



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

EPSO meeting
Bergen - Norway
June 2 – 3, 2008

Jan Vesseur
Chiefinspector for Patient Safety, Health IT
and International Affairs

j.vesseur@igz.nl

www.igz.nl





**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

**Director General
for Curative Care**

**Policy
directorates**

**Director General
for Social Support**

Policy irectorates

**Director General
for Social
Support**

Policy directorates

**Departements and
Institutions**

**Council and
Comitte secretariats**

**Policy directorates
Support directorates
Facility units**



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 Committees 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



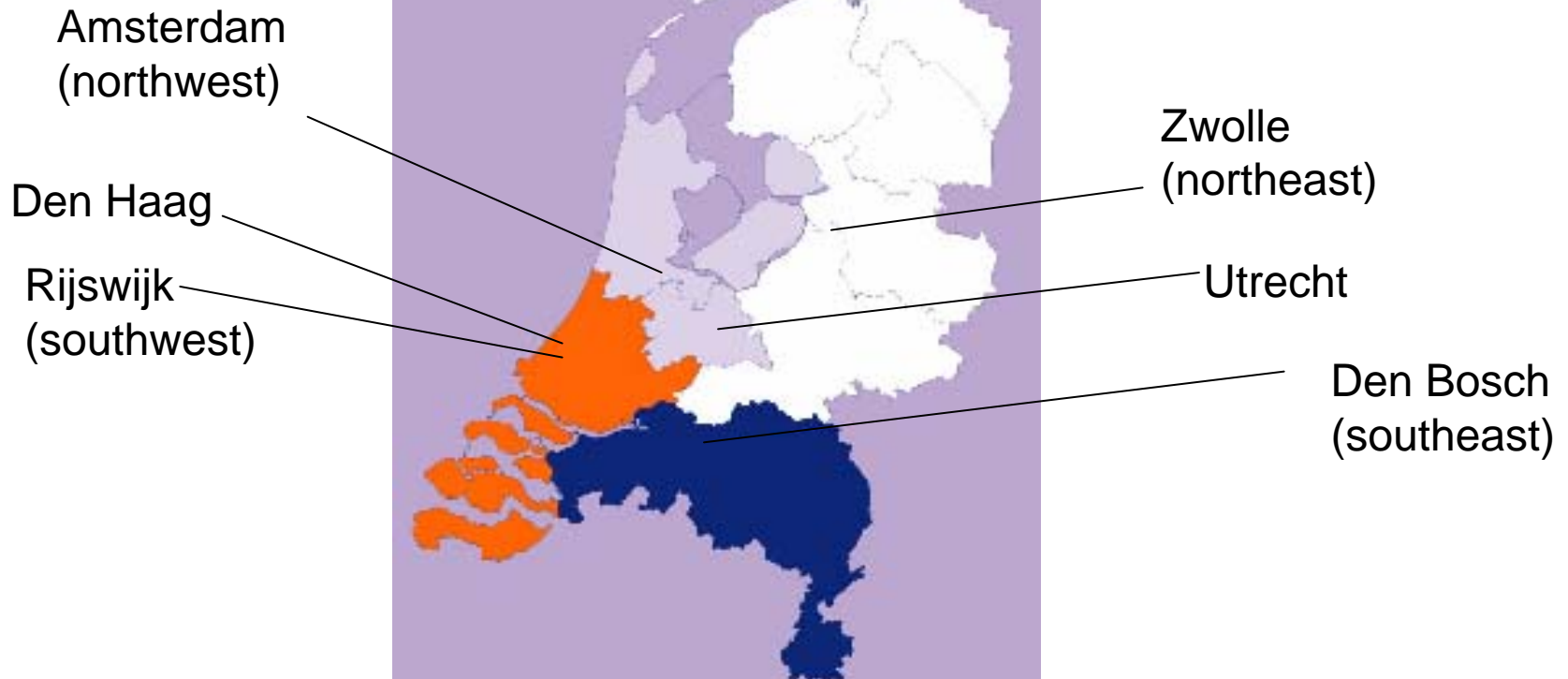
Programs

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





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)
- Widwife (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 inhabitants)

- 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 3:
Measure under
administrative law,
sanction and investigation

