

## Appendices

- I List of participants
- II Overhead presentations

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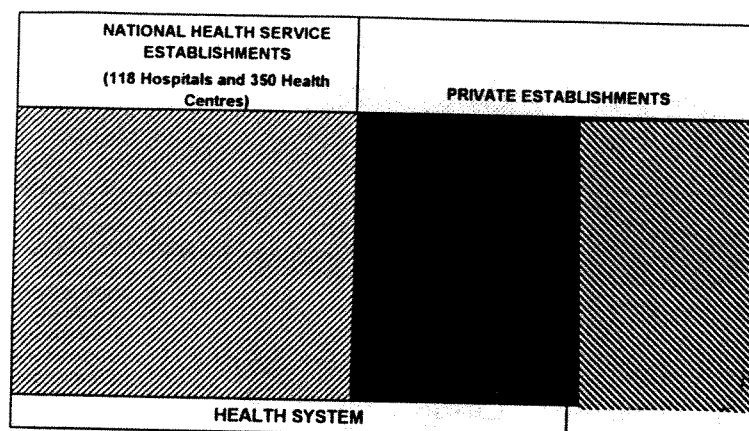
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Table 1

ESTABLISHMENTS OVER WHICH THE INSPECTORATE-GENERAL FOR  
HEALTH EXERCISES ITS POWERS



 NATIONAL HEALTH SERVICE  
disciplinary action and audit  
inspection  
management audit

 PRIVATE ESTABLISHMENTS CONTRACTED BY THE NATIONAL HEALTH SERVICE  
inspection

 PRIVATE ESTABLISHMENTS NOT CONTRACTED BY THE NATIONAL HEALTH SERVICE  
inspections but only when collaboration requested by the Directorate-General for Health

Table 2

EXPERT MEDICAL EVALUATION UNDERTAKEN IN THE PERIOD 1994/97

SPECIALISATION	1994	%	1995	%	1996	%	1997*	%
Pathological Anatomy					2	2,3%	2	2,2%
Anaesthesiology	1	2,9%	2	1,9%	1	1,1%	5	5,4%
Cardiology	4	11,8%	5	4,8%	6	6,9%	3	3,2%
Paediatric Cardiology					1	1,1%	1	1,1%
Cardio-thoracic Surgery					1	1,1%	1	1,1%
General Surgery	3	8,8%	17	16,3%	8	9,2%	6	6,5%
Paediatric Surgery	1	2,9%	1	1,0%	2	2,3%		
Plastic and Reconstructive Surgery			2	1,9%			5	5,4%
Vascular Surgery			5	4,8%	1	1,1%	1	1,1%
Intensive Care					3	3,4%		
Stomatology							2	2,2%
Gastro-enterology							1	1,1%
Clinical Haematology							2	2,2%
Infectious and contagious diseases			1	1,0%				
Maxillofacial	1	2,9%						
Internal Medicine	5	14,7%	12	11,5%	8	9,2%	6	6,5%
Nephrology			1	1,0%	3	3,4%		
Neonatology					3	3,4%	3	3,2%
Neurosurgery			8	7,7%			5	5,4%
Neurology	1	2,9%	4	3,8%	5	5,7%	4	4,3%
Obstetrics/Gynaecology	10	29,4%	16	15,4%	12	13,8%	15	16,1%
Ophthalmology			2	1,9%	1	1,1%	3	3,2%
Orthopaedics	1	2,9%	10	9,6%	11	12,6%	8	8,6%
Otorhinolaryngology			4	3,8%				
Paediatrics	6	17,6%	6	5,8%	6	6,9%	6	6,5%
Orthopaedic Paediatrics							1	1,1%
Pneumology	1	2,9%	2	1,9%	1	1,1%	4	4,3%
Psychiatry			4	3,8%	11	12,6%	9	9,7%
Urology			2	1,9%	1	1,1%		
TOTAL	34	100%	104	100%	87	100%	93	100%

