

# Delivering Better Patient Safety: Attempt by the Aichi Medical Association

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Kazuo KATSUMATA,\*<sup>1</sup> Makoto MIYAJI,\*<sup>1</sup>  
Ken KATO,\*<sup>1</sup> Hiroshi AMANO,\*<sup>1</sup>  
Nakako FUJIWARA,\*<sup>1</sup> Yoshiaki TAKEI,\*<sup>1</sup>  
Takashi YOKOI,\*<sup>1</sup> Hirohisa KAWAHARA,\*<sup>1</sup>  
Mitsuaki MASEKI,\*<sup>1</sup> Yoshio SENOH\*<sup>1</sup>

### Abstract

The Healthcare Safety Support Center Committee of the Aichi Medical Association (the Center Committee), Japan, has promoted medical safety in Aichi Prefecture in cooperation with the Association's Medical Safety Policy Committee (the Safety Committee). This study was conducted to examine the usefulness of this promotion activity over about seven years. During the period between December 13, 2002 and March 31, 2010, the Center Committee handled 5,661 consultations (4,575 cases) regarding complaints. Of a total of 4,575 cases handled, 169 difficult cases were referred to the Safety Committee, which is charged with the Association's alternative dispute resolution (ADR) program. According to the analysis of annual changes in the numbers of consultations, the numbers of complaint cases are increasing year by year. The number of cases referred to the ADR program, however, has not increased. In 2005, the proportion of cases referred to the ADR program to cases handled by the Center Committee was 28/453, while it was 22/1,058 in 2009; the decreasing tendency from 2005 to 2009 is statistically significant ( $P=0.00014$ ). In 2008, many public medical safety support centers in Aichi Prefecture started providing consultation for patient complaints due to the revision of the Medical Service Law (Clause 11, Article 6). Thus we are convinced that continuous effort to maintain the Center Committee activity in close cooperation with other public centers can promote medical safety in Aichi Prefecture.

**Key words** Medical safety, Medical association, Complaints, Alternative dispute resolution (ADR) program, Liability

### Introduction

In order to decrease the number of lawsuits concerning medical malpractice, the synthetic strategies for promoting medical safety were determined by the Japan Ministry of Health Labour and Welfare in April 2002.

According to these strategies the establishment of a medical safety support division or center at medical institutions to deal with various complaints from patients and their families or



people living near medical institutions was recommended. In April 2008, following the revision of the Medical Service Law (Clause 11, Article 6), all prefectures and cities with their own health centers had to begin efforts to establish Public Medical Safety Support Centers in Japan.

In July 2002, the Board of Directors of the Aichi Medical Association (hereinafter the Association) decided to establish the Medical Healthcare Safety Support Center Committee (the Center Committee) to address the above-mentioned the

\*<sup>1</sup> Aichi Medical Association, Nagoya, Aichi (miyaj@med.nagoya-cu.ac.jp).

synthetic strategies for promoting medical safety. The main purpose of the Center Committee was to deal with complaints, inquiries, and other matters related to healthcare. The Center Committee established the Patient Complaint and Consultation Center of the Association (the Center) in December 2002, in order to handle various complaints from patients, their families, medical staffs concerned with patient complaints and people living in Aichi Prefecture. The Center Committee also continuously dealt with complaints from physicians and staffs members of various medical institutions. For more advanced or serious cases, the Association has put its Medical Safety Policy Committee (the Safety Committee) in charge of the alternative dispute resolution (ADR) program. However, the precise evaluation of these activities has not been done.

This study was thus conducted to examine the Center Committee's usefulness in promoting medical safety in cooperation with the Safety Committee.

### **Evolution of Medical Safety Support Center Committee in Aichi**

The Center Committee held its first meeting on December 13, 2002, and since then it has been actively discussing actual cases of complaints. Initially, the Center Committee meetings were held every 2 months. Then, since March 2008, the Center Committee has convened regularly once a month. The Center Committee has added members as the number of complaints increased. The current organization of the Center Committee consists of the following: 7 board members of the Association, 19 medical specialists (including 15 physicians, 1 attorney, 2 researchers, and 1 Board member of the Nagoya City Medical Association), and 2 prefectural representatives of the Aichi Women's association, along with 2 observers from the staff members of the Medical Safety Support Center at the Aichi Prefectural Government and Nagoya City Medical Safety Support Center, each. Activity of the Center Committee is supported by 6 Medical Social Workers (MSW) including 1 certificated social worker in the Center.

