



Leadership, Teamwork and Patient Safety

ISQua Background

- ❑ Founded in 1985, international office moved from Australia to Dublin in 2008
- ❑ Non-profit, independent organisation
- ❑ Members from 70 Countries (Individual and Institutional)
- ❑ Governed by elected Board of 9: North America, Europe, Asia / Pacific regions
- ❑ Honorary Advisors: patients, journal, education, low and middle income countries and legal
- ❑ 100 ISQua Experts

Global Reach



ISQua®

Accreditation

ORGANISATION



ISQua®

Education

CALL FOR PAPERS 2014
Rio de Janeiro, Brazil



ISQua®

ISQua's 31st International Conference
5th-8th October 2014
Windsor Barra Hotel

Quality and Safety along the Health and Social Care Continuum

Abstracts will be accepted for the conference programme under the following sub-themes:

1. Governance, Leadership and Health Policy
2. Experimental Science and Patient Safety Solutions
3. Patient Centred Care
4. Accreditation and External Evaluation Systems
5. Education and Research
6. Learning with Translational and Developing Countries
7. Collaborative Effectiveness in Health Information Technology and Health Technology Assessment
8. Health and Social Care for Vulnerable and Older Peoples
9. Integrated Care

Abstracts accepted from 1st October 2013 to 31st February 2014

ISQua®
Membership

ISQua®
Expert

A WORLD OF RESOURCES FOR QUALITY IN HEALTH CARE



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Strategic Alliances

- WHO – Official Relations
- Health Technology Assessment International (HTAi)
- URC/USAID
- Institute for Healthcare Improvement (IHI)
- European Partnership for Supervisory (Regulatory) Organisations
- International Hospitals Foundation



High Reliability Healthcare

WHO Facts about patient safety

- ❑ In developed countries up to 10% of patients may be harmed while receiving hospital care.
- ❑ Risk of health care-associated infection in some developing countries up to 20 times higher than in developed countries.
- ❑ At any given time, 1.4 million people worldwide suffer from infections acquired in hospitals.
- ❑ In some countries, proportion of injections given with syringes/needles reused without sterilization is up to 70%. Unsafe injections cause 1.3 million deaths annually. 300,000 die in India from dirty syringes and 30% are reused.
- ❑ There is a 1:1,000,000 chance of a traveller being harmed in an aircraft. There is a 1:300 chance of a patient being harmed during health care.

Key Ingredients

Safety

Quality

Reliability

Culture of Learning


Informed Decision-Making

It's all about the patient

**“Systems and processes are only
as good as the people who work
within them”**

Leadership – Country Level

- ❑ Understanding the population priorities for health and social care
- ❑ Aligning policy, strategy and resources for maximum overall population benefit
- ❑ Establishing a quality framework for safe services
- ❑ Monitoring quality and safety and holding people to account
- ❑ Investing in leaders, managers and in managing health system change
- ❑ Engaging with managers, clinicians and patients to mobilise for safety and quality improvement
- ❑ Making hard decisions for the right reasons...

A photograph of Earth from space, showing the curvature of the planet and the blue atmosphere. The sun is visible in the center, creating a bright glow and lens flare effect. The text "Global Context" is overlaid in the center in a large, white, bold font with a black outline.

Global Context

Global Trends in Quality and Safety 1

- **Urbanisation**
- **Reducing inequalities (MDGs)**
- **Ageing population: By 2050:**
 - people over 65 ~ = children < 14
 - >50's population increase from 1.4 to 3.1 billion
- **Social care and support:** older people, children, people with a disability
- **Health systems strengthening:** Keeping people healthier for longer, strengthening primary care
- **Universal health coverage and integrated care**

Global Trends in Quality and Safety 2

- ❑ **Quality and safety frameworks:** standards, measurement and evaluation – regulation, accreditation
- ❑ **Informed decision-making:** Cost, clinical and comparative effectiveness. Health Technology Assessment:
We should treat where there is evidence of benefit and not treat where there is evidence of no benefit (or harm)
- ❑ **Measuring performance and outcomes**
- ❑ **Optimising technology solutions**

