

Flemish Inspection Welfare, Public Health and Family

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Belgium

BELGIUM
THE FEDERAL STATE

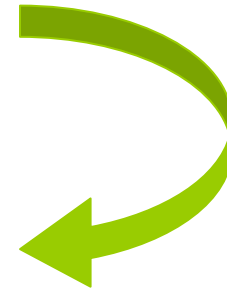


THE COMMUNITIES

 THE FLEMISH COMMUNITY



 THE FRENCH COMMUNITY



Flemish Parliament and Government

Profile Flanders

- Language Dutch
- Capital Brussels
- Inhabitants 6.016.024
- Surface 13.522 km²
- = 444 inhabitants / km²

Flemish Government

Ministers

Services for
General
Government
Policy

Admini-
strative
Affairs

Finance and
Budget

Foreign
Policy,
Foreign
Trade,
Internat.
Cooperation
& Tourism

Economy,
Science and
Innovation

Education
and Training

Welfare,
Public
Health and
Family

Culture,
Youth, Sport
and Media

Work and
Social
Economy

Agriculture
and
Fisheries

Environ-
ment,
Nature and
Energy

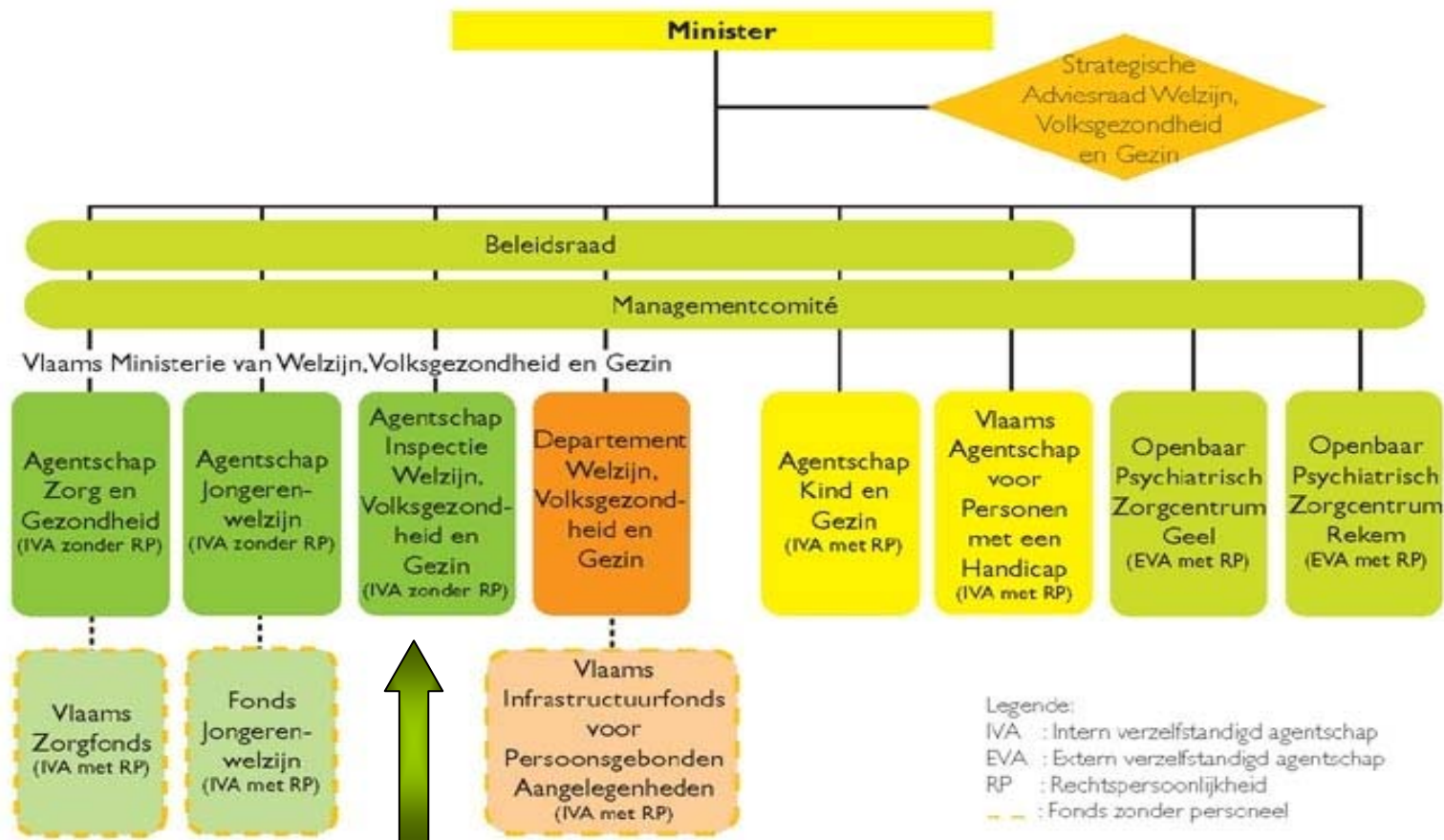
Mobility and
Public
Works

Town and
Country
Planning,
Housing
Policy and
Immovable
Heritage

Policy Area

Welfare, Public Health and Family

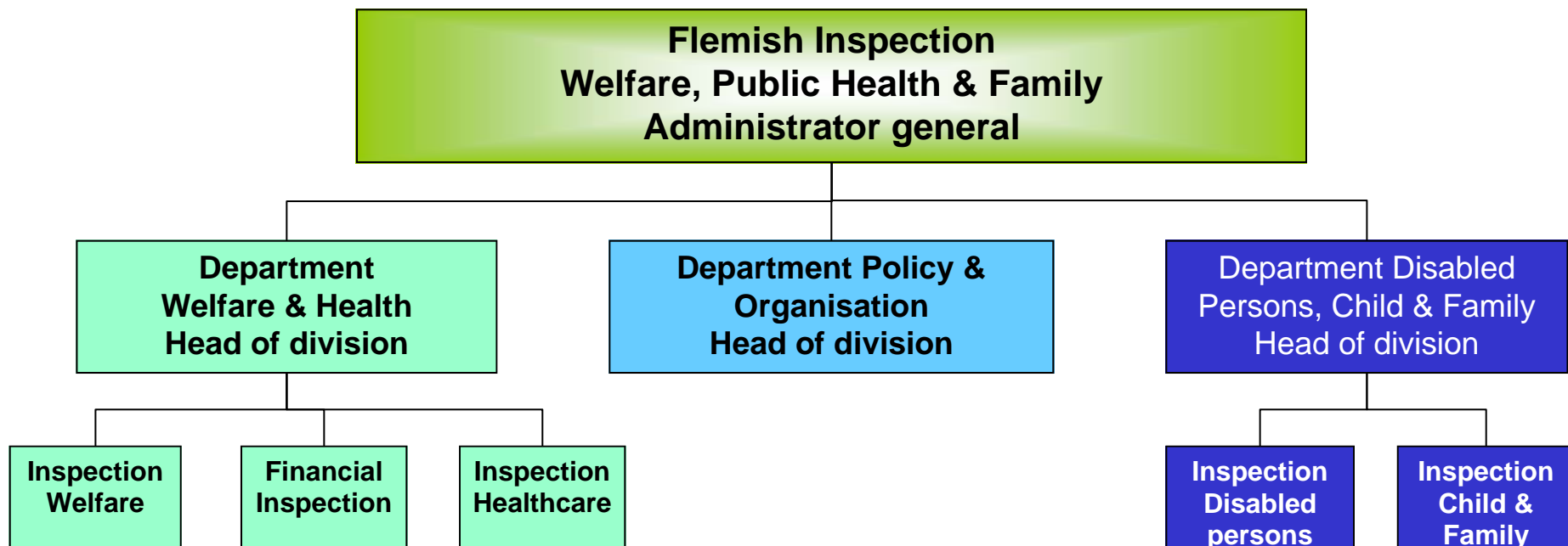
Beleidsdomein Welzijn, Volksgezondheid en Gezin



Position in the governmental structure

- Strict separation of the functions of inspector and administrator
- Administrators belong to “operational” agencies
- Operational agencies prepare and execute the Minister’s policy and recognise institutions
- Inspection reports directly to Minister

Flemish Inspection Welfare, Public Health and Family



Flemish Inspection

Welfare, Public Health and Family

- Central office in Brussels – inspectors work from their home office
- 101 FTE personnel
