

Day 1: Wednesday 19 November 2025							
09:00-10:00	Registration						
10:00-10:10	01: Welcome to Conference <i>Robyn Hudson, ACT</i>						
10:10-10:30	Welcome to Country & Smoking Ceremony						
10:30-10:40	KN1 Opening Address Minister of Health, ACT						
10:40 - 11:00	delegates move to experience days / workshops Comfort break						
11:00-13:00	Workshop programme			Experience day programme			
	WS1	WS2	WS3	11:00-12:00	Travel to site	Travel to site	Travel to site
	Shorten the Search for Answers: Spreading Improvement at Scale and Pace <i>Bernie Harrison, ACHS Improvement Academy Pieter Walker, Healthcare Consultant & Strategist</i> Why can it be painstakingly slow to scale up and spread great ideas in healthcare? There is often evidence of 'Islands of Excellence', where spread is even difficult within the same organisation. In this workshop we will be exploring what gets in the way of change including structural, organisational, cultural and mindset roadblocks. We will be taking you through contemporary approaches to accelerate the speed of spread of great ideas that improve the quality and safety of care and makes healthcare a more rewarding place to work. We will look at how other industries approach spread and the contrasting paradigms with health. We will look at how data and technology can be harnessed to spread good ideas across organisations at a much faster pace. In collaboration with workshop participants, we will develop an algorithm for when we should scale and spread innovations and ideas that improve safety and quality for patients. After this session, participants will be able to: 1. Understand what stops the scale and spread of great ideas 2. Know how to identify innovation and ideas that can be spread at scale and pace 3. Explore how technology could be harnessed to increase uptake of good ideas and innovation that benefit patient safety and quality improvement	Building Alignment and Rhythm for Whole-of-Hospital Flow: Operational Cadence to Unite Teams and Drive Improvement <i>Ed Robertson, IHI Project Director, Asia Pacific Stephanie Easthope, IHI Senior Director, Asia Pacific</i> Patient flow is a whole-of-hospital responsibility—but often lacks a shared, reliable rhythm. This workshop introduces the concept of a "hospital drum beat": a deliberate operational cadence that aligns executive, clinical, operational, and improvement leaders across the system. Through real-world examples and improvement science principles, participants will explore how to embed routines that strengthen coordination, responsiveness, and flow. Whether you're a hospital executive, clinician, operations leader, patient flow coordinator, or improvement advisor, you will leave with practical insights to energise teams, strengthen governance, and drive meaningful, measurable impact.	Session details to be announced		X1 First nations <i>National Museum of Australia</i> Details to be announced	X2 Regulation the Australian Way <i>The Therapeutic Goods Administration (TGA)</i> The Therapeutic Goods Administration (TGA), part of the Australian Government Department of Health and Aged Care, is the national regulator for therapeutic goods including medicines, vaccines, medical devices, and more. The TGA Laboratories, opened in 2022 at Fairbairn, Canberra, play a key role in ensuring these products meet required safety and quality standards. While their core focus is laboratory testing, the labs also support the broader regulatory framework by: <ul style="list-style-type: none"> - Assessing technical data for product registration on the Australian Register of Therapeutic Goods (ARTG) - Reviewing manufacturing and testing data to maintain regulatory standards - Verifying that batches of vaccines and certain biological products meet approved specifications before market release - Advising government, industry, expert committees, and consumers - Contributing technical input to the development of national and international standards - Delivering training on testing methods and regulatory practices The TGA Laboratories provide critical scientific and technical expertise to support the safe use and quality of therapeutic goods across Australia.	X3 From heat waves to moonwalks <i>University of Canberra</i> Two distinct sessions will provide delegates with novel insights regarding how heat therapy and proprioceptive interventions can be implemented to improve the health of older individuals and those with chronic disease and at risk of falling. Delegates will learn the intricacies of implementing such interventions, along with how to evaluate progress and adaptation during simulated heatwaves and moonwalks.
13:00-14:00	Lunch			12:00-15:00			
14:00-16:00	Cont. Building Improvement Capability <i>Maxine Power, Salford Royal Foundation Trust NHS England</i> This session will draw on Maxine's experience at Salford Royal Foundation Trust NHS England and the North West Ambulance Service NHS England, as well as the ACHS Improvement Academy's expertise in delivering the Quality Improvement Lead Training Program across all jurisdictions in Australia.	WS2 A Systems Approach to Driving Joy and Reducing Burnout <i>Fiona Hero, IHI Project Director Kate Bones, IHI Project Director</i> The Institute for Hospital Improvement (IHI) Joy in Work framework uses improvement methods to combat burnout across the healthcare workforce. Our global work focuses on establishing a joyful, engaged workforce utilising evidence-based changes that have demonstrate an impact on workforce wellbeing. Teams are supported to identify what matters to local workforces, test improvement ideas using improvement tools coupled with the latest research outcomes, whilst measuring workforce wellbeing over time. The framework has been utilised around the world including in large scale collaboratives in Australia, Singapore, the UK, the United States and Brazil. In this workshop participants will: 1. Delve into the IHI Framework for Improving Joy in Work including the 9 drivers to creating a happy and healthy workplace 2. Increase confidence to leverage the drivers of joy and burnout in your local setting 3. Be equipped to make positive changes to staff wellbeing 4. Increase improvement science capability 5. Create a plan for driving improvement	Session details to be announced				
16:00	Conference close day 1						

DAY 2: Thursday 20 November 2025				
08:00 - 09:00	Registration & Refreshments		'Mindwalk' - Bridge to Bridge	
09:00-09:15	03: Welcome and introduce forum theme Lisa McKenzie, Institute for Health Improvement			
09:15-09:40	KN3 Think Differently, Start Small, Have Impact Sam Bloom, World Para Surfing Champion, bestselling author; Australia In her captivating keynote, Samantha Bloom shares her experience of resilience, innovation, and collaboration. Drawing from her personal story and professional background as a neurological nurse, Sam offers powerful insights into overcoming adversity, embracing new ways of thinking, and driving meaningful change. Through relatable stories and practical takeaways, Sam encourages audiences to think differently, start small, and focus on making a tangible impact. She also highlights the importance of dignified access, inspiring industries to work towards greater inclusivity, innovation and positive change. The session offers audiences an opportunity to learn more about Sam's journey, prompting thoughtful reflection on their own practices and aspirations.			