#### **Current Activities of Center Committee**

MSW are responsible for all initial consultations. In about 60% of all consultations, the person with

complaints is mostly satisfied with the consultation by the MSW. Depending on the difficulty of the issue as judged by MSW and the chief board member of the Association related to the Center, one of the medical specialists or board members is assigned for consultation. All consultations are performed from an objective standpoint. The accounts of consultation cases including those by MSW are reported and discussed by committee members at the Center Committee meeting. The Center Committee member in charge of a given case confers a number of times with the complainant and the physician or director of the medical institution involved, primarily by phone, but occasionally by meeting face to face or through mails. Through such procedure, most cases are settled within 1 month. All cases including consultation by MSW are discussed or reported at least once at a monthly Center Committee. However, in some cases a resolution is not reached easily, and 2 or more examinations by the Center Committee may be necessary.

Difficult cases in which the complainant remains dissatisfied are referred to the ADR program. Most cases are sent to the ADR program in the Associations, and the rest of the cases to the medical safety support division at the medical institutions concerned. In the latter case the committee members who are responsible for the consultation send reports and the analysis results of consultation to the medical institution concerned. During the ADR program, preliminary decisions are made as to whether or not the medical provider is responsible for damage. Some cases where resolution is not achieved or liability is determined are referred to the Japan Medical Association Safety Committee.

All data of complainants are managed by the computer system in the Center Committee. The protection of personal information related to the data is strictly managed by all members of the Center. We analyzed the annual change in the number of consultations, number of cases handled by the Center Committee, the number of cases sent to the Safety Committee for ADR, and cases where the medical provider was recognized to be preliminarily responsible for the damage. We also analyzed the annual change in the number of consultations by staff members of medical institutions. Statistical analysis was done using Mantel extension test.

## Results

During the period from December 13, 2002, to March 31, 2010, 5,661 consultations were provided and 4,575 cases were handled in total.

**Table 1** shows the annual changes in the numbers of consultations, the numbers of cases sent to the ADR program, and cases in which the medical providers were found liable for the damage through the ADR program.

A major achievement of the Center's activities is that only 169 among the total of 4,575 cases

handled were referred to the ADR program. The number of cases handled by the Center increased consistently year by year. However, since 2005 the number of cases referred to the ADR program has remained almost constant. Thus, the proportion of cases referred to the ADR program relative to the number of cases handled by the Center Committee has declined significantly.

On the other hand, the ratio of cases in which medical liability was found to those referred to the ADR program did not show any decreasing or increasing tendency.

**Table 1 Relation between annual trends of cases handled by the Center Committee and cases referred to the Safety Committee for ADR**

Year	Case handled by center committee		Cases referred to the ADR program in Aichi Medical Association	
	Number of consultations among cases received	Number of cases handled	Number referred	Number of cases in which liability was found
2002 (2002.12.13–2003.3.31)	76	75	1	0
2003 (2003.4.1–2004.3.31)	335	298	6	2
2004 (2004.4.1–2005.3.31)	388	282	16	1
2005 (2005.4.1–2006.3.31)	606	453	28	3
2006 (2006.4.1–2007.3.31)	830	688	25	6
2007 (2007.4.1–2008.3.31)	1,055	832	44	14
2008 (2008.4.1–2009.3.31)	1,099	889	27	10
2009 (2009.4.1–2010.3.31)	1,272	1,058	22	4
Total	5,661	4,575	169	40

*P* = 0.00014 (between 2005 and 2009 for Number referred)  
*P* = 0.367 (between 2005 and 2009 for Number of cases in which liability was found)

