



# Nursing and patient safety in Japan

## 2. Nursing and patient safety

Japanese Nursing Association



## <In this series>

### 1. Patient safety in Japan

<http://www.nurse.or.jp/jna/english/pdf/safety-01.pdf>

### 2. Nursing and patient safety

### 3. Japanese Nursing Association in action (to be issued soon)

# 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](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)

# Nursing and Patient Safety

# Nursing in Healthcare Institutions and Medical Accidents

## Nursing Accidents

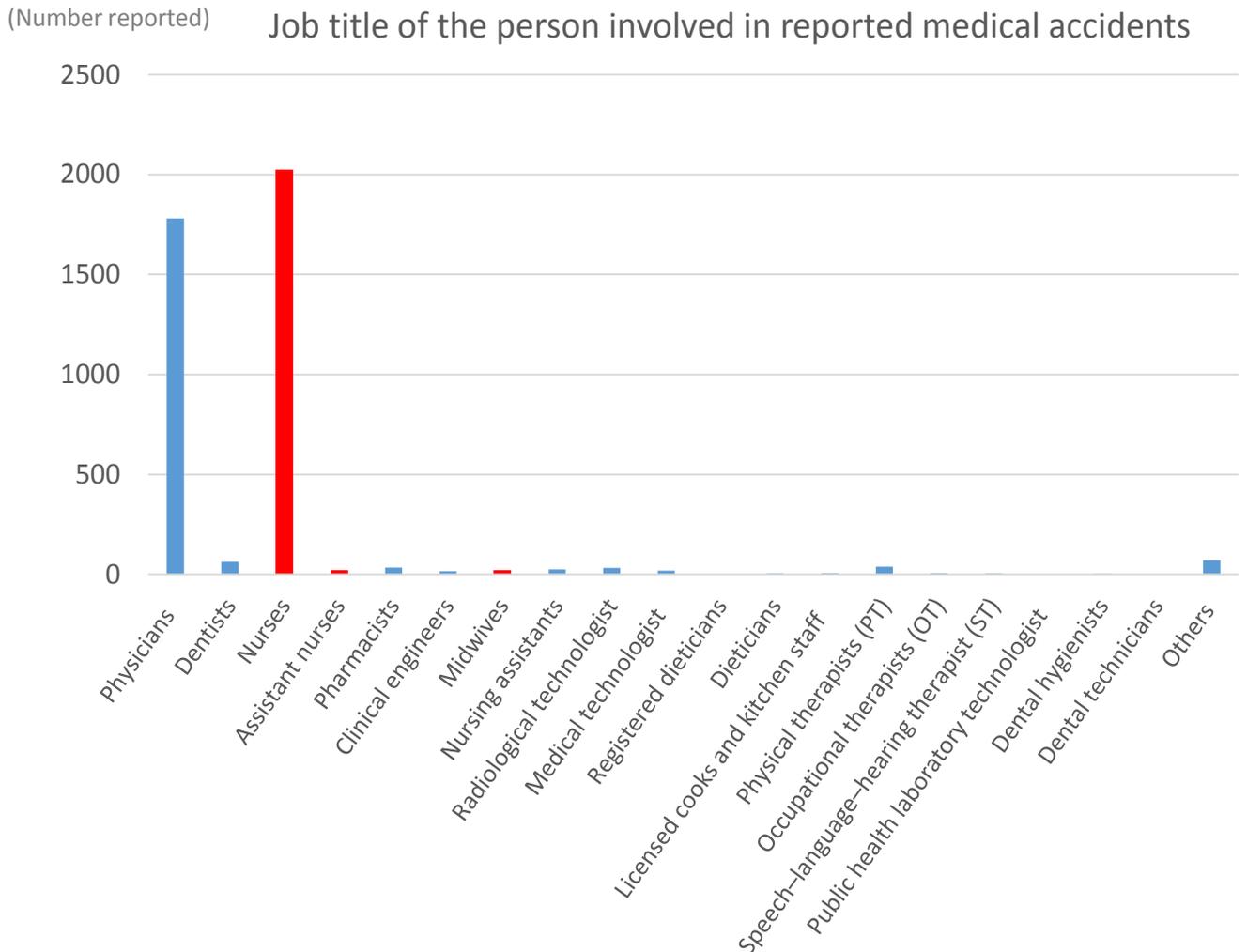
- Accidents while providing nursing care (medical interventions are not involved)
- Accidents while assisting medical treatment (medical interventions are involved)

The Act on Public Health Nurses, Midwives, and Nurses stipulates the scope of practice for nurses in Japan are “to provide nursing care” and “to assist medical treatment.”

