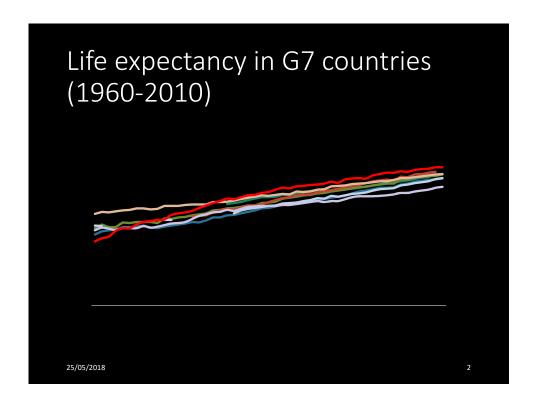
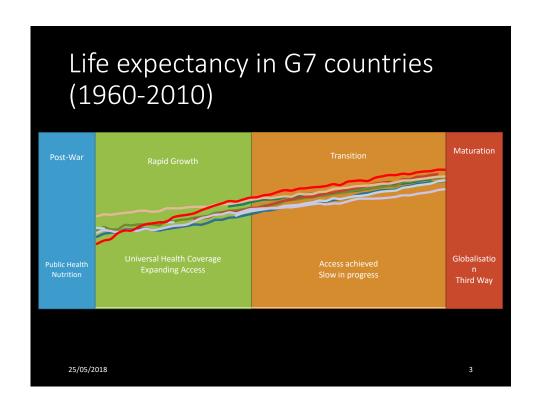
Quality improvement: An experience/experiment in neonatal clinical practice in Japan Rintaro Mori MD PhD MSc FRCPCH

Director, Department of Health Policy

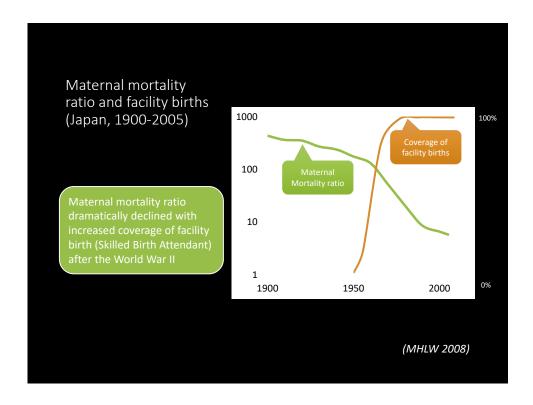
Director, Cochrane Japan

National Center for Child Health and Development



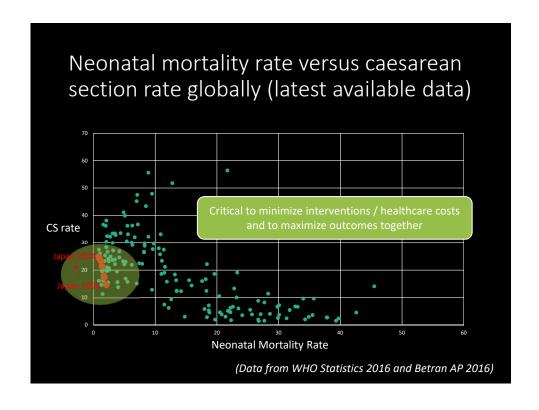


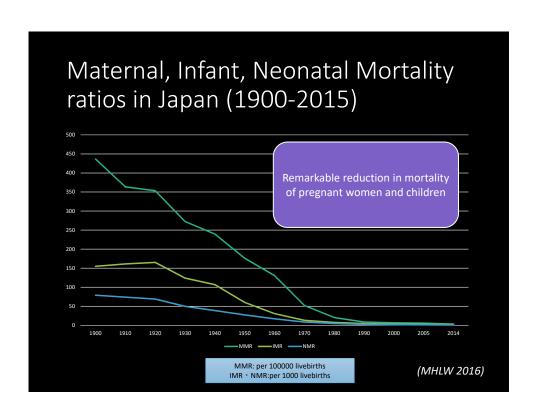
Health Status of selected OCED countries (2014)								
	Life expectancy	Infant mortality (per 1000 live birth)	Neonatal mortality (per 1000 live birth)	Perinatal mortality (per 1000 live birth)	Maternal mortality (per 100000 live birth)			
Australia	84.4	3.4	2.4	8.2	1.9			
France	86	3.5	2.5	10.6	5.5			
Germany	83.6	3.2	2.2	5.4	4.1			
Italy	85.6	2.8	2	4	2.1			
Japan	86.8	2.1	0.9	2.5	3.3			
Korea	85.5	3	1.7	3.1	11			
Sweden	84.2	2.2	1.4	5.1	3.5			
UK	83.2	3.9	2.7	6.7	6.7			
	81.2	6	4	6.2	12.7			

