



ANNUAL REPORT 2019 - 2020



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EXECUTIVE SUMMARY

This annual report details the activities undertaken by the International Society for Quality in Health Care (ISQua) from September 2019 to October 2020.

ISQua's vision is to be the leader of transformation in health and healthcare worldwide. Our presence has continued to expand over the past year, and we are proud to have contacts in over 70 countries.

For each department and programme, we highlight their key achievements, challenges faced, changes and updated from the past year.

Key highlights from the past 12 months include:

- ✓ The response from the ISQua Staff to the COVID-19 pandemic. The staff ensured the continuation of all programmes while dealing with new ways of working and maintained consistent contact with our Members.
- ✓ The publication of the Patient Safety Recommendations for COVID-19, in partnership with the Italian Network. This is the most downloaded of all ISQua's resources.
- ✓ An excellent conference in Cape Town, South Africa, which 95% of attendees said they would recommend to their colleagues.
- ✓ Hosting a successful virtual event in place of the rescheduled Florence Conference.
- ✓ A record number of active Fellows on the Fellowship Programme, with a growth of 71% since March 2019.
- ✓ The launch of our education 'Learning Journeys' which have been very popular with organisations
- ✓ The successful introduction of our 4-tier Membership fee, with a reduced rate added for Members from Low-Income Countries.
- ✓ The launch of our two new Membership types - ISQua Guest and ISQua Friend
- ✓ Supporting and promoting the 2nd World Patient Safety Day with a showcase webpage and two expert webinars
- ✓ A very successfully run Board election with the highest voter participation rates in ISQua's recent history.

STRATEGIC GOALS 2018-2020

Introduction:

When ISQua's Board met in March 2018, they redesigned and rebuilt our strategy for the next three years. The strategies are inter-dependent with a common purpose and have person-centred care at the core.

As a membership organisation, ISQua aims to increase the network of Members worldwide with a focus on developing benefits for Members so that they are supported in their efforts to innovate, transform, develop and improve safe person-centred care.

Underlying principles for the strategy:

- Placing people, patients and health care providers at the core of all our work.
- Serving all our Members, consumers, customers and stakeholders.
- Being a global organisation in all our activities.
- Developing a financially viable base.
- Effectively enabling networks of people and organisations who want to improve care by different means.
- Facilitating the development of policy and research in Quality Improvement, Patient Safety and External Evaluation.

STRATEGIC AIM 1: BUILD ON OUR FOUNDATION AND OUR SUCCESS

- Knowledge Management
- External Evaluation
- Members
- Patients

STRATEGIC AIM 2: DEVELOP INTERVENTIONS FOR IMPROVING QUALITY AND SAFETY NETWORKS

As an organisation, ISQua is a network of individuals and organisations aiming to improve healthcare and safety. ISQua is developing innovative solutions with our partners and patients; this is achieved through the promotion of networks and Communities of Practice. These offer the opportunity for sustainable growth of ISQua and of the spreading of skills, knowledge and shared learning.

- QI networks
- Advisory services to develop and promote quality and patient safety
- Communities of Practice - e.g. Regions, Safety, Patient Engagement.

STRATEGIC AIM 3: DEVELOP PROGRAMMES AND EXPAND IMPACT IN ALL REGIONS

ISQua is developing an improvement network of healthcare providers in all regions with a particular focus on Lower-Middle-Income Countries (LMIC) and provides support for continual improvement in resource-poor environments with regional networks and Communities of Practice, e.g. in Africa, the Indian subcontinent, Central and South America in the first instance followed by other regions.

All our programmes aim to build sustainable knowledge sharing through Communities of Practice and supporting local programmes and meetings.

We will support Quality Improvement (QI) networks and offer advice and support to local organisations

- Communities of Practice and Networks
- Support Universal Health Coverage (UHC)
- Focus on WHO Programmes
- National Quality Policy and Strategy (NQPS)
- Maternal Child Health
- Universal Health Care
- Integrated Care
- World Safety
- Focus on LMIC

STRATEGIC AIM 4: MAINTAIN DEVELOP AND FOSTER STRATEGIC PARTNERSHIPS

As an international society, ISQua work's with Members, stakeholders and partners to help deliver and enhance programmes to improve the quality of care for people worldwide including continuing to strengthen relationships with partners such as the WHO, World Bank, IHI, and the IHF.

ISQua supports specific WHO programmes such as National Quality Policy and Strategy (NQPS), Integrated Care, Universal Health Coverage (UHC) and the WHO Patient Safety Programme.

- World Health Organization (WHO)
- Institute for Healthcare Improvement (IHI)
- International Hospital Federation (IHF)
- New partnerships to further the aims of ISQua
- Other partnerships

MISSION, VISION & TAG LINE - 2020 UPDATE

When the Board met in March 2020, they took on board suggestions, and ideas from the staff to clarify ISQua's purpose.

From this, it was agreed to update the Mission and Vision.

Old Mission:

To inspire and empower people to advocate for and facilitate health and improvements in the quality and safety of healthcare worldwide.

New Mission:

To inspire and drive improvement in health and the safety and quality of healthcare worldwide.

Old Vision:

To transform health and the quality and safety of healthcare, through global communities

New Vision:

To be the leader of transformation in health and healthcare worldwide.

Our Tagline remains the same:

KNOWLEDGE | NETWORK | VOICE

Join us to improve your Knowledge, build your Network, and make your Voice heard.

FORWARD BY THE PRESIDENT – WENDY NICKLIN



As my 3-year term as President of ISQua comes to an end, I am pleased to provide you with some highlights of the past 12 months and reflections of the past three years.

As of the 2019 Annual General Meeting (AGM), we have had a Board comprised of members coming from every WHO region of the world. This exceptionally strong Board composition has enabled rich and vibrant discussions and sound decision-making.

My commitment to you throughout my term has been to ensure that the governance of ISQua is sound and effectively enables ISQua to achieve our mission (to inspire & drive improvement in health and the safety and quality of healthcare worldwide) and vision (to be the leader of transformation in health and healthcare worldwide). To that end, we focused primarily on governance renewal and financial sustainability.

Governance renewal began at the Board retreat in March 2018 and followed by the Board retreats in March 2019 and 2020. We implemented strategies to enhance continuity on the Board, such as lengthening the Board member term from 2 to 3 years and staggering elections to reduce the degree of turnover at the end of terms. The M&A was adjusted accordingly to enable the transition from the previous approach to the new approach. We developed a Board evaluation strategy such that at the end of each Board meeting, an online survey is completed by each Board member, and the annual evaluation is conducted at the end of the March meeting. The Board reviews the evaluation reports. Areas for improvement included Board orientation, which has been strengthened with that feedback and better to utilize the skills & expertise of the Board members. I conducted 1:1 interviews of the Board and Honorary Advisory Members twice during my tenure. This provided further valuable input into strengthening governance. The development and use of the Board Compact guides our Board conduct at each meeting. The roles and responsibilities of the Board and CEO have been discussed to enhance clarity and will be added to our Governance Manual. Board policies such as travel and honoraria have been updated. Board advisory committees were consolidated.

The focus on financial sustainability has resulted in several initiatives, most of which are outlined elsewhere in this Annual Report and the CEO update. I am pleased to say that while ISQua has faced many challenges, including the impact of COVID-19 and thus the postponement of our 2020 annual conference, steps have been taken to ensure our business viability. Our first virtual conference held in June 2020 was a success, and we will continue to sharpen our offerings to be applicable in the virtual world.

We are indebted to the Irish Department of Health (DoH) for their financial contribution to our organization. This support of ISQua is vital to our stability. We are sincerely appreciative of this and committed to maintaining a positive relationship, contributing in several ways to share knowledge and expertise with the DoH.

The establishment of the ISQua External Evaluation Association (ISQua EEA) in Geneva is nearing completion. Our International Accreditation Programme (IAP) is now situated within the ISQua EEA.

As President of the ISQua EEA, we are working on strengthening the governance structure, and a strategic plan for this association will be developed later in 2020.

Our commitment to turnaround the knowledge management business line is being achieved. The curriculum and offerings of the fellowship programme are strengthening as well as other products such as the Webinars and Specialist Certificates. You will note the increase in the number of Fellows and the increase in the number of individual members directly related to the positive impact of the Webinars and other knowledge management initiatives.

Our International Academy of Quality and Safety continues to grow, and additional members have been elected to the Academy in 2019 and 2020. A sincere thank you is extended to David Bates for assuming the leadership role as head of the Academy.

Throughout all of the ISQua work, our person-centred commitment permeates. Sara Yaron has been our most recent Honorary Advisor for Person-centred Care. Her contribution has been substantial and valuable. A process is underway to identify another individual to assume this important responsibility on the Board.

On behalf of the Board, we are sincerely grateful to our CEO, Dr Peter Lachman, and to the entire team for their leadership, energy, knowledge and expertise. Thank you all so much.

To Jeffrey Braithwaite, incoming President, thank you for your expertise and wise counsel. ISQua will be in strong hands with Jeffrey at the helm. My sincerest thanks to Steve Clark, for serving as Honorary Treasurer since March 2020. Steve's input and guidance have been strong, both as a Board member and in particular as Honorary Treasurer. Steve, Jeffrey and I have constituted your most recent group of Officers.

Thank you to all Board and Honorary Advisor members. ISQua is being governed by a well-qualified and committed group of professionals, firm in their resolve to enable this organization to continue growing and impacting on the quality of healthcare globally. At the time of writing this report, we have initiated our election process in which four existing Board members terms are coming to an end. They may be re-elected or new Board members elected. The AGM will confirm the full slate of members on the Board.

Finally, my thanks to all ISQua partners and our ISQua members. Your involvement and support in so many ways is invaluable. Everyone is part of our ISQua team. Through Knowledge, Network and Voice, we look forward to continuing to actively advance ISQua and to continue making a global difference in the quality and safety of health and social care.

FORWARD BY THE PRESIDENT-ELECT – JEFFREY BRAITHWAITE



It is my sincere honour to lead our International Society for Quality in Health Care community in thanking President Wendy Nicklin for her three years at the helm of our great organisation. I have seen first-hand how Wendy has provided expert guidance with energy and passion, shaping our globally significant endeavours and strengthening our governance and financial arrangements.

I am delighted to be taking over the role of President later this year. I hope to provide leadership and support to the many fine experts, staff, fellow board members, academicians, fellows, members, partners and supporters - in our collaborative efforts to reach new heights of safer, better, higher quality care for all.

Reflecting on the last 12 months, there are many opportunities to celebrate the dedication of ISQua in improving the experience of people everywhere who rely on health systems for treatment, care, employment and leadership. It is impossible to ignore, however, that the first six months of 2020 have been the most challenging for many of us as individuals, and for the organisations with which we are associated.

Across the world, the COVID-19 pandemic has claimed the lives and livelihoods of our colleagues and, for some, our loved ones. It has stretched our resources - and resourcefulness - to near breaking point and challenged the wisdom and bravery of our leaders. Healthcare workers, in particular, have risked their lives to care for others in the most trying of circumstances. We owe a huge debt of gratitude to those amongst us who are clinicians on the frontlines.

For our members in low-income settings such as in Africa, parts of the Middle East, Asia and South America, we send particular words of encouragement: we are with you in solidarity. I am thinking for example of South Africa, where we 'beat the drum for safety, quality and equity' at our 36th annual conference last October—with no clue of how dramatically the world would change in the few short months that followed, and how devastating the pandemic would be for that country's citizens and economy.

ISQua's online COVID Resource Centre has been invaluable in sharing information quickly to low-, middle- and high-income countries, from peer-reviewed research to personal experiences. The ISQua team led by Peter Lachman is to be roundly congratulated for their thoughtful leadership in developing this highly valuable store of evidence, support and connection.

At the Cape Town conference, we were proud to launch ISQua's official statement on sustainability in health care recognising the severe consequences of climate change and pollution for the health of individuals and populations across the planet. We urged members to develop good practices and evidence on how to innovate patient care while enhancing sustainability. We will need all the expertise on that problem we can find because it will still be there after the pandemic is finally over.

Patient safety is at the heart of everything we do, and during 2019 and 2020, we supported the World Health Organization's World Patient Safety Day on 17 September. At the 72nd World Health Assembly, members adopted the WHA 72.6 'Global action on patient safety', recognising patient safety as a global health priority and fully endorsing the annual World Patient Safety Day.

That said, we should never forget that despite the sustained effort and innovation, the rate of preventable harm people experience while obtaining health care has remained unchanged for decades. Over one in ten patients experience some form of harm in primary care and ambulatory settings; in some settings, this rate is even higher. At last reckoning, over 134 million adverse events occur each year in hospitals. Medication errors alone cost an estimated USD \$42 billion annually. These challenges have not gone away despite us facing the pandemic. It is truly our calling at ISQua to work on improving the quality of care to everyone, no matter the circumstances.

Through ISQua, we encourage our members to improve the safety of patients and health care workers by adopting evidence-based policies, building strong leadership and encouraging grassroots training and innovation. We advocate for data-driven improvements and empowering the patient to participate in shared decision-making.

Inherent in our mission is to promote equity. Reducing entrenched inequalities in health care and improving the quality of care for all has always been at the top of our agenda at ISQua. The Black Lives Matter movement that arose in the United States and spread to the rest of the world began as a protest over the death of George Floyd and grew into a spotlight on the disproportionate death rate from COVID-19 infection of black, Asian and minority ethnic groups. President Wendy Nicklin and I wrote in an ISQua Blog in June 2020 that "*no-one in any country should be complacent about health inequalities and human rights.*"

While on the topic of our mission, it is impossible to find someone in the ISQua family who is not working incredibly hard to improve care, and I would further commend to you the dedicated team based in Dublin for serving our community through 12 months of incredible progress and challenges as reflected in the pages of this Annual Report. As well, their proactive response to changing the dates for face-to-face conferences and launching virtual conference opportunities has been very favourably received and warmly welcomed.

May I also recognise the wise mentorship of Professor Cliff Hughes, Immediate Past-President. While he is stepping down from this role this year, might I be the first to say that Cliff will continue to guide and inspire many in our organisation, across the world. He is a true friend to many of us, and one of the most knowledgeable people I know.

I am deeply honoured to be taking over the reins as President in October 2020 and look forward to together shaping the future of quality and safety in health care. In the meantime, to all who support our work, or provide services or receive them from ISQua, stay well.

REVIEW OF THE YEAR BY THE CEO – PETER LACHMAN

In the middle of adversity, there is great opportunity
Albert Einstein



This is the 4th Annual Report our team has prepared for the members and the Annual General meeting. It is written at a time of challenge, adversity and opportunity for the Society. This is also the last review annual report I will be writing, so I will report on the key changes introduced since I started my tenure as CEO in May 2016. The Annual Report shows that the ISQua team has delivered on the ISQua strategy over the past four years. The Annual Report that follows will provide more detail on the achievements in 2019 to 2020. As is shown in the forwards of President Wendy Nicklin and President-Elect Jeffrey Braithwaite much has been achieved. I will provide an overview of the challenges and successes.

Challenges

The challenge of COVID-19 has been to stay solvent, continue to serve our members, have an impact on the world stage at this critical time and to keep our staff. And all must happen in the context of having lost our primary source of income. The conference has been postponed, and that has left a large deficit in the budget. However, with the support of a subsidy from the Irish Government, some targeted cost reduction, and a change in the way we use our funds, ISQua is going to come out of the year in a strong position.

We have worked hard to ensure the survival of ISQua through the pandemic and are pleased to confirm our budget targets for the first two quarters of 2020 have been correct and have ensured we are on a steady footing to continue our fight through the pandemic. Our programmes are performing well, and we have revised the budget to reflect income and decreased expenditure. Without any action being taken in 2020, the deficit would have been an operating loss of over €400,000. By implementing a range of measures, we predict that we will be able to minimise loss at the end of the year.

Despite the loss of conference income, we will have decreased the fiscal impact and will end the year with a smaller deficit than one would have expected. We feel this is an acceptable position to be in, considering there has been no conference this year. We have managed to keep staff morale as high as possible in this challenging time, keeping them fully employed.

Responding to the dominant issues of this era

The pandemic has presented many opportunities as we have gone to virtual working from home. We have realised that we can downsize our office and that we need to make our website more responsive to the new needs of virtual working networking and learning.

Response to the COVID-19 pandemic

- ✓ Our response to COVID was to take the opportunity to live up to the ideals of the Society and show why we exist.

- ✓ At all times, we have endeavoured to be caring and compassionate.
- ✓ We led when we needed to lead.
- ✓ We established the Knowledge Centre for resources for all. <https://isqua.org/covid19-research-page.html>
- ✓ We held Webinars every week to spread knowledge from March to June, with 17 webinars by leaders in the field.
- ✓ We held regular meetings with our IAP clients to support in their time of need.
- ✓ We sent regular newsletters to all our members.
- ✓ We published recommendations from our Italian partners INSHC on the management of COVID-19 in five languages, i.e. English, Italian, French, Portuguese and Spanish. <https://isqua.org/blog/covid-19/covid19-resources/patient-safety-recommendations-for-covid19-epidemic-outbreak.html>
- ✓ We have held our membership fees for the foreseeable future to support our members.
- ✓ We have kept IAP fees at 2020 levels for 2021 to support our clients.

Black Lives Matter and Inequity in healthcare

The importance of supporting the Black Lives Matter movement cannot be more apparent within the COVID-19 pandemic, which revealed what has been known for some time - the inequity in healthcare provision and the Social Determinants of Health. This was illustrated in the three reports of 2018 from WHO/World Bank OECD. The Lancet and the National Academies, which showed how quality is delivered unevenly worldwide.

