barriers to optimal health care treatment.

If there is,

a. Is it obligatory or voluntary?

b. Who collect data?

c. Who analyze the data?

d. Is there any legal protection for reported cases against lawsuit?

2. Complains from patients or their family

Is complain data collected and analyzed? If so, how?

The Danish Patient Insurance Scheme collects all the incoming data in a systematic and consequent way. The Danish Patient Insurance Scheme analyse the data in a systematic and consequent way. The Patients Board of Complaints on the contrary do not analyse the data in a systematic and consequent way.

D. Legislation

a. With regard to a legal system, if someone reports a case and the error is not caused by her/his negligence or system error, we heard that there is indemnification system in some countries. Do you have the same system in your country as well?

Yes, this system is incorporated in the Danish Patient Insurance Scheme. Therefore, if a case is reported to the Patient Insurance Scheme, and any harm caused to a patient is not the result of neglect or system error, there will and still is the possibility for the patient to get compensation.

b. Is there any no fault compensation scheme for medical errors similar to a no fault compensation scheme for side effects of drug?

Yes, see D a.

E. Concept of Quality and Safety

1. Health care quality and medical error/accident

In the IOM report, "To Err is Human", there is a discussion that we have to take a measure against both health care quality and medical errors because they have the same root cause. Is

this concept prevailing in your country?

Please rephrase the question.

2. Concept of patient safety

In the same report from IOM, the importance of a concept of patient safety is proposed against risk management to hospitals for litigation. Does a concept of patient safety prevail in your country?

The concept of patient safety is about protecting the patient from harm. Risk management and litigation are minor issues because of the no-fault insurance system prevalent in this country.

F. Risk Management at Hospital or Clinic level

1. Risk Manager

a. Is there an organization to train a risk manager in your country?

No.

b. Is there any post taking charge of medical error prevention such as risk manager in a hospital?

Yes there are such risk managers and training units only on local levels, please see the answer to question B 2.

2. CQI (Continuous Quality Improvement) / Patient Safety

Do you have integrated managing unit in hospital for quality and error?

Yes, such units would typically be integrated in the quality assurance units in hospitals and in other levels of the health care system.

3. Fail Safe and Fail Fault System

Is there any pattern of system to improve patient safety in each high-risk area such as

anesthesia, surgery, ICU, delivery and emergency room in a hospital?

Yes there are several procedures to improve patient safety in high-risk areas. One major example of this can be mentioned as The Nationwide County Based Parental Audit. And in other areas of the system, strategies to improve patient safety prevail.

4. Specific Measure for High Frequency Risk Procedure

Has specific measure been developed to prevent medical errors such as medication error, transfusion error and falls?

Yes, specific measures have been developed and implemented but only in varied local areas.

5. Risk Analysis Method

What methods are generally employed to analyse risks associated with medical errors at health care institutions?

That is difficult and if not almost impossible to answer on a general level, since in Denmark almost every county has developed a different local system. Some places generally use root cause analysis, and others use an internal audit on implicit criteria.

6. Education and Training for Employee

a. **Is there any training course for employees in a hospital?**

   Yes, there are several local arrangements in order to train employees in patient safety procedures. In The Copenhagen Hospital Corporation for example patient safety officers are trained at a 3 days course in patient safety.

b. **Is there any hospital or clinic which develops educational tools and/or training materials designed to alter behaviors to prevent errors and increase safety?**

   The development of materials and education in patient safety are primarily done regionally in hospitals countywide. But as such, there is no country-based institution that is responsible for this development.

Response to the international comparative survey of medical Accident prevention and patient safety policy
The Korea situation

Respondent: Ok Ryun Moon

A Survey of Medical Accident Prevention Policy

Questionnaire on international comparison of medical accident prevention policy

Questions & Answers

A. Information on Medical Error

1. Studies and research activities on medical accidents/errors

a. Are there any epidemiological studies in your country concerning medical accidents/errors?

There are no epidemiological studies concerning medical accidents/errors in Korea.

b. Is it known whether the number of medical accidents is increasing or decreasing?

