Dowdle**, Delivery Manager, Ko Awatea, New Zealand

## **■ A8: Everybody's business: students, trainees and patients working to improve care.**

### **Stream: Clinical Improvement**

Successfully improving care requires team working, yet the definition of a clinical team does not always include students or junior health care professionals, let alone patients. In this session we bring together three organisations which have successfully created inclusive teams to make quality improvement even more effective in improving care for patients. This session is suitable for anyone who is involved in quality improvement and may be of particular interest of those involved in education or designing quality improvement programmes.

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

- Understand the benefits of involving a broader multi-disciplinary team in quality improvement activity
- Share their own ideas of how to integrate person centred care with service improvement
- Hear varied examples of how this can be done in practice and learned from these successes and challenges
- Created their own plan to engage patients and the broader team in their quality improvement work

**William Calvert**, Clinical Research Fellow, Alder Hey Children's Hospital, UK; **Amar Shah**, Associate Medical Director & Consultant Forensic Psychiatrist, East London NHS Foundation Trust, UK

## **■ A9: Supporting a Learning Healthcare System: Evaluation of Quality Improvement Initiatives**

### **Stream: Education and Training**

This interactive session will provide an overview of techniques for evaluating improvement initiatives where participants will be encouraged to apply evaluation tools to their current work. Participants will review current evaluation approaches including summative, formative, theory driven, and rapid-cycle approaches. In addition, we describe a learning framework that provides guidance on choosing the most appropriate evaluation method, illustrated through evaluation case studies, and discuss today's challenges in QI evaluation and potential solutions for building a learning healthcare system.

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

- Outline the importance of applying rapid-cycle formative evaluation approaches
- Describe evaluation designs applicable to improvement projects
- Map out the program theory of their improvement program

**Gareth Parry**, Senior Scientist, Institute for Healthcare Improvement (IHI) and Clinical Assistant Professor at Harvard Medical School, USA; **Amy Reid**, Senior Research Associate for Evaluation, Institute for Healthcare Improvement (IHI), USA

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## ■ A10: Improving care for long-term conditions in the community

### *Stream: Improving Population and Community Health*

#### **(Part a) Mental health integration: a key step towards the Triple Aim**

Patients with comorbid medical and mental health issues experience poor outcomes and high costs, largely due to fragmented care and a lack of collaboration between providers. Mental health integration into primary care is a key area for improvement as systems transform in pursuit of the Triple Aim, and has been successfully implemented around the world. We will show that mental health integration is a key step towards the Triple Aim and describe IHI's approach integration.

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

- Describe different approaches to mental health integration using collaborative care principles
- Identify the key steps to implement integrated mental health care
- Develop strategies to overcome common challenges and barriers to integrated care

**Mara Laderman**, Senior Research Associate, Institute for Healthcare Improvement (IHI), USA

#### **(Part b) Delivering Triple Aim in inner-city London: transforming diabetes outcomes in large populations**

Come and learn how the Diabetes Modernisation Initiative worked with local stakeholders (including patients, commissioners, large teaching hospitals, community services, and primary-care clinicians) to implement the IHI Triple Aim across large inner-city populations. Hear how we transformed care for people with diabetes in Lambeth and Southwark by systemising processes to enable delivery of individualised patient care, which led to some of the best biological outcomes in London.

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

- Describe the components of the Triple Aim and how the principles were applied in a large inner-London population
- Understand how to develop a measurement framework and programme of support to deliver population level improvements in biological markers
- Describe how access to real-time data drives improvement in change programmes
- Apply the Triple Aim to other large populations

**Jane Stopher**, Programme Director, Diabetes Modernisation Initiative, Guys And St Thomas Charity, UK; **Rebecca Dallmeyer**, Clinical Commissioning Lead, Diabetes Modernisation Initiative, Guys And St Thomas Charity, UK

#### **(Part c) Using geographic practice networks to improve chronic disease management**

Tower Hamlets invested in networks of general practices to deliver enhanced care for type 2 diabetes, cardiovascular disease, COPD, and childhood immunisation. Network performance targets determined pay. This example of managed practice networks produced sustained improvement in chronic disease management for a disadvantaged and mobile population. Factors driving change include real-time performance dashboards to track progress, shared responsibility for the financial resource, and the involvement of specialists in multidisciplinary team meetings.

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

- Identify, and reflect on, the use of routine primary-care data to drive improvements in service delivery
- Critically consider the value and limitations of financial incentives to improve performance in UK primary care
- Identify multiple components and background context in a primary-care QI project
- Recognise components of a QI project evaluation.

**Sally Hull**, Reader in Primary Care Development, Queen Mary University of London, UK

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## ■ A11: Specialty Focus Groups

- Patient Safety
- Patient Engagement and Partnerships
- Medication Errors

An interactive discussion group with an expert facilitator to guide participants in an exploration of specialist areas.

The discussion will involve a rapid-fire presentation by selected poster presenters in the themed poster area, with an opportunity for participants to engage with the presenters in a lively discussion.

The session will be an opportunity to personally meet others in your field, and to hear about the new global initiatives in the area.

## 1330-1630: Half day courses M7-M10

You can choose to attend one of the following parallel sessions:

### ■ M7: Improve safety; improve flow; decrease cost - a practical workshop

*Stream: Cost, Value, and Quality*

In times of austerity, a new paradigm is needed to manage the demands on health services. Participants will learn how to deliver safe and high-quality care, improve outcomes, and improve patient experience by mental process to embrace principles of managing operations to enable cost-effective ways to deliver safe care. Real-time case studies will be presented. The relevance is more apparent with calls for nursing ratios and 7-days-a-week services.

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

- Understand the concept of variability in healthcare
- Demonstrate the link between flow and safety
- Link cost and flow
- Develop an intervention to improve care

**Eugene Litvak**, President & CEO, Institute for Healthcare Optimization, USA; **Peter Lachman**, Great Ormond Street Hospital NHS Foundation Trust, England; **Jason Leitch**, Quality Unit, Scottish Government, Scotland

### ■ M8: Crash course in leveraging social media for health care improvement

*Stream: Patient and Family-Centred Care*

Wondering how social media can help you to improve quality of care? This highly interactive workshop will inspire and help you to harness the power of social media, with an emphasis on the development of a broad strategy to connect with the public, and interact and engage with health care professionals and other organisations. We will develop skills, examine privacy issues, measurement challenges, explore opportunities of using gamification, and leveraging social media to achieve better care.

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

- Use social media confidently and effectively to support health care improvement activities
- Identify the key components of effective and innovative social media campaigns that have changed the world, with an eye to how such campaigns can be applied to health care improvement
- Realise the untapped energy source available through social media tools
- Learn the basics of Twitter to join the global quality conversation during the International Forum and beyond

**Christina Krause**, Executive Director, BC Patient Safety & Quality Council, Canada; **Kevin Smith**, Digital Media & Communications Specialist, BC Patient Safety & Quality Council, Canada; **Jo-Inge Myhre**, MD, FYI, Innlandet Hospital Trust, Project Assistant, University of Oslo Medical School, Norway

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## ■ M9: Patient produced simulation for education and training

### *Stream: Education and Training*

#### **Patient co-produced pathway simulation for educating frontline staff in integrated care**

An interactive session centred on a brief pathway simulation developed from patients' stories. The simulation is followed by table discussions, with a patient at each table, about how the experience could have been improved. The scenario is then rerun to include the suggestions generated. The session finishes with a summary of our experience to date of using this method of education for frontline staff.

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

- Develop similar educational interventions to suit their own circumstances
- Partner with patients who will help generate real-life scenarios and participate in discussion of solutions
- Engage frontline staff through empathy with the experience depicted and the practical patient-centred, solution-focused discussion
- Inspire and empower front-line staff to make the small personal changes that can transform the patient experience as well as help design better systems

**Elisabeth Paice**, Chair, North West London Integrated Care Programme, UK; **Roger Kneebone**, Professor of Surgical Education, Imperial College London, UK

## ■ M10: 'Reaching Tipping Point': strategies for building QI capability at scale across healthcare organisations

### *Stream: Leadership and Management*

The Health Foundation has produced case studies of 6 healthcare organisations that have positioned QI as a core strategy, examining how they have built the necessary capability to achieve this. This mini-course will:

- Present the findings from these case studies
- Share in depth the successful approaches used by each site
- Enable participants, with support from the experts present, to explore how they can apply similar approaches in their own settings.

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

- Articulate the core components of a successful QI capability building programme in terms of the required content and levels of expertise required and the various delivery models.
- Assess their local context against the pre-requisites for building QI capability at scale
- Determine the actions required to take forward a QI capability programme in their own area.

**Jo Bibby**, Director of Strategy and Innovation, The Health Foundation, USA; **Tricia Woodhead**, Quality Improvement Fellow and Improvement Advisor, The Health Foundation and IHI, USA; **Bryan Jones**, Policy Manager, The Health Foundation, USA

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

1330-1500: 90 minute sessions B1-B7

You can choose to attend one of the following parallel sessions:

## ■ B1: National strategies for improvement

*Stream: TBC*

### (Part a) In treating illness, are we forgetting about creating wellness?

Modern healthcare has transformed the outlook for many illnesses. The burden of cardiovascular disease and many cancers has been greatly reduced through public health interventions which have reduced incidence and technological advances which have prolonged survival. Patient safety programmes have, in addition, ensured delivery of complex, effective interventions with low risk to patients.

However, inequality in health status and life expectancy remains closely associated with socioeconomic status in most countries. Significant advances in healthcare have not been able to narrow inequalities in outcome even in countries with free access to treatment. Increasing insights into the underlying drivers of inequalities in health suggest that the individuals vary in their ability to generate wellness for themselves. Perhaps the time is right to encourage developments which supporting people to create wellness for themselves. Methods which might achieve this aim will be discussed.

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

- Describe the epidemiology of health inequalities
- Explore the probable causes of such inequalities
- Consider some social and political actions that might improve life expectancy in poor communities
- Consider a practical method for implementation of change

**Harry Burns**, Professor of Global Public Health at Strathclyde University, UK

### (Part b) Vision for the future: NHS England

Simon Stevens, Chief Executive of NHS England, will present the challenges and successes in improving healthcare in one of the biggest healthcare systems in the world. He will reflect on the NHS five year forward view (5YFV), published in October 2014 by NHS England, which sets out a positive vision for the future based around seven new models of care.

**Simon Stevens**, Chief Executive, NHS England, UK

## ■ B2: Accelerating quality and patient safety improvement in mental health settings

*Stream: Clinical Improvement*

The improvement of patient safety and quality of clinical care in mental health services can be accelerated by a structured approach to leadership and the use of improvement methodology. We will describe the design, impact and results of such programmes in England, Scotland, Denmark, Sweden, the USA, and Singapore. Our international collaborative approach has resulted in improvements in physical health, medicines management, mental healthcare, patient-focused care, capability building, and leadership.

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

- Understand the key components of an improvement programme that are applicable to a mental health setting. This will include the importance of collaboration with stakeholders and integration to enable patient-centred care
- Be aware of the challenges and how to address these using improvement methodologies adapted to mental-health settings
- See results achieved in a variety of different countries across a range of work streams. This will include sharing of change packages and measurement strategies

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

- Be able to connect to a wider network of professionals seeking improvement in mental healthcare so as to support attendees in their next steps.

**Tricia Woodhead**, Medical Lead Safer Care South West, West of England Academic Health Science Network, UK.

## ■ B3: Practical approaches to leading integration of care services

### **Stream: Leadership and Management**

Integrating care at scale is both complicated and complex. Learn about AQuA's 2-year Integrated Care Discovery Community combining complexity theory, change management, and learning communities. Hear case studies from participating North-West economies and consider how progress towards integrated care can be measured. Explore how service leaders can use AQuA's eight-domain Integrated Care Framework and associated practical tools and techniques to help you move from concept to implementation of integrated care for your population.

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

- Discuss how learning communities can support complex change management
- Build on the recommendations from AQuA's evaluation of its large-scale system integration programme
- Explore how AQuA's logical eight step change management approach to integrating care services can be applied in your locality
- Test AQuA's Integrated Care Framework Measurement Tool to gauge your baseline/current position
- Draw on practical examples from working with AQuA members and the external evaluation

**Elizabeth Bradbury**, Director, AQuA, UK; **Nicki McNaney**, AQuA Affiliate leading the integrated care programme, UK

## ■ B4: Early community-based interventions for young people

### **Stream: Improving Population and Community Health**

#### **(Part a) Applications of quality improvement in low literacy communities of rural and urban Chile**

After three years, Un Buen Comienzo (UBC) is a thriving learning network encompassing 71 classrooms (20 municipalities, 4000 children) in poor, low-literate communities. This session will describe how the collaborative methodology was adapted to focus on education in Chile, and for the distinct difference between urban and rural communities.

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

- Describe how collaborative quality improvement methods were integrated into the existing coaching model for classroom teachers. We will share what was learned from adopting the "all teach, all learn" collaborative philosophy
- Explain how UBC grew from a short-term collaborative to a thriving learning network of schools. Many of the municipalities have now created their own self-sustaining learning networks to spread to additional schools

**Francis Durán**, UBC General Manager, Chile

#### **(Part b) Targeting preschool children to promote cardiovascular health: cluster randomised trial**

Dr. Céspedes will show how science and pedagogy can be effectively combined to curb cardiovascular disease risk in kindergarteners using WHO guidelines for heart health promotion at the community level. This is the first research effort in its kind that not only measured knowledge, attitudes, and habits but that also took into account biometrics as key indicators of intervention success.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

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

- Understand the disease burden and epidemiological profile of a developing, middle-income country
- Define lifestyle habits and their association with cardiovascular disease during early childhood
- Identify the importance of patient education out of the hospital context as a key health-promoting activity. Articulating health education into the school curriculum and community (parents, teachers, and students) as a main pipeline to improve heart health habits
- Use evidence-based approach to promote primary prevention throughout the life trajectory

**Jaime Céspedes**, Chief of Pediatrics, Fundación Cardioinfantil, Columbia

## (Part c) Early intervention: using the model for improvement to improve early literacy

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

- Understand the importance (and relevance to health outcomes) of intervening early in relation to the literacy of young children
- Identify how the Model for Improvement may be applied within an education setting
- Understand the challenges and barriers to using the Model within an education setting and benefit from the learning of this project

**April Masson**, Programme Manager, East Ayrshire Early Years Collaborative, UK

## ■ B5: IHI innovation relay

### *Stream: New Technology and Innovation*

An Innovation Relay is an opportunity to test different innovative skills to solve a problem facing healthcare. Small teams will be formed on the spot to employ innovation strategies to identify, test, refine, and re-test possible solutions. At the end of the session, attendees will have developed a network of new peers, amassed a working knowledge of innovation techniques, and will present a potential solution that may be tested in their home organisation.

