Health Care Inspectorate
Ministry of Health, Welfare and Sport

Sometimes good is just not good enough

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Agenda

- Why inspect cancer care?
  - What's the risk of cancer care?
  - Why did we start an inspection?
- What did we find?
- What was the reaction of "the field"
- What are we doing?
  - Organization
  - Indicators
  - Concentration?
- What are the results?
- Risks for the future?
- Future


Cancer
care


Dokter's perspective
MON068047 [RF] © www.visualphotos.com

Patiënt perspective

Risks

- Multidisciplinary
  - Highly fractured
  - Many transfers of responsibility and information
- High risk actions
  - Diagnostics
  - Extensive surgery
  - Toxic medication
  - Radiation
- Inequality
  - Knowledge
  - Power
  - Impact

→ Natural candidate for Supervision

In reality

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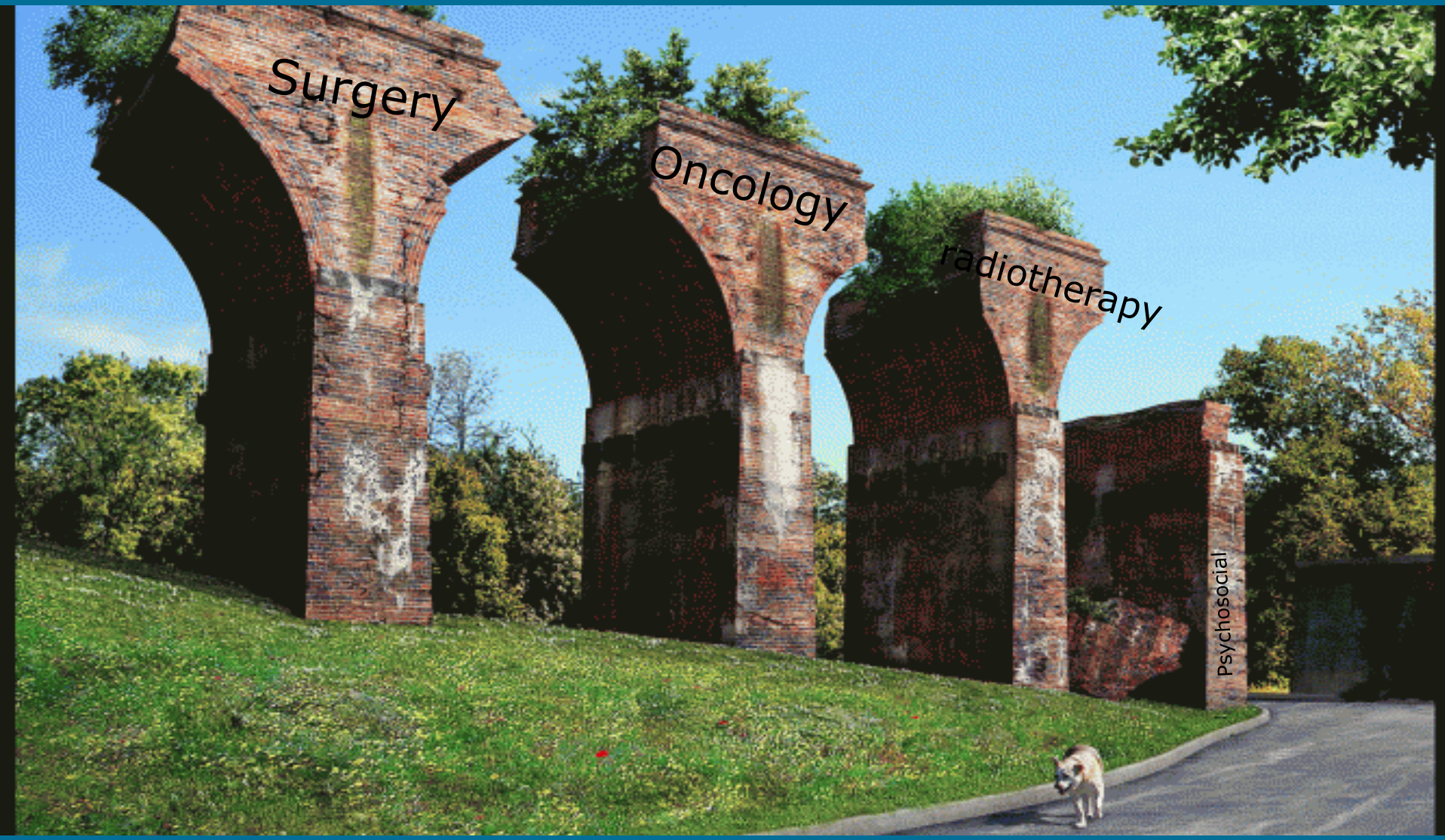
The road

