

IHF2013OSLO

38th World Hospital Congress



18–20th June 2013 Oslo Norway

Future Healthcare

– The opportunities of new technology

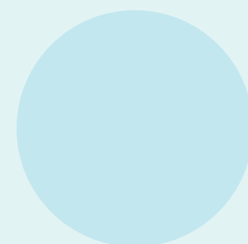


International
Hospital
Federation



We are proud to announce that
HRH Crown Prince Haakon of Norway
will attend the 38th World Hospital Congress,
Oslo2013

Welcome



Greetings from the Mayor of Oslo

It is a great pleasure to welcome you to Oslo, the capital of Norway and host city of the 38th World Hospital Congress!

Oslo has a diverse population of 630.000 people and a vibrant culture scene with concerts, festivals and exhibitions all year round. You have wisely chosen to come here during summer, when the weather is warm and sidewalk cafes, parks, and the city's natural surroundings fill up with happy and sun-loving people. Oslo is always pleasant, but this is the perfect time to come.

This is a city with a rich history and many great artists, and there are museums for all tastes here. There should be no problem filling your spare time, and I hope you will have a very pleasant stay in Oslo.

Fabian Stang
Mayor

Greetings from the Norwegian Minister of Health and Care Services

Cooperating internationally on health issues serves many purposes, such as: contributing to solving the health challenges that do not stop at borders; exchanging knowledge; developing nationwide schemes for effectively preventing and combating disease; and, helping to improve the overall health situation in Norway's vicinity and in other parts of the world.

We are proud to welcome the delegates of the 38th World Hospital Congress to Norway. Our focus is on the opportunities of new technology and better access to health services. I am looking forward to the cooperation and contributing to exchange knowledge across borders.

Jonas Gahr Støre
Norwegian Minister of Health and Care Services

Key information

Badges:

You will be issued name badge when you register for the congress. Please be aware that **you must wear your badge at all times**, and please bring it to the reception, hospital visits and congress dinner.

Wifi access:

Free wifi is available in all rooms at Oslo Spektrum, Oslo2013

Lunch and refreshments:

Complimentary lunch and refreshments will be available to all delegates in the expo-area every day. Tapwater is fine for consumption in Norway.

Reception at The Oslo City Hall 18th June at 19.00:

If you have registered for the reception at the Oslo City Hall you must pick up the invitation card at the congress venue prior to the event. You must bring your invitation to the reception. The Oslo City Hall is a 15 minute walk from Oslo Spektrum.

Address: Fr. Nansens plass 5. Dress code: Business attire.
All delegates are encouraged to wear their national costumes.

Congress Dinner at Oslo Spektrum 19th June at 20.00:

The Oslo Spektrum transforms into an exiting arena for the Congress Dinner Wednesday 19th June at 20.00. Dress code: Formal. The Flying Culinary Circus will put together a unique combination of dishes. Aperitif, mineral water and wine at the table is included. After the dinner avec can be bought at your own expense.

Press conferences:

Daily press conferences at Room 7 mainly for journalists. Time and subjects will be announced. Email: press@oslo2013.no

Non smoking:

Oslo Spektrum is a non-smoking area.

Poster exhibition:

Posters are available on www.oslo2013.no

Hospital visits:

If you already have registered for hospital visits, you can find more information on page 24. If you would like to join but have not registered yet, please contact the info-desk. Note you can only participate in one hospital visit a day. A light snack will be served, but it is smart to bring along something to drink. Dress code: Informal and good shoes.

Contact:

www.oslo2013.no email: info@oslo2013.no
www.ihf-fih.org email: info@ihf-fih.org tel: +41 (0) 22 850 94 20
www.nsh.no email: nsh@nsh.no tel: +47 22 40 25 50

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IHF2013OSLO





The International Hospital Federation (IHF)

The International Hospital Federation (IHF) is the successor to the International Hospital Association, which was established in 1929 after the first International Hospital Congress in Atlantic City, USA. The Association ceased to function during the Second World War, but was revived with a new title in 1947 by some of the pre-war members, under the presidency of the late Dr. René Sand of Belgium. It is constituted under the Civil Code of Switzerland. The Secretariat which since 1947 was based in London, has now moved to Geneva, Switzerland.

The International Hospital Federation (IHF) is an international non-governmental organisation, supported by members from over 100 countries. As the worldwide body for hospitals and healthcare organisations it develops and maintains a spirit of cooperation and communication among them, with the primary goal of improving patient safety and of promoting health in underserved communities.

The IHF vision is to become a world leader in facilitating the exchange of knowledge and experience in health sector management. Through the dissemination of evidence-based information, IHF will help improve patient care quality around the globe. World Hospital Congress is an initiative of IHF and is a congress taking place every second year.



Thomas C. Dolan,
President International Hospital Federation

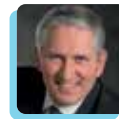
As president of the International Hospital Federation, it is my pleasure to welcome you to the World Hospital Congress. As the worldwide body for hospitals and healthcare organizations, IHF develops and maintains a spirit of cooperation and communication among them, with the primary goal of improving the health of society. It contributes to better health for all people around the world through the advancement of appropriate and properly-managed healthcare organizations and facilities; enhances the performance of healthcare organizations by supporting initiatives to improve their responsiveness, efficiency, effectiveness, equitable access and quality of care; and offers a platform for free exchange of ideas, expertise and information among the global community of healthcare organizations and management professionals. Oslo2013 embodies all of these objectives. An international scientific committee and our Norwegian colleagues have put together a truly remarkable program. I am delighted you have joined us.



Eric de Roodenbeke,
CEO International Hospital Federation

I am confident that Oslo2013 will be a fruitful learning event with many opportunities for expanding your professional network in a friendly atmosphere. By participating at the 38th World Hospital Congress, you have made a very cost effective choice: within few days you will be able to grasp strategic insights on healthcare from all around the world with information and knowledge delivered from the primary source. Who can be better placed than representatives of national healthcare organization to share the latest developments from their country?

The exhibition area enables networking and interaction with selected partners. Do not hesitate to stop by IHF booth and if you have any special request, please ask, we are always happy to support our members and to welcome new members. Enjoy your congress, take advantage of Oslo's beautiful environment and save the date in your calendar for October 2015 in Chicago USA.



Erik K. Normann,
President Norwegian Hospital and Health Service Association (NSH)

As president of the Norwegian Hospital and Health Service Association, member of the International Hospital Federation, it is a great honor to welcome you all to IHF 38th World Hospital Congress in Oslo, Norway. Let us use this unique opportunity to exchange knowledge about performance, development and management of hospitals and health care services in the different parts of the world. Let us use this opportunity to make a difference!

Despite the huge variations between the different parts of the world, we face some of the same challenges – how to use our resources efficiently, and how to find solutions especially for financing the future healthcare. The answers to some of these challenges is new technology that breathes new life into services. This is reflected in the core theme of the congress - how new technology can make a change and give new opportunities for healthcare delivery whether in hospitals or in the primary healthcare. Let's enjoy the time together. Welcome!



May Britt Buhaug,
Secretary General Norwegian Hospital and Health Service Association (NSH)

The World Hospital Congress was held in Norway for the first time in 1979, and we are excited to host the congress again. In 2010 we started working towards creating an event that will inspire and update delegates from all over the world. The process of planning this congress has been a great challenge and inspiration to our organisation and I wish to express my gratitude to each and every one who has contributed with their knowledge, hard work and inspiration.

Our wish is that your days at Oslo2013 will give you knowledge, contacts, inspiration and motivation for all your hard work in FUTURE HEALTHCARE and to make the best possible use of the opportunities of new technology.

Welcome to Oslo2013!

Norwegian Organising Committee



Erik K. Normann
President
NSH



Rolf Windspoll
Vice President
NSH



Anita Lyssand
Board member
NSH



Bernadette Kumar
Board member
NSH



Anne-Karin Nygård
Honorary member
NSH



May Britt Buhaug
Secretary General
NSH

International Scientific Committee

Bernadette Kumar President Scientific Committee, Norway

Thomas C. Dolan USA

Lawrence Lai Hong Kong

Helen Lapsley Australia

Eric de Roodenbeke IHF

Funmi Olatnji Nigeria

José Carlos Abrahão Brazil

Erik Fosse Norway

Anita Lyssand Norway

Norwegian Scientific Committee

Trine Magnus Northern Norway Regional Health Authority

Bård Lilleeng Stavanger University Hospital

Lars Lien National Competence Centre for Dual Diagnosis

Congress Secretariat

Anne-Mari Hernes Norway

Kine Martinez Norway

Sheila Anazonwu IHF

PCO services by Maccimum Event



Norwegian Hospital and Health Service Association (NSH)

NSH is an interdisciplinary members organisation for the healthcare sector in Norway. Among the members are all the public hospitals, numerous local authorities, municipalities, colleges, universities, patient organisations, professional organisations and private companies within healthcare.

NSH is a non-governmental organisation whose vision is to develop and create interdisciplinary arenas for healthcare professionals in the form of conferences, meetings and study tours. At these events, delegates have the opportunity to gain new and improved knowledge and to exchange experiences with their peers. By participating in contemporary and constructive debate and dialogue, the aim is to contribute to the creation of improved healthcare services for users. At the same time, NSH is striving to ensure equal healthcare access for everyone, and is actively working to make generally accepted ethical principles as a foundation of resource distribution and patient care at all levels.

NSH is a member of the International Hospital Federation (IHF) and the European Association of Hospital Managers (EAHM).

Ask Me About
MAGNET

What will Magnet®
nurses do
next?

Magnet nurses will be a leading force in creating and maintaining positive work environments through shared decision-making, exemplary professional practice, and innovative ideas. Highly satisfied with their work, Magnet nurses are empowered to lead interprofessional teams that focus on safety, quality improvement, and enhanced patient outcomes.

What will nurses do next? At Magnet-recognized organizations, the sky's the limit.

For more information about the ANCC Magnet Recognition Program®, visit www.nursecredentialing.com/Magnet

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 **ANCC**
AMERICAN NURSES CREDENTIALING CENTER
MAGNET

Visit the American Nurses Credentialing Center at Stand #39!

