“Quality Sustainability” Project of Japan Council for Quality Health Care (JCQHC)

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BACKGROUND

> What is JCQHC
> Impact of Accreditation

JCQHC's Mission

➢ To contribute to the improvement of the health and welfare of the people
➢ by improving healthcare quality and ensuring trustworthy health care system
➢ as a neutral, scientific, third-party organization

JCQHC has Multiple Functions

- Hospital Accreditation
  to improve the quality of hospital care
- Patient Safety Promotion
  to promote patient safety through networking and professional learning among accredited hospitals
- No-Fault Compensation System on Obstetrical Adverse Events
  to compensate childbirth cerebral palsy, and to improve the quality of obstetric care through RCA on adverse events
- EBM & Clinical Practice Guidelines; “MINDS”
  to distribute Clinical Practice Guidelines & improve their Q
- National Database of Medical Adverse Events
  to prevent errors/accidents and improve patient safety
- Near miss Event in Pharmacy

JCQHC History

➢ In 1995, JCQHC was established through collaboration of the Ministry & the Japan Medical Association. Also from hospital and professional associations
➢ Our Hospital Accreditation is Voluntary!
  There is no linkage to reimbursement
➢ About 2,500 hospitals are accredited by JCQHC (about half of the total hospital beds in Japan) 500 surveys/year
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**Sustainability of Quality Healthcare System**
drivers for a new project

- The Mission of JCQHC to sustain the quality of the healthcare system
  - reviewed accreditation impacts and social needs
- Reform Needs for Greater Efficiency
  - Strong trend of cost containment due to government finance & super-aging of the society
- Reform Needs for Sustaining Quality
  - Regional Disparity in Quality being visualized
- Reform Needs for Regional Approach
  - Strategic Design for Resource Re-Allocation & Networking/Collaboration under limited resources

**The New Project**
In this context,

- We have developed a new project to evaluate and support already-accredited hospitals
  - aiming at a stronger strategic management basis for “sustainability” of high quality care.

**Development & Application**
formed multidisciplinary team, including:
- Quality and Safety Experts, Clinical Experts
- Administration/Management Experts
- Organizational Reform Experts
- Finance Experts
- Policy Experts

developed an evaluation framework
- based upon literature review, case studies, expertise knowledge, & interactions with hospitals and professionals.

**core dimensions (1/2)**

In addition to the whole-system approach to quality and safety of hospitals, we introduced

**Regional Axis**
- to look into healthcare "demand and supply in the region"
  - Provider Resources in the region
  - (current & future) Population Structure

**Time Axis**
- to look into the future planning & also back into the history of hospital performance and management
core dimensions (2/2)

**Strengthening the Vision**

- **Review**
  - the mission & the internal/external environment of the hospital, etc
- **Sharing the Vision**
  - staff involvement all through the reform process
  - throughout the organization
- **Embedding the vision into activities**
  - the Management Cycle
  - the Future Planning

**Assess (quantitatively & in-depth):**

- medical care achievement quantitatively
- supply structure stability by each clinical discipline/department
- organizational culture for quality and sustainability, including professional growth aspects
- financial achievement
- short- & mid-term plans including health care provision, organization and finance

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**Components of Framework**

- **HA** Historical Achievement
- **MV** Mission/Vision/Values
- **EP** External and Internal Environment Grasp and Planning
- **HR** Human Resources and Organizational Management
- **PS** Processes and Systems for Quality, Safety and Efficiency
- **MO** Medical Care Achievement/Output
- **FO** Financial Achievement/Output

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**key values**

- "Responsiveness to patient and community needs" is regarded as vitally important, in addition to internal processes of assurance and improvement in quality, safety and efficiency.
- "Quantitative approach" is also employed and covers numerical data analysis of medical care achievement, financial output and regional demand and supply.
- "Multi-level multidisciplinary teams approach" was designed in phases of pre- and post-survey analysis, on-site surveys, interactions with hospitals, validation panels and follow-ups.
Regional Variation in Quality

Warning Signs! to the health care system

Variations in In-Hospital Mortality in AMI Patients by Municipality

Variations in All-Cause Readmission in AMI Patients by Municipality

Proportion of Stroke Patients Administered t-PA

Proportion of Patients who had undergone Rehabilitation during Hospitalization

Proportion of “Ischemic Stroke with Atrial Fibrillation” Patients who were administered Warfarin
Professional Activities

Policy Approach

Healthcare Quality

Regional Systems

JCQHC Approach for the national system

- We plan to disseminate “best practice and knowledge” on improvements by multiple types of media and seminars.

- In addition, based on the vivid recognition of structures of problems in healthcare systems, we plan to put forward “policy proposals” for nationwide quality and sustainability.

Importance of Regional Perspective

- Japanese healthcare system is composed of public and private providers, and the government is not in the position to control everything.

- Professional input is very important in restructuring the system.

- Regional optimization should be aimed at through professionally-driven collaboration of stakeholders in each region.

- Individual provider organizations should achieve their role as integral part of the regional system.

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Photos from the Project

Assessment Phase
Reviewing & Sharing the Vision & Future Plan
Summary

Beyond accreditation, a new system has been developed & started for “sustainability” for quality health care, supporting in-depth management and regional perspective.

This system is aimed & expected to improve individual hospitals and the national healthcare system for sustainability of quality care in the face of impending drastic healthcare reforms.

Thank you very much!
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16-19 Oct. 2016, ISQua in Japan
Impact of Accreditation

Change in IC score* by accreditation status
(*infection control practices following guidelines)

Effect of Obtaining Accreditation

Prospective, Quasi-experimental
design using panel data

Am J Infect Control 2008;36(3):212-219

Hospital Director Survey - Areas which Accreditation Impacted

- Mission & Values Clearly Stated
- Patient Right Policy & Proc.
  - No Smoking
  - Standardized Procedures to prevent errors
  - Physical Restraint
  - Informed Consent
  - Clear Message for Patients
- Infection Control Practice
- Infective Wastes Handling

Percent of hospitals who confirmed Accreditation impacted their Hospital. (N=1761)^

Impact of JCQHC Accreditation:
Review of Evidence - Summary

The Research Evidence suggested:

- Hospital accreditation impacted practices particularly in Patient Safety and Patient Right areas
- Hospital accreditation impacted also Non-accredited hospitals, probably through the hospital accreditation standard getting the de facto standard for the whole hospital/health care arena
For Future Directions of Accreditation

- More Interactive, more Value-creating survey, more effectively fostering CQI based on professional autonomy (best practice diff., etc.)
- More direct values for Patients (participation, provider choice, etc.)
- More focus on the Hospital Service Region (not only a hospital)
- To support more explicitly "Management" (quality/safety/resources/finance/ w/visionary leadership, etc.) for sustainability and growth