

公務出國報告

(出國類別：醫院評鑑制度考察)

## 日本評鑑制度考察

出 (1)服務機關：行政院衛生署

職稱：簡任十一職等簡任視察、薦任六職等技佐

姓名：鄭聰明、孫漣

國

(2)服務機關：財團法人醫院評鑑暨醫療品質策進會

姓名：醫院評鑑新制工作小組陳榮基召集委員等十四名

人

出國地點：日本東京

出國期間：92年11月25日至92年11月30日

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赴日考察醫院評鑑制度

主辦機關:

行政院衛生署

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出國類別: 考察

出國地區: 日本

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關鍵詞: 醫院評鑑

內容摘要: 九十二年度因SARS疫情對我國醫療體系的衝擊，醫療環境亦需要調整，其評鑑制也有檢討之必要，因此，配合行政院衛生署後SARS我國重建計畫規劃，於九十二年七月即積極進行新制醫院評鑑標準修訂、評鑑制度及評鑑委員遴選與訓練之規劃。為進一步瞭解及蒐集國外醫院評鑑制度，與國外醫院評鑑委員交換評鑑經驗，以為我國評鑑改善之參考，於九十二年十一月二十五日至十一月三十日赴日考察醫院評鑑制度，財團法人日本醫療機能評價機構（Japan Council of Quality Health Care，以下簡稱JCQHC）於1997年7月正式開始實施醫院評鑑，其醫院申請評鑑採自願性申請且需繳交評鑑費用，與我國的情形大有不同，截至2003年11月日本受評通過之醫院家數已達1,076家，申請率為20.41%，獲評通過率為80.3%。2002年開始與保險給付掛勾後，參加評鑑醫院逐年增加。日本醫院評鑑標準主要分六大領域共五百多項細項標準，評鑑委員專業主要分成醫療、醫管、護理三大類，實地醫院評鑑之委員人數及時間規劃依醫院床數規模大小而有所調整，醫院評鑑結果亦上網公開讓醫院及民眾了解。對於評鑑委員亦有一套完整的遴選制度以及委員訓練課程，建立委員對評鑑之共識。另外，與河北綜合醫院以及河北復健醫院的交流參訪，除讓我們了解日本醫院準備評鑑之情形，其所提供之社區服務以及該院之理念，亦提供了本考察團對於我國醫療體系改善以及評鑑標準改善之重要參考。

本文電子檔已上傳至出國報告資訊網

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## 摘 要

九十二年度因 SARS 疫情對我國醫療體系的衝擊，醫療環境亦需要調整，其評鑑制也有檢討之必要，因此，配合行政院衛生署後 SARS 我國重建計畫規劃，於九十二年七月即積極進行新制醫院評鑑標準修訂、評鑑制度及評鑑委員遴選與訓練之規劃。

為進一步瞭解及蒐集國外醫院評鑑制度，與國外醫院評鑑委員交換評鑑經驗，以為我國評鑑改善之參考，於九十二年十一月二十五日至十一月三十日赴日考察醫院評鑑制度，財團法人日本醫療機能評價機構（Japan Council of Quality Health Care，以下簡稱 JCQHC）於 1997 年 7 月正式開始實施醫院評鑑，其醫院申請評鑑採自願性申請且需繳交評鑑費用，與我國的情形大有不同，截至 2003 年 11 月日本受評通過之醫院家數已達 1,076 家，申請率為 20.41%，獲評通過率為 80.3%。2002 年開始與保險給付掛勾後，參加評鑑醫院逐年增加。日本醫院評鑑標準主要分六大領域共五百多項細項標準，評鑑委員專業主要分成醫療、醫管、護理三大類，實地醫院評鑑之委員人數及時間規劃依醫院床數規模大小而有所調整，醫院評鑑結果亦上網公開讓醫院及民眾了解。對於評鑑委員亦有一套完整的遴選制度以及委員訓練課程，建立委員對評鑑之共識。

另外，與河北綜合醫院以及河北復健醫院的交流參訪，除讓我們了解日本醫院準備評鑑之情形，其所提供之社區服務以及該院之理念，亦提供了本考察團對於我國醫療體系改善以及評鑑標準改善之重要參考。

## 壹、目的

本會因應後 SARS 我國重建計畫之規劃，積極進行新制醫院評鑑標準修訂、評鑑制度及評鑑委員遴選與訓練之規劃，為進一步瞭解及蒐集國外醫院評鑑制度，於九十二年十一月二十五日至十一月三十日赴日考察醫院評鑑制度。

## 貳、行程

本次考察由陳榮基召集人率領醫院評鑑新制改善專案小組、衛生署長官以及本計畫策劃人員（出國人員名單如附件）一同前往，借重各領域委員之專業及醫院評鑑經驗，與外國友人交換評鑑經驗及資訊，以提供醫院評鑑新制標準（草案）及制度修訂之建議。本次行程如下表

日期	行程
11/25 (二)	台灣→日本
11/26 (三)	日本醫院評鑑機構 (Japan Council for Quality Health Care) 參訪
11/27 (四)	與日本評鑑委員交換評鑑經驗
11/28 (五)	醫院參訪 I (瞭解其準備評鑑相關資料及作業等處理流程)
11/29 (六)	醫院參訪 II (瞭解其準備評鑑相關資料及作業等處理流程)
11/30 (日)	日本→台灣

## 參、內容重點

### 一、財團法人日本醫療機能評價機構簡介

財團法人日本醫療機能評價機構（Japan Council of Quality Health Care，以下簡稱 JCQHC）成立於 1995 年 7 月 27 日，係因 1975 年代日本開始著手檢討有關醫院機能評鑑的具體方法，並於 1976 年於日本醫師公會內設置醫院委員會，1982 年該委員會提出「醫院機能評鑑的方法之檢討報告」，於 1985 年該委員會與當時之厚生省（即衛生署）共同設置與醫院醫療品質有關之研究會，於 1987 年出版「醫院機能評價手冊」，為醫院機能評鑑奠定基礎。自此許多醫療相關的團體與研究會在各自的領域中制定評鑑手冊與評鑑量表等資料，著手實施有關機能評鑑的調查並嘗試以第三者進行評鑑。JCQHC 於 1995 與 1996 年運用調查方式，藉由各地不同規模與機能之醫院的協助，得以實施實地評鑑作業，並確立評鑑方法，對於評鑑結果的呈現方式亦加以檢討，進而於 1997 年 7 月 14 日正式開始以第三者方式實施醫院評鑑，是年受評醫院有 125 家，截至 2003 年 11 月 25 日受評通過之家數已達 1,076 家，申請率為 20.41%，第一次申請即獲得通過者之比率為 30%，獲評通過率為 80.3%（日本共有 9,239 家醫院，申請評鑑之醫院共有 1,886 家）。2002 年評鑑結果與保險給付相關後，即評鑑通過者可獲得較好之保險給付（日本診療報酬係每 2 年修訂乙次，由厚生勞動省負責，2004 年之修訂方向未知。日本之支付制度亦採論量計酬方式，現正研議日本版之 DRGs，稱之為 DPC），參加評鑑醫院

逐年增加，2003 年 1 月至 11 月 25 日計有 619 家申請評鑑。

JCQHC 之組織架構詳如圖一，理事會決定機構方針，理事會共 27 人，置理事長一名（現為工藤敦夫）及副理事長有三名。理事任期為 2 年，係無給職，一年召開二次理事會議；上有評議員會（共 27 人）有權同意理事會所決定之方針；設有監事二人，監督理事會事宜。理事長之下設有副理事長，並有異議審查委員會，計由評價委員（即評鑑委員）代表、律師與醫院代表共三名組成。副理事長之下設有擔當理事、專務理事，擔當理事（現由河北博文擔任）負責企劃營運委員會（每月召開二次會議）、評價委員會（負責醫院評定會議，由學會代表、醫師公會、律師、公司等組成，惟無於醫院任職者。）、研修委員會、研究開發委員會以及醫療技術評價綜合研究醫療資訊服務中心（研究方向與厚生勞動省之政策一致，厚生勞動省即過去之厚生省與勞動省合併，厚生省相當於衛生署，勞動省相當於勞委會。目前著手於實證醫學與臨床路徑，並著手臨床指引之訂定，供醫院參考。）；而專務理事除了下設事業推進會議委員與評鑑委員之外，直接部屬為事務局長，事務局長下設事務局次長，職掌研究開發部、研修部（負責委員之教育訓練，評鑑委員一年有 1 至 2 次之教育訓練，並有意見交流會議，費用均由 JCQHC 負擔。）、審查部、事業部（含資訊系統部門）、總務部以及醫療安全推進部（分置第一課與第二課，第一課負責有關藥品與儀器之安全促進事宜，第二課則負責厚生勞動省所委辦業務，例如現在於日本各個都道府縣必須設有提供病





表一 日本醫院評鑑費用一覽表

評 鑑 對 象		實地評鑑 委員數	費用 (日幣)
一般、綜合醫 院	未滿 100 床	4 名	120 萬日圓 (含申請費用 30 萬日圓)
	100 床以上 未滿 200 床	4 名	150 萬日圓 (含申請費用 40 萬日圓)
	200 床以上 未滿 500 床	7 名	200 萬日圓 (含申請費用 50 萬日圓)
	500 床以上	7 名	250 萬日圓 (含申請費用 60 萬日圓)
精神、療養醫 院	未滿 200 床	4 名	120 萬日圓 (含申請費用 30 萬日圓)
	200 床以上 未滿 400 床	4 名	150 萬日圓 (含申請費用 40 萬日圓)
	400 床以上	7 名	200 萬日圓 (含申請費用 50 萬日圓)
複評醫院	僅書面複評 審查	—	3 萬日圓
	實地訪查	1 名	18 萬日圓
	實地訪查	2 名	28 萬日圓
	實地訪查	3 名	38 萬日圓

註：醫院於評鑑通過後，可追加有關急救、復建與安寧照護方面之評鑑，費用為日幣 50 萬元 (不含稅金)，JCQHC 會派一名該方面之專家與一名評鑑委員 (醫療、護理或醫管委員之一)。

此外，JCQHC 亦招募贊助會員，計有三類：一、會員係各企業與各類團體，年費會為日幣 50 萬元，二、會員為醫療機構與各種健康保險機構，年費會日幣 30 萬元，三、會員為教育機構之研究人員等，年費會為日幣 2 萬元。JCQHC 當初成立時，係由厚生勞動省、日本醫師公會、日本醫院公會、全國自治團體醫院協會、日本全國醫院協會、日本醫療法人協會、日本精神科醫院協會、日本齒科醫師公會、日本護理協會、日本藥師公會、日本醫院藥師公會、健康保險機構聯合會、以及國民健康保險中央會等贊助成立，雖成立時獲有厚生勞動省之經費援助，但 JCQHC 每年收入已達 8 億日圓之多，厚生勞動省每年之補助費用約 3 千萬元日幣，僅 JCQHC 年收入之 3.75%，這與目前我國財團法人醫院評鑑暨醫療品質策進會（以下簡稱醫策會）之財務狀況迥然不同。

