

President's Report

ISQua with a strong and vibrant membership from all parts of the world will be seen as a leader in improving health care through the advancement of quality and safety in Developed and Developing Countries.



Mr. Philip Hassen, ISQua President

I am impressed with the many people I have met through ISQua who are committed to and passionate about improving quality and safety in health care. ISQua is at an important stage in its development and wants to become more responsive to our members. With all of you we can impact the directions and sustainability of health care through collaboration and partnerships. ISQua wants to respond in a timelier manner to our members – individuals and organisations – and clearly target our efforts and resources so that we make a difference whether in a developed or developing country. So there are two issues I wish to address – regionalization and membership.

As we know, ISQua, in support of all of our members, has responsibility to advance quality improvement and patient safety in countries around the world – not always easily done given the diversity of issues, distances and economics; understanding that some countries / regions are very advanced in their efforts and others are struggling to meet the very basics in health

for those they serve. This presents some distinct challenges yet noteworthy lessons and opportunities for ISQua as we listen to the needs of our members and others around the world all of whom are working hard to advance quality and safety.

For this reason ISQua is in the process of considering how best to regionalize its efforts – to be able to respond more appropriately and timely to the needs of members. For example the establishment of the Asian Society for Quality (ASQua) is one notable step in this strategic direction. The Board believes others will see the benefits of regional structures. We will begin looking at all regions in the world with our respective members and key stakeholders to determine how best to build effective and strong interfaces like we have initiated with ASQua. This will enable us to create appropriate and timely services and programmes to the diverse areas needing more relevant tools and resources from ISQua. The Board will be contemplating changes to the Memorandum of Articles/Association in order to incorporate a regional strategy. There will continue to be some core programmes and services delivered internationally in response to your stated needs.

The heart and soul of an effective organisation like ISQua is to build on the strength of its membership. Shortly we will be asking your advice and thoughts on how we can strengthen your membership with ISQua and add to our membership through our services and programmes whether regionally or internationally based. We want to meet your needs in this quest for quality. If you have ideas in this regard, please let Roisin Boland, our Chief Executive Officer, know.

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In summary, it is fundamental to our success that we are responsive to the needs of our members and adapt to regional needs. If you have any advice for me as your president, I would more than welcome it.

“With all of you we can impact the directions and sustainability of health care through collaboration and partnerships.”

On final note, I am honoured to be speaking on behalf of ISQua at two upcoming conferences – one in Hong Kong, their annual Hospital Convention from 10th – 11th May, and at the World Health Care Congress in Brussels on 20th May. At both conferences I look forward to having the opportunity to discuss with you these and any other matters of interest you may have.

CEO's Report

It is the start of a new year and with it brings new resolutions, opportunities and maybe even some challenges for the months ahead.



Róisín Boland, ISQua CEO

2009 was a successful year for ISQua, of particular note was the significant rise in contacts with the ISQua office and interest displayed by many of you in

getting involved in the Society. It is all very much welcomed.

Work on our annual international conferences is on-going, there is still time to submit an abstract for the Paris 2010 conference, closing date for submission is 12th February 2010. We have already received a considerable number of abstracts so if you have been contemplating putting pen to paper or even fingers to the keyboard and documenting "that piece of work" time is now running out and it could be a missed opportunity for you to share "that work" with fellow likeminded people worldwide. Our extensive international review panel

are eager to commence reviewing abstracts and this year for the first time a number of patients/service users are included in this process. As part of the 2009 conference a poster prize competition was held, the overall winning abstract is included in this edition of the Bulletin; it is also intended to run a similar competition as part of this year's conference. We look forward to seeing the lead author of the 2009 winning abstract at the conference in October, registration for the conference was part of the prize they received.

Interest in healthcare accreditation internationally has increased in recent years and with it the demand for ISQua's International Accreditation Programme, which accredits the accreditors. The Programme, which was established in 1999 to promote quality improvement through the process of accreditation, accredits accreditation, external evaluation and standards, setting bodies against international principles and standards. The fact that so many organisations are now seeking ISQua accreditation means that there is a common approach to the underlying principles of many schemes worldwide and such consistency has been shown to improve patient safety and quality of care. The IAP is one of ISQua's core programmes and plays a large part in ensuring our Mission

is realised. The success of this Programme is the result of the persistent work that has gone into both maintaining and developing the Programme since its inception by both the Accreditation Council and ISQua staff.

