

Annual Supervision Report 2012

HELSETILSYNET

tilsyn med barnevern, sosial- og helsetenestene





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State supervision – an important part of the welfare state

The name the *Norwegian Board of Health Supervision* does not cover the comprehensive activities that we carry out and coordinate. As this Annual Supervision Report shows, we have many tasks, not just related to supervision of health and welfare services, but also related to child welfare services and social services.

This year, it is 10 years since we were given responsibility for supervision of social services. We have had responsibility for supervision of child welfare services since 2009. During the last few years, the number of tasks we have that are related to supervision of health services has increased, such as supervision of medical and health-related research and a more active role in the investigation of adverse events in specialized health services.

We believe that this has been a positive development, because we see that there is an increased need for cooperation between the different services if the aims of the services of the welfare state are to be achieved. Many of the deficiencies in services that we detect are in areas in which the different services overlap. Therefore, a vigorous supervision authority should be able to see provision of services as a continuous process, not just as provision of isolated services. It is continuity of care, or lack of it, that clients experience.

Our supervision system includes the Norwegian Board of Health Supervision and the Offices of the County Governors. The portfolio of the Offices of the



County Governors is even broader than ours. They not only have responsibility for supervision of many of the same areas that we have. They also have responsibility for supervision of other major areas of activity related to the welfare state, such as education and other municipal services.

“Supervision is expected to expose adverse conditions in which clients find themselves in positions of powerlessness.”

must understand the statutory requirements that exist. Second, the supervision authorities must base their assessment of the services on actual investigation of conditions in the services. This requires a high level of professional insight into

the relevant sector. Third, all the parties must understand that it is the service providers (municipality, health trust etc.) that have responsibility for correcting any deficiencies that are detected in the services they provide. The supervision authorities shall ensure that this happens. Overall, our impression is that in areas in which deficiencies have been detected, improvements occur quite quickly after we have carried out supervision.

By basing our supervision on actual findings from investigation of service provision, we believe that the services can gain experience that they can learn from, both at the level of the service providers and at the level of the decision-makers. In our opinion, the experience gained from supervision is underutilized. In 2011 and 2012, our activities were evaluated by a group of experts from abroad. They pointed out that, in general, the Norwegian Board of Health Supervision is run in a way that can be expected of a state supervision authority today. But they also pointed out that we could be better at disseminating information about our work. Now that we are working on a new strategic plan and reorganizing our internal structure, one of our aims is to use the resources that we have available for supervision more effectively.

Supervision challenges the power structures of the welfare state. Supervision is expected to expose adverse conditions in which clients find themselves in positions of powerlessness. Both these approaches are suitable for creating debate, from both an individual and an overall perspective. There will often be different opinions about our assessments and decisions. As a supervision authority, we must tolerate this. But in order for society to have confidence in us, we must be able to justify our point of view. This Annual Supervision Report is a tool for making our assessments transparent. We hope that you enjoy reading it!

Jan Fredrik Andresen



Treatment of fracture of the hip for **frail elderly** patients

Many hospitals have a comprehensive approach to treatment of fracture of the hip for frail elderly people.

Frail elderly patients need a broader approach than younger, fitter patients. The patient's total health status must be taken into account, and not just one specific condition or one organ system.

As part of the priority given by the Norwegian Board of Health Supervision to supervision of services for elderly people, in 2011 countrywide supervision of treatment of frail elderly people who had a fractured hip was carried out in 23 hospitals in 14 health trusts. Breaches of the legislation were detected in 19 cases. The supervision reports can be found on our website www.helsetilsynet.no.

Bone fractures constitute a serious health problem for elderly people. Each year in Norway, about 9 000 elderly people suffer from hip fracture. This has serious consequences not only in terms of pain and discomfort, but also loss of function, reduced life expectancy, increased need for assistance and increased need for care in an institution.

The aim of supervision was to investigate certain areas in which we know that deficiencies in services can have serious consequences for patients:

- Waiting time from admission to operation
- Use of medication
- Treatment of delirium (acute confusion)
- Assessment and follow up of nutritional status

Waiting time from admission to operation

In order to prevent complications and pain, and to reduce the risk of increased length of hospital stay and increased mortality, it is important that the time the patient has to wait for an operation is as short as possible. With few exceptions, we found that the length of time patients waited for an operation was within acceptable limits.

Use of medication

Use of many types of medication increases the risk of adverse or harmful combinations of medication. Frail elderly people who are admitted to hospital with a fractured hip often use many different types of medication. Before the operation, the hospital must ensure that they have an overview of the patient's medication. When the patient is discharged, the hospital must give information about the patient's medication to the patient, the general practitioner, the patient's relatives and the home nursing services, as appropriate. In order to avoid adverse consequences, it is particularly important that the next service in the treatment

chain receives information if there is a need to regulate or reduce the use of medication.

