

The Issues and Future Prospects for Work Style Reform for Medical Staff – Necessary Steps for True
Work Style Reform in Healthcare Settings Ahead of the 2024 Revision of the Medical Care Act
Expert Working Group Meeting Report

Health and Global Policy Institute (HGPI)
March 2022

Project background

As the population of elderly people in Japan continues to approach its peak in 2040, demand for healthcare and long-term care will continue to grow. At the same time, Japan urgently needs to resolve shortages of medical staff¹ and their uneven distributions across regions and fields of specialty. Given the limits on healthcare resources, society has started to recognize that work styles in the field of healthcare must be reformed to ensure safety and quality of care and to maintain a stable healthcare provision system. The Government has also established a study group on these issues where discussions have been advancing for the past several years. As a result, the May 2021 revision of the Medical Care Act will place an upper limit on working hours for physicians from 2024, a sign that work style reform is taking real steps forward. At the same time, the ongoing Coronavirus Disease 2019 (COVID-19) pandemic is further straining the field of healthcare by adding to the physical and mental burdens placed on medical staff. Reforming work styles is an inevitable step to securing sufficient medical staff, who are an essential element of the healthcare provision system. In the future, discussions on how to best structure the healthcare provision system to meet growing demand for healthcare and long-term care and on the work styles of medical staff will be the subject of growing attention.

In response to these societal trends, in FY2020, Health and Global Policy Institute (HGPI) conducted the “Survey on Optimizing the Roles and Work Styles of Japan’s Healthcare Workforce in the Field of Non-Communicable Diseases.”² It was a qualitative survey on challenges and future prospects for task shifting and task sharing for physicians and nurses. In that survey, we gathered positive examples of task shifting and task sharing between nurse practitioners or nurses who have completed training programs on specified medical procedures and physicians. It demonstrated that expanding nurses’ roles can expand the scope of treatment and care provided to patients and those close to them, even in the absence of physicians, and create more time for those parties to spend with each other. The survey also showed medical staff felt that such practices improve prognosis and help patients recover faster. It also highlighted the reality that these measures only generated limited improvements in working hours and work content for medical staff.

Based on these findings and in recognition of the importance of continuing to gather evidence and stimulate discussions to support and advance policy discussions on work style reform for medical staff, we gathered specialists from each field in industry, Government, academia, and civil society with a focus on those involved in clinical practice, healthcare administration, and similar fields for a working group meeting under this fiscal year’s theme of “The Issues and Future Prospects for Work Style Reform for Medical Staff Ahead of the 2024 Revision of the Medical Care Act.”

¹ Medical staff: In this report, “medical staff” is not limited to people who hold nationally-recognized qualifications related to medicine and welfare like physicians, dentists, nurses, pharmacists, radiological technologists, physical therapists, and social workers; but also medical office workers and laborers, system engineers at hospitals, and anyone else involved in providing healthcare services at healthcare institutions or who is involved in their systems. Please note this report will use “medical specialist” when referring only to those professionals who hold national licenses and serve in specialized roles.

² Health and Global Policy Institute, January 2021. “Survey on Optimizing the Roles and Work Styles of Japan’s Healthcare Workforce in the Field of Non-Communicable Diseases.” <https://hgpi.org/en/research/ncd-11.html>

Purpose and objectives of this meeting

The revision of the Medical Care Act going into effect in April 2024 will introduce measures to gradually reduce working hours for physicians. At this meeting, we discussed the creation of systems in real-world healthcare settings to change physicians' work styles, identified work style-related issues faced by other medical staff and people serving at healthcare institutions in multiple professions, examined solutions acceptable to both medical staff and patients, shared good examples, and discussed measures for expanding those practices horizontally. We also looked past 2024 to examine work styles for medical staff in the medium- to long-term and deepened the discussion on measures that will effectively ensure work style reforms truly take root in the field. Although "work style reform" is easy to say, this topic encompasses wide-ranging issues like improving healthcare provision system efficiency through Regional Medical Care Visions and other plans; addressing shortages in medical staff; and improving operational efficiency at each healthcare institution. Such a broad range of issues cannot be covered in general terms because there are various differences among healthcare institutions due to factors like region, specialty, and size. Recognizing this, we focused on internal reforms at healthcare institutions, particularly those providing acute care; discussed the gaps and issues among policy, ideals, and real-world healthcare settings; and examined solutions to those issues.

