

東邦大学学術リポジトリ

Toho University Academic Repository

タイトル	Professor Special Lecture: 157th Regular Meeting of the Medical Society of Toho University How to Promote Gemba Kaizen Activities in Hospitals
作成者（著者）	Watanabe, Masashi
公開者	The Medical Society of Toho University
発行日	2021.09.01
ISSN	21891990
掲載情報	Toho Journal of Medicine. 7(3). p.104 107.
資料種別	学術雑誌論文
内容記述	Review Article
著者版フラグ	publisher
JaLCDOI	info:doi/10.14994/tohojmed.2021 006
メタデータのURL	https://mylibrary.toho u.ac.jp/webopac/TD06254211

Review Article

How to Promote Gemba-Kaizen Activities in Hospitals

Masashi Watanabe

Department of Patient Safety Management, Toho University Omori Medical Center, Tokyo, Japan

ABSTRACT: The promotion of multidisciplinary team medicine is the ultimate challenge in healthcare. To achieve this, it is necessary to promote kaizen activities for current medical care. A more effective way is to improve the procedure and rules of the process by reviewing the problem events that have occurred. A project team has been formed to deal with the problematic events, and many staff members have joined the team. The key issue seems to be how to empower the participating staff to make improvements and to motivate them individually.

Toho J Med 7 (3): 104–107, 2021

KEYWORDS: kaizen, gemba, hospital, m&m conference, psychological safety

Twelve years ago, when I transitioned from a surgeon to a full-time patient safety management specialist and participated in a related conference, I learned that “Kaizen” and “Gemba” could be used overseas. At the same time, I was faced with the challenge of how to implement Gemba-Kaizen in hospitals. The Gemba staff must recognize the risk without kaizen and join the kaizen activities proactively.

Kaizen Items in Patient Safety (Table 1)

There are procedures and rules in various techniques, care, and drug administration that must be improved. The most unsafe issues are things that can be carried out with risk and that the operator decides to continue with the same risk. Table 1 shows a list of kaizen issues that should be reviewed as necessary or on a regular basis. A project team (PJT) for kaizen should be established and kaizen activities must be promoted.

Frame for Gemba-Kaizen (Fig. 1)

When there is a need for improvement, the Department of Patient Safety applies for kaizen to the Medical Quality Management Committee organized by the hospital director. The committee discusses the application and, if approved, decides the division and gives advice on the specific points of the kaizen. The chief of division nominates a suitable doctor to lead the kaizen team. Referral of nurses involved in the kaizen and/or asking for the hand up of interested staff. The kaizen team should be a multidisciplinary PJT. The necessary members should be asked to join the team. Team members are required to be actively engaged as members of the team, and this requires establishing an environment in which everyone feels comfortable to speak up, with psychological safety ensured.

The PJT name and each member are registered in the cloud-based team collaboration software (T-room). This

*Corresponding Author: Masashi Watanabe, 2-19-2, Minami-Kamata, Ota-ku, Tokyo 144-0035, Japan, tel: +81-33738-8221
e-mail: res18@med.toho-u.ac.jp
DOI: 10.14994/tohojmed.2021-006

Received May 11, 2021
Toho Journal of Medicine 7 (3), Sept. 1, 2021
ISSN 2189-1990, CODEN: TJMOA2

Table 1 Kaizen items in patient safety (representative issues)

Kaizen items	Example issues	Reason for Kaizen
Technique	Central venous catheter Chest drain Gastric Tube	Safety issue (Need standardization of procedures and training)
Care	Body restraint Stumbles and falls Mis-swallowing	Prevention issue (Reduce occurrences by adding regular evaluation to the rules)
Drug	Potassium correction Iodine contrast medium Sedative drugs	Against the rules (Contraindications on drugs through package inserts)
	Blood-thinning drugs	Prevention issue (Reduce occurrences by adding regular evaluation to the rules)
Medical accidents (Recommendations)	13 issues (Japan Medical Safety Research Organization)	Analysis of deaths related to the complications