Thus, a medical accident involving a nurse may be an accident while providing nursing care, or an accident while assisting medical treatment which involves medical interventions. Due to the nature of the nursing practice, some accidents may include elements of both categories, and it may not be possible to classify it into either one accident category.

Many more nurses work at healthcare institutions than other professionals. They often are the person who actually perform medical interventions; therefore, they are more likely to be involved in medical accidents.

# Medical accidents in healthcare institutions and nursing



\* The “person involved” is the person determined by the healthcare institution to have been involved in the event; more than 1 person may have been involved in any single event.

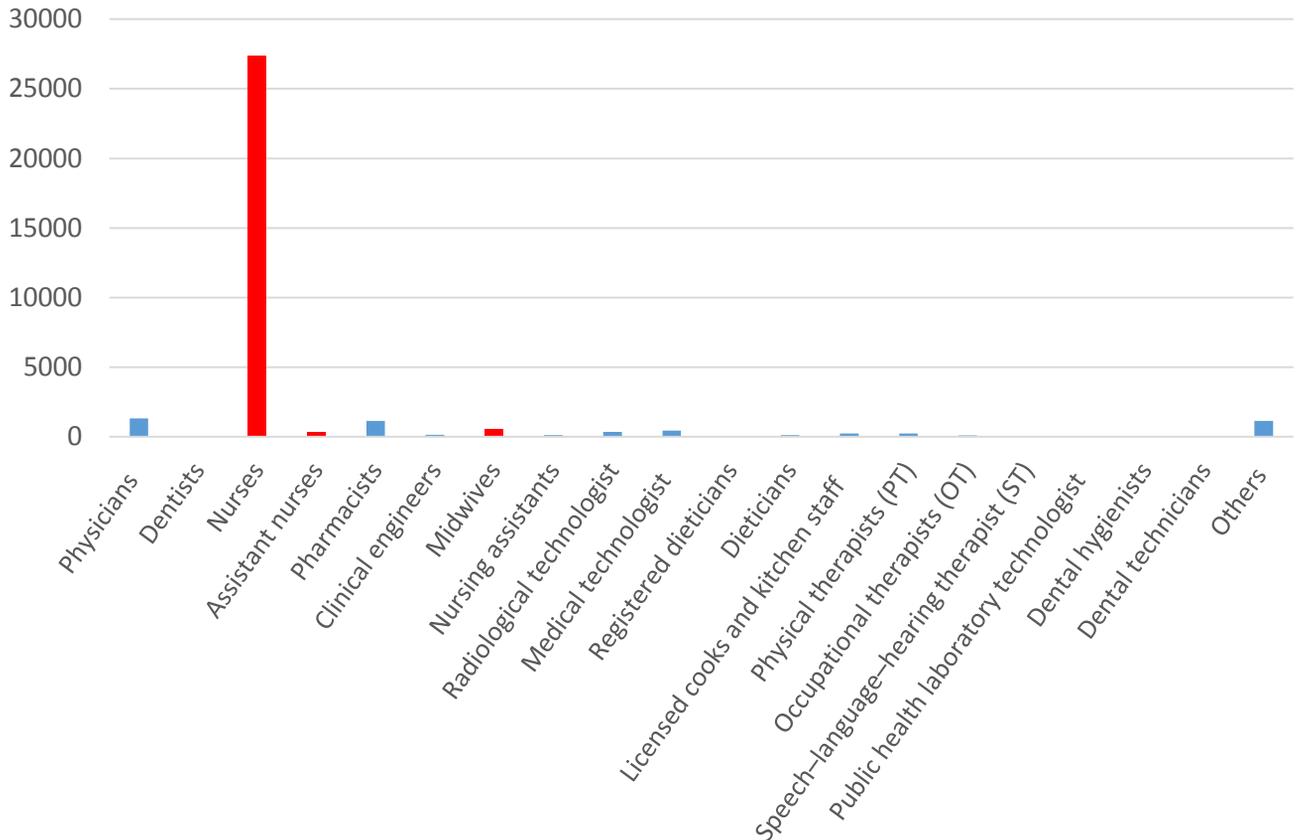
Source: The Japan Council for Quality Health Care, “Project to Collect Medical Near-Miss/Adverse Event Information, 2014 Annual Report”: Details of Reports made by Registered Medical Institutions (January–December 2014) [http://www.med-safe.jp/pdf/year\\_report\\_2014.pdf](http://www.med-safe.jp/pdf/year_report_2014.pdf) (in Japanese) (accessed on October 21,2015)

