



Guidelines for Abstract Submissions

1. General overview

Since 2015, Sociedade Beneficente Israelita Brasileira Albert Einstein, in partnership with the Institute for Healthcare Improvement (IHI), has been developing projects and actions aimed at improving healthcare in terms of quality and safety. As part of these initiatives, the Latin American Forum on Quality and Safety in Healthcare reaches its **Tenth edition** this year, hosted by Hospital Austral and with the mission of involving healthcare leaders and professionals from different Latin American countries in the discussion of fundamental issues in the current healthcare scenario

2. Abstracts submissions

The presentation of abstracts is part of the activities and will provide organizations with the opportunity to share strategies for improvement and to commemorate their successes with event participants.

Entries must not advertise products or services. The event will have specific exhibition and meeting spaces for this purpose. Anyone wishing to obtain more information and know the conditions about the commercial areas can contact by sending an e-mail to foro@cas.austral.edu.ar.

3. Criteria to apply for abstracts

The abstracts submitted must present research results, experiments or projects related to healthcare quality and safety. The abstracts must be aligned with the categories proposed by the Forum and follow the ethical rules and guidelines of this call for abstracts. A scientific committee will evaluate the abstracts taking into account their originality, relevance, clarity and quality

- The author who will present a previously accepted abstract must be registered to participate in the **10th Latin American Forum on Quality and Safety in Healthcare**.
- The identification of authors should include the name and surname, institution and contact of the corresponding author, **including e-mail address**.
- The abstract should have a **maximum of 400 words**.
- The best evaluated abstracts will be invited to make an **oral presentation** in specific sessions of the event, in accordance with the agenda defined by the organizing committee of the event. The approved **presentations** must be **in person**.





For this forum, **innovation in healthcare** is recognized as a strategic axis for optimizing processes, improving the patient experience, strengthening safety, guaranteeing equity and ensuring the sustainability of healthcare systems. As a driver of transformation, it enables the construction of more efficient, sustainable and equitable systems, guaranteeing safe and humanized care. By optimizing resources and processes, it drives cost-effective models that ensure financial viability without compromising the quality of care. At the same time, it integrates technologies and person-centered strategies to improve the patient experience, strengthen communication and foster a closer and more empathetic culture of care. Safety is enhanced with innovative solutions that reduce errors and improve team resilience, while access and equity are expanded through telehealth, community strategies and new forms of financing. Thus, innovation not only impacts service delivery, but structurally transforms health systems, making them more adaptable, accessible and effective in responding to society's changing needs.

To move toward this transformation, it is critical to address the key pillars that underpin a more efficient, sustainable, humane, safe and equitable healthcare system. Below are the categories that drive these changes and generate a significant impact on people's care and well-being:

1. EFFICIENCY AND VALUE:

The quest for more effective and sustainable healthcare requires a balance between **efficiency** and **value**. **Efficiency** involves optimizing the use of resources, improving processes and reducing waste without compromising quality or patient safety, ensuring that each intervention generates the greatest possible benefit. **Value in healthcare** focuses on obtaining significant results for patients, ensuring that services are accessible, cost-effective and truly relevant to their needs. This line seeks to highlight innovative initiatives that transform the delivery of health services, promoting models of care that maximize the impact on people's quality of life and the sustainability of health systems. Proposals that integrate approaches based on results, cost optimization, saving analysis, equity in access and strategies to improve efficiency without losing sight of the humanization of care are valued.

Some examples of abstracts that can be applied for in this category are:

- **Value-based care models/saving:** Strategies that prioritize health outcomes over volume of services. Saving is the analysis of the economic impact of improvement projects, focusing on identifying financial benefits such as cost reduction and resource optimization. This study ensures reliable results and contributes to sustainability and strategic decision-making within the organization.
- **Optimization of healthcare processes:** Reduction of waiting times and improvement in the flow of care without affecting quality.





- **Use of technology for efficiency:** Implementation of telemedicine, artificial intelligence or automation in healthcare management.
- **Cost-effective strategies:** Initiatives that reduce costs without compromising the safety and accessibility of services.
- **Measuring health value:** Development of indicators that evaluate the real impact of interventions on patients' quality of life.

