

# **Health System of Hospital Management to Improve Patient Safety**

**Yukiko Yokobori**

# Presentation Outline

- Current Status of Health Information Managers in Japan
- Current Status of Medical Accidents in Japan
- Current Status of Patient Safety and Health Information Management in Japan
- Current Status of International Health Information Management
- Conclusion

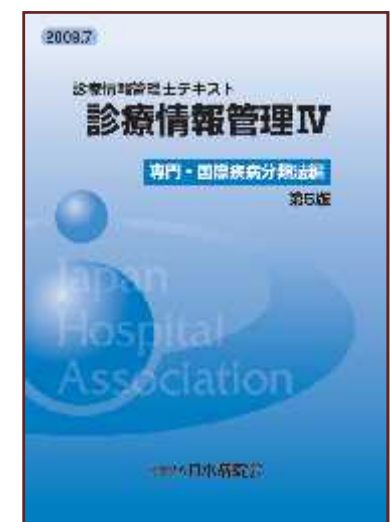
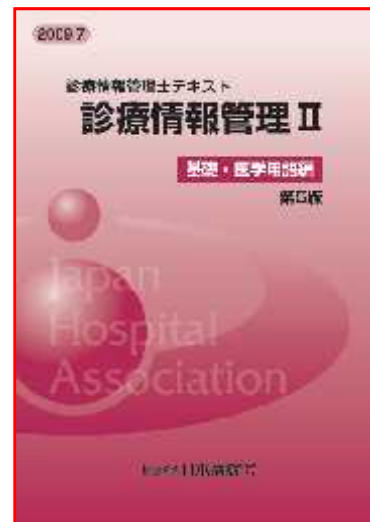
# The Current Status of Health Information Managers in Japan

As of April 2015

- Certifying organizations  
JHA, 3 other organizations and a medical training  
promotion organization
- Educational institutions  
Japan Hospital Association  
Distant Learning Program, in its 43rd year  
Cumulative enrollment 44,485  
24 universities  
52 vocational schools
- Holders of Health Information Manager  
Certificates  
Total certificate holders: 29,529  
(including 398 physicians, 1,820 nurses)

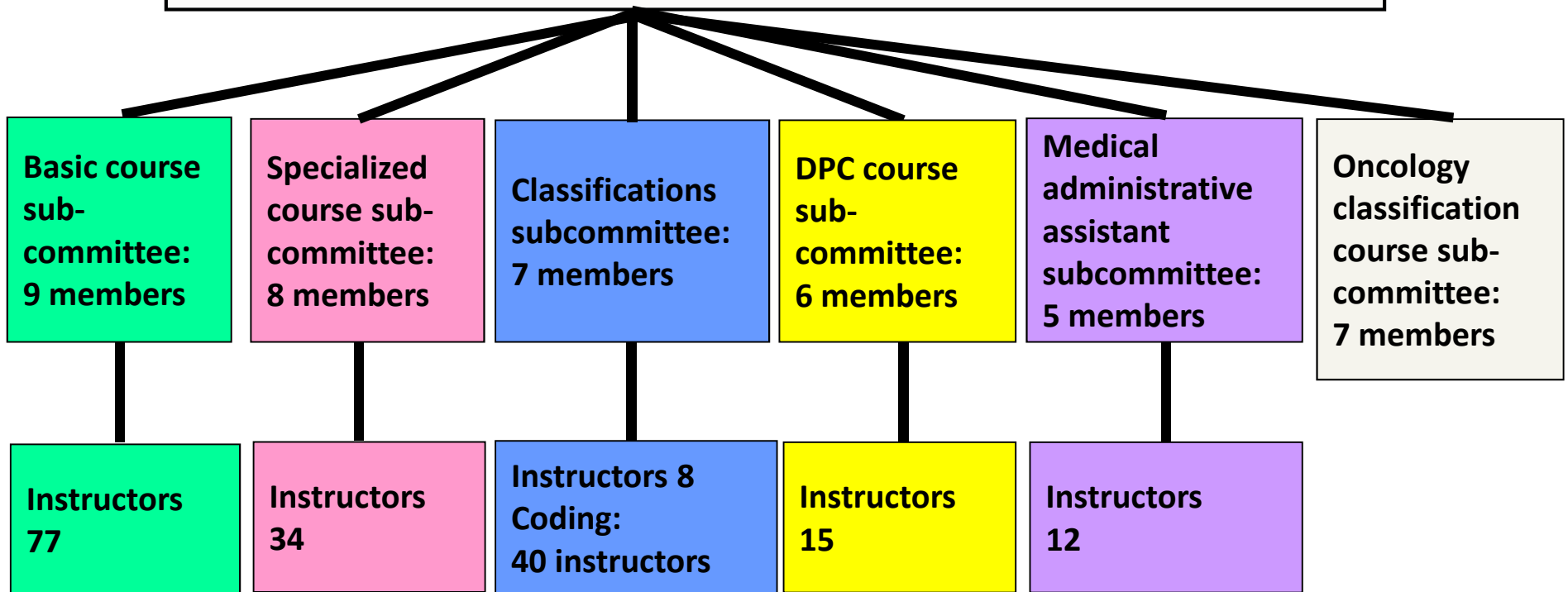
# Curriculum & Educational Materials for HIMs in Japan

