III. ULUSLARARASI
SAĞLIKTA KALİTE, AKREDİTASYON VE
HASTA GÜVENLİĞİ KONGRESİ

QPS-2009
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11-14 Şubat 2009 ANTALYA-TÜRKİYE

Silence Beach Resort
Kızılağaç Mevkii Side-ANTALYA

SUNUM ÖZETLERİ

KONFERANSLAR, PANELLER VE SÖZLÜ BİLDİRİLER

Editörler : Prof. Dr. Seval AKGÜN
Prof. Dr. A.F. AL-ASSAF
Müzeyyen BAYDOĞRUL

III. ULUSLARARASI KATILIMLI SAĞLIKTA KALİTE, AKREDİTASYON VE HASTA GÜVENLİĞİ KONGRESİ

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11ŞUBAT 2009 - ÇARŞAMBA

13:00	**KAYIT VE OTELE YERLEŞME**
18:00 – 21:00	**RESMİ AÇILIŞ, HOŞGELDİNİZ KOKTEYLİ VE AKŞAM YEMEĞİ**

12 ŞUBAT 2009 – PERŞEMBE

09:00– 10:00	**AÇILIŞ KONUŞMALARI**	**Prof.Dr.Al-ASSAF**, Kongre Başkanı, Amerika Sağlıkta Kalite Enstitüsü Başkanı, Oklahoma Üniversitesi, Halk Sağlığı Okulu Dekan Yardımcısı – ABD **Tahir BÜYÜKHELVACIGİL**, Türk Standartları Enstitüsü, Başkanı **Prof.Dr.İsrafil KURTCEPHE** Akdeniz Üniversitesi, Rektör **Prof.Dr.Seval AKGÜN**, Kongre Eş-Başkanı,Sağlık Akademisyenleri Derneği Başkanı, Başkent Üniversitesi Hastaneleri ve Sağlık Kuruluşları Kalite Koordinatörü
10:30– 10:45	**Kahve Arası**	
10:45 – 12:30	Konferans	**JCI AKREDITASYON STANDARDLARI- SON YENİLİKLER**
	Konuşmacılar	**Dr. David JAIMOVICH,** Tıbbi Hizmetler Yöneticisi / Joint Commission Resources / JCI,
12:30 – 14:00	**Öğlen Yemeği**	
14:00 – 15:30	**PARALEL OTURUMLAR I**	
	SALON - I	**AVRUPA'DA SAĞLIKTA AKREDİTASYON'UN TARİHÇESİ, GELİŞİMİ, KUVVETLİ ve ZAYIF YANLARI VE BU ÇALIŞMALARIN** **AVRUPA BİRLİĞİ ÜLKELERİNDE YAYGINLAŞMASI VENYAYILIMI ÜZERİNE ETKİLERİ**
	Ana Konuşmacı	**Prof. Dr. Charles D Shaw PhD, MB BS, FFPH,** İngiltere, Sağlık Bakanlıklarında Ülke Düzeyinde Bireysel Danışman,
	SALON - II	**ILAC KULLANİMİNDA KALİTE KAVRAMİ"** **……** **……** **TÜFAM, T.C. Sağlık Bakanlığı, TÜRKİYE**
	Konuşmacılar	**Prof. Dr. Hakan ERGUN** Ankara Üniversitesi Tıp Fakültesi, Farmakoloji Anabilim Dalı, **Ecz. Emel Aykaç,** T.C. Sağlık Bakanlığı, İlaç ve Eczacılık Genel Müdürlüğü
	SALON - III	**TIBBİ LABORATUARLARDA STANDARDİZASYON VE AKREDİTASYON , ISO 15189 Tıbbi Laboratuarlarda Standardizayon**
	Oturum Başkanı	**Prof. Dr. Meral GÜLTEKİN** Akdeniz Üniversitesi Mikrobiyoloji ve Acıbademlabmed - Antalya
	Konuşmacılar	**Prof. Dr. Meral GÜLTEKİN,** Akdeniz Üniversitesi Mikrobiyoloji ve Acıbademlabmed - Antalya **Doç. Dr. İbrahim ÜNSAL** Acıbadem Lab. Grubu Direktörü **Savaş DOĞRU, (Mis Danışmanlık)**

15:30 – 15:45	**Kahve Arası**	
15:45 – 17:00	**PARALEL OTURUMLAR II**	
	SALON - I	**SAĞLIKTA EŞİTSİZLİKLERİ AZALTMADA KULLANDIĞIMIZ YÖNTEMLERİN KALİTE İYİLEŞTİRME ÇALIŞMALARINA ENTEGRASYONU, ÖZEL ÇALIŞMALAR**
	Konuşmacılar	**Prof.Dr. Martin RUSNAK,** INT.Nerotravma Araştırma Org. Direktörü/ Avusturya
	SALON - II	**TÜRKİYE'DE HASTA GÜVENLİĞİ UYGULAMALARI**
	Oturum Başkanı	**Dr. Hasan GÜLER**, (T.C. Sağlık Bakanlığı Performans Yönetimi ve Kalite Daire Başkanı
	Konuşmacılar	**Dr. Hasan GÜLER,** T.C. Sağlık Bakanlığı Performans Yönetimi ve Kalite Daire Başkanı
		Dr. Bayram DEMİR, T.C. Sağlık Bakanlığı, Performans Yönetimi ve Kalite Daire Bşk. Yrd.
	SALON - III	**HASTA MERKEZLİ HİZMETİN SAĞLANMASI, SAĞLIK OKURYAZARLIĞININ ARTTIRILMASI VE EŞİTSİZLİKLERİN AZALTILMASINDA KALİTE İYİLEŞTİRME YÖNTEMLERİNİN KULLANIMI, SAĞLIK OKURYAZARLILIĞI**
	Oturum Başkanı	**Prof.Dr.Seval AKGÜN,** Sağlık Akademisyenleri Derneği Başkanı, Başkent Üniv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord.
	Konuşmacılar	**Dr. Betül Faika Sönmez,** T.C Sağlık Bakanlığı, Temel Sağ. Gen. Md./ AR-GE Daire Bşk.
		Prof. Dr. Haydar SUR, Marmara Üniversitesi Sağlık Bilimleri Fakültesi Öğretim Üyesi, Hisar Intercontınental Hospıtal Direktörü
17:15 – 18:00	**SALON I - Konferans**	**HASTA ODAKLI HİZMET VE SAĞLIKTA HAKKANİYET**
		Prof.Dr.Al-ASSAF, American Institute for Healthcare Quality, Oklahoma Üniv, Halk Sağlığı Okulu Dekan Yard– ABD
		Prof.Dr.Seval AKGÜN, Sağlık Akademisyenleri Derneği Başkanı, Başkent Ünv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord

13 ŞUBAT 2009 – CUMA

08:30-10:00	**SALON I**	Eş Zamanlı Sözlü Sunumlar **(İngilizce-1)**
	Moderator	**Dr. Arild Aambø, NAKMI,** Soesterhjemmet, Ullevaal University Hospital, Norveç
	SALON II	Eş Zamanlı Sözlü Sunumlar **(Türkçe 1)**
	SALON III	Eş Zamanlı Sözlü Sunumlar **(Türkçe 2**)
	SALON IV	Eş Zamanlı Sözlü Sunumlar **(Türkçe 3)**
10:00 – 11:00	**SALON I - KONFERANS**	**DAHA İYİ SAĞLIK ÇIKTILARI ELDE ETMEDE KALİTE İYİLEŞTİRME ÇALIŞMALARININ ROLÜ**
	Ana Konuşmacı	**Dr. Basia KUTRYBA,** Avrupa Sağlıkta Kalite Derneği Başkanı
11:00-11:15	**Kahve Arası**	
11:15 –	**PARALEL**	

12:30	**OTURUMLAR III**	
	SALON - I	**JCI AKREDITASYON STANDARDLARI " İZLENECEK YOLLAR"**
	Konuşmacılar	**Dr. David JAIMOVICH,** Tıbbi Hizmetler Yöneticisi / Joint Commission Resources / JCI,
	SALON - II	**SAĞLIK HİZMETLERİNDE KALİTEDE ALTERNATİF YÖNTEMLER**
	Oturum Başkanı	**Uzm. Kaya KARS,** TSE, Akdeniz Bölge Müdürü
	Konuşmacılar	**Savaş AVCI,** TURKAK, Genel Sekreteri
		Mesut DURU, TSE, Personel Akreditasyonu ve Eğitim Daire Başkanı
		Mehmet BOZDEMİR, TSE,Personel ve Sistem Belgelendirme Merkezi Başkanlığı
		Aynur DAVUT, TSE,
	SALON - III	**IT TEKNOLOJİLERİ, UYGULAMADA YENİLİKLER, DENEYİMLERİN BAŞARISI, E-SAĞLIK,**
	Konuşmacılar	**Prof.Dr.Al-ASSAF**, American Institute for Healthcare Quality, Oklahoma Üniv, Halk Sağlığı Okulu Dekan Yard– ABD
	SALON - IV	Eş Zamanlı Sözlü Sunumlar **(Türkçe 4)**
12:30 – 14:00	**Öğlen Yemeği**	
14:00 – 15:30	**PARALEL OTURUMLAR IV**	
	SALON - I	**SAĞLIKTA HAKKANİYETİ SAĞLAMADA VE HASTA BAKIM ODAKLI YAKLAŞIMDA KALİTE YÖNTEMLERİNİN KULLANIMI,**
	Konuşmacı	**Prof.Viera RUSNAKOVA,** Slovakya Tıp Fakültesi, Sağlık Enformasyon Sist.Bölümü, SLOVAKYA
	SALON - II	**SAĞLIK HİZMETİ KAYNAKLI ENFEKSİYONLAR VE HASTA GÜVENLİĞİ**
	Oturum Başkanı	**Doç.Dr. Zarema OBRADOVİC** Sağlık Bakanlığı, Sarejova Hlk Sağlığı Enstitüsü
	Konuşmacılar	**Doç.Dr. Zarema OBRADOVİC** Sağlık Bakanlığı, Sarejova Hlk Sağlığı Enstitüsü
		Prof.Dr.Seval AKGÜN, Sağlık Akademisyenleri Derneği Başkanı, Başkent Ünv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord
	SALON - III	**SAĞLIK HUKUKU VE HASTA MERKEZLİ HİZMET, TÜRKİYE'DE SAĞLIK HUKUKU**
	Oturum Başkanı	**Prof. Dr. Mustafa Kemal BALCI,** Akdeniz Üniversitesi Tıp Fakültesi, Dekan
	Konuşmacılar	**Prof. Dr. Mustafa Kemal BALCI,** Akdeniz Üniversitesi Tıp Fakültesi, Dekan
		Prof. Dr. Fatih Selami MAHMUTOĞLU, İstanbul Hukuk Fakültesi – Ceza ABD.
		Yrd. Doç. Dr. Hatice ÖZTÜRK, Akdeniz Üniversitesi, Deontoloji Anabilim Dalı
15:30 – 15:45	**Kahve Arası**	
15:45 – 17:00	**PARALEL OTURUMLAR III**	
	SALON I - I	**HASTANELERDE RİSK YÖNETİMİ**
	Oturum Başkanı	**Eman DARWİSH,**Mouwasat Hastaneler grubu, Performans Deparmanı Başkanı - Dammam
	Konuşmacılar	**Eman DARWİSH,**Mouwasat Hastaneler grubu, Performans Deparmanı Başkanı - Dammam
		Dr. Amin NİMER, CEO, Mouwasat Hastaneler Grubu, Dammam, Suudi Arabistan
	SALON - II	**TIP EĞİTİMİNE HASTA GÜVENLİĞİ VE KLİNİKTE KALİTE İYİLEŞTİRME UYGULAMALARI NASIL ENTEGRE EDİLEBİLİR?**
	Oturum Başkanı	**Prof.Dr.Seval AKGÜN,** Sağlık Akademisyenleri Derneği Başkanı, Başkent Üniv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord.
	Konuşmacılar	**Prof. Dr. Seval AKGÜN,** Sağlık Akademisyenleri Derneği Başkanı, Başkent Üniv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord.
		Yrd. Doç. Dr. Erol GÜRPINAR Akdeniz Üniversitesi, Tıp Eğitimi Anabilim Dalı

	SALON - III	**SAĞLIKTA HAKKANİYETİ SAĞLAMADA VE HASTA BAKIM ODAKLI YAKLAŞIMDA KALİTE YÖNTEMLERİNİN KULLANIMINA SAHADAN ÖRNEKLER**
	Oturum Başkanı	**Prof. Dr. Dag HOFOSS,** Sağlık Sistem Araştırmaları Dep, Akershus University Hospital and Institute of Community Medicine, Univ of Tromso, Norveç
		SAĞLIK SİSTEMİNE BAKIŞ
	Konuşmacılar	**Elzbieta Anna CZAPKA, PhD** Varmia ve Mazury Üniversitesi, Olsztyn, Polonya
		HASTA GÜVENLİĞI, ORGANIZASYON DÜZEYINDE HASTA GÜVENLİĞI ÖLÇÜMLERI
		Prof. Dr. Dag HOFOSS, Sağlık Sistem Araştırmaları Departmanı, Akershus University Hospital and Institute of Community Medicine, University of Tromso, Norveç
20:00	**Kongre Gala Yemeği**	**(Silence Beach Resorts Hotels Balo Salonu)**

14 ŞUBAT 2009 – CUMARTESİ

08:30-09:45	**SALON I**	Eş Zamanlı Sözlü Sunumlar **(İngilizce-2)**
	Moderator	**Doç.Dr. Zarema OBRADOVİC** Sağlık Bakanlığı, Sarejova Hlk Sağlığı Enstitüsü
	SALON II	Eş Zamanlı Sözlü Sunumlar **(Türkçe 5)**
	SALON III	Eş Zamanlı Sözlü Sunumlar **(Türkçe 6**)
	SALON IV	Eş Zamanlı Sözlü Sunumlar **(Türkçe 7)**
	SALON V	Eş Zamanlı Sözlü Sunumlar **(Türkçe 8)**
10:00-10:30	**Konferans:**	**AVRUPA'DA SAĞLIKTA AKREDİTASYON'UN TARİHÇESİ, GELİŞİMİ, KUVVETLİ ve ZAYIF YANLARI VE BU ÇALIŞMALARIN AVRUPA BİRLİĞİ ÜLKELERİNDE YAYGINLAŞMASI VENYAYILIMI ÜZERİNE ETKİLERİ**
	Ana Konuşmacı	**Prof. Dr. Charles D Shaw PhD, MB BS, FFPH,** İngiltere, Sağlık Bakanlıklarında Ülke Düzeyinde Bireysel Danışman,
10:30 – 10:45	**Kahve Arası**	
11:00 - 12:00	**PARALEL OTURUMLAR II**	
	SALON - I	**HASTA-HEKİM İLİŞKİSİ, KURUMLARDA İÇ İLETİŞİMİ GÜÇLENDİRME BECERİLERİ , HASTA İLE ETKİN İLETİŞİM NASIL SAĞLANABİLİR?**
	Oturum Başkanı	**Dr. Arild Aambø, NAKMI,** Soesterhjemmet , Ullevaal University Hospital, Norveç
		Dr. Jennifer Gerwing , Vancouver Island Health Authority in Victoria, British Columbia, Kanada
	SALON - II	**ULUSLARASI HASTA GÜVENLİĞİ PERSPEKTİFİNDEN TÜRKİYEDE HASTA GÜVENLİĞİ UYGULAMALARININ DEĞERLENDİRİLMESİ**
	Konuşmacılar	**Uzm. Dr. Hasan KUŞ,** Anadolu Sağlık Grubu, Genel Direktör, Başkan, Sağlıkta Kalite Derneği
		Prof.Dr. Metin ÇAKMAKÇI, Anadolu Sağlık Grubu, Tıbbi Direktör
	SALON III - III	**DÜNYA'DA VE TÜRKİYE'DE HASTA HAKLARI**
	Konuşmacılar	**Mehmet Kaymakcı,** T.C. Sağlık Bakanlığı Hasta Hakları Birimi Şb. Md.
		Nazmi Tutal, Koordinatör, HAYASAD
12:15 – 13:00	**Kongre Kapanışı**	**Prof.Dr.Al-ASSAF**, American Institute for Healthcare Quality, Oklahoma Üniv, Halk Sağlığı Okulu Dekan Yard– ABD
		Prof.Dr.Seval AKGÜN, Sağlık Akademisyenleri Derneği Başkanı, Başkent Ünv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord

EŞ ZAMANLI SÖZLÜ SUNUMLAR

12 Şubat 2009 - Perşembe

08:30-10:00 EŞ ZAMANLI SÖZLÜ SUNUMLAR
(SALON – II)

INSAN KAYNAKLARI YÖNETİM SİSTEMİNİN AKREDİTASYON GEREKLERİ İLE UYUMLAŞTIRILMASI: ULUDAĞ ÜNİVERSİTESİ SAĞLIK KURULUŞLARI UYGULAMASI

- **Doç.Dr. Bilçin Tak , Dr.Yücel SAYILAR,** Uludağ Üniversitesi Sağlık Kuruluşları Kalite Koordinatörü , Bursa, Türkiye

HASTA GÜVENLİĞİNİ ESAS ALAN ÇALIŞMA ANLAYIŞININ GÜNLÜK İŞ PRATİĞİNİN BİR PARÇASI HALİNE GETİRİLMESİ: ULUDAĞ ÜNİVER SAĞLIK KURULUŞLARI UYGULAMASI

- **Doç.Dr. Bilçin Tak,** Uludağ Üniversitesi Sağlık Kuruluşları Kalite Koordinatörü , Bursa, Türkiye

HEMŞİRELİK BAKIMINDA HASTA GÜVENLİĞİ: ULUDAĞ ÜNİVERSİTESİ UYGULAMASI

- **Kamuran Tombul, Doç.Dr. Bilçin Tak, Muazzes AltayCerrahi, Ayşe Baran, Sevginar Sakarya**
- Uludağ Üniversitesi

HASTA GÜVENLİĞİ KAPSAMINDA ÖRNEK AMELİYATHANE UYGULAMALARI

- **ABALI Yelis, ÇOBAN Didem, KESGİN Vildan, NÜZKET Neriman, YİĞİT Özgür, ÇİFTLİK Emine Elvan**
- İstanbul Eğitim ve Araştırma Hastanesi-İstanbul-Türkiye

(SALON III)

İLAÇ SEKTÖRÜNDE AR-GE: BÜYÜME, İNOVASYON ve FİNANSAL PERFORMANS AÇISINDAN DEĞERLENDİRME

- **ÖZGÜLBAŞ Nermin ,**Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye
- **KOYUNCUGİL Ali Serhan ,** Sermaye Piyasası Kururlu Araştırma Dairesi, Ankara, Türkiye
- **EMİR Berdan Ece ,** Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye
- **BENLİ Büşra ,** Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye

SAĞLIK SEKTÖRÜNDE STRATEJİK PLANLAMA VE KALİTE SİSTEMLERİ İLE ENTEGRASYONU

- **Prof.Dr. M.YAVUZ ÇOŞKUN**, Gaziantep Üniversitesi Rektörü
- **Dr. İsmail ALTINÖZ**, Gaziantep Üniversitesi Fen-Edebiyat Fakültesi Tarih Bölümü
- **Uzman Ümit ŞAHİN,** Gaziantep Özel Tam-Med Hastanesi

SAĞLIK IŞLETMELERINDE YATAK KULLANIM ETKINLIĞININ BENZETIM YOLUYLA OPTİMİZASYONU:BIR EĞITIM VE ARAŞTIRMA HASTAN UYGULAMASI

- **AKSARAYLI Mehmet**, Dokuz Eylül Üniversitesi, İzmir, TÜRKİYE
- **KIDAK Levent B.**, İzmir Bozyaka Eğitim ve Araştırma Hastanesi, İzmir, TÜRKİYE
- **GÜNEŞ Mustafa**, Dokuz Eylül Üniversitesi, İzmir, TÜRKİYE

(SALON IV)

ACIBADEM KADIKÖY HASTANESİ'NDE HASTA DÜŞMELERİNİN ÖNLENMESİ

- SARAL Çağlayan, ONGANER Efe, **BAYOĞLU Özlem**
- **Acıbadem Sağlık Grubu Kadıköy Hastanesi, İstanbul, Türkiye**

ACIBADEM BURSA HASTANESİ'NDE ELEKTRONİK ORDER KULLANIMINA BAĞLI HASTA GÜVENLİĞİNE YANSIYABİLECEK HATALARIN ÖNLENMESİ

- **SARAL Çağlayan *, HACIBEKİROĞLU Seyyal **, AYDIN Beste *****
- *Acıbadem Sağlık Grubu Standardizasyon ve Kaliteden Sorumlu Tıbbi Direktör Yardımcısı, **Acıbadem Adana Hastanesi Direk Yardımcısı, ***Acıbadem Bursa Hastanesi Klinik Kalite İyileştirme Uzmanı

UYGUNSUZLUK YÖNETİMİ VE BEKLENMEDİK OLAYLARA YEDİTEPE ÜNİVERSİTESİ HASTANESİNDE YAKLAŞIM VE YÖNETİM

- **Sevilay Jefi** [1-2] **Kurt, Emine**[1-2] **Doç. Dr. Selami Sözübir** [1-2]
- [1]Yeditepe Üniversitesi Hastanesi, İstanbul, Türkiye , [2]Kalite Geliştirme Direktörlüğü

ACIL DURUM YÖNETIMLERINDE (DEPREMI, YANGIN, BEBEK KAÇIRMA, VB.) YEDITEPE ÜNIVERSITESI HASTANESINDE PLANLAMA VE T VE DÜZELTICI ÖNLEYICI FAALIYETLER

- **Ünsal Mehmet** [1-3] **Kurt, Emine**[1-2] **Jefi Sevilay** [1-2]
- [1]Yeditepe Üniversitesi Hastanesi, İstanbul, [2]Kalite Geliştirme Direktörlüğü, [3]Teknik Hizmetler Müdürlüğü

11:15-12:30 EŞ ZAMANLI SÖZLÜ SUNUMLAR
(SALO N IV)

HASTA GÜVENLİĞİNİN HASTANE KALİTE YÖNETİM SİSTEMLERİNE ENTEGRE EDİLMESİ

- **Doç.Dr. Bilçin Tak, Prof.Dr. Nilgün Sarp, Yrd.Doç.Dr Umut Eroğlu**
- Uludağ Üniversitesi , Bursa, / Girne Amerikan Üniversitesi, Girne, KKTC / Çanakkale 18 Mart Üniversitesi, Çanakkale, Türkiye

SAĞLIK HİZMETLERİNDE MOTİVASYON FAKTÖRLERİ VE ÇALIŞAN MEMNUNİYETİ

- **AKSARAYLI Mehmet**, Dokuz Eylül Üniversitesi, İzmir, TÜRKİYE
- **KIDAK Levent B.**, İzmir Bozyaka Eğitim ve Araştırma Hastanesi, İzmir, TÜRKİYE

KİRLİ, KESİCİ/DELİCİ ALET YARALANMASI VE MATERYAL SIÇRAMALARI SIKLIĞINI AZALTMA ÇALIŞMALARI

- **KOÇ Başaran*,** OCAKÇI Saime*, KÜÇÜKERENKÖY Fatma*, KAZANCI DOĞAN Nilüfer*,
- **TAŞKIN Özgür*,** BOYOĞLU Rahşan*, *Vehbi Koç Vakfı Amerikan Hastanesi,

13 ŞUBAT 2009 - CUMA

08:30-10:00 EŞ ZAMANLI SÖZLÜ SUNUMLAR

(SALON II)

HASTA BİLGİ GÜVENLİĞİNİN SAĞLANMASINDA IT TEKNOLOJİLERİNİN YEDİTEPE ÜNİVERSİTESİ HASTANESİ UYGULAMALARI VE IT TEKNOLOJİLERİNİN ROLÜ

- **Şahin Olcay** [1-2] **Kurt, Emine**[1-3] **Ercan Sina** [1-4]
- [1]Yeditepe Üniversitesi Hastanesi, İstanbul, Türkiye
- [2]Yeditepe Üniversitesi Bilgi İşlem Koordinatörlüğü, [3]Kalite Geliştirme Direktörlüğü, [4]Bilgi Yönetimi Komitesi Başkanı

İSTANBUL ÜNİVERSİTESİ TIP FAKÜLTELERİNDE BİYOMEDİKAL ÇALIŞMALARI

- **Sezdi Manâ, Kalkandelen Cevriye, Akan Aydın, Öngen Betigül**
- İstanbul Üniversitesi, Döner Sermaye İşletme Müdürlüğü, Biyomedikal ve Klinik Mühendisliği Birimi, İstanbul,

HASTANELERDE AFET PLANI VE ACİL DURUM YÖNETİMİ (17 Ağustos 1999 Marmara Depremi Deneyimi ve Yeniden Yapılanma)

- **Yalçın Ertuğrul Prof.Dr.A.İlhan Özdemir Devlet Hastanesi Giresun/TÜRKİYE,**
- Altın Yakup / Prof.Dr.A.İlhan Özdemir Devlet Hastanesi Giresun/TÜRKİYE

VENTİLATÖR VEYA DEFİBRİLATÖR TESTİNİN YETERLİLİĞİ, KÜTLE AKREDİTASYONU İLE NE KADAR SAĞLANABİLİR?

- **Sezdi Manâ,** İstanbul Üniversitesi, Biyomedikal Cihaz Teknolojisi, İstanbul, Türkiye

(SALON III)

PERFORMANSA DAYALI EK ÖDEME SİSTEMİNİN, HASTANEMİZ HİZMETLERE ETKİLERİNİN ARAŞTIRILMASI

- **Çalış Aynur** , Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN
- **Menevşe S.Fatih** , Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

HASTA YAKINLARINA ÖLÜM HABERİNİN VERİLMESİ

- **Uzm. Mustafa Küçükilhan , Yrd.Doç.Dr. Atila KARAHAN**
- Afyon Kocatepe Üniversitesi Hastanesi Hasta Hakları Birim Sorumlusu
- Afyon Kocatepe Üniversitesi Afyon Sağlık Yüksek Okulu Sağlık kurumları Yöneticiliği Bölümü Öğretim Üyesi

İLAÇ UYGULAMA HATALARININ NEDENLERİ VE BU HATALARIN GİZLENME GEREKÇELERİNE YÖNELİK BİR ARAŞTIRMA

- **LAMBA Mustafa,** Süleyman Demirel Üniversitesi Kamu Yönetimi Bölümü Doktora Öğrencisi, Afyonkarahisar
- **KARAHAN Atila,** Afyon Kocatepe Üniversitesi Afyon Sağlık Yüksekokulu, Sağlık Kurumları Yöneticiliği Bölümü Öğretim Üyesi, Afyonkarahisar, Türkiye

HASTA GÜVENLİĞİ AÇISINDAN TEMİZLİK PERSONELİNİN TIBBİ ATIK BİLGİ DÜZEYİNİN YÜKSELTİLMESİNDE TOPLAM KALİTE ÇALIŞMALARININ ETKİSİ

- **Yrd. Doç. Dr. Atila KARAHAN**, Afyon Kocatepe Üniversitesi Sağlık Yüksekokulu, Sağlık Kurumları Yöneticiliği Bölümü Öğretim Üyesi

(SALON IV)

HASTANELERDE BİYOMEDİKAL KAYNAKLI HASTA VE ÇALIŞAN PROBLEMLERİ ,HASTANELERİN HUKUKİ SORUMLULUKLARI VE ÇÖZÜMLER

- **Yılmaz Korkmaz**
- Elektronik ve Haberleşme Mühendisi, İnönü Üniversitesi Turgut Özal Tıp Merkezi Kalite Sistem Danışmanı, Turgut

ACIL DURUM YÖNETIMLERINDE (DEPREMI, YANGIN, BEBEK KAÇIRMA, VB.) YEDITEPE ÜNIVERSITESI HASTANESINDE PLANLAMA VE TATBIKAT VE DÜZELTICI ÖNLEYICI FAALIYETLER

- **Ünsal Mehmet** [1-3] **Kurt, Emine**[1-2] **Jefi Sevilay** [1-2] , [1]Yeditepe Üniversitesi Hastanesi, İstanbul, [2]Kalite Geliştirme Direktörlüğü, [3]Teknik Hizmetler Müdürlüğü

İZMİR İLİ SAĞLIK BAKANLIĞI HASTANELERİNDE HASTA HAKLARI BAŞVURULARIN DEĞERLENDİRİLMESİ

- **Kıdak Levent[1], Keskinoğlu Pembe[2],** [1]İzmir Bozyaka Eğitim ve Araştırma Hastanesi / [2]İzmir İl Sağlık Müdürlüğü, Acil ve Afetlerde Acil Sağlık Hizmetleri Şubesi İZMİR

(SALON V)

YEDİTEPE ÜNİVERSİTESİ HASTANESİNDE TESİS GÜVENLİK VE RİSK DEĞERLENDİRMELERİ

- **Ünsal, Mehmet**
- T.C. Yeditepe Üniversitesi Hastanesi,Teknik Hizmetler Müdürlüğü, İstanbul, Türkiye

DEÜ İŞİTME-KONUŞMA-DENGE ÜNİTESİ HİZMETLERİNDE HİZMET KALİTESİ VE ÖLÇÜMÜ

- **Bülent Şerbetçioğlu[1], Sibel Güleç[2], Nevzat Devebakan[2], Günay Kırkım[1], Melek Dikbaş[1], Kifaye Aslan Dalmış[2], Merve Durgut[1], Serpil Mungan[1]**
- [1]Dokuz Eylül Üniversitesi, Tıp Fakültesi KBB A.D. İnciraltı-İzmir
- [2]Dokuz Eylül Üniversitesi, Sağlık Bilimleri Enstitüsü, Sağlıkta Kalite Geliştirme ve Akreditasyon A.D. İnciraltı-İzmir

GİRESUN DEVLET HASTANESİ KETEM (KANSER ERKEN TANI EĞİTİM MERKEZİ) TOPLUM BAZLI MEME KANSERİ PROGRAMIMIZ

- **Yıldız Adnan , Memiş Resmiye, Yılmaz Hatice, Altınay Serdar**
- Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

10:30-12:30 SALON - III

YATAN HASTA MEMNUNİYETİNİN DEĞERLENDİRİLMESİ VE İZLENMESİ: EĞİTİM VE ARAŞTIRMA HASTANESİ UYGULAMASI

- **KIDAK Levent B.**, İzmir Bozyaka Eğitim ve Araştırma Hastanesi, İzmir, TÜRKİYE
- **AKSARAYLI Mehmet**, Dokuz Eylül Üniversitesi, İzmir, TÜRKİYE

SAĞLIK ÇALIŞANLARININ TÜKENMEYEN SORUNU: ÇANAKKALE İLİNDE GÖREV YAPAN HEMŞİRELERİN TÜKENMİŞLİK DURUMLARI VE ETKİLEYEN FAKTÖRLER

- **Gülşen Aslan*, Necla Erduğan**, Fatmanur Çevik.***, Duru Gündoğar****, Coşkun Bakar *****
- Çanakkale Onsekiz Mart Üniversitesi Araştırma ve Uygulama Hastanesi

HEMŞİRELERİN HASTA GÜVENLİĞİNE YÖNELİK BİLGİ TUTUM VE DAVRANIŞLARININ İNCELENMESİ

- **Güldem Yıldız,Handan Alan,** Çanakkale Onsekiz Mart Üniversitesi Araştırma Ve Uygulama Hastanesi/ Çanakkale / Türkiye

ABSTRACTLAR

13 Şubat – Perşembe

08:30-10:00 CONCURRENT ORAL PRESENTATIONS

(SALON I)

ENFORCEMENT OF THE NEW WAITING LIST REGULATION IN HUNGARY – EXPERIENCES AT MACRO AND MICRO LEVEL

- **Zsombor KOVACSY,** JD, MD, M.Sc., , Health Insurance Supervisory Authority (HISA) – Hungary

WHAT MATTERS MOST" TO ARABIC-SPEAKING, POST-OPERATIVE PATIENTS AT DAMMAM CENTRAL HOSPITAL, DAMMAM, SAUDI ARABIA

- **Nour Chachaty,,** Aleppo Faculty of Medicine, Syria
- **Soha Emam,,** Saud Al-Babtain Cardiac Center, Saudi Arabia

PATİENTS' EXPERİENCE AND CONCERNS WİTH THE HEALTH CARE REFERRAL SYSTEM

- **Nazar P. Shabila.,** Hawler Medical University
- Abdulahad F., Hawler Medical University

THE IMPACT OF ACCREDITATION ON THE HOSPITAL PERFORMANCE

- **Dr. Yasser Ali, C.P.H.Q., Ph. D,** Riyadh Care Hospital

13 Şubat 2009 - Cuma

08:30-10:00 ABSTRACT SUNUMLAR

SAFETY CULTURE AND THE PREPARATION FOR THE JCIA IN RIYADH CARE HOSPITAL

- **Alia K. Dandashli[1] MPH, PhD,** Environmental Manager, Riyadh Care Hospital, KSA
- **Yasser Ali[2] CPHQ, PhD ,** Quality Improvement Director, Riyadh Care Hospital, KSA

ENSURİNG MATERNAL AND CHİLD HEALTH THROUGH INTERSECTORAL CONVERGENCE BETWEEN HEALTH AND NUTRİTİON PROGRAM

- **Reetu Sharma, PhD**
- Research Scholar-Public Health, Jawaharlal Nehru University, New Delhi, India

RESEARCH AS A PRIORITY ACTION AREA TO DOCUMENT PATIENT HARM, *APPLICATION FOR THE STUDY OF ADVERSE EVENTS UNIVERSITY HOSPITAL IN TUNISIA*

- **Prof. Dr. Mondher Letaief,** Sana Elmhamdi, Mohamed soltani , Adel Ben Mahmoud
- [1]Preventive Medicine and Epidemiology Department (UR12SP29), University Hospital of Monastir, Tunisia.
- [2]General Health Directorate, healthcare quality unit, MOH, Tunisia.

A PRAGMATIC STUDY ON CONTRAST SENSITIVE LIGHTING ENVIRONMENT FOR ELDERLY.

- **Shikder, S. H.,** Research Assistant,
- Department of Civil and Building Engineering, Loughborough University

POSTER SUNUMLAR

COMPARISON OF HAND HYGIENE PRACTICES BETWEEN PHYSICIANS AND NURSES

- **Ozbucak Civil, Serpil;** Anadolu Medical Center / Kocaeli / Turkey
- **Deger, İpek;** Anadolu Medical Center / Kocaeli / **Turkey**

BİR DEVLET HASTANESİNDE KALİTE ÇALIŞMALARININ HASTA MEMNUNİYETİ ÜZERİNE ETKİSİ

- **YEDİKARDAŞLAR Ceyda, SÖNMEZ Münevver, DİKİLİTAŞ Yıldızay, VAN Atilla,** Menemen Devlet Hastanesi/İZMİR/TÜRKİYE

ACIBADEM KOZYATAĞI HASTANESİ POLİKLİNİKLERİNDE HASTA MEMNUNİYETİNİN ARTTIRILMASINA YÖNELİK KALİTE İYİLEŞTİRME ÇALIŞMASI

- **TİFTİK Seyhan, SÜRÜCÜ Şenel, DİNÇ Demet,** Acıbadem Kozyatağı Hastanesi, İstanbul, Türkiye

HİZMET KALİTE STANDARTLARI İÇERİSİNDE HASTA VE ÇALIŞAN GÜVENLİĞİ

- **Zere Çamaltı Selma** Bulancak Devlet Hastanesi GİRESUN
- **Çalış Aynur** Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

İSTENMEYEN İLAÇ REAKSİYONU : BİR OLGU SUNUMU

- **Cabir Alan,** Ahmet Reşit Ersay, Handan Alan, Çanakkale Onsekiz Mart Üniversitesi Tıp fakültesi Üroloji Kliniği/Çanakkale/Türk

HEMŞİRELERİN TIBBİ ATIK TOPLAMA YÖNETMELİĞİ HAKKINDAKİ BİLGİ, TUTUM VE DAVRANIŞ DÜZEYLERİNİN BELİRLENMESİ

- **Handan Alan ,Güldem Yıldız ,** Çanakkale Onsekiz Mart Üniversitesi Araştırma Ve Uygulama Hastanesi, Çanakkale / Türkiye

YOĞUN BAKIM ODALARINDA PARTİKÜL ÖLÇÜMÜ YÖNTEM HATALARI

- **Sezdi Manâ,** İstanbul Üniversitesi, Biyomedikal Cihaz Teknolojisi, İstanbul, Türkiye

MEDİKAL KALİBRASYON ÖLÇÜMLERİNDE MAMMOGRAFİ TEST SONUCUNUN, HVL-kVp İLİŞKİSİYLE BELİRLENMESİ

- **Sezdi Manâ,** İstanbul Üniversitesi, Biyomedikal Cihaz Teknolojisi, İstanbul, Türkiye

TIBBİ CİHAZLARDA YENİ IEC 62353 STANDARDINA UYGUN ELEKTRİKSEL GÜVENLİK ÖLÇÜMLERİ

- **Sezdi Manâ,** İstanbul Üniversitesi, Biyomedikal Cihaz Teknolojisi, İstanbul, Türkiye

HASTANEMİZİN 2005-2008 YILLARI ARASI YATAN HASTA MEMNUNİYET ORANLARI

- **Yılmaz Hatice, Çalış Aynur ,** Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

HASTANEMİZİN 2005–2008 YILLARI ARASI AYAKTAN HASTA MEMNUNİYET ORANLARI

- **Aynur Calış ,** Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

SAĞLIKTA DÖNÜŞÜM PROJESİ İLE SAĞLIK HİZMETLERİNİN ÖZERKLEŞTİRİLMESİ/ÖZELLEŞTİRİLMESİ

- **Doç. Dr. Gökhan AKBULUT, Yrd. Doç. Dr. Atila KARAHAN,** Afyon Kocatepe Üniversitesi Uygulama ve Araştırma Hastanesi

SAĞLIK KURUMLARI YÖNETİCİLERİNDE DUYGUSAL ZEKÂ VE LİDERLİK

- **Uzm.Mustafa KÜÇÜKİLHAN , Yrd.Doç.Dr. Atila KARAHAN ,** Afyon Kocatepe Üniversitesi Ahmet Necdet Sezer Araştırma ve Uygulama Hastanesi

ACIBADEM KOCAELİ HASTANESİ'NDE ACİL DURUMLARDA HASTA VE ÇALIŞAN GÜVENLİĞİNE YANSIYABİLECEK HATALARIN ÖNLENME

- SARAL Çağlayan *, BAKOĞLU Neşe **, **KESEPARA Güler** ***
- *Acıbadem Sağlık Grubu Standardizasyon ve Kaliteden Sorumlu Tıbbi Direktör Yard, **Acıbadem Maslak Hastanesi Hemşirelik Hizmetleri Müd, ***Tıbbi Standardizasyon ve Kalite Uzm

[ANA KONUŞMACILAR – CV]

Prof.Dr. A.F AL-ASSAF

- **Prof. Dr. A. F.Al-ASSAF**
- **Oklahoma Üniversitesi**
- **Sağlık Bilimleri Merkezi / Uluslararası sağlık dekan yardımcısı**

Dr. Al-Assaf halk sağlığı uzmanı ve kalite yönetimi danışmanıdır. Oklahoma Üniversitesi Sağlık Bilimleri Merkezi Uluslararası sağlık dekan yardımcısı, Presbiteryen Sağlık vakfı bölüm başkanı ve Halk Sağlığı Fakültesi Sağlık Yön Politikaları bölümü öğretim üyesidir.
Amerikan hava kuvvetleri, Amerikan Uluslar Arası Gelişme Dairesi, Amerika Hastane Şirketi, bazı meslek birlikle Bankası, UNDP, UNICEF, Dünya Sağlık Örgütü ve Amerikan Dünya Sağlık Birliği sürekli danışmanlıklarını yapmakt Ortadoğu, Kuzey Amerika, Kuzey Afrika, Güney Doku ve orta Asya ile Doğu Avrupa'da pek çok ülkede çeşitli organizasyonlara sağlık hizmetlerinde kalite ve koruyucu hekimlik danışmanlığı vermiştir. Dr. Al Assaf bugüne ka çalışmalarından dolayı 50 ödül almıştır.
Araştırmacı ve konuşmacı olarak, 10 kitap yayınlamış, 5 kitapta bölüm yazmış, ulusal ve uluslararası dergilerde 1 bilimsel ve mesleki yazısı yayınlanmış, ulusal ve uluslarrası pek çok organizasyonda ve gruplara yönelik 200'ün ü konuşma yapmış, seminer vermiş ve workshop yönetmiştir.

Prof.Dr. H. Seval AKGÜN

- **Prof. Dr. Seval Akgün**
- **Kalite Koordinatörü**
  Baskent Üniversitesi Hastaneleri ve Bağlık Sağlık Kuruluşları
- **Baskent Üniversitesi Tıp Fakültesi / Halk Sağlığı Anabilim Dalı Başkanı**

Halk Sağlığı Uzmanı Olan Dr. Seval Akgün, alanında eğitimci/öğretim üyesi olarak görev yapmakta aynı zamanda Hizmetlerinde Kalite alanında uzun yıllardır teorisyen ve uygulayıcı olarak çalışmaktadır. Prof. Akgün'ün yürüttü uluslararası işbirliği ve teknik destek çalışmaları, Sağlıkta Kalite ve Halk Sağlığı alanlarında bütüncül yaklaşımını yansıtmakta olup halk sağlığı ve sağlıkta kalite alanlarında pek çok genç araştırmacıyı eğitmiş, motive etmiş ve desteklemiştir. Halen Başkent Üniversitesi Tıp Fakültesi Halk Sağlığı Anabilim Dalı Başkanı, Oklahoma Üniversite Bilimleri Merkezi'nde öğretim üyesi ve Başkent Üniversitesine bağlı tüm sağlık kuruluşları ve eğitim kuruları Kali Koordinatörü olarak görev yapmaktadır. Bu görev kapsamında Dr. Akgün, Başkent Üniversitesine bağlı kuruluşl kuruluş) kalite sistemleri kurmakta ekibiyle birlikte bu sistemleri izleyip denetlemektedir. 15-yıla yakın süredir h birinci basamak sağlık hizmetlerinde SKİ konusunda ulusal ve uluslar arası projelerde görev alan Dr. Akgün'ün uluslararası ve ulusal düzeyde özellikle "Sağlık Hizmetlerinde ve Eğitim'de Sürekli Kalite İyileştirme" konularında fazla yayını bulunmaktadır. Tıbbi Hizmetlerde Sürekli Kalite İyileştirme, Akreditasyon, Hasta Güvenliği ve Toplan Yönetiminin değişik konularında ulusal ve uluslararası düzeyde konferans ve / veya ders vermek üzere davetli konuşmacı olarak katılan Akgün ayrıca Avrupa Birliği, Dünya Sağlık Örgütü, UNICEF ve Dünya Bankası destekli bi projede proje yöneticisi ve/veya danışman olarak görev yapmaktadır
Prof. Dr. Seval Akgün, Öğrenci ve Profesyonellere yönelik Sürekli Kalite İyileştirme Prensip-Model ve Teknikleri, Hizmetlerinde Akreditasyon, Halk Sağlığı, Epidemiyoloji, Araştırma Yöntemleri, Biyoistatistik ve Toplum Beslenn konularında eğitim ve değerlendirmenin yanında şu deneyimlere de sahiptir: Niceliksel araştırma dizaynı, uygul analiz, Hastalık yükü metodolojisi, AB proje izlemi, İhtiyaç değerlendirme çalışmaları(özel gruplarda sağlık ihtiya sağlık hizmet talebi vb), Sağlık kuruluşu denetim sertifikası, Toplam kalite yönetimi konularında eğitici: ISO 9001 versiyonu gibi SKİ modellerinin sağlık ve eğitim kurumlarında kurulması ve yerleştirilmesi; EFQM modülü ve JCI akreditasyon standartları konusunda uzman; ISO 14001 Çevre yönetim sistemi; HACCP, ISO 22000 Gıda güvenliğ yönetimi sistemi, OHSAS 18001 İş sağlığı ve güvenliği, Akreditasyon sistemi değerlendirmeleri, Hasta ve çalışan güvenliğiiç ve dış müşteri memnuniyet araştırmaları metodolojisi, sağlık personeli için problem çözme teknikler ve değerlendirme uzmanı.

Dr. David JAIMOVICH

- **Dr. David Jaimovich**
- **Birleşik Komisyon Kaynakları ve Uluslar arası Birleşik Komisyon Medikal Müdürü**

Mexico Autonoma de Guadalajara Üniversitesi tıp Fakültesinden mezun olmuş ve Chicago'da Pediatri alanında eğitimi almış, pediatrik yoğun bakım konusunda ihtisaslaşmıştır. Dr. David Jaimovich, 20 yıldan uzun süredir sağ alanında bu pozisyonda, birleşik komisyon kaynaklarında proje seçmektedir. Kalite ve performans iyileştirme programlarının ve hasta güvenliği inisiyatiflerinin geliştirilmesini izlemektedir. Yabancı ülke sağlık kuruluşları ve arası partnerlerle yakın çalışmaktadır.
Dr. Jaimovich, Illinois üniversitesi Klinik Pediatri doçentidir. İspanya Santiago de Compostela üniversitersinde f profesör olup 1999 yılında aynı üniversitede tıp alanında klinik üstünlük altın madalyasını almıştır. 2001–2004 y Chicago ve 2005 yılında Amerika "top doctors" ödüllerini almıştır.

Prof.Dr. Charles Shaw

- **Prof. Charles Shaw**
- **Tıp doktoru, PhD.**
- **İNGİLİZ TABİPLER BİRLİĞİ,**
- **ULUSLARARASI KALİTE DERNEĞİ, SAĞLIK YÖNETİMİ ENSTİTÜSÜ**

Doğum tarihi 25 kasım 1944. İngiltere. Mesleki örgüt üyelikleri: British Medical Association Faculty of Public He İngiltere; Institute of Healthcare Management, İngiltere; International Society for Quality in Health Care, Avustı Royal Society of Medicine, Londra
Sağlık bakanlıklıklarına bağımsız danışmanlık ve proje ve sözleşme teslimi
Prof. Shaw'ın deneyimlerinden bazıları; GTZ, Delhi-Hindistan, Haziran 2006-eyalet ve ulusal düzeyde kaite strat gelştirilmesi, sağlık bakanlığı (GTZ fonlu)-Kamboçya, Şubat 2005 –ulusal kalite stratejisi geliştirme

Çalışma grup ve komiteleri: European healthcare standards group (Convenor), Accreditation Forum (kurucu başkan), Royal Society of Medicine Quality Forum(kurucu başkan), Picker Institute Europe (yönetim kurulu üyesi, 2008), European Society for Quality in Health Care (kurucu), Joint Commission International Accreditation (üye, avrupa danışma kurlu)
Eğitim : doktora "İngiltere ulusal sağlık hizmetlerinde standartlar": University of Wales 1986 / FFPH
Uzmanlık: Faculty of Public Health Medicine, Royal Colleges of Physicians 1991 / FHSM ,Institute of Health Services Management 1991 /Dip HCOM sağık hizmetleri organizasyon ve yönetimi diploması: Canadian Hospital Association 1977 / MB BS tıp ve cerrahi: Univ. of London 1969
Son 5 yıllık yayınları:

1. Evaluating accreditation. International Journal for Quality in Health Care 2003; 15: 455–456
2. External assessment of health services. World Hospitals 2004; 40: 24-7
3. Healthcare accreditation in Europe. Hospital 2004; 5: 3-4
4. Editorial: Standards for better health: fit for purpose? BMJ 2004; 329: 1250-1
5. Standards in the NHS. J Roy Soc Med 2005; 98: 224-7
6. The impact of accreditation on health systems. Chapter in Vleugels A. Zorg voor de kwalitet van der Zorg. University of Leuven, 2005
7. Managing clinical performance Chapter 6 in: Dubois, C-A, McKee M, Nolte E. Human resources for health in Europe. European Observatory on Health Systems. Maidenhead: Open University Press, 2006 http://www.euro.who.int/Document/E87923.pdf
8. Accreditation in European Healthcare. Joint Commission Journal on Quality and Patient Safety. 2006; 32: 266-275
9. Which way to organizational excellence? Not this way; ask a professional. J Roy Soc Med 2007; 100: 206-7
10. Programme national d'audit Clinique medical: l'expérience Britanique. Chapter 15 in Matillon Y, Maisonneuve H (eds) Evaluation en santé. Paris: Flammarion, 2007

Prof.Dr. Basia KUTRYBA

- **Prof.Dr. Basia KUTRYBA**
- **AVRUPA SAĞLIKTA KALİTE DERNEĞİ BAŞKANI (ESQH)**

Polonya Krakow National Centre for Quality Assessment in Health Care (NCQA) kurucusu ve kıdemli danışan. Polonya ulusal JCAHO akreditasyon sistemi ve diğer ECC ülkelerinde ve orta doğu da kaite iyileştirme girişilerinin oluşturulmasında önemli rol almıştır. AB Hasta güvenliği çalışma grubu eş başkanı ve DSÖ Krakow sağlık sistemleri kalite ve güvenliği gelştirme merkezi yöneticisidir. Polish Society for Quality Promotion in Health Care (TPJ -1993) kurucu üyesi ve onursal sekreteridir.

WORKSHOP KONUŞMACILAR - CV

Prof.Dr.Hakan Ergün

- **Prof.Dr.Hakan Ergün**
- Ankara Üniversitesi Tıp Fakültesi – Farmakoloji Ana Bilim Dalı

1968 Ankara doğumlu, 1993 yılında Ankara Üniversitesi Tıp Fakültesinden Tıp Doktoru olarak mezun olup aynı başladığı Tıbbi Farmakoloji uzmanlık eğitimini Ankara Üniversitesi Tıp Fakültesi Farmakoloji ve Klinik Farmakolo Ab.D.'da 1997 yılında tamamladı. 2001 yılında Doçent ünvanını aldı ve 2001-2003 yılları arasında Wayne State University, Children's Hospital of Michigan, Division for Clinical Pharmacology &Toxicology'de Klinik Farmakolo ihtisasını tamamladı.
Temel Eğitim Ve Akademik Gelişim
1995-1996 Konuk araştırmacı (DAAD bursiyeri)Hannover Üniversitesi Tıp Fakültesi, Klinik Farmakoloji Enstitüsü Hannover, Almanya
2001-2003 Wayne State University, Children's Hospital of Michigan, Division for Clinical Pharmacology &Toxicc Detroit, A.B.D.
Ocak 2001 Doçent ünvanı
DİPLOMALAR
1993 Tıp Doktoru, Ankara Üniversitesi Tıp Fakültesi
1997 Tıbbi Farmakoloji Uzmanlığı, Ankara Üniversitesi Tıp Fakültesi

- **Uzm.Ecz. Emel AYKAÇ**
- T.C. Sağlık Bakanlığı – İlaç ve Eczacılık Genel Müdürlüğü

Uzm. Ecz. Emel AYKAÇ

Betül Faika SÖNMEZ

- **Betül Faika SÖNMEZ**
- T.C. Sağlık Bakalığı, Temel Sağlık Hizmetleri Md. /AR-GE Dairesi Başkanı

1963 Kayseri doğumlu, 1985 Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğünde Mühendis olarak göreve başladı.

Bakanlık Çalışmaları;

Sağlık Bakanlığında kadrolu olarak Mühendis, Şube Müdürü, APK Uzmanı, Daire Başkanı olarak görev yaptı. S.B Temel Sağlık Hizmetleri Genel Müdürlüğünde Gıda Kontrol ve Laboratuarlar Daire Başkanlığı, Kalite Eğitim ve Koordinasyon Daire Başkanlığı, İdari İşler Daire Başkanlığı görevlerini yürütmüş olup halen AR- GE Birimi Daire Başkanı olarak görevine devam etmektedir.

Ar-Ge Birimi görev tanımı itibari ile doğrudan makama bağlı olarak hizmet vermektedir.

- Dünya Sağlık Teşkilatı ile ;Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğü adına ,Gıda Güvenliği ve Gıda Kontrol Sistemleri vb konularında (1992-1995) ayrıca Strateji Geliştirme Başkanlığı adına Stratejik Yönetim vb konularında (2004-2006) Contact Point (İrtibat Noktası) olarak proje çalışmalarını yürüttü.
- Avrupa Birliği Matra Projelerinde; Gıda Kontrol Sistemleri, Piyasa Gözetim ve Denetim vb konularda proje sorumlusu olarak görev yaptı. (2001-2003)
- Sağlıkta Dönüşüm Projesinde "Sağlık Bakanlığı'nın Yeniden Yapılandırılması "çalışmalarında koordinatör yardımcısı olarak proje çalışmalarını yürüttü.(2003-2006)
- Meslek ve meslek dışı yürütülen görevle ilgili olarak bir çok yurt içi ve yurt dışı toplantı, seminer ve kongrelere konuşmacı, katılımcı ve eğitimci olarak katılmıştır.(Liste, arzu edildiği takdirde sunulacaktır.)
- Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğü adına Stratejik Planlama çalışmalarını yürüttü.
- AB 7 çerçeve programı kapsamında Uluslar arası yürütülmesi planlanan "Ülkemizde Sağlık Okur-Yazarlığının Özendirilmesi" projesinin yürütücüsü,.
- Bakanlık adına zaman zaman diğer kamu kuruluşlarının eğitim programlarında eğitmen olarak görev almaktadır.