In half of the hospitals, we detected deficiencies in patient record

keeping related to assessment and evaluation of the patient's medication, such as inadequate information about the

“ Each year in Norway, about 9 000 elderly people suffer from hip fracture.”

Supervision was carried out by examining patient records. Using this method, it is possible to detect inadequate documentation of patient assessment and treatment. When documentation is lacking or incomplete, this may be because recording is inadequate. But it may also be an indication of inadequate practice. In the case of supervision in which breaches of the requirements relating to patient records have been detected, the health trust was given instructions to examine whether their practice is in accordance with the statutory requirements, to analyse the reason for any inadequate practice, and to inform the Office of the County Governor about how they would correct any deficiencies.

By «frail elderly people» we mean elderly people over 80 years of age who have health problems that make them particularly vulnerable, and that must be taken into account when they receive health care.



length of treatment with anticoagulants. This can have serious consequences for the patient. There were also examples in which information about assessment of medication and changes in the use of medication was not recorded in the discharge papers. Lack of recording of use of medication is a serious cause for concern for these frail elderly people.

Treatment of delirium (acute confusion)

Delirium is a state of confusion, and is a common complication of fracture of the hip that can develop to cognitive loss (dementia). Delirium has a good prognosis if it is assessed and treated promptly. Long waiting time for an operation increases the risk for the development of delirium. To a certain extent, delirium can be prevented by adequate fluid balance, nutritional status, pain control and nursing care. If a patient has symptoms of delirium when he or she is discharged, it is important that the next service in the treatment chain receives adequate information and clear recommendations about follow up.

In many of the hospitals, the Office of the County Governor found during supervision that the problem of delirium had not been recorded in the patient journal, even in cases where it was recorded that medication for delirium had been given. There were examples in which symptoms of delirium were recorded in the patient journal, but there was no information about further assessment or treatment. There was also little information in the discharge papers about this. These findings give the supervision authorities reason to question whether the health trust had too little focus on delirium, including systematic identification and follow up of the problem.



Assessment and follow up of nutritional status

Because inadequate nutrition often leads to a higher prevalence of complications and infections, patients' nutritional status must always be assessed before the operation, to see whether they are under-nourished. Also, low body weight increases the risk of low energy fracture.

In three out of four hospitals, supervision showed that documentation of nutritional status and appropriate measures was inadequate. Important information was then not given to the next service in the treatment chain. This gives cause for concern about whether follow up of patients' nutritional status was adequate.

Summary/follow up

In cases in which the Office of the County Governor found inadequate patient records, the health trust was asked to examine whether breaches of the requirements relating to patient records indicated that practice was also in breach of the regulations. Several of the health trusts have informed us that practice was in fact also inadequate. Supervision is not completed before the health trusts have initiated necessary measures to ensure that frail elderly people with fracture of the hip receive treatment that is in accordance with sound and adequate practice.

Are children and **young people** forgotten when municipalities assess the needs of families with **economic problems**?

People who apply for social security benefits have economic problems, either in the short term or in the long term. If the applicants have responsibility for children, the situation is more challenging, particularly for the children. Recent research about the vulnerability of children in families with economic problems has increased political and professional awareness about children's needs.

Are the needs of children assessed when their parents or guardians apply for social security benefits?

In 2012, as part of countrywide supervision, the Offices of the County Governors investigated whether the municipalities ensure that the needs of children are systematically assessed when their parents or guardians apply for social security benefits. In 59 out of 67 cases of supervision, breaches of the legislation were detected. A common finding was that these municipalities did not ensure that the parents' or guardians' situation in relation to care of their children was adequately assessed. The children's living conditions and needs were not systematically investigated.

The municipalities have a statutory duty to assess whether economic problems have a negative effect on children's and adolescents' upbringing, based on what is usual for children in the same community. According to the legislation, assessment and solutions shall be adapted to the individual applicant's situation and needs.

Supervision was carried out as system audits. This means that the Offices of the County Governors examine whether the municipalities have systems that ensure that clients receive safe and adequate services in accordance with the legislative requirements. An important part of supervision is to investigate whether the management in the municipalities ensures that the staff have a common understanding of what is sound and adequate practice, and whether the staff receive necessary training. The Offices of the County Governors also investigated whether the management works systematically to prevent adverse events and critical mistakes in service provision, and that they learn from the mistakes that are made.