- ✓ We responded to the failure of healthcare to address structural racism and the social determinants of health by placing it at the forefront of minds by publishing an ISQua position statement and then series of blogs on Black Lives Matter - <https://isqua.org/latest-blog/our-past-and-our-present-now-is-the-time-for-a-better-future.html>
- ✓ We now have a plenary in Florence on how to address structural racism and inequity in healthcare.
- ✓ We are developing a learning journey in our education programme on inequity in healthcare.

Climate Change

The challenges of climate change cannot be ignored. In 2019 we issued a statement which has the following principles: <https://isqua.org/latest/isqua-s-statement-on-sustainability-in-health-care.html>

- ✓ ISQua recognises the severe consequences of climate change and pollution for the health of individuals and populations across the planet.
- ✓ ISQua recognises that the healthcare sector has a responsibility to minimise its impact on climate change and pollution.
- ✓ ISQua recognises the urgency and importance of climate change as part of its mission to inspire and empower people to advocate for and facilitate health and improvements, in the quality and safety of healthcare worldwide.
- ✓ ISQua believes that inspiring and empowering people to advocate for, and facilitate health and improvements includes the promotion of climate sustainability and implementation of climate-friendly interventions.
- ✓ ISQua will support the promotion of climate sustainability in the health care sector.

Hans Ossebaard and I published a paper in March 2020 in the International Journal on the impact of healthcare on the climate. <https://isqua.org/blog/covid-19/covid-19-blogs/climate-change,-environmental-sustainability-and-health-care-quality.html>

Now we need to continue to act to deliver programmes that address this vital issue. This includes:

- ✓ In the office, we decrease the footprint by having all papers in the cloud.
- ✓ Promote virtual meetings to decrease the carbon footprint of the staff and the Board.
- ✓ Adding Climate change and Eco-friendly initiatives as a domain of quality.
- ✓ Revising standards and introducing new standards in the IAP programme to ensure that climate change and developing eco-friendly solutions is part of any external evaluation programme.
- ✓ Adding modules of climate change to our learning programmes.
- ✓ Inviting research to be published in the Journal.
- ✓ Have a focus on the climate and environmental impact of healthcare at ISQua conferences.

Partnering with People (known as Patients)

- ✓ We have made strides in the work we do with people who receive healthcare. Sara Yaron has served as Honorary Advisor on the Board and has brought the people's voice and story to the Board
- ✓ The Board has agreed with Sara, and my proposal to appoint two advisors to the Board and Anna Edwards from the UK and Isabela Castro from Brazil will take up the role after the AGM. This is a significant advance as this will increase the impact and change the way the Board considers person-centred care.
- ✓ We are establishing a People's Council to advise the and work with our new Board advisors.
- ✓ We have entered into relationships with IAPO, the International Association of Patient Organisations and they have a representative on the Accreditation Council.
- ✓ We have joined the World Patients Alliance.
- ✓ We have a Learning Journey of Co-production of Health.
- ✓ We will be publishing a White Paper on Person-Centred Care which is authored by a collective of GR Berntsen, M Chetty, C Curran, C Canfield, P Phan, L Ako-Egbe, S Yaron. They are an example of the strength of our support.
- ✓ Another White Paper will be produced on Person-Centred Care and External Evaluation

Patient Safety

We have worked closely with our partners in this field

- ✓ Contributed to the development of the WHO Patient Safety programme for 2020-2030 Decade of Patient Safety
- ✓ Published joint statements with the International Hospital Federation
- ✓ Contributed to the work of the Patient Safety Movement Foundation PSMF.
- ✓ Had an active programme for World Patient Safety Day. <https://isqua.org/events/world-patient-safety-day-2020.html>

External Evaluation

As this is the foundation of ISQua, we have ensured that the needs of our external evaluation members are addressed and met. To this end:

- ✓ We are modernising the approach with the introduction of virtual evaluation and new ways of assessment.
- ✓ The ISQua EEA is now well established in Geneva
- ✓ External evaluation is spreading with new members
- ✓ New programmes are being developed

Building an ISQua for the future

Changing the model of work

- ✓ We are in the process of subletting our office space and will decrease the cost of the rental by almost two thirds as we move to a hybrid way of working.
- ✓ As we will now continue to mostly work from home, we have upgraded our mobile capacity to work on the move with new IT equipment.

Embracing the future

- ✓ We have moved into virtual conferencing. We have had two so far, with more planned to take place every two months.
- ✓ Our learning programmes are being updated.
- ✓ Our conference has been redesigned and will take place in Florence next year.
- ✓ Our IAP programme, run on our behalf by ISQua EEA, is now starting virtual assessments.

Investing in technology and people for the future

- ✓ We are reviewing our Learning Management System, and our IT needs as we move to a more virtual existence.
- ✓ With so much of our work going virtual, we have reviewed the way we connect with our members and fellows. The aim is to continually improve the experience of those who come to ISQua either in the Membership area or by attending our virtual events. This will allow us to integrate our data. This will be cost-effective over time and is an investment for the future development of the organisation.

Harnessing the knowledge power worldwide

- ✓ We have set up the ISQua Academy which now has the thought leaders around the world as members
- ✓ The impact is already being felt in our education and conference programmes. Academicians feature as keynote speakers, learning journey producers, position papers writers.
- ✓ David Bates has led this initiative, and I thank him on behalf of ISQua for his ongoing leadership of the Academy.

Celebrating our successes

There have been many successes in the transformation of the Society over the past four and a half years, and the past year has been no exception.

Diversity

Transforming the Society is work in progress and the ISQua membership has changed substantially and, as a result, so has the Board. We have focussed on extending the reach of ISQua so that the profile of the members has become genuinely international.

- ✓ We have invested in building the ISQua membership in the different WHO regions so that ISQua is now more international and diverse.
- ✓ Visits to Latin America, Africa and Asia has spread the ISQua brand.
- ✓ We introduced tiered membership rates for countries based on World Bank ranking, and fellows are now members.
- ✓ The recent Board election has ensured that the Board now has a diversity it has not had before.



Transparency

Transparency goes with the governance changes that have been introduced at the Board level and throughout the Society:

- ✓ Accounts now reflect the reality of the finances.
- ✓ We have updated the Reserves Policy with tighter controls on how the funds can be spent to ensure they are for the benefit of members and our charitable mission.
- ✓ All Board and Subcommittee minutes since 2016 are now available to members in the Members-Only part of the website.
- ✓ All ISQua Policies have been updated for the Board, in line with requirements of the Charity Regulator in Ireland. They are available for Members to read in the Members section on the website.
- ✓ All HR policies have been updated in line with EU and Irish labour law.
- ✓ SOPs have been developed for all our work.

Delivering our strategy and growing our influence

ISQua is a membership society, and we serve our Members, whether they be on the IAP programme in ISQua EEA, Fellows, Individual or Institutional Members. ISQua is now seen as a natural home for those who set standards in healthcare, working in the fields of Quality Improvement, Person-Centred Care and Patient Safety Activists, Experts, Researchers, Policymakers, and people who receive care.

- ✓ ISQua now has an overall quality and safety focus, built on the important foundations of External Evaluation and is a leader in Patient Safety, Quality Improvement and Person-centred Care.
- ✓ We set up the ISQua Academy with over 80 thought leaders as members. This places ISQua at the forefront of Knowledge Management.
- ✓ The ISQua External Evaluation Association has been set up and is now running our IAP programme.
- ✓ We have sent out regular newsletters to Members.
- ✓ We are spreading our reach, and we now are represented in all regions of the WHO.

Delivering Strategy Aim 1 - Build on our foundations and our success



In 2019- 2020, we have:

Members

- ✓ Increased Membership to record levels - growing and sustaining.
- ✓ We have Institutional Members from each WHO region.
- ✓ Renewals are at their highest level.
- ✓ Continued to increase membership numbers in all regions by adding value to membership and targeting renewals.
- ✓ Actively managing our relationships with members.
- ✓ Conducted a Board election and an Academy election.
- ✓ Improved the website experience for all Members.

Knowledge management: Education programmes

- ✓ Redesigned the Fellowship Programme, providing all Fellows with improved **Knowledge**, an expanded **Network** and a **Voice** for change.
- ✓ Introduced Learning Journeys, which provide a structured path of modules for Fellows to undertake, based on their interest or area of work.
- ✓ Developed new Learning Journeys, such as Crisis Management and Co-production led by thought leaders.
- ✓ Introduced over 3,000 new leads into the ISQua network through open webinars throughout the year. The open webinar registrations grew steadily throughout the year, culminating in record numbers.
- ✓ Revised the Joint Programme structure which ensures that our partners are highly involved in the development, marketing and local relevance of these initiatives.
- ✓ Redesigned and relaunched the ISQua Mentoring Programme, with support from ISQua Experts.

- ✓ Introduced Fellow reflections which provide rich qualitative data regarding how the Fellowship is helping transform peoples' work practices, attitudes and confidence in their work. These reflections also help identify Fellowship Stories and feed rich content back into the community.
- ✓ Redesigned and relaunched the ISQua Mentoring Programme, with support from ISQua Experts.
- ✓ Continue to provide opportunities for Fellows to share their work with the community and inspire others.
- ✓ Focused more significant effort on networking for Fellows, providing more opportunities for interacting with one another.
- ✓ Launched the new Joint Fellowship Programmes (JCT and Latin American).
- ✓ Launched the new and improved Refer-a-Friend / Fellowship Ambassador programme.
- ✓ Continue to develop our retention strategy to ensure Fellows remain within the community.
- ✓ Continue to develop new and update existing educational content to maintain programme relevance.
- ✓ Maintained momentum of open live webinars and continue to use them to drive new leads into the ISQua network.
- ✓ Introduced new initiatives such as virtual coffee breaks, podcasts, and Ask the Expert sessions.
- ✓ Expanded the Fellowship Community to the highest number of active Fellows - 675 since the start of the programme. This represents a growth rate of 33% through 2019-2020

Knowledge management: Events and conferences

Over the past four years, ISQua has had successful conferences in Tokyo, London, Kuala Lumpur and Cape Town. Our conference team, led by Eadin Murphy, has continually has raised the standard. The conference programme is now seen to be one of the leading platforms in quality and safety while keeping a focus on external evaluation.

Cape Town was not one of our most financially successful conferences. However, the feedback from delegates was overwhelmingly positive (95% recommendation). Due to COVID-19, we have rescheduled our conferences each by six months, and they will take place in the first half of the year from 2022.

| | | |
|------|---------------------|-----------------------|
| 2021 | Florence, Italy | July 8-11 |
| 2022 | Brisbane, Australia | February 28- March 3 |
| 2023 | Seoul, South Korea | Dates to be confirmed |
| 2024 | Istanbul, Turkey | Dates to be confirmed |
| 2025 | São Paulo, Brazil | Dates to be confirmed |

The Florence programme has been completed, and we had over 2,000 abstract submissions, the most ever. Should COVID- 19 impact on the event it will be hybrid or virtual.

We now have introduced virtual conferences and will grow these over the next year. We have held two so far. They were extremely popular and will provide an added income stream, along with our regular events.

Large conferences may be something of the past; time will tell, so we are also focussing on developing regional conferences and are planning a regional one for 2022 in Belgium with PAQS.

Knowledge management: International Journal in Quality of Health Care

In April 2020, we appointed a leading researcher and ISQua Academician, Professor Aziz Sheikh to be the Editor-in-Chief of the journal. I thank Professor Jack Li for his contribution over the past six years.

With Aziz, I have been working to redevelop the journal, and we have recruited three new Deputy Editors for the International Journal for Quality in Health Care (IJQHC), Dr Sonali Parekh (USA), Dr Paul O'Conner (Ireland), and Prof Nick Rich (Wales). Professor Gopalakrishnan Netuveli (UK) has been appointed as Deputy Editor for Statistics.

We will launch a new journal, IJQHC Communications in 2021. Two supplements are in production - one on Human Factors, in partnership with the International Ergonomics Association (IEA), led by ISQua Academician Pascale Carayon, with experts Sara Albolino and Sue Hignett, and one on Coproduction of Health, led by ISQua Academicians Paul Batalden and Eugene Nelson, with Tina Foster.

ISQua External Evaluation Association - ISQua EEA

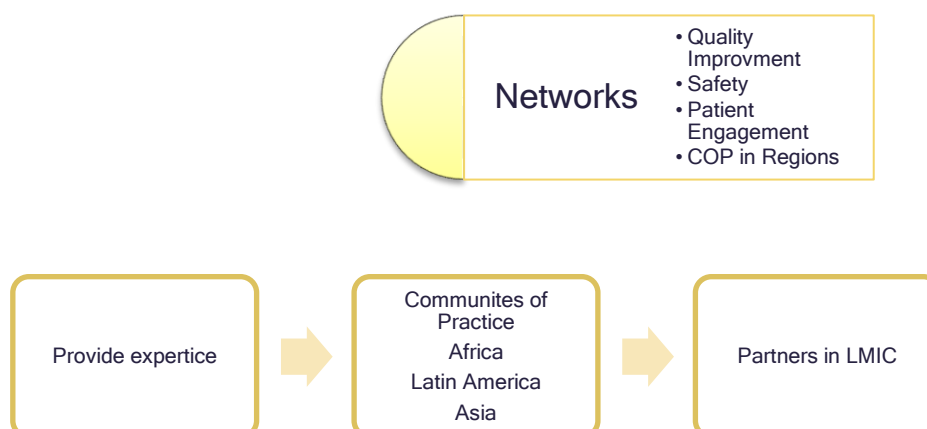
This programme continues to grow as external evaluation is spreading.

- ✓ We have opened bank accounts in Geneva and are registered as an association there.
- ✓ We have a separate Board to manage the programme
- ✓ The number of organisations being accredited is growing
- ✓ We have interest from every region in the development of the programme
- ✓ We have grown our IAP programme and supported the members during COVID-
- ✓ We are revising the Standards for Surveying
- ✓ We have developed two new programmes: one on accreditation of quality and safety education programmes and one on accrediting specialised services

Advisory service

- ✓ We launched ISQua Advisory Services and have won an EU grant with Ernst and Young in Romania.
- ✓ We have three other bids being considered by funders at present.

Delivering Strategic Aims 2 and 3 - Develop interventions for improving quality and safety – Networks and Expand and develop programmes impact in regions and LMIC



In 2019-2020 we have

- ✓ Developed our Quality Improvement Network and expanded in all areas.
- ✓ Reorganised the Patient Community of Practice (CoP) to be more focused.
- ✓ Held regular CoPs in Latin America and Africa.
- ✓ Started a CoP on Quality Improvement with Rashad Massoud.
- ✓ Worked with Irish Aid in Mozambique and Ethiopia to build capacity in health care.
- ✓ Developed our links in China with ISQua Academician Professor Liu Tingfang.
- ✓ Strengthened our links to partners in Latin America

Leape Fellowships and Scholarships

A remarkable success has been the establishment of the Lucian Leape Fellowship in 2019.

Dr Subhrojyoti Bhowmick from India was the first recipient for 2019-2020. Dr Rhoda Kalondu from Kenya was the successful recipient for 2020 - 2021.

We have been awarded a grant from the Venture Fund to fund scholarships for the Florence conference. We have a grant process in line to seek funding for additional scholarships, for our Emerging Leader programme which has had three successful scholarships in 2018-2019.

ISQua RCPI Scholars in Quality Improvement

Five QI Scholars completed their year-long 2019-2020 programme and eleven more have joined the programme for the final year 2020-2021 of the programme in partnership with the Royal College of Physicians in Ireland. All are trainee doctors in postgraduate medical training in Ireland. They receive group mentoring and one to one mentoring from myself, as well as attending training courses in QI and patient safety. The aim is to build a cohort of QI champions in Ireland, our host country.

Delivering Strategic Aim 4 - Maintain develop and foster strategic partnerships



In 2019-2020 we have:

- ✓ Strengthened our partnership with the International Hospital Federation.
- ✓ Worked with IHI on mentoring programmes and joint programmes.
- ✓ Worked with the Patient Safety Movement Foundation, IHI and WHO for the first African Patient Safety Initiative after our conference.

- ✓ Supported WHO policy in patient safety and training for NQIP.
- ✓ Have links with new partners PSMF and IAPO.
- ✓ Seek out grants to support our charitable work.
- ✓ Worked with partners on new initiatives.
- ✓ Developed new partnerships in India with CAHO and PHFI
- ✓ Strengthened our partnerships in Latin America with IECS, ONA, FSP, OES

The future

The goal that was set by the Board was for me to lead the transformation of ISQua. This has been achieved.

- ✓ The Society has more members and more diverse membership.
- ✓ The number of candidates for the Board election and people willing to donate their time to ISQua is evident in the success of the changes introduced.
- ✓ The society is addressing the issues of the current age, i.e. COVID-19, Social Determinants of Health, Inequity in healthcare, Climate Change and People-centred care as well as the traditional focuses of External Evaluation, Quality and Safety.
- ✓ The IAP programme is stable and is growing.
- ✓ The Society has a good foundation for the future,

Nonetheless, we need to recognise the budgetary impact of COVID-19 and the potential loss of conference income. Therefore, a move to a virtual future may be the answer as well as new income streams in advisory services. The future for ISQua is promising. It is imperative to keep to the mission of transforming health and the delivery of healthcare with the concept of justice at the core of all that ISQua does.