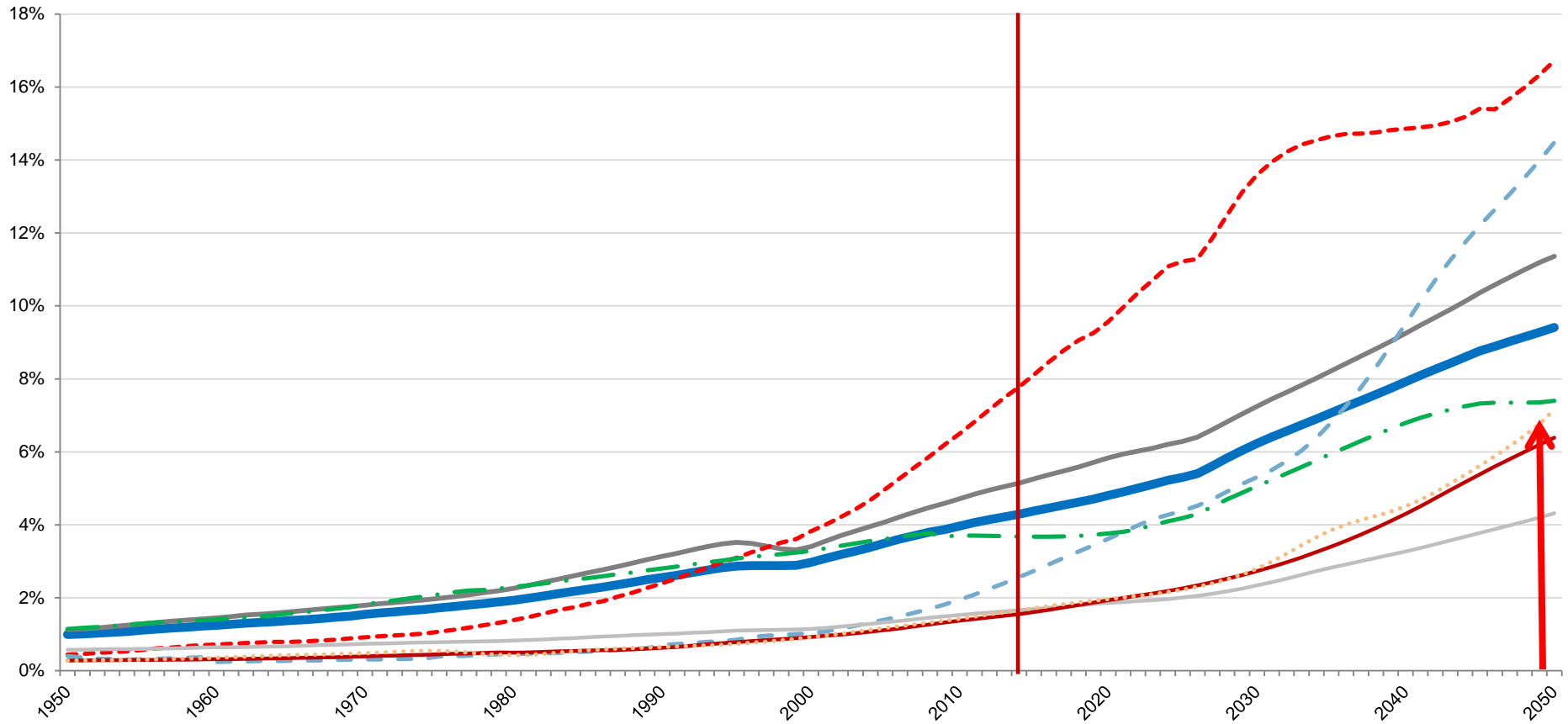


Our Changing Population


Shifting the Emphasis

Global Population Aged over 80 years to 2050

OECD EU27 Japan Korea USA World Brazil China



Source: OECD Labour Force and Demographic Database, 2010



The number of Australians aged 65 or older, relative to the number of 'working age' people

The increase in Australian public debt relative to GDP, as a consequence of the ageing population