Michael Gorton has kindly provided another interesting and informative medico-legal article for this Bulletin, ISQua is very grateful for his input, on this occasion his focus is on day surgery.

Work on the Summer Schools has commenced and it is expected to launch this initiative during the conference this year.

Can I also remind you that membership subscription for 2010 is now due and fees have been maintained at 2009 rates. In order to keep receiving a copy of the Bulletin and other membership services you need to renew your membership as soon as possible.

News from the ISQua office is that we welcome Deirdre Burke back from Maternity Leave and congratulate her on the arrival of her son Éoin.

I wish you all a very Happy New Year and hope to meet a lot of you during the course of the year ahead.

Roisin Boland
ISQua CEO

Our Mission: Driving continual improvement in the quality and safety of healthcare worldwide through education, research, collaboration and the dissemination of evidenced based knowledge.

ISQua Attends Launch of UAE-Accreditation Programme

The United Arab Emirates Minister for Health, His Excellency Dr. Hanif Hassan has announced the development of an Accreditation Programme for the health services of UAE-Dubai. The Programme will be developed in consultation with the Mihalik Group a USA, Chicago based company. ISQua were privileged to participate in the launch of this Programme which took place on 4th January 2010 in Dubai and were represented by the CEO, Ms Róisín Boland.



H.E. Dr. Hanif Hassen (Minister of Health), Dr Nariman Al Mulla (Advisor to the Minister of Health), Dr. Salem Al Darmaki (Acting Director General, Ministry of Health), Dr. Amin Al Amiri (CEO for Medical Practice and License), Ms Róisín Boland (ISQua CEO), Dr Gary Mihalik and Ms Zorina Granjean (The Mihalik Group), Mr Azzam Rustom, Mr Eric Sandler, Mr Gary Peacock, Mr Wayne Esptopinal and Mr Timothy Stone representing and associates of the Platinum Group and also in the picture are other Ministry of Health officials.



27th International Conference 10th - 13th October 2010

Marriott Rive Gauche Hotel, Paris, France



Call for Papers 2010

The closing date for submission of abstracts proposals for Paris 2010 is soon approaching. Abstracts will be accepted up to midnight (GMT) on Friday, 12th February 2010 and no further changes to submitted papers can be made after this date.

The theme of this year's Conference is 'Quality Outcomes: Achieving Patient Improvement' and abstracts can be submitted under the following ten tracks which relate to this theme.

- Governance & Leadership
- External Evaluation Systems
- Health Information Technology
- Patient Safety
- Education and Culture
- Patient Experiences
- Health Technology Assessment
- Quality Systems
- Measurements and Outcomes
- Integrated Care and Quality Outcomes

For submission or further information please visit our website (<http://www.isqua.org/conference-details/abstract-submission-now-open.htm>) or email isqua@isqua.org.

Reminder: Scholarships

ISQua, in collaboration with the World Health Organization (WHO) is once again offering applicants from developing countries or countries with economies in transition, scholarship places to attend our International Conference.

Applications will be accepted from 15th February 2010 and further information will soon be available on our website and at www.who.int/patientsafety/research/en/



Confirmed Speakers

Prof. Charles Vincent

Professor of Clinical Safety Research, Division of Surgery, Oncology, Reproductive Biology and Anaesthetics Imperial College London



Prof. Rene Amalberti

Professor of Physiology and Ergonomics, Military Hospital Val-de-Grace, Paris



Dr. Christof Veit

Executive Director, National Institute for Quality Measurement in Health Care, Germany



Prof. Martin McKee

Professor of European Public Health, London School of Hygiene & Tropical Medicine, University of London



Prof. Victor G. Rodwin

Professor of Health Policy & Management, Wagner School of Public Service, New York University



Dr. Jean-Marie Robine

Research Director, French National Institute of Health and Medical Research



We are pleased to publish, with kind permission from the authors, the winning abstract from ISQua's 2009 inaugural Poster Prize competition. The judging panel were very impressed with the clarity and innovative nature of this work.

