



Nursing and patient safety in Japan

3. Japanese Nursing Association in Action

Japanese Nursing Association



<In this series>

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Terminology

- **Medical Safety:** The term “Medical Safety” is used in Japan in the text of the Medical Care Act as well as in various guidelines of the Ministry of Health, Labour and Welfare (MHLW).
However, a clear definition of “Medical Safety” has not been published.
In 2002, the Medical Safety Management Council of the MHLW published a report titled, “Comprehensive Management for Medical Safety Promotion– for the Prevention of Medical Accidents,” in which the view is expressed that embracing patients’ safety as the highest priority will nurture a “Safety Culture” as the background for the safe provision of healthcare. This view has been maintained in a 2005 MHLW report titled, “On Future Medical Safety Management.”
At the same time the term, “Patient Safety,” which is often used overseas, is also used in Japan.
- **Patient Safety:** The WHO defines Patient Safety as, “... reducing the risk of unnecessary harm associated with healthcare to an acceptable minimum...”
(WHO International Classification for Patient Safety, World Health Organization 2009, Geneva;
http://www.who.int/patientsafety/taxonomy/icps_full_report.pdf (Accessed on July 8, 2015))
- **Medical Accidents:** This term refers to all accidents that occur anywhere and involve healthcare, and that result in physical injury or death, including cases in which healthcare professionals are the victim, as well as falls in corridors. (“Comprehensive Management for Medical Safety Promotion,” a report by the Medical Safety Management Council, MHLW, 2002)

History of Japanese Nursing Association's Actions for Patient Safety

History of JNA's Main Actions

1951	JNA issued a statement concerning the verdict of medication error related to IV injection. It was JNA's first action to support a nurse prosecuted for her role in an accident.
1971	Establishment of the "Committee on Legal Protection of Occupational Practice" The Committee conducted the first national accident survey in 1973.
1998	Revision of "Guideline on Socio-Economic Welfare of Nurses (Medical Accident Edition)"
1999	"Urgent Meeting on Medical Accidents" held Urgent proposals made on risk management and accident prevention on the healthcare settings: i. Adequate nurse staffing; ii. Post-graduate training system to be established; iii. Establishment of a healthcare team system to provide round-the-clock seamless healthcare; and iv. Clarification of the scope of practice and responsibilities of healthcare workers within a healthcare institution.
1999	Establishment of the "Risk Management Review Committee" Survey on the medication error incidents; development of "Risk Management Guideline for Nurse Administrators – Prevention of Medical Accidents through Efforts of Organizations"; proposal on medical device/equipment activities; and so forth
2000	The first Risk Manager Training Program
2001	Establishment of the Healthcare and Nursing Safety Office To be the hub of JNA's actions for patient safety
2001	Launch of Japanese Nursing Association Nursing Professional Liability Insurance Program
2002	"Risk Management Guideline for Nurse Administrators – Responses at the time of Medical Accidents" published
2003	First meeting of "Patient Safety Liaison Meeting" (now "Patient Safety Promotion Meeting") held
2013	"Guidelines on Night Shifts and Shift Work for Nurses" published
2013	"Standard Text for Promoting Medical Safety" published
2015	Three-year Plan for Patient Safety Promotion Project
2015	"Actions to Take When Unexpected Death or Fetal Death Occurs as a Result of Healthcare" published

Japanese Nursing Association's Actions for Patient Safety

Japanese Nursing Association's Actions for Patient Safety

For many years, JNA has provided direct support to its members by giving advice on such matters as how to prevent medical accidents and what actions to take when such an accident occurs.

However, such individual actions at the time of accidents alone are never adequate to advance our efforts for patient safety. That has been the reason why JNA has worked in partnership with the respective ministries, agencies and other organizations to endeavor to ensure patient safety actions such as activities to develop human resources and to enhance the respective institutions' preparedness, as well as activities to promote and to raise awareness for accident prevention.

Currently Japan's healthcare and long-term care services are undergoing some major changes, and reforms in healthcare and long-term care delivery frameworks are ongoing.

Against the backdrop of such social changes, JNA has identified five priority activities for patient safety. Since 2015, JNA has performed actions under the renewed framework.

Japanese Nursing Association's Actions for Patient Safety

Five Priority Activities

- Firmly establishing a patient safety management framework at healthcare institutions
- Strengthening actions to prevent recurrence of medical accidents involving nurses
- Training of medical safety managers based on the reality of healthcare service delivery
- Promoting patient safety education for nurses
- Securing the safety of medical and long-term care at long-term care facilities, etc.

Those five priority activities established by JNA in 2015 set the direction of JNA's actions to advance patient safety and enhance JNA's previous activities through strategic actions.

Following are the specific activities JNA carries out concerning each of those matters.

