

# Annual Report

## (April 2022 - March 2023)

June 2023

Japan Council for Quality Health Care

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## 【1】Hospital Accreditation

### I. Hospital Accreditation

#### 1. Current status for hospital accreditation and support

##### (1) Accreditation status in Japan

As of March 31, 2023, the number of accredited hospitals was 2,013 out of 8,182 hospitals (24.6%). The number of accredited beds was 614,003 (41.0%).

Table 1: Status of Accredited Hospitals (as of March 31, 2023)

	Number of hospitals	Number of beds
Total number of hospitals※	8,182	1,496,856
Accredited hospitals	2,013	614,003
Accreditation rate	24.6%	41.0%
Previous year (number)	2,043	619,486
Previous year (rate)	24.8%	41.1%
Year-on-year change	98.8%	99.0%

※Source: "Survey of Medical Institutions (approximate figures as of the end of March 2022)" (Ministry of Health, Labour and Welfare)

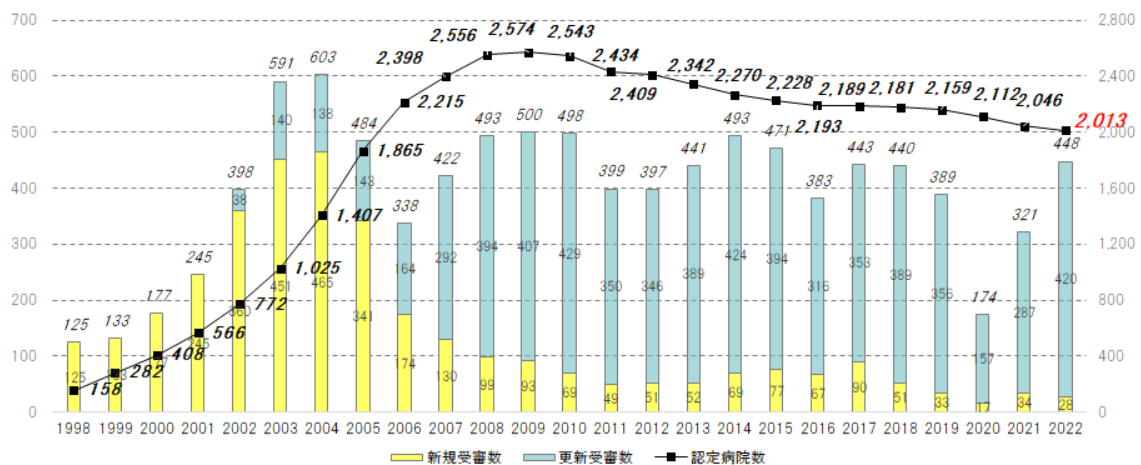


Figure 1: Trends in number of survey and accredited hospitals (as of March 31, 2023)

The accreditation status by functional category shows that for main functions, General Hospital 2 had the largest number of hospitals with 957, followed by General Hospital 1 with 550. On the other hand, for sub-functions, Rehabilitation Hospitals had 205 hospitals, Palliative Care Hospitals had 103, followed by Chronic Phase Hospital with 83, and Psychiatric Hospital with 75 hospitals (Table 2). Note that the total number of hospitals is a tally count since some hospitals undergo evaluation for multiple function types as sub-functions.

Table 2: Number of Accredited Hospitals by Functional Category  
(as of March 31, 2023; reprinted)

Functional category	Main function	Sub function※	Total
General Hospital 1	516 (25.6%)	34	550
General Hospital 2	950 (47.2%)	7	957
General Hospital 3	68 (3.4%)	—	68
Rehabilitation Hospital	145 (7.2%)	205	350
Chronic Care Hospital	148 (7.4%)	83	251
Psychiatric Hospital	173 (8.6%)	75	248
Palliative Care Hospital	13 (0.6%)	103	116
Total	2,013 (100%)	507	—

The number of accredited hospitals through Advanced and Specialized Functions evaluations or additional function evaluations was 24 for "emergency medical care and disaster medical care" and 63 for "convalescent rehabilitation" (Table 3) as of March 31, 2023. Compared to the previous year, there was an increase of 2 hospitals for "emergency medical care and disaster medical care" and a decrease of 2 hospitals for "Rehabilitation (recovery phase)". Note that the on-site surveys for additional function evaluations ended on September 30, 2019.

Table 3: Number of accredited hospitals for Advanced and Specialized Functions  
(as of March 31, 2023)

Functional category	Emergency Medical Care Disaster Medical Care	Rehabilitation (Recovery phase)	Total
Advanced/Specialized Function	16	29	45
Certification	8	34	42
Total	24	63	87
Accredited Hospitals (previous year)	22	65	87
Year-on-Year Comparison	100%	96.9%	100%

Regarding the status of accredited hospitals by bed numbers, the accreditation rate for hospitals with 800 to 900 beds was the highest at 93.1%, followed by 83.6% for hospitals with 600 to 700 beds (Table 4). Additionally, the accreditation rates for hospitals based on the establishments were 100% for National Health Insurance Associations, 84.4% for Workers' Health and Safety Organizations, and 76.1% for National University Corporations (Table 5).

Table 4: Status of Accredited Hospitals by Bed Capacity (as of March 31, 2023; reprinted)

Bed Capacity	National <sup>※</sup>	Accredited Hospitals	Accreditation Rate (%)	Accredited Hospitals (Last year)	Year-on-Year Comparison
0 - 99	2,956	234	7.9	239	-5
100 - 199	2,786	583	20.9	602	-19
200 - 299	1,032	315	30.5	324	-9
300 - 399	674	330	49.0	330	0
400 - 499	366	237	64.8	232	+5
500 - 599	162	127	78.4	129	-2
600 - 699	110	92	83.6	88	+4
700 - 799	38	28	73.7	32	-4
800 - 899	29	27	93.1	26	+1
900 -	52	40	76.9	41	-1
Total	8,205	2,013	24.5	2,043	-30

<sup>※</sup>Source: "Survey of Medical Institutions (Dynamic) in 2021" (as of October 1, 2021; Ministry of Health, Labour and Welfare)

Table 5: Status of Accredited Hospitals by Founder(as of March 31, 2023)

Category	Founder	Number of Hospitals in Japan <sup>※</sup>	Accredited Hospitals	Accreditation rate (%)	Accredited Hospitals (Previous year)	Year-on-year comparison
National	Ministry of Health, Labour and Welfare, National Center for Advanced Medical Research and Technology	22	9	40.9%	9	0
	Independent Administrative Institution National Hospital Organization	140	60	42.9%	59	+1
	National University Corporation	46	35	76.1%	33	+2
	Independent Administrative Institution Occupational Safety and Health Organization	32	27	84.4%	27	0
	Promotion of Regional Medical Care	57	20	35.1%	23	-3
	Other national institutions (Ministry of Defense, Ministry of Internal Affairs and Communications, etc.)	19	0	0.0%	0	0
	Prefectures	196	93	47.4%	103	-10
Public	Municipalities	603	211	35.0%	212	-1
	Local Independent Administrative Institutions	114	63	55.3%	48	+15
	Japanese Red Cross Society (Japanese Red Cross)	91	59	64.8%	61	-2
	Japanese Society of Social Welfare (Japan Welfare Federation)	83	44	53.0%	44	0
	Japanese Federation of Medical Service Organizations (Japan Medical Service Federation)	100	45	45.0%	47	-2
	Other public medical institutions (such as Hokkaido Social Welfare Association)	7	2	28.6%	2	0

Social	Health insurance associations and other federations	7	3	42.9%	3	0
	Mutual aid associations and their federations	39	27	69.2%	27	0
	National health insurance associations	1	1	100.0%	1	0
Other	Public interest corporations	195	112	57.4%	121	-9
	Medical corporations	5,671	1,034	18.2%	1,055	-21
	Educational corporations	113	69	61.1%	69	0
	Companies	27	15	55.6%	17	-2
	Other corporations (such as social welfare corporations)	486	77	15.8%	75	+2
	Individuals	133	7	5.3%	7	0
Total		8,182	2,013	24.6%	2,043	-30

※Source: "Survey of Medical Institutions (Preliminary Figures as of the end of March, 2022)" (Ministry of Health, Labour and Welfare)

Table 6 shows the accreditation status by designated hospitals. The accreditation rates of these hospitals, including hospitals that have applied for accreditation, have improved due to the impact of becoming accreditation as the mandatory requirement for the medical remuneration for Acute Care Enhancement System, the effort-based requirements for the type of Inpatient Fees 1 and 3 for Recovery Rehabilitation Units, and the mandatory requirement for the regional cancer treatment base hospitals by reviewing the requirements for base hospitals for cancer treatment.

Table 6: Accreditation Status by Designated Hospitals (as of March 31, 2023)

Classification	Total Number of Hospitals	Accredited Hospitals <sup>※1</sup>	Accreditation Rate (%)	Accreditation rate for previous year (%)
Acute Care Enhancement System	177 <sup>※2</sup>	168	94.9	-
Convalescent Rehabilitation Unit 1	950 <sup>※2,※3</sup>	595	62.6	52.8
Convalescent Rehabilitation Unit 3	307 <sup>※2,※3</sup>	111	36.2	32.9
Advanced Treatment Hospital	88 <sup>※4</sup>	81	92.0	92.0
Regional Medical Care Support Hospital	681 <sup>※5</sup>	601	88.3	82.0
Cancer Care Hub Hospitals (Prefecture)	51 <sup>※6</sup>	48	94.1	94.1
Cancer Care Hub Hospitals (Regional; Advanced Type)	55 <sup>※6</sup>	54	98.1	98.1
Cancer Care Hub Hospitals (Regional)	293 <sup>※6</sup>	274	93.5	87.4
Cancer Care Hospitals (Regional)	45 <sup>※6</sup>	27	60.0	62.2

※1 Including hospitals that have applied for accreditation.

※2 Source: List of Medical Institutions Registered with the Local Health Bureau (as of February 1, 2023, March 1, 2023, and April 1, 2023)

※3 Hospitals that have obtained both Inpatient Fee 1 and 3 for Convalescent Rehabilitation Units were recorded under Inpatient Fee 1 only.

※4 Source: Approval Status of Specific Function Hospitals (as of December 1, 2022; Ministry of Health, Labour and Welfare)

<https://www.mhlw.go.jp/content/10800000/001018536.pdf>

※5 Source: Websites of each prefecture (and some cities) as of April 1, 2023.※6

Source: List of Cancer Treatment Collaboration Base Hospitals, etc. (as of April 1, 2022; Ministry of Health, Labour and Welfare)

<https://www.mhlw.go.jp/content/000921256.pdf>

## (2) Accreditation Status for the Fiscal Year 2022

### A. Regular survey (Main function, sub function)

In the fiscal year 2022, we conducted 448 on-site surveys for the main function (28 new hospitals, 420 renewals) and 105 for the sub function



(Table 7-2). Due to the impact of the COVID-19 pandemic, the monthly on-site survey rate decreased to less than 40% at its lowest, but the overall rate for the year was 79.6%. The conditions for conducting on-site surveys are as follows: (1) The hospital can accommodate the on-site survey; (2) A surveyor team can be formed; and (3) The risk of surveyors being exposed to the COVID-19 during the on-site survey is low.

Table 7-1: Number of on-site surveys conducted in fiscal year 2022 (by New and Renewal)

	Target	Result	Achievement rate
New:	50	28 (6.7%)	56.0%
Renewal:	450	420 (93.3%)	93.3%
Total:	500	448 (100%)	89.6%

Table 7-2: Number of on-site surveys conducted in FY 2022 (by type of function; repeated)

	Main Function	Sub Function	Total
General Hospital 1	113 (25.2%)	7	120
General Hospital 2	214 (47.8%)	1	215
General Hospital 3	24 (5.4%)	-	24
Palliative Care	1 (0.0%)	28	29
Chronic Care	24 (5.4%)	16	40
Mental Health	36 (8.1%)	13	49
Rehabilitation	36 (8.1%)	40	76
Total	448 (100%)	105	-

The renewal refusal rate for hospitals eligible for renewal in FY 2022 was 13.6% (Figure 2). The renewal refusal rate is showing a tendency to improve due to the exceptional measures related to the COVID-19 pandemic and revisions to medical fee schedules. It should be noted that there are hospitals that have postponed their renewal surveys due to special exception so the refusal rate for fiscal years after 2020 is provisional.