ISQua is now addressing the challenges of inequity and structural racism, social determinants of health and climate change, as well as the traditional approaches to quality and safety and external evaluation. ISQua will continue to work with our members and partners to co-produce solutions in how we deliver health and healthcare.

ISQua is the natural home for those who set standards in healthcare, undertake quality improvement and patient safety initiatives, for thinkers, researchers, policymakers and leaders. ISQua has become a leader in the field of people-centred care, quality, and safety.

Our members can be proud of the Society. When you read the report, you will see how each member of the team has made a difference. I thank Aoife, Caitriona, Caroline, Eadin, Elaine, Eleanor, Heather, Nicola, Orla, Rachel, Simon and Sinead. My gratitude to them is endless. I also must thank departing colleagues Deirdre Burke, who left ISQua after serving the Society from 2008 -2020 and was a source of knowledge and support for all members, and Brian Cahill who helped to redevelop the education programme. Without each member of the team, ISQua would not be where it is now. Finally, I thank you, the members of ISQua, for your support on this journey. It is a privilege and an honour to serve.

ISQua cannot turn back from the challenges of the future. We can address these with **Knowledge**, building **Networks** and giving people a **Voice**. Together we can make a difference.

COVID-19

On 11th March 2020, the World Health Organization (WHO) announced COVID-19 as a global health crisis and declared COVID-19 as a pandemic.

On 12th March 2020, the Irish government shut all schools, colleges, childcare facilities and cultural institutions, and advised cancelling large gatherings.

On 13th March 2020, the ISQua staff provisionally moved to working from home for two weeks for safety reasons.

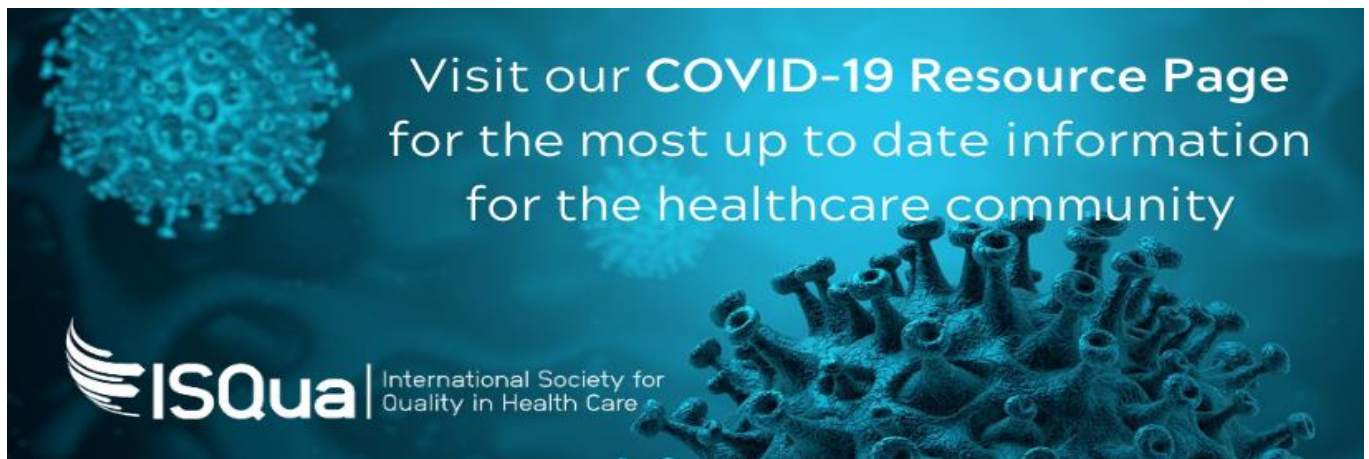
On 24th March, almost all businesses, venues, facilities and amenities were shut; but gatherings of up to four were allowed. Three days later on 27 March, the government imposed a stay-at-home order, banning all non-essential travel and contact with people outside one's home (including family and partners).

The ISQua staff have remained working from home since this date.

In the first weeks of working from home, ISQua launched our Covid-19 Resource and Information Page - <https://isqua.org/covid19-research-page.html>.

We collated resources from around the world to help provide the most up to date information to the healthcare community.

We included links to webinars, articles, research papers, recordings, podcasts, and other research portals and updated them regularly.



Between March - June 2020, we hosted healthcare experts, from around the world, for webinars relating to COVID-19. The recordings of these webinars are still freely available for viewing.

| Webinar Title | Presenters |
|---|--|
| Preventative Measures for COVID-19 | Prof Trish Greenhalgh, Dr Philip Crowley, & Dr Jennifer Martin |
| Operational Preparedness and Planning of Hospitals in India towards COVID-19 Pandemic | Dr Lallu Joseph |
| Covid-19 is showing us the way to better healthcare | Dr Thomas H. Lee |
| Human Factors in the Design and Operation of Ventilators for COVID-19 | Prof Sue Hignett & Prof Paul Bowie |
| COVID-19 and maintaining quality essential health services - WHO | Dr Ed Kelley, Dr Shams Syed, & Dr Teri Reynolds |
| The emotional toll of COVID-19: consequences for healthcare staff and patients | Prof Kris Vanhaecht, Prof Albert Wu, and Prof José Joaquín Mira Solves |
| Challenges in Communication between Healthcare Personnel and Patients: COVID-19 | Helen Hughes, Kathy Kovacs Burns, Rob Galloway and Rachael Grimaldi |
| How is COVID-19 impacting patients and their care? | Dr Susan Frampton, Rhonda Williams and Marita Bossers-Nabben |
| Safety and Reliability During the COVID-19 Crisis | Dr Tejal Gandhi |
| The Impact of COVID-19 on Older Populations and their Carers | Dr Samir Sinah and Dr Warren Wong |
| Human Factors Systems Approach and the COVID-19 Healthcare Crisis | Pascale Carayon PhD and Shawna J Perry MD |
| Parenting and COVID-19 Global Resources | Dr Jamie Lachman |
| Healthcare Worker Safety during Global Pandemics | Chris Power |
| Learning with the Science of Improvement during COVID-19 | Rocco Perla and Lloyd Provost |
| Two Decades Since To Err Is Human: An Assessment of Progress and Emerging Priorities in Patient Safety | Dr David Bates |
| Covid-19: Herramientas para acompañar profesionales de salud en épocas de crisis | Dr José Joaquín Mira |
| Promoting patient safety at the time of COVID-19 | Dr Sara Albolino and the team from the Centre for patient safety of the Tuscany Region |
| Covid-19. La otra cara de la seguridad | Dr Juan Limo and Dr Fabian Vitolo |
| COVID-19: Experiences from Seattle Children's Hospital | Dr Ruth McDonald, Dr Danielle Zerr and Dr Kristina Toncray |
| COVID-19 Expert Q&A | Prof Jason Leitch and Dr Dominique Allwood |
| COVID-19: ISQua Comunidad Latinoamericana de Práctica se ejecuta en asociación con el Consorcio Latinoamericano de Calidad y Seguridad en Salud | Dres Viviana Rodriguez, Rodrigo Poblete y Simón Fernandez Nieves |
| COVID19 - The New Normal | Professor Walter Ricciardi |
| The COVID-19 Response in Italy: Learning from the front line | Dr Francesco Venneri |

In partnership with the Italian Network, we published the **PATIENT SAFETY RECOMMENDATIONS FOR COVID-19 EPIDEMIC OUTBREAK**

These recommendations are based on reports and questions forwarded to the Clinical Risk Managers of the Italian Network for Health Safety (INSH) from physicians working on the front line and refer to documents and papers published by national institutions (ISS) and Italian and international scientific societies and journals. They are practical **front-line messages**, devoid of the complexity of guidelines.

The recommendations are arranged according to the SEIPS Human Factors approach.

- ✓ Assess the work system
 - Team and organisation culture and communication
 - Environment
 - Tasks required and skills to complete tasks
 - Equipment for patient care and to protect staff
 - The people needed to provide care
 - The patients who will receive care
- ✓ Develop reliable processes of care
- ✓ Measure the outcomes of care

The recommendations are a work in progress and have been updated five times and translated into English, Italian, Spanish, French and Portuguese. They are also available in a card view.

To date, these recommendations have been viewed over 12,000 times.



Version 2.0 now available!
La versione 2.0 è ora disponibile!
A versão 2.0 já está disponível!
La version 2.0 est maintenant disponible!

White Paper
 PATIENT SAFETY
 RECOMMENDATIONS FOR COVID19
 EPIDEMIC OUTBREAK
 Lessons from the Italian Experience

ISQua
 International Society for Quality in Health Care

**ITALIAN
 NETWORK**
 FOR SAFETY IN HEALTHCARE

CONFERENCE AND EVENTS

In the past year, we aimed to provide leading international networking and educational events for all those involved in improving health and social care worldwide.

ISQua's 36th International Conference was held in Cape Town, South Africa from 20th - 23rd October 2019 which had 1,075 delegates from 85 countries. Of the delegates surveyed, 95% would recommend the conference to their colleagues.

Feedback from one of our delegates was that *"Of the hundreds of presentations I've witnessed over the past 40 years, Rocco Perla's contribution was one of the most compelling 'Aha' experiences ever."*

The 2019 Conference received accreditation from the European Accreditation Council for Continuing Medical Education (EACCME®) which is four years in a row.

The 2019 conference had fewer delegates than previous years for several reasons. African regional delegates did not register in as high numbers as local delegates usually do, and where they did, they were subsidised. Upper-income full price delegates were the lowest attendance in the past four years, thereby having the most financial impact.

In summary, this was a very successful conference from the viewpoint of the programme, academic content, and the feedback received. However, it was not as financially successful as we had planned despite being this being the least costly conference we have held for some time.



Following the Cape Town conference, a Board Meeting was held to confirm the locations for our future conferences:

- 2022 - Seoul, South Korea
- 2023 - Istanbul, Turkey
- 2024 - Sao Paulo, Brazil

The 2020 conference was scheduled to be held in Florence at the end of August 2020; however, as a result of the global pandemic of COVID-19, the decision was taken in March to postpone the conference to 8th - 10th February 2021. Changes were made to the programme to accommodate the new three-day conference. Following this and the developments of COVID-19 during the summer of 2020, the decision was made in August to postpone the Florence conference again to 8th - 11th July 2021. Following the announcement, a lot of positive responses from both speakers and potential delegates was received.

As a result of postponing the Florence conference, it was recommended to also postpone the Brisbane conference to 28th February - 3rd March 2022. This will ensure the ISQua staff will have sufficient time to organise both conferences efficiently. The Seoul, Istanbul and Sao Paulo conferences have all been postponed by a year.

Scholarships

WHO/ISQua Scholarships were given to 12 delegates from **Lebanon, Sudan, Sri Lanka, Tanzania, Uganda, India, Senegal, Pakistan, Nigeria and South Africa**. Eight attended the conference from **Lebanon, Sudan, Sri Lanka, Tanzania, Uganda and South Africa**.

At the Cape Town conference, for the second time, ISQua offered patient scholarships. They were all invited to get involved in sessions within the programme, two had 15-minute sessions, and one was involved as a chair and in the Innovations Special Workshop. We offered seven scholarships in total from **Nigeria, Canada, South Africa, Uganda, and Vietnam**.

Speaker Bureau

The COVID-19 pandemic has put the speaker bureau services on hold as no face-to-face events are happening at the moment.

Black Lives Matter

In May 2020, we issued a statement by ISQua and one by our Officers in support of the Black Lives Matter movement. We invited people to write blog posts for the website around the topic of inequality, equity and racism in health and healthcare.

The following is a list of the blogs which were published;

Our Past and our Present - Now is the time for a better future by Peter Lachman and the ISQua Team <https://isqua.org/latest-blog/our-past-and-our-present-now-is-the-time-for-a-better-future.html>

I Was Blind, But Now I See by Ron Wyatt and Laura Botwinick <https://isqua.org/latest-blog/i-was-blind-but-now-i-see.html>

Health inequalities, COVID-19, Black Lives Matter by Jeffrey Braithwaite and Wendy Nicklin <https://isqua.org/latest-blog/health-inequalities,-covid-19,-black-lives-matter.html>

You have to take a side: Silence is not an option by Peter Lachman <https://isqua.org/latest-blog/you-have-to-take-a-side-silence-is-not-an-option.html>

NOW IS THE TIME by Hugh MacLeod <https://isqua.org/latest-blog/now-is-the-time.html>

We Are Obligated to Do Better by Chris Cornue <https://isqua.org/latest-blog/we-are-obligated-to-do-better.html>

After these blogs were published, the decision was taken to focus on equity in one of the plenary sessions at the Florence Conference. Dr Ron Wyatt and Yvonne Coghill have been invited to be plenary speakers, and they confirmed their involvement.

Virtual Events

In response to the postponement of the Florence conference, it was decided that virtual events would be trialled and designed to promote the Florence Conference to potential delegates.

A virtual conference committee was established in June; a conference plan was drafted in July.

The first virtual conferences took place on September 1st and 2nd at times that accommodate both the Eastern and Western Hemisphere, to maximise attendance.

The theme of the September virtual conferences was **Patient Safety**.

There were excellent speakers from the US, Canada, South America, Europe, Africa, India and Australia, and a fantastic programme to compliment. Registration opened on 6th August for ISQua Members and Fellows, following this, tickets went on general sale on 13th August. The event was purposely limited to under 100 attendees for each day of the conference, to allow for smaller and concentrated networking opportunities - an aspect delegates always seek at face-to-face conferences. This enabled the team to offer a realistic conference experience while controlling the interactions and making it a seamless process for all.

At the time of writing, the Events team are planning the next virtual conference due to take place on Wednesday 25th and Thursday 26th November.

EDUCATION

Strategy

Following a time of significant change throughout 2018-2019, the primary focus for the Education Team over the past twelve months has been the stable growth of the educational offerings. This was achieved by both looking inwards and outwards.

Ongoing communication with the ISQua Community has enabled us to tweak and refine our offerings into relevant and scalable programmes. This communication guides us both in the development of new content and the updating of older material. We have also harnessed the power of the Community by inviting Members and Fellows to be ISQua champions and ultimately act as an extension of the marketing team.

We have also refined our Knowledge, Network and Voice communication strategy to better resonate with our target customers. We have tweaked our messaging to appeal to intrinsically motivated healthcare professionals, who are most likely to benefit from the range of educational programmes that we offer. Ensuring the right customer fit has also enabled us to increase our retention rate on the Fellowship Programme significantly.

In addition to the above, we have continued to use ISQua live webinars as our primary awareness and lead generating strategy. In doing so, we have introduced over 5,000 unique new leads into the ISQua database, which are then targeted with the full range of ISQua offerings.

Key achievements

The primary achievement for the Education Team has been the success and growth of the Fellowship Programme over the past 12 months. In addition to this, the Knowledge, Network, Voice marketing and communication strategy has been successfully embedded organisation-wide.

| Knowledge | Network | Voice |
|---|--|---|
| Learn from a wide range of international experts and peers and start making improvements within your context. | Expand your professional network, make new contacts and become a valued member of our community. | Share your thoughts, ideas and opinions, and showcase your research with international peers. Be confident in implementing improvement. |

Key achievements include:

- ✓ There are now a record number of active Fellows on the Fellowship Programme. It has grown by 71% since March 2019, when the redesign was launched, and the KNV strategy implemented. Retention rate has also increased from 25% to 62%.
- ✓ Learning journeys were introduced in the Fellowship Programme to widespread acclaim.
- ✓ During April and May, we hosted 22 COVID series webinars. These were very well received by the healthcare community and positioned ISQua as a leader in the field.

- ✓ In June we hosted ISQua's first Virtual Conference which launched the Co-production Commons learning journey. It was met with positive feedback and provided valuable insights into running virtual conferences over the coming months.
- ✓ The ISQua Fellowship Ambassador Programme was launched.
- ✓ Two Specialist Certificates were launched in the past 12 months.
- ✓ The Latin American Fellowship Programme was launched with OES and IECS.
- ✓ A range of partner courses was launched with Medvarsity in India.

Challenges

As with every aspect of the business, the main challenge has been the disruption caused by COVID-19. While the crisis has not necessarily disrupted the Education offerings themselves, the change in work routines, practices, and communication has been challenging.

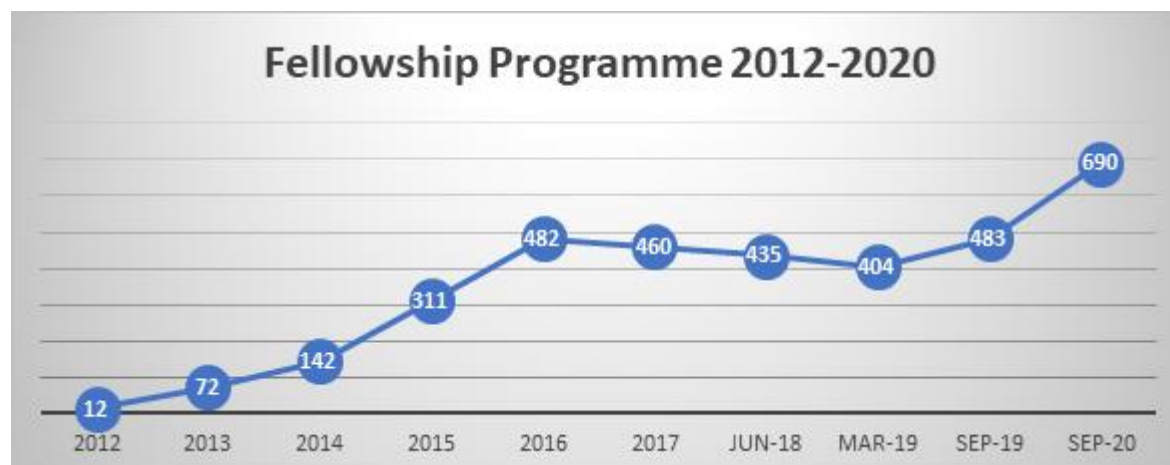
An additional challenge faced throughout the year has been the balance of human and company resources. For most of the year, the Education Team comprised of two members, with ongoing support from the CEO. Continuously improving the previous infrastructure and level of service, while also developing the Fellowship Programme, launching new Specialist Certificates, developing international partner programmes, and increasing enrolments on each educational offering, with a full-time team of two and limited budget has been challenging. It has also been a rewarding experience as it has challenged us to be creative in finding workable solutions.