Prof.Dr.Haydar SUR

- **Prof. Dr. Haydar SUR**

1961 yılında Konya'da doğmuş, 1986'da İstanbul Tıp Fakültesi'nden mezun olmuştur. İlk görev yeri olan Muş'ta çalıştıktan sonra 1988'de Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğü Bulaşıcı Hastalıklar Dairesi'nde ve 1989'dan 1996'ya kadar İstanbul Sağlık Müdürlüğü'nde Müdür Yardımcısı olarak görevlendirilmiştir. London School of Hygiene and Tropical Medicine'da Halk Sağlığı Yüksek Lisansı ve Sağlık Bakanlığı Sağlık Projesi Genel Koordinatör Yardımcılığı görevinden dolayı 2 yıl ara vererek İstanbul Sağlık Müdür Yardımcılığı görevini sürdürmüştür. 1996'da İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü'nden doktora derecesi alan Sn. Sur, 1996'da Marmara Üniversitesi Sağlık Eğitim Fakültesi'nde Sağlık Yönetimi Bölümü'ne Yardımcı Doçent olarak atanmış ve 1998'de Halk Sağlığı Doçentliği ve 2003 yılında Sağlık Yönetimi Profesörlüğü derecelerini almıştır. Haydar Sur, halen Marmara Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Yönetimi Bölümü'nde öğretim üyesi ve bölüm başkanı olarak çalışmaktadır.

Özellikle Sağlık Politikaları ve Sistemleri, Sağlık Hizmetleri'nde Yönetim, Hastane İşletmeciliği ile Epidemiyoloji ve Biyoistatistik alanlarında çalışmalarını sürdürmektedir. Günümüze kadar Marmara, İstanbul, Yeditepe, Maltepe ve Beykent Üniversitelerinde toplam 19 ders başlığında lisans, yüksek lisans ve doktora dersleri vermiştir. 24 uluslararası ve yaklaşık 200 ulusal yayını bulunan Sn Haydar Sur, ayrıca 11 kitapta editör ve/veya bölüm yazarı olarak yer almıştır.

Prof.Dr. Martin RUSNAK

- **Professor Martin Rusnak, MD, PhD**

Halk Sağlığı Profesörü olan Martin Rusnak, 1999'dan beri Viyana'da bulunan Uluslararası Nörotravma Araştırma Derneği Mütevelli Heyeti başkanlığını sürdürmektedir. Slovak Cumhuriyeti Trnava Üniversitesi Sağlık ve Sosyal Hizmetler Okulu, Halk Sağlığı bölüm başkanıdır. Deneyim sahibi olduğu bazı alanlar şunlardır:

- ulusal ve uluslar arası alanda beyin travmalarında, travma sistemleri hizmet kalitesi ve kanıta dayalı yaklaşımlar
- Özellikle halk sağlığı, azınlık grupların sağlığı, poliklinik ve yataklı servis hizmetlerinde kanıta dayalı tıp temelinde hizmet sunumunda kalite iyileştirmesi konularında sağlık politikası oluşturulması, izlem ve değerlendirme, uygulama, kalite güvencesi
- Hastane, yerel ve ulusal sağlık enformasyon sistemleri, internet sistemleri ve web sayfası oluşturulması
- Kanıta dayalı tıp uygulamaları, klinik rehber ve protokollerin geliştirtmesi, çıktıların değerlendirilmesi ve sürekli kalite yönetimi

Dr.Hasan GÜLER

- **Dr. Hasan GÜLER**
- **T.C. SAĞLIK BAKANLIĞI,**
- **Performans Yönetimi ve Kalite Geliştirme Dairesine Başkanı**

1976 yılında Diyarbakır'da doğdu.2001 yılında Ege Üniversitesi Tıp Fakültesini bitirerek tıp doktoru unvanını aldı. 2001-2003 tarihleri arasında pratisyen hekim, 2003-2005 tarihleri arasında Van Yüksek İhtisas Hastanesinde baştabip yardımcısı olarak çalıştı. 2005 tarihinden sonra Sağlık Bakanlığı merkez teşkilatında Bakanlığın performans yönetim sisteminin geliştirilmesi ile sağlıkta dönüşüm programı çerçevesinde yapılan diğer çalışmalarda görev aldı. Son olarak Bakanlığın Performans Yönetimi ve Kalite Geliştirme Dairesine başkan olarak görevlendirildi.

Uzm. Bayram DEMİR

- **Uzm. Bayram DEMİR**
- **T.C. SAĞLIK BAKANLIĞI**

1993 yılında Sağlık Bakanlığı'nda göreve başladı. 2000 yılında Hacettepe Üniversitesi Sosyoloji Bölümünden mezun oldu. 2004 yılında Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü Sosyoloji Anabilim Dalında Sağlık Sosyolojisi üzerine Yüksek Lisansını tamamladı. Halen Ankara Üniversitesi Sosyal Bilimler Enstitüsünde Doktora çalışmasını yürütmektedir. Ankara İl Sağlık Müdür Yardımcısı ve sonrasında Sağlık Bakanlığı Performans Yönetimi ve Kalite Geliştirme Daire Başkan Yardımcısı olarak görevlendirildi

Prof.Dr. Meral GÜLTEKİN

- **Prof.Dr.Meral GÜLTEKİN**
- **Akdeniz Üniversitesi, Mikrobiyloji ve AcıbademLabmed -ANTALYA**

1957 yılında Adapazarında doğdu.İlk,orta öğrenimini aynı ilde tamamladı ve 1974 yılında Hacettepe Üniversitesi Tıp Fakültesi ' ne girdi.1981 yılında mezun olduktan sonra Adana ' da sağlık ocağında ve iş yeri hekimliği görevlerinde bulundu.1986 yılında Akdeniz Üniversitesi Tıp Fakültesi ' nde Klinik Mikrobiyoloji ihtisasına başladı.Uzmanlık eğitiminin ardından aynı kurumda akademik kariyere adım attı ve 1991 yılında Doçent,2000 yılında Profesör oldu.Akdeniz Üniversitesinde Koordinatörlük,Anabilim Dalı Başkanlığı ,Merkez Laboratuarı Başkanlığı , Satın Alma Komisyon Üyeliği,Fakülte Kurulu ve Yönetim Kurulu üyelikleri,Başhekimlik gibi çeşitli idari görevlerde bulundu.Hem mesleki,hem de yaşam felsefesinin ana özelliklerini ; toplumun tüm bireylerinin evrensel düzeyde sağlık hizmetinden yararlanabilmesi ,hasta-hasta yakınları ve sağlık çalışanlarının haklarının korunabilmesi şeklinde özetleyen Dr.Gültekin,bu misyona yönelik olarak kalite-akreditasyon çalışmalarının içerisinde emek vermektedir.2003 yılında ,ISO 9001:2000 TKY belgesini alan ilk üniversite hastanesi olan Akdeniz Üniversitesi Hastanesi ' nin kalite çalışmaları içerisinde yer almış olup ; iki yıldır da kısmı statülü olarak ,yurdumuzda ilk olarak ISO 15189 laboratuvar akteditasyonu belgesini almaya hak kazanmış Acıbadem Labmed Klinik Laboratuvarlarının Antalya sorumlusu olarak çalışmaktadır.

Doç. Dr. İbrahim ÜNSAL

- **Doç. Dr. İbrahim ÜNSAL**
- Acıbadem Laboratuar Grubu, Direktörü

Savaş DOĞRU

- **Savaş DOĞRU**
- M.İ.S. Danışmanlık Ltd. Şti., Genel Müdürü –ANKARA

Fariz Akhundov MD, MSc

- **Fariz Akhundov MD, MSc.,**
- **Azerbaycan Sağlık Bakanlığı, Dünya Bankası, Sağlık Reformları Ünitesi, Uzman**
- Dr. Fariz Akhundov is a physician and a consultant human resources.

- I graduated Azerbaijan Medical University in 1982. Since 1983 till 2003 I worked as a psychiatrist. In 2004-2005 I worked for WHO as a Coordinator of Health Policy Development Programme in Azerbaijan. There were following issues: Collection of information on current Health systems in Azerbaijan Republic;
- Analysis of gap in Health Sector of Azerbaijan Republic;
- Capacity building of National Health Authorities;
- Research of experience of Medical Training Education in other European countries and its adaptation to present Azerbaijan realities;

In-depth description of different sectors [such as communicable and non-communicable diseases, Health systems etc.] and development of future trends

Since 2006 I work as a expert of Human Resources Development Component Health sector Reform Project of Ministry of Health and World Bank. The main issues of the component are: the long term human resource needs of the health sector through:

- strengthened health workforce policy and planning capacity;
- improved under-graduate education and post-graduate training programs

Since august 2008 I'm member of Local Expert Group of "Patient Rights and patient safety" International Initiative

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Sakina Ismayilova MD, MBA

- **Sakina Ismayilova MD, MBA,**
- **Azerbaycan Sağlık Bakanlığı, Dünya Bankası, Sağlık Reformları Ünitesi, Birinci Basamak Sağlık Hizm. Koord.**

EDUCATION

Azerbaijan State Oil Academy, BAKU, Azerbaijan
MBA degree in General Management-major of Joint" Master of Business Administration "
Program at ASOA established in partnership with the Georgia State University (Atlanta, USA) (February 2004)
Azerbaijan State Medical University , BAKU, Azerbaijan
(June 2000) Specialty- Stomatology
The British Council Training Center , BAKU, Azerbaijan, (1999)
NGO Resource& Training Center (NRTC)
(An UNDP funded project) BAKU, Azerbaijan
Acquired knowledge of Basic Management Course(November 2000)

EXPERIENCE (*December 2006- to present)*
"Health Sector Reform Project", World bank and Ministry of Health Primary Health Care Coordinator
My duty is supporting improvements in the provision of primary healthcare services in selected districts.
The following activities is supported under my responsibility: appraisals of selected facilities are being carried out which will provide information on the necessary inputs (goods, civil works, training on family medicine, etc); necessary detailed specifications and architectural designs is being prepared to cover all selected facilities; a business plan for each facility will be prepared which will outline how each facility will maintain the equipment provided as well as how it plans to finance recurrent operating costs; doctor and nurse re-training programs on family medicine is being developed and investments made in the central and regional re-training facilities (civil works, equipment and training materials); training of Family Doctors trainers will be undertaken
Creation of Palliative Care Centers and involving existing medical facilities in this services will be implemented
September 2005- December 2005 : Country-wide Integrated Non-communicable diseases intervention (CINDI approach)-programme
Working group member, development of the National Strategy on CINDI in Azerbaijan
January 2005-September 2005 : Development of the National Health Policy, WHO
Working group member, expert
collection of information on current health system in Azerbaijan,
analysis of gap in Health Sector of Azerbaijan, capacity building of national health Authorities,
Research of experience of Medical Training Education in other European countries and its adaptation to present Azerbaijan Realities.
In-depth description of different sectors (such as Family Medicine, Communicable and Non communicable Diseases, Health Systems etc) and development of future trends.
May 2005 : Organization of Palliative Care Day in Azerbaijan ,WHO
January 2004-December 2004 : Health promoting schools programme, WHO
Expert, development of the National Strategy on Health Promoting schools
August 2002- October 2003 : Country-wide Integrated Non-communicable diseases intervention (CINDI approach)-programme
Working group member, development of the National Strategy on CINDI in Azerbaijan
August 2001- February 2002 : Volunteer, Support in organization workshops, seminars, round tables on Family Medicine in the Training Center of the Ministry of Health.
Dentist
Dentistry clinic N 4
August 2000
June 2001
SKILLS
Languages: fluent in Russian, Azeri and English.
Software: MS Office
Operating Systems: Windows 2000 and XP.
SOCIAL ACTIVITY The member of the " New Azerbaijan Party",
INTERESTS Floristic, music, the cinema, computers, poetry

Dr.Arild Aambø

- **Arild Aambø**
- **NAKMI, Soesterhjemmet , Ullevaal University Hospital, NORVEÇ**

Eğitim: genel pratisyenlik stajyer eğiticisi sertifikası, 1990, genel pratisyenlik uzmanlığı 1984, tıpta onur derecesi 1975, NLP Master Practitioner sertifikası 1987
Projeler: Interaktif niteliksel Proje: "sosyal güvenlik kuruluşunda iletişim yeterliliği", sağlık güvence çalışanları ile kronik hastaların ilişkisi üzerine niteliksel bir çalışma, 2000-2001
Major Niteliksel Proje: kurucu ve yönetici, "temel sağlık hizmetleri workshop" 1994-2004, çok kültürlü alanda anlamlı sağlığı geliştirme yöntemleri geliştirmeyi amaçlayan bir proje
Norwegian Center for Minority Health Research 2004, müdür yardımcısı olarak, sağlığı gel,ştirme ve tedavi hizmetleri ulusal stratejileri alanında
Önceki kurslar: Gene pratisyenikte araştırma yöntemleri, sistemik aile terapisi, klinik hipnoz/ çözüm odaklı terapi, psikosomaik tıp, psiosomatik psikotrapi/ geleneksel şifa yöntemleri
Çocuk sağlığı bölümünde, psikiyatrist, çocuk psikoloğu, psikologla birlikte grup denetimine katılmıştır. Örgütlerde psiolog ve fizyoterapist olarak1987-1996 yıllarında görev yapmıştır
Bilimsel komite üyesi, IFTAs World Conference, Oslo 2000
Bilimsel komite üyesi, Nordic Conference on Clinical and Experimental Hypnosis, Oslo 2002
Bilimsel komite üyesi, Nordic Family Therapy Conference , Bergen 2008.
Çalışma: Yönetici , NAKMI 2007 / Müdür yardımcısı, Norwegian Center for Minority Health Research (NAKMI) 2004 –
Araştırma : Institute of Biochemistry, University of Bergen 1971 (12 mnd)
Institute of Toxicology, Kjeller, Lillestrøm 1978 – 79 (8 mnd)
Ek bilgi: Oslo üniversitesi Tıp Fakültesinde eğiticilik deneyimi, Norveç ve dış ülkelerde (Moskova, Sofya, Singaur, Brezilya) çözüm odaklı terapi ve hipnoz ders ve workshopları.
Meslek birliği üyeliği: Den Norske Lægeforening (Norwegian Medical Association)

Uzm. S. Kaya KARS

- **Uzm. S. Kaya KARS**

1968 yılında Ankara da doğdu. İlköğrenimini Ankara Bahçelievler İlkokulunda, ortaöğrenimini Ankara Cumhuriyet Lisesinde tamamladı. 1985 yılında Ankara Balgat Teknik ve Endüstri Meslek Lisesinden Elektrik Teknisyeni olarak mezun oldu. 1985 -1989 yıllarında özel sektörde bir akaryakıt firmasında, 1989-1992 yıllarında Otelcilik sektöründe görev yaptı. 1992 yılında Hacettepe Üniversitesi Fen Fakültesi İstatistik Bölümünden Lisans Diploması almaya hak kazandı. 1993 yılında Linguarama Collage Birmingham U.K. de İngilizce ve İş İdaresi kurslarından sertifika aldı. Aynı yıl Richmont Collage ve Brasshouse Birmingham U.K. İngilizce kurslarına devam etti. 1993 yılında Ankara Kalite Müdürlüğüne göreve başladı. 1994 yılında İstanbul Kalite Müdürlüğüne ardından Kalite Kampüsü Kalite Müdürlüğüne tayin oldu. 2001 yılında Marmara Üniversitesi Sosyal Bilimler Enstitüsü İşletme anabilim dalı Uluslararası Kalite Yönetimi Bilim dalı Yüksek Lisans programından mezun oldu. 2003 Yılında Antalya'ya tayin oldu, 2005 yılında Antalya Personel ve Sistem Belgelendirme Müdürü olan ve halen aynı görevi sürdüren S.Kaya Kars aynı zamanda Eğitmen, ISO 9001 ISO 14001 TS 18001 ISO 22000 Baş Tetkik Görevlisidir.

- **Uzm. S. Kaya KARS**

He was born in 1968 in Ankara. He graduated from Ankara Bahçelievler Primary School and Ankara and Ankara Cumhuriyet High school. He graduated from Ankara Balgat Technique and Industry Profession High School in 1985 as an electric technician. He worked in a liquid fuel firm in private sector in 1985-1989 and in hotel sector in 1989-1992. He had the right og receiving a diploma of bachelor degree from Hacettepe University Faculty of Science Department of Statistics in 1992. He received certificate from the courses of English and Profession Management in Linguarama Collage Birmingham U.K. in 1993. He kept on his English courses in Richmont Collage and Brasshouse Birmingham U.K. in the same year. He was dutied in Ankara Quality Directory in 1993. In 1994 he was appointed to Quality Directory of Quality Campus from İstanbul Quality Directory. In 2001 he graduated from Marmara University Institute of Social Sciences Department of Administration Science of the International Quality Management Master Degree Program. He was designated to Antalya in 2003, S. Kaya, who was the Manager of Antalya Personel And System Documenting and stil maintains this task, is also a trainer and offical of ISO 9001 ISO 14001 TS 18001 ISO 22000 Main Scrutiny.

Savaş AVCI

- **Savaş AVCI**
- **TÜRKAK , Genel Sekreter Yardımcısı**

Gazi Üniversitesi Mühendislik Fakültesi Makine Bölümünden 1981 yılında Lisans derecesini aldı. 5 yıl süreyle Kiska Komandit Şti Libaş A.Ş. Firmalarında çalıştı 1986 yılından beri Türk Standartları Enstitüsü İstanbul Kalite Kampüsü Bölge Müdürlüğü, Ürün Belgelendirme Müdürlüğünde Teknik Şef ve Kalite Müdürlüğü görevini yaptı. Halen TSE' de Genel Sekreter Müşaviri olarak görevini sürdürmektedir.

ALDIĞI EĞİTİMLER:

- Batı Almanya' dan TÜV Kuruluşundan araçların fenni muayenesi
- Wabco Westing House firmasından Fren Sistemleri
- VW Otomobil Firmasından son muayenesi ve jant imalatı
- Beral Firmasından ren deneyleri
- Emmerz Firmasından Jantların Muayene ve Testleri
- Cotinatal Lastik Fabrikasından Lastik Muayeneleri
- Auditing Techigues Course – BM Kalite Uzmanı 1. MAZZA tarafından – ANKARA 1991 (Denetim Teknikleri)
- Laboratory Accreditation Assessor Training Course – BM kalite Uzmanı P.HEINS tarafından Ankara 1991 (Laboratuar Akreditasyon Kursu)
- Lead Assessor Course – Rede Group / İngiltere 1992 (Baş Tetkikci Kursu)
- Industrial Standardization and Quality Control / JICA MITI / Japonya (Endüstriyel Standardizasyon ve Kalite Kontrol)
- Introduction to ISO 9000 Quality Systems and Documenting a Quality Management System- Neville Clarke / Ankara 1991 (Kalite Yönetim Sistemi ISO 9000 tanıtımı ve dökümante edilmesi)
- Quality System Installation, auditing and Improvement – Neville Clarke / Ankara 1992 (Kalite Sisteminin kurulması, denetimi ve geliştirilmesi)
- Quality in the Service Sector- Neville Clarke / Ankara 93 (Servis Sektöründe Kalite)
- Quality Auditor Training Programme- CTA- IRELAND / İstanbul 1994 (Kalite Tetkiki Programı)
- Service Sektor Auditing Programme- CTA – IRELAND / İstanbul 1994 (Hizmet Sektörü Denetim Programı)
- Halen Türkak Genel Sekreter Yardımcısı Olarak Görev Yapmaktadır.

Mesut DURU

- **MESUT DURU**
- **TSEPlanlama ve Koordinasyon Müdürlüğü**

1968 yılında Ankara'da doğdu. ODTÜ Metalurji Mühendisliği bölümünden 1990 yılında Lisans, 1993 yılında da Y. Lisans derecesi ile mezun oldu. 08/1990-10/1993 tarihleri arasında Ankara'da alüminyum alaşımlı külçe/biyet döküm konularında faaliyet gösteren özel bir firmada çalıştı.10/1993-10/1995 tarihleri arasında TSE İstanbul Belgelendirme Müdürlüğünde,. 10/1995-10/2001tarihleri arasında ise TSE İstanbul Kalite Müdürlüğünde Eğitim Uzmanı, Kalite ve Çevre Tetkik/Baş Tetkik Görevlisi olarak çalıştı. 10/2001- 02/06 tarihleri arasında TSE Personel Belgelendirme Müdürlüğünde Teknik Uzman olarak görev yaptı. Halen TSE Personel ve Sistem Belgelendirme Merkez Başkanlığı Planlama ve Koordinasyon Müdürü olarak görev yapmaktadır. Bu arada 08/1998-03/1999 tarihleri arasında askerliğini yaptığı Deniz Harp Okulu Komutanlığında TS-EN-ISO 9001 Kalite Güvence Sistemi ve TS-EN-ISO 14001 Çevre Yönetim Sistemi kurma çalışmaları yürütmüştür.

Mehmet BOZDEMİR

- **Mehmet BOZDEMİR**
- **T.S.E , Ankara- Personel ve Sistem Belgelendirme Merkezi Başkanlığı**
- **Yüksek Müh./Kimya**

1966 yılında Balıkesir Merkez Ovaköy'de doğdum. İlkokul tahsilimi Ovaköy'de, Ortaokul tahsilimi Bandırma'da ve Lise tahsilimi Balıkesir'de tamamladım. 1983 yılında İstanbul Teknik Üniversitesi Maden Mühendisliği'ni kazandım ve 1987 yılında lisans eğitimimi tamamladım. Kimya alanına duyduğum ilgiden ve mesleğimle bütünleşmesinden dolayı 1989 yılında Gazi Üniversitesi Kimya Bölümünde yüksek lisansa başladım ve 1992 yılında yüksek lisansı tamamladım. Çalışma hayatına 1987 yılında Türk Standardları Enstitüsünde başladım. Çalışma hayatımda yüzlerce standardın hazırlama faaliyetlerinde, ülkemizin her bir köşesinde yer alan sanayi bölgelerinde yaklaşık 5000'in üzerinde fabrikada teknolojik inceleme, ISO 9001 Kalite Yönetim Sistemi incelemelerinde bulundum. Ayrıca Almanya, Çin, Hong Kong, Bulgaristan, İran, Azerbaycan, Özbekistan, Kıbrıs vb. ülkelerde inceleme heyetlerinde yer aldım. Yüzlerce firmaya ISO 9000 Kalite Yönetim Sistemleri konusunda eğitim verdim. 2001-2003 yılları arasında ülkemize kalitesiz mal girişi ve aynı zamanda ülke ithalat ve ihracat dengesi açısından önem arz eden TSE İthal Malları Belgelendirme Müdürlüğü görevinde bulundum. Kalite Yönetim Sistemi Uzman ve Baş Tetkikçisiyim. 08/05/2007 tarihine kadar Personel ve Sistem Belgelendirme Merkezi Başkanlığı görevini ve TSE Başkanlık Müşavirliği görevini de yürütmekteydim. Ayrıca Türk Akreditasyon Kurumu (TÜRKAK) Sektör Muayene Komitesi üyesiyim. İyi derecede İngilizce bilmekteyim. Evli ve iki erkek çocuk babasıyım.

Aynur DAVUT

- **Aynur DAVUT**
- **TSE**

1961 yılı Emet Kütahya doğumludur. 1985 yılında HÜ. Mühendislik Fakültesi Fizik Mühendisliği Bölümünü bitirmiştir.1986-1989 yıllları arasında EİEİ Genel Müdürlüğü Yeni ve Yenilenebilir Enerji Kaynakları Bölümünde Güneş Pilleri uygulamaları üzerine çalışmıştır.1993-2006 Yılları arasında TSE Kalibrasyon Merkezi Başkanlığı Gebze Kalibrasyon Müdürlüğü Sıcaklık Kalibrasyon laboratuarında kalibrasyon personeli, eğitmen ve TS EN ISO 9001 tetkik görevlisi olarak çalışmış olup 2007'den itibaren de aynı Müdürlükte Yönetici olarak görev yapmaktadır. TÜRKAK Kalibrasyon ve Ölçüm Tekniği Sektör komitesinde de çalışmalarını sürdürmektedir.

Prof.Dr.Mustafa Kemal BALCI

- **Prof.Dr.Mustafa Kemal BALCI**

Uzmanlık Alanları; İç Hastalıkları, Endokrinoloji ve Metabolizma Hastalıkları

Lisans; Tıp Doktorluğu -Hacettepe Üniversitesi Tıp Fakültesi-1984
DOKTORA(UZMANLIK); İç Hastalıkları Uzmanlığı-Ankara Üniversitesi Tıp Fakültesi-1992
Endokrinoloji ve Metabolizma Hastalıkları Uzmanlığı-Ankara Üniversitesi Tıp Fakültesi-1994
DOÇENTLİK; Akdeniz Üniversitesi Tip Fakültesi-İç Hastaliklari/Endokrinoloji -1997
PROFESÖRLÜK; Akdeniz Üniversitesi Tip Fakültesi-İç Hastaliklari/Endokrinoloji-2003
Halen; Akdeniz Üniversitesi Tip Fakültesi İç Hastaliklari Anabilim Dali Endokrinoloji Ve Metabolizma Hastaliklari Bilim Dali Öğretim Üyesi
Akdeniz Üniversitesi Tıp Fakültesi Dekanı

2004	Dekan Yardımcısı	AKDENİZ ÜNİVERSİTESİ TIP FAKÜLTESİ
2004	Başhekimlik	AKDENİZ ÜNİVERSİTESİ HASTANESİ
1996-2004	Başhekim Yardımcılığı	AKDENİZ ÜNİVERSİTESİ HASTANESİ
2001-2004	Merkez Laboratuvarı Genel Sorumluluğu	AKDENİZ ÜNİVERSİTESİ HASTANESİ
2000-2004	Satın Alma Ön Değerlendirme Komisyonu Başkanlığı	AKDENİZ ÜNİVERSİTESİ HASTANESİ
1997-1999	Muayene Kabul Komisyonu Başkanlığı	AKDENİZ ÜNİVERSİTESİ HASTANESİ

Prof. Dr. Fatih Selami MAHMUTOĞLU

- **Prof. Dr. Fatih Selami MAHMUTOĞLU**
- **İstanbul hukuk Fakültesi, Ceza Ana Bilim Dalı**

Yrd.Doç.Dr. Hafize ÖZTÜRK TÜRKMEN

- **Yrd.Doç.Dr. Hafize ÖZTÜRK TÜRKMEN**
- **Akdeniz Üniversitesi, Deontoloji Ana Bilim Dalı**

Doğum tarihi : 1960- Korkuteli
Yüksek Öğrenim : Antalya Tıp Fakültesi (1978-1984)
Kurum Hekimliği : Mamak Belediye Başkanlığı Sağlık İşleri Müdürlüğü (1991-2000)
Doktora Eğitimi : Ankara Üniversitesi Sağlık Bilimleri Enstitüsü Deontoloji ve Tıp Tarihi Doktora Programı (AÜTF Deontoloji AD- 1994-2000)
Doktora Tezi : Çocuklar Üzerindeki Tıbbi Araştırmaların Etik Açısından Değerlendirilmesi
2000-2008 : Akdeniz Üniversitesi Tıp Fakültesi Deontoloji AD Öğr.Gör. - AD Başkanı
2008 ..... Akdeniz Üniversitesi Deontoloji AD Öğretim Üyesi (Yrd.Doç.Dr.)-AD Bşk.
Evli, İngilizce biliyor.
Mesleki Etkinlikler:
Isparta Tabip Odası Yönetim Kurulu Üyeliği: 1990-91
TTB Sürekli Tıp Eğitimi Dergisi Yayın Kurulu Üyeliği: 1991-94
TTB Ankara Tabip Odası Etik Komisyonu Üyeliği: 1995-2000

TTB Antalya Tabip Odası Etik Komisyon Başkanlığı: 2004-2006
Türkiye Klinikleri Tıp Etiği-Hukuku-Tarihi Dergisi ve Tıp Bilimleri Dergisi Danışma Kurulu Üyelikleri: 2005- Devam ediyor
Mesleki Görevler:
Akdeniz Ü. TF İlaç Araştırmaları Etik Kurulu Üyeliği: 2000- Devam ediyor.
Akdeniz Ü. TF Etik Kurulu Üyeliği: 2000- Devam ediyor.
Akdeniz Ü.TF Eğitim Koordinasyon Kurulu Üyeliği: 2006-2007.
Dönem 3 Topluma Dayalı Tıp Staj Koordinatörlüğü: 2006-2007.
Akdeniz Ü. TF Hasta Hakları Komitesi Üyeliği: 2007- Devam ediyor.
Mesleki Dernek Üyelikleri:
TTB Antalya Tabip Odası, Türkiye Biyoetik Derneği, Tıp Etiği ve Tıp Hukuku Derneği, Geriatri Derneği
Akdeniz Ü. Öğretim Üyeleri Derneği
Akademik ilgi alanları ve Yayın Listesi:
Kuramsal tıp etiği, klinik uygulama etiği, hasta hakları, riskli gruplara (kadın, çocuk, yaşlı, psikiyatri hastaları, AIDS) ilişkin etik sorunlar, sağlık etiği, kök hücre ve genetik çalışmalar, tıp eğitimi, bilim tarihi, bilim etiği, bilim felsefesi, tıp evrimi.

Prof.Dr. Viera RUSNAKOVA

- **Professor Viera Rusnakova, MD, PhD**

Halk Sağlığı Profesörü olan Viera Rusnakova, Slovakya Bratislava'da Slovak Tıp Üniversitesi Halk Sağlığı Fakültesi Tıbbi Bilim bölüm başkanı olarak görev yapmaktadır. Slovakya Trnava Üniversitesi Halk Sağlığı bölümünde Halk Sağlığı profesörü ve Sağlık Yönetimi Fakültesi yönetim kurulu başkanıdır.
1980lerin başından bu yana klinikte IT (bilişim teknolojileri) uygulamaları ve medikal informatik (veri toplanması, analizi, sağlık enformasyon sistemlerinde trendler) konularında aktif kullanıcı ve program geliştirici olarak çalışmaktadır.

Prof.Dr. Zarema Obradovic

- **Prof.Dr. Zarema Obradovic**
- **Bosna Sağlık Bakanlığı**
- **Epidemiyoloji bölüm başkanı,**

Public Health Institut Sarajevo / Doçent, Faculty of Health Studies, University of Sarajevo, Medical Faculty of Tuzla, B&H,
Eğitim: 1974- 1978.- lise : "Gymnasium 25 oktobar" Stolac,B&H
1978- 1983. Tıp fakültesi, University of Sarajevo.
1987- 1990 uzmanlık –Epidemiyoloji, Tıp Fakültesi, Sarajevo Üniversitesi
1990- 1992 mezuniyet sonrası – tıbbi ekoloji, Tıp Fakültesi, Sarajevo Üniversitesi
Prof. Zarema'nın 117 adet bilimsel yayını vardır.
Uluslararası çalışmalar :Tıp fakltesi misafir öğretim üyesi, Bükreş, Romanya. / doktora tezi external değerlendirmeci, Penjap Üniversitesi, Lahore, Pakistan

Eman Ahmed Darwish

- **Eman Ahmed Darwish**
- **Ürdün -Mouwasat Hospital, Dammam 31411, P.O. Box 282**

Eğitim, Aktivite & deneyim

- MAB- İş ve Yönetim masteri-Hastane Yönetimi, 2007
- Sağlık Kuruluşu Denetimci Sertifikası, 2007
- Amerikan Sağlık Hizmetleri Kalite Enstitüsü (FAIHQ) üyesi, 2006
- Amerikan Sürekli Tıp Eğitimi Akademi Üyesi, 2005
- Klinik eczacı, 1994
- Ulusal ve uluslararası konferanslarda konuşmacı
- Mouwasat tıp kuruluşlarında performans iyileştirici
- Sağlık kuruluşları denetçisi-olarak çalışmaktadır

Dr. Amin NİMER

- **Dr. Amin NİMER,**

CEO, Mouwasat Hastanesi Dammam, Suudi Arabistan

Yrd. Doç. Dr. Erol Gürpınar

- **Yrd. Doç. Dr. Erol Gürpınar**
- **Akdeniz Üniversitesi Tıp Fakültesi / Tıp Eğitimi Anabilim Dalı**

Doğum Tarihi: 27.10.1973
Doğum Yeri : Antakya / Hatay
Yabancı Dili : İngilizce
Eğitim Süreci:
1991-1997: Tıp Doktoru. İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi
1999-2002: Halk Sağlığı AD Uzmanlık Öğrencisi. Dokuz Eylül Üniversitesi Tıp Fakültesi Halk Sağlığı AD
2005- 2007 : Akdeniz Üniversitesi Tıp Fakültesi Biyoistatistik ve Tıp Bilişimi, Anabilim Dalı Tıp Bilişimi Yüksek Lisansı
2007- : Akdeniz Üniversitesi Tıp Fakültesi Tıp Eğitimi, Anabilim Dalı Tıp Eğitimi Yüksek Lisans Öğrencisi
Meslek Öyküsü:

2006-…… :Yrd. Doç. Dr. Akdeniz Üniversitesi Tıp Fakültesi Tıp Eğitimi AD
2003-2006 :Uzman Doktor. Akdeniz Üniversitesi Tıp Fakültesi Tıp Eğitimi AD
1999-2003 :Araştırma Görevlisi. Dokuz Eylül Üniversitesi Tıp Fakültesi Halk Sağlığı AD
1996 – 1999 :Pratisyen Hekim. Eskil Merkez Sağlık Ocağı, Aksaray.
ÜYE OLUNAN DERNEK-KURULUŞLAR : T.T.B, Halk Sağlığı Uzmanları Derneği, Tıp Eğitimini Geliştirme Derneği

Dr. Dag Hofoss

- **Dr. Dag Hofoss**
- **PhD, prof, sağlık hizmetleri araştırma birimi, Akershus University Hospital and Institute of Community Medicine, University of Tromso, NORVEÇ**

1946'da Oslo'da doğdu. Sosyolog, MA, University of Oslo 1971. PhD, University of Oslo 1985 (sağlık hizmetlerinde meslek/çalışma gruplarının sayıca artş nedenleri ve sonuçları). 1983'den bu yana araştırmacı , sağlık hizmetleri araştırma birimi, Akershus University Hospital and Institute of Community Medicine, University of Tromso, Norveç. 1989'dan beri Toplum sağlığı/sağlık hizmet araştırmaları profesörü, University of Tromso, Norway, Institute of Community Medicine.

Dr. Ela Chapka

- **Dr. Ela Chapka**
  Polonya Sağlık Bakanlığı

Elzbieta Anna Czapka, Sosyoloji doktorası (Doktora tezi: Bir mültecinin stereotipi. Seçilmiş Avrupa ülkelerinde öğrenciler üzerinde yapılan bir çalışmaya dayalı karşılaştırmalı analiz)
Çalışma deneyimi
-Norwegian Centre of Minority Health Research, araştırmacı-post doktora projesi, Polonyalı göçmen işçilerin sağlığı (Oslo, Norveç)
- Olsztyn Warmia and Mazury Üniversitesi sosyoloji bölümü öğretim görevlisi (Polonya)
- Józef Rusiecki Institute of High Education öğretim görevlisi (Polonya)
Araştırma ağı
- COST Action ISO 603 Health and social care of migrants and ethnic minorities in Europe yürütme kurulu polonya temsilcisi
-Mighealthnet uzmanı (Polonya)

Jennifer Gerwing, Ph.D.

- **Jennifer Gerwing, Ph.D.**
- **Kanada Sağlık Araştırmaları Enstitüsü, Vancouver Sağlık Otoritesi ve Victoria British Colombia Universitesi**
- **KANADA**

Jennifer Gerwing**,** Vancouver Island Health Authority in Victoria, British Columbia, kanada da post doktoral araştırmacı. Video kayıt görüşmelere dayalı kantitatif mikronalizi yöntemi uygulamaları konusunda uzmandır. Victoria'daki çalışmaları palyatif bakımda karar verme süreçlerinin tanımlanması üzerinedir**.** Oslo, Norveç'te Norwegian Centre for Minority Health Research (NAKMI) ile kültürler arası tıp alanlarında iletişimin geliştirilmesi (acil telefon çağrıları vb) konusunda çalışmaktadır. Victoria'da meslektaşlarıyla birlikte psikoterapistlere yönelik ve mikro analiz yöntemiyle iletişim süreçlerinde farkındalık yaratarak terapötik yöntemlerini geliştirmelerini sağlayan uluslararası workshoplar düzenlemektedir. Dr. Janet Bavelas danışmanlığında yürüttüğü doktora tezi, "ev video kayıtlarının analizi ile, otizmin çocuğun ebeveynleri ile uyumunu nasıl etkilediğinin incelenmesi"dir. Gerwing'in son çalışması, diyaloglarda etkileşimli el işaretlerinin kullanımı üzerinedir.

Uzm. Dr.Hasan KUŞ

- **Uzm. Dr.Hasan KUŞ**
- **GENEL DİREKTÖR, ANADOLU SAĞLIK GRUBU, TÜRKİYE**

Ankara Deneme Lisesi'nden 1981 yılında, Gazi Üniversitesi Tıp Fakültesi'den ise 1987 yılında mezun oldu. Genel Cerrahi dalında uzmanlık eğitimini Göztepe Eğitim Hastanesi'nde tamamladıktan sonra, çeşitli kamu hastanelerinde genel cerrah ve yönetici olarak görev yaptı.
İngiltere'de, Leeds Üniversitesi'nde Hastane Yönetimi konusunda master programını 1999 yılında tamamladı. Göztepe Eğitim Hastanesi'nde başhekim yardımcılığı ve VKV Amerikan Hastanesi'nde danışmanlık görevlerinin ardından, Ocak 2002'de Tıbbi Direktör Yardımcısı olarak Acıbadem Sağlık Grubu'na katıldı, Acıbadem'de kalite çalışmaları koordinasyonu görevini de yürüten Dr.Kuş, Mart 2005 tarihinden itibaren Acıbadem Kozyatağı Hastanesi Direktörlüğü'ne atandı. Dr.Hasan Kuş son olarak Nisan 2007 tarihinden itibaren Anadolu Sağlık Merkezi Genel Direktörlük görevine getirildi.
Dr. Kuş, Ocak 2007'den itibaren JCI için "hekim tetikçi"olarak görev yapmaktadır.
Çeşitli üniversite ve eğitim kurumları tarafından yürütülen Hastane Yönetimi eğitim programlarında sağlıkta kalite ve akreditasyon, hasta güvenliği, performans ölçümü ve cerrahi alanların tasarımı konularında ders vermektedir. Bu konularda makaleleri yayınlanmış olup, ülke içinde ve dışındaki konferanslara konuşmacı olarak davet edilmektedir. Dr. Charles Shaw tarafından hazırlanan "Accreditation in Europe" (2001, 2002) ve "World Health Organization - International Society for Quality in Healthcare" tarafından hazırlanarak Aralık 2003'te yayınlanan "Quality and Accreditation in Healthcare Services" dokümanlarına katkıda bulunmuştur.
Dr. Kuş Sağlıkta Kalite İyileştirme Derneği'nin (www.skid.org.tr) Yönetim Kurulu Başkanlığı'nı ve Akredite Hastaneler Derneği İcra Kurulu üyeliğini yürütmektedir. Ayrıca, Ulusal Sağlık Akreditasyon Sistemi Yürütme Kurulu ve International Society for Quality in Healthcare üyesi olup, EFQM Health Sector Group'ta 2002'den bu yana ülkemizi 'Head of Strategy Group' olarak temsil etmektedir.

Prof. Dr. Metin ÇAKMAKÇI

- **Prof. Dr. Metin ÇAKMAKÇI**
- **Anadolu Sağlık Grubu, Tıbbi Direktör**

Prof.Dr.Fevzi ERSOY

- **Prof. Dr. Fevzi Ersoy,**
- **Akdeniz Üniversitesi Tıp Fakültesi, Nefroloji Bölüm başkanı,**

İlk ve orta öğrenimini İstanbul ve Ankara'da tamamladı. 1977 yılında Ankara Üniversitesi Tıp Fakültesi'ni bitirdi. Bir süre TÜBİTAK bünyesinde araştırmacı olarak Prof. Dr. Kazım Türker ile renal farmakoloji alanında araştırma çalışmalarına katıldı. 1982 yılında Ankara Üniversitesi Tıp Fakültesi hastanesinde İç Hastalıkları uzmanlık eğitimini tamamladı. 1987-1990 yılları arasında A.B.D. de Missouri Üniversitesi-Columbia Tıp Fakültesinde klinik nefroloji fellow'u olarak nefroloji ihtisasını tamamladı. 1990 yılında Y. Doçent olarak Akdeniz Üniversitesi Tıp Fakültesi İç Hastalıkları Anabilim Dalı Nefroloji Bilim Dalı'nda öğretim üyeliği görevine başladı, 1992 yılında Nefroloji doçenti oldu. Sürekli Ayaktan Periton Diyalizi (SAPD) alanındaki çalışmaları ile bu tedavi sisteminin Türkiye'de yaygın ve başarılı olarak kullanımının sağlanmasına katkılarda bulundu. 1997-2004 arasında Akdeniz Üniversitesi Hastanesi Başhekimi ve hastaneden sorumlu dekan yardımcısı ve görevini sürdürmüştür.1997-2002 yılları arasında Akdeniz Üniversitesi Tıp Fakültesi Acil Tıp Anabilim Dalı Kurucu Anabilim Dalı Başkanlığı'nı yapmıştır.2002-2004 yılları arasında Akdeniz Üniversitesi Organ Nakli Araştırma ve Uygulama Merkezi müdürlüğünü sürdürmüştür. Batı Akdeniz Teknokenti kurucu şirket yönetim kurulu üyesi ve Batı Akdeniz Teknokenti Danışma Kurulu üyesidir. Akdeniz Üniversitesi Kalite Yönetim Kurulu üyeliği görevini sürdürmektedir. 1997-2007 yılları arasında Akdeniz Üniversitesi Hastanesi Kalite Yönetim Temsilciliği görevini yapmıştır.

Mehmet KAYMAKÇI

- **Mehmet KAYMAKÇI**
- **Sağlık Bakanlığı , Tedavi Hizmetleri Genel Müdürlüğü, Hasta Hakları Şubesi**

Medeni durum Evli, 2 çocuk babası
Yaş: 34
Doğum Yeri : Ordu - Askerliğini yaptı.
Lise: Ordu-Ünye Sağlık Meslek Lisesi
Lisans: Ankara Üniversitesi, Sağlık Eğitim Fakültesi, Sağlık Eğitimi Bölümü.
Yüksek Lisans: Ankara Üniversitesi, Eğitim Bilimleri Enstitüsü, Yetişkin Eğitimi Bölümü.
Bildiği diller : Orta derecede İngilizce.
İş deneyimi : 1996-2003 yılları arası Ankara Dr. Sami Ulus Çocuk Sağlığı ve Hastalıkları Eğitim ve Araştırma Hastanesi-Sağlık Memuru, 2003- Bakanlığımız Tedavi Hizmetleri Genel Müdürlüğü Hasta Hakları Şubesi-Sağlık Memuru, 2007-Hasta Hakları Şube Müdür V.
Katıldığı Eğitimler/Kurslar : 6 ay süreli İngilizce Kursu, Dış Ticaret Müsteşarlığının hazırlamış olduğu "AB Projeleri" adlı seminer., Hızlı okuma kursu., Bakanlığımızın düzenlemiş olduğu "Liderlik" eğitimine katıldı., Avrupa Birliği Eğitim ve Gençlik Programları Merkezi Başkanlığının düzenlemiş olduğu "Leonardo da Vinci Programı B-C Tipi Proje Hazırlama Semineri", Leonardo da Vinci Programı kapsamında Hollanda'ya hasta hakları uygulamalarını yerinde görmek üzere katılım., Hıfzısıhha Mektebinin düzenlemiş olduğu uzaktan eğitime katılım.
Verdiği Eğitimler/Sunumlar : Şubat 2004 Yalova'da 60 devlet hastanesinin hasta hakları kurul başkanlarına ve birim sorumlularına "Hasta Hakları Eğitimi"
HAKSAY'ın (Hasta Hakları ve Sağlıklı Yaşam Derneği) düzenlemiş olduğu 1.-2. ve 3. Hasta hakları eğitici eğitimi, Bir çok devlet hastanesinde "Hasta Hakları Eğitimleri"
Selçuk Üniversitesi Tıp Fakültesinde "Hasta Hakları Eğitimi", 2005 yılında Nevşehir'de 81 il sağlık müdürüne ve il koordinatörlerine "Hasta Hakları Eğitimi"
2007 yılında Çanakkale'de Hasta Hakları Panelinde sunum., 2007 yılında Uluslar arası Hukuk Kurultayında sunum., 2008 yılında Başkent Üniversitesi'nde Hasta Hakları Sunumu., 2008 yılında Balıkesir'de İnsan Hakları Haftasında "Hasta Hakları Konferansı".,
Yayınlar : "Sağlık Çalışanlarının Hasta Hakları Konusundaki Görüşleri" adlı tez çalışması., Bakanlığımız hasta hakları internet sayfası tasarım ve içerik yönetimi,
Hasta hakları ile ilgili kişisel internet sayfası tasarım ve içerik yönetimi., Bakanlığımız SB Diyalog Dergisinde muhtelif zamanlarda yayınlanmış hasta hakları konusunda makaleler. , AB eğitim projeleri konusunda deneyim.
Memuriyet dereceleri
1996 yılında Sağlık Memuru olarak göreve başladı.
Halen Şube Müdür V. Olarak çalışmakta.
Sicil:43250
Kadro derecesi 3/2

Nazmi TUTAL

- **Nazmi TUTAL**
- **15.10.1970 Yozgat/Sorgun**

İlk, orta, lise tahsilimi Ankara da yaptım. Yüksek okul tahsilimi Selçuk Üniversitesi inşaat bölümünde 1992 yılında tamamladım. Ankara da ticari hayatıma 1993 yılı itibari ile başladım. Öncelikle mesleğim olan inşaat işleri ile ilgili taşeronluk ve mütahitlik işleri yaptım..1998 yılında askerliğimi yapmak üzere önce Samsun ardından Amasya sonra Balıkesir. Marmara deprem ile deprem bölgelerinin tamamında çadır kent projeleri ve uygulamaları ile ilgili görev aldım ayrıca deprem yönetmeliği, acil durum yönetmeliği gibi konularda da askeri birlikler ile araştırma geliştirme projeleri yaparak programlar hazırlayıp hizmete sunduk. Sağlık sektörüne bu noktadan sonra giriş yaptım. Ora da yapılan uygulamaların başka ülkelerde uygulanıp uygulanmadığını araştırdım bu konuda; Almanya, Avusturya, Yunanistan ve Arap ülkelerinin program ve devlet kanunlarını bir kısım inceledim.2003 yılı itibari ile hasta hakları kanunu çıkınca bende bu konu ile ilgili bir derneğe önce üye daha sonrasında da genel koordinatör oldum.
Dernek çatısı altında birçok hastaya ve hasta yakınına konu ile ilgili eğitim ve seminerler verdim. Konunun toplumsal boyutunun ehemmiyetine binaen öncelikle sivil toplum örgütlerine hasta haklarını ve uygulamalarını anlatmakla başladık bu konuda birçok dernek sendika ve hatta siyasi partilerin örgütlerine eğitim amaçlı seminerler verdik.

KONFERANS SUNUM ÖZETLERİ

Zarar Gören Hastaların Dökümantasyonu için Öncelik Çalışmaları ile ilgili Araştırma

Tunus Üniversite Hastanesinde gerçekleşen aksi olayların tatbiki

Yazarlar: Mondher Letaief, Sana Elmhamdi, Mohamed soltani , Adel Ben Mahmoud

Tıbbi hizmet sırasında hastalık süreci dışında istenmeden gerçekleşen yaralanmalar aksi olaylar olarak tanımlanabilir. Özel stratejiler kullanılarak hastanede gerçekleşen bu olayların frekansı azaltılarak hasta güvenliğinin arttırılması sağlanabilmektedir. Tunus'ta Monastır şehrinde bulunan Üniversite hastanesinde tıbbi kayıtlar kullanılarak aksi olayların frekansı ve sonuçları incelenmiştir. Retrospektif kohort çalışma olarak yürütülen bu çalışmada 2005 yılında hastaneye yatan 618 hastanın kayıtları incelenmiştir. Aksi olayların belirlenmesinde 2 basamaklı bir system kullanılmıştır. Birinci basamakta hemşire tarafından tıbbi kayıtlar incelenmiş ve belirlenen 18 kritere uyan bir kayıt olup olmadığına bakılmıştır. Ardından hemşire tarafından pozitif olarak nitelendirilen kayıtlar o alanda uzman olan bir hekim tarafından değerlendirilerek gerçekte aksi olayın var olup olmadığına karar verilerek, önlenebilme oranları belirlenmiştir. Sonuç olarak hemşire tarafından yapılan değerlendirmede 62 hastanın bir veya daha fazla aksi olay yaşamış olduğu ve toplam olay sayısının 93 olduğu görülmüştür. Uzman hekim tarafından yapılan değerlendirme sonucunda 93 olayın 82'sinin aksi olay olduğu onaylanmıştır. Aksi olayların oluşması ile hastanın hastanede kalma süresi arasında ilişki görülmüş ve hastanede yatma süresinin medyanı 6 ay olarak belirlenmiştir. Aksi olayların hastaların %8'Inde kalıcı veya az miktarda maluliyet ile, %21'inde ise ölümle sonuçlandığı görülmüştür. Uzman hekim yaşanmış olan ters olayların %60'ı önlenebilir , %36,2'sinin ise invaziv operasyonlardan kaynaklandığını belitrmiştir. Çalışma Tunus sağlık sisteminde ters olayların öncelikli olarak ele alınmasının önemini ve güvenlik planı, hasta eğitimi, çalışan eğitimi ve ters olaylar ile ilgili yeni bir vizyonun gerekliliğini göstermiştir.

Suudi Arabistan Damam Merkez Hastanesinde Arapça Konuşan Post-Operasyon Hastaları için " En çok ne önemli?"

Chachaty, N., Aleppo Tıp Fakültesi, Suriye
Emam, S., Saud Al-Babtain Kalp Merkezi, Suudi Arabistan

Hastaların ve ailelerinin hastanedeki sağlık hizmetlerinin kalitesini kendileri için en çok önem taşıyan konular ile tanımlamaları istenen niteliksel çalışma, Dammam Merkez Hastanesinde yatan 10 adet cerrahi hastası ve aileleri ile taburcu olacakları gün yapılan bireysel görüşmeler ile gerçekleştirilmiştir. Yarı yapılandırılmış anket formları kullanılarak 100 post-operasyon hastasının hizmet ile ilgili deneyimleri ölçülmüş, cerrahlar ile focus grup çalışması gerçekleştirilmiş ve hastalar açısından en önemli olarak görülen konular hakkındaki bakış açıları araştırılmıştır. Sonuçta hastalar ve yakınlarından elde edilen sonuçlar cerrahlardan elde edilenler ile karşılaştırılmış ve hastaların tercihleri ile önceliklerinin daha iyi anlaşılabileceği modeller oluşturulmuştur.

AZERBAYCAN'DA HASTA HAKLARI VE HASTA GÜVENLİĞİ

Fariz Akhundov, Gulara Efendiyeva, **Sakina Ismayilova**

Azerbaycan' daki hasta hakları ve güvenliği ile ilgili problemlere olan ilgi halen yeterli değildir. Ilk olarak yapılması gereken hastaların karar verme sürecinde yer almalarını sağlayacak olan uluslararası yaklaşımların kullanılmasıdır. Kurulacak ağ ile hastaların ihtiyaçları doğrultusunda daha fazla bilgi edinilebilir ve zarar görme tehlikesi altında olanların zarar görmeleri engellenebilir ve istenmeyen tıbbi olayların gelecekte yaşanmaması sağlanabilir. Azerbaycan'da yasal tutarsızlıklar nedeni ile sağlık küresi oluşturulamamakta ve sağlık hizmetlerine standartlara uyma zorunluluğunun olmaması nedeni ile hastaların zarar görmelerini engeleyememektedir. 2008 yılında Hasta Haklarını Koruma ve Hasta Güvenlliği alanında ilk aımlar uygulanmaya başlanmıştır. 3-5 Ekim, 2008 tarihinde gerçekleştirilen Kafkasya Bölge Toplantısı'nın ardından Azerbaycan'da bulunan uzmanlar biraraya gelerek Hasta Hakları ve Güvenliğini Koruma amaçlı sivil toplum örgütünün kurulması gerektiğini bildirmişlerdir. Sivil toplum örgütünün ana amacı Azercaycan hükümeti ve toplum kuruluşlarını güvenlik, kalite ve tıbbi hizmetlere ulaşım konularında biraraya getirmek olarak belirlenmiştir. 2009-2010 yılları için belirlenen aktivite planında yer alan bazı başlıklar; Hasta güvenliği ile ilgili bilgilendirme kampanyasının düzenlenmesi, tıbbi zararların azaltılması ile ilgili araştırmaların gerçekleştirilmesi, ortak ülkeler ile işbirliğine gidilerek uluslararası deneyimleri paylaşmak ve şu anda yürürlükte olan yasaların analizi, ülkede ve bölgedeki hasta güvenliği durumunun analizi, önceliklerin ve karar verme yollarının gelişiminde seçimler, Kafkas bölgesinde stratejilerin geliştirilmesi ve diğer bölgeler ile stratejiler ile ilgili işbirliğine gidilmesi, ülkeler ve katılımcılar arasında bilgi alışverişini sağlayacak olan bir internet portalının kurulması, Doğu Avrupa ve Asya bölgelerinde hasta güvenliği ile ilgili kongreler düzenlenmesi olarak verilebilir. Hasta hakları ve güvenliği alanında başarılı olmuş olan bir çok organizasyon ve hareket bulunmaktadır. Ancak sağlık hizmetlerinde tıbbi hizmet sırasında ortaya çıkan ters olaylar ile ilgili bir çok sorun halen dünya çapında çözülmeye çalışılmaktadır.