## 二、河北博文醫學博士之演說

河北博文醫學博士目前亦擔任河北總合醫院之理事長，也是成立 JCQHC 之創始人之一，不僅對於 JCQHC 之成立過程有相當深入之說明，亦因曾於美國芝加哥大學商業學校研讀，因此對於醫院管理與醫療品質之提昇，更能從外在大環境與顧客立場加以分析說明，其演講亦從當今日本之社會大環境談起，例如日本人口少子化（每對夫婦所生產之嬰兒數僅有 1.3）、高齡化之現象（年齡超過 65 歲以上人口達 18%）、政府主導一切尤其是中央政府、經濟泡沫化、外交問題、安全保障問題（北韓）、甚至地球環境問題等，面對這些變化

醫療系統該如何因應。接著說明醫療環境之變遷，再談至醫療系統有關之醫事人力、病床資源以及費用（醫療費用約佔GDP之7%），從供給與需求面、日本與歐美國家之比較等各層面侃侃而談，不僅讓我們能對整個日本從事醫院評鑑之相關議題有認識之外，對其系統性之介紹更是令人印象深刻，而其所談到之日本未來，”官→民、貧困→尊嚴、公平→公正、量→質”更是發人省思，所謂”官→民”意味原本由官方所辦之業務應朝向委由民間辦理，例如日本大學之醫院目前正著手行政法人化，以求該等醫院經營之透明與自給自主。而”貧困→尊嚴”則是過去對於民眾之醫療措施係立基於民眾是貧困之一方，不管是對於醫療資訊或是實質上之經濟貧困，而今後則應是給予民眾有尊嚴之醫療服務，因此提供醫療諮詢是必須的，所以評鑑結果堂堂登載於網路中，並出版評鑑報告，在在滿足病人知的權利。至於”公平→公正”則是今後日本醫療之供應不再是齊頭式之平等，而是講求公正。最後，從量到質，則是爾後不再單單只講求量之供應，更應講究質之提昇，方為民眾之福。

### 三、日本醫院評鑑制度

#### （一）評鑑申請流程：

- 1、受評醫院於實地評鑑前四個月至一年向JCQHC遞送申請書，因採付費制度，必須簽約辦理，於簽約二週內醫院必須繳交申請費用。
- 2、於實地評鑑前四個月受評醫院參加評鑑說明會，說

明會後二週內遞送受評醫院之登記表。

- 3、於實地評鑑前二個月受評醫院遞交書面審查資料、醫院現況簡報資料與自評表(本次考察亦帶回範例供參)。
- 4、JCQHC 於實地評鑑前一個月通知受評醫院實地評鑑之日期與時間，並告知受評醫院評鑑委員名單
- 5、在二週內受評醫院必須繳交剩餘評鑑費用，且提出實地評鑑之行程表(醫院可自我決定評鑑之病房)。
- 6、於實地評鑑前十日 JCQHC 寄送書面審查摘要予受評醫院，接著按照所排定時程進行實地評鑑。
- 7、實地評鑑之後二週評鑑委員必須提出評鑑報告送 JCQHC 審查部，該部就評鑑成績點數與文字進行整理與編輯，再送交評定部會、特別審查委員會議就評鑑結果加以檢討與調整，最後送交評價委員會就評鑑結果加以評定，或保留未通過者，再來以書面通知受評醫院評鑑結果並發給合格證書(已是實地評鑑後二至三個月)。
- 8、若醫院不滿評鑑結果可於三個月內申復，經審查部審查若有重新審定之需，則送評價委員會再加以評定，於實地評鑑後四至六個月，JCQHC 寄送評鑑結果報告。
- 9、日本醫院評鑑之效期為五年，對於評鑑未獲通過者，視缺失嚴重程度或以書面審查或以實地審查，於一年內再予複評，複評結果亦需再提評價委員會

評定。關於評鑑通過與否，若受評醫院有必要項目列為 3 分時（評分 5 至 1 分），則將列為不通過，可見其審查之嚴格。

(二) 實地評鑑前醫院提供審查之書面資料以及申報方式：主要為病院機能評價書面審查調查表，包括設施基本表、部門別調查表、診療機能調查表、經營調查表、及自評表。

醫院評鑑之資料申報方式，主要為書面資料及媒體申報。

(三) 實地評鑑醫院排程：

不排醫院不方便之時間，但醫院不能選時間。

(四) 實地評鑑之進行：

1、實地評鑑工作時程：

第一天：評鑑委員會先就所申請類別加以確認，並花 2 至 2.5 小時進行醫院所準備最新書面資料之審查，第一天結束後委員們於旅館就第一天所見加以討論。

第二天：上午就第一、二、三領域全體委員共同與受評醫院代表會談，接著進行第四、五、六領域之個別委員與受評醫院代表會談，下午則至主要病房、有關部門就醫療、護理與管理等進行 care process 之實地訪視。

第三天：上午持續部門之實地訪視，並花費 2 小時進行委員會議，委員相互討論並建立共

識，再向醫院講評。

2、實地評鑑時訪視部門之選定：

由醫院自行選取提供，但亦可採隨機抽樣的方式，所有科別均可以查看，不需事前言明。

3、實地評鑑時委員之分組：

分為醫療，護理，醫管三組委員，其中委員之分工為醫療方面之委員看第二與第四領域（病人權利及病人安全、提供適當之醫療服務），以及有關病歷、醫事方面，護理委員則看第三與第五領域（舒適的生活安排及病人服務、提供適切的護理照護），醫管委員則看第一與第六領域（醫院組織及在社區上的角色、醫院經營管理之合理性）；召集委員則是各個領域均可審查，現多由醫管之委員擔任，並負責行程確認與掌握、會議主持，更重要的是必須彙整綜合各位委員之報告，俾以向 JCQHC 提交評鑑報告。

4、實地訪查之重點：

目前日本評鑑大多以書面資料審查為主，於說明的部分均由醫院代表來解說，尚無進行病人訪視，對醫護人員之訪視亦不多，其醫療評鑑方式亦偏重於醫療過程（process）的審查，尚無對醫療內容品質做審查，然醫療品質的審查對品質的監測是頗為重要之一環，或許是日本醫院評鑑起步晚，仍未能掌握重點，另一則是因其守法之民族性，因此他們相信，醫院提供之資料與實際情況是一致的。

#### 5、成績給予及評定：

日本的評鑑標準在其評鑑六大領域總共 577 細項中，每項評分 5 至 1 分，成績評定結果由評價委員會決定，評鑑委員召集人彙總成績後，送至評價委員會評定，該委員會之組成為消費者代表，保險代表，律師代表，醫師公會代表（與醫院無關者）及其他團體代表。

評鑑項目全部 3 分以上無條件通過，有 2 分的項目評鑑委員應寫明理由，而該項目將是委員會討論之重點，針對該項目對提供安全優質的醫療照護是否很重要做討論，如屬重要之項目，則不及格；如否，可評為及格，並請醫院改善。至於有 1 分者則保留不予通過。

#### 6、評鑑結果爭議之裁決：

由律師，醫院代表，評價機構代表組成爭議處理委員會，但至目前尚無爭議事件發生。

#### 7、評鑑結果之公告：

已將各醫院評鑑結果全面上網，包括醫院評鑑結果報告書摘要及各項成績。

### 四、日本評鑑委員訓練

#### (一) 評鑑委員資格：

- 1、醫療委員：需任職醫院院長或副院長經歷五年以上。

2、護理委員：需擔任護理主任經歷五年以上。

3、醫管委員：需擔任行政主管（相當於行政副院長）  
經歷七年以上。

JCQHC 對申請擔任評鑑委員者除考量上述要件外，並就其意願與所撰之申請書擇取適合擔任者，再給予訓練

(二) 委員之任期及評核：

任期為二年一任，任期滿時 JCQHC 將就其表現並徵詢委員是否續任之意願加以續聘，原則上並無年齡限制，惟其健康狀況是主要考量因素。

(三) 評鑑委員之訓練：

受選符合擔任評鑑委員者，需參加五天之訓練課程，之後再作定期之教育訓練。五天之訓練包括評鑑之理論與方法、內容、評鑑判定方法等，並給予模擬評鑑，學習撰寫評鑑報告等，獲聘為評鑑委員之後，初任者之第一次評鑑安排於有七名評鑑委員之內並由有經驗者加以指導。今年開始辦理召集委員的訓練課程。

(四) 委員之排程：

原則上同區域之委員採迴避不排入，另外因為於實地評鑑前一個月即告知受評醫院評鑑委員名單，因此委員必須將其可實地評鑑或是絕對無法參加實地評鑑之時間確實告知 JCQHC，俾利作業。

(五) 評鑑委員之人數：

由於目前該會業務迅速擴充，因此，評鑑委員之來源



亦為目前重要待解決之議題。

#### 五、教學醫院評鑑

日本之教學醫院評鑑只作一次，通過後，每年僅審查計畫。

#### 六、醫院參訪

此次考察除與日本評鑑機構 JCQHC 進行交流外，亦參訪了兩家醫院，分別是河北綜合醫院及河北復健醫院，以下就醫院參訪之心得簡述如下：

河北綜合醫院為一綜合醫院，地處社區之內，與當地居民的住所非常鄰近，強調社區健康，並期待與社區建立互信、互敬之友好關係。該院已成立七十餘年且該院院長之理念相當宏觀，對醫院評鑑制度相當支持，獲員工之共識而身體力行，不僅於 1998 年通過 ISO14001 之認證，亦於 1998 年通過 JCQHC 之醫院評鑑，更於 2003 年得到 JISQ15001 之認證。在其醫院之網站首頁即明白揭示財團之理念為「在社會文化環境中與地球環境和諧中挑戰更好的醫療」，醫院之目的「提供更高品質與體貼溫馨之醫療服務，以增進地方民眾之健康」，所以該院相當重視病人知的權利與其隱私，並致力於醫療品質之提昇與醫療技術之研究。該院設有一般病床 315 床，21 科，員工人數為 1005 人，每日平均門量人次為 1,052 人次（2002 年），住院病人每日為 287 人（2002 年），平均住院日為 13.5 天。員工人數約有 1005 人，其中醫師 90 名，護理人員 311 人、護理助理 22 名（該院以一名護士照顧二位病人為照護標準），醫療技術人員 153 人。該院

目前亦已配合政府門診處方完全釋出，亦是厚生省所指定之臨床研修醫院與急救指定醫院。該院有很多的動線及規劃均能符合以「病人為中心」的理念，亦有諸多標語及作業規範來加強病人安全，減少醫療不良事件。

河北復健醫院為 135 床的復健醫院，員工人數為 145 人。該院成立於 2001 年 2 月，創立僅兩年，所以硬體設計相當新穎，雖規模不大，但其設計溫馨、舒適，有諸多以病人考量為出發點之設計及動線規劃，例如為防範病人從醫院走失，電梯之按鈕採密碼制；又因病人主要類別為腦血管病變病患（47%）及骨折病患（45%），多屬行動不便者，其逃生梯係為螺旋式之溜滑梯，該建築僅四層樓，萬一有火警或其他意外時，消防雲梯即可協助病患疏散。此外，該院為病人能夠回到家中自我照顧，亦不遺餘力加以職能訓練，仿照一般住家設置廚房、衛浴設備、臥室（榻榻米式），最終希望病人能夠回到家中並能自我照顧生活，相當用心。該院之院長亦表示透過準備接受評鑑，能夠凝聚全院同仁的向心力，為改進醫院的目標而共同努力。

#### **肆、心得與建議**

- 一、日本之評鑑，不論醫院大小或種類，均共用一套綜合性標準，分六大章，主題明確且有重點。相較之我國目前之醫院評鑑，區分成 11 組別，各組均以本身之專業進行評估及審查，缺乏整體性，雖巨細靡遺卻顯不出重點為何。因此，我國未來修訂評鑑標準時，值得納入參考。