Inadequate assessment of children's needs

In the majority of the municipalities where we carried out supervision, the assessment process was left to chance and was not systematic. There was no description of relevant information that should always be obtained. The staff did not have a common understanding about what information



In many municipalities, it was not usual to have an interview with the applicant”

they should obtain about parental responsibility and the children's needs, or how they should collect it. Information was often limited to the number and the age of the children the applicant had. The children's needs for clothes, shoes and equipment, whether they had a computer to use at school, whether they were able to participate in leisure-time activities, and whether they had adequate and safe accommodation, was seldom assessed.



In many municipalities, the assessment process was too passive. There was no established practice to obtain information actively, and it was often up to the applicant to provide information. It was not usual to have an interview with the applicant, either in the office or in the applicant's home. In these cases, only the written application was used. In many municipalities, there was no procedure for informing the applicants about their statutory rights, and what type of social security benefits they could apply for. New and updated information about the





applicants' situation was not always obtained for applicants who had applied previously.

Standardized assessment

When the assessment process is so inadequate in so many municipalities, there is reason to doubt whether individual assessments are made in accordance with the statutory requirements.

In the majority of the municipalities where we carried out supervision, the assessment of applicants' needs and the types of benefit they were applying for, was standardized. Applications were seldom dealt with on the basis of judgement and individual assessment, either for new applicants or for applicants who had previously applied for benefits.

It is possible to detect these deficiencies if the municipalities have management systems and control systems for checking their procedures. However, management and control was inadequate in most of the municipalities. In some municipalities, a manager or member of staff had responsibility for checking administrative decisions and making random checks, though this did not identify inadequate assessments.

Staff training

In many of the municipalities where we carried out supervision, there was no planned, systematic training of staff. The staff often had weekly meetings, but these meetings were seldom used to discuss individual cases and professional challenges, to provide instruction, or to ensure that the staff had a common understanding of the statutory requirements.

Staff need time and skills when they have clients with economic problems and other types of problems. They need to know the statutory rights of the applicants, and the statutory requirements for administrative procedures. By interviewing the applicant, they should be able to find solutions that can help the applicant and his or her family. The municipality has responsibility for establishing procedures that ensure that the staff have the necessary and relevant skills to carry out their tasks satisfactorily.

Adequate focus on sound practice

A robust system for reporting and dealing with deficiencies in the services is an important element of the work of management to ensure that services are adequate, and to improve practice. This means that staff must be able to report adverse events, mistakes and deficiencies in the services. The staff need to know what they should report, and how they should do this. The management need to read the reports regularly, and to assess whether routines and practice should be changed.

Very few of the municipalities where we carried out supervision had well-functioning arrangements for dealing with these reports. This work had begun in some municipalities, but the staff did not always know what they should report, or how they should do this.



The overall assessment of the Norwegian Board of Health Supervision

The results of this supervision give much cause for concern. In 85 % of cases, the Offices of the County Governors found serious deficiencies in management of the assessment of the situation and needs of children, when applications for social security benefits were dealt with. A thorough assessment in which the applicant has actively participated in providing information about their situation is necessary for dealing with these applications in a satisfactory way. This process should not be left to chance, dependent on the efforts of the member of staff. Written procedures, systematic training, and continuous work to improve services are necessary to ensure that every application from every applicant is dealt with satisfactorily every time.

Many people can feel ashamed and powerless when they apply for social security benefits. They may worry about their situation and fear being rejected. This must be taken seriously. The staff must have the necessary framework and skills to solve their tasks in an appropriate way.

In countrywide supervision of social services in 2010, the Offices of the County Governors detected breaches of the regulations in 9 out of 10 municipalities. Serious deficiencies in assessment of the applicants' situation was also the most important finding then. We strongly recommend that the municipalities use the supervision reports as a basis for systematic evaluation of whether their practice is in accordance with the statutory requirements.



Many people can feel ashamed and powerless when they apply for social security benefits.”

Compulsory health care in nursing homes

Sometimes it is necessary to use compulsion in order to provide necessary health care and to avoid serious damage to health. In such cases, the staff must be sure that an adequate assessment has been made, and that the requirements for use of compulsion have been met.

Since 2009, the Patients' and Clients' Rights Act has contained provisions about providing health care to patients who refuse help, but who do not understand the consequences (in other words, patients who lack the competence to give informed consent). Providing health care to people who refuse help is a serious encroachment of their right to self-determination. Therefore, guarantees of legal safeguards have been introduced in the form of strict conditions for providing compulsory treatment, and in particular rules for administration and control in order to prevent and limit the use of compulsion. Voluntary measures, and measures to create confidence, must be tried before compulsory health care is provided.

