

Bulletin



The International Society for Quality in Health Care Ltd.

June 2010

President's Report

Foundational to every organisation which has made significant advances in quality and safety in health care, there exists a culture which instils the importance of patients and families they serve, the key role of staff in service delivery and safety improvements, and the underlying strategic importance of leadership.



Philip Hassen, ISQua President

It is very easy to state the importance of the positive nature of improving quality and safety culture to an organisation's success, yet our ability to accelerate change, enable improvements to happen quickly and effectively requires that care begins with centring our attention on patients and families. We have much to learn and apply in regard to being patient-centric, yet most organisations successful in quality and safety have turned squarely to the actions required to become highly sensitive to this facet of their culture.

In my career as a CEO I invested considerable efforts searching and trying different approaches to do this. Yet we know national and international accreditation bodies and such groups as Planetree – put the patient first. The Planetree model of care is “a patient-centered, holistic approach to healthcare, promoting mental, emotional, spiritual, social, and physical

healing. It empowers patients and families through the exchange of information and encourages healing partnerships with caregivers. It seeks to maximize positive healthcare outcomes by integrating optimal medical therapies and incorporating art and nature into the healing environment.” This is but one model that provides standards for organisations.

To undertake this difficult cultural transformation of our complex organisations takes a new type of leadership. Leaders in health care of today and tomorrow must understand the “consumers” needs gauge the effect of what they do to meet these needs, improve processes, develop and invest in people to enable them to act in this way (what they want to do as caregivers anyway) and lead staff with a shared vision.

J. Kouzes and B. Posner profess, from their vast studies of outstanding leaders in their book *The Leadership Challenge* (2007), that we must –

Model the Way

Inspire a Shared Vision

Challenge the Process

Enable Others to Act

Encourage the Heart

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Many progressive health care delivery organisations are dedicated to becoming patient centric using these practices. For our collective successes now and in the future, leaders, those who internalize and frequently use these practices, will create organisational cultures in health care we all want and need, in order to make the transformative changes necessary for the sake of the patients and families we serve.

Over the 25 years of ISQua's life span, leadership in safety and quality and patient centeredness has always been a core component of our work. We have much to be grateful for the foresight of Hannu Vuori and the other founding fathers for recognising the need to establish a quality and safety organisation and to all of those who have contributed since then in ensuring its success. The Board are committed to progressing the work started in 1985 to support the drive for excellence in healthcare delivery and to continuously improve the quality and safety of care.

ISQua has reached a significant milestone, one that we can be suitably proud of.

Philip Hassen,
ISQua President



Róisín Boland, ISQua CEO

CEO's Report

I am in the unique position of having insight into ISQua from a number of perspectives, as a member, both individual and institutional, a Board member and now as CEO.

I first became involved in ISQua in 2000 while I was working on a project developing a national accreditation programme and attended my first ISQua conference that year. The standards that were produced from that project were the first to receive accreditation under the then Alpha Accreditation Programme, now International Accreditation Programme (IAP). As a fledging accreditation body the networking and sharing of information that I experienced as a result of my membership in ISQua and involvement on the Accreditation Council was invaluable. To go on to achieve accreditation for numerous sets of standards and the accreditation organisation itself that I was then CEO of was a very rewarding and memorable time in my personal journey in quality and safety.

In 2005 and 2007 I was proud to be elected to the Board of ISQua and became part of the team charged with guiding the organisation and in providing the necessary strategic direction for ISQua to develop and expand its work. The dedication of not only the Board, the Accreditation Council, the executive based in Melbourne and of so many ISQua members was inspiring and has brought the organisation to the point it has reached now.

Since I became CEO in 2008 the extent of the support and the willingness and enthusiasm from ISQua members and associates worldwide to become involved and to be part of this organisation has become even more evident to me. I am also aware while there has been a lot of work

done there is more to do to ensure that the value members receive meets their needs.

Developing this edition of the Bulletin has provided a timely trip down memory lane. I hope you enjoy it and also the more current news that follows on the 27th International Conference in Paris in October and the very insightful Reflections on Accreditation from the viewpoint of a surveyor and CEO of a hospital involved in accreditation in Canada.

I am grateful to so many people who have contributed their memories both in writing and in pictures making it possible to piece together some of the history of the organisation and to Sinead McArdle for her work on this edition. It is planned to acknowledge the 25th Anniversary throughout the year, so if as a result of reading this Bulletin you are motivated to contribute a thought or memory please be sure and share it with us.

"History, the continuum of events occurring in succession leading from the past to the present and even into the future" Cicero

Read on.....

*Róisín Boland,
ISQua CEO*

The Birth of ISQua

By Prof. Hannu Vuori

Officially, ISQua was born in Udine, Italy on 29th June 1985 in connection with a World Health Organization (WHO) Working Group on Training in Quality Assurance. The founding fathers were the participants of this Working Group. The idea of an international society devoted to quality assurance in health care was, however, born much earlier – arguably in Kuopio, Finland on a beautiful April evening in 1977.

The 1970s were, in medical education the era of medical schools oriented towards community, primary care and prevention. The undisputed pioneer was McMaster University in Hamilton, Ontario, Canada. Soon, the Ben Gurion University of the Negev in Beersheba, Israel; the University of Maastricht in the Netherlands; the University of Kuopio, Finland; the University of Tromsø, Norway; the University of Linköping, Sweden; Ramathibodi University, Thailand and others followed the suit.

Although McMasters was primarily the brainchild of John Evans; WHO was the

spiritual father of many of the others. A proud father, WHO tried to foster the growth of the movement. Dr Tamas Fülöp, the then Director of the Department of Human Resources Development, convened in Geneva in 1974 a consultation on community-oriented universities where many pioneers of the movement met personally for the first time.

The European members of the movement cooperated under the aegis of the European Regional Office of WHO (EURO). They shared many interests, such as community participation and health centre education.



1984 Barcelona – WHO working group on the Principles of Quality Assurance, Prof. Hannu Vuori speaking



Udine 1985 – The Meeting that Started it All. Back row left to right: Albert Oriole, Belgium; Agnes Jacquerye, France; Gunnar O.F. Strom, Sweden; Bill Jessee, USA; Evert Reerink, Netherlands; Ulla Tuomaala, Finland; Rosa Sunol, Spain; Hannu Vuori, Denmark; Gerry Fowkes, UK; Peter Reizenstein, Sweden; Dan Fleisher, USA; Mijo Simunic, Croatia; Franco Perraro, Italy.