SAĞLIK HİZMETLERİNDE YÖNLENDİRME SİSTEMİ İLE İLGİLİ HASTALARIN DENEYİM VE ENDİŞELERİ

Shabila N., Hawler
Abdulahad F., Hawler

Sağlık sisteminde hastaların farklı sağlık hizmetleri için başvurdukları yönlendirme sistemi hastaların ihtiyaçlarının giderilmesinde önemli bir yer tutmaktadır. Ideal olan hastaların sekonder ve tersiyel seviyelerden önce primer sağlık merkezlerine yönlendirilmeleridir. Çalışmaya son 6 hafta içerisinde iki primer sağlık merkezi tarafından iki eğitim hastanesinde görev yapan uzman ve danışman kliniklere yönlendirilen 230 hasta alınmıştır. Hastaların sosyodemografik bilgileri, beklentileri, kaygıları ve deneyimleri, aldıkları sağlık hizmetinin kalitesi ve bekleme süreleriyle ilgili bilgiler telefon ile uygulanan anket aracılığıyla toplanmıştır. Çalışmanın sonucunda 230 hastanın %62'si yönlendirildikleri yerde aynı gün, %25'i ise bir gün sonra doktorunu görebilirken; %13'ü konsültasyon hizmetine ulaşamamış ve özel kliniklere gitmişlerdir. Konsultasyon için bekleme süresinin ortalaması 3 saat olarak bulunmuştur. Konsultasyon alan hastaların %55'i kıdemsiz doktorlar ile görüştüklerinden, uzun zaman beklemek zorunda kaldıklarından ve gerekli ilaçların tesiste bulunmamasından dolayı tetmin olmadıklarını belirtmişlerdir. Sonuç olarak hastaların büyük bir çoğunluğunun aldıkları konsültasyon hizmetinin kalitesinden memnun kalmadıkları görülmüştür. Sağlık servisleri arasındaki iletişim eksikliğinden dolayı yönlendirilen kliniklerde yığılma olmakta, yönlendiren tarafından belirli bir randevu alınamamakta, yönlendirilmeden direkt bu kliniklere gelen hastaların yoğunluğu nedeni ile verilen sağlık hizmeti fonksiyonel olamamaktadır. Sağlık hizmetlerinde basamaklar arası yönlendirmede daha verimli ve etkili bir sistemin uygulanması gerekmektedir.

YAŞLILAR İÇİN KONTRAST DUYALI ÇEVRE AYDINLATMASI ÜZERİNE PRAGMATİK BİR ÇALIŞMA

Shikder, S. H., Araştırma Asistanı,
Loughborough Üniversitesi İnşaat Mühendisliği Bölümü
Price, A. D., Profesör, Loughborough Üniversitesi İnşaat Mühendisliği Bölümü

Yaşlılar için ev veya aktivitelerini gerçekleştirdikleri yerlerin aydınlatılması büyük önem taşımaktadır. Görsel yeteneğin azalmasına bağlı olarak yaşlıların rahat bir yaşam sürmeleri ve çeverelerinde bulunan eşyalara takılıp düşmelerini önlemek için belirli bir aydınlatma kullanılması gerkemektedir. Yaşlılarda azalan derinlik algısı ve görsel yetenek, kontrast duyarlılığını ağır önem taşıyan bir

konu haline getirmektedir. Yaşlılar için kontrast duyarlı çevre aydınlatmasının ana başlıklarını belirlemek için yapılan çalışma literatür taraması ile gerçekleştirilmiştir. Loughborough Üniversitesi kütüphane veri tabanı ile Ovid Medline, Sciencedirect, Pubmed ve Scholar Google veri tabanlarında yapılan tarama sonucunda elde edilen makalelerin incelenmesi sonucunda; yaşlılar için güvenlik ve rahatlık açısından kontrast duyarlığının birincil kaygı olduğu görülmüştür. Ayrıca fotometrik ölçütler kullanılarak gereken kontrast duyarlı görsel çevre ile gerekli aydınlık oranı tanımları yapılmalıdır. Hastalık nedeni ile gerekli olabilecek kontrast duyarlı görsel çevre aydınlatması alanında da bir motodolojiye ihtiyaç duyulmaktadır.

HASTANE PERFORMANSINDA AKREDİTASYONUN ETKİSİ

Yazar: Sabla, Yasser Ali
Riyad Bakım Hastanesi

Dünya çapında birçok sağlık hizmeti veren kurum sağlık hizmetlerini geliştirmek için akreditasyon programını uygulamaktadırlar. Riyad Bakım Hastanesi'nde uygulanan akreditasyon sürecinin performans üzerindeki etkisini Riyad Ulusal Hastanesi ile karşılaştırmak için yapılan çalışmada Kalite Geliştirme ve Hasta Güvenliği Yönetimi tarafından belirlenen 10 gösterge değerlendirilmiştir. Bu göstergeler hasta tatmini, kalite geliştirme sürecinde tıbbi personelin katılımı, tıbbi kayıtların tamamlılığı, Ward stok ilaç etiketlemesinde tutarlılık ve tamamlılık, cerrahi yara enfeksiyon oranları, tıbbi malzemelerin stokta bulunmaması, hastane personeli tatmini, gözden kaçırma, atık yönetim etkinliği ve afet yönetimi olarak belirlenmiştir. Veriler her bir gösterge için standardize edilmiş veri toplama belgelri kullanılarak elde edilmiştir. Verilerin değerlendirilmesi sonucunda akreditasyon programının sağlık sisteminde gelişimi sağlayan etkilil bir araç olduğu görülmüştür. Hastane personelinin gerçekleşen hangi olayların bildirilmesi ile ilgili olarak belirlenmiş bir ölçüt bulunmamaktadır ve hastane personeli akreditasyon sonrasında insiyatif kullanabilecekleri programların uygulanabileceğini düşünmektedirler.

MACARİSTAN'DA YENİ BEKLEME LİSTESİ UYGULAMASININ YAPTIRIMI- MAKRO VE MİKRO SEVİYEDE DENEYİMLER

Yazar: Zsombor KOVACSY, JD, MD, M.Sc.,

2008 yılında Macaristan'da gerçekleşen major yasal düzenlemeler ile uygulamaya konan sağlık hizmeti veren kurumlarda bekleme süreleri ile bekleme listesinin yönetimi ile birlikte ortaya çıkan değişimlerin kantatif ve kalitatif değerlendirilmesinin ele alındığı sunumda yapılan yasal değişimler, sağlık hizmeti veren kurumlar tarafından HISA'ya yollanan veriler, HISA tarafından yerinde uygulanan hastane bekleme listesi yönetiminin analizi ile sağlık sigortalarının ödeme analizi incelenerek elde edilen veriler doğrultusunda yapılan çalışma ele alınacaktır. Hastanelerin %90'ını, polikliniklerin %50'si yassl olarak düzenlenen bekleme düzenlemesini uygulamaktadır ancak elde edilen verilerin kalitesi iyi değildir. Sağlık hizmetlerinde şefaflık amacı ile yapılan yasal düzenleme, hastanelerin çoğunluğunda yönetimin görevlerini yerine getirme konusundaki pratik desteği ihtiyacınıda beraberinde getirmiştir. Hem hastalar hem de hastane personeli HISA web sayfasından ulaşılabilen bu verilerden faydalanmaktadır.

RİYAD BAKIM HASTANESİNDE GÜVENLİK KÜLTÜRÜ VE JCIA İÇİN HAZIRLIK

Yazarlar: Dandashli, Alia
Sabla, Yasser Ali

Hastane akreditasyonu sağlık sisteminde farklı konseptlerin geliştirilmesi ve uygulanması için dünya çapında bir gereklilik olmuştur. Güvenlik kültürünün gelişiminde akreditasyonun etkisi ölçülmeli ve değerlendirilmelidir. Bu çalışmada JCIA için gerekli hazırlık çalışmalarını uygulayan hastane çalışanlarının güvenlik kültürü açısından performansları araştırılmıştır. Rastgele seçilen 755 çalışan araştırmada yer almış ve altı kategoride, altı tesis ve JCIA araştırma kılavuzunda yer alan güvenlik yönetimi planları kaynak alınarak hazırlanan anket formu uygulanmıştır. Akreditasyon çalışmaları öncesi ve sonrasında hastane personelinin yaklaşımında anlamlı bir gelişme olduğu ve klinik ile klinik dışı çalışan hastane personelinin karşılaştırılmasında da anlamlı bir fark olduğu görülmüştür. Sonuç olarak hastane çalışanlarının JCIA hazırlıkları sırasında güvenlik gelişimi sürecinin farkında oldukları ve planlama, gelişim, risk yönetimi ile güvenlik takımı süreçlerinde daha çok katılımcı olduklarını söyleyebiliriz.

JCI AKREDITASYON STANDARDLARI- SON YENİLİKLER

Konuşmacılar : **Dr. David JAIMOVICH,**
Tıbbi Hizmetler Yöneticisi / Joint Commission Resources / JCI,

JCI ACCREDITATION SYSTEM, "NEW UPDATES ON JCI"

JCI Accreditation provides a framework for the interrelated systems and processes of a healthcare organization so that it can evaluate, improve and imbed policies and procedures that lead to best practice in patient safety and the quality of healthcare provision. In this session Dr. Jaimovich will review the newest generation of JCI accreditation and certification programs. He will also introduce the newest addition to JCI services, a non-accreditation program directed at organizations that are eager to begin the journey of improving patient safety and quality of care but are not able to prepare and achieve accreditation.

PANEL, DAVID JAIMOVICH
JCI AKREDİTASYON SİSTEMİ, "JCI'DA EN SON GÜNCELLEŞTİRMELER"

JCI Akreditasyon sistemi sağlık hizmetleri sunan kurumların ilişkili sistem ve süreçleri için bir çerçeve oluşturarak, en iyi hasta güvenliği ve sağlık hizmetlerinde kalite yönetimine ulaşım için politika ve prosedürlerin değerlendirme, gelişim ve yerleştirmelerini sağlamaktadır. Bu oturumda Dr. Jaimovich, JCI Akreditasyon ve sertifikasyon programlarındaki en son uygulamaları anlatacak; JCI servislerine eklenen yeni uygulamaları tanıtacak ve akreditasyon hazırlığı olmayan veya almamış kurumlarda akreditasyon dışı uygulanan hasta güvenliği sağlama ve hizmette kalite ile ilgili bilgilendirmede bulunacaktır.

AVRUPA'DA SAĞLIKTA AKREDİTASYON'UN TARİHÇESİ, GELİŞİMİ, KUVVETLİ ve ZAYIF YANLARI VE BU ÇALIŞMALARIN AVRUPA BİRLİĞİ ÜLKELERİNDE YAYGINLAŞMASI VENYAYILIMI ÜZERİNE ETKİLERİ

Ana Konuşmacı : **Prof. Dr. Charles D Shaw PhD, MB BS, FFPH,** İngiltere,
Sağlık Bakanlıklarında Ülke Düzeyinde Bireysel Danışman,

"RESEARCH, DEVELOPMENT AND PRACTİCE İN EUROPE"

The emergence of quality as a key measure of health systems depends more on culture, attitudes and environment than on technical solutions. Development in any country is slowed by valuable but time-consuming arguments about the definition of quality in health care and by changing fashions in words and priorities.
Little systematic attention was given to quality of health care in Europe until the early 1980s when a number of academics and enthusiasts began to share ideas across borders, supported by non-governmental organisations and encouraged by WHO Europe, in particular, Dr Hannu Vuori. The evident implications for health systems policy and for health care delivery aroused interest among the Council of Europe, the European Commission and national governments. This led to a variety of high-level resolutions and a succession of inter-governmental research programmes to describe and analyse progress within member states, especially of the European Union. Informal contacts developed into non-governmental networks such as the International and the European societies for quality in healthcare.
Relevant policies, legislation and executive agencies can be described for many countries as measures of quality maturity at a national level, but there are wide variations within and between countries in how these translate into actual practice among health care providers. The MARQuIS project identified key strategies at hospital level including performance indicators, clinical practice guidelines, accreditation systems, quality management systems, patient surveys and patient safety systems.
Despite variations in the organisation and funding of healthcare, the challenges for quality improvement are remarkably consistent between health systems. In particular, each system needs to:
Change attitudes of consumers, providers and governments
Identify and involve stakeholders to define common values
Define and maintain a coherent and consistent national policy
Balance top-down command and control with bottom-up autonomy and self-regulation
Provide realistic incentives and rewards for improved performance
Share experience, learning, guidance within and among countries.
In the European context, one of the greatest challenges will be to harmonise standards between countries without undermining the right – and responsibility - of each member state to manage its own health system.

"AVRUPA'DA ARAŞTIRMA, GELİŞİM VE UYGULAMA"

Sağlıkta kalite teknik çözümlerden çok kültür, tutum ve çevresel faktörlere dayanmaktadır. 1980'li yıllar ile birlikte Avrupa'da önem kazanan kalite çalışmaları Avrupa Konseyi ve Komisyonu tarafından desteklenmiş ve bu destek özellikle Avrupa Birliği üye ülkeleri arasında oluşturulan hükümetler arası araştırma programlarında başarıyı da beraberinde getirmiştir. Her ne kadar ilgili politikalar, mevzuatlar ve icra daireleri birçok ülkede ulusal düzeyde kalitenin gelişimini gösteren birer ölçüt olarak görülmektedirler. Ancak sağlık hizmeti sunanların bu göstergeleri pratikte uygulamalarında ülkeler arası ve ülke içi farklılıklar görülmektedir. Bu farklılıklar MARQUIS projesi ile giderilmeye çalışılmaktadır. MARQUIS projesi özellikle hastane hizmeti alanında performans göstergeleri, klinik uygulama yönergeleri, akreditasyon sistemleri, kalite yönetim sistemleri, hasta muayene ve hasta güvenlik sistemleri konularında yer alan ana

stratejileri belirlemiştir. Sağlık sistemleri arasındaki farklara rağmen kalite geliştirme çalışmalarında karşılaşılan sorunların aynı olduğu görülmektedir. Tüm sistemlerde ihtiyaç duyulan değişiklikler; Tüketicilerin, hizmet sağlayıcıların ve hükümetlerin tutumlarının değişmesi, tutarlı ve sürekli ulusal politikanın belirlenmesi, ast-üst ilişkisinde denge kurulması ve otonomi ile bireysel çalışmaların kontrolü, gerçekçi teşvikler sağlayarak gelişen performansın ödüllendirilmesi, ülkeler arası deneyim, öğrenim ve rehberlik hizmetlerinin paylaşımı, Avrupa Birliği üye ülkeler arasında bir standardın geliştirilerek her üye ülkenin kendi sağlık sistemini yönetmesini sağlamak olarak sayılabilir.

ILAC KULLANİMİNDA KALİTE KAVRAMİ"
TÜFAM, T.C. Sağlık Bakanlığı, TÜRKİYE

Konuşmacılar : Prof. Dr. Hakan ERGUN , Ankara Üniversitesi Tıp Fakültesi, Farmakoloji Anabilim Dalı,
Ecz. Emel Aykaç, T.C. Sağlık Bakanlığı, İlaç ve Eczacılık Genel Müdürlüğü

HASTANELERDE KALİTE UYGULAMALARİ VE AKREDİTASYON CALİSMALARİ KAPSAMİNDA HASTANE FORMULERİ: DUNYADA DURUM, TURKİYE İCİN ONGORULER

Prof. Dr. Hakan ERGUN ,
Ankara Üniversitesi Tıp Fakültesi, Farmakoloji Anabilim Dalı,

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Ecz. Emel Aykaç,
T.C. Sağlık Bakanlığı, İlaç ve Eczacılık Genel Müdürlüğü

TIBBİ LABORATUARLARDA STANDARDİZASYON VE AKREDİTASYON , ISO 15189 Tıbbi Laboratuarlarda Standardizayon

Oturum Başkanı **Prof. Dr. Meral GÜLTEKİN** Akdeniz Üniversitesi Mikrobiyoloji ve Acıbademlabmed - Antalya

Konuşmacılar **Prof. Dr. Meral GÜLTEKİN,** Akdeniz Üniversitesi Mikrobiyoloji ve Acıbademlabmed - Antalya
Doç. Dr. İbrahim ÜNSAL Acıbadem Lab. Grubu Direktörü
Savaş DOĞRU, (Mis Danışmanlık)

KLİNİK MİKROBİYOLOJİ LABORATUVARLARINDA AKREDİTASYON

Prof.Dr.Meral GÜLTEKİN
Akdeniz Üniv.Tıp Fakültesi Klinik Mikrobiyoloji Anabilim dalı
Acıbademlabmed Klinik Laboratuvarları-Antalya

İnsanoğlunun yaşamında ‘kalite ‘ sözcüğü ilk ne zaman kullanılmıştır diye baktığımızda veriler bizi çok uzun yıllar öncesine değin götürmektedir.Mısır firavunlarından Tutankhamun ‘ un (M.Ö 1300) un mezarında bulunan eşyaların üzerindeki işaretlerin,firavunun ölümden sonraki yaşamında kullanacaklarının kaliteli olduğunu belirleyen ‘ kalite işaretleri ‘ olduğu yorumu yapılmıştır.Günümüz kalite anlayışının başlangıcı olarak 1987 yılında Uluslararası Standardizasyon Organizasyonu (ISO) ‘ nın kurulmasını gösterebiliriz.Genel olarak sanayi alanında başlayan ve gelişen kalite çalışmaları sağlık alanında çok yakın tarihte pratik yaşama geçebilmiştir.Karmaşık bir hizmetler bileşkesi olan sağlık alanında,tıbbi tanıların % 70 ‘ inin laboratuvar sonuçları ile konulmakta olduğu gerçeğinden baktığımızda ,laboratuvarların sağlık hizmeti sunumundaki rolünün önemi ortaya çıkmaktadır (1).

ISO 9001-2000 kalite standartları o kurumun toplam kalite yönetimi uyguladığını belirler.ISO 17025 ise kalibrasyon ve deney laboratuvarları için olup,bu standartlara ilave olarak teknik yeterlikleri de içermektedir.Ancak tıbbi laboratuarlar için yeterli değildir.ISO 15189 ,tıbbi laboratuarlar için geliştirilmiş akreditasyon standartları olup, teknik yeterlik yanı sıra tıbbi yeterlik ve kalite kavramını da içerir ve hasta güvenliği odaklıdır.ISO 15189 ,2003 yılında uygulamaya geçmiş,2007 yılında revize edilmiştir (2).

ABD ‘ de CDC 2001 yılında tıbbi hatalar nedeni ile yılda 44 000 – 98 000 hastanın kaybedildiği gerçeğini yayımladı . Bu ürkütücü gerçeğin ,bir iyi tarafı şu idi : Bu hataların çoğu önlenebilir ,basit hatalardı (3).Nitekim,bir mikrobiyoloji laboratuvarında hataların % 81.3 ‘ ünün bilgi eksikliğine bağlı,önlenebilir hatalar olduğu saptanmıştır (4).Kayıtların düzgün tutulması,belgelerin arşivlenmesi ve bunların bir kalite sistem modeli içerisinde izlenebilir bir şekilde yapılması hasta güvenliği yanı sıra biz sağlık çalışanlarının da sigortasıdır.Kalite alanında sektörümüzün özgün gereksinimlerini karşılayan ISO 15189:2007 standartları çerçevesinde kendi ulusal

standartlarımızı belirlemek ve uygulanmasını sağlamak ,laboratuvarlarımızın kaliteli,güvenli ,standardize edilmiş hizmet sunmasını sağlayacak ve belgeleyecektir.

Doç. Dr. İbrahim ÜNSAL
Acıbadem Lab. Grubu Direktörü

NEDEN LABORATUVARLARDA AKREDİTASYON

Savaş DOĞRU
M.İ.S DANIŞMANLIK LTD. ŞTİ., Genel Müdür

Son yıllarda ülkemizde sıkça gündem maddesi olan hastanelerde kalite, akreditasyon çalışmaları arasında laboratuvar kriterleride bulunmakta ancak bu kriterler için de Laboratuvar hakettiği derecede nitelendirilememektedir.
Laboratuvarlarda yönetsel ve teknik açıdan gereksinimlerin en güncel hali olarak ortaya çıkan ISO EN 15189 özel bir disiplin olan ve hiyerarşik açıdan bakıldığında da Hastane Kalitesini 1. seviyede etkileyen teşhis destek hizmetlerinin yapılandırmasında referans olarak logaritmik bir artış getirmiştir.

Uluslar arası izlenebilir bir akreditasyon standardı olan ISO EN 15189 ISO standartlarına sağlık sektöründen gelen spesifik değil eleştirisinede net bir cevap vermektedir.
Laboratuvar Akreditasyonu yapılandırmak isteyen kuruluşlarda var olan hangi standart kullanılmalı sorusu standart konusundaki eğitim programları ile de rahat aşılabilecek durumdadır.
Kaliteli bir hastanede öncelik doğru teşhis koymakla başlıyor ve günümüzde teşhis destek sistemlerinin bu kadar baskın olduğu düşünülürse Laboratuvar akreditasyonunun hastanelerde kalite çalışmalarının öncüsü olması gerektiği de ortaya çıkmış olacaktır.

SAĞLIKTA EŞİTSİZLİKLERİ AZALTMADA KULLANDIĞIMIZ YÖNTEMLERİN KALİTE İYİLEŞTİRME ÇALIŞMALARINA ENTEGRASYONU, ÖZEL ÇALIŞMALAR

Konuşmacılar **Prof.Dr. Martin RUSNAK,** INT.Nerotravma Araştırma Org. Direktörü/ Avusturya

SPECIFIC ACTIVITIES, WHICH EFFECTIVELY INTEGRATES QUALITY IMPROVEMENT, DISPARITIES REDUCTION AND ADDRESSING HEALTH LITERACY; HOW CAN SUCH INTEGRATION BE MORE PATIENT-CENTERED? AT HEALTH PLAN— IN AMBULATORY CARE— AT HOSPITALS.

Prof.Dr. Martin RUSNAK,
Chair, Department of Public Health, Trnava University,
Slovakia and President, International Neurotrauma Research Organization, Austria

The workshop will address critical steps in developing an amendment of a quality improvement plan, with a specific focus on disparities reduction and health literacy improvement. A model action plan is going to be discussed along with enabling and limiting factors. Issues of measuring disparities will be tackled from the point of a quality manager as well as health educator (communicator/facilitator/mediator). Need for research approaches and for translating results into messages and actions will be elucidated based on examples.

Participants will be asked to share their examples and experiences and discuss ways of incorporating the concepts of disparities reduction and increased health literacy into their plans of quality improvement.

The workshop will be participative, interactive and non-prescriptive, based on evidence, critically reviewed and available to participants. A list of information resources will be made available.

KALİTE GELİŞİMİ, EŞİTSİZLİKLERİN GİDERİLMESİ VE SAĞLIK OKUR YAZARLIĞI ALANLARI İLE ENTEGRE EDİLEN ÖZEL AKTİVİTELER; BU ENTEGRASYONLAR NASIL HASTA ODAKLI GERÇEKLEŞEBİLİR? ÖZELLİKLE SAĞLIK ALANINDA- AMBULANS HİZMETLERİNDE- HASTANELERDE

Prof.Dr. Martin RUSNAK,
Trnava Üniversitesi Halk Sağlığı Bölümü Başkanı

Bu seminerde kalite gelişim planında yer alan kritik adımlar farklılıkların azaltılması ile sağlık okur yazarlığı gelişimi ana başlık olarak ele alınacaktır. Katılımcılara kalite gelişimi için uygulanan planlarda eşitsizliklerin azaltılması ve sağlık okur yazarlığının gelişiminde yaşadıkları deneyimler ve örnekler sorulacaktır. Seminer katılımcı, interaktif, kanıta dayalı ve katılımcılara uygun olacaktır. Bilgi kaynaklarının listesi de seminerde hazır bulunacaktır.

TÜRKİYE'DE HASTA GÜVENLİĞİ UYGULAMALARI

Oturum Başkanı **Dr. Hasan GÜLER**, (T.C. Sağlık Bakanlığı Performans Yönetimi ve Kalite Daire Başkanı
Konuşmacılar **Dr. Hasan GÜLER,** T.C. Sağlık Bakanlığı Performans Yönetimi ve Kalite Daire Başkanı
Dr. Bayram DEMİR, T.C. Sağlık Bakanlığı, Performans Yönetimi ve Kalite Daire Bşk. Yrd.

TÜRKİYE' DE HASTA GÜVENLİĞİ UYGULAMALARI

Dr. Hasan GÜLER,
(T.C. Sağlık Bakanlığı Performans Yönetimi ve Kalite Daire Başkanı

HASTA GÜVENLİĞİNDE DEVLETİN ROLÜ

Dr. Bayram DEMİR,
T.C. Sağlık Bakanlığı, Performans Yönetimi ve Kalite Daire Bşk. Yrd.

HASTA MERKEZLİ HİZMETİN SAĞLANMASI, SAĞLIK OKURYAZARLIĞININ ARTTIRILMASI VE EŞİTSİZLİKLERİN AZALTILMASINDA KALİTE İYİLEŞTİRME YÖNTEMLERİNİN KULLANIMI, SAĞLIK OKURYAZARLILIĞI

Oturum Başkanı **Prof.Dr.Seval AKGÜN,** Sağlık Akademisyenleri Derneği Başkanı, Başkent Üniv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord.
Konuşmacılar **Dr. Betül Faika Sönmez,** T.C Sağlık Bakanlığı, Temel Sağ. Gen. Md./ AR-GE Daire Bşk.
Prof. Dr. Haydar SUR, Marmara Üniversitesi Sağlık Bilimleri Fakültesi Öğretim Üyesi, Hisar Intercontınental Hospıtal Direktörü

Prof.Dr.Seval AKGÜN,
Sağlık Akademisyenleri Derneği Başkanı,
Başkent Üniv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord.

SAĞLIK OKURYAZARLIĞI

Sağlık Okuryazarlığı 3 grup altında incelenebilir.

- Temel Okur Yazarlık
- İnteraktif Okur Yazarlık
- Eleştirisel Okur Yazarlık

Temel okur-yazarlılık başlığı altında kastedilen eksiksiz, gerçek bilgi edinme, bilgilere uyma,okur yazarlık yetenekleri kullanılarak; reçeteleri okuma, randevu kartlarını okuma, ilaç etiketlerini okuma ve anlama, v ebakım için gerekli bilgileri okuma ve anlamadır.
İnteraktif okur yazarlıkta istenilen hastanın kendi sorumluluğunu alması, bağımsız davranış sergilemesi, kendi sağlık durumu ile ilgili karar verebilmesi ve sağlık profesyonelleri ile etkin iletişim kurabilmesidir.Eleştirisel okur yazarlık ile kast edilen ise; analiz, katılım ve Sosyal Faaliyetlere katılımdır. Sağlık okuryazarlığı kişisel ve sistematik faktörlere bağımlı bir olgudur. Bu olguyu etkileyen en temel faktörler; Profesyoneller ve personelin iletişim becerisi, uygulanan sağlık sistemleri, sağlığa ulaşılabilirliğin yüksek olması ve tabii ki sağlık profesyonellerinin de destek personel dahil bu konudaki bilgi ve yaklaşımlarıdır
Sağlık Okuryazarlığı ile sağlık ilişkisine bir göz attığımızda bu durumun; sağlık durumu, sağlık hizmetlerinden faydalanma, tıbbi form ve prosedürleri anlama ve hastaneye yatma oranı gibi sağlık çıktıları ile doğrudan ilişkili olduğu görülmektedir.

HEALTH LITERACY

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.1
Health literacy is dependent on individual and systemic factors:

- Communication skills of lay persons and professionals

- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/context

Health literacy affects people's ability to:

- Navigate the healthcare system, including filling out complex forms and locating providers and services
- Share personal information, such as health history, with providers
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk

Health literacy includes innumeracy skills. For example, calculating cholesterol and blood sugar levels, measuring medications, and understanding nutrition labels all require math skills. Choosing between health plans or comparing prescription drug coverage requires calculating premiums, co pays, and deductibles.

In addition to basic literacy skills, health literacy requires knowledge of health topics. People with limited health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease. Without this knowledge, they may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.

SAĞLIK OKURYAZARLIĞI

Betül Faika SÖNMEZ
T.C. Sağlık Bakanlığı
Temel Sağlık Hizmetleri Genel Müdürlüğü
AR-GE Birimi Daire Başkanı

Sağlık Okuryazarlığı (SOY), son yıllarda özellikle Dünya Sağlık Örgütünün üzerinde önemle durduğu ve bu yönde çalışmalarını artırdığı ve yapılan çalışmaları desteklediği bir kavramdır.

İyi sağlık düzeyini sağlama, sağlığı koruyacak bilgilere ve hizmetlere ulaşma yolunu bulma ve kullanabilme becerilerini geliştiren, destekleyen bir kültür oluşturma aracıdır. Kişinin yaşam kalitesini arttırır, bütüncül sağlık hizmetlerinden yararlanmayı sağlar Okuma, dinleme, analiz etme ve karar verme yeteneklerini ve bu yeteneklerin sağlıkla ilgili konulara uyarlanmasını kapsar.

Birçok Avrupa ülkesinde Düşük Sağlık Okuryazarlığının, sağlık hizmetleri maliyetine etkisi göz önünde bulundurularak yapılan çok az araştırma ve yayınlar vardır.

Araştırmalara göre, Sağlık Okuryazarlığı düşük bireylerin; kötü bir sağlığa sahip olma olasılığı yüksek, sağlık problemlerini ve tedavi yöntemlerini anlama olasılığı düşük ve hastaneye yatma oranı yüksektir.

Yeterli Sağlık Okuryazarlılığı ile sağlık bilgisini sağlanarak, imkan dahilinde kişilerin tüm sağlıklarının iyileştirilmesi mümkün kılınacak ve dolayısıyla da ülke bütçesinde var olan sağlık hizmetleri maliyeti azalacaktır.

AB 7. Çerçeve Programı, Sağlık bileşeni kapsamında, "Sağlık Okuryazarlığı"na ilişkin projeler finanse edilebilmektedir. 2009 yılı için yapılacak Teklif Çağrılarında bu konuya özel önem verilmesi beklenmektedir.

Ayrıca, 2004 Gastein Sağlık Forumu Arka Plan Belgesinde, sağlık okuryazarlığı ile ilgili Avrupa genelinde ağların oluşturulması önerilmiştir.

Sağlık Hizmetleri sunumunda ve özellikle koruyucu sağlık hizmetleri kapsamında irdelenen Sağlık Okur Yazarlığı tüm dünyada olduğu gibi önemi ve gerekliliği ülkemiz içinde gittikçe artan bir kavram olarak karşımıza çıkmaktadır.

Buradan hareketle, Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğü AR-GE Birimi bünyesinde yürütülen "Ülkemizde Sağlık Okuryazarlığı'nın Özendirilmesi" proje önerisi ile Bakanlık ilgili birimler ve Bakanlık dışı kurum ve kuruluşlar ile paylaşılarak birlikte yürütülmesinin sağlanması hedeflenmektedir.

Bu anlamda, AB Finansman Kaynaklarına Uygunluk 7. Çerçeve Programı kapsamında Sağlık Okuryazarlığı konusunda çalışma yapmak isteyen Çek Cumhuriyeti'nden Institute For Lifestyle Options And Longevity (ILOL) ile 23-24 Ekim 2008 tarihlerinde Prag'da işbirliği konferansı yapılmış, Genel Müdürlüğümüz AR-GE Birimi Daire Başkanı Gıda Yük. Müh. Daire Başkanı Betül Faika SÖNMEZ katılmıştır. Muhtemel paydaşlar (Türkiye, Polonya, İspanya, Romanya, Litvanya vb)

Adı geçen toplantıda Türkiye, Çek Cumhuriyeti ve Polonya adına sunumlar gerçekleştirilmiş, Bakanlığımızca hazırlanan proje taslağı ile birlikte koruyucu sağlık hizmetlerine ilişkin çalışmalar konusunda da bilgi paylaşımı söz konusu olmuştur.

Uluslar arası platformdaki bu ilk açılımın ardından SOY projesinin kısa sürede hayata geçirilmesi, genel müdürlüğümüz çalışmalarına da büyük katkı sağlayacaktır.

Sonuç olarak, "Sağlık okuryazarlığı kavramının tanıtımı ve farkındalığın artırılması" amacını taşıyan Sağlık Bakanlığı AR-GE projemiz Sistem üretmek üzere ve hizmet oluşturmak esasına dayanan araştırma geliştirme (AR-GE) ve iyileştirme çalışmalarına ivme kazandıracak ve süreklilik sağlayacaktır. Diğer yandan bu çalışmaların yenilikcilik ve AR-GE niteliği kazandırılması adına girişimcilik teşvik edilerek, destek verilmesi, projenin temsil yeteneğini artıracaktır.

Prof. Dr. Haydar SUR,
Marmara Üniversitesi Sağlık Bilimleri Fakültesi Öğretim Üyesi,
Hisar Intercontınental Hospıtal Direktörü

HASTA ODAKLI HİZMET VE SAĞLIKTA HAKKANİYET

Konuşmacılar : Prof.Dr.Al-ASSAF, American Institute for Healthcare Quality, Oklahoma Üniv, Halk Sağlığı Okulu Dekan Yard– ABD

Prof.Dr.Seval AKGÜN, Sağlık Akademisyenleri Derneği Başk, Başkent Ünv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord

Prof.Dr.Al-ASSAF,
American Institute for Healthcare Quality,
Oklahoma Üniv, Halk Sağlığı Okulu Dekan Yard– ABD

Prof.Dr.Seval AKGÜN,
Sağlık Akademisyenleri Derneği Başkanı,
Başkent Ünv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord

PATIENT-CENTERED CARE

Patient- and family-centered care is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care patients, families, and providers. Patient- and family-centered care applies to patients of all ages, and it may be practiced in any health care setting.

Patient-centered care had its roots in the 1980's when hospitals began to notice changing shifts in perceptions regarding maternity, the birthing experience and family participation. Their response was to create birthing suites and ultimately entire birthing centers as mothers and fathers-to-be changed their expectations about giving birth, insisting that the experience be less clinical and become one more of maximum support and comfort for mother, newborn and family. The concept has expanded to off-site surgical centers and physician owned medical and surgical practices.

Patient centered care is the right care, the highest quality care and the most cost effective care for that one patient. Medical errors, mistakes and inappropriate care all stem from the emphasis on system processes at the expense of the unique individual patient. The patient is the center of our activity. Patient satisfaction is our goal; even if that is less than what modern medicine has to offer. To do otherwise is doctor, nurse, hospital, institutional or other centered care, and not patient centered care.

The IOM defines patient-centered care as: Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.

Patients are each very unique biological, social, psychological, economic, ethnic and spiritual beings. Multiple disciplines are important to the best patient centered outcome, - a team approach. PATIENT CENTERED CARE will also provide help with achieving the best individual patient outcome through a team approach.

Care that is truly patient-centered considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions. Patient-centered care puts responsibility for important aspects of self-care and monitoring in patients' hands — along with the tools and support they need to carry out that responsibility. Patient-centered care ensures that transitions between providers, departments, and health care settings are respectful, coordinated, and efficient. When care is patient centered, unneeded and unwanted services can be reduced

Patient-centered care is also a quality benchmark actively sought by medical care professionals, eager to deliver dignified care and re-establish patient satisfaction. Patient-centered care treats the patient with dignity and respect, as one capable of making informed decisions and with the rights to express needs and preferences in treatment and expected outcome.

HASTA ODAKLI HİZMET

Hasta ve aile merkezli hizmet, sağlık hizmetlerinin planlama, dağıtım ve değerlendirmesine yönelik hastalar, aileler ve hizmet sağlayanlar arasında karşılıklı yarar sağlanan ortaklıklara dayalı yenilikçi bir yaklaşımdır. Hasta ve aile merkezli bakım her yaştaki hastalara uygulanır ve herhangi bir sağlık kurumunda ve hizmet programında uygulanabilir. Çünkü hasta odaklı bakım doğru bakımdır, hastaların kaliteli sağlık hizmeti almasını sağlar üstelikte maliyeti çok düşüktür. Hasta odaklı bakımda tıbbi hatalar, yanlışlar ve yetersiz bakımı oluşturan tüm olası nedenler süreç odaklı bakım ile çözülmeye çalışılmaktadır. Hasta odaklı bakımda hasta tüm uygulamaların merkezinde olup hasta memnuniyetini sağlamak sağlık profesyonelleri ve sağlık kuruluşlarının temel amacıdır.

Tıp Enstitüsü raporuna göre hasta odaklı bakım" hekim, hasta ve onların aileleri arasında ortaklık kurularak hastanın ihtiyaçlarına, ve tercihlerine saygılı karar vermeyi ve kendi bakımlarına katılımını sağlayacak eğitim ve geliştirmeyi sağlayarak yerine getirmek" olarak tanımlanmıştır. Bakım hastanın kültürel durumunu kendi profesyonel tercihleri ve değerleri, kendi ailesinin durumu ve yaşam şeklini göz önünde tutularak yapılmalıdır. Bakımda klinik karar uygulanırken, sağlık profesyonellerinin kararı hasta ve yakınıyla birlikte alarak tedavisini ona göre planlaması esas olmalıdır. Hasta odaklı bakım, sağlık hizmeti sunan kuruluş yöntemi olarak kabul edilmeli, tedarikçiler, departmanlar arasında saygılı, koordineli ve verimli bir şekilde hastaya hizmet sunulmalıdır. Hasta odaklı bakımda sağlık profesyoneli hastalara saygı ve içtenlikle yaklaşır, hastaların sağlık profesyonellerinin verdiği bilgiler doğrultusunda hasta da kendisi için en doğru bakımı ve etkin çözümü kabul eder.. Hasta odaklı bakım hastaya sunulacak bakımın bütün bakım seçenekleri araştırılarak en uygunun onun tarafından seçilmesini sağlamayı amaçlar..

Hasta odaklı bakım aynı zamanda hasta memnuniyetini sağlamayı amaçlayan ve hastalarına en etkin bakımı vermeye odaklı sağlık profesyonelleri için kalite açısından bir karşılaştırma yöntemi de olabilir.

DAHA İYİ SAĞLIK ÇIKTILARI ELDE ETMEDE KALİTE İYİLEŞTİRME ÇALIŞMALARININ ROLÜ

Ana Konuşmacı **Dr. Basia KUTRYBA,** Avrupa Sağlıkta Kalite Derneği Başkanı

Dr. Basia KUTRYBA,

Avrupa Sağlıkta Kalite Derneği Başkanı

ESQH vision of future healthcare and quality developments
European Society for Quality in Health Care's mission are; to promote communication between the stakeholders in European health quality and to champion quality in healthcare in Europe (not limited to EU) to stimulate innovation in healthcare quality in Europe. In this workshop, the president of ESQH will provide the mission, vision and the ongoing activities of the society and their vision of future health care in Europe and quality developments.

AVRUPA KALİTE DERNEĞİ 'NİN GELECEKTEKİ SAĞLIK SİSTEMLERİ VE KALİTE GELİŞTİRME ÇALIŞMALARI ÜZERİNE VİZYONU

Avrupa Kalite Derneği'nin amacı Avrupada sağlıkta kalite alanında olan paydaşlar arasında iletişimi güçlendirmek ve sadece Avrupa ile sınırlı kalmayıp kalite alanında emeği olan, etkin çalışmalar gerçekleştiren şampiyonları motive etmektir. Bu paneled Avrupa Kalite derneği başkanı Basia Kutrba Avrupa Kalite Derneği nin misyonu, vizyonu ve sürdürmekte olduğu aktiviteleri konusunda bilgi verecek, bu çalışmaların gelecekteki sağlık sistemleri ve kalite uygulamaları üzerine etkisini tartışacaktır.

JCI AKREDITASYON STANDARDLARI " İZLENECEK YOLLAR"

Konuşmacılar **Dr. David JAIMOVICH,** Tıbbi Hizmetler Yöneticisi / Joint Commission Resources / JCI,

JCI ACCREDITATION STANDARDS "LESSONS LEARNED FROM THE FIELD"

Dr. David JAIMOVICH,
Tıbbi Hizmetler Yöneticisi /
Joint Commission Resources / JCI,

In this workshop, David Jaimovich, M.D., the Chief Medical Officer of JCI, will introduce participants to the JCI Accreditation Standards for hospitals. He will discuss the evolution of the 3 editions of standards based on lessons learned from the field. Dr. Jaimovich will also review the process for preparation and achievement of accreditation as well as the approach needed to maintain JCI Accreditation as an integral part of an organization's continuous quality improvement effort.

Bu seminerde, David Jaimovich, M.D., JCI'ın Medikal Başkanı katılımcılara hastaneler için JCI Akreditasyon Standartlarını ve standartların gelişimini deneyimlerine dayanarak anlatacaktır. Dr. Jaimovich aynı zamanda akreditasyon için gerekli olan hazırlık süreci ile JCI akreditasyonu için gerekli olan kalite gelişimi çalışmalarını anlatacaktır.

SAĞLIK HİZMETLERİNDE KALİTEDE ALTERNATİF YÖNTEMLER

Oturum Başkanı **Uzm. Kaya KARS,** TSE, Akdeniz Bölge Müdürü
Konuşmacılar **Savaş AVCI,** TURKAK, Genel Sekreteri
Mesut DURU, TSE, Personel Akreditasyonu ve Eğitim Daire Başkanı
Mehmet BOZDEMİR, TSE,Personel ve Sistem Belgelendirme Merkezi Başkanlığı
Aynur DAVUT, TSE,

Uzm. Kaya KARS,
TSE,
Akdeniz Bölge Müdürü

MODERATÖR

Savaş AVCI,
TURKAK,
Genel Sekreteri

SAĞLIKTA EŞİTSİZLİKLERİ AZALTMAK VE SUNULAN KALİTEYİ ARTTIRMAK İÇİN HATA TÜRLERİ VE ETKİLERİ ANALİZİ(HTEA) UYGULANMASI:

Mesut DURU,
TSE,
Personel Akreditasyonu ve Eğitim Daire Başkanı

Dünyanın önde gelen birçok kuruluşunda uygulanmakta olan Hata Türleri ve Etkileri Analizi(HTEA) Tekniği uygulamalarının yaygınlaşması sağlık kuruluşlarının tüm paydaşlarını olumlu yönde etkileyebileceği gibi bu kuruluşların sosyal sorumluluklarını yerine getirmelerinde de önemli katkıda bulunacaktır.
HTEA; proses ve ürün ile ilgili bilinen veya olası hataları, yanlışları ve problemleri müşteriye ulaşmadan belirlemeyi, tanımlamayı ve ortadan kaldırmayı amaçlayan mühendislik tekniğidir. Proje konusu ve ekibinin belirlenmesi, süreçlerin gözden geçirilmesi, hataların beyin fırtınası veya veri toplanarak bulunması ile risk öncelik göstergelerinin belirlenmesi HTEA tekniğinin ana basamaklarıdır.
Uygun olmayan hizmetin kontrolünde uygunsuzluk verilerinin düzeltici faaliyet açılmasında kullanılması için(örn: Acil Servisinde ilk müdahalenin yanlış veya eksik yapılması hatası); verilerin analizinde yönetim kararlarını desteklemek için (örn: Yeni Poliklinik açılması süresince oluşabilecek hatalar) ; sürekli iyileştirmede risk önceliğine göre önleyici faaliyet açılabilmesi için(örn: Yanlış kan alımını önlemek için kan verecek hastalara renkli bileklik takılması) HTEA tekniğinden yararlanılabilir.
Sağlık kuruluşlarında HTEA gibi risk analiz tekniklerinin kullanılması ilgili tarafların ihtiyaç ve beklentilerini tatmin etmek amacıyla, kayıp önleme ve önceliklendirme bakımından her bir proses ve ürüne uygun etkin ve verimli bir plan geliştirmek için bilgi sağlayacaktır. Kayıp önleme planlarının etkinlik ve verimliliğini sağlamak için de sayısal veriye dayalı bir teknik olarak da kullanılabilir.
HTEA tekniğinin etkinliği; hataları analiz eden kuruluş çalışanlarına ve onların geçmiş hatalardaki tecrübelerine bağlıdır. Bu teknik Kalite Kontrol Sisteminin bir parçasıdır ve yürütülebilmesi için iyi bir dokümantasyon şarttır. Sonuç olarak HTEA diğer kalite iyileştirme araçları ile beraber doğru bir şekilde kullanıldığında; sağlık hizmetlerinin kalite ve güvenilirliğini arttırmakta, kuruluşun imajını ve rekabet gücünü geliştirmektedir.

SAĞLIK KURULUŞLARINDA KALİTE VE TOPLAM KALİTE YÖNETİMİ:

Mehmet BOZDEMİR,
TSE,
Personel ve Sistem Belgelendirme Merkezi Başkanlığı

Rekabetin ön planda olduğu günümüz koşullarında bütün kuruluşlar da olduğu gibi sağlık kuruluşları da sürekli daha iyiye ulaşmak zorundadır. Bu kapsamda müşteri memnuniyetini ve çalışanların katılımını sağlamak, proseslerin performansını artırmak amacıyla Toplam Kalite Yönetimi Felsefesi benimsenebilir.
Kalite ve Toplam Kalite Yönetimi sağlık kuruluşlarına insan mutluluğunun artırılması, önleme ve ölçme maliyetlerinin düşürülmesi, paydaşlarla beraber var olma ve sürekli iyileşme gibi faydalar sağlar.

Takım Çalışması, ihtiyaçları karşılama, iletişim, değişimi teşvik etme ve sahiplenme gibi insan dinamikleri bu felsefenin önemli yapıtaşlarındandır. Ortak çözümlere yönelik olarak birlikte çalışmak için teşvik etmek ve karmaşadan kaçınmak, çalışanlara bireysel katkılarının ve takım çalışmasının sonuçları için fırsat verilmesi, insanlar arasındaki iletişimi iyileştirerek insanları bir araya getirme, faydalı değişimi meydana getirmek için mevcut duruma karşı çıkma ve çalışanların faaliyet sonuçlarını sahiplenmesi bu beş insan dinamiğinin temelidir.

Toplam Kalite Yönetimi aynı zamanda kurum kültürünün, kurumun ana hedeflerini destekler bir nitelik göstermesi için gereklidir. Sağlık kurumunun kültürü, kurumun başarısı için itici bir güç olarak harekete geçmiyorsa, kurumun kültürünün, kurum üyelerine kurumun karmaşık ve zor sorunlarını ele almaya ve çözmeye yönlendirici katılımcı bir ortam sağlamıyorsa; kurum kültürü için "DEĞİŞİM" kaçınılmaz olmaktadır**.** Değişime direnç nedenleri arasında güven ve bilgi eksikliği, değişim hakkında farklı görüş ve değerlendirmeler, değişime gösterilen düşük tolerans, kurumsal yapı ve siyasi yaklaşımlar, sendikal yaklaşımlar, kişisel önyargılar, kişisel rekabet, risk almaktan kaçmak, insiyatif kullanma gücünün bulunmaması, kurumun karmaşık ve büyük ölçekli örgütlenmesi, belirsizlik ortamı, istikrarsızlık ortamı ve liderlik eksikliği sıralanabilir. Oluşan bu direnci kırmanın çözüm yolları eğitim ve iletişim, katılım, destek ve kolaylık, müzakere ve anlaşma, idare ve atama, baskıdır.

Sağlıkta akreditasyon; sağlık tesislerinde hasta memnuniyeti, teşhis,tedavi,bakım hizmeti, çalışan sağlığı, alt yapı(tesis,bina,mak-tec.vb.), çalışma ortamı, acil durumlar, atık yönetimi, süreçlerinin önceden belirlenen normlara göre planlandığı ve yürütüldüğünün tescil edilmesidir. Sağlıkta ulusal akreditasyon; ülke şartlarına daha gerçekçi yaklaşım, anlaşılabilirlik, uygulanabilirlik, ulaşılabilirlik ve maliyetler açısından gereklidir.

Aynur DAVUT,
TSE,

IT TEKNOLOJİLERİ, UYGULAMADA YENİLİKLER, DENEYİMLERİN BAŞARISI, E-SAĞLIK,

Konuşmacılar : **Prof.Dr.Al-ASSAF**, American Institute for Healthcare Quality, Oklahoma Üniv, Halk Sağlığı Okulu Dekan Yard– ABD

SAĞLIKTA HAKKANİYETİ SAĞLAMADA VE HASTA BAKIM ODAKLI YAKLAŞIMDA KALİTE YÖNTEMLERİNİN KULLANIMI,

Konuşmacı : **Prof.Viera RUSNAKOVA,** Slovakya Tıp Fakültesi, Sağlık Enformasyon Sist.Bölümü, SLOVAKYA

USING QUALITY IMPROVEMENT AS A TOOL TO IMPROVE HEALTH LITERACY AND REDUCE DISPARITIES

Prof.Viera RUSNAKOVA,
Slovakya Tıp Fakültesi,
Sağlık Enformasyon Sist.Bölümü,
SLOVAKYA

Separation of the care for an individual patient and the concern for the health of a population world wide is being witnessed. Finding ways to deliver high-quality health care to diverse populations and to respect diverse client's expectations is a major challenge for the health care system.
Quality improvement initiatives in Slovak Republic were introduced during the last ten years in the frame of Health Care Reform. Legislative changes were followed by several quality projects supported by international funds and seconded by iternational experts. Patient centeredness declaration, the patient charter and patient rights implementation with reducing disparities were among the first steps. Results of subsequent health care quality improvement activities will be discussed in details during the workshop.
Firstly, relevant quality indicators monitored on national level, same as in individual hospitals in the frame of WHO PATH project and ambulatory care will be compared with international data. Presented results will be linked with existing consumers´ based health care system rating in EU countries.
Next, the impact of an education component including e–Learning utilization witch offer a set of knowledge domains that outline the knowledge and skills that leaders of the improvement and the change in the health care and public health need will be tackled.
Finally, we will deal with less alert situation in health disparities solving in Slovakia and specific quality improvement tools used. However, experiences of Slovak experts from EU granted international projects abroad (Romania, Bulgaria) are at disposal. The possible transfer of these multicultural practices in improvement of health literacy, access and quality of care, especially for Roma population in Slovakia will be commented.

Prof.Viera RUSNAKOVA,
Slovakya Tıp Fakültesi,
Sağlık Enformasyon Sist.Bölümü,
SLOVAKYA

Kalite gelişimi insiyatifleri Slovakya Cumhuriyeti'nde son on yılda Sağlık Hizmeti Reformu çerçevesinde gerçekleşmiştir. Yasal değişimleri uluslar arası finansman ve uzmanlar tarafından desteklenen birçok kalite projeleri izlemiştir. Hasta odaklı hizmet deklarasyonu ve hasta hakları uygulamaları ile eşitsizliklerin giderilmesi reform kapsamında ilk adım olarak yer almıştır. Sağlık hizmetinde kalite gelişimi çerçevesinde elde edilen sonuçlar detaylı bir şekilde seminerde tartışılacaktır. WHO PATH projesi ve ambulans hizmetleri çerçevesinde ulusal boyutta elde edilen kalite indikatörleri uluslar arası veriler ile karşılaştırılacak; sunulan sonuçlar Avrupa Birliği tüketici odaklı sağlık sistemi sıralaması ile ilişkilendirilecektir. İkincil olarak seminerde yer alacak bir başka konu da eğitimin sağlık hizmetindeki ve halk sağlığındaki yeridir. Son olarak Slovakya'da sağlıkta eşitsizlik sorununun çözümü ve kalite gelişimi araçları ele alınacaktır.

SAĞLIK HİZMETİ KAYNAKLI ENFEKSİYONLAR VE HASTA GÜVENLİĞİ

Oturum Başkanı **Doç.Dr. Zarema OBRADOVİC** Sağlık Bakanlığı, Sarejova Hlk Sağlığı Enstitüsü
Konuşmacılar **Doç.Dr. Zarema OBRADOVİC** Sağlık Bakanlığı, Sarejova Hlk Sağlığı Enstitüsü
Prof.Dr.Seval AKGÜN, Sağlık Akademisyenleri Derneği Başkanı, Başkent Ünv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord

NOSOCOMIAL INAFECTIONS SURVEILLANCE AND PATIEN SAFETY

Doç.Dr. Zarema OBRADOVİC
Sağlık Bakanlığı,
Sarejova Hlk Sağlığı Enstitüsü

Introduction: Nosocomial infections are widespread and very important factor of morbidity and mortality. They are increasing , and become a public health problem.
It is estimated that more than 2 million people annually are infected with nosocomial diseases, and that the extra expenses of their medical treatments are over 4,5 billions of dollars.
Nosocomial infections have a very important influence on the safety of patients. That is the reason why the adequate surveillance of these infections is one of the most important precautions.
Material and methods: For the preparation of this article were used the valid legislation about nosocomial infections, clinical protocols for nosocomial infections surveillance and registration sheets and reports of infectious diseases, especially nosocomial, of all health levels. It is a retrospective epidemiological study.
Results: The Health sector in B&H is on the entity level, with the coordination body on the state level. It means that the responsibility for health of people is on the entity level. It is the same with the legislation in Health sector. We don't have any law about health on the State level, and there are two (similar, but not the same laws) one for Federation of B&H, and other for Republic of Srpska.
In the Law for the protection of people of Infectious diseases for Federation of B&H 29/05, Article 2: "Nosocomial infection is an infection that appears during the recieving of health care in a health institution or in private praxis. "
They are obligatory for registration, but the number of registered cases is very small. It can be supposed that the number of registered cases is less than in reality because we have underreporting.
In order to increase the safety of patients while they are recieving health care and also to decrease the number of infected of nosocomial infections and the economic expenses they cause, health institutions are obliged to create their own prevention and surveillance programmes for nosocomial infections.
Some clinics improved good surveillance system, and they are reporting the most of registered cases. It would be a wrong conclusion that hospitals with reported nosocomial infections are not safe, they only have better surveillance and they are safer for patients than the hospitals without reported, or with small number of reported cases.
Conclusion : Surveillance of nosocomial infections has become important in the Health sector in Bosnia and Herzegovina because it is remarkable for the safety of patients.

