

URMPM World Congress 2012 in London

8th – 9th Sep 2012, University of London

(Conference rooms) Underground floor: Brunei Gallery Lecture Theatre

Second floor: Woburn Suite B211

Ground floor: Brunei Suite

(Exhibition & lunch) At Brunei Suite.

(1) Lunch and drink service is available for speakers and those who paid the conference registration fee. (Those are not available for attendees only at public education sessions. Bring food by yourself.)

(2) Onsite conference desk is open in the following hours: From 8 am to 5 pm, 8th and 9th September 2012

Please note that we have no plan of onsite registration desk before 8th September.

(Dinner party) From 6 pm to 10 pm, 8th September 2012. At Brunei Suite.

The session marked by *** is the special program, which is open for public without payment.

Program (A) First day: 8th September 2012

[Brunei Gallery Lecture Theatre]

(Opening remark)

(am 9:00 - 9:05. 8th September 2012. Brunei Gallery Theatre) Ryoji Sakai (URMPM President) (5 min)

(Patient Safety: PS) Panel A1: 'UK movement of patient safety'

(am 9:05 – am 11:25. 8th September 2012. Brunei Gallery Lecture Theatre)

Chairperson: Peter Bohan (Warrington & Halton Hospitals NHS Foundation Trust, UK)

(am 9:05 – am 9:20) PSPA1-01: **Clinical audit of inpatient understanding of medications in the bone infection unit.**

Joshua Harvey (Oxford University, UK)

(am 9:20 – am 9:35) PSPA1-02: **Can leadership behaviour affect quality and safety?**

Peter Bohan (Head of Safety & Risk, Warrington & Halton Hospitals NHS Foundation Trust, UK)

(am 9:35 – am 9:50) PSPA1-03: **Strategies to improve the recruitment & retention of clinical research nurses.**

Kevin Murphy (Chelsea & Westminster Hospital NHS Foundation Trust. UK)

(am 9:50 – am 10:05) PSPA1-04: **Evidenced-based care and risk avoidance.**

Daniel Cohen¹ (¹Datix Ltd, UK)

(am 10:05 – am 10:20) PSPA1-05: **Social media and pharmacovigilance: new space for signal detection & SOCIALVIGILANCE.**

Maria Vazquez-Gragg, MD¹, Rodney Peters² ¹RTI, ²Baxter Healthcare ANZ. UK

(am 10:20 – am 10:35) PSPA1-06: **Patient safety in mental health - Key Challenges.**

Dr. Arturo Langa (Editor, International Journal of Developmental Disabilities. UK)

(am 10:35 – am 10:50) PSPA1-07: **Weekend blood sampling on surgical wards at The Royal Oldham Hospital.**

Dr. James Collins MBChB BSc (Hons) (The Royal Oldham Hospital. UK)

(am 10:50 – am 11:05) PSPA1-08: **Recognition of unwell maternity patients.**

Dr. Samantha Cox, Dr. Yasmin Wan-Hussein, Dr. Victoria Hall (The Royal Oldham Hospital. UK)

(am 11:05 – am 11:25) Panel discussion

*** Education Lectures

(am 11:40 – am 12:10. 8th September 2012. Brunei Gallery Lecture Theatre)

(am: 11:40 – am 12:05) EL01: **Knowledge management at the interface between science and policy.**

Kjell Andersson (President of Karita Research, Stockholm, Sweden)

(am: 12:05 – am 12:10) Discussion

Lunch (am 12:10 – pm 1:00)

Lunch is not available for the attendees only at public education session.

PS Panel B1: 'Human factor in medical error - Theory'

(pm 1:00- pm 2:20. 8th September 2012. Brunei Gallery Lecture Theatre)

(pm 1:00– pm 1:15) PSPB1-01: **Human factors and risk management in aesthetic surgery.**

Landat Franck (Office Surgery, France)

(pm 1:15– pm 1:30) PSPB1-02: **Clinicians' perceptions of human factors that enhance and detract from the quality and safety of maternity clinical handover.**

Georgiana Chin¹, Dr. Narelle Warren¹, Assoc. Prof. Loïse Kormman², Prof. Peter Cameron¹

1) Monash University, Australia. 2) University of Melbourne, Australia

(pm 1:30– pm 1:45) PSPB1-03: **Prescription errors in the National Health Services (NHS), time to change practice.**

Dr. Luke Harper (Royal Blackburn Hospital, UK)

(pm 1:45– pm 2:00) PSPB1-04: **Quantifying harm in healthcare- Revisiting harm scales.**