Front row left to right: Ernest Buckley, UK; Andrea Gardini, Italy; Rita Compagnon, Italy; Paolo Pietrangeli, Italy; Jerzy Szczerban, Poland. Charles Shaw, UK, was also present but is missing from the photograph

Quality, efficiency and effectiveness also featured on their agenda. Dr Robert Wiedersheim, the then Director of EURO's Department of Strengthening of Health Services, assumed in Europe the same role as Dr Fülöp worldwide. He took the new medical schools under his wing.

Robert visited both Maastricht and Kuopio in the autumn of 1976. The next spring, Evert Reerink, the newly appointed Professor and Chairman of the Department of Community Health of the University of Maastricht made a study tour to some of the like-minded universities in Europe. This tour brought Evert to Kuopio.

Evert was still a Professor of Community Health but CBO, the future Dutch quality assurance organization, the first one of its kind in Europe, was already a gleam in his eye. I was Evert's counterpart in the University of Kuopio. A few years earlier, I had defended my doctoral dissertation on the reliability of medical records as a source of information for medical audit. It was possibly the first Ph.D. thesis related to the quality of health care in Europe.

We discussed quality, our common interest. We felt that there probably was more going

on in quality assurance than caught the eye and that it would be interesting to survey the situation in Europe. The following day, we quickly sketched a questionnaire on the most salient aspects of possible quality assurance activities. We sent it to Robert Wiedersheim requesting WHO's support for the survey.

Although WHO can be very bureaucratic, Robert acted quickly. The same summer, Evert was touring western European countries and I Scandinavian countries. In August, I left for the United States to work for a year as a visiting scientist at the National Center for Health Services Research (NCHSR). Fortunately, the NCHSR and EURO agreed that I continue the survey in Poland, the Soviet Union, Czechoslovakia, Hungary, Romania and Bulgaria. In the meantime, Evert had completed the then EU countries.

It turned out that our questionnaire was at best a checklist, not a measuring instrument. We could not get systematic answers to our questions. Often the unexpected information was the most interesting. As we could not write the intended neat and systematic analysis of the state of quality assurance

in Europe, I used our questionnaire as a table of contents to write an introduction to quality assurance for the European audience.

Robert Wiedersheim wanted EURO to publish the book. When he retired, the manuscript was, however, forgotten. After having joined EURO myself, I remembered the manuscript, dug it out and dusted it off. In 1982, EURO published it as 'Quality assurance of health services: Concepts and methodology. Public Health in Europe No. 16, WHO, Regional Office for Europe, Copenhagen 1982'. It was sometimes referred to as "the chairman's little red book" because of the colour of its cover.

Although it is difficult to claim that the book was a bestseller, it fostered the development of QA in Europe. EURO had it translated into French, German and Russian. The Spanish Ministry of Health took care of the Spanish and the Italian Quality Assurance Society, the Italian translation. Some universities used it as a textbook. Perhaps most importantly, it convinced Dr Jo Asvall, the then Regional Director for Europe of WHO to establish a special WHO programme called Quality Assurance and Model Health Care Programmes.

How is all this related to ISQua? In April 1984, I got a phone call from Peter Reizenstein, Professor of Haematology, Karolinska Institute, Stockholm, Sweden. Peter had read 'the chairman's little red book' and asked whether he could come to the WHO Regional Office in Copenhagen to discuss how to promote QA in Europe. When he came, we remembered the old joke that a scientific discipline has come of age when it has got its own terminology, association and journal. There was no need to establish the terminology. It already existed. We therefore opted for the two other signposts.

On behalf of WHO, I contracted Peter to explore the possibilities to establish an international – preferably worldwide – association and a journal. Should there be enough interest, he should continue by drafting the constitution and the by-laws of the association and try to find a publisher for a scientific journal.

The process took over a year but at the time of the WHO Working Group on Training in Quality Assurance in Udine, Peter was ready. I therefore invited to the Working Group people who represented existing

national organizations (e.g., Alberto Oriol-Bosch and Rosa Suñol from Spain, Franco Ferraro – also the host of the meeting – and Andrea Gardini from Italy) or who were actively implementing or teaching QA in health care facilities or universities (e.g., Evert Reerink from the Netherlands, Pierre Buykens and Agnes Jacquerye from Belgium, Charles Shaw from the UK, Mijo Simunic from Croatia and Jerzy Szczerban from Poland).

The founding meeting took place after the Working Group was over. It unanimously decided to establish the International Society for Quality Assurance in Health Care, adopt

the constitution (slightly modified by Charles Shaw and Michael Sheldon) and authorize Peter to continue his negotiations with Pergamon Press to launch the journal. The meeting elected Peter as the first President of ISQA (the spelling at that time), me as Vice-President and Chairperson of the Nomination Committee and Evert Reerink as Secretary/Treasurer.

The close link between ISQA and WHO continued. WHO provided the new fledgling association with initial capital by contracting ISQA to produce first, a roster of experts, then a glossary of terminology and finally a list of resource

and reference materials. As Chairperson of the (undemocratic) Nomination Committee, I with Rosa Suñol, a member of the Committee, proposed all the Presidents to the General Assembly until Jack Best was appointed. WHO headquarters became involved, Eleuther Tarimo and then Ferdinand Siem Tjam started sponsoring workshops promoting QA in developing countries. These took place in connection with the ISQua conferences.....The rest is history.

**Hannu Vuori, M.D., Ph.D., M.A.,
Vice President of ISQua (1985 – 1991)**

The Early Years of ISQua

By Dr. Charles Shaw

Quality in health care, Europe

In 1979, in the Netherlands, Evert Reerink set up CBO in 1979 with the Dutch Association of Medical Specialists and of Chief Medical Officers to promote quality, initially among professions but later including institutions. In the early 1980s more signs emerged of interest among health care providers and researchers: Lluís Bohigas set up Europe's first accreditation programme in the Spanish region of Catalonia, Hans-Konrad Selbmann organised a series of workshops sponsored by the Robert Bosch Foundation in Germany, and in 1983 Rosa Sunol and Franco Ferraro set up national societies for quality in health care in Spain and Italy respectively. The following year I was invited to set up an exploratory QA project at the King's Fund in London.