NAZOKOMİYAL ENFEKSİYONLARI SÜRVEYANSI VE HASTA GÜVENLİĞİ

Giderek artan ve önemli bir halk sağlığı sorunu olarak karşılaşılan Nazokomiyal enfeksiyonlar morbidity ve mortality'de önemli bir faktördür. Her yıl 2 milyon'dan fazla kişi nazokomiyal enfeksiyona bağlı hastalıklar nedeniyle tedavi görmekte ve tıbbi tedavi masrafı olarak 4.5 milyar dolar harcamaktadır. Nazokomiyal enfeksiyonlar hasta güvenliği açısından çok önemli bir yer tutmaktadır. Bu nedenle bu konuda yapılan sürveyans çalışmaları önlem alınması için önemlidir.

Prof.Dr.Seval AKGÜN,

Sağlık Akademisyenleri Derneği Başkanı,
Başkent Ünv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord

EL YIKAMANIN ENFEKSİYON KONTROLÜNDEKİ ROLÜ

Enfeksiyondan korunma ve kontrol pek çok sağlık kuruluşunun en önemli konularından birisidir. Sağlık hizmetleri kaynaklı ve sayılarında artış görülen enfeksiyonlar hastalar ve sağlık personeli için büyük endişe yaratmaktadır. Sağlık hizmeti uygulamalarında tedavi yapılırken kullanılan tıbbi gereç sebebiyle oluşan idrar yolu enfeksiyonları, kandan bulaşan enfeksiyonlar ve mekanik havalandırma vasıtasıyla bulaşan enfeksiyonlar yaygındır.

Bu enfeksiyonlar ve diğerlerinin ortadan kaldırılmasının temelinde el temizliği yatmaktadır. Uluslararası kabul edilir el hijyeni rehberleri, Dünya Sağlık Örgütünden, Birleşik Devletler merkezli Hastalık Kontrol ve Önleme Merkezinden ve bazı milli ve uluslararası örgütlerden temin edilebilir.

Sağlık kuruluşunun sağlık bakımından kaynaklanan enfeksiyonları azaltmaya yönelik prosedür ve uygulamaları , şu an yayınlanmış yayına uyumlu olan ve genel olarak kabul edilen el hijyeni rehberleri DSÖ veya Hastalıkları Kontrol Merkezi tarafından geliştirilmiş standart rehberlere sadık kalınarak hazırlanmalıdır. Sağlık kuruluşu bu rehberlerin nasıl uygulandığını içeren politika ve prosedürler geliştirmeli ve tüm çalışanlarının bunları uyguladığını göstermelidir.

INFECTION CONTROL AND HAND WASHING

Although the contribution of infection control programs to high-quality patient care has long been recognized, the importance of these programs for an increasingly complex patient population has become even more prominent. Hospital acquired or nasocomial infections pose a major threat of excess morbidity and mortality to patients hospitalized for management of other diseases. The detection of such infections, surveillance of their frequency and identification of their predisposing factors are essential prerequisites for the design and implementation of cost effective control and preventative measures. Although the contribution of infection control programs to high-quality patient care has long been recognized, the importance of these programs for an increasingly complex patient population has become even more prominent. Hospital acquired or nasocomial infections pose a major threat of excess morbidity and mortality to patients hospitalized for management of other diseases. The detection of such infections, surveillance of their frequency and identification of their predisposing factors are essential prerequisites for the design and implementation of cost effective control and preventative measures.

Hand Hygiene is the single most important means of preventing the spread of infection and hospital-acquired infections. The purpose of a hand hygiene program is to minimize cross-infection by the removal of transient organisms from the skin of healthcare personnel as a result of effective hand-washing and to prevent the transmission of potentially pathogenic organisms.

Suggested strategies for improving hand hygiene should include; Make hand hygiene an organizational priority, to include allocation of appropriate resources and leadership commitment and adoption of the WHO or CDC Guidelines on Hand Hygiene in Health Care, which include a focus on multidisciplinary, multimodal strategies:

SAĞLIK HUKUKU VE HASTA MERKEZLİ HİZMET, TÜRKİYE'DE SAĞLIK HUKUKU

Oturum Başkanı **Prof. Dr. Mustafa Kemal BALCI,** Akdeniz Üniversitesi Tıp Fakültesi, Dekan
Konuşmacılar **Prof. Dr. Mustafa Kemal BALCI,** Akdeniz Üniversitesi Tıp Fakültesi, Dekan
Prof. Dr. Fatih Selami MAHMUTOĞLU, İstanbul Hukuk Fakültesi – Ceza ABD.
Yrd. Doç. Dr. Hatice ÖZTÜRK, Akdeniz Üniversitesi, Deontoloji Anabilim Dalı

Prof. Dr. Mustafa Kemal BALCI,
Akdeniz Üniversitesi Tıp Fakültesi,
Dekan

Prof. Dr. Fatih Selami MAHMUTOĞLU,
İstanbul Hukuk Fakültesi – Ceza ABD.

Yrd. Doç. Dr. Hatice ÖZTÜRK,
Akdeniz Üniversitesi,
Deontoloji Anabilim Dalı

HASTANELERDE RİSK YÖNETİMİ

Oturum Başkanı **Eman DARWİSH,** Mouwasat Hastaneler grubu, Performans Deparmanı Başkanı - Dammam
Konuşmacılar **Eman DARWİSH,** Mouwasat Hastaneler grubu, Performans Deparmanı Başkanı - Dammam
Dr. Amin NİMER, CEO, Mouwasat Hastaneler Grubu, Dammam, Suudi Arabistan

RISK MANAGEMENT AT HOSPITALS

Although the health care services are required to be safe ,and delivered in a safe environment, safety does not mean zero risk .A safe environment required coordination and multidisplinary efforts .
All hospital staff have a role to play in establishing and maintaining the Risk Management Program .In some cases that role is not clear for the staff,because of that a specific program should be developed , This program encompasses the basic processes that are used to identify and assess the risks of specific hazards, implement activities to eliminate or minimize those risks, communicate risk information, and monitor and evaluate the results of the interventions and communications, and that is the definition of Risk Management .
Understanding the types of risks and their sources is critical
To evaluate the current system, it is critical that the program also consider what is known about the sources of risk, and what is not yet completely understood or known. Type of risks in healthcare environment generally falls into four categories:

- Clinical Risk
- Non-Clinical Risk
- Financial Risk
- Significant Risk

The early identification of such risk allows the hospital to immediately investigate the circumstances of the incident, and if necessary, institute corrective action to prevent similar occurrences in the future.
Mouwasat Hospital believes that the common goal of maximizing benefits of the program and minimizing risks could be greatly advanced if the hospital staff and patient in the system worked together to gain an understanding of these activities within a systems framework. To achieve such a framework, we need a better understanding of the risks involved and their sources,
and we need to clarify our individual roles and ensure that our individual roles are well integrated. Only then can we plan effective risk management strategies.

HASTANELERDE RİSK YÖNETİMİ

Her ne kadar sağlık hizmetlerinin güvenli olması gerekmekte ve güvenli bir çevrede verilse de; güvenli sıfır risk anlamına gelmemektedir. Güvenli bir çevre için koordinasyon ve multidisipliner çalışma gerekmektedir. Tüm hastane çalışanları Risk Yönetimi Programı'nda aktif olarak yer almalıdır. Temel süreçlerin yönetimi için belirli tehlikelerin ve risklerin belirlenmesi, bu riskleri elimine etmek veya en aza indirmek için yapılacak çalışmaların uygulanması, risk bilgilendirmesi için iletişim sağlanması, iletişim ve müdahalelerin kontrolü ile sonuçlarının değerlendirilmesi işlemlerinin bütününe Risk Yönetimi denmektedir.
Sağlık hizmetlerinde karşılaşılan risk çeşitleri 4 ana başlık;

- klinik risk,
- klinik dışı risk,
- finansal risk,
- anlamlı risk; altında toplanmaktadır. Bu risklerin erken tespiti hastane hizmetlerinde herhangi bir olay ile karşılaşıldığında hızla çözüme ulaşılmasını sağlamaktadır.

TIP EĞİTİMİNE HASTA GÜVENLİĞİ VE KLİNİKTE KALİTE İYİLEŞTİRME UYGULAMALARI NASIL ENTEGRE EDİLEBİLİR?

Oturum Başkanı **Prof.Dr.Seval AKGÜN,** Sağlık Akademisyenleri Derneği Başkanı, Başkent Üniv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord.

Konuşmacılar **Prof. Dr. Seval AKGÜN,** Sağlık Akademisyenleri Derneği Başk, Başkent Üniv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord.

Yrd. Doç. Dr. Erol GÜRPINAR Akdeniz Üniversitesi, Tıp Eğitimi Anabilim Dalı

Prof.Dr.Seval AKGÜN,
Sağlık Akademisyenleri Derneği Başkanı,
Başkent Üniv.Hastaneleri ve Sağlık Kuruluşları Kalite Koord

TIP EĞİTİMİNDE HASTA GÜVENLİĞİ UYGULAMALARI VE KLİNİK UYGULAMALARA ENTEGRASYONU

Özellikle teknolojideki hızlı ilerlemeler sağlık profesyonellerinin tanı ve tedavilerini etkilemekte bakım planlarının ve tıbbi uygulamalardan doğabilecek hata kaynaklarının yeniden gözden geçirilmesini zorunlu kılmaktadır. Amaç mümkün olduğunca hatayı minimize etmek, hasta bakımını etkin ve efektif bir biçimde sunabilmektir. Bu kapsamda bakım kaynaklı olası istenmeyen olayları(tıbbi hataları) önlemeye yönelik hasta güvenliği programlarının önemi gün geçtikçe daha da artmaktadır.

Sağlık hizmeti sunan her türlü organizasyon aslında son derece kompleks yapılanmaları olan ve çok değişik profesyonelleri, pek çok farklı ve karmaşık süreçlerle sunan organizasyonlardır. Bu karmaşık ve uğraştığı alan direkt olarak insan sağlığı olan bu kuruluşlar bazen insan gücü ve alt yapı açısından çok da şanslı olmayabilirler. Dolayısıyla bu kadar kritik işlevi ve rolü olan bu kurumlarda gerek hizmet veren sağlık personelinin eğitim eksikliği, gerekse beceri yetersizliği ya da alt yapı ya da süreçlerdeki bazı yetersizlikler nedeniyle sıklıkla tıbbi hataların görülme olasılığı söz konusudur.Bu hatalar hastalarda morbidite ve mortalite artışlarına neden oldukları gibi aynı zamanda finansal açıdan da maliyet artışlarına yol açmaktadırlar. Tıbbi hataların tam olarak zamanında saptanması ve nedenlerinin ortaya çıkarılması çözüm önerilerinin belirlenebilmesi için son derece önem taşımaktadır. Ancak tüm bu hatalar insan sağlığına ciddi etkiler oluşturmadan saptanmalıdır.

Bu da tıp eğitimine hasta güvenliği kavramının ve uygulamalarının entegrasyonu ile söz konusudur. Nitekim hasta güvenliği kültürü oluşturmadaki engellere baktığımızda bunların; sağlık hizmetinin çok karmaşık hale gelmesi, hoşgörü kültürü" eksikliği,inkar, profesyonel otorite, kendini beğenmişlik, durumdan memnun olma, hata yapmaya karşı gösterilen tepki, Korku, ve konu ile ilgili eğitim yetersizliği olduğu görülmektedir. Dünya Hekimler Birliğine göre Tıp eğitiminin amacı "hasta ve toplum için kaliteli koruyucu ve tedavi edici hizmet vermeyi sağlayan bilgi, beceri, değerler ve davranış biçimlerinde **yetenekli ve yeterli olan hekimleri yetiştirmek"** Hasta güvenliğinin sağlanmasında en önemli kaynak olan sağlık insan gücü, tüm dünyada 100 milyon sağlık çalışanını kapsamakta bunun da 24 milyonunu doktorlar oluşturmaktadır. Güvenlik konusu, tıp eğitiminin 6 temel komponentinden biri olmasına rağmen .Hasta güvenliği, mezuniyet öncesi tıp eğitiminde pek yer bulamamakta daha çok uzmanlık eğitimi içerisinde önemsenmektedir.Bu panelde konu ile ilgili genel bir değerlendirme yapılacaktır.

PATIENT SAFETY AND ENTEGRATION OF PATIENT SAFETY ISSUES AND CLINICAL QUALITY IMPROVEMENT TECHNIQUES INTO MEDICAL EDUCATION

In the complexity of the health care environment, preventable medical errors are common. These preventable errors cause increased patient morbidity and mortality as well as create significant financial costs. Improved error reporting underlies, and supports, understanding of mistakes and their causes, contributors, and potential solutions. Error prevention and error detection and correction before harm are the eventual goals. Appropriate reporting and capture of information by using comprehensive electronic reporting is the key to success. Barriers to reporting need to be overcome and a sea of culture change is mandated. Reporting needs to be non-punitive, anonymous, and non-discoverable and provide immunity. The Patient Safety and Quality Improvement Act of 2005 is a major step in this direction. Targeted voluntary reporting has been found to be superior to mandatory reporting. Creation of national data repositories and their analysis will help improve patient safety and outcomes.

To err is human, but to cover up is unforgivable, and to fail to learn is simply inexcusable. We all make mistakes, but it is our duty to learn from them and find ways to make sure they never again cause harm. This could be possible if we can integrate the patient safety concept and clinical quality improvement techniques into the medical education.

When we look at the root cause of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Any member of the healthcare team may make errors in any healthcare setting and usually doctors are leading the teams. There are 100 million health care professionals all over the world a24 millions are physicians and the main goal of medical education is to train doctors who has knowledge and skills to prevent and treat the patients. Even though patient safety is one of the six components of medical education, less attention is given especially during undergraduate education. There is almost any place for patient safety and clinical quality improvement techniques in the curriculum of undergraduate education while there are some topics related to patient safety at postgraduate education. In this panel we will discuss the importance of integration of patient safety and clinical quality improvement techniques into medical education curriculum.

Yrd. Doç. Dr. Erol GÜRPINAR
Akdeniz Üniversitesi,
Tıp Eğitimi Anabilim Dalı

SAĞLIKTA HAKKANİYETİ SAĞLAMADA VE HASTA BAKIM ODAKLI YAKLAŞIMDA KALİTE YÖNTEMLERİNİN KULLANIMINA SAHADAN ÖRNEKLER

Prof.Dr.Dag HOFOSS,
Sağlık Sist.Araşt.Dep,
Akershus Univ.Hospital and Institute of Community Medicine, Univ of Tromso, Norveç

HASTA KORUMA KULTÜRÜNÜN ÖLÇÜMÜ, ORGANİZYON DÜZEYİNDE DEĞİŞİKLİKLERİ BÖLÜMLERE AYIRMA.

Amaçlar 1)Norveç tercümesinde SAQ'nın psikometrik özelliklerinin açıklaması.
2)Sağlanmış ampiriklerin açıklanması için hasta koruma kültürünün çalışmasıyla mümkündür.
Ayarlama 47'den 49'a klinik ünitesi 500 yataklı Norveç üniversite hastanesi Ekım-aralık 2006
Yöntemler SAQ bir Norveç çevirisi (Genel versiyon, Kısa Form 2006) 1911'de eğimli kadro (tepki oranı %68) dağıtıldı. Cronbach alphas kendi içinde dahil ve testretest kolerasyonları hesaplandı ve cevaplanmış bölüm analizleri ve doğrulanmış faktör analizleri (AMOS, versiyon 6.0) Böylelikle beraber erken testler harici geçerliliktedir.Versiyon 1.10.MLwin, tarafından hiyerarşık yapıdaki değişik bilgilerin analizi yapılmıştır.
Sonuçlar SAQ' dan Norveç tercümesinde tatmin edici dahili psikometrik özellikleri gösterdi. Ölçümler kabul edilebilirdi.Doğrulayıcı faktör analizleri uygun indekslerin yararları akılcı modeli gösterdi. Sadece bir hastanedeki bilgi ile biz harici geçerlilikteki güçlü sonuçları alamadık. Ayrıca doğrulama çalışmaları kapsamında SAQ'da hasta sayısında son bilgiler yapıldı. Hastanedeki hasta değerlendirme organizasyonunda kolerasyonlar ve ters olay belirtileri (Başlatma Araçları metodu)Hastanede tedavide hasta tatmini ile hasta raporlarında eziyet görüldü.Hasta tatmin çalışmalarında üç not elde edildi aynı hastanede bununle birlikte SAQ bilgileri kadro tarafından biriletirildi.Çeşitli düzeyli analiz gösterdi, hasta güvenliği kültürü çok sayıda çeşitleme sadece bireye cevap veren, ama ayrıca bir tarafına doğru ve bir tarafına bölümlerde düzey örgütlenmesi içinde çok önemli anlaşmazlık vardi.(İCCs kadar 21) ama yedinciden birini SAQ ölçü vardi.
Dört sonuçlar
1)Norveç tercume SAQ tatmin edici psikometri özellikleri gösterdi.
2)Hasta güvenliği kültürünü, hasta çok yakın öğrenmek zorunda.hastane güvenliği kültüründe çeşitli hastane bölümleri var.
3)hasta kültürünün güçlendirmek için amaç bölge düzeyni dahil etmek sadece bütün bölüm hastanelerine müdahale edilenecek.
4)Güvenlik kültürünü iyice öğrenmek ve güçlendirmek için hastanede formel düzeyini (belediye bölgesi, ayaktan hasta klinik ERs) analiz bilgileri mikro üniteleri dahilinde olacak.

INDICATION OF PATIENT PROTECTION CULTURE AND SEPERATION AT ORGANIZATIONAL LEVEL

Between the months October and December in 2006 the Norwegian translation of SAQ pyschometric characteristics test was applied to patients at Norwegian University Hospital.
The results showed convincing psychometric characteristics. Also patient satisfaction and patient maltreatment has been seen in the patient reports during the analysis. By research we obtain 4 results which are; Norwegian translated pyschometric test showed convincing characteristics, the patient should be aware of the concept patient protection and hospital safety culture composed of different hospital sections, to strengthen patient culture all hospital sections should be included, and to learn and strengthen the hospital culture even micro sections sholud be taken into consideration during the analysis.

SAĞLIK SİSTEMİNE BAKIŞ

??????????????????????

Elzbieta Anna CZAPKA,
PhD NAKMI (Norwegian Center for Minority Health Research)

"**Factors affecting patient-centered care; Access to Health Care System- study based on the research conducted among Polish immigrants in Oslo**"
Accessibility to health care services is closely related to entitlement. However, entitlement doesn't mean that particular minority groups have the same access to health care services as majority. Some services may be inaccessible or unacceptable for migrants. Equal and adequate access means that all social groups are able to use health services according to their needs. Unequal access to health care services is an indicator of direct or indirect institutional discrimination of ethnic minorities/migrants. Besides, differences in access to health care may have important far-reaching consequences both for migrants (shorter lives) and for the host societies (high economical costs).
The presentation is based on partial results of ongoing research conducted among Polish labour immigrants in Oslo (the biggest group of immigrants in 2007). According to research results three main barriers in access to health care services can be recognized: lack of information, lack of language abilities and economical factors.

Hasta Güvenliğini Etkileyen Faktörler; Sağlık Hizmetlerine Ulaşılabilirlilik, Osloda yaşayan Polonya Göçmenlerinde yapılan bir çalışma

Sağlık hizmetlerine ulaşılabilirlik hasta güvenliğini etkileyen en önemli faktörlerden biridir. Ancak özellikle göçmen grubunda sağlık hizmetlerine ulaşmada ciddi sorunlar yaşanmakta buda onların sağlığını olumsuz olarak etkilemektedir.halbuki sağlık hizmetlerinden eşit yararlanım ve hakkaniyet demek bir ülkede yaşayan herkesin sağlık hizmetlerinden eşit yararalanımı demektir. Bu sunum Osloda yaşayan Polonyalı göçmenler üzerinde yapılan bir çalışmanın sonuçları üzerinden sağlıkta hakkaniyette ulaşılabilirliğin önemi tartışılacaktır. Polonyalı göçmenler Osloda en büyük grubu oluşturmaktadır. Bu grubun sağlık hizmetlerinden yararlanımını etkileyen en önemli etkenler; bilgi eksikliği, dili etkin kullanamamak ve ekonomik nedenlerdir.

AVRUPA'DA SAĞLIKTA AKREDİTASYON'UN TARİHÇESİ, GELİŞİMİ, KUVVETLİ ve ZAYIF YANLARI VE BU ÇALIŞMALARIN AVRUPA BİRLİĞİ ÜLKELERİNDE YAYGINLAŞMASI VE YAYILIMI ÜZERİNE ETKİLERİ

Prof. Dr. Charles D Shaw PhD, MB BS, FFPH,
İngiltere,
Sağlık Bakanlıklarında Ülke Düzeyinde Bireysel Danışman,

WORKSHOP: "POLICY, ORGANISATION, METHODS AND RESOURCES FOR ACCREDITATION"

This workshop is intended for national policy-makers, institutional managers and clinicians who are interested in or responsible for external assessment, regulation and quality improvement. It comprises four presentations and discussions on accreditation issues related to policy, organisation, methodology and resource requirements.
The first session (on policy) will include definitions to differentiate from licensing and certification, and outline the development of health service accreditation from its origins in surgical training in the USA to its current adaptation across much of the world. Many countries fail to answer key questions before an injection of accreditation, for example, what is the objective, who will manage the agency, how will it be funded? Is a single national programme preferable to several competing programmes tailored to the differing needs of specialties, sectors and regions?
The second session (organisation) will explore options for governance by stakeholders and for managing national and regional programmes, including questions of ethical and legal accountability of providers and professions to their customers – patients, insurers, and regulators. What are the limits and scope of a national agency? How are clinicians best organised to regulate themselves? Are local managers sufficiently authorised to manage their own institutions?
The third session (methodology) will outline some of the common issues and technical options for standards development, assessment procedures, assessor management and adjudication of awards.
The final session will relate to some of the resources required in terms of time, training, organisational development, technical assistance and money.

" POLİTİKA, ORGANİZASYON, METOTLAR VE KAYNAKLAR İÇİN AKREDİTASYON" SEMİNERİ

Kalite gelişimi ve yönetimi ile ilgilenen politika yapıcılar, kurum yöneticileri ve klinisyenlerin faydalanması amacı ile hazırlanan seminer; toplam 4 sunum ve akreditasyon tartışmalarından oluşmaktadır. Birinci oturumda lisans ve sertifikasyon tanımları sonucu

ortaya çıkan farklılıklar ile sağlıkta akreditasyonun doğuş yeri olan Amerika Birleşik Devletleri ile uygulayan diğer ülkeler arasındaki farklılıklar ele alınacaktır. Ikinci oturumda organizasyonun ulusal ve bölgesel programları yönetimleri ile tüketicilere yönelik hizmetteki etik ve yasal sorular tartışılacaktır. Üçüncü oturumda metodoloji çerçevesinde standartların gelişiminde ortak sorunlar ve teknik olanaklar, değerlendirme süreçleri, değerlendirme yönetimi ve ödüllerin kararlaştırılmasının anahatları gösterilecektir. Son oturum zaman, eğitim, kurumsal gelişim, teknik yardım ve para ile ilgili kaynaklar ile ilgili konulardan oluşacaktır.

HASTA-HEKİM İLİŞKİSİ, KURUMLARDA İÇ İLETİŞİMİ GÜÇLENDİRME BECERİLERİ , HASTA İLE ETKİN İLETİŞİM NASIL SAĞLANABİLİR?

Oturum Başkanı **Dr. Arild Aambø, NAKMI,** Soesterhjemmet , Ullevaal University Hospital, Norveç
Dr. Jennifer Gerwing , Vancouver Island Health Authority in Victoria, British Columbia, Kanada

DIALOGUE IN ACTION: BRINGING INVESTIGATIONS OF COMMUNICATION PROCESSES INTO RECOMMENDATIONS FOR PATIENT-CENTRED CARE

Workshop presenters:
Arild Aambø and Jennifer Gerwing

Summary : Central to patient-centred care is an acknowledged requirement that the health care provider take into account the patient's cultural traditions, personal preferences, and values. Furthermore, patient education, health literacy, and informed decision making, on a personal level, require that the health care provider ensure that the patient understands medical information (e.g., his or her current condition, diagnosis, treatment options, and access to appropriate care). It is during medical consultations, or dialogues, that health care providers and patients come to a mutual understanding about medical and personal information, and the extent to which they achieve mutual understanding has implications for efficient, appropriate medical care. Research focused on investigating the moment-by-moment, sequential process by which mutual understanding is established in these dialogues complements other, more traditional research approaches. It can directly propose ways of improving the effectiveness of communication. We are adopting Herb Clark's *collaborative model* as our framework for investigating cross-cultural medical dialogues. In particular, we are focusing on the process of *grounding*, during which speakers regularly seek evidence of understanding, and listeners provide feedback by actions such as "m-hm," nodding, or requests for clarification. When grounding is explicit, interlocutors can know that they have ensured mutual understanding. We propose that *microanalysis* of actual videotaped medical consultations, which reveals the moment-by-moment sequential and functional relationship between behaviours, is an ideal, innovative method for bringing communicative processes to light. Microanalysis takes the focus away from individual health provider skills and puts it instead on the provider's responsibility for the communicative processes by which mutual understanding is achieved. The definitions and analyses developed during microanalysis can be directly adapted to concrete training materials that would improve the effectiveness of medical communication. In this workshop, we will provide an interactive arena for introducing our dialogic, collaborative approach and the method of microanalysis. In addition, we will explore the grounding process using examples from actual medical consultations.

FAALİYET DİYALOĞU: İLETİŞİM SÜRECİNDEKİ İNCELEMELER İLE HASTA-ODAKLI HİZMET İÇİN ÖNERİLER OLUŞTURULMASI

Oturum Konuşmacıları:
Arild Aambø ve Jennifer Gerwing

Hasta odaklı hizmetin merkezini hastanın kültürel gelenekleri, kişisel tercihleri ve değerlerinin dikkate alınarak hizmetin sunulması oluşturmaktadır. Ayrıca hastanın kendi sağlık durumunu iyi anlayabilmesi için eğitim durumu, sağlık okur yazarlığı ile kişisel bazda karar verme sürecinde bilgilendirme de önem kazanmaktadır. Tıbbi görüşmeler veya muayene sırasında sağlık hizmeti sunan kişi ile hasta arasında ortak bir dil ve karşıklı anlayışın gelişmesine dikkat edilmesi gerekmektedir. Kişisel ve tıbbi konularda karşıklı anlayış sağlanması ile hastanın etkili ve uygun tıbbi hizmet alması sağlanabilmektedir. Herb Clark'ın İşbirliği Modeli'ni benimseyerek yaptığımız çalışmada, odak olarak temeli kullanarak, konuşmacıların anlama amaçlı kanıt araması ile dinleyicinin belli başlı hareketlerle, baş sallama gibi, tepki vermesi veya daha detaylı bilgi istemeleri durumuna bakılmıştır. Temel açık olduğunda, konuşulan kişiler birbirlerini anladıklarını garanti altına aldıklarını düşünmektedirler. İletişim sürecinin açıklığa kavuşması için Tıbbi muayenelerin teyp kaydı altına alınarak, dakika dakika sıralı ve fonksiyonel ilişkinin incelenmesi olarak açıklayabileceğimiz mikroanaliz önerilmektedir. Mikroanaliz dikkati sağlık hizmetini sunan kişinin yeteneklerine değil kurulan iletişime çekmektedir. Mikroanaliz sırasında ortaya çıkan tanımlar ve analizler eğitim materyali olarak da kullanılabilir ve tıbbi iletişimin daha etkili ve verimli olmasını sağlayabilir. Bu oturumda mikroanaliz metodu ve işbirliği yaklaşımı interaktif bir arenada tanıtılacaktır.

ULUSLARASI HASTA GÜVENLİĞİ PERSPEKTİFİNDEN TÜRKİYEDE HASTA GÜVENLİĞİ UYGULAMALARININ DEĞERLENDİRİLMESİ

Konuşmacılar **Uzm. Dr. Hasan KUŞ,** Anadolu Sağlık Grubu, Genel Direktör, Başkan, Sağlıkta Kalite Derneği
Prof.Dr. Metin ÇAKMAKÇI, Anadolu Sağlık Grubu, Tıbbi Direktör

Uzm. Dr. Hasan KUŞ,
Anadolu Sağlık Grubu, Genel Direktör,
Sağlıkta Kalite Derneği, Başkan,

Prof.Dr. Metin ÇAKMAKÇI,
Anadolu Sağlık Grubu, Tıbbi Direktör

DÜNYA'DA VE TÜRKİYE'DE HASTA HAKLARI

Konuşmacılar **Mehmet Kaymakcı,** T.C. Sağlık Bakanlığı Hasta Hakları Birimi Şb. Md.
Nazmi Tutal, Koordinatör, HAYASAD

HASTA HAKLARI UYGULAMALARI

Mehmet KAYMAKCI
Hasta Hakları Şube Müdür V.
T.C SAĞLIK BAKANLIĞI
Tedavi Hizmetleri Genel Müdürlüğü

İLKEMİZ : Kurum veya çalışan odaklı sağlık hizmeti sunumu yaklaşımından "HASTA ODAKLI ve KATILIMCI" sağlık hizmeti sunumu yaklaşımına geçiştir.
AMACIMIZ: Bütün toplumu ve sağlık çalışanlarını hasta hakları konusunda bilinçlendirmek,
Hasta hakları ihlallerini en aza indirmek.
HH UYGULAMASININ GELİŞİMİ : Hasta Hakları Şubesi (Kasım 2003),Sağlık Tesislerinde Hasta Hakları Uygulamalarına İlişkin Yönerge (Ekim 2003),İnternetten başvuru imkanı (Şubat 2004) ,Genelge yayımlandı.(Ocak 2005),Hasta Hakları Uygulama Yönergesi (Nisan 2005),Hasta Hakları İl Koordinatörlükleri (Mayıs 2005),Bütün hastanelerde, hasta hakları birimleri ve hasta hakları kurulları oluşturuldu.(Ekim 2006)
HH UYGULAMA SİSTEMİ OLUŞTURULAN BİRİMLER
Hasta Hakları Şubesi, Hasta Hakları İl Koordinatörlüğü, Sağlık Grup Başkanlıkları HH Kurulları, Hastane Hasta Hakları Kurulları, Hastane Hasta Hakları Birimleri, Hasta Hakları İletişim Birimleri
HH İL KOORDİNATÖRÜ : Halk sağlığı uzmanı, Deontoloji uzmanı, Pratisyen hekim, Sosyal hizmet uzmanı, Psikolog, Halkla ilişkiler uzmanı
Görevleri; Hasta hakları uygulamalarını il genelinde koordine etmek ve denetlemek.
HH KURULUNUN GÖREVLERİ : Hasta hakları ihlali sebebiyle gelen başvuruları değerlendirip sonuçlandırmak.
Hasta hakları uygulamalarının geliştirilmesi ve sağlık kurumlarındaki aksaklıkların giderilmesi için önerilerde bulunmak.
HASTA HAKLARI BİRİMİ
Birim Sorumlusu; Sosyal Hizmet Uzmanı, Psikolog, Halkla İlişkiler Uzmanı, Diğer sağlık çalışanları
Görevleri;Başvuruları almak ve sorunlarını yerinde çözmek, Sağlık çalışanlarını hasta hakları konusunda bilinçlendirmek,
Hasta ve yakınlarını hasta hakları ve sorumlulukları konusunda bilinçlendirmek, danışmanlık yapmak.
HEDEFLERİMİZ
I.Ulusal Hasta Hakları Kongresini 2009 yılında gerçekleştirmek.Aydınlatılmış Rıza Yönetmeliğini yayımlamak.Aynı branştan birden fazla uzman hekime sahip bütün hastanelerimizde 2008 yılında hekim seçme uygulamasına geçmek.Hasta hakları konusunda bütün sağlık çalışanlarını ve toplumu bilinçlendirmek.Merkezi Hastane Randevu Sisteminin pilot uygulamasını başlatmak.

HASTA HAKLARI VE SORUMLULUKLARI

Nazmi Tutal,
Koordinatör, HAYASAD

3rd INTERNATIONAL CONFERENCE ON QUALITY IN HEALTHCARE , ACCREDITATION AND PATIENT SAFETY

Delivering Patient Centered Care; Innovations In Structure, Process And Outcomes

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Müzeyyen BAYDOĞRUL

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FEBRUARY, 11 - WEDNESDAY

13:00 **REGISTRATION**
18:00 – 21:00 **OFFICIAL OPENING, WELCOME RECEPTION AND DINNER**

FEBRUARY, 12 - THURSDAY

09:00 –10:00 **OPENING CEREMONY**

Prof.Dr.Al-ASSAF, Congress Chairman, American Institute for Healthcare Quality, Associate Dean for International Health, College of Public Health Univ. of Oklahoma
Tahir BÜYÜKHELVACIGİL, President, Turkish Standardization Institute
Prof.Dr.İsrafil KURTCEPHE, Akdeniz University, Rector
Prof.Dr.Seval AKGÜN, Co-Chair, Society of Healthcare Academicians, Baskent University, Ankara

10:00 – 10:30 Coffee/Tea Break

10:30 – 12:30 **Plenary Presentation** JCI ACCREDITATION SYSTEM, "NEW UPDATES ON JCI"

Keynote Speaker **Dr. David JAİMOVİCH,** Chief Medical Officer, Joint Commission Resources,Joint Commission International

12:30 –14:00 Lunch

14:00 –1 5:30 **Concurrent Workshop Sessions- I**

WORKSHOP-I JCI ACCREDITATION STANDARDS "LESSONS LEARNED FROM THE FIELD"

Dr. David JAIMOVICH, Chief Medical Officer, Joint Commission Resources, Joint Commission International,

WORKSHOP II: DRUG SAFETY; Adverse Drug reactions, Reporting systems of adverse events in the world and in Turkey,

Program for reducing medication errors, Reducing Clinical Risk Aspects of the Drug Utilization Cycle and

clinical risks, Experiences of TUFAM, MoH, Turkey

Speakers: **Prof. Dr. Hakan ERGUN,** Ankara University, School of Medicine, Department of Pharmacology**,**
Pharmacist Emel AYKAÇ, MoH, Turkey

WORKSHOP III STANDARDIZATION, ACCREDITATION AND CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES AT

CLINICAL LABORATORIES, ISO 15189 QUALITY MANAGEMENT SYSTEM

Moderator; **Prof. Dr. Meral GÜLTEKİN** Akdeniz University Medicine School, Clinical Microbiology Dpt. And Acıbademlabmed Clinical Laboratories

Speakers; **Prof. Dr. Meral GÜLTEKİN,** Akdeniz University Medicine School, Clinical Microbiology Dpt. And Acıbademlabmed Clinical Laboratories
Associate Professor Dr. İbrahim Ünsal, Director of Medical laboratories, Acıbadem Group
Savaş DOĞRU, Mis Consulting firm

15:30 – 15:45 Coffee/Tea Break

15:45 – 17:00 **Concurrent Workshop Sessions- II**

WORKSHOP I: SPECIFIC ACTIVITIES, WHICH EFFECTIVELY INTEGRATES QUALITY IMPROVEMENT, DISPARITIES

REDUCTION AND ADDRESSING HEALTH LITERACY; HOW CAN SUCH INTEGRATION BE MORE PATIENT-

CENTERED? At Health Plan— In Ambulatory Care— At Hospitals—

Speakers: **Prof.Dr. Martin RUSNAK,** Chair, Department of Public Health, Trnava University, Slovakia and President, International Neurotrauma Research Org Austria

	WORKSHOP II:	**ACCREDITATION AND LICENSIFICATION IN AZERBAIJAN REPUBLIC**
	Moderator:	**Prof. Dr. Seval AKGÜN,** Başkent University Hospitals Network, Chief / Quality Officer Public Health Department
	Speakers:	**Dr. Sabina AKHMODOVA,**
	WORKSHOP III:	**HEALTH LITERACY: A MATTER OF HEALTHCARE QUALITY AND EQUITY**
	Moderator;	**Prof.Dr.Seval AKGÜN,** Başkent University Hospitals Network, Chief / Quality Officer Public Health Department
	Speakers;	**Betül Faika Sönmez Msc,** Ministry of Health, General Directorate of Primary health care, Head of Research and Development Unit **Prof. Dr. Haydar SUR,** Marmara University, Faculty of Health Sciences, Director, Hisar International Hospital
17:15 – 18:00	**CONFERENCE ROOM I**	**PATIENT-CENTERED CARE AND RISK MANAGEMENT APPROACH**
	Plenary Presentation:	**Prof. Dr. A. AL-ASSAF**, American Institute for Healthcare Quality, Associate Dean for International Health, College of Public Health Univ. of Oklahoma, USA **Prof. Dr. Seval Akgün,** Başkent University Hospitals Network, Chief / Quality Officer, Director, Public Health Department

FEBRUARY, 13 – FRIDAY

08:30-10:00 **CONFERENCE ROOMS I-V**

Concurrent Oral Presentations **(English 1)**

Moderator: **Dr. Arild Aambø, NAKMI,** Soesterhjemmet , Ullevaal University Hospital, Norway

Concurrent Oral Presentations **(Turkish-1)**

Concurrent Oral Presentations **(Turkish-2)**

Concurrent Oral Presentations **(Turkish-3)**

10:00 – 11:00 **CONFERENCE ROOM**

Plenary Presentation: **ESQH VISION OF FUTURE HEALTHCARE AND QUALITY DEVELOPMENTS**

Keynote Speaker; **Dr. Basia Kutryba,** President of the European Society for Quality in Healthcare (ESQH).

11:00-11:15 Coffee/Tea Break

11:15 – 12:30 **CONCURRENT WORKSHOP SESSIONS I**

WORKSHOP I **BUILDING ACCREDITATION SYSTEMS**

Prof. Dr. Charles D Shaw PhD, MB BS, FFPH, Doctor of medicine; Doctor of philosophy, Independent adviser to ministries of health

WORKSHOP II: **ALTERNATIVE MODELS IN QUALITY IN HEALTH CARE**

Moderator: **Uzm. Kaya KARS,** Turkish Standardization Institute, Director, Regional Office, Antalya, Turkey

Speakers: **Savaş Avcı,** Executive Secretary, TURKAK

Mesut Duru, Director, Personal Accreditation and Training Unit, TSE

Mehmet Bozdemir, Director, Quality Management TSE

WORKSHOP III **CURRENT AND FUTURE IT APPLICATIONS AND PATIENT CENTERED CARE**

Speakers **Prof.Dr.A. AL-ASSAF**, American Institute for Healthcare Quality, Associate Dean for International Health,

College of Public Health Univ. of Oklahoma, USA

WORKSHOP IV Concurrent Oral Presentations (Turkish-4)

12:30 – 14:00 Lunch

14:00 – 15:30 **CONCURRENT WORKSHOP SESSIONS II**

WORKSHOP I **PATIENT-CENTEREDNESS AS AN INDICATOR OF QUALITY MEASURES OF PATIENT CENTEREDNESS**

AND HOW ISSUES OF HEALTH LITERACY AND HEALTH DISPARITIES INTERACT TO IMPACT QUALITY

Speaker **Prof.Viera RUSNAK,** Department of Medical Informatics, Slovak Medical University, Bratislava, Slovakia

WORKSHOP II **HEALTH-CARE ASSOCIATED INFECTIONS**

Moderator **Associate Prof. Dr. Zarema Obradovic,** Head of Epidemiology Department, Public Health Institute Sarajevo / Ass. Professor, Faculty of Health Studies, University of Sarajevo, Medical Faculty of Tuzla, B&H

Speakers **Associate Prof. Dr. Zarema Obradovic,** Head of Epidemiology Department, Public Health Institute Sarajevo / Ass. Professor, Faculty of Health Studies, University of Sarajevo, Medical Faculty of Tuzla, B&H

Prof.Dr.Seval AKGÜN, Başkent University Hospitals Network, Chief / Quality Officer Public Health Department

WORKSHOP III **HEALTH LAW Physicians Responsibilities In The World And In Turkey**

Moderator **Prof. Dr. Mustafa Kemal BALCI,** Akdeniz University, Dean, School of Medicine

Speakers **Prof. Dr. Mustafa Kemal BALCI,** Akdeniz University, Dean, School of Medicine

Prof. Dr. Fatih Selami MAHMUTOĞLU, Istanbul University, School of Law

Yrd. Doç. Dr. Hatize ÖZTÜRK, Akdeniz Univ,School of Medicine,Department of Medical History and Deontology

15:30 – 15:45 Coffee/Tea Break

15:45 – 17:00 **CONCURRENT WORKSHOP SESSIONS III**

WORKSHOP I **RISK MANAGEMENT IN HOSPITALS**

Moderator **Eman DARWİSH,** Director Performance Improvement Department, Mouwasat HospitalsNetwork, Dammam, Kingdom of Saudia Arabia

Speakers **Eman DARWİSH**, Director Performance Improvement Department, Mouwasat Hospitals Network, Dammam, Kingdom of Saudia Arabia

Dr. Amin NİMER, CEO, Mouwasat Hospitals Network, Dammam, Kingdom of Saudia Arabia

WORKSHOP II **POLICY ISSUES OF INTEGRATION , THE INTEGRATION OF PATIENT SAFETY AND CLINICAL QUALITY**

IMPROVEMENT APPROACHES INTO MEDICAL EDUCATION

Speakers **Prof. Dr. Seval Akgün,** Başkent University Hospitals Network,Chief,Quality Officer,Director,Public Health Department

Asssistant Professor Dr. Erol Gürpınar, Akdeniz University, School of Medicine

	WORKSHOP III	**INTEGRATION AT THE PRACTIONER LEVEL: USING QUALITY IMPROVEMENT AS A TOOL TO IMPROVE HEALTH LITERACY AND REDUCE DISPARITIES**
	Moderator	**Prof. Dr. Dag HOFOSS,** PhD, Health Services Research Unit, Akershus University Hospital and Institute of Community Medicine, University of Tromso, Norway
	Speakers	**ACCESS TO HEALTH CARE SYSTEM**
		Elzbieta Anna Czapka, PhD, NAKMI, Norvegian Center for Minority Health Research, Department of Sociology at Warmia and Mazury University in Olsztyn, Poland
		PATIENT SAFETY- MEASURING PATIENT SAFETY CULTURE, PARTITIONING ITS VARIANCE BY ORGANIZATION LEVEL
		Prof. Dr. Dag HOFOSS, PhD, Health Services Research Unit, Akershus University Hospital and Institute of Community Medicine, University of Tromso, Norway
20:00	**Conference Gala Dinner**	**(Silence Beach Resorts Hotels Balo Salonu)**

SATURDAY 14 FEBRUARY

08:30-09:45	**CONFERENCE ROOMS I-V**	
		Concurrent Oral Presentations **(English 2)**
	Moderatör	**Associate Prof. Dr. Zarema Obradovic,** Head of Epidemiology Department, Public Health Institute Sarajevo / Ass.
		Professor, Faculty of Health Studies, University of Sarajevo, Medical Faculty of Tuzla, B&H
		Concurrent Oral Presentations **(Turkish5)**
		Concurrent Oral Presentations **(Turkish-6)**
		Concurrent Oral Presentations **(Turkish7)**
		Concurrent Oral Presentations **(Turkish8)**
10:00 – 11:00	**Plenary Presentation:**	
	Keynote Speakers	**THE DEVELOPMENT OF ACCREDITATION IN EUROPE, ITS STRENGTHS AND WEAKNESSES AND ITS**
		IMPLICATIONS FOR HARMONIZATION ACROSS EU MEMBER STATES
		Dr. Charles D Shaw PhD, MB BS, FFPH, Doctor of medicine; Doctor of philosophy, Independent adviser to Ministries of Health
10:30 – 10:45	Coffee/Tea Break	
10:30 – 12:30	**CONCURRENT WORKSHOP SESSIONS II**	
	WORKSHOP I	**IMPROVEMENT OF DOCTOR-PATIENT RELATIONSHIP AT HEALTH CARE FACILITIES**
		PATIENT- CENTERED COMMUNICATION
	Speakers	**Dr. Arild Aambø, NAKMI,** NAKMI, Norvegian Center for Minority Health Research, Ullevaal Univ.Hospital, Norway
		Dr. Jennifer Gerwing, Vancouver Island Health Authority in Victoria, British Columbia, Canada
	WORKSHOP I I	**PATIENT SAFETY ACTIVITIES IN TURKEY FROM INTERNATIONAL PERSPECTIVE**
		Dr. Hasan KUS, CEO; Anadolu Health Group
		Metin CAKMAKCI, Chief Medical Officer Anadolu Saglik Group; istanbul
	WORKSHOP I I I	**RESPONSES AND REFLECTIONS OF PATIENT AND FAMILIES BY USING QUALITY IMPROVEMENT**
		Patient and Family Rights Activities in Turkey
	Speakers	**Mehmet Kaymakcı,** Director, Divisaion of Patient Rights, MoH, Ankara
		Nazmi Tutal, Corrdinator, HAYASAD
	WORKSHOP I V	Concurrent Oral Presentations **(Turkish -9)**
	WORKSHOP IVI	Concurrent Oral Presentations **(Turkish -10)**
12:15 – 13:00	Closing Remarks	**Prof. Dr. A. AL-ASSAF,** American Institute for Healthcare Quality, Associate Dean for International Health,
		College of Public, Health Univ. of Oklahoma, USA
		Prof. Dr. Seval Akgün, Başkent University Hospitals Network, Chief / Quality Officer, Director, Public Health Department

ORAL PRESENTATIONS

08:30-10:00 CONCURRENT ORAL PRESENTATIONS

(SALON II)

THE CONVERSION OF HRM SYSTEMS TO COMPLY WITH ACCREDITATION REQUIREMENTS: ULUDAG UNIVERSITY HEALTHCARE INSTITUTIONS' EXPERIENCE

- **Doç.Dr. Bilçin Tak ,** Uludağ Üniversitesi Sağlık Kuruluşları Kalite Koordinatörü , Bursa, Turkey
-

PATIENT SAFETY PRACTICES AS A PART OF DAILY WORK: ULUDAG UNIVERSITY HEALTHCARE INSTITUTIONS' EXPERIENCE

- Doç.Dr. Bilçin Tak, Uludağ **Üniversitesi Sağlık Kuruluşları Kalite Koordinatörü , Bursa, Turkey**

PATIENT SAFETY AND NURSING CARE: ULUDAG UNIVERSITY HEALTHCARE INSTITUTIONS' EXPERIENCE

- **Kamuran Tombul, Doç.Dr. Bilçin Tak**, **Muazzes AltayCerrahi**, **Ayşe Baran**, **Sevginar Sakarya**
- **Uludağ Üniversitesi**

SAMPLE OPERATING ROOM PRACTICES IN THE EXTENT OF PATİENT SAFETY

- **ABALI Yelis, ÇOBAN Didem, KESGİN Vildan, NÜZKET Neriman, YİĞİT Özgür, ÇİFTLİK Emine Elvan**
- ISTANBUL TRAİNİNG AND RESEARCH HOSPITAL Istanbul,Turkey

(SALON III)

R&D IN PHARMACEUTICAL INDUSTRY: EVALUATION ACCORDING TO GROWTH, INNOVATION AND FINANCIAL PERFORMANCE

- **ÖZGÜLBAŞ Nermin ,**Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye
- **KOYUNCUGİL Ali Serhan ,** Sermaye Piyasası Kururlu Araştırma Dairesi, Ankara, Türkiye
- **EMİR Berdan Ece ,** Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye
- **BENLİ Büşra ,** Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye

STRATEGIC PLANNING IN HEALTH SECTOR AND INTEGRATION OF QUALITY SYSTEMS

- **Prof.Dr. M.YAVUZ ÇOŞKUN,** Gaziantep Üniversitesi Rektörü
- **Dr. İsmail ALTINÖZ,** Gaziantep Üniversitesi Fen-Edebiyat Fakültesi Tarih Bölümü
- Uzman Ümit ŞAHİN **, Gaziantep Özel Tam-Med Hastanesi**

OPTIMIZATION OF THE BED UTILIZATION WITH SIMULATION IN HEALTHCARE SERVICES: AN APPLICATION IN AN EDUCATION & RESEARCH HOSPITAL

- **AKSARAYLI Mehmet,** Dokuz Eylül University, İzmir, TURKEY
- **KIDAK Levent B.,** İzmir Bozyaka Education and Research Hospital, İzmir, TURKEY
- **GÜNEŞ Mustafa,** Dokuz Eylül University, İzmir, TURKEY

(SALON IV)

TO PREVENT OF PATİENT FALLS AT ACİBADEM KADİKOY HOSPİTAL

- SARAL Çağlayan, ONGANER Efe, **BAYOĞLU Özlem**
- Acıbadem Sağlık Grubu Kadıköy Hastanesi, İstanbul, Türkiye

TO PREVENT ERRORS RELATED TO THE USE OF ELECTRONIC MEDICATION ORDERING SYSTEM, WHICH MIGHT POTENTIALLY INTERFERE WITH PATIENT SAFETY IN ACIBADEM BURSA HOSPITAL

- **SARAL Çağlayan *, HACIBEKİROĞLU Seyyal **, AYDIN Beste *****
- ***Acıbadem Sağlık Grubu Standardizasyon ve Kaliteden Sorumlu Tıbbi Direktör Yardımcısı, **Acıbadem Adana Hastanesi Direktör Yardımcısı, ***Acıbadem Bursa Hastanesi Klinik Kalite İyileştirme Uzmanı**

APPROACH AND MANAGEMENT OF INCONFORMITY AND SENTINEL EVENTS IN YEDITEPE UNIVERSITY HOSPITAL

- **Sevilay Jefi** [1-2] **Kurt, Emine**[1-2] **Doç. Dr. Selami Sözübir** [1-2]
- **[1]Yeditepe Üniversitesi Hastanesi, İstanbul, Türkiye / [2]Kalite Geliştirme Direktörlüğü**

CORRECTİVE PREVENTİVE ACTİONS, PLANNİNG AND DRİLLS İN YEDİTEPE UNİVERSİTY HOSPİTAL İN EMERGENCY STATE MANAGEMENTS (İ.E. EARTHQUAKE, FİRE, BABY KİDNAPPİNG ETC.)

- **Ünsal Mehmet** [1-3] **Kurt, Emine**[1-2] **Jefi Sevilay** [1-2]
- **[1]Yeditepe Üniversitesi Hastanesi, İstanbul, Türkiye / [2]Kalite Geliştirme Direktörlüğü, [3]Teknik Hizmetler Müdürlüğü**

11:15-12:30 CONCURRENT ORAL PRESENTATIONS

(SALO N IV)

INTEGRATING PATIENT SAFETY ISSUES INTO QUALITY MANAGEMENT SYSTEMS IN HOSPITALS

- **Doç.Dr. Bilçin Tak, Prof.Dr. Nilgün Sarp, Yrd.Doç.Dr Umut Eroğlu**
- Uludağ Üniversitesi , Bursa, Türkiye

- Girne Amerikan Üniversitesi, Girne, KKTC

MOTIVATION FACTORS AND EMPLOYEE SATISFACTION IN HEALTHCARE SERVICES

- **AKSARAYLI Mehmet,** Dokuz Eylül University, İzmir, TURKEY
- **KIDAK Levent B.,** İzmir Bozyaka Education and Research Hospital, İzmir, TURKEY

WORKS ON REDUCTION OF DIRTY, INCISORY/ PERFORATING DEVICE INJURIES AND MATERIAL BOUNCING FREQUENCIES

- **KOÇ Başaran*,** OCAKÇI Saime*, KÜÇÜKERENKÖY Fatma*, KAZANCI DOĞAN Nilüfer*,
- **TAŞKIN Özgür*,** BOYOĞLU Rahşan*,*Vehbi Koç Vakfı Amerikan Hastanesi,

08:30-10:00 FEBRUARY 12 SATURDAY

(SALON II)

APPLICATIONS AND ROLE OF IT TECHNOLOGIES IN YEDITEPE UNIVERSITY HOSPITAL WHILE MAINTAINING SAFETY OF PATIENT INFORMATION

- **Şahin Olcay** [1-2] **Kurt, Emine**[1-3] **Ercan Sina** [1-4]
- [1]Yeditepe Üniversitesi Hastanesi, [2]Yeditepe Üniversitesi Bilgi İşlem Koordinatörlüğü, [3]Kalite Geliştirme Direktörlüğü, [4]Bilgi Yönetimi Komitesi Başkanı

BIOMEDICAL STUDIES IN HEALTH FACULTIES OF İSTANBUL UNIVERSITY

- **Sezdi Manâ, Kalkandelen Cevriye, Akan Aydın, Öngen Betigül**
- **İstanbul University, Biomedical and Clinical Engineering Department, İstanbul,Türkiye**

DISASTER PLANNING AND EMERGENCY MANAGEMENT AT HOSPITALS (The experience of Marmara Earthquake happened on 17 August 1999 and Restructuring)

- **Yalçın Ertuğrul , Altın Yakup /** Prof.Dr.A.İlhan Özdemir Devlet Hastanesi Giresun/TÜRKİYE,

HOW MUCH SUFFICIENCY OF VENTILATOR OR DEFIBRILATOR TESTING , IS OBTAINED BY MASS ACCREDITATION?