To make further steps toward achieving a sustainable healthcare provision system that provides medical staff work-life balance through work style reform while allowing them to utilize their skills and fulfill their roles to the utmost, and that continues to provide high-quality healthcare to patients and those close to them, HGPI would like to continue leveraging its position as a neutral party to stimulate discussions and contribute to policy progress.

Executive Summary “Six Key Perspectives for True Work Style Reform in Healthcare Settings”

As a result of the meeting, it became clear the following six perspectives are necessary to advance work style reform in healthcare settings.

1. Achieve team treatment in which professionals from multiples disciplines cooperate from positions of equality

It will be important to achieve successful collaboration between physicians and other medical specialists through smooth communication while maintaining psychological safety. While responsibility for providing the medical treatments themselves will remain with physicians, mechanisms for task shifting and task sharing must be established under the concept of “leadership from multi-professionals and followership from physicians” so substantial portions of procedural and decision-making duties are shifted to other medical staff across multiple disciplines and so workloads can be properly managed. Communication using tools like information and communication technology (ICT) and social networking services (SNS) is also effective.

2. Utilize medical office workers, licensed social insurance consultants, and other outside specialists and encourage cooperation with private companies

Using outside private companies and other third parties is an effective way to introduce administrative, procedural, and labor management as well as new technologies. In addition to expanding healthcare administration roles and utilizing licensed social insurance consultants and other professionals, collaboration with private companies that specialize in implementing ICT, business process reforms, and outsourcing will also be necessary. Flexible systems for incorporating such knowledge from third parties must be built within healthcare institutions.

3. Promote the internal analysis and revision of duties performed within healthcare institutions

Organizational structures and operations vary among healthcare institutions, so there are limits as to which work style reform models can be applied universally. This means each healthcare institution must envision the ideal reforms based on an internal understanding of duties performed by its medical staff, and then standardize and optimize operations by introducing ICT, task sharing, task shifting, and similar measures. When doing so, it will be effective if medical staff members step into leadership roles in promoting work style reforms after reaching a shared understanding and awareness toward the objectives of those reforms.

4. Bridge gaps in attitudes toward work style reform among medical staff from different generations or fields and promote changes in awareness

To bridge gaps in awareness toward work styles and scopes of duties among generations and disciplines and to advance measures for work style reform, medical staff and related professionals in multiple disciplines must express their shared goal of providing high quality medical and nursing care and cooperate on examining methods of reducing overhead duties and providing more efficient, effective care. It will also be necessary to develop high-quality educational practices and human resources to promote optimal human resource allocation and task shifting in the medium- to long-term.

5. Promote greater awareness toward work style reform among top administrators

To advance work style reforms, leadership from the top administrative levels at healthcare institutions will be crucial. It is likely high-level administrators can be encouraged to get involved if best practices are shared and expanded horizontally in an evidence-based manner

by academic societies and similar bodies, or if financial incentives are created, such as through budgetary measures from the Government. Developing standardized toolkits and sharing know-how with the objective of grasping real working conditions at healthcare institutions may also help top managers implement work style reforms.

6. Encourage appropriate medical consultation-seeking behavior among the public

When implementing work style reforms for medical staff, it will also be important to encourage appropriate medical consultation-seeking behavior among the public, who are the recipients of healthcare. There are various measures that will be effective for accomplishing this. The public could be sent the message, “Ensuring the safety and quality of healthcare and protecting it in the future will require everybody to protect healthcare together” and be provided with information for fostering correct understanding toward the need for work style reform among medical staff. Systems for consulting healthcare providers and that enable cooperation among healthcare institutions in communities could be established. Finally, a structural approach model that encourages appropriate medical consultation-seeking behavior, such as by consolidating minor emergencies at primary healthcare institutions, could be developed and expanded horizontally.

Opening remarks

Greetings (Through video presentation)

Hanako Jimi (Member, House of Councillors)

This meeting is a valuable opportunity to hear opinions from all the experts here today regarding work style reforms in healthcare settings ahead of the revised Medical Care Act going into effect in 2024.