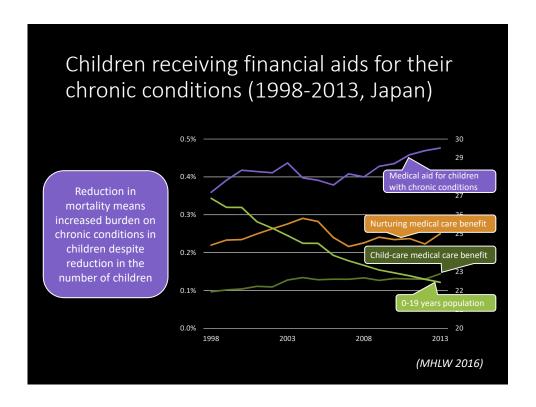


Financing childbirth in Japan

- Japan perceives maternity care not as a medical process
- All the families with childbirth receive a fixed allowance of 420,000 Japanese Yen per baby from social health insurers or local governments
- Free choice of place of childbirth ensured and each facility charges families based upon the care
- Midwifery homes charge less than the allowance and tertiary centres charge more than the allowance
- Once developed any complications, social health insurance covers all the costs





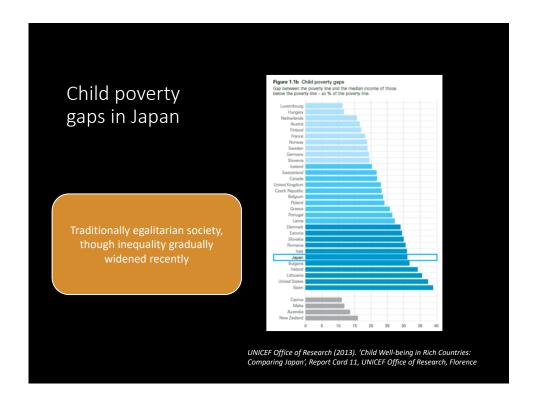


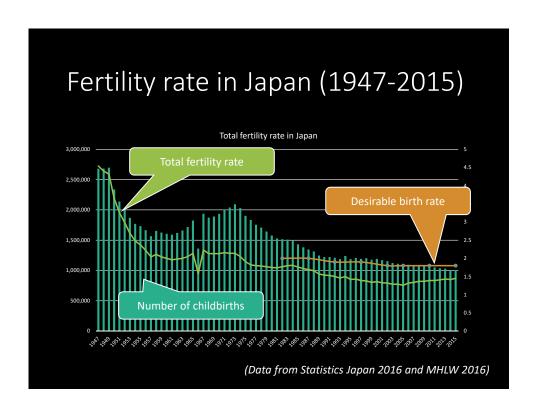
Policy changes/shifts for the transitions

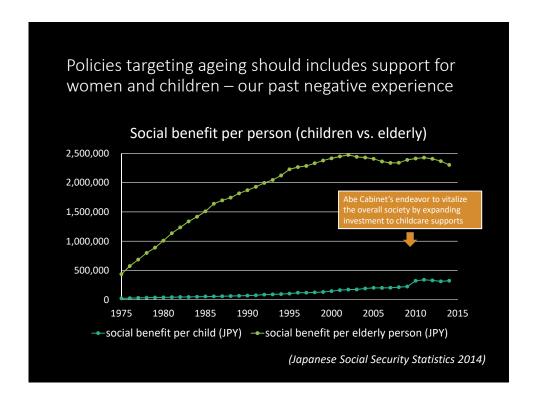
- Medical care from tertiary hospitals to homes
- Specialized care to holistic care
- Respite care for families

