

COMPARING THE SIMILARITIES AND DIFFERENCES OF TAIWAN AND JAPAN IN IMPORTING SHARED DECISION MAKING— TO PROMOTE MEDICAL QUALITY AND SAFETY CULTURE AS THE CORE

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INTRODUCTION

In the case of Taiwan in this study, when SDM was introduced to Kaohsiung Veterans General Hospital in Taiwan in the first year, the effect was not obvious due to the implementation of official documents from top to bottom. Therefore, in the second year, the "change theory" in management theory was adopted, and SDM was successfully introduced and became an outstanding example.

The Japanese case is based on the example cited by Professor Yasuhiro Komatsu from the Graduate School of Medical Quality and Safety of Gunma University in an open discussion held in October 2020, to explore the concept of how to carry out SDM policy in Japan and how to introduce it gradually in hospitals in practice.

AIM

In the field of diagnosis and treatment, medical disputes often arise due to poor communication caused by asymmetric information between doctors and patients. Therefore, it is particularly important to realize the joint decision-making of doctors and patients. The introduction of SDM auxiliary tool PDA is a new goal of Kaohsiung Veterans General Hospital of Taiwan, but there are many obstacles in the process of implementing shared decision-making between doctors and patients. In particular, it is not easy to promote shared decision-making between doctors and patients in outpatient clinics. Observe the practices of two hospitals in different countries when introducing the new system, and introduce the SDM cases of Taiwan and Japan respectively, to provide reference for international medical management.