In the past, the concept of “jobs” did not apply to the field of healthcare, and it is safe to say the system for managing working hours was frail. While great progress in reforming work styles has been made in other industries over the past decade, the healthcare industry has remained isolated. Recently, 40% of medical students are women, and greater emphasis is being placed on establishing work-life balance.

Measures like a review of physician training programs like the student doctor program or to promote task shifting and task sharing were successfully included in the revised Medical Care Act. Right now, the organizations responsible for those measures are working rapidly to be prepared.

It is also important to implement work style reforms at university hospitals and similar facilities. Although the Ministry of Education, Culture, Sports, Science and Technology (MEXT) launched a research study to provide the necessary financial support, circumstances have changed drastically due to the COVID-19 pandemic. I will be grateful to hear your constructive opinions regarding the difficult proposition of implementing balanced work style reforms for Regional Medical Care Visions as a whole. I hope this project will serve as a driving force that helps us come together and change the medical community, pass the wonderful profession of “physician” down to the next generation, and carefully protect regional and national healthcare.

Introduction: Reforming the Work Styles of Medical staff for the Sake of Patients and Other Healthcare Beneficiaries

Ikuko Toyoda (Chairperson, NPO Kakehashi)

While raising a child and working full-time at a hospital as a medical office worker, I lost my son due to a medical accident. He was five. He was admitted to the hospital in the middle of the night for severe abdominal pain. We waited, but were unable to see a doctor. He went into cardiac arrest in his hospital room and was later pronounced dead. The attending physician had no idea that there was a child in critical condition in one of the rooms, and had been busy seeing the many patients with minor symptoms who had been brought to the emergency room.

A whistleblower at the hospital reported my son's medical accident and it received wide coverage in newspapers as, "Ignored by hospital, boy dies due to intestinal obstruction." Later, I received a sincere apology from the staff and learned various things about the circumstances at the hospital. I came to feel that the medical staff had been secondary victims.

These events led to my participation in various Ministry of Health, Labor and Welfare (MHLW) study groups on introducing a medical accident investigation system. My role was to share a patient's perspective. I later participated in study groups on work style reform for physicians and other groups. One group I am currently participating in is the Consortium for Accelerating the Development of Artificial Intelligence (AI) in Healthcare.

The Roundtable on Promoting the Effective Use of Healthcare has issued five directives in the "Citizen's Project on Protecting Lives and Healthcare," which are: (1) prioritize efforts for relieving the concerns of people receiving healthcare and their families; (2) broadly inform the public about the current crisis facing those on the frontlines of healthcare; (3) introduce, publicize, and encourage widespread use of emergency consultation services provided over the phone or online; (4) provide trustworthy healthcare information in easily accessible formats; and (5) thoroughly implement team treatment practices and establish a consultation system for people receiving healthcare and their families.

Organizations like the Japan Council for Quality Health Care and the Japan Medical Safety Research Organization are also participating in the Consortium for Accelerating the Development of AI in Healthcare. However, it is estimated that many accidents are still happening where we cannot see them, and it has been pointed out that for the sake of both medical staff and the public, it will be necessary to establish a support system for medical specialists who must provide medical care under extreme conditions. It has also been emphasized that instead of jumping onto the latest technologies like diagnostic imaging support and surgical robots, now is the time we must consider how to introduce AI to maintain healthcare quality and safety because there are limits on physicians' working hours due to work style reforms.

While I was originally a medical office worker myself, I have been participating in a consultation service on healthcare safety after experiencing the medical accident in 2005. Since a reimbursement for reinforcing the patient support system was added to the medical service fee schedule in 2012, I also now play a role in the patient support system as a medical dialogue promoter. In the future, we must also build a system for collaboration among physician administrative assistants, medical information managers, medical dialogue promoters, and other medical staff members without specialist qualifications.