1. Introduction to Healthcare
  2. Human Anatomy
  3. Introduction to Clinical Medicine - Exogenous Diseases and Injuries, Congenital Diseases
  4. Clinical Medicine I - Infectious Diseases and Parasitic Diseases
  5. Clinical Medicine II - Neoplasms
  6. Clinical Medicine III - Hematology, Metabolomics and Endocrinology
  7. Clinical Medicine IV – Mental System, Cranial Nerves and Organs of Sense
  8. Clinical Medicine V - Respiratory and Circulatory Systems
  9. Clinical Medicine VI - Digestive and Urinary Systems
  10. Clinical Medicine VII - Reproduction Organs
  11. Clinical Medicine VIII - Skin and Musculoskeletal System
  12. Medical terminology
1. Introduction to Healthcare Administration
  2. Healthcare Administration I
  3. Healthcare Administration II
  4. Medical Informatics
  5. Medical Statistics
  6. HIM Theory I
  7. HIM Theory II
  8. Introduction to International Classification of Diseases
  9. Method of Classification (A, B, C, D)



# HIM Education Committee

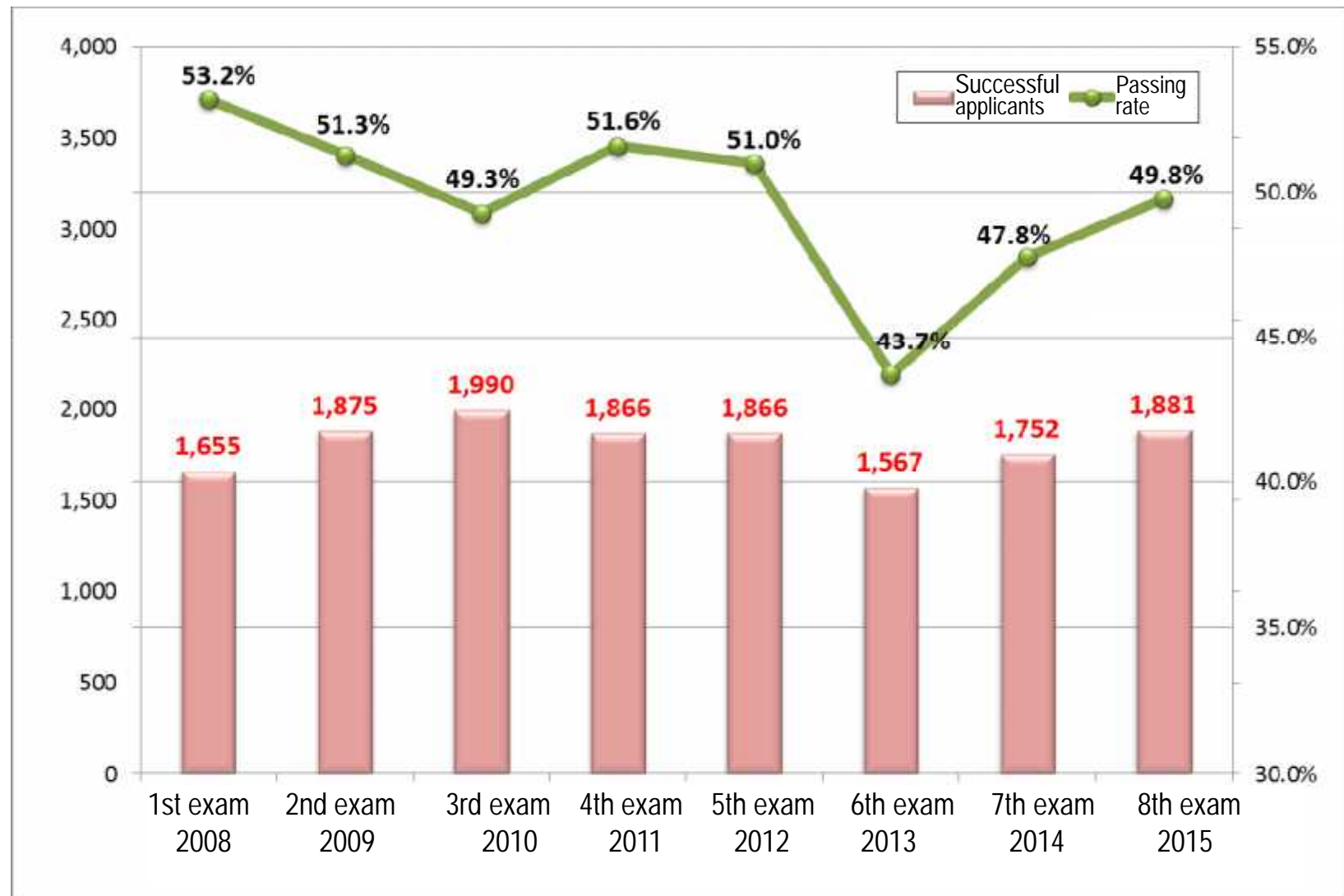
**HIM Education Committee Members: 11**  
**Chairperson: Dr. Takahisa Takeda**