The above graph shows the data from reports of medical accidents submitted by healthcare institutions for the Project to Collect Medical Near-Miss/Adverse Event Information. Many medical accidents are reported to involve nurses.

# Medical near-miss events at healthcare institutions and nursing

Job title of the person involved in reported medical near-miss events

(Number reported)



\* The “person involved” is the person determined by the medical institution to have been involved in the event; more than 1 person may have been involved in any single event.

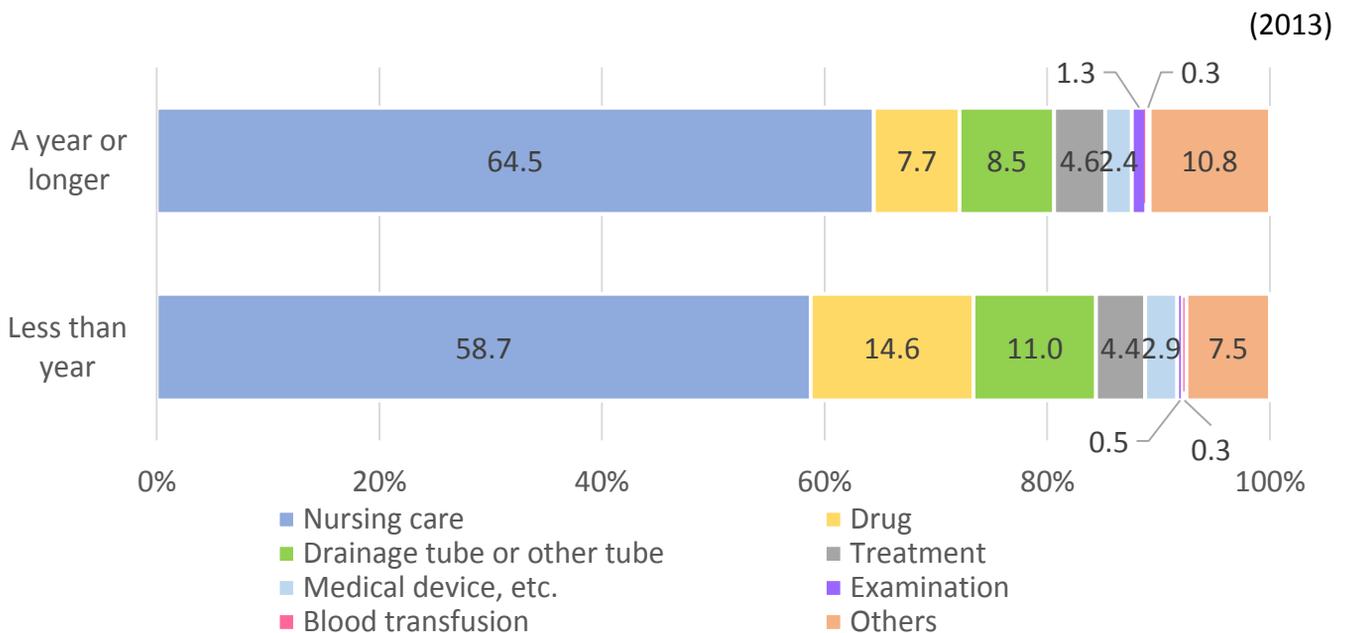
Source: The Japan Council for Quality Health Care, “Project to Collect Medical Near-Miss/Adverse Event Information, 2014 Annual Report”: Details of Case Information Reports made by Registered Medical Institutions (January–December 2014) [http://www.med-safe.jp/pdf/year\\_report\\_2014.pdf](http://www.med-safe.jp/pdf/year_report_2014.pdf) (in Japanese) (accessed on October 21, 2015)

An overwhelming number of medical near-miss events reported by healthcare institutions for the Project to Collect Medical Near-Miss/Adverse Event Information involve nurses.