Firmly establishing a patient safety management framework at healthcare institutions

Two aspects of activities for “Firmly establishing a patient safety management framework at healthcare institutions”

- Improvement and streamlining of laws and regulations to facilitate establishment of such a framework
- Support for respective institutions so that the laws and regulations will actually be established and function

Concerning “Firmly establishing a patient safety management framework at healthcare institutions,” JNA has identified two aspects on which to act. Concerning improvement and streamlining of laws and regulations, JNA, as a nursing professional organization, has made proposals at various settings of policy formulation in the interest of nurses whose job is to provide care, and of our patients. Those occasions included the formulation and revision of national systems such as formulation of the Medical Accident Investigation System, which came into effective in 2015, as well as other occasions of reviews with the national government and related parties such as requirements for accreditation of hospitals and criteria to evaluate hospital’s medical care functions.

Concerning support for the respective institutions in improvement and streamlining of such systems, JNA has worked in partnership with prefectural nursing associations and other related parties in such areas as providing information and collecting useful case studies and sharing those with nurse administrators.

Strengthening actions to prevent recurrence of medical accidents involving nurses: Promoting utilization of Medical Accident Investigation System for the prevention of recurrence of medical accidents

Pamphlet “Actions to Take When Unexpected Death or Fetal Death Occurs as a Result of healthcare”



The Medical Accident Investigation System came into effective on October 1, 2015. This system has been established with the aim of securing patient safety by elucidating causes of medical accidents and preventing recurrence of the same accidents. (Please refer to “1. Patient safety in Japan” of this series among JNA publications available at <http://www.nurse.or.jp/jna/english/pdf/safety-01.pdf>)

At the launch of this system, JNA prepared a pamphlet titled, “Actions to Take When Unexpected Death or Fetal Death Occurs as a Result of Healthcare,” to help understanding and raising awareness of the system so that nurses across the country can take appropriate actions without confusion if need arises and that the said system can be utilized in prevention of recurrence of the same medical accidents.

Apart from distributing the pamphlet to nurses across the country, JNA is also engaged in awareness raising activities through Association’s training workshops, etc.

Training of medical safety managers based on the reality of healthcare service delivery

Training of medical safety managers

Altogether 5,115 were trained during the FY2000–2014 period (Number trained in the most recent years: 88 in 2013 and 84 in 2014)

JNA started a medical safety manager training program in 2000. A 2006 amendment to the Medical Care Act mandated the respective healthcare institutions to establish a medical safety manager position. JNA had recognized the importance of medical safety managers and started a training program before the amendment.

In the first stage of our medical safety manager training, around the years 2002–2007, JNA organized events to support medical safety managers to create a network so that they can facilitate their actual actions. These days, each region has an established network and is engaged in its own activities.

Concerning medical safety managers, please refer to “1. Patient safety in Japan” of this series among JNA publications available at: <http://www.nurse.or.jp/jna/english/pdf/safety-01.pdf>

Training of medical safety managers based on the reality of healthcare service delivery

Activities concerning revision of training programs

- Making policy proposals
- Review of training of those who currently act as medical safety managers

The Ministry of Health, Labour and Welfare presented work guidelines for medical safety managers and a guideline for formulating training programs in 2007.

As the healthcare service delivery framework, etc. undergoes changes in Japan, JNA lobbies the national government to review the work guideline and the guideline for formulating training programs, so that those changes are incorporated into the training programs.

JNA is also reviewing how such training programs are implemented to improve the skills of those who currently hold the position, so that the medical safety managers can become better at fulfilling their roles.

Promoting patient safety education for nurses

Providing nurses with information

Purpose

- Targeting all nurses, motivate individual frontline nurses to take responsibility in actively creating a safe environment
- Targeting nurse administrators and medical safety managers, support their management work

JNA provides nurses with information so that they can improve their skills to provide safe healthcare.

Promoting patient safety education for nurses

How medical safety information is provided

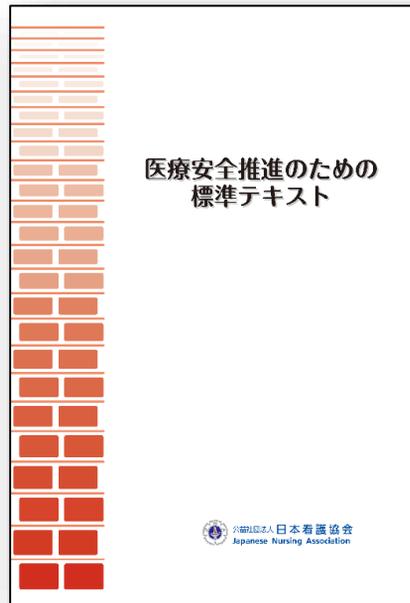
- JNA website and magazines
- Pamphlets
- Dedicated consulting service



JNA provides medical safety information through the JNA website, magazines, various pamphlets and the dedicated consulting services. If the timely availability of patient safety information becomes necessary, such information are published on the JNA website, magazines, etc. If the information should be widely disseminated to raise nurses' awareness of it, such information are compiled into a pamphlet for distribution and awareness improvement. Those prepared pamphlets are distributed to nurse administrators at healthcare institutions nationwide, and are also used at training workshops, etc. Such pamphlets prepared so far include "Guideline for checking safe use of EKG monitors in general wards" (2010) and "Standard Text for Promoting Medical Safety" (2013). JNA also provides dedicated consulting services concerning patient safety, which can respond to individual inquiries from our members and others.