# The 8th Health Information Manager Certifying Examination

- Conducted on: Sunday, February 8, 2015
- Venues: 17 venues in 17 districts
- Applications received: 4,264
- Applicants who took the examination:  
3,777
- Successful applicants: 1,881
- Passing rate: 49.8%
- Certified applicants: 1,827

# The Number of Successful Applicants and Passing Rates (1st - 8th exams)





# The HIM Status Survey

- Purpose

To keep improving the HIM system at Japanese medical institutions by conducting fact-finding studies for HIMs on a continuing basis

- Conducted every three years since 2005

The most recent survey was conducted in 2013 (the 4th survey)

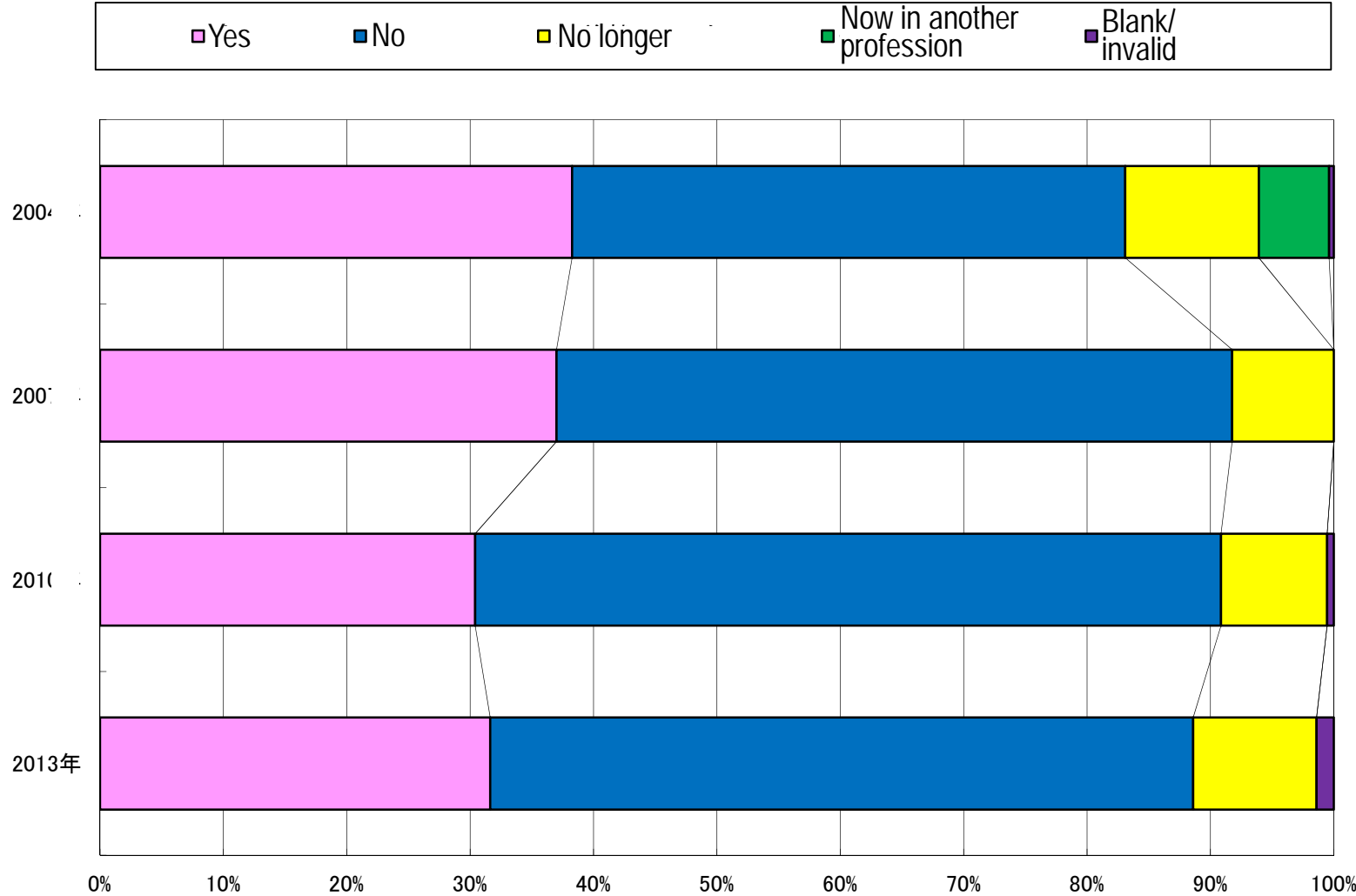
## ◇ Survey form distribution and response details

a	Survey forms distributed (mailed)	22,963
b	Forms returned due to address unknown	1,578
c	Valid distributed forms (a-b)	21,385
d	Forms submitted	8,046
e	Forms with no response (blank)	2
f	Valid submitted forms (d-e)	8,044