Regarding this issue, we have no official statistics available but can estimate a total number of medical accidents through the judicial statistics called *Sabop-Yongam* published by the Ministry of Court Administration (MCA), the actual mutual cooperative deduction results collected by the Korean Medical Association (KMA), the documents of the Korea Consumer Protection Board (KCPB), and statistics provided by the organizations of people injured or harmed from medical accidents.)

According to the judicial statistics, Korea's malpractice suits are gradually increasing. The specific figures supporting this fact are available in the following answer to the 2. b question. By putting together medical malpractice suits that have been requested to the KMA for asking medical expertise and those cases filed as medical accidents in the KMA, we can see the gradual soaring trend(Table 1). Yet, an overall trend shows that medical disputes are continuously increasing. When it comes to medical specialties, until 1995, malpractice relating to orthopedics accounted for the largest portion of total medical accidents, but afterward, internal medicine, orthopedics, neurosurgery, and obstetrics and gynecology have been the areas where most of errors happen -- in the order of the number of medical accidents. In 1999, the number of medical accidents occurring in these four specialties recorded a very high rate, 63.5% of the total medical accidents. As for the types of

errors filed as medical malpractice, there were surgeries, natural childbirths, treatments, injections and Caesarian section in 1995, in the order of the number of medical accidents.

<Table 1> Medical cases filed per annum in the Korean Medical Association (1991-1999)

Year	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number of cases	184	246	409	503	646	760	969	1,310	1.311

With regard to health care institutions filed as accountable for medical accidents, there were privately-owned general hospitals, private clinics, and city-owned university hospitals in the order of the number of medical accidents.

From April of 1999 when the amendments of the Consumer Protection Act started to be enforced to the end of December of the same year -- for around 9 months, a total of 5,670 consultation cases relating to medical malpractice were filed and dealt with by the Korea Consumer Protection Board, recording a monthly average of 630 cases(Table 2).

<Table 2> Consultation cases filed and handled by the Korea Consumer Protection Board (From April to December, 1999)

Month	Apr.	Jun.	May	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
No. of cases	455	523	739	610	774	643	593	690	643	5,670
(%)	8.0	9.2	13.0	10.8	13.7	11.3	10.5	12.2	11.3	100

c. How much is allocated in the national health budget for research activities on medical error?

No allocated budget has been reported specifically for research activities on medical errors.

d. Is the status of medical errors understood well in your country?

First, medical disputes have been on the rise due to the change of public awareness and the increasing demand for medical services. In other words, people are more and more aware of their rights. Also, as all Korean people become covered under the national health

insurance system, they are able to see health care providers more often. Even through various media, they can get diversified information on health care. Due to these various reasons, medical disputes have been rapidly increasing in Korea. Among them, there were cases that would not have been developed into disputes if the time had been different. Therefore, a fast and simple system to deal with such disputes should be established.

Secondly, there is a trend where more and more medical disputes involve violence and collective action. Since the 1980's, without a procedure to accurately find out causes of medical accidents, medical disputes have been solved through violence exercised to heath care providers and institutions. In particular, collective action became a phenomenon in addressing disputes, even causing a third party to intervene and worsen the situation. As a result, it is difficult for medical professionals to perform normal medical activities with more fear and risk present. Thus, an institutional scheme is necessary to ensure the sound medical environment.

Thirdly, more and more people view medical disputes as one of the responsibilities our society should take. In the past, the dispute was considered as a private conflict between a patient and a health care provider. Thus, there was little intervention from the society. Currently, however, medical disputes are rapidly rising, leading to serious confrontation between the parties concerned and even to various social problems. Also, public awareness has been enhanced enough to recognize that medical disputes are caused not only by medical staff's errors, but also by the incomplete social system. Under these circumstances, the social liability for medical accidents has been raised among concerned people.

2. Public concern about medical accidents/errors

a. To what extent are medical accidents/errors arousing public concern in your country?

We do not have specific references relating to the public concern over medical accidents/errors. Yet, according to a list of the Korea's National Assembly Library, 17 academic theses for master degree, 28 books, 28 contribution theses and 25 reports on medical malpractice have been published since 1990. This increasing number of theses and books seems to show rising academic and social concern about medical accidents.

