A wish for happiness and mercy to the typhoon victims in the Philippines

GOD BLESS YOU
Tangible Effect of the Accredited Internal Hospital Mediators on Patient Safety at Hospitals in Japan

Yamagata University Faculty of Medicine
Toshimi ‘Momo’ Nakanishi
Contents

1. Overview of Healthcare in Japan
2. Litigation and unsatisfactory feelings
3. A new direction in medical malpractice dispute resolution
4. On our medical mediation as conflict resolution
5. Some early results of our work
6. Conclusions
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Japanese Health Insurance Scheme

- The price of Healthcare is mainly controlled by the government (Ministry of Health Labor and Welfare).

- Patients pay 30%, HI (health insurance) pays 70%

- Elders pay 10%, HI pays 90%

- Easy access to hospitals

- Medical insurance for the whole nation
Health expenditure

Health expenditure as a share of GDP, OECD countries, 2007

Percentage of GDP:
- Japan: 16.0%
- USA:
- Canada:
- UK:
- Korea:

Source: OECD Health Data 2009, June 09.
Number of Hospital Workers per 100 Beds

Workers

Nurses

UK  USA  Italy  Germany  Japan

OECD Health Data, Data by MHLW
Number of Doctors per 1000 population in OECD

- **Germany**
- **U.S.A**
- **JAPAN**

OECD Health Data 2007
Working Hours of Doctors

Age

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<tr>
<th>Japan</th>
<th>UK</th>
<th>France</th>
<th>Germany</th>
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Av. Working Hours per Week

 Slide by Dr. Takamasa Kayama
# OECD Health Data 2009

## Overall Health Performance

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<tr>
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<td>A</td>
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<tr>
<td>3</td>
<td>Italy</td>
<td>A</td>
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<tr>
<td>4</td>
<td>Norway</td>
<td>A</td>
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<tr>
<td>5</td>
<td>Sweden</td>
<td>B</td>
</tr>
<tr>
<td>6</td>
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<td>B</td>
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<td>U.K.</td>
<td>D</td>
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<td>D</td>
</tr>
<tr>
<td>16</td>
<td>U.S.</td>
<td>D</td>
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</tbody>
</table>

Note: Data are not available for Belgium. For the rest, data for the most recent year available were used. Source: The Conference Board of Canada.

http://www.conferenceboard.ca/HCP/Details/Health.aspx#
Health care challenges for dispute resolution

• A small number of doctors

• A small number of medical workers

• Long working hours for doctors

• Excellent health care outcomes (and high expectations)

• Limited consultation time with patients makes for difficult resolution of disputes
Contents

1. Overview of Healthcare in Japan
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6. Conclusions
Numbers of Civil Suits in Medical malpractice

Unresolved Cases

New Cases
Number of Referrals from Hospital to Police

There are only a couple of convictions for Professional Negligence Resulting in Death per year.
Medical Malpractice Ombudsman Survey
Client Satisfaction with their Lawyers

- Very Satisfied: 13%
- Satisfied: 22%
- Unsatisfied: 22%
- Very Unsatisfied: 43%
Effect of malpractice litigation on medical staff

What is the most important factor in patient satisfaction after an adverse event and prior to a medical dispute?

- Empathy
- Legal responsibilities
- Compensation

Will litigation lead to the improvement of medical safety?

- Yes
- No

What impact does litigation have on medical practice?

- Litigation drives defensive medical practice
- Other effects.

Yamagata University
T.M.Nakano
Specific Problems

• Time: Lack of time for communication (impact on trust and understanding)

• Risk: An inherently high level of risk for disputes over adverse outcomes

• Variation: A high degree of variation in patient safety

• Maturity: Limited maturity in understanding mediation
Contents

1. Overview of Healthcare in Japan
2. Litigation and unsatisfactory feelings
3. A new direction in medical malpractice dispute resolution
4. On our medical mediation as conflict resolution
5. Some early results of our work
6. Conclusions
Better disclosure

Legal disclosure processes

• Defensive attitudes
• Hospitals and patients are guided by legal advice
• Hospitals are focused on minimising legal and financial impact
• Focus of the process is not the patient’s physical and emotional wellbeing

Disclosure through mediation

• All aspects of the patient’s wellbeing are considered relevant
• Financial settlement is just one of many issues discussed
• Patients are focused a wider set of concerns than establishing legal and financial responsibility (see next slide)
What does the patient want?

• A sincere **Attitude** from the doctor and hospital
• An **Honest Explanation**
• An **Apology** and **Empathetic** attitude
• To **Find out** what happened and why
• **Prevention** of future accidents
• **Adequate Compensation**

→ Doctors and Hospitals also want better **Mutual Understanding**
Contents

1. Overview of Healthcare in Japan
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5. Some early results of our work
6. Conclusions
Utilizing medical mediation model in the disclosure process
Medical Mediation Model

Facilitation

Patient  

Doctor

Support  

Support

Establishing Trust

Establishing Trust

In house Healthcare Mediator

Impartial, Neutral, Unbiased
No Evaluation or Judgement or Opinion
Level the playing field
Difficulties in The Disclosure Process

Even when a physician is honest and sincere....... 

