Innovative approach for improving quality and safety and mitigating conflict in perinatal care

Shin Ushiro, M.D., Ph. D.
Japan Council for Quality Health Care (JQ)
Kyushu University Hospital
Accreditation Council Member, International Society for Quality in Healthcare (ISQua)

8th Edition CAHOCON 2024
6TH & 7TH APRIL 2024

Kyushu University Hospital (KUH)

- Kyushu University Hospital is a national university hospital, located in Fukuoka City, a gateway to Asia, and a hospital having more than 100 years of history.
- Our hospital is one of the leading affiliated medical and dental school hospitals in Japan with nearly 3,200 staff.

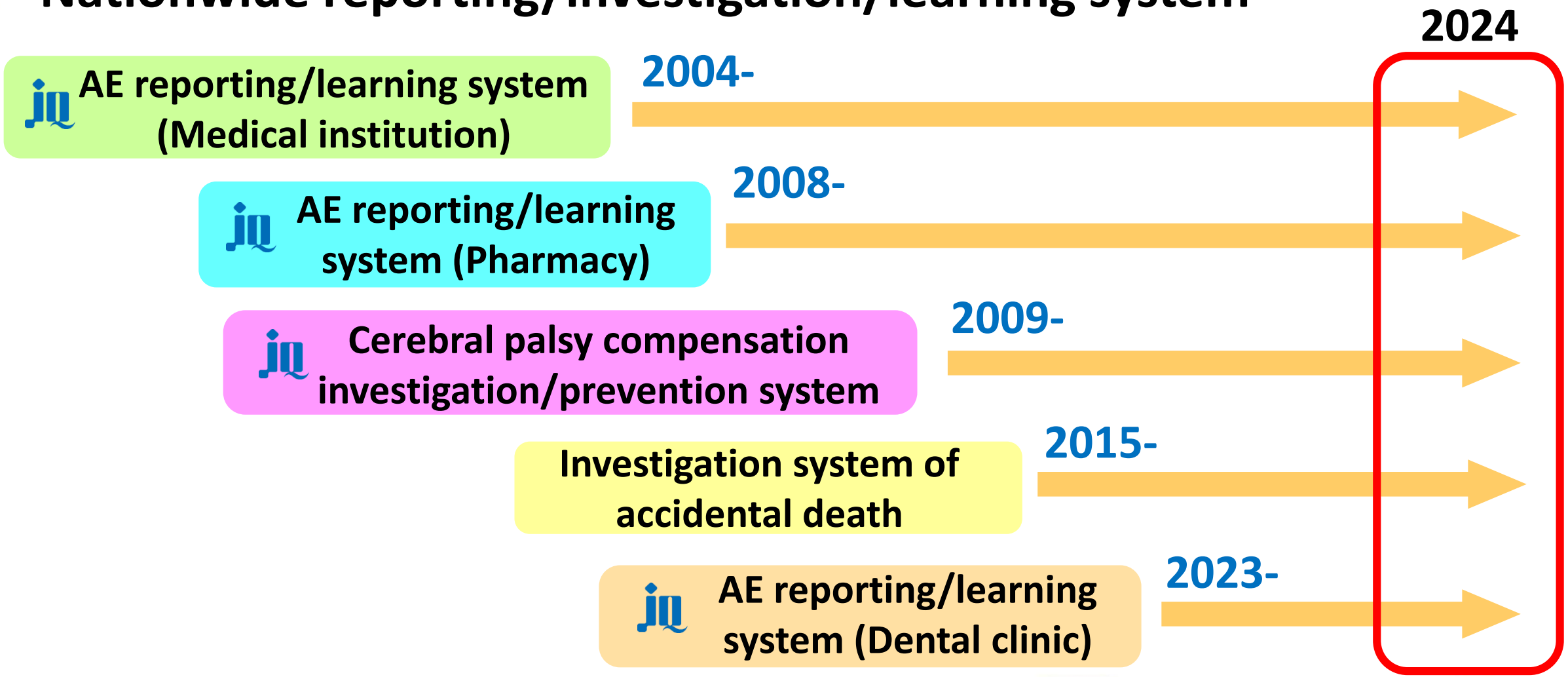
- We accept 3,100 outpatients per day on average and have a hospital bed capacity that exceeds 1,400.
- The branch hospital, Kyushu University Beppu Hospital, is located in Beppu City, Oita Prefecture known for its hot spring therapeutics.

Project Lines of JQ for Quality and Safety Improvement

Hospital Accreditation
Patient Safety Promotion Group of Among Accredited Hospitals
Education and Training on Patient Safety
EBM Medical Information Distribution Project (Minds)
Nationwide Adverse Events Reporting System of Medical Instutions
Nationwide Near-miss Event Reporting System of Community Pharmacy
The Japan Obstetric Compensation/Investigatiuon and Prevention System for Cerebral Palsy
National Quality Indicator (QI) Measurement Project

Patient representatives participate in the operation of most projects.

Nationwide reporting/investigation/learning system



Global State of Patient Safety 2023

Institute of Global Health Innovation, Imperial College London
Patient Safety Watch

Why the compensation system for CP was called for?

- ✓ Shortage of obstetrician
- ✓ Long working hours, Burnout
- ✓ **Rising lawsuit** (e.g. **Cerebral palsy**)
- ✓ Low birth rate

Study committee temporally installed in leading political party

It is normally difficult to figure out whether the delivery procedure is negligent and cerebral palsy is frequently disputed in the court. The frequent dispute is one of the reasons for the current shortage of obstetricians.

Liberal Democratic Party, Review Meeting on How to Handle Healthcare Disputes（Nov. 29, 2006）

2006 Framework of no-fault compensation system by LDP *

In order to secure safe and trustworthy perinatal care which benefit not only obstetricians but guardians , i)-iii) should be put into effect.

** Liberal Democratic Party, Study Committee on Mitigation of Conflict in Medicine (Nov. 29, 2006)*

i. **Compensate patients** who developed disability possibly due to obstetric adverse events
ii. **Bring conflict to settlement** as early as possible,
iii. **Establish a mechanism that improves quality of perinatal care** by investigating cause(s) of cerebral palsy.

No-fault compensation/investigation/ prevention system for cerebral palsy , 2009～)

No-fault compensation (Insurance)

Petition (Report of CP) → Review → Payment

Proceeding irrespective of negligence

Investigation/Prevention with Patient Representatives

Medical chart, Birth care record, laboratory data, etc.

