

ISQua 2024: *Health for People and Planet: Building Bridges to a Sustainable Future*



Pengantar

- ISQua → Forum global menghubungkan para pengambil kebijakan, lembaga akreditasi, praktisi, akademisi, dan peneliti dari berbagai negara di belahan dunia → berbagi pengetahuan, inovasi, pengalaman, dan praktik terbaik dalam upaya peningkatan mutu pelayanan Kesehatan dan keselamatan pasien di dunia.
- 1400 Peserta dari 72 negara
- 90 Peserta dari Indonesia yang berasal dari Kementerian Kesehatan, BPJS Kesehatan, lembaga akreditasi, Fasyankes, World Bank, dan berbagai Pusat studi.
- 5 peserta berasal dari PKMK yang bekerjasama dengan RS Persahabatan dan RS Pelni





ISQua 2025



"Inclusive Health Systems: Navigating Challenges with Technology and Humanity"



Sharing Pembelajaran **International Society for Quality in Health Care (ISQua) 2024**

20 Desember 2024

dr. Hardhantyo MPH, PhD

Pusat Kebijakan dan Manajemen Kesehatan (PKMK)
Universitas Gadjah Mada



8 Komponen dalam Konferensi ISQua 2024

1. Patient Safety & Quality Improvement
2. Co-production - Creating a patient-centred healthcare service
3. Integrated Care Communitie
4. Future of Healthcare: AI and Digital Transformation
5. Workforce, Policy, and Governance
6. External Evaluation
7. Navigating Climate Change and Sustainability in Healthcare System
8. Equity in Action: Addressing Global Healthcare Emergencies

Patient Safety & Quality Improvement



Mike Durkin, Senior Advisor on Patient Safety Policy and Leadership Institute of Global Health Innovation

1. Cultural Shift in Patient Safety, Move from punishment to a learning culture, focusing on values, ethics, and leadership at every level.

2. Leadership and Collaboration, Strong leadership promotes empathy, innovation, and teamwork to enhance patient safety.

3. Data-Driven Improvement

1. Measure safety outcomes (past, present, future).
2. Capture the full patient journey (before, during, after care).
3. Address inequalities in care access and experience.

4. Patient-Centered Care, Incorporate patient perspectives and values to ensure care aligns with their needs.

5. Global Collaboration, Share best practices and knowledge internationally to improve safety standards and reduce errors.

Co-production - Creating a patient-centred healthcare service

A



Anna Edwards, Associate Director Transformation and Change.

The Patient Engagement Puzzle

- **Pendekatan Perawatan Pasien Secara Holistik** Menangani fisik, emosional, sosial, dan finansial dari dampak penyakit kronis dan baru. Libatkan keluarga, teman, dan profesional kesehatan untuk dukungan yang komprehensif.
- **Harapan masa depan** Pendekatan personal melalui aplikasi *wearable apps* untuk pengelolaan penyakit kronis. Diagnosis berbasis AI, edukasi berbasis AI, digital monitoring, dan telekonsultasi.
- **Mengubah Tantangan Menjadi Peluang**, COVID-19 mengajarkan tentang pentingnya inovasi. Manfaatkan penyakit baru sebagai peluang untuk perawatan dan pendekatan inovatif kepada pasien

Addressing Global Healthcare Emergencies

Bridging the Equity Gap: Virtual Healthcare and the Digital Divide

- Layanan Kesehatan Virtual, menggunakan teknologi untuk memberikan pelayanan kesehatan kepada pasien di luar fasilitas medis secara langsung dan tidak langsung, misalnya melalui konsultasi video, pesan teks, pendidikan daring, atau pemantauan jarak jauh. Hal ini dapat meningkatkan akses perawatan, memperbaiki hasil kesehatan, dan mengurangi emisi karbon.
- SQUARE DEALS framework, mengetahui ketidaksetaraan dalam akses layanan kesehatan virtual.
 - Recognize : Mengakui adanya ketidakadilan dan kesenjangan.
 - Engage : Melibatkan pasien, keluarga, dan komunitas dalam merancang solusi.
 - Lead : Memimpin dengan kepemimpinan yang sadar akan kesetaraan di semua tingkatan.
 - Study : Menganalisis dan melacak data melalui lensa kesetaraan.
 - Ask : Mencari dan bertanya tentang kesenjangan yang mungkin ada dalam sistem.
 - Define : Menjelaskan masalah ketidaksetaraan secara bersama-sama dengan komunitas.
 - Quantify : Mengukur kesenjangan dan mengintegrasikan data ke dalam perencanaan.
 - Unify : Menggunakan model perawatan yang terintegrasi untuk mengatasi ketidaksetaraan.



