The Dutch Health Care Inspectorate
(Inspectie voor de Gezondheidszorg (IGZ))

EPSO meeting
Bergen - Norway
June 2 – 3, 2008

Jan Vesseur
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Minister of Youth and Family

Minister of Health, Welfare and Sport

State Secretary for Health Welfare and Sport

Secretary General

Deputy Secretary General

Director General for Public Health

Policy directorates

Policy directorates

Support directorates

Facility units

Director General for Curative Care

Policy directorates

Director General for Social Support

Policy directorates

Director General for Social Support

Policy directorates

Council and Comittee secretariats

Departements and Institutions
Departements and Institutions

- Agency of the Medicine Evaluation Board (ACBG)
- Central Information Unit on Health Care Professions (CIBG)
- Health Care Inspectorate (IGZ)
- Inspectorate for Youth Care (IJZ)
- National Institute of Public Health and the Environment (RIVM)
- Social Cultural Planning Office (CSP)
- Food and Non Food Authority (VWA)
- Netherlands Vaccine Institute (NVI)
- Council for Public Health and Health Care (RVZ)
- Netherlands Board for Health Care Institutions (Bouwcollege)
- Dutch Healthcare Authority (NZA)
Councils and Comittees Secretariats

- Central Committee on Research involving Human Subjects (CCMO)
- Health Council (GR)
- Advisory Council on Health Research (RGO)
- Council for Social Development (RMO)
- Council for Public Health and Health Care (RVZ)
State Inspectorate of Health

Health Care Inspectorate
• Part of the Ministry of Health, Welfare and Sport

Food and Non Food Authority (VWA)
• Part of the Ministry of Health, Welfare and Sport and of the Ministry of Agriculture, Nature and Food Quality

The Inspectorate of Housing, Spatial Planning and the Environment
• Part of the Ministry of Housing, Spatial Planning and Environment
Health Care Inspectorate

- Part of the Ministry of Health but independent
- Inspector-General as CEO, directly reporting to the Minister of Health
- Health care professionals as inspectors (120)
- Supporting personnel (120)
- Staff (80)
Health Care Inspectorate

Inspector General
Dep. Inspector General
(together the Daily Board)

Chief Inspector for the Curative Care
Chief Inspector for the Nursing and Home Care
Chief Inspector for Public Health
Chief Inspector for Product Safety
Project Chief Inspector for Patiënt Safety, ICT and international affairs
Programs

1. Public Health Protection
2. Health promotion
3. Non clinical, non specialistic care
4. Clinical Specialistic care
5. Care for the Disabled
6. Care for the Elderly
7. Home care
8. Product Safety
Health Care Inspectorate
2 central offices and
4 territories with 4 offices

Amsterdam (northwest)
Den Haag
Rijswijk (southwest)
Zwolle (northeast)
Utrecht
Den Bosch (southeast)
Regional Office

- Head office
- Deputy head office
- Inspectors (30)
- Program assistance (10)
- Secretary (4)
- Archives (3)
- Facility (3)
Central office

- Staf
- Supportive staf
  - HRM
  - Finance
  - ICT
  - Knowledge centre
  - Inspectorate desk
  - Lawyers
- Meeting facilities
Inspectors

- Medical doctors (15)
- Psychiatrist (2)
- Dentist (0)
- Widwive (1)
- Nurses
- Lawyers
- Pharmacists (15)
- Others

In total 120 inspectors

Inspectorate Academy. Courses for inspectors, Program support.
Health Care in the Netherlands
(16.000.000 inhabitans)

- 8 Academic Hospitals
- 100 Hospitals
- 8400 General Practitioners
- 8000 Dentists
- 2080 Midwives
- 1363 Homes for the Elderly
- 342 Nursing Homes
- Institutions for Disabled People (60000 beds in total)
- 36 Community Public Health Organisations
Tasks

1956 Health act, section 36

- enforcing statutory regulations relating to public health
- advising and informing the Minister and Director General of public health on matters relating to public health either on request or on its own initiative
Tasks and Functions

- For the minister and the general public
- Safeguard quality of care in terms of
  - Effectiveness
  - Safety,
  - Efficiency,
  - Patient centeredness
  - Accessibility
- Enforce laws and regulations
  - GDP, Opiates, use of restraining measures
Mission and ambition

• **Mission**: the Health Care Inspectorate exists to promote public health by effectively enforcing the quality of care, prevention and medical products.