The Study on the Thought of Seoul Citizens about Medical Accidents, a master thesis written by Seol-Hye Han at the Graduate School of Ewha Womans University, shows the following results of two telephone surveys where male and female citizens over 20 years old of Seoul were asked questions relating medical accidents and disputes. 705 people

participated in the first survey conducted in December 1995, and 319 people in the second survey of April 1999.

① In 1999, among the types of medical accidents experienced by respondents, false diagnosis recorded the highest rate of 14.7% in frequency, followed by side effects of medicines (10.7%), surgery-related errors (8.6%), errors in injections or treatments (7.8%), errors in childbirths or abortions (5.6%), anaesthetic errors (2.5%), and inadequate emergency treatments (1.9%).

② In the survey of 1999, 67% of the respondents who suffered from medical malpractice answered that they raised an issue to a provider regarding their case. As for the types of dispute settlement, mutual agreement between the parties concerned accounted for the largest portion of 33.3%. However, this figure was a sharp drop from 63.0% in 1995.

③ 77.3 % of all respondents in 1995 and 79.9% in 1999 said that judicial decisions on medical disputes are made in a manner more favorable to medical doctors than patients. The respondents who had experienced medical accidents, 84.2% in 1995 and 89.0% in 1999, also said that heath care providers have far much more advantages than patients in judicial judgments.

④ Regarding the necessity of a arbitration committee, an absolute majority of people, 96.2% in 1995 and 95.0% in 1999 said that such a committee is necessary. In addressing the issue of compensation for medical accidents, 52% in 1995 and 46.4% in 1999 said that they would resort to the committee.

⑤ As for the compensation for unavoidable medical errors, 53.0% of the 1999 respondents and 67.0% of the 1995 respondents said that patients should be able to receive compensation for such accidents. Also, in this case, 48.5% in 1999 and 35.4% in 1995 believed that both health care providers/hospitals and health insurance associations are responsible for such compensation.

⑥ With regard to the compensation for the death of a patient caused by a doctor's negligence, 69.1% in the 1999 survey and 58.4% in the 1995 survey said that such a compensation is the sole liability of the doctor/hospital.

⑦ For a question asking about the mostly-required quality of a doctor to prevent medical errors, respondents answered in both the surveys that, if a doctor is not specialized in the area a patient needs to be checked up, s/he should advise the patient to see another specialist while explaining the reasons fully by using easy terms.

⑧ As for the most important factor causing medical disputes, 61.1% of the 1999 respondents and 49.8% of the 1995 respondents pointed out the insincere attitudes of a doctor/hospital trying to avoid responsibilities.

In a master degree thesis titled "A Study of Reasons that Patients and Families Take Medical Dispute" and submitted to the Graduate School of Health Science and Management, Yonsei University, Hang Suk Cho draws the following conclusions through analysis of a mail survey targeting the 234 members of the Medical Malpractice Sufferers' Families Association.

① Less than 10% of all respondents were satisfied with the explanation and attitude of a doctor or hospital toward a patient.

② Through analysis on the causes of medical disputes, various answers from respondents were able to be classified into four categories: The first category of the answers is respondents' dissatisfaction in the doctor/hospital attitude. Respondents pointed out doctors' arrogance, hospitals' insincerity, no regrets and insufficient explanation. The respondents included in the second category said that they got involved in medical disputes to prevent the future medical accidents -- more specifically, to establish a relief system, to find out the real causes of a medical accident, to refute an argument made by a health care provider, and to keep similar medical errors from occurring again by giving other people warnings. In the third category of calling a doctor/hospital to account, respondents said that they were engaged in medical disputes to see a doctor punished, to follow advise and recommendation from an expert or acquaintance, to have appropriate medical services, and to receive all the treatment records such as medical charts once refused to present by doctors/hospitals. The last category of participants said that they sought compensation including treatment fees and consolation money. Among the fourth categories, relative importance goes to, in the following order, the prevention of medical accidents, dissatisfaction toward attitude, pressing accountability and compensation.

③ To prevent medical malpractice from entering into disputes, many respondents said that a doctor/hospital should show a sincere attitude toward a harmed or injured patient. As for a supporting system to be established regarding medical disputes, respondents emphasized a fair legal ground.

b. Is the number of lawsuits concerning medical accident increasing? Please provide recent statistics if available.