AI and Digital Transformation

- CAIBILS (Center for AI and Biomedical Informatics for the Learning Healthcare System)
contoh : Prediksi kejadian efek samping obat (ADE), respons terapeutik, dan deteksi dini kesalahan resep obat untuk mengurangi risiko dan meningkatkan hasil klinis

Introducing the Complete PDSR Curated Data Set

The new Complete Patient Data Science Repository (PDSR) Curated Data Set is **now available** to researchers across Mass General Brigham.

This remarkably large data repository provides the research community the opportunity to access and analyze over **5 billion observation facts** on the entire **Mass General Brigham patient population**. Connecting to this repository within the secure MGB Data Enclave platform protects patients' information by prohibiting the export of any raw data.

Data includes, but is not limited to, Encounters, Lab tests, Medications, Procedures, Problems, Immunizations, Vitals, Reason for Visit, and others, as obtained from RPDR with more up-to-date patient Demographics, Lab results, and Diagnoses. In addition, a set of Pulmonary X-ray Severity Score data for COVID-tested patients is derived from a deep learning-based algorithm using chest radiograph DICOM images.



Laporan dari International Society for Quality in Health Care (ISQua) 40th, 2024

Istanbul, Turki, 24–27 September 2024

Pengantar

International Society for Quality in Health Care (ISQua) telah menyelenggarakan konferensi internasional ke 40, tema 'Health for People and Planet: Building Bridges to a Sustainable Future' di Lutfi Kirdar International Convention and Exhibition Centre, Istanbul, Turki, 24–27 September, 2024. Pusat Kebijakan dan Manajemen Kesehatan (PKMK) FKMK UGM berkesempatan berangkat bersama peserta dari Rumah Sakit Umum Pusat (RSUP) Persahabatan dan Rumah Sakit Pelni. ISQua merupakan forum global yang menghubungkan para pengambil kebijakan, lembaga akreditasi, praktisi, akademisi, dan peneliti dari berbagai negara di belahan dunia untuk berbagi pengetahuan, inovasi, pengalaman, dan praktik terbaik dalam upaya peningkatan mutu pelayanan Kesehatan dan keselamatan pasien di dunia.

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Pelatihan Penggunaan Aplikasi Sistem Kewaspadaan Dini dan Respon (SKDR)

Bagi Petugas Surveilans di Dinas Kesehatan Kabupaten Kota di Provinsi Maluku Utara

BUKU PANDUAN PENGGUNAAN APLIKASI SKDR

THE JOURNAL OF HOSPITAL ACCREDITATION



Pedoman Penyusunan, Penerapan, dan Evaluasi Clinical Pathways



Standar Akreditasi Puskesmas 2023



Standar Akreditasi Klinik 2023

Reportase lengkap, dapat diakses melalui:

<https://bit.ly/ReportaseISQua2024>





Usulan berbagai tindak lanjut

- Perlu adanya pedoman implementasi dan pengukuran patient centre care untuk penyakit prioritas
- Kementerian Kesehatan perlu menyediakan data repositori pasien yang komprehensif untuk pengembangan ilmu pengetahuan dan platform untuk menginformasikan data – data hasil studi terbaru termasuk praktik-praktik keselamatan pasien yang ada di Indonesia.
- Fasyankes perlu membangun sistem pelaporan insiden yang aman dan berbasis IT dan konfidensial untuk mendorong tenaga kesehatan melaporkan kesalahan tanpa takut akan sanksi.



Terpilih satu abstrak untuk *lightening talks* dari peserta RSUP Persahabatan dan *display poster* dari peserta PKMK FKKMK UGM. Klik link berikut untuk akses poster online lebih lanjut: <https://epostersonline.com/isqua2024/>.