Program Overview, Oslo2013

Pre-Congress Events

Monday 17th June

- 09.00 - 16.00 **American Nurses Credentialing Center**, Radisson Blu Plaza Hotel
- 12.00 - 16.00 **KPMG Health Forum**, KPMG Building in Oslo
- 12.45 - 14.45 **Health Promoting Hospitals**, Oslo Spektrum
- 13.00 - 16.00 **DNV Business Assurance**, Oslo Spektrum
- 14.00 - 17.00 **IHF Group Purchasing Chapter**, Oslo Spektrum
- 15.00 - 16.00 **IHF Members Forum**, Oslo Spektrum

Hospital Visits

Oslo University Hospital OR Akershus University Hospital

14.30 Departure Oslo Spektrum

17.30 Return to Oslo Spektrum



19.00 Boat trip – Oslofjord – 2 hours

	Tuesday 18th June	Wednesday 19th June	Thursday 20th June
07.30			GENERAL ASSEMBLY NSH
09.00	REGISTRATION Oslo Spektrum	PLENARY session No 2 Dr. Lydia Kapiriri, Canada and Professor Sissel Rogne, Norway	PLENARY session No 5 Seth Berkley, GAVI and Dr. Manuel Carballo, ICMH
10.00	OPENING CEREMONY IHF and NSH Jonas Gahr Støre, Norwegian Minister of Health and Care Services	PARALLEL session No 3 Belgium, Usa, Taiwan, Norway, UIA and Free Papers	PARALLEL session No 5 Finland, France, Portugal, Norway, WHO and Free Papers
11.00	BREAK / EXPO / POSTERS	BREAK / EXPO / POSTERS	BREAK / EXPO / POSTERS
12.00	PLENARY session No 1 Dr. Margaret Chan, WHO	PLENARY session No 3 Sir Liam Donaldson, UK	PLENARY session No 6 FOR - Operating room of the future
13.00	LUNCH / EXPO / POSTERS	LUNCH / EXPO / POSTERS	CLOSING CEREMONY , IHF and NSH
14.00	PARALLEL session No 1 USA, Nigeria, Finland, Norway, WHO and Free Papers	PARALLEL session No 4 HIMSS, Korea, Geneva, Norway, IHF, Philippines, Pakistan	LUNCH / EXPO / POSTERS
15.00	BREAK / EXPO / POSTERS	BREAK / EXPO / POSTERS	WORKSHOP Oslo Medtech, Intervention Centre
16.00	PARALLEL session No 2 Hong Kong, Brazil, Dubai, Norway, IHF and FK	PLENARY No 4 Main partners: Accenture, HP, Microsoft	HOSPITAL VISITS Oslo University Hospital or Akershus University Hospital 14.30 Departure Oslo Spektrum 17.30 Return to Oslo Spektrum
17.00		GENERAL ASSEMBLY IHF	
18.00			
19.00	RECEPTION Oslo City Hall		
20.00		APERITIF AND CONGRESS DINNER The Flying Culinary Circus Oslo Spektrum	
21.00			

Social events



Photo © VisitOSLO/Nancy Bundt

Boat trip – Oslofjord

On Monday 17th June a boat trip will be organised in the evening. Refreshments will be available for purchase on board.

When: 17th June, 19.00–21.00
Where: Akershusstranda 11



Dresscode: Casual

The Oslofjord - a summer paradise

The 100-km-long Oslofjord is the scenic gem of the Oslo area. In the summer the fjord buzzes with life.

Each of the islands in the innermost part of the fjord has its own characteristics and history. At Hovedøya you can glance at the busy city while relaxing on the beach.

Our cruise will sail between the many islands and inlets in the inner Oslofjord.

Reception at the Oslo City Hall

Hosted by the Mayor of Oslo, Fabian Stang.

When: 18th June, 19.00–20.30
Where: Oslo City Hall, Borggården
Dresscode: Business/National costumes

Light refreshments will be served. This event is free of charge. You need to secure your invitation through the Oslo2013 webshop to ensure entry.

If you have registered for the reception at the Oslo City Hall you have to pick up your invitation card at the congress venue (information desk). Please bring your invitation card to the reception.

The Oslo City Hall is a 15 minute walk from the Oslo Spektrum.

Oslo City Hall (Norwegian: Oslo Rådhus) houses the city council, city administration, and art studios and galleries. The construction started in 1931, but was paused by the outbreak of World War II. Its characteristic architecture, artworks and the Nobel Peace Prize ceremony, held on 10th December, makes it one of Oslo's most famous buildings. It was designed by Arnstein Arneberg and Magnus Poulsson. The roof of the eastern tower has a 49-bell carillon which plays every hour.



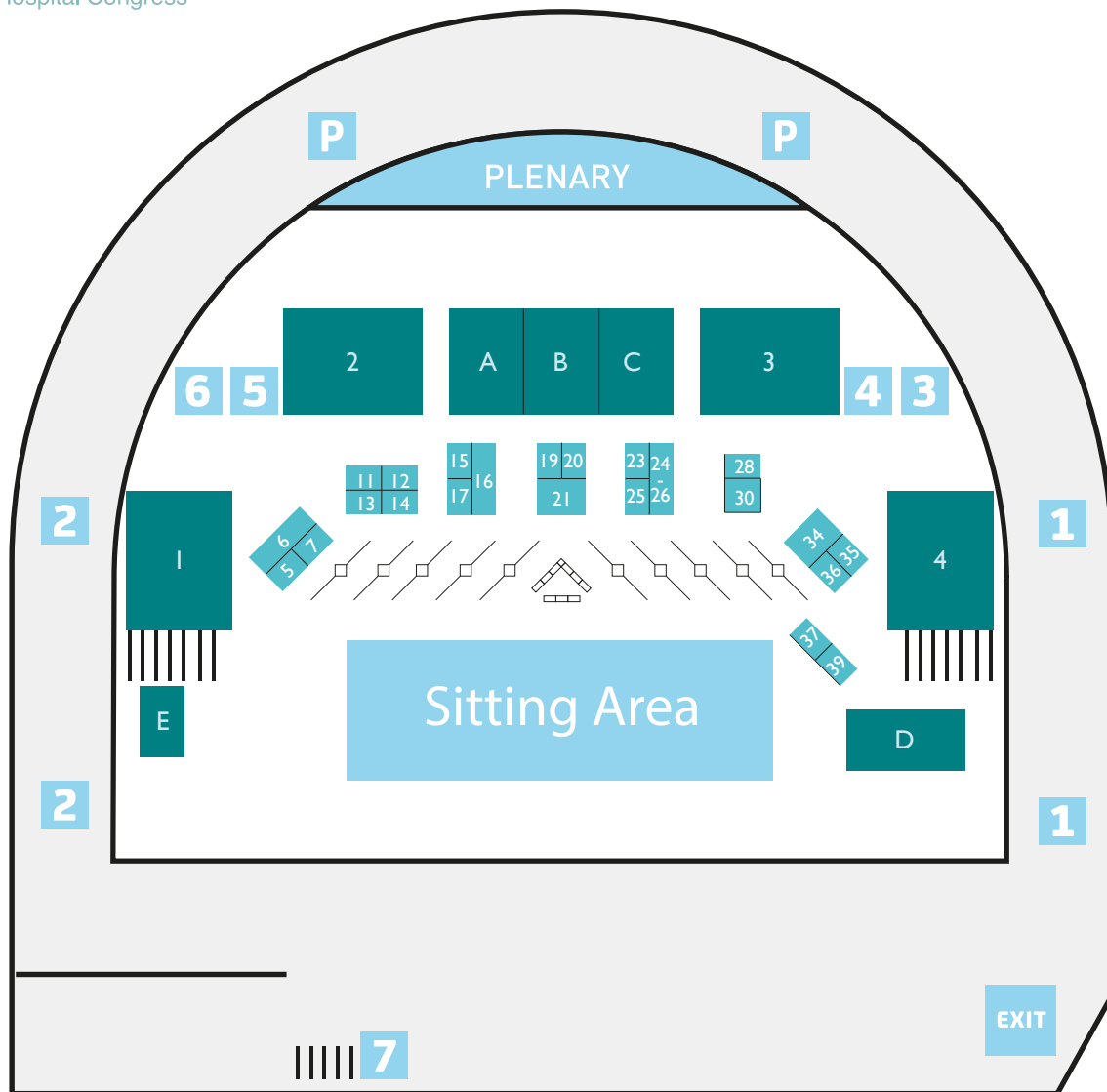
Congress Dinner

Wednesday evening Oslo Spektrum will transform into an exciting arena for the Congress Dinner by The Flying Culinary Circus. Music by Alexander Rybak, Eurovision Song Contest Winner 2009.

When: 19th June, 20.00–23.00
Where: Oslo Spektrum, Sonja Henies Plass 2
Dresscode: Formal

The Flying Culinary Circus will put together a unique combination of dishes. Aperitif and wine at the table is included. After the dinner avec can be purchased at your own expense.





Main partners

- A Microsoft
- B HP
- C Accenture

Water facilities

- E Pure Water

Restaurant stands

- 1 NSH
- 2 DIPS
- 3 Max Manus
- 4 Quiché

Innovation pavilion

- D Oslo Medtech

Partner stands

- | | |
|-----------------------------|------------------------|
| 5 Press Area | 23 Swisslog |
| 6 Onemed | 24 Ernst & Young |
| 7 Sykehuspartner | 25 Nytt Østfoldsykehus |
| 11 SK Telecom | 26 imatis |
| 12 Deloitte | 28 UHC |
| 13 Siemens | 30 Epic |
| 15 PPS | 34 Epic |
| 16 Tieto | 35 Himss |
| 19 DNV | 36 SHP |
| 20 KPMG | 37 Kjeller Innovasjon |
| 21 St. Olavs Hospital (FOR) | 39 ANCC |



AMERICAN NURSES CREDENTIALING CENTER

Time: 09.00–16.00
Place: Radisson Blu Plaza Hotel (adjacent to the Oslo Spektrum)
Theme: Healthcare Excellence Through the Power of Nursing
Dr. Erik Normann, President of the Norwegian Hospital and Health Service Association, and **Eli Gunhild By**, President of the Norwegian Nurses Association will offer the opening remarks.

Speakers:

Dr. Linda H. Aiken, PhD, RN, FAAN, FRCN, will speak about Superior Outcomes for Magnet Hospitals: New Evidence

Dr. Karen Drenkard, PhD, RN, NEA-BC, FAAN will present The Business Case for Magnet and the benefits of the Pathway to Excellence Program.

Dr. Stephanie Ferguson, PhD, RN, FAAN, will speak on Global Issues in Nursing Leadership.

Dr. Franz Wagner, MSc, RbP will present the closing keynote address: Striving for Quality of Care and Nursing Excellence in Europe: Recommendations for the Way Forward.

