

## **Activities of the Directorate of Health in 2010**

### **A brief summary**

#### **Changes in management**

Dr Geir Gunnlaugsson was appointed as Medical Director of Health on 1 January 2010. He is a paediatrician who received his PhD in 1993 from Karolinska Institutet in Stockholm and completed a Master of Public Health degree from the same university in 1997. Dr Gunnlaugsson succeeded Dr Matthias Halldórsson, who had served as acting Medical Director of Health since Dr Sigurður Guðmundsson left the post in 2008. Dr Halldórsson, who held the post of Deputy Medical Director of Health, resigned from that post on 1 September 2010.

Up until 1 May 2011, the Directorate of Health operated according to an organisational chart instituted in 2006, i.e. in four professional divisions (Clinical Quality and Public Health, Infectious Disease Control, Health Statistics, and Complaints) plus an administrative division. Following a merger with the Public Health Institute on 1 May 2011 the organisational chart was substantially altered.

#### **Merger of the Directorate of Health and the Public Health Institute**

Already in 2009 the idea of merging institutions belonging under the Ministry of Health had been taking shape. In August that year, the Minister appointed a committee which was to come up with proposals on the restructuring of the Ministry's administrative institutions. The committee presented its proposals in January 2010, among them a proposal to merge the Directorate of Health and the Public Health Institute. The committee reasoned that the functions of both these institutions could easily be assimilated and synergy effects at both professional and financial levels would be obtainable.

The Minister of Health agreed to these proposals and the planned merger was publicly announced on 10 March 2010. The new institution was supposed to be operative as of 1 January 2011. In the beginning of March 2010, the Director of the Public Health Institute was commissioned by the Minister to lead the merger preparations in consultation with the Director of Health. A steering group was formed, composed of the two directors, the office managers of both institutions and two division heads, one from each institution.

The two institutions hired a consulting firm to oversee work on policy making and execution of the merger process. On the consultants' advice several working groups composed of employees from both institutions were created whose function was to discuss and plan the inner work of the merged institution. In addition, the consultants initiated and led work on strategic planning with the participation of all employees.

While these preparations were under way the required formulation of a bill of law on the new institution was being prepared at the Ministry of Health.

A bill of law to this effect was presented before the Althingi in November 2010 and was supposed to enter into force on 1 January 2011. These plans failed, however, and the new act, entitled Act on the

Medical Director of Health and Public Health, No. 28/2011, was not enacted until 30 March 2011, to become effective on 1 May 2011. In its final version the new act entails some major changes to the nature of the merger.

The merger in the form planned from the start and supposed to become effective on 1 January 2011 demanded a great effort on part of the staff in preparation and planning at many levels and it turned out to be very trying for the staff of both institutions. For instance, there was great emphasis on moving to new headquarters at the time the merger was to become effective. The negotiation process dragged on for a long while and was not completed until the middle of June 2011. The enlarged Directorate of Health moved to the new headquarters at Barónsstígur 47 in Reykjavík (which formerly housed the Public Health Institute of Reykjavík City) on 2 August 2011.

### 250 years anniversary of the Directorate of Health

The Directorate of Health celebrated its 250 years' anniversary on 18 March 2010, the date on which the first Medical Directorate of Health, Dr Bjarni Pálsson, was appointed to that position by the King of Denmark in the year 1760. He was also the first physician in Iceland with a degree in medicine. Actually, his appointment can be seen as marking the beginning of modern health services in Iceland. The 250 years' anniversary was marked by a celebration programme held at the University of Iceland on 18 March 2010. The celebration was quite successful and was attended by a great number of guests, among them the President of Iceland, Mr Ólafur Ragnar Grímsson, and the Minister of Health, Ms Álfheiður Ingadóttir, who addressed the gathering and gave the Directorate of Health a rare and valuable book as an anniversary present.

### Miscellaneous activities in 2010

Complaints dealt with in 2010 by the Directorate of Health in Iceland, by category of reasons for complaint	
	Number
Wrong treatment	37
Unsatisfactory/Insufficient treatment	40
Access to health care	13
Patient journal	23
Communication difficulties between health care worker and patient	13
Alcohol and drug abuse by health care worker	0
Medical certificates	18
Unsatisfactory follow-up	9
Wrong diagnosis	26
Breach of confidentiality	7
Insufficient information	3
Communication difficulties between health care workers	1
Óljóst tilefni	2
Unsubstantiated complaints	2
Assessment for disability	1
Alternative medicine	2
Other reasons	55
<b>Total</b>	<b>252</b>

### Complaints in 2010

The total number of complaints dealt with by the Directorate of Health in 2010 was 252 (complaints have ranged from 237 to 281 in the past few years).