• *lightening talks*

• *display poster*

Istanbul2024
Health for People and Planet
Building Bridges to a Sustainable Future
24 - 27 September
#ISQUA2024

RELATIONSHIP BETWEEN THE IMPLEMENTATION OF INTERNATIONAL PATIENT SAFETY GOALS (IPSG) AND PATIENT SATISFACTION AT THE PERSAHABATAN CENTRE GENERAL HOSPITAL

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INTRODUCTION
Improving patient safety is a fundamental priority for healthcare institutions worldwide. The implementation of the International Patient Safety Goals (IPSG) at Persahabatan Central General Hospital reflects the institution's commitment to enhancing the quality and safety of healthcare services. This research aims to explore the relationship between IPSG implementation and patient satisfaction at Persahabatan Central General Hospital.

RESULTS
85.3% of respondents reported satisfaction with the healthcare services provided, while 14.7% expressed dissatisfaction. Dissatisfaction was markedly lower among patients when IPSG standards were fully implemented (2 out of 68 patients) compared to when they were not (7 out of 9 patients). A statistically significant correlation was observed between the level of IPSG implementation and patient satisfaction (p-value=0.002, p<0.005).

CONCLUSIONS
The study demonstrates a positive and significant correlation between the implementation of International Patient Safety Goals (IPSG) and increased patient satisfaction at Persahabatan Central General Hospital. These findings highlight the crucial role of IPSG in improving the quality and safety of patient care, underscoring the need for consistent implementation of these standards across healthcare settings. Future efforts should prioritize continuous improvement and adherence to IPSG to maintain high levels of patient satisfaction and safety.

ACKNOWLEDGEMENT
The authors would like to express their gratitude to Allah SWT, as well as extend their thanks to the Director of RSUP-Persahabatan, the Quality and Patient Safety Committee, and the supporting leaders for their guidance and support throughout the study. We also thank our families, colleagues, and patients for their support and participation. We hope this study contributes to improving the implementation of the International Patient Safety Goals and ultimately ensuring patient safety and satisfaction.

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Additional key references as necessary, concisely formatted.

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Assessing the Public Private Partnership in Improving the Quality of Primary Care Service in Indonesia

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INTRODUCTION
Primary Health Care services are essential in supporting the Universal Health Coverage (UHC). Not only to ensure the gatekeeping function to prevent burning out in secondary care but also to ensure the highest community health status is achieved. Indonesia has introduced the National Health Insurance program as part of the UHC journey since 2014. Yet, the problem with primary care still exists with public providers becoming the main party who provide most of the services compared to private providers. However, disparities in the quality of services are prominently displayed with better preferences for private providers. All these problems will potentially delay the achievement of UHC as well as widen the equity and quality gap moving forward.

RESULTS

There were minimal collaborations between public and private primary care providers except for the national priority programs the tuberculosis with shared resources and cost allocation from the national budget. Both public and private providers have their concerns regarding the existing approach to delivering quality PHC services. Public providers felt overwhelmed with different programs, services, and applications to maintain. On the other hand, private providers felt ignored due to limitations in number of enrollees, lack of support from the government, and weak capacity building. Both public and private providers agreed on the need for better contracting systems with fair reimbursement and incentives with equal distribution of enrollees to spread the burden of services.

AIM
The objective of this study is to understand the problem of public-private partnerships in primary care providers in National Health Insurance (NHI) in Indonesia.

METHOD
This research is a qualitative study, conducted in two regions (Cimahi, West Java, and Badung, Bali) in 2021. Representatives from a Puskesmas as a public provider and their service network including general practitioners and clinics as private providers were invited for focus group discussions about their experience in collaboration, existing problems with partnership, and expectations for the integrated model. Thematic analysis were used to understand the phenomenon and draw conclusions about the problem as well as solutions.

CONCLUSIONS
Private providers' active involvement in PHC is one of the key solutions for the UHC. The government needs to see the private sector as an investment to close the gap of equity and improve the quality of PHC services. We suggest that different approaches in contracting systems and incentive mechanisms need to be tested to attract private providers. Besides, public providers also need to be strengthened to be able to lead the implementation of the priority health programs in the field with the participation of their private counterparts.

ACKNOWLEDGEMENT
This study was funded by WHO Indonesia. We also extend our gratitude to the Health Offices of Bali and West Java Provinces for participating in this study. The experiences of these provinces provide important insights for improving healthcare quality in Indonesia.

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