09:40 -10:20	MORNING REFRESHMENTS: Time to Explore the Exhibition, ePosters Networking Opps: Marketplace (activities based) / quiet spaces			
10:25-10:55	S1	S2	S3	P1
	Safety	People	Populations	Poster stream
	Clinical Care Standards - Burden or Benefit? Aligning an Organisational Risk assessment and Implementation Process for Clinical Care Standards Kathryn Daveson, Canberra Health Services, Australia This session will focus on an organisational approach of those struggling to prioritise and implement the ever increasing number of Clinical Care Standards within their health service using a risk based and phased implementation approach. Broadly the concepts include:1. Clinical Care Standard introduction/review2. Gap analysis in relation to elements of Clinical Care Standard3. Governance/operational decision on whether to adopt and implement based on gap analysis4. Supporting the CCS through a phased implementation approach until reaching business as usual reporting and clinical care5. Packaging concepts of care outside of the themes of Clinical Care Standards to approximate a Clinical Care Standard approach	Advancing Culturally Responsive Quality Care in Aboriginal Community Controlled Health Services Cassie Atchison, Broome Regional Aboriginal Medical Service, Australia This session will explore how Broome Regional Aboriginal Medical Service (BRAMS) has co-designed and embedded a culturally responsive Quality Care Framework within its primary health care, aged care, and NDIS services. BRAMS' approach integrates person-centered care, clinical governance, and community engagement to enhance health outcomes for Aboriginal and Torres Strait Islander peoples. At BRAMS, we have shifted from assuming what people want from us as a health care provider to actively responding and providing culturally responsive care through a person-centered model emphasising choice and control. Participants will gain insights into BRAMS' Model of Care, which prioritises cultural safety, community-controlled decision-making, and continuous quality improvement. We will share key strategies, challenges, and successes in delivering high-quality, patient-centered care while meeting accreditation standards and operational demands. Attendees will leave with practical strategies to implement culturally responsive care within their own healthcare settings.	Providing High-Quality Remote Care in Rural Alaska: Lessons from a Fully Indigenous-Owned System Doug Eby, Southcentral Foundation, US Southcentral Foundation (SCF) is an Alaska Native-owned health care system responsible for providing health care and related services to Alaska Native and American Indian people in Alaska's Cook Inlet region. Some of these people (called "customer-owners" at SCF) live in rural areas, and some of these areas are so remote that they can only be reached by air. To provide services in these remote areas, SCF uses a combination of telehealth and provider trips to villages, and employs community health aides. Many of SCF's rural clinics include teleradiology and telepharmacy capabilities. Also, SCF provides other services such as dental and behavioral services in many of the villages it serves. This session will cover the specifics of SCF's rural health care offerings, how SCF has partnered with rural communities to improve the quality of care offered, and SCF's successes and lessons learned in providing rural and remote health care.	Poster presentations to be announced

10:55-11:25	<p>Advanced Allied Health Practitioners Can Help Solve the Problem of Long Waiting Lists to See Specialists: A Knowledge Translation Project Danealle Gilfillan, Canberra Health Service and Jennie Scarvell, University of Canberra</p> <p>Orthopaedic elective surgery clinics have long unmonitored wait times. Advanced physiotherapists have the skills needed to filter those patients in most urgent need of surgical consultation. We aimed to improve the efficiency and patient outcomes of these clinics. A project was conducted using a knowledge translation framework from 2022 to 2024 to investigate the barriers and implement best practice care for patients with knee osteoarthritis referred to a surgical clinic. Interviews with stakeholders informed barriers and enablers to applying best practice models of care, and service statistics over three years were analysed to inform decisions and conduct economic analysis. We found that anchoring in the clinical care standard, increasing screening by advanced practice physiotherapists and facilitating access to community-based nonsurgical interventions significantly reduced waiting times to see a surgeon and directed patients to appropriate care pathways.</p>	<p>Beyond The Jargon – How ‘One Health System’ Has Changed Chronic Disease Care in Murrumbidgee and Helped People To Live Well, Their Way Caroline Holtby, Murrumbidgee Local Health District, Australia</p> <p>This session will use the Living Well, Your Way program in Murrumbidgee, NSW to demonstrate how large-scale change is achievable when leading health organisations commit to a one health system approach. It will outline essential steps in the change process including establishment of joint-governance, local consumer-led planning, development of innovative models of care specific to your context, optimal use of existing resources and targeted investment to fill gaps, and the use of technologies to break down silos. It will also show how expanding the focus from acute care towards prevention, early intervention and rehabilitation has helped improve outcomes against the quintuple aim. The session is for anyone who is sick of hearing buzz words in health, and would like to see what happens when they are actually implemented in practice. It also helps create a vision for what the future of rural health care could look in Australia, if providers and funders can commit to working together for sustainable change.</p>	<p>Can We fix It? Yes we can! Integrating CP Clinic Community Paramedics into Victorian Rural and Regional Community Health Services Louise Reynolds, Safer Care Victoria, Australia</p> <p>This presentation shares the learnings of the implementation of an evidenced based model of care of care into rural and regional Victorian community health services. Community paramedics (CPs) are registered paramedics who deliver chronic disease assessment, education and onward referral in free drop-in clinics. This presentation highlights the findings from a successful pilot at Sunraysia [Mildura] of the McMasters University (Canada) CP@clinic program</p>
