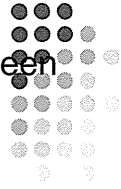
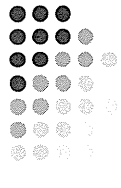
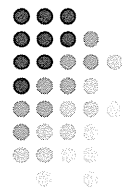
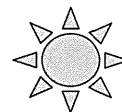


- 
- My group has been studying the effects of the interactions between the community members and psychologically handicapped individuals in Japan since 2005.
 - Geographical, economical, and cultural characteristics of the community are important factors in supporting the psychologically handicapped. It is also important to consider what residents potentially need from the psychologically handicapped in the community (Shimizu et al. 2006, Sugiyama et al 2007).
 - We found from the interviews that having the opportunities for the community members and the psychologically handicapped individuals to interact appears to be extremely valuable for both.
 - In 2007, we conducted a study with several lectures and group-works at A area and began the activity through which we think about activity which abolishes the prejudice to mental disorder in the community
 - As a result of the activity of 2007, the residents were able to reconfirm their own needs by attending the lecture. But it is difficult to promote the understanding about what the community needs from the mentally disordered.

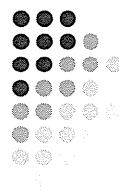
- 
- On the other hand, at the group-work, the residents and mentally disordered people started communicating with each other closely and the residents listened to the needs of the other party. As a result, mentally disordered people felt empowered and expressed their needs openly. During the process, the community residents appeared to deepen their understanding of the psychological needs of the mentally disordered, and they too were empowered, and gained the confidence and motivation to start some activities.
 - **The results** suggest that learning about psychological needs, community needs, and mutual support caused shifts of perception among participants. They also indicate that by giving opportunities for the community residents, the mental disorders, and the professionals to interact directly, not only the residents and the mental disorders, but also the professionals were empowered. Our future study needs to further develop our practice in the community, clarify detailed psychological functions, and discuss the psychological support systems .



Purpose



- To specify what kind of function the community group named “Sunny Spot Club” that is the local core group brings to its group members as well as its community by investigating the group process and the members’ feeling to their group.
-
- To explore its subject and the direction of its development.

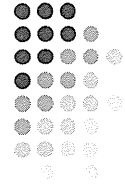


Materials & Methods

● Subjects Research periods and place

- Research periods
 - Oct.2007 ~ May 2012
- Research areas
 - Health & Welfare Zone A (in Japan)
 - Population: c. 130,000; area 400km²
- Subjects (persons)
 - Sunny Spot Club; about 50 members (mentally handicapped: community member: specialists ≐ 4:2:1)
 - The participants to the study; about ○○ members (mentally handicapped: community member: specialists ≐ 1:10:2)

Procedure



1. Investigation of the process

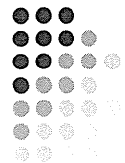
- ① Based on the document of a health center, we summarize the history of the study group on barrier-free of heart and the community group in terms of the participants' changes and its activity contents.
- ② By ①, we examine the function of the study group and the change of a quality and a function of the community group.

2. Investigation of the current community group

- ① Conducting a discussion with a focus group interview, we extract the meaning of the community group and its expectation.
- ② Conducting a therapeutic factor survey(Sugiyama.1997), we examine a subjective meaning that the community group members recognize in terms of the relations between its attribute and inventory.

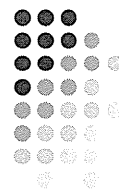
3. By 1 and 2, we clarify the function of a community group and examine the subject and the direction of the development of its future activity which abolishes the prejudice to mental disorder.

Therapeutic Factors *Based on Yalom(1975)&Maxmen(1973)



1. **Altruism.** -The patient's giving of himself/herself to help others.
2. **Catharsis.** - A sense of safety after expressing uncomfortable feelings which have previously been bottled up inside. Feeling of refreshed by expressing uncomfortable feelings which have previously been bottled up inside.
3. **Safety.** - A sense of security and being accepted by the group.
4. **Belonging.** - A sense of belonging to the group.
5. **Guidance.** -Getting some useful suggestions or advices from the group members.
6. **Self Understanding.** -Discovering or deepening patient's understanding of their own actions and feelings.
7. **Identification.** -Observing other group members who cope well with the similar problem to own.
8. **Instillation of Hope.** -A patient's optimistic feelings after having witnessed others improved in the group.
9. **Universality.** -The experience of de-isolation, i.e., the satisfying recognition that contrary to prior belief, one's problems are not unique and are in fact shared by others.
10. **Existential Factors.** - The belief that ultimately one must face in isolation the pain and the futility of living and dying.
11. **Interpersonal Learning, Input.** -Receiving feedback as to one's own behavior.
12. **Interpersonal Learning, Output.** -Learning more successful or adaptive ways of dealing with other people.
13. **Family Reenactment.** -The notion that the group experience helped the patient to understand what it was like to grow up in their own family.
14. **Abolishes the prejudice to mental disorder** -Think about abolishes the prejudice to mental disorder .
15. **Role taking** - In the group, taking some role for group.