Daniel Cohen¹, Mr. Mark Linggood¹ (¹Datix Ltd, UK)

(pm 2:00– pm 2:20) Panel discussion

***** Radiation Panel A: 'Lesson from recent episodes – Atomic power plant accident'**

(pm 3:00 – pm 3:30. 8th September 2012. Brunei Gallery Lecture Theatre)

Chairperson: Kjell Andersson (Karita Research, Stockholm, Sweden)

(pm 3:00– pm 3:25) RPA-01: **Radiation crisis in Fukushima, 2011.**

Naoki Matsuda

(Professor, Division of Radiation Biology and Protection Center for Frontier Life Sciences, Nagasaki University, Japan)

Abstract: The complete loss of cooling functions of reactor vessels by Tsunami attack partly destructed four reactors out of six in Fukushima Daiichi nuclear power plant, resulting in disperse of fission products into the natural environment. Accident overview, initial activities of radiation emergency medical assistance team, and the evaluation of health risk will be presented.

(pm 3:25– pm 3:30) Panel discussion

***** Disaster Panel A: 'Lesson from recent episodes - Disasters'**

(pm 3:30 - pm 5:10. 8th September 2012. Brunei Gallery Lecture Theatre)

Chairperson: Edward L. Kick (Prof. North Carolina State University, USA)

(pm 3:30 - pm 3:55) DPA-01: **Rescue activity of Japanese Red Cross Ishinomaki Hospital (JRCIH) against the East Japan disaster.**

Emeritus Prof. Kazuie Iinuma, MD, PhD.

(Hospital Director of Japanese Red Cross Ishinomaki Hospital, Emeritus Prof. Univ. Tohoku Hospital, Japan)

Abstract: The following 3 items seem to be most important for rescue and preventing people from the diseases on the disaster. 1): preparation and training for the plague while peacetime, 2) information system, 3) leadership and cooperation. The Japanese Red Cross Ishinomaki hospital (JRCIH) was newly built in 2006 with a base-isolated system. It endures for the seismic intensity 8. In the waiting room of the outpatient clinic zone, the oxygen and vacuum system was equipped for the extra-bed space of affected people. On March 11, 2011, the headquarters of task force against the East Japan earthquake was organized just 5 minutes after the onset. Triage areas were established 40 minutes after the earthquake for preparing the coming patients. Information system was completely damaged for several days. The most reliable information was directly brought by a man who had it. During the first one week 4,000 patients came to JRCIH. Over 500 teams came to rescue the residents of Ishinomaki area and to assist JRCIH. A doctor of JRCIH appointed as a coordinator of disaster by the governor worked as the leader of the rescue teams from all over Japan. This group surveyed health, hygiene and food condition of the refugees, even heating system of evacuation shelters. Six months after the earthquake, the rescue teams finished its activity.

(pm 3:55 - pm 4:15) DPA-02: **New elimination technology of environmental metals and radionuclides.**

Prof. & Dean Alexander Pivovarov (Dean & Prof. Ukrainian State University of Chemical Engineering, Ukraine)

Abstract: The main scientific and practical results to improve the environmental safety of the population in the industrial region. Introduced on preventing pektin-profilaxis to accelerate the elimination of HM, radionuclides, charges and other contaminants from the human body.

(pm 4:15 - pm 4:35) DPA-03: **Risk, vulnerability and flooding: The perspectives of FEMA Officials and flood victims.**

Prof. Edward L. Kick (Prof. Dept Agriculture & Resource Economics, North Carolina State University, USA)

Prof. James Fraser (Prof. Dept Human & Organizational Development, Vanderbilt University, USA)

Abstract: We use qualitative and quantitative techniques to analyze data from lengthy interviews of a number of officials across the FEMA organization (after it became a part of Homeland Security). Among other things we asked them about the performance of all levels of the organization. As well, we analyze the views on FEMA's successes and failures as seen by flood victims aided by FEMA. By asking all respondents about flooding, vulnerability, risk and risk management, we gained a holistic portrayal of plausible future directions for FEMA and those who they serve.