The European regional office of WHO supported many of these initiatives with the enthusiasm of Hannu Vuori. He produced a scholarly analysis of QA in health services and organised a series of international workshops, starting with "the principles" in Barcelona, 1983, together with the new Spanish society.

The rest of the world

The International Hospital Federation ran a series of biennial meetings with the Kellogg Foundation and the Joint Commission on Accreditation of Hospitals, starting

with "voluntary hospital accreditation" in Sydney 1981, together with the Canadian and Australian accreditation councils. (This was before "health care" was found to be a single word to replace "hospital" in acronyms.) The next gathering was in Geneva (Patient information, QA, accreditation and licensure) and the next in Orlando, Florida May 21-24 1985.

This "international invitational symposium on quality assurance" was opened by Miles Hardie (IHF) and John Affeldt (JCAH) to many of the individuals and organisations which have since become the founders and builders of the Society. They represented medical associations, hospital associations, hospitals, academics and voluntary societies – but no health ministries.

A month later, six of the Europeans – and Karen Timmons (JCAH) - who had been in Orlando, met again in Udine, Italy, for a workshop on training for quality assurance, organised by Hannu Vuori, Franco Ferraro, then chief of emergency medicine at the Ospedaliero S. Maria della Misericordia and Peter Reizenstein, a haematologist at the Karolinska Hospital in Stockholm.

After the main workshop, and during a memorable evening enthusiasm grew for a European Society for Quality Assurance and Cost Containment but in the calmer light of the following day, and thereafter, the

cost containment idea was dropped and the new proposal became "international" in order to include the two American participants, Dan Fleischer and Bill Jessee. It also became clear later that the spontaneous plan had been mooted in 1983 in Barcelona and incubated several months earlier by Peter and Hannu back in Finland.

The First Executive Board

Prof Peter Reizenstein (Sweden),
President

Dr. Hannu Vuori (Denmark),
Vice-president

Dr. Evert Reerink (Netherlands),
Secretary/Treasurer

Dr. William Jessee (USA)

Dr. Charles Shaw (UK)

Drs. Rosa Sunol (Spain)

Ms. Karen Timmons (USA)

Dr. Tadeusz Tolloczko (Poland)



2000 Dublin – Rosa Sunol (Spain), Charles Shaw (UK), Franco Perraro (Italy) and Agnes Jacquerye (Belgium)

The new society

Peter Reizenstein was acclaimed to be the first president, Hannu Vuori the vice-president and Evert Reerink the secretary of ISQua which was incorporated in Sweden in 1986. It had a vaguely liberal constitution, few systems and no business plan but plenty of ambition and Peter's determination to teach and to publish a journal.

In addition, the elected Board, appointed an Advisory Council. Initially this was predominantly European, but later became more representative of all regions. It was later abolished because no one could agree on how it should function.

Conferences

Many members wonder how the Society manages to celebrate its 25th anniversary and yet is holding its 27th Annual Conference this year. The "first" Conference was primarily Swedish with an injection of foreigners (typically the Joint Commission, Evert Reerink, Rosa Sunol and Dominique Jolly of Assistance Publique Hôpitaux de Paris) – three months before the primarily European meeting in Udine where the Society was "founded" and which became the "second" international conference.

Since then the Society has held a conference every year, starting in Paris in 1986, then to Italy, Spain and, in 1989, the Society showed its global potential by taking the conference to Australia, and then to USA, Mexico, Canada, Ireland and France.

For me, the Venice conference in 1994 was memorable for the pre-meeting in Treviso where the leaders of most of the world's accreditation programmes met for the first time and discovered a common cause. The "special interest group" met larger each year, spawning the ALPHA program in 1999 and became a regular theme at each annual conferences.

The Journal

The early activities of the Society were reported primarily in the Joint Commission's Quality Review Bulletin, founded in 1974 (QRB, courtesy the Director of Publications, Maryanne Shanahan) and in the CBO newsletter (courtesy Evert Reerink and WHO

Copenhagen which sponsored CBO as a collaborating centre for quality assurance). Some editions of Australian Clinical Review also carried international papers.

Through his contacts with clinical journals, Peter Reizenstein negotiated a contract with Pergamon Press (later taken over by Elsevier) to finance and publish the 'Quality Assurance in Health Care' in Oxford. As well as supervising the technical side of the quarterly publication the managing editor, Janet Boullin, reorganised the Society's subscriptions, produced the first reliable database of members and made possible the first annual accounts. When the world moved on from quality assurance to improvement, we struggled with the name of the Society and its initials; it was Janet Boullin who proposed ISQua to incorporate the meaning without losing the sound of ISQA.

When Peter Reizenstein died in 1993, Heather Palmer, Professor at the School of Public Health at Harvard, took over as editor and further developed the Society's public image and influence. The title changed to the International Journal for Quality in Healthcare. Oxford University Press replaced Elsevier as joint owner and publisher from 1998.

The International Journal for Quality in Health Care has seen two further editors-in-chief since Prof Palmer, Prof Thomas Perneger from 2004 to 2008 and currently Dr Eric Schneider.

ISQua Presidents to Date

Prof Peter Reizenstein (Sweden)	(1984 – 1989)
Dr William J. Jesse (USA)	(1989 – 1991)
Dr. John B. Best AO (Australia)	(1991 – 1993)
Dr Enrique Ruelas (Mexico)	(1993 – 1995)
Dr Charles Shaw (UK)	(1995 – 1997)
Dr Chris Brook (Australia)	(1997 – 1999)
Mrs Elma Heidemann (Canada)	(1999 – 2001)
Dr David Ballard (USA)	(2001 – 2003)
Prof Austen Leahy (Ireland)	(2003 – 2005)
Dr John Helfrick (USA)	(2005 – 2007)
Prof Bruce Barraclough (Australia)	(2007 – 2009)
Mr Philip Hassen (Canada)	(2009 – 2011)



1999 Melbourne - Charles Shaw (UK) receiving life membership from Chris Brook (Australia)

The Secretariat

The most significant change to the Society in the first ten years was the new constitution and the establishment of a secretariat.

In September 1992, Jack Best became president, with Mats Beckman as secretary and myself as treasurer. Jack inspired and drove the adoption of a new constitution in 1993 which opened opportunities for institutional members and sponsors to fund a formal secretariat.