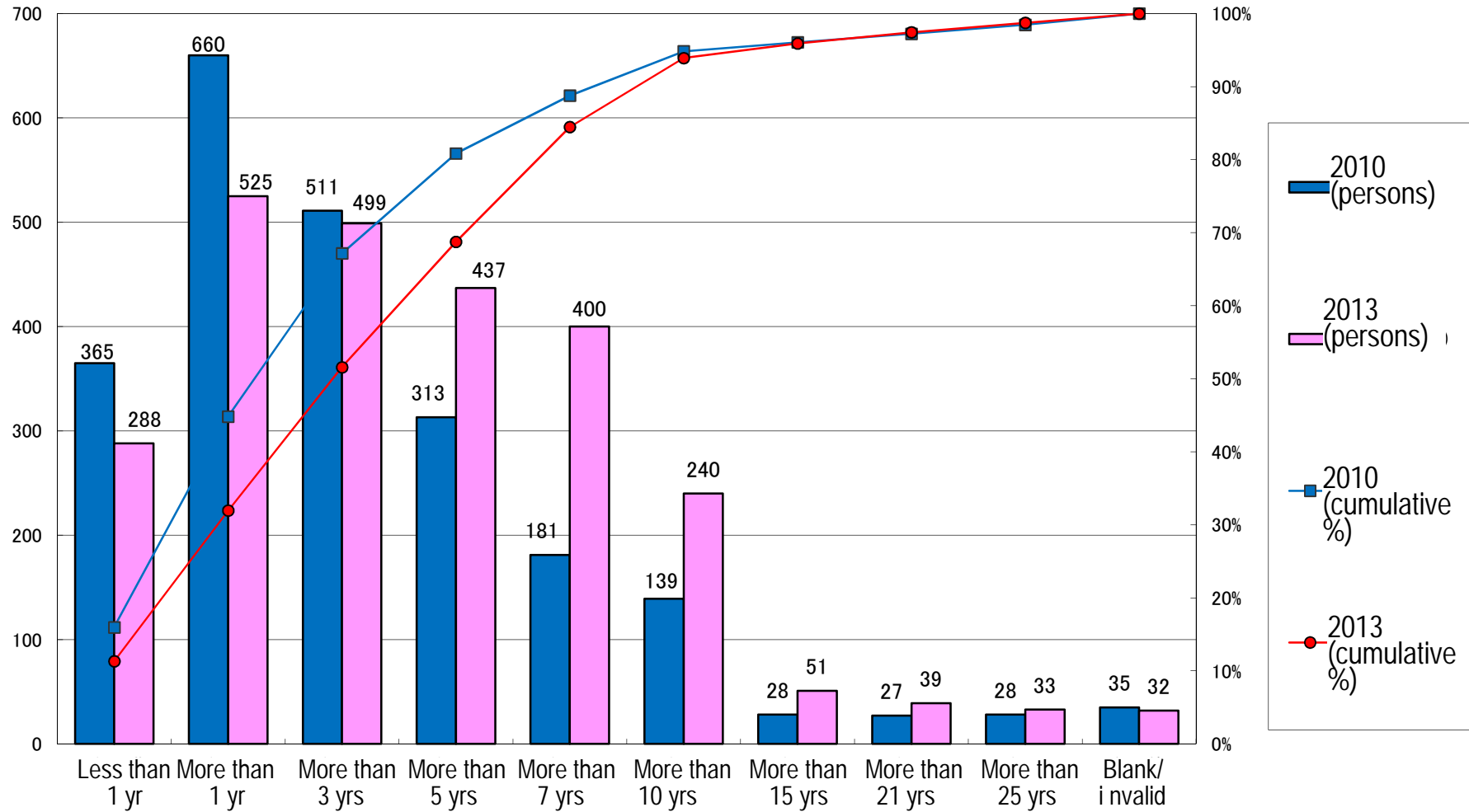
Valid distributed forms (c)	Forms submitted (d)	Response rate
21,385	8,046	37.6%

Valid distributed forms (c)	Valid submitted forms (f)	Valid response rate
21,385	8,044	37.6%