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

Phase 1:
Gathering data, analysis and reporting

Phase 0: development of indicators

Starting point: standards for responsible care

STAATSTOEZICHT OP DE VOLKSGEZONDHEID

INSPECTIE VOOR DE GEZONDHEIDSZORG

www.igz.nl



The results count 2004

Performance indicators as independent measure of quality of care in hospitals



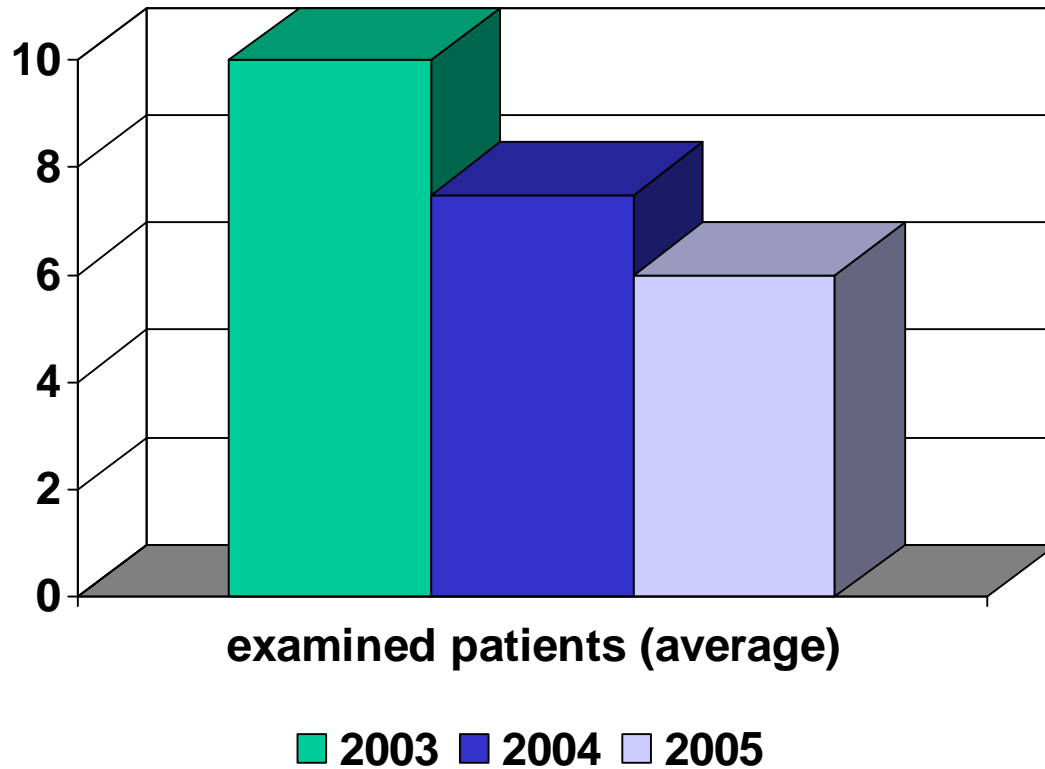
Performance indicators

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

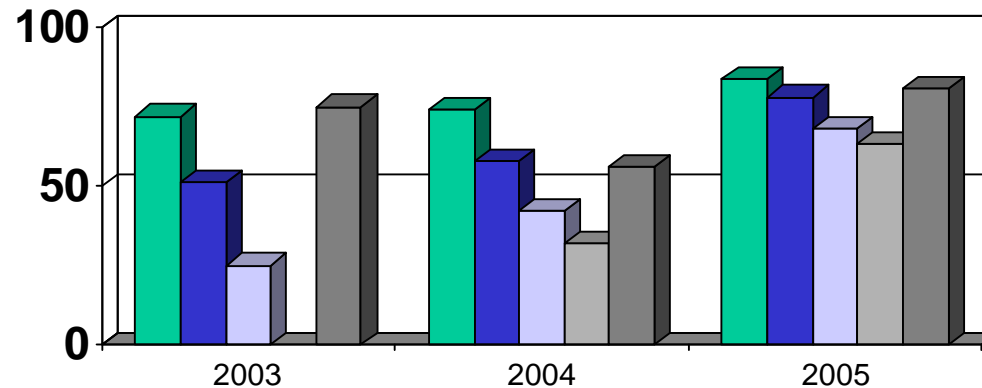


Mean percentage pressure sores





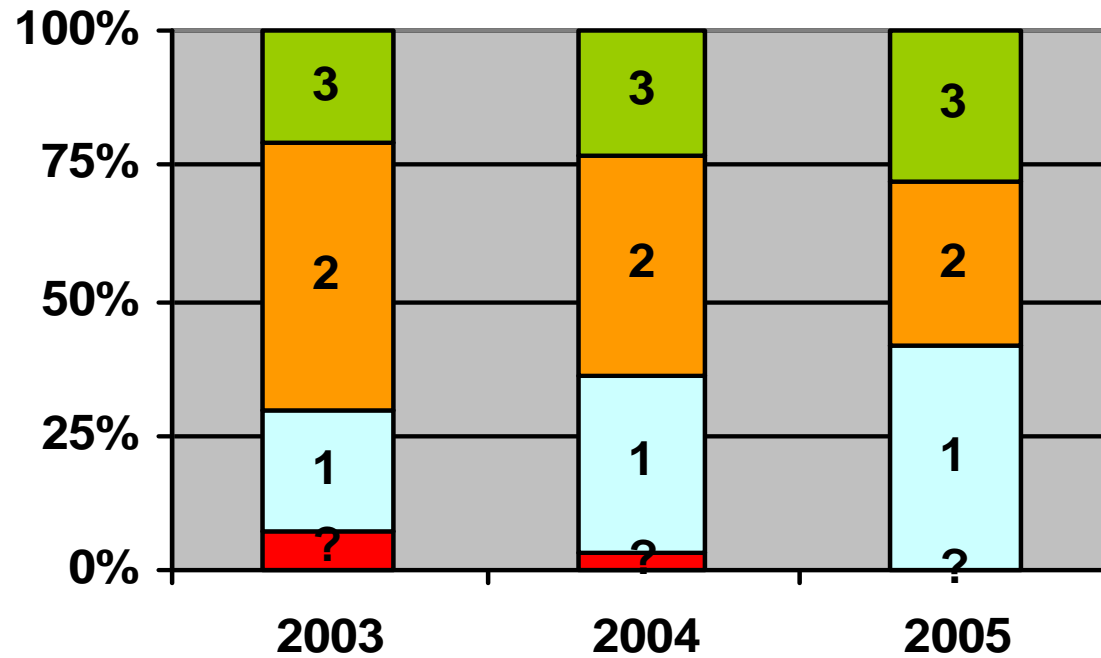
Post operative pain



- 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

Nr	Naam	Plaats	Score
1	Franciscus Ziekenhuis	Roosendaal	58
2	Maaslandziekenhuis	Sittard	56
3	Diakonessenhuis	Utrecht (Zeist, Doorn)	55
4	Nij Smellinghe	Drachten	54
5	Atrium Medisch Centrum	Heerlen (Brunssum, Kerkrade)	54
6	Academisch Ziekenhuis Maastricht	Maastricht	52
7	Ziekenhuis St. Jansdal	Harderwijk	52
8	Rijnland Ziekenhuis	Leiderdorp (Alphen aan de Rijn)	52
9	Groene Hart Ziekenhuis	Gouda	51
10	Amphia Ziekenhuis	Breda	51
11	Sint Lucas Andreas Ziekenhuis	Amsterdam	51
12	Van Weel-Bethesda Ziekenhuis	Dirksland	51
13	Erasmus Medisch Centrum	Rotterdam	50