- 二、評鑑小組設召集委員一人，評鑑委員亦分為醫管、護理，醫療三組，按醫院大小決定委員人數，由召集委員領導評鑑之進行，並綜合整理提出一份完整的報告，相較之我國召集委員，僅於實地評鑑當天，擔任評鑑過程之主持人角色，評鑑之相關報告，係由 11 組分開寫作並無整合。建議未來評鑑，可考量明確指定召集委員外，並明訂其撰寫綜合性報告之任務。
- 三、日本實地評鑑委員之選擇，考慮迴避與受評醫院有關人員，以確保委員中立之精神，此點精神，我國目前評鑑委員排程時亦有，應加以保持。
- 四、日本之評鑑委員，具一定之資格即可提出意願，進行遴選，並一律需接受五天的訓練課程，及一梯次的實地評鑑見習，才正式參與評鑑，較我國嚴謹。目前我國評鑑委員，係由衛生署遴聘，且僅於實地評鑑前，舉辦「行前會議」及一次之「委員共識營」，相形之下，我國對評鑑委員之專業訓練實不如日本之有制度，未來應規劃委員遴選及訓練制度，以使評鑑委員亦為一種專業。
- 五、日本之評鑑報告，係由一定的評議程序加以討論評定，並斟酌修改文字後定案，評鑑報告也印成書冊公開出版販售，供社會大眾參考。如此，一方面使評鑑資訊透明化公開化，民眾有所參考，一則促使評鑑報告之內容謹慎為之，確保其公信力，也達到促進評鑑之品質，一舉兩得，此點，亦是我國未來努力的方向。
- 六、日本為考核評鑑委員，以接受受評醫院對評鑑委員之反

映意見作為依據，目前抱怨最多的為評鑑委員「姿態過高」或「態度傲慢」，尚無其他不當之情事。此點亦可作為我國規劃委員遴選及訓練制度之借鏡，並設法避免之。

- 七、目前 JCQHC 各主要評鑑相關文件均已譯成英文，並預計於明年國際 ISQua 屬下對評鑑機構作評鑑的 ALPHA 機構的評鑑，此點，我國目前協助辦理醫院評鑑工作之醫策會，亦宜急起直追，早日申請接受 ALPHA 之評鑑。
- 八、日本的 JCQHC 成立於 1995 年，評鑑至今才推行第六年，其成立前後，曾派出醫護及管理人才去向美國的健康照護機構評鑑組織(JCAHO)學習，並不斷維持聯繫，獲取美國最新資訊，幾年下來，不斷改進其評鑑標準及方法，已修訂至第四版，並即將推出第五版，此種經常更新追求進步的精神，亦值得我國參考，未來對評鑑標準，亦應經常加以更新。
- 九、日本國全年醫療給付占全國 GDP 比率，雖然只比我國略高，約 8%左右，遠低於美國，但實際付到醫療提供者手中卻高於相對比率，例如復健病床每日給付日圓 36000 元（約台幣 10000 元），是我國的三到四倍。我國如要談醫療品質，如果沒有合理的給付，實難有突破性的發展，新制醫院評鑑將打破舊制中「規模」與「給付」的關係，可考慮建請健保局仿效日本，以醫事人員對病床比分等級支付醫療費用，不論醫院規模大小，只要「醫事人員對病床比」達一定程度，

均具相同之給付。

- 十、 由於國情不同，日本相信人民的守法精神，只要有規定，大家都會依規定行事，書面資料或許會有誇大的現象，但不會造假。所以對於「非上班時間」的作業完全以書面資料來推斷，不做實地訪查等。我國醫院評鑑已有二十餘年歷史，對醫療內容審查均已具相當經驗，且受評醫院已均了解接受，並於 93 年度將進行評鑑合格醫院之追蹤輔導制度，即為持續監督醫療服務品質，故應持續保持此優點。
- 十一、 參觀醫院時，見其將醫院之宗旨、任務、願景，醒目地張貼於院內主要場所，例如：大門口、病房區、工作區等，亦將病人安全之守則張貼在主要場所，不但可隨時提醒醫護人員，亦讓病人及家屬知悉，值得我國醫院之參考。
- 十二、 在日本，醫院的門診處方全數釋出，醫院藥劑部門只負責住院用藥，因此，醫院藥師除了負責住院用藥調劑外，更有充裕的人力及精力進行藥物諮詢、臨床藥理教學、用藥品質管理，以確保用藥安全。我國若確立醫藥分業的政策性，衛生署宜訂定醫院門診處方釋出比率，以逐步落實醫藥分業。
- 十三、 日本最新的評鑑版本 V.04 版於 2002 年完成。醫策會前已承贈獲得第一至第六章，並經過眾多委員的努力，參考美國、日本及我國現有之評鑑標準，已完成新制醫院評鑑標準草稿。此次拜訪，又承提供第七、

第八章評鑑標準之英譯版，第七章為精神病院之評鑑，第八章為長期療養機構評鑑，可供我國精神科評鑑標準修訂及未來制定長期照護機構評鑑之參考。

- 十四、有鑑於我國老年人口比例日益增加，復健醫院之建立確有其必要，故應針對慢性醫院、復健醫院或是 RCW 等特殊慢性病房之評鑑準則，進行系統性之評估，以符合其特殊需要。

## 伍、結語

日本評鑑制度起步雖晚，於評鑑制度的設計上或有不如我國之處，但其積極了解國際評鑑趨勢來研發評鑑制度，及評鑑標準不斷更新，再再都是值得我們來學習。且此次之考察，JCQHC 參與此次活動的人員以及醫院的接待人員友善態度，以及慷慨分享，且我方參訪人員每一位亦均全心投入，用心觀摩討論，使此次考察雙方均能有充分的交流溝通及進行順利。因此，除了保留我國二十多年來評鑑特點，若能再多與國際上其他國家進行評鑑相關的觀摩學習活動，吸收其長處，對帶動我國醫院評鑑之改革與進步，及提升醫療品質必有很大的助益。



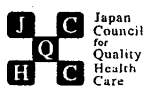
# 附件一



姓名	單位及職稱	背景及資歷
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2 王璋委員	台北榮民總醫院顧問	醫學中心護理專家, 資深評鑑委員, 醫院評鑑改善專案小組成員
3 邱亨嘉委員	高雄醫學大學副教授	醫學中心醫管專家, 資深評鑑委員, 醫院評鑑改善專案小組成員
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5 柯成國委員	阮綜合醫院副院長	區域醫院外科專家, 資深評鑑委員, 醫院評鑑改善專案小組成員
6 許清曉委員	行政院衛生署疾病管制局顧問	國際醫管專家, 資深評鑑委員, 醫院評鑑改善專案小組成員
7 張煥楨委員	堰新醫院院長	區域醫院內科專家, 資深評鑑委員, 醫院評鑑改善專案小組成員
8 謝士明委員	財團法人為恭醫院院長, 前三軍總醫院院長	醫學中心及區域醫院內科專家, 資深評鑑委員, 醫院評鑑改善專案小組成員
9 薛亞聖委員	台灣大學醫療機構管理研究所副教授	醫院評鑑研究專家, 醫管專家, 資深評鑑委員, 醫院評鑑改善專案小組成員
10 周照芳委員	財團法人醫院評鑑暨醫療品質策進會副執行長	護理專家, 資深評鑑委員, 醫院評鑑改善專案小組成員
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13 鄭聰明視察	行政院衛生署	
14 孫連	行政院衛生署	
15 余佳璇專員	財團法人醫院評鑑暨醫療品質策進會專員	醫院評鑑改善專案小組經辦人員
16 周萬吉	藥師(已退休)	日文翻譯人員

# 附件二

# JCQHC Hospital Accreditation Standards Integrative Version 4.0



**Japan Council for Quality Health Care**

## 1.0 Administration and Roles in the Medical Organization

### 1.1 Mission and basic policy of the hospital

#### 1.1.1 A mission and basic policy are established.

1.1.1.1 The mission and policy are documented clearly.

1.1.1.2 The content of the mission and basic policy is appropriate for the medical needs of the local community.

1.1.1.3 The mission and policy document the implementation of medical care from the perspective of the patient.

\*\*1.1.1.4 The basic policy is revised periodically.

#### 1.1.2 The mission and policy are communicated clearly inside and outside of the hospital.

1.1.2.1 Efforts are made to familiarize the organization with the mission and policy.

1.1.2.2 Efforts are made to disseminate the mission and policy outside of the hospital.

### 1.2 Role of the hospital and future-oriented plans

#### 1.2.1 The hospital defines its role and function in the community.

\*1.2.1.1 The hospital uses information resources to understand the needs of the community.

1.2.1.2 The hospital defines its role and function in the community.

#### 1.2.2 The hospital has a future-oriented plan.

1.2.2.1 The hospital has middle- and long-term plans.

\*1.2.2.2 The hospital establishes middle- and long-term plans systematically.

\*\*1.2.2.3 The hospital communicates middle- and long-term plans throughout the hospital.

### 1.3 Leadership by hospital executives

#### 1.3.1 Hospital executives take the initiative to design the basic policy of hospital administration or future-oriented plans.

1.3.1.1 Hospital executives take the initiative to design and revise the mission and basic policy of the hospital based on medical ethics.

\*1.3.1.2 Hospital executives take the initiative to set targets and pursue their systematic accomplishment.

1.3.1.3 Hospital executives take the initiative to establish an annual business plan and budget.

#### 1.3.2 Hospital executives take the initiative to resolve hospital operational problems.

1.3.2.1 Hospital executives comprehend clearly the actual environment and problems of hospital operations.

1.3.2.2 Hospital executives take the initiative to investigate measures to resolve problems of hospital operation.

1.3.2.3 Hospital executives take the initiative to determine and implement solutions.

#### 1.3.3 Hospital executives take the initiative to address improvement of medical quality and efficiency of job performance.

1.3.3.1 Hospital executives take the initiative to play an active role in medical quality improvement.

1.3.3.2 Hospital executives take the initiative to address efficiency of job performance and improvement of management.

\*1.3.3.3 Hospital executives evaluate the outcome of efforts and revitalize the organization.

#### 1.4 Management of hospital organization

1.4.1 The hospital is managed based on its organizational rules.

1.4.1.1 There are rules to provide a basis for management of the organization.

1.4.1.2 The hospital has a conferring body to establish its management policy and decisions, and this body meets periodically.

1.4.1.3 The hospital has an organizational chart of functions, a chain of command, and communication channels.

\*1.4.1.4 The hospital has a business allocation, office, and regulations clarifying responsibility and authority in its organizational management.

1.4.2 The administration of the organization is systematic.

1.4.2.1 The hospital establishes an annual business plan.

1.4.2.2 The annual business plan is formulated organizationally.

\*1.4.2.3 The annual business plan sets targets for each department.

\*1.4.2.4 The implementation and outcomes of the business plan are assessed and revised periodically.

1.4.3 Communication functions include distribution of information and compliance within the Organization

1.4.3.1 Executive decisions are communicated to all staff in the hospital.

\*1.4.3.2 Communication and information functions and compliance in or among departments occur smoothly.

#### 1.5 Development and utilization of information management functions

1.5.1 Distinct information management functions are established.

1.5.1.1 There is a department or staff responsible for information management.

1.5.1.2 There are committees on information management which set rules for information management.

\*1.5.1.3 Information management functions include obtainment of medical information from outside the hospital and sharing of information within the hospital.