11:25-11:55	<p>Transforming Patient Safety Culture: A Data-Driven, Phased Approach in Qatar Healthcare Centers Nawal Khattabi, Primary Health Care Corporation, Qatar</p> <p>Transforming Patient Safety Culture: A Data-Driven, Phased Approach for Sustainable Change in Qatar Healthcare Centers Session description How can healthcare organizations move beyond traditional safety training to achieve real cultural transformation? This session explores Qatar primary health care corporation (PHCC)’s innovative, phased, and data-driven approach to improving patient safety culture across 31 health centers. Attendees will learn how survey data, focus groups, and tailored training projects were leveraged to identify key safety challenges and drive meaningful change. The session will highlight the critical role of leadership coaching in sustaining improvements and how initial successes in six piloted centers informed a scaled implementation. Delegates will gain actionable insights into designing and implementing an effective patient safety culture strategy, ensuring engagement at all levels. Whether you’re tackling post-pandemic safety culture setbacks or looking to refine existing initiatives, this session will equip you with practical, evidence-based strategies to create lasting impact in your organization.</p>	<p>The Australian Capital Territory Breathlessness Intervention Service (ABIS): A Co-Designed Home-Based Public-Private Partnership Model Delivered by Physiotherapists Ros Kirk, Capital Health Network - ACT Primary Health Network, Australia</p> <p>Internationally, growing research evidence supports the use of symptom-based care to lessen the effects of breathlessness on quality of life and distress for carers and families. Despite this, few services are available in Australia that focus on the management of this troubling symptom. To address this issue, hear how Capital Health Network (CHN) – ACT’s Primary Health Network partnered with University of Technology Sydney, Southside Physio, and consumers and clinicians to co-design and implement the first Breathlessness Intervention Service (BIS) model worldwide to be delivered to patients free of charge by a private allied health provider with funding and support from a primary health network. Hear how the pilot was implemented and evaluated as a quality improvement project.</p>	<p>Evaluation of the Social Workers in General Practice (SWiGP) Pilot Program – Addressing Barriers to Healthcare Among Priority Populations in Australia’s Capital Sheila Brito, Capital Health Network, Australia</p> <p>The Social Workers in General Practice (SWiGP) pilot program is an innovative trial that integrates social workers into general practices to address complex social and health needs. This approach has shown promising results in improving patient support, enhancing continuity of care, and increasing the capacity of General Practitioners (GPs). Social workers assisted patients overcome barriers to accessing essential services by coordinating additional assistance and navigating health care systems. The program’s early intervention strategies are essential in preventing hospitalisations and improving overall community health outcomes. As the first of its kind in Australia, this pilot offers valuable insights into the potential benefits of interdisciplinary collaboration in primary health care. The presentation will showcase an overview of the SWiGP pilot and program evaluation findings independently conducted by the University of Canberra. This includes impact on general practice and multidisciplinary teams, impact on patients and carers, and learnings for future iterations of the program.</p>

11:55-12:25	<p>Promoting Sexual Safety in Mental Health Services Sophie Davison, Australian Government Department of Health and Aged Care, Australia</p> <p>The Australian Mental Health and Suicide Prevention Senior Officers Safety and Quality Group has identified sexual safety as a priority. Mental health consumers and their families and kin have a right to be safe from coercion, sexual harassment, assault and behaviour that is unwanted or makes them uncomfortable. Unfortunately, consumers, carers and service providers report that some consumers do not feel sexually safe staff are not always confident in best practice in promoting sexual safety, consumers and families and kin do not always have information about how to report sexual safety concerns and incidents go under-reported. In this session we will present what is being done to promote a nationally consistent approach to prioritising and addressing this important issue in different Australian jurisdictions including WA, SA, Victoria and New South Wales</p>	Session details to be announced	Session details to be announced	
12:25-13:25	<p>LUNCH: Time to Explore the Exhibition, ePosters Networking Opps: Marketplace (activities based) / quiet spaces</p>			
13:30-14:00	S5	S6	S7	P2
	Safety	People	Leadership	Poster stream