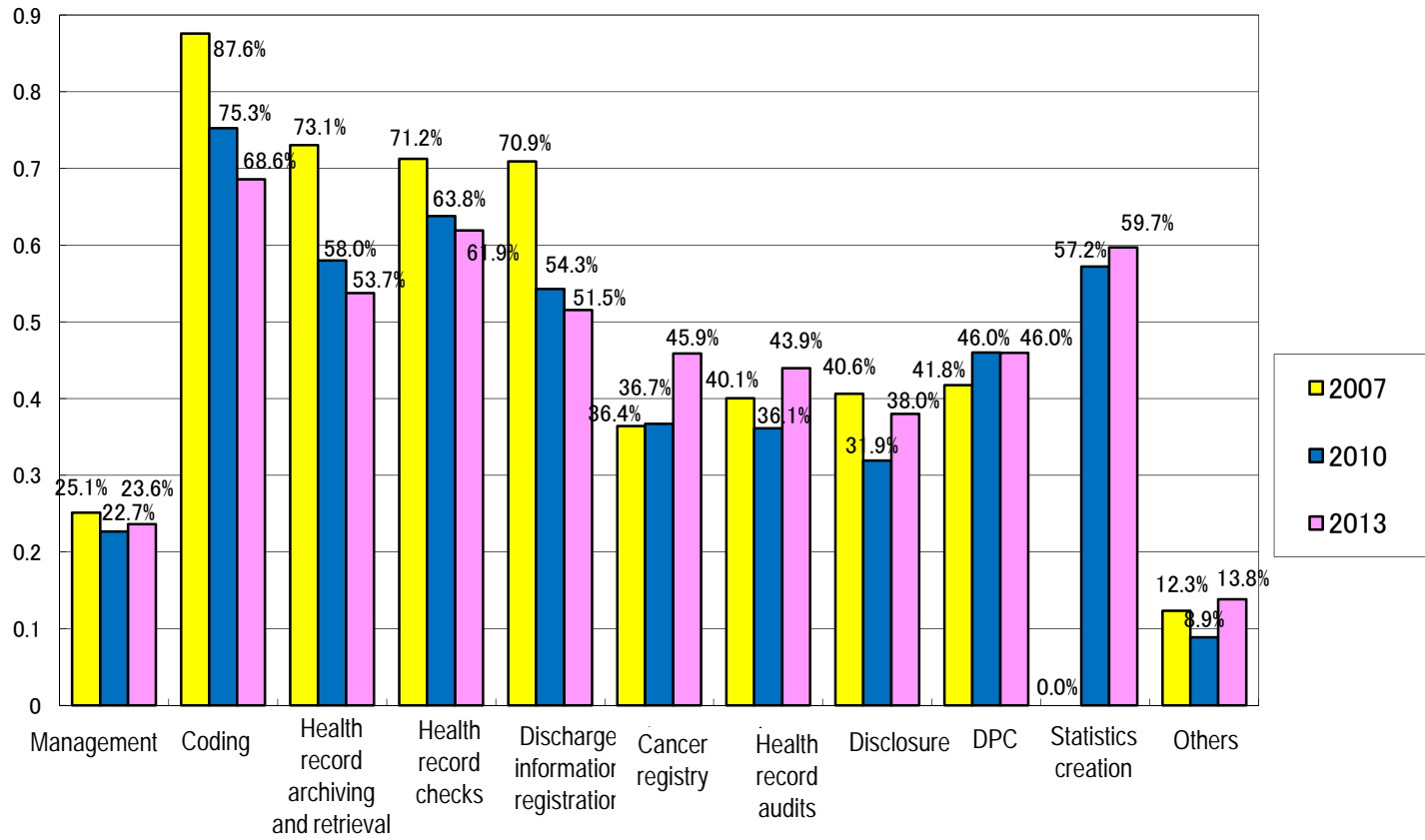
# Are you currently working as an HIM?



