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Health Care Inspectorate Ministry of Health, Welfare and Sport

Sometimes good is just not good enough

Jan Maarten van den Berg, MD Senior inspector for specialist medical care

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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

TORTURE CHAMBER UNSUITABLE FOR WHEELCHAIR USERS





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









- 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



Dokters perspective



proces



Patiënt perspective



proces



Why chains are vulnerable



HAZARDS

Some holes day social statures 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?



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







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





Next phase

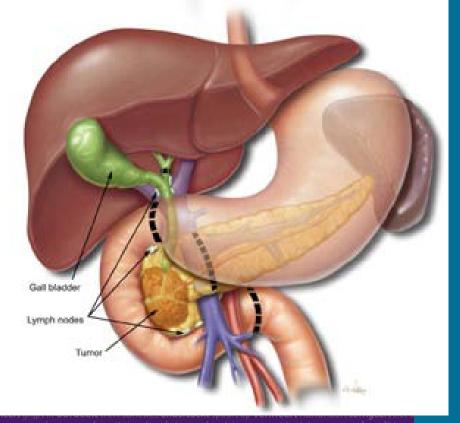
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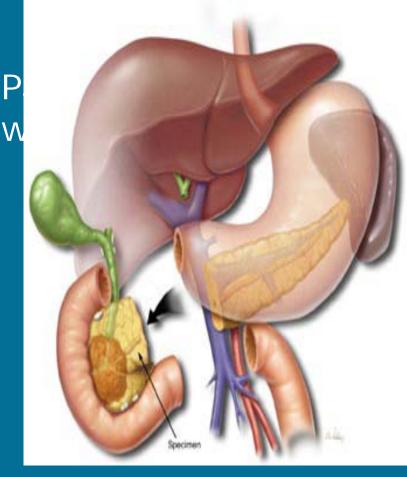
- Hospitals implement measures
- 1 januari 2011
- Clinical paths
- Cancer centers
- Case manager

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

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Inspectie voor de Gezondheidszorg Ministerie van Volksgezondheid, Welzijn en Sport





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





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





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