Panel Discussion: Beginning the Journey to Excellence: A Global Perspective

Paul De Raeve, Secretary General of the European Federation of Nurses Association (EFN), How Can Nurses in Europe Best Improve Quality Within the Context of a Changing Health Environment in Europe? The Current Situation in the EU with Nurses and Nursing Care.

Petrie Roodbol, PhD, MSN, RN, Head of Wenckebach Institute of the University Medical Center of Groningen, Netherlands, Challenges and Opportunities for the Academic Community: The Impact of Advanced Practice Nursing in Europe Towards the Journey to Excellence.

Dr. Karen K. Bjørø, RN, PhD, second vice-president of the Norwegian Nurses Association, The Norwegian Perspective: Challenges and Opportunities

Registration fee: US \$199. More information and registration <http://www.nursecredentialing.org/Oslo.aspx>

KPMG HEALTH FORUM

Time: 12.00-16.00
Lunch and registration from 11.30
Place: KPMG building in Oslo, Sørkedalsveien 6, Majorstua
Theme: Quality, benchmarking and financing of healthcare services – Innovative solutions for the future

Speakers:

Lisbeth Normann, Director Healthcare, KPMG Norway

Dr. Mark Britnell, KPMG's global head of health with more than 20 years of international health sector experience in a broad range of leadership positions, including NHS – National Health Service UK

Dr. Marc Berg, KPMG's Centre of Excellence. Marc has been responsible for major policy developments in areas such patient safety, payment systems for healthcare services and benchmarking of hospitals internationally and in the Netherlands

Professor Jon Magnussen from the Norwegian University of Science and Technology, one of Norway's foremost health economists

Magne Lerø, editor of the weekly journal Management, highly renowned publication on management issues
Welcome!

THE PRESENTATIONS WILL BE IN NORWEGIAN AND ENGLISH

Program and registration: Registration free of charge: <http://kurs.kpmg.no/980038>

For more information, please contact Anne Berit Rafoss, anne.berit.rafoss@kpmg.no, Ph: +47 40639406

IHF GROUP PURCHASING CHAPTER

Time: 14.00-17.00
Place: Oslo Spektrum
Theme: The role of hospital purchasers in innovation and sustainable procurement

Speakers:

Carole Gandon, International and innovation manager, Resah-idf, F

Anne Smetana, Head of section, Southern Danish Health Innovation, DK

Marit Holter-Sørensen, Head of Section, Department for Public Procurement, Agency for Public Management and eGovernment, N
Ronny Bjørnevag, Project Manager, Lyngdal kommune, N

Eva Dalenstam, Project Manager, Swedish Environmental Management Council, S

Jeroen Veenendaal, Manager Strategic Procurement, ERASMUS MC, NL

Panel Discussion:

The viewpoint of suppliers & expectations of the industry toward public buyers

Moderator: Alyson Brett, Chief Executive Officer, NHS Commercial Solutions, UK

Speakers:

Mauricio Barbosa, CEO, Bionexo, BR
Mette Eriksen, Head, DNV Department on Sustainability DNV Business Assurance DNV Business Assurance, N

Laura Rygielski Preston, FACHE, Vice President, Global Healthcare Practice, Trane Ingersoll Rand (USA)

Christina Bivona-Tellez, Health and Human Services Industry Manager, ESRI, US

Tickets available free of charge for Oslo2013 delegates.



International
Hospital
Federation



International Network of
Health
Promoting
Hospitals & Health Services



Bureau of Health Promotion,
Department of Health, Taiwan

THE INTERNATIONAL NETWORK OF HEALTH PROMOTING HOSPITALS AND HEALTH SERVICE

Time: 12.45–14.45
Place: Oslo Spektrum
Theme: Innovative Value-adding Hospital Management in an NCD Era: Act NOW!

Speakers:

Dr. Shu-Ti Chiou, Bureau of Health Promotion, Department of Health Taiwan, will present: Towards active and healthy aging: a framework of age-friendly hospitals

Dr. Eric de Roodenbeke, IHF, will present: Delivering healthcare in an era of aging and austerity: threats and opportunities for hospitals

Professor Hanne Tønnesen, Bispebjerg University Hospital, Denmark, Clinical Health Promotion Centre (WHO-CC), will present: Better health gain when providing care: the WHO model of Health Promoting Hospitals and Health Services

Dr. Tung-Hao Chang, Changhua Christian Hospital, Taiwan, will present: Adding value and saving lives: integrating cancer prevention and control in hospital services

Professor Ida Bukholm MD., MPH., PhD, Akershus University Hospital, Norway

Synopsis:

The world's population of persons aged 60 and over is expected to reach 2 billion by 2050. Older persons have higher needs of healthcare utilization. The Health Promoting Hospitals (HPH) incorporates the concepts, values and principles of health promotion into the culture and daily operations of hospitals. Health promotion, disease management and patient safety interventions delivered in and by hospitals have been shown to improve older persons' health outcomes. The session will showcase strategies and projects from the International Network of HPH, International Hospital Federation and experience sharing from Taiwan on what hospitals can do to cope with the era of non-communicable disease.

Tickets available free of charge for Oslo2013 delegates.



DNV BUSINESS ASSURANCE

Time: 13.00-16.00
Place: Oslo Spektrum
Theme: Managing risk in healthcare; from environmental risks to patient safety

Speaker

Welcome

Karen Timmons, Global Healthcare Business Director, DNV Business Assurance

How do you know you are safe?

Elaine Maxwell, Assistant Director, Health Foundation, UK

How to improve patient safety - views from the ward.

Jo Inge Myhre, Intern, Innlandet Hospital Trust, Gjøvik and IHI

Coffee and Fruit

Quality Systems and Risk Management in healthcare.

Inger-Marie Blix, Lead Auditor, DNV Business Assurance

Ole Johan Dahl, Senior Principal Consultant, DNV Business Assurance

Experience sharing: using management systems to improve daily operations.

TBA, Vestre Viken Hospital Trust, Bærum

How to convince clinicians to think green - implementation of ISO 14001.

Morten Taraldsvik, Lead Auditor, DNV Business Assurance

Summary

Stephen Leyshon, Researcher and Advisor in Patient Safety, DNV Business Assurance

Tickets available free of charge for Oslo2013 delegates.



IHF MEMBERS FORUM

Time: 15.00–16.00
Place: Oslo Spektrum
Theme: Scenarios for Sustainable Health Systems

The IHF Members Forum brings together the membership network and staff of the Federation to discuss issues which concern present and/or future management or role of healthcare associations within health systems. Attendance is also open to Congress delegates. The meeting is held in conjunction with the 38th World Hospital Congress.

Speaker:

Dr. Gary M. Phillips, Head, Healthcare Industries, World Economic Forum
No pre-registration necessary. Free of charge for Oslo2013 delegates.

Chair:

Thomas C. Dolan, PhD, FACHE, President, IHF and President Emeritus, ACHE

Plenary speakers



Keynote welcome speaker
Jonas Gahr Støre

Paving the way for global health-care, the Norwegian experience: Past gains, the current agenda and aspirations for the future

Jonas Gahr Støre is Norwegian Minister of Health and Care Services. Gahr Støres background includes 7 years as Minister of Foreign Affairs and 2 years as Secretary General, the Norwegian Red Cross.

Gahr Støre was Executive Director (Chief of Staff) in the World Health Organization under the leadership of Dr. Gro Harlem Brundtland.

Chair:
Dr. Bernadette Kumar, President Scientific Committee, Oslo2013



Plenary 1
Dr. Margaret Chan

Maintaining the momentum of better health globally for the 21st century - Are innovation and technology game changers for the future?

Dr. Margaret Chan is the Director General of World Health Organization (WHO), appointed by the World Health Assembly on 9th November 2006. Dr. Chan's new term began on 1st July 2012 and continues until 30th June 2017. Before being elected Director General, Dr. Chan was WHO Assistant Director General for Communicable Diseases as well as Representative of the Director General for Pandemic Influenza. Prior to joining WHO, she was Director of Health in Hong Kong.

Chair:
Dr. Bjørn Guldvog, Director General, The Norwegian Directorate of Health



Plenary 3
Sir Liam Donaldson

Patient safety in the Age of Technology

Sir Liam Donaldson is a global leader in public health and healthcare quality and safety. Sir Liam was Chief Medical Officer for England, and the Government's senior medical adviser and Member of the Executive Board of the World Health Organization (WHO).

Sir Liam served as the Chairman of the WHO World Alliance for Patient Safety. Sir Liam is the author of over 170 papers in peer-reviewed journals and co-author of a standard textbook on public health.

Chair:
Dr. Karen Bjørø, PhD, Second Vice President, The Norwegian Nurses Association



Plenary 2
Dr. Lydia Kapiriri

Ethical dilemmas healthcare professionals face making just and fair choices in the age of technology: Experiences from low and middle income countries

Given the rapidly changing healthcare environment, the plethora of providers and innovations in technology there are ethical dilemmas that healthcare professionals and patients face constantly in making just and fair choices.

Dr. Kapiriri, will highlight these ethical dilemmas faced, in particular, by low and middle income countries in making these choices. How do these dilemmas differ in the more affluent parts of the world?



Plenary 2
Professor Sissel Rogne

Rapidly growing, easily accessible and inexpensive technology

Professor Sissel Rogne has been Director General of the Norwegian Biotechnology Advisory Board since 1999. She has been 10 years in medical research and 10 years in bioresearch. She has been professor in biotechnology since 1992, currently part-time at University of Bergen, Department of Global Public Health and Primary Care, and part time at the University for Life Sciences, Department of Ecology and Nature Management. Rogne has broad experience from research in medicine, aquaculture and agriculture, including 6 years as director of research at the Agricultural University of Norway, and has been board member of a number of research councils, research programs, research institutes, as well as investment funds.

Chair: Thomas C. Dolan, PhD, FACHE, President IHF and President Emeritus, ACHE

Plenary 4 Main Partners



Right care. Right time. Right place. The changing role of hospitals in new care models

Accenture mandated a research study in collaboration with the leading MBA business school IESE in Barcelona. The aim of the study is to identify the fundamental design criteria and drivers that will shape the health-care model of the future, and to analyze the impact these changes will have on large hospitals. The findings will be discussed with a selected panel.