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

- Articulate the uses and approaches to innovation and how they can be applied to solve problems in health care organisations
- Learn Innovation strategies: scanning, idea generation, prototyping, and theory building
- Participate in a rapid design process to identify a problem and begin building prototypes that can be tested in their home organisations and across others

**Kedar Mate**, Senior Vice President, Institute for Healthcare Importance (IHI), USA; **Lindsay Martin**, Executive Director, Institute for Healthcare Importance (IHI), USA

## ■ B6: Short film presentations to inspire and discuss

### *Stream: Patient Safety*

Sit back and relax at the Forum's first ever Movie Matinee. Watch eight 6-minute movies on inspirational quality improvement projects from around the world followed by a meet and greet with the stars of your favorite movie.

## (Part a) A board monitor to recognise malfunctioning professionals

In recent years, medical errors have had increased attention in the Dutch media, and there have been a variety of tools developed to improve the quality of medical care. The Amphia hospital developed such a tool, the complaints monitor, which provides useful information for the individual specialist, medical group, staff management, and the board of directors. The method needs little additional effort or registration.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

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

- Have an early warning sign of malfunctioning doctors
- Use patient information to see how doctors operate

**Robert Slappendel**, Anesthesiologist, Manager Quality and Safety, Amphia Hospital Breda, The Netherlands

## **(Part b) Reduction of serious harm in operating theatres: a transferable approach**

Serious harm, including but not limited to Never Events, remains relatively common in surgery. The WHO Surgical Safety Checklist is an effective tool, which works optimally within a wider approach to Safe Surgery. This session will explore how the interwoven streams of building a safety culture, understanding and learning, and Education and training have led to significant reduction in harm. These approaches are relevant to all areas of healthcare.

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

- Describe and apply the concept of safety culture and climate within their own workplace
- Describe and apply the role of focused and locally relevant safety training
- Describe ways to overcome barriers to effective use of incident reporting

**Iain Moppett**, Associate Professor and Consultant Anaesthetist, Queen's Medical Centre, UK; **Britt Wendelboe**, Danish Society for Patient Safety, Denmark

## **(Part c) Safety Rounds for system-wide safety improvement**

Safety Round is a powerful tool to improve patient safety. It is proactive and affects many organisational dimensions. To be effective, the round needs an accurate (context-specific) preparation, a flexible execution, and feedback. The experience carried out in the health system Alto Vicentino of the Veneto Region (Italy) will be presented as an exemplar of system-wide improvement using Safety Rounds. The methodology and the tools, the facilitating factors, and the barriers will be discussed, along with the results and their impact.

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

- Recognise Safety Rounds' potentials for assessing risk factors related to environmental hazards, organisation functioning, and culture
- Identify the key elements to plan, conduct, and evaluate a Safety Round
- Report and share Rounds' results
- Use Rounds' results to improve

**Piera Poletti**, Director CEREF, Italy

## **(Part d) Staff improving patient safety**

Nottingham University Hospitals frontline staff has set up a new group - Staff Improving Patient Safety (SIPS) – to improve quality of care and patient safety. We shall present this unique patient safety initiative: a junior-led, trust-wide, multi-professional group that aims to deliver quality improvement projects across a trust. We aim to embody the culture change that is prevalent within the NHS and advance patient safety to the forefront for all ward staff.

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

- Consider their own role in improving patient safety and understand the need for such a group to exist
- Contemplate the ability for such a group to deliver high-standard quality-improvement projects
- Replicate our structure within their own trust to implement an action plan to mobilise frontline staff to improve patient safety

**Ben Rees**, Patient Safety Research and Teaching Fellows, Nottingham University Hospital, UK

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## **(Part e) Learning from our errors**

This session will describe the findings from an online, incident-monitoring system for emergency medicine. This system was established in 2012 by the Australasian College from Emergency Medicine, responsible for training emergency physicians in Australia and New Zealand, in conjunction with the Australian Patient Safety Foundation. The system aims to identify patterns in error in emergency medicine and ways to prevent these incidents occurring in the future.

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

- Describe barriers to incident reporting in healthcare
- Describe methods of dissemination of learning's from incident monitoring
- Describe types of patient safety incidents in healthcare.

**Carmel Crock**, Director, Emergency Department, Royal Victorian Eye and Ear Hospital, Australia

## **(Part f) Powerful levers to improve safety culture**

Changing safety culture is a must, yet is one of the hardest things to do. We will discuss four key activities that have moved the needle on our safety culture: safety survey of mortality, preventable harm assessments, inviting professional communications help to tell safety stories, and team-based engagement efforts. These initiatives have revolutionised our ability to engage in meaningful improvement conversations, honed our safety focus, led to enhanced diffusion of learnings, and enhanced improvement skills.

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

- Understand how a systematic review of all aspects of care provided to mortality cases (beyond cause of death) led to changes in our ability to converse with a safety focus
- Learn how bringing the practice into a discussion about whether significant patient safety incidents were avoidable leads to improved safety focus and innovation
- Discuss successes and challenges of improving transparency across an organisation regarding patient safety incidents
- Become aware of the uses and challenges of a team-based engagement model as a method to improve patient safety

**Timothy I. Morgenthaler**, Chief Patient Safety Officer, Professor of Medicine, Mayo Clinic, USA

## **(Part g) Engaging the front line to achieve strategic goals**

Engaging the front line is key to reaching strategic goals. Cincinnati Children's Hospital mobilised the safety coaches (front-line team members from all levels of the organisation) to reinforce expected safety behaviours in the context of six specific aims. The focused, grass-roots effort contributed to improvements in both employee and patient safety metrics. Presenters will demonstrate tools used and behaviours reinforced. Participants will participate in simulation exercises.

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

- Identify how safety coaches support realisation of strategic plans and opportunities for safety coaching
- Discuss safety coaching and expected safety behaviours in the health care environment

**Dawn Hall**, Director, Patient Services, Cincinnati Children's Hospital Medical Center, USA

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## **(Part h) Learning from the European Network for Patient Safety and Quality for Care**

The session will introduce the European Network for Patient Safety and Quality of Care (PaSQ). Following, focus on how PaSQ has contributed to the positive development of patient safety and quality of care in Denmark, by providing a platform for exchange of safe and effective patient safety practices at clinical and organisational level. The session will take mutual learning to the next level by describing effective cross-countries collaboration within improvement projects as a case.

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

- Introduction to the PaSQ-project (database and exchange mechanisms)
- Presentation of examples of improvement projects across Europe and how they have worked together and learned from each other within the PaSQ-Network
- Ideas to start up exchange programmes within patient safety and quality of care

**Simon Feldbaek Kristensen**, Danish Project leader, European Network for Patient Safety and Quality of Care, Danish Society for Patient Safety, Denmark; **Britt Wendelboe**, Danish Society for Patient Safety, Denmark

## ■ **B7: Specialty Focus Groups**

- Process and System Improvement
- Handovers and Ward Rounds
- Indicators
- Record Keeping
- Audit

An interactive discussion group with an expert facilitator to guide participants in an exploration of specialist areas.

The discussion will involve a rapid-fire presentation by selected poster presenters in the themed poster area, with an opportunity for participants to engage with the presenters in a lively discussion.

The session will be an opportunity to personally meet others in your field, and to hear about the new global initiatives in the area.

**1530-1630: 60 minute sessions C1-C8**

**You can choose to attend one of the following parallel sessions:**

## ■ **C1: Developing a world class digital health service**

### ***Stream: Education and Training***

Helen Rowntree, Head of Digital Services at NHS England, will discuss their plans for meeting the commitments set out by the National Information Board in personalised health and care 2020. This will include a framework for action and the transformation of NHS Choices.

**Helen Rowntree**, Head of Digital Services, NHS England, UK

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

## ■ C2: Are you REALLY ready to be transparent with your results?

### *Stream: Leadership and Management*

The demand for transparency in healthcare has grown dramatically over the past five years. But what does it mean to be really transparent? What data should be released? How much detail should be released? Would you release data on individual physicians? Do you release data to the public? Do you share all of your results openly with staff? This workshop will shed light on the growing controversy surrounding transparency of data in health care settings. Case studies will provide examples and the participants will be asked to evaluate how transparent their organisation really is, and where they are in their quality measurement journey.

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

- Define more clearly what it means to be transparent with their data
- Assess if their organisation is taking steps to become more transparent
- Decide if they really know their data and results better than anyone else

**Robert C. Lloyd**, Executive Director Performance Improvement Institute for Healthcare Improvement, USA;  
**Uma Kotagal**, Executive Director of the James M. Anderson Center for Health Systems Excellence at Cincinnati Children's Hospital Medical Center, USA

## ■ C3: Efficient Approaches to Infectious Diseases in Africa

### *Stream: Improvement Science (sponsored by The Health Foundation)*

#### **(Part a) Evaluation of actions -- and subsequent reactions -- of an emergency medical services (EMS) system during the first Ebola outbreak outside of Africa**

Ebola virus disease (EVD) first presented outside of Africa in fall 2014. An asymptomatic Liberian man visiting family began to manifest non-descript symptoms 4 days after arrival. Though not recognized as EVD at that time during an initial emergency department visit, paramedics encountering him 2 days later (specifically trained to ask about travel history), donned personnel protective devices and alerted a receiving facility to prepare. Recognizing the escalating nature of the current and possible future outbreaks in Africa, many locales globally may also encounter their own index cases of EVD. It is hoped that the early experience and updated protocols generated in Dallas, USA may be of value to other public health jurisdictions and EMS systems with respect to EVD and any other emerging diseases.

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

- Describe the initial observations/actions made by EMS & public health officials in an emerging infectious disease (EID) index case, before and after confirmed diagnosis;
- Recite initial recommendations regarding improved protocols for both first responders, public health teams and in-hospital providers for an unprecedented EID;
- Catalogue and better prepare public health/public safety personnel for the public, media and political reactions to an EID and the ensuing behaviors/decision-making

**Paul E. Pepe**, MD, MPH, Professor of Medicine, Surgery, Pediatrics, Emergency Medicine (EM) and Public Health, University of Texas Southwestern Medical Center (UTSWMC) and City of Dallas Director of Medical Emergency Services for Public Safety, Public Health and Homeland Security.

#### **(Part b) Is it cost-effective to improve HIV care in Nicaragua?**

To strengthen the system that provides health care to HIV patients, the USAID Health Care Improvement Project (HCI) with the Nicaraguan Ministry of Health implemented an intervention to improve the quality of services in seven hospital outpatient departments and two health centers. This study examined the cost-effectiveness of the intervention in terms of improved outcomes for those living with HIV. The rate of opportunistic infections decreased while the average per-patient costs decreased substantially.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

**Following this presentation, participants will:**

- Understand how cost-effectiveness analyses are performed on improvement activities
- Understand and interpret results of economic analysis of improvement interventions
- Be more demanding consumers of improvement intervention evaluations.

**Edward Broughton**, PhD, MPH, PT, Director, Research and Evaluation, USAID-ASSIST & USAID-Health Care Improvement Project, University Research Co., LLC.

## ■ C4: Building improvement capacity and capability at scale – Ghana's improvement coaches

### **Stream: Education and Training**

This session will demonstrate the need to build a well-trained pool of local improvement experts at different tiers of the health care system to drive sustainability of quality improvement efforts through a structured curriculum.

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

- Appreciate the need for deliberate QI capacity building for effective execution of the Collaborative Learning Network to achieve large scale change
- Assess the QI Capacity needs within their improvement projects
- Define criteria for selecting Improvement Coaches
- Develop a plan for training improvement coaches to support their own improvement projects

**Sodzi Sodzi-Tettey**, Director, Project Fives Alive! Institute for Healthcare Improvement, USA; **Ernest Kanyoke**, Senior Project Officer, Project Fives Alive! Institute for Healthcare Improvement, USA

## ■ C5: How stories help - for children, grown-ups and professionals

### **Stream: Education and Training**

#### **(part a) KAPOW! How medical comic books are helping young people to become engaged with health.**

Dr Kate Hersov, Co-Founder and UK CEO of Medikidz, will be exploring the world of comic books and superheroes, explaining how their highly visual format empowers young people to become engaged with their own health.

**Kate Hersov**, Co-Founder and UK CEO of Medikidz, UK

#### **(Part b) I Hear You! How the storytelling podcast revolution can help us to listen to patients**

Dr Helen Morant, podcast enthusiast and medical educator will lead you through some of the best stories told by patients and inspire you to use podcasts to listen to the patient's voice and help your patients tell their story. May contain Serial.

**Dr Helen Morant**, Content Delivery Lead, BMJ, US and UK

## ■ C6: Practical tools to improve care in the community

### **Stream: Improving Population and Community Health**

#### **(Part a) Establishing a comprehensive incident reporting system in primary care**

Bolton CCG's vision to enhance commissioning and improve the quality of primary care by harnessing insights from the daily reality of its GP member practices has been realised by the implementation of a primary-care incident reporting system. CCG clinical leadership has engaged independent practices and created greater patient safety awareness throughout primary care. The scheme's success has enabled improvement in the quality of commissioned services and led to an enhanced primary care learning culture.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

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

- Understand the importance of incident reporting in primary care as an early warning system of deteriorating or underperforming services
- Describe how to implement such a system which GP Practices will engage with
- Understand an example of the importance of clinical leadership in establishing this cultural change
- Demonstrate how such a mechanism can improve the quality and safety of both GP commissioning and GP provision within a health economy

**Michael Robinson**, Associate Director of Integrated Governance & Policy Bolton CCG, UK

## (Part b) Developing a handbook for a patient safety collaborative

Patient Safety in primary care is of growing concern, and requires an approach that is different to that in acute care. As patients we look after become increasingly complex with multiple conditions and poly-pharmacy, the risks to patient safety increase. This session will, in an interactive manner, take the audience through a journey of developing a handbook for a patient-safety collaborative, and highlight the benefits of a co-design approach.