\*1.5.1.4 Specific procedures for information security and confidentiality of patient information have been adopted.

1.5.2 Information essential, vital, or critical for hospital management is collected and utilized.

1.5.2.1 Basic information concerning medical functions and achievements is collected and reported.

1.5.2.2 Statistical data or information obtained by integrating and analyzing medical and financial information is utilized for hospital management.

\*1.5.2.3 Information on medical quality is collected and reviewed.

1.5.3 Medical records are disclosed and provided appropriately.

1.5.3.1 Policies and procedures concerning disclosure and provision of medical

records are indicated or specified clearly.

1.5.3.2 Patients can access and copy their medical records.

\*1.5.3.3 Education and training are implemented to impart the significance and importance of medical records and information management.

#### 1.6 Compliance with law and regulations

1.6.1 Hospital operations are compliant with relevant laws.

1.6.1.1 The hospital meets the facilities standards of the Medical Service Law and the Medical Service Fee

1.6.1.2 Hospital operations are compliant with other laws.

1.6.2 Legal compliance efforts are continuous.

1.6.2.1 Laws and rules requiring compliance are understood clearly by the relevant departments.

1.6.2.2 Appropriate corrective action is taken in case of failure of legal or regulatory compliance.

#### 1.7 Education and training of hospital staff

1.7.1 In-hospital education and training for all staff members is provided.

\*1.7.1.1 There is a department/staff in charge of education and training for all staff members.

1.7.1.2 Education and training for all staff is provided systematically.

\*1.7.1.3 Education and training on the substantial requirements of assignments is provided.

\*1.7.1.4 The achievements of in-hospital education and training are evaluated.

1.7.2 Opportunities for education and training outside the hospital are utilized.

1.7.2.1 Participation at research conferences and educational seminars outside the hospital is encouraged.

\*1.7.2.2 Education and training is shared with all staff members through reports following medical conferences

\*1.7.2.3 There is a system to evaluate participation at research conferences and educational seminars outside the hospital.

#### 1.8 Health care quality improvement activities

1.8.1 Quality improvement problems are identified and relevant goals are established.

1.8.1.1 There is an organizational system for assessment and improvement of the quality of health care provided.

\*1.8.1.2 Specific problems and goals for improvement are established by in-hospital reports or analysis of audits.

1.8.2 Improvement activities are organized and good results are produced. Successive activities improve health care services.

1.8.2.1 Health care service is improved by successive activities.

\*1.8.2.2 Improvement measure outcomes are evaluated and measures are revised.

1.9 Cooperation with other local institutions

1.9.1 Appropriate cooperation is carried out with other local institutions.

1.9.1.1 There is a department or staff in charge of cooperation with other local institutions.

1.9.1.2 Information concerning medical functions of the hospital is conveyed to regional medical organizations. Information concerning hospital medical practice is provided to regional health care, medical, or welfare facilities.

\*1.9.1.3 Efforts are made and activities are held to promote cooperation with regional health care, medical, or welfare facilities.

1.9.2 There is an appropriate system to accept referred outpatients.

1.9.2.1 The hospital accepts patients referred to the hospital based on its role and functions.

1.9.2.2 Institutes referring patients are identified, and prompt responses and information are provided to them.

\*1.9.2.3 There are "open beds" for cooperative medical practice.

\*1.9.3 The hospital accepts requests for examinations using high-cost medical instruments.

\*1.9.3.1 There is a system to accept examination requests.

\*1.9.3.2 The results of examinations requested are reported promptly and appropriately. Laboratory results are precise and prompt.

1.9.4 Patients are referred and transported to other appropriate medical facilities.

1.9.4.1 The functions of other regional health care, medical, and welfare organizations are fully understood.

\*1.9.4.2 Patients are referred to appropriate regional health care, medical, and welfare organizations corresponding to their condition or needs.

1.10 Hospital community relations

1.10.1 The hospital is actively engaged in local community activities.

1.10.1.1 The hospital accepts volunteer services provided by local community residents.

\*\*1.10.1.2 The hospital is engaged in activities promoting the health of the local community.

1.10.2 Public relations activities are conducted appropriately.

1.10.2.1 There is a section or person responsible for public relations activities.

1.10.2.2 Public relations activities are based on a plan subject to review.

## 2.0 Patient Rights and Safety

### 2.1 Respect for patient rights and patients: Health care provider partnership

- 2.1.1 Policies on patient rights and professional ethics are clear and publicized to patients and staff members systematically.
  - 2.1.1.1 Patient rights are documented and fully understood by patients and families.
  - 2.1.1.2 Staff members fully understand policies on patient rights and professional ethics.
- 2.1.2 There is a system to foster a patient-provider partnership for quality of healthcare and patient safety.
  - 2.1.2.1 Efforts are made to foster a patient-health care provider partnership for quality of health care and patient safety.

### 2.2 Informed consent

- 2.2.1 A system is established to implement informed consent.
  - 2.2.1.1 The content provided as explanation to patients is specified as policy and implemented.
  - 2.2.1.2 There is an established process for securing informed consent.
  - 2.2.1.3 The informed consent process considers circumstances and privacy.
- 2.2.2 Patients are given a careful explanation with regard for their perspective.
  - 2.2.2.1 Patients are given a careful explanation to facilitate understanding.
  - \*\*2.2.2.2 The informed consent process considers psychological effects on the patient.
- 2.2.3 There is an established system for disclosure of medical records in response to patient inquiry.
  - 2.2.3.1 Disclosure of medical records in response to patient inquiry is examined systematically.
  - 2.2.3.2 Staff members are instructed in and understand the meaning, goals, contents, and procedures regarding disclosure of medical records in response to patient inquiry.

### 2.3 Patient safety management system

- 2.3.1 There is an established organizational management system for patient safety assurance.
  - 2.3.1.1 There is a clearly defined system for patient safety activities and responsibilities.
  - 2.3.1.2 There is operational and effective control of the patient safety assurance system.
  - 2.3.1.3 Physicians take a progressive approach to patient safety.
- 2.3.2 There are established policies and procedures for in-hospital patient safety.
  - 2.3.2.1 Policies and procedures for in-hospital patient safety are documented and revised appropriately.
  - 2.3.2.2 Staff members fully understand policies and procedures governing in-hospital organizational activities.
- 2.3.3 There is organizational education and training on patient safety.
  - 2.3.3.1 There is systematic education concerning hospital patient safety activities.
  - 2.3.3.2 Technical support and training for patient safety is provided based on identified individual or occupational needs.



- 2.3.3.3 Education is provided for causal analysis and implementation of action plans.
- 2.3.3.4 There is an established psychological support system for staff involved in health care accidents.

#### 2.4 Establishment of patient safety procedures

- 2.4.1 There are specific, established crucial clinical procedures for patient safety in each department.
  - 2.4.1.1 There are established procedures for preventing misidentifications of patients, regions, samples, and agents, etc.
  - 2.4.1.2 There is an established process for information sharing and prevention of miscommunication.
  - 2.4.1.3 There are established procedures and a pro-active program accident risk.
  - 2.4.1.4 There are established procedures for auditing the medical practice process.
  - 2.4.1.5 There are established procedures for observation and monitoring of patient reactions and for prompt handling of changes in patient condition.

#### 2.5 Improvement of information collection and analysis for patient safety

- 2.5.1 There is an established system to investigate patient safety factors and carry out measures for improvement.
  - 2.5.1.1 There is an established system to collect information on in-hospital accidents and incidents.
  - 2.5.1.2 Causal analysis for patient safety is carried out for fundamental improvement and is not affected by superficial facts and the the analysis provides clear measures for reform.
  - 2.5.1.3 Implementation of measures for improvement is confirmed, and their outcomes are determined.
- 2.5.2 There are established cooperative systems for patient safety outside the hospital.
  - 2.5.2.1 There is an established system for collection and utilization of domestic and foreign information for patient safety.
  - \*2.5.2.2 There is a system for developing safer cooperative systems with other medical care facilities or exchange staff.

#### 2.6 Response to health care accidents

- 2.6.1 Health care accident procedures are clear and understood by staff members.
  - 2.6.1.1 Procedures for response, information collection, reporting, and recording of health care accidents is documented and understood by staff members.
  - \*\*2.6.1.2 There is a procedure to discuss disclosure of health care accidents as needed.

#### 2.7 Nosocomial infection control

- 2.7.1 Nosocomial infection management is an organizational operation.
  - 2.7.1.1 There is an established department for nosocomial infection management.
  - 2.7.1.2 A prepared manual for prevention of nosocomial infection is used.
- 2.7.2 Specific actions are taken to reduce the risk of nosocomial infection.

- 2.7.2.1 Hand-washing equipment with running water and soap or quick-drying hand disinfectant is maintained in each room.
- 2.7.2.2 Staff wear gloves when there is a risk of contact with blood or bodily fluids, and staff wear protective clothing or gowns when blood or bodily fluid may spatter.
- 2.7.2.3 Isolation is carried out by preventive measures corresponding to the route of infection.
- 2.7.2.4 There is a system for promoting appropriate antimicrobial use.
- 2.7.2.5 There are established procedures for preoperative handling of body hair.
- 2.7.2.6 There are established countermeasures for needlestick accidents (including incision wounds and other blood-exposure accidents).
- 2.7.2.7 There is preventive vaccination education recommending inoculation to staff members.
- 2.7.3 Reforms taken to counter nosocomial infection are based on an understanding of isolates or cases of infectious disease.
  - 2.7.3.1 Detachment of sclerotia is understood based on specimens from each ward.
  - 2.7.3.2 Trends in nosocomial infections are understood at least in terms of cases and originating department. Trends are evaluated, and reforms are made.
- 2.7.4 Education on nosocomial infections is carried out.
  - 2.7.4.1 Education for new staff is provided periodically.
  - 2.7.4.2 Information on nosocomial infection is collected throughout the hospital and provided to relevant departments.

### 3.0 Living Arrangements and Patient Services

#### 3.1 Patient services and information

- 3.1.1 Patients are provided helpful service and reception.
  - 3.1.1.1 Helpful services such as reception and information are provided.
  - 3.1.1.2 Staff language and appearance are appropriate.
  - 3.1.1.3 Education on patient service and communication are provided.
- 3.1.2 Supervisors are clearly indicated at appropriate sites.
  - 3.1.2.1 Staff wear nametags.
  - 3.1.2.2 Physicians in charge are introduced.
  - 3.1.2.3 The name of the supervisor in each department is displayed.
- 3.1.3 Information and bulletin boards in the hospital are appropriate.
  - 3.1.3.1 Information for outpatients is provided helpfully.
  - 3.1.3.2 Easily understood signs are located at necessary areas.
  - 3.1.3.3 Bulletin board content is reviewed.
  - 3.1.3.4 Guide maps and bulletin boards include necessary information.
- 3.1.4 Consideration is given to waiting time status in the outpatient clinic.
  - 3.1.4.1 Waiting time status is understood.
  - 3.1.4.2 Efforts being made to reduce waiting time.
  - 3.1.4.3 Physician consultations start on time.