	<p>AI: Supporting Clinicians and Improving Clinical and Operational Outcomes Larissa Mason, Beamtree, Sydney, Australia</p> <p>The Ainsoff Deterioration Index (ADI) is a patient acuity monitoring tool which provides clinicians with additional information to support their decision making. ADI has proven to improve clinical outcomes in a clinical trial. It was built using a trained AI model. Importantly, it is an example of what AI should be – a tool to support, not replace, clinician decision making. It shows how leveraging a tested model can begin to open up other opportunities to impact patient and acute care communities.</p>	<p>Hearing From Everyone: Making Feedback Accessible For People With dDisability Lisa Cameron, Alfred Health, Australia</p> <p>People with disability have a right to have their healthcare complaints and concerns heard and addressed. They also have the experience, knowledge and ideas to get the best solution to improve our services. This session will explore barriers encountered by people with disability when seeking to provide feedback about their healthcare experiences. Solutions trialled at Alfred Health will be described including increasing website accessibility, provision of accessible information about how to give feedback, introduction of new ways to give feedback and disability education for key staff. Changes to systems capturing feedback further amplifies the voice of people with disability by supporting the organisation to understand and take action on systemic issues across many areas.</p>	<p>Driving Change: Advancing Quality, Safety, and Sustainability through Australia's National Health and Climate Strategy Madeline Skellern, Australian Department of Health and Aged Care, Australia</p> <p>In December 2023, Australia launched its first National Health and Climate Strategy, marking a critical step in integrating sustainability with healthcare quality and safety. This presentation will explore the intersection between safety, quality, and environmental sustainability in Australia's health system. It will outline progress made to reduce greenhouse gas emissions and build climate resilience in the Australian health system, while maintaining the safety and quality of patient care. Participants will learn to understand the interconnection between sustainability and quality healthcare as we explore how decarbonisation initiatives can enhance patient safety and care outcomes. The session will provide insights into supporting frameworks like the Environmental Sustainability and Climate Resilience Healthcare Module as we work toward a more sustainable health system. Delegates will gain an understanding of emerging collaborative approaches, spanning government, health professional colleges, and global partnerships, that drive system-wide change. Join us to be part of this transformative journey toward high-quality, sustainable healthcare.</p>	Poster presentations to be announced

14:00-14:30	<p>Can OpenAI Help Improve the Quality of Information and thus Care Provided to Patients in the Perinatal Period <i>Aneeqa Patankar, Western Sydney Local Health District, Australia</i></p> <p>This session aims to explore the marked variation in information shared with patients with regards to their health and health care options. This review specifically focuses on information shared in the perinatal period, regarding options for birth and Induction of Labour. Patient Information Pamphlets (PIPs) from Local Health Districts across NSW were analysed for information provided, showing significant disparities reflective of post code dependent access to information. The NSW and UK Birth Trauma inquiries have specifically marked a failure of appropriate provision of information as an issue which requires immediate attention. We compare individual NSW PIPs to state-wide examples such as that of QLD Health, and a comprehensive example formulated by the use of Open AI. The results of this review highlight the importance of equal and fair access to patient information regardless of location, and the use of Open AI to improve the provision of health information.</p>	<p>Accelerating Adoption of VBHC and Patient-Reported Measures in the Allied Health Professions <i>Bronwyn Morris-Donovan, Allied Health Professions Australia (AHPA), Australia</i></p> <p>Accelerating Adopting of VBHC and Patient-Reported Measures in the Allied Health Professions Session description Discover how Allied Health Professions Australia's (AHPA) pilot program, in partnership with the Patient Experience Agency (PEA) and supported by the Transport Accident Commission (TAC), accelerated Value-Based Healthcare (VBHC) adoption in allied health practices. This session demonstrates the effectiveness of a discipline-agnostic program for fostering non-clinical change through tailored learning and coaching, a structured integration of Patient-Reported Measures (PROMs and PREMs), and personalised support in driving meaningful, systemic change. By comparing the performance of Control and Active groups over time the pilot demonstrated the impact of interventions provided to the Active group in accelerating VBHC adoption. Key outcomes include a 14.9% improvement in PX Maturity, fivefold increases in patient engagement, and faster scaling of meaningful patient-practitioner conversations focused on outcomes that matter to patients. This session is essential for allied health professionals, policymakers, and healthcare leaders seeking innovative, practical approaches to transform care delivery and scale VBHC adoption sector-wide.</p>	<p>Helping to drive Healthcare Associated Infections toward Zero <i>Angus Dixon, Daylight Foundation, Australia</i></p> <p>Healthcare-Associated Infections (HAIs) impact 170,000 Australians annually, causing over 7,500 deaths—exceeding the combined fatalities from breast cancer, prostate cancer, and road accidents. Despite this significant burden, HAI rates have remained stagnant for 40 years due to a lack of new research and adoption of innovative technologies. The Daylight Foundation's research aims to reduce HAIs by modelling Disability-Adjusted Life Years (DALYs) to quantify the impact of infections and the potential benefits of targeted interventions. To ensure research translates into real-world improvements, the Foundation employs Social Impact Return on Investment (SROI) modelling, providing real-time updates and biannual reports to stakeholders. This presentation will highlight how evidence-based research, integrated into updated healthcare standards and education, can drive meaningful change. Participants will also review impact assessment tools, including predictive modelling and structured reporting, to track research effectiveness and improve infection prevention strategies</p>