Discussion 1 “Current Circumstances for Medical Staff Work Reform and Issues Unique to Healthcare Settings”

Factors hindering work style reform in healthcare settings include the large number of irregular duties and organizational structures that span multiple professions and departments

- The “Report on the State of Hospitals, 2015-2016” presented by the All Japan Hospital Association identifies the following three characteristics of healthcare settings. Of these three factors, (1) and (2) in particular can be considered significant obstacles to work style reform.
 1. Duties are not uniform. They change continuously according to patients’ conditions (and include discontinuation, addition, and modification of treatments), and the number of irregular tasks is extremely large.
 2. Many people serve in multiple departments across organizations. They do not work at fixed times or places, and they are always on the move.
 3. Frequent changes in the healthcare system and health insurance system must be responded to.

Many diagnostic errors are rooted in the severe working conditions or work styles of medical specialists. Measures and environmental improvements that prevent diagnostic errors are needed to improve diagnosis quality and ensure patient safety.

- It has been reported that only a tiny amount of all diagnostic errors are caused by lack of knowledge or technical ability among medical specialists. Many diagnostic errors are caused by the effects of cognitive bias – in other words, when medical specialists are misled by convenient interpretations (Graber et al., 2005³). Medical specialists must be aware of cognitive bias and of situations where one is more likely to be influenced by it, and steps must be taken to establish work environments that reduce the influence of cognitive bias to prevent diagnostic errors.
- When someone is tired, has not slept, or feels over capacity, they are more susceptible to cognitive bias. In the National Health Services (NHS) in the U.K., a campaign for new HALT (hungry, angry, late, and tired) was conducted at Guy’s Hospital and St. Thomas’ Hospital to promote breaks for medical specialists during working hours. Workshops and lectures aimed at improving medical specialists’ health and wellbeing were also held.
- Medical specialists must be made aware that diagnostic errors are more likely to occur due to severe work environments and cognitive bias. Those who make diagnostic errors must have the perspective that their actions ultimately led to a diagnostic error.

Analyzing the everyday tasks performed by medical specialists shows tasks other than medical practice and care consume a large proportion of their time, and that schedules can be made more efficient using task shifting and new technologies

- Starting in 2018, a study has been conducted to examine actual working conditions for nurses that includes perspectives on AI, robotics, and task sharing and aims to identify burdensome tasks or tasks that nurses would like to delegate. A survey conducted in January and December 2020 among four nurses in two medical wards and two surgical wards of a university hospital measured how much time was spent on each task by shadowing them throughout the day. Most time was spent on directly providing care to patients, followed by movement within wards.
- Regarding tasks that nurses would like to delegate to AI or robots in the ward for treating moderate cases of COVID-19 (especially in the “red zone”), respondents selected “Cleaning corridors and disinfecting floors and walls,” “Transferring items in and out of the red zone,”

³ Graber, M. L., Franklin, N., & Gordon, R. (2005). Diagnostic error in internal medicine. *Archives of internal medicine*, 165(13), 1493–1499. <https://doi.org/10.1001/archinte.165.13.1493>

“Watching over and supporting patients with delirium or dementia,” “Notifying patients at mealtime and other events,” and “Providing assistance when operating negative pressure isolation wheelchairs and stretchers.” It is desirable that tasks which are not necessarily associated with direct medical care are shifted to robotic assistants and AI, such as transporting items or confirming information, so nurses can concentrate on providing nursing care.

Awareness toward the need for work style reform and new policies and systems is insufficient among medical staff other than those in leading administrative roles at healthcare institutions. True work style reform and changes in attitude in the field are needed.

- The bottleneck for information regarding work style reform is that hospital doctors lack sufficient awareness toward the topic. Although there are many lectures for management, methods of conveying relevant information to hospital doctors have not been established. As a result, attitudes in real-world clinical settings are not changing. To ensure healthcare remains safe, it will be necessary to advance reforms while providing accurate information to hospital doctors.
- Even after final decisions regarding systems have been made, there are still people in the field who say they do not know what they are supposed to do. It seems information is not reaching those working in healthcare settings. Although it has been decided that the revision to the Medical Care Act will go into effect from April 2024, it will be important to build out operations until systems are complete. This includes establishing detailed rules and deciding which organizations will perform which tasks.