\* from January to October only

Table 2-A

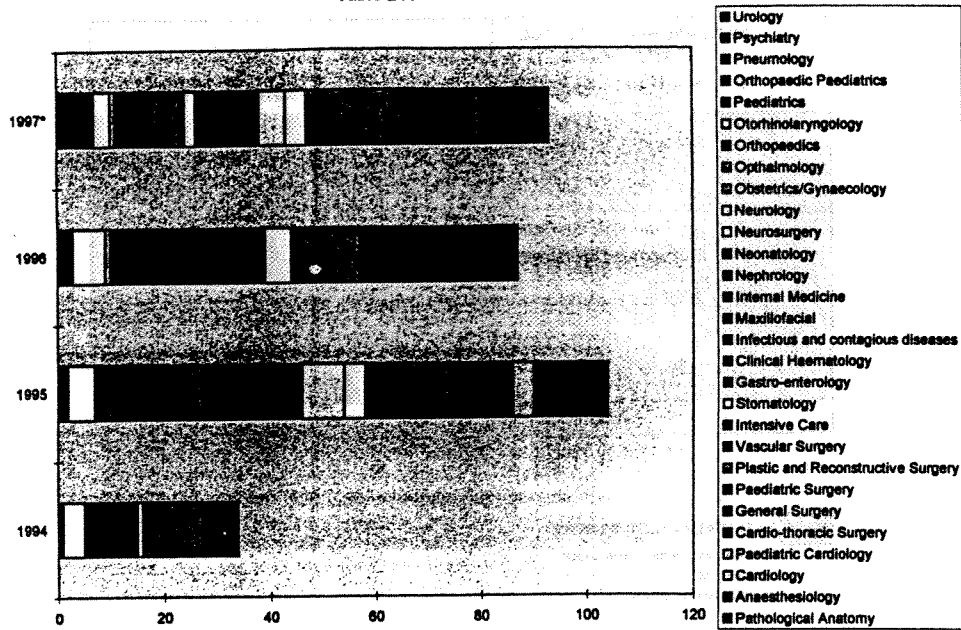


Table 2-B

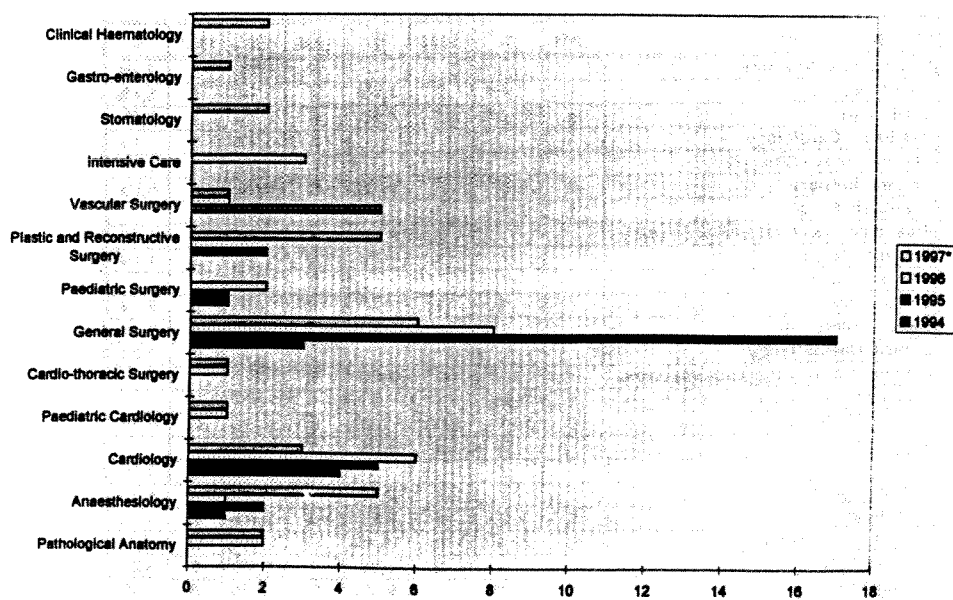


Table 2-C

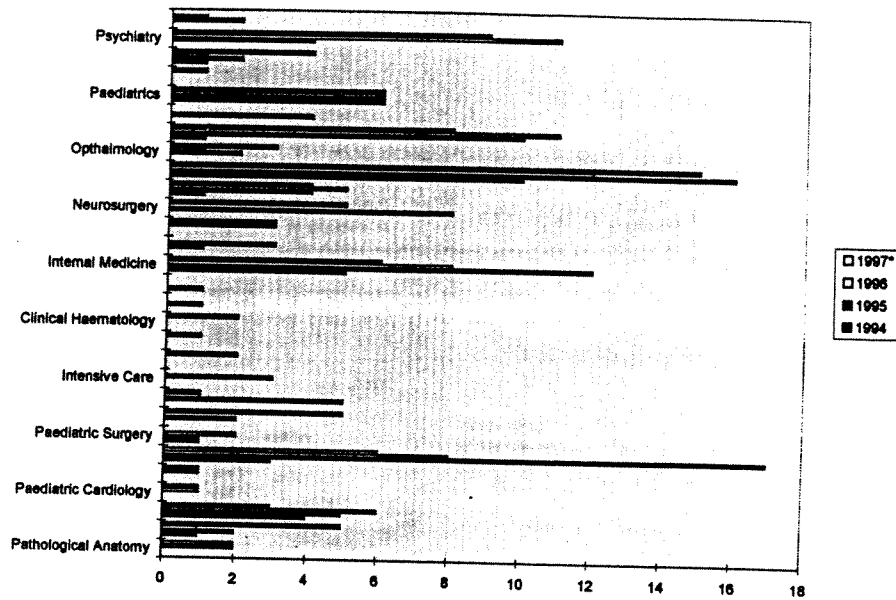


Table 3

IGS/ 1996

Disciplinary Action		Inspection and Management Audit	
Enquiry and Investigation procedures (a)	Disciplinary proceedings (b)	Inspections	Audits
193	161	57	12

(a) 193 ( 80, approximately 41%, concerning medical attendance)