Panelists:

Dr. Magdalene Rosenmøller, IESE Business School
Joan Bigorra, Director Innovation, Hospital Clínic Barcelona
Pablo Borrás, Managing Director, Accenture Spain



Integrated Healthcare Management

Arve-Olav Solumsmo, Host at HP's Health Center of Excellence at Akershus University Hospital, Norway



Real Impact of ICT in Health: Pain, Progress and Promise

Dr. Bill Crouse, M.D. Senior Director, Worldwide Health Worldwide Public Sector, Microsoft Corporation
Dr. Helge Stene-Johansen, M.D. Director of Organisational Development, Sykehuset Østfold

Chair:

Dr. Bernadette Kumar, President Scientific Committee, Oslo2013



Plenary 5 Seth Berkley M.D.

Equal access to lifesaving technology – the power of vaccine

Seth Berkley joined the GAVI Alliance as CEO in August 2011, as it launched its five year strategy to immunise a quarter of a billion children in the developing world with life-saving vaccines by 2015.

Prior to joining the GAVI Alliance, Seth was the founder, president and CEO for 15 years of the International AIDS Vaccine Initiative (IAVI), the first vaccine product development public-private sector partnership.

The Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry, technical agencies, civil society, the Bill & Melinda Gates Foundation and other private sector partners.



Plenary 5 Dr. Manuel Carballo

Changing world demography and implications for access to healthcare

Executive Director, International Centre for Migration, Health and Development (ICMHD), Switzerland.

Former Chief of Social and Behavioral Research, Global Program on AIDS, former Public Health Advisor Bosnia and Herzegovina, adjunct Professor of Clinical Public Health at the Columbia School of Public Health.

Chair:

Dr. Camilla Stoltenberg, Director General, The Norwegian Institute of Public Health



Plenary 6 FOR (Operating Room of the Future)

Live operation!

Witness the spectacular live broadcast from a surgical procedure at the Operating Room of the Future, St. Olavs Hospital. This session will be from the neuro-surgical clinic where Professor Geirmund Unsgård M.D, Director of Clinic, Neuro surgery will perform the procedure.

During the operation a presentation of Operating room of the Future will be held by Professor Hans Olav Myhre M.D and Managing Director Jan Gunnar Skogås, The FOR-project, St. Olavs Hospital.

Chair:

Professor Stein Kaasa, Deputy Managing Director, St. Olavs Hospital



Hans Olav Myhre



Jan Gunnar Skogås



Geirmund Unsgård

08:00–16:00

08:00	Registration
09:45-10:45	Opening Ceremony HRH Crown Prince Haakon of Norway will attend
10:45-11:30	Paving the way for global health care. The Norwegian experience: Past gains, the current agenda and aspirations for the future Jonas Gahr Støre, Norwegian Minister of Health and Care Services
11:30-12:00	Break / Expo / Posters
12:00-13:00	Maintaining the momentum of better health globally for the 21st century - Are innovation and technology game changers for the future? Dr. Margaret Chan, WHO
13:00-14:00	Lunch / Expo / Posters



14:00–15:30 Parallel Sessions

Room 1	Room 2	Room 3
<p>American Hospital Association Equity in care: Eliminating healthcare disparities and promoting diversity in healthcare</p>	<p>Kuopio University Hospital Vertical integration in the Finnish healthcare reform</p>	<p>Lagos State Health Service Commission The effect of health sector reform on healthcare</p>
<p> Richard J. Umbdenstock <i>American Hospital Association</i></p> <p> Teri Fontenot <i>Woman's Hospital, Louisiana</i></p> <p> Benjamin Chu <i>Kaiser Permanente Southern California</i></p> <p> Disparate care and a lack of diversity are not just problems of the U.S. However, racial and ethnic minorities are projected to become a majority of the U.S. population by 2042 coupled with legislative changes have brought the issue to the forefront of public policy. As part of a larger quality improvement journey, the AHA is committed to change and have partnered with four national healthcare organisations to increase consistent and meaningful data collection, training in cultural competency and diversity in leadership positions so we can improve care to every patient and provide true equity in care.</p>	<p> Risto Miettunen <i>Kuopio University Hospital District</i></p> <p> Liisa-Maria Voipio-Pulkki <i>Health Services Group, Ministry of Social Affairs and Health</i></p> <p> Marina Erhola <i>National Institute for Health and Welfare</i></p> <p> Jorma Penttinen <i>Kuopio University Hospital</i></p> <p> The governance structure for the Finnish healthcare and social welfare system will be reformed. This is taking place in conjunction with a structural change in municipalities, retaining their general responsibility for organising healthcare and social welfare services also in the future. This change process is being led by the respective ministries, and the timeline for implementation will be starting year 2015. A key element in the development is integration, both horizontally between social welfare and healthcare and vertically between primary to tertiary level healthcare service providers. This session will focus on the vertical dimension, providing more detailed information about the legislative process, new structures to be implemented, and also an overview of how the implementation will take place.</p>	<p> Adeleke Pitan <i>Lagos State Health Service Commission</i></p> <p> Yewande Adeshina <i>Lagos State Ministry of Health</i></p> <p> Oladipo Awosika <i>Lagos State Health Service Commission</i></p> <p> Ahmid Balogun <i>Lagos State Health Service Commission</i></p> <p> Centralised healthcare delivery with a high number of out of pocket expenses for healthcare services was predominant in Lagos in particular and Nigeria in general prior to the reform in the health sector. After passing into law the health sector reform bill and its implementation, many positive changes and improvement were observed in the quality of healthcare services. Some of the areas of focus of the reform are: human resource for health, healthcare financing, revitalisation of the primary healthcare system to mention a few. All these are to ensure prompt and qualitative healthcare delivery.</p>

15:30-16:00 **Break / Expo / Posters**

Room 4	Room 5	Room 6
<p>Norwegian Hospital and Health Service Association - NSH Healthcare in transition, the Norwegian coordination reform</p>  Björn Erikstein <i>Oslo University Hospital</i>  Bent Høie <i>The Standing Committee on Health and Care Services</i>  Sigrun Vågeng <i>The Norwegian Association of Local and Regional Authorities, KS</i>  Trond Brattland <i>Municipality of Tromsø</i>  Guro Birkeland <i>The Norwegian Patient Association</i>  Bente Mikkelsen <i>WHO</i> <p>Norway has a full coverage, state funded specialised healthcare system. Our population is ageing quickly, and more people need help for longer periods as patients now live longer with chronic conditions. The demand for specialist healthcare services increases rapidly, and we as a nation must deal with it. The coordination reform in broad terms is all about moving tasks from centralised and specialist health services to health services within the community, closer to the patients home. Health services within the community are planned to support and provide services more conveniently for the patient within their local community. The specialist healthcare must support and educate the primary healthcare and secure that the services to the public are as good as – or better than within the specialist healthcare. The reform aims at improving quality, patient satisfaction and empowerment while reducing the growth in healthcare spending.</p>	<p>World Health Organization (WHO) Progress and challenges on integrated care around the world – 2 hour session</p>  Hernan Montenegro <i>WHO Geneva, Switzerland</i>  Eric de Roodenbeke <i>International Hospital Federation</i>  Nicholas Goodwin <i>International Foundation for Integrated Care</i>  Sjoerd Postma <i>WHO Regional Office for the Western Pacific, Manila, Philippines</i>  Tsuyoshi Ogata <i>Chikusei Health Center, Ibaraki Prefecture, Japan</i>  Reynaldo Holder <i>WHO Regional Office for the Americas, Washington D.C, U.S.</i>  Irad Potter <i>Ministry of Health and Social Development British Virgin Islands</i>  Hans Kluge <i>WHO Regional office for Europe, Denmark</i> <p> Progress and challenges on integrated care around the world: the experiences of Europe, the Americas and the Western Pacific Regions</p> <p>Many health systems around the world are characterised by high levels of fragmentation of their health services. Fragmentation can lead to difficulties in access to services, poor quality services, inefficient use of resources and low user satisfaction with services. In an effort to tackle this problem, the WHO, its member states, and other development partners are working together to implement more integrated models of care, including the use of modern technologies to support them. This session will address the experiences, successes, challenges and lessons learned in implementing integrated care models in Europe, the Americas and the Western Pacific Regions.</p>	<p>Free Papers Abstract presenters</p>  Dr. Stener Kvinnsland , moderator <i>CEO, Haukeland University Hospital, N</i>  Torhild Heggstad, N Analysing service performance and changes – potential and experiences from using routine data in managing mental healthcare  Lene Lunde, N Development and implementation of a downscaled method for health technology assessment (Mini-HTA) in Norwegian hospitals  Karin Bakkelund, N Increased use of the prehospital services- what to expect in 2030?  Mian-Yoon Chong, T A model of integrated health services for long-term care at remote regions in Taiwan  Einar Amlie, N A tool for continuous quality surveillance in orthopaedic surgery  Rodolphe Bourret, F Development of a one-day clinic to develop integrated care for major comorbidities of chronic noncommunicable diseases (NCDs)

15:30-16:00 Break / Expo / Posters

14:00-15:30 Parallel Sessions

16:00–20:30

16:00–17:30 Parallel Sessions

Room 1	Room 2	Room 3
<p>Hospital Authority, Hong Kong SAR China Developing clinical information technology for public hospitals healthcare institutes</p>	<p>CNS (National Health Confederation) and ANAHP (National Private Hospitals Association) Brazils healthcare evaluation systems - quality, safety and payment model</p>	<p>Dubai Health Authority Health regulation in Dubai</p>
<p> Chor Chiu Lau <i>Hospital Authority</i>  Ngai Tseung Cheung <i>Hospital Authority</i>  Chun Bon Law <i>Hospital Authority</i>  Chun Por Wong <i>Hospital Authority</i></p> <p>The Hospital Authority (HA) is responsible for all the public hospital services in Hong Kong with 27041 hospital beds and annual discharges and deaths of 981639 in 2011/12. Information technology (IT) development is one of the major innovations implemented to facilitate high quality safe and efficient healthcare. The session will review 3 programs and share the experience and achievement with international colleagues (Dr. Lau)</p> <ol style="list-style-type: none"> 1 Building clinical IT to support high quality efficient care for the entire population of Hong Kong (Dr. Cheung) 2 Electronic prescribing in an acute hospital ward - challenges and solutions (Dr. Law) 3 Reducing hospital readmissions by leveraging risk prediction analytics with a call center service (Dr. Wong) 	<p> Thelma Rezende <i>Brazilian National School of Public Health</i>  Bruno Sobral <i>National Regulatory Agency for Private Health Insurance</i>  José Cechin <i>Private Healthcare Insurance and Plans National Federation</i>  Daniel Coudry <i>Brazilian National Association of Private Hospitals</i></p> <p>The goal of this session is to present the management challenges of the Brazilian private healthcare system, and also current proposals and implementation of healthcare providers and payers service and quality evaluation systems. The provider's performance evaluation models have an innovative experience with ANAHP's indicators system, SINHA and Best Practices Project, both disclosed in the annual magazine "Observatorio ANAHP". A payer evaluation system is in place, sponsored by the National Regulatory Agency. The evaluation models have focus on continuous quality and safety improvement for the patient and is intended to subsidise a future pay for performance model and a greater user control of the services provided.</p>	<p> Albetsam Bastaki <i>Dubai Health Authority</i>  Amer Ahmad Sharif <i>Dubai Health Authority</i>  Ramadan Ibrahim <i>Dubai Health Authority</i></p> <p>In the United Arab Emirates (UAE) in general and in the Emirate of Dubai in particular, health services have developed greatly in the past 40 years and there have been enormous health improvements in the population. The health sector is growing rapidly with private sector investment which has called for the regulation of this sector to match this rapid growth and to be in line with international best practices. In this presentation, using the Emirate of Dubai Health Regulation Department experience we examine the spectrum of services that the department is offering. This ranges from clinical governance and medical complaints, registration and licensure of healthcare professionals and health facilities, dictating regulations and policies that govern the health professionals as well as the health facility services in addition to quality assurance and inspections to ensure autonomy and quality services.</p>