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

- Understand the science behind developing a handbook
- Describe change concepts for improving patient safety in primary care
- Understand the value of co-design

**Paresh Dawda**, Senior Research Fellow, Australian National University, Visiting Fellow, Keele University, UK, Implementation Adviser, ACT Medicare Local, GP and Medical Director, Ochre Health, ACT, Consultant, Improvement Foundation, Australia

## ■ C7: Specialty Focus Groups

- Pathology
- Primary and Community Care
- End of Life Care
- Sustainability

An interactive discussion group with an expert facilitator to guide participants in an exploration of specialist areas.

The discussion will involve a rapid-fire presentation by selected poster presenters in the themed poster area, with an opportunity for participants to engage with the presenters in a lively discussion.

The session will be an opportunity to personally meet others in your field, and to hear about the new global initiatives in the area.

## ■ C8: Specialty Focus Group

- Improvement Science and Research

An interactive discussion group with an expert facilitator to guide participants in an exploration of specialist areas.

The discussion will involve a rapid-fire presentation by selected poster presenters in the themed poster area, with an opportunity for participants to engage with the presenters in a lively discussion.

The session will be an opportunity to personally meet others in your field, and to hear about the new global initiatives in the area.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Wednesday, 22 April 2015

1645-1730: Keynote II: Camila Batmanghelidjh

**Providing practical, emotional and educational support to vulnerable inner-city children and young people**

**Camila Batmanghelidjh**, Founder and Director, Kids Company, England

Kids Company was founded by Camila Batmanghelidjh in 1996. It provides practical, emotional, and educational support to vulnerable inner-city children. Their services reach 36,000 and intensively support 18,000 children across London and Bristol, including the most deprived and at risk whose parents are unable to care for them due to their own practical and emotional challenges.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

**FULL PROGRAMME: Thursday 23 April 2015**

**0930-1030: Keynote III: Professor David Heymann, Colin Brown, Stephen Mephram**

## **EBOLA: The Global Impact**

Featuring:

**Professor David Heymann**, Chair of the Health Protection Agency UK, Head of the Centre on Global Health Security at Chatham House, London and Professor of Infectious Disease; **Colin Brown**, Infectious Diseases Lead for the King's Sierra Leone Partnership; **Stephen Mephram**, Consultant in Microbiology and Infectious Diseases, Royal Free London NHS Foundation Trust, UK

- The public health challenges faced in West Africa and other countries
- A personal account from Sierra Leone, including the practical aspects of managing ebola and the measures employed to ensure the safe care of patient
- A discussion around the resilience of different healthcare systems against the virus
- How the crisis has led to accelerated drug development

**1100-1230: 90 minute sessions D1-D12**

You can choose to attend one of the following parallel sessions:

### **■ D1: Inspiring large scale community projects**

**Stream: Improving Population and Community Health**

**(part a) Everyone's Involved and No One's in Charge: Strategies for Multi-system Problem Solving in Population Health**

All of the world's major remaining problems are multi-system problems. They require diverse players from disparate agencies and groups to share resources and work together in a systematic way. The challenge is that, by their very nature, multisystem problems have no clear owner or leadership structure. This challenge poses major questions for those working on population health. In this session, Rosanne Haggerty, President of the US-based non-profit Community Solutions, which led the successful 100,000 Homes Campaign, will share examples from her work on homelessness and public health to illustrate a way forward. Rosanne's talk will highlight proven strategies for convening multiple actors, developing shared goals and work plans, and filling in the natural gaps between traditional players and resources.

**Rosanne Haggerty**, Founder and President of Community Solutions, USA

**(part b) Project ECHO: Moving Knowledge Not People**

Project ECHO® dramatically improves both capacity and access to specialty care for rural and underserved populations. This low-cost, high-impact intervention is accomplished by linking expert inter-disciplinary specialist teams with primary care clinicians through teleECHOTM clinics, where experts co-manage patient cases and share their expertise via mentoring, guidance, feedback and didactic education. This enables primary care providers to develop the skills and knowledge to treat patients with common, complex diseases in their own communities which reduces travel costs, wait times, and avoidable complications. The ECHO modelTM is not "telemedicine" where the specialist assumes the care of the patient, but instead a guided practice model where the primary care provider retains responsibility for managing the patient, operating with increasing independence as their skills and self-efficacy grow. Technology is used to effect force multiplication which is a logarithmic improvement in the capacity to deliver best practice care.

**Sanjeev Arora**, MD, Founder of Project ECHO, USA

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

## ■ D2: Bringing cost- and quality-improvement together – toward value in health and health care: lessons learned and perspectives on a way forward from England

### *Stream: Cost, Value, and Quality*

Like many health systems internationally, England's national health service has experienced (and still faces) several years of flat funding. Through this period it aims to protect and enhance service quality.

In this session, Jim Easton will first give a candid assessment of what did and did not work in the national programme that he led; next, John Moxham and James Mountford (both based in Academic Health Science Partnerships in London) will offer a perspective on establishing a value-based approach to the design and delivery of care – ie, one which focuses simultaneously on both cost and on quality, the improvement of each being a shared responsibility for all (clinicians, managers and others). Using examples from London and elsewhere, and focusing on measurement, we offer practical tools to implement a value framework for patient and population benefit. We will also explore going beyond value in health care to consider how to improve value by enhancing/maintaining health at population-level.

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

- Understand what worked and what did not in a large-scale effort linking health care costs and efficiency, and understand how to apply learning from England's experience to other health systems
- Define value in patient-relevant terms, and understand its relevance and application to health care delivery
- Deploy a simple narrative, linked to a practical framework and tools, to be able to begin applying value in the workplace way 'from Monday morning'
- Take a 'whole-pathway'/whole system approach to measuring quality and value, including the link between health and health care

**Jim Easton**, CEO Care UK, London, England; **John Moxham**, Director of Clinical Strategy, King's Health Partners, Academic Health Sciences Centre, England; **James Mountford**, Director of Clinical Quality, UCL Partners, England

## ■ D3: Leadership skills to support improvement – an interactive workshop for global health leaders

### *Stream: Leadership and Management*

Using a real-life case study from Uganda, Africa (aimed at improving nutritional assessment, counselling, and service for patients living with HIV and AIDS), this mini-course will walk leaders through their role in supporting improvement in their facilities. The session will go through the improvement journey with exercises and discussions to bring out the roles of leaders in supportive improvement in their facilities.

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

- Differentiate important roles for improving health care
- Set priorities for improving health care
- Be able to work with improvement examples to define improvement aims
- Form improvement teams
- Understand the analysis of processes of care delivery

**M. Rashad Massoud**, Director, USAID Applying Science to Strengthen and Improve Systems Project, Senior Vice President, Quality & Performance Institute, University Research Co. LLC. - Centre for Human Services, USA; **Victor Boguslavsky**, Regional Director, Europe & Eurasia, and East Africa USAID Applying Science to Strengthen and Improve Systems Project, Quality & Performance Institute, University Research Co. LLC. - Centre for Human Services, USA

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

## ■ D4: Performance management vs improvement approaches for health policy and its implementation: lessons and provocations

### *Stream: Leadership and Management*

The debate over performance management versus improvement approaches for health policy and its implementation is present in many countries. The presenters will review evidence from both sides of the debate on the approaches' impact on improving health and healthcare. We will also provide some lessons and provocations.

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

- Describe two different approaches to health policy and its implementation
- Understand the virtues and weaknesses of both approaches
- Further develop their views, and potential mechanisms of influence in the policy process

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

## ■ D5: Improving care in diverse populations

### *Stream: Improving Population and Community Health*

#### **(Part a) (Re)designing preventive healthcare services to increase foreign-born women's participation in cancer screening**

In four years, the participation rate in the national cervical cancer-screening programme has increased from 57 to 67 percent in the socioeconomically challenged area of north-east Gothenburg, Sweden. The positive trend is the result of a collaboration project with a focus on involving local community representatives. New and creative ways of improving health communication has successfully been implemented which has reduced the risk of cervical cancer in women in the area.

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

- Understand the importance of involving local community representatives to increase foreign-born women's participation in the cervix cancer-screening programme in Sweden
- Learn about the advantages in finding new and creative ways of improving health communication to increase the promotion of the health of foreign-born women
- Learn from our experiences of creating a positive sustainable change in the participation in cervical cancer-screening programme in the north-east Gothenburg, Sweden
- Understand the importance of focusing on equity in health care as a part of the quality improvement work

**Malena Lau**, Project Manager, Centre for Equity in Health Care, Region of Västra Götaland, Sweden

#### **(Part b) A Triple Aim approach to reducing health disparities in Denmark**

Region Zealand leads *Bridge For Better Health*, a cross-sector partnership aimed to eliminate health disparities in two communities by 2040. The targeted communities struggle with the lowest life expectancy in Denmark, far fewer than average general practitioners per capita, and high rates of mental illness. Public health, hospital, psychiatry, and social sector organisations are working strategically to achieve the Triple Aim: improved health outcomes, efficient use of public funds, and better care experience.

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

- Define governance strategies for a multi-stakeholder coalition
- Measure the Triple Aim in a population health context
- Identify methods to activate health promotion activities across diverse community organisations

**Kristine Binzer**, Medical Consultant, Region Sjælland, Denmark

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

## ■ D6: Bringing together patients and providers to co-produce healthcare

### *Stream: Patient and Family-Centred Care*

#### **(Part a) Creating co-production: fast forward!**

Co-production is rapidly opening opportunities for citizen-patients to contribute to policy, research, accountability, technology, evaluation, and governance. Come to this session to learn how healthcare teams can support a social movement that promises to democratise healthcare in the emerging patient revolution. We will share examples of partnership in practice now, discuss emerging models, and brainstorm next steps for enabling a prepared citizenry to help healthcare teams meet system level challenges.

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

- Identify the fundamentals for co-production
- Understand what motivates, supports, and rewards citizen-patients to participate in co-production for system improvement
- Explain from case studies how these methods effectively transform culture and policy
- Join a virtual institute to build public engagement capacity in your healthcare environment

**Carolyn Canfield**, Independent citizen-patient honorary lecturer, Faculty of Medicine, University of British Columbia, Canada

#### **(Part b) Co-producing a prudent future for NHS Wales**

Wales is a small nation with a big ambition. Learn how three prudent healthcare principles are used to apply co-production at all levels of NHS Wales:

- Minimise avoidable harm
- Carry out the minimum appropriate intervention
- Promote equity between the people who provide and use services

Service users and providers of four clinical areas (ENT, hip and knee problems, community pharmacy, pain management) came together to co-design solutions for the future.

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

- Test your own co-production events, bringing together service users and providers to address local and organisational needs
- Explore how prudent healthcare principles can provide the framework for a safe, sustainable and equitable healthcare system fit for the future
- Access material and resources from Wales to support you in your own co-production journey, from applying shared decision-making skills at consultation level to redesigning services with your local community
- Gain insight into how measurement is key to coproduction and how a new model is required to support it. How do we measure what people want and the system's ability to achieve/support that?

**Peter Bradley**, Director of Public Health Development, Public Health Wales, Wales

#### **(Part c) Co-designing integrated care policy with patients and carers: the NW London experience**

NW London's two million population is growing and aging; health and social care services are fragmented and stretched. Commissioners, providers, and local people co-designed a whole system of integrated care that aims to help people have a longer and better quality of life and give them and their careers and families more control. Involving 'lay partners' in every aspect of policy design, as equals from the start, was critical to the successful conclusion of the design phase of this work.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

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

- Identify potential lay partners at the start of a service transformation initiative
- Provide training, support and development for lay and professional partners throughout the process of co-design
- Create an environment in which respect, trust, openness and equality are core values
- Ensure that learning is disseminated and a culture of co-production develops, at policy-making and at individual patient/professional level

**Elisabeth Paice**, Chair, North West London Integrated Care Programme, UK; **Michael Morton**, Patient and Co-Chair of NW London Lay Partners Advisory Group, England

## ■ D7: Innovations for tracking quality

### *Stream: Clinical Improvement*

#### **(Part a) How an online reporting tool of "whole-system" measures helped Kaiser better understand, track and improve quality across the entire healthcare system**

A review of how Kaiser Permanente formulated a comprehensive list of strategic quality and service measures (complete with composites/sub-scales), established accountability with incentives, and created the technology necessary to track performance compared with enterprise-wide goals and targets.

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

- Select measures to meet strategic quality goals/targets
- Use technology to track performance at all levels (enterprise, facility and department, etc.)
- Create composites/subscales
- Establish accountability

**Andy Amster**, Senior Director, Centre for Healthcare Analytics Kaiser Permanente, USA

#### **(Part b) Data behind the headlines**

Quality improvement requires that we use data intelligently. This session will show how we go behind the headline 13.5% reduction in Scottish HSMR to look at variation, to develop new measures including the Scottish Patient Safety Indicator, and support local teams to understand and use their own data. The answer is not more data, but more intelligent use. It will cover dealing honestly with limitations in data whilst keeping the focus on improving care.

- Use variation constructively
- Create a clear picture from complex data
- Instil confidence amongst professionals in both the data and how it is used

**Simon Mackenzie**, Clinical Lead for Business Intelligence, Healthcare Improvement, Scotland.

## ■ D8: Resilient health care in practice: realigning work-as-imagined and work-as-done

### *Stream: Leadership and Management*

Everyday clinical work represents the workarounds, trade-offs, and adjustments that are needed in practice to care for patients in a manner that is both safe and efficient. Work-as-done will therefore, as a rule, differ from the prescribed work from work-as-imagined. To make health care resilient, it is necessary continuously to realign the two perspectives on work, rather than insist that one is right (usually work-as-imagined) and the other wrong (usually work-as-done).

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

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

- Capture the complexity of everyday clinical work
- Make patient safety productive rather than protective
- Learn from everyday experiences, not just failures
- Manage by guiding rather than constraining

**Erik Hollnagel**, Professor at the Institute of Regional Health Research, University of Southern Denmark, Denmark; **Jeffrey Braithwaite**, Australian Institute of Health Innovation, Centre for Healthcare Resilience and Implementation Science, Macquarie University, Australia

## ■ D9: Advancing Outcome Measurement Globally, Acting Locally

### *Stream: Improving Population and Community Health*

Health and health care systems around the world are driving toward measurement about the outcomes of care that matter to patients. Several initiatives are making strides to evaluate outcomes for specific conditions, and are improving care delivery processes and communication with patients to demonstrate value of care. Hear more about these efforts and learn about key successes and failures that are shaping care delivery.