In 1994 bids were submitted from the Netherlands and from Australia;

the secretariat was awarded to Australia, sponsored by the Commonwealth and State governments. Fears that the Society had been kidnapped from its European roots were allayed soon after Lee Tregloan was appointed in May 1995 to head the secretariat, then based at La Trobe University in Melbourne. For the first time, the Society became financially and organisationally stable: communications improved, journals arrived on time, members were happier, and the AGM became businesslike, peaceful and even enjoyable.

Life Members

Dr. Evert Reerink (Netherlands)

Dr. Hannu Vuori (Denmark)

Drs. Rosa Sunol (Spain)

Dr. John Best AO (Australia)

Dr. William Jessee (USA)

Dr. Chris W Brook (Australia)

Dr. Charles D Shaw (UK)

Dr. Ferdinand Siem Tjam (Switzerland)

Prof. Heather Palmer (USA)

Mrs. Elma Heidemann (Canada)

Dr. Enrique Ruelas (Mexico)

Mrs. Lee Tregloan (Australia)

Prof. Austin Leahy (Ireland)

Distinguished Service Awards

Mrs Barbara Donaldson (New Zealand)

Dr Chris W Brook (Australia)

Where we are now

Following an international bidding process the secretariat moved from Melbourne to Dublin in April 2008 and thus started a new era in the history of ISQua.

ISQua continues to grow and develop. Plans are being made to expand activities into the area of education and learning and to ensure a more global reach through regionalisation.

A very big thank you is extended to Dr Hannu Vouri, Dr Charles Shaw and Dr Franco Peraro for their help in compiling the history of ISQua and for sharing their extensive number of photographs from ISQua's early years with us. Some of which are included, others will feature throughout the rest of the year.

If you have any photos or memories you would like to share from any of ISQua's previous conferences or gatherings please email them to Sinead at smcardle@isqua.org.



ISQua Staff - Deirdre Burke, Eadin Murphy, Triona Fortune, Sinead McArdle and Roisin Boland

ISQua Memories



1987 Paris - Avedis Donabedian (Lebanon)



1996 Jerusalem - Heather Palmer (USA) and Pier Luigi Morosini (Italy)



1996 Jerusalem – Conference Opening Session



1996 Melbourne - Speakers at AAQHC and ISQua Symposium. Nigel Murray (New Zealand), Judy Homa-Lowry (USA), Charles Shaw (UK), Chris Brook (Australia), Niek Klazinga (Netherlands), Youngsoo Shin (Korea) and Brian Collopy (Australia)

My presidency of ISQua happily coincided with the establishment of a formal secretariat and the start of generous funding from Australian commonwealth and state governments which gave the Society a new lease of life. This enabled several explorations.

The first meeting of national accreditation programmes led to discussion of relationships with ISO certification, and the need to harmonise standards and external assessment processes. Thus emerged the ALPHA programme, now the International Accreditation Program, but the rift between healthcare accreditation and industrial accreditation of “conformity assessment bodies” and certification remains a problematic challenge in many countries, especially in the European Union.

The first attempt to organise ISQua members on a regional basis led to the European Society for Quality in Healthcare (ESQH). ESQH developed an independent path to meet the regional agenda, driven largely by the European Union’s ambition for freedom of trade, services and skills across borders – and their implications for the exchange of health services, clinical practice, professional development and public information. Much of this is similar to the concerns of other regions which share cultural and economic ties; similar developments supported by ISQua, such as in South-East Asia, could provide a model to promote quality and safety through local networks and to provide ISQua with access to the larger world.

Credit for these developments, which happened to occur on my watch, is due largely to the vision and energy of Lee Tregloan who set up the office in Melbourne, and to Jack Best whose unorthodox persuasions recruited the technical and financial assistance of the Australian governments.

Charles Shaw, ISQua President (1995 – 1997)



1997 Chicago - ISQua Advisory Council



1998 Budapest – Chris Brook (Australia) and Evert Reerink (Netherlands)



1998 Budapest - Luis Campos (Portugal) and Brian Collopy (Australia)



1999 Melbourne - Elma Heidemann (Canada), Austin Leahy (Ireland) and Lee Tregloan (Australia)



1999 Spain - ISQua Board Meeting
 Back Row: Yuichi Imanaka (Japan), Pedro Saturno (Spain), Lluís Bohigas (Spain), Charles Shaw (UK), Yannis Skalkidis (Greece) Front Row: Nancy Dixon (UK), Karen Timmons (USA), Elma Heidemann (Canada)



2000 Dublin – Plenary Speakers: Robert Brook (USA), Haya Rubin (USA) and Nancy Dixon (UK)



2000 Dublin – K. Kulaveransingham, Paduka Siti Sa'diah Sheikh Bakir and Thavamalar Kandiah (Malaysia)



2001 Buenos Aires – Richard Grol (France) and Hugo Arce (Argentina)



2002 Paris – Elma Heidemann (Canada), Ferdinand Siem Tjam (Switzerland) and Richard Grol (France)



2003 Dallas – Conference Reception



2004 Amsterdam – Rosa Sunol (Spain), Franco Perraro (Italy), Evert Reerink (Netherlands) and Andrea Gardini (Italy)

When I became president of ISQua in 2001, I was both honoured and humbled, honoured because of the faith in me shown by the Society and its Board and humbled at the thought that I might also be able to make a contribution to the continued growth and development, led so ably by the previous president Dr Chris Brook, of both ISQua and the international healthcare quality agenda. As well, it was a double honour to be selected as the first female and first non-physician president.

The role of president brought with it the many challenges of leading a developing organization but it also brought an abundance of opportunities. The first opportunity was being able to participate in the growth of ISQua as an organization. The secretariat, first established in 1995 under Lee Tregloan, grew into an efficient and effective support for all ISQua's activities. Funding, with the help of an initial generous grant from Australian government sources, became more secure. Membership increased, not only in number but in its inclusion of key people in health care quality from around the world.

The second opportunity was to be able, with the ISQua board, to encourage the development and enhancement of ISQua's activities. Through the efforts of dedicated editors, ISQua's journal grew in credibility and stature. The annual conference grew from year to year, not only in terms of numbers of attendees, but also in the number and quality of conference offerings. Special interest groups, such as health care indicators and accreditation, began to find "homes" within ISQua. With respect to the later, I was able, with other dedicated individuals, to personally help to lead the creation of ISQua's accreditation program, initially ALPHA (Agenda for Leadership in Programs for Healthcare Accreditation), now the IAP (International Accreditation Programme).