Family's Voices

20-30 pages

Prevention, early settlement of conflicts and Improvement of quality

Statistics of eligible case by birth year

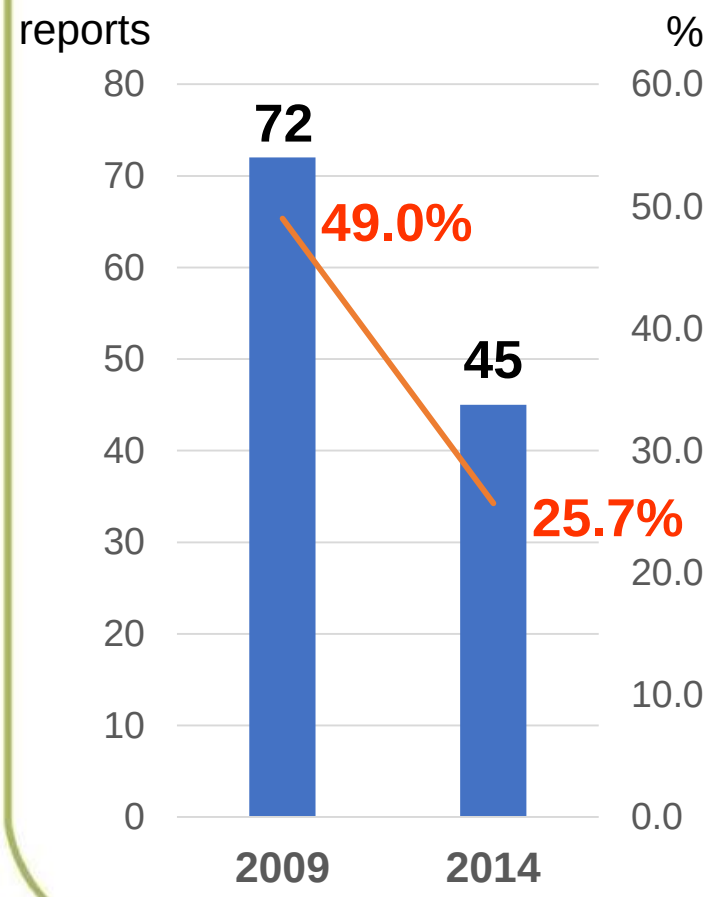
(As of Sep 22, 2023)

Birth year	No. case reviewed	Eligible	Not-Eligible				Petition
			Not Eligible	Preliminary for reviewing	Total	In process	
2009	561	419	142	0	142	0	Expired
2010	523	382	141	0	141	0	
2011	502	355	147	0	147	0	
2012	517	362	155	0	155	0	
2013	476	351	125	0	125	0	
2014	469	326	143	0	143	0	
2015	475	376	99	0	99	0	
2016	432	363	69	0	69	0	
* 2017	426	* 340	86	0	86	0	
2018	396	303	84	4	88	5	Valid
2019	263	210	33	19	52	1	
2020	213	166	23	22	45	2	
2021	112	97	7	8	15	0	
* 2022	29	* 29	0	0	0	0	
Total	5,394	4,079	1,254	53	1,307	8	

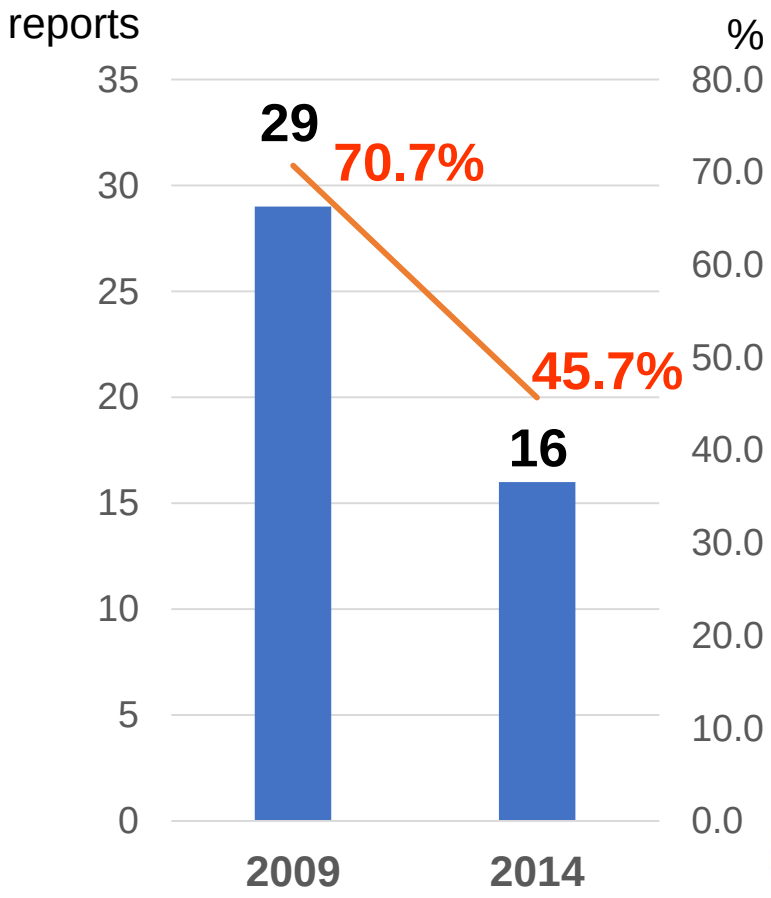
* Scope of eligibility was expanded.

Improvement of specific practices between 2009 and 2014

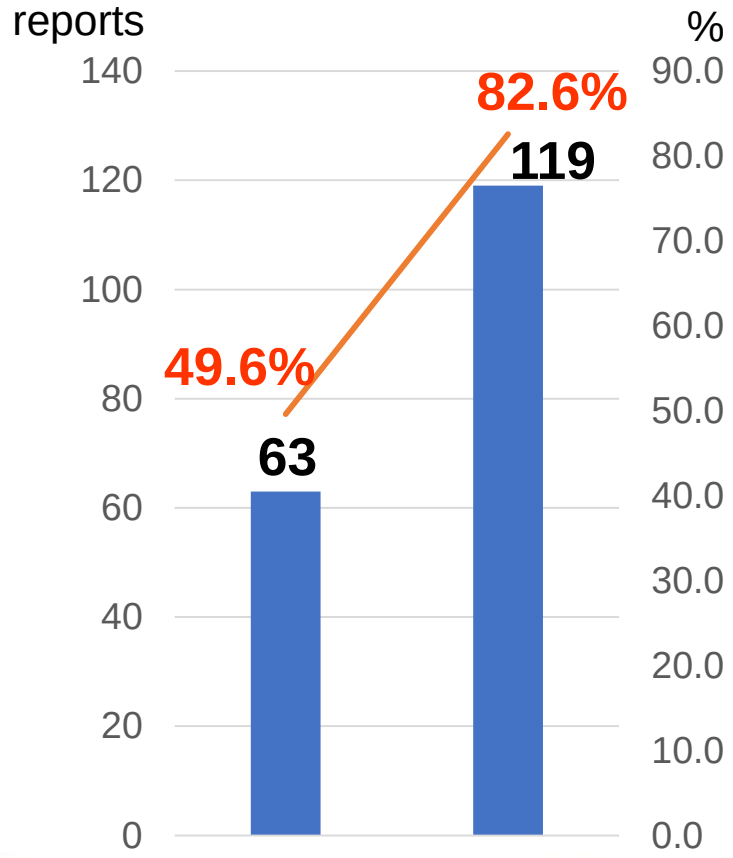
Comment on FHR monitoring for improvement



