

Patient safety, patient experience

HOPE Agora 2026 Theme Guidance

CONTENT

The HOPE Exchange Programme is all about facilitating the exchange of knowledge and expertise between healthcare professionals involved in management in a European context. In pursuance of this, the HOPE Exchange Programme terminates with the HOPE Agora. This closing conference is considered an integral part of the HOPE Exchange Programme giving the participants the possibility to show and to discuss their observations and conclusions.

Every year, as a part of the HOPE Agora, the participants of the HOPE Exchange programme as a group give a presentation of their experiences in the host country on a specific theme identifying up to three good practices. The theme for HOPE Agora 2026 is “Patient safety, patient experience”.

For the presentation HOPE Exchange participants will be invited to identify up-to-three good practices from the following options:

- **focus on collaboration to improve patient safety,**

Patient safety is one of the main pillars of healthcare quality. Despite progress made and the fact that adverse events often can be avoided by good risk management, problems are still manifest across the whole healthcare system. Common adverse events that may result in avoidable patient harm are medication errors, unsafe surgical procedures, health care-associated infections, diagnostic errors, patient falls, pressure ulcers, unsafe blood transfusion, unsafe injection practices and malnutrition. The factors that can lead to patient harm are multiple and interrelated: system and organizational factors, technological factors, human factors and behaviour as well as external factors such as absence of policies, inconsistent regulations and economic or financial pressures.

The participants are asked to identify up-to-three good practices from the following options:

- Policies to develop a patient safety culture that prioritizes minimizing patient harm by focusing on open communication, teamwork, learning from errors, and leadership commitment to safety,
- Incident reporting systems and analysis of adverse events,
- Programmes for the safe use of medications, prevention of healthcare-associated infections, safe surgery, safe use of medical ionizing radiation or in other ways avoiding adverse events,
- Identification of low-value practices / “Do Not Do” recommendations.

The participants may also give examples of:

- Programmes for supporting second victims (healthcare professionals suffering emotionally when the care they provide leads to harm),
- Patient involvement in their own safety,
- Effective communication between professionals and/or between professionals and patients.

- **focus on patient experience and patient-reported outcomes**

Collecting patients' opinions and experiences is another important pillar in the work of developing healthcare quality. Listening to the patients can contribute to better patient safety but also improve healthcare services in many other aspects. This crucial work consists of using both patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs).

PREMs focus on the patients' perceptions of how the healthcare services were provided (communication, access, reception etc). Based on PREMs, the participants may report on patients'

- confidence to self-manage health conditions,
- experience of co-ordination of care and person-centred care,
- experienced quality of care,
- trust in healthcare.

Based on PROMs, the participants may report on patients' assessment of the results of care and their health and symptoms, in this case physical health, mental health, social functioning, well-being, and general health.

PRESENTATIONS

Participants in the HOPE exchange programme are asked to give up to three good examples of policies or practices, based on what they have encountered during their stay in their host country.

In most receiving countries, there will be participants of different nationalities and professional backgrounds. The process of identifying and reaching consensus on practical examples will then be an important, if not the most important, element. The process of producing the end result is at least as important as the content of the PowerPoint presentation.

The PowerPoint presentation for each country should focus on practical examples, stimulating factors and initiatives that the participants have come across at national, regional, healthcare and/or ward levels. The participants are asked not to include a description of the health care system of the country in which they have stayed.

National coordinators are invited to suggest to their participants before going abroad to check the presentation of the healthcare system of their destination available at those links:

- [Hope Country profiles - Hope Countries](#)

Sources specific to the topics:

- [Patient safety | OECD](#)
- [Taking the pulse of quality of care and patient safety in the WHO European Region: multidimensional analysis and future prospects](#)
- [SAFEST project - Hope](#)

One of the major objectives of the exchange is to identify elements in the healthcare system they visited that the HOPE participants find inspiring or worth considering when looking at the challenges that they face at home in their own country. Participants are not asked to present their assessment of the health system in the country in which they have stayed for less than four weeks. Rather, they are invited to reflect on what they would like to see implemented in their own country, region, institution or ward, or what they could learn from their host country. The task is oriented, as all the exchange is, on what to bring back home.

Working process

Step 1

Participants will individually identify examples.

Step 2

They will exchange what they have found with other participants staying in the same country. If they do not meet before the end of the programme, national coordinators will organise this exchange by internet.

Step 3

Participants will have to choose together up to three practical examples.

Step 4

Participants will prepare a PowerPoint presentation of up to three practical examples. The participants are also invited to explain the reasons behind their choice.

Presentations

- The presentations at the final conference will be **12 minutes long** and should be delivered to the organisers at the latest 14.00 on Friday 29 May 2026. The presentation should not go below the time limit, nor exceed it.
- Presentations should be made in PowerPoint ONLY. No sound effects and movies should be incorporated in the PowerPoint file. No advertisement
- Diagrams and graphics are welcomed where appropriate or necessary to explain an idea or to visualise a process.

Copyright

Presentations must stand-alone (as a pdf-file) as they will be used for publishing on the website. This must be considered when using special effects or in respect to copyright restrictions.

- Preferably, use only your own photographs as illustrations within the presentation.
- It is strongly recommended to only download images from websites that offer images free of royalties for commercial use (e.g. www.pixabay.com).
- The absence of a copyright notice does not mean that an image or illustration may be freely used. If in doubt, assume you cannot use it.
- In the case of copyright images being used within the presentation, proof of purchase stating the intended use of those images must be provided to HOPE.
- The names of all participants in a country should be mentioned on the presentation. They will be held personally responsible in case of copyright infringements.