The third and perhaps greatest opportunity as president of ISQua was to be able to meet and network with an impressive group of international colleagues for whom quality was always a focus. What is most gratifying, as I now look back over the years, is how this network has grown and strengthened through ISQua, and how colleagues not only continue their firm belief in the pursuit of health care quality but also have become enduring friends.

Elma G. Heidemann, ISQua President (1999 – 2001)



2004 Amsterdam - MARQuIS Group: Piera Poletti (Italy), William Reddy (Ireland), Charles Shaw (UK), Kieran Walshe (Ireland), Charles Bruneau (France), Helen Crisp (UK), Basia Kutryba (Poland), Benno van Beek and Niek Klazinga (Netherlands)



2005 Dublin - Accreditation Council
 Front Row: Helene Be aard (Netherlands), Roisin Boland (Ireland), Wendy Nicklin (Canada), Tracey Steadman (UK), Pat Martin (Australia) Back Row: Jan Bultman (World Bank), Lee Tregloan (Australia), Michael Boland (WONCA), Charles Bruneau (France), Stuart Whittaker (South Africa), Itziar Larizgoitia (WHO), Karen Timmons (USA), Barbara Donaldson (New Zealand) and Brian Johnston (Australia)



2006 Paris - Accreditation Council
 Brian Johnston (Australia), Lee Tregloan (Australia), Rosa Sunol (Spain), Barbara Donaldson (New Zealand), Jan Bultman (World Bank), Roisin Boland (Ireland), Stuart Whittaker (South Africa), Helene Be aard (Netherlands), Charles Bruneau (France), Marlene Benisty (France), Helen Crisp (UK) and Wendy Nicklin (Canada)



2007 Boston - Representatives from National and Regional Societies

As I was contemplating my assignment from Roisin this morning, I received via email a reminder of ISQua's vital role in driving worldwide continuous health care quality improvement through education, research, and collaboration.

In 1995 in St. John's, Newfoundland during the first ISQua meeting I attended, I met Dr. Enrique Ruelas Barajas, President of ISQua from 1993 - 1995, Secretary of the General Health Council of Mexico (a position similar to that of the United States' Surgeon General) and President of the Latin American Society for Quality in Health Care. Over the following fifteen years, Enrique and I have regularly exchanged ideas about health care quality improvement, visiting between Mexico City and Dallas-Fort Worth and during ISQua meetings throughout the world. Our shared intellectual interests took a more concrete form in 2008 when we established an internship program at the Baylor Health Care System Institute for Health Care Research and Improvement in Dallas where I serve as Chief Quality Officer, for physicians in the health care administration training program Enrique founded. This morning, I received an email from Enrique's protégé, Dr. Arturo Martinez Zuniga, the first of these interns, who now leads the quality improvement initiatives for the regional maternity hospital in Nuevo Leon, Mexico. During his internship, Arturo worked with my colleague, Dr. Ziad Haydar, translating our rapid cycle process improvement curriculum ("Accelerating Best Care at Baylor" or "ABC-Baylor") into Spanish and customizing the curriculum for his Mexican audience. This morning Arturo wrote, "It is a pleasure for me to inform you that today ABC Mexico will start!! I will teach it for 32 people in my hospital, including: nurses, social workers, nutritionists, laboratory medicine specialists and psychologists. I wanted to share with you this baby step that finally will be implemented with all the rapid cycle process improvement methodology. Later this year I will send you the patient care results of our improvement projects."

Such news epitomizes ISQua for me: linking the vision of international health care quality leaders such as Enrique and Ziad to equip new recruits at the frontline of quality such as Arturo with evidence-based tools to improve health care for those we serve worldwide.

Dr David Ballard, ISQua Past President (2001 - 2003)



2006 London - Anne Gordon (Australia) and Sangoule Ndiaye (Senegal)



2007 Boston – Junya Zhu (China), BK Rana (India), Ken Sands & Pat Folcarelli (Beth Israel Deconess Medical Center), Sunju You (South Korea) and Anne Duggan (Australia)



2008 Copenhagen – Sun Ju You (South Korea), Triona Fortune (ISQua), Mirjan Nasic (Croatia) and Rasa Terbetiene (Lithuania)

I have attended many of ISQUA's Educational Conferences. I was sent to my first ISQUA Conference by my Administrator for Quality when it was held in Washington D.C. in 1991. My role at that time was Associate Director for Quality Management at a large teaching Hospital in New York. In that position I implemented a very successful Quality Management Program in our five specialized intensive care units. I remember how amazed I was that so many of the issues and concerns for quality patient care that we had were the same in so many other parts of the world. The education sessions were so informative. Resources were different, support varied widely from country to country and from one continent to another, but I learned our mission and goals for our fellow men and women were the same. After having networked with many colleagues during the ISQUA Conference, I brought back new ideas to study and implement. My enthusiasm never waned, I was hooked on the vast educational knowledge that I gained and joined ISQUA as an individual member.

I have attended twelve conferences so far, presented papers at three, Venice 1994 where we used earphones for translation, and I presented a paper with my colleague at the Palazzo de Cinema on Lido Island. One of the best memories there was the gala eight course dinner (each with their own glass of wine) where we were taken by water taxis to a very old and beautifully restored prison on its own island. Another fond memory was in 1995 landing in a great fog in Newfoundland and being greeted on the ground by local citizens who took us all in their own cars to our hotels. In addition, a great iceberg was sitting in the harbour near our hotel! During that conference, my colleague and I presented another paper, and were most surprised and honoured to receive the Reizenstein Prize Honourable Mention for a paper we had published in the ISQUA Journal. I was now the Director of Case Management at New York Hospital Queens and the publication demonstrated how case management can improve the quality of patient care. Chicago was next in November 1996, it was so cold and snow was on the ground. My colleague and I presented another paper, but with another impending huge snowstorm, many delegates left early to get planes out before they closed the airport. Our plane had to be de-iced three times. Australia was a place I had always dreamed about, and then ISQUA held a conference in Melbourne in 2000. I will never forget the opening ceremonies with the special dance performance by the Aboriginal people that seemed to transport us back in time. Dublin in 2001, Holland in 2004, Vancouver in 2005, London in 2006, Copenhagen in 2008 and Dublin again in 2009 are all places I will always treasure as great learning experiences, and countries that we felt such warmth and genuine caring about all the delegates' wellbeing while we were there. Another fond memory was the hospital site visits that were arranged for us. By experiencing first hand, and speaking with the professionals who have implemented innovative and successful programs we can learn so much more and ISQUA gives us that opportunity.