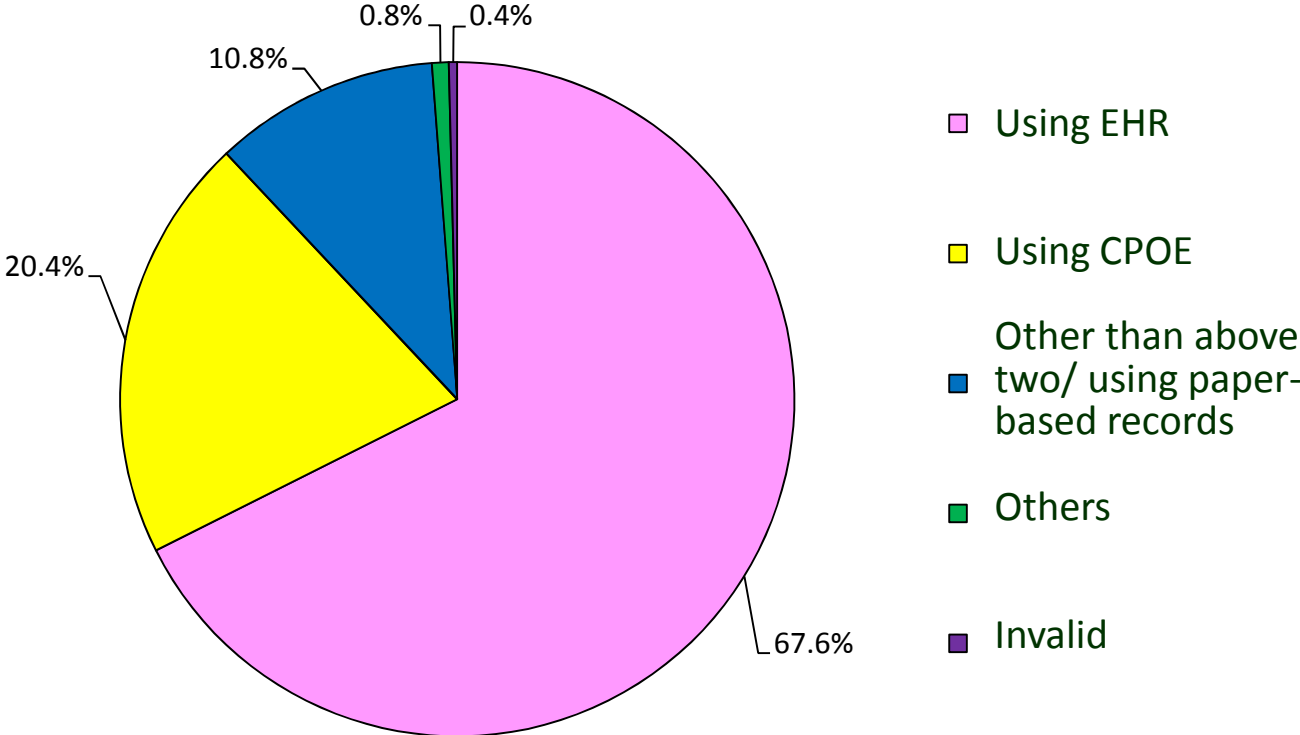
# Number of years working as an HIM



# Tasks/responsibilities



# Status of computerization



# The Current Status of Medical Accidents in Japan

# Medical Accident Investigation System

- Established on June 18, 2014 (Medical Care Act)  
Enforcement date: October 1, 2015
- A system through which a medical accident is investigated. If a medical accident occurs, this law requires the responsible medical institution to conduct an internal investigation first. The results of the investigation will then be collected and analyzed by a private third-party organization. This system aims to prevent the recurrence of errors and was established as part of the Medical Care Act to ensure patient safety through the investigation system.



# Survey on Current Status of Medical Safety in Japan

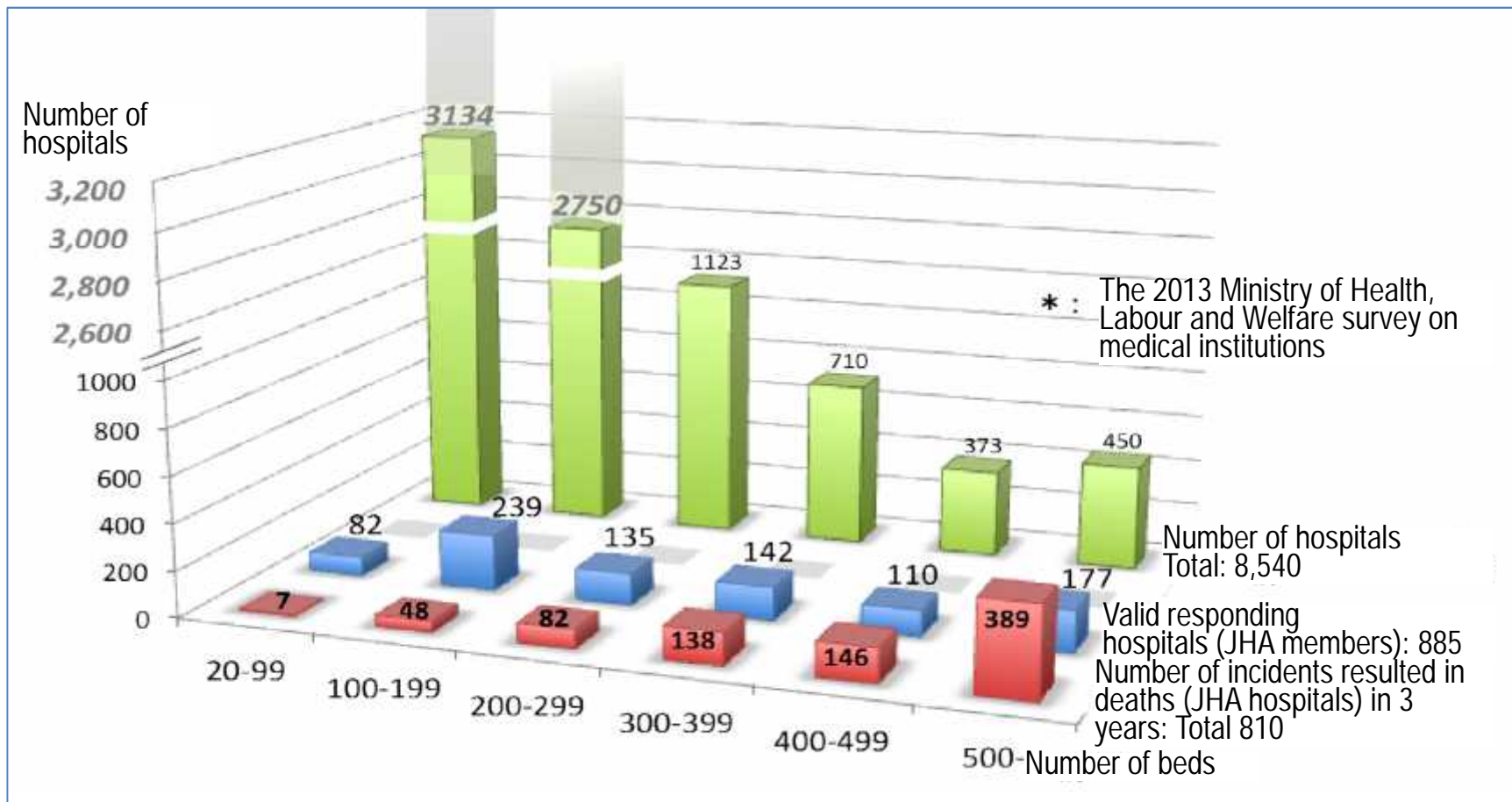
- Background: Legislation of a system to investigate medical accidents
- Purpose of the survey:
  - 1) To analyze the current status of medical safety-related initiatives implemented by medical institutions, by the size of institutions and organizations.
  - 2) To understand the status of in-hospital medical safety system.
  - 3) To understand the institutions' response to the newly-established investigation system.
- Respondents: All member hospitals of the Japan Hospital Association 2,399 hospitals
- Survey period: October 3, 2014 - November 28, 2014
- Survey forms submission: Submitted by 892 institutions
- Response rate: 37.2%