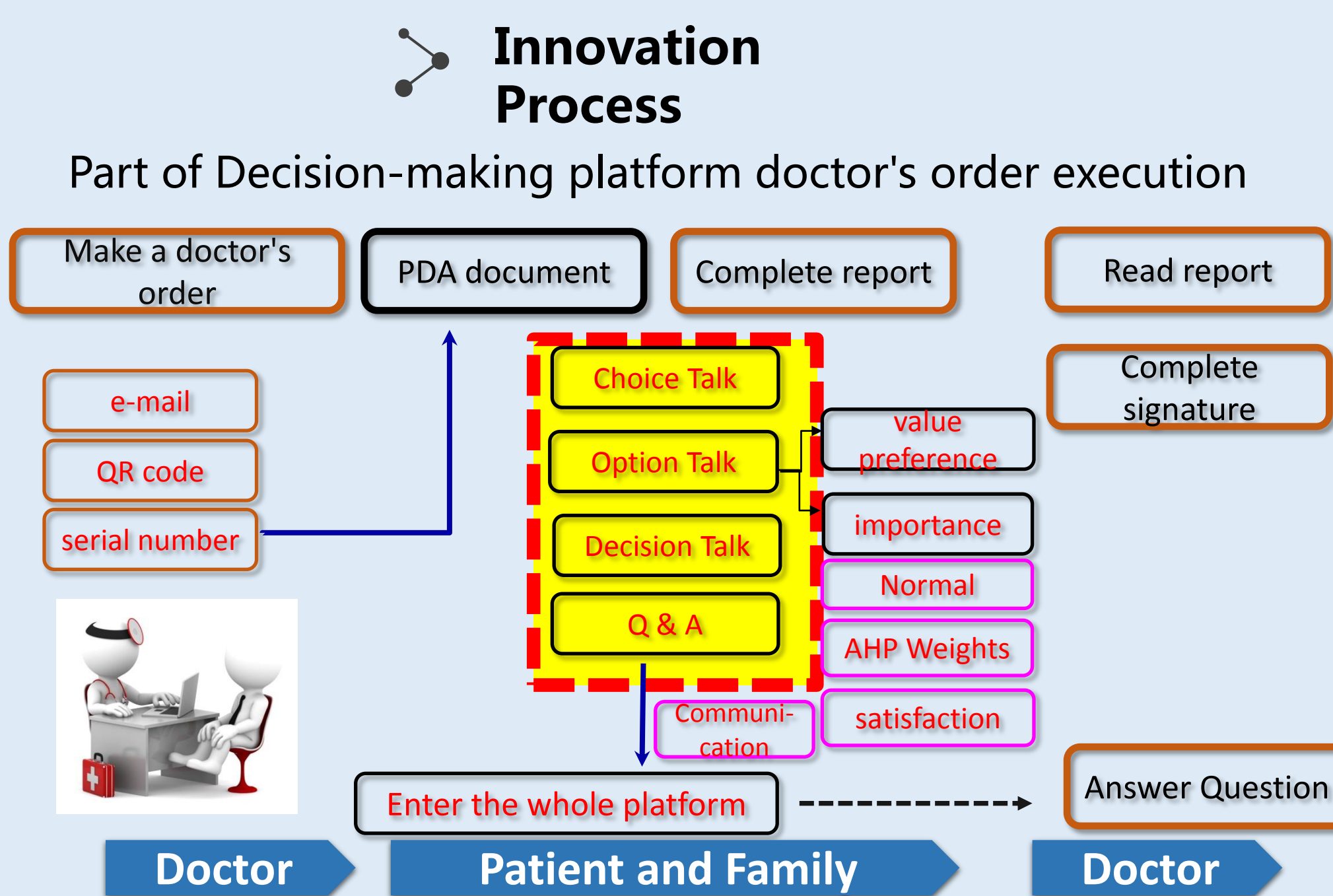
METHOD

When SDM was first introduced in Kaohsiung Veterans General Hospital of Taiwan, it was implemented through hospital announcements, but the effect was not good. The following year, the medical quality management department held meetings with various departments one by one, but with little success. Finally, look for departments that are willing to accept changes, and gradually introduce "change theory", so that other departments can also see the results and voluntarily participate in the implementation of new policies. In the Japanese hospital hold the group study meetings, actively participating in seminars, repeated discussions, and simulations by using sand table deduction. From the perspective of patients to provide more help the patient chooses the treatment plan and the needs of the actual situation. The implementation of SDM is not a pre-imported tendency, but starts after everyone agrees and understands it.

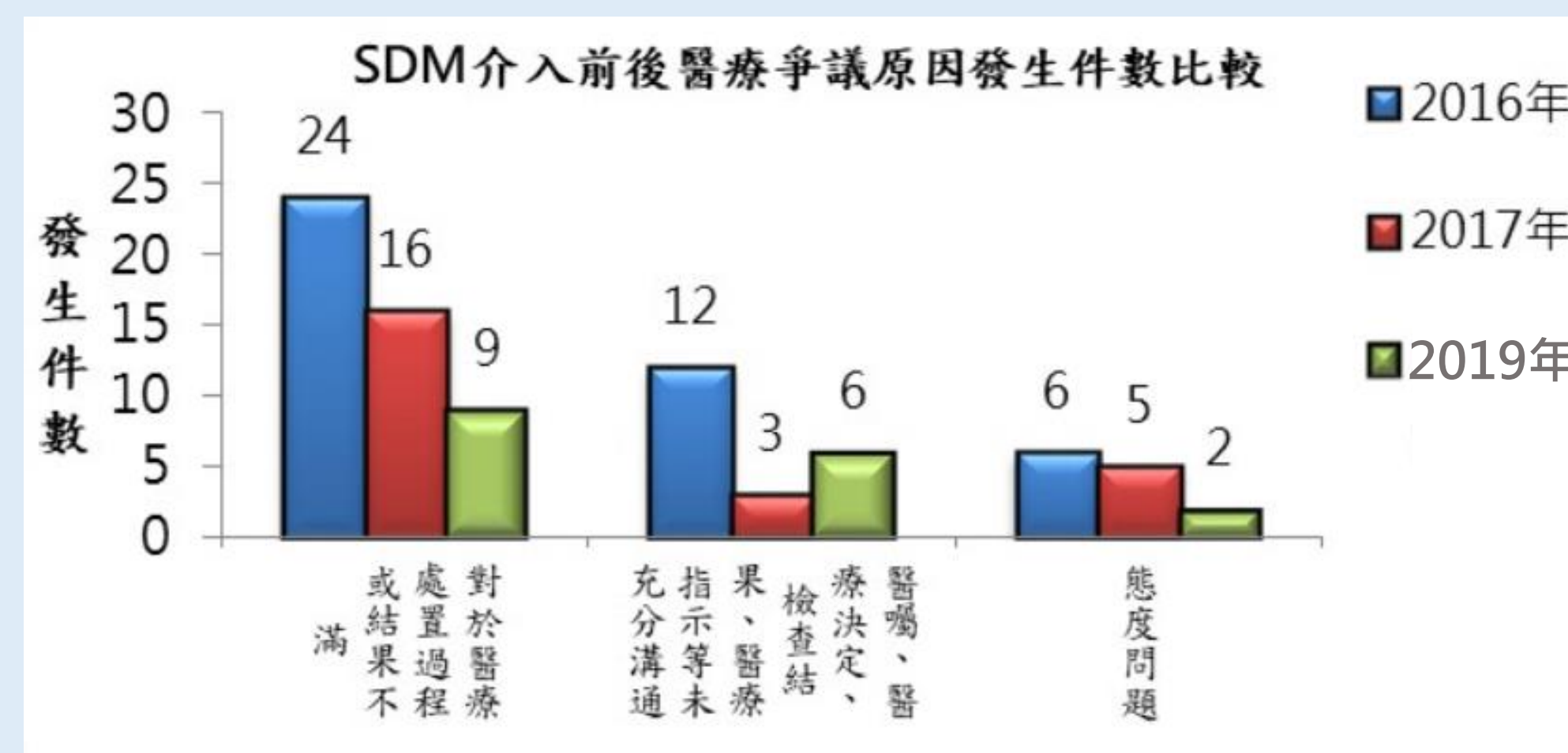
RESULTS

Both of the two cases have a deep understanding of the necessity of SDM introduction, but the introduction methods are quite different.