(b) 161 ( 17, approximately 10.5%, concerning doctors and medical attendance)

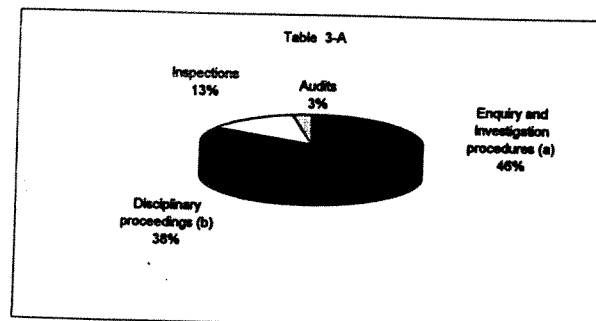
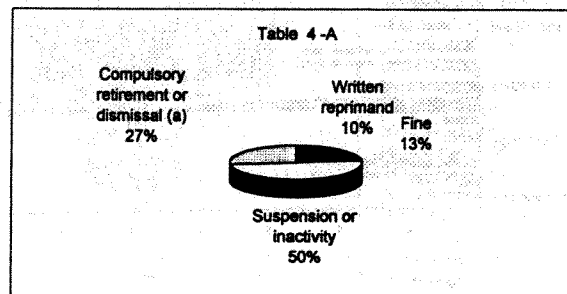


Table 4

DISCIPLINARY SANCTIONS				IGS/ 1996				
Written reprimand	%	Fine	%	Suspension or inactivity	%	Compulsory retirement or dismissal (a)	%	TOTAL
5	9,6%	7	13,5%	26	50,0%	14	26,9%	52

(a) - Sanctions applied by the Minister of Health on the recommendation of the Inspector-General for Health.