2. SUSTAINABILITY:

The sustainability approach plays a crucial role in healthcare by promoting sustainable practices, social equity and transparency in management. By integrating such principles, health organizations can help preserve the environment, strengthen community ties, ensure good governance practices and thus build a more resilient and accountable health ecosystem that meets the present and future needs of society. Here are some examples of abstracts that can be submitted in this category:

- **Abstracts focused on the environment:** topics such as sustainability, waste management, environmental benefits in health generation, waste reduction in the health system, climate impact on health and the impact of the health system on the climate, and the adoption of practices that present a preventive, responsible and proactive approach to environmental challenges are addressed.
- **Abstracts focused on social responsibility:** the impact of companies and organizations in favor of the community and society. Diversity and inclusion, equity (quintuple goal), value-based health, social impact of public policies, access to health, resilience, joy in work, non-technical skills (soft skills), clinical body engagement and corporate health.
- **Abstracts focused on governance:** issues related to policies, processes, strategies and guidelines for the management of companies and organizations are addressed. In the context of healthcare institutions, we can mention cooperative governance, supply chain relations, high-impact leadership, team organization and psychological safety

3. HUMANIZATION AND PERSON-CENTERED CARE:

Humanization and **person-centered care** are fundamental pillars for transforming healthcare, placing dignity, respect and empathy at the center. **Humanization** seeks to ensure that every interaction in the healthcare setting is warm, understanding and oriented to the integral wellbeing, recognizing the emotional and social dimension of patients, caregivers and professionals. For its part, **person-centered care** promotes active collaboration between healthcare professionals, patients and their families, fostering the co-production of improvements in the healthcare experience and health outcomes. Together, these perspectives drive a more humane, participatory model of care that impacts the quality of life in





communities. We look forward to contributions that highlight not only improvement projects where health and care professionals are working together with patients and caregivers to make a real difference in communities, but also innovative approaches with the potential to positively transform the health landscape. Here are some examples of abstracts that can be applied for in this category: Co-Production of Health Improvement, Patient Leadership in Improving Patient Experience, Co-Production of Health Professionals and Patients, Co-Production in the Social Care and Education Sectors to Improve Health, among others.

4. PATIENT SAFETY AND HUMAN FACTORS

Patient safety in healthcare is a top priority that involves preventing harm through effective risk mitigation and incorporating aspects of safety science, including human factors. Patient safety is also based on learning through investigations and changes following events. We look forward to receiving contributions that highlight not only projects that reduce the potential for harm caused by healthcare, but also contributions from those working on harm and risk reduction in other sectors. Here are some examples of abstracts that can be submitted in this category: Improving Organizational Culture in Health, Strategies for Health Harm Prevention, Health Risk Management, Patient Safety and Human Factors, Learning from Patient Safety Events, among others.

5. COVERAGE ACCESS AND EQUITY

Ensuring that all people receive quality health care, without geographical, economic or social barriers, is key to a fair and sustainable health system. **Coverage** implies that health services are available to the entire population, while **access** refers to the real possibility of using them without restrictions. **Equity** seeks to correct inequalities, ensuring that each person receives the care he or she needs according to his or her context and conditions.

This line highlights initiatives that expand the availability and accessibility of health services, reduce gaps in vulnerable populations and promote innovative models that strengthen equity in health care.

Some examples of abstracts that can be applied for in this category are:

- **Telehealth and care in remote areas:** Use of technology or mobile units to improve access in remote communities.
- **Care models for vulnerable populations:** Strategies aimed at migrants, street people or indigenous communities.
- **Accessibility in health:** Adaptation of infrastructures and services for people with disabilities.
- **Improved access to essential medicines:** Strategies for equitable distribution in populations with supply difficulties.





We emphasize the importance of demonstrating **originality, relevance, applicability and dissemination potential**.