Policy changes being implemented to facilitate the health transition in children

Hospital to Community

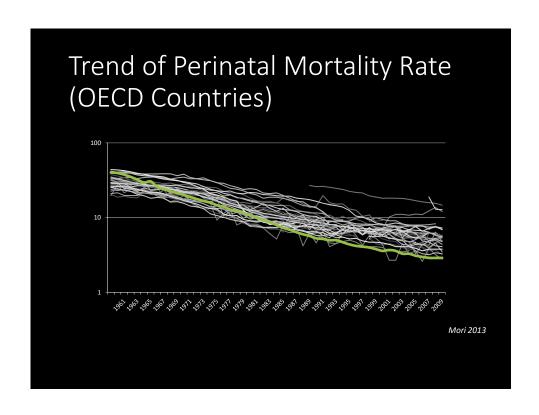


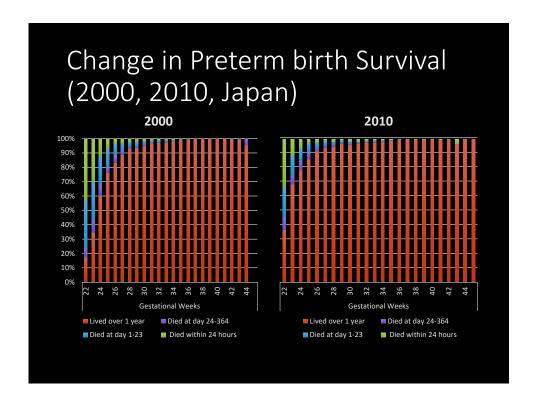






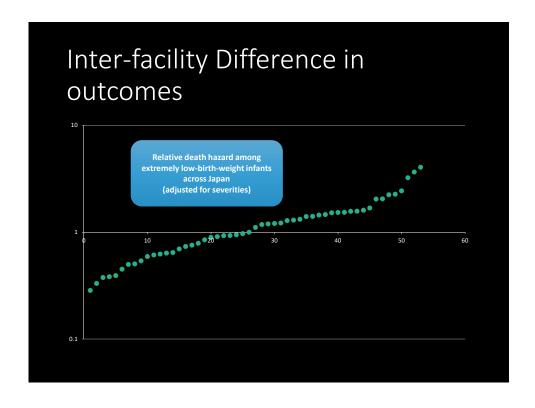




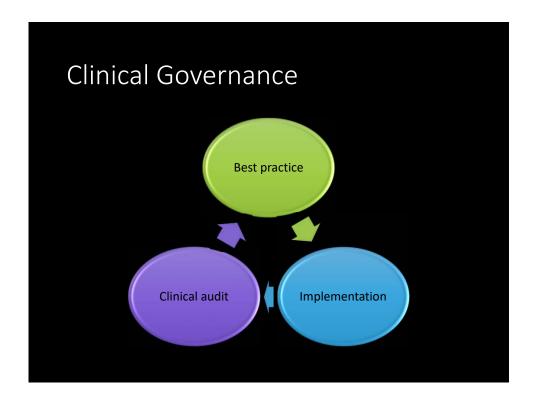


Neonatal Research Network of Japan

- Started when tertiary neonatal units were designated by the Government of Japan
- Clinical data during admission for VLBW collected
- Variables similar to Vermont-Oxford
- Follow-up data included (up to 3 years)
- Covers 80% of the whole of Japan