According to the judicial statistics, medical lawsuits are increasing annually. The number of the first trials was 290 in 1996 and increased to 399 in 1997 and even to 542 in 1998. The number of the second trials caused by appeals was 34 in 1996 and increased to 82 in 1997 and to 146 in 1998. In 1999, the first trials recorded 519 and the second trials 190(Table 3).

<Table 3> The Annual Number of Claims for Damages by Medical Malpractice

Year	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number	69	84	128	75	179	208	179	290	399	542	519

c. Is the industry interested in patient safety?

For patient safety, the pharmaceutical industry makes efforts as follows:

First of all, along with effectiveness, safety is the most important part in pharmaceuticals. Thus, from development to roll-out, all drugs go through preclinical research(animal) and clinical studies(human). Once on the market, the drug should be verified as safe through the Post Market Survey (PMS). Likewise, after the safety of a drug is secured in such a scientific manner, the drug can be manufactured in large volume at factories. Each manufacturing procedure is controlled under a strict quality assurance (QA) system. In Korea, such quality control originally depended on pharmaceutical companies. At present, however, certain facilities should be established for companies to comply with the Korean Good Manufacturing Practices (KGMP) and to roll out new products. Maintaining product quality during transportation is as much important as manufacturing drugs under the QA system. Thus, another guidelines exist for the maintenance of pharmaceuticals.

3. Impact of IOM report

Please assess the influence in your country of the report from the Institute of Medicine in the U.S., To Err is Human.

As of now, no influence is specially reported .

B. Action by Stakeholders

1. Government action toward medical accidents/errors and patient safety

Has the government instituted policies especially for medical accidents? If so, please describe the policies including their historical development.

One of exemplary policies implemented by the Korean Ministry of Health and Welfare (MOHW) is to push for the enactment of the Medical Dispute Arbitration Act. So far, the MOHW has tried to make this enactment realized three times. The Medical Dispute Arbitration Act has been discussed to efficiently prevent medical disputes, to overcome doctors' defensive treatments to institute an appropriate level of compensation for damages, to evaluate and deal with medical accidents with expertise, and to cope with and resolve medical errors in a special manner(Ho Kuong Chu, *A Study on Medical Errors,* Ph. D. Degree Thesis, School of Public Health, Seoul National University, pp 299-301, 1991)

At present, the Article 54.21 of the Health Care Act sets out that to prevent medical disputes, a Central Health Care Supervision and Arbitration Committee shall be established under the Minister of Health and Welfare and the Local Health Care Supervision and Arbitration Committees under mayors and governors. The Articles 54.3 and 54.8 of the same Act also provide specific regulations for such committees. However, there is no dedicated organization to manage the committees and, moreover, the committees should not accept an application for arbitration if the case concerned is under police investigation or under trial. As a result, despite their establishment in 1985, they have not given much assistance for the resolution of medical disputes(Oh-seong Gwon, *The Consumer Protection Act,* p 234, 1996).

Up to now, the Korean government submitted three drafts for the Medical Dispute Arbitration Act to the National Assembly -- in 1994, 1995 and 1998. At the fifteenth National Assembly, three drafts were pending; one from the government (the 1998 draft) and the others from the National Assembly. However, all of them were automatically abandoned with the fifteenth term of the National Assembly completed. In other words, the last draft of the government and the two drafts submitted by congressmen to the Health and Welfare Committee of the National Assembly have been all abolished automatically(Ibid., p240).

As for additional draft acts, there were a draft of the Medical Malpractice Special Act proposed in 1988 by the Korean Medical Association, a draft of the Medical Dispute Settlement Act submitted in 1990 by the Association of Physicians for Humanism, and a draft of the Medical Malpractice Prevention and Resolution Act by the Doctors' Association.

The 1998 draft from the government included mainly the establishment of the Medical Dispute Arbitration Committee, arbitration-first principle, mandatory participation in a mutual aid

association against possible medical malpractice, and the lessened criminal liability of medical staff. From 2001, the enactment of the Medical Dispute Arbitration Act has been under discussion once again.