Result and Discussion 1 : The investigation of the process



Discussion based on the empowerment development shown below

- ① relief (visiting the club, taking a rest, being relieved)
- ② positive use (We use the service positively, our interest and awareness towards our life increase.)
- ③ confidence (Having peers and recovering self-esteem)
- ④ participating in the activity (autonomously • actively)
- ⑤ to the local community: begin to be involved in the management of an organization and social activity

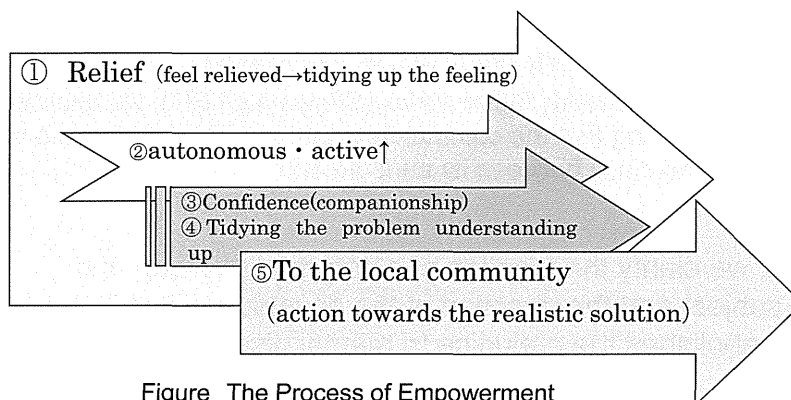
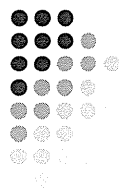


Figure The Process of Empowerment

Result and Discussion 1



2007: Aiming to bring up those of understanding and the supporters to settle the environment where the mental disorder can live confidently

→ an idea that bringing up supporters

Empowerment ① relief



2008: Naming the club. "The Sunny Spot Club," we decided to continue acting.

→ Aiming that anyone can participate and act together. The concept of the relieved and warm place is important.

Empowerment ① relief

2009: "To begin and continue the activity even it is a small matter." Searching for the direction of the activities such as the person concerned talk, sale and visiting.

→ Not acting outside but inside discussion is important. Making the place where anyone who lives in the community can give himself away, with or without disorder.

Empowerment ① From relief ② to active use

2010: The system that every time, all of the members report their recent state and talk what they think at that point is fixed. Considering the role within a group and enjoying the meeting.

→ the development of the group. The stage of brushing up the ability of talking and creating an awareness of peers

Empowerment ② From active use to ③ confidence

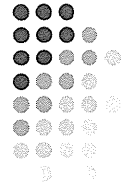
2011: Aiming to "send the messages from the participants to a community," they participate in the community study and make some flags as well as enjoy the seasonal event.

→ The relation among peers becomes stable, cohesion becomes higher, and the activity for a social participation begins.

Empowerment ③ From confidence (by having peers, self-esteem is recovered) to

④ participating in the activity

Investigation of the current community group



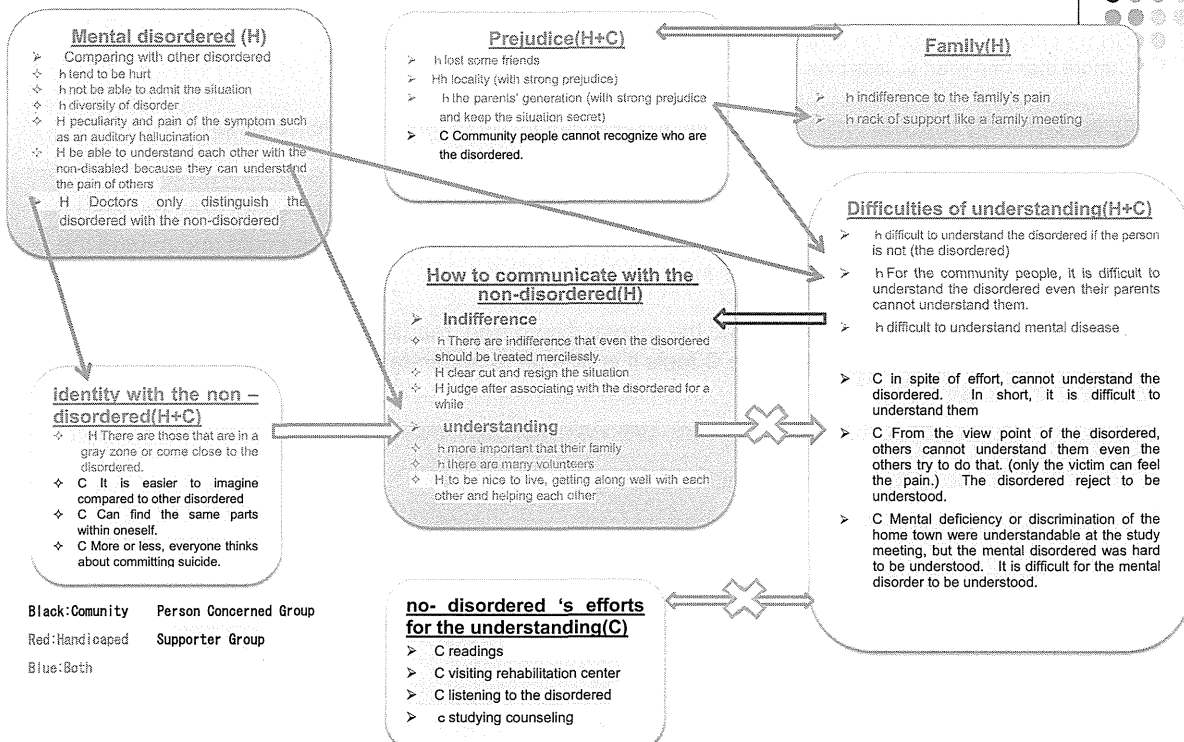
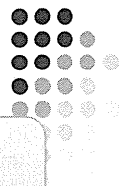
① Focus group interview(FD)

Result: A. General: the comments that are not directly connected to the Sunny Spot Club

- Here we cannot find the staffs' comments.
- Category: 7category(Ref.3)
- Speaker: Table 2

Table 2 The speakers by “The General” Category (O)

	Mental disorder	Prejudice	Pain of the family	Identity	The way of association	Effort of understanding	Difficulty of understanding
H	○	○	○	○	○	-	-
h	○	○	-	-	○	-	○
C	-	-	-	○	-	○	○
c	-	-	-	-	-	○	-



Structure Figure1 The relations between the main contents of each category and each category

Result and Discussion2

Discussion : A. General:

① About the mental disordered

The mental disordered are classified in h,H group.

h

They suffer from the symptom, feel the community's prejudice (very old fashioned community), suffer from the indifference by especially the old cohort.