#### 3.2 Social work consultation

- 3.2.1 A social work information section is provided for patients and families.
  - 3.2.1.1 Patients are informed about the social work section appropriately.
  - 3.2.1.2 Staff supervise the social work section.
  - \*\*3.2.1.3 A consultative space is provided for patients and families.
- 3.2.2 A social work section is provided for patients and families.
  - 3.2.2.1 Consultation is provided concerning economic, social, and psychological problems of patients and families.
  - 3.2.2.2 Social work consultation is provided cooperatively with hospital staff.  
The state of counseling is recorded appropriately.

#### 3.3 Respect for patient and family opinions

- 3.3.1 Hospital staff make efforts to listen to patients and families.
  - 3.3.1.1 Hospital staff take specific measures to listen to the requests and opinions of patients and families.
  - 3.3.1.2 Patient satisfaction surveys are taken periodically.
- 3.3.2 Patient services are improved based on the requests and opinions of patients and families.
  - \*\*3.3.2.1 There is an established section or person responsible for the requests and opinions of patients and families.
  - \*\*3.3.2.2 There are established procedures to handle the requests and opinions of patients and

their families.

3.3.2.3 Services are improved based on the requests and opinions of patients and families.

3.3.2.4 Responses to complaints and opinions are revealed clearly to staff and patients.

3.3.3 Appropriate response is made to complaints by patients and families.

\*\*3.3.3.1 There is an established department, committee, or person responsible for response to patient and family complaints.

\*\*3.3.3.2 There are defined procedures to handle complaints.

3.3.3.3 Complaints are reviewed to implement improvement and preventative measures.

#### 3.4 Conveniences and Barrier-free environment

3.4.1 Patient and visitor convenience is considered.

3.4.1.1 Hospital access is considered.

\*\*3.4.1.2 There are facilities such as restaurants and shops commensurate with hospital size.

3.4.1.3 There is an appropriate number of telephones at appropriate locations.

3.4.2 Patient convenience is considered.

3.4.2.1 Inpatient rules are patient-centered.

\*\*3.4.2.2 Patients can readily exchange information beyond the hospital.

3.4.2.3 There are amenities or services similar to those in the normal life of patients.

3.4.3 Consideration is given to a barrier-free hospital environment.

3.4.3.1 Consideration is given to a barrier-free environment at entrances and outpatient reception.

3.4.3.2 Consideration is given to a barrier-free environment on each ward.

3.4.3.3 Consideration is given to a barrier-free environment in lavatories.

3.4.3.4 Consideration is given to a barrier-free environment in tub rooms.

#### 3.5 Assuring patient privacy

3.5.1 Due care is taken to assure outpatient privacy.

3.5.1.1 Due care is taken in calling patients.

3.5.1.2 Due care is taken that consultations are not overheard.

3.5.1.3 Due care is taken not to expose specimens to the public.

3.5.1.4 Due care is taken not to expose examinations or treatment to the public.

3.5.2 Due care is taken to assure inpatient privacy.

3.5.2.1 There is a private area for patient and family explanations.

3.5.2.2 Due care is taken to assure inpatient privacy in hospital rooms.

\*\*3.5.2.3 Patient names are displayed as desired by patients or their families.

\*\*3.5.2.4 There is a visiting area for visitors and patients.

#### 3.6 Maintenance of inpatient living arrangements

3.6.1 There is an established maintenance system for inpatient living arrangements.

3.6.1.1 There is a department or person in charge of maintenance for inpatient living arrangements.

\*\*3.6.1.2 The work of the supervisory department or staff is defined.

- \*\*3.6.1.3 Supervisory staff or a department director makes examining rounds.
- 3.6.2 Facilities and equipment that patients use are maintained.
  - 3.6.2.1 Facilities and equipment are provided for the aged and physically disabled.
  - 3.6.2.2 Facilities and equipment that patients use are examined and repaired appropriately.
- 3.6.3 Sanitary conditions in the hospital are managed appropriately.
  - 3.6.3.1 Thorough hospital cleaning is performed.
  - 3.6.3.2 Strong odors are not apparent in the hospital.
  - 3.6.3.3 Hospital supplies and materials are arranged in orderly fashion.
- 3.6.4 Special consideration is given to prohibition and separation of smoking.
  - 3.6.4.1 Special consideration is given to isolating smoking sections.
  - 3.6.4.2 Appropriate signs are posted inside and outside smoking sections.
  - 3.6.4.3 Consideration is given to ventilation systems in smoking sections.
  - 3.6.4.4 The hospital staff is subject to a strongly implemented smoking policy.
- 3.7 Inpatient comfort
  - 3.7.1 Consideration is given to peace and quiet.
    - 3.7.1.1 Special consideration is given to brightness and color in the hospital.
    - 3.7.1.2 Special consideration is given to the quiet on the wards.
    - \*\*3.7.1.3 Special consideration is given to the interior design, including ornamental plants and pictures.
    - \*\*3.7.1.4 There are places for patients to relax in the wards.
  - 3.7.2 Special consideration is given to hospital room amenities.
    - 3.7.2.1 Supplies and materials in hospital rooms are arranged in orderly fashion.
    - 3.7.2.2 Special consideration is given to natural and artificial lighting in hospital rooms.
    - 3.7.2.3 Air-conditioning in hospital rooms is readily controlled.
    - \*\*3.7.2.4 Patients have comfortable space.
  - 3.7.3 Consideration is given to the pleasantness of patient meals.
    - 3.7.3.1 Consideration is given to meal times.
    - 3.7.3.2 The temperature of meals is managed appropriately.
    - \*\*3.7.3.3 There is comfortable dining space.
    - 3.7.3.4 A menu of options is provided.
  - 3.7.4 Special institutional consideration is given to beds and mats.
    - 3.7.4.1 Beds are adjustable to accommodate patient condition.
    - 3.7.4.2 Special consideration is given to the safety and cleanness of beds.
    - \*\*3.7.4.3 Mattresses are replaced and washed appropriately to maintain function and cleanliness.
  - 3.7.5 Institutional consideration is given to restrooms.
    - 3.7.5.1 There is an appropriate numbers of restrooms for the number of patients.
    - 3.7.5.2 There are rest rooms accommodating wheelchairs.
    - 3.7.5.3 Restrooms are of appropriate size.
    - 3.7.5.4 Special consideration is given to the safety of restrooms.
    - 3.7.5.5 Special consideration is given to the cleanliness of rest rooms.

3.7.6 Institutional consideration is given to tub rooms.

3.7.6.1 There are tub rooms appropriate to the function of each ward.

\*\*3.7.6.2 Tub rooms are of appropriate size.

3.7.6.3 Special consideration is given to the safety of tub rooms.

3.7.6.4 Consideration is given to the frequency and duration of baths.

### 3.8 Disaster measures

3.8.1 There is a well-ordered system to handle disasters.

3.8.1.1 There is an original disaster prevention manual.

3.8.1.2 Disaster prevention training is performed one or more times.

3.8.1.3 There is an established system to deal with disasters on holidays and at night.

3.8.1.4 There is an established system to handle electric power failures.

3.8.2 There is an established system to handle major disasters.

3.8.2.1 There is a manual for actions in case of major disaster.

\*\*3.8.2.2 There is an established system to handle major disasters.

\*\*3.8.2.3 Consideration is given to securing lifelines.

3.8.2.4 There is a stock of drugs and food for major disasters.

#### 4.0 Assurance of Quality Medical Care

##### 4.1 Medical staff organization and management

4.1.1 There is an established organization of the medical staff.

4.1.1.1 Physicians and staff employed in each department are consistent with hospital functions.

4.1.1.2 There is a clear organizational chart reflecting current activities.

4.1.1.3 A corporate ladder and job descriptions are defined.

4.1.2 The organization of the medical staff is managed appropriately.

4.1.2.1 Committees for medical management and organization convene periodically.

4.1.2.2 Basic medical care policies and goals are considered and defined.

4.1.2.3 Basic policies and goals are understood by the physicians and staff of each department.

The physicians and staff of each department have a full understanding of basic policies and goals.

\*\*4.1.2.4 Each committee is convened appropriately.

4.1.3 Medical ethics are recognized appropriately.

\*\*4.1.3.1 There is a functioning system to discuss ethically problematic cases or issues.

4.1.3.2 Education and training on medical ethics is performed.

\*\*4.1.3.3 There is compliance with rules on clinical trials and studies.

##### 4.2 Physician management, education, and training

\*4.2.1 Physicians are employed appropriately.

\*\*4.2.1.1 There are employment standards for physicians.

\*\*4.2.1.2 Necessary employment procedures are defined.

4.2.2 The ability and contribution of physicians to the hospital are evaluated.

4.2.2.1 The clinical abilities or achievements of physicians are known.

4.2.2.2 Physician contributions to hospital organizational activities are known.

\*\*4.2.2.3 Personnel assignments or salaries reflect access standards.

4.2.3 Education and training for physicians is provided appropriately.

4.2.3.1 Participation and presentation at seminars and research conferences is supported.

\*\*4.2.3.2 There are actual achievements from participation in seminars and research conferences, and their results are reflected in practice.

4.2.3.3 In-hospital seminars are provided.

##### 4.3 Medical records department management

4.3.1 A medical records management system is maintained.

4.3.1.1 There is a department of medical records management and necessary staff are secured.

4.3.1.2 Staff are provided education and training relating to diagnostic and medical information management.

4.3.1.3 There is an established medical records (medical information) management room, and cabinets and information equipment are available.

4.3.2 Medical records are managed appropriately.

- 4.3.2.1 Centralization of patient information management is attempted using the concept of one ID number and one medical record for each patient.
- 4.3.2.2 Medical records are centrally controlled for knowledge of their location.
- 4.3.2.3 A rational storage system is adopted.
- 4.3.3 Medical records are managed and used appropriately.
  - 4.3.3.1 The names of diagnostic observations and operations are encoded and can be searched.
  - \*\*4.3.3.2 There is periodic reporting of basic statistics concerning medical care, such as number of patients by accident and illness and number of operations.
  - \*\*4.3.3.3 The quality and efficiency of medical practice are analyzed, indicated, and considered organizationally.

#### 4.4 Medical library operation

- 4.4.1 There is a medical library in which books and documents are managed.
  - 4.4.1.1 There is a storeroom or reference room, which has an identified supervisory staff.
  - \*\*4.4.1.2 Reference books are managed together and classified and arranged appropriately.
  - \*\*4.4.1.3 Necessary books and documents are purchased, and library information is provided to each department periodically.
- 4.4.2 Efforts are made for promotion and convenience of library use.
  - 4.4.2.1 All staff may use library at any time.
  - 4.4.2.2 References are readily searched.
  - \*\*4.4.2.3 References are readily obtained.

#### 4.5 Clinical laboratory department

- 4.5.1 There is an established clinical laboratory department organization.
  - 4.5.1.1 Necessary staff is employed and allocated appropriately.
  - 4.5.1.2 Facilities, utilities, and equipment commensurate with hospital functions are available.
  - 4.5.1.3 Facilities, utilities, and equipment are managed and examined appropriately.
  - 4.5.1.4 Consideration is given to the safety of facilities, utilities, and equipment.
- 4.5.2 The clinical laboratory examinations department is managed appropriately.
  - 4.5.2.1 There are established procedures and measures for reporting of test results.
  - \*\*4.5.2.2 There are established procedures for test reservations.
  - 4.5.2.3 here is an established emergency test system.
  - 4.5.2.4 ccuracy control is managed appropriately.