2. Action by other stakeholders

What policies have been instituted by provider associations such as medical doctors, nurses, or hospitals?

To reduce medical accidents, the Korean Medical Association establishes and disseminates the following directions to its members:

1) Maintain close relationship with patients. 2) Make efforts to enhance your quality of medical services. 3) Pay attention to patients' management. 4) Keep an accurate and detailed record of treatment. 5) Thoroughly fulfill the obligation of explanation. 6) Continue the follow-up of treatment. 7) Do not let an unqualified person provide health care while you are away. 8) Be careful not to make false diagnosis. 9) Be careful with emergent treatments. (Pay special attention when you deal with emergent patients including old and weak patients, terminal patients, and patients in their last moments. In particular, use a limited set of injections and drugs for those patients. If a patient is dead after having an injection or taking a medicine, a medical dispute often occurs without the accurate evaluation of the patient conditions.) 10) Be careful with adverse effects of injections or drugs. 11) Try not to give, if possible, an injection or medicine. (Injection or medicine should be given on a limited basis to patients in mal-condition, those unable to be diagnosed and the old and weak).

In the past, medical institutions could prescribe and give medications after diagnosing patients. However, through the separation of dispensary from medical practice, a patient should see a doctor to receive a prescription and visit a pharmacy to have drugs dispensed. As a result, it becomes uncertain who is responsible for a medicine-related error. To solve this issue, the Korean Medical Association strongly requests the government to push the enactment of the Medical Dispute Arbitration Act as an alternative policy.

3. Action by patients, patient groups or representatives

Do patients, patients groups or representatives have a strong influence on governmental or health care professional activities for medical error prevention? If so, please describe.

Above all, consumer groups try to resolve medical accidents through the relief system for sufferers from medical malpractice, provided under the Consumer Protection Act. This relief

system has been implemented since April 1999, in accordance with the same Act. During the 16-month implementation period (Apr. 6, 1999 to Jul. 22, 2000), around 10,700 cases were filed regarding health care services. Of them, 522 cases, 5% of the total number of applications, were not settled through consultation and, thus, underwent arbitrary procedures.

There are also activities by private groups such as the Medical Malpractice Sufferers' Families Association. A discussion was once made on whether or not public funds could be provided to private organizations.

4. Third Party Accreditation

With regard to quality, a third party organization evaluates hospital performance and accredits hospitals in many countries. And in some cases, the organization rates/ benchmarks hospitals or health care institutions. Is there such an organization in your country? If so, please describe its responsibility and activities briefly. Also, what results (if any) of the evaluation and accreditation process are made publicly available?

There are various evaluation systems for Korean health care institutions, including the Medical Services Evaluation for Health Care Institutions, the Hospital Standardization Evaluation and the Periodic Assessment for the Performance of Specialized Sanatoriums. Among them, the Medical Services Evaluation for Health Care Institutions has been a pilot project implemented by the government since 1995, but the actual implementation has not yet been settled. As for the Periodic Assessment for the Performance of Specialized Sanatoriums (1998), it is mainly used to designate an entity as a specialized sanatorium. Thus, in reality, this program does not serve for the quality improvement of medical institutions. The Hospital Standardization Evaluation (HSE) was established in 1981 under the management of the Joint Commission on Accreditation of Hospitals, in order to enhance the quality of hospitals where specialist physicians-to-be get trained. This program is believed to strengthen the quality of medical services in a broad manner. The HSE mainly evaluates Quality Assurance (QA) and Utilization Review (UR) that are conducted by every unit within a hospital.

C. Information Systems

1. Reporting system/ information system

Is there any nationwide reporting system for medical accidents, analogous to a reporting system in the aviation industry, or the adverse event reporting system in Australia?

There is no nationwide reporting system in Korea. Thus, a total number of medical accidents is merely estimated through the number of lawsuits filed in courts and statistics provided by the Korean Medical Association and other private organizations.

Korea's medical informatization remains weak, leading to the absence of an information management system regarding medical accidents. Thus, some argue that to address this issue and to resolve medical disputes in a rational way, an information management system for medical malpractice should be established. Through such a system, they believe that information such as records on medical errors, disputes and dispute arbitrations can be reserved and managed. Also, by analyzing and evaluating such information, we can enhance the quality of health care services. If this system is set up, standards for the assessment of medical errors and for suffecars' compensation will be established and a program for medical accidents' prevention will be developed.