14:30-15:00	<p>My Health Record – The Pathway to Transitioning to Share By Default <i>Daniel McCabe, Australian Department of Health and Aged Care, Australia</i></p> <p>This session will cover the current work underway within the Department to transition into Sharing by default and what this will mean for consumers and providers for the short and long term. This is a groundbreaking reform and represents one of the first times internationally where providers will be compelled to share health information to consumers and at the point of care in near-real-time. This reform is one of a number of critical national reforms underway in Australia to modernise the use of digital capabilities and data to overcome health information sharing barriers.</p>	<p>Co-design In Youth Healthcare: Co-Authoring a Practice Guide for Adolescent and Young Adult Healthcare to Enhance Quality and Safety <i>Brianna McCoola, Queensland Health, Australia</i></p> <p>Over six months in 2023, eight geographically and demographically diverse young people from 17-25 years of age were engaged by our team to co-author and co-design a health professional practice guide to improve quality and safe practices with this patient cohort. This engagement resulted in the publication of the Queensland Health endorsed Providing Safe and Quality Care to Young People: A Practice Guide to AYA Care, written by young people in partnership with Health (2023). This publication succeeded by elevating authentic practice guidance through young people's lived experiences. In this session, we would like to expand on and explore the topics of: Consumer engagement methods with young people · Qualitative research methodology and the use of experience-based appreciative enquiries to support engagement and gather data · What we heard, what we validated and what was championed through the publication · Lessons learnt through co-design and working with consumers · Why qualitative research and co-design in youth healthcare can lead to meaningful change in the health system</p>	<p>Eyes on the road Ronda! How to avoid looking at Hospital Performance through the rear-view mirror and not reaching your destination <i>Gerry O'Callaghan, University of Adelaide</i></p> <p>Assessment of hospital performance relies on retrospective analysis of measures of cost, quality and activity frequently mandated by policy or regulatory frameworks to enable benchmarking, compliance and service level planning. Operational data reflects aggregated high-level measures of capacity such as occupancy and consumer location or service level descriptors and lack sufficient detail to allow course correction through resource allocation or strategic interventions. Participants in this session will be introduced to a range of theoretical frameworks and evidence-based interventions which provide an alternative approach to understanding and improving hospital performance which engages clinicians and addresses the increasing complexity of consumers. In addition they will be invited to share in problem solving the challenges of releasing the data value of electronic health records to realize the improvement in both understanding and experience of care over time.</p>
15:00-15:30	Session to be announced	Session to be announced	Session to be announced
15:30-16:15	AFTERNOON REFRESHMENTS: Time to Explore the Exhibition, ePosters Networking Opps: Marketplace (activities based / quiet spaces)		

16:15-17:00	<p>KEYNOTE 4</p> <p>Leading with Purpose to Transform Challenges into Global Change <i>Dr Bronwyn King, Social entrepreneur, humanitarian, company director, radiation oncologist; Australia</i></p> <p>Dr. Bronwyn King brings a unique blend of expertise as a radiation oncologist, social entrepreneur, and sustainability advocate. Drawing from her diverse experiences working with the terminally ill, elite athletes, and global leaders across corporate, financial, and diplomatic sectors, Bronwyn shares practical strategies for transforming organisations into purpose-driven businesses.</p> <p>Through engaging stories and actionable insights, Bronwyn explores how to build trust, harness influence, and overcome seemingly impossible challenges. She highlights her journey as the founder and CEO of Tobacco Free Portfolios, culminating in the global success of The Tobacco-Free Finance Pledge, a movement that has united financial institutions managing over AUS\$15 trillion in assets.</p> <p>This thought-provoking keynote is designed to inspire the audience to embrace sustainability, align with purpose, and drive meaningful change in their organizations.</p> <p>Bronwyn's expertise, coupled with her exceptional storytelling, provides practical takeaways that leave audiences energised and empowered to take action.</p>
	<p>Conference close day 2</p>
<p>Forum Evening Event <i>Details to be announced</i></p>	

DAY 3: Friday 21 November 2025				
08:00-09:00	Registration & Refreshments		Networking <i>Details to be announced</i>	
09:00-09:05	04: Welcome and recap Karen Luxford, The Australian Council on Healthcare Standards (ACHS)			
09:05-09:50	KEYNOTE 5 To be announced			
09:50-10:00	MORNING REFRESHMENTS: Time to Explore the Exhibition, ePosters Networking Opps: Marketplace (activities based) / quiet spaces			
10:00-10:30	SHARING HUB 1	SHARING HUB 2	SHARING HUB 3	POSTER VIEWING HUB
	The Sharing Hub sessions are a pivotal component of this year's International Forum in Singapore, dedicated to exploring the current healthcare landscape. These sessions will delve into ongoing developments, pressing challenges, and emerging opportunities within the industry. By fostering collaboration among participants, the aim is to uncover innovative solutions that can transform healthcare practices. This platform encourages attendees to pose critical questions and collaboratively seek answers, driving meaningful change in healthcare.			