 - 8 FTE staff
 - 77,5 FTE inspectors
 - 28,7 FTE Child & Family
 - 10 FTE Disabled Persons
 - 18,1 FTE Welfare
 - 11,7 FTE Public Health
 - 9 FTE Financial Inspection
 - Professional background and qualification: various

Main areas of supervision

Welfare (n=2816)

- * residential provisions for the elderly: nursing homes, service flats, short stay centres, day-care centres
- * home care for elderly and others
- * special youth assistance
- * social community work
- * general welfare work

Health (n=264)

- * hospitals and psychiatric hospitals
 - => Federal competences: radiation protection, pharmaceuticals, hemovigilance, food safety, licensing for health personnel
 - => Flemish competences: quality of care, quality management and complaints, adverse events, patient safety and environmental health
- * (ambulatory) mental health care
- * primary health care (palliative care, ...)

Main areas of supervision

Disabled Persons (n= 446)

- * residential / semiresidential
- * non-residential services
- * rehabilitations centres
- * budget for personal assistance
- * centres for development disorders

Child & family (n = 2919)

- * child care
- * adoption
- * child abuse medical councellors
- * family support

Main areas of supervision

Financial Inspection

- * All institutions are liable to financial inspection
- * Assessing financial viability of institutions
- * Correct spending of public means

⇒ Institution may be public or private

⇒ No structural cooperation with other supervisory agencies (labour inspection, pharmaceutical inspection, hemovigilance, ...)