2. Complaints from patients or their families

Is complaint data collected and analyzed? If so, how?

Each court makes a statistic material based on lawsuits filed in the court. Then, the Ministry of Court Administration collects all the statistics and publishes annually the judicial statistics called *Sabop-Yongam*. The Korea Consumer Protection Board also gathers information based on the medical accidents reported to them. Additional information is available by private organizations such as the Medical Malpractice Suffers' Families Association and the Medical Malpractice Sufferers' Families Union, based on the medical accidents consulted with them. However, one big difference exists among these materials. The statistics presented by the Ministry of Court Administration includes only the medical accidents involved in lawsuits, while other statistics shows the cases mostly under consultation before trial.

3. Public availability of medical outcome information

Please describe the extent, if any, to which medical outcome information and other information on medical quality is available to the public. In particular, is such information available on a provider-by-provider basis?

The Korea Institute of Health Services Management once studied about an evaluation system for medical services. In addition, media such as the Sisa Press and the Dong-A Ilbo evaluated the medical quality of hospitals by specialty and reported the results of such evaluation. The cases regarding the operation of Caesarian section have been researched

and the result has widely been published by the National Health Insurance Corporation.

D. Legislation and Judicial Involvement

1. With regard to the legal system, if someone reports a case and the error is not caused by her/his negligence or system error, in some countries the reporter is protected from legal liability. Do you have the same system in your country as well?

Currently, we don't have such a system.

2. Is there any no fault compensation scheme for medical errors similar to the no fault compensation scheme in some countries for side effects of drugs?

As of now, there is a no fault compensation scheme for medical errors. However, regarding this issue, a strong argument is raised that if a state imposes an obligation for patient treatment on health care providers and they cannot refuse such duty, the state should be responsible for medical accidents resulting from the fulfillment of such a forced contract. In particular, if a no-fault medical error is caused by the necessity to comply with health and welfare policies, the nation should shoulder part of the liability of a provider.

This concept of no-fault compensation has been already introduced in the Epidemic Disease Control Act. If a medical accident occurs due to the vaccination against an infectious disease, without a doctor's negligence and if a state avoids its liability that cannot fall under the doctor, the victim concerned will ask the doctor to pay compensation for damages. As a result, medical institutions may avoid providing vaccination against epidemics, causing the prevalence of infectious diseases. To keep this situation from happening, the Epidemic Disease Control Act sets out a regulation, under which the state should pay compensation for the damages caused by no-fault medical accidents arising from vaccination against infectious diseases("The State shall grant compensation for the cases set out hereinafter in accordance with the standards and procedures prescribed under the President's Decree, if a person who received a vaccination in accordance with Article 10.2 or 12 of the Act becomes ill, disabled or dead due to the vaccination," Article 54.2.1 of the Epidemic Disease Control Act).

In Korea, it is expected that compensation for the damages resulting from medical malpractice will be further analyzed before a longer-term measure to resolve the compensation issue is institutionalized. A contract system to cover convalescence fees was adopted and involves the issue of a medical malpractice fund. A measure can be reviewed to utilize part of the fund as a financial resource for no-fault compensation.

E. Concept of Quality and Safety

1. Health care quality and medical error/accident

In the IOM report, To Err Is Human, there is a discussion that we have to take a measure against both health care quality and medical errors because they have the same root cause. Is this concept prevailing in your country?

The idea of QA or QI has become popular recently. However, the discussion on the direct linkage between health care quality and medical errors is not easy to find in Korea.

2. Risk management and patient safety

The practice of risk management in some settings has come to signify the protection of hospitals against the risk of litigation by patients. The IoM report stressed, by contrast, the importance of patient safety as the proper goal of risk management. How would you assess the actual practice of risk management as it exists in your country, as between these two models?