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

- Understand efforts to advance outcome measurement at the regional and country levels
- Exchange with organisations that are leading the way toward improving population health
- Learn more about how outcome measurement can be made relevant for patients and aid in their decision-making

**Anisha S. Dharshi**, Global Lead, BMJ Outcomes, USA

## ■ D10: Improving Population Health: 100 Million Healthier Lives

### *Stream: Improving Population and Community Health*

One of the biggest shifts occurring in health care today has to do with the shift in thinking from individual health to population health. How are health care systems and communities partnering in innovative ways to improve population health? How are improvement approaches being applied in this new space to create breakthrough results? What new skills need to be learned? In this session, we will learn about innovators in population health from around the world and how they are applying the science of improvement, implementation and innovation to help achieve an audacious goal of 100 million healthier lives by 2020.

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

- Explore differences in framework and strategies as we move toward improving population and community health.
- Learn from the examples of “bright spots” who are working on improving health with integration between health and social care.
- Engage in a conversation about what it would take to improve the health of 100 million people by 2020.

**Göran Henriks**, Chief Executive of Learning, Qulturum, Jönköping, Sweden; **Pedro Delgado**, Executive Director, Institute for Healthcare Importance (IHI), USA; **Soma Stout**, Executive External Lead, Health Improvement, Institute for Healthcare Improvement, USA

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

## ■ D11: Specialty Poster Focus Groups

- Clinical Improvement
- Emergency Care
- HIV and AIDS
- Maternity Care

An interactive discussion group with an expert facilitator to guide participants in an exploration of specialist areas.

The discussion will involve a rapid-fire presentation by selected poster presenters in the themed poster area, with an opportunity for participants to engage with the presenters in a lively discussion.

The session will be an opportunity to personally meet others in your field, and to hear about the new global initiatives in the area.

## 1330-1630: Half day courses M11-M14

You can choose to attend one of the following parallel sessions:

### ■ M11: High Impact Leadership – How to make a difference in the real world

#### *Stream: Leadership and Management*

There are a small number of behaviours that effective leaders use consistently to drive to higher performing and healthier organisations. In this session, discover these behaviours and explore why they work. Specific cases will be discussed related to reliability, engagement in improvement throughout the organisation, and rapid learning in the midst of rapid change.

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

- Describe the high-impact leadership behaviours that evidence shows will have the biggest effect
- Apply these leadership behaviours to your own context to accelerate change
- Connect with a learning set to work on future leadership development

**Derek Feeley**, Executive Vice President, Institute for Healthcare Improvement, USA; **Jason Leitch**, Clinical Director, Scottish Government, UK; **Stephen Swensen**, MD, Mayo Clinic, USA; **Sir David Dalton**, Chief Executive, Salford Royal NHS Foundation Trust, UK

### ■ M12: Achieving Triple Aim for population health

#### *Stream: Improving Population and Community Health*

Population health requires integration between primary care, social welfare, and public-health organisations and the communities they serve. In this session, you will be challenged to think about the importance of the integration of health care and social care. You'll get a chance to hear from leading health systems that are partnering with communities to address this challenge. We will discuss techniques such as Design Thinking and Asset-Based Community Development (ABCD) model to identify the factors that support health and wellbeing. This session will review case studies and outline practical steps based upon field-based learning with an international group of delivery systems, peer-reviewed literature, and emergent practices to illustrate key levers for managing population health. While the implementation may vary across countries, the strategic leverage points are common. Specific examples will be provided together with an opportunity to identify application in various settings: regional, community, and/or organisational.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

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

- Learn how the Triple Aim applies to population health
- Understand the theory, critical elements, and techniques for a meaningful integration of health care, public health, and communities to achieve integration and improve health for your population
- Learn about techniques to improve population and community health and build will and collaborative relationships with community leaders
- Be familiarised with the cost drivers that are enabled from a risk-based and/or population management perspective

**Uma Kotagal**, Senior Vice President, Quality, Safety and Transformation; Executive Director, James M. Anderson Center for Health Systems Excellence, USA; **Lucy A. Savitz**, Director of Research and Education, Intermountain Healthcare Institute for Health Care Delivery Research; Research Professor, Clinical Epidemiology, University of Utah, USA; **Ursula Koch**, Head of Department of the National Prevention/Public Health programs, Federal Office for Public Health, Switzerland; **Gavin Russell**, Improvement Advisor, East Renfrewshire Council, UK

## ■ M13: Engaging healthcare professionals to transform care

### *Stream: Leadership and Management*

The effective engagement of healthcare professionals, especially doctors, in profound change, represents a challenge for most health care leaders. Active engagement is needed for commitment to changes that make care better, safer, more coordinated and consistently delivered. In their journey to transform care by implementing the Virginia Mason Production System, leaders in this organisation have gained hearts-and-mind involvement of clinicians. A framework and strategies applicable to other organisations will be shared.

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

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

**Gary S. Kaplan**, CEO and Chairman, Virginia Mason Medical Center, USA; **Jack Silversin**, Founding Partner, Amicus, Inc, USA

## ■ M14: Setting up an organisational wide quality improvement programme - everything you need to know in 3 hours

### *Stream: Leadership and Management*

Your staff who are working on the frontline get a unique insight into how to improve healthcare. We also believe they are fundamental to driving quality and delivering better outcomes for patients. In this mini-course we'll help you to assess your organisation's needs and opportunities and then develop an action plan ready for you to implement when you return. The session is suitable whether you already have an established quality improvement programme or just starting to consider how to start engage frontline staff in driving outcomes.

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

- Understand the QI needs and opportunities of your organisation and how to successfully implement a QI programme
- Learnt how to develop structured QI training to upskill and empower your staff and support their work
- Heard how mentoring, coaching and good leadership can dramatically enhance success and how you can deliver this with limited resources
- Have a ready to implement action plan to harness the potential of frontline staff to meet your organization's healthcare improvement objectives.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

**Rob Bethune**, Surgical Registrar and Clinical QI Adviser to South West Academic Health Sciences Network, UK; **Nikki Kanani**, QI Lead, Faculty of Medical Leadership and Management, UK; **Mareeni Raymond**, Associate Editor, BMJ Quality Improvement Reports, UK

**1330-1500: 90 minute sessions E1-E8**

You can choose to attend one of the following parallel sessions:

## ■ E1: Inspired transformation: How to ignite energy for change

*Stream: Leadership and Management*

### (Part a) How to ignite energy for change

How can we create improvement initiatives that surge with energy, that are an unstoppable force for positive change? Energy, more than any other factor, makes the difference between improvement activities that are sustained for the long term and those that just fizzle out. In this innovative session we will explore some of the most leading edge ideas and methods for unleashing energy for change to deliver our improvement goals on a grand scale.

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

- Understand why skills for igniting energy are a critical capability for leaders of improvement
- Discuss how to liberate the natural energy and vitality of the healthcare workforce and service users for the cause of high-quality care
- Take home a powerful set of models and frameworks for understanding, analysing and unleashing energy for change

**Helen Bevan**, Chief Transformation Officer, NHS Improving Quality, England; **Göran Henriks**, Chief Executive of Learning, Qulturum, Jönköping, Sweden

## ■ E2: A new era of innovations in person- and family-centred care

*Stream: Patient and Family-Centred Care*

The Institute for Healthcare Improvement has quality improvement work underway in North America, Europe, Africa, Latin America, the Middle East, and the Asia-Pacific regions. This session will present case examples of innovations from around the world to usher in a new era of partnerships between clinicians and individuals, where the values, needs, and preferences of the individual are honoured, the best evidence is applied, and the shared goal is optimal functional health.

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

- Describe innovations from around the world to significantly promote genuine partnerships between clinicians and individuals and their family members
- Identify practical strategies for adapting and adopting innovations to advance person- and family-centered care

**Patricia A. Rutherford**, Vice President, Institute for Healthcare Improvement, USA; **Maureen Bisognano**, President and CEO Institute for Healthcare Improvement, USA; **Helen Haskell**, President, Mothers Against Medical Errors, Board member, Institute for Healthcare Improvement (IHI), USA

## ■ E3: Building a national quality improvement infrastructure in pursuit of the Triple Aim

*Stream: Leadership and Management*

High-performing health systems around the world recognise the importance of building a sustainable infrastructure to support quality improvement. NHS Scotland is undertaking a groundbreaking programme of work to assess and develop quality improvement infrastructures across the whole country in pursuit of the Triple Aim. The nation is using self-assessment tools, critical friend supportive visits, shared learning, and local action plans. This session will share the process undertaken and the learning to date.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

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

- Understand the key attributes of high-performing organisations and several self-assessment tools they could use in pursuit of this work
- Plan their own regional or national programme of quality improvement infrastructure development work
- Demonstrate to their most senior executives the value of undertaking a focused and deliberate approach to the development of a QI infrastructure

**Heather Shearer**, Head of Quality Improvement, NHS Fife, UK; **June Wylie**, Head of Implementation and Improvement, NHS Scotland QI Hub, Scotland

## ■ E4: Maternal and Child Health

### *Stream: Improving Population and Community Health*

#### **(Part a) Improving maternal and child health outcomes by taking QI into communities**

This session will highlight the learnings from a research study that aimed to improve the delivery of key maternal and child health practices at a community level using Quality Improvement methodology to supervise community care givers, and WHO adapted materials. It will also demonstrate how the MaiKhanda Trust, a Malawian NGO, supported maternal and neonatal mortality reduction through the implementation of a unique and highly effective QI intervention, linking community members and healthcare providers in a rural setting. MaiKhanda developed the Community Safe Motherhood Task Forces, composed of village volunteers, Health Surveillance Assistant and local chiefs to engage community leaders and members in improving care and patient outcomes.

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

- Appreciate how QI principles can be applied to impact health outcomes by engaging traditional leaders and community members to effectively implement and spread QI
- Appreciate the value of material adaptation for local settings and teaching of lay workers
- Understand that the health seeking behaviour and practices of mothers may improve after interaction with well-trained, self-efficacious lay workers
- Appreciate that there may be factors beyond the control of community care givers that influence key health practices at community level
- Understand how a simple QI monitoring system can be developed and used by community members to drive change and community decisions

**Edward Moses**, Head of Programs, MaiKhanda Trust, Malawi

#### **(Part b) Access and quality of maternal-newborn care for the poor? Change your care system!**

MDGs 4 and 5 have proven difficult to achieve for most poor countries. The main problem is how to increase access to quality maternal and newborn care when facilities are scattered, human resources and equipment scarce, and the health system is non-functional. Based on our experience implementing a model of essential obstetric and newborn care in Ecuador, we will challenge common assumptions about improvement focused on inputs, and will discuss innovative methods and their results.

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

- Understand the limitations of traditional improvement methods in very poor settings
- Support the notion that access to and quality of care are aims that need to go together in poor settings
- Discuss the pros and cons of innovative methods presented in this experience

**Jorge Hermida**, Regional Director for Programs in Latin America, University Research Co., LLC. (URC), Ecuador

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

## **(Part c) Improving maternal care through male involvement**

A description of how an improvement team in a rural health centre in Kenya used male involvement to improve the uptake of antenatal care (ANC) services and hence maternal health. The team realised that due to social-economic and cultural factors in the region, most women required consent from their husbands to adhere to advice on maternal health such as proper eating habits and delivering in a health facility. The change idea of involving men in ANC care and support, resulted in more mothers attending ANC clinics and having skilled deliveries.

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

- Understand how men can contribute towards improving maternal health
- Learn about gender integration in quality improvement work

**Eunice Musembi**, Quality Improvement Advisor, USAID, Kenya

## **■ E5: Significant improvement in patient safety by international SOPs among multiple hospitals globally**

### **Stream: Patient Safety**

In this interactive session, WHO High 5s countries share the significant improvement in patient safety achieved by implementing developed and evaluated international High 5s Standard Operating Protocols (SOPs) for medication reconciliation, concentrated injectable medicines, and correct site surgery in over 100 hospitals in seven countries. Feasibility and strategies for SOP implementation within hospitals, among multiple hospitals, and across boundaries will be discussed. Support based on experience will be provided to help develop action plans for implementation.

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

- To have an overview of the international SOP materials for countries and hospitals/healthcare settings
- To outline a strategy to adapt the SOPs in their own country at and in their hospitals/healthcare settings in collaboration with relevant stakeholders
- To design an action plan to implement the specific SOPs in their own local or teaching hospital and involve patients as partners to optimize the significant impact of the SOPs on patient safety

**Erica van der Schrieck-de Loos**, MSc, Senior Advisor, CBO Dutch Institute for Healthcare Improvement, Netherlands; **Agnès Leotsakos**, Programme Lead, Education and Global Capacity Building, Safety and Quality of Care in Service Delivery, World Health Organisation, Switzerland; **Anne Broyart**, Project Leader, representing Authority for Health-HAS, France; **Margaret Duguid**, Pharmaceutical Advisor, Australia, representing Australian Commission on Safety and Quality in Healthcare; **Carolyn Hoffman**, WHO senior consultant, Quality & Healthcare Improvement Alberta Health Services, Canada; **Anupam Dayal**, Project Director, Joint Commission International/World Health Organisation CC, USA; **Richard J. Croteau**, M.D., Senior Patient Safety Advisor, WHO Collaborating Centre, Joint Commission International, USA.

## **■ E6: Leading an organisation from special measures to good - our improvement way**

### **Stream: Improving Population and Community Health**

Basildon, who was the first trust to do so, had just been removed from special measures. In the preceding twelve months, the new chief executive had taken decisive action and although staff morale was at an all time low there was evidence of a changed culture and improving outcomes. Since then they have moved into act two, working with Harvard Business Professor Richard Bohmer.

