



Nationwide initiatives to spread and promote improvement activities using healthcare quality indicators in Japan

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Introduction

The Japan Council for Quality Health Care (JQ) was established in 1995 as an independent, non-profit organization which aims to improve Japan's health care and welfare. As a neutral and scientific third-party organization, carries out projects to improve the quality of healthcare and ensure reliable healthcare.

JQ has started a new project that aims to improve the quality of healthcare using indicators. Efforts using quality indicators in Japan are limited to the activities of pioneering hospitals and some hospital association, and nationwide dissemination is an issue. Therefore, this project started in 2019 with the cooperation of Ministry of Health, Labour and Welfare (MHLW) and hospital association, aiming to spread the use of quality indicators nationwide.

Objective

This study provides an overview of the state of healthcare quality in Japan, based on the results of a nationwide measurement campaign that utilizes quality indicators.

In addition, we will consider various issues related to quality indicators that have become clear from the campaign.

Methods

Cooperation in the measurement campaign is voluntary. Cooperation hospitals measure a total of nine indicators related to patient safety, infection control, and patient care based on common procedures, and submit the data.

In this study, of the submitted data (Number of hospitals N=287), we analyzed the measurement data of 3 indicators related to patient safety from October 2021 to March 2022.

The analysis was performed by bed size ((a) 199 beds or less, (b) 200 to 399 beds, (c) 400 beds or more) and compared between bed sizes.

The three indicators related to patient safety are "MSM-01: Rate of fall among in-hospital patients," "MSM-02: Rate of fall-related injuries among in-hospital patients," and "MSM-03: Rate of implementation of preventive measures for pulmonary thromboembolism in patients who operated high-risk surgery."

Results

Figure 1 shows the distribution of measurement results for the three indicators related to patient safety. MSM-01 shows a large variability (SD=1.171), and MSM-02 is low throughout (Median=0.070). However, it should be noted that the unit of MSM-01 and MSM-02 is "permillage (%)". In addition, MSM-03 is high overall (Median=93.490), but varied widely (SD=5.904).

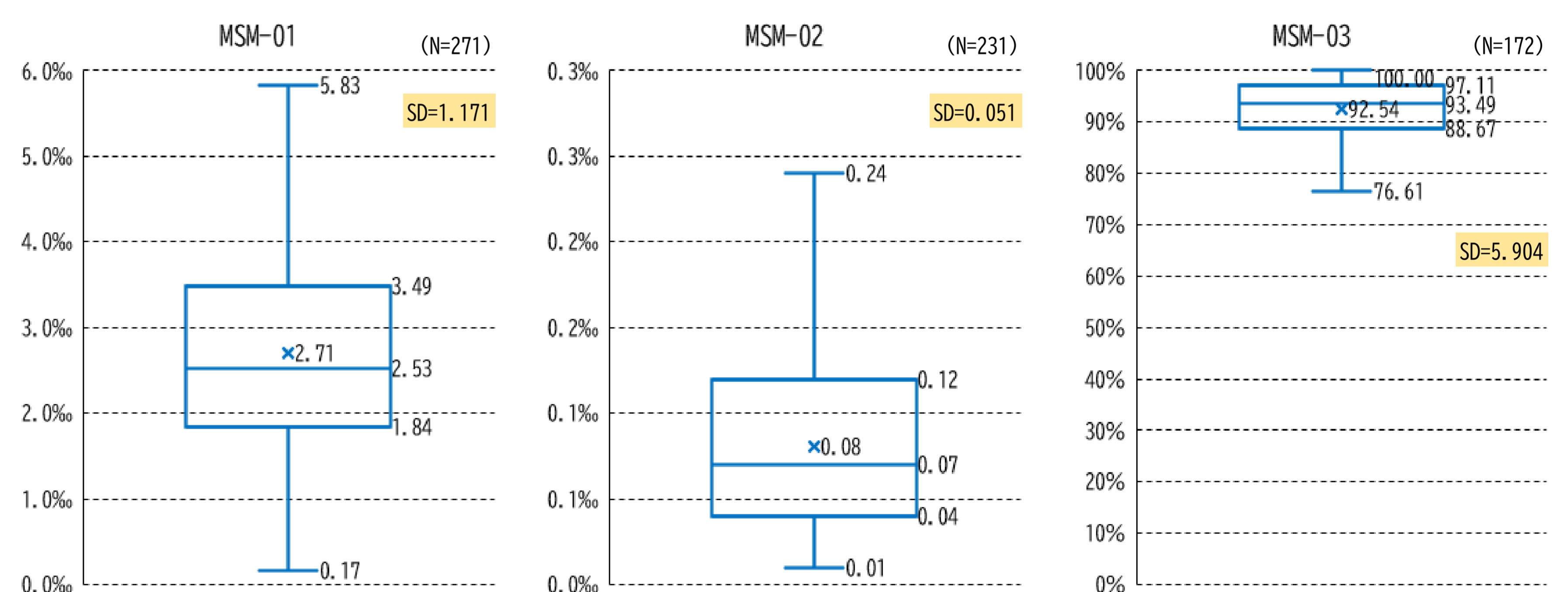


Figure 1 The distribution of measurement results for the three indicators related to patient safety.