Abstracts will be posted on the **event platform** according to the structure below and based on the SQUIRE 2.0 writing methodology - *Standards for Quality Improvement Reporting Excellence*¹. The SQUIRE guidelines are intended for reports on work done at the system level to improve/improve the quality, safety and value of health care, as well as to describe the methods used to verify that the results are from the intervention(s). See below the mandatory topics and the number of characters to post the abstract:

- Title
- Introduction and objective
- Method
- Results
- Conclusion

For more information on the content of each section [CLICK HERE](#) and consult the guidelines to be followed to apply.

- The author should report the approval number of the Research Ethics Committee, if any.
- Figures, graphs and tables should not be included in the abstracts. These resources may be included in the final presentation of the abstract.
- The Scientific Committee of the event is responsible for approving or rejecting the submitted abstract, irrevocably.
- The topic of the abstract should be related to the themes of the event. Otherwise, it may not be accepted.

4. Important information

- Make sure that all information submitted is complete and up to date, as it will not be possible to edit it the abstract has been submitted.
- The abstract will be presented in electronic poster format.

¹ SQUIRE 2.0 - Ogrinc G, Davies L, Goodman D, Batalden PB, Davidoff F, Stevens D. [SQUIRE 2.0 \(Standards for QQuality Improvement Reporting Excellence\): Revised publication guidelines from a detailed consensus process. BMJ Quality and Safety. Online first, September 15, 2015. Available at: http://www.squirestatement.org/index.cfm?fuseaction=document.viewDocument&documentid=69&documentFormatId=76&vDocLinkOrigin=1&CFID=36060281&CFTOKEN=61aa839120318d30-98D064AB-1C23-C8EB-802D8BD14C8CE834](http://www.squirestatement.org/index.cfm?fuseaction=document.viewDocument&documentid=69&documentFormatId=76&vDocLinkOrigin=1&CFID=36060281&CFTOKEN=61aa839120318d30-98D064AB-1C23-C8EB-802D8BD14C8CE834)





- The abstract shall be submitted in Spanish, Portuguese or English.
- When you apply for a job, the system will send an automatic confirmation e-mail.
- Authors of accepted abstracts will receive a template for formatting the final file.
- The person responsible for submitting the abstract will be able to follow the application and evaluation process on the event's *website*.

5. Criteria for acceptance of abstracts

Only abstracts that meet all of the requirements described below will be accepted:

- Only abstracts submitted through the official platform within the application dates will be accepted.
- The structure of the abstract must conform to the elements corresponding to the predetermined category and format, as described in the application criteria.
- Be of high quality and have scientific content.
- To observe the ethical and legal aspects of the profession and research.

6. Acceptance of approved abstracts

- Notification of abstract acceptance will be sent on **August 6, 2025**. Please make sure that you have provided a correct e-mail address, as all communications will be sent via e-mail. After being notified about the acceptance of the abstract, you will have approximately 2 months to send the final poster
- The best evaluated abstracts will be invited to make an **oral presentation** in specific sessions of the event, in accordance with the agenda defined by the organizing committee of the event. The approved **presentations** must be **in person**.
- Guidelines for preparing the final file will be provided to authors in the abstract acceptance notice.

7. Evaluation of Abstracts

The Selection Board will evaluate all the abstracts received by means of a special instrument (not available to the public) that will take into account the following macro-criteria:





CRITERIA TO BE TAKEN INTO ACCOUNT	
1	Originality and development of the project through methodology.
2	Impact of the results in the place where the work was performed.
3	Systemic impact of the work in the organization/institution.
4	Patient, customer, collaborator or user adherence

8. On the Data Protection

The regulations, good practices and legislation regarding the protection of personal data and privacy contained in Law 25326/2000, Personal Data Protection Law (LPDP), which guarantees the comprehensive protection of personal data stored in technical means of public and private data processing, guaranteeing the honor and privacy of individuals in accordance with Article 43 of the National Constitution of Argentina, will be respected.

Personal data will be used exclusively for the purposes set forth in this Call for Proposals. In any case, the regulations of the Agency of Access to Public Information of the Argentine Republic (AAIP) will be followed.

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