Changes

As noted previously, the main change has been the disruption of working practices caused by COVID-19. The Education programmes have primarily remained constant over the past 12 months.

Programme Updates – Fellowship Programme

The Fellowship Programme currently has 690 active Fellows, which is a record high for the programme. This represents a growth of 71% from March 2019.



Learning Journeys were incorporated into the Fellowship Programme throughout the past year. Learning Journeys are a structured path of Fellowship modules which help guide learners on their

improvement journey. They can be tailor-made for Fellows based on specific backgrounds and areas of interest. These journeys have been very well received to date. They are extremely popular with organisations who wish for groups of learners to undertake a shared learning experience to achieve organisation-wide objectives. The format of Learning Journeys ensures that all participants contextualise and share their Fellowship experiences with the group and discuss lessons learned.

Programme Updates – Joint Programmes

Joint Programmes have also been revised, and a new structure has been introduced, which ensures that our partners are highly involved in the development of the content, and also lead the marketing operations of these programmes. The Latin American Joint Fellowship Programme was launched in July 2020. The JCT Joint Fellowship Programme redevelopment is ongoing.

Programme Updates – Specialist Certificates

ISQua Specialist Certificates provide ultimate focus in personal learning and in implementing healthcare improvements. Two new Specialist Certificates were launched this year, Medication Safety, and Introduction to Quality Improvement & Patient Safety, bringing the total up to five. The Specialist Certificate courses continue to experience steady growth, with 205 individuals currently enrolled across the five offerings. This represents an increase of 163 enrolments in the past year.

| Specialist Certificate | No. of learners |
|---|-----------------|
| Principles of Person-Centred Care | 45 |
| Clinical Applications in Person-Centred Care | 24 |
| Fundamentals of External Evaluation Surveying | 62 |
| Medication Safety | 7 |
| Introduction to QI & Patient Safety | 67 |
| Total | 205 |

Webinars

The below is a list of the webinars hosted by ISQua from October 2019 to October 2020. The majority of these have been added to our educational programmes.

| DATE | TOPIC | PRESENTER |
|-----------|---|--|
| 9-Oct-19 | Engaging Patients to Improve Diagnosis - Strategies at the Frontline of Care | Kelly Smith |
| 16-Dec-19 | Quality in Crisis Situations | Peter Lachman |
| 8-Jan-20 | Person-Centred Care: Blending improvement methods and business thinking into practical steps | Tricia Woodhead |
| 19-Feb-20 | Accreditation as a driver of improvement and knowledge transfer | Carsten Engel |
| 11-Mar-20 | Leapfrog to Value: How low- and middle-income countries can embrace value-based care on the path to universal health coverage | Chintan Maru |
| 24-Mar-20 | Latin American COP Covid-19 Cómo optimizar nuestra estructura en la pandemia | Viviana Rodriguez, Rodrigo Poblete and Simón Fernandez Nievas |
| 24-Mar-20 | COVID19: From the frontline in Italy | Francesco Venneri |
| 1-Apr-20 | COVID19: Expert Q&A | Jason Leitch and Dominique Allwood |
| 1-Apr-20 | COVID19: The New Normal | Walter Ricciardi |
| 2-Apr-20 | Latin American COP Covid-19. La otra cara de la seguridad. Liderazgo y Resiliencia - Como apoyar a los equipos clínicos en tiempos de crisis | Dr. Juan Limo and Dr. Fabian Vitolo |
| 2-Apr-20 | Seattle Childrens Hospital Experiences with COVID | Ruth McDonald, Danielle Zerr and Kristina Toncray |
| 8-Apr-20 | COPLAC Latin American COP Herramientas para acompañar a profesionales de la salud en épocas de crisis (Looking after healthcare workers during COVID) | Joaquin Jose Mira and Ezequiel Elorrio |
| 9-Apr-20 | COVID19: Promoting patient safety at the time of COVID-19 | Sara Albolino, Giulia Dagliana, Michela Tanzini and Antonio Morabito |

| | | |
|-----------|--|--|
| 15-Apr-20 | Two Decades Since To Err Is Human: An Assessment of Progress and Emerging Priorities in Patient Safety. | David Bates |
| 16-Apr-20 | How to better understand and manage the COVID-19 crisis using improvement science | Rocco Perla and Lloyd Provost |
| 23-Apr-20 | COVID19: Healthcare Worker Safety | Chris Power |
| 28-Apr-20 | Parenting and COVID19 Global Resources | Jamie Lachman |
| 29-Apr-20 | COVID19: SEIPS | Pascale Carayon and Shawna Perry |
| 30-Apr-20 | Latin American COP Covid-19 Seguridad del Paciente en tiempos de COVID 19. Aprendizajes desde la primera linea | Dr Hugo Siu and Dr Astolfo Franco Herrera |
| 1-May-20 | The impact of COVID-19 on older populations and their carers | Dr Samir Sinha and Dr Warren Wong |
| 6-May-20 | Patient Safety Foundations in the COVID era | Tejal Gandhi |
| 7-May-20 | COVID19 and maintaining quality essential health services | Ed Kelley, Shams Syed and Teri Reynolds |
| 8-May-20 | The emotional toll of COVID-19: consequences for healthcare staff and patients | Albert Wu, Jose Joaquin Mira and Kris Vanhaecht |
| 11-May-20 | Challenges in Communication between Healthcare Personnel and Patients: COVID-19 | Helen Hughes, Rachael Grimaldi, Rob Galloway, Kathy Burns and Deb Prowse |
| 13-May-20 | Staying Person-Centered During Pandemics: Finding the balance of patient and caregiver safety with compassion | Susan Frampton, Rhonda Williams and Marita Bossers |
| 14-May-20 | Human Factors in the Design and Operation of Ventilators for Covid-19 | Sue Hignett and Paul Bowie |
| 18-May-20 | Meeting Patients' Needs During the Covid Crisis: Insights from Data and Strategic Responses | Tom Lee |
| 19-May-20 | Operational Preparedness and Planning of Hospitals in India towards COVID-19 Pandemic | Lallu Joseph |
| 21-May-20 | Preventative Measures for COVID-19 | Trish Greenhalgh, Philip Crowley and Jennifer Martin |
| 18-Jun-20 | Virtual Conference: Co-production Commons | Paul Batalden, Eugene Nelson and team |

| | | |
|-----------|---|--------------------------------------|
| 24-Jun-20 | Critical Crisis Thinking Webinar 1: The nature of crises | Erik Hollnagel |
| 15-Jul-20 | How Do We Carry On? Transitions in Health Services During the Pandemic and Beyond | Jennifer Zelmer |
| 29-Jul-20 | Critical Crisis Thinking Webinar 2: Problem Detection | Gary Klein |
| 20-Aug-20 | Coproducing Healthcare Service and its improvement: understanding the lived reality of the person sometimes known as "patient." | Paul Batalden, Glenn Robert and team |
| 8-Sep-20 | La Acreditación de Brasil en los tiempos de Pandemia | Fabio Gastal |
| 8-Sep-20 | Critical Crisis Thinking Webinar 3: As the crisis develops - predictions and confidence | Jeffrey Braithwaite |
| 9-Sep-20 | Communication with Children about Life-Threatening Conditions: Implications for Long Term Psychological Health | Louise Dalton and Elizabeth Rapa |
| 23-Sep-20 | Managing Variability in Hospital Patient Flow: Pre- and Post-pandemic | Eugene Litvak |

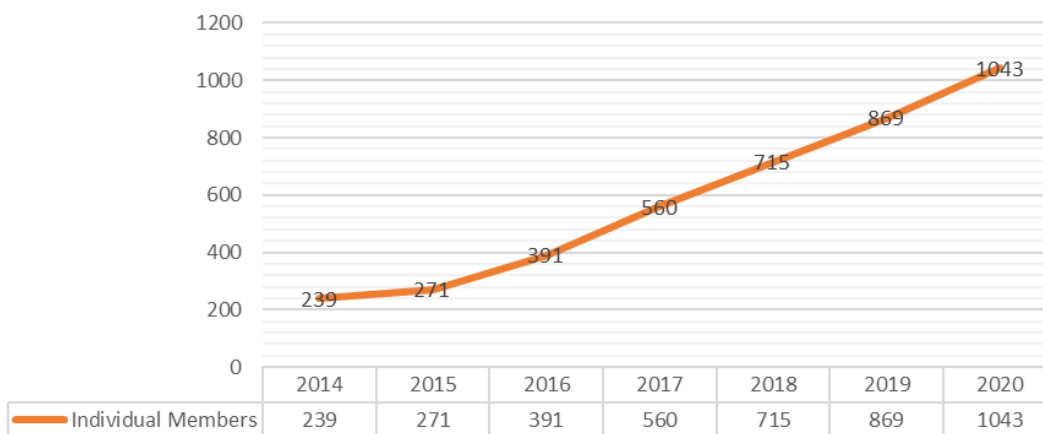
MEMBERSHIP

Our key aim for Membership is to retain members and to recruit new members.

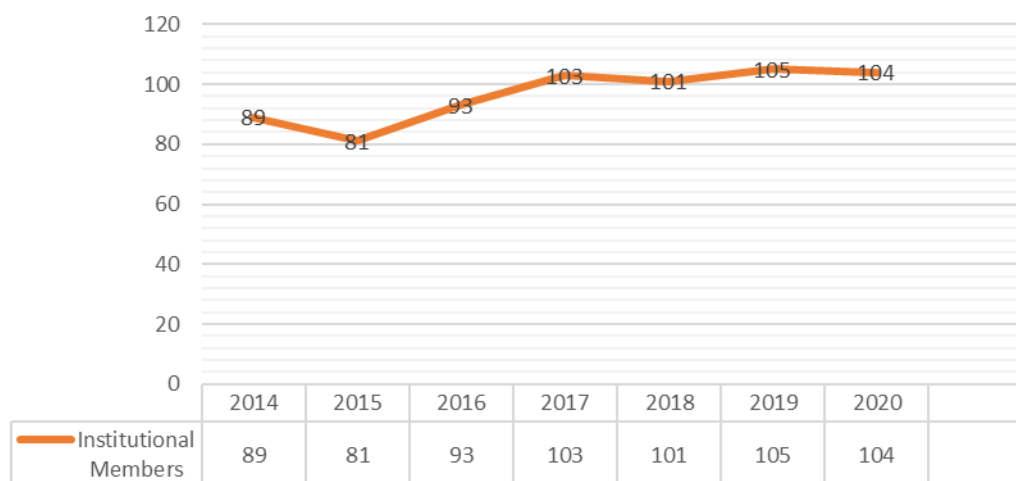
Increase of members 2014-2020

We are delighted with the continued steady growth of Membership year on year. In 2017 we reduced the fee for an applicant to join the Fellowship Programme, with Membership to €450 (usually €500 for the Fellowship Programme & €150 for Members). This helped increase the number of participants on the Fellowship Programme and the membership number overall. In 2020 we removed the option for applicants to apply for the Fellowship without Membership.

Individual Members 2014 to 2020 (including Member Fellows introduced 2017)



Institutional Members 2014 to 2020



In late 2019, we introduced a fourth-tier membership fee for both Individual and Institutional Members, which falls in line with the four categories of the World Bank ratings for country economies. A reduced rate was added for Members from Low-Income Countries.

The rates for Members are now:

| | Low-Income Countries | Lower-Middle Income Countries | Upper-Middle Income Countries | High-Income Countries |
|--|----------------------|-------------------------------|-------------------------------|-----------------------|
| Individual Members | €50 | €75 | €112.50 | €150 |
| Individual Members + Fellowship | €225 | €225 | €450 | €450 |
| Institutional Members | €500 | €700 | €900 | €1,200 |

In 2020 we would have expected to see an increase in Membership from March to August due to the Board Elections and annual conference in Florence. The ongoing pandemic has put a stop to the conference for this year. Still, due to a persistent email campaign, we have seen an increase in the number of members renewing this year over last, a small increase in new Individual and Institutional Members, and a more significant increase in Member Fellows. It appears that the pandemic has given some people more time to improve their training and knowledge.

Our renewal rate is budgeted at 35%. In October 2020 our average renewal rate for Member Fellows is 56% and for Individual Members, 68%. There was a drop for June & July due to the postponement of the Florence conference but not as significant as expected.

Our membership is in a strong position with regular contact between the ISQua Staff and Members. Feedback from our Members over the past six months has been overwhelmingly positive regarding communication and offerings for Members.

ISQua Guest & Friend

In October 2019, at our Cape Town Conference, we launched two new membership types - ISQua Guest and ISQua Friend.

ISQua Guest is a free membership type, open to anyone, to see what ISQua has to offer. ISQua Guests can access a sample Education Course, featuring a range of educational content from various ISQua Fellowship modules, such as Leading for Quality and Safety, Person-Centred Care, Patient Safety and Quality Improvement. They also receive limited access to our recorded webinars, podcasts, reports and presentations.

ISQua Friend (in the spirit of Ubuntu*) is a special membership rate available only to applicants from Low-Income Countries. This membership type provides all of the benefits of ISQua Guest, but also has access to past ISQua Conference recordings and presentations, and free access to our Specialist Certificate 'Introduction to Quality Improvement & Patient Safety'.

Since September 2019, 2,924 people have joined as ISQua Guest and 171 as ISQua Friends.

*Ubuntu is a Zulu word that means 'a quality that includes the essential human virtues; compassion and humanity' **umuntu ngumuntu ngabantu** - a person is a person through/because of (other) people; you are who you are because of how you relate to others around you.

QI Network Partners

Our Quality Improvement Network Membership continues to attract new members. Institutional Members can upgrade their membership to become a QI Partner, and by doing so join top healthcare innovators, influencers, & thought leaders, who are all united by the desire to lead transformation, positive change & healthcare improvement. QI Members benefit from the collective wisdom of the group through peer feedback and the exchange of innovative ideas, sharing the best tools to implement improvement.

Our current QI Network Partners are:



INTERNATIONAL JOURNAL FOR QUALITY IN HEALTH CARE (IJQHC)

Strategy

The *International Journal for Quality in Health Care* (IJQHC) is a leading international peer-reviewed scholarly journal addressing research, policy and implementation related to the quality and safety of health care and health outcomes for populations and patients worldwide.

The strategy of the Journal is to encourage contributions from leading international authorities and groups, ISQua Board Members, IJQHC Editors, ISQua members and ISQua Experts. The process is carried out by raising the profile of the Journal, inviting papers from well-known, respected authors, improving article processing time, and creating additional publication opportunities, particularly for those from countries where work on patient quality is under-developed.

Professor Aziz Sheikh took over the Editor-in-Chief role from Professor Jack Li in the spring of 2020. Professor Sheikh is based at the University of Edinburgh in Scotland, UK and will lead the Editorial team in growing and developing IJQHC over the next five years.

Key changes introduced have been to:

- ✓ Hold regular meetings with Deputy Editors (and ISQua and OUP leadership) to determine the focus of the Journal, agree on a strategy and to execute this
- ✓ Appoint a Statistical Editor
- ✓ Start a process to appoint additional Deputy Editors (interviews in progress)
- ✓ Revise the categories of papers so that our focus is on original papers, authoritative reviews and expert incisive perspectives and frontiers for improvement pieces
- ✓ Move the Journal to online only
- ✓ Start the process to create a daughter journal, *IJQHC Communications* (due to launch Q1, 2021)

Our focus for this year was to reduce the turnaround time for publication and to lay the foundations for a roadmap to increase the Journal's Impact Factor (JIF). We are already seeing substantial improvements in article processing times in 2020, which helps ensure that authors receive an excellent service from the Journal. To help protect and build the JIF, we will focus on fewer short paper categories with the focus being on original articles and review papers. We anticipate that the JIF will increase with a lag of 3-5 years.

To encourage and assist those living and working in low- and middle-income countries (LMICs), ISQua held a Webinar outlining the requirements for submission. To raise awareness of the Journal, we endeavour to promote the ISQua Journal at other related conferences. The creation of IJQHC Communications will we hope to provide an important, non-competitive vehicle to publish worthy national/sub-national studies.