- **Sezdi Manâ,** İstanbul University, Biomedical Device Technology, İstanbul, Türkiye

(SALON III)

RESEARCH ON THE EFFECT OF PERFORMANCE BASED ADDITIONAL PAYMENT SYSTEM ON THE HOSPITAL SERVICES

- **Çalış Aynur, Menevşe S.Fatih** , Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

ANNOUNCEMENT OF DEATH TO THE PATİENT'S LEGAL DEPENDENTS.

- Uzm. Mustafa Küçükilhan , Yrd.Doç.Dr. Atila KARAHAN

- **Afyon Kocatepe Üniversitesi Hastanesi Hasta Hakları Birim Sorumlusu**
- **Afyon Kocatepe Üniversitesi Afyon Sağlık Yüksek Okulu Sağlık kurumları Yöneticiliği Bölümü Öğretim Üyesi**

A RESEARCH ON REASON OF MEDİCİNE PRACTİCİNG MİSTAKES AND MONİTORİNG JUSTİFİCATİON OF THİS MİSTAKES

- **LAMBA Mustafa,** Süleyman Demirel Üniversitesi Kamu Yönetimi Bölümü Doktora Öğrencisi, Afyonkarahisar
- KARAHAN Atila, **Afyon Kocatepe Üniversitesi Afyon Sağlık Yüksekokulu, Sağlık Kurumları Yöneticiliği Bölümü Öğretim Üyesi, Afyonkarahisar, Türkiye**

EFFECTS OF TOTAL QUALITY WORKINGS ON IMPROVING KNOWLEDGE LEVEL OF CLEANING STAFF ABOUT MEDICAL WASTES IN THE VIEW OF PATIENT SAFETY

- **Ph.D. Atila KARAHAN,** Department of Health Organizations Management, Health Institution of Afyon Kocatepe University

(SALON IV)

THE PROBLEMS RELATED WITH MEDICAL DEVICES AND JURISTIC RESPONSIBILITIES OF HOSPITALS AND SOLUTIONS

- **Yılmaz Korkmaz, Electronics Engineer,**
- **Inonu University Quality System Consultant, Turgut Özal Medical Center Siemens Site Manager**

FACILITY SAFETY AND RISK ASSESSMENT IN YEDITEPE UNIVERSITY HOSPİTAL

- **Ünsal, Mehmet T.C. Yeditepe Üniversitesi Hastanesi,**
- **Teknik Hizmetler Müdürlüğü, İstanbul, Türkiye**

THE EVALUATİON OF APPLİCATİONS REGARDİNG PATİENT RİGHTS İN MİNİSTRY OF HEALTH HOSPİTALS İN IZMİR PROVİNCE

- **Kıdak Levent**[1], **Keskinoğlu Pembe**[2]
- [1]İzmir Bozyaka Eğitim ve Araştırma Hastanesi İZMİR / [2]İzmir İl Sağlık Müdürlüğü, Acil ve Afetlerde Acil Sağlık Hizmetleri Şubesi İZMİR

(SALON V)

FACILITY SAFETY AND RISK ASSESSMENT IN YEDITEPE UNIVERSITY HOSPİTAL

- Ünsal, Mehmet **T.C. Yeditepe Üniversitesi Hastanesi, Teknik Hizmetler Müdürlüğü, İstanbul, Türkiye**

ASSESSING THE SERVICE QUALITY OF HEARING- SPEECH- BALANCE UNIT AT DOKUZ EYLUL UNIVERSITY HOSPITAL

- **Bülent Şerbetçioğlu**[1], **Sibel Güleç**[2], **Nevzat Devebakan**[2], **Günay Kırkım**[1], **Melek Dikbaş**[1], **Kifaye Aslan Dalmış**[2], **Merve Durgut**[1], **Serpil Mungan**[1]
- [1]Dokuz Eylül Üniversitesi, Tıp Fakültesi KBB A.D. İnciraltı-İzmir
- [2]Dokuz Eylül Üniversitesi, Sağlık Bilimleri Enstitüsü, Sağlıkta Kalite Geliştirme ve Akreditasyon A.D. İnciraltı-İzmir
-

THE PUBLIC BASED BREAST CANCER PROGRAM AT GIRESUN STATE HOSPITAL, KETEM (CANCER EARLY DIAGNOSIS AND EDUCATION CENTER)

- **Yıldız Adnan** , **Memiş Resmiye, Yılmaz Hatice, Altınay Serdar**
- Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

10:30-12:30 SALON - III

APPRAISING AND MONITORING THE SATISFACTION LEVEL OF INPATIENTS: AN APPLICATION IN AN EDUCATION & RESEARCH HOSPITAL

- **KIDAK Levent B.,** İzmir Bozyaka Eğitim ve Araştırma Hastanesi, İzmir,
- **AKSARAYLI Mehmet**, Dokuz Eylül Üniversitesi, İzmir,

BOUNDLESS PROBLEM OF HEALTH WORKERS: FATIGUE SITUATIONS OF NURSES WORKING IN ÇANAKKALE PROVİNCE AND FACTORS AFFECTING IT.

- **Gülşen Aslan*, Necla Erduğan**, Fatmanur Çevik.***, Duru Gündoğar****, Coşkun Bakar *****
- **Çanakkale Onsekiz Mart Üniversitesi Araştırma ve Uygulama Hastanesi**

OBSERVİNG, NURSE'S KNOWLEDGE AND BEHAVİOR ASSOCİATİON PATİENT SAFETY

- Güldem Yıldız,Handan Alan
  Canakkale Onsekiz Mart University Medical Faculty Hospital / Canakkale / Türkiye

ENGLISH

FEBRUARY 12 FRIDAY

08:30-10:00 CONCURRENT ORAL PRESENTATIONS

(SALON I)

ENFORCEMENT OF THE NEW WAITING LIST REGULATION IN HUNGARY – EXPERIENCES AT MACRO AND MICRO LEVEL

- **Zsombor KOVACSY,** JD, MD, M.Sc.,
- Health Insurance Supervisory Authority (HISA) – Hungary

WHAT MATTERS MOST" TO ARABIC-SPEAKING, POST-OPERATIVE PATIENTS AT DAMMAM CENTRAL HOSPITAL, DAMMAM, SAUDI ARABIA

- Nour Chachaty,, **Aleppo Faculty of Medicine, Syria**
- Soha Emam,, **Saud Al-Babtain Cardiac Center, Saudi Arabia**

PATİENTS' EXPERİENCE AND CONCERNS WİTH THE HEALTH CARE REFERRAL SYSTEM

- **Nazar P. Shabila.,** Hawler Medical University
- Abdulahad F., Hawler Medical Universit, Iraq

THE IMPACT OF ACCREDITATION ON THE HOSPITAL PERFORMANCE

- Dr. Yasser Ali, C.P.H.Q., Ph. D,
- **Riyadh Care Hospital, Saudia Arabia**

FEBRUARY 13 SATURDAY

08:30-10:00 CONCURRENT ORAL PRESENTATIONS

PATIENT RIGHTS AND PATIENT SAFETY IN AZERBAIJAN

- Fariz Akhundov, Gulara Efendiyeva, Sakina Ismayilova

SAFETY CULTURE AND THE PREPARATION FOR THE JCIA IN RIYADH CARE HOSPITAL

- Alia K. Dandashli[1] MPH, PhD, **Environmental Manager, Riyadh Care Hospital, KSA**
- Yasser Ali[2] CPHQ, PhD , **Quality Improvement Director, Riyadh Care Hospital, KSA**

ENSURİNG MATERNAL AND CHİLD HEALTH THROUGH INTERSECTORAL CONVERGENCE BETWEEN HEALTH AND NUTRİTİON PROGRAMS

- Reetu Sharma, PhD , **Research Scholar-Public Health, Jawaharlal Nehru University, New Delhi, India**

RESEARCH AS A PRIORITY ACTION AREA TO DOCUMENT PATIENT HARM, APPLICATION FOR THE STUDY OF ADVERSE EVENTS IN A UNIVERSITY HOSPITAL IN TUNISIA

- **Prof. Dr. Mondher Letaief,** Sana Elmhamdi, Mohamed soltani , Adel Ben Mahmoud
- [1]Preventive Medicine and Epidemiology Department (UR12SP29), University Hospital of Monastir, Tunisia.
- [2]General Health Directorate, healthcare quality unit, MOH, Tunisia.

A PRAGMATIC STUDY ON CONTRAST SENSITIVE LIGHTING ENVIRONMENT FOR ELDERLY.

- **Shikder, S. H.,** Research Assistant,
- Department of Civil and Building Engineering, Loughborough University
- Price, A. D., Professor, Department of Civil and Building Engineering, Loughborough University. UK

THE POSTERS

COMPARISON OF HAND HYGIENE PRACTICES BETWEEN PHYSICIANS AND NURSES

- Ozbucak Civil, Serpil; Deger, İpek; , **Anadolu Medical Center / Kocaeli / Turkey**

THE EFFECT OF QUALİTY STUDIES ON SATISFACTION OF PATIENTS IN A PUBLIC HOSPITAL

- YEDİKARDAŞLAR Ceyda, SÖNMEZ Münevver, DİKİLİTAŞ Yıldızay, VAN Atilla
- **Menemen State Hospital/İZMİR/TURKEY**

QUALITY IMPROVEMENT STUDY FOR UPGRADİNG PATIENT SATISFACTION IN ACIBADEM KOZYATAGI HOSPITALS OUT-PATIENT CLINICS

- **TIFTIK Seyhan, SURUCU Senel, DINC Demet,** Acıbadem Kozyatagı Hospital, Istanbul, TURKEY

PATIENT AND EMPLOYEE SAFETY WITHIN SERVICE QUALITY STANDARDS

- **Zere Çamaltı Selma** Bulancak Devlet Hastanesi GİRESUN
- **Çalış Aynur** Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

MEDİCİNE SİDE EFFECT; UNEXPECTED SEVERE HEPATOTOXİCİTY OF CİPROFLOXACİNE A CASE REPORT

- **Cabir Alan,** Ahmet Reşit Ersay, Handan Alan
  Canakkale Onsekiz Mart University Medical Faculty Hospital / Canakkale / Türkiye

NURSE'S LEVEL OF KNOWLEDGE AND BEHAVİOR ABOUT MEDİCAL WASTE ORDİNANCE İS DEFİNED

- **Handan Alan, Güldem Yıldız,** Canakkale Onsekiz Mart University Medical Faculty Hospital / Canakkale / Türkiye

PARTICLE MEASUREMENT ERRORS IN INTENSIVE CARE UNITS

- **Sezdi Manâ,** İstanbul University, Biomedical Device Technology, İstanbul, Türkiye

IN MEDICAL CALIBRATION MEASUREMENTS, DETERMINATION OF MAMMOGRAPHIC TEST RESULTS BY USING THE HVL-kVp RELATIVITY

- **Sezdi Manâ,** İstanbul University, Biomedical Device Technology, İstanbul, Türkiye

ELECTRICAL SAFETY MEASUREMENTS APPROPRIATE TO THE NEW IEC 62353 STANDARD FOR MEDICAL DEVICES

- Sezdi Manâ, **İstanbul University, Biomedical Device Technology, İstanbul, Türkiye**

HOSPITALIZED PATIENT SATISFACTION RATIOS OF GIRESUN STATE HOSPITAL BETWEEN THE YEARS 2005 AND 2008

- Yılmaz Hatice, Çalış Aynur
- **Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN**

OUTPATIENT SATISFACTION RATIOS OF GIRESUN STATE HOSPITAL BETWEEN THE YEARS 2005 AND 2008

- Aynur Calış , **Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN**

THE PRIVITALIZATION AND AUTONOMIZATION OF HEALTH SERVICES WITHIN THE TRANSFORMATION PROJECT ON HEALTH

- Doç. Dr. Gökhan AKBULUT, **Yrd. Doç. Dr. Atila KARAHAN, Afyon Kocatepe Üniversitesi Uygulama ve Araştırma Hastanesi**

LEADERSHIP AND EMOTIONAL INTELLIGENCE ON MANAGERS OF HEALTH ORGANISATIONS.

- Uzm.Mustafa KÜÇÜKİLHAN , Yrd.Doç.Dr. Atila KARAHAN
- **Afyon Kocatepe Üniversitesi Ahmet Necdet Sezer Araştırma ve Uygulama Hastanesi**

TO AVOİD ANY ERRORS THAT MAY INTERFERE WİTH PATİENT AND STAFF SAFETY AS A RESULT OF EMERGENCİES AT ACİBADEM KOCAELİ HOSPİTAL

- SARAL Çağlayan *, BAKOĞLU Neşe **, **KESEPARA Güler** ***
- *Acıbadem Sağlık Grubu Standardizasyon ve Kaliteden Sorumlu Tıbbi Direktör Yardımcısı,
- **Acıbadem Maslak Hastanesi Hemşirelik Hizmetleri Müdürü, ***Tıbbi Standardizasyon ve Kalite Uzmanı**

PLENARY PRESENTATIONS – CV

Prof.Dr. A.F AL-ASSAF

- **Prof. Dr. A. F.Al-ASSAF**
- **Congress Chairman, American Institute for Healthcare Quality, Associate**
- **Dean for International Health, College of Public Health Univ. of Oklahoma**

Dr. Al-Assaf is a physician and a consultant in preventive medicine and quality management.
Dr. Al-Assaf is serving the University of Oklahoma Health Sciences Center as the Associate Dean for International Health the Presbyterian Health Foundation Presidential Professor and Professor of Health Administration and Policy at the college of Public Health.He is frequent consultant for the U.S. Air Force, U.S. Veterans Affairs Health System, US Agency for International Development (USAID), Hospital Corporation of America, Selected Professional Associations, World Bank, UNDP, UNICEF, World Health Organization (WHO), and the American Association for World Health. He has provided advice on healthcare quality and preventive medicine to a number of organizations in countries in the Mid-East, North America, North Africa, South East and Central Asia and Eastern Europe. Dr. Al-Assaf is a recipient of 50 awards and recognitions.
As a researcher and public speaker, Dr. Al-Assaf has published ten books, five book chapters, and over 120 scientific and professional publications in national and international journals, and presented lectures, seminars, or workshops to over 2500 groups and organizations both nationally and internationally. He is the recepient of many awards and honors including Who's Who in America and the World.

Prof.Dr. H. Seval AKGÜN

- **Prof. Dr. Seval Akgün**
- **Co Chair**
- **Başkent University Hospitals Network, Chief / Quality Officer Public Health Department**

Seval Akgün is a Physician, Public Health Specialist, nutritonist and quality expert who has worked as a researcher and lecturer/trainer as well as being involved in Quality in Health Care and Public Health in the field. The variety of research topics she has addressed with collaboration of several international technical supports demonstrates the wide scope of her interests in quality in health care, public health and her commitment to a comprehensive and holistic approach to health issues. Currently, she is working as a professor of Public Health, Baskent University School of Medicine and adjunt professor of University of Oklahoma Health Sciences Center as well as coordinator of continuous quality improvement (CQI) activities of all the hospitals and schools attached to the Baskent university. She is working very effectively on building quality systems at Baskent University main hospital, its affiliated centers (12 hospitals) and schools. She has involved many national and international projects on CQI in hospitals and primary health care for more than fifteen years. She has more than 200 papers to her credit and working as a consultant and giving lectures at national and international level on building quality and accreditation systems, patient safety and total quality management issues.
Besides lecturing on continuous quality improvement principles, models and techniques, accreditation in health care, public health, epidemiology, research methodology, biostatistics and community nutrition for students and professionals, Dr. Akgün is also an experienced in;

- Quantitative research design, implementation and analysis,
- Nutritionist (diploma from Netherlands)
- Burden of Disease Methodology
- Monitoring and evaluating of EU projects
- Certified as health organization surveyor
- She is certified as quality expert and awarded as the professional designation of Fellow by American Institute USA
- Trainer on different topics of total quality management issues such as implementation of CQI models in health care facilities like ISO 9001; 2000 version, EFQM module and JCI accreditation standards
- Expert; ISO 14001 Environmental Management System, HACCP, ISO 22000 Food safety management systems, OHSAS 18001 Occupational Health and Safety
- Hospital surveyor on accreditation standards
- Methodology of patient and employee satisfaction, quality of care and utilization surveys, process and outcome management surveys, problem solving techniques etc. for health personnel and

Monitoring and evaluation specialist. Participatory appraisal of ongoing health related projects and training programmes

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Dr. David JAIMOVICH

- **Dr. David Jaimovich**
- **Chief Medical Officer, Joint Commission Resources, Joint Commission International,**

Chief Medical Officer, Joint Commission Resources and Joint Commission International
Dr. David Jaimovich is the Chief Medical Officer for Joint Commission Resources (JCR) and oint Commission International (JCI). With more than 20 years of experience in healthcare, in this position, Dr. Jaimovich provides physician oversight of JCI accreditation and select JCR domestic projects. He oversees the development of quality and performance improvement programs, and patient safety initiatives. He works closely with JCR's international partners and foreign government health agencies. Dr. Jaimovich also fosters alliances with organizations that enhance JCR's mission.
Dr. Jaimovich is an associate professor of Clinical Pediatrics at the University of Illinois, and an honorary professor of Pediatrics at the University of Santiago de Compostela, Spain, where he received the 1999 Gold Medal for Clinical Excellence in the Medical Field. He is the recipient of numerous awards including the 2004 Ron W. Lee, M.D., Excellence in Pediatric Care Award and the Top Doctors of Chicago Award for years 2001 through 2004 and Top Doctors in American in 2005. He completed his pediatric training at Rush Medical College, and Children's Memorial Hospital, located in Chicago, IL. Dr. Jaimovich was first licensed as a physician in 1980 and has nearly 20 years' experience as a sub-specialist in pediatric intensive care. He received his medical degree from University Autonoma de Guadalajara Medical School, Guadalajara, Mexico. Dr. Jaimovich earned his bachelor's degree at Fairleigh Dickinson University, Teaneck, New Jersey.

Prof.Dr. Charles Shaw

- **Prof. Charles Shaw**
- **Doctor of medicine; Doctor of philosophy,**
- **Independent adviser to ministries of health**

Nationality British
Membership in Professional Societies : British Medical Association Faculty of Public Health, UK, Institute of Healthcare Management, UK
International Society for Quality in Health Care, Australia, Royal Society of Medicine, London
Affiliation: independent adviser to ministries of health Current project and contract commitments : GTZ, Delhi-India-July 2006-Develop quality strategies at state and national level, MoH (GTZ funded)-Cambodia-Feb 2005 -Develop national quality strategy
Working parties, committees : European healthcare standards group(Convenor), UK Accreditation Forum(Founder chairman), Royal Society of Medicine Quality Forum(Founder chairman), Picker Institute Europe(Board member (to 2008), European Society for Quality in Health Care(Founder), Joint Commission International Accreditation(Member, European Advisory Board)
Education : PhD"Standards in the UK National Health Service": University of Wales 1986 / FFPH Fellowship: Faculty of Public Health Medicine, Royal Colleges of Physicians 1991 / FHSM Fellowship: Institute of Health Services Management 1991 /Dip HCOM Diploma in health care organisation and management: Canadian Hospital Association 1977 / MB BS Medicine and surgery: University of London 1969
Chapters and papers - Past five years include:

1. Evaluating accreditation. *International Journal for Quality in Health Care* 2003; 15: 455–456
2. External assessment of health services. World Hospitals 2004; 40: 24-7
3. Healthcare accreditation in Europe. Hospital 2004; 5: 3-4
4. Editorial: Standards for better health: fit for purpose? BMJ 2004; 329: 1250-1
5. Standards in the NHS. J Roy Soc Med 2005; 98: 224-7
6. The impact of accreditation on health systems. Chapter in Vleugels A. Zorg voor de kwalitet van der Zorg. University of Leuven, 2005
7. Managing clinical performance Chapter 6 in: Dubois, C-A, McKee M, Nolte E. Human resources for health in Europe. European Observatory on Health Systems. Maidenhead: Open University Press, 2006 http://www.euro.who.int/Document/E87923.pdf
8. Accreditation in European Healthcare. Joint Commission Journal on Quality and Patient Safety. 2006; 32: 266-275
9. Which way to organizational excellence? Not this way; ask a professional. J Roy Soc Med 2007; 100: 206-7
10. Programme national d'audit Clinique medical: l'expérience Britanique. Chapter 15 in Matillon Y, Maisonneuve H (eds) Evaluation en santé. Paris: Flammarion, 2007

Prof.Dr. Basia KUTRYBA

- **Prof.Dr. Basia KUTRYBA**
- **President of the European Society for Quality in Healthcare (ESQH).**

Basia Kutryba is President of the European Society for Quality in Healthcare (ESQH).

The co-founder of the first quality institute in Eastern Europe and a Senior Adviser at National Centre for Quality Assessment in Health Care (NCQA) in Krakow, Poland. She has played the major role in the development of Polish national, JCAHO based accreditation system and in quality improvement initiatives in other ECC countries as well as in the Middle East.
A co – chair of the EU Working Group on Patient Safety and a Director of the WHO Collaborating Centre for Developing Quality and Safety in Health Systems in Krakow.
She is the founding member of the Polish Society for Quality Promotion in Health Care (TPJ -1993) and its Honorary Secretary of the Board.

WORKSHOPS RESUMES

Prof.Dr.Hakan Ergün

- **Prof.Dr.Hakan Ergün**
- **Ankara University, School of Medicine, Department of Pharmacology,**

1968 Ankara doğumlu, 1993 yılında Ankara Üniversitesi Tıp Fakültesinden Tıp Doktoru olarak mezun olup aynı yıl başladığı Tıbbi Farmakoloji uzmanlık eğitimini Ankara Üniversitesi Tıp Fakültesi Farmakoloji ve Klinik Farmakoloji Ab.D.'da 1997 yılında tamamladı. 2001 yılında Doçent ünvanını aldı ve 2001-2003 yılları arasında Wayne State University, Children's Hospital of Michigan, Division for Clinical Pharmacology &Toxicology'de Klinik Farmakoloji üst ihtisasını tamamladı.

Temel Eğitim Ve Akademik Gelişim

1995-1996 Konuk araştırmacı (DAAD bursiyeri)Hannover Üniversitesi Tıp Fakültesi, Klinik Farmakoloji Enstitüsü, Hannover, Almanya
2001-2003 Wayne State University, Children's Hospital of Michigan, Division for Clinical Pharmacology &Toxicology, Detroit, A.B.D.
Ocak 2001 Doçent ünvanı

DİPLOMALAR

1993 Tıp Doktoru, Ankara Üniversitesi Tıp Fakültesi
1997 Tıbbi Farmakoloji Uzmanlığı, Ankara Üniversitesi Tıp Fakültesi

Uzm. Ecz. Emel AYKAÇ

- **Uzm.Ecz. Emel AYKAÇ**
- **MoH, Turkey**

Betül Faika SÖNMEZ

- **Betül Faika SÖNMEZ**
- **Ministry of Health, General Directorate of Primary health care,**
- **Head of Research and Development Unit**

1963 Kayseri doğumlu, 1985 Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğünde Mühendis olarak göreve başladı.

Bakanlık Çalışmaları;

Sağlık Bakanlığında kadrolu olarak Mühendis, Şube Müdürü, APK Uzmanı, Daire Başkanı olarak görev yaptı. S.B Temel Sağlık Hizmetleri Genel Müdürlüğünde Gıda Kontrol ve Laboratuarlar Daire Başkanlığı, Kalite Eğitim ve Koordinasyon Daire Başkanlığı, İdari İşler Daire Başkanlığı görevlerini yürütmüş olup halen AR- GE Birimi Daire Başkanı olarak görevine devam etmektedir.
Ar-Ge Birimi görev tanımı itibari ile doğrudan makama bağlı olarak hizmet vermektedir.

Prof.Dr.Haydar SUR

- **Prof. Dr. Haydar SUR**
- **Marmara University, Faculty of Health Sciences, Director, Hisar International Hospital**

He was born in 1961 in Konya. He was graduated from İstanbul Medical Faculty in 1986. After working in Muş, an eastern province, for 2 years he began to work for the central Office of Ministry of Health. In 1989, he was assigned as deputy health director of İstanbul Province. He took his master degree about public health in 1994 from London School of Hygiene and Tropical Medicine, and the Ph degree from İstanbul University İstanbul Medical Faculty. From 1996 to 1997 he worked as the deputy national health Project coordinator. In 1996, he began to work as an academics at Marmara Üniversitesi in the Department of Health Management. He became an associate professor in 1998 and a professor in 2003. He is still working as an academic in the same university.
The particular study areas of him health systems and policies, health management, hospital management, epidemiology and biostatistics. Up to now, he worked as senior lecturer in Marmara, İstanbul, Yeditepe, Maltepe and Beykent universities. He is lecturing for both undergraduate and postgraduate students. He has published 24 international and nearly 200 national papers. He has taken role in 11 book as editor and/or chapter writer.

Prof.Dr. Martin RUSNAK

- **Professor Martin Rusnak, MD, PhD**
- **Chair, Department of Public Health, Trnava University,**
- **Slovakia and President, International Neurotrauma Research Org Austria**

Martin Rusnak is a Professor of Public Health and he is currently working as President of the Board of Trustees, International Neurotrauma Research Organization (Internationale Gesellschaft zur Erforschung von Hirntraumata), Vienna, Austria since 1999, Full Professor of Public Health and Chairman of the Department of Public Health. School of Health and Social Work, Trnava University, Slovak Republic since 2006 and Associated Expert at CEEN Economic Project and Policy Consulting GmbH since 1999. Some his key qualifications are as follows:

- Research and Development activities on national and international levels in the area of Traumatic Brain Injuries with a specific focus on trauma systems, quality of care and evidence based approaches;
- Health policy design, follow up and evaluation, mostly in the area of public health, health of minorities, quality improvement in outpatient and inpatient care through application of principles of Scientific Evidence Based Medicine – implementation in clinical settings, quality assurance;
- Experiences in evidence based medicine, implementation of clinical guidelines and treatment protocols for outpatient and inpatient management, outcome evaluation and Continuous Quality Management;
- Leadership positions locally and internationally: Secretary to the National Health Committee at Slovak Government, director of National Center for Health Promotion, Slovakia, head of WHO Collaborative Center in Slovakia, head of Department of Medical Informatics, School of Nursing Bratislava, head of consultancy team in Bulgaria, principal investigator in several research projects;
- Development curricula and teaching principles of public health, evidence based quality of hospital care assessment and development, health promotion, and health care system reforms programs, international health care systems;
- Established registers of chronic diseases; epidemiological and statistical analysis for assessment of needs for public health;

Research in models of chronic disease, health resource allocation, health technologies; over 50 publications in professional journals, 2 monographs, and participation in many national and international conferences

Dr. Sabina Akhmadova

- **Dr. Sabina AKHMADOVA, MD**
- **Azerbaycan Cumhuriyetinde Sağlıkta Reform Programı Çerçevesinde Sürekli Kalite İyileştirme Faaliyetleri**
- **Ülke Kalite Koordinatörü, Azerbaycan Sağlık Reformları Bölümü, Dünya Bankası,Azerbaycan,**

Country Quality Coordinator, Continuous Quality Improvement Activities, Division of Azerbaijan Healthcare Reforms
World Bank, Azerbaijan,
Sabina Akhmodova is a paediatrician. She worked as a practioner and administrator in different hospitals in Baku. Klinica, of which she was the adminisrator established, observed, and directed quality system for the first time in Azerbaijan. Dr. Akhmodova was selected by the World Bank as being responsible for establishing and applying the programs of Quality Management, accreditation, certification which are one of the seven components in the frame of Azerbaijan Republic Reform Program in Healthcare. She is still working in developing quality improvement program, accreditation, and licencification program in 5 Rayon hospitals in Azerbaijan.

Prof.Dr. Meral GÜLTEKİN

- **Prof.Dr.Meral GÜLTEKİN**
- **Akdeniz Universty, AcıbademLabmed -ANTALYA**

Prof.Dr. Meral GÜLTEKİN was born in Adapazarı in 1957. She completed her elementary and secondary education in the same city, and she entered the Faculty of Medicine of Hacettepe University in 1974. After her graduation in 1981, she worked in a health centre in Adana, and worked as a company doctor. In 1986 she started her Clinical Microbiology specialisation in Akdeniz University. After her specialist training, she started her academic career at the same institution. She became an Associate Professor in 1991, and a Professor in 2000. She served in various administrative positions at Akdeniz University such as; Coordinator, President of the Department, Leader of the Central Laboratory, Member of the Purchasing Commission, Member of the Faculty Board and Executive Board, and Chief Doctor of the Hospital.Dr.Gültekin summarizes the main features of both her professional and personal philosophy as; all members of society should be able to benefit from the health service at a universal level and being able to protect the rights of patients, patient's relatives and health workers. In pursuit of this mission, she has been put considerable effort into Quality-Accreditation Work. She has participated in the Quality-Control Work of Akdeniz University Hospital, which was, in the year 2003, the first hospital to take the Certificate of ISO 9001:2000 TKY. She has been working fort the last two years as the Doctor Responsible fort he Acıbadem Labmed Clinic Laboratories in Antalya, which was the first in Turkey to gain the right to be awarded the ISO15189 Laboraty Accreditation Certificate.

Doç. Dr. İbrahim ÜNSAL

- **Doç. Dr. İbrahim ÜNSAL**
- Acıbadem Laboratuar Grubu, Direktörü

Savaş DOĞRU

- **Savaş DOĞRU**
- M.İ.S. Danışmanlık Ltd. Şti., General Manager –ANKARA

Fariz Akhundov MD, MSc

- **Fariz Akhundov MD, MSc.,**
- **Azerbaycan Sağlık Bakanlığı, Dünya Bankası, Sağlık Reformları Ünitesi, Uzman**

Dr. Fariz Akhundov is a physician and a consultant human resources.

- I graduated Azerbaijan Medical University in 1982. Since 1983 till 2003 I worked as a psychiatrist. In 2004-2005 I worked for WHO as a Coordinator of Health Policy Development Programme in Azerbaijan. There were following issues: Collection of information on current Health systems in Azerbaijan Republic;
- Analysis of gap in Health Sector of Azerbaijan Republic;
- Capacity building of National Health Authorities;
- Research of experience of Medical Training Education in other European countries and its adaptation to present Azerbaijan realities;

In-depth description of different sectors [such as communicable and non-communicable diseases, Health systems etc.] and development of future trends
Since 2006 I work as a expert of Human Resources Development Component Health sector Reform Project of Ministry of Health and World Bank. The main issues of the component are: the long term human resource needs of the health sector through:

- strengthened health workforce policy and planning capacity;
- improved under-graduate education and post-graduate training programs

Since august 2008 I'm member of Local Expert Group of "Patient Rights and patient safety" International Initiative

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Sakina Ismayilova MD, MBA

- **Dr. Sakina Ismayilova MBA,**
- **Azerbaycan Sağlık Bakanlığı, Dünya Bankası, Sağlık Reformları Ünitesi, Birinci Basamak Sağlık Hizm. Koord.**

EDUCATION
Azerbaijan State Oil Academy, BAKU, Azerbaijan
MBA degree in General Management-major of Joint" Master of Business Administration "
Program at ASOA established in partnership with the Georgia State University (Atlanta, USA) (February 2004)
Azerbaijan State Medical University , BAKU, Azerbaijan
(June 2000) Specialty- Stomatology
The British Council Training Center , BAKU, Azerbaijan, (1999)
NGO Resource& Training Center (NRTC)
(An UNDP funded project)
BAKU, Azerbaijan
Acquired knowledge of Basic Management Course
(November 2000)
EXPERIENCE (*December 2006- to present*)
"Health Sector Reform Project", World bank and Ministry of Health Primary Health Care Coordinator
My duty is supporting improvements in the provision of primary healthcare services in selected districts.
The following activities is supported under my responsibility: appraisals of selected facilities are being carried out which will provide information on the necessary inputs (goods, civil works, training on family medicine, etc); necessary detailed specifications and architectural designs is being prepared to cover all selected facilities; a business plan for each facility will be prepared which will outline how each facility will maintain the equipment provided as well as how it plans to finance recurrent operating costs; doctor and nurse re-training programs on family medicine is being developed and investments made in the central and regional re-training facilities (civil works, equipment and training materials); training of Family Doctors trainers will be undertaken
Creation of Palliative Care Centers and involving existing medical facilities in this services will be implemented
September 2005- December 2005 : Country-wide Integrated Non-communicable diseases intervention (CINDI approach)-programme
Working group member, development of the National Strategy on CINDI in Azerbaijan
January 2005-September 2005 : Development of the National Health Policy, WHO
Working group member, expert
collection of information on current health system in Azerbaijan,
analysis of gap in Health Sector of Azerbaijan, capacity building of national health Authorities,
Research of experience of Medical Training Education in other European countries and its adaptation to present Azerbaijan Realities.
In-depth description of different sectors (such as Family Medicine, Communicable and Non communicable Diseases, Health Systems etc) and development of future trends.
May 2005 : Organization of Palliative Care Day in Azerbaijan ,WHO
January 2004-December 2004 : Health promoting schools programme, WHO
Expert, development of the National Strategy on Health Promoting schools
August 2002- October 2003 : Country-wide Integrated Non-communicable diseases intervention (CINDI approach)-programme
Working group member, development of the National Strategy on CINDI in Azerbaijan
August 2001- February 2002 : Volunteer, Support in organization workshops, seminars, round tables on Family Medicine in the Training Center of the Ministry of Health.

Dr.Arild Aambø

- **Arild Aambø**
- **NAKMI, Soesterhjemmet , Ullevaal University Hospital, NORVEÇ**

Education: Certified tutor for trainees in General practice 1990, Specialist in General practice 1984, Honors' degree in Medicine 1975, Certified NLP Master Practitioner 1987
Project Experience: Interactive Qualifying Project:
"Communication competency at the Social Security Office", a qualitative research project on the encounter between health insurance workers and patients on long term sick leave. 2000 - 2001
"Respect your Body", a project aiming for abolition of Female Genital Mutilation in the Somali immigrant community in Oslo. 2002 - 2005
"Network Project", a project aiming at rehabilitation of young men of Somali and Pakistani descent, serving prison sentences. 2002 - 2005
Major Qualifying Project: Founder and leader of *"Workshop on Primary Health Care"* 1994 – 2004, a project aiming at developing methods for health promotion which are experienced as meaningful in a multi-cultural setting., As assistant director of Norwegian Center for Minority Health Research 2004 - , I

have worked on national strategies for health promotion and clinical work among immigrants.

Employment:

Acting director, NAKMI 2007
Assistant director Norwegian Center for Minority Health Research (NAKMI) 2004 –
Manager of "Workshop on Primary Health Care" 1994 – 2004
Head of Health Service Department, Borough of "Old Oslo" 1993 – 1994
Head of Tøyen Health Center, Borough of "Old Oslo" 1990 – 1993
Head of Enebakk Health Center 1986 – 1993
Assistant Medical Officer of Health, District of Enebakk 1981 – 1986
1976 – 1981: Compulsory internship, engagements in different hospitals, general practice.

Professional Memberships:

Den Norske Lægeforening (Norwegian Medical Association, Den Norske Familieterapiforening (Norwegian Family Therapy Association) Norsk forening for klinisk og eksperimentell hypnose (Norwegian Association for Clinical and Experimental Hypnosis)

Honors and Awards:

Det Nytter-Prisen (Workshop of Primary Health Care) Ministry of Health and Care Services/KS
Awarded prize for excellent work in community medicine (Fredrikprisen, Sundvollenseminaret)

Uzm. S. Kaya KARS

- **Uzm. S. Kaya KARS**

He was born in 1968 in Ankara. He graduated from Ankara Bahçelievler Primary School and Ankara and Ankara Cumhuriyet High school. He graduated from Ankara Balgat Technique and Industry Profession High School in 1985 as an electric technician. He worked in a liquid fuel firm in private sector in 1985-1989 and in hotel sector in 1989-1992. He had the right og receiving a diploma of bachelor degree from Hacettepe University Faculty of Science Department of Statistics in 1992. He received certificate from the courses of English and Profession Management in Linguarama Collage Birmingham U.K. in 1993. He kept on his English courses in Richmont Collage and Brasshouse Birmingham U.K. in the same year. He was dutied in Ankara Quality Directory in 1993. In 1994 he was appointed to Quality Directory of Quality Campus from İstanbul Quality Directory. In 2001 he graduated from Marmara University Institute of Social Sciences Department of Administration Science of the International Quality Management Master Degree Program. He was designated to Antalya in 2003, S. Kaya, who was the Manager of Antalya Personel And System Documenting and stil maintains this task, is also a trainer and offical of ISO 9001 ISO 14001 TS 18001 ISO 22000 Main Scrutiny.

Savaş AVCI

- **Savaş AVCI**
- **TÜRKAK , Genel Sekreter Yardımcısı**

Since 1981 faculty of engineering of Cazi University at machine branch has taken bachelor degree. During 5 years it was working at the Kiska Commandite ŞTİ Libaş A.Ş. company. Since 1986 it has been doing Turkish institution standarts quality of Campus district Office in İstanbul, licensing product at the management Engineering Chef and Quality of management has substituted.At present at the TSE(Turkish standart institution)Manager of General Secretary for act has been continued.

Uzm. Mesut DURU

- **MESUT DURU**
- **TSE,Directorate of Planning and Coordination**

He was born in Ankara in 1968. He was graduated from Middle East Technical University Metallurgical Engineering Department in 1990. He got the MSc. Degree in 1993 in the same Department. He worked in an aluminum cast factory as a Production Engineer between 08/1990-10/1993 in Ankara. He worked in TSE Istanbul Regional Directory in between 1993-2001 as an Inspector and Quality and Environmental Management System Auditor. He also carried out TS EN ISO 9000 Quality Management System and TS EN ISO 14000 Quality Management System activities in Navy Academy between 08/1998-03/1999He worked as a Technician Specialist in TSE Directory of Personnel Certification Directory between 10/2001-02/2006. Currently he is working in TSE Head of Personnel and System Certification Center as the Director of Planning and Coordination Department.

Mehmet BOZDEMİR

- **Mehmet BOZDEMİR**
- **T.S.E , Personel and System Certification Head Department**

I was born in Balıkesir Merkez Ovaköy in 1996. I was graduated from İstanbul Technical University Mining Engineering in 1987 and got the MS Degree from Gazi University Chemical Engineering Department in 1992. I started the business life in 1987 at TSE. I made hundreds of Standard preparation activities, technological inspections at over 5000 organizations and ISO 9000 audits. I participate in inspection teams at Germany, Japan etc. I gave hundreds of trainings about ISO 9000 Quality Management Systems. I took in charge about poor-graded products at TSE Imported Products Certification between 2001 and 2003. I am Quality Management System Specialist and Lead Auditor. I am the Head of Personnel and System Certification Center and Presidency Advisor at TSE. Also I am a member of TÜRKAK Inspection Comity. I know English well. I am married and have two children.

Aynur DAVUT

- **Aynur DAVUT**
- **TSE**

1961 yılı Emet Kütahya doğumludur. 1985 yılında HÜ. Mühendislik Fakültesi Fizik Mühendisliği Bölümünü bitirmiştir.1986-1989 yılları arasında EİEİ Genel Müdürlüğü Yeni ve Yenilenebilir Enerji Kaynakları Bölümünde Güneş Pilleri uygulamaları üzerine çalışmıştır.1993-2006 Yılları arasında TSE Kalibrasyon Merkezi Başkanlığı Gebze Kalibrasyon Müdürlüğü Sıcaklık Kalibrasyon laboratuarında kalibrasyon personeli, eğitmen ve TS EN ISO 9001 tetkik görevlisi olarak çalışmış olup 2007'den itibaren de aynı Müdürlükte Yönetici olarak görev yapmaktadır. TÜRKAK Kalibrasyon ve Ölçüm Tekniği Sektör komitesinde de çalışmalarını sürdürmektedir.

Prof.Dr.Mustafa Kemal BALCI

- **Prof.Dr.Mustafa Kemal BALCI**
- **Professor, Division of Endocrinology & Metabolism, Department of Internal Medicine,**
- **Akdeniz University Medical Faculty Dean, ANTALYA**

Education

- Fellowship in Division of Endocrinology & Metabolism, Ankara University Medical Faculty, Ankara, Turkey; 1994
- Research assistant in Department of Internal Medicine, Ankara University Medical Faculty, Ankara, Turkey; 1992
- Medical Doctor (M.D.), Hacettepe University Medical Faculty, Ankara, Turkey; 1984

Positions Held

- 2003-date; Professor of Endocrinology & Metabolism, Department of Internal Medicine: Medical Faculty of Akdeniz University, Antalya, Turkey
- 1998-2003 Associated Professor of Endocrinology & Metabolism, Department of Internal Medicine: Medical Faculty of Akdeniz University, Antalya, Turkey
- 1996-date Assistant of Medical Director of Akdeniz University Hospital, Akdeniz University, Antalya, Turkey
- 1995-1997 Assistant Professor of Endocrinology & Metabolism, Department of Internal Medicine: Medical Faculty of Akdeniz University, Antalya, Turkey
- 1992-1994 Research assistant: Division of Endocrinology & Metabolism, Medical Faculty of Ankara University, Ankara, Turkey
- 1987-1992 Research assistant: Department of Internal Medicine, Medical Faculty of Ankara University, Ankara, Turkey
- 1984-1986 General Practitioner; Kayseri, Turkey

Membership of Professional Bodies

- 2007-Endocrine Society
- 2000- The International Bone and Mineral Society
- 1999- The Turkish Internal Medicine Society
- 1995- The Society of Endocrinology and Metabolism of Turkey

1984- The Society of Medical Associations of Turkey

Prof. Dr. Fatih Selami MAHMUTOĞLU

- **Prof. Dr. Fatih Selami MAHMUTOĞLU**
- **İstanbul hukuk Fakültesi, Ceza Ana Bilim Dalı**

Yrd.Doç.Dr. Hafize ÖZTÜRK TÜRKMEN

- **Yrd.Doç.Dr. Hafize ÖZTÜRK TÜRKMEN**
- **Akdeniz Üniversitesi, Deontoloji Ana Bilim Dalı**

Akdeniz Üniversitesi Deontoloji AD Öğretim Üyesi (Yrd.Doç.Dr.)-AD Bşk.
Akdeniz Ü. TF İlaç Araştırmaları Etik Kurulu Üyeliği.
Akdeniz Ü. TF Etik Kurulu Üyeliği: 2000-
Akdeniz Ü.TF Eğitim Koordinasyon Kurulu Üyeliği
Akdeniz Ü. TF Hasta Hakları Komitesi Üyeliği: 2007- Devam ediyor.
İlgi alanları; Kuramsal tıp etiği, klinik uygulama etiği, hasta hakları, riskli gruplara (kadın, çocuk, yaşlı, psikiyatri hastaları, AIDS) ilişkin etik sorunlar, sağlık etiği, kök hücre ve genetik çalışmalar, tıp eğitimi, bilim tarihi, bilim etiği, bilim felsefesi, tıp evrimidir.

Prof.Dr. Viera RUSNAKOVA

- **Professor Viera Rusnakova, MD, PhD**
- **Department of Medical Informatics, Slovak Medical University, Bratislava, Slovakia**

Viera Rusnakova is a Professor of Public Health and she is currently working as a Chair, Department of Medical Informatics, School of Public Health, Slovak Medical University in Bratislava, Slovakia, and Associate Professor of Public Health at the Department of Public Health, Trnava University, Slovakia, and President of the Board of Directors, Health Management School (HMS) Bratislava, Slovakia.
Since early 80-ties she is active user and developer of IT applications in clinical environment (hospital) and education of medical informatics (collection data, analyzing data, trends in health information systems). Some of the key qualifications of Dr. Rusnakova are as follows;

- As the Chair of the Department of Medical Informatics continuing experience in preparing and providing training programmes in the field of health information systems.
- Wide-ranging teaching experiences and teaching programmes development in medical informatics for students of medicine, residents, CME, PhDs and nurses.
- As a part of projects development for quality improvement in hospitals and health care she acquired practical experiences with the provision and/or organization of IT
- services and quality and performance indicators. Health services management on MBA degree from the University of Leeds, UK (2 years), Hospital and Health
- Management study in University of Groningen, The Netherlands (3 years), Health services management, University of Scranton, PA, USA (3 years), In total 8 years
- education related to health services management
- Profound knowledge in the areas of health service management, organizational management and change management.

Extensive experience in reform of health care inclusive mananagement education and training in Slovakia and other countries in transition (Romania, Ukraine, Moldova, Kazachstan, Georgia).

Prof.Dr. Zarema Obradovic

- **Prof.Dr. Zarema Obradovic**
- **Head of Epidemiology Department, Public Health Institute Sarajevo / Ass.**
- **Professor, Faculty of Health Studies, University of Sarajevo, Medical Faculty of Tuzla, B&H**

Public Health Institut Sarajevo / Doçent, Faculty of Health Studies, University of Sarajevo, Medical Faculty of Tuzla, B&H,
Eğitim: 1974- 1978.- lise : "Gymnasium 25 oktobar" Stolac,B&H
1978- 1983. Tıp fakültesi, University of Sarajevo.
1987- 1990 uzmanlık –Epidemiyoloji, Tıp Fakültesi, Sarajevo Üniversitesi
1990- 1992 mezuniyet sonrası – tıbbi ekoloji, Tıp Fakültesi, Sarajevo Üniversitesi
Prof. Zarema'nın 117 adet bilimsel yayını vardır.
Uluslararası çalışmalar :Tıp fakltesi misafir öğretim üyesi, Bükreş, Romanya. / doktora tezi external değerlendirmeci, Penjap Üniversitesi, Lahore, Pakistan

Eman Ahmed Darwish

- **Eman Ahmed Darwish**
- **Ürdün -Mouwasat Hospital, Dammam 31411, P.O. Box 282**

Nationality: Jordanian
Mouwasat Hospital, Dammam
Education, Activity &Experience

- MAB-Mater in Business and Administration- Hospital Administration ,2007
- Certificate of Healthcare organization surveyor ,2007
- FAIHQ-(Fellow of the American institute for Healthcare Quality),2006
- Member in American Academy of Continuing Medical Education – 2005
- Clinical Pharmacist -1994
- Share as a speaker in several national and international conferences
- Work as Performance Improvement Manager in Mouwasat Medical services
- Work as healthcare organization surveyor

Dr. Amin NİMER

- **Dr. Amin NİMER,**

CEO, Mouwasat Hastanesi Dammam, Suudi Arabistan

Yrd. Doç. Dr. Erol Gürpınar

- **Yrd. Doç. Dr. Erol Gürpınar**
- **Akdeniz Üniversitesi Tıp Fakültesi / Tıp Eğitimi Anabilim Dalı**

Meslek Öyküsü:
2006-…… :Yrd. Doç. Dr. Akdeniz Üniversitesi Tıp Fakültesi Tıp Eğitimi AD
2003-2006 :Uzman Doktor. Akdeniz Üniversitesi Tıp Fakültesi Tıp Eğitimi AD
1999-2003 :Araştırma Görevlisi. Dokuz Eylül Üniversitesi Tıp Fakültesi Halk Sağlığı AD
1996 – 1999 :Pratisyen Hekim. Eskil Merkez Sağlık Ocağı, Aksaray.
ÜYE OLUNAN DERNEK-KURULUŞLAR : T.T.B, Halk Sağlığı Uzmanları Derneği, Tıp Eğitimini Geliştirme Derneği

Dr. Dag Hofoss

- **Dr. Dag Hofoss**
- **PhD, prof, sağlık hizmetleri araştırma birimi, Akershus University Hospital and Institute of Community Medicine, University of Tromso, NORVEÇ**

born 1946, Oslo, Norway. Sociologist, MA University of Oslo 1971. PhD, University of Oslo 1985 (causes and consequences of the growing number of professions/occupational groups in health care). Since 1993 Senior Researcher, Health Services Research Unit, Akershus University Hospital, Norway. Since 1989 also Professor of community medicine/health services research, University of Tromso, Norway, Institute of Community Medicine.

Dr. Ela Chapka

- **Elzbieta Anna Czapka, PhD,**
- **NAKMI, Norvegian Center for Minority Health Research,**
- **Department of Sociology at Warmia and Mazury University in Olsztyn, Poland**

Elzbieta Anna Czapka, PhD in Sociology (doctoral dissertation' title: A stereotype of a refugee. A comparative analysis on the basis of research conducted among the students of selected European countries.)

Work experience

- Researcher in Norwegian Centre of Minority Health Research, working on a post doc project on Polish labour migrants' health (Oslo, Norway)
- Lecturer in the Department of Sociology at Warmia and Mazury University in Olsztyn (Poland)
- Lecturer in Józef Rusiecki Institute of High Education (Poland)

Research networks

- Polish representative in Management Committee in COST Action ISO 603 Health and social care of migrants and ethnic minorities in Europe
- an expert in Mighealthnet (Poland)

Jennifer Gerwing, Ph.D.

- **Jennifer Gerwing, Ph.D.**
- **Vancouver Island Health Authority in Victoria, British Columbia / Canada**

Jennifer Gerwing is a post-doctoral researcher with the Vancouver Island Health Authority in Victoria, British Columbia, Canada. Her diverse range of research experience is unified by a specialization in applying the quantitative method of microanalysis of videotaped dialogue. Her research in Victoria focuses on defining the process of collaborative decision-making in palliative care consultations. In addition, she is currently working in partnership with the Norwegian Centre for Minority Health Research (NAKMI) in Oslo, Norway, focusing on improving communication in cross-cultural medical settings (e.g., emergency telephone calls). With her colleagues in Victoria, she conducts workshops internationally, introducing psychotherapists to microanalysis as a method for enhancing their therapeutic techniques by becoming more aware of communication processes. Her doctoral work, supervised by Dr. Janet Bavelas, involved the analysis of home videos, showing how autism influenced infant responsiveness to parents. Gerwing's past research includes studies of the use of conversational hand gestures in dialogue.

Uzm. Dr.Hasan KUŞ

- **Uzm. Dr.Hasan KUŞ**
- **GENEL DİREKTÖR, ANADOLU SAĞLIK GRUBU, TÜRKİYE**

Graduated from Ankara Deneme High School in 1981 and Gazi University Medical School in 1987. After completing his residency in general surgery , he worked as a general surgeon and manager in various public hospitals.

In 1999, he completed a Master's Degree Program in hospital management at the University of Leeds, UK. After working as "Vice Physician in Chief" at Goztepe Teaching Hospital and having tasks in private sector, he worked for Acibadem Healthcare Group as Vice Medical Director and Kozyatağı Hospital Director. He joined Anadolu Medical Center in April 2007 as CEO.

He lectures in Marmara and Bahcesehir Universities on quality in healthcare, patient safety and performance managament.

Currently, Hasan Kus, MD, is the chairperson of the " Turkish Society for Quality Improvement in Healthcare ". He is a member of " National Accreditation System in Healthcare" Steering Committee, " International Society for Quality in Healthcare" **(ISQua)** and " EFQM Health Sector Group " . He is also acting as JCI physician surveyor since January 2007.

Prof. Dr. Metin ÇAKMAKÇI

- **Prof. Dr. Metin ÇAKMAKÇI**
- **Anadolu Sağlık Grubu, Tıbbi Direktör**

Prof.Dr.Fevzi ERSOY

- **Prof. Dr. Fevzi Ersoy,**
- **Akdeniz Üniversitesi Tıp Fakültesi, Nefroloji Bölüm başkanı,**

İlk ve orta öğrenimini İstanbul ve Ankara'da tamamladı. 1977 yılında Ankara Üniversitesi Tıp Fakültesi'ni bitirdi. Bir süre TÜBİTAK bünyesinde araştırmacı olarak Prof. Dr. Kazım Türker ile renal farmakoloji alanında araştırma çalışmalarına katıldı. 1982 yılında Ankara Üniversitesi Tıp Fakültesi hastanesinde İç Hastalıkları uzmanlık eğitimini tamamladı. 1987-1990 yılları arasında A.B.D. de Missouri Üniversitesi-Columbia Tıp Fakültesinde klinik nefroloji fellow'u olarak nefroloji ihtisasını tamamladı. 1990 yılında Y. Doçent olarak Akdeniz Üniversitesi Tıp Fakültesi İç Hastalıkları Anabilim Dalı Nefroloji Bilim Dalı'nda öğretim üyeliği görevine başladı, 1992 yılında Nefroloji doçenti oldu. Sürekli Ayaktan Periton Diyalizi (SAPD) alanındaki çalışmaları ile bu tedavi sisteminin Türkiye'de yaygın ve başarılı olarak kullanımının sağlanmasına katkılarda bulundu. 1997-2004 arasında Akdeniz Üniversitesi Hastanesi Başhekimi ve hastaneden sorumlu dekan yardımcısı ve görevini sürdürmüştür.1997-2002 yılları arasında Akdeniz Üniversitesi Tıp Fakültesi Acil Tıp Anabilim Dalı Kurucu Anabilim Dalı Başkanlığı'nı yapmıştır.2002-2004 yılları arasında Akdeniz Üniversitesi Organ Nakli Araştırma ve Uygulama Merkezi müdürlüğünü sürdürmüştür. Batı Akdeniz Teknokenti kurucu şirket yönetim kurulu üyesi ve Batı Akdeniz Teknokenti Danışma Kurulu üyesidir. Akdeniz Üniversitesi Kalite Yönetim Kurulu üyeliği görevini sürdürmektedir. 1997-2007 yılları arasında Akdeniz Üniversitesi Hastanesi Kalite Yönetim Temsilciliği görevini yapmıştır.