Table 4 -A



**NORWAY**

**Overhead presentations**

**G.S. Braut  
Rogaland County Medical Office  
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## *Vision*

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# **SUPERVISION FOR SAFE HEALTH SERVICES**



2

## *Supervision - «TILSYN»*

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- «TILSYN» = All those supervisory activities carried out by national authorities to determine whether services comply with national laws and regulations.



## ***Mission***

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- The Norwegian Board of Health has overall responsibility for supervising Norwegian health services.
- The Norwegian Board of Health is an independent authority with broad competence and insight into health issues.



## ***Mission***

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- The Norwegian Board of Health collaborates with County Medical Officers to promote quality development and legal clarity and consistency in the health services.
- Our knowledge and experience are actively communicated to national authorities, to health professionals, and to the population in order to ensure that health services maintain high ethical and professional standards.



## *Strategic areas*

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- Quality development
- Legal clarity and consistency
- Collection and analysis of data
- Communication of experience



### *Strategic area 1*

## *Quality development*

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- The Norwegian Board of Health supervises that all those who provide health services work systematically to maintain and develop the quality of those services.





## ***Legal clarity and consistency***

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- The Norwegian Board of Health is a government authority and has a high level of competence in the area of health law. The Norwegian Board of Health works to develop clarity and consistency of health legislation to ensure the rights of users of health services.
- Experience from supervision and monitoring activities will be fed back into the development of health legislation.



## ***Collection and analysis of data***

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- The Norwegian Board of Health uses updated and analysed data to describe the health services and the state of health of the population.
- The Norwegian Board of Health makes these data available to other sectors, public authorities, and health professionals.



## *Communication of experience*

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- The Board of Health communicates its insight, information and experience to decision-makers and health workers to enable them to develop and maintain health services which inspire confidence in users.



### *«§ 2. The duties of the County Medical Officer (CMO)»*

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«The County Medical Officer shall supervise and monitor all health services and health workers in the county.

«Through the provision of advice, guidance and information the CMO contributes to meeting the population's requirements for health services.

«The CMO promotes knowledge of and ensures compliance with laws, regulations and guidelines concerning health services.

«The CMO shall keep the Norwegian Board of Health informed about the health status in the county and factors which influence it.»



### **«§ 3. The duty to establish systems of self regulation and to monitor the application of these systems**

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« Those who provide health services shall establish systems of self regulation for these services and ensure that the activities and services are planned, delivered and maintained in accordance with generally accepted professional standards and requirements as stated in relevant legislation.

«The County Medical Officer shall ensure that all who provide health services have established appropriate systems of self regulation, and that they monitor their activities in such a way as to prevent failure in the delivery of these services.»



### ***Areas of responsibility of the Norwegian Board of Health***

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- Overall technical supervision.
- Supervision of health services and their delivery  
(*Supervision of institutions*).
- Supervision of registered health workers  
(*Supervision of individuals*).
- Analysis, review, planning and advice to the  
Ministry of Health and Social Affairs and other  
Authorities.

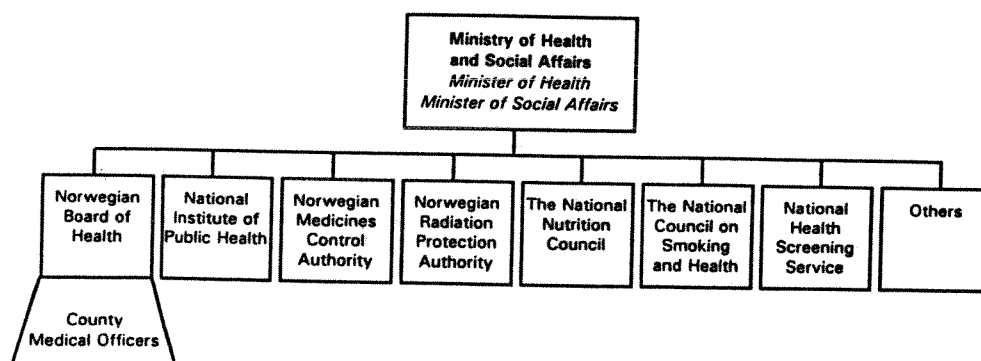


## *Areas of responsibility of the Norwegian Board of Health* (continued)

- Provision of advice and guidance and promotion of competence within health services and the health care professions; development of regulations and guidelines to this end.
- Implementation of projects, plans of action, management of earmarked funding etc. according to current political priorities.
- Exercise of authority in accordance with law, regulation or by delegation.