There are gaps in awareness toward work styles among medical specialists, with generation gaps being particularly large

- Among physicians in their 60s and 70s, many feel that working outside of office hours is natural for anyone involved in healthcare. On the other hand, among younger physicians, there are many people who want to focus on work during working hours while maintaining ample leisure and family time. As time goes by, attitudes are shifting dramatically.

There is great diversity in types of healthcare institutions and their characteristics, so it will be necessary to examine circumstances at each institution and implement internal work style reforms tailored to each organization

- There are many different work styles among physicians and they vary according to region, specialty, and individual. It is because the optimal model differs from institution to institution that it will be crucial for each institution to consider internally which model is the best fit.
- The fewer physicians and the more overtime served at an institution, the greater its need for work style reform. However, the more severe the work environment, the harder it is to implement reforms. Determining how to address this gap is an issue that must be addressed.
- From the perspectives of medical staff, the existing frameworks are not functioning effectively. To achieve more effective organizational operations, it will be necessary to grasp current circumstances, sort issues, and provide management.

Handling highly confidential, personal information creates high hurdles for information collaborating using new technologies, and healthcare institutions lack human resources for ICT

- Owing to the nature of how private, personal information is handled at healthcare institutions, concerns regarding security are making it difficult to gain understanding among medical staff. This is creating a bottleneck for advancing work style reforms. There are high hurdles for improving efficiency using cloud technology and other ICTs to optimize internal operations at healthcare institutions or to coordinate information with third parties. Each healthcare institution will have to review practices for handling personal data safely when collaborating with third parties and take steps to ensure third parties stay compliant with guidelines.

- There are no specialists at healthcare institutions other than medical specialists. These institutions lack personnel who can teach others how to use digital tools, and there have been repeated troubles related to the internet environments set up at university hospitals. The attitude that one cannot assign a budget to a tool that one cannot see has become fixed, and digital tools cannot be operated without outside specialists.

Discussion 2 “Necessary Means And Solutions for Work Style Reform in Healthcare Settings”

Regarding effective means for reforming medical staff members’ work styles, there are vigorous policy discussions on promoting team treatment, reviewing the work styles and roles of each medical staff member (including task shifting and task sharing), and the use of innovative technologies such as ICT and AI. However, one encounters many difficulties when attempting to implement reforms in busy healthcare institutions. In fact, there are only a limited number of actual examples in which measures were introduced and efficiency was improved to address issues previously discussed in “Current Circumstances for Medical Staff Members’ Work Reform and Issues Unique to Healthcare Settings.”

The working group held a discussion that delved deeper into what will be needed to achieve true work style reform in actual healthcare settings, which is described below. Good examples for each theme are also included.

Promoting team treatment

To provide efficient and safe healthcare, healthcare must be faced in teams, not just by individual physicians. Collaborating across multiple professions and with patients and their families is important.

Measures to make team treatment work more effectively

- When promoting multidisciplinary cooperation, some say physicians can be difficult to talk to. Instead of viewing the physician as the sole leader, it is important to have senses of leadership and followership based on each team member’s role within the team and to establish effective task shifting and task sharing practices among physicians and other professionals in an objective, structured manner.
- Better workload management is certain to decrease physical and mental fatigue and enhance healthcare safety and quality. While physicians will be responsible for medical practices themselves, it will be necessary to promote the delegation of tasks and authority during medical consultations, with multi-disciplinary professionals having a sense of leadership and physicians having a sense of followership. This will make it possible to transfer substantial portions of procedural and decision-making duties to people in various positions.
- Technology can be useful for enhancing the effectiveness and efficiency of collaborative operations in team treatment, like when used to hold online departmental conferences or coordinating and sharing information over chat tools or communication tools. Using chat tools, users can send messages at times that are convenient for them, making it easier to ensure psychological safety within multidisciplinary teams. Furthermore, smartphone usage has become common in everyday life, so the use of smartphones presents relatively low hurdles for medical staff of all generations. ICT should be introduced while communicating its effectiveness and how it improves efficiency. When doing so, sufficient consideration should be given so people in age groups and professions who are not used to ICT do not get left behind.