Positive predictive value and potential preventability of the AHRQ patient safety indicators in a national sample of hospitals from the USA.

by P. S. Romano, G. Utter, B. Sadeghi, P. A. Zrelak, D. J. Tancredi, R. Baron, S. Drösler & J. Geppert

Objective:

The Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI) have become widely used tools for identifying potential safety-related events in hospitals using ICD-9-CM coded administrative data; this study was designed to assess their criterion validity across multiple hospitals in the USA.

Methods:

The AHRQ PSI Validation Pilot Project involved detailed retrospective review of records of cases that flagged positive on selected PSIs. In response to a national call for volunteers, 47 hospitals from 29 states (with mean PSI rates similar to the Nationwide Inpatient Sample) designated nurses to abstract randomly sampled records from 2005-06 using standard tools and guidelines. AHRQ contractors provided support through sampling software, training webinars, written documents, electronic discussions, and feedback. Phase 1 focused on five PSIs specified below; phase 2 (now underway) includes five additional PSIs, while phase 3 will address PSI sensitivity by finding false negative cases. Positive predictive value (PPV) was defined as the percentage of PSI-flagged cases that were confirmed by record review, which is treated as a gold standard. This abstract includes

final PPV estimates and related data on the potential preventability of these events.

Results:

For "accidental puncture and laceration" (N=249), PPV was 91% (7% miscoded, 2% predated admission). Of the 226 confirmed events, 170 (75%) were potentially consequential; 51 (30%) involved the gastrointestinal tract, 42 (25%) involved the bladder, 33 (19%) involved the dura, and 27 (16%) involved a blood vessel. For "iatrogenic pneumothorax" (N=205), PPV was 78% (4% miscoded, 7% predated admission, 11% with exclusionary diagnosis or procedure). Of the 156 confirmed events, 69 (44%) occurred during insertion of a central venous catheter; only 7% and 9% of these insertions were performed with ultrasound or fluoroscopic guidance, respectively.

For "postoperative DVT/PE" (N=155), PPV was 83% (7% miscoded, 10% predated admission), but another 35% of flagged cases were false positives from a strict clinical perspective (20% hospital-acquired preoperative DVT/PE, 9% upper extremity DVT, 6% superficial/unspecified DVT).

For "selected infections due to medical care" (N=191), PPV was 54% (21% miscoded, 20% present at admission, 4% with exclusionary diagnosis). Of the 104

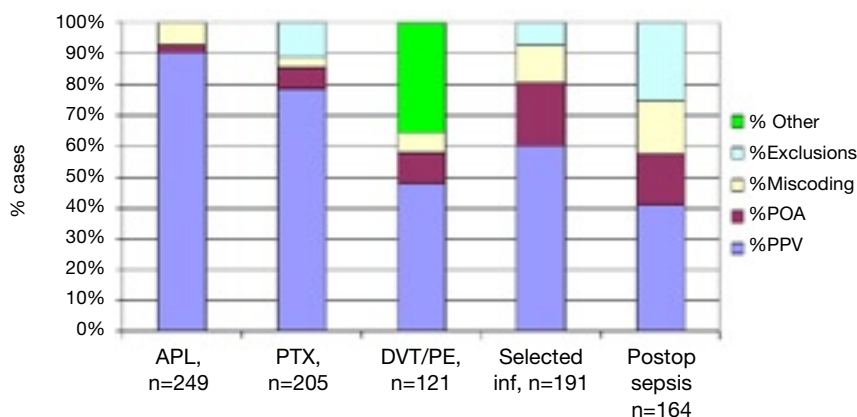
confirmed events, 77 (74%) were related to central venous catheters; time to infection was shortest for femoral catheters (5.7 ± 3.4 days) and longest for peripherally inserted catheters (12.5 ± 7.7 days). For "postoperative sepsis" (N=164), PPV was 41% (17% miscoded, 17% predated admission, 25% non-elective surgery).

Conclusions:

The PPV of five AHRQ PSIs in a non-random but representative sample of US hospitals varied from 41% to 91%. Incorporating "present at admission" data would substantially improve most of these PPVs. The five evaluated PSIs have variable PPVs, which should be considered in selecting indicators for public reporting programs as well as for inter-state and international comparisons of health system performance. We identified opportunities for improved care related to bladder injury during pelvic surgery, use of ultrasound guidance during central venous catheter insertion, and earlier removal of femoral venous catheters. Future studies will address the sensitivity of these indicators.