	Participants are encouraged to learn, share, listen, and engage.			
11:05-11:35	S13	S14	S15	P3
	People	Safety	Change	Poster stream
	Lived Experience Advisor Program: Harnessing Consumer Leadership for Best Care Rebecca Barbara, Western Health, Australia Explore the origins, implementation, and evaluation of Western Health's Lived Experience Advisor Program (LEAP)—a initiative that employs consumers with lived experience as subject matter experts in healthcare projects to enhance service delivery. As the first healthcare organisation to embed Lived Experience Advisor (LEA) roles beyond mental health and drug health services, this session highlights the program's transformative impact, challenges faced, and key lessons learned. Participants will gain insights into how LEAP fosters patient-centered care, drives collaborative improvements, and bridges the gap between consumers and clinicians in mainstream healthcare. This session equips practitioners with actionable strategies to adopt similar programs within their own organisations, creating meaningful partnerships to improve healthcare outcomes.	Safer Nursing Care and Better Patient Experience With HIRAID®: A Proven, Scalable Nursing Framework Ramon Shaban, Sydney University, Australia Participants at this workshop will Be provided with an overview of the evidence for, and outcomes of, the award-winning nursing framework HIRAID® (History including Infection risk; Red flags; Assessment; Interventions; Diagnostics; reassessment and communication), the only evidence-based emergency nursing framework in the world.Learn how to successfully and sustainably implement HIRAID® at an organisational level for patient harm minimisation.Understand how HIRAID® improves the safety and quality of emergency care, optimises patient, clinician and health service outcomes, and fulfils Australia's National Safety and Quality Health Service Standards.	Taking Community Control of Complaints About Stigma in Health Care: The Case of HIV Carla Treloar, UNSW, Australia Stigma is acknowledged as a fundamental cause of population health inequality and as eroding quality health care. Stigma towards people living with HIV undermines goals to eliminate HIV transmission. Consumer complaints are key means by which incidents of stigma becomes known to health systems. Complaints mechanisms should inform improvement in quality of services but are underutilised as a source of data, analysis and action for stigma reduction. Making a complaint can be onerous and further harmful for individuals and complaints often fail to generate change in practice, policies or systems. A new approach to managing complaints of stigma is to place control of the process in the hands of the affected community. In a community-university partnership, we have developed a new method of collecting information about HIV-related stigma in health care and using this information to support individual health, address workforce capacity and advocate for change at structural levels.	Session details to be announced
11:35-12:05	Your Lived Experience Story Can Change a Whole System Tania Arnott, Clinical Excellence Commission, Australia When people share their personal experiences from interacting with the health system, they contribute their knowledge, expertise, and insights into their care. This information enriches a diverse data pool used to inform healthcare design, delivery, and improvements.Storytelling based on lived experience, supported by NSW Health's Clinical Excellence Commission (CEC) storytelling resources, plays a crucial role in helping people effectively contribute this data.Respectfully leveraging lived experience stories provides a powerful, human-centred method to drive and enhance safety, elevate quality care, and foster continuous learning and growth within the CEC and NSW Health. Integrating stories, with learning from lived experiences at its core, enables the CEC to foster human connection, facilitate collaboration through shared experiences, promote deep reflection, and spark innovative perspectives from the human side on how care is delivered and received. Connection to story is essential in promoting a person-centred approach, nurturing a culture of safety, excellence, and compassionate care.	Can We Predict Which Biologic Medications Will Be Most Effective? Quality Use of High Cost Medications For Autoimmune Disease Through Better Blood Tests Katrina Randall, Canberra Health Services This will be a session discussing the benefits and difficulties in moving research findings into the clinic, and the quality framework that is needed when using the results of exciting, state of the art technologies to improve patient care.The session will describe the work of the Canberra Clinical Phenomics Service group at the Australian National University and their MRFF funded project to establish research infrastructure which allows for accreditation of state of the art research assays quantitating parts of the immune system as diagnostic tests which can be used for patient care, and how this will allow a more personalised approach to the prescription of biological medications in patients with autoimmune disease.	Leading Change: The North Metropolitan Health Service Junior Medical Officer (JMO) Manifesto George Eskander, Government of Western Australia, Department of Health, Australia Health care organisations share in the responsibility of preventing burnout, which can be achieved by supporting clinical practice, developing leadership, fostering engagement, growing a sense of community and meaningful work. Like many Australian health organisations, our organisation, a leading quaternary 850 bed health service provider (HSP) in Western Australia (WA), were facing unprecedented vacancies, increased absenteeism, and burnout amongst their JMOs.Our organisation collaborated with JMOs to create and implement the JMO Manifesto in January of 2023. This initiative consisted of five strategic imperatives that addressed key workplace issues affecting JMOs. Led by the Executive Clinical Services team, the JMO Manifesto was an investment in building JMO wellbeing, trust and engagement through innovative means.Eighteen months in, we remain the top-ranking public health service provider by JMOs in the state, voted by JMOs facing no vacancies. The JMO Manifesto highlights the importance of successful change implementation.	