In 2011 and 2012, the Norwegian Board of Health Supervision investigated whether the municipalities ensure that necessary health care is provided to patients who refuse health care, whenever possible without the use of compulsion.

We investigated whether the municipalities ensure that the nursing homes:

- Identify patients who refuse health care, and assess their competence to give informed consent
- Try measures to create confidence before health care is provided with compulsion
- Assess whether health care can be provided using compulsion

We carried out supervision in 101 municipalities: 48 in 2011 and 53 in 2012

- Breaches of the statutory requirements were detected in 88 of the 101 municipalities
- Fewer breaches were detected in 2012 than in 2011:
 - In approximately 85 % of the municipalities in 2012
 - In approximately 90 % of the municipalities in 2011

We found that the staff often did not have adequate knowledge to identify situations in which patients lack the competence to give informed consent and resist health care. We also found that compulsion was widely used without assessing whether the requirements had been met, and without an administrative decision to provide compulsory health care having been made. Despite training in these areas during the last few years, we found that the staff still lacked knowledge about the legislation. This also applied to the possibility to use compulsion in cases in which it is necessary in order to prevent serious damage to health.

A positive impression we gained was that many of the staff tried different solutions and measures to avoid using compulsion. Improved documentation, and better communication between members of staff about what measures to try and how they work, could help to reduce the use of compulsion.

Compulsory health care is a particularly vulnerable area, because the consequences of assessment and decisions have great significance for individual clients. Wrong decisions can lead to the use of compulsion in cases in which it is not justified, or that patients who lack the competence to give informed consent do not receive necessary health care. Leaders can reduce these risks by ensuring that all members of staff are prepared, and that they have adequate knowledge to deal with these situations.

“Wrong decisions can lead to the use of compulsion in cases in which it is not justified, or that patients who lack the competence to give informed consent do not receive necessary health care.”

The breaches of the regulations that we detected indicate that there is a great risk that service provision is inadequate. The municipalities in which we found breaches of the regulations must correct the conditions. We encourage the municipalities where we have not carried out supervision

to learn from this supervision. All the municipalities should assess their own services and the local conditions. The results from this supervision can be used to detect areas of risk and to improve the services.



«The next child» – how can the leader make a difference?

In the majority of municipalities in which we carried out supervision, services were not organized in a way that ensures that children receive their rights in relation to examination and assessment of the services they need. The findings of countrywide supervision of municipal child welfare services in 2012 confirm the findings from the previous year. Does the supervision authority make unreasonable demands? Is it possible to meet all the requirements? Can the leaders make a difference for the next child?

Supervision in 2011 of the work of the municipalities with examination and evaluation of services for children living at home, detected breaches of the regulations, or areas with potential for improvement, in 40 out of 44 municipalities, compared with 47 out of 55 municipalities in 2012. In both 2011 and 2012, we examined and assessed how child welfare services are managed and controlled, and how children's right to participate is assured.

“The child is the main person in the case, and can provide important information.”

Left up to chance

The findings from supervision show widespread deficiencies in management and provision of services. Despite a set of written procedures, in many cases there is no-one who ensures that all members of staff know about the procedures or follow them. In many municipalities, there is no systematic approach for assessing the child's situation after receiving a report about concern for a child. This means that assessment of a child is often left up to chance, dependent on what the individual member of staff believes is appropriate in the case. The result can be that the wrong things are given focus, and that

the wrong conclusion is made. The services that children receive from the child welfare services, such as a support person or respite care, are often not evaluated to see whether they have the desired effect, whether they should be discontinued or changed, or whether other more appropriate services should be provided.

In their supervision reports, the Offices of the County Governors report that documentation of information and activities in the case is often incomplete. If a new child welfare officer takes over the case, it may be impossible to see what has happened previously, what the child welfare service has found, and what assessment has been made. In many cases, interviews with the children are not documented. It was often not recorded whether an interview had taken place, what information was gained, and how the child welfare officer assessed the information. Adults who wish to see the assessment that the child welfare service made of them when they were a child, will often find very little information.

Children's right to participation

Children's right to give their views is a basic principle, and applies to all aspects of the case that concern the child. We found that children were sometimes interviewed and sometimes not. This applied to the time when the child was assessed, and even more often to the time when the case was evaluated. It is very serious that many children are not given the opportunity to participate. The child is the main person in the case, and can provide important information.

Inadequate care is allowed to continue

Both in 2011 and 2012, during supervision, the Offices of the County Governors found cases in which there was concern that care of the child was





seriously inadequate. Some of the cases had not been completed. Some cases had not been started, so that no assessment had been carried out, and no conclusions had been made about what measures were necessary. Some cases involved serious concern about violence and sexual abuse. The Offices of the County Governors follow up these cases, to ensure that the municipalities provide the services that the children need and have the right to receive.