Utilizing outside specialists not involved in healthcare-related duties and collaborating with private companies

Expanding the scope of duties for medical office workers will result in dramatic changes to the work environment in the field of healthcare, especially if their skills and knowledge in management and digitization are improved and utilized. It can also be effective to rely on outside specialists like licensed social insurance consultants, who can inspect and analyze labor situations at healthcare institutions and provide practical advice. Outsourcing to or collaborating with private companies is also effective for utilizing new technologies or operational management and personal service

methods. However, it will also be necessary to establish environments and build awareness within healthcare institutions so knowledge from third parties can be accepted and utilized.

Good examples of task sharing among medical office workers

- Reverse referrals (when physicians refer patients whose condition has stabilized back to their original family doctor or local healthcare institution after treating them through a referral) are a representative example of task-sharing in communities, but there were issues due to heavy workloads for physicians. That burden can be lightened if writing reverse referrals and providing patients explanations on the process are shifted from physicians to medical office workers. In fact, this form of task-shifting from physicians to medical office workers resulted in a 20% increase in reverse referrals.

Forms of support provided by licensed social insurance consultants

- Labor Environment Improvement Support Centers are located in all 47 prefectures and are staffed by licensed social insurance consultants who can serve as advisors on labor and provide practical advice on improving work environments. The MHLW and each Labor Environment Improvement Support Center recommend healthcare institutions seek assistance at these centers to prepare their work environments for when the revised Medical Care Act comes into effect in April 2024. This will allow them to receive advice on improving work environments from the perspectives of licensed social insurance consultants, who can inspect and analyze work content, find ways to supplement human resources efficiently to address personnel shortages, and introduce ICT. It is also recommended these Centers are utilized when creating plans to shorten working hours for physicians and when preparing for evaluations conducted by the Center for Healthcare Institution Work Environment Evaluation.

Utilizing private third-party companies when introducing operational reforms or new technologies

- The use of new technologies to improve workplace efficiency is advancing in various settings.
 - ✓ A test run of a system called the Tele-Intensive Care Unit (Tele-ICU) is currently underway. It allows one physician to monitor around fifty people by linking three or four Intensive Care Units (ICUs) online. It is also possible to make use of time differences and have physicians stationed abroad monitor patients during local afternoon hours. Tele-ICU systems have already become widespread in the U.S.
 - ✓ Health technology and services can be enhanced with AI to reduce workloads for medical specialists, such as by automating electronic medical record data entry or by providing diagnostic assistance through image and video analysis.
- Digital Transformation (DX) and ICT utilization are advancing, but instead of introducing them independently at healthcare institutions, it is also possible to use outside specialists or private companies to introduce them after analyzing and restructuring operational processes.
- Although schools, healthcare institutions, and municipal governments are smaller in scale than major corporations, specialized and easy-to-use cloud-based services for institutions like these have been introduced in recent years.
- In addition to utilizing ICT and AI, helpful examples can also be found by taking a slightly broader perspective and examining other industries and private companies. For example, one can look to good examples of work style reform in personal services in other industries. It is also useful to consider engaging in information exchange with nearby healthcare institutions or having personnel exchanges with the private sector.
- Due to a lack of financial and human resources, certain healthcare institutions are not necessarily able to replicate good examples of operational reform. Schemes are necessary to improve their capacity to respond to work style reform and adopt ICT, such as by organizing operations and dividing tasks with help from outside specialists and private companies.

Grasping internal operations and leadership in healthcare settings

To implement objective, effective measures, it will be necessary to visualize actual working conditions for medical specialists and to present data on the effectiveness of burden reduction measures. It will also be important for medical staff to share their awareness and objectives with each other and to cooperate on standardizing work practices and improving efficiency. While collaborating with third-party specialists and companies can be useful, the key success factors will be internal understanding of the unique circumstances at each institution, as well as internal attitude changes and leadership. Initiatives like these have resulted in more efficient work styles and greater satisfaction among both medical staff and patients.