His framework is transforming the clinical team's approach to deliver meaningful patient care. Come and learn how they are achieving this.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

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

- Understand how visible leadership can change culture within existing staff across an organisation.
- Learn how to make changes and improve outcomes in the face of external scrutiny
- Take away a new approach on how to re-design care around patient sub-populations

**Clare Panniker**, CEO of Basildon and Thurrock University Hospital NHS Foundation Trust, England; **Charlotte Hopkins**, Associate Medical Director for Quality, Basildon and Thurrock University Hospital NHS Foundation Trust, England

## ■ E7: Risk-based co-creation for safer, smarter and sustainable person-centred healthcare



Sponsored session presented by DNV GL

### **Stream: Patient Safety**

Current healthcare systems are unsustainable. The political demand that they should offer better value for money coupled with an unenviable safety record and new demographic stresses mean that change must happen. Yet despite the best efforts of healthcare workers around the world, there is general agreement that ambitious targets for improvement have not been met[i]. The patient safety and evidence based practice movements, although both making important contributions to our understanding of health and healthcare, have not been able to change health systems so that they deliver consistently high quality care that improves both individual and population well-being. One of the key reasons for this is that such attempts at change have given inadequate attention to context and engaging local providers, practitioners and service users as co-creators of health systems. The concept of risk-based co-creation offers a potential way to move forward and to bridge the gap between evidence and implementation in producing sustained transformational change.

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

- Explore why patient safety and evidence-based practice movements have not achieved the results expected.
- Understand how the concept of risk-based co-creation may bridge the gap between evidence and implementation in producing sustained transformational change.

**\*Please note - By having your badge scanned when entering this session you are agreeing to have your contact details passed to the session host organisation (DNV GL)\***

## Speakers to be confirmed

### ■ E8: Specialty Focus Group

- Mental Health
- Coronary Care
- Diabetes
- Cancer Care

An interactive discussion group with an expert facilitator to guide participants in an exploration of specialist areas.

The discussion will involve a rapid-fire presentation by selected poster presenters in the themed poster area, with an opportunity for participants to engage with the presenters in a lively discussion.

The session will be an opportunity to personally meet others in your field, and to hear about the new global initiatives in the area.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

1530-1630: 60 minute sessions F1-F7

You can choose to attend one of the following parallel sessions:

## ■ F1: The BIG DEBATE: our motion: "the patient knows best"

### *Stream: Patient and Family-Centred Care*

For the first time at the International Forum, we are hosting a formal debate. A cast of well-known global leaders will argue for and against the motion that "the patient knows best". Be very surprised at who is taking part for each side. It might not be who you expect! The audience will get the chance to vote and contribute before and after the argument. The debate will be adjudicated by an expert group of student debaters.

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

- Understand the arguments for and against "the patient knows best".
- Experience a lively, active debate, argued from the head and the heart
- Have their perceptions about who thinks what challenged
- Draw their own conclusions about whether "the patient knows best"

### Speakers to be announced shortly

## ■ F2: Discovering your way to greatness

### *Stream: Leadership and Management*

This presentation rapidly introduces the capabilities that underpin the sustained competitive advantage of high-velocity organisations, and invaluable skills for competing at speed in a fast moving world, including:

- The challenge of complexity in modern healthcare systems
- Identifying process deviations before they reach failure points
- How to convert failures into sources of superiority
- Understanding of the dynamics of high-velocity organisations to ensure knowledge spread for relentless improvement
- Critical skills and leadership roles in high-velocity organisations

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

- Identify and differentiate complicated and complex dynamics in high-velocity organisations
- Learn and utilise knowledge and skills of methods for performance improvement

**Steven Spear**, Senior Lecturer, MIT Sloan School of Management, UK; **Tom Downes**, Clinical Lead for Quality Improvement, Sheffield Teaching Hospitals, UK

## ■ F3: Planning and delivering Integrated Care in the Highlands of Scotland as part of the Highland Quality Approach.

### *Stream: Improving Population and Community Health*

NHS Highland has been on a journey of transformational change to the delivery of health and social care across the Highlands of Scotland as part of a drive to improve the quality of care.

In April 2012 NHS Highland was the first Health Board in Scotland to take responsibility for the delivery of all adult services under a partnership arrangement with the Highland Council, transferring both staff and facilities, including residential care homes, with the aim to achieve the best possible fully integrated care and outcomes for the people of the Highlands.

This session will share the experience of this journey, and the issues that needed to be addressed to make both the structural and cultural changes necessary for success, as well as giving examples of the benefits of these new ways of locality based working.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

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

- Understand the issues necessary for consideration when embarking on the integration of health and social care.
- Make contact with colleagues who have practical experience in the successful transformation of health and social care.
- Articulate the practical benefits of the Highland model of health and social care integration as seen from the perspective of the professionals, clients, patients and their families.
- Share the experience of NHS Highland in developing a quality approach, and the lessons learnt more widely.

**Elaine Mead**, Chief Executive, NHS Highland, Scotland

## ■ F4: Principles of whole person care for people with multiple problems

### **Stream: Patient and Family-Centred Care**

This session will highlight some key principles about how to tackle need from people with multiple chronic diseases and frailty. These conditions will bankrupt the healthcare systems of the industrialised world if we continue as we are. One of the key principles is enabling people to co-manage their own conditions as much as possible. Dragging health care into the 21st century of technological transformation of service delivery is also important, but is resisted by many vested interests, whose power relies on status quo.

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

- Understand the key evidence-based policy level principles for whole person care that can apply to any health and care system
- Understand with example how technology can transform service delivery
- Understand the widely praised report One Person One Team One System

**Sir John Oldham**, Chair, Independent Commission on Whole Person Care, Adjunct Professor, Global Health, Imperial College London, UK

## ■ F5: Improving outcomes for high-risk surgical patients

### **Stream: Clinical Improvement**

This session is about improving outcomes for patients undergoing high-risk surgery. We will illustrate how principles of enhanced recovery for elective surgery were translated into a simple quality improvement programme and care bundle for patients undergoing emergency general surgery. This approach was tested in four hospitals, and resulted in a significant reduction in deaths. The high mortality of patients undergoing emergency surgery is an international issue and solutions are therefore widely applicable.

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

- Apply a care bundle for emergency surgery in high-risk patients
- Understand the widespread high mortality and complication rate of patients undergoing emergency general surgery
- Know how to motivate different teams across different sites using measurement and communication
- Understand how local small measurement programmes can lead to widespread change

**Nial Quiney**, Consultant Anaesthetist, Clinical Director Emergency Care, Royal Surrey County Hospital, UK

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

## ■ F6: Educating Health Professionals in 2020: Let's Design the Next Disruptive Innovation

### *Stream: Education and Training*

Join a multi-generational, interprofessional group of health educators and clinicians for an interactive (and honest) discussion about education in health care. In the past decade, we've collectively learned several lessons about what works (and what doesn't) when educating health professionals and students. Where have we succeeded? Where have we failed? Bring those valuable bits of knowledge from your local settings to help create a vision that can change the way we learn — and the way we work.

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

- Discuss the successes and failures of current educational techniques
- List the barriers that limit the effectiveness of education in a health setting
- Propose a vision for a new educational innovation that could improve health care

**Carly Strang**, Director of Operations, IHI; **Michael Briddon**, Senior Managing Editor, IHI; **Jo Inge-Myhre**, MD, IHI Open School Regional Leader, Forum Strategic Advisory Board Member

## ■ F7: A safety management system approach for infection risk in healthcare; the challenges and impact of implementing



DNV·GL Sponsored session presented by DNV GL

### *Stream: Patient Safety*

Every day, millions of patients are treated in hospitals and other health care facilities. These patients expect – and deserve – high quality and compassionate care, and yet, an estimated 7% of patients in Europe experience a health care-associated infection while being given care. Infection risk also threatens healthcare workers, as the headlines regarding MERS-CoA and Ebola can attest, and at a time that the sector is under more scrutiny than ever to reduce infections and the associated costs. This session will explore the need to take a systems approach to managing infection risk and how the use of proactive risk assessment can play a central role.

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

- Understand how the use of management systems that embrace proactive risk assessment can provide a different and effective approach for infection prevention and control.
- Understand the challenges of implementing this kind of approach and how it can be used to build awareness of infection risk across the organization and empower staff to act.

**\*Please note - By having your badge scanned when entering this session you are agreeing to have your contact details passed to the session host organisation (DNV GL)\***

#### **Speakers to be confirmed**

## ■ F8: Specialty Focus Groups

- Infection
- Intensive Care
- Surgery
- Discharge
- Paediatrics

An interactive discussion group with an expert facilitator to guide participants in an exploration of specialist areas.

The discussion will involve a rapid-fire presentation by selected poster presenters in the themed poster area, with an opportunity for participants to engage with the presenters in a lively discussion.

The session will be an opportunity to personally meet others in your field, and to hear about the new global initiatives in the area.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Thursday, 23 April 2015

1645-1730: Keynote IV: Alfred Biehler

**A story about fruit flies, balloons, toys and our future: What can healthcare learn from Google's global innovation and customer-centric approaches**

**Alfred Biehler**, Head of Customer Advocacy, Google for Work, Google, UK

Our beautiful world is changing at an incredible pace. How? Why? And so what?  
Come and expect to be challenged, inspired and armed to change the world for the better.

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

- Understand technology advances that will shape the future
- Proactively help shape the future , combining their passions and skills with the technology opportunities.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

**FULL PROGRAMME: Friday 24 April 2015**

**0915-1015: Keynote V: Martine Wright**

## **A Story of Suffering, Recovery, Determination and Self-Belief**

**Martine Wright**, Paralympian; Survivor of the 7/7 London Bombings; Patient Spokesperson

Martine Wright lost both legs in the 7/7 terrorist attacks on the London underground. She has since rebuilt her life, skydived, learned to fly, and become a member of the British 2012 Paralympic volleyball team. On 6 July 2005 Martine and work friends gathered to watch the announcement of the host city for the 2012 Olympic and Paralympic games. The next morning, having overslept, Martine caught the Circle line and sat just three feet away from suicide bomber Shehzad Tanweer. The worst injured, and consequently last rescued survivor of the 7/7 bombings, Martine was trapped for over an hour having lost 80% of her blood supply as well as both legs above the knees. There followed a painful year of rehabilitation including learning to walk again on prosthetics.

As Martine regained her confidence, she also regained the ambition she once had in her career as international marketing manager for CNET. A Paralympic potential day at Stoke Mandeville hospital led her to the relatively new sport of sitting (not wheelchair) volleyball. Since her injury, Martine has not just qualified for the 2012 Paralympics with the British volleyball team, but also learned to fly a light aircraft, skydived from 10,000 feet, and learned to ski (as well as getting married and giving birth to her first child). Martine's is a remarkable patient story of suffering and recovery, determination and self-belief.

**1045-1145: 60 minute sessions G1-G12**

**You can choose to attend one of the following parallel sessions:**

### **■ G1: Improving Care for Athletes – lessons from The Glasgow 2014 Commonwealth Games**

**Stream: Improving Population and Community Health**

Over 4,950 athletes from 71 countries competed in the largest multi sport event ever held in Scotland in the summer of 2014. Medical Services volunteers delivered over 10,500 medical encounters to athletes, officials and spectators. This presentation reflects the scope, planning and implementation of the successful delivery of medical services over 25 days including acute care, rehabilitation and public health. All delivered under budget.

**Liz Mendl**, Consultant, Performance Sport and Medical Services, UK; **John MacLean**, Medical Director, Sports Medicine Centre, Hampden Park, Glasgow; International Team doctor for The Scottish Football Association; **Sarah Mitchell**, National Programme Manager for the AHP National Delivery Plan, Scottish Government, Scotland

### **■ G2: Reducing hospital length of stay**

**Stream: Clinical Improvement**

Staying in hospital increases the risk of harm and causes patients to deteriorate. Many of these stays can be safely shortened and patients can move on to better, more appropriate locations. This session will present the evidence about what works in improving lengths of stay and flow in hospitals and give participants an opportunity to exchange experience with others.

**After this session participants will:**

- Be familiar with methods for identifying patients that can be cared for elsewhere
- Have a good understanding of the evidence in this area
- Have developed strategies for reducing stays in their organisation
- This will be a session based on a combination of input, sharing experience and working together on solutions. Research based material, cases studies and literature review material will be available to take away.

**Nigel Edwards**, Chief Executive, Nuffield Trust, England

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## ■ G3: The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age

*Stream: TBC*

*Session and speaker information to follow shortly.*

## ■ G4: Value and Quality in Healthcare

*Stream: Cost, Value, and Quality*

### **(Part a) UCLH goes POP!**

Based on The Productive Series, UCLH developed 'Productive Outpatients' (POP) to improve quality, efficiency, and productivity in their outpatient services. Using lean methodology, this 24-week programme combines improvement training with regular coaching to support teams to diagnose problems in their service and make improvements. So far, 78 UCLH services have participated, including an entire hospital in 2014. To date, three external trusts have commissioned POP. This session will cover POP methods and its impact to date.

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

- Clearly describe how lean thinking has been applied in an outpatient setting
- Describe the critical success factors for service improvement in an outpatient environment
- Understand the successes that POP teams have achieved at UCLH
- Have been introduced to different ways to deliver care

**Gill Gaskin**, Medical Director for Specialist Hospitals, University College London Hospitals NHS Foundation Trust, UK

### **(Part b) Value Stream Managers in healthcare: breaking silos and improving care with Lean**

Value Stream Managers are responsible for managing patient and other flows in our organisation in an innovative design for cancer patient care. This session will discuss how breaking down silos and redesigning these flows can improve value and quality, and reduce the costs of care. Cultural barriers, models for change, and critical steps identified will be discussed.

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

- How quality, value, and costs can be improved using lean thinking
- Understand how process redesign focusing in healthcare flows works, its pitfalls, and benefits
- Identify critical steps and "model for change" to achieve a reliable flow

**Carlos Frederico Pinto**, Executive Director, Instituto de Oncologia do Vale – IOV, Brazil

## ■ G5: Supporting second victims

*Stream: Patient Safety*

### **(Part a) How to support clinicians involved as second victims after serious clinical adverse events.**

Clinicians involved in adverse events might be traumatised, and can become the second victim. This leads to post-traumatic stress disorder. Depression, higher risk of burnout, and suicide ideation are known in this group, which might lead to a higher risk of new adverse events. This is an international crisis. During this interactive session, an overview of the concept, the actual evidence base, and prevention and support systems will be presented and discussed.