If you are interested in finding out more on this study or its authors please contact smcardle@isqua.org

Summary of the PSI validation study PPV estimates



Accidental Puncture or Laceration (APL)
 Iatrogenic Pneumothorax (PTX)
 Postoperative Deep Vein Thrombosis and Pulmonary Embolism (DVT/PE)
 Selected Infection due to Medical Care (Selected inf.)
 Postoperative sepsis (Postop sepsis)

Law Report - “Medico-legal influences for day surgery”

By Michael Gorton, B.Comm, LLB., FRACS (Hon), FANZCA (Hon) College Solicitor, Partner - Russell Kennedy Solicitors and member of the Management Committee of the Australian Health Practitioner Regulation Agency.



Michael Gorton

It is clear that Day Surgery is now an important part of health care systems worldwide. In Australia alone it is estimated that there are now over 200 free standing day surgeries,

conducting in excess of 500,000 procedures per annum and over 1,000 public and private hospital day surgery facilities.

Day surgeries have an increasing level of sophistication of technology involved, and follow dramatic improvements in diagnostic services and procedures. The growth in the range of procedures offered through Day Surgery has been extraordinary in recent years.

Day Surgery should continue, given government pressure to reduce the costs of our health systems, to develop as an important part of healthcare services.

Pressures

Nonetheless, Day Surgery is conducted in an environment where there are a range of pressures and demands:

- The pressure for time is not limited to Day Surgery, but particularly affects Day Surgery.
- The demand for scarce resources also particularly affects procedures in Day Surgery.
- Staffing levels becomes an issue for the management.
- Competitive behaviour, particularly in the private sector, and with increasing corporatisation, means pressure for greater productivity and efficiencies.
- The increasing need for greater record keeping and bureaucracy.

Higher Level of Risk

It can be argued that Day Surgery therefore involves a higher level of risk, and therefore entails a higher duty of care.

Whilst not necessarily prevalent in all cases or all procedures, the following factors might suggest that Day Surgery involves a higher level of risk:

- In many cases, there will be a shorter lead time, and therefore shorter contact time with patients before a procedure, and for informed consent processes.
- Procedures in Day Surgery may have reduced access to the full range of hospital equipment and services which might be available for in-patient procedures.
- There may be greater risk involved in earlier discharge and greater reliance on external post-operative services.

Recognition of these greater risks will help in the development of appropriate risk management strategies.

Legal Risks

A Day Surgery centre will have a non-delegable duty of care, for having responsibility for the overall control and supervision of the facility. Like a hospital, it is not able to remove this duty.

Some of the legal risks identified with Day Surgery facilities will include:

- Informed consent, particularly given the more limited time involvement with patients.
- Particular risk associated with limited time for pre-admission assessment.
- Sterilisation.
- Adequacy of equipment and facilities, and whether facilities are sufficiently comprehensive.
- Dealing with emergencies, and whether facilities and policies are adequate to deal with them.
- Adequacy of expertise, skills and training of staff.
- Adequacy of protocols and procedures.
- Premature discharge.
- “Informed Consent” on discharge - Providing patients with sufficient information to deal with post-operative issues.

- Adequacy of follow up and post-operative home care.

Many of these legal risks also apply to hospitals, but are more particularly relevant in the context of a Day Surgery facility.

Duty of Care

Given the general duty of care of Day Surgery facilities, a number of areas should be given particular attention:

- Equipment and facilities.
- Product liability.
- Patient pre-admission assessment and preparation (both whether the procedures are appropriate, and whether the information given is sufficient).
- Liability for contractors (since increasingly, facilities are relying on independent contractors, medical and otherwise).
- Patient assessment immediately upon admission, and upon discharge.
- Training and education of staff.
- Protocols and procedures.
- Accreditation and quality assurance issues.

Informed Consent

Because of the nature of Day Surgery procedures, as previously noted, there may be time constraints, or lack of time, in which important issues for the informed consent process can be dealt with.

It should be noted that, for Day Surgery, there is the same duty to fully inform patients and warn of material risks as for any other procedure in any other facility.

If a procedure in a Day Surgery context involves any additional significant risk than for a formal admission as an inpatient, this may potentially be an additional risk which should be advised to the patient. In such circumstances, the patient should have the opportunity to either have the procedure carried out in a Day Surgery context, or in a full inpatient admission.