12:05-13:00	LUNCH: Time to Explore the Exhibition, ePosters Networking Opps: Marketplace (activities based) / quiet spaces			
	S17	S18	S19	P4
	People	Populations	Change	Poster stream

13:05-13:35	<p>Health Care Partnerships With Patients, Families, Carers and Communities: Setting The Standards For The Next Decade <i>Anna Flynn, Australian Commission on Safety and Quality in Health Care (ACHS), Australia</i></p> <p>The Australian Commission on Safety and Quality in Health Care (the Commission) is the Australian Government agency responsible for setting standards for health service organisations to follow. These standards aim to protect the public from harm and improve the quality of health care in Australia. The Commission is currently developing the 3rd edition of its National Safety and Quality Health Service (NSQHS) Standards which will be implemented from 2029. As part of this process widespread consultation is taking place to obtain feedback on what health care partnerships with patients, families, carers and communities need to look like in a rapidly changing health care environment. This session will provide attendees with an overview of how the Standards support person-centred care through the requirement of partnerships between clinicians and consumers across all levels of the health system and considerations about how these partnerships can be further embedded into the future. The session will provide a summary of feedback obtained to date on the effectiveness of the Partnering with Consumers Standard and discuss some of the key issues and recommendations that have been heard over the course of this consultation. Attendees will be encouraged to share their thoughts and ideas and contribute to shaping the next edition of Standards as we consider the possibilities of partnerships into the next decade and beyond.</p>	<p>Supporting Health, Empowering Lives: The Important Role of Integrating Social Workers in General Practice <i>Tamieka Nugent, Prestantia Health, Australia</i></p> <p>This presentation highlights the often-overlooked role of social workers in general practice and the positive outcomes of their integration into the healthcare team. Our study shows that social workers support both clinical and non-clinical team members, foster collaborative group discussions, and build relationships with hospitals, patients, RACFs, service providers, and NGOs. Delegates will gain insights through case study examples where the integration of a social worker in team-based care led to improved health outcomes for patients, particularly in managing challenging behaviours and coordinating care and services. Attendees will leave with a better understanding of the social worker's impact on primary healthcare and the value of their role in supporting holistic patient care.</p>	<p>Youth-Centered Design: Empowering Nigerian Youth for Advocacy and Co-Creation in Transforming Public Healthcare Systems <i>Oghenefejiro Chinye-Nwoko, Nigeria Solidarity Support Fund, Nigeria</i></p> <p>This session showcases the innovative youth-centered design methodology employed by the WeNaija Community Impact Cohort to transform healthcare systems through advocacy and community-driven solutions. Adapted from the principles of human-centered design, this approach equips youth with skills to identify and address healthcare challenges in their communities. Participants are trained in advocacy, Gemba walks/analysis, and co-creation processes to ensure interventions are locally relevant and sustainable. Through capacity-building and collaborative efforts, the cohort has tackled issues like maternal health, substance abuse, and the utilization of primary health centers, achieving measurable outcomes and systemic improvements. Delegates will gain actionable insights into implementing youth-centered design approaches in diverse settings, enabling youth to lead transformative health initiatives globally.</p>	Session details to be announced
	<p>Developments In Accreditation from Around the Globe <i>Karen Luxford, The Australian Council on Healthcare Standards (ACHS), Australia</i></p> <p>Session details to be announced</p> <p>Signposts to High-Quality Health Care: Developing a New National Clinical Governance Framework <i>Anne Duggan, Australian Commission on Safety and Quality in Health Care (ACSQHC)</i> <i>Cathy Balding, Australian Commission on Safety and Quality in Health Care (ACSQHC) and James Cook University</i></p> <p>Health service organisations need strong clinical governance systems to provide high-quality care, prevent avoidable harm and drive continuous improvement. But we know that clinical governance is not yet fulfilling its potential. Since the current national clinical governance framework was released in 2017, new challenges in providing consistently high-quality care have emerged and many existing challenges have not been overcome. Budget and workforce pressures have intensified implementation difficulties. This presentation describes the Australian Commission on Safety and Quality in Health Care's development of a new national framework to address chronic implementation challenges and reinforce clinical governance as the cornerstone of providing high-quality care. It will show how the Commission has designed the content to bridge implementation gaps. Built on the strengths of the current framework, incorporated feedback from health system leaders, clinicians and consumers on the areas of clinical governance they want to strengthen. Applied contemporary clinical governance thinking and best practice to support health service organisation leaders to deliver high-quality health care. Developed practical ways to adapt the new framework and make it relevant for your organisation.