Nazmi TUTAL

- **Nazmi TUTAL**
- **HAYASADİ General Coordinator**

İlk, orta, lise tahsilimi Ankara da yaptım. Yüksek okul tahsilimi Selçuk Üniversitesi inşaat bölümünde 1992 yılında tamamladım. Ankara da ticari hayatıma 1993 yılı itibari ile başladım. Öncelikle mesleğim olan inşaat işleri ile ilgili taşeronluk ve mütahitlik işleri yaptım..1998 yılında askerliğimi yapmak üzere önce Samsun ardından Amasya sonra Balıkesir. Marmara deprem ile deprem bölgelerinin tamamında çadır kent projeleri ve uygulamaları ile ilgili görev aldım ayrıca deprem yönetmeliği, acil durum yönetmeliği gibi konularda da askeri birlikler ile araştırma geliştirme projeleri yaparak programlar hazırlayıp hizmete sunduk. Sağlık sektörüne bu noktadan sonra giriş yaptım. Ora da yapılan uygulamaların başka ülkelerde uygulanıp uygulanmadığını araştırdım bu konuda; Almanya, Avusturya, Yunanistan ve Arap ülkelerinin program ve devlet kanunlarını bir kısım inceledim.2003 yılı itibari ile hasta hakları kanunu çıkınca bende bu konu ile ilgili bir derneğe önce üye daha sonrasında da genel koordinatör oldum.

Dernek çatısı altında birçok hastaya ve hasta yakınına konu ile ilgili eğitim ve seminerler verdim. Konunun toplumsal boyutunun ehemmiyetine binaen öncelikle sivil toplum örgütlerine hasta haklarını ve uygulamalarını anlatmakla başladık bu konuda birçok dernek sendika ve hatta siyasi partilerin örgütlerine eğitim amaçlı seminerler verdik.

SUMMARIES OF PLENARY PRESENTATIONS

JCI ACCREDITATION SYSTEM, "NEW UPDATES ON JCI"

Keynote Speaker **Dr. David JAİMOVİCH,**
Chief Medical Officer, Joint Commission Resources,Joint Commission International

JCI ACCREDITATION SYSTEM, "NEW UPDATES ON JCI"

JCI Accreditation provides a framework for the interrelated systems and processes of a healthcare organization so that it can evaluate, improve and imbed policies and procedures that lead to best practice in patient safety and the quality of healthcare provision. In this session Dr. Jaimovich will review the newest generation of JCI accreditation and certification programs. He will also introduce the newest addition to JCI services, a non-accreditation program directed at organizations that are eager to begin the journey of improving patient safety and quality of care but are not able to prepare and achieve accreditation.

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JCI ACCREDITATION STANDARDS "LESSONS LEARNED FROM THE FIELD"

Keynote Speaker **Dr. David JAIMOVICH,**
Chief Medical Officer, Joint Commission Resources, Joint Commission International,

JCI ACCREDITATION STANDARDS "LESSONS LEARNED FROM THE FIELD"

Dr. David JAIMOVICH,
Tıbbi Hizmetler Yöneticisi /
Joint Commission Resources / JCI,

In this workshop, David Jaimovich, M.D., the Chief Medical Officer of JCI, will introduce participants to the JCI Accreditation Standards for hospitals. He will discuss the evolution of the 3 editions of standards based on lessons learned from the field. Dr. Jaimovich will also review the process for preparation and achievement of accreditation as well as the approach needed to maintain JCI Accreditation as an integral part of an organization's continuous quality improvement effort.

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DRUG SAFETY; Adverse Drug reactions, Reporting systems of adverse events in the world and in Turkey, Program for reducing medication errors, Reducing Clinical Risk Aspects of the Drug Utilization Cycle and clinical risks, Experiences of TUFAM, MoH, Turkey

Speakers: **Prof. Dr. Hakan ERGUN,** Ankara University, School of Medicine, Department of Pharmacology,
Pharmacist Emel AYKAÇ, MoH, Turkey

TOOLS AND LIMITATIONS IN DRUG SAFETY: SUMMARY OF PRODUCT CHARACTERISTICS AND PATIENT INFORMATION LEAFLET.

Prof. Dr. Hakan ERGÜN
Ankara University, School of Medicine, Department of Pharmacology,

The main tool to maintain drug safety is collecting as much as information and using them in clinical practice. During the drug development research programs the pharmacokinetic and pharmacodynamic characteristics are obtained and documented in detail. Although these effort, it is not possible to collect the whole adverse effect profile of a drug, during this period. Due to the difference between the patients in the phase studies and general population, it is well known that after the marketing approval there will be unexpected risks in clinical practice. Because of these unexpected risks, pharmacovigilance has been established as a guard system. Spontaneous advers effect reporting is a main (but not the only one) source for pharmacovigilance. The analysis of these various data may contribute to changes in risk/benefit ratio of the corresponding drug or drug groups. However the drug safety may only be obtained if these new information can reach the final users, such as health professionals and patients. Summary of Product characteristics and Patient Information leaflet are the main tools for transfer and document this new information. In these documents risks and precautions are described in detail. In contrast to Summary of Product characteristics the content and terminology of patient information leaflet is simple and readable for patients. Both of the documents should be understandable and not confuse the users during the administration or taking the safety measures.
During the integration of the Turkish legislation into the European Union, the guideline for preparation of summary of product characteristics and patient information leaflet has been introduced in 2005. The process of changing all prospectuses to new documents seems to be not completed in a short period of time. Beside that, it is also important to inform the health professionals about the details of these changes. Due to the format and content of the summary of product characteristics they are almost small booklets and it would be unjustified to expect the health professionals to read and get informed about the safety issue of the corresponding drugs. There is a certain need for systems to transfer information to final users beside the main documents. In this presentation the process of drug safety regulation, the already used and potentially useful tools will be discussed.

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DRUG SAFETY;

Pharmacist Emel AYKAÇ,
MoH, Turkey

Turkish Adverse Drug Reaction Monitoring and Evaluation Center (TADMER) was established within Ministry of Health, General Directorate of Pharmaceuticals and Pharmacy in 1985 and has been recorded as the 27. member to WHO Collaborating Centre for International Drug Monitoring, the Uppsala Monitoring Centre in 1987. "Regulation on the Monitoring and Assessment of the Safety of Medicinal Products for Human Use" was published in the Official Gazette on 22.03.2005. TADMER becomes TUFAM (Turkey Pharmacovigilance Center) with this regulation.

Regulation becomes effective on 30.06.2005. The responsibilities of the authorisation/license holders, health professionals and Ministry of Health were described in this regulation.
Reporting the adverse reaction is the responsibility of the health-care professional. He/She must report serious and unexpected adverse reactions to TUFAM within 15 days, either directly or by means of the pharmacovigilance contact points within the health organization in which they are employed.
The Ministry, shall take the precautions required for encouraging the health-care professionals for spontaneous notifications so that the pharmacovigilance system is carried out in the best manner possible and scientifically assesses all information that has been received relating to medicinal products safety. Such information as misuse, incorrect use of the product, which might affect on the assessment of the uses or risks of the medicinal products for human use, also has to be taken into consideration.

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STANDARDIZATION, ACCREDITATION AND CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES AT CLINICAL LABORATORIES, ISO 15189 QUALITY MANAGEMENT SYSTEM

Moderator **Prof. Dr. Meral GÜLTEKİN** Akdeniz University Medicine School, Clinical Microbiology Dpt. And Acıbademlabmed Clinical Laboratories

Speakers **Prof. Dr. Meral GÜLTEKİN,** Akdeniz University Medicine School, Clinical Microbiology Dpt. And Acıbademlabmed Clinical Laboratories

Associate Professor Dr. İbrahim Ünsal, Director of Medical laboratories, Acıbadem Group
Savaş DOĞRU, Mis Consulting firm

ACCREDITATION IN CLINICAL MICROBIOLOGY LABORATORIES

Prof.Dr.Meral GÜLTEKİN
Akdeniz University, Medical Faculty, Department of Clinical Microbiology
Acıbademlabmed Clinical Laboratories –Antalya

When we are to evaluate, when exactly it was the first time the word 'quality' was used in peoples lives, datas lead us to ancient times in history. It was assumed that, the signs on items those were found in tomb of Tutankhamun, an Eygptian Pharaoh (B.C. 1300), were signs of quality of the items he was to use in his upcoming life. We on the other hand, can point out to the establishment of International Standarts Organization (ISO) in 1987 as the first approach of modern quality understandings. Mainly starting and evolving in industrial fields, quality studies were very recently applied to our daily lives in health fields.In the field of health which is a complex union of tasks and maintenances, the importance of laboratories emerge instantly as we evaluate through the fact that 70 % of diagnostics in medicine were done with laboratory resultings (1).

Holding ISO 9001-2000 quality standarts state that an enterprise administers total quality management. Including calibration and experimental laboratories, ISO 17025 also involves techical efficiencies in addition to these standarts. Yet it is not adequate for medical clinical laboratories. ISO 15189, accreditation standarts those were developed for medical laboratories, involves efficiency and quality concept in addition to technical efficiency and mainly focuses on patient's safety. ISO 15189 was first practiced in 2003 and was revised in 2007 (2).

In 2001,CDC publicated the fact that every year 44 000-98 000 patients were lost due to medical errors in USA. A good part of this fearsome fact was that most of these errors were preventable, simple ones(3). As a matter of fact, it was found out that, 81.3 % of errors made in a microbology lab were preventable ones aligned with lack of acquirements (4). Keeping the records in order and filling them within a quality system model and in a traceable way is not just an insurance for patient's security but also for us, health workers. Within the standarts of ISO 15189:2007 that meets the original requirements of our sector, setting our own national standarts and making them apply,will provide our laboratories to serve in a standardized, secure and high quality way as well as documenting it.

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Associate Professor Dr. İbrahim Ünsal,
Director of Medical laboratories, Acıbadem Group

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Savaş DOĞRU,
Mis Consulting firm

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SPECIFIC ACTIVITIES, WHICH EFFECTIVELY INTEGRATES QUALITY IMPROVEMENT, DISPARITIES REDUCTION AND ADDRESSING HEALTH LITERACY; HOW CAN SUCH INTEGRATION BE MORE PATIENT-
CENTERED? At Health Plan— In Ambulatory Care— At Hospitals—

Speakers: **Prof.Dr. Martin RUSNAK,** Chair, Department of Public Health, Trnava University, Slovakia and President, International Neurotrauma Research Org Austria

SPECIFIC ACTIVITIES, WHICH EFFECTIVELY INTEGRATES QUALITY IMPROVEMENT, DISPARITIES REDUCTION AND ADDRESSING HEALTH LITERACY; HOW CAN SUCH INTEGRATION BE MORE PATIENT-CENTERED? AT HEALTH PLAN— IN AMBULATORY CARE— AT HOSPITALS.

Prof.Dr. Martin RUSNAK,
Chair, Department of Public Health, Trnava University,
Slovakia and President, International Neurotrauma Research Organization, Austria

The workshop will address critical steps in developing an amendment of a quality improvement plan, with a specific focus on disparities reduction and health literacy improvement. A model action plan is going to be discussed along with enabling and limiting factors. Issues of measuring disparities will be tackled from the point of a quality manager as well as health educator (communicator/facilitator/mediator). Need for research approaches and for translating results into messages and actions will be elucidated based on examples.
Participants will be asked to share their examples and experiences and discuss ways of incorporating the concepts of disparities reduction and increased health literacy into their plans of quality improvement.
The workshop will be participative, interactive and non-prescriptive, based on evidence, critically reviewed and available to participants. A list of information resources will be made available.

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ACCREDITATION AND LICENSIFICATION IN AZERBAIJAN REPUBLIC

Moderator: **Prof. Dr. Seval AKGÜN,** Başkent University Hospitals Network, Chief / Quality Officer Public Health Department
Speakers: **Dr.Sabina AKHMODOVA**,Quality Control Coord.Health Reform Project Ministry of Health,World Bank,Azerbaijan Republic

Prof. Dr. Seval AKGÜN,
Başkent University Hospitals Network, Chief / Quality Officer Public Health Department

Dr.Sabina AKHMODOVA,
Quality Control Coord.Health Reform Project Ministry of Health,World Bank,Azerbaijan Republic

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HEALTH LITERACY: A MATTER OF HEALTHCARE QUALITY AND EQUITY

Moderator; **Prof.Dr.Seval AKGÜN,** Başkent University Hospitals Network, Chief / Quality Officer Public Health Department
Speakers; **Betül Faika Sönmez Msc,** Ministry of Health, General Directorate of Primary health care, Head of Research and Development Unit
Prof. Dr. Haydar SUR, Marmara University, Faculty of Health Sciences, Director, Hisar International Hospital

HEALTH LITERACY

Prof.Dr.Seval AKGÜN,
Başkent University Hospitals Network, Chief / Quality Officer Public Health Department

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.1
Health literacy is dependent on individual and systemic factors:

- Communication skills of lay persons and professionals
- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/context

Health literacy affects people's ability to:

- Navigate the healthcare system, including filling out complex forms and locating providers and services
- Share personal information, such as health history, with providers
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk

Health literacy includes innumeracy skills. For example, calculating cholesterol and blood sugar levels, measuring medications, and understanding nutrition labels all require math skills. Choosing between health plans or comparing prescription drug coverage requires calculating premiums, co pays, and deductibles.
In addition to basic literacy skills, health literacy requires knowledge of health topics. People with limited health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease. Without this knowledge, they may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.

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HEALTH LİTERACY PRESENTATİON

Betül Faika Sönmez Msc,
Ministry of Health, General Directorate of Primary health care, Head of Research and Development Unit

Health literacy is a concept that international agencies, especially World Health Organization is paying attention on and accelarating and supporting the studies which are related to that concept.
Health literacy is a culture composing tool which supports and improves the cognitive and social skills and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health level. It increases the level of quality of life and provides possibilites to benefit from comprehensive health services.

It involves reading, listening, analyzing and deciding abilities and the adoption of these abilities to health issues.
In most of the European countries, there are very few studies on low level of health literacy which has an obvious effect on health services costs.
According to these studies, individuals with a lower level of health literacy have a high possibility of having worse health situation, low possibility of understanding health problems and treatment methods and high level of taking hospital services.
With adequate health literacy, health information will be provided, enabling good health will be possible and the health costs will decrease.
EU is financing projects about health literacy in the scope of "Health" component of 7th Framework Programme. It is expected that health literacy will be specially highlighted in 2009 Call for Proposals.
Moreover, in the Background Paper of 2004 Gastein Health Forum, it was recommended to develop European Networks about health literacy.
Health literacy, which is studied in the scope of preventive health care services, is becoming more and more important for our country as the other countries.
Under the light of this, it is aimed to execute the Project proposal "Promoting Health Literacy in Turkey", which is being developed in the R&D Department of Primary Healthcare DG (PHDG) of MoH, in coordination with related departments and institutions within and apart from MoH.
Within that scope, Mrs. Food Engineer Betül Faika SÖNMEZ Msc., the Head of R&D Department of PHDG of MoH, attended a collaboration conference, which was held in Prague between 23-24 October 2008 by Institute For Lifestyle Options And Longevity (ILOL) – a Chech Institute that aims to prepare a Project for 7th FP on health literacy. The possible stakeholders of the Project are Turkey, Poland, Spain, Romania and Lithuania etc.)
In the above-mentioned conference, Turkey, Chech Republic and Poland delegations made presentations. Also, parties were informed about the Project proposal "Promoting Health Literacy in Turkey".
In parallel with such initiatives on international platform, the realisation of the Project proposal will contribute to the studies of PHDG.
As a result, the project proposal, which aims to increase the awareness of health literacy and introducing the concept of health literacy, will accelerate the R&D studies and provide sustainability. On the other hand, supporting these studies with emphasizing the innovative and R&D specialities of the Project will increase the representative ability of the Project

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Prof. Dr. Haydar SUR,
Marmara University, Faculty of Health Sciences,
Director, Hisar International Hospital

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PATIENT-CENTERED CARE AND RISK MANAGEMENT APPROACH

Plenary Presentation: **Prof. Dr. A. AL-ASSAF**, American Institute for Healthcare Quality, Associate Dean for International Health, College of Public Health Univ. of Oklahoma, USA
Prof. Dr. Seval Akgün, Başkent University Hospitals Network, Chief / Quality Officer, Director, Public Health Department

Prof. Dr. A. AL-ASSAF,
American Institute for Healthcare Quality, Associate Dean for International Health,
College of Public Health Univ. of Oklahoma, USA

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PATIENT-CENTERED CARE

Prof. Dr. Seval Akgün,
Başkent University Hospitals Network, Chief / Quality Officer, Director, Public Health Department

Patient- and family-centered care is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care patients, families, and providers. Patient- and family-centered care applies to patients of all ages, and it may be practiced in any health care setting.

Patient-centered care had its roots in the 1980's when hospitals began to notice changing shifts in perceptions regarding maternity, the birthing experience and family participation. Their response was to create birthing suites and ultimately entire birthing centers as mothers and fathers-to-be changed their expectations about giving birth, insisting that the experience be less clinical and become one more of maximum support and comfort for mother, newborn and family. The concept has expanded to off-site surgical centers and physician owned medical and surgical practices.
Patient centered care is the right care, the highest quality care and the most cost effective care for that one patient. Medical errors, mistakes and inappropriate care all stem from the emphasis on system processes at the expense of the unique individual patient. The patient is the center of our activity. Patient satisfaction is our goal; even if that is less than what modern medicine has to offer. To do otherwise is doctor, nurse, hospital, institutional or other centered care, and not patient centered care.
The IOM defines patient-centered care as: Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.
Patients are each very unique biological, social, psychological, economic, ethnic and spiritual beings. Multiple disciplines are important to the best patient centered outcome, - a team approach. PATIENT CENTERED CARE will also provide help with achieving the best individual patient outcome through a team approach.
Care that is truly patient-centered considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions. Patient-centered care puts responsibility for important aspects of self-care and monitoring in patients' hands — along with the tools and support they need to carry out that responsibility. Patient-centered care ensures that transitions between providers, departments, and health care settings are respectful, coordinated, and efficient. When care is patient centered, unneeded and unwanted services can be reduced
Patient-centered care is also a quality benchmark actively sought by medical care professionals, eager to deliver dignified care and re-establish patient satisfaction. Patient-centered care treats the patient with dignity and respect, as one capable of making informed decisions and with the rights to express needs and preferences in treatment and expected outcome.

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ESQH VISION OF FUTURE HEALTHCARE AND QUALITY DEVELOPMENTS

Keynote Speaker; **Dr. Basia Kutryba,** President of the European Society for Quality in Healthcare (ESQH).

European Society for Quality in Health Care's mission are; to promote communication between the stakeholders in European health quality and to champion quality in healthcare in Europe (not limited to EU) to stimulate innovation in healthcare quality in Europe. In this workshop, the president of ESQH will provide the mission, vision and the ongoing activities of the society and their vision of future health care in Europe and quality developments.

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BUILDING ACCREDITATION SYSTEMS

Prof. Dr. Charles D Shaw PhD, MB BS, FFPH,
Doctor of medicine; Doctor of philosophy, Independent adviser to ministries of health

"RESEARCH, DEVELOPMENT AND PRACTİCE İN EUROPE"

Prof. Dr. Charles D Shaw PhD, MB BS, FFPH,
Doctor of medicine; Doctor of philosophy,
Independent adviser to ministries of health

The emergence of quality as a key measure of health systems depends more on culture, attitudes and environment than on technical solutions. Development in any country is slowed by valuable but time-consuming arguments about the definition of quality in health care and by changing fashions in words and priorities.
Little systematic attention was given to quality of health care in Europe until the early 1980s when a number of academics and enthusiasts began to share ideas across borders, supported by non-governmental organisations and encouraged by WHO Europe, in particular, Dr Hannu Vuori. The evident implications for health systems policy and for health care delivery aroused interest among the Council of Europe, the European Commission and national governments. This led to a variety of high-level resolutions and a succession of inter-governmental research programmes to describe and analyse progress within member states, especially of the European Union. Informal contacts developed into non-governmental networks such as the International and the European societies for quality in healthcare.
Relevant policies, legislation and executive agencies can be described for many countries as measures of quality maturity at a national level, but there are wide variations within and between countries in how these translate into actual practice among health care providers. The MARQuIS project identified key strategies at hospital level including performance indicators, clinical practice guidelines, accreditation systems, quality management systems, patient surveys and patient safety systems.
Despite variations in the organisation and funding of healthcare, the challenges for quality improvement are remarkably consistent between health systems. In particular, each system needs to:
Change attitudes of consumers, providers and governments
Identify and involve stakeholders to define common values
Define and maintain a coherent and consistent national policy
Balance top-down command and control with bottom-up autonomy and self-regulation
Provide realistic incentives and rewards for improved performance
Share experience, learning, guidance within and among countries.
In the European context, one of the greatest challenges will be to harmonise standards between countries without undermining the right – and responsibility - of each member state to manage its own health system.

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ALTERNATIVE MODELS IN QUALITY IN HEALTH CARE

Moderator: **Uzm. Kaya KARS,** Turkish Standardization Institute, Director, Regional Office, Antalya, Turkey
Speakers: **Savaş Avcı,** Executive Secretary, TURKAK
Mesut Duru, Director, Personal Accreditation and Training Unit, TSE
Mehmet Bozdemir, Director, Quality Management TSE

Uzm. Kaya KARS,
TSE, Turkish Standardization Institute,
Director, Regional Office, Antalya, Turkey

Savaş Avcı,
Executive Secretary, TURKAK

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APPLYING FAILURE MODES AND EFFECTS ANALYSIS (FMEA) FOR DECREASING THE HEALTH INEQUALITIES AND INCREASING THE QUALITY OFFERED:

Mesut DURU,
TSE - Türk Standardları Enstitüsü – Planlama Koordinasyon Müdürü

Becoming widespread of Failure modes and effects analysis (FMEA) applications will affect the stakeholders of the healthcare organizations affirmatively, besides it will contribute to these organizations to accomplish their social responsibilities.
FMEA is an engineering technique which aims to detect, define and eliminate known or possible failures about the process or product before it reaches to the customer. Determining the project subject and team, review the processes, determining the Risk Priority Numbers by finding the failures with brainstorming or collecting data are the main steps of FMEA technique.
FMEA technique can be used to display corrective action for controlling unsuitable service (ex: Making the first aid inaccurately and incompletely in the Emergency Service), to support the management decisions (ex: Failures that can be made during opening a new policlinic), to display corrective action with respect to the risk priority number (ex: Affixing a colored wrist strap to the patients to hinder wrong blood draw).
In the healthcare organizations, using risk analysis techniques like FMEA will provide information to develop an effective and efficient plan suitable for each process and product to fulfill the needs and expectations of the related bodies. It can be used as a technique based on the quantitative data to provide the efficiency and effectiveness of the failure prevention plans.
The effectiveness of FMEA technique is dependent on the organizations employers and employers' experience on the former failures. This technique is a part of quality control system and a good documentation is needed to implement it. As a result; if used together with the other quality improvement tools, it can be used to improve the quality and safety of the health services; also to develop the organization image and competitive power.

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TOTAL QUALITY MANAGEMENT AND QUALITY IN HEALTHCARE ORGANIZATIONS:

Mehmet BOZDEMİR
Director, Quality Management TSE

The healthcare organizations like all the other firms in our competitive world should improve themselves continuously. Within this scope, to provide customer satisfaction and employer participation, total quality management philosophy can be adopted.
Total Quality Management provide benefits like increasing people happiness, decreasing prevention and measurement costs and fulfilling the expectations of stakeholders. Human dynamics like team work, fulfilling the needs, communication, encouraging the change, avoiding chaos and possessiveness are the main building stones of this philosophy. Encouraging and avoiding chaos for working together aiming common solutions, giving opportunity to employers for the results of individual participation and team work, reconsolidating people for improving the communication, employers' possessment of the action results for the change are the basic of these five human dynamics.
Total Quality Management is also needed for supporting the organization's main goals. If the healthcare organization's culture does not activate the organization's success and if it does not provide solutions for the complex and hard times, "Change" is inevitable for the organizations. There are reasons for "resistance to change" which are: lack of information and confidence, different evaluations and aspects about the change, low tolerance to change, organizational structure and political aspects, union aspects, personal prejudice, personal competitiveness, avoid taking risk, lack of using initiative power, organization of the firm at small or large scales, ambiguity atmosphere and lack of leadership. The ways to break the resistance are training and communication, participation, support and convenience, negotiation and agreement, management and assignment.
Accreditation in healthcare registers customer satisfaction, diagnosis, treatment and care services, health of employers, infrastructure, work environment, emergency cases, waste management. Accreditation in international healthcare systems is needed for realistic approaches to country conditions, comprehensibleness, applicability, accessibility and costs.

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IN THE SERVİCES THE HEALTH KALİBRASYON

Aynur DAVUT,
Gebze Kalibrasyon Management,
TSE

In this work the calibration process has been defined and it is pointed out that how the calibration operations should be construct in health services. Principal definition of calibration and basic concepts that related to calibration have been explained firstly. And starting from the basic concepts, uncertainty of measurement has emphasized and the relations betweeen tolerance, error and uncertainty explained. Also it is explained that how to evaluate the devices to be calibrated that provide the legal conditions or the defined criterions.
In this frame, the information on the crucial things about the organisation of health foundations have given.

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CURRENT AND FUTURE IT APPLICATIONS AND PATIENT CENTERED CARE

Speakers **Prof.Dr.A. AL-ASSAF**, American Institute for Healthcare Quality,
Associate Dean for International Health, College of Public Health Univ. of Oklahoma, USA

Prof.Dr. A.F. AL-ASSAF,
American Institute for Healthcare Quality,
Associate Dean for International Health,
College of Public Health Univ. of Oklahoma, USA

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PATIENT-CENTEREDNESS AS AN INDICATOR OF QUALITY MEASURES OF PATIENT CENTEREDNESS AND HOW ISSUES OF HEALTH LITERACY AND HEALTH DISPARITIES INTERACT TO IMPACT QUALITY

Speaker **Prof.Viera RUSNAK,** Department of Medical Informatics, Slovak Medical University, Bratislava, Slovakia

USING QUALITY IMPROVEMENT AS A TOOL TO IMPROVE HEALTH LITERACY AND REDUCE DISPARITIES

Prof.Viera RUSNAKOVA,
Slovakya Tıp Fakültesi,
Sağlık Enformasyon Sist.Bölümü, SLOVAKYA

Kalite gelişimi insiyatifleri Slovakya Cumhuriyeti'nde son on yılda Sağlık Hizmeti Reformu çerçevesinde gerçekleşmiştir. Yasal değişimleri uluslar arası finansman ve uzmanlar tarafından desteklenen birçok kalite projeleri izlemiştir. Hasta odaklı hizmet deklarasyonu ve hasta hakları uygulamaları ile eşitsizliklerin giderilmesi reform kapsamında ilk adım olarak yer almıştır. Sağlık hizmetinde kalite gelişimi çerçevesinde elde edilen sonuçlar detaylı bir şekilde seminerde tartışılacaktır. WHO PATH projesi ve ambulans hizmetleri çerçevesinde ulusal boyutta elde edilen kalite indikatörleri uluslar arası veriler ile karşılaştırılacak; sunulan sonuçlar Avrupa Birliği tüketici odaklı sağlık sistemi sıralaması ile ilişkilendirilecektir. İkincil olarak seminerde yer alacak bir başka konu da eğitimin sağlık hizmetindeki ve halk sağlığındaki yeridir. Son olarak Slovakya'da sağlıkta eşitsizlik sorununun çözümü ve kalite gelişimi araçları ele alınacaktır.

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HEALTH-CARE ASSOCIATED INFECTIONS

Moderator **Associate Prof. Dr. Zarema Obradovic,** Head of Epidemiology Department, Public Health Institute Sarajevo / Ass. Professor, Faculty of Health Studies, University of Sarajevo, Medical Faculty of Tuzla, B&H

Speakers **Associate Prof. Dr. Zarema Obradovic,** Head of Epidemiology Department, Public Health Institute Sarajevo / Ass. Professor, Faculty of Health Studies, University of Sarajevo, Medical Faculty of Tuzla, B&H
Prof.Dr.Seval AKGÜN, Başkent University Hospitals Network, Chief / Quality Officer Public Health Department

NOSOCOMIAL INAFECTIONS SURVEILLANCE AND PATIEN SAFETY

Doç.Dr. Zarema OBRADOVİC
Sağlık Bakanlığı,
Sarejova Hlk Sağlığı Enstitüsü

Introduction: Nosocomial infections are widespread and very important factor of morbidity and mortality. They are increasing , and become a public health problem.
It is estimated that more than 2 million people annually are infected with nosocomial diseases, and that the extra expenses of their medical treatments are over 4,5 billions of dollars.
Nosocomial infections have a very important influence on the safety of patients. That is the reason why the adequate surveillance of these infections is one of the most important precautions.
Material and methods: For the preparation of this article were used the valid legislation about nosocomial infections, clinical protocols for nosocomial infections surveillance and registration sheets and reports of infectious diseases, especially nosocomial, of all health levels. It is a retrospective epidemiological study.
Results: The Health sector in B&H is on the entity level, with the coordination body on the state level. It means that the responsibility for health of people is on the entity level. It is the same with the legislation in Health sector. We don't have any law about health on the State level, and there are two (similar, but not the same laws) one for Federation of B&H, and other for Republic of Srpska.
In the Law for the protection of people of Infectious diseases for Federation of B&H 29/05, Article 2: "Nosocomial infection is an infection that appears during the recieving of health care in a health institution or in private praxis. "
They are obligatory for registration, but the number of registered cases is very small. It can be supposed that the number of registered cases is less than in reality because we have underreporting.
In order to increase the safety of patients while they are recieving health care and also to decrease the number of infected of nosocomial infections and the economic expenses they cause, health institutions are obliged to create their own prevention and surveillance programmes for nosocomial infections.
Some clinics improved good surveillance system, and they are reporting the most of registered cases. It would be a wrong conclusion that hospitals with reported nosocomial infections are not safe, they only have better surveillance and they are safer for patients than the hospitals without reported, or with small number of reported cases.
Conclusion : Surveillance of nosocomial infections has become important in the Health sector in Bosnia and Herzegovina because it is remarkable for the safety of patients.

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INFECTION CONTROL AND HAND WASHING

Prof.Dr.Seval AKGÜN,
Başkent University Hospitals Network,
Chief / Quality Officer Public Health Department

Although the contribution of infection control programs to high-quality patient care has long been recognized, the importance of these programs for an increasingly complex patient population has become even more prominent. Hospital acquired or nasocomial infections pose a major threat of excess morbidity and mortality to patients hospitalized for management of other diseases. The detection of such infections, surveillance of their frequency and identification of their predisposing factors are essential prerequisites for the design and implementation of cost effective control and preventative measures. Although the contribution of infection control programs to high-quality patient care has long been recognized, the importance of these programs for an increasingly complex patient population has become even more prominent. Hospital acquired or nasocomial infections pose a major threat of excess morbidity and mortality to patients hospitalized for management of other diseases. The detection of such infections, surveillance of their frequency and identification of their predisposing factors are essential prerequisites for the design and implementation of cost effective control and preventative measures.
Hand Hygiene is the single most important means of preventing the spread of infection and hospital-acquired infections. The purpose of a hand hygiene program is to minimize cross-infection by the removal of transient organisms from the skin of healthcare personnel as a result of effective hand-washing and to prevent the transmission of potentially pathogenic organisms.
Suggested strategies for improving hand hygiene should include; Make hand hygiene an organizational priority, to include allocation of appropriate resources and leadership commitment and adoption of the WHO or CDC Guidelines on Hand Hygiene in Health Care, which include a focus on multidisciplinary, multimodal strategies:

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HEALTH LAW Physicians Responsibilities In The World And In Turkey

Moderator — **Prof. Dr. Mustafa Kemal BALCI,** Akdeniz University, Dean, School of Medicine
Speakers — **Prof. Dr. Mustafa Kemal BALCI,** Akdeniz University, Dean, School of Medicine
Prof. Dr. Fatih Selami MAHMUTOĞLU, Istanbul University, School of Law
Yrd. Doç. Dr. Hatize ÖZTÜRK, Akdeniz University,School of Medicine,Department of Medical History and Deontology

Prof. Dr. Mustafa Kemal BALCI,
Akdeniz University, Dean, School of Medicine

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PENAL RESPONSIBILITY OF PHYSICIAN IN THE MEDICAL PRACTICES ACCORDING TO THE TURKISH PENAL LAW NUMBERED 5237

Prof. Dr. Fatih Selami Mahmutoğlu
İstanbul Üniversitesi, Hukuk Fakültesi, Ceza ve Ceza Usul Hukuku Anabilim Dalı, İstanbul

We all know that in our country the services of health and justice have various problems and cannot be provided at a desired level of quality. The aim of this study is not about the reasons of that situation. On the other hand, we think that the rational thing to do is getting rid of our caprices and acknowledging the realities of the country,

making contributions to the attempts of solving the problems whatever our jobs are. I must emphasize at this point that I treat the issue of "The Penal Responsibility Of Physicians In Medical Interventions In The Light Of The New Regulations In The Turkish Penal Law Numbered 5237", which is the focus of this study, with the above-mentioned approach and with a perspective based on professional cooperation. Such studies are necessary as our physicians, who work under very difficult conditions, are naturally unfamiliar with some of the basic concepts of law, especially the penal law and as the penal regulations have been subject to some radical changes. In this article prepared in consideration of all the things mentioned, we deal firstly with the judicial dimension of medical interventions, the grounds on which those interventions are legal (exercise of the right and informed consent in a clearer sense), and the judicial conditions of the institutions that are particularly regulated in the new Turkish Penal Law, respectively. Dwelling on the general approach of the new Turkish Penal Law towards the issues of fault, deliberate act and inadvertence, we try to explain with examples the times when physicians could be accepted as inadvertent, intentionally inadvertent and when they could take a probable deliberate action. We try to concretize the criteria of distinguishing between intentional inadvertence and probable deliberate acts, which are defined in the law and have yet been a point of confusion for especially physicians.

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Yrd. Doç. Dr. Hatize ÖZTÜRK,
Akdeniz University,
School of Medicine,Department of Medical History and Deontology

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RISK MANAGEMENT IN HOSPITALS

Moderator **Eman DARWİSH,** Director Performance Improvement Department, Mouwasat HospitalsNetwork, Dammam, Kingdom of Saudia Arabia

Speakers **Eman DARWİSH**, Director Performance Improvement Department, Mouwasat Hospitals Network, Dammam, Kingdom of Saudia Arabia

Dr. Amin NİMER, CEO, Mouwasat Hospitals Network, Dammam, Kingdom of Saudia Arabia

HOSPITAL RISK MANAGEMENT PROGRAM

Eman A. Darwish
Director of Performance Improvement department
Mouwasat Medical Services group

Although the health care services are required to be safe ,and delivered in a safe environment, safety does not mean zero risk .A safe environment required coordination and multidisplinary efforts .
All hospital staff have a role to play in establishing and maintaining the Risk Management Program .In some cases that role is not clear for the staff,because of that a specific program should be developed , This program encompasses the basic processes that are used to identify and assess the risks of specific hazards, implement activities to eliminate or minimize those risks, communicate risk information, and monitor and evaluate the results of the interventions and communications, and that is the definition of Risk Management .
Understanding the types of risks and their sources is critical
To evaluate the current system, it is critical that the program also consider what is known about the sources of risk, and what is not yet completely understood or known. Type of risks in healthcare environment generally falls into four categories:

- Clinical Risk
- Non-Clinical Risk
- Financial Risk
- Significant Risk

The early identification of such risk allows the hospital to immediately investigate the circumstances of the incident, and if necessary, institute corrective action to prevent similar occurrences in the future.
Mouwasat Hospital believes that the common goal of maximizing benefits of the program and minimizing risks could be greatly advanced if the hospital staff and patient in the system worked together to gain an understanding of these activities within a systems framework. To achieve such a framework, we need a better understanding of the risks involved and their sources,
and we need to clarify our individual roles and ensure that our individual roles are well integrated. Only then can we plan effective risk management strategies.

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Dr. Amin NİMER,
CEO, Mouwasat Hospitals Network,
Dammam, Kingdom of Saudia Arabia

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POLICY ISSUES OF INTEGRATION , THE INTEGRATION OF PATIENT SAFETY AND CLINICAL QUALITY IMPROVEMENT APPROACHES INTO MEDICAL EDUCATION

Speakers **Prof. Dr. Seval Akgün,** Başkent University Hospitals Network,Chief,Quality Officer,Director,Public Health Department

Asssistant Professor Dr. Erol Gürpınar, Akdeniz University, School of Medicine

PATIENT SAFETY AND ENTEGRATION OF PATIENT SAFETY ISSUES AND CLINICAL QUALITY IMPROVEMENT TECHNIQUES INTO MEDICAL EDUCATION

Prof. Dr. Seval Akgün,

Başkent University Hospitals Network,
Chief,Quality Officer,Director,Public Health Department

In the complexity of the health care environment, preventable medical errors are common. These preventable errors cause increased patient morbidity and mortality as well as create significant financial costs. Improved error reporting underlies, and supports, understanding of mistakes and their causes, contributors, and potential solutions. Error prevention and error detection and correction before harm are the eventual goals. Appropriate reporting and capture of information by using comprehensive electronic reporting is the key to success. Barriers to reporting need to be overcome and a sea of culture change is mandated. Reporting needs to be non-punitive, anonymous, and non-discoverable and provide immunity. The Patient Safety and Quality Improvement Act of 2005 is a major step in this direction. Targeted voluntary reporting has been found to be superior to mandatory reporting. Creation of national data repositories and their analysis will help improve patient safety and outcomes.
To err is human, but to cover up is unforgivable, and to fail to learn is simply inexcusable. We all make mistakes, but it is our duty to learn from them and find ways to make sure they never again cause harm. This could be possible if we can integrate the patient safety concept and clinical quality improvement techniques into the medical education.
When we look at the root cause of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Any member of the healthcare team may make errors in any healthcare setting and usually doctors are leading the teams. There are 100 million health care professionals all over the world a24 millions are physicians and the main goal of medical education is to train doctors who has knowledge and skills to prevent and treat the patients. Even though patient safety is one of the six components of medical education, less attention is given especially during undergraduate education. There is almost any place for patient safety and clinical quality improvement techniques in the curriculum of undergraduate education while there are some topics related to patient safety at postgraduate education. In this panel we will discuss the importance of integration of patient safety and clinical quality improvement techniques into medical education curriculum.

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INTEGRATION AT THE PRACTIONER LEVEL: USING QUALITY IMPROVEMENT AS A TOOL TO IMPROVE HEALTH LITERACY AND REDUCE DISPARITIES

Moderator **Prof. Dr. Dag HOFOSS,** PhD, Health Services Research Unit,
Akershus University Hospital and Institute of Community Medicine, University of Tromso, Norway

INDICATION OF PATIENT PROTECTION CULTURE AND SEPERATION AT ORGANIZATIONAL LEVEL

Between the months October and December in 2006 the Norwegian translation of SAQ pyschometric characteristics test was applied to patients at Norwegian University Hospital.
The results showed convincing psychometric characteristics. Also patient satisfaction and patient maltreatment has been seen in the patient reports during the analysis. By research we obtain 4 results which are; Norwegian translated pyschometric test showed convincing characteristics, the patient should be aware of the concept patient protection and hospital safety culture composed of different hospital sections, to strengthen patient culture all hospital sections should be included, and to learn and strengthen the hospital culture even micro sections sholud be taken into consideration during the analysis.

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ACCESS TO HEALTH CARE SYSTEM

Elzbieta Anna Czapka, PhD, NAKMI,
Norvegian Center for Minority Health Research,
Department of Sociology at Warmia and Mazury University in Olsztyn, Poland

"FACTORS AFFECTING PATIENT-CENTERED CARE; ACCESS TO HEALTH CARE SYSTEM- STUDY BASED ON THE RESEARCH CONDUCTED AMONG POLISH IMMIGRANTS IN OSLO"

Accessibility to health care services is closely related to entitlement. However, entitlement doesn't mean that particular minority groups have the same access to health care services as majority. Some services may be inaccessible or unacceptable for migrants. Equal and adequate access means that all social groups are able to use health services according to their needs. Unequal access to health care services is an indicator of direct or indirect institutional discrimination of ethnic minorities/migrants. Besides, differences in access to health care may have important far-reaching consequences both for migrants (shorter lives) and for the host societies (high economical costs).
The presentation is based on partial results of ongoing research conducted among Polish labour immigrants in Oslo (the biggest group of immigrants in 2007). According to research results three main barriers in access to health care services can be recognized: lack of information, lack of language abilities and economical factors.

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THE DEVELOPMENT OF ACCREDITATION IN EUROPE, ITS STRENGTHS AND WEAKNESSES AND ITS IMPLICATIONS FOR HARMONIZATION ACROSS EU MEMBER STATES

Dr. Charles D Shaw PhD, MB BS, FFPH,
Doctor of medicine; Doctor of philosophy, Independent adviser to Ministries of Health

WORKSHOP: "POLICY, ORGANISATION, METHODS AND RESOURCES FOR ACCREDITATION"

This workshop is intended for national policy-makers, institutional managers and clinicians who are interested in or responsible for external assessment, regulation and quality improvement. It comprises four presentations and discussions on accreditation issues related to policy, organisation, methodology and resource requirements.

The first session (on policy) will include definitions to differentiate from licensing and certification, and outline the development of health service accreditation from its origins in surgical training in the USA to its current adaptation across much of the world. Many countries fail to answer key questions before an injection of accreditation, for example, what is the objective, who will manage the agency, how will it be funded? Is a single national programme preferable to several competing programmes tailored to the differing needs of specialties, sectors and regions?
The second session (organisation) will explore options for governance by stakeholders and for managing national and regional programmes, including questions of ethical and legal accountability of providers and professions to their customers – patients, insurers, and regulators. What are the limits and scope of a national agency? How are clinicians best organised to regulate themselves? Are local managers sufficiently authorised to manage their own institutions?
The third session (methodology) will outline some of the common issues and technical options for standards development, assessment procedures, assessor management and adjudication of awards.
The final session will relate to some of the resources required in terms of time, training, organisational development, technical assistance and money.

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IMPROVEMENT OF DOCTOR-PATIENT RELATIONSHIP AT HEALTH CARE FACILITIES PATIENT-CENTERED COMMUNICATION

Speakers **Dr. Arild Aambø, NAKMI,** NAKMI, Norvegian Center for Minority Health Research, Ullevaal Univ.Hospital, Norway
Dr. Jennifer Gerwing, Vancouver Island Health Authority in Victoria, British Columbia, Canada

DIALOGUE IN ACTION: BRINGING INVESTIGATIONS OF COMMUNICATION PROCESSES INTO RECOMMENDATIONS FOR PATIENT-CENTRED CARE

Arild Aambø and Jennifer Gerwing

Central to patient-centred care is an acknowledged requirement that the health care provider take into account the patient's cultural traditions, personal preferences, and values. Furthermore, patient education, health literacy, and informed decision making, on a personal level, require that the health care provider ensure that the patient understands medical information (e.g., his or her current condition, diagnosis, treatment options, and access to appropriate care). It is during medical consultations, or dialogues, that health care providers and patients come to a mutual understanding about medical and personal information, and the extent to which they achieve mutual understanding has implications for efficient, appropriate medical care. Research focused on investigating the moment-by-moment, sequential process by which mutual understanding is established in these dialogues complements other, more traditional research approaches. It can directly propose ways of improving the effectiveness of communication. We are adopting Herb Clark's *collaborative model* as our framework for investigating cross-cultural medical dialogues. In particular, we are focusing on the process of *grounding*, during which speakers regularly seek evidence of understanding, and listeners provide feedback by actions such as "m-hm," nodding, or requests for clarification. When grounding is explicit, interlocutors can know that they have ensured mutual understanding. We propose that *microanalysis* of actual videotaped medical consultations, which reveals the moment-by-moment sequential and functional relationship between behaviours, is an ideal, innovative method for bringing communicative processes to light. Microanalysis takes the focus away from individual health provider skills and puts it instead on the provider's responsibility for the communicative processes by which mutual understanding is achieved. The definitions and analyses developed during microanalysis can be directly adapted to concrete training materials that would improve the effectiveness of medical communication. In this workshop, we will provide an interactive arena for introducing our dialogic, collaborative approach and the method of microanalysis. In addition, we will explore the grounding process using examples from actual medical consultations.

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PATIENT SAFETY ACTIVITIES IN TURKEY FROM INTERNATIONAL PERSPECTIVE

Speakers **Dr. Hasan KUS,** CEO; Anadolu Health Group
Metin CAKMAKCI, Chief Medical Officer Anadolu Saglik Group; istanbul

Dr. Hasan KUS,
CEO; Anadolu Health Group

Metin CAKMAKCI,
Chief Medical Officer
Anadolu Saglik Group; istanbul

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RESPONSES AND REFLECTIONS OF PATIENT AND FAMILIES BY USING QUALITY IMPROVEMENT Patient and Family Rights Activities in Turkey

Speakers **Mehmet Kaymakcı,** Director, Divisaion of Patient Rights, MoH, Ankara
Nazmi Tutal, Corrdinator, HAYASAD

Mehmet Kaymakcı,
Director, Divisaion of Patient Rights,
MoH, Ankara

Nazmi Tutal,
Corrdinator,
HAYASAD

ORAL PRESENTATIONS

08:30-10:00 CONCURRENT ORAL PRESENTATIONS

(SALON II)

THE CONVERSION OF HRM SYSTEMS TO COMPLY WITH ACCREDITATION REQUIREMENTS: ULUDAG UNIVERSITY HEALTHCARE INSTITUTIONS' EXPERIENCE

- **Doç.Dr. Bilçin Tak ,** Uludağ Üniversitesi Sağlık Kuruluşları Kalite Koordinatörü , Bursa, Turkey

This present study aims to recommend a roadmap related to ''the conversion of HRM systems'' for hospitals which are seeking JCI accreditation. In case of public hospitals, organizational change project focused on HRM practices is the hardest part of accreditation journey.

To comply patient-focused services with accreditation requirements is much more easier than the ones related to facility management, human resources management etc. As fundamental patient care services such as diagnosing, treatment and follow-up produced based on academic literature, in most case processes flows changes and then documenting could enable the hospital to meet accreditation requirements. There is no need to make decisions which are time consuming and related to radical changes.

However, restructuring non-medical services realization processes in order to meet organization-focused accreditation standards' requirements a big amount of financial and human resources and time. Furthermore regulations related to healthcare services prevent public hospitals from building an effective and efficient systems such as medical equipment maintenance and calibration services, supply systems management, procurement and human resources management (HRM).

In this study the conversion of HRM systems in order to meet accreditation requirements are discussed based on an accredited university hospital's experiences as mentioned below:

a. **Hiring and assignment,**
b. **Initial and periodic competency assessment ,**
c. **Privileging,**
d. **Credentialing ,**
e. **Staff planning,**
f. **Training and education.**

Key Words: **human resources management, accreditation requirements, privileging, competency assessment, credentialing, staff planning, education and training plan.**

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PATIENT SAFETY PRACTICES AS A PART OF DAILY WORK: ULUDAG UNIVERSITY HEALTHCARE INSTITUTIONS' EXPERIENCE

- Doç.Dr. Bilçin Tak, Uludağ **Üniversitesi Sağlık Kuruluşları Kalite Koordinatörü , Bursa, Turkey**

Patient safety issues have importance for the hospitals in both international and national agenda. That many hospitals try to seek JCI accreditation might prompt patient safety issues all over the world. But, making patient safety issues as a part of daily work is time consuming and critical process. A patient safety system might focus on the following objectives:

- **Identifying issues that pose a threat to patient safety,**
- **Raising the awareness on these issues throughout the organization,**
- **Establishing a reporting system on identified sentinel events and the actions taken,**
- **Identification of the patient safety risks that result from the current system, process and work-flow,**
- **Revising the systems and processes to avoid the recurrence of system-related risk factors, and if necessary, supporting these activities with policies, procedures and new instruments/forms,**
- **Adopting the patient safety culture throughout the organization,**
- **Monitoring the patient safety using correct, measurable indicators and the sentinel event reporting system based on data-based management approach,**
- **Improving the problems and issues identified using the system described in the Quality Improvement Plan,**

Building patient safety systems has vital importance. A patient safety system should be consist of generally accepted components such as identify the patients correctly, improve effective communication between the healthcare providers, improve the safety of high-alert medications: eliminate wrong-site, wrong-patient, wrong-procedure surgeries. reduce the risk of healthcare-acquired infections, reduce the risk of patient harm resulting from falls.

Although, there is no confusion about the patient safety goals requirements components, it is hard work to support a sound documentation structure and to put into practice those policies. Unfortunately, knowing and declaring patient safety goals to all personnel and related documentation systems could not provide hospitals patient safety .Thus, a behavioral/ cultural change project is vital to make patient safety-focused practices as a part of daily routine work at hospitals .

This study is based on accredited university hospital experiences. Firstly, the documentation structure consists of plan, procedures, instructions related to patient safety issues such as patient safety plan, Policy on Reporting and Prevention of Sentinel Events , Policy on Reporting and Prevention of Medication Errors, Code Pink Procedure, Procedure on Reporting of Critical/Panic Test Results , Ordering Policy, Policy on Assessment and Prevention of Fall Risk , Surgical Care Procedure, OR Operational Procedure, Code Blue Procedure , Policy on Management of High-alert Medications will be shared. Then, a conducted behavioral change project that make patient safety- focused practices as a part of daily work of caregivers at that hospital will be discussed.

Key Words: **patient safety , hospital patient safety plan, international patient safety goals**

References: **JCI Accreditation Standards for Hospitals, 3rd edition,Joint Commission Resources, 2007**
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PATIENT SAFETY AND NURSING CARE: ULUDAG UNIVERSITY HEALTHCARE INSTITUTIONS' EXPERIENCE

- **Kamuran Tombul, Doç.Dr. Bilçin Tak**, **Muazzes AltayCerrahi**, **Ayşe Baran**, **Sevginar Sakarya**
- **Uludağ Üniversitesi**

SAMPLE OPERATING ROOM PRACTICES IN THE EXTENT OF PATİENT SAFETY

- ABALI Yelis, ÇOBAN Didem, KESGİN Vildan, NÜZKET Neriman, YİĞİT Özgür, ÇİFTLİK Emine Elvan
- ISTANBUL TRAİNİNG AND RESEARCH HOSPITAL Istanbul,Turkey

Aim : To supply secure environment for patient.
To get the patient to be informed about his/her illness and the procedure that will be fulfilled,?
To provide the patient's pre-operational preparing completely and his/ her transfering to the operating room in security
To develop practices that can hinder the errors resulting from the processes the patient will get.
To provide the proper operation to the right patient.
To prevent wrong-side surgery
To provide the security of the specimens transfering taken tha patient in the operating room
To impede the forgotten operational equipment and sponge in the patient.
Method :'The Patient Safety Committee' was formed.
'Patient Safety Plan' was formed through evaluating risk.
Instructions including 'Patient Safety' and 'Secure Operational Practices' were arranged aiming at personnels in the hospital.
Regulative and preventive activities were planned against the risks that can effect the secure operational practices in a negative way.
The secure operational practices were examined during the inner detailed investigation in the extent of ISO 9001:2000 Quality Control System
Arrangements were realized according to 'The Service Quality Standarts Guide of the Ministery of Health'
'Surgical safety checklist was constituted according to ' The Practice Guide for World Health Organization Surgical Safety Checklist'
The procedure formed according to Quality Control System that has been put into practice since 2000 was revised by going over the forms and instructions.
Results : During the detailed investigations realized by hospital personnels' detailed investigation in the extent of ISO 9001:2000 Quality Control System, it was determined that "Surgical/procedural site marked form" developed according to Service Quality Standarts Guide was not used effectively and was not efficent enough for secure operational practices. 'Surgical safety checklist was constituted according to ' The Practice Guide for World Health Organization Surgical Safety Checklist' instead of this form. It was also determined at the meetings held by the responsibles for the process and the feedbacks that marking of the operation area on the patient was not fulfilled.Using the form effectively was obtained by education of secure operational practices and inner announcement.
196 concent forms were formed after one year study by going over current concent forms while 4 concent forms were used before the study.
Delivering the patient to the hospital accompanied by a nurse was obtained by arranging the instructions about patient's transfering to hospital.
The patient's bracelet having been used single colour for identity interrogation was arranged as pink, blue, and red.
The current control forms were arranged again to hinder forgetting the operational utensil and sponge and to provide the secure transfering of the samples taken from the patient.The documentation was organized by going over the process to label the specimens conveniently and transfer them.
Surgical placards about hand cleanliness were hung in the area of hand washing aiming at infection control practices and an instruction was fulfilled about hand washing in all units.
Conclusion : The personnels' obtaining information about the subject was realized after the education of patient's safety.The personnel's adopting these applications about the subject was seen.
The necessity of following the practices and regulative and preventive activities plans if necessary were obtained as a result during the detailed investigations related to Quality Control System and Service Quality Standarts supervision to provide the continuity of Secure Operational Practices.