## *Norwegian National Health Authorities*



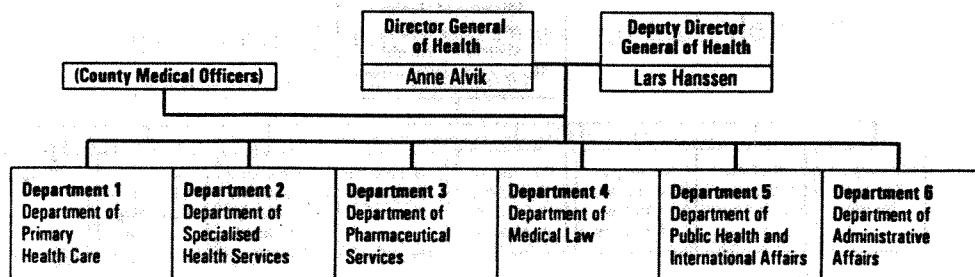
## Norwegian Health Supervisory Authorities

**Norwegian Board of Health**  
Employees: approx. 150

**County Medical Officers**  
One County Medical Officer in each county (19)  
Employees: from 12 to 20 (Oslo 35) in each county, in all approx. 310



## Norwegian Board of Health



**SWEDEN**

**Overhead presentations**

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**SOUTHEAST OF SWEDEN**


**NATIONAL BOARD OF HEALTH**  
**AND WELFARE**  
**SOCIALSTYRELSEN**



**SWEDEN**

***Regional Supervision***

***The Boards six supervisory  
departments exist to support and  
scrutinize quality and safety within  
health, medical and dental care.***



## **SWEDEN**

### **Regional Supervision**

- ★ *Information*
- ★ *Assessment of individual cases (patient cases, Lex Marias, etc)*
- ★ *Inspections*
- ★ *Supervision of individual health and medical services*
- ★ *Supervision of prescription of medicines*
- ★ *Support quality assurance and encourage self-assessment*

**The Health and Medical  
Services Act (1982:763)  
amendments up to and including  
SFS 1996:1289  
The requirements to be met by  
health and medical services.**



# THE HEALTH AND MEDICAL SERVICES ACT (1982:763)

## Section 1

The term ■ health and medical services ■  
as used in this Act refers to measures  
for the medical prevention, investigation  
and treatment of disease and injury.

Health and medical services also  
include ambulance services and the  
care of deceased persons.

## Requirements to be met by health and medical services

### Section 2a

## Section 2a

Health and medical services shall be conducted so as to meet the requirements for good care. In particular the means that the must

1. be of good quality and cater the the patient's need of security in care and treatment,
2. by readily available,

## Section 2a (cont)

3. be founded on respect for the self-determination and privacy of the patient,
4. promote good contacts between the patient and health and medical personnel.

Care and treatment shall as far as possible be designed and conducted in consultation with the patient.

## Section 2d

Where health and medical services are conducted, there shall be present the staff, facilities and equipment necessary in order for the provision of good care to be possible.

## Comments to section 2d:

Equal for local, regional and state governed health and medicinal services.  
Equal for the private health and medical services.

The number of staff and its qualifications, the facilities and equipments are not specified.

■ This is one of the National Board of Health and Welfare's most important tasks to control that the health and medical services fulfills this requirements. ■

This was emphasized when section 2d was promulgated by the Parliament in June 1996.

## Direction of health and medical services

### Section 28

The direction of health medical services shall be organised in such a way as to provide a high level of safety for patients and good quality of care, as well as promoting cost-efficiency.