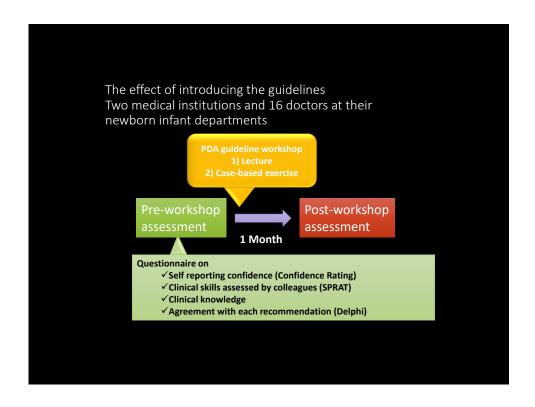


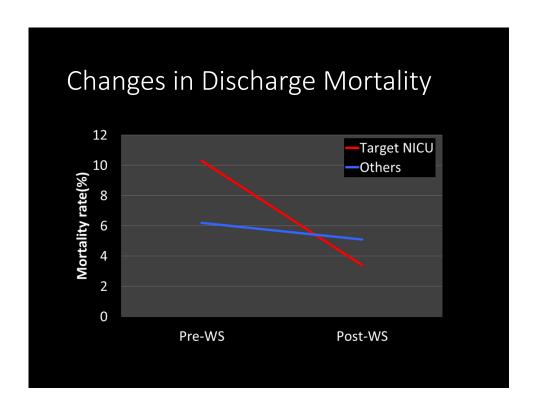


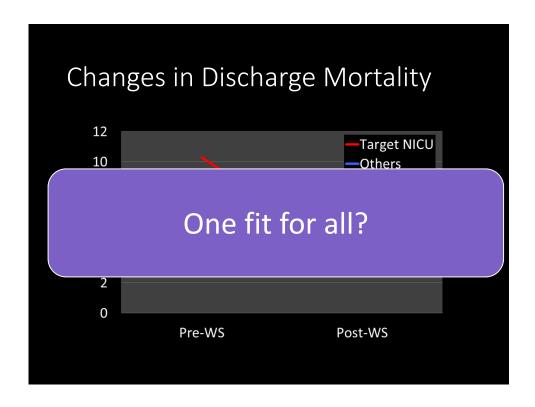


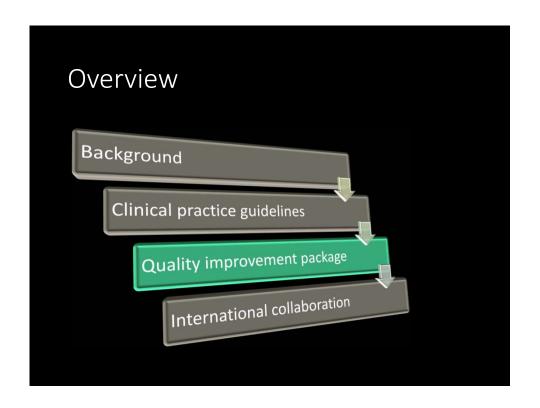
Clinical guidelines in PDA

- Methodology
 - Robust evidence-based approach
 - Systematic reviewing/meta-analyses
 - Formal consensus method
 - Modified-delphi method with public consultation
 - · New information technology
 - Facilitating effective communications









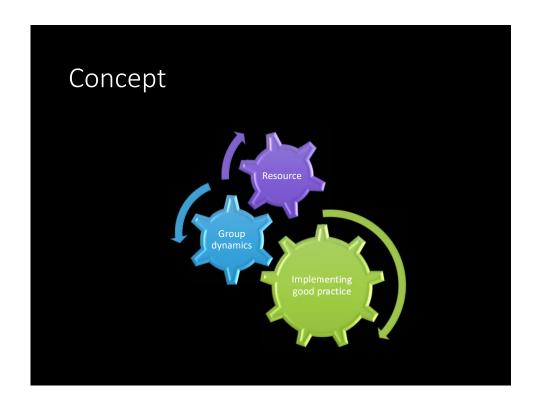
Overview review implementation strategies

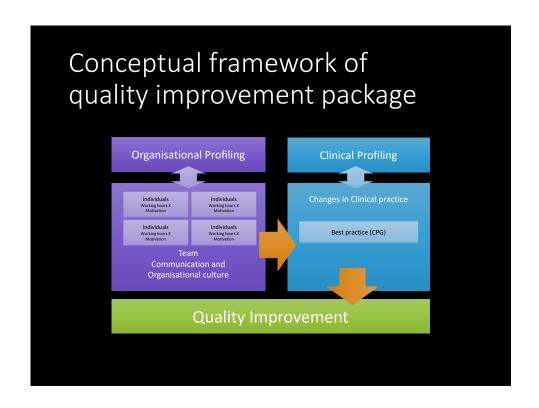
Implementation Strategies	Reviewers	Included Studies	Effectiveness	Note
Audit & feedback	Jamtvedt 2006	118 RCTs	Effective	Moderately effective More effective where low compliance and poor feedback
Continuing education meetings and workshops	Forsetlund 2009	81 RCTs	Effective	Marginally effective Effective where interactive
Educational outreach visits	O'Brien 2007	69 RCTs	Effective	Marginally effective More effective where combined with other effective interventions
Local opinion leader	Doumit 2007	12 RCTs	Effective	Marginally effective

