



## Draft Program Expert day

<b>Session title</b>	<b>Session 1 – Implementation Science Theory, Principles &amp; Approaches: New Ideas to Enhance Patient Safety</b>
<b>Schedule (provisional)</b>	10.15-11.30 (75 minutes)
<b>Session description</b>	Implementation science is a new but rapidly growing field of research and practice that aims to overcome barriers to appropriate adoption of innovations and effective practices in health care, public health and additional social sectors. This session opens with an overview of the field and its key theories, principles and approaches. Additional presenters will describe innovative, beneficial applications of implementation science to patient safety challenges. The session will provide detailed guidance for strengthening prevailing approaches to patient safety by incorporating implementation science ideas and tools.
<b>Session format</b>	Panel
<b>Session chair</b>	<u>Brian Mittman</u> (Senior Scientist, Kaiser Permanente Southern California Department of Research and Evaluation, Washington University in St. Louis, St. Louis, USA)
<b>Presenters/speakers</b>	<u>Cara C. Lewis</u> (Associate Investigator, Kaiser Permanente Washington Health Research Institute, Washington, USA) <u>Rohit Ramaswamy</u> (Professor Public Health Leadership Program, Gillings School of Global Public Health, North Carolina, USA) <u>Laetitia Rispel</u> (Professor of Public Health, University of the Witwatersrand, Witwatersrand, South Africa)

<b>Session title</b>	<b>Session 2 – Using implementation frameworks and behavioural science to improve patient safety</b>
<b>Schedule (provisional)</b>	10.15-11.30 (75 minutes)
<b>Session description</b>	In this session we will show how knowledge of implementation and behavioural sciences supports and accelerates practical action in the field. We present an overview of the different implementation frameworks, which can be categorised as descriptive, explanatory and evaluative. Explanatory frameworks identify the key factors that motivate individuals, teams and organisations in the process of implementation. We demonstrate the value of these approaches, and identify some of the challenges, by showing how frameworks have been used to address a variety of patient safety problems.
<b>Session format</b>	Panel
<b>Session chair</b>	<u>Charles Vincent</u> (Professor of Psychology, University of Oxford, Oxford, UK)
<b>Presenters/speakers</b>	<u>Rebecca Lawton</u> (Professor in Psychology of Healthcare, University of Leeds, Leeds, United Kingdom) <u>Tanja Manser</u> (Director FHNW School of Applied Psychology, FHNW, Olten, Switzerland) <u>Cordula Wagner</u> (Executive Director of the Netherlands Institute of Health Services Research in Utrecht, Utrecht, Netherlands)

<b>Session title</b>	<b>Session 3 – Implementation Science for Patient Safety (successes/failures and lessons drawn)</b>
<b>Schedule (provisional)</b>	10.15-11.30 (75 minutes)
<b>Session description</b>	This session examines the current evidence and case study examples of how implementation science approaches have been harnessed to make care safer for patients. Following an overview from the Chair and an expert appraisal of the implementation science evidence, case studies from Columbia, on organisational culture change, Australia, on medication safety, and Switzerland, on empowering surgical staff to monitor their units' checklist usage, provide real-world examples of challenges and successes in improving care. The audience and experts will discuss interactively the benefits of the cases and evidence. Stakeholders from low-, middle- and high-income countries will find great value in this session.
<b>Session format</b>	Panel
<b>Session chair</b>	<u>Jeffery Braithwaite</u> (Director of the Centre for Healthcare Resilience and Implementation Science, Australian Institute of Health Innovation, Sydney, Australia)
<b>Presenters/speakers</b>	<u>Jeremy Grimshaw</u> (Professor, Department of Medicine, University of Ottawa, Ottawa Canada) <u>Teresa Tono</u> (Executive Director at Organization for Health Excellence, OES- Centre for Hospital Management CGH, Bogota, Colombia) <u>Johanna Westbrook</u> (Director of the Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Sydney, Australia) <u>David Schwappach</u> (Scientific Director of the Swiss Patient Safety Foundation, Bern, Switzerland)