Excess administration of oxytocin

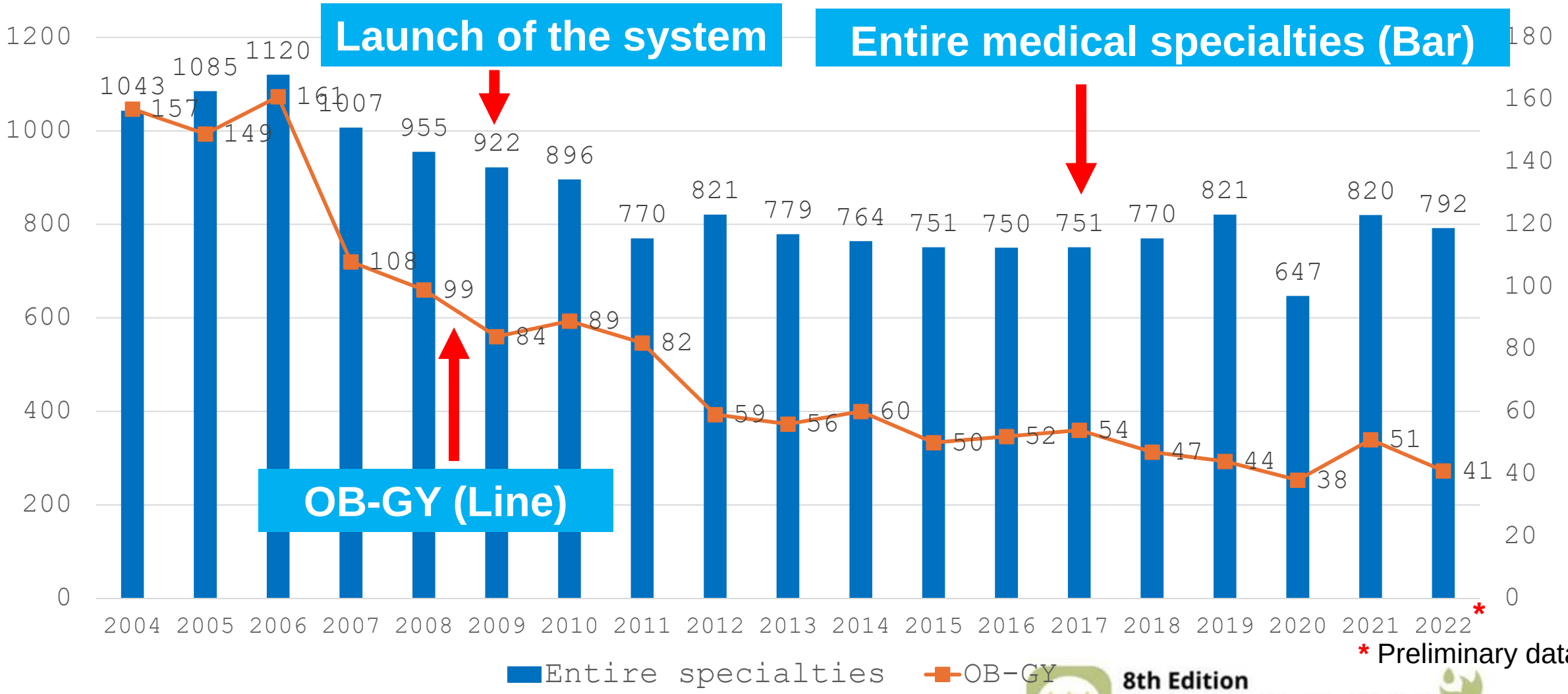


Mechanical ventilation within 1 min after birth



8th Edition CAHOCON 2024
6TH & 7TH APRIL 2024

Impact on lawsuit statistics on OB-GY



* Preliminary data

Statistics of lawsuit trend by medical specialties by the Supreme Court

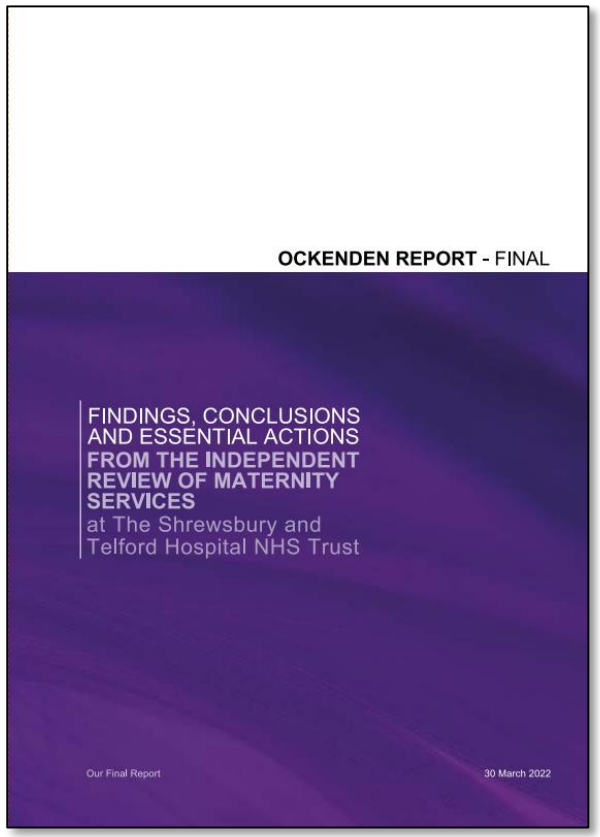
THE TIMES
THURSDAY APRIL 7 2022

Law

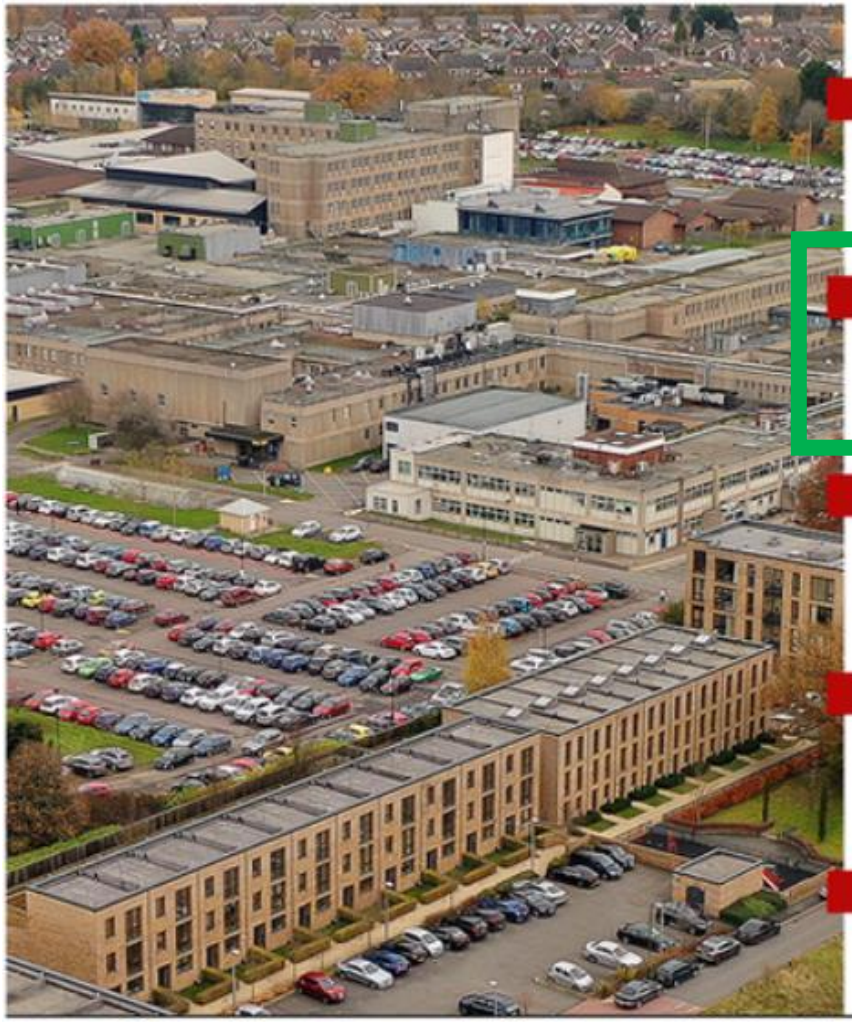
NHS whistleblowers still face consequences

Criticism of NHS managers over the treatment of whistleblowers has been reignited by Donna Ockenden's damning review of maternity services at Shrewsbury and Telford Hospital Trust. Her findings come seven years after the "Freedom to speak up?" report from Sir Robert Francis QC, which found that NHS staff feared repercussions if they blew the whistle on poor practice. He...

Independent, Apr 7th, 2022



The Ockenden report findings



- Examined almost **1,600 cases** spanning **20 years**
- **201 deaths** where concerns over care found
- **131 stillbirths** and **70 neonatal deaths** affected
- Also **29 cases** where babies suffered severe **brain injuries**
- And **65** incidents of **cerebral palsy**

Source: Ockenden Maternity Review

BBC

BBC, May 30th, 2022

NHS litigation reform

Inquiry　2021年：11月16日、2022年：1月11日、2月1日

The Committee has launched a new inquiry to examine the case for the reform of NHS litigation against a background of a significant increase in costs, and concerns that the clinical negligence process fails to do enough to encourage lessons being learnt which promote future patient safety.]

Figures show that in 2020/21, £2.26bn was spent from the NHS budget to settle claims and pay legal costs arising from clinical negligence claims. A further £7.9 billion was spent on compensation from claims settled in previous years, meaning that over £10bn of money was spent on clinical negligence claims which could have been spent on patient care. The total potential liabilities arising from all negligence claims made up to the end of 2020/21 was £82.8bn, increasing by about £5.7 bn every year.


Select Committee: NHS Litigation Reform of the Health and Social Care Committee, House of Commons, UK Parliament