1) Radiotherapy problem (data transfer between systems) 2006
2) Investigation (2007)
3) Test of instrument
4) Small technical problem, Large problem with coordination
5) Redesign instrument
6) Project
   1) 10 radiotherapy centers (45%)
   2) 20 referring hospitals
   3) Analysis (januari 2008)
   4) Discuss results with professionals and patients
   5) Report (march 2009)
7) Regular activity (2008 - 2012>>

Results

Sturdy pillars



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Dokters perspective proces

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Patiënt perspective

proces

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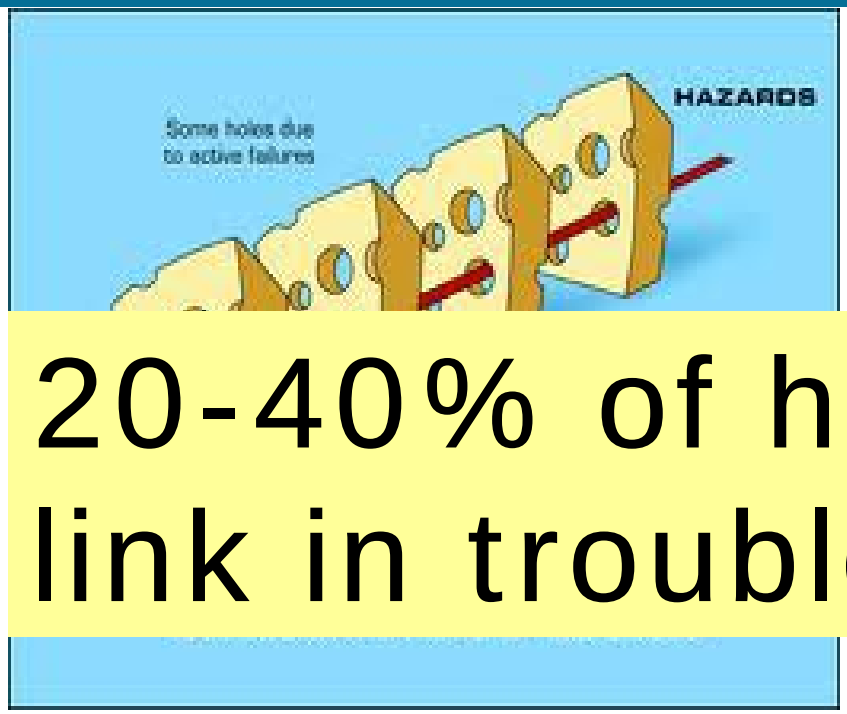
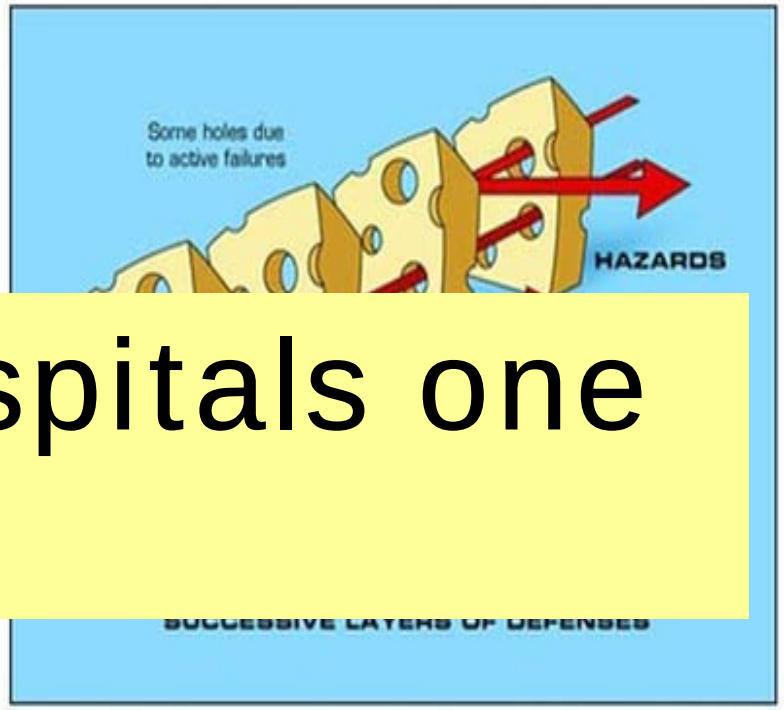
Why chains are vulnerable