\* Medical near-miss events include the events that had little impact on the concerned patient, or the events that were prevented from becoming medical accidents.

# Nurses and medical accidents

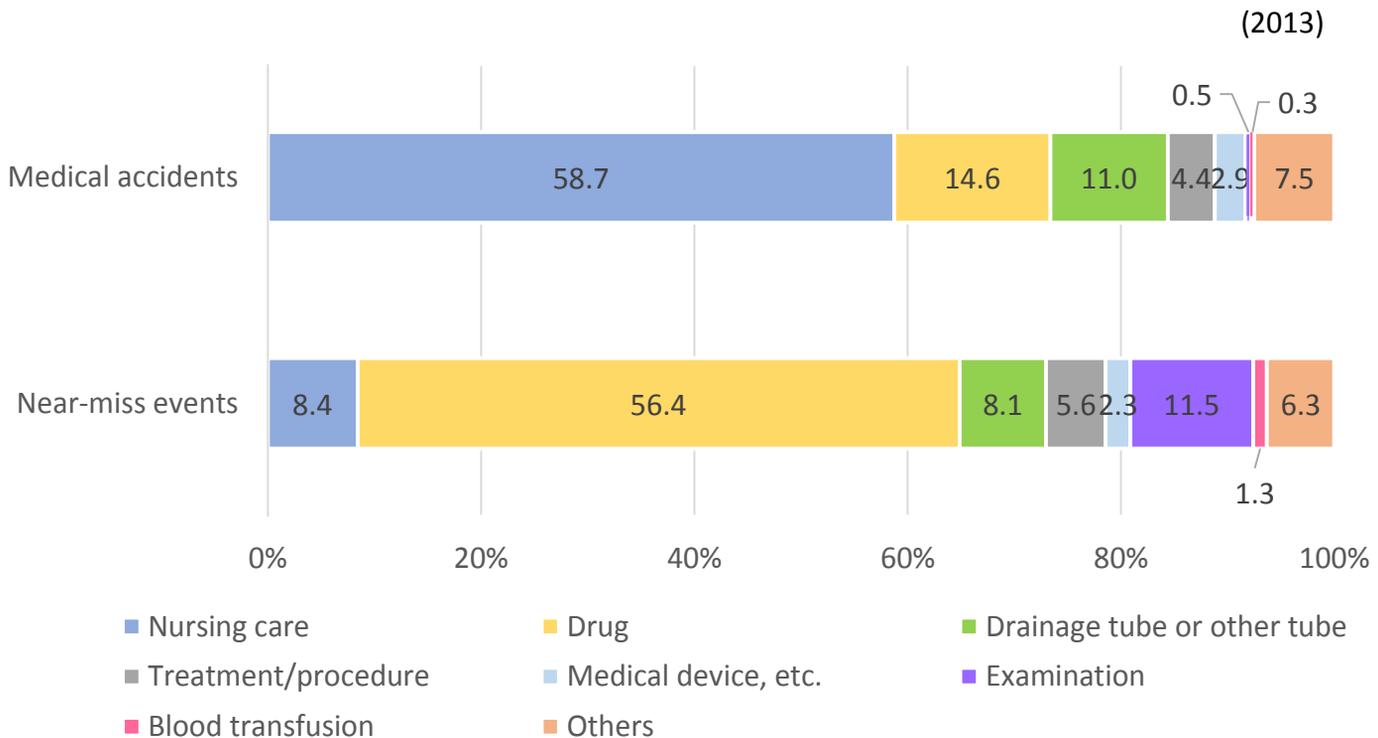
## Nurses and medical accidents: experience



Source: The Japan Council for Quality Health Care, "Project to Collect Medical Near-Miss/Adverse Event Information 2014 Annual Report": [http://www.med-safe.jp/pdf/year\\_report\\_2014.pdf](http://www.med-safe.jp/pdf/year_report_2014.pdf) (in Japanese) (accessed on October 21, 2015)

According to the data from reports of medical accidents submitted by healthcare institutions for the Project to Collect Medical Near-Miss/Adverse Event Information, many medical accidents that involved nursing staff are related to nursing care, drugs, and/or drainage tubing. The ratios of drug- or drain-related accidents are higher for nurses with less than a year experience.