# Estimated Number of Medical Accidents Resulted in Patient Deaths in Japan

Question: In the 3-year period between 2011 and 2013, how many medical incidents occurred that resulted in patient deaths?

# Survey Results

- Estimated number of medical accidents in Japan resulted in deaths, calculated based on JHA survey of member hospitals: 1,225/year



# Examples of Two University Hospitals

- Tokyo Women's Medical University Hospital

February 2014

A 2-year-old boy who was under observation in ICU following neck surgery died after being given the sedative drug "propofol," which is prohibited to be administered to children in ICU.



- Gunma University Hospital

December 2010 - June 2014

Eight patients out of 93, who underwent laparoscopic surgeries to remove part of their livers, died within 100 days after their operations were performed by the same male doctor

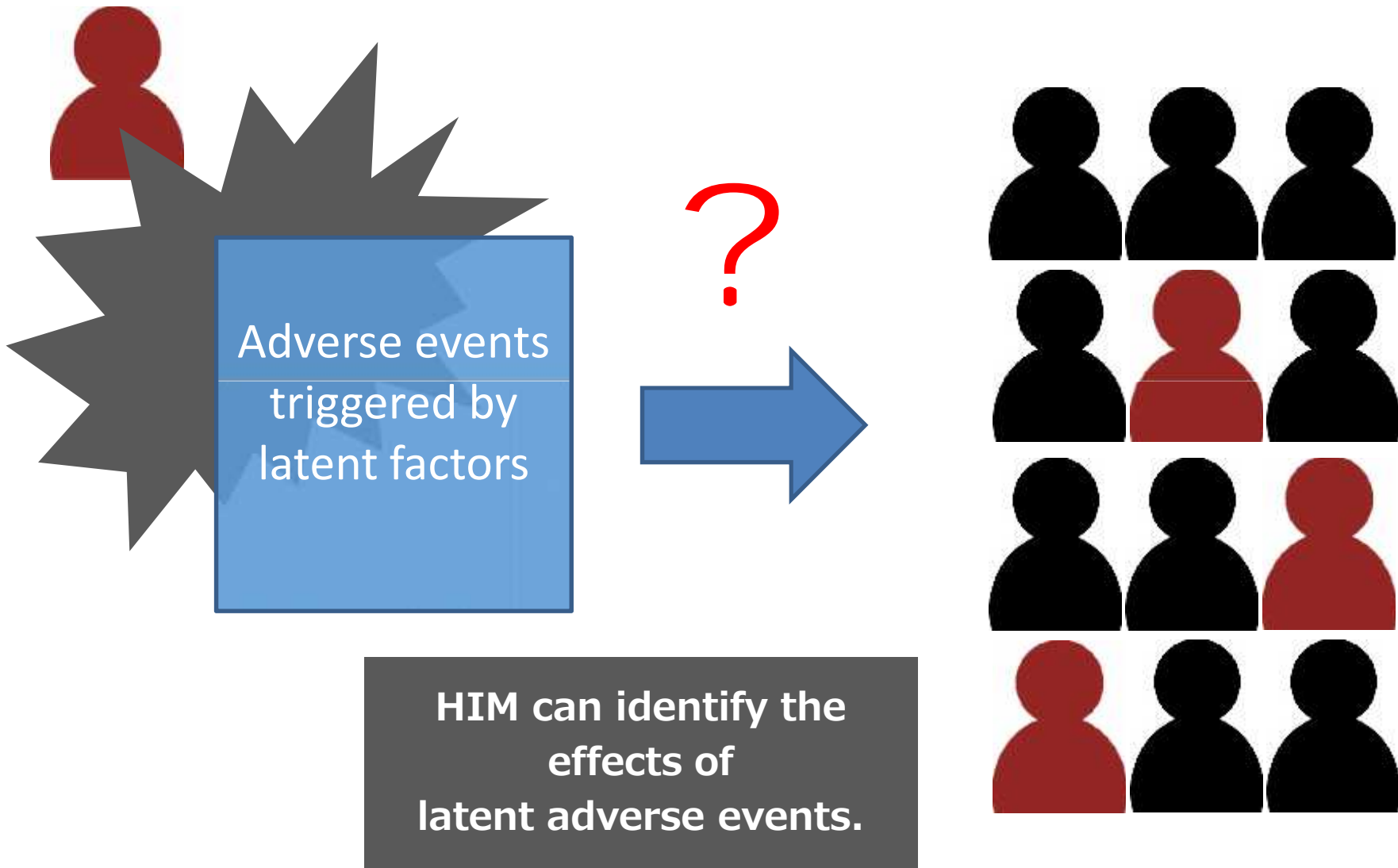


# Current Status of Patient Safety and Health Information Management in Japan

# Health Information Management Flow

- Management of records
  1. Clarification of documentation criteria
  2. Standardization of documentation format and method, inclusion of author's name
  3. Clarification of standards for checking the records and archiving
  4. Review of the completeness and quality of records
  5. Organization and archiving of the records
- Information Utilization
  1. Classification of health information (ICD, Cancer Registry, Registry of Injuries, DPC, etc.)
  2. Checks for information accuracy and follow-up measures
  3. Analysis and provision of health information
  4. Proposal for quality improvement

# Example: Information Utilization



# Example: Evaluation of Physicians' Technical Capabilities Based on Records

- Central venous catheter (CVC)
- Certification of physicians who can perform CVC insertion without supervision
  - Qualification: A physician who has performed a certain number of CVC insertions in a set period of time, and is capable of diagnosing and treating complications at early stage of the event.
  - Even if the physician has performed CVC insertion safely in the past, if he/she does not meet the requirements stated above, he/she must perform it under supervision.
- CVC insertion records
  - The patient's condition when CVC was inserted and the follow-up observations will be documented in the health record. (Establish documentation criteria)
  - Conduct a prognosis study based on the CVC insertion records.
  - Evaluate the physician's technical capability based on the aggregate records.



# IFHIMA National Member States (22 countries/regions) As of May 2015

- Ireland
- USA
- UK
- Israel
- Italy
- **Indonesia**
- Australia
- The Netherlands
- Canada
- South Korea
- Kenya
- Sweden
- Spain
- Jamaica
- China
- Germany
- Nigeria
- Japan
- Barbados
- The Philippines
- Saudi Arabia
- Ghana

Associate Members (individuals) About 110