1. Cognitive Biases
   Patient ‘s Cognitive Bias vs Physician's Cognitive Bias
   → Correcting biases and Facilitating Information Sharing

2. Emotional Response
   Emotional Attack = Defensive attitude(fear)
   → Removing Unnecessary Emotional Conflict
**Basics of Mediation**

*Mediator never makes an evaluation, judgment or expresses his/her own opinion*  
= in order to maintain an **impartial position**  
= **multidisciplinary approach** to mediation in action

*Help and both of parties ‘**Mutual Understanding**’*  
= Finding out each party’s view  
= using active or responsive listening  
= help parties to identify and explore needs and interests by **narrative approach**  
= respective all and self-reflexivity
From conflict to understanding

Better understanding → trust → better medical practice, better disclosure

Patient

Personal narrative & invisible information

1. empathy & listening

2. hidden information/issues revealed

Internal Mediator

3. richer communication

Doctor

Personal narrative & invisible information

1. empathy & listening

2. hidden information/issues revealed

[Diagram showing the interactions between patient, doctor, and internal mediator through empathy, listening, and revealed hidden information.]
Mediation in Hospital

HC. Mediator

Ward A

Ward B

Ward C

Mediation anywhere, anytime by anybody
Structure of Training

- Basic (2days)
  - Advanced (2days)
    - Trainer (4days)
  - Elective
    - Intermediated (2days)
      - Elective
    - Follow up

- Basic (2days)
  - Applicants
  - Introduction Lecture (half day)
  - Each Hospital

- Applicants

Special
- Social work
- Clinical work
- Bioethics
- Staff conflict
Total number of certified medical mediators
JAHM (promoting an interactive health care)

Japan Medical Association for mediators
Certified mediators established 2009
Contents

1. Overview of Healthcare in Japan
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6. Conclusions
## Summary of Activity of JAHM

<table>
<thead>
<tr>
<th>Event Severity</th>
<th>Number of events</th>
<th>Number of disputes (%)</th>
<th>Number of mediations (%)</th>
<th>Number resolved by agreement (%)</th>
<th>Number of mediation breakdowns (%)</th>
<th>Number of Mediation s in progress (%)</th>
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<td>32(24.2)</td>
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<td>60(5.1)***</td>
<td>42(70.0)</td>
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<td>6213</td>
<td>35(0.6)***</td>
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<td>14(56.0)</td>
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<td>291(5.7)</td>
<td>248(85.2)</td>
<td>236(95.2)***</td>
<td>2(0.8)</td>
<td>10(4.0)</td>
</tr>
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</table>

* p<0.05, ** p<0.04, **** p<0.00001

Level 5: death (excluding death due to natural progression of a pre-existing condition); Level 4a: permanent disability or after-effects resulted, but there is limited functional impairment or cosmetic issues; Level 4b: permanent disability or after-effects resulted, with significant functional impairment or cosmetic issues; Level 3a: basic treatment or testing required (disinfection, hot/cold compress, sutures, administration of analgesics, etc.); Level 3b: intensive procedures or treatment required (monitoring of significant changes in vital signs, artificial ventilation, surgery, extension of hospital stay, admission of out-patient, treatment of broken bone, etc.); Level 2: no procedures or treatment required, but additional patient observation, monitoring of slight changes in vital signs or tests to confirm absence of after-effects, etc., were required; Level 1: no actual harm to patient, but there is still possible that the patient may have been affected in some way; Grievances/Complaints/IC: grievances and complaints, dissatisfaction or litigation following informed consent (IC).

There is no actual physical harm to patient.
Adverse events, disputes and resolution rates through mediation

The number of adverse events

Rate of dispute
Resolution rate agreement (settlement rate)

60%
Data of Social Insurance Association Hospital Group

The average number of reported adverse events, as of the end of 2007 was 44.8

In 2006, hospital medical safety training administrators were trained in the theory of conflict management using the JAHM mediation process.

In 2008 we began full-fledged training of mediators.
Summary of some early results of our work

The medical mediation concept improves healthcare circumstances. Mediation has driven a smaller number of disputes in the hospitals in which it has been implemented.

1. Patient satisfaction appears to be greater from the mediation process through being heard, understood and supported in a less adversarial environment.

2. The doctor-patient-family relationship is better preserved through mediation than a formal legal process.

3. Patient safety appears to improve where mediation training has been accomplished.
Conclusions

Training for medical mediation skills and principles in medical malpractice disclosure can drive better management of adverse events.

Japanese medical mediation (internal hospital mediation) model is a useful disclosure method in adverse events with highly emotional circumstances.

The medical mediation concept improves the physical, mental and emotional health of all parties during daily medical practice and in adverse events.

The medical mediation main concept is three narratives of each self-reflexivity.
Consequence

• April 1\textsuperscript{st} 2012, Healthcare reform is started which is known as ‘Additional Expenses to Strengthen the Medical Patient Support System’ (the national health insurance scheme has changed).

• This system requires the presence of the medical mediation training graduates.

\textit{rf}: \url{http://www.mhlw.go.jp/topics/bukyoku/isei/i-anzen/hourei/}
Thank you

GOD BLESS YOU