# Newly graduate nursing staff



Source: The Japan Council for Quality Health Care, "Project to Collect Medical Near-Miss/Adverse Event Information 2014 Annual Report": [http://www.med-safe.jp/pdf/year\\_report\\_2014.pdf](http://www.med-safe.jp/pdf/year_report_2014.pdf) (in Japanese) (accessed on October 21, 2015)

The Japan Council for Quality Health Care, which handles the Project to Collect Medical Near-Miss/Adverse Event Information, analyzed the medical accidents and near-miss events involving nurses with less than one year experience. The results of their analyses indicated that the factors associated with the events involving nurses with less than one year experience were either a individual factor or an environmental factor.

Factors concerning individual include: lack of knowledge (experience), wrong assumptions, lack of risk awareness, etc. Factors concerning the environment include: insufficient mechanism of appraising knowledge and skills, insufficient training, obscure or irrelevant rules, etc.

Source: The Japan Council for Quality Health Care, "Project to Collect Medical Near-Miss/Adverse Event Information 2014 Annual Report": [http://www.med-safe.jp/pdf/year\\_report\\_2014.pdf](http://www.med-safe.jp/pdf/year_report_2014.pdf) (in Japanese) (accessed on October 21, 2015)

# Efforts by Departments of Nursing

Healthcare institutions continue to improve their policies and framework to secure organization-wide safety (see Part 1). The Departments of Nursing also set specific targets, provide their guidelines and establish the training framework, etc. In addition, nursing practice is reviewed and standardized by committees appointed by the Department of Nursing and the respective nursing units, as well as through routine nursing practice to assure patient safety.

# Patient safety in nursing practice

## Examples of efforts to assure patient safety in nursing practice

- **Prevention of patient misidentification**

- Have the patient say his/her own name in full

- Use of a wristband

- **Fall prevention**

- Standardization of the fall risk assessment form

- Explanation to the patient and his/her family members

- Safe nursing environment (environment with the least possible risk factors for falls; and the least impact in case of an actual fall)

- **Prevention of wrong drug administration**

- Unified writing among professions

- Double-checking

- Confirm the 6Rs (Right Patient, Right Drug, Right Purpose, Right Dose, Right Route, and Right Time)

Nurses are required to ensure safety and improve the quality of nursing through evidence-based practice. Various efforts are made in the nursing practice based on the evidence and outcomes of case analyses.

# Collaboration with other professions

Examples of team-based safety efforts:

- **The 5S actions: Sort, Set, Shine, Standardize and Sustain**

The 5S actions originated in the manufacturing sector. The work environment and medical safety are improved by putting Sort, Set, Shine, Standardize and Sustain into action.

- **Kiken Yochi Training (KYT; Risk-Anticipation Training)**

Small-group based approach to identify, discuss and share hidden risk factors in the workplace and the phenomenon triggered by them. The group actually point and call out risks and the priority action in unison while performing tasks to solve any risks before acting.

Source: Japan Industrial Safety & Association: <http://www.jisha.or.jp/zerosai/kyt/index.html> (In Japanese) (accessed on October 22, 2015)

Nurses' efforts alone cannot protect patient safety in team-based healthcare delivery. The healthcare team as a whole has to act.

In any team consisting of a range of professionals with differing backgrounds, the focus is on the prevention of miscommunication. To reduce instances of miscommunication in a multi-disciplinary team, some healthcare institutions have introduced Team STEPPS® training, which is aimed to improve teamwork. Some healthcare institutions also engage in Kiken Yochi Training (KYT: Risk-Anticipation Training), to facilitate team-based prevention of risks and to nurture a safe environment.