<b>Session title</b>	<b>Session 4 - Burden of disease/access and use of antimicrobials in healthcare settings</b>
<b>Schedule (provisional)</b>	10.15-11.30 (75 minutes)
<b>Session description</b>	Antibacterial resistance (ABR), as a result of transmission and selection pressure is an emerging global threat in healthcare. ABR has and continues to increase in clinical settings and in some countries, healthcare-associated infections (HAIs) due to resistant pathogens have become more common than HAIs due to susceptible pathogens. The balance between improving access to effective antibiotics while reducing their excessive or inappropriate use is far from being achieved.
<b>Session format</b>	Panel
<b>Session chair</b>	<u>Nicola Magrini</u> (WHO, Geneva, Switzerland), <u>Abdul Ghafur</u> (Apollo Cancer Institutes, Tamil Nadu, India)
<b>Presenters/speakers</b>	<ul style="list-style-type: none"> <li>- <i>Clinical and health economic burden:</i> <u>Marlieke de Kraker</u> (Infection Control Programme and WHO Collaborating Center on Patient Safety, University of Geneva Hospitals, Geneva, Switzerland)</li> <li>- <i>Access – who should get more antibiotics:</i> <u>Arjun Srinivasan</u> (Healthcare Associated Infection Prevention Programs, Division of Healthcare Quality Promotion, US Centers for Disease Control and Prevention, Atlanta, GA, USA)</li> <li>- <i>Excess – who should get less antibiotics:</i> <u>Christopher Butler</u> (Department of Primary Care Health Services, University of Oxford, Oxford, UK)</li> </ul>

Session title	<b>Session 5 - Burden of disease and core components of Infection Prevention and Control</b>
Schedule (provisional)	10.15-11.30 (75 minutes)
Session description	Healthcare associated infections (HAIs) are an endemic patient safety problem. Up to 10% of patients in non-high-income countries and 6% in high-income countries suffer from an HAI on any day of hospitalization. The socio-economic burden from HAI is significant and impacts on quality of life and mortality. The systematic review on the hospital organisation, management and structure for prevention of HAIs (SIGHT), identified the key elements aimed at the effective organisation, management and structure of an infection prevention and control (IPC). These strategies have been adopted by the WHO, and thus, are about to become the reference for the organisation of IPC. The need of effective prevention of HAI by the 2019 WHO resolution for Global Action on Patient Safety urges the Member States to integrate and implement patient safety strategies in clinical settings such as effective infection control programmes.
Session format	Panel
Session chair	<ul style="list-style-type: none"> <li>• <a href="#">Folasade Ogunsola</a> (Department of Medical Microbiology and Parasitology, College of Medicine of the University of Lagos, Lagos, Nigeria)</li> <li>• <a href="#">Andreas Widmer</a> (Infection Control Programme, University Hospitals of Basel, Basel, Switzerland)</li> </ul>
Presenters/speakers	<ul style="list-style-type: none"> <li>- <i>Global epidemiology and burden of healthcare-associated infections:</i> <a href="#">Benedetta Allegranzi</a> (WHO, Geneva, Switzerland)</li> <li>- <i>Key/Core components for successful infection prevention and control:</i> <a href="#">Walter Zingg</a> (Infection Control Programme and WHO Collaborating Center on Patient Safety, University of Geneva Hospitals, Geneva, Switzerland)</li> <li>- <i>Infection Prevention and Control in the Global Action on Patient Safety resolution:</i> <a href="#">Muhammad Halwani</a> (Infection Control &amp; Microbiology, Faculty of Medicine, Al Baha University, KSA)</li> </ul>