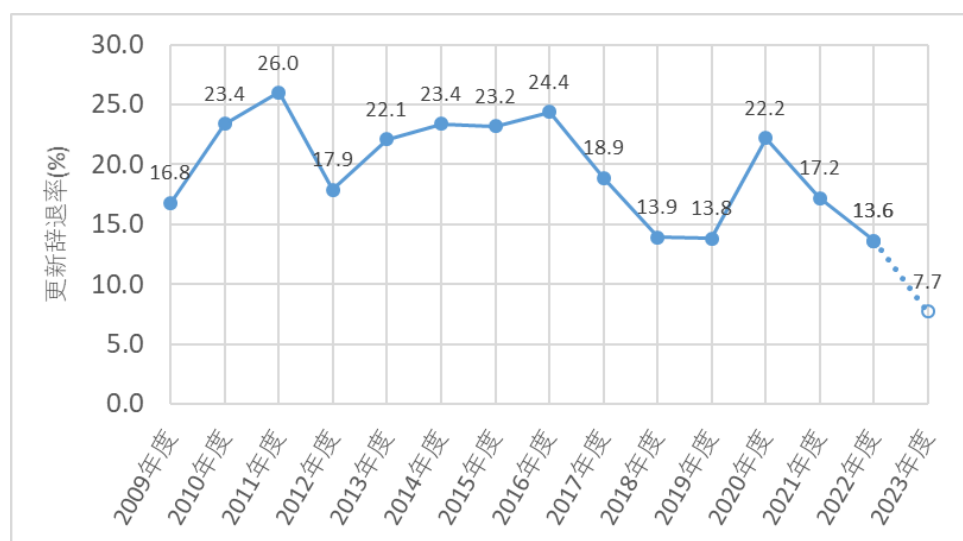


Figure 2: Trends in Rate of Refusal to Renew (as of March 31, 2023)

## B. Evaluation of Advanced and Specialized Functions

In fiscal year 2022, a total of 19 hospitals underwent on-site survey for advanced and specialized functions, with 8 hospitals for "Emergency Medical and Disaster Medical Care" and 11 hospitals for "Convalescent Rehabilitation " (Table 8).

Table 8: Number of Hospitals Undergoing Evaluation for Advanced and Specialized Functions

Type	Number	Year-on-Year Comparison
Emergency Medical and Disaster Medical Care	8	3 (+5)
Convalescent Rehabilitation	11	9 (+2)
Total	19	12 (+7)

## C. Mid-term review

Since fiscal year 2015, "mid-term review" has been conducted for accredited hospitals under Hospital Accreditation Standards 3rdG: Ver.1.0. 221 out of 341 hospitals (64.8%) submitted the mandatory "self-assessment sheet," and 15 hospitals (4.4%) submitted the optional "quality improvement activity report sheet," totaling 35 cases.

Table 9: Mid-term Review Submission Status

Number of Hospitals	
Targeted Hospitals	341
Self-Assessment Submission (Required)	221 (64.8%)

Quality Improvement Activity	15 (4.4%)
Case Report (Optional)	(35 cases)

### (3) Results of the 2022 Accreditation Support Activities

#### A. Seminars (Online)

For the seminars in the 2022 fiscal year, we provided real-time streaming or recorded streaming (Table 10). Note that the seminars numbered 3-13 were published before the FY2021. Hospitals can watch these seminars for one year from the date of registration.

Table 10: Seminar Application Results (as of March 31, 2023)

No	Seminar Titles			Date of Publication	Number of Hospitals Applying
1	Improvement (General) Ver. 3.0 (Live Streaming)	Support	Seminar	Nov 2, 2022	149
2	Improvement (General) Ver. 3.0 (On-demand Streaming)	Support	Seminar	Dec 1, 2022	113
3	Improvement (General) Ver. 3.0	Support	Seminar	already distributed	70
4	Improvement (General) Ver. 2.0	Support	Seminar	already distributed	20
5	Improvement (Nursing) Part 1: Basic course	Support	Seminar	already distributed	46
6	Improvement (Nursing) Part 2: Practical course	Support	Seminar	already distributed	51
7	Improvement (Administrative Management)	Support	Seminar	already distributed	25
8	Improvement (Medical Practice)	Support	Seminar	already distributed	35
9	Improvement Support Seminar (Care Process Session for medical wards)			already distributed	47
10	Improvement Support Seminar (Care Process Session for surgical wards)			already distributed	42
11	Improvement Support Seminar (Care Process Session for Community-based Integrated care ward)			already distributed	14
12	Improvement (General 3)	Support	Seminar	already distributed	5

13	Advanced Specialty (Emergency, Rehabilitation) *	already distributed	(不明)
Total (Number of Hospitals Participating)			637

※The number of hospitals applying is unavailable due to the free public access.

## B. Group Consultation Sessions (online)

The group consultation session (online) is that surveyors respond to inquiries from the hospital preparing for on-site survey. We had 2 sessions for the type of general hospital 3, and 7 sessions for the other hospital types in FY2022. Additionally, we started a new "Group Consultation Session for New Hospital" specialized for newly applied hospitals and held 5 times. 139 newly applied hospitals participated in total.

Table 11: Status of Online Accreditation Consultation Sessions  
(As of March 31, 2023)

Type	Times	Number of hospitals
General Hospitals 3	2	25
Hospitals other than General Hospitals 3	7	272
Consultation Sessions for New Hospital (NEW)	5	139
Total	14	436

## C. Other Supports

Lecturer dispatch, surveyor dispatch, and online support were provided as shown in Table 12.

Table 12: Status of other supports (as of March 31, 2023)

Type of support	Number of cases	Total
Lecturer Dispatch	Lecture type	18
	Hands-on experience*	6
	Follow-up type*	10
Surveyor Dispatch	Half day	45
	1 day	65
Online support	2 Surveyors (Medical + Nurse)	13
	Or 1 Medical	5
	1 Surveyor	5

(Administrator)	
Total	162

※Implemented as Surveyor Dispatch from October 2022

#### D. Cooperation with Prefectural Hospital Associations, etc.

We held 12 seminars on Hospital Accreditation in cooperation with prefectural hospital associations and various related academic societies in FY2022 (Table 13).

Table 13: Cooperation with Prefectural Hospital Associations and Other Organizations (as of March 31, 2023)

No.	Affiliations	Date held
1	Annual Meeting of the Japanese Association of Rehabilitation Medicine	Jun 25, 2022
2	Hokkaido Hospital Association	Jul 16, 2022
3	Annual Meeting of All Japan Hospital Association	Oct 1-2, 2022
4	The Fall Meeting of the Japanese Association of Rehabilitation Medicine	Nov 4-6, 2022
5	Annual Congress of Japanese Society for Quality and Safety in Healthcare	Nov 26, 2022
6	Aichi Medical Corporation Association	Nov 29, 2022
7	Shiga Prefecture Hospital Association	Jan 11, 2023
8	Ishikawa Hospital Society	Jan 28, 2023
9	Shizuoka Hospital Association	Jan 30, 2023
10	All Japan Hospital Association	Feb 12, 2023
11	Association of convalescent and rehabilitation wards research conference	Feb 24-25, 2023
12	Niigata Hospital Association (consultation)	Mar 1, 2023

#### E. Publicity

One special issue and one regular issue of the leaflet "Improve" were published to introduce good practices of improvements in accredited hospitals.

Table 14: "Improve" published in FY2022

Vol.	Prefecture and name of Hospital	Functional category	Month of Issue
-	- Saitama Red Cross Hospital (Saitama Pref.)	Advanced and specialized functions (emergency and	April 2022

Vol.	Prefecture and name of Hospital	Functional category	Month of Issue
	- Iwate Central Hospital (Iwate Pref.) - Kyoto Medical Center (Kyoto Pref.)	disaster medical care)	
27	Kodaira Hospital (Saitama Pref.)	General Hospital 1	March 2023

## 2. Hospital Functional Improvement Support Project

### (1) Patient satisfaction and employee satisfaction

#### A. Number of participating hospitals

This program provides a survey system for patient employee satisfaction via the Internet to participating hospitals. We also hold seminars to share good practices of participating hospitals. Total 329 hospitals participated in FY2022. Table 15 and 16 show the composition of the member hospitals and hospitals joined in the benchmarks, respectively.

Table 15: Participating Hospitals in Patient Satisfaction and Employee Satisfaction in FY2022

No.	Benchmark Category	Definition	Hospitals
1	General (Small)	Hospitals accredited with "General Hospital 1" and only has general beds Hospitals accredited with "General Hospital 2" and has less than 200 beds	40
2	General (Medium)	Hospitals accredited with "General Hospital 2" with 200 to 500 beds	122
3	General (Large)	Hospitals accredited with "General Hospital 2" with over 500 beds Hospitals accredited with "General Hospital 3"	87
4	Long-term Care and Care Mix	Hospitals accredited with "Long-term Care", "Palliative Care" Hospitals accredited with "General Hospital 1" and has beds other than general beds	43
5	Rehabilitation	Hospitals accredited with "Rehabilitation Hospital"	26
6	Psychiatric	Hospitals accredited with "Psychiatric Hospital"	11
Total			329

※ Categories are classified based on the "main functional category" and the number of beds in the hospital accreditation.

Table 16: Hospitals joined in the benchmark FY2022

	FY2022 1 <sup>st</sup> Benchmark	FY2022 2 <sup>nd</sup> Benchmark
Target Period	Jul 1–Sep 30, 2022	Oct 1–Dec 31, 2022
Date of release of benchmark results	Oct 6, 2022	Jan 6, 2023
Inpatient Satisfaction Survey: Number of hospitals and cases	52 hospitals (18,440 cases)	152 hospitals (43,390 cases)
Outpatient Satisfaction Survey: Number of hospitals and cases	40 hospitals (17,583 cases)	142 hospitals (70,198 cases)
Employee Satisfaction Survey: Number of hospitals and cases	62 hospitals (24,364 cases)	170 hospitals (79,961 cases)

## B. Sharing Good Practice

We held 2 seminars in September 2022 and February 2023, introducing good practices of quality improvement in participating hospitals. We also held a symposium at the 60th Annual Meeting of the Japan Society for Healthcare Administration. In addition, we published 5 reports (Vol. 30-34) which presented in these seminars.

## C. Annual Report

In May 2022, we published the annual report summarizing the results for FY2021. Full text (booklet) and PDF were provided to participating hospitals. A summary PDF is posted on the website.

## (2) Survey for Patient Safety Culture

### A. Number of participating hospitals

To support hospitals' continuous quality improvement based on data, we provide a web survey system for survey on patient safety culture surveys and hold seminars to share good practices of member hospitals. The number of participating hospitals was 72 in FY2022. Table 17 and 18 show the composition of the member hospitals and hospitals joined in the benchmarks, respectively.

Table 17: Participating Hospitals in Survey on Patient Safety Culture in FY2022

No.	Benchmark Category	Definition	Hospitals
1	General (Small)	Hospitals accredited with "General Hospital 1" and only has general beds Hospitals accredited with "General Hospital 2" and has less than 200 beds	8
2	General (Medium)	Hospitals accredited with "General Hospital 2" with 200 to 500 beds	25
3	General (Large)	Hospitals accredited with "General Hospital 2" with over 500 beds Hospitals accredited with "General Hospital 3"	29
4	Long-term Care and Care Mix	Hospitals accredited with "Long-term Care ", "Palliative Care" Hospitals accredited with "General Hospital 1" and has beds other than general beds	6
5	Rehabilitation	Hospitals accredited with "Rehabilitation Hospital"	3
6	Psychiatric	Hospitals accredited with "Psychiatric Hospital"	1
Total			72

※ Categories are classified based on the "main function type" in the hospital accreditation and the number of beds.

※ At the time of benchmarking, rehabilitation, medical treatment/care mix, and psychiatry were collectively calculated as medical treatment/care mix for



convenience.

Table 18 Hospitals joined in the benchmark FY2022

No.	Benchmark Category	Participating Hospitals	Benchmark Participants
1	General (small scale)	8	8
2	General (medium size)	25	23
3	General (large scale)	29	26
4	Long-term Care and Care Mix	6	
5	Psychiatric	3	9
6	Rehabilitation	1	
Total		72	66

#### B. Sharing Good Practice

We held 2 seminars in August 2022 and February 2023. We also had a panel discussion session in the 17th Annual Congress of Japanese Society for Quality and Safety in Healthcare. In addition, we published 4 reports (Vol. 9-12) which presented in these seminars.

#### C. Annual Reporting

In May 2022, we published the annual report summarizing the results for FY2021. Full text (booklet) and PDF were provided to participating hospitals. A summary PDF is posted on the website.

### (3) Work Environment Improvement Support

We held two seminars on improvement of work environment to share good practices to improve the work environment using the results of employee satisfaction surveys, survey on patient safety culture survey, and stress checks.

Table 19 Participating Hospitals to "Work environment improvement seminar"

Date	Live streaming	Recorded
Aug 2, 2022	68 hospitals (71 people)	127 hospitals (151 people)
Jan 24, 2023	50 hospitals (60 people)	106 hospitals (119 people)

## 3. Survey results (Division of Accreditation)

### (1) Regular survey (the on-site survey)

#### A. Number of Surveys

On-site survey (Regular survey) of the "main function" by functional category evaluation item 3rdG:Ver.2.0 was conducted in 448 hospitals.