19:00-20:30 Reception, Oslo City Hall



16:00–20:30

Room 4	Room 5	Room 6
<p>Norwegian Hospital and Health Service Association - NSH Patient safety campaign, the Norwegian model</p>	<p>IHF University Hospital Chapter Perspectives on shared challenges and opportunities to improve healthcare around the world</p>	<p>FK Norway, European ESTHER Alliance, THET and WHO APPS International cooperation through high quality hospital partnerships: challenges and opportunities</p>
<p> Anne Karin Lindahl <i>National Unit for Patient Safety</i></p> <p> Maiken Engelstad <i>Deputy Director General</i></p> <p> Anne-Grete Skjellanger <i>Patient Safety Campaign</i></p> <p> Ellen Tvetter Deilkås <i>Patient Safety Campaign</i></p> <p>1) A national patient safety campaign: experiences from Norway</p> <p>2) Patient safety culture – opportunities and challenges with making a national effort</p> <p>3) Mapping patient harm at the national level using Global Trigger Tool data from all health trusts</p>	<p> Irene Thompson <i>University HealthSystem Consortium</i></p> <p> Richard Lofgren <i>University HealthSystem Consortium</i></p> <p> Risto Miettunen <i>Kuopio University Hospital</i></p> <p> Shou-Jen Kuo <i>Changhua Christian Hospital</i></p> <p>This session examines the unique role university hospitals play in the healthcare system of several regions of the world. University hospital administrators and physicians will share their perspectives on the critical issues facing university hospitals including governance, quality and safety, relationships with community providers, and training and education, among others. The panelists will provide examples and case studies on how these issues are and can be addressed to advance the missions of university hospitals and demonstrate leadership in delivering the highest quality care.</p>	<p> Bjarne Garden <i>Norwegian Agency for Development Cooperation</i></p> <p> Shams B. Syed <i>WHO Patient Safety, APPS team</i></p> <p> Andrew Jones <i>Tropical Health and Education Trust</i></p> <p> Jérémie Biziragusenyuka <i>ESTHER Alliance</i></p> <p> Cedric Arvieux <i>Rennes University Hospital</i></p> <p> Hagos Biluts Mersha <i>Tikur Anbessa Hospital</i></p> <p>This session explores multiple dimensions of the quality of hospital partnerships. It draws on experiences of hospital partnerships implemented through the European ESTHER Alliance, FK Norway, WHO African Partnerships for Patient Safety and the Tropical Health and Education Trust (THET). These initiatives support and promote North-South and South-South hospital partnerships to strengthen institutional capacities, reduce North-South inequalities in health and improve quality healthcare in low income countries. The session will have the following presentations:</p> <ol style="list-style-type: none"> 1 The principles of a quality partnership (THET) 2 Improving patient safety through hospital partnerships: a principal centred approach (WHO APPS) 3 Enhancing hospital partnerships for better quality: operating procedures of ESTHER France in Burundi 4 Developing sustainable neurosurgery services in Ethiopia through exchange of personnel: Experiences from an FK Norway partnership







09:00–14:00

09:00-10:00 **Ethical dilemmas healthcare professionals face making just and fair choices in the age of technology: Experiences from low and middle income countries,**
Dr. Lydia Kapiriri, Ass. Professor McMaster University, Canada

Rapidly growing, easily accessible and inexpensive technology
Professor Sissel Rogne, Director General in The Norwegian Biotechnology Advisory Board



10:00–11:30 Parallel Sessions

Room 1	Room 2	Room 3
<p>American College of Healthcare Executives Healthcare managers competencies and challenges</p>	<p>Taiwan Hospital Association Healthcare in Taiwan - an affordable and efficient system</p>	<p>Belgium Council of University Hospitals Innovation is also organisation</p>
<p> Thomas C. Dolan <i>American College of Healthcare Executives</i></p> <p> Deborah Bowen <i>American College of Healthcare Executives</i></p> <p> Diana Smalley <i>American College of Healthcare Executives</i></p> <p> Christine Candio <i>American College of Healthcare Executives</i></p> <p>This presentation will describe the competencies required for healthcare managers in the United States. Deborah Bowen will address the competency model used by ACHE, the common elements across healthcare professional societies and how new challenges are impacting the competencies required for managers. Diana Smalley will address Mercy health system's approach to developing managers within the 14 hospital system in Oklahoma and provide insights into what new challenges healthcare leaders may face. ACHE's Chairman elect Christine Candio will address Inova Alexandria Hospital, Inova Health System's approach to developing managers and provide any lessons learned based on her experience on how managers can best lead.</p>	<p> Han-Chuan Yang <i>Taiwan Hospital Association</i></p> <p> Joan C. Lo <i>Institute of Economics, Academia Sinica</i></p> <p> Min-Huei Hsu <i>Department of Health, Executive Yuan</i></p> <p> Wui-Chiang Lee <i>Taiwan Joint Commission on Hospital Accreditation</i></p> <p>Taiwan's National Health Insurance provides comprehensive benefits, including out-patient care, in-patient care and drug. The population coverage is beyond 99% of inhabitants. Yet its healthcare expenditure to GDP ratio is only approximately 6.5%, a very high ranking when compared to international standards. How did Taiwan bring about a low-cost healthcare coverage system of reasonable quality with an 80% satisfaction rate? What impact does the NHI have on the healthcare delivery system? What role does information technology play? How can the system be sustained in a rapidly aging society? In this session, we will share our experiences and thoughts with the audience.</p>	<p> Jan Beeckmans <i>University Hospital Brussels</i></p> <p> Johan Kips <i>University Hospital Leuven</i></p> <p> Renaud Mazy <i>University Hospital Saint-Luc</i></p> <p> Johnny Van der Straeten <i>Antwerp University Hospital</i></p> <p> Lieve Decaluwe <i>University Hospital Brussels</i></p> <p> Marc Noppen <i>University Hospital Brussels</i></p> <p>This session examines from different perspectives how innovation of healthcare services relate in a high degree on creativity and maturity of management and organisation. The first two speakers describe how the application of lean principles in different departments of a university hospital may create significant added value in achieving the strategic objectives. The third speaker describes a case of focus strategy and alignment of research and the strengths in the healthcare process. The final speakers examines the management strategies and methods needed to realize an innovative international center of reproductive medicine in a sustainable way.</p>


















11:30-12:00 **Break / Expo / Posters**

Room 4	Room 5	Room 6
<p>Norwegian Hospital and Health Service Association - NSH The challenge of new technology</p>  Bård Lilleeng <i>Stavanger University Hospital</i>  Erik M. Hansen <i>Helse Vest IKT</i>  Magne Nylenna <i>The Norwegian Knowledge Centre for the Health Services</i>  Erik Fosse <i>Oslo University Hospital</i>  Eimund Nygaard <i>Lyse Energi</i> <p>The challenge of new technology in medicine meets us in a number of ways. The available resources in way of financing and skilled professionals cannot be expected to rise at the rate of demand in most countries, and in many countries the search for new ways of providing healthcare services is seen as a major answer to this challenge. In the developing countries, the availability of new technology might be part of the solution when striving to build a robust healthcare system in areas where long distances and poor infrastructure causes problems. Further, the development of new methods in medicine opens fantastic new possibilities for treating previously incurable conditions, prolonging life for patients with chronic conditions and improving quality of life for patients in all phases of disease. The challenge that this gives is to decide when and how to phase these novel treatment options in to the standard repertoire of treatments offered.</p>	<p>International Union of Architects WP Public Health Group Impact of IT in healthcare architecture</p>  George J. Mann <i>UIA Public Health Group</i>  John Arne Bjerknes <i>Nordic Office of Architecture</i>  Johannes Eggen <i>Nordic Office of Architecture</i>  Dan Noble <i>HKS, Inc.</i>  Roelof Gortemaker <i>de Jong Gortemaker Algra Architects and Engineers</i>  Andreas Meister <i>Move Consultants AG</i> <p>Under the title “the impact of IT on the architecture of healthcare facilities” different solutions will be presented explaining the direct relation of technology on the architecture and the way clients and users can better understand the creativity of a project, but also how to obtain a more efficient solution.</p>	<p>Free Papers Abstract presenters</p>  Professor Sigbjørn Smeland , moderator <i>Board member NSH</i>  Frode Lærum, N Mobile, digital radiography services to nursing homes residents in Norway.  Annabel Ohldieck, N Implementation of Transcatheter Aortic Valve Insertion, TAVI – The significance of evidence and the ethics of priority setting when considering new technology  Thomas Purcell, US Implementing a quality improvement program across academic and non-academic healthcare system  Hege Wang, N Robot-assisted surgery – from a priority setting perspective  Siri Wiig, N Organising for quality in Norwegian hospitals – A multi-level comparative case study <p>Lisbeth Fagerström, N Evidence based human resource management by the RAFAELA system – What can we learn from a longitudinal study on a cardiac unit?</p>

11:30–12:00 **Break / Expo / Posters**12:00–13:00 **Patient safety in the technology age, Sir Liam Donaldson, Imperial College London, UK**13:00–14:00 **Lunch / Expo / Posters**