Key achievements

- ✓ The impact factor is stable and grew slightly in summer 2020 (2015: 2.545; 2016: 2.342; 2017: 2.554; 2018: 1.829; 2019 1.957)
- ✓ IJQHC Special Supplements:
 - Salzburg Global Seminar Session 565 - Better Health Care: How do we learn about improvement? (Published)
 - Lean Six Sigma (Published)
 - Patient-Reported Outcome Measurements (PROMs) (due early 2021)
 - Deepening our Understanding of Quality in Australia (DUQuA) (Published)
- ✓ Editor's choice promotion via OUP social media (Facebook & Twitter) plus press releases by OUP for key papers.
- ✓ Layman's summaries of editor's choice publishing in ISQua's Bulletin.
- ✓ Patient Community of Practice: Layman's summaries translation in Hebrew, Danish, Portuguese and Chinese Mandarin. The languages of the translation e keep increasing.
- ✓ Abstracts Translations in 6 languages: Japanese, Spanish, Simplified Chinese, Traditional Chinese, French and Portuguese
- ✓ The number of submissions increased:
 - Year 2015: Papers 537,
 - Year 2016: Papers 691,
 - Year 2017: Papers 800,
 - Year 2018: Papers 832,
 - Year 2019: Papers 727
 - Year 2020: Papers 777 YTD
- ✓ The acceptance rate is about 20% each year; this may, however, reduce over the coming years as papers are passed directly to IJQHC Communications.
- ✓ Turnaround time (First submission to final decision) 2014-2015 (3 months decreased) (Average months: 8 to 5) (Maintained for 2015-2016) - Maintained for 2017 (Average days: Year 2017: 81 days; Year 2018: 67 days; Year 2019: 73.5 days; Year 2020 (to-date): 57 days
- ✓ 2019 Ranking in Health Care Sciences & Services (59 out of 102).
- ✓ 2019 Ranking in Health Policy & Services (44 out of 87).
- ✓ Journal session for promotion at ISQua conferences 2015 to 2019
- ✓ New reviewers recruited via the ISQua Members

Challenges

There have been several challenges this past year. Publication timeliness has been affected by some performance issues with the journal typesetters, and as a result, IJQHC moved to a new India-based typesetting company this summer. Furthermore, COVID-19 has caused delays in the supply chain with the typesetting staff having to adapt to sometimes difficult home-working arrangements and also deal with staff shortages due to COVID-19 infections.

The movement of the industry towards open access (OA) continues, albeit at a tentative pace. Some uncertainty remains over the full effects of cOAlition S, but journals are having to adapt now to ensure that they are ready for a more OA-focussed landscape in the future. This year, ISQua and OUP put plans in place to launch a new fully OA journal that will be a daughter title to IJQHC. Titled *IJQHC Communications*, the new journal will accept papers 'cascaded down' from IJQHC that are either out of the scope of the parent journal or just cannot be accommodated due to size constraints. It will also

accept new submissions in its own right and follow the lead of the parent journal, though may focus on quality improvement and patient safety implementation at regional, national or sub-national levels. An Editor is being sought now, and we hope to launch *IJQHC Communications* in the spring of 2021.

The supply chain difficulties mentioned above have made us consider the value of continuing to print IJQHC. To be greener and also save on printing and postage costs, IJQHC has therefore become an online-only journal as of issue 7 this year. IJQHC Communications will also be an online-only publication.

Editorial Board

Editor-In-Chief

Aziz Sheikh

Editorial Assistant

Shirley Letts

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Sonali Desai, USA

Ezequiel Garcia Elorio, Argentina

David Greenfield, Australia

Usman Iqbal, Taiwan

Paul O'Connor, Ireland

Nick Rich, UK

Anthony Staines, Switzerland

Rosa Suñol, Spain

Special project editors

Rosa Suñol, Spanish Abstracts

Paulo Sousa, Portuguese Abstracts

Yi-Hsin (Elsa) Hsu, Chinese Abstracts

Yuichi Imanaka, Japanese Abstracts

Catherine Grenier, French Abstracts

Editorial Committee

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Y Imanaka, Japan

S-I Lee, South Korea

J Mainz, Denmark

Margareth Portela, Brazil

J Reed, UK

P Saturno, Spain

H Singh, USA

S Sodzi-Tettey, Ghana

P Sousa, Portugal

S Staniszewska, UK

K Walshe, UK

G Westert, The Netherlands

COMMUNITIES OF PRACTICE

Strategy

Our strategy for the Communities of Practice (CoP) is to increase collaboration between countries, encouraging them to share best practice and lessons learned through regular meetings of healthcare professionals. ISQua has devoted resources to establishing and maintaining 5 Communities of Practice.

Programme Update

We currently have 5 Communities of Practice meeting at various intervals;

- Francophone Community of Practice (FrCOP)
- African Community of Practice (AfCOP)
- Latin American and Caribbean Community of Practice (LACCoP/COPLAC)
- The South-East Asia Community of Practice (SEACoP) and
- A Learning about Improvement Community of Practice (LICO-P).

Additionally, we have a Community of individuals with a special interest in Person-Centred Care who are working on two projects; the first is the development of an ISQua White Paper on Definitions of PCC and the second group is reviewing IEEA Principles in the context of PCC values.

Challenges

Interest in these Communities has grown significantly since the start of 2020. With the growth in attendance, there is inevitably an increased demand on resources.

Scheduled Webinars

| Date | Topic | Presenter |
|-----------|---|-----------------------------------|
| 5-Feb-20 | Initiating Quality Culture in Public Hospitals Challenges and Opportunities; experience from a north Indian state | Dr Sonia Trikha |
| 23-Jun-20 | Francophone COP "What Matters to You" | Anthony Staines and Valérie Clerc |
| 21-Jul-20 | Aprendizajes de la pandemia en Ecuador desde la mirada de la calidad de atención | Jorge Hermida |
| 22-Jul-20 | African Community of Practice: Big System Quality Strategy and Management | Sodzi Sodzi-Tetty |
| 11-Aug-20 | De la seguridad del paciente a la seguridad en la atención de la salud | Odet Sarabia |
| 8-Sep-20 | La Acreditación de Brasil en los tiempos de Pandemia | Fabio Gastal |
| 29-Sep-20 | La place des fonctions "Qualité" dans la période de crise Covid-19 | Multiple |

LUCIEN LEAPE PATIENT SAFETY FELLOWSHIP

The Lucian Leape Patient Safety Fellowship Award was established in 2018 and announced at ISQua's 35th International Conference in Kuala Lumpur, Malaysia.

The objective of this programme is to fund physicians and health care leaders in developing countries to advance and expand their expertise in patient safety, with the resultant improvement of the safety of patients in their local country/jurisdiction/area.

This project comes under strategic objective 6 - Regions and LMIC, but also extends to strategic objective 3 - Education and Knowledge Sharing.

We received many excellent applications for the 2020 award. A panel comprising of Prof Lucian Leape, Prof David W. Bates, Dr Uma Kotagal, Dr Tricia Woodhead and Dr Emmanuel Aiyenigba was convened to shortlist, interview and select the best applicant.



We are delighted to announce that **Dr Rhoda Kalondu Kyalo of Kenya** is our ISQua Lucian Leape Patient Safety Fellow for 2020.

Rhoda is the Head of the Patient Safety Unit at Kenyatta Hospital in Nairobi. She wants to use this Fellowship to learn how to establish a culture of safety and develop systems for assessment and analysis at her institution, and more widely.

As well as this, Rhoda intends to develop and execute an intervention to improve patient safety in Kenyatta National Hospital.

It is one thing to institute measures and processes for improvement, but quite another to change the culture of an environment. Rhoda's ambition to lead others in this change inspired the panel.

One of Rhoda's first achievements as our Fellow was to prepare a recording for the WHO/WPSD 2020 Global Virtual Event 'One world: Global solidarity for health worker safety and patient safety', which was held on 17 September 2020. This recording was shown to participants across the world.

I hope you will join us in congratulating Rhoda on her achievement, and we look forward to supporting her to achieve her goals over the next year and beyond.

WORLD PATIENT SAFETY DAY 2020



ISQua Webinar for WPSD 2020



The second World Patient Safety Day was held 17th September 2020 with the theme 'Health Worker Safety: A Priority for Patient Safety'.

The objectives of World Patient Safety Day are to increase public awareness and engagement, enhance global understanding, and spur global solidarity and action to promote patient safety.

The **COVID-19 pandemic** has unveiled the **enormous challenges, and risks health workers are facing globally**, including healthcare-associated infections, violence, stigma, psychological and emotional disturbances, illness and even death. Furthermore, working in stressful environments makes health workers more prone to errors which can lead to patient harm.

WHO OFFICIAL WEBPAGE - <https://www.who.int/campaigns/world-patient-safety-day/2020>

To support and promote World Patient Safety Day, we created a web page to showcase blog posts, opinion pieces, activities, events, webinars and more from across the ISQua Community.

This included a selection of Health Worker Safety Articles from the International Journal for Quality in Health Care. ISQua's International Journal for Quality and Safety is an excellent resource for articles on healthcare worker and person safety.

ISQua President, Wendy Nicklin and ISQua President-elect, Jeffrey Braithwaite, also shared their thoughts on World Patient Safety day.

All of these activities and articles can be found on - <https://isqua.org/events/world-patient-safety-day-2020.html>

In partnership with the International Hospital Federation (IHF), we published a joint statement support that **Safe Health Workers are essential for Safe Patients**.

ISQua and IHF are committed to improving people safety and healthcare quality worldwide. We will thoroughly engage with the *WHO Flagship Initiative: A Decade of Patient Safety 2020-2030* and will support key elements of the work to be undertaken during this decade so that health and healthcare can be safe in the future.

We made our statement based on three key messages, acknowledging the fact that the safety culture has been continuously challenged during the past months.

- ✓ People (patient & health worker) safety is inherent in healthcare and is based on co-production.
- ✓ Health worker physical and mental health is paramount.
- ✓ The Covid-19 crisis is an opportunity to learn.

ISQua and IHF endorse the message of the World Health Organization (WHO) to ‘**Speak up for health worker safety!**’. We are confident that all of our members share our principles and are working towards the elimination of preventable harm.

ISQua hosted two key webinars on 17th September 2020

Psychological Safety - Why understanding voice and silence behaviours are critical to staff and patient safety

Presented by Prof Eilish McAuliffe and PhD student Roisin O’Donovan from UCD, Dublin, this webinar presented research that takes an in-depth look at what psychological safety means for health workers, how it differs within and across teams and how it is influenced by leaders and by team characteristics and team dynamics.

It also presented some practical guidance for creating greater psychological safety in healthcare settings and provides an overview of the open-access resources that have been co-designed with healthcare workers through this body of research.

A recording of the session can be found here - <https://isqua.org/world-patient-safety-day-2020/isqua-webinar-recording-psychological-safety-why-understanding-voice-and-silence-behaviours-is-critical-to-staff-and-patient-safety.html>

The Importance of Human Factors in Preventing Harm and Protecting Workers

Three of the leading world experts on Human Factors, Pascale Carayon, Sara Albolino and Helen Vosper shared the importance of Human Factors to improve safety for healthcare professional and patients.

This session was moderated by Eric de Roodenbeke, CEO of the [International Hospital Federation \(IHF\)](#).

A recording of the session can be found here - <https://isqua.org/world-patient-safety-day-2020/isqua-webinar-recording-the-importance-of-human-factors-in-preventing-harm-and-protecting-workers.html>

STRATEGIC PARTNERS

International Hospital Federation (IHF)



The International Hospital Federation (IHF) is an international not for profit, non-governmental membership organization.

IHF's mission is to support organizations in the promotion and delivery of healthcare, to promote interaction among different health system actors, to sharing of knowledge and experiences, to support the creation of new national hospital associations, to the dissemination of evidence-based information, and to help hospital decision-makers define strategies. IHF's vision is a world of healthy communities served by well-managed hospitals and health services where all individuals reach their highest health potential.

The IHF recognizes the essential role of hospitals and health care organizations in providing health care, supporting health services and offering education. Their role is to help international hospitals work towards improving the level of the services they deliver to the population with the primary goal of improving the health of society. Find out more at <https://www.ihf-fih.org/>.

Our partnership with IHF is based on management, education and innovation with both parties collaborating and exchanging information on projects and activities to further joint aims and individual aims of ISQua and IHF.

Over the past year, the following projects and activities were completed:

- Joint statement and media collaboration for World Patient Safety Day 2019
- Mutual promotion of international conferences
- Joint participation in the World Health Organization (WHO) Consultation on Global Patient Safety 2020-2030 (February 2020) and the publication of a joint statement supporting the key elements of the work to be undertaken in the Patient Safety Decade
- Joint statement on the COVID-19 Response Worldwide and mutual promotion of COVID-19 webinar series.
- Regular promotion of activities to members in the IHF and ISQua bulletins

In January 2020, in the spirit of our collaboration, it was agreed that the two organisations would hold a concurrent survey. The results would be shared and used to prepare a report.

This survey was designed to frame the WHO Global Consultation on Patient Safety, which was held from 24 to 26 February 2020 to kick off the development of the Global Patient Safety Action Plan. Already then, the pandemic-to-be was affecting various regions, before striking health systems worldwide. The question of patient safety is a critical one in the discussion about Covid-19: hygiene & hospital-acquired infections, non-suitable hospital architecture, delayed surgeries & procedures, lack of personal protective equipment (PPE) and much more affected the safety of patients as well as of health workers, to whom the [World Patient Safety Day 2020](#) is dedicated.

In February 2020, the IHF disseminated a short survey on national safety plans to its Full Members, hospitals' national/regional representatives. At the same time, ISQua disseminated their survey asking

how well incident reporting is in place, and if the outcomes improve the 'no blame no shame' approach to their Individual and Institutional Members.

The surveys were repeated in July 2020 to see if the onset of COVID-19 had made any positive or negative changes to the responses.

Key Points from the Survey

- ✓ Safety culture is critical for the protection of staff and patients.
- ✓ Psychological Safety for healthcare workers is an essential requirement of all safe health systems
- ✓ People (patient & health worker) safety is inherent in healthcare, and Coproduction is the foundation of all initiatives.
- ✓ Measurement of what works well is essential so that there can be learning at all levels.
- ✓ Reporting of clinical incidents is a vital part of learning and needs to be undertaken within a just culture which is blame-free, with clear accountability.
- ✓ The COVID-19 pandemic revealed experiences of good practice and areas where health services need to improve, particularly in the protection of staff and looking after their mental wellbeing.
- ✓ Crisis management is a critical part of health services management
- ✓ Managing the flow of people through the service is essential to control infection.

You can read the full report here - [Health Services Patient Safety: A Priority with Multiple Dimensions, including a first look at the impact of COVID-19](#)

As part of World Patient Safety Day 2020, ISQua & IHF released a joint statement reiterating our engagement with the *WHO Flagship Initiative: A Decade of Patient Safety 2020-2030*, and our support of the key elements of the work to be undertaken during this decade so that health and healthcare can be safe in the future.

We made our statement based on three key messages, acknowledging the fact that the safety culture has been continuously challenged during the past months:

- ✓ People (patient & health worker) safety is inherent in healthcare and is based on co-production.
- ✓ Health worker physical and mental health is paramount.
- ✓ The Covid-19 crisis is an opportunity to learn.

The full statement can be read here: https://isqua.org/media/attachments/2020/09/16/statement-ihf-isqua_wpsd2020.pdf

Patient Safety Movement Foundation (PSMF)



Each year, more than 200,000 people die unnecessarily in U.S. hospitals. Worldwide, 4.8 million lives are similarly lost. The Patient Safety Movement Foundation (PSMF) is a global non-profit on a mission to eliminate preventable deaths from hospital errors.

PSMF uniquely brings patients and patient advocates, healthcare providers, medical technology companies, government, employers, and private payers together under the same cause.

From their Actionable Patient Safety Solutions and industry Open Data Pledge to their World Patient Safety, Science & Technology Summit and more, PSMF won't stop fighting until they achieve zero.

By presenting specific, high-impact solutions to meet patient safety challenges, called Actionable Patient Safety Solutions, encouraging medical technology companies to share the data their products are purchased for, and asking hospitals to make commitments to implement Actionable Patient Safety Solutions, the Patient Safety Movement Foundation is working toward ZERO preventable deaths. Visit <https://patientsafetymovement.org/>.

In 2019, ISQua announced our support of the Patient Safety Movement Foundation (PSMF) and their mission to eliminate preventable deaths in hospitals, with a signed cooperation agreement.

ISQua and PSMF work together to identify joint projects in the field of patient safety and promote each other's activities on an ongoing basis. It was aimed that ISQua and PSMF would hold joint sessions at their respective conferences, at ISQua's 36th International Conference (20th - 23rd October 2019) in Cape Town, South Africa; and PSMF's 8th Annual World Patient Safety, Science & Technology Summit in March 2020. Unfortunately, due to health and safety concerns related to the novel coronavirus (COVID-19) pandemic, PSMF were unable to hold their Summit at the scheduled time.

In August 2020, ISQua joined the **Patient Safety Movement Foundation, the American Society of Anesthesiologists, and The Leapfrog Group as a co-convenor on the [#UniteForSafeCare](#)** program on World Patient Safety Day (September 17, 2020). PSMF held a free #uniteforsafecare virtual event, hosted on YouTube Live, with included a keynote presentation from ISQua CEO, Dr Peter Lachman.

National Association for Healthcare Quality (NAHQ)



Founded in 1976, the National Association for Healthcare Quality (NAHQ) is the only organization dedicated to healthcare quality professionals, defining the standard of excellence for the profession, and equipping professionals and organizations across the continuum of healthcare to meet these standards.

NAHQ offers the only accredited certification in healthcare quality (the CPHQ), extensive educational programming, networking opportunities, and career resources to help our members meet the challenges they face and demonstrate their value.

NAHQ's mission is to prepare a coordinated, competent workforce to lead and advance healthcare quality across the continuum of healthcare. Their vision is that the healthcare quality profession is recognized and valued as essential.