(SALON III)

R&D IN PHARMACEUTICAL INDUSTRY: EVALUATION ACCORDING TO GROWTH, INNOVATION AND FINANCIAL PERFORMANCE

- **ÖZGÜLBAŞ Nermin ,**Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye
- **KOYUNCUGİL Ali Serhan ,** Sermaye Piyasası Kururlu Araştırma Dairesi, Ankara, Türkiye
- **EMİR Berdan Ece ,** Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye
- **BENLİ Büşra ,** Başkent Üniversitesi Sağlık Bilimleri Fakültesi Sağlık Kurumları İşletmeciliği Bölümü, Ankara, Türkiye

Pharmaceutical industry has grown rapidly depends on some reasons like the development of health services, aged population, extension of patent periods, improvement of individual drugs and expansion of social security cover in Turkey and world. Growth of Turkish pharmaceutical industry is expected, although pharmaceutical industry has a structure with big investments, needs great R&D expenditure and has strict control of government for the purpose of reaching budget targets. Besides growing

industrial indicators like market share, production and employment, R&D activities are very important in the respect of industrial growing, innovation, decreasing export dependency, increasing financial success, and harmonizing to EU and government conditions.
The objectives of this study are to analysis of pharmaceutical industry's R&D according to industrial growth, innovation and financial performance and evaluation of industry by indicators. Data used in analysis was obtained from Turkish Central Bank's records after research permission. For this purpose, 612 firms which were available from TCB's records and operated between the years 1994 and 2005 were covered. Balance sheets and income tables of covered firms' were used for financial ratio analysis and other financial analysis in the study. Also, means of each ratio were calculated for determining the industrial trends. Furthermore, Mann-Whitney U Test was used to determine the effect of R&D on the financial performance of pharmaceutical industry.
It was determined that R&D expenses of covered firms were too low and the ratio of R&D expense to sales was 0.29 % even in the highest year. Another important result was the statistical difference of R&D expenses as a key indicator of innovation between the firms with good and bad financial performance. This result showed that R&D affected the financial performance of pharmaceutical firms. Necessity of innovation and technology for growth of pharmaceutical industry without export dependency was made R&D expense very important, although R&D expense raises the costs. Results of our study present the importance of R&D for the growth of industry without export dependency and the strong financial structure of pharmaceutical industry.
Key Words: Pharmaceutical Industry; R&D, Innovation, Financial Performance.

STRATEGIC PLANNING IN HEALTH SECTOR AND INTEGRATION OF QUALITY SYSTEMS

- **Prof.Dr. M.YAVUZ ÇOŞKUN,** Gaziantep Üniversitesi Rektörü
- **Dr. İsmail ALTINÖZ**, Gaziantep Üniversitesi Fen-Edebiyat Fakültesi Tarih Bölümü
- Uzman Ümit ŞAHİN **, Gaziantep Özel Tam-Med Hastanesi**

OPTIMIZATION OF THE BED UTILIZATION WITH SIMULATION IN HEALTHCARE SERVICES: AN APPLICATION IN AN EDUCATION & RESEARCH HOSPITAL

- **AKSARAYLI Mehmet,** Dokuz Eylül University, İzmir, TURKEY
- **KIDAK Levent B.,** İzmir Bozyaka Education and Research Hospital, İzmir, TURKEY
- **GÜNEŞ Mustafa,** Dokuz Eylül University, İzmir, TURKEY

ABSTRACT : Since operational cost values in health services has been increasing in time, top management of organizations have also been focusing on efficient and instructive use of resources allocated for qualifications of systems. In this study, we have tried to determine best design of service systems with optimal servers and other related components in order to minimize waiting time of patient that are demanding efficient service from the hospital. As a powerful decision support tool, simulation with PROMODEL has used to develop better effective model. Just to obtain the best model and to determine critical factors which negatively effects waiting time of patients, many alternative scenarios have been developed. At the end of thorough analysis of alternative models, it is concluded that the limited number of beds at each facility room of hospital is the main factor.
AIM OF STUDY : The main objective of the study is to provide effective suggestions to achieve efficient service system which has limited resources and to minimize waiting time of patients at health centers. The basis of this research has been depending on real system observations such as medical treatment time, surgical operation periods, waiting time, service time, etc. The urology section of the hospital has been chosen as an application area of the study. In order to model the service system of the hospital, all facilities, such as arrivals of patients, service times, utilization of the sub departments of clinic have been monitored and necessary data have been collected. After gathering enough data from the facilities, system parameters have been estimated, and model of real system has been developed with PROMODEL which is an object oriented package program.
FINNDING : In order to develop the simulation model of the urology clinic, necessary historical data for analysis have been gathered from the information system of hospital. The infrastructure of historical data depends on observations over 1000 patients. The simulation model of the clinic has been executed many times to handle alternative behaviors and produce statistics to measure and arrange of the dynamics of the real system. All executed alternative models have provided very useful outcomes, such as; utilization of service, waiting time of patients, average service time, idle time of servers, arrivals rate and departure rate of patients, length of queue. Some of the numerical outcomes of alternative simulation experiment have shown that the overage waiting time of patient that will receive service from clinic is about for 4 weeks. To achieve optimum facility planning and a decrease in the waiting time of patients, intensive and progressive simulation experiments have been performed. By processing data which is collected by simulation experiment, very important results for the future of service systems have been obtained. As an important conclusion; the limited number of service room and beds are the crucial issues to be treated about the efficiency for clinic. The optimum number of service rooms and acceptable waiting time of patients, proper length of waiting line are basic questions to be answered.
RESULT : A simulation system including all sections of the hospital can provide a good source of information about the potential improvements, investments, or the changes and their effects on the efficiency of the system as a whole. And the results can provide a good basis for the development of a macro plan and for the determination of the relationships between different hospitals in the same region. As a result, this study shows that computer aided system simulation can be utilized to obtain critical factors that having a strong effect on service performance in healthcare.

(SALON IV)

TO PREVENT OF PATİENT FALLS AT ACİBADEM KADİKOY HOSPİTAL

- SARAL Çağlayan, ONGANER Efe, **BAYOĞLU Özlem**
- Acıbadem Sağlık Grubu Kadıköy Hastanesi, İstanbul, Türkiye

Objective: One of the International Patient Safety Goals described in the Joint Commission International 2008 standards is the reduction of patient injury resulting from falls. JCI accredited hospitals are required to completely meet this patient safety goal. In this study, we aimed to prevent patient falls, to educate and increase the awareness on patient falls among patients and families at the Acıbadem Kadıköy Hospital.
Method: PDCA (Plan-Do-Check-Act) cycle is a dynamic quality improvement tool that aims continuous performance improvement. The improvement process follows four

phases. During the planning phase, the required changes and the improvements that will provide the desired change are planned. In the 'Do' phase, the planned activities are implemented. In the 'Check' phase, the impact of the improvement activity in terms of process improvement is determined by using statistical methods. In the final 'Act' phase, the actions are monitored and implemented.
In this study, we first established the objective and baseline characteristics of the concerned process and set up a team of people who were involved in this process. During the planning phase, the fall risk assessment process, the impact of the care environment on patient falls, and the root causes of previous patient fall reports were reviewed. The improvement team devised strategies and activities which would help to accomplish our objective. The planned activities included review of the fall risk assessment scale, identification of drugs that may increase the risk of patient falls, definition of patients at high risk, establishing effective methods of communication, involving patients and families in the fall prevention process, and education the staff. In the 'Do' phase, the fall risk assessment scale was revised, a process roadmap was drawn to outline the critical steps in the process, medications that increase the fall risk were identified, 'fall risk cards' that will be posted on the doors to patient rooms at moderate and high risk were created, and blue-colored wrist-bands labeled with 'Attention! High Fall Risk' were put on use. We also prepared a 'Prevention of Falls in the Hospital' posters to be displayed in patient rooms with the aim to raise the awareness among patients, families, and visitors. In addition, a 'Patient Safety Goals' poster was designed to create awareness among hospital employees. Moreover, prevention of patient falls became part of the orientation and in-service training provided to all our employees. To prevent falls by sliding through the space between the bed-rails, fall-cushions that are attached to bed-rails were designed and put on use. To prevent infant falls, more balanced type of strollers were identified, the opening time of nursery and elevators were extended, and staff and family were educated on safe transfer of the infant to the mother's room. In the 'Check' phase, all fall reports and each incident report of 2008 were compared on a monthly basis. In the final 'Act' phase, a decision was taken to integrate the new strategies defined in the 'Do' phase as hospital policies of the Acıbadem Healthcare Group, the 'Policy on Prevention of Patient Falls' was revised, patient safety and fall prevention became part of orientation and in-service training, and internal audits were carried out to evaluate the care environment with regard to patient fall risk.
Results: We were able to establish the culture of reporting of medical errors and near-misses, which is also one of our quality targets, the number of reports during the second half of 2008 increased by 6.6% compared to the first half, and a reduction by 30.8% in patient falls was achieved during the same period of time, and there was an overall improvement by 21.1% in actual patient fall rate.
Conclusion: Based on the results of this study, we decided that in order to prevent patient falls, systematic reporting is required, and the devised corrective actions need to become hospital policies and their implementation needs to be monitored in terms of effectiveness.

TO PREVENT ERRORS RELATED TO THE USE OF ELECTRONIC MEDICATION ORDERING SYSTEM, WHICH MIGHT POTENTIALLY INTERFERE WITH PATIENT SAFETY IN ACIBADEM BURSA HOSPITAL

- **SARAL Çağlayan *, HACIBEKİROĞLU Seyyal **, AYDIN Beste *****
- *Acıbadem Sağlık Grubu Standardizasyon ve Kaliteden Sorumlu Tıbbi Direktör Yardımcısı, **Acıbadem Adana Hastanesi Direktör Yardımcısı, ***Acıbadem Bursa Hastanesi Klinik Kalite İyileştirme Uzmanı

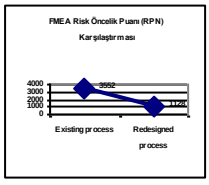
OBJECTIVE : Treatment and care orders for inpatients at the Acıbadem Healthcare Group are handwritten on the Physician Ordering and Medication Ordering Form by the ordering physician. The Acıbadem Bursa Hospital opened in 2006 and the 'Pyxis Medication Management System' was introduced. The electronic ordering system was launched in March 2007 to ensure effective and safe use of this system. Due to the fact that medication management is a high-risk process and the users were naive to the new system, this study was conducted over a time period between April 2007 and June 2008 with the aim to prevent any errors that may interfere with patient safety and identify the high-risk areas.

METHOD : Failure Mode and Effects Analysis (FMEA) is a proactive tool that is used to take action against potential errors. It involves a systematic approach that helps to identify the effects of potential errors and the actions needed to prevent them from occurring.
In this study, we first searched the literature for a FMEA format that will meet our needs and the involved parties were educated. Within the context of this format, we first established our objectives, defined the concerned process, and set up a team of care providers who are actually involved in the existing process.
In the first stage titled 'Data Collection, Process Analysis, and Risk Prioritization', the scope, principal process steps, sub-processes, and potential error modes and effects pertaining to the sub-processes were established. For any of the processes, a risk priority score was calculated using the following Formula: 'Risk Priority Score = Probability of Error x Severity of Effect x Detectibility of Error'.
In the second stage, an 'action plan' was devised based on the calculated risk priority. Here, we established the potential causes of error types in the sub-processes, set up corrective action plans and identified the measurement methods.
In the third stage, these corrective actions were implemented by the responsible parties in the defined time-frames.
In the fourth and final stage, the risk priority scores following the improvement were recalculated and compared with the risks in the existing process.

RESULTS : **The principal high-risk areas were identified:**

1. Whenever an addition was made to the electronic order, the print-out that was included in the patient's record was no longer up-to-date. Therefore, printing out of the electronic order screen was prevented. All physician orders are now displayed on a single screen.
2. The existing system allowed automatic drug-drug interaction check/alert at times when the pharmacist was not available in the hospital; this process is further improved by floor physicians who verify the order for food-drug interactions.
3. The nursing screen now displays color-coded alerts when the physician adds a new item to the order set.
4. To avoid delays in drug administration, the physician will now time the administration of the ordered medications at entry.
5. To ensure correct dosing, a space for patient's body weight was allocated.
6. Verbal orders are taken by floor physicians and documented on the computer system.
7. Medications brought by patients from outside were not stored in the Pyxis system and were not compatible with the electronic ordering system. This potential source of error was eliminated by including these medications in the Pyxis system. The medications are labeled with patient identifiers and stored in special locations in the Pyxis cabinet with patient information not visible from outside to maintain confidentiality.

CONCLUSION : **The risk score of the existing process, which was 3552, was reduced to 1128. The potential risk was decreased by 68%. Improvements will be continued using the feedback from end-users.**



APPROACH AND MANAGEMENT OF INCONFORMITY AND SENTINEL EVENTS IN YEDITEPE UNIVERSITY HOSPITAL

- **Sevilay Jefi** [1-2] **Kurt, Emine**[1-2] **Doç. Dr. Selami Sözübir** [1-2]

- [1]Yeditepe Üniversitesi Hastanesi, İstanbul, Türkiye
- [2]Kalite Geliştirme Direktörlüğü

BACKGROUND : **Description of the methods created for maintaining security, continuity, accessibility, and integrity of Patient information by Information Technologies' safety.**

METHODS

1. **The Information Management Committee is formed according to JCI Accreditation necessities which are responsible for reengineering current business processes for patients who applied to our institution with diagnosis and treatment request, to get scientifically and ethically correct and complete service in a timely manner.**

- **Hardware and other technological activity requirements are decided.**
- **Access to patient data is provided from everywhere and anytime using internet technologies.**
- **Alongside traditional security precautions like username and password protection, data is encrypted in web environment by 128 bit encryption using SSL (Secure Sockets Layer).**
- **Backups of patient data are made regularly to eliminate data lost.**
- **Environment of data storage is physically secured. (Information Systems access authorization, pest control, state of emergency safety precautions, calorimetry, hygrometry etc.)**

2. **JCI Accreditation Obligations and user demands are evaluated to determine software requirements.**

- **System registration and Patient Definitions are maintained by the required fields: protocol number, name, surname, father's name and date of birth. (Patient Arm Barcode – Patient card applications and MERNİS integration are used as a base.)**
- **Patient classification is supported on every stage as in-patient, out-patient, emergency patient, legal case, research.**
- **Accountability of patient history information and tracking with filtering is assured.**
- **Examination requests with consultation and mutual interaction with related system are provided.**
- **The necessary multidisciplinary organizations are provided for managing the Medicine Management System via Hospital Information System.**

- **Triple verification and surveillance system (Doctor - Pharmacist - Nurse)**
- **Medicine – medicine interaction control and alerting users**
- **Medicine – food interaction control and alerting users**
- **Narcotic surveillance for Narcotic medicine usage safety**
- **Unit dosage system and stock management**

- **Patient Evaluation and Nursing forms are made mandatory on the system.**
- **Patient reports are generated using the system for every unit. (Medical exam report, Surgery report, Epicrisis report, Angio report etc.)**

3. **Financial data and medical data of patients are synchronized.**

RESULTS :

- **Data consistency ratio has been raised to 98% by Patient Data Control Committee in periodical controls.**
- **This ratio is being tracked by Data Control Committee Staff's Data analysis and reporting in Patient check-out time.**
- **Inadequately kept records of patients are reported to doctors and hospital administrators via Hospital Information System periodically.**
- **Secure patient records are provided by using these reports including problematical patient records and recording times.**

CONCLUSION: **Institution and all clinical staffs, administrators, and authentication of information necessities of third parties which need information and data about the institution and historical tracking are provided.**

CORRECTİVE PREVENTİVE ACTİONS, PLANNİNG AND DRİLLS İN YEDİTEPE UNİVERSİTY HOSPİTAL İN EMERGENCY STATE MANAGEMENTS (İ.E. EARTHQUAKE, FİRE, BABY KİDNAPPİNG ETC.)

- **Ünsal Mehmet** [1-3] **Kurt, Emine**[1-2] **Jefi Sevilay** [1-2]
- [1]Yeditepe Üniversitesi Hastanesi, İstanbul, Türkiye / [2]Kalite Geliştirme Direktörlüğü, [3]Teknik Hizmetler Müdürlüğü

PURPOSE

Notification of inconformity reports and sentinel events in order to maintain effective patient and staff safety, ensure efficient and permanent solutions by collaboration of multidisciplinary structured departments.

METHOD

1. **Reporting of probable and occured inconformities and deviations in every time of need for notification.**
2. **Auditing 45 departments with Internal Auditing Team consisting 70 people, according to JCI Standards and Patient Safety Policies. Tracking identified inconformities following the same process.**
3. **Notification of reported and identified complaints under Patient Satisfaction Management System.**
4. **Defining tracking processes for inconformities that are recorded by Quality Improvement Directorship.**
5. **Preparing action plans for reported inconformities. Evaluation of situations by Quality Improvement, Development and Patient Safety Committee and Quality Council.**
6. **Generating multidisciplinary results by sharing inconformity reports with related departments.**
7. **Application of Corrective Preventive Action Plan which is prepared by related department managers.**
8. **Tracking the planned action and securing effectiveness in defined time interval. Solid proof for correction of inconformity and ensuring further repetition by department managers.**

RESULTS

- **Possible and occured inconformity and sentinel events reported by staff from every level,**
- **Issues were discussed between related departments and Quality Improvement, Development and Patient Safety Committee with collaboration of Medical and Administrative representatives. Corrective Preventive Action Plans were initiated.**
- **The PUKE Cycle was chosen for the tool of Continuous Improvement and Support Methods such as Brainstorming, Fishbone Pattern, Root Cause and Statistical Data Analyses were used.**
- **Data were analized for every 6 months and evaluated in Quality Council.**
- **High volume, problematic, costly and risky activities were evaluated and analized as Improvement Process Data.**

CONCLUSION:

The results for 1340 Corrective Preventive Actions including Internal Audits for years 2007 and 2008 are as following;

- **Inconformities are identified during Internal Audits with a ratio of 61%, and during Daily Processes for 35%**

- **Inpatient floors are the most inconformity identified areas with a ratio of 31%. It is followed by Laboratories with 14%**
- **Mixed Inpatient Floor was found as the most inconformity identified area when evaluating all Inpatient Floors, with a ratio of 23%**
- **Focusing on Laboratories, ratios for each branch were as following; Pathology 38%, Biochemistry 34% and Microbiology 28%**
- **Out of 1340 identified inconformities, action plans were formed as Corrective for 73%, and Preventive for 27%.**
- **During evaluation of causes, 41% were founded as non compliant to present processes, 11% for lack of education or information and 10% for insufficient documentation.**

Consequent on The Work That Has Been Done;

1. **Issues on patient and staff safety were defined and reduced along with risk of medical errors.**
2. **Efficient corrective preventive action plans were planned on the way of reducing these risks.**
3. **Planned activities were administered effectively**
4. **Focused on Quality Management Systems and Patient Safety Principles**
5. **Applied activities were evaluated and results were announced.**
6. **Individual / personal accusation were reduced and processes organised.**
7. **Information of necessary departments on medical and ethic health care errors were maintained.**

11:15-12:30 CONCURRENT ORAL PRESENTATIONS

(SALO N IV)

INTEGRATING PATIENT SAFETY ISSUES INTO QUALITY MANAGEMENT SYSTEMS IN HOSPITALS

- **Doç.Dr. Bilçin Tak, Prof.Dr. Nilgün Sarp, Yrd.Doç.Dr Umut Eroğlu**
- Uludağ Üniversitesi , Bursa, Türkiye
- Girne Amerikan Üniversitesi, Girne, KKTC

Purpose: Planning the course of actions in the case of an emergency, reducing the damage and casualities in the hospital, tracking the results and working through the problems.
Study Methods and Observations;

Method

1. Plans and precautions before and emergency statement (PLANNING)
   - **a.** Writing the document defining the state and securing the accessibility.
   - **b.** Developing the work schemes and notifiying the related parties.
   - **c.** Exercising the trainings about assingments and plannings in orientations and in regular interim meetings.
   - **d.** Developing emergency state badges and obligating everybody to carry these badges.
   - **e.** Transforming periodic maintanances into automatic tasks via related software.
   - **f.** Recording all data for the tasks and their due dates, analyzing and evaluating the data, using the data in improvements
2. Applying the actions in the case of emergency (APPLICATION)
   - **a.** Preparing effective, applicable, realistic and multidiscipline drill scenarios.
   - **b.** Planning the timing of the action so as to maximize the attandance, but in the meantime not to disturb the patients and their families.
   - **c.** Drills which are apllied in the hospital and related instituations;
     - Earthquake Drill
     - Fire Drill
     - Dashboard Drill (Dashboard of Labs, Operating Room, Intense Care Unit, Patient Floors, Outpatient Clinics and related Institutions)
     - Drill for Preventation of Baby Kidnapping
     - Drill for Excess number of patients in Emergency Room
     - Drill for a Bomb Advice
     - Emergency Statement Drill in Overtime
     - Emergency Statement Drill in Outdoor
   - **d.** Scenarios for the planned assigments are practised and their visual records are taken.
   - **e.** Recordings are shared with all users. (Via quality management software, Intraet etc.)

Observations:

Revisions after Emergency Statement Applications (Result)

- **a.** Problems and defiances during the drills are recorded.
- **b.** Facility Commitee watches the visual recordings and observed the problems
- **c.** According to the observed problems and inapproprites during the year,
  - Corrective preemptive actions are planned about observed problems.
  - Assignments for departments and individuals are updated.
  - Documents on related issues are revised and shared with all users.
  - Trainings are planned and applied.
  - Defiant sources and equipments are provided and delivered to related parties.

Result: An applicable and effective Patient Culture in Yeditepe University and related Institutions is developed through plannings, drills and road maps.

MOTIVATION FACTORS AND EMPLOYEE SATISFACTION IN HEALTHCARE SERVICES

- **AKSARAYLI Mehmet,** Dokuz Eylül University, İzmir, TURKEY
- **KIDAK Levent B.,** İzmir Bozyaka Education and Research Hospital, İzmir, TURKEY

ABSTRACT : In this study the levels of employee satisfaction and the motivational factors affecting the level of satisfaction are determined and evaluated in an education and research hospital. A questionnaire is designed and applied to 155 employees working at different branches in this education and research hospital. Firstly factor and reliability analysis are applied to the collected data and relying on Herzberg's theory, motivational factors are examined in two basic groups. The first group is consisted of motivational factors such as recognition, responsibility, promotion, work itself where as the second group is consisted of hygiene factors such as working conditions, salary and awards, management and relations. Employee satisfaction is evaluated regarding the motivational factors and the differences of

the effects of the motivational factors on the employees are examined.

PURPOSE : The purpose of the study is to measure the satisfaction level of the employees working in a research and education hospital and to evaluate the motivational factors that have effects on employee satisfaction. The study is constructed by the usage of a questionnaire which is a part of "Health Performance and Quality Improvement" that is driven by the Ministry of Health. The questionnaire is applied in October to November 2006 to numerous employees with various occupations. The questionnaire includes 57 questions and the Cronbach reliability coefficient is found to be 0,94.In order to determine the satisfaction levels of the employees factor analysis is performed. Eight motivational factors obtained through factor analysis and the general motivator and hygiene factors which are the aggregate of the determined eight motivational factors are statistically analyzed. The effect levels of gender, age, occupation, employment, service years and the service years in the current hospital on motivational factors are assessed by utilizing t-test, ANOVA and correlation analysis.

FINDINGS : In order to determine the factor structures factor analysis is executed and the factors are established as: Recognition, responsibility, promotion, work itself, working conditions, salary and awards, management and relations. Eigenvalues of the factors are found to be 11,174; 2,183; 1,701;1,623; 3,155; 2,724; 2,162 and 1,913, respectively. Recognition factor explains 25% of the variation, while working conditions factor explains 7% and management factor explains 6%. Eight factors explain approximately 60% of the total variability. The results of the factor analysis are in accordance with the motivation theory. Herzberg's Theory handles the motivation factors in two main groups as "motivator" and "hygiene". Likely to his theory, first four factors in this study are considered as motivator and the second four as "hygiene". It is also found that positive correlation exists between all factors considered in this study (p<0,05).

CONCLUSION : According to the findings of the study the motivator effects of recognition and promotion factors on hospital employees are found to be higher than other factors. Besides, the effects of working conditions, management, salary, responsibility factors are higher on the employees during their first few years of their work life. As a result, this study is important since it provides a good basis for the management in order to provide a higher work satisfaction to the employees, regarding the fact that even though improvement on only one factor is provided, this can have a strong effect on the satisfaction on the other factors without making a remarkable change. Results Obtained from this study may provide support on the quality of decisions about, determining, prioritizing and selecting the motivational factors and managing the improvement opportunities when hospital managers want to increase employees' satisfaction level.

WORKS ON REDUCTION OF DIRTY, INCISORY/ PERFORATING DEVICE INJURIES AND MATERIAL BOUNCING FREQUENCIES

- **KOÇ Başaran*,** OCAKÇI Saime*, KÜÇÜKERENKÖY Fatma*, KAZANCI DOĞAN Nilüfer*,
- **TAŞKIN Özgür***, BOYOĞLU Rahşan*,*Vehbi Koç Vakfı Amerikan Hastanesi,

08:30-10:00 FEBRUARY 12 SATURDAY

(SALON II)

APPLICATIONS AND ROLE OF IT TECHNOLOGIES IN YEDITEPE UNIVERSITY HOSPITAL WHILE MAINTAINING SAFETY OF PATIENT INFORMATION

- **Şahin Olcay** [1-2] **Kurt, Emine**[1-3] **Ercan Sina** [1-4]
- [1]Yeditepe Üniversitesi Hastanesi, [2]Yeditepe Üniversitesi Bilgi İşlem Koordinatörlüğü, [3]Kalite Geliştirme Direktörlüğü, [4]Bilgi Yönetimi Komitesi Başkanı

BACKGROUND : Description of the methods created for maintaining security, continuity, accessibility, and integrity of Patient information by Information Technologies' safety.

METHODS

4. The Information Management Committee is formed according to JCI Accreditation necessities which are responsible for reengineering current business processes for patients who applied to our institution with diagnosis and treatment request, to get scientifically and ethically correct and complete service in a timely manner.
   - Hardware and other technological activity requirements are decided.
   - Access to patient data is provided from everywhere and anytime using internet technologies.
   - Alongside traditional security precautions like username and password protection, data is encrypted in web environment by 128 bit encryption using SSL (Secure Sockets Layer).
   - Backups of patient data are made regularly to eliminate data lost.
   - Environment of data storage is physically secured. (Information Systems access authorization, pest control, state of emergency safety precautions, calorimetry, hygrometry etc.)
5. JCI Accreditation Obligations and user demands are evaluated to determine software requirements.
   - System registration and Patient Definitions are maintained by the required fields: protocol number, name, surname, father's name and date of birth. (Patient Arm Barcode – Patient card applications and MERNİS integration are used as a base.)
   - Patient classification is supported on every stage as in-patient, out-patient, emergency patient, legal case, research.
   - Accountability of patient history information and tracking with filtering is assured.
   - Examination requests with consultation and mutual interaction with related system are provided.
   - The necessary multidisciplinary organizations are provided for managing the Medicine Management System via Hospital Information System.
     - Triple verification and surveillance system (Doctor - Pharmacist - Nurse)
     - Medicine – medicine interaction control and alerting users
     - Medicine – food interaction control and alerting users
     - Narcotic surveillance for Narcotic medicine usage safety
     - Unit dosage system and stock management
   - Patient Evaluation and Nursing forms are made mandatory on the system.
   - Patient reports are generated using the system for every unit. (Medical exam report, Surgery report, Epicrisis report, Angio report etc.)
6. Financial data and medical data of patients are synchronized.

RESULTS :

- Data consistency ratio has been raised to 98% by Patient Data Control Committee in periodical controls.
  - This ratio is being tracked by Data Control Committee Staff's Data analysis and reporting in Patient check-out time.
  - Inadequately kept records of patients are reported to doctors and hospital administrators via Hospital Information System periodically.
  - Secure patient records are provided by using these reports including problematical patient records and recording times.

CONCLUSION: Institution and all clinical staffs, administrators, and authentication of information necessities of third parties which need information and data about the institution and historical tracking are provided.

BIOMEDICAL STUDIES IN HEALTH FACULTIES OF İSTANBUL UNIVERSITY

- **Sezdi Manâ, Kalkandelen Cevriye, Akan Aydın, Öngen Betigül**
- İstanbul University, Biomedical and Clinical Engineering Department, İstanbul,Türkiye

Objective: Developing of medical devices and using of high technological medical devices for diagnostic and therapeutical studies, necessitate that medical devices must be managed by professional personnel about biomedical engineering, that it must be used efficiently and must be have performance testing. The Biomedical and Clinical Engineering Department of İstanbul University were builded to support the effective health services and to ensure the nonstop, high quality health service. It manages the medical technology and gives services to İstanbul Health Faculty, Cerrahpaşa Health Faculty, Dentistry Faculty, Oncology Institute and Cardiology Institute of İstanbul University.

The Biomedical and Clinical Engineering Department contains 4 managers, 12 engineers and 11 technical staff. In addition to the central office and laboratory, satellite units were builded in both Cerrahpaşa Health Faculty and İstanbul Health Faculty to give service fast to heath faculties.

In this study, it is presented how the medical technology of all medical departments in İstanbul University is managed and our substructure studies for medical calibration and acreditation.

Method: Firstly, the inventory of medical devices in İstanbul Health Faculty (Çapa), Cerrahpaşa Health Faculty, Dentistry Faculty, Pharmacy Faculty, Veterinary Faculty, Oncology Institute, Cardiology Institute, Forensic Medicine Institute, Experimental Medical Research Institute (DETAE) were prepared and they were transfered to the computer by using a specific code system. In coding studies, UMDNS (Universal Medical Device Nomenclature System) codes that were developed by ECRI (Emergency Care Research Institute), were used and totaly 13.000 medical devices were labelled and recorded to the database.

Preventive maintenance and calibration studies are performed by tracing the IPM (Inspection and Preventive Maintenance) prosedures that were developed by ECRI again.

The objective technical specifications that intend low cost and high competition, are prepared by our department for medical device purchasing and for annual periodical care contracts.

Result: The Biomedical and Clinical Engineering Department have studies about the controlling of the medical devices with high accident risk, about the decreasing of the damages that can be given to the patients during therapeutic and diagnostic studies by applying the technical support, about the choosing of the appropriate technology and the selecting of the medical devices with low usage risk and low maintanence cost during the purchasing of the new medical devices, about the increasing of the usage time of medical devices by performing the calibration and preventive care. Hence, these studies cause the economical benefits to health faculties, in other words, to İstanbul University. At this point, in 6 months when the calibration measurements begin, 4500 medical calibration measurements were completed by using 20 different, totaly 50 calibrator-test devices. On the other hand, in 2008, technical specifications more than 1150 were prepared and contracts for periodical care more than 1000 were repeated.

DISASTER PLANNING AND EMERGENCY MANAGEMENT AT HOSPITALS (The experience of Marmara Earthquake happened on 17 August 1999 and Restructuring)

- **Yalçın Ertuğrul , Altın Yakup / Prof.Dr.A.İlhan Özdemir Devlet Hastanesi Giresun/TÜRKİYE,**

AIM: **The most important parts of Turkey's land are in active earthquake zone. Turkey is divided into five graded parts which are acceptable in risk according to earthquake science. 45% of our population live in the most risky part which is the first degree. The most known destructive earthquake was in the Marmara Region on 17th August 1999. Destructive earthquakes also bring together important health problems. A general acceptable modal plan which presents a solution of health organization during big disasters or calamity including possible risks which hospitals may face hasn't been developed yet in our country. But, disasters or calamities are the things which are related to health intuitions directly and also hospitals.**

The aim of emergency action plan is to make use of all sources of hospital, to diagnose the patients and casualties health problems successfully under negative conditions, to give victims a first and effective emergency help, to prevent panics in hospital, to state each unit personals and this duties.

So; it is projected to reduce the risks, to safe patients and the people who help them, to coordinate the crisis centre, emergency elements and nearest hospitals and supporters, to reduce material losses if the hospital is effected b calamity directly.

METHOD AND DISCOVERIES: **All publications and scientific articles of civil society organizations about the organization of health during calamity or disasters have been researched. And we also joined the international meeting of National Calamity Medial Congress in 2004. We also joined the meeting about "Hospital Calamity Plan Workshop." It was about possible risks of hospitals and preparations for it. All details and discoveries have been searched. After that, a possible model for hospitals and a Calamity Emergency Action Plan which we shared at the same time have been introduced.**

Calamites or disasters and risky situations are the things which we don't expect. The saying "We should wait for unexpected things!" tells us a reality if we think the days we lived. Hospitals should overcome all difficulties and risks.

With Calamity Emergency Action Plan;

a. Dangerous in hospitals: for situations such as fires caused by accident or intentional, flood, quarantine, biological and chemical poisons.

b. Dangerous out of hospital: It is searched a solution of patients and casualties which are brought to the hospitals over capacity due to earthquakes, large fires, epidemic diseases, accidents with a lot of casualties, collective vomiting, war and artificial diseases.

CONCLUTION: **The Marmara Earthquake was a natural disaster which we can't forget. Most land of our country is in risk of earthquake. During disasters hospitals are very busy but this is not reason of not applying ill people to the hospitals. A hospital has two important responsibilities during disasters or calamity. They are; to safe patients and the people in the hospital and to support medical care to all patients reducing the risks. The best solution to do this is to make a good plan and to update it. And to educate all people working in hospital about diseases or calamity and to give them a basic calamity information. After that, to harden the education with practice.**

Sources: **B.Ü.K.R.D.A.E. Afete Hazırlık Eğitim Programı, İÜ.Acil Cerrahi ve Travmatoloji Derneği Yayınları, TATD Hastane Afet Planı Projesi, SSG-TAG Halkın Afete Hazırlık Eğitim Programı**

HOW MUCH SUFFICIENCY OF VENTILATOR OR DEFIBRILATOR TESTING , IS OBTAINED BY MASS ACCREDITATION?

- **Sezdi Manâ,** İstanbul University, Biomedical Device Technology, İstanbul, Türkiye

Objective: Mass accreditation is the appraising of a mass measurement service in according to the international technical criterias, is the acception of its qualification and the controlling of it regularly. The document about the accreditation study is; TS EN ISO/IEC 17025:2000. ISO 17025 contains the quality management system of the experiment or calibration laboratory. It examines all work flows, organization structure and technical sufficiency.

In our country, the studies of accreditation is controlled by TÜRKAK (Accreditation Foundation of Turkey). If the list of the accredited laboratory is investigated from the web site of TÜRKAK, in our country, it is seen that there are approximately 50 accredited laboratory. Generally, these are laboratory that gives services in industrial sector and they are accredited in parameters- temperature, dimension, mass and electricity.

There is not yet a study about the medical accreditaton in TÜRKAK. If hospitals demand the medical accreditation during they take the medical calibration service, they must work with the accredited laboratory about temperature, mass…etc. How the accreditation certificate about non-medical parameters is sufficient technically for medical calibration? For example, is testing of a defibrilator by the mass accreditation or testing of an anesthetic machine by the temperature accreditation, ethical?

There are many parameters that must be considered during the medical calibration measurements of any medical device. For example, testing of a ventilator contains flow, pressure and volume parameters. If a sufficieny is wanted, sufficiency for 3 parameters must be performed seperately. In addition to this, the staff who test the medical device, must be professional. The medical calibration needs the specialization of the biomedical personnel. It brings many problems that the medical calibration is performed by the non-educated personnel about biomedical if the industrial accreditation is accepted as the sufficiency criteria. Particularly, in operation and intensive care rooms, the inattentive studies causes many unexpected problems.

The main subject of the medical calibration measurements is the international tracebility of the measurement devices. Today, although the laboratories are accredited for insufficient parameters, and they don't show the documents of the international tracebility of their calibrators, the health managers do not examine these important necessities. However, this subject is very important because of the measurement quality and the lower uncertainty.

The important point that attracts the attention in this study is that the hospitals take the inadequate services if they don't investigate the accreditation content.

Discussion: Quality service can be only taken from the professional personnel. There is not yet an application about the medical accreditation. Because of this, it is false to demand for "medical accreditation". As a matter of fact, the national and international prosedures of acreditation say, "There is not an obligation. The accreditation depends on the base of voluntary."

The expectation in medical calibration measurements, should be that the personnel must be professional, the calibration prossedures and the test devices must be appropriate to the international standards.

(SALON III)

RESEARCH ON THE EFFECT OF PERFORMANCE BASED ADDITIONAL PAYMENT SYSTEM ON THE HOSPITAL SERVICES

- **Çalış Aynur, Menevşe S.Fatih** , Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

Monitoring the performance of healthcare system is important for two aspects; first, it helps to realize that the negative points of nationwide health system, healthy financing of the healthcare, covering public expectations, second, provides data to evaluate healhtcare system annually.

Ministry of health has developed a unique performance system for our country. This system aims to draw the outlines of how to pay for healthcare workers from income to get better healthcare service and to encourage high quality and productive care.

This study determined that the effects of pay per performance system on hospital data; inpatient and outpatient care, the number of surgical interventions, hospital bed occupying rate, hospital stay day, hospital income and patients and caregivers' pleasure comparing 2004-2008. Our results show that pay per performance system improves health care service.

ANNOUNCEMENT OF DEATH TO THE PATİENT'S LEGAL DEPENDENTS.

- Uzm. Mustafa Küçükilhan , Yrd.Doç.Dr. Atila KARAHAN
- **Afyon Kocatepe Üniversitesi Hastanesi Hasta Hakları Birim Sorumlusu**
- **Afyon Kocatepe Üniversitesi Afyon Sağlık Yüksek Okulu Sağlık kurumları Yöneticiliği Bölümü Öğretim Üyesi**

CAUSE: Patient's Legal Dependents shape of announcemet of death and their expectations.

METHOD: Fetting the announcement of death to the Patient's Legal Dependents from hospitals it is practicing a questionaire to 120 patient with the method of face to face. Questions are regarding to announcement of death news and it is getting that their expectations frequency regarding this subject.

FİNDİNGS: 120 participant which are getting death news from hospitals characteristics of sosyodemografic. İn Table 1 and Datas of Questionaire questions in Table 2.

Table 1: Sosyodemografic Characteristic Of Participants

	Number (n)	Rate (%)		Number (n)	Rate (%)
Age Group			**Education**		
18-25	35	29,16	Elemantary	48	40,00
25-35	41	34,16	High School	62	51,66
35+	44	36,68	University	10	8,34
Marital Status			**Situation Of Working**		
Married	48	40,00	Employee	52	43,33
Single	72	60,00	Pensioner	43	35,83
			House Wife	25	20,84

Table 2: Questions and Answers Of Research

	Yes (%)	No (%)
Are you getting death announcement from doctor?	91	9
Is it good for you to getting death announcement from doctor?	96	4
Did you see release and refreshment of your legal dependent during announcement of death?	7	93
Did you want to see release and refreshment of your legal dependent during announcement of death?	96	4
Did you accuse the health working personel?	18	82
Before announcement of death, did you reached by phone?	88	12
If reached by phone, is the person introduce himself?	95	5
Is it used medical terms during announcement of death?	79	21
Did you get net answers to all your questions during announcement of death?	90	10

Do you believe some true things hide from you after getting announcement of death?	6	94
Do you think violation of patient rights of your legal dependent regarding to death?	2	98
If it is neccessary, do you prefer this hospital?	99	1

CONCLUSION: In this research %4 of participants wants to get information of death from doctor and %10 of them saying that they are not getting net answers from doctors. This is result of that they are getting announcement of death from doctors. %99 of participants prefer hospital but they are not accredit doctors however. This is result of bad news having place in subconscious. Summarizing of this study general reason is that; determine the suitable time before death accouncement, moving regarding to person's psicological situation, it must be used tangible language, it must be known cultural habits and structures, the end life pf patient his legal dependents must placed nearer places and they must informed regarding situation, if it is necessary it must shown refreshment and release of patient to their legal dependents

A RESEARCH ON REASON OF MEDİCİNE PRACTİCİNG MİSTAKES AND MONİTORİNG JUSTİFİCATİON OF THİS MİSTAKES

- **LAMBA Mustafa,** Süleyman Demirel Üniversitesi Kamu Yönetimi Bölümü Doktora Öğrencisi, Afyonkarahisar
- **KARAHAN Atila,** Afyon Kocatepe Üniversitesi Afyon Sağlık Yüksekokulu, Sağlık Kurumları Yöneticiliği Bölümü Öğretim Üyesi, Afyonkarahisar, Türkiye

CAUSE: In this study the cause is that reason of medical mistakes of nurses with neccesities of reason of hiding mistakes.
METHOD: It is practicing questionaire with 30 questions regarding medicine practicing mistakes and neccesities of hiding of this mistakes to nurses.
FINDINGS: Regarding to answers of questionaire; 5 factors have got most precious of 15 factors oriented medicine practicing mistakes reasons.

Table 1: Reasons Of Medicine Practicing Mistakes

First 5 Factors	Frequency (%)
More than one medicine giving to lots of patient	71
Not good regulating record of medicine practicing	66
Not having enough information regarding medine	64
Lots of patients per nurses	58
Not to having enough information regarding patient	55

In Table 2 it is showing that reasons not to making report regarding medicine practicing of nurses, answers from 9 questions these are mean, standart deviation and frequencies.

Table 2: Reasons Of Not To Reporting Medine Practicing Mistakes

QUESTIONS	Mean	SD	%
Because to getting penalty	4,10	0,87	87
Avoidance of magazine	4,05	0,74	83
To be accused if bad things develop on patient	3,92	0,81	81
Reserve from doctors reaction	3,88	0,90	79
Reserve from colleague their thought of incompetent	3,87	1,01	77
Reserve from reports bad reasons	3,70	0,76	74
Reserve from patient's bad attitude	3,60	0,83	71
Management of nurse mistakes coming from nurses not from system	3,52	0,69	69
In hospital giving importance to medicine practicing mistakes	3,20	1,12	67

CONCLUSION: Finding is that reasons of medicine practicing mistakes of nurses generally take root from lack of information and density of work. For obviating of medicine practicing mistakes if neccessary education doing mistakes would be decrease. Finding which are regarding reason of not to reporting of medicine practicing mistakes the most frequency value is because of getting penalty. Generally mistakes thought of doctor and patient is that reserve depending on incompetent of nurses.

EFFECTS OF TOTAL QUALITY WORKINGS ON IMPROVING KNOWLEDGE LEVEL OF CLEANING STAFF ABOUT MEDICAL WASTES IN THE VIEW OF PATIENT SAFETY

- **Ph.D. Atila KARAHAN,** Department of Health Organizations Management, Health Institution of Afyon Kocatepe University

PURPOSE: In this research, effects of Total Quality Workings on improving knowledge level of cleaning staff about medical wastes in the view of patient safety were examined based on Total Quality Management.
METHOD: Because cleaning staff is a personel who is mostly working with medical wastes, research was performed on cleaning staff at Afyon Kocatepe University Research and Application Hospital. 85 cleaning staff were subjected to survey questions which were aimed to examine knowledge level of patient safety and medical wastes. Survey was performed as two-stages before and after TQM educations. Results were analysised and evaluated.
FINDINGS: According to the results it has seen that cleaning staff were lacked information on subjecting medical wastes, collecting of wastes, store, and carry them and safety standarts before educations, and thier answers were in 50% correct rate. However, after getting quality assurance and educations were finished, this rate was increased to 85-90% significantly.

Questions	N	Before Educations Correct Answer Rates	After Educations Correct Answer Rates
1- What is the name of the wastes which are uncontamined and caused from kitchen, garden and manegerial units?		51,4	87,2
2- What is the general name of wastes whose container is plastical, metal, glass and which are uncontamined, renewable, reusable?		45,9	84,3
3- Which of the following is known as an infectous waste?		21,6	79,8
4- Which of the following is not included by medical waste?		64,9	91,7
5- What is the meaning of this sign? (Bio-dangerous)		21,6	97,4
6- Which is the type of storage used to store temporarly and carrying medical wastes?		70,3	90
7- Which frequency do you collect and carry medical wastes to storage?		55,6	90,8
8- Which cheminals do you us efor cleaning in case scarret of medical waste during their carrying?		67,6	88,3
9- What is first to do in case of subjecting medical wastes?		24,3	85,6
10- Which is correct for bags used to collect wastes temporarly?		59,5	94,5
11- Which diseases are caused from medical wastes?		54,1	92,1
12- How do you store cutting and piercing equipments?		67,6	97
13- For whom do you use gloves?		16,2	90,5

CONCLUSION: **results showed that knowledge level of cleaning staff were significantly increased with the effect of TKY workings. In addition to this, in personnel education, it must be provided that personnel must give more attention to this issue. It is thought that common use of these kind of workings helps to provide more healthful environment in Health organizations in Turkey and in the world.**

(SALON IV)

THE PROBLEMS RELATED WITH MEDICAL DEVICES AND JURISTIC RESPONSIBILITIES OF HOSPITALS AND SOLUTIONS

- **Yılmaz Korkmaz, Electronics Engineer,**
- Inonu University Quality System Consultant, Turgut Özal Medical Center Siemens Site Manager

Target:

- **Review of the patient and employee problems related with medical devices in the hospitals**
- **Review of the regulations about medical devices**
- **The Standarts about maintenance and calibration of the medical devices**
- **Mision and responsibilities of the biomedical departmens in the hospitals**
- **Juristic responsibilities of the hospitals**
- **Biomedical calibration**
- **Problems and solution offers to present the biomedical care**
- **Convenience to performe the juristic responsibilities**

Method: Review of the actual case, Statistic analysis, Solutions

Arguments: Patient died because medical device faults and wrong measurements, Actual calibration results , Financial lost because incompitent periodical maintenance

Yearly 44.000-98.000 died in America because of the medical faults İnstitude of Medicine 1999

Result:

Profits of the hospitals with Integrated Service Management

Where is the Integrated Service Management in the Acreditation and Quality management System ?

The related points in JCI and ISO 9001 : Maintenance and Calibration

FACILITY SAFETY AND RISK ASSESSMENT IN YEDITEPE UNIVERSITY HOSPİTAL

- **Ünsal, Mehmet T.C. Yeditepe Üniversitesi Hastanesi,**
- Teknik Hizmetler Müdürlüğü, İstanbul, Türkiye

Purpose: Planning the course of actions in the case of an emergency, reducing the damage and casualities in the hospital, tracking the results and working through the problems.

Study Methods and Observations;

Method

3. Plans and precautions before and emergency statement (PLANNING)

a. Writing the document defining the state and securing the accessibility.

b. Developing the work schemes and notifiying the related parties.

c. Exercising the trainings about assingments and plannings in orientations and in regular interim meetings.

d. Developing emergency state badges and obligating everybody to carry these badges.

e. Transforming periodic maintanances into automatic tasks via related software.

f. Recording all data for the tasks and their due dates, analyzing and evaluating the data, using the data in improvements

4. Applying the actions in the case of emergency (APPLICATION)

a. Preparing effective, applicable, realistic and multidiscipline drill scenarios.

b. Planning the timing of the action so as to maximize the attandance, but in the meantime not to disturb the patients and their families.

c. Drills which are apllied in the hospital and related instituations;

- Earthquake Drill
- Fire Drill
- Dashboard Drill (Dashboard of Labs, Operating Room, Intense Care Unit, Patient Floors, Outpatient Clinics and related Institutions)
- Drill for Preventation of Baby Kidnapping
- Drill for Excess number of patients in Emergency Room
- Drill for a Bomb Advice
- Emergency Statement Drill in Overtime
- Emergency Statement Drill in Outdoor

d. Scenarios for the planned assigments are practised and their visual records are taken.

e. Recordings are shared with all users. (Via quality management software, Intraet etc.)

Observations:

Revisions after Emergency Statement Applications (Result)

d. Problems and defiances during the drills are recorded.

e. Facility Commitee watches the visual recordings and observed the problems

f. According to the observed problems and inapproprites during the year,

- Corrective preemptive actions are planned about observed problems.
- Assignments for departments and individuals are updated.
- Documents on related issues are revised and shared with all users.
- Trainings are planned and applied.
- Defiant sources and equipments are provided and delivered to related parties.

Result: An applicable and effective Patient Culture in Yeditepe University and related Institutions is developed through plannings, drills and road maps.

THE EVALUATİON OF APPLİCATİONS REGARDİNG PATİENT RİGHTS İN MİNİSTRY OF HEALTH HOSPİTALS İN IZMİR PROVİNCE

- **Kıdak Levent[1], Keskinoğlu Pembe[2]**
- [1]İzmir Bozyaka Eğitim ve Araştırma Hastanesi İZMİR, [2]İzmir İl Sağlık Müdürlüğü, Acil ve Afetlerde Acil Sağlık Hizmetleri Şubesi İZMİR

Aim: The aim of this study was to evaluate the applications to Patient Rights Office in State Hospitals in Izmir.
Materials and Methods: Registry Forms of Patient Rights Units in 26 State Hospitals in Izmir among 2005-2007 years were evaluated. All hospitals were included in this study. The dependent variable of this study was the application to Patient Rights Committee. The independent variables were gender of patient, age, educational level and annual patient number. Data were analysed using chi-square test for trend by using Epi info 2000 program.
Results: The patients who were 40 years of age and over and who graduated primary school were the most frequently applying subjects. Number of applications increased continously during 2005-2007. The most frequent applications in this period were done for doctors (29%, 31%, 24%, respectively), health workers (26%, 15%, 19%, respectively) and administrative personel (18%, 29%, 29%, respectively). The offices which were the most frequent reasons of application were polyclinics (30%, 38%, 43%, respectively) and administrative departments (22%, 13%, 10%, respectively). Majority (86%) of the patient rights violations were solved at scene; the number of application to Patient Rights Committee decreased significantly in this time (p=0.000).
Conclusion: Adequate intrasectoral education to healthcare staff regarding patient rights should be given. The actions of patient right offices in hospitals should be supplied effectively, and the applications should be evaluated carefully.

Key words. Patient rights, application, patient rights office, state hospital

(SALON V)

FACILITY SAFETY AND RISK ASSESSMENT IN YEDITEPE UNIVERSITY HOSPİTAL

- **Ünsal, Mehmet T.C. Yeditepe Üniversitesi Hastanesi,**
- **Teknik Hizmetler Müdürlüğü, İstanbul, Türkiye**

Purpose: Taking precuations against risks that are caused by physical condiitons and infrastructure in Yeditepe University Hospital and related institutions, reducing the damage and casualities in the hospital, tracking the results and working through the problems.

Method:

5. Risk evaluation
a. Writing the document defining the state and securing the accessibility.
b. Developing risk evaluation plans and forms that give automatic value after risk evaluation..
c. Developing the work schemes and notifiying the related parties.
d. Evaluating risks in different departments
e. Discovering problems as a result of risk evaluations and overcomg these problems with necessary steps taken.
6. Periodic facility evaluations
a. Preparing procedure and forms to prevent risks that could be caused by physical condiitons and infrastructure in the hospital and related institutions
b. Controlling the whole facility via control forms at specific periods.
c. Providing 7/24 water and electricty supply in case of long cutbacks
d. Transforming controls and control forms into automatic tasks via related software.
e. Analyzing facility supervision forms in specific periods, evaluating the data, using the data in improvements
7. Construction control evaluation
a. Taking precuations against infection risks that could be caused by a repair or restoration in Yeditepe University Hospital and related institutions
b. Organizing a meeting with enfection control responsibles, staff heads, department managers and technicians before the repair.
c. Planning the timing of the repair so as not to disturb the patients and their families.
d. Maintaning the controls during the repair
8. Efficient usage of the maintainance and repair program
a. Transforming periodic maintanances and controls into automatic tasks for technicians via related software.
b. Tracking undone maintanances and controls via filtering in the software
c. Calculating the percentage of completed tasks and analyzing these calculations for the improvement studies.

Observations:

a. Observing problems as a result of risk evaluations at department base and overcomig these problems with necessary steps taken.
b. Defiant sources and equipments that could be risky are provided and delivered to related parties.
c. Preventing the circumstances that could create a problem with the help of periodic facility evaluation.
d. Interviewing with department directors and managers in order to secure the attandance of all departments in a multidiscipliner manner.
e. Corrective preemptive plans are made for the observed problems.
f. Minimizing infection risks with the meetings made before the repair.

Result: Achieved improvements through the plans, controls and evaluations in Yeditepe University and related Institutions, minimized the infection risk that could be caused by repairs in the hospital and developed an applicable and effective Patient Culture.