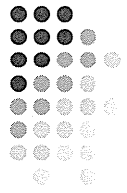
They hope that the non-disordered understand them, but it is difficult for them to feel the same identity. They hold the ambivalent conflict between the feeling of refusing to be understood by the non-disordered and that of wanting to be understood by them.

H

Objective looking of the symptom, or positive thinking towards the symptom (being able to understand the others' pain) they feel even the community has some prejudice to them, rather they feel the community progressive and they do not expect their family.

They feel identity with the non-disordered (only the doctors make the distinction so that they could understand each other). They realistically judge the situation whether the non-disordered understand them or not, and if the person does not understand them, they just resign him, and help each other only with the person who understands them.

→As for h, in addition to the family support, the opportunities of the in depth meeting with the non-disordered are increased, and by feeling identity with the non-disordered, it seems that the ability of coping with the symptom, self-esteem, and social adaptation are becoming higher.



② About the community members

Some difference could be found by the period of the activity.
(more than one year: C, less than one year: c)

c

They act positively with the feeling of wanting to understand the mental disordered simply.

C

They feel identity with the mental disordered (there are some parts that are quite same with me, etc.), worry about h's attitudes that refuse to be understood (non-disordered never could understand the disordered), and feel difficulties to be involved in the activity

Both of them make an effort to understand the mental disordered, reading, visiting, and studying, etc. c feels such an effort is effective while C feels it is difficult to understand them even with such an effort.

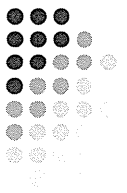
→ Even if they act for a long period, we cannot say that the understanding of the mental disordered deepen naturally.

→ More and more they meet and study, the non-disordered realize their own fragileness and the pain of the person concerned.

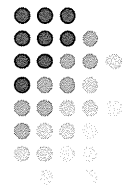
→ It is meaningful to support the following understanding.

Community members : self-understanding

The mental disordered + community member : understanding why the mental disordered refuse to be understood



Result: B. About The Sunny Spot Club



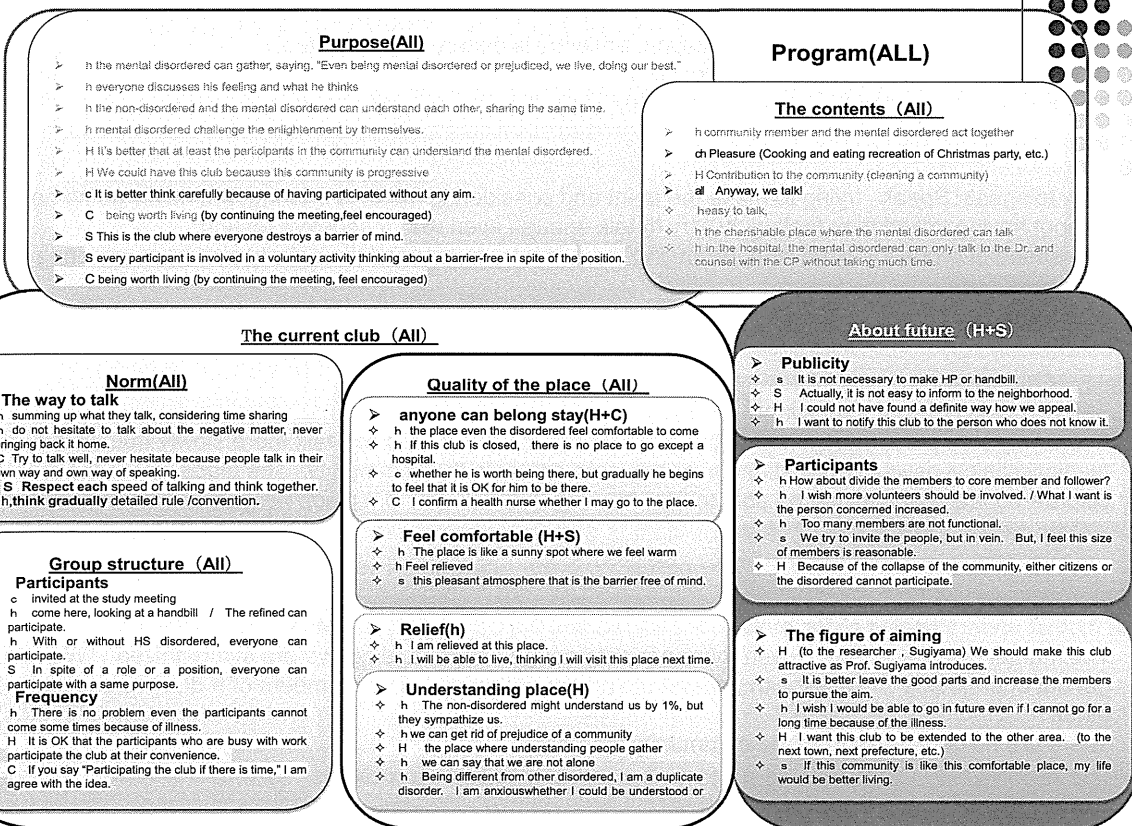
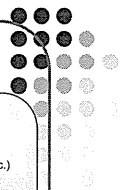
- Category: large:3, middle:8, small:4(Ref.4)
- Speaker: Table3. 4