In 2020, ISQua and NAHQ agree to work together to further the aim of improving quality and safety in healthcare. This is to provide synergy so that our missions can be amplified.

The overall aims of this affiliation include:

- ✓ Promoting each respective entity and their endeavours amongst relevant networks and wider communities through a variety of routes, including traditional and online marketing methods.
- ✓ Sharing and developing new knowledge, skills and resources to benefit the respective communities of each entity.
- ✓ Increasing each entity's awareness of and participation in the other's events and online services/resources.

As part of this agreement, ISQua promoted the NAHQ NEXT 2020 Virtual Conference (14-16 September 2020) to its community; ISQua's CEO, Dr Peter Lachman also presented at the conference.

NAHQ provided one 2020 Virtual English Speaking CPHQ preparatory training course to ISQua constituents. This course was made available at discounted rates to ISQua Members & non-Members. The course began on Thursday, 24th September and ran for two weeks, with 1-2 hours sessions each day, excluding weekends. There was good interest in the course and discussions are proceeding with NAHQ to repeat the offer in 2021 and to make the course available at times suitable for our Oceania and Asian community.

International Ergonomics Association (IEA) & The Centre for Patient Safety and Clinical Risk Management (CRM)



The International Ergonomics Association works to elaborate and advance ergonomics science and practice, and to expand its scope of application and contribution to society to improve the quality of life, working closely with its constituent societies and related international organizations.

The Centre for Patient Safety and Clinical Risk Management (CRM), through its institutional functions and also through the activities, carried on with the WHO Collaborating Centre in Communication and Human Factors for Delivery of Safety and Quality Care, carries out activities to support the dissemination and implement safety practices in different economic contexts and according to different levels of resources available. The capabilities of local facilitators, the methods used to implement change and the characteristics of the context are indeed key determinants of the success of safety programs.

ISQua, IEA and CRM agree to work together to further their aims to improve quality and safety in healthcare. This is to provide synergy so that our missions can be amplified. Accordingly, ISQua, IEA and CRM may enter into operational agreements for specific projects to improve healthcare outcomes.

The below projects and activities were completed in the past year:

- ✓ Mutual participation in conference sessions for IEA and ISQua
- ✓ A Human Factors Supplement, published by the International Journal for Quality in Health Care (IJQHC) in October 2020
- ✓ Mutual participation in the planning for the 2021 IEA and ISQua conferences

- ✓ Pascale Carayon, a Fellow of the International Ergonomics Association, was elected to ISQua's International Academy of Quality & Safety (IAQS)
- ✓ Kathleen Mosier, IEA President, and Sara Albolino, IEA Vice President/Secretary General, were appointed as ISQua Experts

Institute for Healthcare Improvement (IHI)



The Institute for Healthcare Improvement (IHI) is a leading innovator in health and health care improvement working to ensure everyone enjoys the best care and health possible.

IHI works to optimise health care delivery systems, drive the triple aim for populations, realise person and family-centred care and build improvement capability for professionals and students around the world through education, strategic guidance and dissemination of knowledge and best practices. Find out more: <http://www.ihl.org/>

ISQua's partnership with IHI entails knowledge sharing, corporation, collaboration and operational agreements for specific work in areas including education and science.

ISQua also has agreements in place with the following organisations:

- ✓ GS1
- ✓ Medvarsity
- ✓ Jonkoping University, Sweden
- ✓ Taipei Medical University (TMU)
- ✓ Public Health Foundation of India (PHFI)
- ✓ Fatima Jinnah Medical University, Pakistan

QUALITY IMPROVEMENT ADVISORY SERVICE PROGRAMME

ISQua's Quality Improvement Advisory Service Programme has been running for almost nine months. In this time, we have tendered for four projects, one of which we won and are currently working on, and three that we are awaiting outcomes. On two of the projects, we were contacted by multiple organisations to partner with them. We have also been approached to host the new International Consortium for Quality Assurance Agencies for drug use disorder treatment (ICQAA).

We have submitted several tenders for our services, and so far, one has been successful:

| Project Name | Partner Organisation | Status |
|--|-------------------------|---|
| Quality standards for primary care and ambulatory care in Romania Commissioned by the EUROPEAN COMMISSION Directorate-General for Structural Reform Support | Ernst & Young (Romania) | On-going Awarded on 1st April 2020 Contract was signed on 14th May 2020 1st Progress Report was submitted on 14th August 2020. |
| Integrated Assessment, Monitoring, Evaluation and Quality Improvement System (AMEQUIS) for the European Reference Networks Commissioned by the Consumers, Health, Agriculture and Food Executive Agency, CHAFAE.B - Health and Food Safety Unit | IDOM (Spain) | Awaiting Outcome Tender submitted on 12th June 2020 Informed by CHAFAE in July 2020 that the disruption due to the COVID-19 is causing delays to the completion of the evaluation for the tenders Result due in October 2020 |
| Design and Implementation of The Licensing and Certification Systems' Standards, Protocols and Guidelines in the Department of Health and Wellness in Saint Lucia Commissioned by the Government of Saint Lucia and financed by the World Bank | IDOM (Spain) | Awaiting Outcome Expression of Interest submitted on 24th July 2020 |
| Consultancy Services for the Design and Implementation of a Continuous Quality Improvement System Commissioned by the Government of Saint Lucia and financed by the World Bank | IDOM (Spain) | Awaiting Outcome Expression of Interest submitted on 20th August 2020 |

Our approach for new projects, at present, is to partner with organisations experienced in implementing health projects and to provide the required expertise in external evaluation and quality improvement. We have built a strong relationship with our existing partners (E&Y and IDOM), and our Experts are an excellent resource. Our Business Development Officer liaises between our partners and our Experts for each of the projects.

ISQUA BOARD

Officers

Wendy Nicklin, President, Canada (becomes Past-President in October 2020)

Jeffrey Braithwaite, President-Elect, Australia (becomes President in October 2020)

Stephen Clark, Honorary Treasurer, Australia

Board Members

BK Rana, India (stepping down from the Board in October 2020)

Shin Ushiro, Japan

Jacqui Stewart, South Africa (stepping down from the Board in October 2020)

David Vaughan, Ireland (stepping down from the Board in October 2020)

Bruno Lucet, France

Ezequiel Garcia Elorrio, Argentina

Tricia Woodhead, UK

Ellen Joan van Vliet, Netherlands

Salma Jaouni, Jordan

Philip Crowley, Ireland

Sodzi Sodzi Tettey, Ghana (commencing their term of office after the AGM on 29th October 2020)

Fabio Leite Gastal, Brazil (commencing their term of office after the AGM on 29th October 2020)

John Brennan, Ireland (commencing their term of office after the AGM on 29th October 2020)

Honorary Advisors

Duncan Inverarity, Ireland

Sara Yaron, Israel (stepping down from the Board in October 2020)

Sheila Leatherman, USA

Anna Edwards, UK (commencing their term of office after the AGM on 29th October 2020)

Isabela Castro, Brazil (commencing their term of office after the AGM on 29th October 2020)

HONORARY ADVISOR ON PERSON CENTRED CARE [PCC]

In July 2020 we advertised for a Board Honorary Advisor on Person-Centred Care.

The applicant must have experienced care in the healthcare system (as a patient, family member or caregiver) and be an active member of a patient organisation or an organisation that works to improve person-centred care.

The purpose of the role is to bring the voice of the patient to the deliberations of the ISQua Board and to ensure the Board is person-centred in its decision making.

We received some excellent applications, and after much deliberation, it was decided that we would appoint two Advisors for this role.

We are delighted that Anna Edwards, UK and Isabela Castro, Brazil have agreed to act as our Honorary Advisors on Person-Centred Care.

We would like to express our gratitude to Sara Yaron, who led in this role from 2018.

Sara has provided the following reflection from her time on the ISQua Board.

I arrived entirely as a stranger to the scene: Afternoon in Dublin, in a quiet, modest office, about ten men and women from all over the world, all medical professionals, exclude me: THE ISQua BOARD.

I recognized that I knew very little about the Board dynamic and its activities. Still, I was sure that I knew, lived, breathed, understood, and experienced the unique complicity and difficulties of being a patient and a caregiver, especially in long term diseases.

I knew and hoped, that there is a correlation between the Board's understanding and internalization of the complicity of being a patient, and the quality of health care, patients will get.

That is what brought me to ISQua: The profound urge to bring to the table, hearts, and souls, information on the critical encounter between the doctor and the patient, which is a beginning of a shared journey, sometimes very long.

We concentrated and worked on some topics:

Listen to your patient! From the moment the Journey starts, you became partners.

You are expected to start the journey hand in hand. Two hands that have the same goal.

The initiative to create the partnership should come from both sides but needs tools.

The Doctors could learn the importance of considering the patient as a "whole", a source of information, and putting them in the centre, by listening to them, to their authentic story/voice, and catch the points that matters to them.

We collected some of the stories and agreed that they are an excellent source for learning and a way to improve the quality of healthcare.

Medical decisions can't be arbitrary and can't be made by one party. Shared decision making is a part of the journey.

Also, medical decisions must take under consideration the patient as "whole" that contains a lot, to refer to all components of their personality, history, culture etc. As said by Dr Patch Adams: "if we treat the diseases, we lose, if we treat the person we win."

Patients, which are mostly Layman, should understand the medical system and be educated to read at least plain language summaries regarding medical issues and their diseases. Their understanding will increase their confidence and will ease and enable them to become partners in their medical journey.

To achieve this goal, we translated Layman summaries into different languages, by volunteers from all over the world, and published them in ISQua's Journal. It's an example of co-production, working together, sharing power, which is one of our goals.

Patients took an active part in different committees within ISQua, which encouraged them to do the same in their countries.

I hope the above was a meaningful contribution to ISQua for better understanding of the patient's challenges and difficulties, and the Partnership will become an integral part of the Medical system.

It was a great privilege for me to contribute to ISQua, and I also hope to understand better how difficult it is to be a patient!

Thank you!

STAFF

Peter Lachman, CEO

Eadin Murphy, Head of Events and Corporate Affairs

Elaine O'Connor, Head of International Accreditation and Strategic Partnerships

Nicola McCauley-Conlan, Accreditation Manager

Heather Wilson, Accreditation Manager

Jan Mackereth-Hill, Accreditation Manager

Sinead McArdle, Business Development Officer

Eleanor Keegan, Events Officer

Simon Donohoe, Events Officer & Executive Assistant to the CEO

Caroline Usher, Education coordinator

Caitriona Curran, Community Engagement Coordinator

Aoife Dowling, Corporate Services Officer

Orla Corcoran, Corporate Support Officer

Rachel Simpson, Corporate Support Officer

Deirdre Burke, Corporate Service Officer (Resigned June 2020)

Brian Cahill, E-Learning Developer (Resigned September 2020)

TRAVEL / SPEAKING EVENTS

ISQua Board and Expert Travel from October 2019 to September 2020

September 2019

- ✓ 10th Collaborative Forum on Quality and Safety, Buenos Aires, Argentina - Peter Lachman & Rashad Massoud
- ✓ Clinical Excellence Commission (CEC), New South Wales, Australia - Peter Lachman
- ✓ Clinical Excellence Queensland (CEQ), Brisbane, Australia - Peter Lachman
- ✓ Commission on Excellence and Innovation in Health, South Australia, Adelaide, Australia - Peter Lachman
- ✓ Patient Safety Movement Foundation Midyear planning, University of California, USA - Ulfat Shaikh
- ✓ Korea Laboratory Medicine Foundation and the Korean Society of Laboratory Medicine. The LMCE and KSLM Annual Meeting, Busan, South Korea - Lena Low
- ✓ Conference on International Accreditation - Key to Quality and Safety, Guangzhou, China - Cliff Hughes, Peter Lachman, Elaine O'Connor

October 2019

- ✓ ISQua's 36th International Conference, Cape Town, South Africa. Peter Lachman & all ISQua Board Members.

November 2019

- ✓ 43rd IHF World Hospital Congress, Muscat, Oman. Peter Lachman and Salma Jaouni
- ✓ Irish Aid, Addis Ababa, Ethiopia. Peter Lachman
- ✓ 1st Oncology Quality Care Symposium, Madrid, Spain. John Overveit

December 2019

- ✓ IHI Forum 2019, Florida, USA. Peter Lachman

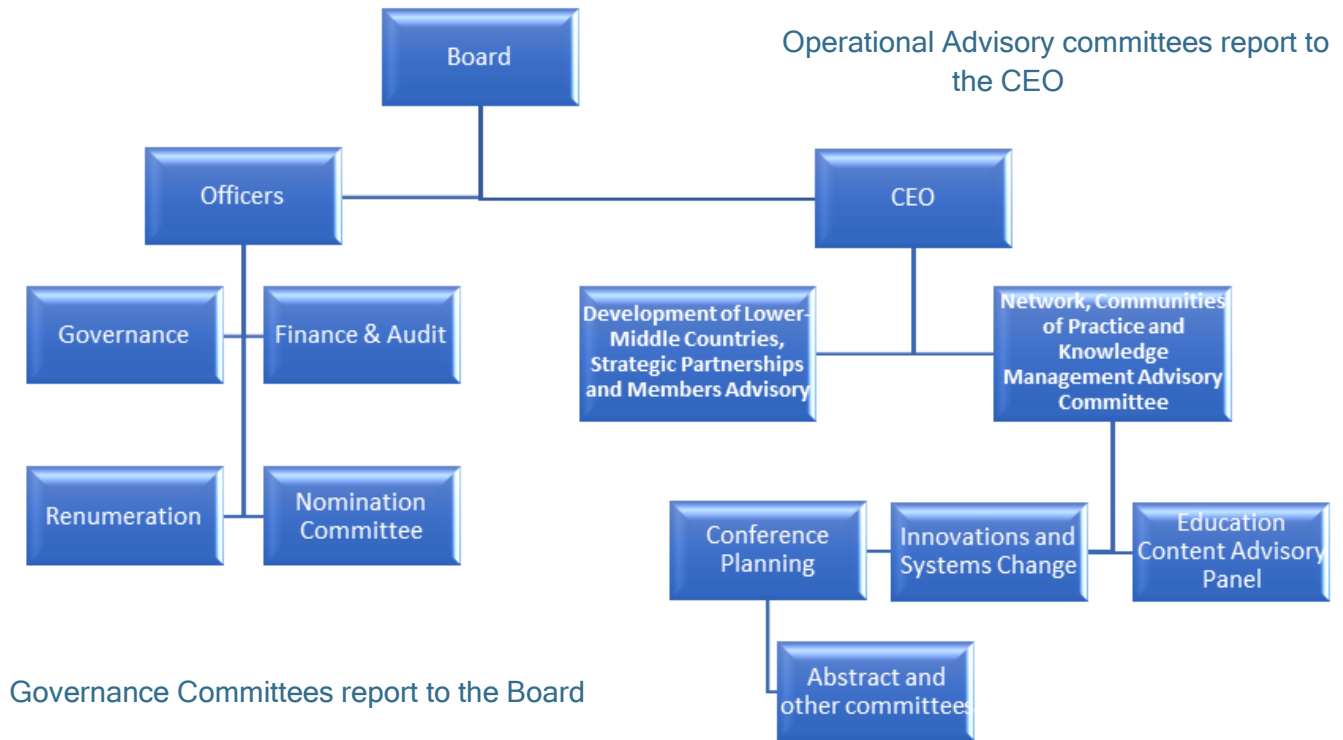
February 2020

- Irish Aid, Addis Ababa, Ethiopia. Peter Lachman
- National Office of Clinical Audit Annual (NOCA) Conference, Dublin, Ireland. Jeffrey Braithwaite
- All Ireland Schwartz Rounds and QI Conference, Dublin, Ireland. Philip Crowley
- WHO Ministerial meeting, Geneva, Switzerland. Peter Lachman, Jeffrey Braithwaite and Shin Ushiro.

March 2020 – present

Due to the COVID-19 global pandemic, all international travel and meetings involving the ISQua CEO, ISQua Board Members and ISQua Experts were either postponed, changed to a virtual event or cancelled entirely.

ORGANISATIONAL STRUCTURE



COMMITTEES

Corporate Governance Committee (CGC)

| Committee Member | Country |
|-----------------------|----------------|
| Jacqui Stewart, Chair | South Africa |
| Jeffrey Braithwaite | Australia |
| Duncan Inverarity | Ireland |
| Wendy Nicklin | Canada |
| Ellen Joan van Vliet | Netherlands |
| Patricia Woodhead | United Kingdom |

The purpose of the Corporate Governance Committee is to assist the Board of Directors in setting and evaluating the principles of good governance by which ISQua is controlled. The committee ensures that ISQua is conducting business with integrity and fairness whilst ensuring that processes are transparent. The committee ensures that all the necessary disclosures and decisions comply with the relevant Irish laws.

The Corporate Governance Committee meet at least two weeks before every Board meeting, and standing items on the agenda include risk management and compliance. Throughout 2019 and 2020, the committee met six times and reviewed policies, including new policies to ensure compliance with the requirements of the Charities Regulator. The committee also undertook a review of the March 2020 Board Retreat notes to assist in forming the Strategic Plan.