14:00–17:30

14:00–15:30 Parallel Sessions

Room 1	Room 2	Room 3	Room 4
<p>HIMSS Relationships between IT adoption, patient safety and performance</p>  H. Stephen Lieber <i>HIMSS</i>  Uwe Buddrus <i>HIMSS Analytics</i>  Luke Readman <i>Barts Health NHS Trust</i>  Rudi Van de Velde <i>UZBrussel</i>  Baek Rong-Min <i>Seoul National University Bundang Hospital</i>	<p>Korean Hospital Association Innovations in delivery of healthcare and hospital services</p>  Kwang Tae Kim <i>Korean Hospital Association</i>  Byung Moon Ahn <i>Sungmin General Hospital</i>  Wang Jun Lee <i>Kwangdong University College of Medicine Myongji Hospital</i>	<p>University Hospitals of Geneva Which tools for effective decision-making?</p>  Claudine Bréant <i>University Hospitals of Geneva</i>  Maria Kindstrand <i>Geneva University Hospitals</i>  Armelle Jason-Keller <i>Geneva University Hospitals</i>  Alberto Guardia <i>Geneva University Hospitals</i>	<p>Norwegian Hospital and Health Service Association - NSH and Japan Hospital Association Emergency preparedness</p>  Erik Fosse <i>Oslo University Hospital</i>  Tina Gaarder <i>Oslo University Hospital</i>  Øivind Ekeberg <i>Oslo University Hospital</i>  Mads Gilbert <i>University Hospital of North Norway</i>  Tadashi Ishii <i>Tohoku University Hospital</i>
<p>The session will feature 4 speakers, with H. Stephen Lieber as a moderator. Uwe Buddrus will link the EMR Adoption Model rationale to relationships between IT Adoption, Patient Safety, and Performance. Luke Readman will share his experience on strategic issues of HIT adoption in hospitals, especially success and failure points. Prof. Rudi Van de Velde provides insights on challenges in achieving user adoption, patient care quality and safety improvements by the use of EMRs. Dr. Baek Rong-Min from Seoul National University Bundang Hospital, the first and so far only Stage 7 hospital in Asia, will share his views on going beyond Stage 7 in the development of next generation EHRs.</p>	<ul style="list-style-type: none"> • Hospital Information System: one small step for hospital management, one giant leap for standardised healthcare service. From experience of u-Severance.net in YUHS network • Innovation and design thinking to transform healthcare in Korea. 	<p>Hospital management is characterised by an ever growing demand for greater financial effectiveness, improved quality of care, better resource utilisation, along with more accurate accountability to governments and health organisations. Leveraging business intelligence technology together with pre-existing hospital data has become a predominant issue to provide leaders with timely, relevant and accountable information. Health analytics tools are now a prerequisite to understand complex processes, to plan improvements, and to monitor the results of actions. This session illustrates the use of several business intelligence tools by both operational managers and boards of directors at the University Hospitals of Geneva.</p>	<p>There is a new awareness that the society's emergency preparedness is a system of components. Disaster planning, infrastructure, knowledge and capabilities, triage and training are all important elements. Infrastructural issues like coordination, communication, the possibility to expand hospital's laboratory and surgery capacity, plans for alerting personnel, availability of equipment and stockpiles of medical supplies are all critical for an infrastructure able to cope with emergency situations. In Norway the massacre at Utøya 22th July 2011 challenged the capabilities in a society with good resources. War scenarios in situations with scarce resources demonstrate that emergency preparedness can save lives even when resources are limited. A report from the Ishinomaki Medical Zone's work after the Great East Japan Earthquake 11 March 2011 will also be presented.</p>

15:30–16:00 Break / Expo / Posters

14:00–17:30

Room 5	Room 6	Room 7
<p>IHF Healthcare Executives Chapter International perspective on healthcare executive competencies</p>	<p>The Aga Khan University Hospital, Pakistan Using innovative technology for better quality and patient safety</p>	<p>Philippines Hospital Association and Lorma Medical Center Hospital innovations in the Philippines</p>
<p> Deborah Bowen <i>American College of Healthcare Executives</i></p> <p> Lucy Nugent <i>Health Management Institute of Ireland</i></p> <p> Wui-Chiang Lee <i>Taiwan Joint Commission on Hospital Accreditation</i></p> <p> Reynaldo Holder <i>WHO Regional Office for the Americas</i></p> <p>This presentation will discuss the need for global healthcare management competencies. It will highlight:</p> <ol style="list-style-type: none"> 1) The challenge of developing a competency framework in various countries and internationally 2) The need for professional recognition of health care executives in various countries and internationally 3) The steps agreed upon by the IHF and partner organizations to further the field of healthcare management internationally 	<p> Nadeem Mustafa Khan <i>The Aga Khan University Hospital</i></p> <p> Abdul Latif Sheikh <i>The Aga Khan University Hospital</i></p> <p> Farooq Ghani <i>The Aga Khan University Hospital</i></p> <p> Syed Sohail <i>The Aga Khan University Hospital</i></p> <p> Mozamila Mughail <i>The Aga Khan University Hospital</i></p> <p>Improving quality and patient safety through use of innovative technology solutions in a tertiary-care teaching hospital in the developing world. The Aga Khan University Hospital (AKUH), aims to provide high quality and safe patient care using dedicated and visionary leadership, and strategic thrust on using technological innovations and advancements in improving the quality of care. The session provides a showcase of the use of some key innovative technology solutions introduced and implemented at AKUH in the areas of medication management system, delivery of radiology services within and across borders, nutrition care management system, and improving lab efficiency and faster report delivery through automation.</p>	<p> R. L. Macagba <i>Lorma Medical Center</i></p> <p> Robert F. Kaiser <i>Lorma Medical Center</i></p> <p> Rene T. Domingo <i>Asian Institute of Management</i></p> <p> Presentation on private hospital innovations in the Philippines focused on achieving excellence in patient-centered care with limited resources. Innovations include personalised service, a healing environment, labor saving devices and systems designed and fabricated inhouse to improve communications with patients, staff and doctors. Innovations in management systems involve staff in decision making and problem solving, increase efficiency and productivity, reduce costs and promotes an environment of service excellence and monitoring of medical performance. Hospital software developed in-house reaches all departments automating medical records, computation of patients' bills, accounting, financial and management reporting, comparative hospital statistics, materials management and inventory control.</p>

14:00–15:30 Parallel Sessions

15:30–16:00 **Break / Expo / Posters**

15:30–17:30 **Microsoft, HP and Accenture. Main partners plenary session**



Right care. Right time. Right place. The changing role of hospitals in new care models

Dr. Magdalene Rosenmöller, IESE Business School, University of Navarra, Spain
Joan Bigorra, Hospital Clínic Barcelona
Pablo Borrás, Accenture Spain



Integrated Healthcare Management

Arve-Olav Solumsmo, HPs Health Center of Excellence at Akershus University Hospital, Norway



Real Impact of ICT in Health: Pain, Progress and Promise

Dr. Bill Crouse, Microsoft Corporation
Dr. Helge Stene-Johansen, Sykehuset Østfold

16:00–17:30 **IHF – General Assembly – members only**

20:00 **Congress dinner at Oslo Spektrum**



Program Thursday 20th June

07:30–17:00

07:30-08:45 **Norwegian Hospital and Health Service Association (NSH) General Assembly – members only**

09:00-10:00 **Equal access to lifesaving technology – the power of vaccine**
 Seth Berkley, GAVI Alliance
Changing world demography and implications for access to healthcare
 Dr. Manuel Carballo, International Centre for Migration, Health and Development



10:00–11:30 Parallel Sessions

Room 1	Room 2	Room 3
<p>Hospital District of Helsinki and Uusimaa (HUS) Improved patient safety enhances quality and productivity in Finnish hospitals</p>	<p>French Hospital Federation and Unicancer Promoting healthcare through innovative best practices</p>	<p>Portuguese Association for Hospital Development Patient safety new insights</p>
<p> Aki Lindén <i>Hospital District of Helsinki and Uusimaa</i></p> <p> Lasse Lehtonen <i>Hospital District of Helsinki and Uusimaa</i></p> <p> Markku Mäkijärvi <i>Hospital District of Helsinki and Uusimaa</i></p> <p> Jari Petäjä <i>Hospital District of Helsinki and Uusimaa</i></p> <p> Finnish hospital system is considered to be the most productive in Nordic countries. Recently, the major emphasis in national strategy has been improving patient safety and cooperation between hospitals and primary care. Hospitals in Finland are now required to develop specific patient safety plans. One major goal of the patient safety plans is to create a reporting system for medical errors. The aim of the low-threshold reporting is a continuous improvement of the quality and safety of care. Further reductions of adverse events and medical errors are likely to further improve quality and productivity in Finnish hospitals.</p>	<p> Gerard Vincent <i>French Hospital Federation</i></p> <p> Sandrine Boucher <i>Unicancer</i></p> <p> Bernard Gouget <i>French Hospital Federation and IFCC</i></p> <p> Arnaud Delhay <i>SNITEM</i></p> <p> Catherine Grenier <i>HAS</i></p> <p> This session aims to present innovative best practices in quality management from a global point of view (financing models that enhance quality incentives), a stakeholder point of view (impact of regulation on innovation) from industry, and two initiatives that have to be benchmarked. Compulsory accreditation for the French medical labs, and quality indicator programs.</p>	<p> Carlos Pereira Alves <i>Portuguese Association for Hospital Development</i></p> <p> Manuel Delgado <i>IASIST Portugal, Lda.</i></p> <p> Margarida Eiras <i>Portuguese Association for Hospital Development</i></p> <p> Anne Karin Lindahl <i>National Unit for Patient Safety</i></p> <p> Jorge Penedo <i>Portuguese Association for Hospital Development</i></p> <p> According to the Institute of Medicine, patient safety is “(...) a critical component for quality”, Placing patient safety among the areas that contribute most to healthcare costs. The development of management and evaluation systems, which allow the quantification, planning, tracking and monitoring is at present crucial to promote the sustainability of healthcare organisations, particularly in terms of cost containment. Most hospitals tend to adopt financing strategies that may enhance or compromise the achievement of the basic principles of health systems: equity, access, efficiency and quality of care.</p>
<p>11:30-12:00 Break / Expo / Posters</p>		