Table 3 “The Sunny Spot Club” Speakers by large and middle category (O)

Middle	Program		Current Club			Future		
	Aim	Contents	Norm	Group system	The quality of the place	Publicity	Participants	Feature of aiming
H	○	○	-	○	○	○	○	○
h	○	○	○	○	○	○	○	○
C	○	○	○	○	○	-	-	-
c	○	○	-	-	○	-	-	-
S	○	○	○	○	○	○	○	○

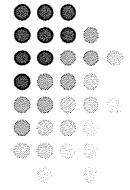
Table 4 “The Sunny Spot Club: The quality of the place” The speakers by small category (O)

small	Where they belong	comfortableness	relief	understanding
H	-	-	-	○
h	○	○	○	○
C	○	-	-	-
c	○	-	-	-
S	-	○	-	-



Structure Figure2 The relations between the main contents of each category and each category

Discussion : B About The Sunny Spot Club



① About its program

- Almost all members speak
- Talk what they feel, enjoying is important, and the mental disordered and the community members share the same time
- All participants do a volunteer activity through which they think about beyond their position.
- Activeness that the mental disordered enlighten themselves are raised.

→ This club makes the mental disordered apart from prejudice and supports their activity.

② Current Club activity

As for the group management,

According to the aim, the system is prescribed, in that system, the norm is settled, and the group development influences the system and then creates a quality of the place.

Almost all participants speak, and especially the mental disordered speak more actively.

→ This place becomes a space where the mental disordered can easily talk.

Structure

- According to the symptom and the situation, absence is generously accepted.
- Anyone can participate with an equal position.

→ The consideration that anyone can participate the club in any situation is important.

Norm

- How to speak : Speak , trying to make the point and considering the time sharing, but never go home without having talked their feeling, but try to talk enough even with a negative feeling.
- The speed of proceeding the club, arranging the rules: try to proceed the activity slowly, considering the members' pace.

→ Reliance based on honesty and independence of the group are important.

Quality of the place

- Safety (being relieved, feel warm)
- h: the only safe place except home, the place where the disordered can talk more slowly than in the medical/clinical psychology institution, or day care center in the community. The place where the mental disordered feel that they will be able to live, thinking they will visit that place next time.

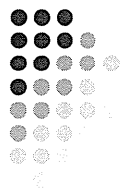
→ Safe place to the all + the place that is specially safe and where the mental disordered that live in a community and are suffering from prejudice feel they are accepted.

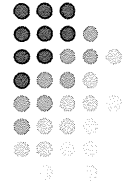
The mutual understanding of the mental disordered and the community member

- The mental disordered say, "even there are not enough understanding, we are sympathized", "We can get out of prejudice", "Those with understanding are gathering." The members of h don't refuse the other.
- There are no comments from the community members

→ The community members hesitate to be there with the disordered, asking the staffs whether it is O.K. to participate or not.

→ It is necessary for us to support the community members to accept the identity with the mental disordered and deepen the mutual understanding between them.





③ The future of the Sunny Spot Club

Future

- Increasing the number of the participants carefully, we try to continue this activity as long as we can even if the activities are not so active.
- H: We want to expand the relationship to the neighboring area. We hope that our activity is reported as a good project.
- The Community member: There are no comments.

→ To continue is important.

→ It is hopeful that we should intervene to listen to the opinions of the community members carefully as for the club management.

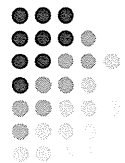
Result and Discussion3

Therapeutic factor survey(Th.F)

Table 5 Research cooperators

No			Cohort	The number of years the person is the member of the Sunny Spot Club (year)	Position
1	●	H1	30s	3	S c
2	●	H2	30s	5	S c
3	●	H3	30s	4	D
4	●	H4	30s	3	BPD
5	●	H5	30s	2	D, physically disordered
6	●	H6	30s	4	S c
7	●	H7	20s	4	D, physically disordered, internal disorder
8	●	C1	70s	2	living alone, volunteering everyday
9	●	C2	50s	0.7	housewife
10	●	C3	50s	3	former specialist
11	●	C4	50s	0.7	housewife
12	●	C5	60s	5	former teacher
13	●	S1	50s	2	health nurse
14	●	S2	50s	3	health nurse
15	●	S3	50s	2	health nurse
16	●	S4	20s	1	health nurse

H:handicaped, mental disordered person C: community member S: stuff



Result: A Average point by each item

Table6 By position: Average point by each item

item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
H	6	10	12	2	7	4	8	2	8	9	4	8	0	9	2
C	2	5.8	7.8	6.4	6.8	9.2	2.8	4	11	3	7.6	7.4	3.2	10	3.2
S	9	1	9	10	11	8	0	8	5	6	3	9	0	14	10

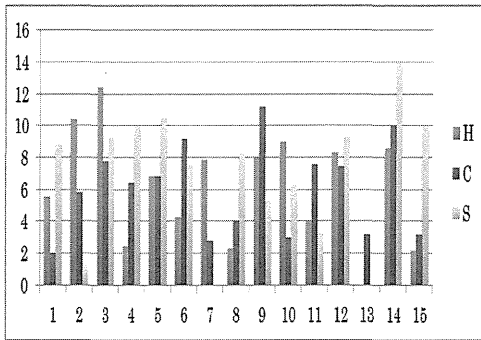


Figure3 By position: Average point by each item

■ $H > C \geq S$ 2,3,7 $H > S > C$ 10

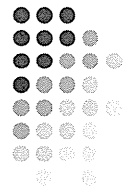
- H shows his feeling at the Sunny Spot Club (2), is accepted to others (3), and accepts his helpless situation (10) He finds some meaning in such an experience.
- H finds some meaning in watching how others cope with the matter that he has some troubles with (7).