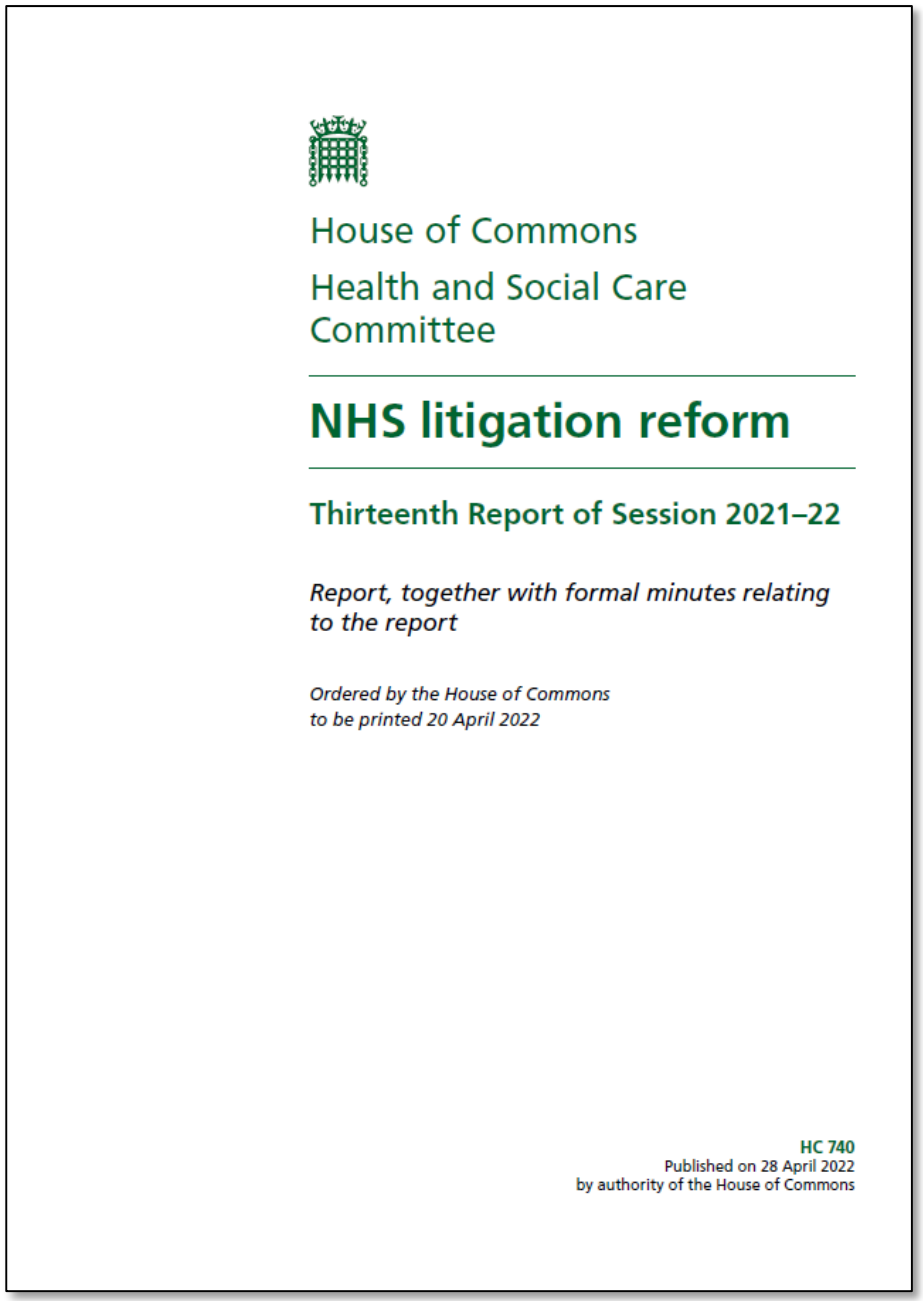

Rt. Hon. Jeremy Hunt, Chair


Professor Shin Ushiro
Kyushu University Hospital, Japan Council for Quality Health Care


Michael Mercier, Accident Compensation Corporation, NZ


Dr Pelle Gustafson, Swedish Patient Insurer, Sweden


George Deebo
Executive Officer at Virginia Birth-Related Neurological Injury Compensation Program, US



Published on April 20th, 2022

133. Professor Shin Ushiro told us that the Japanese birth injury compensation scheme had a formal process for disseminating learning and an illustration of its success was that it had recorded a reduction in the number of cases coming into the system.[203] In 2009, its first year of operation, 419 cases were entered into the Japanese Cerebral Palsy scheme, by 2014 that figure had reduced to 326 and even when the eligibility criteria were widened the following year eligible cases only increased to 376.[204] Professor Ushiro added that investigative reports into Cerebral Palsy cases increasingly find that cases have resulted from unknown genetic causes and there has been a decline in cases related to error or malpractice.[205]

(As of Jun 5, 2020)

Birth year	No. case reviewed	Eligible	Not-Eligible				Petition
		Eligible	Not Eligible	Preliminary to review	Total	In process	
2009	561	419	142	0	142	0	Expired
2010	523	382	141	0	141	0	Experied
2011	502	355	147	0	147	0	Experied
2012	517	361	155	0	155	0	Experied
2013	476	351	125	0	125	0	Experied
2014	469	326	143	0	143	0	Experied
2015-2018	1,000	846	101	46	147	7	Valid
Total	4,048	3,041	954	46	1,000	7	

Global State of Patient Safety 2023

Institute of Global Health Innovation, Imperial College London
Patient Safety Watch

Case study (UK; 5, US; 2, JPN; 1, NZ; 1)

Case study 1: Involving patients in safety investigations

Case study 2: Restoration and healing from harm

Case study 3: Safety measurement and monitoring framework

Case study 4: Situational Awareness for Everyone (S.A.F.E.)

Case study 5: Family-activated medical emergency teams

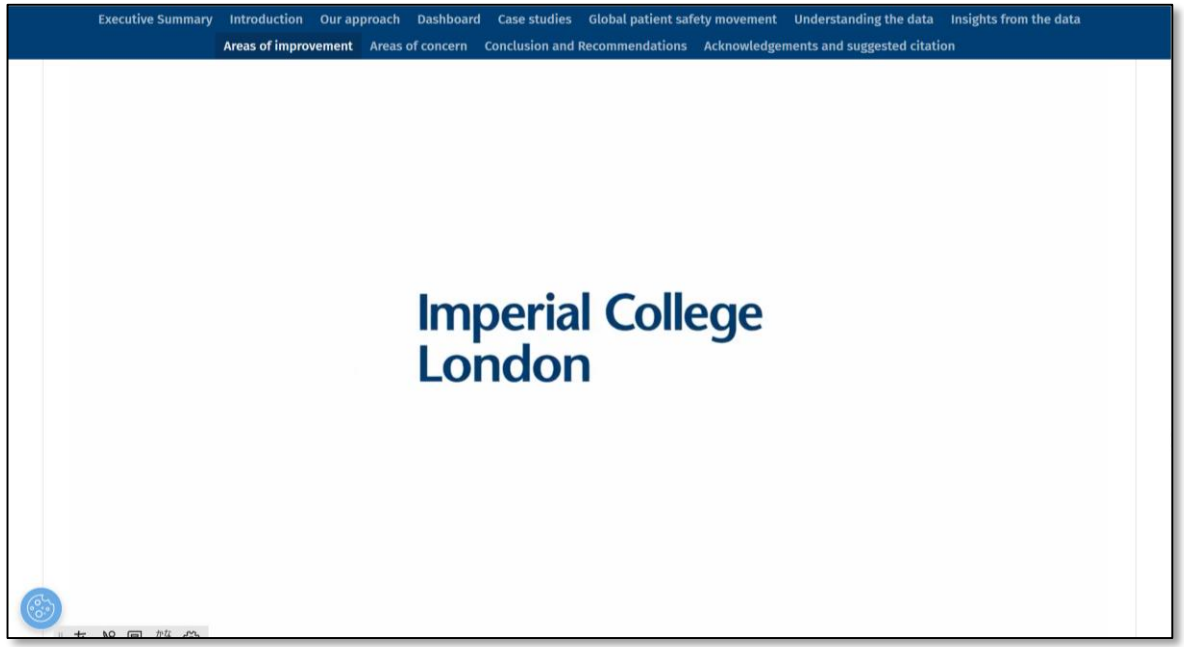
Case study 6: No-fault maternity compensation schemes