# Education

# Basic Nursing Education

Content		Credits
Foundation studies	Basics of scientific thinking	13
	Understanding of humans, living and society	
Specialized Basic studies	Human body structure and functions	15
	Diseases mechanism and recovery promotion	
	Health support and social security system	6
Specializations I	Basic nursing	10
	Clinical training	3
	Basic nursing	3
Specializations II	Adult health nursing	6
	Gerontological nursing	4
	Child health nursing	4
	Maternal nursing	4
	Mental health and psychiatric nursing	4
	Clinical training	16
	Adult health nursing	6
	Gerontological nursing	4
	Child health nursing	2
	Maternal nursing	2
	Mental health and psychiatric nursing	2
Integration	Home care nursing	4
	Nursing integration and practice	4
	Clinical training	4
	Home care nursing theory	2
	Nursing integration and practice	2
<b>Total</b>		<b>97</b>

(Appendix 3 of Designated rule for Public Health Nursing, Midwifery and Nursing School and Training school)

Safety-related education was introduced in 2009, when a new curriculum course in Basic Nursing Education started. “Acquisition of basic knowledge about medical safety” is presented in the “Nursing integration and practice” module; the objective is to assure that newly graduated nurses will be able to apply the content of their respective nursing studies into clinical practice and to make a smooth transition to the clinical frontline.

Reference: MHLW 2007 “Report by the Review Committee on Enhancing Basic Nursing Education”

# Basic Nursing Education

## Attainment targets for graduation on patient safety in the Bachelor's Program

Nursing practice competency: Skills to provide a safe care environment

Attainment targets for graduation	Content of teaching
<p>The student nurse</p> <ul style="list-style-type: none"><li>• Will be able to explain the purpose of team-based delivery of safe care in an organized way.</li><li>• Will understand infection control measures and be able to take the necessary actions.</li><li>• Will understand measures to prevent medical accidents and be able to take the necessary actions.</li></ul>	<p>Risk management Forming a safety culture Standards of safety Current state of medical accidents and challenges Measures for medical safety Measures for safety in management of medical equipment and drugs Infection control measures Standard precautions Prevention of adverse events (e.g. accidents such as falls, bedsores, etc.) Iatrogenic health injuries (including drug-induced injuries) Incident reporting</p>

Source: MHLW 2011 "The Final Report by the Review Committee on Nursing Human Resource Development at Universities", excerpts

The "Report by the Review Committee on Content and Methods of Nursing Education" was published in 2011, and the required nursing practice competency and attainment targets for graduation (draft) were presented. The attainment targets for graduation concerning patient safety were: "understanding the approach to medical safety and the role of the nurse;" "understanding risk management;" "understanding safe management of prescription drugs;" "adherence to infection control protocols;" and "behavior following the guidelines."

"The Final Report by the Review Committee on Nursing Human Resource Development at Universities," also published in 2011, presented the core nursing practice competency for the Bachelor's Program alongside the attainment targets for graduation, and also presented such teaching content as "risk management," "forming a safety culture," "current state of medical accidents and challenges," "infection control measures," "prevention of adverse events," "incident reporting," etc.

# Student nurses' practical training and safety

In a report published in 2003, MHLW indicated that it is desirable for an educational institution and a practical placement facility to sign a “Practical Placement Contract Agreement,” clarifying the responsibilities in case of a medical accident.

# Continuing education: Medical Care Act and Medical Treatment Fee

## Provision of training to ensure a medical safety management framework

- 2006 Amendment of the Medical Care Act
- 2006 Revision of the Medical Treatment Fee

The 2006 Amendment of the Medical Care Act mandated the administrator of a hospital, etc., to take measures to ensure the safety of medical care, including the implementation of training of employees. (Article 6-12. Medical Care Act)

Since 2006, “Establishment of a medical safety management framework” has become a requirement for healthcare institutions to claim the basic hospital admission charge as part of medical treatment fees: to provide the patient with basic medical management and nursing care services and an environment for recuperation while admitted. “Establishment of a medical safety management framework” includes implementation of staff training twice a year or so to ensure that the safety management framework is secure.