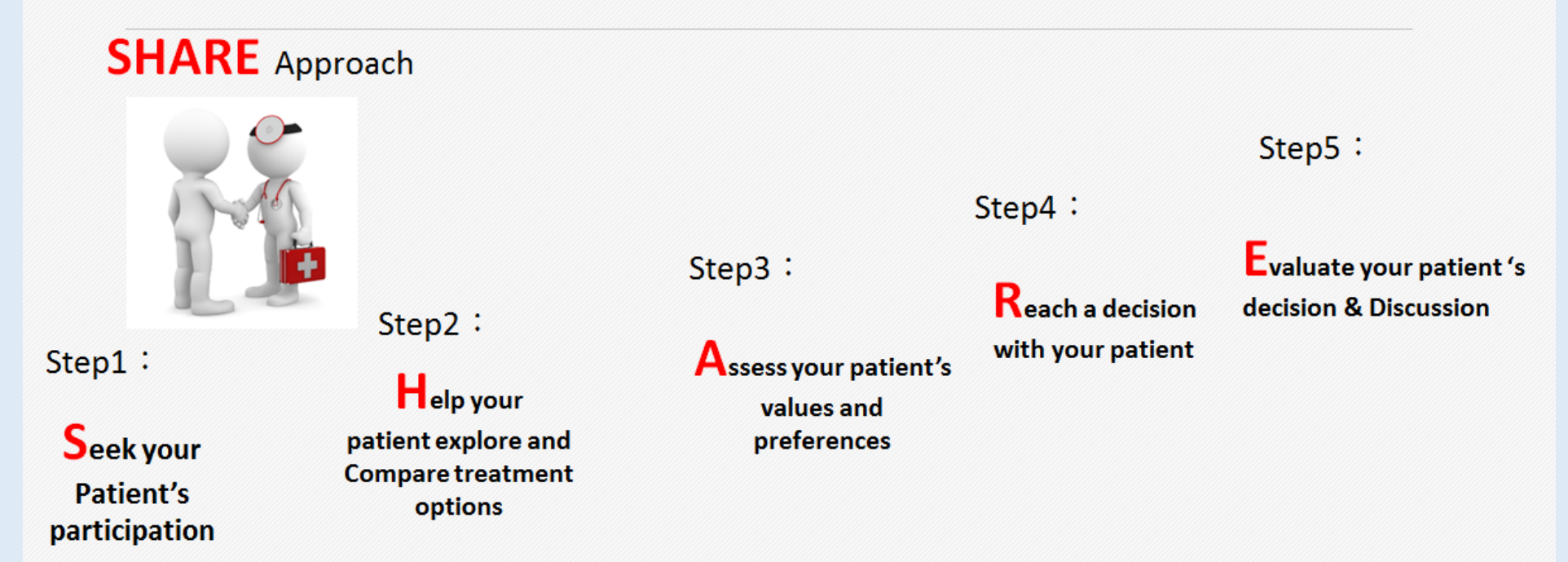
When introducing a new policy into the medical system, we should not only consider whether the policy is appropriate or not, but also evaluate how to respond so that the good policy can be implemented smoothly, and then affect the patients who actually need it. Only then can the introduction of the policy be meaningful.



- Discovery of the number of medical disputes before and after the introduction of the medical-patient sharing SDM (2016 vs 2017) :
 - [Dissatisfaction with the medical treatment process or outcome] 24 件 → 9 件, decline 63%
 - [Insufficient communication of doctor's orders, medical decisions, test results, medical instructions, etc.] 12 件 → 6 件, decline 50%
 - [attitude problem] 6 件 → 2 件, decline 67%



SDM Auxiliary Tool



- In 2016, the performance of medical evaluation was not good, and innovation and reform were immediately initiated. In the following year, the implementation of the medical-patient sharing SDM was selected as an excellent institution, and it was an example for all parties to make appointments for visits.
- From the management level to the team organization, a series of implementation of FOCUS-PDCA. And adopt innovation diffusion and change theory. The number of visits and applications has also increased, and the numbers have continued to increase

Doctor-Patient Shared Decision Award-Back to Glory



Director of the National Health Insurance Administration, Chung-Liang Shih (second line, Middle), Executive director of the Medical Policy Association, Pa-Chun Wang (second line, Right 4), Kaohsiung Veterans General Hospital, Dr. Wang-Chuan Juang. (first line Right 1)

CONCLUSIONS

Therefore, policy introduction should be carried out strategically according to the characteristics of the country or even the local hospital itself, so that good measures (such as SDM policy) can be effectively implemented. The implementation of SDM policy helps hospitals to effectively introduce digital files, doctors to record cases completely and conduct file management, and patients to select the best conditions for treatment under sufficient conditions. In this way, not only win-win, but an upgraded version of the win-win-win. Trust among hospitals, doctors and patients has increased, so the number of medical disputes has decreased. The introduction of SDM not only protects the patients who receive medical treatment, but also protects the safety of dedicated medical staff and reduces the probability of medical disputes.

ACKNOWLEDGEMENT

Physician Wang-Chuan Juang successfully promoted the outstanding example of SDM in Kaohsiung Veterans General Hospital, promoted the quality management of medical care in the hospital, and became the SDM demonstration institution visited by Taiwan hospitals.

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