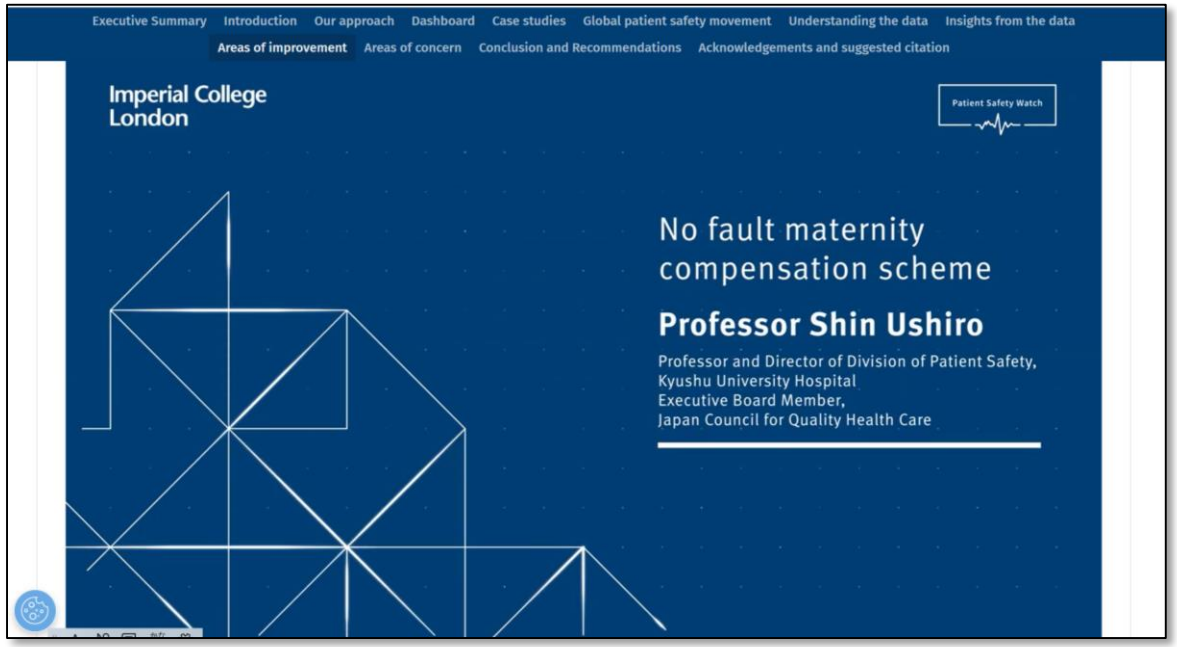
Case study 7: Addressing racial disparities in maternal morbidity

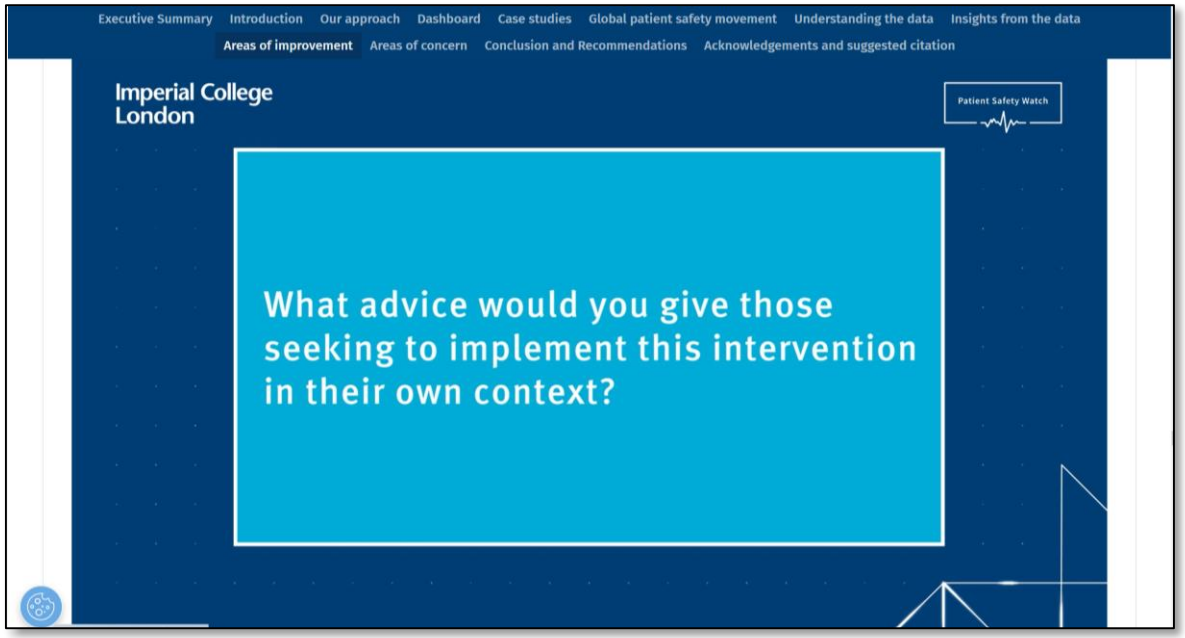
Case study 8: Patient measure of safety

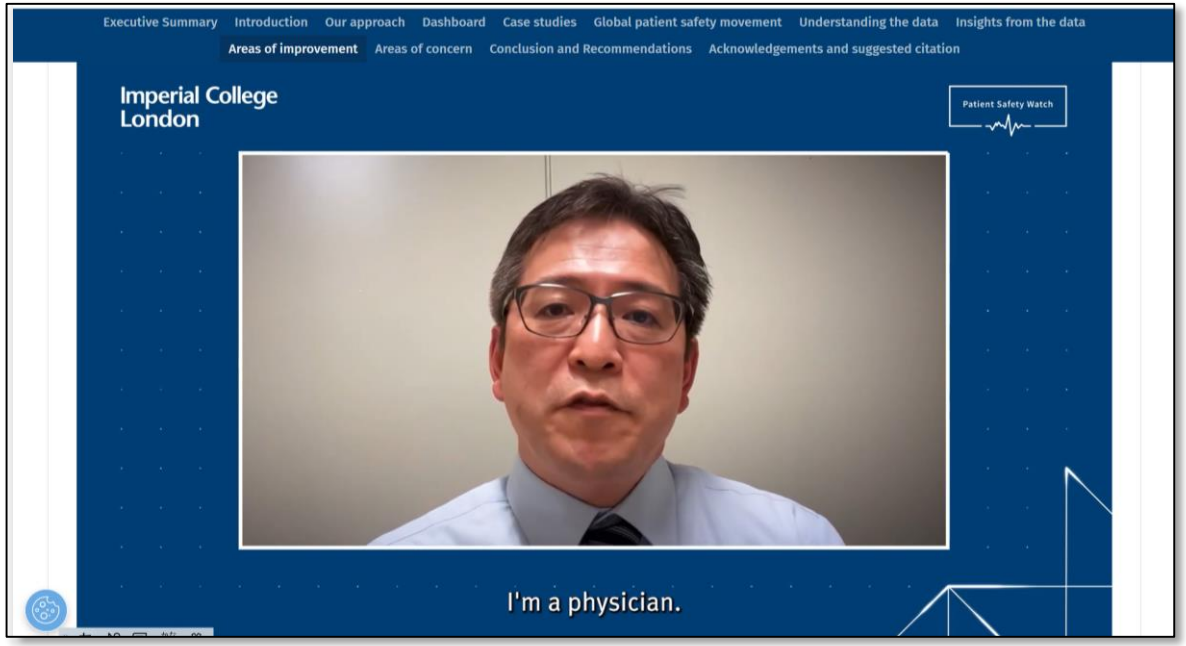
Case study 9: Partners at care transitions measure