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

- Understand the concept of second victims
- Be able to recognise traumatised colleagues within their own organisation

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

- Understand the pillars of a preventive and evidence-based support systems
- Launch support activities and peer support groups within their own system

**Frank Federico**, Executive Director, Institute for Healthcare Improvement, USA

## **(Part b) Supporting our second victim colleagues: implementing RISE at the Johns Hopkins Hospital**

While patients and families suffer from medical errors, healthcare providers can also be affected and are referred to as "second victims." Second victims are healthcare providers who are emotionally traumatised after experiencing an unanticipated adverse event, and tend to experience short-term and long-term symptoms similar to PTSD. Second victims' performance may be impaired, posing a potential threat to patient care. To support second victims, organisations can provide a dedicated support programme for their employees.

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

- Describe the second victim phenomenon and its impact on patient care
- List the objectives and goals of the Johns Hopkins RISE programme
- Review study results on assessing the need for organisational second victim support programmes among acute care hospitals

**Hanan Edrees**, DrPH, MHSA, Johns Hopkins University Bloomberg School of Public Health, USA

## **■ G6: Person-centred care for tomorrow**

### ***Stream: Patient and Family-Centred Care***

Health and patient-centred care for tomorrow: how self-empowerment, modern technology, and transformed management can reduce unnecessary medical visits, improve the clinical results, and dramatically reduce the costs. In this workshop, examples from the Scandinavian countries will be presented.

**Göran Henriks**, CEO of Learning and Innovation, The Region Jönköping County, Sweden; **Anette Abrahamsson**, HN, The Region Jönköping County, Sweden; **Annmargreth Kvarnefors**, Improvement leader and RN, The Region Jönköping County, Sweden

## **■ G7: Danish pathways: raising quality of care in cancer, heart diseases, and psychiatry**

### ***Stream: Clinical Improvement***

The Danish health care system has implemented care pathways in the specific fields of cancer, heart diseases, and psychiatry, with good results in waiting times and quality of care. The overall aim is to raise quality by developing integrated pathways based on organisational and clinical standards for the diagnostics and treatment of patients.

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

- Understand the key success factors of developing and implementing pathways
- Understand how the pathways contribute to the achievement of higher quality
- Understand how the implementation of pathways in the three fields implies different challenges

**Claus Thomsen**, Chief Medical Officer and member of Board of Directors, Aarhus University Hospital, Denmark; **Per Jørgensen**, Medical Director in Section of Mental Health and Social Affairs, Central Region of Denmark, Denmark

## **■ G8: Engineering systems to save lives; recognise the unexpected**

### ***Stream: Improvement Science (sponsored by The Health Foundation)***

One prominent cause of preventable death in American hospitals is the failure of providers to recognise and rescue patients from unexpected acute physiologic deterioration (e.g. sepsis, respiratory failure). The reasons for this are clinical, social, technical, and cultural. Using this multifaceted clinical care delivery challenge as a case study, we will describe a detailed systems engineering approach to solving this and other complex problems.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

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

- Define the steps involved in using a systems engineering approach to solve tough clinical-care delivery problems.
- Describe key approaches to maximising individual team members' talents and avoid attrition throughout the project life cycle
- List approaches for integrating stakeholder's needs with IT capabilities into a testable systems architecture design and clinical intervention
- Describe the application of this systems engineering approach to improving the recognition and rescue of the patient with unexpected acute physiologic deterioration

**Jeanne M. Huddleston**, Associate Professor of Medicine, Medical Director, Health Care Systems Engineering Program, Mayo Clinic, USA

## ■ G9: TBC

*Stream: TBC*

## ■ G10: What Has Improved Patient Safety in the UK?

*Stream: Patient Safety*

There has been a great deal of work on improving patient safety in the every part of the UK. Much of the knowledge about what has created improvement and what has not resides inside organizations and can be difficult to find. This session will share some great results of improvements in patient safety from across the UK that can be spread to any organisation.

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

- Describe at least three improvements in patient safety that you could adopt.
- Discuss the methods used to achieve these results and relate them to your organisation's approach

**Carol Haraden**, Vice President, Institute for Healthcare Improvement (IHI), USA; **Mike Durkin**, MBBS FRCA DSc (Hon) National Director of Patient Safety, NHS England

## ■ G11: Specialty Focus Groups

- Training and Education
- Workforce Engagement
- Culture
- Access
- Quality Improvement Reports

An interactive discussion group with an expert facilitator to guide participants in an exploration of specialist areas.

The discussion will involve a rapid-fire presentation by selected poster presenters in the themed poster area, with an opportunity for participants to engage with the presenters in a lively discussion.

The session will be an opportunity to personally meet others in your field, and to hear about the new global initiatives in the area.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

1200-1300: 60 minute sessions H1-H11

You can choose to attend one of the following parallel sessions:

## ■ H1: Robotic and animal innovations changing healthcare

*Stream: New Technology and Innovation*

### (Part a) Designing Technology for Working Dogs: an Interspecies Perspective on Human Wellbeing

Clara will introduce the topic of Animal-Computer Interaction (ACI) and discuss how designing user-centred technology for animals can lead to improvements in human healthcare and wellbeing. To illustrate this Clara will present three projects under way at The Open University's ACI Lab, respectively aiming to support the work of assistance, diabetes alert and cancer detection dogs. Clara will highlight how, where humans share close partnerships with other animals, supporting human wellbeing requires supporting the partnership.

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

- Learn about the emerging discipline of Animal-Computer Interaction and its implications for human wellbeing as well as animal wellbeing.
- Learn about specific projects that aim to support the performance of dogs working to enhance human wellbeing.
- Learn about user-centered design for humans and other animals, and how to apply its core principles to the design of technological interventions aimed primarily at animals in healthcare-related occupations (e.g. therapy dogs) – this learning objective will depend on the format of the session.

**Clara Mancini**, Lecturer in Computing and Head of Animal-Computer Interaction, The Open University, England

### (Part b) PARO robot harp baby seal in action at Danish elderly homes, the important factors

The PARO robotic harp baby seal has, with great success, opened the doors for use of humanoid robots in Danish healthcare. The session will introduce the PARO Robotic harp baby seal, describe the concept behind the success, and show the results of the studies which have been made on the use of PARO in the Danish healthcare sector.

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

- Understand the practical use of a humanoid robot in the healthcare sector
- Select target groups of humanoid robot in the healthcare sector
- Get an impression of how humanoid robot work with people suffering from cognitive disabilities

**Jakob Iversen**, Senior Project Manager, Health and Human Interaction Technologies, Danish Technological Institute, Denmark

## ■ H2: Striving for a harmonised approach to excellence in care in Sweden

*Stream: Cost, Value, and Quality*

Learn how the Swedish healthcare system is continuing to develop and modernise their services with a focus on cost, value and quality. In this session you will learn about the national drivers of transformational change in a system which already has a record of good performance, but needs to evolve in response to national priorities.

You will learn how the Swedish system is focussed on person-centered care, value-based care, equity and equal care to everybody, and particularly how these principles have been successfully integrated into elderly and cancer care.

You will meet top leaders from Swedish healthcare systems and learn how, together, private, non-profit and public care strive to achieve a harmonised approach to excellence in healthcare for the Swedish population.

**Göran Henriks**, Chief Executive of Learning, Kultorum, Jönköping, Sweden; **Jesper Olsson**, Chief Development Officer, The Swedish Agency for Health and Care Services Analysis (Vårdanalys), Sweden

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## ■ H3: Large-scale projects in population health

### *Stream: Improving Population and Community Health*

#### **(Part a) National Primary Care Extension Program in the United States: a learning network**

The United States health care system is failing on all accounts of the Triple Aim – affordability, quality, and patient experience. Without intervention, Americans will soon spend 25% of their income on health care with chronic care accounting for 75% of expenditures. The Primary Care Extension Program was created as a national learning network to spread best practices to primary care practices throughout the United States for preventative and chronic disease care, based on the Patient-Centred Medical Home.

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

- Identify features of a national learning network that can be utilised to spread and disseminate best practices among primary care practices
- Identify services that a Primary Care Extension Program can offer to help improve primary care

**Robert Gabbay**, Chief Medical Officer, Senior Vice President, Joslin Diabetes Center, Associate Professor of Medicine, Harvard Medical School, USA

#### **(Part b) Transforming primary care: adapting best practices to improve population health**

Best practices for improvement of primary care delivery are being developed through initiatives in many countries. The state of Oregon is transforming health service delivery through the Patient-Centred Primary Care Home Program, and has integrated best practices into its model which is being implemented in over 500 urban and rural clinics. This session will highlight Oregon's model, illustrate adaptation of best practices, and share lessons learned to improve health and healthcare while lowering costs.

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

- Describe a model of primary care practice organisation
- Identify effective strategies to support primary care transformation
- Articulate facilitators of, and barriers to, transformation of primary care delivery
- Apply lessons learned to participants' own settings

**Sherril B. Gelmon**, Professor of Public Health, Portland State University, USA

## ■ H4: Frameworks for effective governance

### **Stream: Leadership and Management**

#### **(Part a) The journey to transparency in intensive care in the Netherlands**

With the mounting pressure from policy makers, healthcare insurances, and the Dutch Healthcare Inspectorate, Dutch intensive care units participating in their registry decided to strive for maximum transparency, starting in 2012. However, not all participants felt the same. This session describes the steps taken to reach transparency on an individual as well as a national level, including the results and the inevitable pitfalls.

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

- Describe the steps leading to transparency of care
- Know the pitfalls of the process
- Know ways to present aggregated and individual data (funnel plots, etc)

**Dave Dongelmans**, Intensivist, Academical Medical Centre, Amsterdam, The Netherlands

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## **(Part b) Development of an evidence-based quality and outcomes framework for perioperative care**

Evidence from administrative data and national audits demonstrate wide variation in structure, process, and outcomes of care for patients undergoing elective major non-cardiac surgery in the NHS. However, there is no system for measuring quality of care and risk-adjusted outcomes (other than mortality). Development of a system is now a national priority. Participants will gain a unique insight into its progress, and contribute to a consensus regarding the nature and implementation of the framework.

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

- Gain a unique overview of the national state of play regarding outcomes from major non-cardiac surgery in the UK
- Understand the rationale behind the development of a perioperative quality and outcomes framework, in particular referencing experience from the United States
- Contribute to a consensus agreement on the nature of the framework and aspects of the dataset

**S. Ramani Moonesinghe**, Consultant and Honorary Senior Lecturer, Anaesthesia and Critical Care Chair, Royal College of Anaesthetists/Health Services Research Centre Quality Measures Advisory Group, UK

## ■ **H5: EQulP (Enabling Clinicians in Quality Improvement and Patient Safety)**

### **Stream: Education and Training**

EQulP (Enabling Clinicians in Quality Improvement and Patient Safety) provides frontline staff at all grades with the knowledge, skills, and practical experience required to undertake quality improvement work. By training, mentoring, and facilitating clinicians through their projects, EQulP encourages innovation. Our graduates have completed in excess of 60 safety and improvement projects. This programme has managed to unlock innovation and nurture enthusiasm, and has a commitment to patient safety, which can be used in any organisation.

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

- Gain an understanding of the structure and content of an existing quality improvement and safety programme
- Appreciate how one hospital engaged frontline staff in quality improvement and safety
- Learn how to sustain and spread frontline staff engagement with quality improvement and safety initiatives

**Daljit K Hothi**, Divisional Patient Safety & Clinical Improvement Officer, Consultant Paediatric Nephrologist Great Ormond Street Hospital for Children NHS Foundation Trust, UK; **Anita Jayadev**, Darzi Fellow & Respiratory Registrar, England; **Peter Lachman**, Great Ormond Street Hospital NHS Foundation Trust, England

## ■ **H6: Improving the quality of sentinel event reporting**

### **Stream: Patient Safety**

#### **(Part a) Improving the quality of Sentinel Event reports nationwide, the role of the regulator**

The Dutch Healthcare Inspectorate annually assesses over 800 RCA reports from hospitals, all on major adverse events. This session will show how we use the World Health Organisation's criteria to judge the quality of the analyses, how we coach hospitals to improve the quality of RCA's, and how we intervene if hospitals don't meet the standard in reporting quality or numbers. We present the effects on the amount and quality of RCA's over time.

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

- Use the WHO criteria for assessing the quality of RCA reports
- Know how to coach a healthcare organisation in improving the quality of their RCA's and RCA reports
- Know which interventions are effective in improving the quality of RCA reports and the amount of reported sentinel events

**Sandra Mulder**, Inspector, Dutch Healthcare Inspectorate, The Netherlands

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## **(Part b) The Italian cycle for improving quality in patient safety**

The Italian Ministry of Health created a system to reduce sentinel events in healthcare. The system is based on five actions, each of which represents a group of activities carried out by the MoH: site visit (informal inspection where sentinel event occurs); analysis (the case is studied by MoH experts); recommendations (if needed, MoH publishes a handbook); data collection on sentinel events (nationwide system collecting data in anonymous way); and monitoring (specific indicators to evaluate the healthcare system performance, linked to economic grants).

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

- Understand integrated activities defined in order to reduce sentinel events
- Use errors to improve quality in healthcare
- See that quality in healthcare is a cycle based on pillars

**Lucia Guidotti**, Pharmacist, Ministry of Health, Italy

## **■ H7: ParkinsonNet: an innovative, person-focused approach to care**

### ***Stream: Patient and Family-Centred Care***

Radboud University in the Netherlands and Kaiser Permanente in the United States are collaborating to transform care for vulnerable populations. We review the lessons learned from ParkinsonNet: an innovative, award-winning and cost-effective approach that operates in the Netherlands and the United States for patients with Parkinson's Disease. Core elements of this integrated care include clinical guidelines, patient engagement, professional training, and continuous feedback of outcomes and costs. This value-based care approach appears well suited for other chronic diseases.

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

- Deploy lessons learned from the introduction of several patient-centred and value-based care concepts for patients with Parkinson's disease, introduced in the Netherlands and the United States
- Understand the importance of patient focus in healthcare to improve value for patients, healthcare providers, and society
- Understand the importance of measuring the added value of (multidisciplinary) care in healthcare

**Bastiaan R. Bloem**, Movement Disorders Neurologist, Radboudumc, Nijmegen, the Netherlands; **Tod Sachs**, Southern California Permanente Medical Group, Kaiser Permanente, USA; **Amy Compton-Phillips**, Chief Quality Officer, The Permanente Federation, Kaiser Permanente, USA

## **■ H8: Implementing EWS and septic guidelines in an orthopaedic department: a case study.**

### ***Stream: Clinical Improvement***

The study shows how to use quality data for different purposes, showing the burning platform for clinical changes and documenting improving of quality. It also shows the effects of different tasks: evidence from literature; new guidelines, and tools supporting the guidelines; and equipment which makes it easy to do things right in the first instance. Finally, we present the overwhelming results: 100% measuring of EWS and almost 100% recognition and treatment of sepsis within time limits.