## Section 29

Within health and medical services there shall be a person responsible for the activity (the operational manager). The operational manager, however, may decide on diagnosis or care and treatment of individual patients only if he or she has sufficient competence and experience for doing so.

### Comments. (Section 29)

The operational manager within a unit of health and medical services must not be a physician.

In compulsory psychiatric care and in compulsory isolation under the Communicable Diseases Act the tasks of the operational manager shall be performed by a physician with specialist competence.

## **Quality assurance**

### **Section 31**

**The quality of activities in health and medical services shall be systematically and continuously developed and secured.**

### **Comments (Section 31)**

**The health and medical services shall have systems to follow up and evaluate its quality and results. The National Board of Health and Welfare has therefore proposed guidelines for the evaluate of quality system in the health and medical services.**

**The Health and Medical  
Services (Supervision) Act  
(1996:786)**

**Health and medical services  
and their personnel shall  
come under the supervision  
of the National Board of  
Health and Welfare.**

**The Health and Medical  
Services (Supervision) Act**

**Section 1**

**Health and medical services and  
their personnel shall come  
under the supervision of the  
National Board of Health and  
Welfare.**

**Health and Medical Personnel  
(Disciplinary Sanctions) Act  
(1994:954)**

**The disciplinary Board –  
disciplinary sanctions nad  
procedure of the board.**

**Health and Medical Personnel  
(Duties) Act (1994:953)**

**The duties of the health and  
medical personnel.**

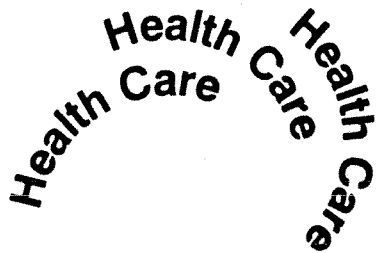


**The NETHERLANDS**  
**Overhead presentations**

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## THE NETHERLANDS, BASE LINE INFORMATION

Km 2	40 000
population	15 million
age structure	20- 25% 65+ 12,9%
birth rate	200 000
death rate	130 000
life expectancy	female 80 male 74
family planning	2,5 child
no of registered nurses	aprox. 1 on 100
no of GP-s	1 on 2325
no of all doctors	1 on 315
expenses Gross National Product	9,4% = \$ 32 miljard



<b>Hospital beds</b>	<b>4.1/1000 inh</b>
<b>Psychiatric beds</b>	<b>1.6/1000 inh</b>
<b>Mentaly handicapt</b>	<b>2.1/1000 inh</b>
<b>Elderly home beds</b>	<b>3.5/1000 inh</b>

## Responsibilities of the central government

- ▶ Legal titles
- ▶ Solidarity and accessibility
- ▶ Macro- financial policy
- ▶ Superintendence/inspection
- ▶ Quality of care
- ▶ Consumer's rights

## Minister of Health



```
graph TD; A[Minister of Health] --> B[Directorate General]; A --> C[State Inspectorate]
```

**Directorate General**      **State Inspectorate**

## Mission State Inspectorate

On bases of the different laws  
superintend on public health,  
health care and health care  
systems, on collective and  
individual level.

And to advice and report  
to stimulate and to  
protect the public health  
and the health of the  
individual.