Each year the ISQUA Conferences improve. The Board and their support staff do a fabulous job of planning educational programs that impact all of us no matter what country we come from. We still find that we have the same quality issues to solve. Quality care and patient safety is number one for all of us. I am only sorry I couldn't get to all the great countries and conferences.

Thank you and keep up the great work!!!

Virginia D'Addario (ISQua Member since 1997)

"I was at the 6th ISQA International Symposium at the Royal Australasian College of Surgeons in Melbourne Australia in March 1989. I was then the Director of Quality at the Repatriation General Hospital Concord, Sydney, Australia. It was an exciting international event and with a great Australian flavour with the conference reception being held at the famous MCG (Melbourne Cricket Ground). It was also very exciting for me as the poster that we presented of a sample of Concord Hospital's data driven clinical quality improvement activities won first prize! The Concord Hospital executives were courageous in allowing the open scrutiny of real data on the poster. As I remember it, the cash prize allowed the Quality Unit to buy some software for our computer!"

Marjorie Pawsey AM, Senior Visiting Fellow, Centre for Clinical Governance Research in Health, Australian Institute of Health Innovation, Faculty of Medicine, University of New South Wales



2009 Dublin – Beverly Barraclough (Australia), Bonnie Adamson (Canada), Pat Martin (WHO), Philip Hassen (ISQua) and Jane Parkinson (Canada)



2009 Dublin – Triona Fortune (ISQua), Jan Mackereth-Hill (UK), Tracey Cooper (Ireland), John Oldham (UK), Eric Schneider (USA), Sheila Leatherman (USA), Charles Bruneau (France), David Bates (USA), Bruce Barraclough (Australia) and President Mary McAleese of Ireland

ISQua News



Marjorie Pawsey AM

Congratulations

Congratulations to Marjorie Pawsey AM who was recently honoured as a Member of the Order of Australia for “service to community health as a contributor to the development of health care standards, quality assurance systems and professional accreditation programmes, particularly in the area of women’s health.” This award is part of the prestigious Australian national honours system. Marjorie has been a supporter of ISQua and a surveyor for our International Accreditation Programme (IAP) for many years.



Marjorie Pawsey AM with her family

International Journal for Quality in Health Care Report for 2009

2009 was an eventful year for the Journal. In April, Dr. Eric Schneider assumed the position of Editor-in-Chief and Drs. Rosa Sunol (Spain), Ezequiel Garcia-Elorrio (Argentina), Anthony Staines (France), and Saul Weingart (United States) joined the Journal as Deputy Editors. The editorial committee for the Journal was reconstituted with many of the previous editorial committee members agreeing to stay on for an additional term.



The Journal received 295 original submissions during 2009 including 233 research articles, 23 quality in practice articles, 23 methodology articles, 18 review articles, 18 perspectives on quality, 6 letters to the editor, and 5 editorials. The acceptance rate for the Journal was 19.9%.

The Journal continued to receive an impressive number of manuscripts, processing 326 manuscripts from all parts of the globe. The top submitting countries were the United States (45), followed by Australia (22), the Netherlands (20), the United Kingdom (19), Spain (18), Taiwan (17), Italy (15), Canada (13), Germany (11), and China (10). Illustrating the global reach of the Journal, the remaining submitted papers (42%) originated from 41 additional countries.

The Journal continued to produce Spanish-language translations of abstracts. This past year, the Journal also began a new initiative to translate editorials into Spanish.

At the 2009 ISQUA Annual Meeting in Dublin, the Reizenstein prize for best paper during 2008 was awarded to:

Williams SC, Koss RG, Morton DJ, Schmaltz SP, Loeb JM. Case volume and hospital compliance with evidence-based processes of care. Int J Qual Health Care. Apr 2008;20(2):79-87.

Membership Survey and Focus Groups

Thanks to the members who completed the online survey and participated in the membership Focus Groups. We wish to thank you for your time and support in providing us with this valuable feedback. The information gathered is being collated and will be discussed further in the next edition of the Bulletin.

Bahrain Delegation

We were delighted to welcome the Board of the National Health Regulatory Authority (NHRA) and representatives from the Economic Development Board (EDB) of Bahrain, who visited the ISQua offices on a recent trip to Ireland in May.



From Back Left to Right: Mr Hamad Al-Malki (EDB), Mr Adel Hussain (NHRA), Dr Shawqi A. Ameen (NHRA), Ms Roisin Boland (ISQua), Mrs Fatima Abdulwahid (NHRA), Dr Bahaa Eldin Fateha (NHRA), Dr Talal Al Alawi (NHRA), Ms Triona Fortune (ISQua), Dr Fadheela T Al-Mahroos (NHRA), Mrs Laila Ahmed Abdulrahman (NHRA) and Ms Salma Alderazi (EDB).



27th International Conference 10th - 13th October 2010

Marriott Rive Gauche Hotel, Paris, France



SUNDAY 10th OCTOBER

09:00 - 17:00 **ISQua Pre-Conference Programme**

Choice of 3 concurrent sessions:

- Governance and Leadership
- Accreditation Symposium
- Indicators Summit

18:30 **Welcome Reception Marriott Rive Gauche**

MONDAY 11th OCTOBER

08:00 - 09:00 **Meet the trade exhibitors breakfast**

09:00 - 09:15 **Conference Opening**

09:15 - 09:30 **Making the Most of the Conference**

09:30 - 10:30 **Opening Plenary Session**

National Healthcare Reform and its impact on quality
Professor Lord Ara Darzi (UK)

10:30 - 11:00 **BREAK**

11:00 - 12:30 **Concurrent Sessions**

12:30 - 14:00 **LUNCH**

13:15 - 13:50 **Poster Presentation Sessions**

14:00 - 15:30 **Concurrent Sessions**

15:30 - 14:00 **BREAK**

16:00 - 16:10 **Reizenstein Prize**

16:10 - 17:10 **'Measurement for what and Clinical Improvement'**

Roger Boyles (UK), Christof Veit (Germany)