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

- Convince health workers there is a problem using data and evidence
- Work on challenges of ownership for the healthcare professionals, engaging senior staff and middle managers, and overcoming the gap between different professions

**Peter Ivan Andersen**, Junior Doctor, Orthopaedic Department, Kolding Hospital, Denmark; **Dorte Dall-Hansen**, Quality Manager, Orthopaedic Department, Kolding Hospital, Denmark

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## ■ H9: Promoting Safety: Creating the culture needed to achieve system improvement

### *Stream: Patient Safety*

There is a growing recognition of the importance of culture in preventing errors. Creating a culture of respect is an essential foundational element to patient safety and reliability. In this session participants will learn how to assess their organisation's current safety environment and explore best practices for establishing a respectful culture, reliable systems, nurture staff engagement and lower risks of harm for patients through simulation and case study analysis.

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

- Identify fundamental leadership methods and structure to promote a culture of safety
- Articulate the difference between disruptive and passive disrespect and the impact on the safety environment
- Design strategies to promote and enhance the culture in your organisation
- Develop an action plan

**Cathie Furman**, RN, MHA, Senior Vice President, Quality and Safety, Virginia Mason Medical Center, USA

## ■ H10: Using guidelines to improve practice

### *Stream: Clinical Improvement*

BMJ Quality is an online workspace that provides interactive workbooks, learning modules, tools and resources to make healthcare improvement simple for teams and individuals. The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care in the UK. NICE guidance is referred to internationally and NICE has recently produced new guidance on atrial fibrillation. Certain new recommendations will change clinical practice. National Medical Director's Clinical fellows based at NICE and BMJ collaborated to produce four workbooks that will help implement the changes brought about by the new NICE guidance.

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

- Lead quality improvement and champion NICE guidance using structured QI methodology in their own practice
- Understand the development of NICE guidance and how best practice is determined
- Use national guidelines effectively to improve local practice
- Describe the principles and practices of implementation science and integrating guidance into health and social care policy and practice
- Access these new workbooks to improve the care of patients with atrial fibrillation

**Kate Adlington**, BMJ Clinical Fellow, UK, **Emma Parish**, BMJ Clinical Fellow, UK, **Aoife Molloy**, NICE Clinical Fellow, UK, **Ahmed Rashid**, NICE Clinical Fellow, UK

## ■ H11: Technology and apps for health

### *Stream: New Technology and Innovation*

(Part a) TBC

#### **(Part b) Health information technology as an enabler of improved long-term condition management in Auckland, New Zealand**

Long-term conditions, such as gout, diabetes, and cardiovascular disease are not optimally managed in primary care for a variety of reasons, including lack of time, outdated models of care, and inadequate coordination among professional partners and the patient. This session will show how improvements in care can be delivered by a combination of information technology, health literacy engagement, and a multidisciplinary approach to management.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

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

- Learn how a patient and family-focused approach to care management can lead to improvement in outcome of patients with the metabolic syndrome
- Learn how health literacy training, enabled by health information material developed in partnership with patients and their whanau (family), can facilitate better care
- Learn how the components of the New Zealand Health Information Technology Plan is being introduced into New Zealand integrated care practice
- See a practical example of this health information technology in practice

**Peter Gow**, Associate Professor, Middlemore Hospital, New Zealand

**1400-1500: 60 minute sessions I1-I11**

## You can choose to attend one of the following parallel sessions:

### ■ I1: Making better lives with Cycling Without Age

#### **Stream: Patient and Family-Centred Care**

After having heard several stories about the older generation missing the freedom, the joy and the mobility of cycling, Ole asked himself: "How can we get these people back on the bicycles?" Ole decided to show up at his local nursing home with a rented rickshaw. This changed his life - and the lives of the passengers and the volunteers who came across Ole and his initiative, "Cycling Without Age".

This meeting of generations provides a unique opportunity for the elderly to share their stories and experiences, which are often triggered by these trips out into the local environment. Ole's initiative not only strengthens communities across generations, but it contributes to both physical and mental well-being of the elderly and volunteers, thus giving nursing homes and municipalities a golden opportunity to stimulate and promote health and mobility.

**Ole Kassow**, Founder, Cycling without age, Denmark

### ■ I2: Transforming Community Health

#### **Stream: Improving Population and Community Health**

#### **(Part a) Catalysing students as agents of change: innovations to execute your Triple Aim goals**

While your hospital or health system may face many challenges in managing population health, you also have opportunities for success through close ties with the community and in leveraging your local students. The IHI Open School has embarked on effort to use organising to lead this work. Organising is based on identifying, recruiting, and developing the leadership of others; building community around that leadership; and building power from the resources of community. Organising can make a difference in addressing local health challenges that require broad participation, especially by those whose voices are not being heard. In this session, together with students and grassroots organising leaders in the field, the IHI Open School will share some of their early successes and challenges in the design and execution of health mobilisation campaigns leveraging students to improve the health of populations. Regardless of your role in the health care arena, you will have an opportunity, as a participant in this session, to learn some of these leadership in organising skills, and apply them to a local campaign or improvement effort of your own.

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

- Learn from other health leaders how to design and implement a community-action oriented campaign effort
- Apply organising skills to a local campaign or improvement effort of your own

**Jessica Perlo**, Community Manager, IHI Open School, Institute for Healthcare Improvement (IHI), USA

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## **(Part b) How community organising is transforming healthcare and improving lives on a global scale**

Organising enables people to turn the resources they have into the power they need to make change. Increasing demands on health systems means that a reactive approach to health is no longer viable nor sustainable. Through these two case studies we will demonstrate:

- How 600 Maori and Pacific Youth have used community organising to shift from a predominant health focus on treatment to prevention.
- How NHS Change Day, a grassroots social movement for change, has spread globally and challenged our thinking about disruptive innovation, and moving from a 'have to' to a 'want to' approach in healthcare improvement.

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

- Distinguish community organising from other approaches to change
- Learn how to transform using the power of others
- Apply organising skills and practices to health and your own work

**Alexandra Nicholas**, Lead Organiser, Ko Awatea, Counties Manukau Health, New Zealand.

## **■ I3: Making safety visible: how to implement a comprehensive approach to measuring and monitoring safety**

### **Stream: Patient Safety**

How can you know care is safe? What does it take to implement Charles Vincent et al's seminal framework for measuring and monitoring safety in practice? This session will draw on case study examples and early insights from safety measurement and monitoring initiatives across England. The practical session will help delegates understand how they might introduce a more comprehensive understanding of safety into their own setting.

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

- Identify the elements required for a more reliable and comprehensive view of safety, using a simple-to-grasp framework, based on a rigorous review of literature and current practice. The framework has already started to be adopted internationally and is sufficiently flexible to apply to any health service or organisation
- Understand how best to approach introducing a more comprehensive view of safety into your service or organisation, based on the practical experience of those paving the way

**Penny Pereira**, Assistant Director of Strategy (Patient Safety), The Health Foundation, UK; **Sir David Dalton**, Chief Executive, Salford Royal NHS Foundation Trust, UK; **Charles Vincent**, Director of the Imperial Centre for Patient Safety and Service Quality (CPSSQ) and the Clinical Safety Research Unit, Imperial College, England

## **■ I4: Patient empowerment: taking person-centred care a step further: What works?**

### **Stream: Patient and Family-Centred Care**

Patient empowerment, as a part of person-centred care, is changing the way health care is conceived. The session will help to make sense of the current evidence by presenting the analysis of hundreds of practices. This evidence will spark an interactive discussion with key current successful practices led by the European Patients' Forum's experience. This interactive discussion will lead to the identification of key tips and lessons learned and will offer a practical approach to patient empowerment.

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

- Understand the concept of patient empowerment and how it is being approached practically across Europe
- Identify success factors of patient empowerment interventions
- Extract lessons and key tips from specific interventions and practices that have obtained positive results
- Address in practical terms patient empowerment in the practice and policy levels

**Carola Orrego**, Project Director, Avedis Donabedian Research Institute (Universitat Autònoma de Barcelona), Spain; **Kaisa Immonen-Charalambous**, Senior Policy Adviser European Patients' Forum (EPF), Spain

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## ■ I5: Embracing Complexity: Mastering the use of Plan-Do-Study-Act cycles to navigate and negotiate change

### *Stream: Improvement Science (sponsored by The Health Foundation)*

Plan-Do-Study-Act (PDSA) cycles is an important quality improvement method that supports the process of making a change with the aim to develop fit-for-purpose solution through iterative development of ideas, testing, feedback and subsequent revision of ideas to incorporate new learning.

This workshop draws on new research findings from an international qualitative study to explore the reality of using PDSA method in practice. The session recognizes the complexity of change, the many barriers and obstacles that arise during an improvement initiative and how these can be overwhelming for project teams to manage.

In this interactive workshop participants will be invited to explore a case study which captures the reality of using PDSA and to share and reflect upon their own experiences of using the method. The presenters will share findings from their research including suggestions as to how the use of PDSAs can be mastered by embracing complexity, viewing PDSA as a team learning tool, and the value documentation can play in navigating and negotiating change.

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

- Better understand the technical and social principles of conducting PDSA cycles and the important role PDSA plays in team learning;
- Recognize and describe the complexity of managing the scale up of PDSA cycles;
- Realize the value of documenting PDSAs and how this can support navigation and negation of complexity.

**Julie Reed**, Academic Co-Director for the National Institute of Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Northwest London and Senior Research Fellow Imperial College, London, UK; **Chris McNicholas**, Improvement Science PhD student, Imperial College, London, UK.

## ■ I6: Using the 'Team Sky' approach to reduce medication errors among junior doctors

### *Stream: Education and Training*

This talk will review the final score card for the MDGs, apply lessons learned towards the establishment of the health-specific Sustainable Development Goals and future directions including the achievement of universal health coverage. The talk will also address issues of strengthening health systems and building improvement capacity as key to sustainable development.

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

- Understand the relevance for using a theory, principle, or framework to underpin educational interventions used for quality improvement
- Understand how to apply the principle of "the aggregation of marginal gains" for improving the safety behaviours of junior doctors or other trainee health professionals in the workplace
- Know the process for designing a multi-faceted educational intervention to improve the knowledge, skills, and patient safety attitudes of junior doctors or other trainee health professionals in their own context
- Use the shared experience of junior doctors or other trainee health professionals entering the NHS for the first time to understand how health and well-being can affect performance in workplace

**Rakesh Patel**, NIHR Academic Clinical Lecturer in Medical Education/Honorary Specialist Registrar in Renal Medicine, University of Leicester, UK; **William Green**, Lecturer in Innovation, Operations and Knowledge Management, University of Leicester School of Management, UK

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## ■ I7: The Sustainable Development Goals: MDGs Achieved, Lesson Learned and Future Directions

### *Stream: Leadership and Management*

This session will demonstrate the application of a philosophy – the aggregation of marginal gains – made famous by Team Sky at the London 2012 Olympics for improving the prescribing competence, performance, and safety behaviours among junior doctors. The incremental gains and the experience of junior doctors who received the Prescribing Insight for the Future (<http://tinyurl.com/ePIFFany>) educational intervention will be described in detail. There will be opportunity to discuss the practice and policy implications for medical education.

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

- Participants will be able to describe the status of attainment of the MDGs.
- Articulate key issues in global healthcare development.
- Be able to discuss future directions for sustainable development.

**M. Rashad Massoud**, Director, USAID Applying Science to Strengthen and Improve Systems Project, Senior Vice President, Quality & Performance Institute, University Research Co. LLC. - Center for Human Services, USA

## ■ I8: What Matters to Me: In Conversation with Patients

### *Stream: Patient and Family-Centred Care*

In this interactive session, delegates will get the opportunity to meet the new 2015 Forum Patient Panel and hear about the issues which are most important to them as well as how to enlist the patients help in improving the quality and safety of healthcare.

The Patient Panel will have spent the last three days of the Forum attending sessions and actively contributing to the dialogue and debate between speakers and healthcare improvers from around the world.

This session will hear the patients' reflection on the key issues presented during the Forum, and recommendations and lessons for healthcare improvers on how to implement their knowledge in their own local environment to best meet the needs of patients. This will be a unique opportunity for the mutual exchange of learning and healthcare experiences.

Chair: **Tessa Richards**, Patient Partnership Lead, The BMJ; **the new 2015 Forum Patient Panel**

## ■ I9: Consider culture and deliberate innovation

### *Stream: Leadership and Management*

Health Services today need to transform in order to ensure increased quality and reduced cost, whilst also providing patients and their families with an exceptional experience. To achieve this we need to create a culture that supports innovation, think differently about what we do and be deliberate about innovation. Come and learn about methods that healthcare leaders and frontline teams have already used to fundamentally transform healthcare delivery.

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

- Identify and understand the key factors that affect the organizational culture for innovation
- Understand how you can be deliberate about innovation
- Access a range of methods that you can use to think differently about the service you deliver
- Learn about how others have used these methods to successfully transform their services

**Lynne Maher**, Director of Innovation, Ko Awatea, New Zealand; **Paul Plsek**, International Consultant in Innovation, New Zealand

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

Friday, 24 April 2015

## ■ I10: It matters!

### **Stream: Patient and Family-Centred Care**

In order to create a health care system that meets the patients' needs, Denmark and Norway have used methods from social movements in their strategy. Norway established a change day where health care providers pledged to ask every single patient what mattered to them. Denmark organised for health care providers to publicly make a personal pledge to give patients and families their best advice from their own experiences of being a patient. The results, methods, advantages, and disadvantages are discussed.

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

- Get ideas on how methods from social movements can be used to change culture
- Gain insights into barriers of person-centred care and how they might be overcome
- How to use health care professionals' statements on social media as an open invitation to patients and families

**Beth Lilja**, Executive Director, Danish Society for Patient Safety, Denmark; **Anders Vege**, Head of Section for Quality Improvement at Norwegian Knowledge Centre for the Health Services, Norway

## ■ I11: Clinicians steering the design of health service

### **Stream: Clinical Improvement**

In 2013, primary care was put in the driving seat of clinical commissioning in England and Wales. Clinicians are now steering the design of health services so they are fit for purpose and meet the needs of the local population.