Table 20 Number of surveys by new/renewal and main function

New/ renewal

	New	Renewal	Total
Regular survey	28	420	448

(Unit : Hospital)

Main function

By main function	G1	G2	G3	Reh.	L.	Psy.	Pal.	Total
Regular survey	113	214	24	36	24	36	1	448

(Unit : Hospital)

(G1:General Hospital 1,G2:General Hospital 2、 G3:General Hospital 3, Reh.:Rehabilitation hospital, L.:Long-term care hospital, Psy.:Psychiatric hospital, Pal.:Palliative care hospital)

Of the 448 hospitals that underwent the regular survey, 96 hospitals (105 functions) underwent both main and sub-functions.

An additional survey of provisional accreditation hospitals was carried out in 17 hospitals. In addition, an additional survey of hospitals withholding accreditation was carried out in 5 hospitals.

An Additional survey for recommendations was carried out in 25 hospitals. This survey is to be conducted in the third year after the accreditation start date for those hospitals that have undergone on-site survey in the functional category accreditation criteria 3rdG:Ver.2.0. on or after April 1, 2018, and for which the assessment criterion was rated C in the main functional category.

## B. Accreditation decision

The decision on the accreditation of the 'primary function' of 383 hospitals was discussed.

Table 21 Status of accreditation of main functions

(Unit: Hospitals)

	Accredited	Withheld	Total
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	Fully Accredited	Provisionally accredited		
Regular survey	362	19	2	383
(New)	30	0	2	32
(renewal)	332	19	0	351

The 362 accredited hospitals received accreditation certificate valid for five years. The 19 provisionally accredited hospitals were requested to submit improvements on the recommendations and to undergo a verification survey before the expiry date of their accreditation.

The 2 hospitals, whose accreditation was withheld, were requested to submit improvements on the recommendations without issuing an accreditation certificate and to undergo the additional survey of hospitals withholding accreditation within six months. Of the accredited hospitals, 93 were accredited for both their main function and their sub-function. 17 hospitals underwent an additional survey of provisional accreditation hospitals, 15 of which had their provisional accreditation canceled and were issued an accreditation certificate valid for 5 years. In addition, as a result of the additional survey of provisional accreditation hospitals, the 2 hospitals whose accreditation was withheld were given recommendations without issuing an accreditation certificate, and were requested to undergo an additional survey of hospitals withholding accreditation within 6 months.

In the survey of hospitals withholding accreditation, 5 hospitals were accredited and issued certificates valid for 5 years.

## (2) Advanced/specialized functions

### A. Number of Surveys

We visited 8 hospitals for emergency medical care and disaster medical care Ver.1.0, and 11 hospitals for rehabilitation (recovery) Ver.1.0. There were no cases of 2nd survey /verification survey for advanced/specialized functions.

\*2<sup>nd</sup> survey: the additional survey of hospitals withholding accreditation

Verification survey: the additional survey of provisional accreditation hospitals

### B. Accreditation decision

9 hospitals were accredited for Emergency and Disaster Medical care Ver.1.0, and Rehabilitation (recovery) Ver.1.0 accreditation was granted to 11 hospitals. The accredited hospitals were issued certificates of advanced and specialized functions valid for five years.

(3) Medical Adverse Event Reports and Medical Safety Surveys from accredited hospitals

It requires accredited hospitals to report in the following cases : those covered by the "Operating Guidelines for Hospital Accreditation 21 Attachment 3" and "(1) medical accidents that are highly likely to be caused by deviations from routine accreditation conditions, or (2) medical accident that may cause a significant loss of social credibility."

A. Number of reports

Twenty medical adverse event reports were submitted by accredited hospitals.

B. Accreditation decision

Decisions on accreditation were taken in 17 cases, and accreditation was continued in all cases.

(4) Preparation of hospital accreditation data book

In fiscal 2021, we compiled the results of the surveys of 282 hospitals that decided whether or not to approve the accreditation based on our accreditation criteria, the functional category evaluation item 3rdG:Ver.2.0, and prepared the "Hospital Accreditation Data Book 2022".

## II. Surveyor Training Program

### 1. Surveyors

Surveyors visit and examine the hospitals at the request of JQ. There were 748 people (285 medical practitioners, 278 nurses, 158 clerks, 17 pharmacists, 10 therapists, etc.) at the end of FY2022. The operating ratio of surveyors were 77% in this fiscal year.

### 2. Training of Surveyors

A secondary selection (selection/training session) for applicants to become surveyors in FY2021 was conducted from July to October 2022, and those who passed the secondary selection were commissioned as surveyors.

In addition, the recruitment and selection of surveyors for FY2022 was conducted from December 2022 to February 2023.

### 3. Continuous training for surveyors

The following online workshops were held to train surveyors. In addition, recorded videos of the surveyor study session were made available for all surveyors to study.

Table 22 Continuing training for surveyors

Online workshop	Held times	Participants※
Surveyor study group	10	921
Follow-up workshop	1	31
Brush-up workshop	1	34
Leader workshop	1	23
Surveyor forum Theme: Evaluation of hospital functions - the past 25 years and the next 25 years from surveyor's perspective	1	275

※The number of participants is the total number of participants.

### 4. Education for surveyors following revision of survey methods and standards

We have produced a lecture video for the surveyor training on the hospital function evaluation 3rdG: Ver.3.0. We are preparing for the launch of 3rdG:Ver.3.0 from June 2023.

## III. Research and Development Project on Hospital Accreditation

### 1. Revision of hospital accreditation

Towards the start of operation of new accreditation criteria, the hospital function evaluation 3rdG: Ver.3.0, in June this year, some components were developed through 6 trial surveys. The changes have been made by developing the new evaluation methods of thematic surveys of office management areas, thematic surveys of drugs, medical safety and infection control rounds, etc., by introducing the general hospital 3-specific evaluation methods of medical record reviews and hospital management interviews into other types, and by reviewing of overall adjustment of progress charts and survey materials, etc.

In addition, revisions were made to relevant systems, such as the system for preparing self-assessment survey forms.

## 2. Renewal of IAP Accreditation Standards

The renewal accreditation for IAP assessment standards accreditation was carried out, and accreditation was granted. The results of all 65 assessment criteria were scored on a 4-point scale from 1-4, with a score of 4: 58 criteria; 3: 4 criteria; 2 (corresponding to a score of C in the assessment of hospital functionality): 3 criteria.

## 3. Investigation of web utilization in survey

We collected information on the use of the web for the purpose of improving the quality and efficiency of evaluation in the survey.

## 【2】 The Japan Obstetric Compensation System for Cerebral Palsy

The Japan Obstetric Compensation System entered its 14th year since its start in January 2009, and has continued to operate stably. In fiscal 2022, we will improve the quality of obstetric care by making greater use of the valuable information obtained through this system, in addition to efforts such as review and compensation, cause analysis, recurrence prevention, and efforts to promote compensation applications. In order to create conditions for the future, we worked on the construction of the updated system and the maintenance of the database in parallel, and strove to strengthen the management system as well.

As of the end of March 2023, 3,915 people were eligible for compensation, and 3,546 cases of cause analysis reports were created and sent. In March 2023, the 13th Recurrence Prevention Report was published.

### 1. Number of participating childbirth facilities

Table 1 shows the status of participation in the system of childbirth facilities nationwide.

Table 1 Number of participating childbirth facilities (As of March 31, 2023)

Number of childbirth facilities	Number of participating childbirth facilities	Participation (%)
3,145	3,142	99.9

※The number of childbirth facilities is counted by with the cooperation of the Japan Association of Obstetricians and Gynecologists and the Japanese Midwives Association.

### 2. Compatible with the next system

The current obstetrics web system has built a network with about 3,200 childbirth facilities nationwide, and has been used for 14 years to manage information on about 900,000 pregnant mothers annually and to also manage compensation payments every year up to 20 years of age. However, inefficient operational system is an issue as it is difficult to link data with other small-scale systems and the renovation in the current system requires high cost.

With the construction of the updated new system as an opportunity, we will improve the productivity and quality related to the operation of this system, and make it possible to systematically aggregate and analyze the data of this system. It will optimize and realize smooth operation.

### 3. Implementation of publicity and public relations, etc.

The deadline for applying for compensation under this system is until

the child's 5th birthday. In 2022, the deadline for applying for compensation was reached for children born in 2017, when the criteria for the 2015 revision of the system were applied. For this reason, in order not to miss the deadline of application for possible eligible children, efforts have been made to publicize the promotion of compensation applications with the cooperation of about 25 related academic societies and organizations.

We will continue to make efforts to spread awareness widely in cooperation with participating childbirth facilities, related academic societies/groups, local governments, etc.

#### 4. Implementation of examinations and compensation

Table 2 shows the total number of cases processed and its results since the start of the system.

Table 2 Cumulative number of cases processed and its results since the start of the system (as of the end of March 2023)

	Number of cases processed	Results			
		Eligible	Not eligible		Cases In process
			Not eligible	Reapplication possible※	
Total	5,174	3,915	1,195	59	5

※ Although it is not eligible for compensation at this time, it will be reviewed again if the prescribed requirements are met and the application is reapplied in the future.

(Reference) The number of cases processed by year of birth for children whose examinations have been completed and its results (As of March 31, 2023)

child's year of birth	Number of cases processed	Results	
		Eligible	Not eligible
2009～2014 ※ <sup>1</sup>	3,048	2,195	853
2015 ※ <sup>2</sup>	475	376	99
2016 ※ <sup>2</sup>	432	363	69
2017 ※ <sup>2</sup>	426	340	86

※<sup>1</sup> Compensation criteria

General examination 2,000g or more and 33 weeks or more/ Individual examination: 28 weeks or more and prescribed requirements

※<sup>2</sup> Compensation criteria

General examination: 1,400g or more and 32 weeks or more/ Individual examination: 28 weeks or more and prescribed requirements

#### 5. Cause Analysis

##### (1) Creation of cause analysis report

As of the end of March 2023, 3,546 cause analysis reports have been created and sent. Partly due to the impact of COVID-19, the average



number of days from the notification of examination results to the sending of the cause analysis report is getting longer. Early in this fiscal year, efforts were made to review the process management of report preparation and to improve operational efficiency so that the number of report preparation days could be reduced to approximately one year. The average number of days required to prepare reports sent in FY2022 was about 490 days which is reduced by about 70 days compared to FY2021.

(2) Strengthening support for childbirth facilities

As a result of analyzing the causes of multiple cases at the same childbirth facility, in response to the "attachment (request)" requesting further improvement when the same medical practice is repeatedly severely evaluated from a medical point of view, the Japan Association of Obstetricians and Gynecologists (hereinafter referred to as the "medical association") and the Japanese Midwives Association (hereinafter referred to as the "midwives association") are making efforts to provide support if requested by the childbirth facility when formulating and implementing improvement measures. In fiscal 2022, we responded to 16 "attachment (request)" and provided support at the medical association in response to one request from a childbirth facilities. In order to improve the quality of obstetric care, we will continue to work with medical association and midwives association to increase the effectiveness of responding to "attachment (request)".

(3) Publication and disclosure of cause analysis reports, etc.

Through the disclosure of the "cause analysis report summary" (no information that identifies individuals or childbirth facilities) on the website of this system, and the "cause analysis report full text version (masking version)" to researchers, we are working to ensure the transparency of this system and improve the quality of obstetric care.

As of the end of March 2023, 3,514 "summary versions" have been published, and 13 "full-text versions (masking version)" have been applied for use, with a total of 3,357 disclosures.

In addition, regarding the obstetrics system data, we are considering adding data on the "causes of cerebral palsy onset" in the cause analysis report with the aim of promoting the use of data, and aiming to start accepting applications for use from 2024.

6. Recurrence prevention to improve the quality of obstetric care

(1) Creation of recurrence prevention report

In FY2022, the Recurrence Prevention Committee was held six times, and the 13th Recurrence Prevention Report was published in March

2023. In this report, from the perspective of preventing recurrence and improving the quality of obstetric care, the theme of "uterotonic drugs" was taken up and analyzed. Furthermore, as an analysis from a different angle than before, we examined the "progress from the perspective of the family."

(2) Efforts to prevent recurrence and improve the quality of obstetric care

A leaflet was created based on the analysis results of the theme "intrauterine infection" taken up in the "12th Recurrence Prevention Report". In addition, we contributed articles about efforts to prevent recurrence in magazines for medical professionals, and disseminated reports, leaflets, posters, etc. on recurrence prevention that we have published so far.

7. Status of Returned Premiums (Retained Earnings)

Under this system, if there is a surplus in insurance premiums after the number of persons eligible for compensation for each contract year has been determined, the refunded premiums will be returned to JQ, which is the operating organization, and will 8,000 yen per delivery, and from January 2022, 10,000 yen per delivery will be applied to the insurance premium of this system.