Consultation with other fields

- Car manufacturers (Toyota, Nissan)
- Business management (Academics, consulting companies)

Quality improvement – a continuous process
Organisational culture (a 'good' team)
Local leadership development
OJT rather than expensive training on theoretical issues





Quality Improvement Package

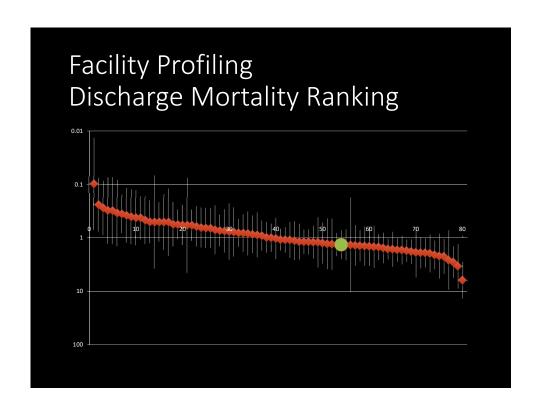
- Audit data of VLBW against the national network with priorities specific to the unit
- Death case reviews prepared by local team
- Presentation of clinical practice guidelines selected based upon the priorities
- Organisational culture, communication, motivation and working hours
- Horizontal learning
- Mid-grade local leaders
- Workshop in the facility
- 2 years implementation of action plan developed by the local team led by the leader

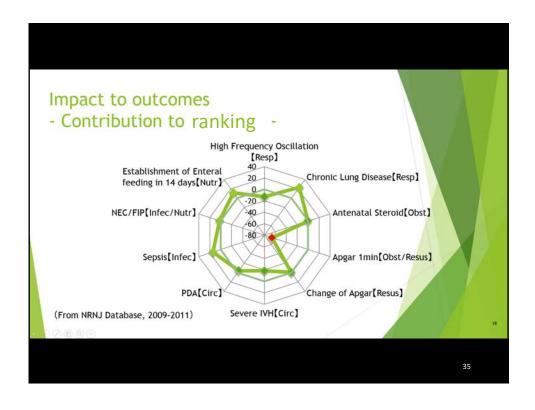
Ongoing trial INTACT-Trial



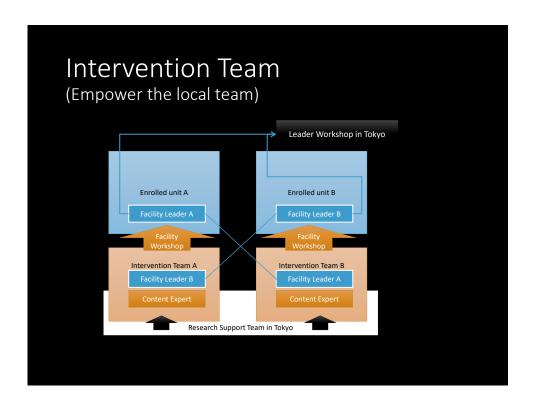
- Cluster randomised controlled trial
- Population:
 - 40 participating neonatal units in NRN Japan
- Intervention:
 - · "Quality improvement package"
- Comparator:
 - Delayed intervention
- Outcome:
 - Intact survival of infants weighing 400-1250 gram at 3 years



