



Health Care Inspectorate  
Ministry of Health, Welfare and Sport

For  
justified  
confidence  
in good  
care

*Quality of care:  
Confidence or trust*

**Health Care  
Inspectorate  
Role and position in  
Dutch health care**



## 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 confidence in Dutch health care by the public.*



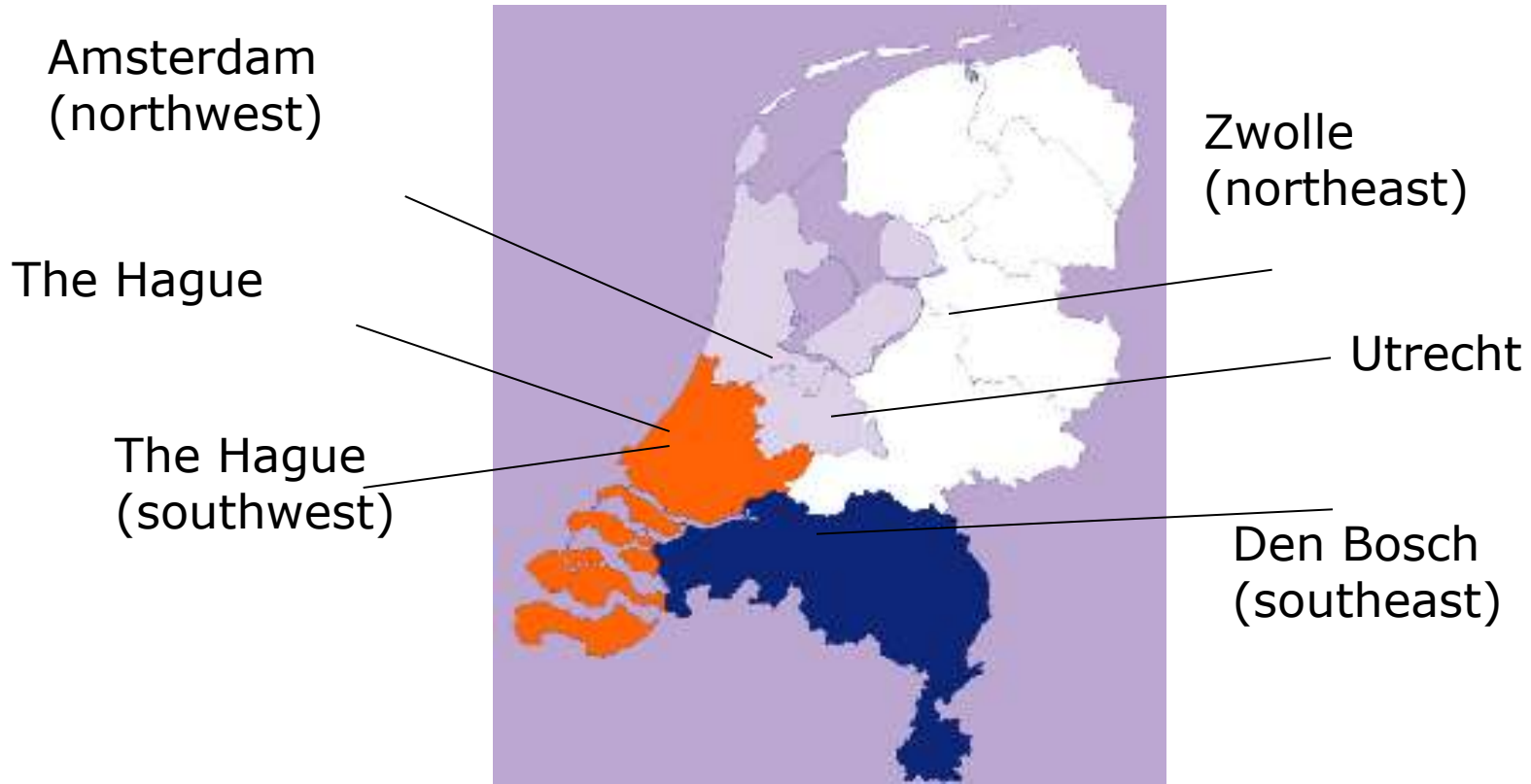
## Programs/departments

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. Medication safety
9. Mental Health Care
10. Medical Technology



# Health Care Inspectorate

2 central offices and 4 territories with 4 offices





# Inspectors

Medical doctors

Psychiatrists

Dentist

Midwife

Nurses

Lawyers

Pharmacists

Others

In total 120 inspectors



## Health Care in the Netherlands (16.000.000 inhabitants)

8 Academic Hospitals

100 Hospitals

8400 General Practitioners

8000 Dentists

2080 Midwives

±1400 Homes for the Elderly

± 350 Nursing Homes

Institutions for Disabled People (60000 beds in total)

36 Community Public Health Organisations



## Relevant Acts

The Care Institutions Quality Act

The Individual Health Care Professions Act

The Clients of Care Providers Right to Complain Act

The Psychiatric Hospitals (Compulsory Admission) Act

The Act on the Medical Treatment Agreement

The Public Health Act



# **Working methods of the Health Care Inspectorate**

General supervision

Crisis or intervention supervision

Thematic supervision

Supervision of public health





# How does the inspectorate work?

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

Use of performance indicators to select risks

- Safety, effectiveness, patient centeredness



# Measures and sanctions

Sanctions	Raid Seizure Report for (criminal) prosecution Prosecution by disciplinary law
Measures under administrative law	Direct order Ministerial directive Administrative fine Periodic penalty payment
Corrective measures	Intensified supervision Naming and shaming Plan of action
Advice and stimulating measures	Circular letter Publications Making reports public Campaigns



## Other activities

- Investigation of calamities and major incidents
- Medical advise to the ministry
  - *Inspector-general is Chief Medical Officer*
- Prosecutors for the disciplinary board
- Politically motivated requests for investigations
- Close collaboration with other inspectorates
- International and national legal obligations



## The Inspectorate's working environment (I)

- Problemising the role of national inspectorates: more effect, less burden
- Great public health problems (obesity, psychosocial health deficiencies among young people)
- More complex care (more old/ill people, more technical possibilities, specialization of tasks, more transfer moments)
- More market forces (competition on quality and price, transparency essential)



## The Inspectorate's working environment (II)

- New care providers (more commercial, foreign investors, big consortium, small private enterprises)
- Modern health-care consumers (high demands, asking for transparency)
- New styles of care (E-health, self-tests, internet pharmacy, new medical technology)