Note particularly the reduced time in which anaesthesia informed consent may be obtained.

Given the importance of discharge and post-operative information, in the context of Day Surgery procedures, there is an additional need to inform and warn patients upon discharge in relation to the need for continuing treatment and attention, warning signs which may require readmission or doctor call out. Because the patient will not be under the care of the hospital post procedure, the patient will need far greater information than might normally be the case.

General information sheets and prepared literature may be of assistance, but should not replace proper communication with the patient on an individual basis.

Discharge and Follow-up

This highlights the need for proper discharge and follow up policies and procedures.

Notwithstanding that the patient has left the care of the Day Surgery facility, there can be a continuing liability for the care of the patient. There is certainly a duty to provide greater information and advice regarding post procedural issues (including warning signs, re-admission and continuing medication).

There may be a need to ensure that appropriate monitoring arrangements are in place with appropriate follow up and verification of post discharge care. For example, a facility may be responsible to ensure that the care that is available to a patient in the home or other environment, post discharge, is appropriate.

This may be particularly difficult in the rural or regional context, where the patient may be far away from medical facilities in the event of some future emergency.

There will certainly be an obligation to ensure that continuing treatment is provided,

including continuing service delivery, prescriptions and referrals.

General

Given the growth in the number of Day Surgery facilities and the number and type of procedures carried out through them, there will no doubt be many medical legal cases in the future which deal with and identify particular risks and obligations which differ from those in the usual hospital context.

However, it is important to remember that most of the ordinary obligations currently imposed on our hospitals, both public and private, will apply in the main to the Day Surgery facility. And, given the reduced contact hours with patients in the Day Surgery environment, some of those duties and obligations will be heightened.

It is therefore important that the risks be identified, addressed in a risk management context, and continuing review be undertaken.

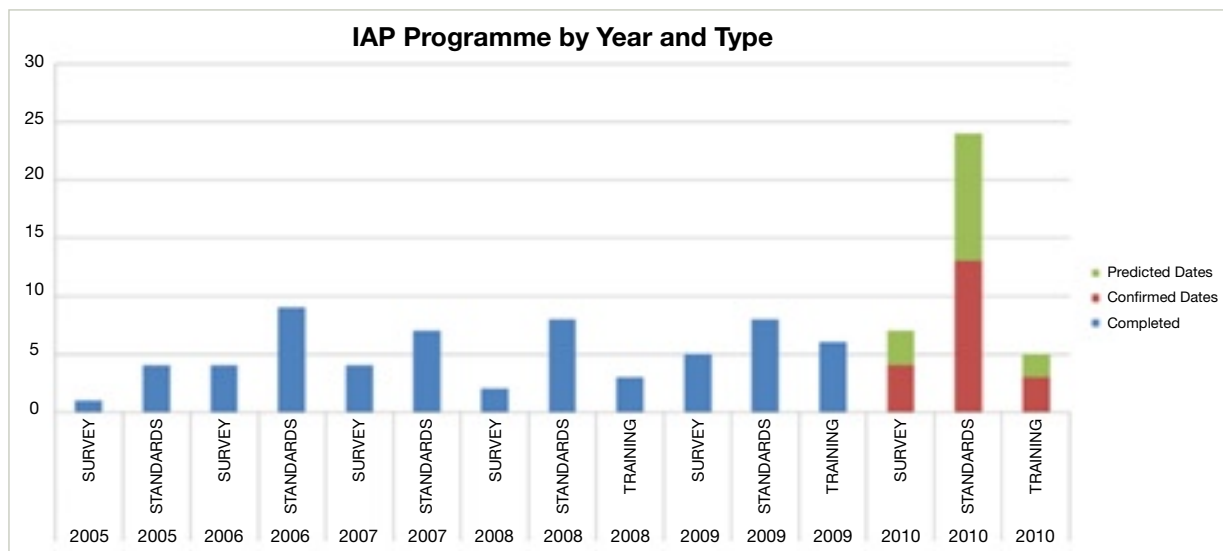
Paris – City of Lights

The cosmopolitan city of Paris, home to the Eiffel Tower and the Musee d'Orsay, will be the host for our 27th International Conference in October 2010. Our Conference team and Programme & Planning Committee are working diligently to prepare for this event.