This session will explain what commissioning is, how it works and the English approach so far.

This will be followed by three examples of innovative approaches to commissioning from around the UK including clinical engagement, commissioning in a rural area and outcomes based commissioning.

**Sam Everington**, Chair, NHS Tower Hamlets Clinical Commissioning Group, England; **Caron Morton**, Chair, NHS Shropshire Clinical Commissioning Group; **Jim O'Donnell**, Chair, NHS Slough Clinical Commissioning Group, England

**1515-1615: Keynote VI: Donald M. Berwick**

#### **Title TBC**

**Donald M. Berwick**, MD, MPP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement; Former Administrator, Centers for Medicare and Medicaid Services

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## Additional Special Interest Breakfast Sessions

A number of special interest breakfast sessions will run before the first keynote of Thursday and Friday. You can book to attend up to two sessions (one on each day).

Thursday 23 April 2015

0815-0915

**Advancing transformational change using collaboration, networks and systems thinking – realtime learning from the English health system**



*Improving Quality* Sponsored and presented by NHSIQ

Join this interactive and practical session from NHS Improving Quality, England's national health improvement body, on its work with health and care systems advancing transformational change. You'll take away tested approaches for large scale change and hear insights into the progress and impact for local systems.

**Charlie Keeney**, Programme Director, NHS Improving Quality, UK **Rachel Hinde**, Programme Lead, NHS Improving Quality, UK

**New developments in dementia care**



Sponsored and presented by BUPA

In the absence of a pharmacological disease modifying breakthrough in more than fifteen years new dementia care developments in recent times embrace risk-awareness, the benefits of diagnosis, cognitive stimulation interventions, managed care and the added-value of longstay care settings. Yet do these represent little more than a leap of faith?

**Dr Hemal Desai**, Associate Medical Director, Corporate Centre: Medical, **Professor Graham Stokes**, Bupa's Global Director of Dementia Care

Friday 24 April 2015

0815-0915

**BMJ Quality – Making quality improvement simple**



Sponsored and presented by BMJ

At BMJ Quality we believe in making healthcare improvement simple. In this session we introduce our award-winning online programme which aims to put everything you need to improve healthcare in one place:

- See how our innovative online workbook can guide you step-by-step through an improvement project and make it easy to record your data
- Hear about BMJ Quality Improvement Reports - a peer-reviewed journal of front-line quality improvement evidence - which allows you to submit your work with a single click
- Understand how you can collaborate online with your team through the Quality platform and access our expert mentors to support your work

**Ashley McKimm**, Head of BMJ Quality and Safety, BMJ, UK; **Cat Chatfield**, Clinical Lead for BMJ Quality, BMJ, UK

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## What Wall? A Walking Breakfast Through IHI's Global Initiatives

Maternal and Child Health. Safety. Systemwide improvement.



Sponsored and presented by Institute for Healthcare Improvement (IHI)

Join IHI staff on a walking tour of leadership and capability-building storyboards at the International Forum. In this breakfast session, you will hear from IHI content experts about our recent work in Europe, Africa, the US, Latin America, Asia, and the Middle East - what tests of change are moving forward with local partners, what's worked, and what has not, what has been achieved. Be prepared to ask questions and analyze results for how teams succeed when they come upon a wall, throw their hats over it, and then go and get their hats.

**Pedro Delgado**, Executive Director, Institute for Healthcare Improvement (IHI), USA

## Dr Foster – Don't be myopic: stories from a global healthcare quality group

**dr foster** Sponsored and presented by Dr Foster

Over the past four years Dr Foster in Collaboration with over fifty hospitals in ten countries have worked to share insight and improve healthcare outcomes. As the project widens into the Middle East and China, this session will cover both the outcomes and the insights gained from parts of this work.

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

- Appreciate the value in linking international datasets to monitor hospital performance, drive academic research and improve patient outcomes
- Understand insight obtained from hospitals across the ten countries in areas including stroke management, Acute Myocardial Infarction Mortality, Sepsis and demand management

**Dr Katrina Herren**, Clinical and International Director, Dr Foster, UK

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## Additional Special Interest Lunchtime Sessions

A number of special interest lunchtime sessions will run during the lunchtime breaks on Thursday and Friday. You can book to attend up to two sessions (one on each day).

**Friday 24 April 2015**

**1215-1245**

### The Harkness Fellowships



The  
COMMONWEALTH  
FUND

Affordable, quality health care. For everyone.

**Sponsored and presented by The Commonwealth Fund**

The Harkness Fellowships in Health Care Policy and Practice provide a unique opportunity for promising mid-career professionals – from Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, and the U.K. – to spend 12 months in the United States working with leading U.S. experts to study innovative healthcare delivery system reforms and critical issues on the health policy agenda in both the U.S. and their home countries. Each fellowship provides up to U.S. \$119,000 plus family supplement of approximately \$55,000.

**Robin Osborn**, Vice President and Director of the Harkness Fellowships; Harkness alumni **Jako Burgers**, **Christopher Hayes**, and **Imogen Mitchell**

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## Learning and Networking Zone programme

Wednesday, 22 April 2015

1100-1230 (90 minute session) A

### The FolksLab (the Peoples' Laboratory)

This special Forum event is a creative alternative to the main session programme. Come to the FolksLab to discuss topics that you are passionate about, to share your learning and to learn from others from across the world.

#### The topics that will be covered through interactive discussion will include:

- Improvements in primary care
- The revolution in care for older people
- Spreading change
- Person-centred care
- Clinical innovation

There will not be any presentations or formal lectures in the FolksLab. Rather there will be a guided process to enable you to have the best possible conversations with people with similar interests and a curiosity to learn.

The Folkslab is jointly managed by leaders from Qulturum, Jönköping Sweden and NHS Improving Quality, England.

**Hosts: Agata Rukat**, Improvement leader, Qulturum, Jönköping County Council, Sweden; **Caroline Fruberg**, Development leader, Qulturum, Jönköping County Council, Sweden

1300-1330 (30 minute session during lunch)

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# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

1330-1500 (90 minute session) B

## Primary Care Networking

Primary care is often an undervalued part of health systems, yet provides high value.

Challenges include increasing productivity, improving quality and patient safety.

## How is it where you work?

This session brings together GP's, practice nurses, pharmacists, allied health professionals and all those who oversee or who are responsible for primary care to share experience, ideas and encouragement.

The agenda is yours – join the discussion beforehand on our Google group [bit.ly/QmtF6c](http://bit.ly/QmtF6c).

Five topics will be identified and people will have the opportunity to rotate around different tables, network and discuss relevant issues to them.

**Host: Dr Kate Adams**

1530-1630 (60 Minute session) Nurses using social media to improve care

The Nursing Network session at the Paris Forum generated excitement and enthusiasm in how we use quality improvement methodologies to improve care. A diverse range of nurses in policy, academia, leadership, practice and students at the event formed the Global Nurses Network for Quality Improvement (GNN for QI).

As a result a group of enthused nurses from around the globe connected to develop what is now our new network for nurses with a passion for QI. One year on, our network has expanded and we are excited to invite all nurses at any stage in their QI journey to join us for an informal and friendly opportunity to share stories, ask questions, connect and learn from each other and of course participate in our Global Nurses Network Live Tweet Chat.

**Hosts: Erica Reid**, Strategic Advisor in Improvement and Person-Centred Care, Scottish Government, Scotland;  
**Lorraine Armstrong**, Clinical Academic Fellow, University of Stirling, Scotland

Thursday, 23 April 2015

1100-1230 (90 minute session) D

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# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

1300-1330 (30 minute session during lunch)

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1330-1500 (90 minute session) E

## Improvement games: play and learn to accelerate

Details TBC

**Host: Bob Lloyd**

1530-1630 (60 Minute session) F

## Networking on quality indicators

Many countries are struggling to create National Quality Indicators. But what for: for monitoring or actually improving healthcare quality? And for who: the payers, the professionals or the patients? In this creative and interactive session delegates will be able to share their experience and dilemma's. Your hosts will be Jan Maarten van den Berg and Fredrik Westander, both leaders in the Dutch respectively Swedish system for National Quality Indicators. Their goal of this session is to yield ideas and inspiration and seduce you to continue the discussion long after the Forum ends.

**Host: Ian Leistikow**

**Friday, 24 April 2015**

1045-1145 (60 minute session) G

## GetUpGetBetter

GetUpGetBetter (GUGB) is a non-commercial initiative to set up international healthcare quality competitions. In sports, competitions have dramatically improved the speed and spread of innovation. Imagine what we could achieve if the Olympics were about healthcare quality? Imagination is becoming reality, the first GUGB competitions have been already been launched. In this interactive session we want to share our passion for the

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

GUGB ideals. We will discuss how GUGB can help your quality improvement work inspire colleagues around the world and offer support to join or set up your own GUGB competition. Join us at the Forum and online on [www.getupgetbetter.com](http://www.getupgetbetter.com)

**Facilitator: Ian Leistikow**

**1200-1300 (60 minute session) H**

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**1330-1400 (30 minute session during lunch)**

## **Why do team Scotland huddle?**

Previous delegates at the Quality Forum will have witnessed Team Scotland huddles (if you are an early riser!). You have perhaps from looked on from a distance, or even joined us. If you've always wondered why we huddle, what we talk about and how we structure them then come and join us. This is your opportunity to see first-hand. We will also discuss how huddles can and do support safe and person centred care in clinical areas in Scotland.

**Hosts: Erica Reid**, Strategic Advisor in Improvement and Person-Centred Care, Scottish Government, Scotland; **Brian Robson**, Executive Clinical Director, Healthcare Improvement Scotland, Scotland

**1400-1500 (60minute session) I**

## **Becoming an Agent for Change**

Agents for Change is a collection of junior doctors with a common vision: a generation inspired and prepared to deliver world class healthcare. Their mission (if you choose to accept it!): To create a community and foster a culture where individuals work collaboratively; sharing ideas, developing skills and inspiring change. Together we will deliver world class healthcare which eliminates inequality and promotes healthy lives. We are all agents for change. Through working in partnership we can ensure access to health care of the highest quality for all.

Do you feel nervous about networking? Anxious about speaking up with a good idea? At this session learn how to be an effective Agent for Change within your organisation. Clinical fellows from the Faculty of Leadership and Management National Medical Director's Scheme will help you develop your individual 'elevator pitch' to get your message across, and key skills to make the most of your networking time at any event.

**Facilitators: Kate Adlington and Emma Parish**

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## The Cable Car Challenge

In this fun networking session at the International Forum, delegates will be allocated into teams of 8 people plus a 'Cable Car Captain', and sent on a special quality improvement mission.

Your team will walk to the Emirates Air Line Cable Car (about 20 minute walk) where you will be given an exclusive cable car cabin to undertake the challenge. Prior to the flight and during the walk to the station, some warm-up and icebreaker activities will be facilitated, to enable your team to get to know each other and prepare for the challenge.

Your team will be presented with a hypothetical scenario to discuss and solve. You will be in-flight for 20 minutes during a round trip across to the North Greenwich Arena Dome, where you will workshop your ideas together.

The networking event will bring people together in a truly unique way to inspire thoughts, ideas, conversations, and to foster new friendships. It will also provide delegates a unique opportunity to experience London from the air.

The activity will be facilitated by an expert in the field of quality and safety.

### Schedule

	Morning	Afternoon
Wednesday 22 April		1330-1500
Thursday 23 April	1100-1230	1330-1500

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## Yoga and Wellbeing Programme

Our popular Wellbeing and Yoga Programme will be presented by our yoga teacher, Carol Stuart.



Carol practices Hatha Yoga, meditation and Ayurveda in Sydney, Australia where she presents classes, workshops and retreats. She is qualified in yoga practice and philosophy, and Ayurvedic therapy and massage. Carol is a member of the International Yoga Teacher's Association and Australian Yoga Master's Therapist Association and also a qualified nurse. Carol believes that through yoga, health, happiness, and inner peace can be improved.

### About the Sessions

The Hatha style of yoga is suitable for all fitness levels and ages. Sessions will present a variety of easy physical exercises including gentle limbering and stretching, breathing techniques and relaxation and meditation techniques.

Classes will be tailored to the participants and will involve techniques that can be done by most conference delegates throughout the day. No special change in clothes is required and yoga mats will be provided. Some people may feel more comfortable in loose fitting clothes and may wish to bring a small towel.

As with any exercise, people with any physical or medical conditions (including pregnancy or post natal) should have their health professional's approval before participation and must advise the instructor of these conditions and any limitations and medications before doing the class.

### 1. Yoga to Start the Day/ Yoga

A class for people of all abilities, based on the Hatha style of yoga. The class will combine gentle yoga techniques and breathing exercises to energise and refresh you before you start the day.

### 2. Reflect and Refresh sessions

Informal drop in time for tailored gentle yoga exercises and guided meditation to balance the mind, body, and spirit.

### 3. Energise and Revive sessions

#### Thames River Walk

This revitalising lunchtime session by the Thames River will include gentle stretches and guided visualisation to help focus and refresh the mind.

### 4. Yoga and Relaxation for Life sessions

These sessions will demonstrate simple techniques in yoga and relaxation that can easily be incorporated into your busy lifestyle.

# 20<sup>th</sup> International Forum on Quality & Safety in Healthcare Programme

## Daily Wellbeing Programme

	Wednesday 22 April	Thursday 23 April	Friday 24 April
Before Keynote		8.00-9.00 Yoga to Start the Day	8.00-9.00 Yoga to Start the Day
Morning	11.00-12.30 Reflect and Refresh	11.00-12.30 Reflect and Refresh	10.45-11.45 Reflect and Refresh
Lunchtime	12.45-1.30 Energise and Revive Thames River Walk	12.45-1.30 Energise and Revive Thames River Walk	1.00-2.00 Energise and Revive Thames River Walk
Afternoon	1.45-3.00 Reflect and Refresh	1.45-3.00 Reflect and Refresh	2.15-3.00 Reflect and Refresh
Afternoon	3.30-4.30 Yoga and Relaxation for Life	3.30-4.30 Yoga and Relaxation for Life	
After Keynote		5.45-6.45 Yoga	