Case study 6: No-fault maternity compensation schemes, JPN

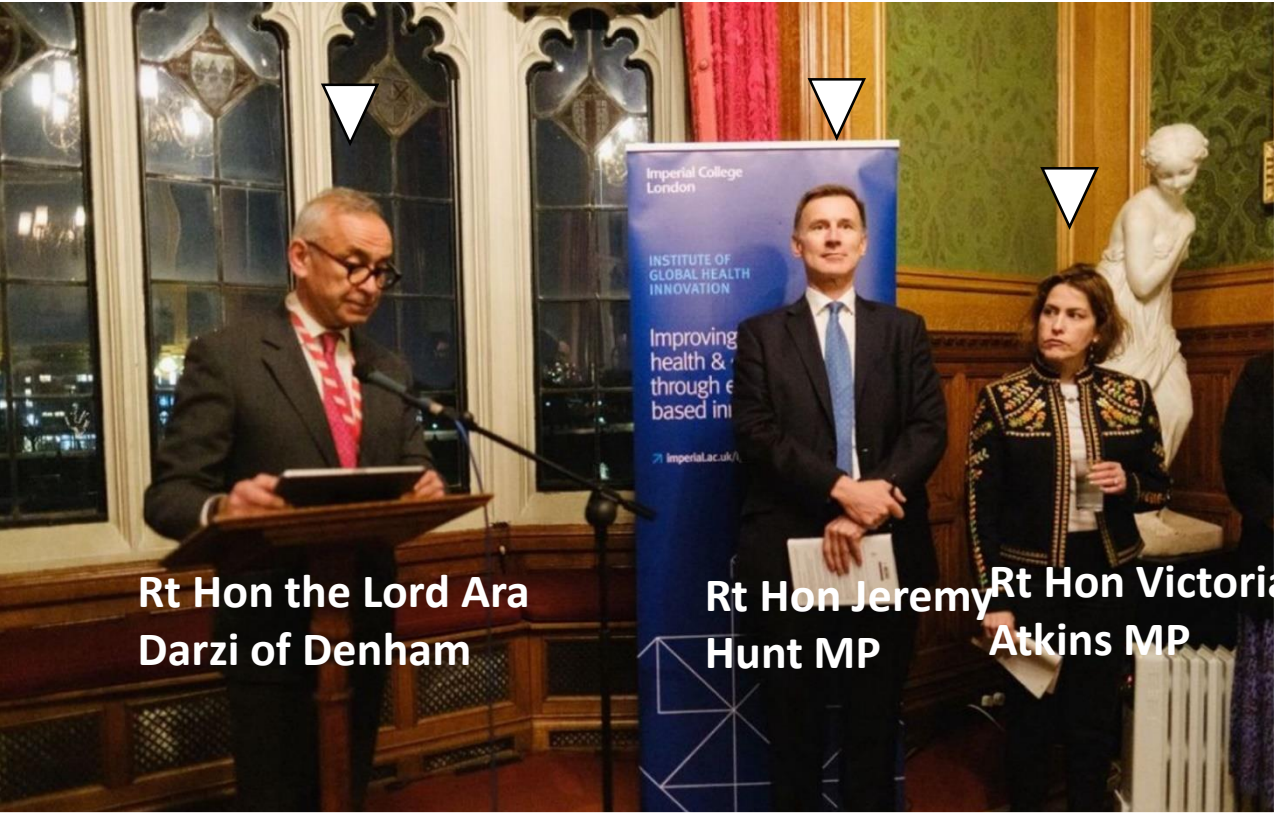








Reception in the River Room, House of Lords in aid of Patient Safety Watch, Imperial College London, 11th Dec 2023