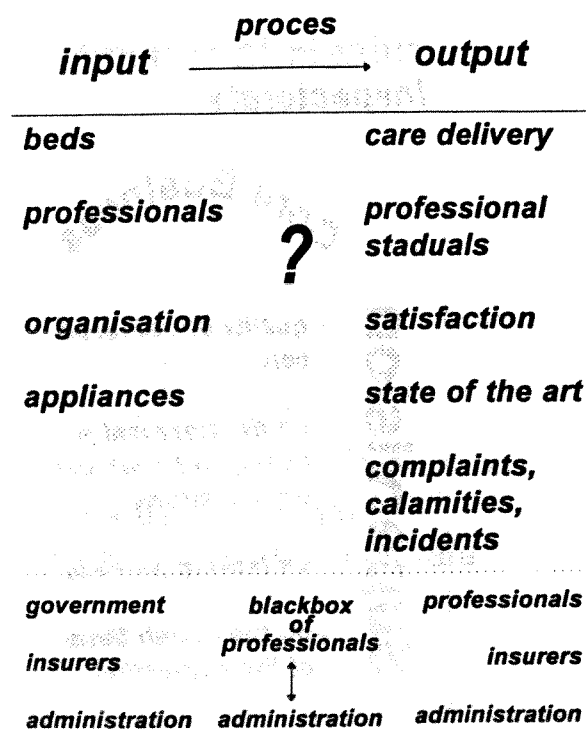
### **Inspectorate**

#### **Core Business**

#### **Supervision**

- **quality of delivered care**
- **on development of quality in health care organisations**
- **on lacking persons**
- **on the Health State of the population**

Traditional quality assurance directed on input and output aspects, mostly related to the financing/ insurance system.



***What is the most relevant  
perspective to focus on  
to get the right information  
on the quality of proces  
and outcome?***

Inspectorate for Health Care  
the Netherlands

***What are the most  
relevant and valid  
indicators to achieve  
quality perspectives?***

Inspectorate for Health Care  
the Netherlands

## **PORTUGAL**

### **Overhead presentations**

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## PORTUGUESE BLOOD INSTITUTE

Decree-Law 294/90 - as of September the 21<sup>st</sup>

Article 4<sup>o</sup>

Powers

1. The Portuguese Blood Institute has the following powers:

- a) To coordinate, guide and check, at a national level, activities related to the collection, preparation, conservation, distribution and quality of blood and its components.



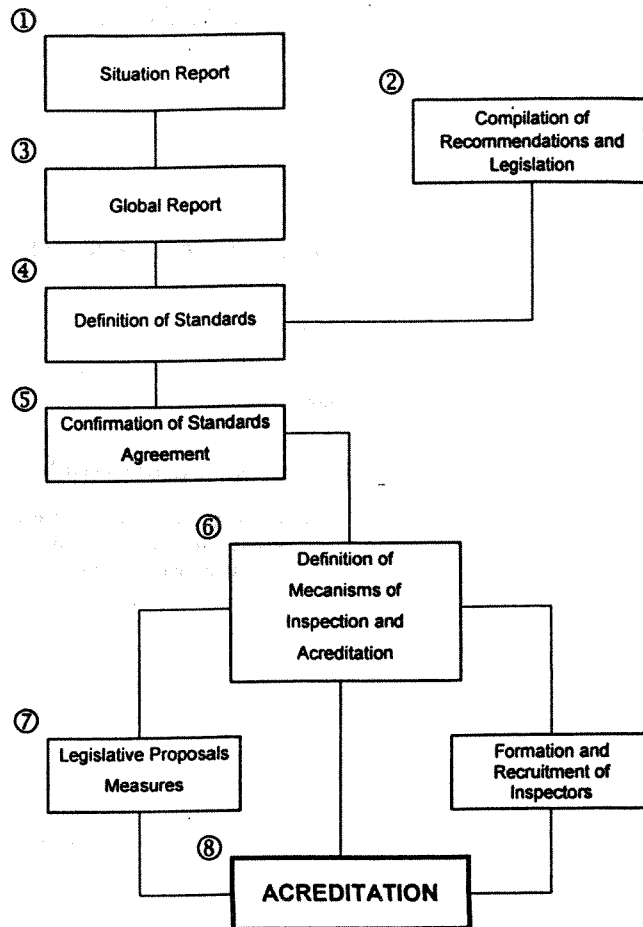
INSTITUTO PORTUGUÊS DO SANGUE

## PORTUGUESE BLOOD INSTITUTE

Dispatch 19/91 - as of August the 14<sup>th</sup>

- - Determination of the blood group in the ABO system;
- - Screening of transmissible disease:
  - Siphilis
  - Ag Hbs
  - Anti-HBc
  - Anti-HCV
  - ALT
  - Anti-HIV 1
  - Anti-HIV 2
  - Anti- HTLV I/II