Finance and Audit Committee (F&AC)

| Committee Member | Country |
|-------------------------|-----------|
| Stephen Clark, Chair | Australia |
| Jeffrey Braithwaite | Australia |
| Ezequiel Garcia Elorrio | Argentina |
| Bruno Lucet | France |
| Wendy Nicklin | Canada |
| David Vaughan | Ireland |

The purpose of the Finance and Audit Committee is to assist the Board in all financial affair matters encompassing the areas of strategic financial planning, resource management and policy-related issues, and to provide timely advice to the Board on areas within its remit. The committee meets before each Board meeting. Throughout 2019 and 2020 the committee met six (6) times. At each meeting, the committee reviews the monthly management accounts and discusses the management of the accounts with the Financial Controller. During the year the committee reviewed the budget, the revised reserves policy as well as overseeing financial forecasting for 2020 and 2021 as a result of the pandemic.

Nominations Committee (NC)

| Committee Member | Country |
|----------------------------|-------------|
| Jeffrey Braithwaite, Chair | Australia |
| Emmanuel Aiyenigba | Netherlands |
| Ezequiel Garcia Elorrio | Argentina |
| Cliff Hughes | Australia |
| Duncan Inverarity | Ireland |
| Wendy Nicklin | Canada |

The purpose of the Nominations Committee is to ensure that the appointment process for Board Elections is executed fairly and efficiently in accordance with the Memorandum and Articles of Association. The Nominations Committee met four (4) times in 2019 and 2020. The committee reviewed and approved Standard Operating Procedures for the Board Elections and Election of President-Elect, and approved the appointment process for the Board Honorary Advisor on Person-Centred Care

Remuneration Committee (RC)

| Committee Member | Country |
|----------------------|-----------|
| Wendy Nicklin, Chair | Canada |
| Cliff Hughes | Australia |
| Duncan Inverarity | Ireland |

The Remuneration Committee is responsible for setting the guiding principles for the remuneration for all staff. The objective of such policy is to attract, retain and motivate staff of the company and to advise on remuneration where indicated. The CEO sets the staff salaries within the agreed budget. The committee sets the CEO salary. The committee met once in 2019-2020.

Advisory Committees

Knowledge Management, Networks and Communities of Practice Advisory Committee

| Committee Member | Country |
|--------------------------|---------|
| Patricia Woodhead, Chair | UK |
| Philip Crowley | Ireland |
| Shin Ushiro | Japan |
| Sara Yaron | Israel |

The Knowledge Management, Networks and Communities of Practice Advisory Committee is responsible for managing the knowledge related functions of ISQua; and assisting the Board and CEO in managing the information associated with all activities of ISQua including, conference, communities of practice, networks, education, Journal, publications and research. The main aim of the committee is to create value, leverage and refine ISQua's knowledge assets to meet organisational goals. The committee met three (3) times in 2020.

Lower Middle-Income Countries, Strategic Partnerships and Membership Advisory Committee

| Committee Member | Country |
|---------------------------------------|---------------|
| Ezequiel Garcia Elorrio, Chair | Argentina |
| Christopher Cornue | United States |
| Salma Jaouni | Jordan |
| Bhupendra Kumar Rana | India |
| Jacqui Stewart | South Africa |
| Shin Ushiro | Japan |
| Ellen Joan van Vliet | Netherlands |

The Lower Middle-Income Countries, Strategic Partnerships and Membership Advisory Committee is responsible for advising on developing, maintaining, and fostering strategic partnerships with a special emphasis on lower-middle-income countries (LMICs). The committee assesses all programmes and activities, to identify where new partnerships can be developed while ensuring membership of ISQua is at the core of each partnership. The committee met three (3) times in 2020. During the year, each committee member commenced work on their regional strategy.

Florence Conference Programme and Planning Committee

| Committee Member | Country |
|---|----------------|
| Jeffrey Braithwaite , ISQua President-Elect, Co-Chair | Sydney |
| Riccardo Tartaglia , The Italian Network for Safety in Health Care (INSH), Co-Chair | Italy |
| John Brennan , General Practitioner | Ireland |
| Eugene Nelson , Population Health and Measurement at The Dartmouth Institute for Health Policy and Clinical Practice | United States |
| Helen Crisp , Independent Consultant for Quality Improvement in Healthcare | United Kingdom |
| Wendy Nicklin , ISQua President | Canada |
| Rohit Ramaswamy , Gilling's School of Global Health | United States |
| Jacqui Stewart , ISQua Board Member | South Africa |
| Shin Ushiro , ISQua Board Member | Japan |
| Thato Mosidi , Medical Student (Registrar) | South Africa |
| Manvir Victor , ISQua Patient Representative | Malaysia |
| Vittorio Fineschi , University le Sapienza | Italy |
| Federico Gelli , Italia in Salute | Italy |
| Silvio Brusafferro , University of Udine | Italy |
| Sabina Nuti , Santanna school, Pisa | Italy |
| Walter Ricciardi , University Sacro Cuore | Italy |
| Carlo Rinaldo Tomassini , Dept. of Health Tuscany | Italy |
| Michela Tanzini , The Italian Network for Safety in Health Care (INSH) | Italy |

The Florence Programme and Planning Committee oversees the development of the scientific programme and is responsible for ensuring the quality of the content for the 37th International Conference.

The Florence Programme and Planning Committee agree and review:

- ✓ The overall conference theme and associated tracks
- ✓ The logistics of the conference as a result of the COVID-19 pandemic
- ✓ Planning all aspects of the scientific programme, bringing attention to the quality and safety developments both internationally and in the local health care system
- ✓ Topics and speakers for both the plenary sessions and invited concurrent sessions

Abstract Committee Florence

| Committee Member | Country |
|--------------------|----------------|
| Ronen Rozenblum | United States |
| James Robblee | Canada |
| Helen Crisp | United Kingdom |
| Christopher Cornue | United States |
| Triona Fortune | Ireland |
| David Greenfield | Australia |

The Conference Abstract Committee oversees the allocation of the abstracts which are submitted for short orals and poster presentations. The committee reviews the abstracts ratings received from an international review panel and assists in scheduling the abstracts for inclusion into the scientific programme.

INTERNATIONAL ACADEMY FOR QUALITY AND SAFETY (IAQS)

In 2018 ISQua's International Academy for Quality and Safety (IAQS) was established to recognise distinguished individuals who have made a significant contribution to the field of quality and safety in healthcare.

Members are elected to the IAQS in recognition of their distinguished contribution in these areas. Membership is recognition and a mark of their excellence of leadership within research, academia or service delivery in quality and safety.

Following the inaugural election of twenty-five members, a further twenty members were elected in early 2019. This was followed in 2020 with a further twenty-five members elected to the academy.

The following are the current members of the Academy (new members are highlighted in red).

We want to thank David Bates, Chief of General Internal Medicine at Brigham and Women's Hospital, for leading this initiative.

| | |
|-------------------------|--|
| Rajesh Aggarwal | Professor of Surgery and Senior Vice President for Strategic Business Development and Innovation, Thomas Jefferson University, Americas |
| Emmanuel Aiyenigba | Improvement Advisor, Institute for Healthcare Improvement, IHI |
| Ahmed Salim Al-Mandhari | WHO Regional Director, Regional Office Eastern Mediterranean, Oman |
| Rene Amalberti | Senior Advisor, Haute Autorité de Santé (HAS), France |
| Hugo Eduardo Arce | Physician, University of Buenos Aires, Argentina |
| G Ross Baker | Professor and Program Lead, University of Toronto Master of Science in Quality Improvement and Patient Safety, Canada |
| Bruce Barraclough AO | Chair, Clinical Risk, Safety and Quality Sub-Committee, of MQ Health Board, Sydney. Associate Dean (Clinical Strategy) University of Western Sydney Medical School, Australia |
| Paul Batalden | Emeritus Professor, Dartmouth Institute for Health Policy and Clinical Practice, Geisel School of Medicine, USA |
| David Bates | Medical Director of Clinical and Quality Analysis, Information Systems, Partners HealthCare System, Inc., Chief Division of General Internal Medicine, Brigham and Women's Hospital, USA |
| Donald Berwick | President Emeritus and Senior Fellow, Institute for Healthcare Improvement, USA |
| Asaf Bitton | Executive Director, Ariadne Labs, USA |
| Jeffrey Braithwaite | Founding Director, Australian Institute of Health Innovation, Australia |
| Mark William Brandon | Chief Quality Officer and Chief Policy and Regulatory Officer, Estia Health, Australia |
| Gilbert Benjamin Buckle | Public Health Physician/Consultant Health Systems Strengthening, Ghana |

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|----------------------------|---|
| Pascale Carayon | Procter & Gamble Bascom Professor in Total Quality, Director of the Center for Quality and Productivity Improvement, Department of Industrial and Systems Engineering, University of Wisconsin-Madison, USA |
| Mohambry Nadasen Chetty | Chair, Independent Practitioners Association Foundation, South Africa |
| Enrico Coiera | Professor and Director of the Centre for Health Informatics, Australian Institute of Health Innovation, Macquarie University, Australia |
| Christine Dennis | Chief Executive Officer, Australian Council on Healthcare Standards (ACHS), Australia |
| Mary Dixon-Woods | Director, THIS Institute, UK |
| Sir Liam Donaldson | Professor of Public Health, London School of Hygiene and Tropical Medicine, UK |
| Michael Anthony Durkin | Senior Advisor on Patient Safety and Leadership, Institute of Global Health Innovation, Imperial College, London, UK |
| Ezequiel Garcia Elorrio | Director of Quality in Health Care and Patient Safety, Institute for Clinical Effectiveness and Health Policy (IECS), Argentina |
| Glyn Elwyn | Dartmouth Institute for Health Policy & Clinical Practice, USA |
| Carsten Engel | Deputy Chief Executive, IKAS (Danish Institute for Quality and Accreditation in Healthcare), Denmark |
| Tejal Gandhi | Chief Clinical and Safety Officer, Institute for Healthcare Improvement, USA |
| Boel Andersson Gäre | Jönköping Academy for Improvement of Health and Welfare, Sweden |
| Carlos Hiran Goes De Souza | International Accreditation Manager, CHKS; Founder Accreditation Pathways Institute, United Kingdom |
| Michael William Gorton AM | Principal, Russell Kennedy Lawyers, Australia |
| David Greenfield | Director, Australian Institute of Health Service Management, Australia |
| Trish Greenhalgh | Professor of Primary Care Health Services, Nuffield Department of Primary Care Health Sciences, University of Oxford, UK |
| Elma Heidemann | Healthcare Consultant, Former CEO of Accreditation Canada, Canada |
| John Helfrick | Senior Consultant for Partners Healthcare International, USA |
| Clifford Hughes | Professor of Patient Safety and Clinical Quality, Macquarie University, Australia |
| Yuichi Imanaka | Professor and Head, Department of Healthcare Economics and Quality Management, Kyoto University, Japan |
| Brian William Johnston | Health and Social Care Services Consultant, Australia |
| Vahé A Kazandjian | Advisor and Lecturer in Quality and Safety of Care, The American University of Armenia, Yerevan, Armenia |
| Niek Klazinga | Senior Policy Advisor and Lead of Work on Quality of Care, Organisation for Economic Co-operation and Development (OECD), Netherlands |
| Janne Lehmann Knudsen | Danish Safety Authority, Denmark |

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| Uma Kotagal | Professor of Pediatrics, Cincinnati Children's Hospital Medical Center, USA |
| Basia Kutryba | Senior Advisor, National Centre for Quality Assessment in Healthcare, Ministry of Health, Poland |
| Lucian Leape | Adjunct Professor of Health Policy, Harvard School of Public Health, USA |
| Sheila Leatherman | Professor, University of North Carolina, Gillings School of Global Public Health, USA |
| Weimin Li | President, West China Hospital, Sichuan University, China |
| Andrew Likaka | Director, Quality Management and Digital Health, Ministry of Health, Malawi |
| Tingfang Liu | Professor, Institute for Hospital Management, Tsinghua University, China |
| Peter Margolis | Professor of Pediatrics, Co-Director James. M. Anderson Center for Health Systems, USA |
| M. Rashad Massoud | Chief Medical and Quality Officer/ Senior Vice President University Research Co., LLC's Quality and Performance Institute, Director, USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project |
| David Mayer | Executive Director, MedStar Institute for Quality and Safety, CEO, Patient Safety Movement, USA |
| Takeshi Morimoto | Professor of Medicine, Department of Clinical Epidemiology, Hyogo College of Medicine, Vice-Director, Center for Clinical Research and Education, Japan |
| Fiona Moss | Dean, Royal Society of Medicine, UK |
| David Nash | Dean, Jefferson College of Population Health, Thomas Jefferson University, USA |
| Eugene Nelson | Professor, Dartmouth Institute for Health Policy and Clinical Practice, Geisel School of Medicine, USA |
| Wendy Nicklin | President / Board Chair, ISQua; Board Member Hospice Care Ottawa; Board Member Salus Global; Healthcare Consultant; Former President & CEO Accreditation Canada, Canada. |
| Kim Oates | Emeritus Professor, University of Sydney School of Medicine, Australia |
| John Ovretveit | Professor of Health Care Improvement Implementation and Evaluation, The Karolinska Institute, Sweden |
| Ajibike Oyewumi | Director, Quality and Clinical Programs, Lagoon Hospitals, Nigeria |
| Chris Power | Chief Executive Officer, Canadian Patient Safety Institute, Canada |
| Lloyd Provost | Improvement Advisor, Associates in Process Improvement (API), USA |
| Bhupendra K Rana | Founding CEO, Quality and Accreditation Institute (QAI), India |
| Laetitia Rispel | Professor of Public Health, University of the Witwatersrand, South Africa |
| Ronan Rozenblum | Director, Unit for Innovative Healthcare Practice & Technology, Brigham and Women's Hospital & Harvard Medical School, USA |
| Enrique Ruelas | President and CEO, Qualimed, Mexico |

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|-----------------------|---|
| William Ben Runciman | Chief Investigator, NH&MRC Program, Centre for Research Excellence Grants, Australia |
| Odet Sarabia González | Chief of Quality at Petroleos Mexicanos Health Services and, Vice President of the Mexican Society of Quality in Health Care |
| Eric Schneider | Senior Vice President for Policy and Research, The Commonwealth Fund, USA |
| Charles Shaw | Independent Consultant, UK |
| Aziz Sheikh | Professor of Primary Care R&D, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, UK |
| Sodzi Sodzi-Tetty | Executive Director and Head, Institute for Healthcare Improvement, Africa Region, Ghana |
| Jacqui Stewart | Chief Executive Officer, The Council for Health Service Accreditation of Southern Africa NPC, South Africa |
| Rosa Sunol | Professor Doctor, President of the Board of Trustees Avedis Donabedian Institute (FAD) - Universitat Autònoma de Barcelona, Spain |
| Kathleen Sutcliffe | Bloomberg Distinguished Professor, USA |
| Nana A Y Twum-Danso | Managing Director, Health, The Rockefeller Foundation, USA |
| Shin Ushiro | Professor, Kyushu University Hospital, Japan Council for Quality Health |
| Arati Verma | Max Healthcare, India |
| Charles Vincent | NIHR Senior Investigator, Emeritus Professor Clinical Research, Imperial College London, United Kingdom |
| Johanna Westbrook | Director, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Australia |
| Albert Wu | Professor and Director, Center for Health Services Outcomes and Research, Johns Hopkins Bloomberg School of Public Health, USA |
| Jennifer Zelmer | President, Azimuth Health Group, Canada |
| Eyal Zimlichman | Deputy Director-General, Chief Medical Officer and Chief Innovation Officer, Sheba Medical Center, Israel |

ISQUA EXPERTS

In 2012 we organised, formalised and expanded our existing ad-hoc network of contributors, to better resource our long-standing activities and initiatives. This global network of world leaders is spread across a range of healthcare-related disciplines.

This resource bank of highly skilled and well-informed healthcare leaders has become our 'ISQua Experts'.