14	Isala Klinieken	Zwolle	50
15	Sint Antonius Ziekenhuis	Nieuwegein	50
16	Leids Universitair Medisch Centrum	Leiden	49
17	De Tjongerschans	Heerenveen	49
18	Academisch Medisch Centrum	Amsterdam	49
19	VU Medisch Centrum	Amsterdam	49
20	Canisius-Wilhelmina Ziekenhuis	Nijmegen	49
21	Universitair Medisch Centrum Nijmegen	Nijmegen	49
22	Medisch Centrum Leeuwarden	Leeuwarden	48
23	Medisch Centrum Alkmaar	Alkmaar	48
24	St. Elisabeth Ziekenhuis	Tilburg	48
25	Ziekenhuis Rivierenland	Tiel (Culemborg)	48
26	Refaja Ziekenhuis	Stadskanaal	48
27	Mesos Medisch Centrum	Utrecht	48
28	BovenIJ Ziekenhuis	Amsterdam	47
29	Universitair Medisch Centrum Groningen	Groningen	47
30	West Fries Gasthuis	Hoorn (Enkhuizen)	47
31	Ziekenhuisgroep Twente	Almelo/Hengelo	47
32	Flevoziekenhuis	Almere	47
33	IJsselland Ziekenhuis	Capelle a/d IJssel	47
34	Ziekenhuis Zeeuws Vlaanderen	Terneuzen (Oostburg, Hulst)	46
35	Ziekenhuis Hilversum	Hilversum	46
36	Deventer Ziekenhuis	Deventer	46
37	Hofpoort Ziekenhuis	Woerden	46
38	Sint Lucas Ziekenhuis	Winschoten	46
39	Zaans Medisch Centrum	Zaandam (Wormerveer)	46
40	Ziekenhuis Rijnstate (Alysis Zorggroep)	Arnhem (Velp)	46
41	Catharina-ziekenhuis	Eindhoven	46
42	Ikazia Ziekenhuis	Rotterdam	45
43	Onze Lieve Vrouwe Gasthuis	Amsterdam	45