Regarding the contracts from 2009 to 2016, the returned insurance premiums have already been returned to JQ, and about 10.3 billion yen\* of the returned insurance premiums for the 2017 contract have been returned. About 60.3 billion yen was appropriated to insurance premiums by the end of March this year, and the remaining amount as of the end of March this year was about 75.2 billion yen, which is being properly managed by JQ.

In addition, following the December 2021 meeting of the "Review Conference on Management and Investment of Investment Rates and Returned Premiums," which agreed to purchase 10-year Japanese government bonds (¥5 billion each year for a total of ¥20 billion) over the four-year period from 2022 to 2025, we purchased ¥5 billion of JGBs in March of this year, following on from our purchases in 2022.

※ Approximately 10.3 billion yen in premiums returned for contracts in 2017

= Contract premiums in 2017 about 23.2 billion yen – Minimum contract amount of about 10.2 billion yen – Administrative expenses approx. 2.6 billion yen + Interest 100 million yen

8. Status of insurance premiums, etc. during the period of insurance

(1) Income premiums and claims (compensation)

Table 3 shows insurance premiums, etc. during the insurance period (one year from January to December).

Table 3 Status of insurance premiums, etc. as of the end of March 2023 (unit: million yen)

		Premium income	Insurance money (compensation money)
policy year	January-December 2009	31,525	12,270
	January-December 2010	32,383	11,169
	January-December 2011	31,799	10,380
	January-December 2012	31,345	10,680
	January-December 2013	31,061	10,410
	January-December 2014	31,204	9,630
	January-December 2015	24,096	11,160
	January-December 2016	23,866	10,740
	January-December 2017	23,170	10,110
	January-December 2018	22,479	7,560
	January-December 2019	21,168	5,670
	January-December 2020	20,808	4,290
	January-December 2021	20,228	1,860
	January-December 2022	17,076	210

This system utilizes private insurance. For example, compensation for children born in 2018 is covered by premiums earned in 2018. Since the deadline for applying for compensation is until the child's 5th birthday, the number of people eligible for compensation in 2018 and the total amount of compensation will not be finalized until 2024. Therefore, compensation resources are managed by the insurance company for future compensation.

Even in contracts from 2018 onwards, if there is a surplus in compensation funds when the number of people eligible for

compensation and the total amount of compensation are determined, the insurance company will return the surplus to the operating organization.

Regarding premium income from 2015 onwards, due to system revisions in January 2015, the insurance premium per delivery was changed from 30,000 yen to 24,000 yen. Due to the revision of the system in January 2022, the insurance premium per delivery has decreased from 24,000 yen to 22,000 yen.

## (2) Administrative expenses

Administrative expenses for 2022 are shown in Table 4.

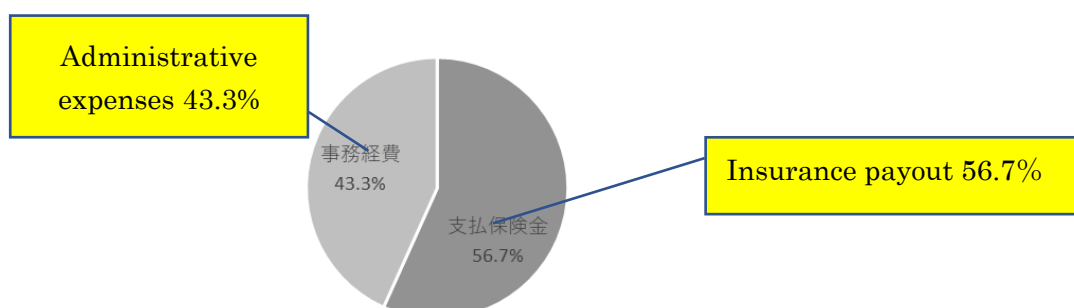
Table 4 Changes in administrative expenses (unit: million yen)

Division	January- December 2022	year-on-year	January- December 2021
Operating organization	969 (5.7%)	△19	988 (5.0%)
Insurance company	1,032 (6.1%)	△168	1,200 (6.0%)
Total	2,001 (11.7%)	△187	2,188 (11.0%)
Premium income	17,076 (100.0%)	△3,152	20,228 (100.0%)

(The percentage in parentheses is the percentage of insurance premium income.)

### Expenditure composition ratio in non-life insurance financial results

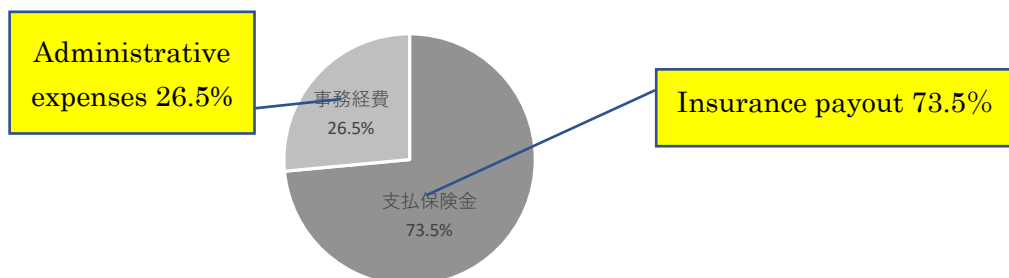
(Total of 26 member companies of the General Insurance Association of Japan in FY2021.)



From "The General Insurance Association of Japan Fiscal Year 2021 Non-life Insurance Financial Statement Overview"

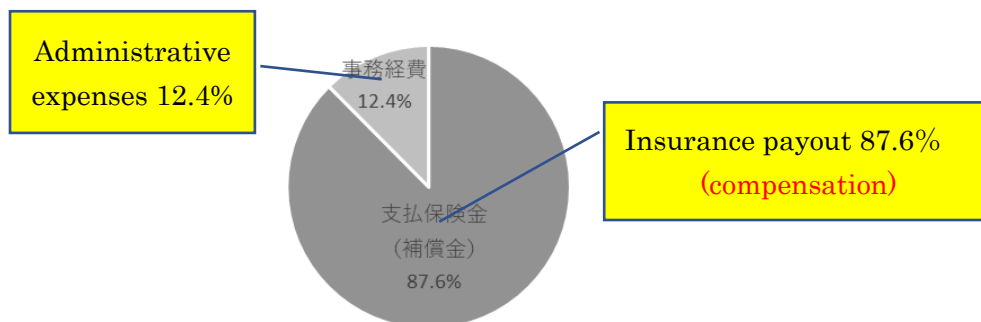
### Expenditure composition ratio in compulsory automobile liability insurance

(Fiscal 2021 non-life insurance and mutual aid total)



From the "Outline of automobile insurance in 2022" material

Expenditure composition of obstetric compensation system (2022)



- (3) Breakdown of Administrative Expenses of the Operating Organization
- Table 5 shows the breakdown of administrative expenses for the operating organization in 2022.

Table 5 Administrative expenses of the operating organization

(unit: million yen)

	January-December 2022	year-on-year	January-December 2021
Material expenses	707 (4.1%)	+76	631 (3.2%)
Meeting expenses, travel expenses, miscellaneous honorariums, etc. (※1)	109	+87	22
Printing and binding costs, communication transportation costs, etc. (※1) (※2)	50	△4	54
Office rent, etc.	118	△9	127

	Commission expenses	148	△11	159
	System development/maintenance costs	177	+12	165
	Advertising expenses, consumables expenses, etc. (※2)	105	+1	104
Labor cost	Salaries, remuneration, etc., welfare expenses, social insurance premiums, etc. (*2)	262	△95	357
Total		969 (5.7%)	△19	988 (5.0%)
Premium income		17,076	△3,152	20,228

(The percentage in parentheses is the percentage of insurance premium income.)

※1 Excludes expenses related to cause analysis and recurrence prevention, which are eligible for subsidies.

※2 Excludes some costs eligible for subsidies.

### 【3】 EBM and Clinical Guidelines

#### 1. Evaluation and selection of Clinical Practice Guidelines(CPGs)

##### (1) Evaluation and selection of CPGs

##### A. Search/collection and screening of CPGs

We exhaustively searched CPGs issued in Japan, collected 141 new documents, and narrowed down CPGs to be evaluated by two-stage screening.

##### B. Evaluation of CPGs

65 guidelines were evaluated based on the clinical practice guideline evaluation tool "AGREE II" and "AGREE Reporting Checklist." In addition, the evaluation was also conducted on 10 pre-publication CPGs. Table 1 below shows the number of clinical guideline evaluations, selections, and publications.

Table 1 Status of evaluation and selection of CPGs as of the end of March 2023

number of ratings	Selected number	Number of posted bibliographic information	Number of full-text posted CPGs
65(post-publication) 10(pre-publication )	63	65	66

##### (2) Feedback on clinical practice guideline evaluation results

For the 65 items that were evaluated after publication, we gave feedback on 49 items after asking the creating organization whether it was necessary or not. We also provided 10 pieces of feedback on the 10 pre-publication evaluations.

##### (3) Information management for CPGs

We continuously checked the update status and managed so that the latest information was always posted on the website.

#### 2. Publication of CPGs

##### (1) Publication of CPGs

In FY2022, the latest version of clinical guidelines was 131, of which 66 were posted in full text and 65 were only posted in bibliographic information. In addition, the status of publication of CPGs on the Minds website is shown in Table 2 below.

In 2022, 14 English-language clinical guidelines were newly posted, and 2 commentaries for the general public were newly posted. Tables 3 and 4 show the status of each release.

Table 2 Minds website publication status of clinical guidelines

As of the end of March 2023

Kinds	Number		
	Number of publications at the end of March 2023	FY2022 number of new posted CPGs	Number of withdrawals (Outdated version, etc.)
Number of database registrations	766 (65)	168	103
➤ The latest version of the number registered in the database	452 (28)	131	103
✧ Publication of the full text of the latest version	377 (31)	66	35
• Full text published in PDF format	188 (14)	26	12
• Full text published in link format	170 (17)	39	22
• Full text published in HTML format	19 (0)	1	1
✧ Unpublished text of the latest version (Only bibliographic information is disclosed)	75 (-3)	65	68
➤ Old version of database registration number	314 (37)	37	0

Figures in ( ) indicate increases/decreases in FY2022

Table 3. Publication status of English CPGs

Number of publications at the end of March 2023	Number of new publications in FY2022	Number of withdrawals (outdated, etc.)
44 (8)	14	6

Figures in parentheses indicate increases/decreases in FY2022

Table 4 Status of information provision to the general public

Kinds	Number of posted information at the end of March 2023	FY2022 number of new posted information	Number of withdrawals (Outdated version, etc.)
Academic guideline commentary	37 (2)	2	0
Guideline commentary for	8 (0)	0	0



Minds version			
Plain commentary for Minds version	46 (0)	0	0

Figures in parentheses indicate increases/decreases in FY2022

## (2) Constructing and improving the convenience of the Minds website

In addition to maintaining and operating the Minds website (including selection of new vendors and migration), we reviewed the database structure by introducing a package-type CMS, made the website lighter, established a system for in-house production, and improved the search function.

## 3. Support for development of CPGs

### (1) CPGs development support according to CPGs development stage

#### A. Clinical practice guideline development manual

In order to confirm the dissemination status of the Minds Clinical Practice Guideline Development Manual 2020, we continued to analyze the number of views and downloads. In addition, a simplified version of the flow chart (draft) was created to support the development of areas with little evidence.

#### B. Clinical practice guideline development seminar

Videos of clinical practice guideline development were introduced (4 academic societies, 15 creating groups).

#### C. CPGs development consultation desk

In response to 49 e-mail consultations, 9 consultation meetings were held (number of participants: 96).

#### D. Clinical practice guideline development registration system (Clinical practice guideline registry)

10 new registrations were made (cumulative number of registrations: 32), and public comment support was provided for 2 cases.

### (2) Clinical practice guideline development tool: patient/public involvement support

Participated in the patient/citizen group meeting in preparation of the 2022 version of CPGs for pancreatic cancer, and continued to provide advice and information. In addition, we gave a lecture at a lecture meeting sponsored by a patient group called "Allergypot".

### (3) Priority support for the development of CPGs

A questionnaire survey was conducted on trends and revisions of CPGs for intractable disease areas, etc., and problems in intractable disease areas were extracted and countermeasures were considered.

(4) Domestic Network of Clinical Practice Guideline Development

Group: Opinion Exchange Meeting

For the purpose of sharing information and exchanging opinions regarding the development of CPGs, an opinion exchange meeting was held for clinical practice guideline development organizations as follows.