Now
20%

In 2050
39%

by 2020
4.4%

by 2050
144.6%

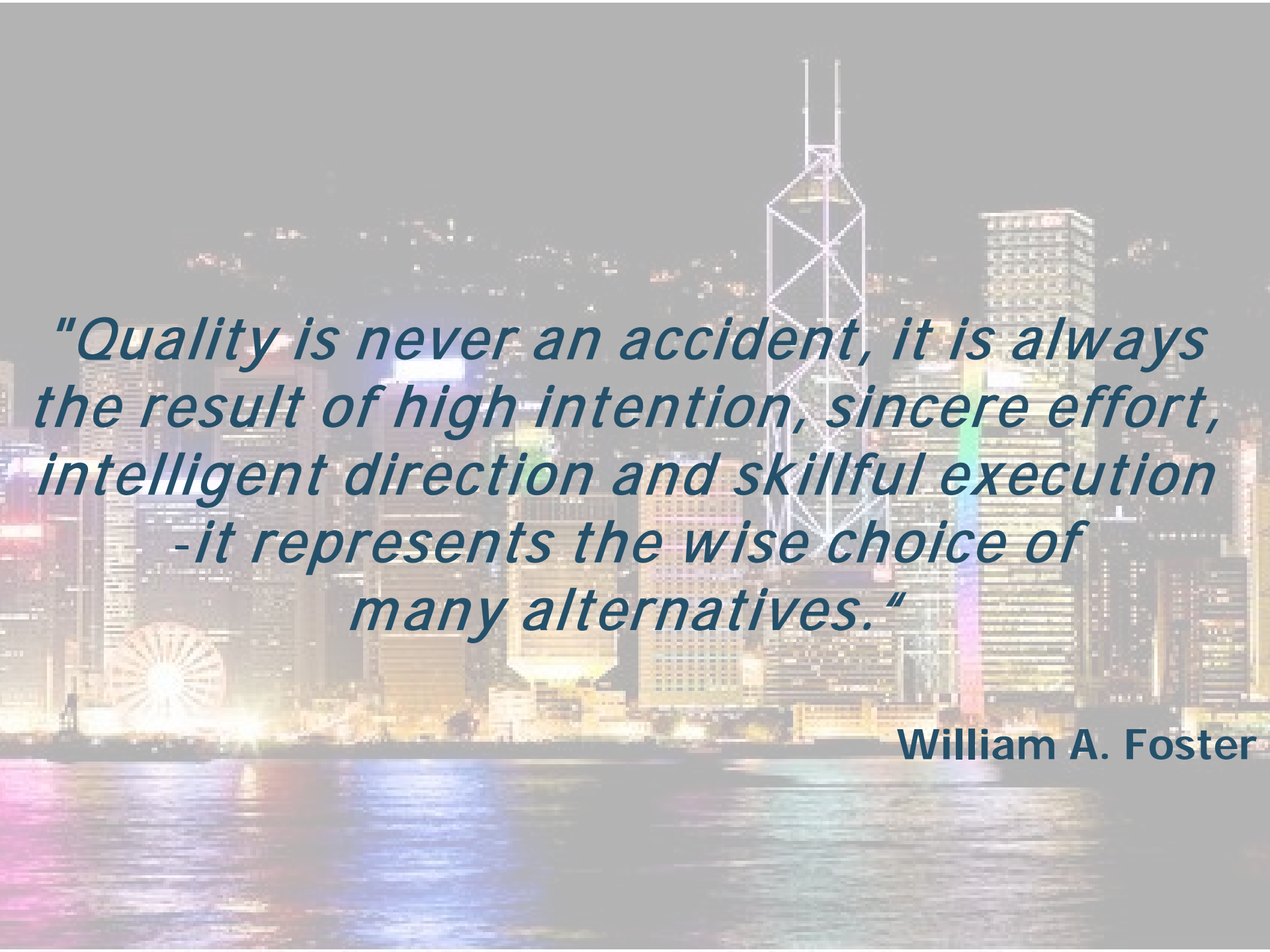


Strategies for Keeping People Healthier for Longer

- ❑ Understanding population priorities and demographics for health, social care and wellbeing
- ❑ Aligning cross-government policy, strategy, resources and outcome measures for maximum population benefit - *Health in all policies*
- ❑ Aligning regulatory framework, workforce planning and measures to promote delivery and performance in integrated care approach
- ❑ Engaging with managers, clinicians and patients to optimise care and wellbeing
- ❑ Optimising accessible information and technology

What does success look like...?

- ❑ People are at the centre of their care and planning of their services
- ❑ Priorities are aligned to deliver best outcomes within available resources
- ❑ Staff are continuously developed and supported when things go wrong
- ❑ Intelligent information is used to drive and demonstrate improvements in care
- ❑ Strong leadership, governance, accountability and management emanate throughout the services
- ❑ Learning, openness and transparency are inherent
- ❑ Patients can be assured that high quality, safe services are being provided

A nighttime cityscape featuring a prominent Ferris wheel on the left and several illuminated skyscrapers, including a tall, white, lattice-structured tower in the center. The city lights reflect on the water in the foreground.

"Quality is never an accident, it is always the result of high intention, sincere effort, intelligent direction and skillful execution -it represents the wise choice of many alternatives."

William A. Foster