In Korea, it seemed urgent to protect a hospital from physical violence or artificial turmoil. However, as times has passed by, the issue of patient safety becomes increasingly important. Various drafts of the Medical Dispute Arbitration Act have been drawn up for risk management, but this act has not yet been enacted. Under the proposed Act, if a health care provider joins a mutual aid association, s/he is free from a prosecutor' indictment in certain cases. Also, there are a mutual aid system operated by the Korean Medical Association and insurance systems managed by insurance companies. However, these systems play little role in reducing real risks.

The Hospital Standardization Evaluation (HSE), carried out at the hospital level, enables hospitals to carry out quality assurance program and to establish an action plan for their infection control program, and to review the results of their activities such as feedbacks for continuous quality improvement. Thus, risk management at hospitals is mostly carried out through medical quality improvement programs.

F. Risk Management at Hospital or Clinic level

1. Risk Managers

a. Are there organizations to train risk managers in your country?

Korea has not yet had such organizations.

b. Do hospitals in your country have a specific post for a person charged with the responsibility of medical error prevention?

It depends on hospitals/clinics. Yet, in most of them, a unit charged with the responsibility to improve the quality of medical services is managing such task in an integrated manner. If a medical accident occurs, it is usually handled by a person working at an administrative unit. However, no specific post for medical error prevention has been reported.

2. CQI (Continuous Quality Improvement) / Patient Safety

Do you have integrated managing units in hospitals for continuous feedback looks to improve quality and prevent error? If so, please describe.

It differs from hospital to hospital. Yet, in most hospitals, a unit in charge of improving the quality of medical services manages such task in an integrated manner.

3. Fail Proof and Fail Safe Fault Systems

Is there any package of systems to improve patient safety in each high risk area in a hospital, such as anesthesia, surgery, ICU, delivery and emergency room? If so, please describe.

In most cases, units for medical quality improvement manage risks in hospitals. Yet, in some cases, unit subcommittees carry out risk management. For example, the risks associated with intensive care units are managed by subcommittees for intensive care units, and those of emergency rooms by subcommittees for emergency rooms. According to the opinions of such subcommittees, necessary measures are taken.

4. Specific Measures for High Frequency Risk Procedures

Have specific measures been developed and widely instituted to prevent common accidents such as medication errors, transfusion errors and falls? If so, please describe.

In a large hospital, a drug committee is established to prevent medical malpractice. Concerning transfusion, there is no specific organizations for transfusion but special attention is given to blood typing and matching.

5. Risk Analysis Methods

What methods are generally employed to analyze risks associated with medical errors at health care institutions?

After the quality improvement unit analyzes reports submitted by each unit in hospitals, it reports to the quality improvement committee with respect to high-risk issues and prepares countermeasures. The Hospital Standardization Evaluation thinks very highly of these post reports, the contents of feedbacks, and activities relating to future countermeasures.

6. Education and Training for Employees

a. What special training courses oriented toward patient safety, if any, are offered or required for specific groups of hospital employees?

No special training courses for patient safety are reported.

b. Is there any hospital or clinic which develops educational tools and/or training materials designed to alter behaviors to prevent errors and increase safety?

There are several tertiary hospitals that have developed their educational programs for quality improvement; for example, Samsung Hospital, Seoul National University Hospital and Hyundai Jung Ang Hospital, etc.

The Hospital Standardization Evaluation (HSE) requires a hospital to establish yearly education programs by units and to submit the results of such education. If there is an insufficient training area, the HSE offers guidelines for such area. Health care institutions except those that train interns and residents by themselves are recommended to enhance cooperation for improving quality of care among the medical institutions within a local area.

Peer Review

Please briefly describe the peer review systems prevailing in your country, or provide descriptive references.

If you mean an (external) peer review system for medical accidents, there is no such organization, as yet.

The Health Insurance Review Agency once conducted a study on peer review systems. According to the study, such systems should be introduced not for punishment, but to improve service quality through education and training. The report said that, since the Review Agency has adopted evaluation function in addition to review function from the beginning, it is recommendable that a peer review system be introduced in the agency. (*A Study on the Evaluation of Appropriateness of Health Insurance Benefits* conducted by Ok Ryun Moon and others).

Response to the international comparative survey of medical Accident prevention and patient safety policy
The Taiwan situation

Respondent: Chih-Liang Yaung and Yahui Sophie Hsieh