Session title	<b>Session 6 – Developing capacity and capability for Patient Safety improvement</b>
Schedule (provisional)	11.50-13.05 (75 minutes)
Session description	Creating the conditions and establishing the structures, processes, capacity and capability required to make quality the organisation's imperative is crucial. This session will describe the journey of three organisations who have set out to build their foundations for safety and create sustainability in quality improvement. The session will explore the approaches taken to develop the mindsets, values, behaviours, knowledge and skills to prepare healthcare staff at all levels of the organisation to become fully engaged in a quality and safety approach.
Session format	Panel
Session chair	<a href="#">Carrie Marr</a> (Chief Executive of the Clinical Excellence Commission, Sydney, Australia)
Presenters/speakers	<a href="#">Ezequiel Garcia Elorrio</a> (Founder and Board Member of the Institute for Clinical Effectiveness and Health Policy, Buenos Aires, Argentina) <a href="#">Lisa Schilling</a> (Vice President Quality Safety and Clinical Effectiveness, Stanford Health Care, Stanford, USA)

<b>Session title</b>	<b>Session 7 – The Governance of the Macrosystem for Patient Safety</b>
<b>Schedule (provisional)</b>	11.50-13.05 (75 minutes)
<b>Session description</b>	This workshop will challenge participants to analyse the Scottish national strategy for Patient Safety. How should a national strategy be developed? How can the political decision-makers and those who receive and deliver care be involved in order to obtain their support? How can a reliable and sustainable implementation of this strategy be ensured? The workshop will use the Scottish Patient Safety Programme as a worked example and allow time for groups of participants to discuss and share how the lessons from Scotland could apply to their context.
<b>Session format</b>	Workshop
<b>Session chair</b>	<u>Anthony Staines</u> (Patient Safety Program Director, Federation of Vaud Hospitals, Lausanne, Switzerland)
<b>Moderators</b>	<u>Jason Leitch</u> (Clinical Director, Healthcare Quality and Strategy, Edinburgh, Scotland) <u>Carol Haraden</u> (Vice President, Institute for Healthcare Improvement, Boston, USA)

<b>Session title</b>	<b>Session 8 – Governing towards Patient Safety (OECD report)</b>
<b>Schedule (provisional)</b>	11.50-13.05 (75 minutes)
<b>Session description</b>	The OECD-produced report System governance towards improved patient safety provides an overview of how countries have established and implemented steering and rule-making functions in order to achieve better patient safety. Throughout the work on the report, the OECD has consulted international governance experts and country-level policy-makers to reflect the status quo of patient safety governance as well as shedding light on future priorities and challenges. The session will start by OECD presenting the main findings from the report, followed by reactions from three invited experts. Governance aspects of patient safety in long term care will also be discussed, based on the third <i>Economics of Patient Safety</i> report focussing on long term care.
<b>Session format</b>	Panel
<b>Session chair</b>	<u>Pascal Strupler</u> (Director General Federal Office of Public Health FOPH, Bern, Switzerland)
<b>Presenters/speakers</b>	<u>Niek Klazinga</u> (Head of OECD Health Care Quality Indicator Program, OECD, Paris, France) <u>Ane Auraen</u> (Health Policy Analyst, OECD, Paris, France) <u>Jeffrey Braithwaite</u> (Founding Director of the Australian Institute for Health Innovation, Sydney, Australia) <u>Ingo Härtel</u> (Deputy Head Molecular Medicine and Bioethics Unit, Bundesministerium für Gesundheit, Berlin, Deutschland) <u>Ernest Konadu Asiedu</u> (Head Quality Management Unit, Ministry of Health, Accra, Ghana)

<b>Session title</b>	<b>Session 9 - Challenge of Antibiotic stewardship</b>
<b>Schedule (provisional)</b>	11.50-13.05 (75 minutes)
<b>Session description</b>	Antibiotic stewardship (ABS) is a major component of the multifaceted strategies targeting antibacterial resistance (ABR). The principles of appropriate drug selection, sufficient dosage, adaptation to microbiology findings, and optimal treatment duration have been proven effective in both patient outcome and combating ABR. Elements of successful ABS programmes will be outlined, while challenges related to their implementation will be discussed in the light of real-life experiences coming from high- and low-and-middle-income countries.

