

## **Irish Health Services Quality and Safety Conference 2010**

**“Integration: People at the heart of service delivery  
– governing through integration for safer, quality services”**

**Date:** Thursday, 13 May 2010

**Venue:** Dr. Steevens’ Hospital to Regional Centres in Cork, Galway, Kerry, Kildare, Kilkenny, Limerick, Louth, Manorhamilton, Offaly, Sligo and Waterford,

### **CALL FOR ABSTRACTS FOR POSTERS**

As part of the above Conference, we are inviting abstracts for posters to be considered for display at regional conference venues. The closing date for submission is January 30<sup>th</sup>, 2010

We are looking for posters that fit with the main conference theme of **“Integration; People at the heart of service delivery”** or one of the sub-themes outlined below:

- **Language and communication**
- **Simplification of procedures**
- **Decision – making aids**
- **Competence – education, training, supervision**
- **Team structure (leadership, congruence, consistency etc.)**
- **Improved workloads and shift patterns**
- **Administrative and managerial support**
- **Design, availability and maintenance of equipment**
- **Organisational structure**
- **Links with external organisation**

#### **Guidelines for submission of abstracts**

The abstract should be written in English, up to a maximum of 500 words and submitted on-line via Healthdata Call for Abstracts - [www.health-data.info](http://www.health-data.info). Please complete abstract as per instruction on [www.health-data.info](http://www.health-data.info). If you have any problems with your submission, please email [info@health-data.info](mailto:info@health-data.info)

In addition to fitting within a theme, all posters will be reviewed according to the following criteria:

1. Clear examples of good practice and innovation for improving integration of patient care, quality and safety of care and patient/client/staff satisfaction .
2. Illustrating contributions to the understanding and delivery of service/s in relation to service users and service providers.
3. Clarity of presentation format.
4. Relevance to the conference audience (senior health service management and dedicated patient quality & safety professionals such as healthcare risk managers, clinical governance leads, medical directors and directors of nursing).
5. Additional recognition will be given to abstracts where value for money was considered.

## Review of Submissions

Submitted abstracts will be reviewed by nominated members of the Conference Working Committee.

If accepted you will be notified via e-mail by March 8<sup>th</sup> 2010 and asked to prepare a poster before the event. Posters should measure a maximum size of 1metre x 1metre.

The information on the poster should be self-explanatory. A representative is required to be by their posters at designated times within the event programme, in order to supplement or discuss particular points as required. Contact details of the author(s) and/or organisation should be included at the bottom of the poster. We also recommend bringing handouts as delegates often request these. These should include contact details of the author(s) and/or organisation who submitted the poster.

## Submission Format

<b>Title of Poster</b>	<b>Please start with a clear title for the poster</b>
<b>Author(s)</b>	<b>Insert presenting <u>Author Contact details</u></b>
<b>Conference Theme</b>	<b>Please insert the relevant conference theme here</b>
<b>Project Abstract</b>  Briefly outline in this space your abstract using the following headings (max. of 500 words). (a) <b>Background</b> to the initiative and how it relates to the theme of the conference or one of the named conference sub-themes (b) <b>objectives</b> : describe the specific purpose of the study, initiative or presentation (c) Briefly outline the <b>study/initiative and methods</b> actually used. List the key steps carried out, the tools used, and the timeframe (d) <b>outputs</b> of the initiative i.e. tangible deliverables of the initiative such as a report, information leaflets, revised systems and (e) <b>outcomes</b> of the initiative. An outcome can be defined as the end result of the intervention on a client/ population e.g. waiting times were reduced as a result of the initiative.  Please be aware that marks awarded for each section are weighted differently. <ol style="list-style-type: none"><li>1. Objective -10%</li><li>2. Methods – 20%</li><li>3. Outputs – 30%</li><li>4. Outcome -40%</li></ol>	