- September 17, 2022 (Saturday) 14:00-16:00 FY2022 No.1  
Theme: "Ingenuity and challenges in CDGs development for intractable diseases"  
4 lectures by the representative of guidelines development groups, 210 participants
- February 13, 2023 (Saturday) 14:00-16:30 FY2022 No.2  
Theme: "Towards Desirable Management of Conflicts of Interest in Clinical Practice Guideline Development"  
4 lectures by the representative of guidelines development groups, 170 participants

(5) Network of overseas clinical practice guideline development groups

Participated in the 17th G-I-N (Guidelines International Network) International Conference held from September 21st to September 24th, 2022 (online), and endeavored to understand international trends in the creation, evaluation, and dissemination of CPGs.

4. Education for promotion of EBM and CPGs development

We have finalized and released the learning materials (introductory materials for beginners) for CPGs, which we started considering and creating in FY2021. In addition, following the introductory teaching materials, we started planning and reviewing elementary teaching materials for clinical practice guideline creators.

5. Development of new evaluation and selection methods for guidelines for medical treatment and individual techniques, etc.

Other than guidelines for medical treatment Medical information such as clinical guidelines for COVID-19 issued by the Federation of Japanese Medical Associations, the Ministry of Health, Labor and Welfare, and the National Institute of Infectious Diseases has been continuously posted on the Minds website for dissemination.

6. Others

(1) Organizational collaboration

As a collaboration in the field of prevention and health promotion, an event was co-hosted with AMED (Japan Agency for Medical Research and Development) on November 21, 2022 to support the creation of guidelines for the "Project for Establishment of Research and Development Infrastructure for Social Implementation of Prevention and Health Promotion (Project for Establishment of Healthcare Society Implementation Infrastructure)".

(2) Examination of future business operations

In FY2022, while focusing on the ICT project, which was the central issue of this project, we began to consider the relationship with copyright holders and publishers, and the path and measures to connect the ICT project to new information provision services. As for future issues, we will consider and consult on how to build a profit base, including the provision of paid information services, and how to collaborate with related organizations. We will aim to study and prepare more concretely. We will also proceed with concrete consideration of business collaboration within JQ.

(3) PR activities

A. Distribution of e-mail newsletters (distributed 52 times in total, 978,951 e-mails in total)

B. Posted on Facebook and Twitter (50 times on Facebook, 101 times on Twitter)

C. Revision of PR leaflets, distribution to medical institutions, etc., and online publication

7. Investigative research on electronic medical records that can refer to CPGs

(1) Standardization of clinical practice guideline data

We investigated the use of templates for clinical practice guideline creation manuals and identified issues and requests. In addition, we reviewed international practice guideline development and publication formats, and proposed enhancements to clinical practice guideline development manuals and templates.

(2) Developing and adjusting the ICT environment

A. Check and update PDF viewing in on-premises electronic medical records

Through a viewing trial with a PDF viewer at two hospitals, examined the update work, identified issues, and considered how to deal with them.

B. Confirmation of PDF viewing in cloud-based electronic medical records and cooperation with clinical guidelines

We created a simulated electronic medical record (medical facility PC) environment, and designed and implemented a clinical practice guideline system (PDF).

C. Discussing the secondary use of CPGs

We exchanged opinions with publishers, identified issues, and considered countermeasures.

D. Consideration of new medical data linkage aiming at healthcare DX

We conducted a survey of organizations and policy trends toward standardization of medical information and centralized management of information.

## 【4】 National Database of Medical Adverse Events

### I . Project to Collect Medical Near-Miss/Adverse Event Information

#### 1 . Overview

For the purpose of promoting the prevention of occurrence and recurrence of medical adverse events, we collected, analyzed and provided information on medical adverse events and near-miss incidents.

#### 2 . Project to collect, analyze, and provide medical adverse event information

##### (1) Collection of medical adverse event information

We collected medical adverse event information from legally mandated reporting institutions and voluntarily participating medical institutions using a designated reporting screen on the web.

The number of reports of medical adverse event information continued to exceed the number of the previous year or almost the same number as the previous year, and there were 5,313 reports of medical adverse event information in 2022 (Table 1). In order to collect additional information on cases, we requested information in writing (97 cases). On-site visits at medical institutions could not be conducted due to the epidemic of COVID-19 pandemic.

Table 1 Changes in the number of reports of medical adverse event information

	2005	2006	2007	2008	2009	2010
Number of reports	1,265	1,451	1,445	1,563	2,064	2,703

	2011	2012	2013	2014	2015	2016
Number of reports	2,799	2,882	3,049	3,194	3,654	3,882

	2017	2018	2019	2020	2021	2022
Number of reports	4,095	4,565	4,532	4,802	5,243	5,313

##### (2) Analysis of medical adverse event information

Reported medical adverse event information is reviewed by a Expert Analysis Team consisting of medical safety experts, etc., who hold meetings once or twice a month on a regular basis. From among them, we set the theme of the report to be published quarterly and analyzed it.

### (3) Provision of information

The collected and analyzed contents were widely provided to medical facilities, related organizations, administrative agencies, the public, etc. as the following information.

#### A. Quarterly Report/Annual Report

The 69th to 72nd Quarterly Reports and the 2021 Annual Report (including English version) have been compiled. Quarterly Reports and Annual Reports were sent to participating medical institutions, related organizations, administrative agencies, etc., and posted on the website of this project. In the report, the themes were set from the reported cases and analyzed (Table 2).

Table 2 List of analysis themes in the published Quarterly Report

Report	Overview	Analysis theme
69th	Others	Events related to patient mix-up (2)
70th	Others	Events related to patient mix-up (3)
71st	Events	Events related to patient mix-up (4)
	Nursing care	Events where the bed-leaving sensor did not work due to forgetting to turn on the power or incorrect usage
72th	Others	Events related to double checks
	Medical equipment, etc.	Events related to the selection of syringe pump units

#### B. Medical Safety Information

In FY2022, 12 Medical Safety Information were compiled (Table 3). Medical Safety Information is provided once a month, a total of 12 times, to participating medical institutions and approximately 6,000 medical institutions which request that information provided by fax, and is also sent to related organizations and posted on the website of this project.

Table 3 Published medical safety information

No.	Overview	Title
No.185	Medical device, etc / Examination	Use of used endoscope on another patient
No.186	Drugs/Examination	Failure to check blood test results before administering anticancer drugs
No.187	Summary	Medical safety information highlighted in Quarterly Reports in 2021
No.188	Treatment/Procedure	Fitting of elastic stockings to patients with arteriosclerosis obliterans of the lower limbs
No.189	Nursing care	Burns caused by a hot towel
No.190	Drainage tubes or other tubes/	Selection of wrong connection for indwelling bladder catheters

	Treatment/Procedure	
No.191	Drug	Local injection of high-concentration adrenaline due to container mix-up
No.192	Medical device, etc / Nursing care	Pressure ulcers related to medical devices
No.193	Drug	Wrong drug administration route(1st follow-up report)
No.194	Medical device, etc.	to reconnect the ventilator circuit due to use of test lung
No.195	Others	Examination and treatment of wrong patient due to lack of verification
No.196	Summary	Medical Safety Information released in 2022

### C. Database of events

In FY 2022, the reports of medical adverse event information submitted between October 2021 and September 2022 were published on the “event search” system of the website after anonymizing and reflecting additional information. As of the end of March 2023, 49,381 reports of medical adverse event information can be searched.

## 3. Project to collect, analyze, and provide medical near-miss event information

### (1) Collection of medical near-miss events

Similar to medical adverse event information, medical near-miss event information was collected using a dedicated reporting screen on the web. In 2021, there were reports of 1,018,480 information on the number of occurrences and 31,857 medical near-miss event information.

### (2) Analysis of near-miss event

From January to December 2022, we set the theme of “Events in which an error was discovered before implementation due to the effective double-checking”, and the events were collected and analyzed by the Expert Analysis Group along with medical adverse event information.

### (3) Provision of information

As with medical adverse event information, the collected medical near-miss events were provided on the website, in quarterly reports and annual reports, and are encouraged to be widely used. In FY 2022, some of the medical near-miss event information reported between October 2021 and September 2022 was anonymized and published on the “Event Search” system of the website. As of the end of March 2023, 86,447 medical near-miss events can be searched.

#### 4. Promoting utilization of the website

In order to promote the utilization of project deliverables, efforts were made to further publicize the contents and functions of the website through introductions in reports and lectures.

#### 5. Consideration of report items

As more than 15 years have passed since the start of the project, we have started to consider the possibility of revising the reporting items of the reporting system from FY2020 in order to improve the reporting environment for participating medical institutions in response to the current environment surrounding medical care. In FY2022, we continued to consider report items and completed the revision.

#### 6. Workshops and lectures on medical safety

##### (1) Holding workshops

For medical institutions participating in this project, we held Web-format lectures twice to promote the use of this project's reports and Medical Safety Information, and to improve the quality of reporting of medical adverse event information and near-miss information. (Table 4).

Table 4 Outline of the workshop

	Content	Date	Number of participants
1st	RCA Workshop	Feb 18, 2023	358 people
2nd	Workshop “Efforts for medical safety from the viewpoint of cooperation between medical institutions and pharmacies”※	Mar 5, 2023	Participating medical institutions: 128 people Participating pharmacies: 416 people

※Jointly held by Project to Collect Medical Near-Miss/Adverse Event Information and Project to Collect and Analyze Pharmaceutical Near-Miss Event Information.

##### (2) Response to request for lectures

In response to requests from medical institutions and related organizations, we gave lectures mainly in a web format in which we explained the contents of the deliverables of this project and called for participation and reporting on this project.

#### 7. Holding of Steering Committee and Comprehensive Evaluation Subcommittee

The Steering Committee meetings were held twice a year on the web to deliberate on the operation of this project. In addition, the



Comprehensive Evaluation Panel met four times a year on the web to review and support the preparation of reports, Medical Safety Information, etc. from a technical and professional point of view.

## Ⅱ . Project to Collect and Analyze Dental Near-Miss Event Information

### 1 . Development of reporting environment

A system for collecting, analyzing, and providing near-miss event that occurred in dental clinics was constructed.

### 2 . Consideration of implementation system

The Comprehensive Evaluation Panel consisting of dentists, dental hygienists, dental technicians, etc. was held once to consider how to publicize the project to dental clinics and the deliverables of the project in order to start collecting case studies in FY2023

## Ⅲ. Project to Collect and Analyze Pharmaceutical Near-Miss Event Information

### 1 . Overview

For the purpose of further promotion of medical safety measures, events were collected from pharmacies participating in the project, analyzed, and provided.

### 2 . Collection, analysis and provision of events

#### (1) Registration of pharmacies wishing to participate

The registration work of pharmacies wishing to participate in this project proceeded smoothly. The number of participating pharmacies at the end of 2022 was 45,290, and as of the end of March 2023, it became 45,593.

#### (2) Collection of events

The number of reported events in 2022 was 120,247 (Table 5).

Table 5 Changes in the number of participating pharmacies and the number of reports

	2009	2010	2011	2012	2013
Number of participating pharmacies	1,774	3,449	6,037	7,225	7,747
Number of reports	1,460	12,904	8,082	7,166	5,820
	2014	2015	2016	2017	2018
Number of	8,244	8,577	8,700	11,400	33,083

participating pharmacies					
Number of reports	5,399	4,779	4,939	6,084	79,973

	2019	2020	2021	2022
Number of participating pharmacies	38,677	40,957	43,166	45,290
Number of reports	144,848	129,163	127,937	120,247

### (3) Analysis and provision of information

The Expert Analysis Group meetings, consisting of pharmacists and others familiar with pharmacy operations and involved in medical safety, were held twice a year to review reported events and provide the following information.

#### A. Periodic Report/Annual Report

In FY2022, the 27th and 28th Periodic Reports and the 2021 Annual Report were prepared and published. In the reports, themes were set from among various cases and examined by the members of the Expert Analysis Group (Table 6). Periodic Reports and Annual Reports were sent to related organizations, administrative agencies, etc., and posted on the website of this project.

Table 6 Analysis themes taken up in the report

Report	Analysis theme
27th	Events related to contraindications for co-administration
	Events related to continuation of drugs after discharge
28th	Events related to injectable antidiabetic drug
	Events related to omissions in prescription of oral medicines

#### B. Events to share

We selected events that were deemed necessary to be shared especially widely as useful information for medical safety measures, and created "events to be shared" with the points of the cases. In FY2022, a total of 35 cases were announced.

#### C. Learn from events

For each of the themes analyzed in the periodic reports, we created and published a summary of key points from representative events and similar events that have been reported so far under the title "Learning from Events."

#### D. Database of events

We anonymized the reported events and published them on the event search system on our website. As of the end of March 2023, it is possible to search 305,029 cases in the old format that were reported before the March 2020 reporting system upgrade, and 369,254 cases in the new format that were reported after the reporting system upgrade.

### 3. Utilization of homepage

In order to promote the utilization of the deliverables of this project, efforts were made to further publicize the contents and functions of the website through introductions in reports, workshops and lectures.

