# Quality Improvement in Health Care ; an example of Japan

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The dilemma in the Japanese healthcare system is that people are paying more and more attention to safety and quality issues while the society is ageing and the financial burden is increasing rapidly. The total population in 2004 was 127 million of which 19.5% were over 65 years old. Future projections foresee that the proportion of elderly people will increase to 22.5% in 2010, and to 27.8% in 2020, respectively. In 2002, healthcare expenditure was 31.4 trillion yen ($273 billion, 1$=115 yen), equaling 8.6% of the National Income (NI). Long-term care insurance added another 6.0 trillion yen, and the total expenditure corresponded to 10.2% of the NI.

Salient features of the Social Reform lead by Prime Minister Koizumi since 2001 were: (1) it addressed wide range of social activities such as privatization of the Japan Post, national universities and national hospitals, (2) deregulation and competition among providers were encouraged even in sectors where the competition had been considered inappropriate because of public interests, and (3) decision making process was changed to accelerate the reform and the empowered cabinet office lead the whole reform processes.

Japan's healthcare system is characterized by (1) long hospital stays with low staff-bed ratio (average length of stay was 28.3 days, and 162.0 personnel per 100 beds in 2003), (2) lack of standardization of healthcare, and (3) lack of differentiation of healthcare facilities. All activities including change of fee schedule, development of clinical practice guidelines and clinical paths can be regarded as maneuvers to resolve these problems.

Activities relating to quality improvement in healthcare include (1) disclosure of hospital information, (2) audit and accreditation by third party organizations, (3) a nationwide incident/accident reporting system, (4) benchmarking using clinical indicators, and (5) a revision of a regional health plan.

Disclosure and public access to healthcare information was a major agenda in the health sector reform. The medical act of 1952 prohibits advertising for commercial

purposes assuming that advertising might mislead patients. The Ministry of Health began to loosen the regulations and to allow advertising with the exception where there is obvious reason to prohibit advertising.

In 1995, the Japan Council for Quality Health Care (JCQHC) was established as a non-profit organization funded by the Japan government, the Japan Medical Association, and other healthcare-related associations. It began audit and accreditation two years later, and as of June 2006, 2,066 hospitals (23% of hospitals) have been accredited. Challenges of accreditation are: (1) only a small proportion of hospitals have been accredited since accreditation remains voluntary, and there are a few incentives, (2) lack of skilled surveyors and quality assurance of accreditation, and (3) accreditation remains of little notice in general public.

The JCQHC is also responsible for the nation-wide incident/accident reporting system. By law, national hospitals and university hospitals are requested to report medical accidents, and about 1,300 hospitals voluntarily report incidents to the JCQHC. About 100 accidents and 15,000 incidents are reported each month. The JCQHC collects and analyses them, develops preventive methods, and help hospitals to implement these.

In Japan, benchmarking using clinical indicators began under the leadership of two hospital associations, and about 60 hospitals participate in the Clinical Outcome Evaluation Project submitting 4000 patient discharge data each month.

A regional health plan was first introduced in 1985 by medical act to facilitate cost-effective healthcare service in the community. In 2006, the medical act was revised and the function of the prefectural (local) government changed. The prefecture is expected to collect information from healthcare organizations, to offer it to the general public so that they can understand easily and to set the PDCA action plan for each of the major health problems.

My presentation will address the background, present activities, challenges and future directions of safety and quality issues in Japan.