19:00 - 21:00 **Conference Networking Reception**

Sorbonne University (Tickets available for purchase)

TUESDAY 12th OCTOBER

08:00 - 09:00 **Meet the trade exhibitors breakfast**

09:00 - 10:20 **Morning Plenary Session**

Measuring safety
Rene Amalberti (FR) and Charles Vincent (UK)

10:20 - 10:30 **Life Time Achievement Award**

10:30 - 11:00 **BREAK**

11:00 - 12:30 **Concurrent Sessions**

12:30 - 14:00 **LUNCH**

13:15 - 13:50 **Poster Presentation Sessions**

14:00 - 15:30 **Concurrent Sessions**

15:30 - 16:00 **BREAK**

16:00 - 16:15 **International Accreditation Awards**

16:15 - 17:10 **Afternoon Plenary**

Avoidable Hospitalisation
Shane Soloman (HK) and Victor Rodwin (US)

17:15 - 18:00 **ISQua AGM**

18:00 - 19:30 **Meet the Poster Presenters Reception**

18:30 **Professional Visits**

WEDNESDAY 13th OCTOBER

08:00 - 08:45 **Meet the trade exhibitors breakfast**

08:45 - 09:00 **Welcome to ISQua's 28th International Conference Hong Kong 2011**

09:00 - 10:20 **Morning Plenary Session**

Health Systems Effectiveness: An important dimension of health system performance
Martin McKee (UK) and Jean Marie Robine (FR)

10:20 - 10:30 **Recommendation to enhance measurement and use of indicators on quality and safety of care;**

Mark Pearson OECD

10:30 - 11:00 **BREAK**

11:00 - 12:30 **Concurrent Sessions**

12:30 - 13:45 **LUNCH**

13:45 - 14:45 **Concurrent Sessions**

14:45 - 15:00 **Presentation of Poster Prizes**

15:00 - 15:55 **Afternoon Plenary**

Global Vision – past, present and future
Sir Liam Donaldson (UK)

15:55 - 16:00 **Farewells**

Philip Hassen, ISQua President

16:00 **CLOSE OF CONFERENCE**

THURSDAY 14th & FRIDAY 15th OCTOBER

09:00 - 17:00 **Mentorship Programme**

Reflections on Accreditation in Canadian Health Care

By Randy V. Penney



Randy V. Penney

A patient arrives in the emergency department with a complex array of symptoms that don't point to a clear diagnosis. The hospital is small and relatively isolated, but the staff proceeds with confidence. Their participation in a recent accreditation survey has confirmed that they are working well as a team and engaging in solid, evidence-based practice.

Across the country, a large teaching organization is implementing a new interdepartmental reporting system. It was inspired by their participation in an accreditation survey and supported by research. They expect it will be used as a model of excellence and innovation in health care practice across the country.

Based on recommendations from their last accreditation report, a health care organization has decided to take the lead in bringing together stakeholders from numerous sectors including health, education, and social services to examine the determinants of health for school-aged children. By taking a leadership role and facilitating this meeting, the organization will use research and the tracer methodology to attempt to improve the health status of the population they all serve.

For over fifty years, Accreditation Canada has helped organizations promote quality health care across this country and around the world. Within Canada, virtually all health care organizations, as well as Aboriginal communities, Correctional Service Canada, and Canadian Forces Health Services, have reaped enormous benefits from their involvement with the accreditation process. The ultimate beneficiary, however, has been the Canadian public. Our national accreditation program has inspired care providers across the country to be innovative and quality driven. Accreditation has also made Canadian facilities accountable to the people they serve. From coast to coast to coast, when members of the public enter a facility that has an accreditation Canada certificate, they can be confident that the organization was assessed by its peers, met or exceeded national standards of excellence, and continues to strive for high quality health care.

This article will offer my reflections on what accreditation has meant to the Canadian health care system. These thoughts are based on over 25 years of experience in senior administrative positions in hospitals, 17 years as a surveyor with Accreditation Canada, and my current role as chair of the Surveyor Advisory Committee.

For organizations that participate in the accreditation process, it truly represents the single most comprehensive review of the entire organization. While smaller departmental, program, or service-specific external reviews exist, the process used by Accreditation Canada covers the entire organization and engages staff, physicians, and volunteers from all departments.

The strength of the accreditation program in Canada is based on the outstanding contributions of stakeholders over the years. Surveyors have made and continue to make an enormous contribution. From

my perspective, they give tirelessly of themselves for no personal or financial gain. Close to 600 physicians, nurses, health executives, administrators, occupational therapists, laboratory scientists, respiratory therapists, psychologists, and social workers all have busy professional lives and make enormous personal sacrifice to support the vision, mission, and values of Accreditation Canada. To survey means time away from one's work and time away from family, often dealing with complex, stressful issues. It is my sense that we all need to be reminded of the valuable contributions these individuals have made for more than 50 years. Without a doubt, Accreditation Canada would not be as successful today if not for the unwavering support of its surveyors.

The clients of Accreditation Canada are another stakeholder. By agreeing to participate in the accreditation program, clients (and by extension the staff and physicians who are employed in health services) contribute to the success and strength of the program. Whether it is by participating in the accreditation process, contributing to the development of standards, serving of advisory committees, or providing input into revisions to the process, clients have made enormous contributions.

An additional stakeholder is the staff at Accreditation Canada. Over the years we have enjoyed strong leadership from Accreditation Canada's competent and qualified staff. We depend on their knowledge and support to manage the many complex aspects of the accreditation process including standards development, surveyor recruitment and retention, education, document circulation, on-site survey planning, and report writing, just to name a few.

From my perspective as both a hospital CEO and a surveyor, I have no

doubt accreditation has driven quality improvements across Canada. It has inspired organizations to strive for excellence. By participating in accreditation, health service providers are evaluating their performance against national standards of excellence. I have witnessed enormous changes in our health care system over the years. Through all of the changes, accreditation has helped organizations focus on and improve quality. At the same time, the accreditation process itself has experienced significant change. A review of the key modifications that have taken place over time clearly demonstrates the benefits the health services sector has enjoyed as a result.

In the early years of accreditation there was a strong focus on structure. More specifically, the emphasis was on policies and procedures, physical plant, and aspects such as fire safety. This initial focus provided a solid foundation from which to move forward.