<b>Session format</b>	Panel
<b>Session chair</b>	<u>Yehuda Carmeli</u> (National Center for Infection Control and Antibiotic Resistance, Tel-Aviv Sourasky Medical Center, Israel) <u>Jean Carlet</u> (World Alliance against Antibiotic Resistance (WAAAR), Paris, France)
<b>Presenters/speakers</b>	<ul style="list-style-type: none"> <li>- <i>Principles and barriers to successful AST in hospital settings:</i> <u>Benedikt Huttner</u> (Infection Diseases Unit, University of Geneva Hospitals, Geneva, Switzerland)</li> <li>- <i>Success stories</i> <ul style="list-style-type: none"> <li>• Thailand: <u>Anucha Apisarnthanarak</u> (Division of Infectious Diseases, Faculty of Medicine, Thammasat University Hospital, Pathum Thani, Thailand)</li> <li>• South Africa: <u>Adrian Brink</u> (Division of Medical Microbiology, Faculty of Health Sciences, University of Cape town, South Africa)</li> <li>• Netherlands: <u>Inge Gyssens</u> (Department of Internal Medicine, Radboud Institute for Health Sciences, Radboud University Medical Center, Nijmegen, The Netherlands)</li> <li>• China: <u>Zeng Mei Gao</u> (Department of Infectious Diseases, Children's Hospital of Fudan University, Shanghai, China)</li> </ul> </li> </ul>

<b>Session title</b>	<b>Session 10 - The challenge of implementation – from science to best practices</b>
<b>Schedule (provisional)</b>	11.50-13.05 (75 minutes)
<b>Session description</b>	<b>Infection prevention and control (IPC) strategies to prevent healthcare-associated infections (HAIs) are well described; however, their implementation remains a challenge in many healthcare settings. Reasons for failure are many, and often due to a lack of knowledge and training in implementation strategies. The principles of implementation science will be presented, and reports from high- and low-and-middle-income countries are presented.</b>
<b>Session format</b>	Panel
<b>Session chair</b>	<u>Alison Holmes</u> (National Institute for Health Research Health Protection Research Unit in Healthcare Associated Infections and Antimicrobial Resistance, Imperial College London, London, United Kingdom) <u>Maha Talaat</u> (WHO, Cairo, Egypt)
<b>Presenters/speakers</b>	<ul style="list-style-type: none"> <li>- <i>From science to best practice:</i> <u>Mary Dixon-Woods</u> (THIS Institute (The Healthcare Improvement Studies Institute), Department of Public Health and Primary Care, University of Cambridge, Cambridge, United Kingdom)</li> <li>- <i>Success and failure in implementing the IPC core components:</i> <ul style="list-style-type: none"> <li>• Senegal: <u>Babacar Ndoye</u> (Infection Control and Patient Safety, Ministry of Health, Dakar, Senegal)</li> <li>• Mexico: <u>Hilda Marquez</u> (Universidad de Guadalajara, Mexico)</li> <li>• Chile: <u>Fernando Otaiza</u> (Programa de Control de Infecciones Asociadas a la Atención de Salud, Departamento de Calidad y Seguridad de la Atención, Ministerio de Salud de Chile, Chile)</li> <li>• Turkey: <u>Emine Alp</u> (Department of Infectious Diseases and Clinical Microbiology, Medical Faculty, Erciyes University, Kayseri, Turkey)</li> </ul> </li> </ul>