Figure 2 shows the measurement results of three indicators related to patient safety by bed size ((a), (b), (c)). A significant difference was observed group (b) and (c) in MSM-01 (p=0.010), group (a) and (c), group (b) and (c) in MSM-02 (both p<0.001). In addition, a significant difference was observed group (b) and (c) in MSM-03 (p=0.025).

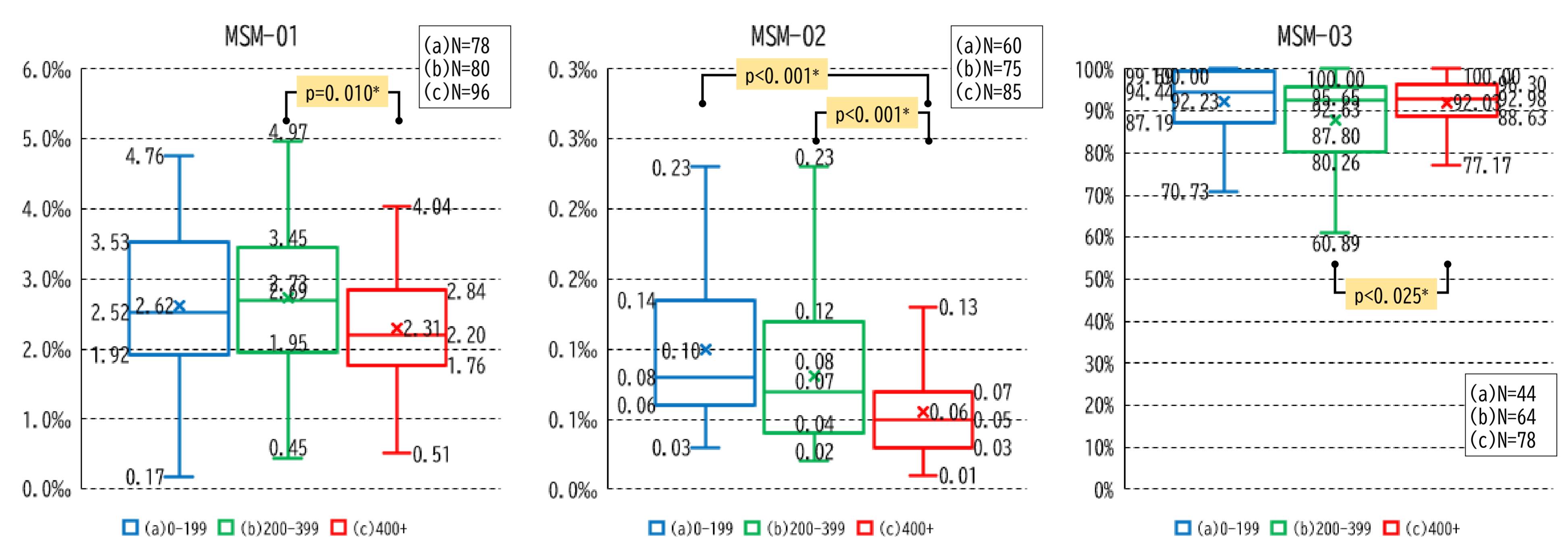


Figure 2 the measurement results of three indicators related to patient safety by bed size ((a), (b), (c)).

* Different letters indicate significant differences by Bonferroni test (p<0.05)

Conclusion

As a result of verifying the three indicators related to patient safety, *these were observed to the trend that the larger the hospital bed size, the smaller the variation in the measured and the higher measured*, which was particularly evident in the "Rate of fall-related injuries among in-hospital patients (MSM-02)" results. It seemed to affect the results to the difference in organizational structure and management depending on the size of the hospital bed. "Rate of implementation of preventive measures for pulmonary thromboembolism (MSM-03)" observed significant difference between 200 and 399 beds and 400 and more beds, and the former group was a large variation. It suggested that there was possible room for improvement in the standardization of the care process in these groups. On the other hand, the data used for measurement include standardized data (MSM-03) and non-standardized data (MSM-01, MSM-02), so care might be taken in interpreting the results. In addition, *this study suggested that there was the need to use standardized data for more accurate measurements and to consider for workload of measurements in order to spread the use of quality indicators on a nationwide.*

Notice

This study is limited, because it used mid evaluation report.

References

Essential guide for Quality Indicators in Healthcare in Japan. Japan Council for Quality Health Care 2021

Contact Information

Improvement project for enhancing healthcare quality, powered by JQ.



<https://jq-qiconf.jqhc.or.jp/>