### 4. Workshops and lectures on medical safety

#### (1) Holding workshops

One web-based lecture was held for pharmacies participating in the project, with the aim of promoting the use of the information provided and improving the quality of reporting by explaining the results of the project and how to analyze events (Table 7).

Table 7 Outline of the workshop

Content	Opening day	Number of participants
2022 Workshop “Efforts for medical safety from the viewpoint of cooperation between medical institutions and pharmacies”※	Mar 5, 2023	Medical Adverse Event Information Collection Project Participating medical institutions: 128 people Pharmaceutical Near-Miss Event Information Collection and Analysis Project Participating pharmacies: 416 people

※ Jointly held by Project to Collect Medical Near-Miss/Adverse Event Information and Project to Collect and Analyze Pharmaceutical Near-Miss Event Information

#### (2) Response to request for lectures

We responded to requests for web-format lectures at seminars and workshops hosted by pharmacies, related organizations, administrative agencies, etc., and worked to disseminate the significance of this project and return the results.

### 5. Holding of Steering Committee and Comprehensive Evaluation Panel

Steering committee meetings were held twice a year on the web to deliberate on the operation of this project. In addition, the Comprehensive Evaluation Panel met twice a year on the web to review and support the preparation of reports and annual reports from a technical and professional point of view.

## 【5】 Patient Safety Promotion

### 1. Overview

The Council for the Patient Safety Promotion (PSP) in accredited hospitals was established by volunteers from hospitals that have obtained accreditation for hospital accreditation, with the aim of promoting patient safety, and has been operating as a project since Apr. 2003. The Council contributes to the promotion of patient safety in hospitals throughout Japan by establishing subcommittees to address urgent issues related to patient safety, conducting various studies, holding seminars, and publishing the Journal of Patient Safety Promotion.

### 2. Member Hospitals and Annual fees

There were 1,307 hospitals that were members of the council (admission rate: 64.9% of total number of accredited hospitals in 2013). The annual membership fee was 60,000 yen.

### 3. Holding Committees, Subcommittees, etc.

In FY 2022, in addition to holding two steering committee meetings, we established five subcommittees and two study groups to analyze causes and consider effective accident prevention measures according to issues.

We continued to hold mainly online events in consideration of the situation of the COVID-19 in FY2022 as in FY 2021. However, some in-person meetings (group meetings) were also held.

Table 1 Status of holding subcommittees

Subcommittee Name	Held Times	Activities
Drug Safety Expert Group	3	A expert group discussed the annual theme of "safe and effective drug administration process", and held a questionnaire survey and a webinar. In addition, the materials collected from member hospitals were published on the PSP website.
Clinical examination/ Treatment/ Surgery Safety Expert Group	3	Continuing from 2020, group work seminars were held under the theme of "Focusing on Perioperative 'Handoff'".
Education Program Expert Group	3	- Support project for medial safety manager handling

		<p>everything by myself.</p> <ul style="list-style-type: none"> <li>- Positive approach workshop was held, which has been on trial since FY2019, to decipher incident cases with positive thinking, and discuss reactions and impacts on subsequent responses and feedback.</li> <li>- Collaborative practice workshop was held in a web format because it was not possible to hold a group type under the COVID-19 pandemic.</li> </ul>
Facility/Environment/Equipment Safety Expert Group	3	<p>We collected incidents and accidents related to facilities, environments, and equipment and added them to the PSP website. Cases that should be shared in particular were picked up at seminars, and specialists in hospital architecture and equipment manufacturers were involved in discussions aimed at preventing recurrence.</p>
Journal Planning Expert Group	4	<p>We published a regular issue of the Patient Safety Promotion Journal four times a year and two separate volumes.</p>
Central Venous Catheterization (CVC) Study Group	0	<p>The CVC workshop did not hold a review meeting because it was difficult to continue the hands-on seminar due to the COVID-19 pandemic.</p>
Suicide Prevention and Postvention in Hospitals Study Group	1	<p>In addition to sorting out the results of the workshop held collectively while taking measures against infection, we also discussed how to hold the next workshop.</p>

#### 4. Holding Seminars

Based on the deliberations of the expert groups and study groups, we

returned the results of our activities to the members through seminars.

Table 2 Status of Holding Seminars

Seminar Title	Holding Format	Held Times	Participants
Drug Safety Seminar (Symposium style)	Online	2	359 313 Total 672
Clinical Examination/ Treatment/ Surgery Safety Seminar (Workshop style)	Online	2	45 26 Total 71
Facility/ Environment/ Equipment Safety Seminar (Symposium style/ Workshop style)	Online	3	432 272 30 Total 734
Education Program Seminar – Support project for medical safety manager handling everything by myself – Positive approach workshop – Collaborative practice workshop (Workshop Style)	Online	2  1 1	24 19 19 30 Total 92
CVC Workshop		0	
Workshop for Suicide Prevention and Postvention in hospitals (Workshop Style)	In- Person	1	18

## 5. Regional and General Forums

Regional forums, which are planned by the lead hospitals and take advantage of the characteristics of the region, were held in a online method last year but not this year.

The annual general forum, which also served as a debriefing session on the activities of the expert group, was held in a online method.

Table 3 Status of Patient Safety Promotion General Forum

Date	Holding Method	Theme	Participants
Mar. 4	Online	What is Good Judgment and Decision Making in Clinical Practice?	568

## 6. Video Distribution

" Educational videos on patient safety" for in-hospital training and

individual study, and later delivery of webinars were made available on the PSP website.

Table 4 List of Educational Videos for FY 2021  
(Release period: Oct. 1, 2021 to Sep. 30, 2022)

Release Date	Title	Lecturer	* Number of Completed Views (1 year)
Oct. 1, 2021	Sarcopenia frailty that healthcare professionals should know	Yoshihiro Yoshimura	4,462
Ditto	Practical Responses to Delirium	Asao Ogawa	3,763
Ditto	Rethinking disaster countermeasures in hospitals	Yasushi Nakajima	2,285
Ditto	Use of FMEA techniques in patient safety	Kenji Tanaka	1,386
Ditto	Basic knowledge of electrical equipment that medical personnel should know	Haruki Sumi	605

Table 5 List of Educational Videos for FY 2022  
(Release period: Oct. 1, 2022 to Sep. 30, 2023)

Release Date	Title	Lecturer	* Number of Completed Views (as of the end of Mar.)
Oct. 1, 2022	What is psychological safety required in the medical field?	Ryosuke Ishii	5,012
Ditto	Basic knowledge of DNAR necessary for medical safety	Satoshi Gandou	2,018
Ditto	Basics of iatrogenic sarcopenia and multidisciplinary support	Yoshihiro Yoshimura	371
Ditto	Basic knowledge of air conditioning and ventilation in hospital buildings	Akifumi Suzumura	277
Nov. 14, 2022	Utilization of drug risk management plans for medical safety	Masahiro Hayashi	96

\*Completed Views: The number of times the video was viewed to the end



Table 6 List of Online Seminars

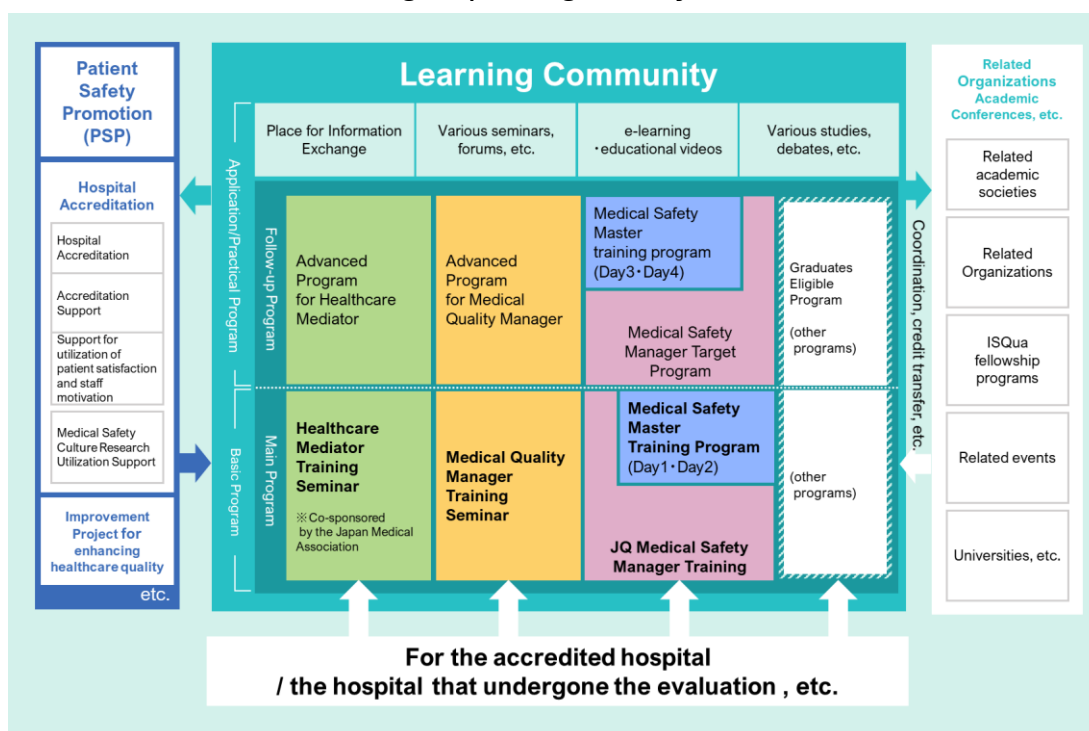
Date of Online Seminar	Title	Publication Period of Recorded video
Jul. 11	1st Facility/Environment/Equipment Safety Seminar	6 months
Oct. 15	1st Drug Safety Seminar	6 months
Oct. 26	2nd Facility/Environment/Equipment Safety Seminar	6 months
Feb. 3	2nd Drug Safety Seminar	6 months
Mar. 4	General Forum for Patient Safety Promotion	6 months

## 【6】 Education and Training for Health Care Professionals

### 1. Overview

In order to realize continuous quality improvement activities to improve the quality of medical care, it is essential that individuals affiliated with hospitals acquire systematic knowledge and skills related to medical quality and safety and put them into practice. In addition to providing support to the entire organization in hospital accreditation, we provide appropriate educational programs to individuals involved in medical care, and conduct “individual education” so that they can fully play their roles in their respective environments and positions.

Figure 1 Overview of Supporting Continuous Learning and Maintaining/Improving Quality of Healthcare (JQ-MAP)



### 2. Holding Status of Committees and Subcommittees

A business management committee was held to discuss the policies of the Education and training. In addition, a online subcommittee was held to discuss the certification and renewal of Healthcare Mediators and medical quality managers.

Table 1 Status of Meetings of Committees and Subcommittees

Committee / Subcommittee Name	Holding Method	Held Times	Date
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Education and Training Steering Committee	Online	2	May. 19 Feb. 17
Accreditation/Renewal Examination Subcommittee	Online	2	Sep. 12 Mar. 13

### 3. Seminar Status

#### (1) Healthcare Mediator Training Seminar

Based on the concept of "medical conflict management," which aims to solve various problems that arise between patients, families, medical institutions, and staff in a collaborative and flexible manner through dialogue, the Council for the Patient Safety Promotion in accredited hospitals has developed a training program. Since 2004, it has been held under the name of "Medical Conflict Management Seminar," and since 2013, it has been co-sponsored by the Japan Medical Association and changed its name to the "Healthcare Mediator Training Seminar."

Currently, we are co-sponsoring a program with the Japan Medical Association for a Total of about 20 hours, which combines lectures on basic knowledge and work-based training to learn dialogue skills through role-plays (The program has been approved as a program that meets the requirements for the additional patient support system for medical reimbursement).

Previously, all programs of this seminar were held in-person (gathering at the venue), but due to the impact of the COVID-19 pandemic, the program has been changed to an online program since FY 2021. Two types of programs were implemented: the entire program was consisted of held the lecture part and the practice part of the program was held in-person (at the venue). Participation types can be selected according to the learning environment and needs of students.

In 2022, it was held in two formats and 379 people graduated it.

Table 2 Healthcare Mediator Training Seminar Format

Type	Holding Method	Lecture Part	Practice Part
a	Video Viewing + In-Person (Meeting at the Venue)	400 minutes of video viewing [1 month]	Meeting (in-person) 820 minutes [2 days]
b	Video Viewing + Online	400 minutes of video viewing [1 month]	Online 840 minutes [2.5 days]

Table 3 Status of FY 2022 Healthcare Mediator Training Seminar

Type	Times	Title	Holding Method		Date	Graduates
a	1	In-Person 82	Video	In-person	Jul. 30, 31	23
b	1	Web 5	Video	Online	Jun. 18, 19, Jul. 3	87
	2	Web 6	Video	Online	Oct. 22, 23, Nov. 13	88
	3	Web 7	Video	Online	Dec. 3, 4, 18	92
	4	Web 8	Video	Online	Feb. 11, 12, Mar. 5	89

Total 379

## (2) Medical Quality Manager Training Seminar

Since 2012, we have continued to hold seminars to train “Medical Quality Managers” who play a central role in continuous quality improvement activities within the hospital.