</p>	<p>Is the Consumer Voice An Untapped Superpower for Detecting Paediatric Deterioration? Learnings from the VICTOR Pilot <i>Fiona Nemesh, Safer Care Victoria, Australia</i></p> <p>When children suffer preventable harm within hospitals, a repeated theme is that parents and carers have tried to escalate their concerns - but were not heard. Track and trigger tools, such as the Victorian Children's Tool for Observation and Response (VICTOR), designed to detect paediatric deterioration are widely used nationally and internationally with some success. However, is there a revolutionary way to rethink our approach to addressing paediatric deterioration? Recent work has shown that parent/carer concern is a more powerful indicator than vital signs in predicting paediatric deterioration. Join Safer Care Victoria, Victoria's healthcare safety and improvement experts for an engaging presentation on initial findings on using parent/carer concern as a vital sign and the next steps for this important work.</p>	<p>Skill Mix and PDSA Cycle Improves Access to Pediatric Ambulatory Surgery: The Case Study of AGM Anesthesia Clinic, Canada <i>Marie-Andree Girard, Clinique d'anesthésie AGM, Canada</i></p> <p>Developing a clinical facility to ensure equitable access to care is consistently challenging, especially within our modern healthcare systems. This session will explore a specific case study of an anesthesia clinic in Canada (Clinique d'anesthésie AGM). This privately owned facility with a public mandate (public single-payer system) maximizes the use of skill mix analysis and integrated PDSA cycles to transition from a small pediatric anesthesia clinic designed for dental surgery into the largest pediatric ambulatory surgery centre in Canada.</p>	
14:05-14:35	<p>Intensive Care Unit (ICU) Survival Rates are Increasing, But Are Patients' Thriving? Presenting Co-Designed Consumer Peer Support For The Post-ICU Lived Experience <i>Simone Dafeo, Royal Adelaide Hospital, Australia</i></p> <p>Intensive Care Unit (ICU) survival rates are increasing, but are patients' thriving? Presenting co-designed consumer peer support for the post-ICU lived experience. Session description The Royal Adelaide Hospital ICU initiated Survive and Thrive as a collaborative service to support engagement, connection and ongoing care after individuals and families experience long stays in ICU. Survive and Thrive is a voluntary, community-based group that creates partnerships, bringing consumers together with ICU medical, nursing and allied health staff. All ICU long-stay patients and their caregivers, and others deemed at risk of post intensive care syndrome (PICS), are invited to attend peer-support sessions. Patients and caregivers connect with healthcare and community resources in a safe setting where they can build relationships with others who share similar experiences. Co-presented by the Survive and Thrive Navigator and one of our consumer representatives we would share how our peer support group was developed, how it runs and the learnings. The program fosters collaboration and partnerships between patients, families, staff, consumer representatives, community services and primary care to support wellbeing and recovery.</p>	<p>Doing What Matters and Addressing Critical Gaps: Optimising Community Aged Care in General Practice <i>Chris Bollen, Bollen Health, Australia</i></p> <p>Most older Australians rely on General Practice for care, yet a vast majority of GPs and nurses lack formal geriatric training, relying on outdated software templates. This session presents a groundbreaking PHN-funded initiative that audited patient care and identified major gaps in health assessments, including missed vaccinations, frailty screening, and medication reviews. Learn how 33 GPs implemented practical changes, improving frailty diagnosis and home medication reviews, with 100% recommending the program to peers. This session is essential for healthcare professionals seeking to enhance aged care through evidence-based practices, peer collaboration, and advocacy for improved software tools. Don't miss this opportunity to be at the forefront of aged care innovation in General Practice!</p>	<p>Reframing Frailty in the Emergency Department (REFRAME): A Quality Improvement Project <i>Stephen Sheridan, St James's Hospital, Ireland</i></p> <p>Frailty in Emergency Medicine: The Why and How of Focusing on At-Risk Patients Session description Background: Frailty is increasingly prevalent among older adults, who present to emergency departments (EDs) with complex healthcare needs. Emergency clinicians work in an environment characterized by constant flow, unpredictability, and the competing demands of acute care. The Clinical Frailty Scale (CFS), a validated tool, enables rapid identification of at-risk patients and supports early intervention. This presentation explores the integration of the CFS into the ED workflow at Galway University Hospital, a Level 4 academic teaching department providing care for both adult and pediatric patients. With an upsurge in geriatric attendances, the department implemented a frailty pathway to enable consistent and early identification of frailty in older adults. Through collaboration with the Frailty-At-The-Front-Door service, this initiative addressed the growing need for comprehensive care for vulnerable patients. Delegates will gain insights into introducing similar pathways, fostering interdisciplinary collaboration, and addressing the increasing demand for geriatric-focused emergency care. This project demonstrates how embedding frailty services improves patient outcomes, streamlines care, and highlights the importance of geriatric medicine as a vital subspecialty in emergency care.</p>	
14:35-15:20	<p>AFTERNOON REFRESHMENTS: Time to Explore the Exhibition, ePosters <i>Networking Opps: Marketplace (activities based / quiet spaces)</i></p>			
15:20-16:45	<p>Thank from ACT and recap Robyn Hudson, ACT</p>			
	<p>RAPID FIRE POSTER PRESENTATIONS: FINALISTS</p>			
	<p>KEYNOTE 6 <i>Jason Leitch, Institute for Healthcare Improvement</i></p>			
	<p>ePoster presentations: what are their aspirations for 2025, ePoster winners</p>			
	<p>Conference close</p>			