ISQua's International Accreditation Programme (IAP) – A New Decade

In 2009, the tenth year of ISQua's Accreditation programme, the demand for accreditation increased exponentially with requests coming from all corners of the world. Newcomers to the programme included the National Accreditation Programmes from South Korea, Thailand and Saudi Arabia. Activity levels this year will double that of 2009, making it the busiest year of the IAP to date.



None of this work would be possible without the support of the ISQua surveyors, of which there are now 56 from 14 different countries. We are now accepting new applications to become an ISQua surveyor. See <http://www.isqua.org/accreditation-details/international-accreditation-programme-surveyors.htm> for further details.

Our Current ISQua Surveyors:

Organisation	Name
AGPAL – Australia	Jacquiline Moody Nathan Pinskiar Kylie Fahey
MSQH – Malaysia	Kadar Marikar Sirajoon Noor Ghani
NIAZ – Netherlands	Helene Be aard Freek Van Der Heijden
HDANZ – New Zealand	Jim Du Rose Lisa Cochrane Tricia Dore
ITAES – Argentina	Hugo Arce Ricardo Otero
Accreditation Canada	Wendy Nicklin Gilles Lanteigne Donna Anderson Sandra Kearns Paula Greco Suzanne Larocque Danielle Dorschner

Organisation	Name
CHKS - HAQU – UK	Russell Muddiman Angela Payne Jan MacKereth-Hill
ACHS – Australia	Brian Johnston Desmond Yen Darlene Hennessy Lena Low
NCQA – USA	Alan Hoffman
COHSASA – South Africa	Stuart Whittaker
JCI – USA	Anne Rooney Derick Pasternak Paul Chang Carlo Ramponi Paul Van Ostenberg
HAS – France	Charles Bruneau
FAD – Spain	Rosa Sunol
JCQHC – Japan	Yuichi Imanaka
SHQS – Finland	Marja Pokka-Vuento
NABH – India	BK Rana

Organisation	Name
AABB – USA	Anne Chenoweth Holly Rapp Judith Sullivan Kimberly Charity
ACSAA – Australia	Kirsten Peddie Bridget Paul Elizabeth Pringle Lynette Irwin Michele Chandler Nancy Morelli Susan Alexander Anthony Rigley Victoria Crawford
Independent Surveyors	
UK	Nancy Dixon
UK	Charles Shaw
Australia	Marjorie Pawsey
Canada	Martin Beaumont Elma Heidemann

Accreditation Research

Remember we are looking for abstracts for our 27th International Conference.

The External Evaluation track is always popular. Consider submitting any current research papers, which have not previously been presented via <http://abstracts.webgcs.com/isqua2010>.

Paris 2010 will be a great forum for both established presenters and health care staff new to the field of accreditation, certification and regulation to network and share experiences.

Join the Accreditation Federation!

The Accreditation Council is the governing structure for ISQua's International Accreditation Programme. This special interest group of the ISQua Board is voted from the Accreditation Federation. ISQua is currently looking for new members to join the Federation.

Requirements for Membership

Federation Membership is open to any current Institutional Member of ISQua that is also a health care accreditation, external evaluation or standards setting body. Such a body is defined as:

- An organisation generally recognised by government or health care providers or professional organisations or equivalent organisations as a key body to improve the quality of health care for the public. This is done by providing nationally available accreditation or external evaluation services based on quality standards, or the setting of quality standards, and related services that support performance improvement in health care organisations.
- The entity may address specific clinical areas or services.

For further information on ISQua's IAP or Accreditation Federation, please visit our web site <http://www.isqua.org/accreditations.htm> or contact Triona Fortune, Director of Programmes – tfortune@isqua.org

ISQua Accredited Organisations / Standards / Surveyor Training Programmes February 2010