■ $S > C \geq H$ 4,5,8,14,15 $S > H > C$ 1

- The person finds some meaning that the higher his specialty is, the more the person is helpful (1), that he plays his role (15), and that he is indispensable.
- The staffs and community members find more meaning in the useful suggestions (5), a hope for future (8), and a study on a barrier free (14)

■ $C > H, S$ 6,9,11 only C 13

- Compared to the specialists or the mental disordered, the community members think about the family (13), learn the fact that others have the same feeling with themselves (9) and how their behaviors are accepted (11), and deepen self-recognition. (6) by participating in the club.



Discussion: A. Average point by each item

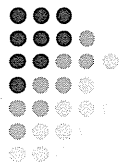
→ by talking his own feeling as well as his situation,

- The person concerned can get out of isolation and it helps looking oneself objectively.
- The situation accepts its fact, and then, it helps the person concerned from accepting himself.

From other point of viewpoint,

- It makes people feel that the specialty is useful and worthwhile.
- It deepens the self-recognition and family understanding.

→ Sharing the same opportunity, the people whose position is different can make use of their different resources.



Result: B Cluster Analysis

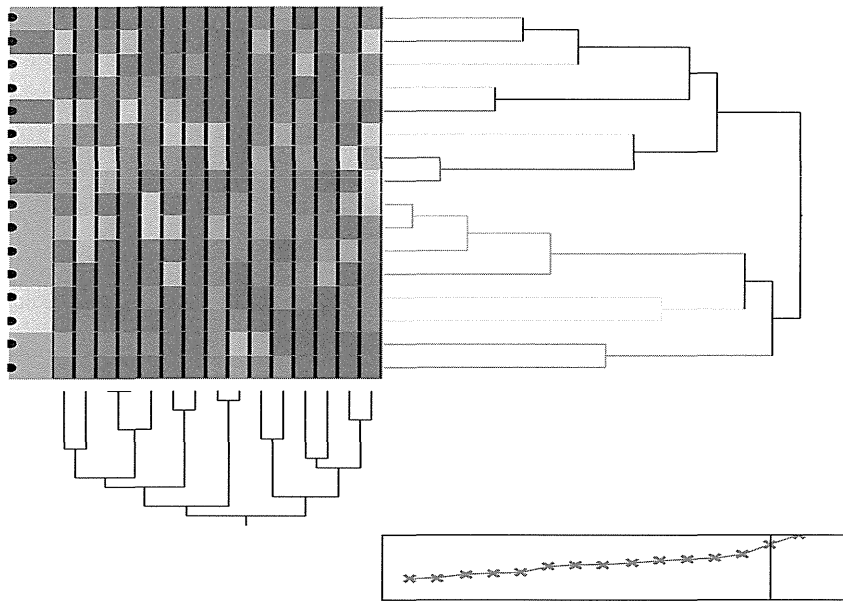


Figure 3 Result of Cluster Analysis (all)

* The part of red and light blue are items selected, the darker the color, the higher the grade is. Blue shows non-selected items.

Result: B Cluster Analysis

① Subject

- As the result of cluster analysis, the subject was divided into two groups.

Group 1; It consists of eight members such as 1+13+10 12+16 .8+14+15.

- They are the staffs, community members over 1 year joining, and the mental disordered that is No.1
→ Most of them are supporters so that we name the group as **the Supporter Group.**

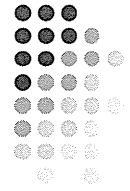
Group 2; It consists of eight members such as 2+6+4+5 9+11 3+7.

- Seven members are the mental disordered, and one member is a community member that has been participating in the club less than one year.
→ Most of them are the person concerned so that we name the group as **the Person Concerned Group.**

② Item

- As the cluster analysis, those in close relation were 2+7 8 +13 6 + 9
- 4 +15 3 +14 were also somewhat in close relation.
- Among them, 6.9.4.15.3.14 were united in one cluster.

Result and Discussion3 Discussion : B



① Subject

Most of them were divided into the Supporter Group and the Person Concerned Group. However, they do not form a cluster by their roles, but form the same group being mixed.
→The Sunny Spot Club is not a group prescribed by a position nor a role.

Sub Group

- Checking the classification of the FG interview's results, we can say that there is no discrepancy.

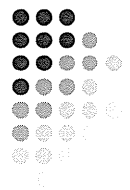
Supporters Group

- 8+14+15's cluster consists of a health nurse that has been participating in the club for a long period, an administrative health nurse, a community member that has a long carrier of volunteer
→it is the highest identity cluster as supporters.
- 12+16's cluster consists of the community member that has been participating in the club for a long period and a health nurse whose carrier is quite short
→it presents the community member.
- 1+13+10's cluster consists of the mental disordered that have working experience, having a social role, and the most independent, and a health nurse that has a long carrier in the mental health field
- →it has the most deepest knowledge of the mental disordered as well as is objective towards them.