20-40% of hospitals one link in trouble

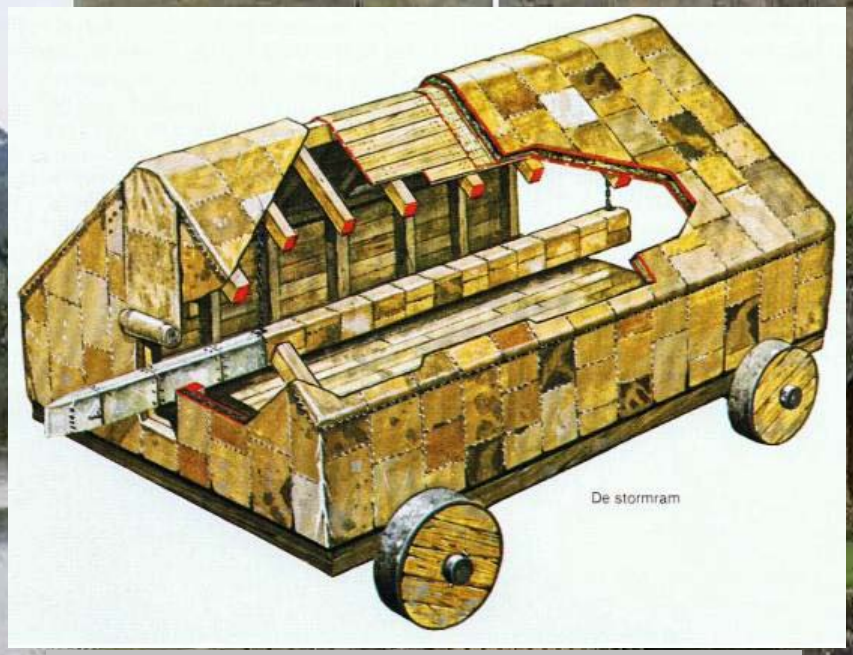
All the holes in the right places

All the holes in the right places all the time?

Measures

1) Coordination
   a) Care process
   b) Patiënt contact
   c) Multidisciplinary meeting
2) Care plan
   a) Up to date
   b) Accessible
3) Electronic Medical Record

First presentation



Patiënts

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Two points of view

Medical profession (radiotherapists, medical oncology)

International comparison

- Dutch cancer care good

Methods

- Small sample
- Unannounced
- Adapted methods to new findings

Effect

- Bad for patient confidence

Patients, nurses (surgeons, lung specialists, urologists)

Patients have very similar experience

Opportunity for improvement

Reinforcing other initiatives

Simply not good enough

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Next phase

Local

- Hospitals implement measures
- 1 januari 2011
- Clinical paths
- Cancer centers
- Case manager

National

Concentrating highrisk procedures

At least 20/year,

if high risk on

mortality

Complications

Official policy

Dutch cabinet

Dutch surgeons

Health care insurance companies

Cancer coordination centres

Inspectie voor de Gezondheidszorg
Ministerie van Volksgezondheid,
Welzijn en Sport

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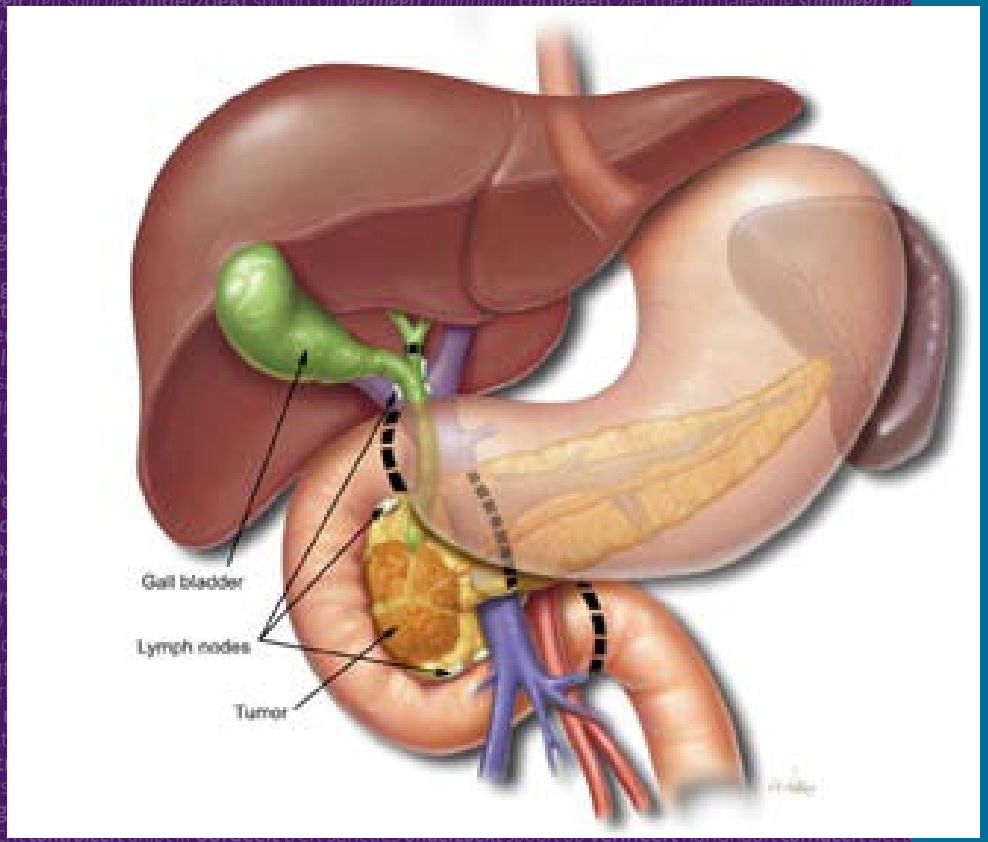