The Experts highlighted in red are our new Experts in 2020.

| Full Name | Work Country |
|-------------------------|------------------|
| Hugo E. Arce | Argentina |
| Ezequiel Garcia Elorrio | Argentina |
| Marcelo Pellizzari | Argentina |
| Viviana Rodriguez | Argentina |
| Bruce Barraclough | Australia |
| Jeffrey Braithwaite | Australia |
| Mark Brandon OAM | Australia |
| Peter Carter | Australia |
| Stephen Clark | Australia |
| Martin Fletcher | Australia |
| Michael Gorton | Australia |
| David Greenfield | Australia |
| Peter Hibbert | Australia |
| David Hillis | Australia |
| Anne Hogden | Australia |
| Clifford Hughes | Australia |
| Brian Johnston | Australia |
| Karen Linegar | Australia |
| Lena Low | Australia |
| Karen Luxford | Australia |
| Guy Maddern | Australia |
| Russell McGowan | Australia |
| Kim Oates | Australia |
| Charles Pain | Australia |
| Karen Patterson | Australia |
| William (Bill) Runciman | Australia |
| Tim Shaw | Australia |
| Gary Smith | Australia |
| Jonny Taitz | Australia |
| John Wakefield | Australia |
| Johanna Westbrook | Australia |
| David Wright | Australia |

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|--------------------------|----------|
| Denis Herbaux | Belgium |
| Tilly Postelmans | Belgium |
| Kris Vanhaecht | Belgium |
| Tarcisio Abreu Saurim | Brazil |
| Fabio Gastal | Brazil |
| Camila Lajolo | Brazil |
| Jose Noronha | Brazil |
| Elenara Oliveira Ribas | Brazil |
| Camila Sardenberg | Brazil |
| Bonnie Adamson | Canada |
| Donna Anderson | Canada |
| Ross Baker | Canada |
| Ben Chan | Canada |
| Danielle Dorschner | Canada |
| Barbara Farlow | Canada |
| Alan Forster | Canada |
| Philip Hassen | Canada |
| Helen Healey | Canada |
| Elma Heidemann | Canada |
| Denice Klavano | Canada |
| Christina Krause | Canada |
| Hugh MacLeod | Canada |
| Wendy Nicklin | Canada |
| James Robblee | Canada |
| Mark Walker | Canada |
| Jennifer Zelmer | Canada |
| Rodrigo Poblete Umanzor | Chile |
| BIN CAI | China |
| Hong Chen | China |
| Binchun Hu | China |
| Tingfang Liu | China |
| Liping Ma | China |
| Sun Niuyun | China |
| Bo Wang | China |
| Jishan Wang | China |
| Yuan Xiangdong | China |
| Astolfo L. Franco | Colombia |
| Carlos Kerguelen | Colombia |
| Francisco R. Restrepo P. | Colombia |
| Teresa Tono Ramirez | Colombia |
| Carsten Engel | Denmark |
| Janne Knudsen | Denmark |
| Jorge Hermida | Ecuador |

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|--------------------|----------------------|
| Rene Amalberti | France |
| Laurent Degos | France |
| Bruno Lucet | France |
| Philippe Michel | France |
| Oliver Groene | Germany |
| Irmgard Marx | Germany |
| Michael Marx | Germany |
| Sylvia Sax | Germany |
| Elom Otchi | Ghana |
| Sodzi Sodzi-Tettey | Ghana |
| William Adu-Krow | Guyana |
| Lawrence Lai | Hong Kong |
| Hong Fung | Hong Kong SAR, China |
| Minnie Bodhanwala | India |
| Vikram Datta | India |
| Clive Fernandes | India |
| Girdhar Gyani | India |
| Pawan Kapoor | India |
| Arti Maria | India |
| M.C. Misra | India |
| Anuradha Pichumani | India |
| Bhupendra Rana | India |
| Dr Sonia Trikha | India |
| Thuppil Venkatesh | India |
| ARATI VERMA | India |
| John Browne | Ireland |
| Philip Crowley | Ireland |
| Eva Doherty | Ireland |
| Luke Feeney | Ireland |
| John Fitzsimons | Ireland |
| Triona Fortune | Ireland |
| Duncan Inverarity | Ireland |
| John Sweeney | Ireland |
| David Vaughan | Ireland |
| David Weakliam | Ireland |
| Yael Appelbaum | Israel |
| Eyal Zimlichman | Israel |
| Amitai Ziv | Israel |
| Sara Albolino | Italy |
| Riccardo Tartaglia | Italy |
| Yuichi Imanaka | Japan |
| Hirobumi Kawakita | Japan |
| Yukihiro Matsuyama | Japan |

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|-----------------------------|--------------|
| Shin Ushiro | Japan |
| Ibrahim Aqel | Jordan |
| Muntaha Gharaibeh | Jordan |
| Salma Jaouni | Jordan |
| Mohammed Rasoul Tarawneh | Jordan |
| Fadi El-Jardali | Lebanon |
| Moses Enock | Malawi |
| Mercy Jere Makwakwa | Malawi |
| Andrew Likaka | Malawi |
| Edward Moses | Malawi |
| Martin Msukwa | Malawi |
| Ravindran Jegasothy | Malaysia |
| Ravindran Jegasothy | Malaysia |
| Kadar Marikar | Malaysia |
| J Ravichandran R Jeganathan | Malaysia |
| Enrique Ruelas | Mexico |
| Odet Sarabia | Mexico |
| Apollo Basenero | Namibia |
| Roland Bal | Netherlands |
| Richard Grol | Netherlands |
| Kees van Dun | Netherlands |
| Barbara Donaldson | New Zealand |
| David Galler | New Zealand |
| Alan Merry | New Zealand |
| Maina Boucar Amsagana | Niger |
| Emmanuel Aiyenigba | Nigeria |
| Stephen Balogun | Nigeria |
| Ajibike Oyewumi | Nigeria |
| Gro K Rosvold Bernsten | Norway |
| Samir Al-Adawi | Oman |
| Chen Xiaohong | P.R. China |
| Juan Limo | Peru |
| Hugo Siu | Peru |
| Carlos Hiran Goes de Souza | Portugal |
| Paulo Sousa | Portugal |
| Jamal Al-Khanji | Qatar |
| Salem AlWahabi | Saudi Arabia |
| Mohambry Chetty | South Africa |
| Laura Mobisson-Etuk | South Africa |
| Jacqui Stewart | South Africa |
| Stuart Whittaker | South Africa |
| Rosa Sunol | Spain |
| John Ovretveit | Sweden |

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|------------------------------|-----------------------------|
| Pierre Chopard | Switzerland |
| Eric De Roodenbeke | Switzerland |
| Edward Kelley | Switzerland |
| Anthony Staines | Switzerland |
| Jack Li | Taiwan |
| Pa-Chun Wang | Taiwan |
| Lee Wui-Chiang | Taiwan |
| Claudine Richardson-Sheppard | Trinidad and Tobago |
| Esther Karamagi | Uganda |
| Tonny Tumwesigye | Uganda |
| Samer Ellahham | United Arab Emirates |
| Andrew Carson- Stevens | United Kingdom |
| Harry Cayton | United Kingdom |
| Daniel Cohen | United Kingdom |
| Tracey Cooper | United Kingdom |
| Helen Crisp | United Kingdom |
| Lord Ara Darzi | United Kingdom |
| Sir Liam Donaldson | United Kingdom |
| Mike Durkin | United Kingdom |
| Neil Houston | United Kingdom |
| Sir Bruce Keogh | United Kingdom |
| Jason Leitch | United Kingdom |
| Jan Mackereth-Hill | United Kingdom |
| Russell Mannion | United Kingdom |
| Martin Marshall | United Kingdom |
| Patricia O'Connor | United Kingdom |
| Sir John Oldham | United Kingdom |
| Julie Reed | United Kingdom |
| Charles Shaw | United Kingdom |
| Aziz Sheikh | United Kingdom |
| Charles Vincent | United Kingdom |
| Patricia Woodhead | United Kingdom |
| Rajesh Aggarwal | United States |
| Bruce D Agins | United States |
| Azhar Ali | United States |
| David Ballard | United States |
| David Bates | United States |
| Robert Brook | United States |
| Pascale Carayon | United States |
| Edward Chappy | United States |
| Christopher Cornue | United States |
| Susan Edgman-Levitan | United States |
| John F Helfrick | United States |

| | |
|-----------------------|---------------|
| Susan Frampton | United States |
| Ashish Jha | United States |
| Rainu Kaushal | United States |
| Aileen Killen | United States |
| Uma Kotagal | United States |
| Margaret Kruk | United States |
| Sheila Leatherman CBE | United States |
| Nigel Livesley | United States |
| M. Rashad Massoud | United States |
| David Mayer | United States |
| Kathleen Mosier | United States |
| Stephen Muething | United States |
| Eugene Nelson | United States |
| Gail Nielsen | United States |
| Mary Patterson | United States |
| Ronen Rozenblum | United States |
| Eric Schneider | United States |
| Ulfat Shaikh | United States |
| Paul Sharek | United States |
| Paul Shekelle | United States |
| Paul van Ostenberg | United States |
| Albert Wu | United States |
| Paulinus Sikosana | Zimbabwe |

OBITUARY

In Memoriam Lee Tregloan, 6 March 1944 - 7 July 2020

The International Society for Quality in Health Care lost its first CEO and one of its most ardent supporters when Lee Tregloan passed away in Melbourne, Australia on 7th July 2020. Lee was awarded ISQua Life Membership at ISQua's Copenhagen conference in 2008, in recognition of her thirteen years of committed service as our first CEO from May 1995 to April 2008.

For its first ten years, ISQua was run 'off the side of the desk' of the President of the time. A new constitution adopted by the Society in 1993 opened opportunities for institutional members and sponsors to fund a formal secretariat. Thus, in 1994, bids were submitted from the Netherlands and Australia; a three-year agreement, sponsored by the Australian Federal Government and the State of Victoria, made possible a permanent secretariat with a permanent CEO. Lee was named as the first CEO. At the time of her appointment, Lee had no background in "quality assurance" (as it was then termed) or international networking but had valuable experience in linking professional associations as Executive Director of the Australian Association of Speech and Hearing (now Speech Pathology Australia) from 1990 - 1995.

Lee established the international office in Melbourne and worked with successive Presidents and Executive Boards to lay the foundations for rapid development and expansion. Supported and driven by Lee, the Society's credibility and impact grew rapidly. Much of ISQua's rapid surge stemmed from Lee's capacity for communication and her knowledge of systems which made corporate structures and activities more effective and efficient. For the first time, the Society became financially and organisationally stable; communications improved; the Society's journal arrived on time; AGMs became more business-like, and members were happier.

Two-monthly Board teleconferences became more productive with Lee's meticulous attention to circulating background papers and a clear agenda (despite the then existing limits of international communication). ISQua members were delighted by the introduction of regular newsletters and bulletins, and access to the ISQua website. Transferring publication of the Journal from Elsevier to Oxford University Press in 1998 challenged the secretariat - and the Board - to negotiate legal contracts between the Society based in Melbourne, the editor in Harvard and publisher in Oxford.

One of Lee's first tasks as CEO was to help unravel the finances of the international conference which was held in Venice the previous year and to support preparations for the 1995 conference in St John's, Newfoundland, Canada where she made her debut. ISQua regional meetings with national organisations were held in Sydney, London and Budapest - where the European Society was founded. Lee converted the corporate memory of conferencing into a systematic process for designing, delivering and documenting international meetings. This helped to steer planning for the meeting in Jerusalem, which was to be hosted jointly by Palestine and Israel in 1996. Regardless of careful planning, the meeting was further complicated by the closing of the Israeli border to Palestinians the night before the conference began. Rapid diplomacy and conference reorganisation was called for which involved despatching key speakers to huddled masses across the border to Ramallah in Palestine.

Attached to the Venice conference was the first meeting of national accreditation programmes in Treviso. This began a discussion of relationships with ISO certification, research and marketing of healthcare accreditation systems and the need to harmonise standards and external assessment

processes. Thus emerged the ALPHA programme (Agenda for Leadership in Programs for Healthcare Accreditation) which developed into a recurring conference theme, development plan, programme implementation, and new income stream. Lee was co-author (with Barbara Donaldson) of the 38 page "Draft policies and processes for accrediting the accreditor" which laid the foundations of the International Accreditation Program in 2000.

Lee had a winning talent for engaging and understanding people and organisations. This was evident in negotiating partnerships with governments, ministries and NGOs. Lee worked closely with WHO headquarters in Geneva especially to help delegates from lower-middle-income countries to attend ISQua conferences and also for WHO's commissioning ISQua to research and publish a global review of quality and accreditation in health care services in 2003. Lee and Chris Brook negotiated with the Australian Federal Government and the State of Victoria to renew their three-year sponsorship not once but twice to ensure stable funding and governance of the Society. Then she devoted her efforts to support (with then ISQua President, John Helfrick) international invitations to take over financial responsibility for the secretariat from Australia and subsequently to facilitate the handover and transfer of the secretariat to its present location in Dublin.

ISQua was conceived with WHO and founded in Europe, but with close contacts in the American Joint Commission and International Hospital Federation. Some members feared that the Society had been lost when Australia "turned the world upside down" and agreed to fund the secretariat. Lee was quick to see the need to alleviate those doubts and to reaffirm a European and global role. Members, in turn, were quick to appreciate what Lee brought to the Society.

Lee's passing marks a significant milestone for ISQua. She was integral to the early growth and success of the Society and laid the groundwork upon which those that followed her were able to build. Lee's contributions will be further recognised at a future annual meeting where we can celebrate her life and contributions.

Our thoughts and sympathies go to her family and friends. May she rest in peace.



OFFICIAL STATEMENTS

Over the past year, ISQua has published many statements in support of activities, programmes and movements that align with our mission, vision and goals.

ISQua's Statement on Sustainability in Health Care

(Published 23rd October 2020) <https://isqua.org/latest/isqua-s-statement-on-sustainability-in-health-care.html>

Joint Statement (with IHF) on Patient Safety

(Published 28th February 2020) <https://isqua.org/news/joint-statement-on-patient-safety.html>

ISQua Statement on COVID-19

(First Published on 11th March 2020, updated 19th March 2020) <https://isqua.org/blog/covid-19/isqua-statement-on-covid-19.html>

Together we are stronger - Statement from ISQua's President

(Published 23rd March 2020) <https://isqua.org/blog/covid-19/covid-19-blogs/together-we-are-stronger-statement-from-isqua-s-president.html>

IHF And ISQua Combine Efforts to Support COVID-19 Response Worldwide (Joint COVID-19 Statement)

(Published 21st May 2020) <https://isqua.org/blog/covid-19/covid19-resources/ihf-and-isqua-combine-efforts-to-support-covid-19-response-worldwide.html>

Joint Statement (with Planetree International) on Preserving Family Presence During Pandemics

(Published 2nd June 2020) <https://isqua.org/blog/covid-19/covid19-resources/joint-statement-on-preserving-family-presence-during-pandemics.html>

Our Past and our Present - Now is the time for a better future

(Published 5th June 2020) <https://isqua.org/latest-blog/our-past-and-our-present-now-is-the-time-for-a-better-future.html>

Health inequalities, COVID-19, Black Lives Matter

(Published 15th June 2020) <https://isqua.org/latest-blog/health-inequalities,-covid-19,-black-lives-matter.html>

Joint Statement (with IHF) for World Patient Safety Day 2020

(Published 17th September 2020) https://isqua.org/media/attachments/2020/09/16/statement-ihf-isqua_wpsd2020.pdf

A Message from ISQua President, Ms Wendy Nicklin in support of World Patient Safety Day 2020

(Published 17th September 2020) <https://isqua.org/world-patient-safety-day-blogs/a-message-from-isqua-president,-ms-wendy-nicklin.html>

FINANCIALS

Turnover

An analysis of turnover derived in Ireland and the rest of the world by class of business is as follows:

| | 2019 € | 2018 € |
|--|------------------|------------------|
| Sponsorship and grants | 317,514 | 142,000 |
| Education, Subscription and membership | 325,837 | 291,346 |
| Conference, accreditation and journal | 1,493,813 | 1,857,526 |
| | <u>2,137,164</u> | <u>2,290,872</u> |

Intangible assets

| | Computer software € |
|-----------------------|---------------------------|
| Cost | |
| At 1 January 2019 | 143,021 |
| Additions | 48,036 |
| | <u>191,057</u> |
| At 31 December 2019 | |
| Amortisation | |
| At 1 January 2019 | 38,845 |
| Charge for the year | 56,810 |
| | <u>95,655</u> |
| At 31 December 2019 | |
| Net book value | |
| At 31 December 2019 | <u>95,402</u> |
| At 31 December 2018 | <u>104,176</u> |

Tangible fixed assets

| | S/Term Leasehold Property € | Office equipment € | Computer equipment € | Total € |
|-------------------------------------|--------------------------------------|--------------------------|----------------------------|------------|
| Cost or valuation | | | | |
| At 1 January 2019 | 30,128 | 95,966 | - | 126,094 |
| Additions | - | 704 | - | 704 |
| Disposals | - | - | (70,745) | (70,745) |
| At 31 December 2019 | 30,128 | 96,670 | (70,745) | 56,053 |
| Depreciation | | | | |
| At 1 January 2019 | 6,026 | 85,862 | - | 91,888 |
| Charge for the year on owned assets | 3,012 | 10,104 | - | 13,116 |
| Disposals | - | - | (70,745) | (70,745) |
| At 31 December 2019 | 9,038 | 95,966 | (70,745) | 34,259 |
| Net book value | | | | |
| At 31 December 2019 | 21,090 | 704 | - | 21,794 |
| At 31 December 2018 | 24,102 | 10,104 | - | 34,206 |

Debtors

| | 2019 € | 2018 € |
|----------------|-----------|-----------|
| Trade debtors | 18,880 | 822 |
| Other debtors | - | 2,908 |
| Prepayments | 44,817 | 106,894 |
| Accrued income | 261,700 | 260,553 |
| | 325,397 | 371,177 |

DÓCHAS CODE OF CONDUCT

The International Society for Quality in Healthcare (ISQua) endorses the principles of the Dóchas Code of Conduct on Images and Messages. ISQua has been added to the list of signatories on the Code website (www.dochas.ie/code).

As a signatory to the Code of Conduct on Images and Messages, we have committed to supporting all the principles of the Code and to meet the eight adherence criteria:

- ✓ Make reference to the Code on your main website by displaying the Code logo either on your “Homepage” or in your “About us” section;
- ✓ Make reference to the Code in your annual report;
- ✓ The Board of your organisation to send an Adherence Confirmation Letter to Dóchas on an annual basis;
- ✓ Appoint a Code Champion;
- ✓ Put in place a training plan for staff, management and volunteers;
- ✓ Provide explicit information on feedback mechanisms on your website;
- ✓ The Board of your organisation discusses Code compliance at least once during the 12 month review period;
- ✓ Develop a Code implementation plan.

LEGALITIES

The International Society for Quality in Health Care Company, Limited by Guarantee trading as The International Society for Quality in Health Care (ISQua).

Charity Number: CHY 18724

Company Number: 461093

Registered Address: 4th Floor, Huguenot House, 35 - 38 St Stephens Green, Dublin 2, D02 NY63, Ireland

ISQua is an independent not-for-profit organisation and as such does not endorse, promote or support any particular products or services provided by third parties.