The Person Concerned Group

- 2+6+4+5_ are all mental disordered with no job, living with their family.
→ It has the highest identity as the mental disordered.
- 9+11_'s cluster consists of the community member that have been participating in the club for quite a short period.
- 3+7 are the mental disordered with multiple disorder and her partner who has also mental disorder, having an experience of working.
→They have identity as the disordered but its identity as the mental disordered is in low cluster, which is the farthest among other cluster

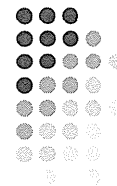
Result and Discussion3 Discussion : B



② Item

- 2+7Identifying with catharsis: Catharsis and seeing and hearing the behavior how to cope with difficulty are related. Especially, the Person Concerned Group selects it .These two experiences have some meaning to the person concerned.
- 8+13Understanding and hope for the family relations: The problem of the family is related with hope for the future. This is not selected by almost any group and it seems that this cluster does not have meaning at the Sunny Spot Club. However, hope for the future is important to live. We should investigate hope.
- 4+15The role and the feeling of belonging: Playing a role and feeling oneself as an indispensable member is related. Especially, it is selected by the Supporter Group. These two experiences have some meaning to the supporters.
- 6+9Universality and self-understanding: By knowing others have same feeling and experience, self-understanding becomes deepened. 3+7 sub-group does not evaluate this at all, and its fact shows this group's isolation.
- 5+10Existential understanding and advice: The suggestions from the group is useful to accept a hopeless matter.
- 3+14Safely being accepted by the group connects understanding activity which abolishes the prejudice to mental disorder through the experience: This cluster forms one cluster with 6, 9 and 5, 10.
- → The meaning of the Sunny Spot Club's activity that the member feel as subjective meaning is summarized as follows:
- "Being supported by an experience of not being alone, I understand myself much deeper, and having some advices from the group, I accept not only prejudice nor the problem of the family but also the hopeless matter such as my fragileness, etc." By these experience's being accepted safely and understood by the group, we experience the barrier free of mind as a meaningful matter."

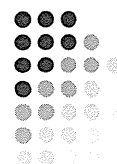
Conclusions



In spite of the fact that the cooperators of the survey of the therapeutic factor and the participants of FG are different in part, the results of the research have no disagree. We can say that the result of this research is valid.

- The Sunny Spot Club has been gradually achieving a mass development since 2007 and empowering the participants.
- The character of the activity is that anyone can participate in, and we treasure dialogue/pleasure/continuity/independence of the member.
- One of our activity's significance is showing activity which abolishes the prejudice to mental disorder is accomplishable, being the experience model of that state.
- The meaning of a subjective activity is even though the mental disordered/community member/specialist are different not only in terms of position, but also each situation, such difference unites and forms some meaning. Here we find significance and characteristic of this activity.
- The talk filled with the feeling of the person concerned plays a core role. This supports the life of the person concerned, demands identity of the community member, and demands understanding of the specialists.

Direction of the club from now on . . .



- ① The community member that identifies understands the situation of the mental disordered as his own problem, and (can) contribute in changing the quality of the whole community. He nestles up and supports the anxiety of identity of other community members.
- ② The community member supports the group's social activity as the next step of the empowerment.
- ③ The community member continues the activity, taking care of its autonomy.

自然言語処理とネットワーク分析による 医療安全支援センター支援

東京大学 政策ビジョン研究センター 教授
秋山昌範

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超高齢社会における問題点

1) 見直し対象政策課題

医療と介護福祉制度の間に隙間があり問題が生じており、そこを現場が埋めている

2) その原因は、対象(母集団)の変化

Single-issue model(単一疾患)からMulti-issue model(複数疾患)

3) 政策手段に関するエビデンスの収集・作成

4) 解決手法

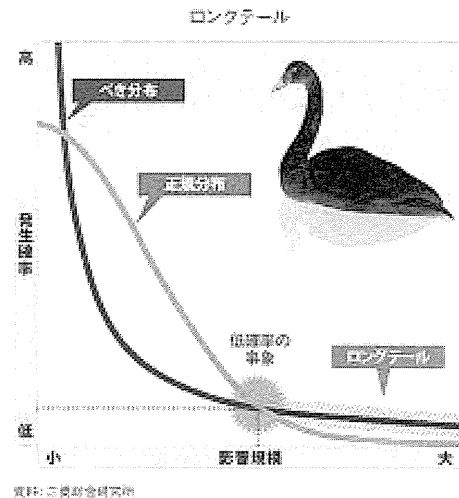
サンプルデータではなく全数データを分析し、視点(知識構造の違い)を可視化

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べき分布(ロングテール)と正規分布

ブラックスワン理論

- (Black swan theory) 認識論学者で元ヘッジファンド運用者としての経験を持つエッセイスト、ナシーム・ニコラス・タレブ(Nassim Nicholas Taleb)氏が、2006年に刊行した著書「ブラックスワン(The Black Swan)」で説明している理論。
- 従来全ての白鳥が白色と信じられていたが、オーストラリアで黒い白鳥が発見されたことで、鳥類学者に大きな驚きを与えた。従来からの知見では、黒い白鳥はいないとされていたためだ。黒い白鳥の発見により、鳥類学者の常識が大きく崩れることになった。
- タレブ氏は、この出来事を元に、確率論や従来からの知識・経験からでは予測できない極端な現象が発生し、その現象が人々に多大な影響を与えることを総称して「ブラックスワン理論」と呼んだ。