Good examples of reducing workloads for medical specialists by examining and revising their duties

- Using methods from production management, the content and time spent by physicians was visualized. This made it possible to determine if hiring additional part-time staff to work certain hours would be sufficient and for additional, waste-free measures to be considered.
- A survey was conducted at several healthcare institutions to see who was performing which tasks. Results were compiled into a table and discussed, and certain tasks were shifted. For example, the transport of equipment and supplies for surgery and anesthesia to operating rooms was shifted from nurses and anesthesiologists to cleaning staff. This halved changeover time between surgeries and reduced the burdens on physicians and nurses. Actively showing results like these in data is important.
- A pediatric department of 12 pediatricians, one to three of whom were neonatologists, reached a shared understanding that they wanted to “Make the feeling of burden fair.” Under the condition that nobody would lose income, they changed from an overnight system to a night shift system and averaged the number of shifts and on-calls among the pediatricians and the neonatologists. They also developed a manual for keeping watch over the Neonatal Intensive Care Unit (NICU) and conducted a training program which resulted in fewer night calls for the neonatologists.
- Internal systems for incorporating external knowledge must be created. An environment must be established in which medical staff can converse with outside parties who possess knowledge on improving efficiency. To do so, establishing internal offices for promoting work style reforms at healthcare institutions and conducting hearings will be effective.

Good examples of combining leadership from medical staff in healthcare settings and utilizing new technologies

- From the perspective of reducing overhead duties while ensuring healthcare quality, a head nurse serving as head of a work style reform promotion office was able to reduce overtime worked by 60% using ICT.
 - ✓ By dividing each ward into cells and taking a team response while using an SNS to keep in touch, distance traveled per nurse was reduced by 2.4 km and time-at-bedside increased by 60 minutes.
 - ✓ Using AI can make it possible for medical staff to receive real time information like which elevator can make movement the smoothest at the moment, or which rooms are available. This can reduce the time medical staff spend moving around facilities. Good practices and information like this can be expanded to many healthcare institutions.

Eliminating gaps and promoting changes in attitude toward work style reform among medical specialists of different generations and disciplines

To eliminate gaps and encourage changes in attitude regarding work style reform among different generations and disciplines, it will be necessary to promote improvements after reaffirming and sharing awareness toward providing high quality medical and nursing care.

- Due to differences in education provided to people of different generations, attitudes toward work do not always align. For example, many people do not understand how people from other generations go about completing their work or, conversely, push their own work practices onto others. People who protect their responsibilities in a territorial manner, as if they do not want their duties taken away, are also common. To avoid forcing work styles on each other, after identifying which tasks must be performed by which specialist and which tasks can be shifted, it will be necessary to carefully separate responsibilities. Developing, introducing, and horizontally expanding a standard model for assigning the right person to the right job is also likely to be effective.
- It seems that members of the relatively younger generation are often less hesitant to use AI and robots to provide work assistance to nurses. However, nurses have also reported that they do not want nursing robots at all, but that they would like to increase time-at-bedside with patients. This means methods of indicating which indirect tasks should be shifted to AI or robots will be necessary so high quality nursing care in line with its original philosophy can be provided.
- From a medium- to long-term perspective, to advance optimal staff assignments and task shifting, it will be necessary to develop high-quality educational practices and human resources like people who have completed training to perform specified medical procedures.
 - ✓ One graduate school includes training for perianesthesia nursing as part of its master's program. Currently, 20 people have completed that program and are actively working in the field. This demonstrates the importance of designing quality-assured education to develop peoples' abilities.

Deepening awareness toward work style reform among top administrative staff

Leadership from top administrative staff at healthcare institutions will be essential to advance work style reforms. Effective measures for providing leadership include developing a standard toolkit and sharing know-how for grasping actual work conditions, sharing and horizontally expanding good, evidence-based practices, and providing budgetary measures and other financial incentives.

- Public institutions and academic societies must actively present standard models and provide convincing data and evidence to top administrative staff at healthcare institutions. For example, they should actively utilize and spread their know-how for conducting surveys on actual working hours like those presented at MHLW committees.
- For healthcare institutions, the main bottleneck for progress on work style reform is lack of funding, particularly for the large proportion required for personnel expenses. However, some healthcare institutions are starting to see more room in their budgets because of COVID-19-related subsidies, so now may be a good chance to implement reforms.
- It will be necessary to think of methods of encouraging action among top administrative staff at healthcare institutions. For example, the Government could provide financial incentives for healthcare institutions that lead the way in reforming work styles.
- On the other hand, there are limits to the leadership and authority of heads of healthcare institutions. Major changes will not be possible without further top-down efforts at the administrative district level, such as from the Tokyo Office of Metropolitan Hospital Management.

