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
Dokter's perspective
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

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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

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Sturdy pillars

Surgery

Oncology

radiotherapy

Psychosocial
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20-40% of hospitals one link in trouble

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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

 Patients

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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 high-risk 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
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 oesophagus resection

- 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

Symbol for the system

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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
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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