# Executive Board 2013-2016

## Regional Directors



**President:**  
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**Director, Western Pacific and Eastern Mediterranean:**  
Sallyanne Wissmann (Australia)



**Director, Southeast Asia:**  
Yukiko Yokobori (Japan)



**Membership Chair/Treasurer:**  
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**Director, Americas:**  
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**Director, Southeast Asia:**  
Yoo Kyung Boo (South Korea)



**President Elect:**  
Marci MacDonald (Canada)



**Director, Europe:**  
Carolina Conejo Gómez (Spain)



**Director, Africa:**  
Wole Ajayi (Nigeria)





# Providing Educational Materials

Barbados, Botswana, Cameroon, Tanzania, Egypt, Ghana, Indonesia, India, Jamaica, Mongolia, Nepal, Nigeria, the Philippines, Australia, South Africa (15 countries)



# GHWC (Global Health Workforce Council)

A 3-year project

**Venue:** Chicago, USA

**Date:** Monday, August 11-Wednesday, August 13, 2014

**Participants:** 17 from 12 countries/regions

**Organized by:** AHIMA, US Department of Commerce,  
in cooperation with IMIA and IFHIMA

**Objective:** Creation of global health  
information curricula and competency  
standard

- ✓ The 2nd face-to-face meeting:  
January 18-20, 2015, in Dublin, Ireland



# WHO-FIC Asia-Pacific Network Meeting





# Trends in Developing Nations

- The first HIM meeting for the African Region held in August 2014

**WELCOME TO NIGERIA**



**Africa Regional International Conference  
Health Information Management Associations**

Conference Theme-  
**KNOWING IT BETTER**

**August 12th -14th 2014**  
**Organizers-IFHIMA and HIMAN**





**An international congress, where HIMs around the world gather, will be held in Japan!**

**The 18th IFHIMA Congress 2016**

**October 12-14, 2016**

**Venue: Tokyo**

**International Forum**



# Three Conferences Concurrently Held

- The 18th IFHIMA International Congress
- The 42nd Annual Meeting of the Japan Society of Health Information Management
- WHO-FIC Annual Meeting

<3-Conference Joint Ceremony>

Opening ceremony, Gala dinner

- ✓ Distinguished guests

# Special Programs

- Symposium Speaker Invitation Program  
Theme: Current Status and Future of Health Information Utilization  
Nominated by six regional directors  
Fixed financial assistance: USD 1,200 (tentative)
  - Developing Nations Program  
Theme: Summit on Mortality Statistics  
Around 10 persons  
Air fare, accommodations, meals provided
- ✓ Call for papers begins on October 1, 2015

# Conclusion

- Appropriate management of health information achieves high-quality data, and results in improved patient safety and stable management of medical institutions.
- Initiatives for HIM are making a rapid progress in developing countries. We can expect that sharing and utilizing health information data at the international level will contribute greatly to achieving patient safety on a global scale.