**Table 2 Annual trends in the number of consultations from medical institutions**

Period (YYYY.m.d)	2002.12.13– 2003.3.31	2003.4.1– 2004.3.31	2004.4.1– 2005.3.31	2005.4.1– 2006.3.31	2006.4.1– 2007.3.31	2007.4.1– 2008.3.31	2008.4.1– 2009.3.31	2009.4.1– 2010.3.31	Total
Total number of consultations (n)	n=76	n=335	n=388	n=606	n=830	n=1,055	n=1,099	n=1,272	n=5,661
Physicians	1 (1.3%)	3 (0.9%)	23 (5.9%)	35 (5.8%)	44 (5.3%)	47 (4.5%)	49 (4.5%)	76 (6.0%)	278 (4.9%)
Medical institutions or employees other than physicians	1 (1.3%)	4 (1.2%)	10 (2.6%)	16 (2.6%)	31 (3.7%)	34 (3.2%)	25 (2.3%)	47 (3.7%)	168 (3.0%)
Total	2 (2.6%)	7 (2.1%)	33 (8.5%)	51 (8.4%)	75 (9.0%)	81 (7.7%)	74 (6.7%)	123 (9.7%)	446 (7.9%)

**Table 2** shows the total number of consultations from medical institutions (physicians and other staff members), and the ratio of consultations from medical institutions to the total numbers of consultations for each year from December 13, 2002 to March 31, 2010. Four hundred forty-six consultations from medical providers accounted for 7.9% of all consultations (5,661). Consultations from medical institutions included cases of violent language, physical violence, outstanding bills, drug addiction, serious patient complaints, and whistle-blowing by medical institution employees.

## Discussion

The proportion of cases referred to the ADR program among cases handled by the Center showed the significant tendency of decrease from 2005 (28/453) to 2009 (22/1,058). The number of cases in which liability was found reached 14 in 2007. In 2008 and 2009, this figure decreased to 10 and 4, respectively. In 2008 all prefectures had to begin efforts to establish a medical safety support center (public center) following the revision of the Medical Service Law. One of the main activities of these public centers is to provide consultations for patients, their families, and people living near the public center, who are not satisfied with the healthcare delivery of a certain medical organization. Ando et al. report that 388 such centers has been established in Japan as of January 1, 2009.<sup>1</sup> They also report that the total numbers of complaint cases from patients and others reached about 35,000 in Year 2008. These public center activities are being expected to contribute to the medical safety in Japan.

The Center Committee has been in service since December 13, 2002. Staff members of the Medical Safety Support Center of the Aichi Prefecture Government started to attend the Center Committee from February 24, 2005 and those of the Nagoya City from June 23, 2006 as observers. Thus, the Center Committee can promote various activities in cooperation with the public centers in Aichi. The characteristic feature of the Center is that it regularly provides consultation for patients, physicians and medical personnel concerned with patient consultation. Consultations by medical staffs concerning patient's serious or persistent claims are also accepted by the Center. The latter consultations at the Center continu-

ously occupied 7 to 9% of all consultations since 2004. Considering that the improvement of medical safety require understanding and efforts from both the medical and patients sides, the role of the Center in offering consultations for both sides is very important.

The Center has been striving to promote medical safety through the efforts of staff members at medical institutions involved in patient's claims. Those staff members were requested to attend the Physician Guidance-Training Sessions on complaints and advice that have been held 3 times annually since 2007, with different sessions held for each clinical specialty. The Center Committee experts report the results of actual cases and consultations and engage in discussions with attendees. Following each of these sessions, the Center surveys the impressions of training participants to obtain their views, which provide valuable feedback in revising and improving the Center's activities. Among the responses to the questionnaire, 90 to 92% of the attendees at sessions respond that discussing and hearing the actual consultation report of each clinical case are very important to promote medical safety at each medical institutions.<sup>2</sup> The Center publishes a textbook on the above-mentioned Sessions once a year. The Association distributes this textbook to Association members. The Association publishes another textbook every 2 years, which covers various types of clinical cases that were included in consultation reports.

Through the various Center activities, we are convinced that staffs of medical institutions realize the importance of informed consent from patients and their families, and the close cooperation among the medical staff members and other medical institutions, as well as the importance of clinical activities improved by their own efforts. According to a report of the Supreme Court of Japan,<sup>3</sup> the numbers of newly received cases of medical malpractice were 906 in 2002, 1,110 in 2004, 999 in 2005, 944 in 2007, 877 in 2008, and 733 in 2009, indicating the recent decreasing tendency in the number of suits concerning medical malpractice.

From the present study we feel certain that the continuous efforts of the Center Committee activities can promote medical safety in Aichi Prefecture in cooperation with public centers and other Medical Safety Support Centers.

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