Room 4	Room 5	Room 6
<p>Norwegian Hospital and Health Service Association - NSH Addiction medicine</p> <p> Lars Lien <i>National Centre for Dual Diagnosis</i></p> <p> Guri Spilhaug <i>Center of Addiction Services, Oslo University Hospital</i></p> <p> Sverre Nesvåg <i>Stavanger University Hospital</i></p> <p> Gabrielle Katrine Welle-Strand <i>Norwegian Directorate of Health</i></p> <p>Addiction medicine is a new emerging field and has only since 2004 been part of the specialised healthcare system in Norway and in 2012 it was decided that addiction medicine will be a new medical speciality. Still, addiction treatment is a multidisciplinary task involving the full range of the bio-psycho-social model and in Norway private institution play a major role in the addiction treatment delivery system. In this seminar we will look into how the new organisational reforms benefits the patient care and what new reforms and treatment approaches we will see in the near future.</p>	<p>World Health Organization (WHO) Rational selection of technology and safe hospitals</p> <p> Adriana Velazquez Berumen <i>WHO Geneva</i></p> <p> Adham R. Ismail Abdel-Moneim <i>WHO Regional Office for the Eastern Mediterranean</i></p> <p> Gerald Rockenschaub <i>WHO Regional Office for Europe</i></p> <p> The World Health Organization (WHO) - the directing and coordinating authority for health within the United Nations Systems - is responsible for providing leadership on global health matters as well as technical support to countries. Various areas of WHO work deal with hospitals and their important role in healthcare delivery. The topics presented in this session address three important issues for hospitals; namely:({</p> <ol style="list-style-type: none"> 1) WHO tools for safety, including structural and functional considerations in case of disasters and emergencies, 2) Planning of areas and medical equipment design, 3) Rational selection of appropriate health technology for different clinical interventions. <p>The 3 areas are indispensable for hospitals to deliver safe and effective health care services to the population</p>	<p>Free Papers Abstract presenters</p> <p> Dr. Jeanette H. Magnus, moderator <i>University of Oslo</i></p> <p> Holger Pfaff, D Social capital and quality management systems in European hospitals</p> <p> Randi J. Tangvik, N The Bergen Nutritional Strategy: Four questions predict morbidity, mortality and expenses</p> <p> Andy Hyde, N Making IT work for you: Hospital discovery through a business discovery solution</p> <p> Mette Walberg, N Controlling risk in hospital infection: The benefit of goals</p> <p> Hege Andersen, N Lost in translation: the attempt to implement Lean thinking in healthcare</p> <p>Daniel Cohen, UK Healthcare systems as highly reliable organizations: The broader continuum of care matters</p>

11:30-12:00 Break / Expo / Posters

12:00-12:45 Operating room of the Future, St. Olavs Hospital, Live Operation



12:45-13:30 Poster Awards, Closing Ceremony

13:30-14:30 Lunch / Expo / Posters

14:00-17:00 "See-through-event" at The Intervention Centre, Oslo University Hospital with Oslo Medtech

14:30-17:30 Hospital visits

Hospital Visits in Oslo

OSLO UNIVERSITY HOSPITAL, RIKSHOSPITALET

Oslo University Hospital (OUS) is Scandinavia's largest superspecialised hospital with extensive regional and local hospital functions and provides high quality services for the citizens of Oslo. The hospital also has several national centres of competence.

OUS carries out advanced patient treatment, research and clinical trials as well as medical education and training for health professionals. Oslo University Hospital is responsible for approximately 50 percent of all medical and healthcare research conducted at Norwegian hospitals and is a significant actor for the education of a large variety of healthcare personnel. OUS is funded by Southern and Eastern Norwegian Regional Health Authority, and is affiliated to the University of Oslo.

Transport:

From Oslo Spektrum/Oslo Plaza Monday 17th June and Thursday 20th June at 14.30. Return from the hospital to Oslo Spektrum/Oslo Plaza at 17.30. Transfer 20 minutes.

Speakers:

The power of establishing and developing Scandinavia's largest superspecialised hospital, Geir Teigstad, Head of Division of Oslo Hospital Services, Oslo University Hospital and Andreas Moan, MD, PhD,

Director of Development, Oslo University Hospital

Future organisation of Cancer Medicine at Oslo University Hospital, Professor Sigbjørn Smeland, Head of Division of Cancer Medicine, Surgery and Transplantation, Oslo University Hospital



AKERSHUS UNIVERSITY HOSPITAL

Akershus University Hospital (AHUS) has been functional since 2008 and is one of Europe's most modern hospitals.

AHUS is a public university hospital located in the municipality of Lørenskog, north-east of the Norwegian capital, Oslo. It is one of two university hospitals affiliated to the University of Oslo.

The hospital's main tasks are patient treatment, research and education, of the highest quality. Over 9,000 employees work at AHUS delivering healthcare of high quality to 490,000 inhabitants.

The new facilities span approximately 137,000 square meters. Building costs were 8.5 billion Norwegian kroner. It has 540 beds, 80 technical beds and 73 beds in the patient hotel. It has 23 x-ray labs, 22 operation theaters, 8 of them are in the day surgery center and approximately 115 examination rooms.

Transport:

From Oslo Spektrum/Oslo Plaza Monday 17th June and Thursday 20th June at 14.30. Return from the hospital to Oslo Spektrum/Oslo Plaza at 17.30. Transfer 20 minutes.



A “see-through event” at The Intervention Centre

Coping with the challenge of collaboration between public hospital and business. Introduction to the test facility for medical devices at The Intervention Centre

Oslo University Hospital, 20th June

Oslo University Hospital and Oslo Medtech have the pleasure to invite you to an unparalleled “see through” event, showing you a live surgery from the high tech facility of The Intervention Centre.

Guided tours through the architecturally aesthetic and functional hospital will also be offered.



When: **Thursday 20th June 2013**
14.30 - 17.00

Departure from Oslo Spektrum to Rikshospitalet at 14.00

Registration: www.oslo2013.no

Where: **Main auditorium,**
Rikshospitalet,
Oslo University Hospital

Program

14.30 **Welcome**



by **Dr. Bjørn Erikstein,**
CEO Oslo University Hospital

14.40 **Introduction**



by **Kathrine Myhre,**
CEO Oslo Medtech

14.50 **The test facility for medical devices at the Oslo University Hospital, Live surgery transmission from the Test facility of The Intervention Centre**



by **Professor Erik Fosse,**
Head of department,
The Intervention Centre

Questions & Answers

16.00 **Refreshments & Live guided tours** showing the architecture and functionality of Oslo University Hospital, Rikshospitalet

THE INTERVENTION CENTRE

The Centre is located at Oslo University Hospital, Rikshospitalet. In addition to human procedures, The Intervention Centre has been approved for animal trials in the operation theatres and hybrid suites. The staff is experienced in conducting animal trials. In three suites advanced imaging equipment is integrated in an operation room environment.

In 2007, all advanced imaging equipment was renewed. In the combined surgical and radiological suite, the conventional angiographic equipment was substituted by a Siemens Zeego system, based on robotic technology and new advances in imaging and functionality. The Intervention Centre has a research contract with Siemens and is a test site for their Zeego system. The MRI suite was completely rebuilt into a dual room suite where a Philips 3 Tesla MRI was installed in connection to a state-of-the-art Operation theater. The MRI was funded as a joint effort by the Norwegian Research Council, the University of Oslo and Rikshospitalet. In the videoscscopy room all systems are equipped with Olympus HD equipment.

www.ivs.no

RIKSHOSPITALET

Oslo University Hospital, Rikshospitalet was functional in 2000 with a gross area of 139,000m². Since 2000 it has been enlarged through several extensions and has now reached a gross area of more than 180,000m².

Architecture

The conceptual basis for the design of Rikshospitalet was to combine good architecture with a humane scale, and simultaneously solve the stringent functional requirements for an advanced university hospital. A primary goal was to create a physical environment that inspires trust and confidence of users of the hospital, the patients, staff and visitors.

Poster list

Id	Abstract title	First Author	Country
32	Can Mental Health Policy Actually Meet User's Needs? A Qualitative Study looking from Users' and Policymakers' perspectives	Y. Ching	Taiwan
39	Hospital Strategies under "Quasi" Global Budget System	Y. Yan	Taiwan
40	Hospital Governance Mechanisms and Hospital Governance Effectiveness	Y. Yan	Taiwan
50	The Medical WhiteBoard Project – New Opportunities for Scheduling and Planning Clinical Work	T. Gudmundsson	Norway
52	Improving physiotherapy electrotherapy and diathermy modalities operation dysfunction incidence	L. Chun-De	Taiwan
53	Application Precede-Proceed health promotion model to enhance the implementation and execution rate of the treatment staff wash their hands	L. Chun-De	Taiwan
55	The research on the depression condition, psychological empowerment and work morale effects of the employees of one Veteran hospital after hospital merged	H. Tan	Taiwan
60	Effects of preventive mental health in school.	B. Andersen	Norway
80	Long-term prognosis in patients with early-stage cervical cancer treated with laparoscopically assisted radical hysterectomy	H. Yu	Taiwan
89	National Health Insurance in Taiwan: The Past, Present and Future	C. Liu	Taiwan
94	A Study of Apply Taiwan Medication Educational Resource Center Network as the Model of Community Medication Literacy Promotion.	W. Lee	Taiwan
96	Taiwan experience in promoting medication literacy through Taiwan Medication Educational Resource Center.	W. Lee	Taiwan
114	Forecasting Demand for International Medical Travel to Academic Medical Centers: An Example from the United States	A. Garman	USA
115	Better Teamwork Climate Was Associated with Lower Catheter-Related Bloodstream Infection and Unscheduled Return to Intensive Care Units of Taiwan	W. Lee	Taiwan
116	Evolution of Psychiatry Rehabilitation Institution Accreditation in Taiwan Medical System	L. Wen	Taiwan
117	Safety issues of intellectual disability patients in Taiwan: a national study from a safety reporting system	W. Lee	Taiwan
119	Mobilizing the implementation of evidence-based medicine through a national literature searching and appraisal championship	W. Lee	Taiwan
121	Getting with Guideline to Acute Ischemic Stroke Care in Taiwan	W. Lee	Taiwan
122	Data quality assurance for a performance measuring system	W. Lee	Taiwan
136	Health knowledge, education level, medical provider and Chronic Kidney Disease	S. Chen	Taiwan
151	Pitfalls in the Informed Consent Process – Candid Discussions of Risk	D. Cohen	UK
165	Using an Informatics Tool to Optimize Hospital Resource Management	E. Amlie	Norway
168	Nurse Driven Care Delivery Strategies: A Model to Improve Quality and meet Healthcare Challenges	K. Drenkard	USA
175	Differences in structuring clinics in Norwegian Hospitals	A. Ottar	Norway
182	Effects of Balance Training on Functional Outcome for Lower Extremity after Total Knee Replacement in Patients with Knee Osteoarthritis	L. Chun-De	Taiwan
184	Using Failure Mode and Effects Analysis to enhance a hospital's histopathology specimens censorship integrity	T. Chia-Ying	Taiwan
185	The Interaction between the Medical Team and Patient through the Clinical Path Practice	W. Chang	Taiwan
186	Value-based Performance Management in Hospitals	M. Skjorshammer	Norway
187	Activity modeling for energy-efficient design of new hospitals	T. Rohde	Norway
189	Are doctor's work schedules a threat to patient safety?	D. Bratlid	Norway
190	Organization of surgical services and operating room efficiency in Norwegian hospitals	D. Bratlid	Norway
193	Improving Health Systems Management in Tanzania	F. Phillips	USA
195	The Intervention Centre: The future is now!	K. Fagerholm	Norway
196	Hospital Quality: a product of good management as much as good treatment?	A. Hyde	Norway
199	The impact of social capital on clinical risk management	A. Hammer	Germany
204	Trends in Scandinavia Healthcare Architecture	P. Rasmussen	Denmark
208	Making Impact with Telehealth	V. Lødrup	Norway
210	Implementation of the Integrated Chronic Care and Health Promotion Program for Patients with Coronary Artery Disease in Taiwan	L. Chen	Taiwan