(pm 4:35 - pm 4:50) DPA-04: **Lessons learned and way forward: The Philipping nurses association response Post typhoon stpom washi/ "sendong" in southern Philippines.**

Prof. Neil M. Martin (Prof. Xavier University-Ateneo de Cagayan, Philippine)

(pm 4:50 - pm 5:10) Panel discussion

[Woburn Suite B211]

PS Panel D: 'Medical safety and health education'

(am 9:10– am 11:10. 8th September 2012. Woburn Suite B211)

Chairperson: David Quayle (Air Medical. UK)

Julie Mardon (Crosshouse Hospital, UK)

(am 9:10– am 9:30) PSPD-01: **Implementation of coaching communication training for patient safety and organizational development of medical team.**

Shin-Ichi Izumi, MD, PhD (Professor, Dept. Physical Medicine and Rehabilitation, Tohoku University Hospital, Japan)

Abstract: Coaching is an ongoing relationship that aids people in achieving extraordinary results in their lives, career, businesses or organizations. Through this process, clients deepen their learning, improve their performance, and enhance their quality of life. We have studied effectiveness of coaching in medical management and healthcare, and demonstrated that carefully structured telephone coaching could improve self-efficacy in patients with spinocerebellar degeneration (Izumi et al, Clin Rehabil 2007;21:987-996; Hayashi et al, NeuroRehabilitation 2008;23:159-69). There is little evidence, however, about effects of coaching on medical team. We hypothesized that coaching to medical team might enhance organizational development. In our preliminary studies it was suggested that coaching by advising doctors could be useful in communication training of intern doctors. Furthermore, implementation of coach training program in our University hospital not only improved coaching skills of the participants, but also developed awareness concerning patient safety among stakeholders of the participants. In conclusion implementation of coaching enhances organizational development in the multi-disciplinary medical team.

(am 9:30– am 9:45) PSPD-02: **Workplace based simulation in the emergency department**

- **A powerful multidisciplinary educational tool.**

Julie Mardon¹, Dr. Julie Mardon² (¹Crosshouse Hospital, ²NHS Ayrshire and Arran. UK)

(am 9:45– am 10:00) PSPD-03: **Integrating medical crew and flight crew CRM training.**

David Quayle (Chief Flight Nurse, Air Medical. UK)

Dr. Jonathan Warwick (Consultant Anaesthetist and Clinical Director, Air Medical. UK)

(am 10:00 – am 10:15) PSPD-04: **Importance of nurse's training in reducing the incidence of phlebitis in patient with peripheral intravenous catheters.**

Anabela Salgueiro-Oliveira, Pedro Parreira (Nursing school of Coimbra. Portugal)

(am 10:15 – am 10:25) PSPD-05: **Awareness of health lifestyle choices in an innercity pediatric clinic 5-4-3-2-1-Go!**

LuAnne Ochsner, MD, Enrilyn Thronson, MD, Ann Anderson-Berry, MD, Corrine Hanson, PhD,

Elizabeth Lyden, MS, Fernando Zapata, MD and Cristina Fernandez, MD

(UNMC/Creighton University/Children's Hospital and Medical Center. USA)

(am 10:25 – am 10:35) PSPD-06: **Subjective thoughts: Thoughts of the educators on abuse and neglect.**

Nicholas Torbert, DO, Andrew Muth, M3, and Cristina Fernandez, MD

(UNMC/Creighton University/Children's Hospital and Medical Center. USA)

(am 10:35 – am 10:50) PSPD-07: **Assessing learning needs and educate staff to enhance and ensure patient safety and quality care round the clock at teaching hospital Karachi Pakistan.**

Zehra Habib (Karachi Adventist Hospital. Pakistan)

(am 10:50 – am 11:10) Panel discussion

Lunch (am 12:00 – pm 1:00)

Lunch is not available for the attendees only at public education session.

PS workshop A: 'Medical device safety'(pm 1:00 - pm 3:05. 8th September 2012. Woburn Suite B211)

Chairperson: BLANCA TORRES MANRIQUE (University of Cantabria, Spain)

Ranieri Poli (Azienda Ospedaliera Universitaria Integrata di Verona, Italy)

(pm 1:00 – pm 1:15) PSWSA-01: **Patent safety in the surgical area nursing intervention using the check list instead of using descriptive records.**Blanca Torres Manrique¹, Loreto Macia Soler² Joaquin Jose Uris³)

1) University of Cantabria, 2) University Jaume I. Castellon de la Plana, 3) University Alicante, Spain

(pm 1:15 – pm 1:30) PSWSA-02: **Risk management for pulmonary artery injury by Swan-Ganz catheter used for aortic valve replacement –effect of the special medical team organized by the director of our hospital.**

Akio Ihaya (Prof. University Fukui, Med. Ethics & Patient Safety, Japan)

(pm 1:30 – pm 1:45) PSWSA-03: **Nurses' knowledge and standards of tracheostomy care since introduction of a tracheostomy safety program.**Joy Norton¹, Lucky Kielty¹, Margaret Codd¹, Helen Corrigan², Ann-Maie Brady²)

1) St James's Hospital, 2) Trinity College Dublin. Ireland.