• **Ambition**: legitimate faith in Dutch health care by the public.
Four inspection priorities

- Promote quality of care (especially patient safety)
- Making prevention more effective
- Make the quality of delivered care more transparent
- Devote more – and more targeted – attention to vulnerable groups
Five transitions

- Selective reactive enforcement and more proactive enforcement
- Not only enforcing the minimum demands, but also stimulating by using target standards
- Besides stimulating/initiating, also orchestrating
- From ‘silent service’ to ‘public service’
- Not only inspection focussed on objects, but also on supply chain care for diseases that cause a great strain on the healthcare system
Internal development items

- Handling of incidents and calamities will be rationalised
- Recognizable inspector-cum-account owner
- Establishing an investigation unit
- Professionalising our data processing
- Personnel who are up to the job
- Culture and leadership
Relevant Acts with tasks for the Health Care Inspectorate

- The Public Health Act
- The Quality Act for Health Care Institutions
- The Individual Health Care Professions Act
- The Health Care Complaints Act
- The Psychiatric Hospitals (Compulsory Admission) Act
- The Act on the Medical Treatment Agreement
Working methods of the Health Care Inspectorate

- General supervision
- Crisis or intervention supervision
- Thematic supervision
- Supervision of public health
How does the inspectorate work?
Preventive 1

- Check quality and safety
  - Compliance with standards and guidelines
  - Use of quality management systems
- Enforce if substandard care
  - Institution makes improvement plan
  - Checked by inspectorate
  - Measures taken if non-compliant
How does the inspectorate work?
Preventive 2

- Use performance indicators to select risks
  - Safety, effectiveness, patient centeredness
- 3000 long term care facilities,
  - Visit only high risk score facilities
- 135 hospitals
  - Visit all → focus supervision on low scores in benchmark
- 8000 G.P.s no preventive supervision yet
- 36 public health facilities
Phase 0: development of indicators

Phase 1: Gathering data, analysis and reporting

Phase 2: Further inspection, assessment
And determining type of measure

Phase 3: Measure under administrative law, sanction and investigation

Starting point: standards for responsible care
The results count 2004
Performance indicators as independant measure of quality of care in hospitals
Performance indicators
105 hospitals

- Pressure sores
- Transfusion reactions
- ICT
- Post op surgical infection
- Complication registration
- Post op pain
- Number of hazardous surgical interventions
- ICU level

- Pregnancies
- Diabetes
- Cardiac failure
- AMI
- Stroke
- Hip fracture
- Breast ca
Mean percentage pressure sores

examined patients (average)

2003  2004  2005
Post operative pain

Pain protocol
Acute pain service
Data available recovery room
Data available surgical ward
Percentage VAS <4
Intensive Care level
The Inspectorate will investigate if:

- The hospital did not fill in the required information
- The hospital indicator score is below a certain level
- The hospital indicator score is above a certain level
How does the inspectorate work?
Repressive

- Individual health workers: disciplinary court
- Institutions: inspectorate or MoH can order change
- Specific infractions: fines etc.
## Power of the press

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The role of indicators and quality assurance

- Transparency
- Accountancy
- Benchmark
- Boost for improvement
Strategy

- Structural Supervision
- Incidental supervision

Indicators / IF

TT

Reports/calamities
Political or public questions

2nd fase

Intervention
Conclusions

Inspectorate
- Better insight in effectiveness and safety
- Supervision more efficient

Hospitals
- Accountability/Transparency
- Quality improvement

Citizen, Insurance company, Government
- Possibility to choose
- Better information for policy
An adequate quality system is a condition, but no guarantee for a good outcome!
Thank you!

Jan Vesseur
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