



Health and Social Care Inspectorate

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How can supervision and inspections create value, especially for the patients and care receivers?

- Summarized findings from conducted supervision and inspections – several years back in time:
 - Lack of competence and personnel
 - Lack of continuity of care
 - Shortcomings in cooperation and information exchange

How can supervision and inspections create value, especially for the patients and care receivers?

- Decisions taken by the Inspectorate at the time:
 - Demands for actions regarding better (and more) documentation, procedures and skills reinforcements

But what really happened in the healthcare or care facility that had been subjected to the inspection and the demands for action?

How can supervision and inspections create value, especially for the patients and care receivers?

- Questions we have asked ourselves
 - How can supervision and inspections contribute to learning and development in health and social care?
 - How should we conduct efficient inspections?
 - What kind of methods are we going to use and which ones are the most successful?

How can supervision and inspections create value, especially for the patients and care receivers?

- Supervision and inspections should be based on risk analysis
- Supervision and inspections should be based on a professional overall assessment of the quality and safety
- Focus on what's most important to patients and care receivers
- “Look up” and have the results and benefits in focus

How can supervision and inspections create value, especially for the patients and care receivers?

- Every time we require more documentation, more of procedures and so on... - ask your self: is it going to be better for the patients and the care receivers?
- Have more dialogues with health and social care providers at all levels, share your assessment of the problem and be part of the solution!
- Use the inspectors more as change catalysts than as cops!

- We have (and still do) focused too much on:
- Controlling that the health and social care providers have a management system in place
- That there are policies, guidelines, procedures and checklists
- Our requirements for actions after an inspection have often resulted in more documentation, guidelines, procedures and so on...

Health and social care is characterized by:

- Extensive documentation requirements and administration
- Detailed control of the professionals domain – both from the state and from the local county councils.

Can we put the blame on New Public Management?

- Influenced the governance (health care sector) since the 90s
 - Various financial compensation models
 - Market solutions
 - Strong focus on the requirement and control (example: 100 000 policy documents!)

Stated by the Government

- Too little focus on knowledge, learning and overall monitoring
- We must let the professionals be professional
- Control, management and monitoring need to be improved
- Not go back to the 70s, continue to have follow-ups, make comparisons, measure and make demands – but measure the right things, use knowledge to engage the employees

A Delegation to promote a more efficient, trust-based and less administratively burdensome control

- Consists of three parts

- Recognize and evaluate pilot projects, work to reduce micromanagement of employee conditions
- Analyze different financial compensation models, controlling effects on behavior to reward employees' own knowledge and a holistic perspective
- Develop the State's supervision and inspections with more cooperation between the state authorities and local governments



Thank you ...

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