#### 4.6 athology department

- \*4.6.1 Pathology department systems are managed.
  - \*\*4.6.1.1 Pathologists are employed.
  - \*\*4.6.1.2 Necessary staff is employed and allocated appropriately.
  - \*\*4.6.1.3 Facilities, utilities, and equipment appropriate for hospital functions are managed.
- 4.6.2 The pathology department is managed appropriately.
  - \*\*4.6.2.1 Anatomic pathology is performed.



4.6.2.2 Surgical specimens are examined pathologically.

\*\*4.6.2.3 Rapid specimens are examined pathologically.

\*\*4.6.2.4 Specimens are preserved, and pathological diagnostic results are managed.

#### 4.7 Radiology department

4.7.1 Radiology department systems are managed.

4.7.1.1 Necessary physicians and staff are employed and allocated appropriately.

4.7.1.2 Facilities, utilities, and equipment appropriate for hospital functions are managed.

4.7.1.3 Facilities, utilities, and equipment are managed and examined appropriately.

4.7.2 The radiology department is managed appropriately.

4.7.2.1 There is an established system for conveying images and reporting diagnostic observations.

\*\*4.7.2.2 There are established procedures for image-based diagnostic observation.

4.7.2.3 An emergency examination system is managed.

4.7.2.4 Diagnostic imaging results are discussed with physicians in related departments.

\*4.7.3 The radiation therapy department is managed appropriately.

\*\*4.7.3.1 Necessary physicians and staff are employed.

\*\*4.7.3.2 Facilities, utilities, and equipment are managed and examined appropriately.

\*\*4.7.3.3 The effectiveness of radiation therapy is evaluated and discussed with physicians in related departments.

#### 4.8 Pharmacy department

4.8.1 Pharmacy department systems are managed.

4.8.1.1 Necessary staff is employed and allocated appropriately.

4.8.1.2 Necessary facilities, utilities, and equipment are managed and examined appropriately.

\*\*4.8.1.3 Pharmaceutical and other committees are established and convened.

4.8.2 Drugs are stored and managed appropriately.

4.8.2.1 Drugs in the prescription department and drug property room are stored and managed appropriately.

4.8.2.2 Narcotics and psychotropics are managed appropriately.

4.8.2.3 Consideration is given to maintenance of drug quality.

4.8.3 Dispensing is operated appropriately.

4.8.3.1 There are established dispensing procedures.

4.8.3.2 Dispensing operates smoothly.

4.8.3.3 A system for confirmation after dispensing is operated reliably.

\*\*4.8.3.4 Pharmacists administer dispensing of injections.

\*\*4.8.3.5 A night and overtime dispensing system is operated appropriately.

4.8.4 Drugs are purchased and provided appropriately.

4.8.4.1 Adaptation to and rejection of drugs are discussed periodically in a pharmaceutical committee.

\*\*4.8.4.2 There are established drug purchasing policies and procedures.

4.8.4.3 Drugs are provided appropriately in each ward and department.

4.8.4.4 Drug inventory is managed appropriately.

4.8.5 Pharmaceutical information is provided appropriately.

4.8.5.1 A hospital formulary is established and is revised and enlarged periodically.

4.8.5.2 Inquiries concerning pharmaceutical information are handled appropriately.

4.8.5.3 Information is provided on newly adopted drugs and adverse effects.

\*\*4.8.5.4 Information on adverse effects is understood, investigated, and reported.

#### 4.9 Blood and Blood Products Department

4.9.1 System blood and blood products department is established.

4.9.1.1 A department and a person in charge are defined necessary staff are employed.

4.9.1.2 Night and overtime handling system is clearly defined.

4.9.1.3 Blood derivatives for blood transfusion are appropriately stored.

4.9.2 Blood derivatives for blood transfusion are appropriately provided.

4.9.2.1 The procedure to provision and utilization of blood derivatives for blood transfusion is established.

4.9.2.2 The state of order, utilization, and restitution of blood derivatives for blood transfusion is understood.

\*\*4.9.2.3 Desirable utilization or side effects and prevention for accidents are discussed.

#### 4.10 Surgery and Anesthesia Department

4.10.1 Management system of surgery and anesthesia department is established.

4.10.1.1 Organized system and responsible staff of surgery and anesthesia department are defined.

\*\*4.10.1.2 Necessary anesthesiologists are employed.

\*\*4.10.1.3 Committee for surgery department management is established and held.

4.10.2 Facilities, utilities, and equipment of surgery and anesthesia department are appropriately managed.

4.10.2.1 Facilities, utilities, and equipment fitting to the function are managed.

4.10.2.2 Facilities, utilities, and equipment are examined and managed and its safety management is appropriately operated.

4.10.2.3 Facilities and equipment are managed to keep clean.

4.10.3 Surgery and anesthesia department is appropriately managed.

4.10.3.1 Schedule management of surgery is operated smoothly.

4.10.3.2 Emergent surgery is appropriately handled.

4.10.3.3 Information management of surgery cases is operated.

\*4.10.4 Central sterilizing supply department is appropriately managed.

\*\*4.10.4.1 Sterilizing equipment is prepared and necessary staff is employed

\*\*4.10.4.2 Materials, equipment, and instruments are appropriately managed to keep clean by sterilization and disinfection.

\*\*4.10.4.3 Clean circulation does not cross with unclean circulation in case of conveying materials and instruments.

#### 4.11 Intensive Care Unit

- \*4.11.1 Intensive Care Unit system is managed.
  - \*\*4.11.1.1 Necessary physicians and nurses are employed and organizational system is established.
  - \*\*4.11.1.2 Facilities, utilities, and equipment are utilized appropriate to its function.
  - \*\*4.11.1.3 Facilities, utilities, and equipment are appropriately examined and kept clean.
- \*4.11.2 ICU is appropriately managed.
  - \*\*4.11.2.1 Management policy standard, and procedure for entrance and exit of ICU are defined.
  - \*\*4.11.2.2 Proceeding in the room is appropriately reported and grasped utilization state.
  - \*\*4.11.2.3 ICU committee is established and held.

#### 4.12 Emergency Department

- 4.12.1 The role of emergency department in the local community is defined.
  - 4.12.1.1 The role and policy concerning to emergency medical care in the local community is defined.
  - 4.12.1.2 The role and policy concerning to emergency medical care is thoroughly understood by staff in-hospital.
  - \*\*4.12.1.3 The current state of emergency medical care is understood.
- 4.12.2 Emergency department system is established according to the role.
  - 4.12.2.1 Physicians and nurses are employed and appropriately allocated.
  - 4.12.2.2 System on duty of each occupation is established.
  - \*\*4.12.2.3 Support system of each department is established.
  - 4.12.2.4 Facilities, utilities, and equipment are appropriately examined and kept clean.
- 4.12.3 Emergency department is appropriately managed.
  - 4.12.3.1 Policy and procedure to accept emergency patients are established.
  - 4.12.3.2 Emergency examination, diagnosis, admission, and emergency surgery etc are smoothly operated according to the role and the function of the hospital.
  - 4.12.3.3 Hospital appropriately accepts the patients receiving home care.
  - 4.12.3.4 The achievement to accept emergency patients is grasped and state of operation is reviewed.
  - \*\*4.12.3.5 Relevancy of medical care for emergency patients is reviewed.

#### 4.13 Nutrition Department

- 4.13.1 Management system of nutrition department is established.
  - 4.13.1.1 Necessary staff are employed and appropriately allocated.
  - 4.13.1.2 Facilities and equipment of nutrition department are managed.
  - \*\*4.13.1.3 Nutrition committee is established and held.
- 4.13.2 Nutrition management is appropriately operated.
  - 4.13.2.1 Nutrition standards are established and nutrition management is operated based on them.
  - 4.13.2.2 Dieticians give appropriate nutritional instruction.
  - 4.13.2.3 State of eating is grasped and preference survey is implemented.

4.14 Rehabilitation Department

4.14.1 Rehabilitation department system is established.

4.14.1.1 The policy, role, and function concerning to rehabilitation is defined.

4.14.1.2 Necessary staff are employed and appropriately allocated according to the role and function.

4.14.1.3 Facilities, utilities, and equipment are managed and examined according to the role and function.

4.14.2 Rehabilitation department is appropriately managed.

4.14.2.1 Rehabilitation plan is prepared according to rehabilitation standards and procedure.

4.14.2.2 Rehabilitation-training report is appropriately recorded by implementing according to plan.

\*\*4.14.2.3 The state of acceptance of rehabilitation patients is understood and considered the state of operation.

4.15 Home Care Department

4.15.1 The system of home care department is managed.

4.15.1.1 The policy and role of home care is defined.

\*\*4.15.1.2 Necessary staff are employed.

4.15.2 Home care department is appropriately managed.

4.15.2.1 Home care program is prepared according to the standard and procedure of each service.

4.15.2.2 Home care is operated according to the program and recorded.

4.15.2.3 The achievement of visiting service is grasped and evaluated and revised at case conferences.

4.20 Responsibility system of medical care and thoroughness of record

4.20.1 Attending physician and physician in charge are specified and responsibility system is established.

4.20.1.1 Attending physician and physician in charge are appropriately defined.

4.20.1.2 Attending physician and physician in charge are clearly defined and they always keep communication.

\*\*4.20.1.3 Medical management director grasp physicians' clinical activities, reform, and instruct on the problems.

4.20.2 Doctors' rounds visiting are performed periodically for appropriate medical management.

4.20.2.1 Doctors' rounds visiting are performed by attending physician and physician in charge every day and the results are recorded.

4.20.2.2 Physicians listen to patient's complaints and needs and explain them sufficiently.

4.20.2.3 Confrontation and consultation to other departments are appropriately provided.

4.20.3 Physicians' direction is surely communicated and performed.

4.20.3.1 The system to record and confirm physicians' direction is established.

4.20.3.2 The system for safe and definite operation and record according to directions is established.

- 4.20.3.3 Physicians' directions and confirmations are well-communicated.
- 4.20.4 Medical records are appropriately described.
  - 4.20.4.1 All of records are described in medical records, which can be utilized at post-case conferences.
  - 4.20.4.2 Necessary records such as written informed consent, laboratory results, and operative notes are prepared and filed.
  - \*\*4.20.4.3 All of medical information are consolidated and necessary information can be easily referred.
  - 4.20.4.4 Discharge summary is promptly prepared.
- 4.21 Deliberate Corexplanation to patients is performed and informed consent is obtained.
  - 4.21.1 The decision of admission is appropriately operated.
    - 4.21.1.1 The purpose of admission is defined.
    - 4.21.1.2 Physical, mental, and social status of patients on admission are evaluated and described.
    - 4.21.1.3 The Admission care program is prepared.
  - 4.21.2 Responsedence to Inpatients
    - 4.21.2.1 Admission care program is appropriately prepared.
    - 4.21.2.2 Admission care program is appropriately informed to patients.
    - 4.21.2.3 The policy and plan of outpatient care is reviewed.
  - 4.21.3 Medical care program is appropriately revised.
    - \*\*4.21.3.1 The policy and procedure to revise medical care program is defined.
    - 4.21.3.2 New medical care program is prepared and informed to patients completely.
    - \*\*4.21.3.3 The cause and background of the alternation and revision of medical care program are reviewed.
- 4.22 Operation of Examination and Definition of Diagnosis
  - 4.22.1 Clinical examination, image diagnosis, and pathological diagnosis are appropriately performed.
    - 4.22.1.1 The procedure of examination is established and preformed safely and completely.
    - 4.22.1.2 Examination with invasiveness is explained to patients sufficiently and informed consent is obtained.
    - \*\*4.22.1.3 Emergency and overtime examinations are appropriately handled.
  - 4.22.2 The examination results are promptly obtained to define diagnosis.
    - 4.22.2.1 There is procedure to obtain prompt or reliable examination and diagnosis results.
    - 4.22.2.2 The examination and diagnosis results are evaluated and their observation is described in medical records.
    - \*\*4.22.2.3 ntraoperative rapid pathological diagnosis is performed.
- 4.23 Drug administration management
  - 4.23.1 Drug description is appropriately operated.
    - 4.23.1.1 Drug information is easily obtained.