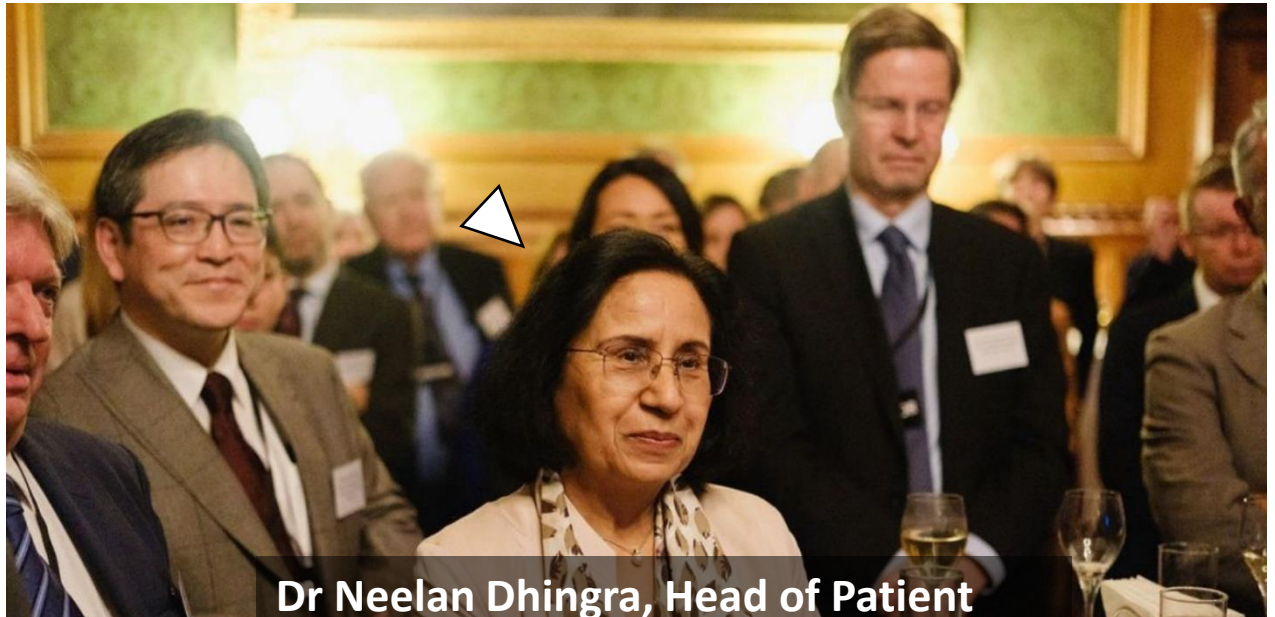
Rt Hon the Lord Ara Darzi of Denham

Rt Hon Jeremy Hunt MP

Rt Hon Victoria Atkins MP

Rt Hon the Lord Ara Darzi of Denham

Rt Hon Jeremy Hunt MP



Dr Neelan Dhingra, Head of Patient

Report of Times Health Commission 2024

A ten-point plan for health

1. Create digital health accounts for patients, called patient passports, accessed through the NHS app, to book appointments, order prescriptions, view records, test results or referral letters and contact clinicians.
2. Tackle waiting lists by introducing a national programme of weekend high-intensity theatre lists to get through a week of planned operations in a day and create seven-day-a-week surgical hubs.
3. Reform the GP contract to focus on wider health outcomes, ensure prompt appointments and restore continuity of care. Encourage more super-practices and create community health centres.
4. Write off student loans for doctors, nurses and midwives who stay in the NHS. Debt should be cut by 30 per cent for those staying three years, 70 per cent for seven years and 100 per cent for ten.
5. Introduce no-blame compensation for medical errors with settlements determined according to need to ensure families get quick support and encourage the NHS to learn from mistakes.
6. A National Care System giving the right to appropriate support in a timely fashion. Equal but different from the NHS, it should be administered locally and delivered by a mixture of public and private sectors.
7. Guarantee that all children and young people requiring mental health support can get timely treatment and rapid follow-up appointments. Publish data on waiting times for all mental health services.
8. Tackle obesity by expanding the sugar tax, taxing salt, implementing a pre-watershed ban on junk food advertising and reducing cartoons on packaging to minimise children's exposure to unhealthy food.
9. Incentivise NHS staff to take part in research and put the case for research to their patients by giving 20 per cent of consultants and other senior clinicians 20 per cent protected time for research.
10. Establish a Healthy Lives Committee empowered by a legally binding commitment to increase healthy life expectancy by five years in a decade.

Foreword

The Times Health Commission was given the task of suggesting reforms to improve the NHS. It proposes three core principles that have the potential to create a healthier Britain

It is not difficult to spot the problems in the NHS. The soaring waiting lists, over-run A&E departments, queueing ambulances and struggling GP surgeries are clear for all to see. The Times Health Commission's job, however, was to find solutions. Our remit was to identify the causes of the difficulties and suggest reforms that would make the system work better.

At first it seemed a daunting task but as we listened and learnt over the course of a year the answers began to emerge. There was, in fact, a remarkable level of consensus. Three core principles became clear and underpin this report, backed up by detailed research, case studies and recommendations. First, the system must be rebalanced away from hospitals and a greater emphasis put on prevention and community care. We have a National Sickness Service formed for another age and we must create a National Health Service fit for the 21st century. This means diagnosing disease more quickly and treating people closer to home. It involves intervening earlier to stop people reaching crisis point or needing hospitalisation. And it means transforming the culture around food and fitness to make the healthy choice the easy one for all.

Second, health is an intricate ecosystem so there is no solution that does not involve reform of social care. Successive governments have failed to deal with this issue and the consequences are being felt in overcrowded hospitals and by the millions of people who cannot get the support they need. The ageing population means that we can no longer afford to put it off.

Third, technology has the power to transform healthcare. A scientific revolution is under way that will enable the system to become more personalised and predictive. Exciting medical breakthroughs are ushering in a new age of cures. There is in fact enormous cause for optimism amid the doom and gloom but the health service needs to look to the future rather than idolising the past. The NHS and social care system must seize the extraordinary opportunities on offer in the modern digital world to empower patients, liberate clinicians, improve services, drive efficiencies and create a healthier Britain. Other countries have done it and so could we.

The commission, set up last January, has been evidence-based and sought to learn from the best examples in this country and abroad in a dispassionate, clear-sighted, non-ideological fashion. It was supported by a prestigious group of expert commissioners from the worlds of medicine, business, policy, science, food and sport.

With a remit to consider everything from hospitals to GP surgeries, social care to the obesity crisis, health inequalities to the NHS workforce, the commission has been one of the broadest inquiries into health ever conducted in this country. Through fortnightly evidence sessions, patient panels, domestic and international visits and interviews, the commission heard from more than 600 witnesses. They included doctors, nurses, midwives, receptionists, social care professionals, patients, regulators, public health officials, bereaved families, chefs, an architect, a fitness guru, a Nobel prize winner, a former prime minister and ten former health secretaries.

The commission also visited dozens of hospitals, care homes, GP surgeries and research laboratories, including visits to Japan, Denmark, Israel, Ireland and Spain. We spent two days in a hospital and went out on a shift with an ambulance crew to understand what it is like on the front line of the NHS.

The recommendations contained in this report are pragmatic, practical, deliverable and could be taken up by any political party or government. There is a ten-point plan of policies that we believe would make a genuine difference but the commission would argue that a broader mindset change is also required.

It will take a national effort, from business, individuals, health professionals and politicians to create a healthier Britain.

5 Introduce no-blame compensation for medical errors with settlements determined according to need to ensure families get quick support and encourage the NHS to learn from mistakes.

TIMES HEALTH COMMISSION

Welcome to the Times Health Commission

TIMES HEALTH COMMISSION

Hunt backs no-blame compensation scheme for medical errors

The proposal is one of ten key recommendations that will be made by the Times Health Commission, a year-long inquiry into the NHS and social care

Jeremy Hunt said that a no-blame system of compensation would put the focus on learning from mistakes

Synthesis

- JQ runs wide range of initiatives on quality and safety improvement such as external evaluation, national reporting and learning system for safe care in hospital, clinic, community pharmacy and dental clinic.
- No-fault compensation made significant progress in terms of sharing the system and idea globally.

Thank you! Questions?

ushiro. shin.161@m.kyushu-u.ac.jp