With the introduction of the Client-Centred Accreditation Program (CCAP) in 1995, accreditation took bold steps in driving major changes in the health care sector. To participate in accreditation, organizations were required to renew their commitment and focus on clients. This shift forced organizations to truly understand who their clients were, what their clients' needs were, and how they as an organization could improve services for clients and families. As the same time, this approach required organizations to establish multi-disciplinary teams focused on these groups of clients. The days of practitioners working in silos were over. It also required organizations to demonstrate improvements in the quality of service rendered. No matter how small the change, quality of care could always be improved.

As a surveyor during the CCAP years, I saw first-hand how accreditation was driving major changes across all sectors and in all aspects of health services. From the North to British Columbia to Newfoundland, organizations both small and large were embracing the direction set by the accreditation process by focusing on clients, multidisciplinary teams, and quality improvement.

With the introduction of the AIM (Achieving Improved Measurement) accreditation program in 2001, organizations were required to measure the outcomes of health care. Numerous new components were incorporated into the process and organizations had to establish a continuous learning and improvement cycle. Demonstrable results were achieved through the use of indicators as a measurement tool, and a connection was made between data, measurement, quality, and service. AIM also introduced population health as a philosophy. To achieve accreditation, organizations had to demonstrate that they were in fact improving the health status of the population they were serving.

As a surveyor during the AIM years, I witnessed how teams and organizations across the country were partnering with providers outside of their organization and looking at the determinants of health for the population they serve.

Now we have Qmentum, and once again accreditation is driving change in health services to help improve the quality of health care in Canada. With Qmentum, accreditation is integrated into each organization's quality improvement program. The emphasis has shifted to health system performance, risk mitigation and prevention planning, client safety, performance measurement, and governance. Organizations will be required to demonstrate compliance in these areas to achieve accreditation.

As a surveyor for Qmentum, I am frequently asked why accreditation is constantly changing. My response is that change is necessary to remain relevant in our ever-shifting health care environment. In our shared commitment to excellence and continuous improvement, peers across this country are compelling accreditation to adapt to the complexities and challenges we as health care providers face every day. Excellent evidence-based research has also played a major role in driving changes at Accreditation Canada. Research has and

will continue to play a key role in identifying new directions and opportunities.

Is accreditation perfect? Absolutely not. Could the accreditation program be better? Absolutely. No matter how good you are, there is always room to learn and improve. The accreditation program is only as good as its stakeholders and the commitment they make to the program. I hope this article has conveyed my sincere respect for the past and present contributions of all accreditation stakeholders. As we look to the future, we continue to need strong surveyors, engaged clients (and by extension staff, physicians, boards, and volunteers), and dedicated staff at Accreditation Canada.

I will conclude this article with an appeal. My experience as a surveyor has led me to believe that our country enjoys a wonderful health care system and that accreditation has played a major role in helping to shape many of its positive aspects. More than ever, all stakeholders need to embrace accreditation and continue to 'take ownership' in it. Participation can occur at many levels. In its simplest form, it can be a matter of providing honest, constructive input.

Whatever our role, we have made a personal investment in the Canadian health care system. Accreditation is a tool each of us can use to maximize that investment.

Randy V. Penney is the President and Chief Executive Officer of the Renfrew Victoria Hospital in Renfrew and St. Francis Memorial hospital in Barry's Bay, Ontario. Randy has been a surveyor with Accreditation Canada since 1992, and is the chair of the Surveyor Advisory Committee.

This article originally appeared in Qmentum Quarterly (Accreditation, March 2010), published by Accreditation Canada and Les éditions du Point.

If you are interested in becoming an ISQua surveyor or would like information on any of our accreditation services contact Triona Fortune, Director of Programmes, tfortune@isqua.org.

Bulletin Noticeboard

Dates to Remember!

28th – 30th June 2010 - HCAC Quality Health Care Conference & Exhibition 2010

'Good, Better, Best: Moving towards Quality in Health Care In the Middle East'

Location: Le Meridien Hotel - Amman, Jordan **For further information:** visit <http://www.hcac.jo/>

5th – 16th July 2010 - The Erasmus Observatory Summer School on Health law and ethics

Location: Erasmus University, Rotterdam, Netherlands. **For further information:** email info@erasmusobservatoryonhealthlaw.nl or visit www.erasmusobservatoryonhealthlaw.nl.

13th – 15th July 2010 - APMH International Healthcare Conference and Exhibition 2010

3G's in Hospital Management - Governance, Giving and Greening

Location: Kuala Lumpur Convention Centre, Malaysia. **For further information:** The Association of Private Hospitals of Malaysia (APHM), Tel: 603-4251 7032. **Email** majmin8@pd.jaring.my or visit: www.apmhconferences.org

ISQua/ASQua Members: 10% off foreign participant's rate

6th – 7th September 2010 - The 4th Annual FICCI Health Conference in partnership with ASQua

'Healthcare for All: Global Standards with Local Touch'

Location: Federation House, FICCI, New Delhi, India **For further information:** visit www.ficci.com or email healthservices@ficci.com

6th – 8th September 2010 - 8th Australian Conference on Safety and Quality in Health Care (AAQHC 2010)

"Back to the Future - Unlocking the Potential"

Venue: Convention and Exhibition Centre, Perth, Australia **For further information:** email aaqhc2010@arinex.com.au or visit www.aaqhc2010.org.au

13th – 15th September 2010 - 7th Biennial Joanna Briggs Colloquium – 'Knowledge in Action: The Next Generation of Evidence-Based Practice'

Location: Sheraton Hotel, Chicago, USA

For further information: visit <http://www.joannabriggs.edu.au/events/2010Chicago/index.php> or email chris.cafcakis@adelaide.edu.au

10th – 13th October 2010

ISQua's 27th International Conference – 'Quality Outcomes: Achieving Patient Improvement'

Location: Marriott Rive Gauche Hotel, Paris, France

For further information: email isqua@isqua.org or visit <http://www.isqua.org/current-conference.htm>

21st – 23rd October 2010 - The Australian and New Zealand Obesity Society Annual Scientific Meeting

"A Time for Change: meeting the challenges of the future"

Location: Hilton Hotel, Sydney, Australia

For further information: please visit: <http://www.eventc.com.au/ANZOS/abstracts.html> or email: chris@eventc.com.au

If you would like to advertise a forthcoming event please send us the details for inclusion in the next ISQua bulletin.



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