Accreditation Type	Named Organisation
Organisation	<p>Accreditation Canada</p> <p>American Association of Blood Banks (AABB)</p> <p>Aged Care Standards and Accreditation Agency (ACSAA)</p> <p>Australian Council on Healthcare Standards (ACHS)</p> <p>Australian General Practice Accreditation Limited / Quality in Practice (AGPAL/QIP)</p> <p>Healthcare Accreditation Quality Unit, (CHKS-HAQU)</p> <p>Council for Health Service Accreditation of Southern Africa (COHSASA)</p> <p>Global-Mark Healthcare Certification Programme Pty Ltd</p> <p>Health and Disability Auditing, New Zealand (HDANZ)</p> <p>Instituto Colombiano de Normas Técnicas (ICONTEC)</p> <p>Joint Commission International (JCI)</p> <p>Malaysian Society for Quality in Health (MSQH)</p> <p>Netherlands Institute for Accreditation in Healthcare (NIAZ)</p> <p>Quality Improvement Council Accreditation Program, Australia (QIC)</p> <p>Taiwan Joint Commission of Healthcare Accreditation (TJCHA)</p>
Standards	<p>Accreditation Canada</p> <p>Australian Council on Healthcare Standards (ACHS)</p> <p>Healthcare Accreditation Quality Unit, UK (CHKS-HAQU)</p> <p>Council for Health Service Accreditation of Southern Africa (COHSASA)</p> <p>Department of Families and Communities, South Australian Health Department (DFC)</p> <p>Centre for Healthcare Planning and Quality, Dubai Healthcare City</p> <p>Egyptian National Accreditation Organization (EHCAO)</p> <p>Health Care Accreditation Council, Jordan (HCAC)</p> <p>Hong Kong Aged Care Accreditation</p> <p>Danish Institute for Quality and Accreditation in Healthcare (IKAS)</p> <p>Japan Council for Quality Health Care (JCQHC)</p> <p>Joint Commission International (JCI)</p> <p>Medical Accreditation Committee, Kyrgyzstan Republic</p> <p>Malaysian Society for Quality in Health (MSQH)</p> <p>National Accreditation Board for Hospitals and Healthcare Providers, India (NABH)</p> <p>National Autistic Society, (NAS)</p> <p>Netherlands Institute for Accreditation in Healthcare (NIAZ)</p> <p>Royal Australian College for General Practitioners (RACGP)</p> <p>Taiwan Joint Commission of Healthcare Accreditation (TJCHA)</p>
Surveyor Training Programme	<p>American Association of Blood Banks (AABB)</p> <p>Australian Council on Healthcare Standards (ACHS)</p> <p>Aged Care Standards and Accreditation Agency (ACSAA)</p> <p>Netherlands Institute for Accreditation in Healthcare (NIAZ)</p> <p>Health Care Accreditation Council, Jordan (HCAC)</p>

Bulletin Noticeboard

Dates to Remember!

25th – 26th February 2010 - The 4th Annual Quality Worklife Quality Healthcare Collaborative (QWQHC) Summit

Location: Crowne Plaza Hotel, Ottawa, Ontario. **For further information:** visit www.qwqhc.ca or contact information@qwqhc.ca

16th – 18th March 2010 - 16th Global GS1 Healthcare Conference – ‘Raising the bar on patient safety and supply chain efficiency’

Location: São Paulo, Brazil. **For more information:** visit http://www.gs1.org/healthcare/news_events/160310

27th – 30th April 2010 - 13th Annual Congress of Chest Pain Centers

Location: The Mirage Hotel, Las Vegas, USA. **For further information:** email education@scpcp.org or visit <http://www.scpcp.org/dnn/EducationConferences/Congress/tabid/69/Default.aspx>

20th – 22nd May 2010 - QIP and AGPAL Present the 5th International Conference in Health Care – ‘Quality Around the World’

Location: The Sofitel Melbourne on Collins, Melbourne, Australia. **For further information:** Tel: 1300 888 329 Fax: 1300 362 110. Email events@qip.com.au or visit www.qip.com.au/conference

28th – 30th June 2010 - HCAC Quality Health Care Conference – ‘Good, Better, Best: Moving to Excellence in Health Care’

Location: Amman, Jordan. **For further information:** email www.hcac.jo

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

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

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>

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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The ISQua Bulletin is published and distributed to members six times a year.

News and information items are very welcome and should be sent to the Editor, Ms Róisín Boland, CEO.

Disclaimer: Neither ISQua, its officers or Board Members will be held responsible for news or advertising published in good faith on behalf of other organisations, and opinions expressed in such items may not be interpreted as directly reflecting ISQua opinion.