As a result of complaints handled in 2010, one health-care professional had his/her licence suspended, which is the most severe action taken, another received a formal reprimand and 3 received a reproof from the Medical Director of Health. The most lenient action by the Medical Director of Health is a reminder that improvements are called for, an action applied in 21 cases in 2010. In 134 cases (76%) no action was deemed necessary.

### **Quality indicators**

The Directorate of Health continued its work on the selection and development of quality indicators in co-operation with various bodies in Iceland and abroad, such as the Ministry of Health and the Nordic Council of Ministers, OECD and the Nordic Nurses' Federation (SSN).

The Directorate of Health has for some time collected key health-care quality indicators in order to meet legal requirements for overseeing the health services and monitoring the health of the population. These indicators, which provide information on health-care quality aspects such as health status in general, access to health care, scope of care, safety, and performance are accessible on the Directorate of Health web site

The Directorate of Health issued a new web page in 2010 on the so-called RAI quality indicators used for monitoring the quality of care in Icelandic nursing homes. At the same time, the Directorate of Health published upper and lower thresholds on the web for RAI quality indicators, with special reference to Icelandic circumstances. These thresholds are the result of a scientific study by a panel of experts.

In addition to the above RAI quality indicators the Directorate of Health requested that nursing homes submit data on four pharmaceutical quality indicators. For the sake of data comparability between individual nursing homes the request specified that the data should refer only to certain ATC codes and included instructions on how to use these codes to provide information concerning each indicator.

The nursing homes responded very positively and as of now (August 2011) a total of 51 nursing homes have submitted the data requested. The pharmaceutical quality indicators thus produced are published on the Directorate of Health web site.

### **Incidence of adverse events**

In 2010, an investigation into the incidence of adverse events in Icelandic hospitals was started at the Landspítali University Hospital and the Akureyri Hospital in collaboration with the School of Health Sciences at the University of Iceland. The research will cover 1000 randomly selected patient records and will be carried out in three stages. The work receives financial support from the Ministry of Health and the Association of Icelandic Nurses Association.

### **The economic crisis and the Welfare Watch**

Following the collapse of the Icelandic banks in the autumn of 2008 the Icelandic government decided to establish a Welfare Watch which began operating in early 2009. The Watch is an independent body of experts that present proposals to the government and associations of interest groups and is supposed to monitor both social and financial consequences of the economic collapse. The Directorate of Health has taken part in this work from the beginning, with special emphasis on the effects of the economic recession on health and the health services, which have suffered severe cuts in allocations at practically all levels.

The Welfare Watch published its third progress report in July 2011 where the group presents proposals to the government on such issues as the circumstances of families with children, children's mental health services, government measures with regard to the burden of debt of Icelandic families and on the situation of young people and those challenged by the present labour market recession.

### **Intravenous drug abuse of Ritalin and other ADHD medicines**

There are strong indications that the increase of infections, including HIV infections, among intravenous drug abusers can be traced to an increase in the abuse of methylphenidates (e.g. Ritalin®). The costs of the health service, especially costs resulting from HIV infection and hepatitis C, are enormous and the health effects for the individuals concerned and society as a whole are serious. It is therefore of paramount importance to take every possible measure to contain further spread of infections of this kind. This also means that the access of abusers to soluble methylphenidates must be prevented.

The Minister of Welfare\* decided on 1 June 2011 to appoint a response group to present proposals to the Minister on measures to prevent the abuse of methylphenidates and other prescription drugs that are clearly being sold and distributed among drug abusers in Iceland. The group was asked to make proposals for immediate as well as long-term actions that would cover measures such as monitoring, registration, access to information, restrictions of access to methylphenidates and emergency measures at treatment facilities.

(For more on the issue of increase in the incidence of HIV infections, see the latest issue of EPI-ICE, Volume 7. Issue 2. April – June 2011)

\*As of 1 January 2011, the Ministry of Health and the Ministry of Social Affairs were merged into the Ministry of Welfare.