<b>Session title</b>	<b>Session 11 – Scaling up successful interventions in LMIC settings: lessons from the WHO Surgical Safety Checklist</b>
<b>Schedule (provisional)</b>	14.35-16.05 (90 minutes)
<b>Session description</b>	This session focuses on the implementation of the WHO Surgical Safety Checklist as an ‘exemplar’ case-study for understanding implementation and scale-up processes in global patient safety. The session features clinical, academic and policy perspectives on implementing the Checklist as an evidenced intervention. Speakers will present their own ‘hands-on’ experiences in leading national implementation programmes of the Checklist across different African countries, and lessons learnt. The session is designed for delegates interested in the designing and evaluating the impact of national scale-up safety programmes, and delegates focused on improving perioperative safety.
<b>Session format</b>	Panel
<b>Session chair</b>	<u>Nick Sevdalis</u> (Professor of Implementation Science and Patient Safety, King’s College, London, United Kingdom)
<b>Presenters/speakers</b>	<u>Tom Weiser</u> (confirmed) (Associate Professor of Surgery, Stanford University Medical Center, Stanford, USA) <u>Michelle White</u> (Research Student, King’s College London, London, United Kingdom) <u>Pierre M’Pele</u> (Mercy Ships Africa Bureau Director, Cotonou, Benin)

<b>Session title</b>	<b>Session 12 – Putting it into practice: reducing risk for better mental health care</b>
<b>Schedule (provisional)</b>	14.35-16.05 (90 minutes)
<b>Session description</b>	Evidence-based interventions and innovation can improve safety and quality in mental health care for populations worldwide. This session will examine patient safety, harm and managing risk as they apply to mental health. The urgency to meet present and escalating future needs to support better mental health care require that we rapidly close care gaps by building on innovative community-based strategies. Examples from these case studies will offer lessons from implementation that reinforce sustainable initiatives that can be taken in any country to reduce harm and improve social integrity.
<b>Session format</b>	Panel
<b>Session chair</b>	<u>Carolyn Canfield</u> (Independent Citizen-Patient, Vancouver, Canada)
<b>Presenters/speakers</b>	<u>Sudipto Chatterjee</u> (Associate Professor and Head, Department of NRM at TERI School of Advanced Studies, New Delhi, India) <u>Randi-Luise Møgster</u> (Vice President Helse Bergen, Haukeland University Hospital, Bergen, Norway) <u>Vibeke-Iren Hellesund</u> (Haukeland University Hospital, Bergen, Norway) <u>Mary Anne Levasseur</u> (Coordinator – Family Peer Support, Montreal, Canada)

<b>Session title</b>	<b>Session 13 – Accelerating Global Action on Patient Safety</b>
<b>Schedule (provisional)</b>	14.35-16.05 (90 minutes)
<b>Session description</b>	Recognizing patient safety as an urgent global public health issue and the huge burden of patient harm on all health care systems across the world, 72nd World Health Assembly (WHA) adopted a resolution ‘Global action on patient safety’, also establishing World Patient Safety Day, to be observed annually on 17 September. WHA recognized patient safety as a global health priority, and countries agreed to implement this resolution to develop sustainable patient safety systems. WHO session shares countries’ journey, the challenges and barriers faced in implementation of this resolution, the lessons learned and possible solutions.

<b>Session format</b>	Panel
<b>Session chair</b>	<u>Neelam Dhingra-Kumar</u> (Coordinator, Patient Safety and Risk Management, WHO, Geneva, Switzerland) <u>Shaleel Kesavan</u> (Senior Policy Manager, Patient Safety and Investigations Team, Department of Health and Social Care, Leeds, United Kingdom)
<b>Presenters/speakers</b>	<u>Dr Abdulelah Alhawsawi</u> (Director General, Saudi Patient Safety Centre, Riyadh, Saudi Arabia) <u>Ms Evelyn Dinah Nelima Wesangula</u> (Division of Patient Safety, Ministry of Health, Nairobi, Kenya) <u>Dr Neelam Dhingra-Kumar</u> (Coordinator, Patient Safety and Risk Management, WHO, Geneva, Switzerland) <u>Dr Nor'Aishah Abu Bakar</u> (Head, Patient Safety Unit, Ministry of Health, Putrajaya, Malaysia) <u>Dr Jitendra Nath Srivastava</u> (Advisor, Patient Safety and Quality Improvement, National Health Systems Resource Centre, New Delhi, India) <u>Sir Liam Donaldson</u> (WHO Envoy for Patient Safety, Geneva, Switzerland)