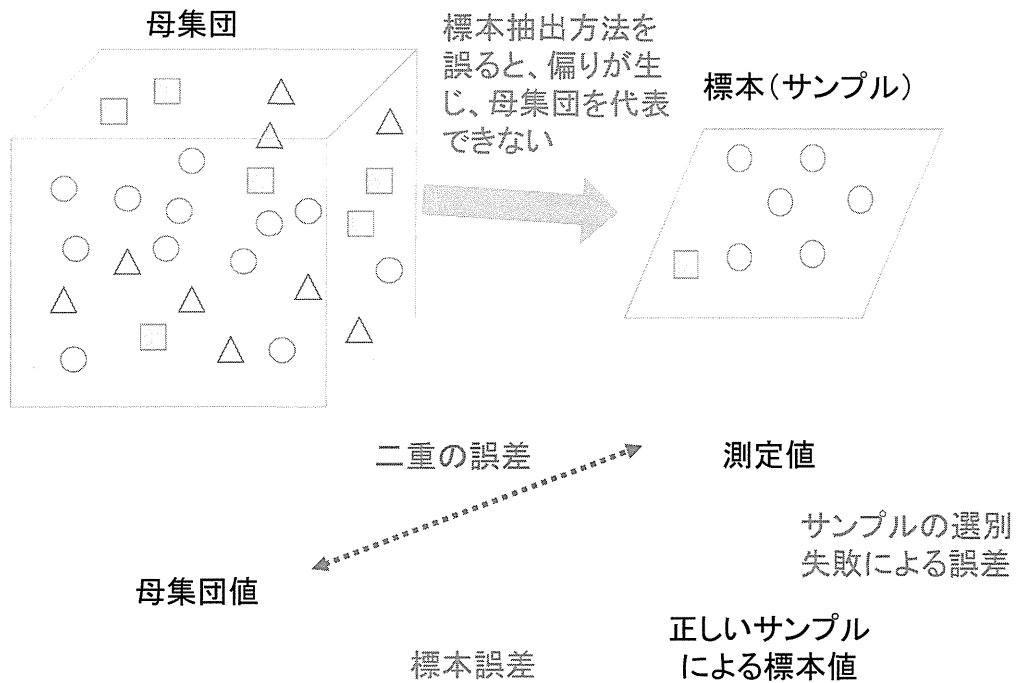
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臨床疫学の進歩

1. 典型例から分析しようという、ケーススタディのアプローチ。
2. 大規模に統計的手法を用いたレトロスペクティブな解析。この集団解析により、精度が上がったが、現在はこれでも不十分といえる。
3. 無作為割付前向き臨床試験(RCT)などによる解析。コンピュータ化により、更に科学的なデータが得られるようになった。
4. これらのデータは、臨床試験や医学研究といった特殊な(抽出された)患者に関するデータで、がんや脳卒中、心臓病などの単一疾患の検討であり、前立腺がんと虚血性心疾患などの複合例のデータは含まれない。
5. そこで、最新のネットワーク解析が必要になる。

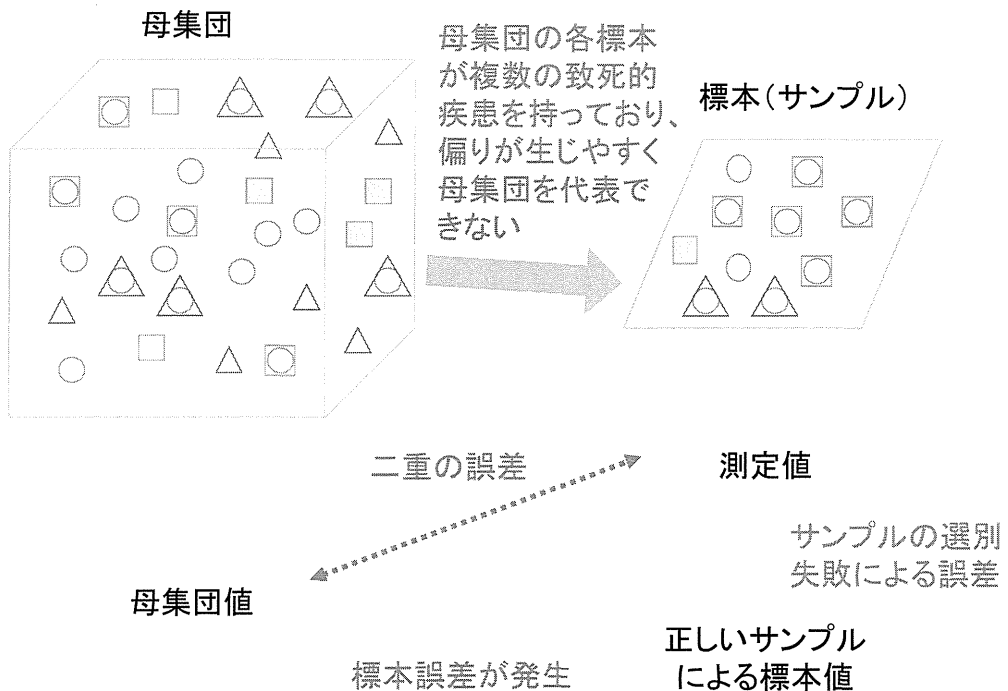
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誤った標本と母集団との関係