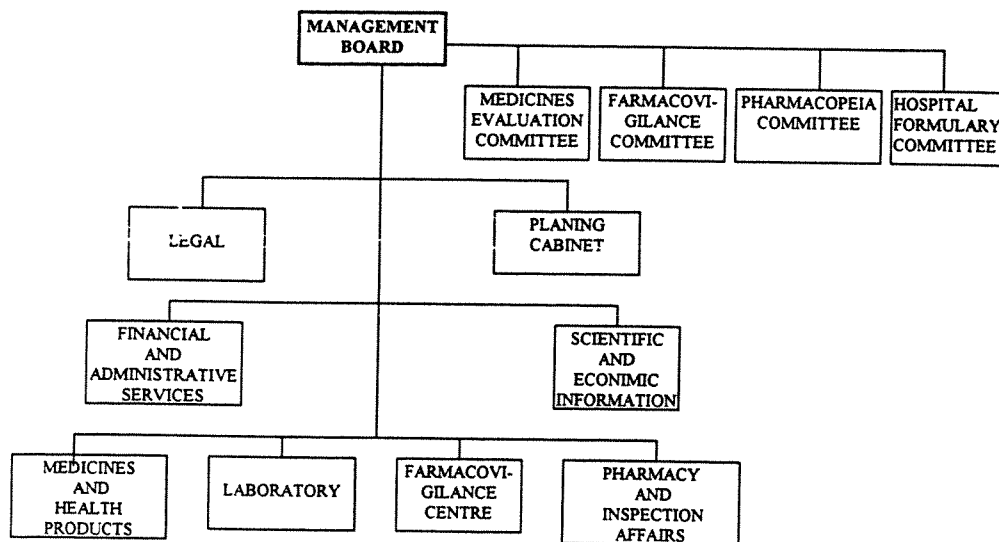




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**The NETHERLANDS**

**Overhead presentations**

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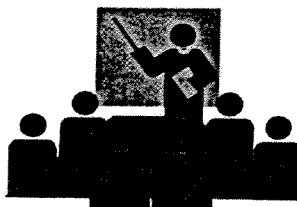
## **Inspection of health care**

**The supervision of  
Dutch hospitals by  
the regional  
inspectorate of  
health care**

EPSO meeting Lisbon, Portugal    november 1997

## **Supervision of hospitals**

- how
- by whom
- frequency
- instruments
- subjects
- results
- sanctions
- developments



EPSO meeting Lisbon, Portugal    november 1997

## **Ways to supervise**

- **general supervision**
- **thematic supervision**
- **ad hoc supervision**

EPISO meeting Lisbon, Portugal november 1997

## **General supervision**

- **without a special reason**
- **once in 4 or 5 years**
- **with a team of inspectors**
- **interviews with**
  - **management**
  - **doctors**
  - **nurses**

**About  
Quality of care**

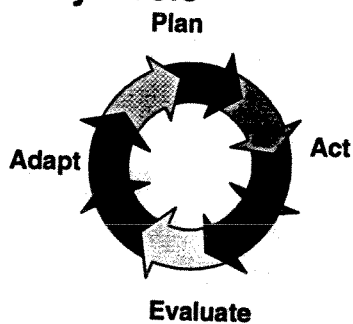
EPISO meeting Lisbon, Portugal november 1997

## **Law with the right of complaining of clients of care organizations**

- compulsory
- all care organizations
- all professionals
- a complaint regulation
- a complaint committee
- independent chairman
- a judgement
- advice to organization or prof.
- annual report of all complaints

EPSO meeting Lisbon, Portugal november 1997

## **Quality circle**



## **Evaluation or supervision**

by hospitals?  
by inspectorate?

## **The inspectorate controls the quality circle**

EPSO meeting Lisbon, Portugal november 1997