(pm 1:45 – pm 2:00) PSWSA-04: **Impact of Introduction of safety-engineering devices on the incidence of sharp object injury among health care workers in the capital region of Alberta, Canada.**Yun Lu¹, Prof. Ambikaipakan Senthilsevan¹, Dr. Mark Joffe², Prof. Jeremy Beach¹)

1) University of Alberta. 2) Royal Alexandra Hospital, Canada.

(pm 2:00 – pm 2:15) PSWSA-05: **The experimental introduction of the surgical safety checklist in the OR of the new Surgical Building "Polo Chirurgico P Confortini" of the Borgo Trento Hospital, Azienda Ospedaliera Universitaria Integrata of Verona, Italy.**Ranieri Poli¹, Pierpaolo Benetollo², Giovanna Ghirlanda³, Stefano Tardivo⁴, Monica Lavarini³)¹Azienda Ospedaliera Universitaria Integrata di Verona, Direzione Medica Ospedaliera, Ospedale Borgo Trento, Italy²Azienda Ospedaliera Universitaria Integrata di Verona, Direzione Sanitaria, Italy³Azienda Ospedaliera Universitaria Integrata di Verona, Direzione Medica Ospedaliera, Italy⁴Università di Verona, facoltà di Medicina e Chirurgia, Scuola di specializzazione in Igiene e Medicina preventiv, Italy(pm 2:15 – pm 2:30) PSWSA-06: **Safe sharp waste management solution for Jinnah Post Graduate Medical Centre - A pilot project.**Seher Qaiser¹, Ambreen Arif², Huma Qureshi², Saad Niaz¹)¹The Health Foundation, ²Pakistan Medical Research Council, Pakistan(pm 2:30 – pm 2:45) PSWSA-07: **Strategic management in OR in Japan.**

Dr. Yasuhiko Suemori (Kyushu University, Japan)

(pm 2:45 – pm 3:05) General discussion

Infection Session 1: 'Risk Governance of Pandemic Influenza Outbreak'(pm 4:00 – pm 5:00. 8th September 2012. Woburn Suite B211)

Chairperson: Elena I. Ryabchikova (Prof. Russian Academy of Science, Novosibirsk, Russia)

Albert Osterhaus (Prof. & Head, Virology, Erasmus MC, The Netherlands)

(pm 4:00 – pm 4:25) **WSI1-01: Avian and pandemic flu - a tale of birds and pigs.**

Albert Osterhaus (Prof. & Head, Virology, Erasmus MC, The Netherlands)

Abstract: The threat posed by the highly pathogenic avian influenza virus of the H5N1 subtype, which caused the deaths of more than 200 people in the past five years, has prompted many countries to establish pandemic preparedness plans that would optimally use available intervention strategies against a pandemic virus of this subtype. Especially the case fatality rate of more than 60 % in affected individuals, was of great concern.(pm 4:25 – pm 4:50) **WSI1-02: Prevention, deterrence and response to biological incidents and threats.**

Dr. Richard Jaffe (Director, Division of Medical Countermeasure Strategy and Requirements (MCSR), Office of Policy and Planning (OPP), Office of the Assistant Secretary for Preparedness and Response (ASPR). U.S. Department of Health and Human Services (HHS), USA)

Abstract: The U.S. Government has a responsibility to protect the health and safety of its citizens. The American people continue to face a host of national health security threats from chemical, biological, radiological, and nuclear (CBRN) agents (e.g., weapons that could be used to kill or injure a large number of people) and emerging infectious diseases (e.g., 1918-1919 influenza pandemic outbreak). Under the leadership of the Department of Health and Human Services, the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) was established in July 2006 to coordinate Federal efforts to enhance civilian preparedness from a medical countermeasure perspective. The PHEMCE, led by the Assistant Secretary for Preparedness and Response, is charged with addressing the needs to produce and make medical countermeasures available to limit potential adverse health impacts on the large and diverse U.S. civilian population. In the United States, the emergency preparedness and response to biological incidents constitute a strategic objective undertaken with international partners as emphasized in the National Health Security Strategy and the National Strategy for Countering Biological Threats. This briefing will provide an overview of the mechanisms to address the bioterrorism/biowarfare threat and the relevant US national strategies.

(pm 4:50 – pm 5:00) General discussion