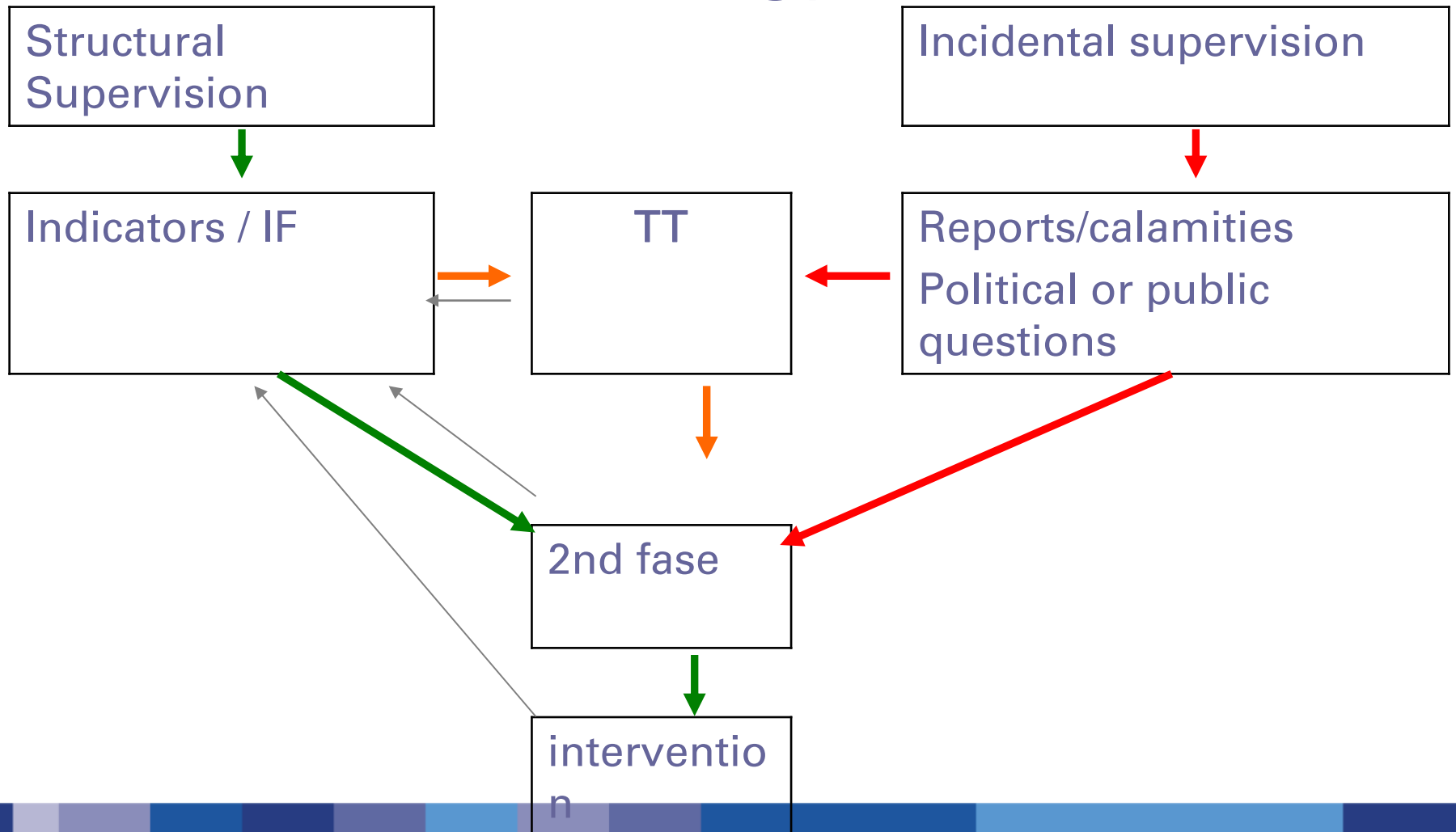


The role of indicators and quality assurance

- Transparency
- Accountancy
- Benchmark
- Boost for improvement



Strategy





Conclusions

Inspectorate

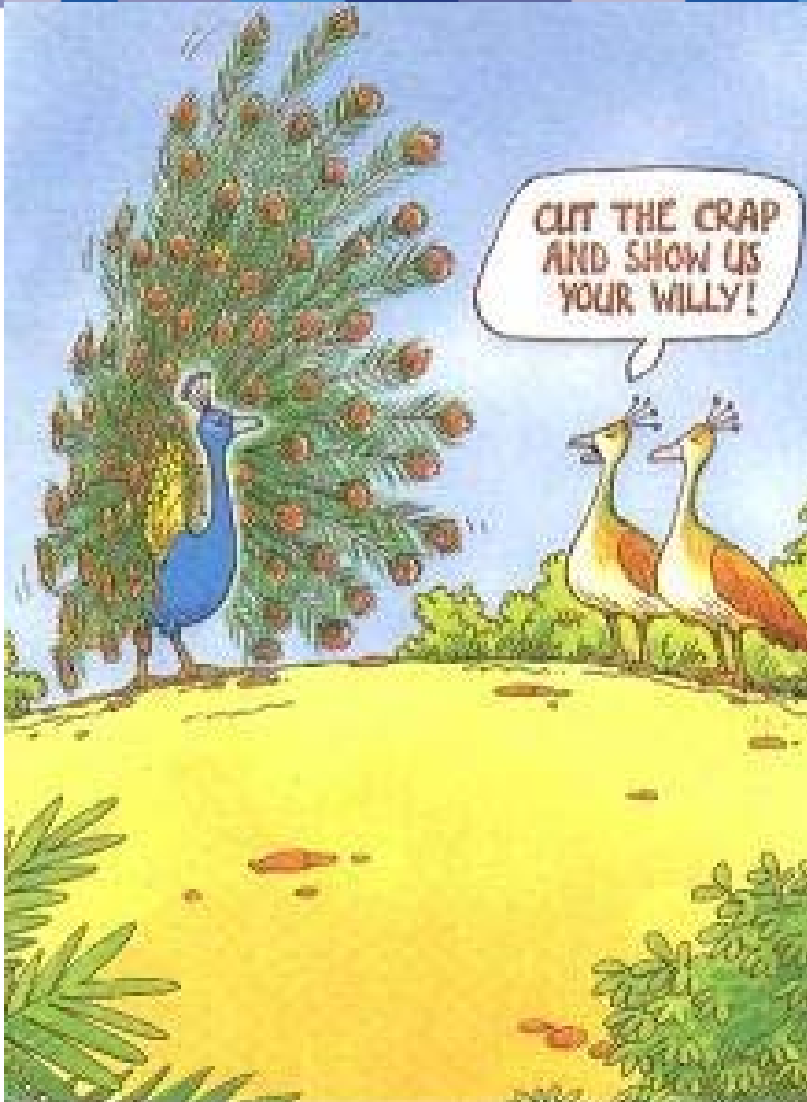
- Better insight in effectiveness and safety
- Supervision more efficient

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

Chief Inspector for Patient Safety, HealthIT and International Affairs

Health Care Inspectorate

P.O. Box 392

8000 AJ Zwolle, the Netherlands

Tel +31384671881

j.vesseur@igz.nl