This seminar aims to acquire basic knowledge about the quality of medical care, information analysis skills, management skills, etc., and incorporates a lot of group work by multi-professionals to lead to practical activities.

In 2022, in order to improve the bias in the number of applicants due to the timing of the event, which has been an issue so far, we set the dates centered on the second half of the fiscal year, and reduce the number of times from 3 to 2 times. We also increased the capacity and recruited. As a result, 156 students applied for the course, exceeding the annual number of 150 students planned at the beginning of the fiscal year, and a Total of 151 students graduated the course.

Table 4 Status of FY2022 Medical Quality Manager Training Seminar

Times	Holding Format / Date			Graduates
	Video [0.5 months]	Online [1 day] 1st semester	Online [3 days] 2nd semester	
1	Aug	Sep 2	Oct 6, 7, 21	77
2	Nov	Dec 2	Jan 12, 13, 27	74

Total 151

### (3) Medical Safety Master Training

In order to deepen their knowledge of medical safety, the seminars are held mainly for managers and full-time employees of medical safety departments in hospitals, with the aim of further improving the quality of medical safety management practices and education within hospitals.

In 2022, the Day 1 and Day 2 programs were held online once and 39 people graduated them.

Table 5 Status of FY 2022 Medical Safety Master Training

Times	Holding Method	Date	Graduates
1	Online	Feb. 18, Mar. 25	39

### (4) JQ Medical Safety Manager Training

In order to develop human resources who can contribute to the promotion of medical quality and safety through medical safety management work, e-learning-based training has been implemented since FY2022.

This seminar consists of an e-learning program (about 35 hours) and participatory training (about 6 hours, 1 day) conducted online .

In FY2022, participatory training was held four times a year, and 343 people graduated it (Table 6).

Table 6 Status of FY2022 JQ Medical Safety Manager Training

Times	Holding Method		Date	Graduates
1	e-learning	Online	Sep 14	87
2	e-learning	Online	Oct 19	79
3	e-learning	Online	Jan 18	89
4	e-learning	Online	Feb 8	88

Total 343

In addition, with the aim of disseminating the e-learning program of this training nationwide as a standard program, we cooperate with each organization that wishes to use it and support 35 hours of learning for medical safety manager, and we collaborated with three organizations in 2022.

### (5) Follow-up Seminars for Graduates

So far, as a place for those who have graduated the basic program to continue learning, follow-up seminars have been held for those who have graduated the Healthcare Mediator training seminar and the medical quality manager training seminar.

In FY 2022, 11 seminars were held online, with 789 participants.

Table 7 Status of FY 2022 Follow-up Seminars

(CM: Graduates of Healthcare Mediator Training Seminar,

QM: Graduates of Medical Quality Manager Training Seminar)

Times	Holding Format	Target	Theme	Date	Participants
1	Online	CM	Supporting staff involved in medical accidents	Jul 4	73
2	Online	QM	Sharing case studies for Medical Quality Manager (1)	Jul 7	59
3	Online	CM, QM	Leadership seminar	Aug 18	168
4	Online	CM	Cooperation between patient consultation and medical safety	Oct 2	64
5	Online	CM	Coordination between patient consultation and medical safety (half day)	Oct 2	6
6	Online	CM	Sharing case studies for Healthcare Mediator	Oct 29	112
7	Online	CM	Response from ethical aspects in patient consultation	Nov 19	61
8	Online	QM	Sharing case studies for Medical Quality Manager (2)	Dec 16	59
9	Online	CM	Models of Healthcare Mediation	Dec 19	152
10	Online	QM	Thinking about visualization and improvement measures for the blood collection test work process	Feb 10	27
11	Online	QM	Learning basic data analytics	Aug 22 - Oct 7	8

Total 11 times 789

#### 4. Operation Status of the Certification/ Renewal System

For those who have graduated the Healthcare Mediator Training Seminar and the Medical Quality Manager Training Seminar, we have established and operated a certification and renewal system to support continuous learning and practice of activities.

##### (1) Certification and Renewal of the Healthcare Mediators

Since 2017, the Healthcare Mediator Training Seminar has certified those who have graduated the entire course as the “Healthcare Mediators”. The certificate holders are required to attend a follow-up seminar every three years to renew their certification.

In FY 2022, there were 379 new certifications and 61 renewals.

## (2) Certification and Renewal of the Medical Quality Manager

Since 2017, the Medical Quality Manager Training Seminar has been certifying those who have implemented and promoted quality improvement activities within the hospital as medical quality managers among those who have graduated the course and wish to be certified. Certificate holders will renew their certifications every three years, meeting the requirements such as implementing and promoting quality improvement activities within the hospital and attending follow-up seminars.

In FY 2022, 42 people were newly certified.

## 5. Special Functioning Hospital Administrator Training

Special Functioning Hospital Administrator Training, which was commissioned by the Ministry of Health, Labor and Welfare since 2017, was conducted for administrators, medical safety managers, drug safety managers, and medical device safety managers of special functioning hospitals.

The medical radiation safety manager made it possible to attend the course if requested. In FY 2023, two types of training were conducted according to the training history.

The initial course was conducted for those who were taking the special functioning hospital administrator training held by JQ for the first time, and a Total of 55 people from 43 hospitals attended.

Continuous course was conducted for those who had attended the special functioning hospital administrator training conducted by JQ at least once in the past from 2017 to 2021, and a Total of 308 people from 86 hospitals participated.

For both initial and continuous courses, lectures were recorded and distributed on-demand via e-learning, and the viewing status of each student was checked. In addition, Q&A and Group work for each lecture were held online on each schedule in the table below.

Table 8 FY2022 Initial Course for Special Functioning Hospital Administrators

Times	Holding Method	Date	Graduates (Hospitals)
-------	----------------	------	-----------------------

1	Online	Nov 30	32 (27)
2	Online	Dec 23	23 (20)

Total 55  
(43)

<Contents>

- [Video] Matters to be done by administrators of special functioning hospitals
- [Video] Management of medical quality and safety
- [Video] Basic abilities and attitudes required of administrators, etc.
- [Video] Organizational management and governance in special functioning hospitals
- [Video] Basic abilities and attitudes required of administrators
- [Video] Governance necessary for hospital administrators
- [Video] Operation of the Medical Near-miss/Adverse Event Investigation System
- [Video] About the Boundary between Medical Care and Research  
- From the Viewpoint of Medical Ethics and Insurance Medical Care -
- [Video] Cyber Security Measures for Hospitals 2022
- [Video] Medical Accidents Investigation System
- [Group Work] Case method teaching
- [Group Work] Effective Utilization of External Evaluation

Table 9 FY2022 Continuous Course for Administrators  
of Special Functioning Hospitals

Times	Holding Method	Date	Graduates (Hospitals)
1	Online	Nov 11	45 (40)
2	Online	Nov 21	50 (38)
3	Online	Dec 7	47 (35)
4	Online	Jan 16	55 (38)
5	Online	Feb 2	56 (46)
6	Online	Feb 20	55 (34)

Total 308  
(86)

<Contents>

- [Video] Creating a hospital that utilizes the nursing department organization
- [Video] Operation of the Medical Near-miss/Adverse Event Investigation



### System

- [Video] About the Boundary between Medical Treatment and Research -  
From the Viewpoint of Medical Ethics and Insurance Medical  
Treatment -
- [Video] Cyber Security Measures for Medical Institutions 2022
- [Video] Medical Accidents Investigation System
- [Group Work] Creating a strong hospital (organization) that utilizes multiple  
professions and multiple departments

## 【7】 Other Projects to Achieve the Purpose of JQs with Japanese Government

### 1. Improvement Project for Enhancing Health Care Quality (Quality Indicators)

#### (1) Overview

This project was started in 2019 as a project subsidized by the Ministry of Health, Labor and Welfare, aiming to develop a system for improving the quality of health care through sharing and dissemination specific efforts to improve the quality of health care, developing core human resources who will be responsible for activities to improve the quality of health care, standardizing health care quality indicators, etc., and supporting the evaluation and analysis of health care quality indicators, etc.

#### (2) Organizational structure for implementing the project

##### A. Operation of the Steering Committee (Council for improving the quality of health care)

Four conferences were held by hospital groups that have been working to improve the quality of health care, and they discussed the project policies, the status of the model project "Health care Quality Visualization Campaign (hereinafter referred to as the "Visualization Campaign"), and consideration of each subcommittee and standardization and publication of health care quality indicators.

##### B. Operation of subcommittees

We operated two subcommittees, the QI utilization support subcommittee and the QI standardization subcommittee.

The QI utilization support subcommittee was held four times, and examined and implemented a follow-up survey of pilot project cooperating hospitals and a success factor analysis using collected cases. In the success factor analysis using collected case studies, interview surveys were conducted at two hospitals, and a report "Points of Quality Improvement Activities Learned from Case Studies" was created to introduce and share the efforts of quality improvement activities at each facility.

The QI Standardization subcommittee was held 7 times to plan and operate the selection of health care quality indicators (9 indicators in total from medical safety, infection control, and care areas) to be applied to the visualization campaign, response to inquiries, and consideration of feedback methods. In addition, inter-comparison between existing QI project participating hospitals and visualization of patient-centered care were examined.

C. Operation of consortium for quality health care (QI Consortium)

The Consortium Special Event 2022 for quality health care improvement was held online. A keynote speech and round-table discussion were held under the theme of "Visualize and improve the quality of health care -Let's work nationwide! Visualize the quality of health care using indicators-", and 1,090 people participated, exceeding the number of last year.

D. Management of the secretariat

A secretariat is set up in JQ, which operated the council and subcommittees, planned and operated the QI consortium, implemented the visualization campaign, communicated and coordinated with the secretariat of cooperating organizations, and provided information via official website of this project (<https://jq-qiconf.jcqhc.or.jp/>).

(3) Project Achievement

A. Sharing and dissemination of specific efforts to improve the quality of health care

625 hospitals nationwide participated, including 229 hospitals that did not participate in QI projects run by cooperating organizations that implemented visualization campaign. As a result, we were able to conduct a nationwide benchmark evaluation using a common index.

In addition, we conducted an interview survey on the details of quality improvement activities at two hospitals selected from the "Collection of Improvement Cases Utilizing Health care Quality Indicators" posted on the official website of this project. A private hospital (Gunma Prefecture, care mix type, 189 beds) and B municipal hospital (Shiga Prefecture, acute phase type, 438 beds) were selected as targets. At both hospitals, quality improvement activities have taken root as part of their organizational culture, and content was created to organize and share them.

B. Training of core human resources responsible for activities to improve the quality of health care

In the visualization campaign undertaken this fiscal year, the policy is to place emphasis on continuous measurement work and not to emphasize the implementation of the PDCA cycle. Therefore, when contacting the visualization campaign cooperating hospitals (hereinafter referred to as "project cooperating hospitals"), we introduced the "Quality Improvement Toolkit" that has already been created and helped to improve the skills of those who are motivated to implement the PDCA cycle. In addition, we asked the project

cooperating hospitals to self-evaluate their competencies (ability required to implement quality improvement activities) and collected the results.

C. Standardization of health care quality indicators, etc.

The council continues to discuss the "how to standardize and publicize health care quality indicators." This year, through the operation of a visualization campaign, we worked on the standardization of quality indicators that are required to be measured nationwide. From among the quality indicators adopted by cooperating organizations, 9 indicators were selected in accordance with the Basic Guide to Health care Quality Indicators, and hospitals nationwide worked together to measure them in a visualization campaign. The 9 indicators consists of 3 medical safety indicators (tumbles/falls (number of cases), tumbles/falls (3b or higher), pulmonary embolism prevention (risk level "medium" or higher)), 3 infection control indicators (2 sets of blood cultures, wide area Bacterial culture when using antibiotics, prophylactic administration of antibiotics), and 3 indicators of care (occurrence of pressure ulcers <d2 or more>, nutritional care during early hospitalization (65 years or older), and physical restraints). In the future, we plan to verify the 9 indicators we dealt with based on the measurement results, and propose them to society as standard quality indicators for medical care after deliberations by subcommittees and councils.

D. Support for evaluation and analysis of health care quality indicators, etc.

We supported the measurement work and visualization of measurement results through distribution of measurement procedure manuals (documents describing the significance of indicators, definitions of numerators and denominators, measurement procedures, etc.) and measurement worksheets (Excel sheets for recording and submitting measured values) to project cooperating hospitals. Not only that, by responding to inquiries from project cooperating hospitals, we supported the on-site personnel in conducting appropriate measurement work and interpreting the results. In addition, when providing feedback on the measurement results, we distributed supplementary explanatory materials to help them deeply interpret the measurement results.