Promoting appropriate medical consultation-seeking behavior among the public

When implementing work style reforms for medical staff, it will also be important to encourage appropriate medical consultation-seeking behavior among the public, who are the recipients of healthcare. By sending the message, "We must all work together to ensure safe, high-quality healthcare and to protect medicine in the future" to the public, in addition to publicizing information needed to promote correct understanding toward the need for work style reform for medical staff, it will be effective to horizontally expand a structural approach model for promoting

appropriate medical consultation-seeking behavior.

- Instead of mistaken messages like, “Doctors are busy, so just put up with whatever is bothering you,” to ensure the safety and quality of healthcare now and to protect the healthcare of the future, the message that should be communicated to the public is, “Healthcare is something we all protect together.”
- Methods of providing medical consultations to people whose conditions are not severe vary greatly by administrative district. In Utsunomiya City, for example, patients with minor emergencies are consolidated at primary healthcare institutions. This can serve as a model. It would be good to consider the horizontal expansion of best practices like this one.

Acknowledgments

We express our sincere gratitude to the many specialists listed below for participating in this working group meeting and for sharing their valuable opinions.

Working Group Meeting Participants (Titles omitted. Please note that positions listed were current as of the day of the meeting.)

Special advisor

Hanako Jimi (Member, House of Councillors)

Working group members (in alphabetical order)

Michiko Fukushima (Representative, Michiko Fukushima Social Insurance and Labor Consultant Office)
Takahisa Goto (Director, Yokohama City University Hospital)
Kayo Ishikawa (Director, HITO Medical Center, Medical Group ISHIKAWA)
Tomoko Komagata (Nurse, Healthcare Development Section, Management Planning Department, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Japan)
Takumi Kubota (General Manager, Ageo Medical Group Council)
Daisuke Ogata (Consultant and Physician, High-Z Inc.)
Kunihiro Ohyama (Executive Officer and General Manager, Medical and Pharmaceutical Sales Division, Public Sector Business Group, Microsoft Japan)
Yasuhiro Sensho (CEO, SENSHO-GUMI Co., Ltd.)
Satoshi Takayama (Corporate Senior Officer, transcocosmos inc.)
Ikuko Toyoda (Chairperson, NPO Kakehashi)
Satoshi Watanuki (Medical Director, Division of Emergency and General Medicine, Tokyo Metropolitan Tama Medical Center)

Observer

Hironori Tsuboi (Director, Medical Labour Planning Division, Labour Standards Bureau, Ministry of Health, Labour and Welfare (MHLW); Nursing Division, Medical Institution Management Support Division, Health Policy Bureau, MHLW (Concurrent))

This proposal was compiled by Health and Global Policy Institute (HGPI) in its capacity as an independent, non-partisan health policy think-tank based on a discussion conducted under the Chatham House rule at an Expert Working Group Meeting on December 1, 2021.

For inquiries, please contact:

The Health and Global Policy Institute Work Style Reform for Medical Staff Project Team

Eri Yoshimura (Senior Manager, HGPI)

Yuko Imamura (Manager, HGPI)

Takahiro Sakauchi (Associate, HGPI)

Akira Shimabukuro (Program Specialist, HGPI)

This report is copyright 2022 Health and Global Policy Institute.

特定非営利活動法人 日本医療政策機構

〒100-0004

東京都千代田区大手町 1-9-2

大手町フィナンシャルシティ グランキューブ 3 階

グローバルビジネスハブ東京

TEL: 03-4243-7156 FAX: 03-4243-7378

Info: info@hgpi.org

Website: <https://www.hgpi.org/>



Health and Global Policy Institute (HGPI)

Grand Cube 3F, Otemachi Financial City,

Global Business Hub Tokyo

1-9-2, Otemachi, Chiyoda-ku, Tokyo

100-0004 JAPAN

TEL: +81-3-4243-7156 FAX: +81-3-4243-7378

Info: info@hgpi.org

Website: <https://www.hgpi.org/en/>