- 4.23.1.2 The content of description is appropriately described and input in medical description and injection description.
- 4.23.1.3 There are the policy and procedure manual concerning to antimicrobial and blood derivatives, which are complied.
- \*\*4.23.1.4 The administration of anticancer drugs and special drugs etc is discussed.
- 4.23.2 Drugs in wards are appropriately managed.
  - 4.23.2.1 Drugs are appropriately provided to wards.
  - 4.23.2.2 The stock of drugs in wards is appropriately managed.
  - \*\*4.23.2.3 Dispensation in wards is appropriately operated.
- 4.23.3 Drug administration is appropriately operated.
  - 4.23.3.1 The name of patients, drugs, dosage and regime are confirmed at drug administration.
  - 4.23.3.2 The process during dosing period is monitored as needed.
  - 4.23.3.3 Dosage management instruction and medication history management are operated.
  - \*\*4.23.3.4 Emergency drug administration is appropriately operated.
- 4.24 Appropriateness of Surgery, Anesthesia, and Treatment.
  - 4.24.1 Surgery, anesthesia, and treatment are operated according to the plans.
    - 4.24.1.1 Adaptation of operation, anesthesia, and treatment is reviewed and preoperative evaluation and operative program are described.
    - \*\*4.24.1.2 Anesthetist visits before surgery to prepare an anesthetic program.
    - 4.24.1.3 Considerate information concerning to surgery, anesthesia, and treatment is provided to patients and their informed consents are obtained.
  - 4.24.2 Surgery and anesthetic are appropriately operated.
    - 4.24.2.1 The standard and procedure of access to OR are maintained.
    - 4.24.2.2 Anesthetic records and surgery records are appropriately prepared.
    - 4.24.2.3 The process of postoperative disillusion is appropriately managed.
    - \*\*4.24.2.4 The standard and procedure to utilize of ICU, high-care etc are established.
- 4.25 Nutritive Management and Dietary Guidance
  - 4.25.1 Nutritional considered diet plan and guidance are prepared.
    - 4.25.1.1 The nutritional state of patient is assessed and appropriate diet plan is provided.
    - 4.25.1.2 Nutritive and dietary guidance are provided for necessary patients.
    - \*\*4.25.1.3 Nutritional methods and management for patients are considered.
- 4.26 Operation of Effective Rehabilitation
  - 4.26.1 Rehabilitation is operated according to the needs of patients.
    - 4.26.1.1 The necessity of rehabilitation is evaluated and appropriate guidance is provided.
    - 4.26.1.2 Staff explain rehabilitation program sufficiently to patients and their family and listen to their requests and opinions.
    - 4.26.1.3 The process and impact of rehabilitation can be referred through training record.
    - \*\*4.26.1.4 The impact of rehabilitation is evaluated and discussed at case conference of various

occupations.

#### 4.27 Consideration for QOL and Palliative Medical Care

4.27.1 Staff make efforts to relieve patients from painful, annoyance symptoms and algia.

\*\*4.27.1.1 Adaptive standards and operational procedure to relieve symptoms and algia are prepared.

4.27.1.2 Relief measure against various symptoms such as pain and algia is prepared considering QOL.

\*\*4.27.1.3 Psychological support etc for patients and their family at the goal of life are considered and performed.

#### 4.28 Consideration for Behavior Control (Restraint)

4.28.1 Behavior control (restraint) is appropriately performed.

4.28.1.1 The policy concerning to behavior control (restraint) and its standard for application are defined.

4.28.1.2 Behavior control (restraint) is instructed by physicians' consultation and described in medical records.

4.28.1.3 The procedure manual concerning to behavior control (restraint) is prepared and behavior control (restraint) is performed according to the manual.

4.28.1.4 Staff discuss behavior control (restraint) and make efforts to avoid, alleviate, and cancel of behavior control (restraint).

#### 4.29 Response to In-hospital Emergency

4.29.1 In-hospital emergency is appropriately handled.

4.29.1.1 The policy and procedure in case of emergency is defined.

\*\*4.29.1.2 The seminar, education, and periodical training concerning to response to emergency are provided.

\*\*4.29.1.3 Emergency cart and resuscitation equipment are maintained to be available all the time.

#### 4.30 Assurance for Medical Care Consistency

4.30.1 Medical care instruction at hospital discharge is appropriately performed,

4.30.1.1 The instruction on the use of drug, nutrition, rehabilitation etc is provided at hospital discharge.

4.30.1.2 Necessary instruction concerning how to take out patients care or utilize outpatients care system is provided.

4.30.2 Appropriate cooperation and adjustment for ongoing outpatients care are performed.

4.30.2.1 The environment of out patients care is coordinated with hospital staff.

4.30.2.2 Appropriate facilities/systems are introduced to patients according to their medical condition or needs.

4.30.2.3 Medical information such as discharge summary or nursing summary is appropriately provided.

4.31 Assurance of quality of medical care

4.31.1 Each case is sufficiently discussed.

4.31.1.1 Case conference is periodically held.

\*\*4.31.1.2 Pathologic conference concerning to mortality is preformed.

4.31.1.3 The case conference with related occupations is held.

\*4.31.2 The achievement of medical care is summarized to be indicator to improve quality of medical care.

\*\*4.31.2.1 The achievement of medical care or case reports are summarized to annual report to report and discussed all over hospital.

\*\*4.31.2.2 Case database is established to revise the achievement of medical care statistically.

\*\*4.31.2.3 The evaluation indicator on quality of medical care is set up for quality improvement.



## 5.0 Appropriateness of Delivering Nursing Care

### 5.1 Establishment of nursing department

#### 5.1.1 Philosophy is reflected to nursing management.

5.1.1.1 The philosophy of nursing department is compliant with the one of the hospital and general concept of value concerning to nursing.

\*\*5.1.1.2 Concrete activities reflecting the philosophy of nursing department are performed.

5.1.1.3 The philosophy of nursing department is understood by staff of nursing department. Staff of nursing department fully understood their department.

#### 5.1.2 Goal management of nursing department is performed.

5.1.2.1 The goal based on the philosophy of nursing department is defined.

5.1.2.2 The goal of each nursing section consistent with the goal of nursing department is crystallized as activity program.

\*\*5.1.2.3 The performance achievement of the goal of nursing department and each nursing section is evaluated.

#### 5.1.3 The organization of nursing department is improved.

5.1.3.1 Staff are allocated according to characteristic of each ward.

5.1.3.2 The organization of nursing department is managed by nursing staff.

5.1.3.3 The conference or committee to operate the organization of nursing department smoothly and they are functioning.

5.1.3.4 A chairperson of nursing department takes part in executive board on hospital management as one of official members.

#### 5.1.4 There are operating rules by occupation

5.1.4.1 There are operating rules for each nursing section (i.e. head nurse).

5.1.4.2 There are operating rules for nursing staff.

5.1.4.3 There are operational rules for nursing assistants.

### 5.2 Organizational operation of nursing department

#### 5.2.1 Nursing department is organized and operated making the most of characteristics of each member.

5.2.1.1 Nursing department is organized so that it is easy to reflect members' opinions.

\*\*5.2.1.2 The members of nursing department can take the initiative in performing their activities.

5.2.1.3 The members of nursing staff are supported in practical nursing care.

\*\*5.2.1.4 Moral support for the staff of nursing department is prepared.

5.2.1.5 Working system is organized to be easy to work.

#### 5.2.2 Environmental management for providing effective and efficient nursing care is prepared.

5.2.2.1 Sharing the burden of duty and cooperation with other department/ occupation are operated appropriate.

\*\*5.2.2.2 Concrete actions and activities are prepared so that staff can concentrate their duty.

### 5.3 Skill development of staff of nursing department

#### 5.3.1 Skill evaluation of staff of nursing staff is performed.

- 5.3.1.1 There is a standard to evaluate the skills of staff of nursing department.
- 5.3.1.2 The evaluation of staff of nursing department is performed according to pre-arranged procedure.
- \*\*5.3.1.3 The achievement of skill evaluation is utilized.
- 5.3.2 Skill development program of nursing department is prepared.
  - 5.3.2.1 Skill development program of nursing department is established.
  - \*\*5.3.2.2 There is appropriate skill development program.
  - \*\*5.3.2.3 The evaluation of skill development program is performed.
  - 5.3.2.4 The resource for skill development of staff of nursing department is reserved.
- 5.3.3 Nursing care is performed according to the decision based on professional knowledge.
  - \*\*5.3.3.1 Staff are supported to learn professional knowledge and cross-disciplinary knowledge of related departments.
  - \*\*5.3.3.2 The person for special nursing care activity in professional nursing discipline is utilized.
- 5.10 Nursing care operation and responsibility system
  - 5.10.1 Appropriate nursing care is provided for the people who need.
    - 5.10.1.1 Basic care on body is provided.
    - 5.10.1.2 The person who needs to be cared is supported to adapt the change of situation better.
    - 5.10.1.3 The person who needs care is continuously observed and predicted and handled problems by precise decision.
    - 5.10.1.4 Nursing care is operated based on the ethics as nursing staff.
  - 5.10.2 Nursing standard and procedure are utilized to nursing care.
    - 5.10.2.1 The contents of nursing standard and procedure define the quality of nursing care.
    - 5.10.2.2 Nursing standard is utilized.
    - 5.10.2.3 Nursing standard is revised.
    - 5.10.2.4 Nursing procedure is utilized.
    - 5.10.2.5 Nursing procedure is revised.
  - 5.10.3 The rules of the system to provide nursing care are established.
    - 5.10.3.1 The role and responsibility of each person is defined in the system to provide nursing care.
    - \*\*5.10.3.2 The person in charge of providing nursing care is defined and announced to patients.
    - 5.10.3.3 The work responsibility and responsible person is defined.
  - 5.10.4 Medical practice is performed based on physician's direction and the response is observed.
    - 5.10.4.1 The system to receive physician's direction is established.
    - 5.10.4.2 Patients' reaction to treatment is understood and documented.
    - 5.10.4.3 Nursing staff consult with physicians about their direction that they have doubts about.
  - 5.10.5 A series of process of nursing care is recorded appropriate.
    - \*\*5.10.5.1 The standard or guideline for recording method and evaluation is prepared.
    - 5.10.5.2 Nursing record is prepared not only for medical care professionals but also for

patients and families.

5.10.5.3 The summary of provided nursing care is prepared.

\*\*5.10.5.4 Nursing record is considered to centralization with medical record.

5.11 Planned handling of nursing activity

5.11.1 Nursing care program is prepared.

5.11.1.1 Nursing care program is assessed from physical, mental, and social aspects.

5.11.1.2 Admitting nursing care program is established according to care needs.

5.11.1.3 Nursing care program is fully informed to patients and patients/their families' opinions are reflected in it.

\*\*5.11.1.4 Nursing care is discussed with staff of other occupation appropriate.