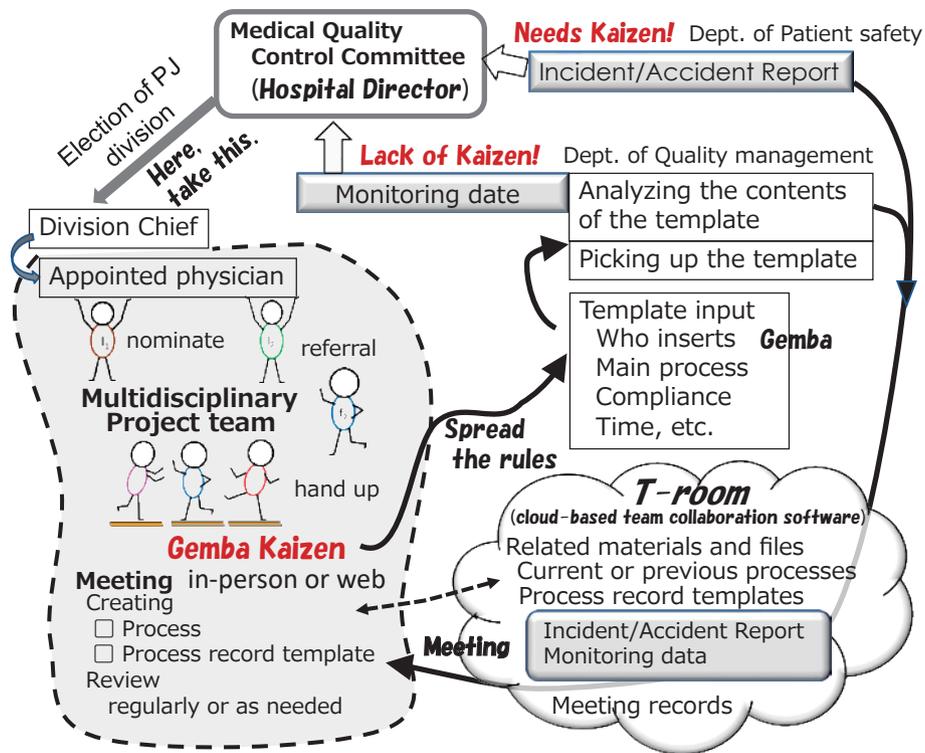


Fig. 1 Frame for Gemba-Kaizen

makes it possible for members to exchange information with each other. Web conferencing is also possible. All documents necessary for information sharing are kept in the T-room. The main task of the PJT is to review the process and create a template to record the operation. The idea is to do a review regularly or as necessary.

One example is our project on the safe insertion of central venous catheters (CVCs). A video showing the

procedure was made, a hands-on seminar was held, and doctors who met the criteria were recognized as certified doctors. The PJT creates a template for writing the insertion record (Fig. 2). The doctors who insert the CVCs will be responsible for writing this template for each insertion. Consequently, the insertion status becomes visible. Generally, template entries can be picked up and saved as a CSV file, so if the template is

Fig. 2 Create a template that is easy to pick up for making a CSV file, visualizes the flow of the gemba, and is as simple as possible

created well, the level of proficiency of the procedure can be seen.

Once the PJT has created the Gemba-Kaizen procedures, rules, and record template, these will be shared with the hospital staff. Gemba staff will follow the process and use a record template to write the report. The frequency and method of picking up and analyzing the templates should be decided in advance at the meeting. The Department of Quality management is responsible for picking up and analyzing the data in our hospital. These monitoring data are reported to the director and placed in the T-room. When an incident/accident related to PJT occurs and is reported, the Department of Patient Safety holds an M&M conference with the staff involved in the occurrence and prepares a report that includes a review of the causes, analysis, and recommendation. This report must be reviewed by the PJT and is stored in the T-room. Monitoring data and M&M conference reports placed in the T-room are checked by the PJT and used

for the kaizen.

A kaizen team was formed on the basis of the Gemba situation and the problem events, and it is expected that Gemba safety will be gradually improved on the basis of these incidents and accidents. Each member of the kaizen team must take accountability to improve patient safety, and I believe that this commitment to patient safety will be spread to all the medical staff. To take accountability, the psychological safety of the kaizen team must be first established, and I intend to take the lead in maintaining the psychological safety of the teams.

Conflicts of interest: None declared.

©Medical Society of Toho University. Toho Journal of Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

Masashi Watanabe, Professor Curriculum Vitae

1981-03	Graduated from the Toho University, School of Medicine
1981-06	Acquired 71st National Examination for Medical license
1981-06	Started training in Toho University, Omori Hospital
1987-09	Assistant of the first department of Surgery, Toho University School of medicine
1988-05	Studied in New Zealand National Otago University, Department of Surgery
1993-11	PhD Toho University, School of Medicine
1994-06	Dispatched to Bolivia as a Japan International Cooperation Agency Technical Cooperation Specialist
1995-09	Lecturer of the first department of Surgery, Toho University School of Medicine
1996-12	Acquired the Japan Surgical Society, Advising Doctor (-2015.03)
1997-02	Acquired the Japan Society of Coloproctology, Advising Doctor (-2015.03)
1997-06	Acquired the Japanese Society of Gastroenterological Surgery, Advising Doctor (-2015.03)
2005-01	Acquired the Japanese Society of Medical Oncology, Advising Doctor (-2015.03)
2005-08	Associate Professor of Toho University Omori Medical Center, Department of Gastrointestinal Surgery
2008-06	Acquired Japanese Association of Hepato-Biliary-Pancreatic Surgery, Advanced Skill Advising Doctor
2009-04	Reshuffled to Department of Patient Safety and Quality Management, Toho University Omori Medical Center (Chairman)
2009-11	Professor at Toho University Omori Medical Center, Department of Patient Safety and Quality Management
2017-03	Acquired Japan Board of Public Health and Social Medicine, Advising Doctor
2021-03	Retired Toho University (Emeritus professor of Toho University)