<b>Session title</b>	<b>Session 14 - 3 Workshops</b>
<b>Schedule (provisional)</b>	14.35-16.05 (90 minutes)
<b>Session description</b>	During three parallel workshops, small groups of experts will discuss the following topics on healthcare-related antibiotic resistance (ABR): <ul style="list-style-type: none"> <li>• Aware categorization, drug supplies issues, and essential medicines lists</li> <li>• National indicators regarding antibiotic use and ABR control in hospital settings</li> <li>• How can we improve diagnostic tools (including algorithms) for antibiotic stewardship</li> </ul>
<b>Session format</b>	Workshops
<b>Moderators</b>	<ul style="list-style-type: none"> <li>- <i>Aware categorization drug supplies issues, essential medicines lists</i> <u>Sumanth Gandra</u> (Department of Medicine, Washington University School of Medicine, Saint Louis, MO USA) , <u>Dan Kibuule</u> (Faculty of Health Sciences, Ministry of Health and Social Services, University of Namibia, Windhoek, Namibia)</li> <li>- <i>National indicators (antibiotic use and ABR control in hospital settings)</i> <u>Inge Gyssens</u> (Department of Internal Medicine, Radboud Institute for Health Sciences, Radboud University Medical Center, Nijmegen, Netherland), <u>Hanan Balkhy</u> (WHO, Geneva, Switzerland)</li> <li>- <i>How can we improve diagnostic tools (including algorithms) for antibiotic stewardship?</i> <u>Debra Goff</u> (The Ohio State University Wexner Medical Center, Columbus, USA), <u>John P. Hays</u> (Department of Medical Microbiology and Infectious Diseases, Erasmus MC University Medical Center, Rotterdam, The Netherlands)</li> </ul>

<b>Session title</b>	<b>Session 15 - 3 Workshops</b>
<b>Schedule (provisional)</b>	14.35-16.05 (90 minutes)
<b>Session description</b>	During three parallel workshops, small groups of experts will discuss the following topics on infection prevention and control (IPC) in the prevention of healthcare-associated infections (HAIs):

	<ul style="list-style-type: none"> <li>• Improvement in IPC without additional resources (concerning mainly low- and middle-income countries)</li> <li>• Existent national IPC programmes with paradigms of best- and worst-case scenarios</li> <li>• Advanced technology for healthcare-associated infection (HAI) control: Worth the price?</li> </ul>
<b>Session format</b>	Workshop
<b>Moderators</b>	<ul style="list-style-type: none"> <li>- <i>Improvement in IPC without additional resources</i> <u>Raheelah Ahmad</u> (NIHR Health Protection Research Unit in Healthcare Associated Infections and Antimicrobial Resistance, Imperial College London, London, United Kingdom), <u>Mohammad Hassan Aelami</u> (Infection Control and Hand Hygiene Research Center &amp; Department of pediatrics, Imam Reza hospital, Iran)</li> <li>- <i>National IPC programmes: best- and worst-case scenarios (from paper to action)</i> <u>Jacqui Reilly</u> (Safeguarding Health through Infection Prevention Research Group, Centre for Living, Glasgow Caledonian University, Glasgow, United Kingdom), <u>Susan Hopkins</u> (Faculty of Medicine, Department of Infectious Disease, Imperial College London, United Kingdom)</li> <li>- <i>Advanced technology for HAI control: Worth the price?</i> <u>Petra Gastmeier</u> (Institute of Hygiene and Environmental Medicine, Charité – Universitätsmedizin Berlin, Germany), <u>Andreea Moldovan</u> (St. Constantin Hospital, Department of Infectious Diseases, Romania)</li> </ul>