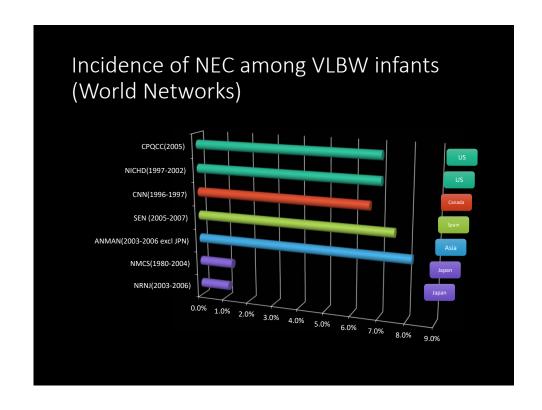




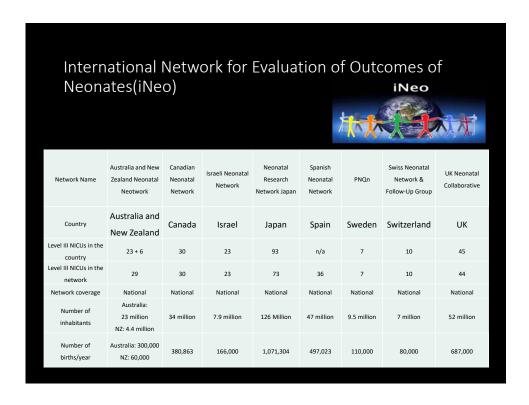


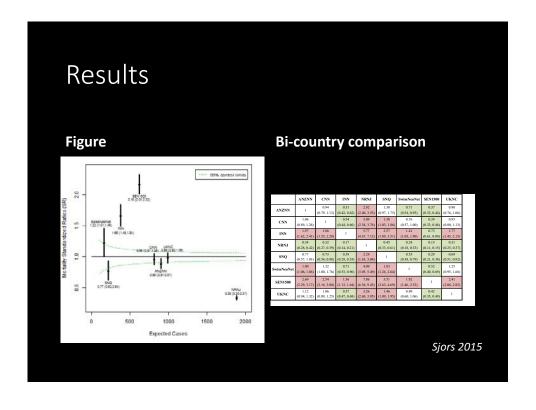






rsus	Japa	n						
Outcomes								
All VLBW	<25 w	25 – 26 w	27 – 28 w	29 – 32 w				
0.87	0.35	0.76	1.12	0.92				
(0.79-0.96)	(0.25, 0.51)	(0.63, 0.91)	(0.95, 1.32)	(0.76, 1.10)				
0.40	0.28	0.42	0.46	0.82				
(0.34, 0.47)	(0.22, 0.37)	(0.32, 0.56)	(0.33, 0.64)	(0.50, 1.34)				
0.57	0.45	0.45	0.66	0.83				
(0.49, 0.66)	(0.34, 0.59)	(0.35, 0.58)	(0.51, 0.86)	(0.62, 1.12)				
1.24	1.32	1.08	1.48	1.17				
(1.10, 1.42)	(1.01, 1.71)	(0.89, 1.32)	(1.19, 1.85)	(0.87, 1.58)				
1.98	1.09	1.44	4.78	3.98				
(1.69, 2.33)	(0.82, 1.45)	(1.14, 1.82)	(3.24, 7.04)	(2.11, 7.52)				
0.23	0.50	0.26	0.16	0.07				
(0.19, 0.29)	(0.33, 0.75)	(0.18, 0.38)	(0.10, 0.26)	(0.04, 0.15)				
0.22	0.35	0.18	0.17	0.24				
(0.19, 0.25)	(0.27, 0.47)	(0.14, 0.22)	(0.13, 0.22)	(0.19, 0.33)				
	All VLBW 0.87 (0.79-0.96) 0.40 (0.34, 0.47) 0.57 (0.49, 0.66) 1.24 (1.10, 1.42) 1.98 (1.69, 2.33) 0.23 (0.19, 0.29) 0.22	All VLBW	0.87 0.35 0.76 (0.79-0.96) (0.25, 0.51) (0.63, 0.91) 0.40 0.28 0.42 (0.34, 0.47) (0.22, 0.37) (0.32, 0.56) 0.57 0.45 (0.34, 0.59) (0.35, 0.58) 1.24 1.32 1.08 (0.89, 1.32) 1.98 1.09 1.44 (1.14, 1.82) 0.23 0.50 0.26 (0.18, 0.38) 0.22 0.35 0.18	All VLBW <25 w 25 - 26 w 27 - 28 w 0.87 (0.79-0.96) (0.25, 0.51) (0.63, 0.91) (0.95, 1.32) (0.95, 1.32) 0.40 (0.34, 0.47) (0.22, 0.37) (0.32, 0.56) (0.33, 0.64) 0.57 (0.49, 0.66) (0.34, 0.59) (0.35, 0.58) (0.51, 0.86) 1.24 (1.10, 1.42) (1.01, 1.71) (0.89, 1.32) (1.19, 1.85) 1.98 (1.69, 2.33) (0.82, 1.45) (1.14, 1.82) (3.24, 7.04) 0.23 (0.19, 0.29) (0.33, 0.75) (0.18 0.17				





Quality improvement – lessons learnt

- Learn from differences
- Organisational aspects for sustainability