The role of the management

As part of supervision, we have looked at how the child welfare services plan, control and correct the services they provide to children and families. This part of management is the core of internal control. Internal control shall ensure that services are planned systematically in the best interests of the child. The leaders have responsibility for ensuring that this happens. It shall not be left up to chance, or up to the individual child welfare officer, how the services shall be provided. Services shall be provided in a way that is initiated and managed by the top leader, and adequately implemented down to the last member of staff who was employed. All members of staff should have the same level of knowledge and awareness about how assessment of a child shall be carried out. They should know what an assessment entails, and different ways of how it can be done. The leadership has responsibility for ensuring that all members of staff know the routines and

use them. They have responsibility to check that routines are followed and to alter practice when mistakes are detected.

The leadership has responsibility for ensuring that children can participate when the services they receive are evaluated. They must ensure that all members of staff know that they have a duty to listen to the child. They must check that children are interviewed, and they must correct the staff's practice if this does not happen.

Can the leader make a difference?

The supervision authorities have been confronted with the following statement:

«When breaches of the legislation have been found in nearly all the services, there is nothing wrong with the services, but something wrong with the supervision authorities!»

Do the supervision authorities set unreasonable and unattainable requirements? In supervision, the requirements are only those that are in accordance with the legislation. These requirements are not unattainable. We have carried out supervision in municipalities in which all the requirements have been met. We believe that the leader can make a big difference. In municipalities in which we have not detected breaches of the legislation, we have met dedicated leaders at all levels. These leaders manage the child welfare services without waiting for new methods of assessment. They do not always have the latest assessment tools. They have not always sent all their staff on special training courses. They are leaders who are fully involved in the services, each day.

These leaders have a systematic

approach to management, and they have set routines and procedures for how tasks shall be carried out. Progress in assessments and evaluation are checked by the leader, the team leader and others, according to a set plan. The content and quality of cases are checked in meetings. Have you remembered to talk to the child? All members of staff know where they can go to ask for help and advice when they face challenges, and regular meetings are held to discuss cases. The leader knows what training the members of staff have received, and check that training in professional requirements, legislative changes and other matters is offered. When mistakes are detected, they are reported. Mistakes are discussed in meetings, and routines are changed.

The next child

Changes and improvements have to be initiated by the leaders. The leader has responsibility for learning from mistakes, and has the authority to make changes. These changes can directly influence whether the next child receives adequate help. If a child welfare officer knows how to examine a child, what assessments to make, and knows where to go for advice, there is a good chance that the situation and needs of «the next child» will be adequately assessed. Helping «the next child» is the most important task of the child welfare service. «The next child» shall receive services that fulfil the aims of the Child Welfare Act: “necessary help and care when it is needed”.

The requirements for **fertility clinics** are not always met

The Norwegian Board of Health Supervision has carried out supervision of ten authorized fertility clinics. In eight of these clinics, breaches of the regulations were detected. Ova, sperm and embryos are delicate tissues, and the requirements for dealing with them are strict. The leaders have responsibility for managing and leading the organization in such a way that all the tasks are carried out as they should be, that there is continuity between different tasks and that tissues are not damaged.

Medically assisted reproduction is medical treatment for fertilizing a woman's ova with sperm, either within the woman's body or in vitro. The Norwegian Directorate of Health

grants authorization to organizations that deal with cells and tissues for medically assisted reproduction, and the Norwegian Board of Health Supervision is responsible for supervising these organizations.

The regulations for dealing with human cells and tissues are detailed, and apply to the donation, utilization and storage of cells and tissues. The aim of the regulations is to ensure that the quality of cells and tissues is high, in order to protect the health of donors and recipients, and to avoid transference of infection or diseases.

At eight of the ten organizations, nonconformities (breaches of laws or regulations) were detected. At five of the organizations, human material was not adequately labelled, and at six of the organizations, final control of embryos

for implantation was inadequate. The Norwegian Board of Health Supervision has a stricter interpretation of the statutory requirements than the organizations. Awareness of the leaders about quality and safety is such that we believe that the probability for mistakes occurring is low.

At four of the organizations, we pointed out that use and control of critical equipment was inadequate. At one of the organizations, we pointed out that the premises did not meet the statutory requirements. When equipment and premises are inadequate, there is an increased risk that human material can be damaged or lost.

Supervision was carried out from March 2011 to February 2012. Our findings are summarized in the Report of the Norwegian Board of Health 1/2013.