ASSESSING THE SERVICE QUALITY OF HEARING- SPEECH- BALANCE UNIT AT DOKUZ EYLUL UNIVERSITY HOSPITAL

- **Bülent Şerbetçioğlu[1], Sibel Güleç[2], Nevzat Devebakan[2], Günay Kırkım[1], Melek Dikbaş[1], Kifaye Aslan Dalmış[2], Merve Durgut[1], Serpil Mungan[1]**
- [1]Dokuz Eylül Üniversitesi, Tıp Fakültesi KBB A.D. İnciraltı-İzmir
- [2]Dokuz Eylül Üniversitesi, Sağlık Bilimleri Enstitüsü, Sağlıkta Kalite Geliştirme ve Akreditasyon A.D. İnciraltı-İzmir

In today's fast-changing and competitive marketplace, healthcare institutions have to be patient-centered and must provide high service quality to satisfy the expectations of the patients and their relatives, so that they can be preferred in the future. One of the most important factors that differentiate a healthcare institution from its competitors is the high service quality that it provides to its customers.
Dokuz Eylül University, Department of Otolaryngology, Hearing-Speech-Balance Unit (HSBU) has a wide potential of patients and because of this, the patients have to wait for appointment. Also, the patients who apply to this unit experience communication difficulties because of their hearing and/or balance problems. It is very hard to satisfy the expectations of those patients who have difficulty in communication. By using the SERVQUAL scale, we planned to assess the quality perceptions and the future expectations of the patients. We also expected to find out the areas which need development and planned to take managerial decisions about the HSBU by analyzing the data of the research.

The SERVQUAL scale was developed by Parasuraman and colleagues, and adopted to hospital services by Babakus and Mangold. In this study, the adopted scale

was used. The study consisted of 79 randomly chosen patients, who were provided with at least two visits to the HSBU, between October and November 2008 as out-patients.

The obtained data were analyzed with SPSS 15 for Windows. The Cronbach's alfa coefficient for the expectation questions was calculated as 0.89, and for perception questions it was calculated as 0.94. The overall reliability was 0.92. The service quality dimensions, from the first most important to the second and third, were evaluated as reliability, assurance and empathy, respectively. The service quality scores of the service quality dimensions, physical characteristics (tangibles), reliability, responsiveness, assurance and empathy, calculated on the basis of expectations-perceptions (gap analysis), were -0.07, -0.12, -0.10, -0.08, -0.03 respectively. The average SERVQUAL score which showed the perceived service quality in the HSBU was calculated as -0.08 and the weighted SERVQUAL score was calculated as -0.06. 96% of the participants evaluated the service quality of the HSBU as 'very good' or 'good', and 93.7% stated that they will prefer the same unit in the future. 83.5% of the participants expressed that they didn't face any problems as service was provided, and of the 93.3% who faced a problem stated that their problem was solved. 94.9% thought that they would recommend the Unit to others. On analyzing the weighted and unweighted SERVQUAL scores considering the five dimensions of the service quality, it can be said that this unit does not meet the expectations of the patients, and the two dimensions which most meet the expectations of the patients are physical characteristics (tangibles) and empathy. Other further findings of this study were that the patients mostly did not face any problems, they would recommend the HSBU to others with similar problems and would choose the same Unit in the future. Participants having such high expectations and low service quality perceptions for hospital services are frequently seen in similar studies. This is mostly because of not meeting the high patient expectations on the basis of excellence criteria.

Key words: Competition, Serving Quality, Perception, SERVQUAL

THE PUBLIC BASED BREAST CANCER PROGRAM AT GIRESUN STATE HOSPITAL, KETEM (CANCER EARLY DIAGNOSIS AND EDUCATION CENTER)

- **Yıldız Adnan , Memiş Resmiye, Yılmaz Hatice, Altınay Serdar**
- Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

OBJECTIVE: Giresun KETEM conducted a systematic and periodical community- based breast cancer screening. Our aime is to increase the awareness of womens about breast cancer and to decrease the mortality rate associated with breast cancer in Giresun.

MATERIAL AND METHODS: Our community-based breast cancer screening programme which is " Wish no Wilt Womens" named is started in November 7, 2006, based on National Screening Standards, and established by KETEM and Ministry of Health. First of all, we determined the women at ages 50-69 among the target popülation. It was 35.826 according to the ETF registry (Household Registry Forms) of health house . Invitation letter is sended three times for target popülation by midwife.

RESULTS: Invitationed womens at ages 50-69 among target popülation of 1,2,3 and 4 number health house were 4554, and 3098+40 mammography examinations performed. The first stage of screening was conducted in November 7, 2006, invitationed 956 person, participated 698 women and detected 8 cancer cases. The second stage of screening was conducted in March 19, 2007, invitationed 1768 person, participated 1091 women and detected 12 cancer cases. The third stage of screening was conducted in February 11, 2008, invitationed 850 person, participated 619 women and detected 1 cancer case. The fourth stage of screening was conducted in May 20, 2008, invitationed 980 person, participated 690+40 women and no detected cancer case. There was only one case of stage 1A (early cancer) in among the totaly 21 cancer cases.

DISCUSSION: Late stage breast cancers to lead some worrisome results for womens and communities. Our detected late stage cases in screening programme are showed that, we have to increase awareness and education level of community and to give training breast self examination.

10:30-12:30 SALON - III

APPRAISING AND MONITORING THE SATISFACTION LEVEL OF INPATIENTS: AN APPLICATION IN AN EDUCATION & RESEARCH HOSPITAL

- **KIDAK Levent B.,** İzmir Bozyaka Eğitim ve Araştırma Hastanesi, İzmir,
- **AKSARAYLI Mehmet**, Dokuz Eylül Üniversitesi, İzmir,

ABSTRACT : This research is conducted to appraise and measure the satisfaction level of the indoor-patients who have been cured during 2007 - 2008 and to monitor the changes during these years. Monitoring the changes of the satisfaction levels during different periods is very important for service quality. This research is original because it contains the findings of different researches realized sequentially during two years. The research method applied is quantitative analysis and the technique preferred is questionnaire. The technique was realized by face-to-face interviews. In order to test the hypothesis, t-test, correlation and variance analysis are used. The findings suggest that in 2007 and 2008, the sub-evaluation groups of patient satisfaction factors are positively related and the service provided in the hospital has the same parallel effect on the satisfaction of the employees. In this sense, this research underlines the importance of teamwork in big and matrix structured organizations providing health service such as hospitals.

PURPOSE : The purpose of this study is to appraise and measure the satisfaction level of the indoor-patients during their treatment period and to monitor the changes of patient satisfaction level throughout years. The technique preferred in this research is questionnaire which is realized by face-to-face interviews held in the first weeks of April 2007 and April 2008 and the opinions of 750 patients are obtained. In the study the patient satisfaction questionnaire which is designed by the Ministry of Health is utilized. The questionnaire consists of questions in six different categories which are patient acceptance (PA), services(SERV), doctors (DR), nurses(NR), treatment and care(TC) and general evaluation(GE). First a reliability analysis is applied to the scale, and the reliability coefficient is found to be 0,79 for 2007 and 0,77 for 2008. Then t-test, variance and correlation analysis are applied to the data and the results are assessed.

FINDINGS : When the relationships between patient satisfaction evaluation groups are analyzed they are found to be statistically meaningful ($p<0,005$). For 2007, PA and SERV, DR, NR. and GE are determined to be positively correlated. In a similar manner the relationships between SERV and NR, TC and GE; DR, NR and TC; NR, TC and GE; TC and GE are found to be positive and statistically meaningful. The findings suggest that sub-evaluation groups composing the elements of patient satisfaction are positively related and the service provided in the hospital has the same parallel effect on the satisfaction of the patience. Also for 2008 all sub-evaluation groups are positively correlated except DR and TC which are negatively correlated. Just like for the 2007 data service provided in the hospital has the same parallel effect on the satisfaction of the patients for 2008. From the results of analysis on the 2008 data it can be concluded that the satisfaction from the doctor himself has a strong priority for the indoor patient, and mostly patients prefer and select the hospital according to their doctor preferences. Satisfaction level on patient acceptance evaluations has increased in 2008 with respect to 2007 and this increase is found to be statistically significant (t_{test}=-11,516; $p=0,000<0,05$). It is also found that general satisfaction level of the patients has increased relative to the previous years and this increase is statistically significant (t_{test}=-4,994; $p=0,000<0,05$)

CONCLUSION : As a result, it is determined that the general level of satisfaction has increased significantly in 2008 with respect to 2007. Under six subgroups when patient satisfaction is evaluated it is found that every subgroup has a strong effect on the other and this demonstrates the importance of teamwork in big and matrix structured organizations providing health service such as hospitals. It can be concluded that as health occupants like doctors, nurses, lab assistants, accoucheuses, also engineers, computer experts, officers, cooks, servants and people from all managerial levels, or shortly, all kind of personnel performing different tasks and duties must participate in the teamwork and contribute to the hospital mission in order to fulfill patient needs and provide satisfaction.

BOUNDLESS PROBLEM OF HEALTH WORKERS: FATIGUE SITUATIONS OF NURSES WORKING IN ÇANAKKALE PROVİNCE AND FACTORS AFFECTING IT.

- **Gülşen Aslan*, Necla Erduğan**, Fatmanur Çevik.***, Duru Gündoğar****, Coşkun Bakar *****
- Çanakkale Onsekiz Mart Üniversitesi Araştırma ve Uygulama Hastanesi

OBSERVİNG, NURSE'S KNOWLEDGE AND BEHAVİOR ASSOCİATİON PATİENT SAFETY

- Güldem Yıldız,Handan Alan, **Canakkale Onsekiz Mart University Medical Faculty Hospital / Canakkale / Türkiye**

İntroduction: **Patient safety is a fundamental principle of health care. Every point in the process of care-giving contains a certain degree of inherent unsafety. Adverse events may result from problems in practice, products, procedures or systems. This study aim; Nurse who is working at the university hospital is determined about patient safety knowledge and behavior**

Material and Method:

This study is included 52 nurse from Canakkale Onsekiz Mart University Medical Faculty. This study, Nurses Knowledge and Behavior about Patient Safety Form is used. İt's include 21 question and answer is consist from yes or no.

Findings:**All of them has worked where policlinic and clinic under five years. When a mistake is made answer but is caught and corrected before affecting the patient how often is this reported guestion was answered all of %50 I don't reported. When a mistake is made, but has no potential to harm the patient, how often is this reported? Question was answered all of %40,4 I don't reported. Either answer is caused that medical mistake is written register file and I worried this situation (%78,8). For patient safety is made study; patient identity determine weren't used number of room (%63,5), washing hand is important for patient safety (%94,2), hospital infection is affect patient safety (%98,1), wherewithal prevent for fall down patient is known (%76,9). Those answer is well-matched Joint Commission İnternational (JCI) Patient Safety Norm. %30 of them were known that high risc medicine and its complication.**

Result:, **Patient safety is a fundamental principle of health care. Patient safety improvements demand a complex system-wide effort, involving a wide range of actions in performance improvement, environmental safety and risk management, including infection control, safe use of medicines, equipment safety, safe clinical practice and safe environment of care. Patient safety association education should have given to staff by hospital administration and association procedur should have determined**

ENGLISH

FEBRUARY 12 FRIDAY

08:30-10:00 CONCURRENT ORAL PRESENTATIONS

(SALON I)

ENFORCEMENT OF THE NEW WAITING LIST REGULATION IN HUNGARY – EXPERIENCES AT MACRO AND MICRO LEVEL

- **Zsombor KOVACSY,** JD, MD, M.Sc.,
- Health Insurance Supervisory Authority (HISA) – Hungary
- Health Insurance Supervisory Authority (HISA) – Hungary

Objective **:** The presentation aims at the quantitative and qualitative evaluation of changes in waiting times and waiting list management in Hungarian health care facilities after major legislative developments in 2008.

Methods **:** The evaluation is based on the

a) Introduction of the legislative changes,

b) Analysis of the monthly data set provided by health care providers to the HISA,

c) Analysis of the reports of on-site checks performed by the HISA concerning local practices of hospital waiting list management,

d) Analysis of health insurance reimbursement data.

Results **:** The information on waiting times and waiting lists became public in 2008, the monthly data per hospital, indication of changes and national averages are available on the website of the HISA (http://www.ebf.hu). This informational revolution was a major factor of the improvement of the Hungarian healthcare in 2008. (http://www.healthpowerhouse.com) Cca. 90% of hospitals and more than 50% of outpatient clinics fulfill the basic legislative criteria but the quality of data provided is frequently poor. Waiting times in average are comparable to the regular European data but an expressed deviation can be observed. Waiting times of 0 and more than 1700 days can be simultaneously observed for the same procedure within the theoretically uniform health insurance system which violates the equity principle. The local procedures of waiting list management have substantially developed, however, there are lots of failures and other disturbances to be observed in the everyday routine. The consciousness of hospital managements concerning the proper utilization of health insurance reimbursement resources in order to shorten waiting lists is rather variable – as it is indicated by the comparison of waiting list analyses and the figures of the Health Insurance Fund Administration.

Conclusions **:** The legislative change was a proper driver for transparency in healthcare. The majority of hospitals needs practical assistance in the fulfillment of the new administrative duties. Both the patients and the hospital managers utilize the collected data, and even the health politicians refer frequently to the new information source on waiting lists when making decisions on the health care provision. All in all, no one can question the importance of data publicity after this revolutionary step towards a transparent health care in Hungary.

Topic area**: Primary: No. 4 (*Providing* on-time care), secondary: No. 6, 7, 26**

WHAT MATTERS MOST" TO ARABIC-SPEAKING, POST-OPERATIVE PATIENTS AT DAMMAM CENTRAL HOSPITAL, DAMMAM, SAUDI ARABIA

- Nour Chachaty,, **Aleppo Faculty of Medicine, Syria**
- Soha Emam,, **Saud Al-Babtain Cardiac Center, Saudi Arabia**

Objective

To explore the preferences and priorities of patients and families
To assess healthcare providers' sensitivity about the preferences and priorities of their patients
To determine patient- and family- centered strengths and improvement opportunities

Methods

A qualitative study is conducted to understand how patients and families define the quality of care in hospitals, in terms of what matters most to them. The main themes of patient and family preferences are cited through individual interviews by ten surgery patients at Dammam Central Hospital who are on the day of discharge. Those themes are then used to construct a semi-structured questionnaire that is completed through a series of interviews with 100 post-operative patients to measure the experience of care of those patients.
A focus group discussion is held with surgeons providing care to the patients of the study population to explore the surgeons' perspectives about what matters most to their patients.

Results

Patients' preferences and priorities as identified by the patient and family group are compared to those identified by the surgeons group.
The patient and family care experience is aggregated by patient demographics, type of surgery, length of stay, presence of complications, and familiarity with the hospital setting.

Conclusions

The findings of this study will lead to suggesting models of care that could better address patients' preferences and priorities.
Topic Area
Patient- and family-centered care

PATİENTS' EXPERİENCE AND CONCERNS WİTH THE HEALTH CARE REFERRAL SYSTEM

- **Nazar P. Shabila.,** Hawler Medical University
- Abdulahad F., Hawler Medical Universit, Iraq

Background and objectives Effective referral between different levels of health care delivery represents a cornerstone in addressing patients' needs. Ideally, the primary health centers are supposed to be the point of first contact of patients from which referral to the secondary and tertiary levels should follow a timely, smooth and organized process. The aim of the study was to assess patients' experience and concerns with current health care referral system in a fragile state, determine factors that are associated with patients' satisfaction and provide a base line record to monitor the quality of health care referral services.
Patients and Methods This cross-sectional survey was conducted through interviewing 230 patients that were referred from two primary health centers to different specialist and consultancy clinics at two teaching hospitals over a period of 6 weeks. A pre-tested questionnaire was administered to the participants through telephone to collect data on their socio-demographic characteristics, expectations, concerns and experience with the referral process in terms of the quality and convenience of care they received and the waiting time to receive the care. Data analyses were carried out through using Stata and a p-value of ≤ 0.05 was considered as statistically significant.
ResultsOut of 230 patients referred to different consultancy departments, 62% received consultancy on the same day of referral while 25% had to attend the consultation on another day. On the other hand, 13% could not have the consultation and had preferred to go to a private clinic in which 48% of them visited private doctor clinics and 52% visited private nurse or medic clinics. The mean waiting time for consultancy was 3 hours. Among those received consultation, 55% were not satisfied with the consultation they received mainly due to being managed by junior doctors, long waiting times and/or unavailability of required medicines and facilities.
Conclusion
A high proportion of patients were not satisfied with the quality of referral they received. Lack of communication between the two levels of health care delivery resulting in inability to make fixed appointments to the referred patients combined with overcrowding at this clinics, due to high proportion of non-referred patients attending these clinics, are the main reasons of such poorly functioning system. There is a need for a more effective referral system to be put in place in order to ensure efficient utilization of the health care services by patients.
Topic area: Providing on-time care; effective referrals

THE IMPACT OF ACCREDITATION ON THE HOSPITAL PERFORMANCE

- Dr. Yasser Ali, C.P.H.Q., Ph. D,
- **Riyadh Care Hospital, Saudia Arabia**

Introduction: There are number of healthcare organizations all over the world that are implementing accreditation program to improve their healthcare system, and one of these is National Medical Care Company which owned two hospitals (business units): Riyadh Care Hospital (RCH) and Riyadh National Hospital (RNH). RCH started the accreditation program process on December 2006 and have just recently surveyed by the Joint Commission International last 20-24 December 2008.
Objective: To measure the impact of accreditation process on the RCH performance in comparison with the RNH which have not been into accreditation process.
Methodology: Steering Committee of Quality Improvement and Patient Safety under the NMC (corporate) have selected 10 indicators by brainstorming and multivoting method to measure the impact of accreditation process. These indicators are: Patient Satisfaction, Medical Staff Involvement in Quality Improvement Activities, Medical Record Completeness, Completeness & Accuracy of Ward Stock Medicine Labeling, Surgical Wound Infection Rates, Out-of-stock Medical Supply Incident, Near Miss Incident Reporting, Hospital Staff Satisfaction, Waste Management Efficiency, and Disaster Management Preparedness.
Data Collection: Through standardized data collection sheet for each indicator.
Result: Out of 10 indicators selected to measure the impact of accreditation process, 8 showed significant improvement of Riyadh Care Hospital. The two medical indicators showed negative impact: the Out-of-stock Medical Supply Items and Staff Satisfaction.
Conclusion:

1. The accreditation program process is very efficient tool to identify and improve many aspects in healthcare system.
2. We don't have benchmark for the rate of incident reporting and no integrated system to enforce the hospital staff ton report
3. After accreditation process the hospital staff expect a good package of incentive which may be over the planned program which may lead to some sort of dissatisfaction.

Keywords: accreditation, performance, indicators

Reference:

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Duckett, SJ. 1983. Changing hospitals: The role of hospital accreditation. *Social Science and Medicine* 17(20):1573-79.
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FEBRUARY 13 SATURDAY

08:30-10:00 CONCURRENT ORAL PRESENTATIONS

PATIENT RIGHTS AND PATIENT SAFETY IN AZERBAIJAN

- **Fariz Akhundov, Gulara Efendiyeva, Sakina Ismayilova**

Attention to the problems of Patients` Rights and Safety in Azerbaijan has been and still is not sufficient.

The joining international tendencies regarding involvement of patients in the process of decision making in medical sphere is a first to do task. Results of the Network's activities will make patients' voices heard and there will be an opportunity to clearly and effectively express the need of each patient. The ones who risk to get harmed by healthcare are most of all interested not only in self protection but in preventing occurrence of such risks and unwanted medical events in the future.

There is a serious problem in Azerbaijan with inconsistency of legislation in the sphere of healthcare; there are no mandatory for following standards of providing healthcare services. This creates obstacles for the development of healthcare system in Azerbaijan and represents real danger for the patients who have more chances to get harmed by healthcare or experience medical error.
In 2008 first steps were implemented regarding involvement of Protection of Patients` Rights and Safety Champions in the work on patient safety in Azerbaijan. In October, 3-5, 2008 was carried out Caucasian Regional Meeting of International Initiative "Eastern European and Asian Organizations for Patient Safety". On Caucasian Regional meeting between partner-countries of the International Euro-Asian Initiative on Patients Safety were discussed similar problems and ways of its solving, participants had experiences interchange in the field of patient rights and safety, provide quality and accessibility of medical services, reduction medical harms. Special attention was drawn into the discussion of priorities and activities between partner-countries with different experience and health care systems.
After the Caucasian regional meeting, local expert group from Azerbaijan have stated to create an NGO on Protection Patients` Rights and Safety.
The main aim of the activity of NGO will be consolidation efforts of governmental and public organizations of Azerbaijan for make decisions on safety, quality and accessibility of medical services as well as for protection of human rights in the sphere of healthcare. The activity plan for 2009-2010 will consist on following actions:

- Carrying out information campaign on PS;
- Carrying out researches on reduction of medical harm;
- The analysis of current legislation and studying of the international experience in cooperation with partner-countries;
- The review of a situation on PS in the country and region as a whole;
- The Choice of actual priorities and tasks at given stage and development of ways of their decision;
- Developing the Strategy of activity inside of Caucasian region and Strategy of cooperation between other regions;
- Preparation and carrying out of a working meeting in given inside and outside of Caucasian region.
- Create the informative resource- internet portal in order to exchange information between the countries-participants.
- Complete and sign cooperation agreement between countries-participants of International Initiative "Eastern European and Asian Organizations for Patient Safety" and to complete the joint Strategy on increasing the patient safety.
- Initiate regular joint forums (congresses) in the sphere of PS in the Eastern-European and Asian regions.

There are many examples of active organizations and movements which achieved significant success in implementation of Patients` Rights and Safety principles and improvement of medical services quality. Nevertheless, there are still many problems in healthcare which are acknowledged around the world and cause unwanted medical adverse events. We are planning to implement first concrete transparent steps in healthcare and improvement of public consistency in healthcare.

SAFETY CULTURE AND THE PREPARATION FOR THE JCIA IN RIYADH CARE HOSPITAL

- Alia K. Dandashli[1] MPH, PhD, **Environmental Manager, Riyadh Care Hospital, KSA**
- Yasser Ali[2] CPHQ, PhD , **Quality Improvement Director, Riyadh Care Hospital, KSA**

Introduction: Hospital accreditation becomes a worldwide requirement to improve the different concepts of healthcare system and enforce the hospital culture. The impact of accreditation in the improvement of the safety culture needs to be measured and evaluated.
Objective: This study aims at investigating the performance of staff in acquiring safety culture during the hospital preparation for the accreditation by the Joint Commission International.
Methodology:A sample of 755 randomly selected staff (49% of all 1540 hospital staff, N=755) took part in this survey. The clinical employees accounted for 64.4% (n1=486) and the non-clinical accounted for 35.6% (n2=269). Nurses made up 65.6% (n3=319) of the clinical staff who participated in this survey whereas physicians and other clinical categories made up only 34.4% (n4=167).
The questionnaire administered was close ended and included 59 items divided into six categories representing the six facility and management safety plans referred to in the JCIA survey guide. The same questionnaire was administered before and after the preparation for the survey to investigate any significant change in safety culture among the RCH staff.
The answers to the questions were marked to compare the means in both sets of questionnaires. Then the sample was divided into clinical and non-clinical strata to assess any significant difference in the performance of these two groups.
The scores were not normally distributed; hence Wilcoxon test was used to assess change before and after the intervention, i.e. preparation for the survey. Mann-Whitney U test was used to compare the means between clinical and non-clinical staff.
Result: There was a significant improvement in the scores of the staff before starting preparation for the survey and after they were subjected to mock surveys, training, awareness sessions…etc ($p<0.05$). Moreover, a significant improvement was noticed among the clinical in comparison to non-clinical staff ($p<0.05$) although this was not the case in the scores observed before starting the preparation for JCIA survey where both showed no significant difference in safety culture ($p=0.83$).
Conclusion: As a result of such an activity, all the staffs are noticing the progress in the improvement in safety culture and they are now more involved in planning, improving, and evaluating safety issues as effective team players in the risk management and safety team.

Keywords: safety, improvement, clinical, non-clinical

ENSURİNG MATERNAL AND CHİLD HEALTH THROUGH INTERSECTORAL CONVERGENCE BETWEEN HEALTH AND NUTRİTİON PROGRAMS

- Reetu Sharma, PhD , **Research Scholar-Public Health, Jawaharlal Nehru University, New Delhi, India**

Overall Health" is a cummulative outcome of efforts by various inter-related sectors. The health policies and health sectors of various governements have realized this today. The results is the emergence of concepts and strategies like convergence, integration, coordination and many more. The inter-realtionships between Health and Nutrition sectors is far more established.
In Indian Context, the two national programs namely, Reproductive and Child Health (RCH) and Integrated Child Health Services (ICDS), though aim towards the common goal of ensuring reasonable status of women and child health but are run by two different departments and separate line of operation. Today, in the wake of effective management and limited resources, both programs have identified the need for intersectoral convergence.
This paper thus analyzes the areas and mechanisms the two programs have identified and put into operation to bring better convergence between initiatives to reach to their common goals of ensuring health and nutrition to women and children. The paper highlights the promotion of the concept of convergence between health and nutrition at all levels including policy, planning, operation, training nad education, monitoring and evaluation etc.
The paper is based on the secondary literature review mainly from the sources like policy and program documents, douments like minutes of the convergence meetings, published and unpublished government program reports etc.

The paper is a part of the long doctoral study under process on the same subject and area of interest. This paper would be of interest to all those health and nutritional sector professionals that include academicians, policy makers, program implementors, management experts, NGOs and other similar service providers, that aim to design efficient models for health and nutrition service delivery to attain sustaible and reasonable success in maternal and child health outcomes

RESEARCH AS A PRIORITY ACTION AREA TO DOCUMENT PATIENT HARM, APPLICATION FOR THE STUDY OF ADVERSE EVENTS IN A UNIVERSITY HOSPITAL IN TUNISIA

- **Prof. Dr. Mondher Letaief,** Sana Elmhamdi, Mohamed soltani , Adel Ben Mahmoud
- [1]Preventive Medicine and Epidemiology Department (UR12SP29), University Hospital of Monastir, Tunisia.
- [2]General Health Directorate, healthcare quality unit, MOH, Tunisia.

Rationale:
Adverse events are patient outcomes due to medical care, defined as unintended injuries caused by medical management rather than the disease process. Building on the frequency and nature of adverse events in hospital level, specific strategies are required to address this issue and improve patient safety.
Objectives: To measure, by the medical record method, the frequency and consequences of adverse events, as well as to assess their preventability in the university hospital of Monastir, Tunisia.
Patients and Methods:
We carried out a retrospective cohort study of hospital case records in the university hospital of Monastir (Tunisia). We randomly selected a sample of 618 medical records (hospitalization of 2005). The identification of adverse events was made by adopting a 2 stage reviewing process: a nurse first reviewed the medical record to check for the presence of at least one out of 18 screening criteria. Then, if an adverse event was judged to have occurred, criteria positive cases were then reviewed by an expert physician to determine whether an adverse event had really occurred, then assessing its severity and preventability rates.
Findings:
According to the nurse screening, 62 patients (10.0%) had experienced one or more adverse events, ¾ of them experienced only one event and the ¼, two or more events (a maximum of three events was noted) and the total number of events was 93. The medical expert reviewing confirmed 82 out of the 93 criteria.
We noted an association between the median length of stay (LOS) and the occurrence of adverse events, as it was noted that the median LOS was 6 days for patients without AEs compared to a median LOS of 14 days for those who had experienced an adverse event.
The adverse events occurred prior to the index admission in 1/3 of the cases. They have led to minimal or permanent disabilities and death in 71%, 8%, 21% of the cases respectively.
We have also noted a significant difference in the frequency of adverse events among medical, surgical and intensive care units. Meanwhile, patients with extrinsic risk factors have a higher number of adverse events.
According to the expert, 60% of the adverse events were judged to have high preventability and 36,2% of them were related to an invasive procedure. Diagnosis and therapeutic errors were present in 22,4 and 13,8% respectively. The adverse events occurred by commission in around 2 out of 3 cases.
Conclusion:
Our results highlight the importance of adverse events that need to be addressed as a health system priority issue in our country. Results may represent a driving opportunity to establishing a national patient safety action plan and contribute to patient education, staff training and introducing a new vision considering the occurrence of adverse events as a system property rather than an individual responsibility

A PRAGMATIC STUDY ON CONTRAST SENSITIVE LIGHTING ENVIRONMENT FOR ELDERLY.

- **Shikder, S. H.,** Research Assistant,
- Department of Civil and Building Engineering, Loughborough University
- Price, A. D., Professor, Department of Civil and Building Engineering, Loughborough University. UK

Abstract (oral presentation or oral/poster): Lighting environment is a great concern for elderly dwelling and activity space. Due to the reduction of visual ability specific lighting and visual environment are desired for elderly to provide comfortable navigation, ability to identify objects/obstacles and reduce falls. Misinterpretation of spatial information and misjudgement of distances are the causes lead to reduced balance control and obstacle avoidance ability, where visual disabilities are profoundly associated with these incidences. Contrast sensitivity is predominantly important for elderly lighting along with reduced depth perception and visual field loss. This study looked at substantial published papers related to elderly lighting and visual ability. The findings show that lighting is a great concern for elderly safety, there are guides and regulations available for elderly lighting environment but case-study suggests existing illuminance level vary widely in elderly dwellings. An elaborate recommendation is found about desired horizontal illuminance level, however defining a contrast sensitive environment requires combination of vertical illuminance, luminance and colour combination. Also depending on specific visual impairment lighting system demands specific configuration. A systematic method to evaluate contrast sensitive visual environment for elderly is required to design ideal visual environment for related impairment.
Objective: Identify key issues to define contrast sensitive lighting/visual environment for elderly.
Methods: Research methods used for this research is Literature study. A thorough literature search is conducted in related area. The search covered following database for published papers, and looked at published regulations/recommendations from CIBSE, CIE and IESNA.

Searched databases:

- Metalib (Loughborough University Library Database)
- Ovid Medline
- Sciencedirect
- Pubmed
- Scholar Google

Results and conclusions:

- Contrast sensitivity is one of the primary concern for elderly visual environment for ensuring safety and comfort.
- Theoretical definitions (in photometric units) of contrast sensitive visual environment is required, which can help in design process.
- Substantial recommendation is found about desired horizontal illuminance level but wider definition is required in photometric units of vertical luminance/brightness and illuminance to define adequate contrast ratio for elderly lighting.
- A methodology is desired to evaluate contrast sensitive visual environment for elderly which should be disease specific.

THE POSTERS

COMPARISON OF HAND HYGIENE PRACTICES BETWEEN PHYSICIANS AND NURSES

Ozbucak Civil, Serpil; Deger, İpek; , **Anadolu Medical Center / Kocaeli / Turkey**

Objective:
This observational study was aimed to determine hand hygiene practices of healthcare workers with a special interest on the comparison of compliances of physicians and nurses.
Methods:
Compliance, defined as hand washing/disinfection in the required setting, was directly observed by defined personnel in hospital wide during three months. The

observed health care workers were not aware of this observation.

Results:

A total of 661 hand hygiene opportunities were observed in 239 healthcare workers (109 physicians and 130 nurses). Mean compliance ratio was 80% and the ratios were 67.9% and 89.9% in physicians and nurses, respectively. According to these results compliance to good hand hygiene practice was calculated to be significantly lower in physicians compared to nurses (p=0.0001).

Also, compliance to good hand hygiene practice varied at different settings. The compliance ratios before invasive procedures were 42% and 79%; after the invasive procedures were 85% and 87%; before gloving were 30% and 22%; and after taking of gloves were 77% and 87% in physicians and nurses respectively . Also compliance to good hand hygiene practice ratio while passing from one patient to another was 42% and 91% and after physical examination of the patient was 46% and 100% in physicians and nurses, respectively.

Conclusion: **We found that the compliance to hand hygiene practices is lower in physicians when compared to nurses. This study also showed us that the weakest site of compliance is before putting on gloves which is valid for both physicians and nurses. Therefore, by this study we not only observed the present level of hand hygiene awareness and practices but also defined the sites where we could make improvements. These findings also encouraged us to perform these kinds of observational studies to tailor our future education programmes.**

THE EFFECT OF QUALİTY STUDIES ON SATISFACTION OF PATIENTS IN A PUBLIC HOSPITAL

- YEDİKARDAŞLAR Ceyda, SÖNMEZ Münevver, DİKİLİTAŞ Yıldızay, VAN Atilla
- **Menemen State Hospital/İZMİR/TURKEY**

Quality is a consept comprised of personal values, beliefs and behaviours, and it's hard to describe. Quality has gained importance as the result of rise in individuals' expectancies and the improved consumerism, and it has gained importance in medical sector (6). Quality in medical sector is defined as the difference between the service quality provided bu the medical facility and quality perceived by customers (1).

Patient satisfaction is a complicated concept affected by various factors and one of the foremost indicators of nursing, can be primary strategy for patient satisfaction and the establishment reaching its goals. Better care can be given, personnel can be more satisfied and circulation speed may go down, competitiveness may be strengthened if patient is satisfied (3).

Goal: Our goal is to calculate the difference between the patients before and after 2005 to were admitted into Menemen State Hospital (MDH) which has started and carried on its quality studies.

Method: In this definitive and cross section retrospective study, 74 patients who were admitted into the MDH hospital for service between November 15th and December 15th and also before 2005 were randomly selected. A 38-item questionnaire and face-to-face interviewing is was used in order to acquire data about patient satisfaction from the admitted patients. As there no quality studies were done before 2005, data regarding pre 2005 were obtained according to patients' memories. Data were assessed by Paired Sample T Test with the SPSS package program's help.

Findings and Discussion: 73% of the patients were 15-40 years old, %67.6 were women, %32.4 were men. %28.4 were junior high school graduates. Patient satisfaction was %56 before 2005 and %76 after 2005, nurse satisfaction was %60 before 2005 and reached %78.2 after 2005. Cleaning satisfaction was %52 before 2005 and %70 after, security services satisfaction was %53.6 before 2005 and %75.6 after. Policlinic services satisfaction was %53.2 before 2005 and %74.2 after. The subject with the least satisfaction was the waiting time. İn a study conducted in Meram medical school patients were found to be least satisfactory from foods (%9.6) and visiting procedures (%8.7), satisfaction for doctors and nurses were found to be close to %100. In another study, satisfaction for medical employees were similar (4,5). The difference between the points pre and after 2005 were $p<0.01$ and was statistically significant, and patient satisfaction was higher after 2005.

Result: Although pre 2005 data was acquired according to patients' memories, the study is important because quality studies that has started in 2005 and still continuing was aiming for higher quality and it has shed some light in our way. Quality studies started in 2005 andconducted at the hospital were aiming to highten the quality in services had affected patient satisfaction and raised it. Regardless, care has to be taken to shorten waiting periods, necessary steps should be taken and patient satisfaction measurements has to be routine.

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QUALITY IMPROVEMENT STUDY FOR UPGRADİNG PATIENT SATISFACTION IN ACIBADEM KOZYATAGI HOSPITALS OUT-PATIENT CLINICS

- **TIFTIK Seyhan, SURUCU Senel, DINC Demet,** Acıbadem Kozyatagı Hospital, Istanbul, TURKEY

Measurement of patient satisfaction provides good quality in healthcare organizations services and structure. The purpose of this study was to improve patient satisfaction and quality in healthcare by decreased the number of patient complaint from delayed on their appointments.

This is a descriptive retrospective study. In this study, the satisfaction survey form and the new prepared form by researchers which is showed the reasons of delayed on patients appointment with phsician were used to collected datas. The patient satisfaction survey form was filled by patients, delayed reasons form was filled by resarchers with observations .

In this quality improvement study, according to out-patients complaints forms, delayed on appointment comes first as a complaint reason with 20% of percent. According this results of study, some out-patients clinics where most delayed patients complaint occurs were analyzed and reasons were analysed. Improvement activites were planned and implemented. After these activities, datas showed that delayed on appointment rate 9% decreased. Study findings underlied to give patients information about delayed timely and effectively. Morever, study shows that organizations should take delayed on appointment as a quality indicator. Also, study recomments some rearrengement on phisician examination's time.

PATIENT AND EMPLOYEE SAFETY WITHIN SERVICE QUALITY STANDARDS

- **Zere Çamaltı Selma** Bulancak Devlet Hastanesi GİRESUN
- **Çalış Aynur** Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN

the aim of these exercise: to examine the improve of the quality standarts in the hospitals in "patient and working security standarts"that the Ministryof Health has made.

description and valution: The ministry of Health represents the Service Quality Standarts in the Performance Quality İnstructions supplements who they broadcast in 2008.The Service Quality Standarts consists 79 main and 368 sub matters. The instutional performance quality score is scored by the calculation in the sub-payment system which buttomen on the performance. The matters in the standarts who concerns the patients and workings security can you see in Table-1.

Standart No	The Patient and Working Security Standarts in the Serviceof Quality Standarts	inframatter number	valution score
35	There must be made settings for the security of the patients.	8	74
36	There must be precautions for confidence Surgical Applications.	3	40
37	There must be precautions to made a dent in the risk of infection.	2	16
38	There must be settings for patients in Learning Security Politics.		10
39	There must made a Medicine Security Instruction.	5	44
40	There must be settings made for the applications of safely blood and the transfusion of blood products.	8	48
41	There must be made settings for the workings security.	5	34
42	Hand Sterile Program must be performed.	3	38
	Total score		304

The score of the Patient And Working Safety is scored as %13 in the total score of Service Quality Standarts. The score's distrubition which is about the comment beared on the standarts of "Patient and Workings Security" is on Table-2

We can see that the highest rate is %25 with "Settings for the Patient Security" and "Settings for Safely Blood and Blood Products Transfusion Applications"follows it with a rate of %16.The rate of Medicine Security is %14,Confidence Surgical Applications and Hand Sterile Programe %13,Settings for the Workings Security %11,The Precaution to made a dent in the risk of infection%5 and Learning Security Politics for Patients has a rate of%3.

As result: **The total score 2300 from the Service Quality Standarts is like this;Policlinic Service 270, Liboratory Service 120, Scanning Service 140, Operating Room Service 92, Clinics 140, İnstensive Care Service 112, Dialysis Service 92, Emergency Room Service 174, Ambulance Service 66, Pharmacy Service 62, İnfection Pilot and Prevention 118, İnstitutional Executive Service 170, Hospital İnformation System 102, Patients Record and File 40, Archive 30,Facility Executive and Security 162, Storage 44, Kitchen 20, Laundry 20andMorgue 22 so we can see the importance of Patient and Working Security Standarts**

MEDİCİNE SİDE EFFECT; UNEXPECTED SEVERE HEPATOTOXİCİTY OF CİPROFLOXACİNE A CASE REPORT

- **Cabir Alan,** Ahmet Reşit Ersay, Handan Alan
  Canakkale Onsekiz Mart University Medical Faculty Hospital / Canakkale / Türkiye

İntroduction:
Ciprofloxacin is a fluoroquinolone antibiotic with relatively low occurence of adverse side effects. However, increasing evidence suggest that ciprofloxacin may cause severe liver damage. Especially, the risk of hepatotoxicity is significantly higher in elderly men receiving lengthy treatment. In this article, a one case of hepatoxicity of ciprofloxacin with an unexpected severity are described.
Case:
62 years old male patient had come urological policlinic. He complained hard micturation. Prostate volume were determined 160 grame and postmiksiyonel residual urine volume 600 cc had determined. The patient had interventioned urethral cathater. We decided that making prostate operation. We had given empiric 2x500mg ciprofloxacin per day him. After five day, he
has control laboratuary testes that ALT: 320 IU/l,(N:0-34), AST:190 IU/l (N: 0-31), total serum bilirubin was 2,3 mmol/dl (N: 0,3-1,4), gama glutamyl transpeptidaz (GGT) 115 IU/l (N:9-40), Alkaline phosphatase of 132 IU/l (N:30-125), thrombocyt count 190.000/mm3, white blood cell count 7500/mm3, phrotrombin time 34s has been detected. Ultrasonograpy were detected that inrease diffuse hepatic echo. His hepatic enziyme has been detected five days ago. Serology for hepatitis A, B, and C was negative, whereas antinuclear antibody was absent. An abdominal computed tomographic (CT) scan, done with intravenous contrast, showed mild periportal edema and edematous changes of the gall bladder, suggestive of primary liver dysfunction. We thought that ciprofloxacin induced hepatotoxicity and antibiotics were stopped. His coagulation paramatres (pT,aPTT) was normall. We performed hepatic needle biopsy. İt's shown that histopathological finding of both intracellular and intracanalicular cholestasis, extensive hepatocellular necrosis, involving zones 3 and 2 of hepatic acini and a mixed inflammatory infiltration containing abundant eosinophils. On outpatient follow up 7-10 day later, the patient was comfortable and asymptomatic. Hepatic dysfunction had resolved completely and LFTs (liver function test) were well within normal limits.
Conclusion:
This report describes an uncommon side effect of commonly used antimicobial agent. Although severe adverse hepatic drug reactions after the administration of ciprofloxacin are rare, physicians should remain alert to uncommon adverse reactions even, and especialy, with often used and supposedly well-tolerated agents. The risk of hepatotoxicity is significantly higher in elderly men receiving lengthy treatment. A detalied patient and drug history including evaluation of hepatic function should always be obtained in view of the fact the reaction may be delayed, and the patient may already be off the drug at the iniation of illness

NURSE'S LEVEL OF KNOWLEDGE AND BEHAVİOR ABOUT MEDİCAL WASTE ORDİNANCE İS DEFİNED

- **Handan Alan, Güldem Yıldız,** Canakkale Onsekiz Mart University Medical Faculty Hospital / Canakkale / Türkiye

İntroduction:
Medical waste is evaluated separe. Especially it's include that operating room, pathology laboratuary, microbiology laboratuary and surgical clinic waste. During collecting and extrication from waste , staff is under risk. This study aim; Nurse who is working at the university hospital is determined about medical waste collecting knowledge and behavior
Material and method
This study is included 52 nurse from Canakkale Onsekiz Mart University Medical Faculty. Questionnaire form is used this study. İt's include 20 question about medical waste collection ordinance,.
Finding
%95,6 of them have known medical waste ordinance. %18,8 of them haven't known staff wear that medical waste carry. %9,8 of them haven't known characteristic of medical waste bag. % 75 of them have known to use which bag that separate medical waste. %8,2 of them have answered wrong that question about hack and penetrating enstruman collection. %32 of them have known wrog that liquid medical waste collecting.
Result
This study have shown, medical staff have knowledge deficient or wrong about medical waste ordinance. Education should have given in foundation. İt is important that medical staff and envoriment protect from blood contamine dissease

PARTICLE MEASUREMENT ERRORS IN INTENSIVE CARE UNITS

- **Sezdi Manâ,** İstanbul University, Biomedical Device Technology, İstanbul, Türkiye

Objective: In hospitals, the intensive care rooms are known as clean rooms because they must have the high quality air without the dust and the particles. The clean rooms are closed places that their temperature, humidity, pressure and particles must be controlled.

In the clean room, the dust that is sourced from both the personnel and the patient and the machines, causes the risk of infection. Particularly, in the intensive care rooms for babies, the percent of infection is higher. By using the clean-air system, it is seen that the percent of infection risk decreases. But, this clean air system must be controlled by using the method of "the clean room classification". The classification of the intensive care room is determined by the international standard of particle measurements. The related standard is, ISO 14644-1:1999(E) Cleanrooms and associated controlled environments Part 1: Classification of air cleanliness.

The main criteria for the classification of clean rooms is the particle dimension (0.1µm, 0.2µm, 0.3µm, 0.5µm, 1µm, 5µm ve 10µm) and the particle concentration. In according to this standard, the mean particle concentration from each point must be equal to the limit particle concentration or lower.

The true classification by using nonstandard particle measurements, is not possible because all measurements are taken only from the filters.

The objective of this study, is to show the difference between the standard (scientific) measurement and the random measurement of the particles, and resultly, to consider importantly the unwanted results of this non-ethical activity.

Method: In this study, firstly, the particle measurements of an intensive care room (80 m^2) with 4 beds were performed by a firm nonstandardly. Secondly, we performed scientific measurements. Thus, it was possible to compare the results of 2 measurements.

Results: In this study, it was seen that, the nonstandard measurements that are performed by personnels without biomedical license, can show a bad operation room as a good classified room.

Discussion: **In intensive care units, particle measurements must be performed appropriately to the international standard to prevent from any problem. Otherwise, the infection risk increases**

IN MEDICAL CALIBRATION MEASUREMENTS, DETERMINATION OF MAMMOGRAPHIC TEST RESULTS BY USING THE HVL-kVp RELATIVITY

- **Sezdi Manâ,** İstanbul University, Biomedical Device Technology, İstanbul, Türkiye

Objective: Medical calibration measurements are the main part of the quality studies in health sector. In this content, the calibration studies of radiological devices, also ensure the radiation safety of both patient and the user.

Mammography is a diagnostic device that is used to control the breast and that gives low dose. But, the low dose is possible only when the device works in standard conditions. Otherwise, the patient that has many mammographic control, is exposed to the high dose and resultly it causes to the several health problems. To solve this problem is only possible by controlling of mammography device. The objective, here, is to control of device completely and to decrease the number of the repeated shoot.

From calibration measurement results, HVL (High-Value Layer) gives the information about the filtration of the mammography device, in other words, about the dose that is exposed to the patient. Half value layer is the thickness of the lead that is placed front of the tube, and it cuts the patient exposure in half value. Generally, the material that is used for the filtration, is aluminium (Al). In according to the AAPM (American Association of Physicists in Medicine) Report No.29, HVL can be between 0,3 and 0,37mm. But, HVL is related to the kVp and this relativity must be considered during the examination of the calibration measurement results.

The objective of this study is to investigate the relationship between the HVL and kVp, and to emphasize the requirement of consideration of this relativity in the quality control of mammography.

Method: The dose measurements were taken at 5 different kVp levels (25, 26, 28, 30 and 32 kVp) by using aluminium plates with different thickness (0, 0.1, 0.2, 0.3 and 0.4mm). The dose measurement results were plotted against the thickness of aluminium plates and the equations [dose mGy=f(Al)mm] were obtained. From here, the thickness of Al was calculated at the point that the dose decreased to its half value.

Results: **The measurement results show that the half value layer (HVL) is related to the kVp value linearly.**

Discussion: As a result, the relationship between the HVL and kVp must be reflected to the acceptance criteria during the quality control of mammography.

ELECTRICAL SAFETY MEASUREMENTS APPROPRIATE TO THE NEW IEC 62353 STANDARD FOR MEDICAL DEVICES

- Sezdi Manâ, **İstanbul University, Biomedical Device Technology, İstanbul, Türkiye**

Objective: For the health quality and the patient safety contents, in addition to the medical calibration measurements, the electrical safety measurements of the medical devices are also required. The leakage current is possible for medical devices like other all electrical devices. But, the result can be worse because medical devices are connected to the patient. For example, if a catheterized patient is exposed to a leakage current, the leakage current passes directly from the heart and the result is microshock or death. To be protected from these bad results, it is necessary to perform electrical safety measurements.

The electrical safety measurements that are essential for medical calibration measurements, have the objective of investigating the leakage currents from medical devices unless damage both of patient and personnel. For this electrical safety measurements, the medical devices are tested by using special standards to examine the international standardization of medical devices. Up to now, "IEC 60601-1 Medical Electrical Equipment-General Requirements for Safety" that is known as IEC601, is used for electrical safety measurements. But now, the standard of IEC 62353 is developed to be used in routine usage of medical devices. Whether this standard, nowadays, is used in Europe, in Turkey it is being examined by TSE and it is being studied to adapt to the Turkish standards.

The objective of this study is to compare the IEC 60601-1 and IEC 62353 standard, and to show that new standard is more applicable for hospital conditions.

Results: While IEC 60601-1 is developed for manufacturers, IEC 62353 contains all tests that can be used in hospitals. The difference between two standard is the technique of leakage current measurement and the limited value of leakage currents.

IEC 62353 is applied in electrical safety measurements for both the medical devices that are operated in hospital, and the repaired medical devices before they are reoperated. IEC 62353 contains conditions appropriate to the hospital environment, not only laboratory environment.

Discussion: Patient safety is related to the electrical safety measurement. The electrical safety measurements are also related to the selection and the application of the appropriate standards.

In result, IEC 62353 is more applicable in hospital enviroment than IEC 60601-1. When the application of 62353 begins, it will be seen that it is applicable and preferable, and also it brings daily routine tests

HOSPITALIZED PATIENT SATISFACTION RATIOS OF GIRESUN STATE HOSPITAL BETWEEN THE YEARS 2005 AND 2008

- Yılmaz Hatice, Çalış Aynur
- **Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN**

Pleasure;

a function of expected quality and inspected quality, is patient pleasure in helath care system. Data of pleasure is important for evaluation of service quality as well as system reformation and management. We aimed to determine annual imputient pleasure rate and factors in

our hospital and points we need to focus to improve pleasure rate. By evaluating pools, we showed that imputient pleasure rate has increased by years, improvement of patient information was the major execution which had to be focused. Patient pleasure pools is important for determining current status, lacking points and building organisational culture for high quality patient-centered service and having patient pleasure

OUTPATIENT SATISFACTION RATIOS OF GIRESUN STATE HOSPITAL BETWEEN THE YEARS 2005 AND 2008

- Aynur Calış , **Giresun Prof. Dr.A.İlhan Özdemir Devlet Hastanesi GİRESUN**

Pleasure;
a function of expected quality and inspected quality, is patient pleasure in helath care system. Data of pleasure is important for evaluation of service quality as well as system reformation and management. We aimed to determine annual out-patient pleasure rate and factors in our hospital and points we need to focus to improve pleasure rate. By evaluating pools, we showed that out-patient pleasure rate has increased by years, improvement of patient information was the major execution which had to be focused. Patient pleasure pools is important for determining current status, lacking points and building organisational culture for high quality patient-centered service and having patient pleasure

THE PRIVITALIZATION AND AUTONOMIZATION OF HEALTH SERVICES WITHIN THE TRANSFORMATION PROJECT ON HEALTH

- Doç. Dr. Gökhan AKBULUT, **Yrd. Doç. Dr. Atila KARAHAN, Afyon Kocatepe Üniversitesi Uygulama ve Araştırma Hastanesi**

LEADERSHIP AND EMOTIONAL INTELLIGENCE ON MANAGERS OF HEALTH ORGANISATIONS.

- Uzm.Mustafa KÜÇÜKİLHAN , Yrd.Doç.Dr. Atila KARAHAN
- **Afyon Kocatepe Üniversitesi Ahmet Necdet Sezer Araştırma ve Uygulama Hastanesi**

CAUSE AND IMPORTANCE: Done of expectations to who have got expectations from health organisations. The important performance citeria is that emotional intelligence behaviours of hospital managerial. The demografic specialities gives diffirences.
METHOD AND RESTRAINT: Research for Afyon Kocatepe University Hospital managers and branch responsibles practicing leadership questionaire of Richard Leifer and Reuven Bar-on EQ question form used total of 87 questios, 5 Licert measurement and practicing Anova and t tests.
FINDINGS: Alpha Security valve for total questions 81,06 this is acceptable level. 32 managers coming to research: dispersion of gender; %25 male, %75 female. Dispersion of age; %32 less than 30 years, %39 31-35 years old, %29 more than 35 years old. Dispersion of working years; %54 less than 10 years, %39 10-15 years and %7 more than 15 years. Dispersion of managers working director; less than 5 years %48, 5-10 years %38 and more than 10 years %18.

Table 1: Anova Test Results and Gender T-test Results, Regarding To Managers Age and Working Duration According To Emotional Intelligence

Group Factors		Mean	F Value	P
Age	Less than 30	3,84	,679	,593
	Between 31-35	4,08		
	More than 35	4,05		
Duration Of Working	Less than 10 years	4,19	1,61	,214
	Between 10-15 years	4,08		
	More than 15 years	4,06		
Duration Of Managers	Less than 5 years	4,11	1,12	,343
	Between 5-10 years	3,96		
	More than 10 years	4,00		
Emotional Intelligence According To Gender				
	Frequency	**Mean**	**T-test**	**P**
Male	8	4,02	2,34	,035
Female	24	4,12		

Table 2: Pearson Corelation Matrix (Consumption Of Stres With Leadership Behaviour Relations To Human Being)

	Towards To Human	Dimension On Consumption Of Stres
Towards To Human	1,00	
Dimension On Consumption Of Stres	,217* 009	1,000

***Correlation level 0,01 is meanful**

CONCLUSION: **Results of Anova analysis there is no difference according to emotional intelligence of age groups, working duration and managerial working duration. p<0,05 result is shows that there is no difference between managers working duration with emotional intelligence. Results of correlation analysis leadership behaviour tend to human being with consumption of stres dimensions there is between positive and same direction relation. Other dimensions which are not meanful not insert in to study. Thought that the most stres sector is may be hospitalsso managers must have got technical gear regarding consumption of stres. This knowledge getting first plan in this study**

TO AVOİD ANY ERRORS THAT MAY INTERFERE WİTH PATİENT AND STAFF SAFETY AS A RESULT OF EMERGENCİES AT ACİBADEM KOCAELİ HOSPİTAL

- SARAL Çağlayan *, BAKOĞLU Neşe **, **KESEPARA Güler** ***
- *Acıbadem Sağlık Grubu Standardizasyon ve Kaliteden Sorumlu Tıbbi Direktör Yardımcısı,
- **Acıbadem Maslak Hastanesi Hemşirelik Hizmetleri Müdürü, ***Tıbbi Standardizasyon ve Kalite Uzmanı**