Promoting patient safety education for nurses

“Standard Text for Promoting Medical Safety”



JNA published a “Standard Text for Promoting Medical Safety” in 2013. JNA had previously published two guidelines on patient safety: “Risk Management Guideline for Nurse Administrators – Prevention of Medical Accidents through Efforts of Organizations;” (1999) on accident prevention, and “Risk Management Guideline for Nurse Administrators – Responses at the time of Medical Accidents: ” (2002) on post-accident response. Although numerous healthcare institutions utilize those guidelines, there has been a growing need to review them due to the revision of the Medical Care Act and the development of a medical safety management framework including education. Upon reviewing the content and developing this document, JNA focused on the roles and behavior of nurses at many healthcare institutions where standard medical safety measures and a standard medical safety management framework have been established during the 14-year period since publication of the 1999 guideline.

Promoting patient safety education for nurses

“Standard Text for Promoting Medical Safety”

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Chapter 1	Basic approach and how to utilize this document
Chapter 2	Basic approach to promote medical safety
Chapter 3	Actions to promote medical safety
Chapter 4	Responses at the time of medical accidents
Chapter 5	Education

“Standard Text for Promoting Medical Safety” is a document that systematically presents the course of the medical safety management process from accident prevention to post-accident responses. The document provides commentaries on the basic approach to promote medical safety, specific actions to promote medical safety and to prevent medical accidents, specific actions to take at the time of medical accidents, a summary of liabilities, and medical safety education in basic and continuing nursing education.

Nursing professional liability insurance program

Summary of the scheme

- Scheme that covers statutory liability of compensation for damage or injury if a nurse who works in Japan has caused a physical injury to another person, damaged a property, or violated another person's personality rights
- Scheme that also covers such cases as fortuitous accidents while working that result in death or disability, and needle-stick injuries leading to infection with HBV, HCV or HIV.
- Eligibility: Available to JNA members (for voluntary enrolment, except midwives in private practice)
- Insured period: to be renewed annually

JNA established the Japanese Nursing Association Nursing Professional Liability Insurance Program in November 2001.

Healthcare services are becoming more advanced and complex, creating a higher risk for medical accidents while practicing nursing. There are more cases where a nurse is liable as a person involved in a medical accident. As nurses are now recognized as more autonomous profession, they are increasingly required to take responsibility for the decisions they make, the actions they take and their outcomes. Our members expressed concern that there might be more cases of medical accidents ending up in a court of law, where a nurse was prosecuted. This insurance scheme was established because the Association considered their voices.

Nursing professional liability insurance program

There are several liability insurance schemes for nurses besides the JNA scheme. However, JNA's scheme is characterized by its support system. The scheme is not only cover liability for accidents but also provide consultation service to members by establishing "Service Promotion Office". Even if medical accidents do not actually occur, it also provides consultation service on patient safety in routine nursing practice.

Nurses' Work and Patient Safety

Improving work environments and work conditions for nurses

Patient safety is closely linked to nurses' work environments. To protect the lives and health of our patients while providing safe healthcare, the nurses themselves must be able to work safely and in good health.

Recent studies of the science of labor found that night shift, rotating shift work and long work hours cause a decline in attention, judgment ability and work performance, which might increase the risk of medical accidents. JNA is taking actions to improve work environments and conditions for nurses based on those findings in the labor science.



“Guidelines on Night Shift and Shift Work for Nurses”

JNA’s “Guidelines on Night Shift and Shift Work for Nurses”

Item	Standard
1. Interval of time between shifts	Provide 11 hours or longer time between shifts.
2. Total hours spent at work	Total hours spent at work are 13 hours or less.
3. Number of night shifts	Night shifts should basically be within 8 times a month in a system of 3 shifts per day. If using another shift system, the number should adjust to work hours.
4. Number of consecutive night shifts	Up to 2 consecutive night shifts.
5. Number of consecutive working days	5 days or less.
6. Time allocated for breaks	Provide 1 hour or more in the middle of a night shift, and a period according to the length and load of the shift during a day shift.
7. Naps during night shifts	Provide an uninterrupted nap time in the middle of the night shift.
8. Rest following a night shift (including days off)	Provide a rest period of 48 hours or more after 2 consecutive night shifts. A rest period of 24 hours or more is desirable after 1 night shift.
9. Consecutive days off on weekends	Consecutive days off over Saturday and Sunday without night shift before or after should be ensured at least once a month.
10. Direction of rotation	The roster to be forward rotating.
11. Start of the morning shift	Avoid starting the morning shift before 7 AM.

Based on the basic understanding that “the safety and health of the nurses protect the safety and health of the patients,” this guideline was created as a tool to “reduce the burden of the night shift and shift work and manage the risks,” reflecting the actual situation of clinical settings and knowledge based on labor science. We hope the standards in this guideline are utilized as reference points to refer to, as well as an indicator or a target for improvement, depending on the situation at each institution. We work to promote this guidelines.