5.11.2 Nursing care program is revised and improved.

5.11.2.1 The method to revise nursing care program and the person in charge are defined.

\*\*5.11.2.2 The improvement of nursing care program is recorded and communicated with other nursing staff.

5.11.2.3 Improved nursing care program is informed to patients.

\*\*5.11.2.4 The variance from nursing care standard or critical path is evaluated.

5.12 Participation of nursing staff in medical examination

5.12.1 Efficient explanation is provided according to examination program.

5.12.1.1 The examination procedure manual for patients is prepared and complied.

\*\*5.12.1.2 Efficient explanation concerning to invasive examination is provided for patients and informed consents are obtained.

5.12.1.3 The explanation concerning to examination of nursing staff relieves patients' anxiety according to examination.

5.13 Participation of nursing staff in medication

5.13.1 Medication is operated appropriately.

5.13.1.1 The name of patient and medicine, given dose, and medication method are confirmed.

5.13.1.2 The process of medication is observed appropriate.

5.13.1.3 The instruction on dosage and administration by pharmacist is provided appropriate.

\*\*5.13.1.4 The instruction of emergent medication is handled appropriate.

5.14 The appropriateness of perioperative nursing

5.14.1 Perioperative nursing care is provided appropriate.

5.14.1.1 The standard and procedure of perioperative nursing care is developed and observed..

5.14.1.2 preoperative visiting by nurse is provided.

5.14.1.3 The perioperative nursing record is prepared.

5.15 Nutrition management and Dietary Guidance

- 5.15.1 Meals are appropriately provided.
  - 5.15.1.1 Dietary intake is appropriately supported.
  - 5.15.1.2 Help for diet is operated according to the state of patients.
  - 5.15.1.3 The nutritional instruction by dietician is provided.
  
- 5.16 Appropriate operation of rehabilitation
  - 5.16.1 Rehabilitation is appropriately operated.
    - 5.16.1.1 The applicability and effectiveness of rehabilitation is revised by physicians and physical therapists. Physicians and physical therapists revised the applicability and effectiveness.
    - \*\*5.16.1.2 The bedside rehabilitation by physical and occupational therapists is provided.
    - 5.16.1.3 Patients are supported to care themselves making the best of the accomplishment of rehabilitation.
  
- 5.17 Consideration for behavior control (restraint)
  - 5.17.1 Behavior control (restraint) is appropriately performed.
    - 5.17.1.1 The policy concerning to behavior control and its standard for application are defined.
    - 5.17.1.2 Behavior control (restraint) is performed according to the well-prepared procedure manual.
    - 5.17.1.3 Efforts are paid for avoidance, alleviation, and cancellation of behavior control (restraint) by discussions.
  
- 5.18 Assurance for nursing care consistency
  - 5.18.1 Outpatient-nursing care is appropriately operated.
    - \*\*5.18.1.1 Consultation is operated.
    - 5.18.1.2 Nursing care guidance for outpatients is appropriately performed.
    - \*\*5.18.1.3 Nursing care guidance for patients being discharged is appropriately performed.
  
- 5.19 Response to demise
  - 5.19.1 Response to patients' demise is appropriate.
    - 5.19.1.1 The appropriate environment for attendance
    - 5.19.1.2 The procedure of demise is documented.
    - 5.19.1.3 Consideration for the families after demise is appropriately performed.
    - \*\*5.19.1.4 Mortuary is managed.
  
- 5.20 The evaluation of nursing care and effort to quality improvement
  - 5.20.1 The activities to improve nursing care are performed.
    - 5.20.1.1 The conference to care improvement is operated.
    - 5.20.1.2 There is a system to reflect nursing staff' opinions to the contents of medical care.
    - \*\*5.20.1.3 Nursing staff attend cross professional conference.
  - 5.20.2 The summary of the achievement of improvement activities is reflected to nursing care

progress.

\*\*5.20.2.1 Data is collected to analysis and utilize for operation of better nursing care.

\*\*5.20.2.2 The achievement of the study and development is summarized to annual report.

\*\*5.20.2.3 There is a system to evaluate nursing service to utilize the evaluation for improving nursing care.

## 6.0 Rationality of hospital administration

### 6.1 Human resource management

#### 6.1.1 Human resource management system is developed.

6.1.1.1 Appropriate employment and allowance regulation is established and publicized to staff.

\*\*6.1.1.2 Human resource management structure is established.

#### 6.1.2 Necessary human resource is reserved and the working status is appropriate.

\*\*6.1.2.1 The recruitment plan of staff and its administration is appropriate.

6.1.2.2 Necessary human resource are reserved.

6.1.2.3 The working status of staff is appropriate.

#### 6.1.3 Employee evaluation of staff is operated appropriate.

6.1.3.1 Employee evaluation is operated based on definite and rational standard.

6.1.3.2 Employee evaluation is utilized effectively.

\*\*6.1.3.3 Education is provided to the person in charge of evaluation.

#### 6.1.4 Occupational safety and health for staff is addressed.

\*\*6.1.4.1 Occupational safety and health conference is established and industrial physician is appointed.

6.1.4.2 Regular medical examination for staff is operated.

6.1.4.3 The preventive measure for staff's accident at work is devised.

6.1.4.4 Response to staff's accident at work is operated.

\*\*6.1.4.5 Psychological support system for staff is prepared.

#### 6.1.5 Work environment is managed.

\*\*6.1.5.1 Welfare program act is actively obtained.

\*\*6.1.5.2 The system to discuss working condition between hospital administrator and staff is prepared.

6.1.5.3 Working condition to be better for staff is prepared.

### 6.2 Treasury/Operation Management

#### 6.2.1 Financial accounting is appropriately operated.

6.2.1.1 The department or person in charge of accounting is defined.

6.2.1.2 Accounting procedure is operated based on hospital accounting regulation.

\*\*6.2.1.3 External audit by disinterested party is arranged.

#### 6.2.2 Budget management is appropriately operated.

6.2.2.1 budget document is prepared.

\*\*6.2.2.2 budgetary- planning procedure is defined.

6.2.2.3 Budget implementation is appropriate.

#### 6.2.3 Fund administration and investment planning are appropriate.

6.2.3.1 resource procurement and the procedure of cash flow are defined.

\*\*6.2.3.2 The procedure of business investment is defined.

#### 6.2.4 Operating management is appropriately implemented.

\*\*6.2.4.1 The status of hospital operation is announced to each department.

- 6.2.4.2 The analysis of management is operated.
- \*\*6.2.4.3 The balance of payment of each department is operated.
- 6.2.4.4 Effort to improve management is made.
- 6.2.5 Medical clerk service is appropriately operated.
  - 6.2.5.1 The process of information and searching and distribution of medical records are rational.
  - 6.2.5.2 The procedure to admission and discharge is appropriately operated.
  - 6.2.5.3 Accounting at front desk is appropriately operated.
  - 6.2.5.4 The state of unpaid bills is monitored.
  - 6.2.5.5 The preparation/ checkup/ submission of certificate of medical fee bill is fairly operated.
  - 6.2.5.6 Medical fee bill returned and assessed is appropriate handled.
- 6.2.6 The system to manage beds is appropriate.
  - \*\*6.2.6.1 The opportunity to discuss beds management policy is provided.
  - \*\*6.2.6.2 There is a department or a person in charge of beds management.
  - \*\*6.2.6.3 All of beds are central controlled and the state of empty beds is promptly grasped.
  - \*\*6.2.6.4 The information of the patients waiting for admission is grasped and under the one-way management.
  - \*\*6.2.6.5 The rule to use beds in hospital is established and planned for flexible utilization of beds regardless of department.
  - 6.2.6.6 Beds are utilized effectively.
- 6.3 Facility and equipment management
  - 6.3.1 The management system for facility and equipment is established.
    - 6.3.1.1 There is a responsible person for facility and equipment management.
    - 6.3.1.2 Annual maintenance plan is prepared.
    - 6.3.1.3 The management manual for facility and equipment is prepared.
    - 6.3.1.4 The maintenance of water service and air-conditioning system is appropriate operated.
    - 6.3.1.5 The safety management for medical gas is considered.
  - 6.3.2 The management system for medical equipment is established.
    - 6.3.2.1 There is the person in charge of the management of medical equipment.
    - 6.3.2.2 The medical equipment in wards are regularly examined.
    - 6.3.2.3 The system to repair medical equipment in wards is prepared.
    - 6.3.2.4 The central management of medical equipment is operated.
  - 6.3.3 The hygienic management of the facilities for providing meals is operated appropriate.
    - 6.3.3.1 The taste for diet and foodstuff are stocked appropriate.
    - 6.3.3.2 The hygienic management of cookhouse is operated appropriate.
    - 6.3.3.3 Tray service is provided cleanly.
    - 6.3.3.4 Tableware is appropriately washed, dried, and stored.
  - 6.3.4
    - 6.3.4.1 There are the rules concerning to the entrance and exit of hospital.
    - 6.3.4.2 The system for security management is established.
    - 6.3.4.3 The content of security management operation is appropriate
  - 6.3.5 Waste disposal is appropriately operated.

- 6.3.5.1 There is a person in charge of waste disposal.
- 6.3.5.2 The separation, packing, and marking of waste are appropriate.
- 6.3.5.3 The state of stocking waste is appropriate.
- 6.3.5.4 The process of waste disposal is appropriate.

#### 6.4 Material management

- 6.4.1 Purchasing procedure is appropriate.
  - 6.4.1.1 There is a person in charge of purchasing.
  - 6.4.1.2 Effort is made to purchase materials appropriately.
  - 6.4.1.3 The plan and budget for materials are prepared.
  - 6.4.1.4 Central purchasing is operated.
  - 6.4.1.5 Purchase materials is standardized.
- 6.4.2 Inventory management of materials is appropriately operated.
  - 6.4.2.1 The note for materials is prepared and actual inventory is operated.
  - 6.4.2.2 The appropriate amount of stock is fixed and managed.
- \*6.4.3 There is the system for fair deal.
  - 6.4.3.1 Material suppliers are selected according to fair rules.
  - 6.4.3.2 The person in charge of ordering is separated from the person in charge of receiving examination clearly to play a part of in-hospital check function.

#### 6.5 Business entrustment

The contents and quality of each entrusted activity is evaluated by related details of each activity, which includes temporary staffing.

- 6.5.1 The selection of entrustment is appropriate.
  - 6.5.1.1 Entrusted business is considered.
  - 6.5.1.2 The process to select entrusted company is appropriate.
  - 6.5.1.3 Entrusted company is confirmed to be insured for the liability for damages caused by accidents in business.
  - 6.5.1.4 Entrusted company is confirmed to educate their employees appropriately.
  - 6.5.1.5 Entrusted contract is reviewed periodically.
- 6.5.2 Entrusted business is appropriately managed.
  - 6.5.2.1 There is a manager of consignment of business activities.
  - \*6.5.2.2 Education for the person in charge of entrusted business is provided.
  - 6.5.2.3 There is the procedure to deal with accidents of entrusted business.

#### 6.6 Appropriate response to legal action

- 6.6.1 The system to response legal action faithfully is prepared.
  - 6.6.1.1 There is a person in charge of the response system to legal action.
  - 6.6.1.2 There is the system to assess the situation accurately.
  - \*6.6.1.3 There is the system to response to related parties out of hospital.
  - 6.6.1.4 Hospital takes out a hospital general liability insurance.