Japan Association of Medical and Care Facilities
Japan Municipal Hospitals Association
All Japan Hospital Association
Japan Medical Association
Japanese Nursing Association
Social Welfare Organization Saiseikai Imperial Gift Foundation
Japan Federation of Democratic Medical Institutions
National Hospital Organization
Japan Community Health Care Organization
Japan Organization of Occupational Health and Safety
Japanese Red Cross Society

Table 1 Improvement project for enhancing health care quality  
List of cooperating organizations

(as of March 2023)

Table 2 Examination results for Council for Improving Health care Quality

11th	Jun 27	<ul style="list-style-type: none"> <li>Policy for this fiscal year, status of model projects, status of deliberations by subcommittees, ideal way for standardization and publication</li> </ul>
12th	Sep 29	<ul style="list-style-type: none"> <li>Situation of model projects, consideration of each subcommittee, ideal way of standardization and publication</li> </ul>
13th	Dec 1	<ul style="list-style-type: none"> <li>Measures to disseminate quality indicators nationwide, standardization and publication</li> </ul>
14th	Mar 17, 2023	<ul style="list-style-type: none"> <li>Status of model projects, consideration of each subcommittee, FY2022 business report, FY2023 business plan proposal</li> </ul>

Table 3 Examination results for QI Utilization Support Subcommittee

11th	Jun 13	<ul style="list-style-type: none"> <li>Business plan for this fiscal year, dissemination and promotion of various deliverables, success factor analysis</li> </ul>
12th	Aug 9	<ul style="list-style-type: none"> <li>Dissemination and promotion of quality indicators utilization, follow-up to pilot activity cooperating hospitals</li> </ul>
13th	Oct 4	<ul style="list-style-type: none"> <li>Status of model projects, how to proceed with research, analysis of success factors, pilot activity follow-up</li> </ul>
interview survey	January 18, 2023	<ul style="list-style-type: none"> <li>Gunma Prefecture, 100-200 beds, care mix type</li> </ul>

interview survey	Jan 30	<ul style="list-style-type: none"> <li>Shiga Prefecture, 200-500 beds, acute stage</li> </ul>
14th	Feb 15	<ul style="list-style-type: none"> <li>Future policy, interview survey, follow-up questionnaire, status of model business</li> </ul>

Table 4 Examination results for QI Standardization Subcommittee

18th	May 19	<ul style="list-style-type: none"> <li>This year's policies, about model projects, Selection of indicators</li> </ul>
19th	Jun 16	<ul style="list-style-type: none"> <li>Selection of indicators, operation of measurement and feedback</li> </ul>
20th	Jul 7	<ul style="list-style-type: none"> <li>Status of model projects, selection of indicators, patient-centered care</li> </ul>
21st	Sep 9	<ul style="list-style-type: none"> <li>Status of model projects, standardization of quality indicators, patient-centered care</li> </ul>
22nd	Oct 20	<ul style="list-style-type: none"> <li>Status of model projects, standardization of quality indicators, mutual comparison, patient-centered care</li> </ul>
23rd	Nov 18	<ul style="list-style-type: none"> <li>Status of model projects, standardization of quality indicators, mutual comparison, patient-centered care</li> </ul>
24th	Jan 27, 2023	<ul style="list-style-type: none"> <li>Status of model projects, standardization of quality indicators, mutual comparison, patient-centered care</li> </ul>

Table 5 Overview of Consortium Special Project 2022 for Improving Health care Quality

Date and time	July 30, 2022 (Sat) 13:30-15:00
Holding method	Online (Live streaming on YouTube)
Theme	Visualize the quality of health care and improve it - Let's work on it nationwide! Visualization of health care quality using indicators
Participant	1,090 people (maximum number of simultaneous viewers)
Program	<ul style="list-style-type: none"> <li>Guest greeting</li> <li>Explanation of purpose "To visualize and improve the quality of health care"</li> <li>Lecture "Aiming to improve the quality of healthcare"</li> <li>Three-way discussion "Importance of visualization for quality improvement"</li> </ul>

Table 6 Deliverables (newly created or updated)

1	Healthcare Quality Visualization Campaign Aggregation Results	A report summarizing the measurement values submitted by the hospitals that cooperated with the project to visualize the quality of health care, and
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	Report	describing the overall distribution and basic statistics. The following types were created and distributed. ○ 1st feedback (Period covered: October 1, 2021 to March 31, 2022) Feedback data materials [Preliminary version] Aggregation result report [summary version] Aggregation result report [detailed version] Aggregation result report Explanatory material ○ 2nd feedback (Period covered: October 1, 2021 to September 30, 2022) ・ Aggregation Result report
2	Key Points for Quality Improvement Activities Learned from Examples	A report based on interview surveys conducted at two of the hospitals that provided examples of quality improvement case studies collected last year.
3	Healthcare quality index search site (latest index update)	A website where you can search for quality indicators operated by hospital organizations. Updated to the latest data.

## 2. Research on ICT-Based Medical Education Contents Based on Clinical Practice and on Computer-Based Testing for the National Medical Examination

### (1) Purpose of research

The purpose of this project is to create standardized, high-quality medical education content using ICT that matches each phase of medical education, including pre- and post-graduate education and lifelong education, in Japan, and to establish a system that can be widely used by everyone from medical students to clinical doctors, in order to enhance medical education in Japan and improve the quality of medical care.

In addition, since the introduction of a computer system to the national medical examination was announced at the 2020 "National Medical Examination Improvement Study Group", we are creating multimedia format examination questions using images, sounds, videos, etc. , the purpose of which is to implement a trial test via the Internet and to construct a new test system using ICT.

### (2) Research results

#### A. Research on the creation of medical education content

As the first step in creating all-made-in-Japan educational materials, 15 members from 13 medical education facilities nationwide developed scenarios for 20 symptoms of the model core curriculum, including

disorders of consciousness, abdominal pain, jaundice, etc., in accordance with a manual for standard creation procedures, and are sequentially creating medical education content on Moodle, one of the learning management systems. In the last fiscal year, scenarios for 12 symptoms were created, and in the final year, scenarios for 50 symptoms will be created, and a system that can be widely used by medical students will be constructed.

#### B . Research on CBT ( Computer-Based-Testing ) for national examination for medical practitioners

The National Medical Practitioner Trial Examination was conducted at 15 universities across the country in one day via the Internet. The trial exam consisted of 200 questions , which are based on the current national examination standards, as in the previous year. In the trial test, videos and other information were played back smoothly without system trouble. It was conducted with the cooperation of a total of 450 medical students (mainly 5th year students). 99 (48%) of the questions incorporated some form of multimedia: video, image, or audio questions. We were able to create questions that were closer to actual clinical practice by incorporating multimedia files that used video and audio into the questions. A questionnaire was conducted after the trial test, and generally positive response were obtained regarding the implementation of the trial test.



## 【8】 Others

### 1. International Activities

The International Society for Quality in Health Care (ISQua) runs an International Accreditation Program (IAP), which is a global accreditation service to health care external evaluation organizations.

JQ had already been certified in " External Evaluation Organisations" and " Health and Social Care Standards", and both certifications renewed in 2022.

We will continue to work on quality improvement activities at international standards, collect the latest information from around the world through our relationship with ISQua, and utilize it for our business going forward.

### 2. Public Relations

#### (1) Publication of newsletters, etc.

The Newsletter, which is JQ's periodical for the stakeholders introducing our activities, was published three times in 2022 and sent to accredited hospitals nationwide, various academic societies, supporting members, medical associations, etc. It was also posted on JQ website to actively disseminate information so that more people can access it.

#### (2) Other public relations correspondence

In fiscal 2022, in addition to holding four press conferences, we co-sponsored and supported academic conferences and symposiums held by medical-related organizations as follows.

		Requester	Conferences and Symposiums	
1	April	Lead exhibition Japan Co., Ltd.	Support	Comprehensive medical and nursing care exhibition (Medical Japan Tokyo/Osaka) October 12-14, 2022 (Tokyo) January 18-20, 2023 (Osaka)
2	May	Japan Society of Medical Technologists	Support	2022 "Medical Safety Manager Training Seminar" (held locally) October 14-15, 2022 December 16 (on-demand) October 1-November 30, 2022 December

				1-27
3	June	The Japanese Society for Medical and Biological Engineering and the Medical Device Center	Co-sponsor	FY2022 Medical Device Safety Basic Seminar (44th ME Technical Seminar) e-learning August 3-November 28, 2022
4	July	Japan Medical Management Practice Association	Support	The 11th "National Medical Manager Practical Research Conference" Web Conference November 1-30, 2021 (web)
5	July	Japan Society of Medical Quality and Safety	Support	17th Annual Meeting of the Society for Quality and Safety of Medical Care November 26-27, 2022
6	July	Health Policy Bureau, Ministry of Health, Labor and Welfare	Support	Medical Safety Promotion Week November 21-27, 2022
7	September	Medical TQM Promotion Council	Support	The 23rd Forum "Medical Improvement Activities" November 18-19, 2022 (Tokyo)
8	October	General Incorporated Foundation Medical-Related Service Promotion Association	Support	The 32nd Symposium of the General Incorporated Foundation Medical-related Service Promotion Association February 3, 2023 (Tokyo)
9	December	Public Interest Incorporated Association Japan Society of Clinical Engineers	Support	The 33rd Annual Meeting of the Japan Society for Clinical Engineering July 21-23, 2023 (Hiroshima)
10	January	Japan Hospital Association and Japan Management Association	Support	International Modern Hospital Show 2023 July 12-14, 2023 (Tokyo)
11	February	Japanese Society of	Support	International Conference for

		Anesthesiologists		Safe Anesthesia February 9-11, 2024 (Tokyo)
12	March	All Japan Hospital Association	Support	The 64th All Japan Hospital Society in Hiroshima October 14-15, 2023
13	March	Japan Medical Management Consultants Association	Support	The 72nd Annual Meeting of the Japan Society of Medical Management Consultants Kyoto Convention November 16-17, 2023

### 3. Number of JQ staff

(As of March 31, 2023, excluding maternity leave of absence)

Division	full-time				TOTAL ①	part-time		TOTAL ②	TOTAL ①+②
	Regular	Contract	Seconded	Temporary		Visitin g Resea rcher	part- time job		
Foundation	1	0	1	0	2	0	0	0	2
General Coordinator	2	0	0	0	2	0	0	0	2
General Affairs	11	0	0	2	13	0	2	2	15
Quality Improvement	15	1	0	2	18	1	1	2	20
Hospital Accreditation	20	1	0	7	28	1	1	2	30
Education and Training	8	0	0	1	9	0	0	0	9
Japan Obstetrics Compensation System for Cerebral Palsy	34	3	10	11	58	18	3	21	79
EBM and Guidelines	8	0	0	2	10	5	0	5	15
Adverse Event Prevention	4	1	1	4	10	1	2	3	13
total	103	6	12	29	150	26	9	35	185

#### 4. Supporting member

(As of March 31, 2023)

Types of supporting members		Member A (Various organizations /companies )		Member B (Medical institutions, various health insurance associations, etc.)		Member C (Researchers at educational institutions, etc.)		TOTAL	
Annual fee		500,000 yen		300,000 yen		20,000 yen			
Status		Member ship	Withdrawal	Member ship	Withdrawal	Member ship	Withdrawal	Member ship	Withdrawal
Enrollment/withdrawal status	1995	28	6	24	2	8	2	60	10
	1996	11	2	39	1	8	0	58	3
	1997	3	0	1	0	0	0	4	0
	1998	2	0	1	0	0	0	3	0
	1999	0	2	5	2	0	0	5	4
	2000	1	1	11	6	0	2	12	9
	2001	2	1	3	3	1	0	6	4
	2002	2	3	12	6	1	3	15	12
	2003	2	0	6	2	0	0	8	2
	2004	1	0	3	3	0	0	4	3
	2005	1	0	1	2	1	0	3	2
	2006	0	3	1	2	0	0	1	5
	2007	0	5	0	9	0	4	0	18
	2008	1	3	0	6	0	3	1	12
	2009	0	2	0	9	0	0	0	11
	2010	0	1	0	3	0	1	0	5
	2011	0	0	0	6	0	2	0	8
	2012	0	0	0	2	0	0	0	2
	2013	0	3	0	4	0	1	0	8
	2014	0	3	0	4	0	0	0	7
	2015	0	0	0	1	0	0	0	1
	2016	0	0	0	2	0	0	0	2
	2017	0	0	0	2	0	0	0	2
	2018	0	1	0	0	0	1	0	2
	2019	1	0	0	1	0	0	1	1
2020	0	1	0	0	0	0	0	1	
2021	1	0	1	0	0	0	2	0	
2022	4	2	0	2	0	0	4	4	
total		60	39	108	80	19	19	187	138

Number of current members	21	28	0	49
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June 2, 2023

Japan Council for Quality Health Care