211	The role of availability and access in modern obstetric care	H. Engjom	Norway
212	Diagnostic yield of coronary angiography in Norway	F. Olsen	Norway
217	From local clinic to super hospital	P. Rasmussen	Denmark
219	The new Emergency Departments	P. Rasmussen	Denmark
222	Death and dying in the Hospital. A review of all deaths in a University Hospital 2011	S. Aardal	Norway
223	Improving hospital safety culture by multidimensional approaches	S. Lee	Taiwan
224	Mini-HTA in Norway	S. Harthug	Norway
228	To strengthen staff competency for chemotherapy administration in medicine areas	N. Mulji	Pakistan
234	Quality in transitional healthcare.	M. Storm	Norway
235	Introduction of Patient Safety Rounds: An economical Approach to Enhance Patient Safety Culture at a Tertiary Care Hospital at Karachi, Pakistan	R. Roshan	Pakistan
237	Effective use of Procedural Sedation Analgesia (PSA) to improve patient comfort and safety of pediatric patient referred from laboratory outside AKUH for bone marrow procedures in day care oncology unit	D. Hirani	Pakistan
238	Voluntary peer support in cancer care. A focus group study.	L. Korsvold	Norway
240	Integration of prehospital emergency teams in the emergency department: a win-win solution	M. Soares-Oliveira	Portugal
241	The New Narvik Hospital as a pilot project	P. Rasmussen	Denmark
242	Experience of Pediatric Procedural Sedation and analgesia (PSA) in a tertiary care hospital of a developing country	D. Hirani	Pakistan
244	Effective centralized bed management to promote patient safety at a tertiary care hospital in Pakistan	K. Hirani	Pakistan
245	Cost benefit analysis of reducing surgical site infections after caesarean sections in a Norwegian hospital	M. Walberg	Norway
248	On revitalization of an old (important?) friend:	M. Walberg	Norway
249	Elderly patients' perspectives on participation in transitional care	D. Dyrstad	Norway
251	Improvement of the pathway for hip and knee arthritis patients	R. Floer	Norway
252	Change Management in Hospitals	D. Hirani	Pakistan
255	Improving hospital acquired pressure ulcers through monitoring and management at a tertiary care hospital in Karachi, Pakistan	A. Malik	Pakistan
257	Modification in shift working hours for employees at the division of nursing services	A. Malik	Pakistan
259	Improving Patient Safety by Implementation of Pre Procedure Time Out verification at Endoscopy Suite, in a Tertiary Care Hospital of Karachi, Pakistan	S. Sachwani	Pakistan
262	Improvement in patients safety by using a structured medication report at transition from hospital to community health care.	H. Holdhus	Norway
263	Decrease in average length of stay after implementation of the Coordination Reform - an observational study in South East Regional Health trust in Norway	O . Tjomslund	Norway
264	Introduction of Bronchoscopy Pathway: An Evidence Based Practice in Endoscopy Suite at Tertiary Care Hospital of Karachi, Pakistan.	S. Hashwani	Pakistan
265	Adult survivors of childhood cancer: What are their needs for information about late effects and long term health-care?	A. Mellblom	Norway
267	Hospitals Evaluation communication	B. Ortiga	Spain
268	Use of Electronic Health Records in Spanish hospitals	B. Ortiga	Spain
273	Does Mandating Nurse-Patient Ratios Improve Care?	D. Hirani	Pakistan
274	Differences in medication knowledge between graduating nursing students and experienced nurses. A comparative study	B. Simonsen	Norway
275	The Use of Gamification to Support Procedural Learning in Healthcare	O . Graven	Norway
276	Rotavirus infection and the severity criteria in priority setting in Norway	N. Bachke	Norway
277	Knowledge and attitude of nurses on patient safety implementation	M. Altinkeser	Turkey
280	An international study of clinical coding practice in nine countries	A. Ree	Norway
284	Multifaceted campaign aimed at increasing influenza immunization rates among hospital personnel	I . Smith	Norway
285	A new strategy for reducing the use of force in mental health care	A. Lyngstad	Norway
286	Redesign of the medical setup in an International Medical Assistance organization	A. Kvam	Norway
287	Interprofessional education- a way to promote teamwork in health care	N. Hauksdottir	Norway
288	Teamwork culture in a dispersed hospital - is it satisfactory?	A. Vifladt	Norway

289	Moving Ethics Conflicts Upstream to Improve Quality Healthcare through System Redesign	W. nelson	USA
291	Lindemark Priority setting in Norwegian intensive care	F. Lindemark	Norway
293	Improving pathway for early detection and treatment of high risk emergency patients in	S. Osbakk	Norway
298	Abstract / poster Educational group intervention with the aim of increasing patient participation in District Psychiatric out-patient Centres – experiences and effect.	M. Lara	Norway
300	Stavanger University Hospital 2.0	I . Solberg	Norway
301	Emergency Telephonic Medical Triage and Counseling System: A new approach.	M. Soares-Oliveira	Portugal
302	Does legal protection increase reporting rates?	M. Eiras	Portugal
303	JKA The First Universal Social Insurance Coverage In Indonesia In Province of Aceh Stokoe (Seni	P. Stokoe	Indonesia
306	Factors influencing the reporting of medical incidents: a TPB model	W. Chang	Taiwan
318	Do Useful International Healthcare Data Comparisons Exist?	S. Meurer	USA
340	Awareness of staff nurses for prevention of Hospital Acquired Infections: A tertiary care centre experience	R. Singh	India
341	Mamma Mia: a web-based intervention to prevent postpartum depressive symptoms and enhance subjective well-being	S. Haga	Norway
346	The importance of combining survey with interview to assess safety culture in healthcare	T. Listywardojo	Norway
347	Hazardous to your health: why does healthcare struggle to manage risk?	A. Robertson	Norway
348	Holistic Care Unit – A New Breakthrough and Bridge between Ward and Emergency Department in Taiwan	M. Wu	Taiwan
351	Barriers in application of Family Physician the Medical System of Iran	S. Kavari	Iran
352	Collaboration in health care - “Are we together on this?”: A hermeneutic interpretation	A. Croker	Australia
357	Improving Final Report Turnaround time in all radiological modalities as an approach to patient centered care and to measure & monitor service performance indicators.	M. Khan	Pakistan
358	Development of Hemostasis guidelines and its Monitoring system to evaluate compliance to the protocol.	M. Khan	Pakistan
359	Improving the Print Quality of Archived Images in General Radiography as Part of the Filmless Project	M. Khan	Pakistan
360	Developing a Dynamic Dashboard of Radiology Department Operational Information	M. Khan	Pakistan
361	Redefining Indicator of Report Turn-Around-Time in Radiology	M. Khan	Pakistan
362	Are Clinical Audits Enough to Bring About Improvement in the Overall Healthcare Delivery	M. Khan	Pakistan
363	Communication of Critical Imaging Findings - Experience from a Hospital in the Developing World	M. Khan	Pakistan
364	Development of In-built Automated Paperless Discount System in Radiology Information System - RIS	M. Khan	Pakistan
365	Assessing the Effectiveness of Timely Communication of Panic Results Detected on Ultrasound Examinations to the Primary Physicians	M. Khan	Pakistan
369	A study of cleanliness, utilization, and operational problems of automated floor Scrubber Machines in a tertiary care hospital of India.	R. Singh	India
371	Effectiveness Assessment of the new alternative applied for prone position spine surgery in the operation nursing uni	W. Chiu	Taiwan
372	Strategy for implementation of the JCI Standards and the future of our hospital after its accreditation	T. Yamamoto	Japan
374	Metz-Thionville Regional Hospital and Orange: Achieving Hospital 2.0 with New Healthcare ICTs	F. Chardot	France
380	Total support system using IT technology for medical care	Y. Nakagawa	Japan
382	Improvement of Patients' Satisfaction toward the Hospitalization in Iodine-131 Isotope Care Unit of a Medical Center in Southern Taiwan	C. Mei-Hsing	Taiwan
383	Using Failure Mode and Effect Analysis to improve fire prevention and adaptable ability in the operation room	W. Chiu	Taiwan
387	Automated outpatient units: a new perspective	G. Lacanna	NL
388	Home nursing and the contract solution of care-after the Cooperation reform in 2012	T. Sæterstrand	Norway
389	Your Safety, Our Priority	Z. Mohd Zain	Malaysia
392	Patient engagement in cancer rehabilitation: Design and improvement of health services from a patient's perspective.	R. Asbjørnsen	Norway
394	Incident reporting of unexpected cardiac arrest from a Medical Center in Southern Taiwan	H. Chieh-Ying	Taiwan
395	Reduce the average length of stay (LOS) of booked patients in Consulting Clinics of Aga Khan University Secondary Hospital, Hyderabad.	R. Ramji	Pakistan



Partners - main:



Partners:



Innovation partner:



Expo partners:

