



Summary Quality of Healthcare Conference IVA 2024: Quality Matters

Background information Quality of Healthcare Conference IVA

Over the past six years, the Inspectorate of Health Aruba has observed, by analyzing the annual quality reports of health care providers, that systematic quality thinking and quality systems are not yet the norm. This poses risks in healthcare, due to the lack of a quality-focused approach. For the Inspectorate, systematic quality thinking is a priority.

Through this conference, titled "Quality Matters," the Inspectorate wanted to provide a platform for professionals from within and outside the healthcare field, who also prioritize quality, to share their experiences. For instance, one of our keynote speakers, Crescenzia Biemans, representing the tourism industry, presented the journey of Bucuti & Tara Beach Resort, the #1 hotel in the Caribbean. She explained the hotel's journey in how they transformed industry standards to become the first and only Caribbean Carbon Neutral resort.

The goal of the conference was to inspire participants to think about quality in their work and to demonstrate how quality systems can play a crucial role in improving the quality of health care they provide. Therefore, it is essential to share success stories of the implementation of quality systems, both within and outside of the healthcare sector, and to discuss critical issues. This requires healthcare providers be open to new experiences, opportunities, and theories, and critically examine themselves and others.

Learning Objectives

Improving knowledge and/or skills related to:

- Quality of care
- Quality systems
- The patient's right to quality care
- Collaboration within systems thinking
- Best practices in the healthcare field and the challenges in implementing quality systems
- Quality thinking

Target Audience

- Healthcare providers
- Quality officers in healthcare organizations
- Management of healthcare organizations



Breakout sessions

The aim of the break-out sessions was to provide participants with knowledge and practical tools that they can use to implement quality thinking and quality systems in their own practice. There were a total of 4 breakout sessions of 30 minutes that were moderated by the keynote speakers. Each breakout session had their own format and set of questions for participants. Every participant had the chance to attend all 4 breakout sessions. At the end of the breakout session, the main key takeaways were presented to all attendees.

Below an overview is given of the key discussion points and takeaways from each breakout session.

Key takeaways breakout sessions

Breakout session 1: The Pursuit of Quality

Moderators: Marianne Eelens and Crescenzia Biemans.

During this breakout session participants were asked to discuss the following two questions within their group and to present the main points. The key possibilities for innovation and improvement and practical steps/projects that were mentioned are outlined below:

1. What possibilities for innovation and improvement in the quality of care do you see within Aruba's healthcare system? *Focus on the opportunities within the known limitations of our system –where can we make the most impact across different fields/specializations to elevate care and outcomes?*

2. What are practical steps to transform barriers into opportunities and ensure a system that provides quality care to all? Can we collaborate and work across sectors to find solutions that benefit the quality of healthcare delivery?

Key possibilities for innovation and improvement:

1. *Collaboration*

Participants mentioned the need for more collaboration between stakeholders in terms of exchange of information, policies and protocols. There was a consensus that collaboration is a



factor that underlies quality; collaboration enables stakeholders to learn from each other and to work more efficiently and effectively in reaching common goals. Increased collaboration would benefit the quality of care that is given to patients.

2. *System integration*

The need for a national integrated healthcare system where medical information is stored and shared between healthcare providers was mentioned in every session. Participants mentioned that a lack of an integrated system and not being able to share data, impacts the continuity of care, the safety of patients, and the efficiency of healthcare services.

3. *Communication*

Participants agreed that in order to improve healthcare services to patients, there needs to be increased/improved communication between different healthcare providers, but also between healthcare providers and stakeholders. For example, at the moment, healthcare providers do not receive any update/feedback once they refer their patients to a different healthcare provider. It was mentioned by one group that perhaps communication improvement within the healthcare chain could be a project led by UO AZV. Another point that was mentioned was the importance to agree upon the use of one language to communicate medical terms. The use of English was proposed.

4. *Education (of healthcare providers and patients)*

Another point of view that was shared by the majority of participants was the need for more patient education and more education/trainings for healthcare providers. Especially if we want to move towards prevention in healthcare, education and patient empowerment needs to be at the forefront.

5. *The elderly*

Aruba's healthcare system focuses on cure and not care, which means our elderly are not prioritized when it comes to healthcare investments. It was mentioned that the hospital sees a lot of cases of the elderly not receiving any guidance once they leave the hospital and are back in their own home.

The practical steps/projects that were mentioned:

1. *A platform for quality of care*

Reintroduce a platform for quality of care where healthcare professionals and stakeholders can collaborate on health projects. A platform will make it more accessible for partners to discuss and share information and data.

3. *Website with information for patients*



To introduce a website similar to the Dutch website www.huisarts.nl as an example of an engagement tool for patient education. This website provides patients with information about health and diseases. The aim is to educate patients as much as possible on different healthcare topics.

4. *Patient health identification number*

An idea was proposed to introduce a patient health identification number, which would be linked to an integrated healthcare system. A patient's medical history would be tied to this number facilitating information sharing. This would lead to healthcare service that is more timely, efficient and integrated.

6. *Rethink education methods*

Continuous education for healthcare providers is important, but also costly. Therefore, it was proposed to rethink traditional education methods and to consider more flexible learning methods for healthcare providers, such as small learning modules.

7. *Invest in national diabetes management*

As one of the top 5 NCDs worldwide, participants agreed that investments need to be made in national diabetes management. A plan needs to be created that outlines the role of every partner and how this issue will be tackled.

Breakout session 2: Regulating Quality in Healthcare

Moderators: Cheryl Rosa-Fingal & Jayburtt Dijkhoff

During this breakout session, participants engaged in in-depth discussions about identifying and analyzing key structural elements within a healthcare system that, when improved, will enhance the overall quality of care.

Each group sat in groups of four where four different cases were analyzed and critical elements influencing healthcare quality within the context of the case were discussed. The cases involved the *triage system, protocols, record keeping and medical equipment, and multidisciplinary care from a patient perspective.*

The key takeaway from this session was that the choice of where to place a relevant keyword, really depends on how far in your quality system you already are. For instance, *internal audits* can be placed in the “plan” section of the INK model, either in Leadership or Strategy and Policy. However, it can also be placed in the component of Process Management, explaining how an internal audit will take place. Additionally, it can also be placed in Staff Management when training internal auditors. What stood out the most was that every group placed the keywords at different



components of the INK model. This indicates how dynamic this quality improvement model is and that healthcare providers need to keep engaging in these discussions.

Breakout session 3: Enhancing Care Through Quality Systems

Moderators: Dasha van Grinsven-Dubero & Adrienne Tromp

During this breakout session participants engaged in an in-depth discussion about expected challenges in their institutions within their circle of influence when implementing a quality system. They were also asked to come up with low hanging fruit solutions to overcome these challenges.

The two questions were as follows:

- 1. What challenges do you expect in your institution when implementing a quality system?**
- 2. What are some low-hanging fruit solutions that you can implement next week to overcome these challenges?**

The top challenges and their related low hanging fruit solutions were:

	Challenge	Solution (low-hanging fruit)
1	Leadership: Clear vision and direction & Talk the talk & walk the walk	Write down vision, include workers, ask for their inputs and involve them in decision making. Communicate your vision.
2	Culture/ Motivation/ Commitment and Accountability	Include workers, involve them in the process. Compliments (internal & external) & Incentives, appreciate and recognize them
3	Changing the mindset: Quality is part of the job	Start the conversation. Speak the same language. Go back to the workplace and talk about what you have experienced.
4	Lack of resources (financial, human, knowledge, support)	Share knowledge, collaborate, analysis of costs to see where costs can be reduced, work more efficiently, take baby steps



5	Where to begin? (Priorities, feeling overwhelmed and finding a balance in patient care and quality initiatives)	Write down vision, benchmark, start the conversation with those who have gone through the process and share knowledge.
6	Time management/ Work efficiently	Don't leave things until the last minute, delegate where you can and find a balance between patient care and quality. Make time for quality.

Breakout session 4: Quality in Perspective

Moderator: Olga Rodriguez

During breakout session 4, Olga Rodriguez talked about quality of healthcare in the perspective of the UO AZV. During these sessions the participants engaged in in-depth discussions about *diabetes, high blood pressure, and obesity* in Aruba. The task was to identify several key challenges and propose possible solutions that must be addressed to move forward effectively, reaffirming AZV's shared commitment to advancing quality of healthcare in Aruba. Another topic of discussion was result-driven healthcare in Aruba. The question was asked of this was possible and, if so, how we can ensure a balanced implementation?

Some key challenges and solutions that were mentioned referring to the discussion about diabetes, hypertension and obesity were:

1. Implementing preventive care-based policies to educate children and parents to decrease the prevalence of diabetes, high blood pressure and obesity.
2. Early child development and school education is important to achieve culture change in order to increase a population with a healthier lifestyle in Aruba.
3. Introducing a sugar tax by the government; the tax generated can be invested back into education towards healthy eating habits.
4. Better access to (the availability of) patients' information making it possible to be more proactive as a country to focus on preventive care in an earlier phase of life.
5. Holding commercial companies accountable for the information they provide. They need to assist in promoting a healthy diet, hereby contributing to improve the health of our citizens (corporate social responsibility).



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Some key challenges and solutions that were mentioned referring to the discussion about result-driven healthcare in Aruba were:

1. All participants in the breakout session agreed that result-driven healthcare in Aruba is possible, but difficult to achieve. Having an awareness campaign on result-driven healthcare on a national level is necessary.
2. Aruba is very creative; we need to put policies concerning the outcome of result-driven health care on paper and dare to implement them.
3. Define indicators to achieve small targets, resulting in an outcome-based healthcare in Aruba.