# Continuing education opportunity for nurses

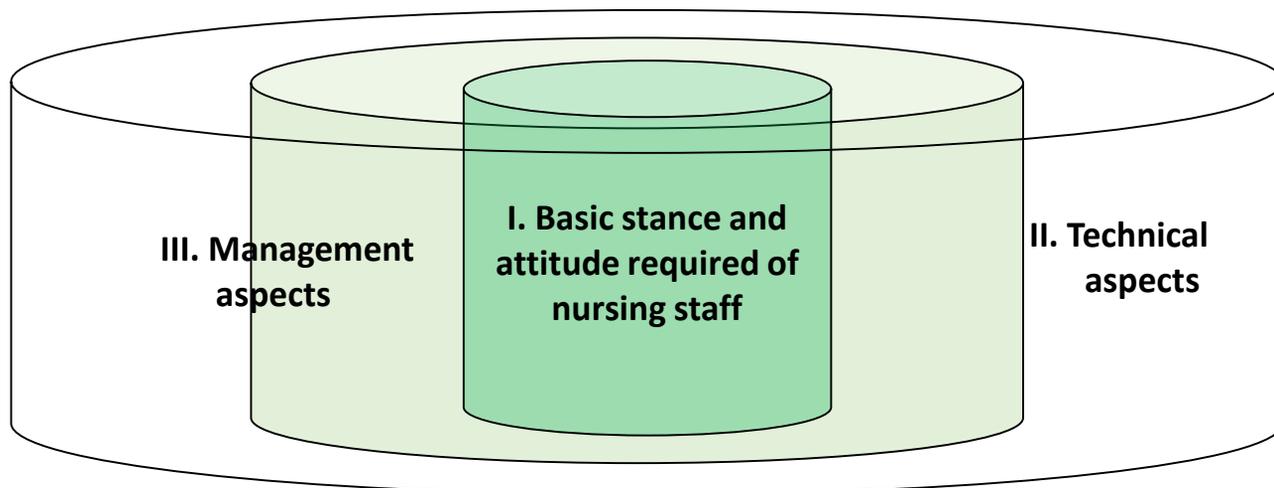
- Clinical training for newly graduated nursing personnel
- In-house training by the respective healthcare institutions
- Training by the Nursing Association, etc.

The number of nurses at healthcare institutions is overwhelmingly larger than any other professionals. They also often become the final person to perform medical interventions, which is the reason why it is important to improve nurses' knowledge about and skills concerning medical safety to ensure patient safety.

Patient safety-related nursing staff training may involve clinical training for newly graduated nursing personnel; in-house training by the respective healthcare institutions, as discussed above; and training by the Nursing Association, etc. as part of the continuing education it offers.

# Clinical training for newly graduate nursing personnel

## Clinical Practice Competency



Source: MHLW 2014 “Clinical training for newly graduated nursing personnel guideline (Revised version)”  
[http://www.mhlw.go.jp/file/06-Seisakujouhou-10800000-Iseikyoku/0000049466\\_1.pdf](http://www.mhlw.go.jp/file/06-Seisakujouhou-10800000-Iseikyoku/0000049466_1.pdf) (in Japanese) (accessed on October 21, 2015)

A clinical training for newly graduate nursing personnel has become mandatory for the establisher of healthcare institutions to make an effort to implement since 2010. This training program is expected to improve the quality of nursing and therefore to ensure medical safety, as well as to prevent newly graduated nursing personnel from prematurely leaving the profession.

In the “Clinical training for newly graduated nursing personnel guideline (Revised version; hereinafter referred to as ‘The Guideline’)", the government indicated the targets to be attained within one year and the criteria for attainment. The respective institutes implement the program tailored to their unique characters.

As shown above, The Guideline presents the attainment targets in three areas of clinical practice competency. Regarding patient safety, it is clearly stated, not merely to follow nursing skill protocols in terms of the technical aspect, but to confirm all “elements that support nursing skills,” including ensuring medical safety, before carrying out. In terms of the management aspect, understanding the medical safety management framework at the concerned institute, and reporting of incidents, accidents and other events are presented as the targets to be attained within a year.

# Continuing education

## Examples of continuing education for nurses

- Fall prevention
- Prevention of wrong drug administration
- Incidents, accidents and other event analyses
- Team STEPPS<sup>®</sup>
- Kiken Yochi Training (KYT; Risk-Anticipation Training)
- Medical Safety Manager training
- Medical safety training for new graduates
- Medical safety training for nursing managers

A wide range of programs is offered as part of continuing education run by the Nursing Association, etc. Those training programs also target nurses who work in the area of long-term care and home visit nursing. Patient safety training is offered in various forms: theme specific, scope specific, career ladder specific, etc. There are many opportunities on offer for nurses to gain knowledge to ensure patient safety and improve skills.