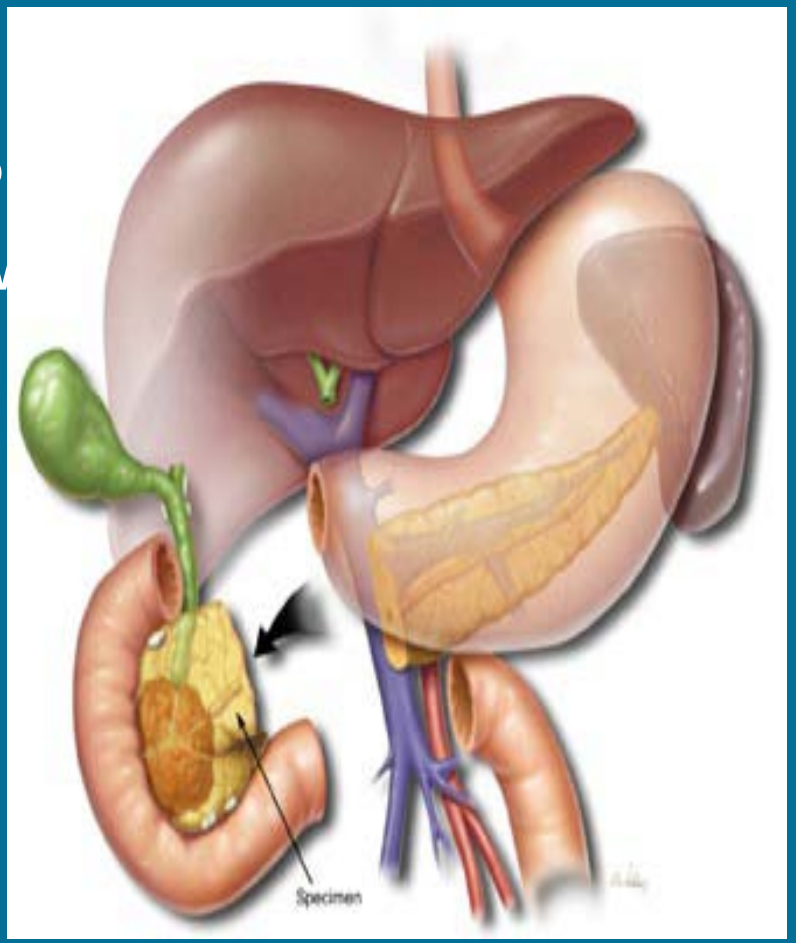

Shift in referrals of pancreatic surgery

Results

- Pancreatic surgery
  - Mortality during operations 24 > 4% one region
- Oesophagus
  - 12% > 2%
  - Often already active, but last push needed for implementation
  - Test: where would you send your father?

Monitoring and inspection

From 2003 Inspectionset

- 20 indicators for healthcare eg.
  - Breast cancer
  - Volume of oesophagusresection

  - From 2010
  - Separate chapter for oncology
    - Types Breast, Colon, Prostate, Pancreas/lung
    - Decision making, care plan, electronic record
    - Volume (oesophagus, pancreas, breast, lung)

Indicator as antlers on the deer

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Indicator gives indication

For investigation of the complete care process

- High re operation rate for colon cancer
- Analysis and if necessary redesign of total operative process for colon cancer

Change of role

The sheep dog of care

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Conclusions

- Cancer care needs supervision / inspection
- Multiple perspectives
  - Outside push useful
- Integrated approach necessary
  - Intervention
  - Policy changes (concentration of high risk care)
  - Monitoring linked to intervention and policy
- Multiple alliances essential