Legislative basis

- No specific legislation on Inspection
- Various legislation dealing with various fields of welfare and health: minimal standards and quality standards

Main working methods and instruments of power

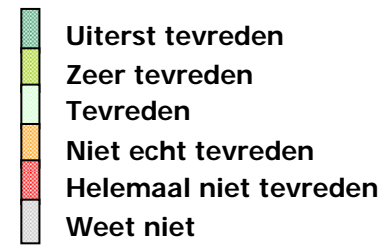
- Inspection: dealing with legislation, usually 1 inspector
- Auditing: assessing the institution's possibilities, team of auditors
- No methodological risk assessment, rather fixed frequency of inspection
- Publication of general inspection findings
- Individual Inspection reports may be consulted by citizens
- Methodical client satisfaction assessment

Methodical client satisfaction assessment

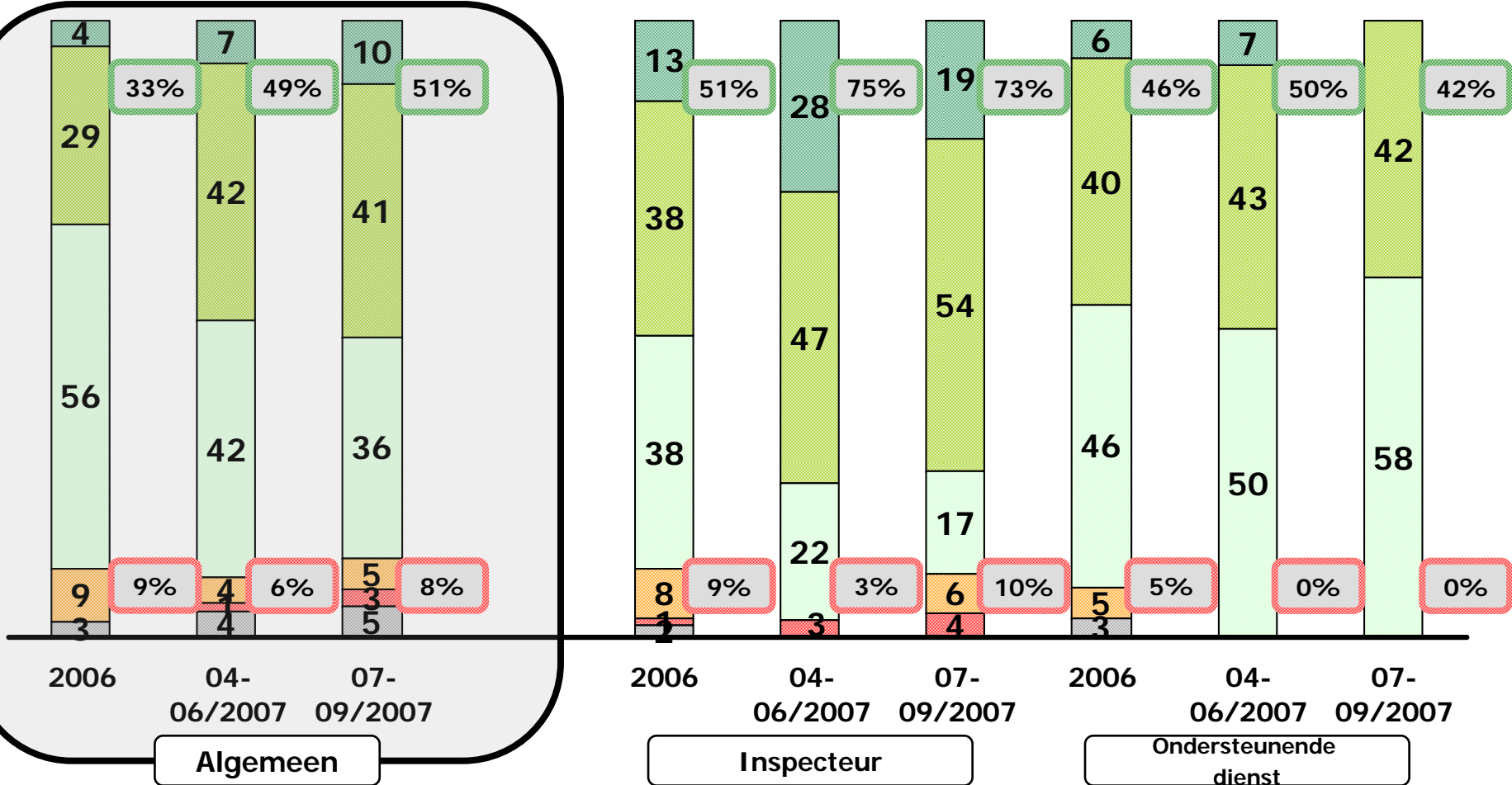
- Preparation
 - Step 1: Information
- Execution
 - Step 2: Inspection
 - Step 3: Back office
- Result
 - Step 4: Inspection report

Overall satisfaction

Overall satisfaction vs. partial satisfaction



Overzicht Klanten Tevredenheids Indicatoren (KPI)



Verschillend



Challenges for the future ...

- Relation with other institutions for accreditation or certification
- Accessible reporting
- Internationalising and commercialising of care