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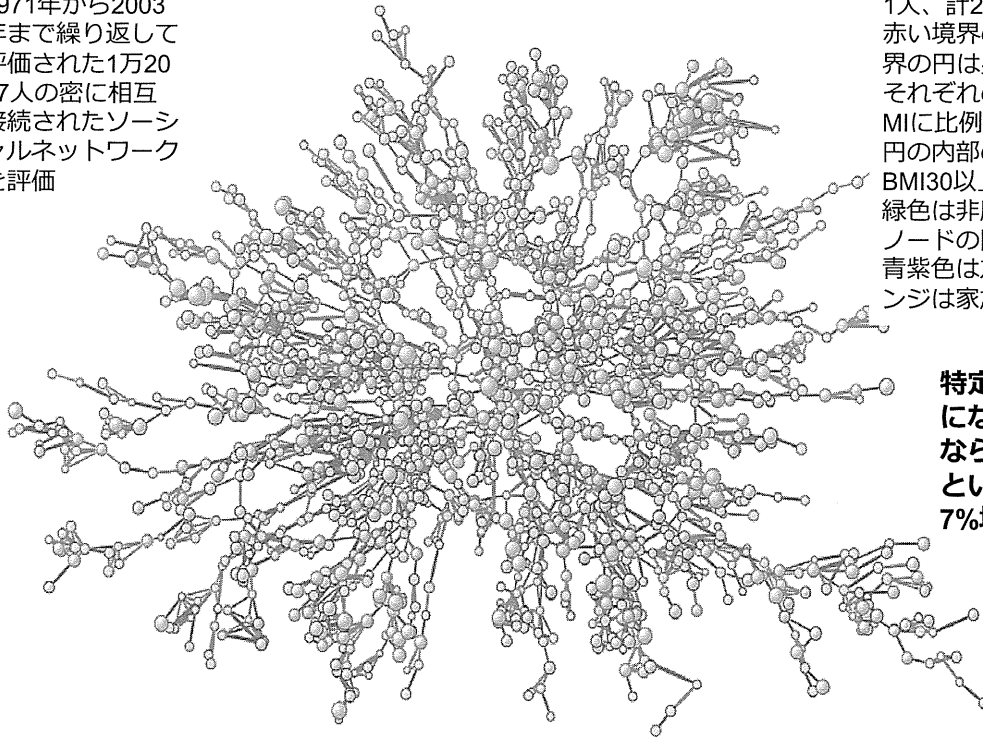
高齢社会におけるバイアス



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Largest Connected Subcomponent of the Social Network in the Framingham Heart Study in the Year 2000.

1971年から2003年まで繰り返して評価された1万2067人の密に相互接続されたソーシャルネットワークを評価



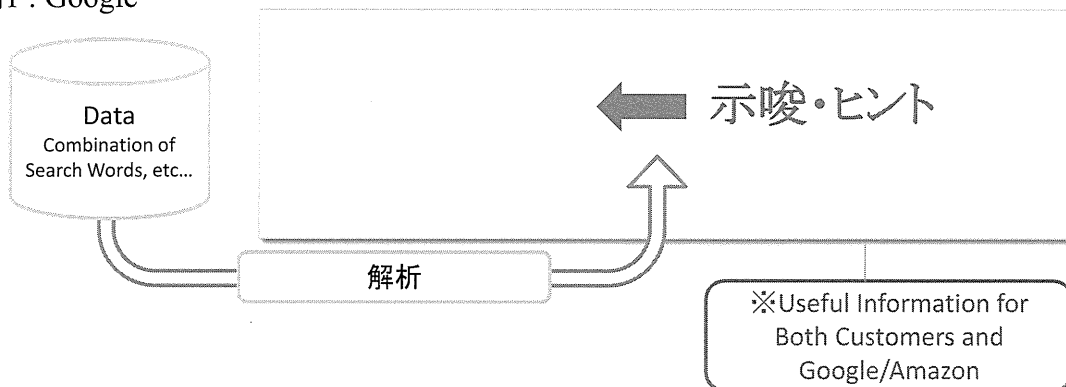
各円(ノード)はデータセットの1人、計2200人
赤い境界の円は女性、青い境界の円は男性。
それぞれの円のサイズは人のBMIに比例。
円の内部の色：黄色は肥満者(BMI30以上)
緑色は非肥満者(30未満)
ノードの間の結びつきの色：
青紫色は友人か婚姻者、オレンジは家族

特定の間隔で肥満体になった友人がいたら、肥満体になるという人の可能性は57%増加(P<0.05)

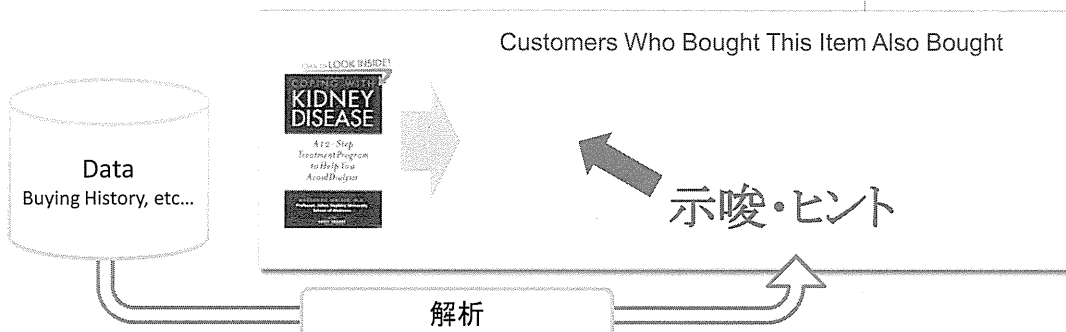
N A. Christakis and JH. Fowler , The Spread of Obesity in a Large Social Network over 3 2 Years, N Engl J Med 2007;357:370-9.

データに基づく支援ツールの作成

例1 : Google



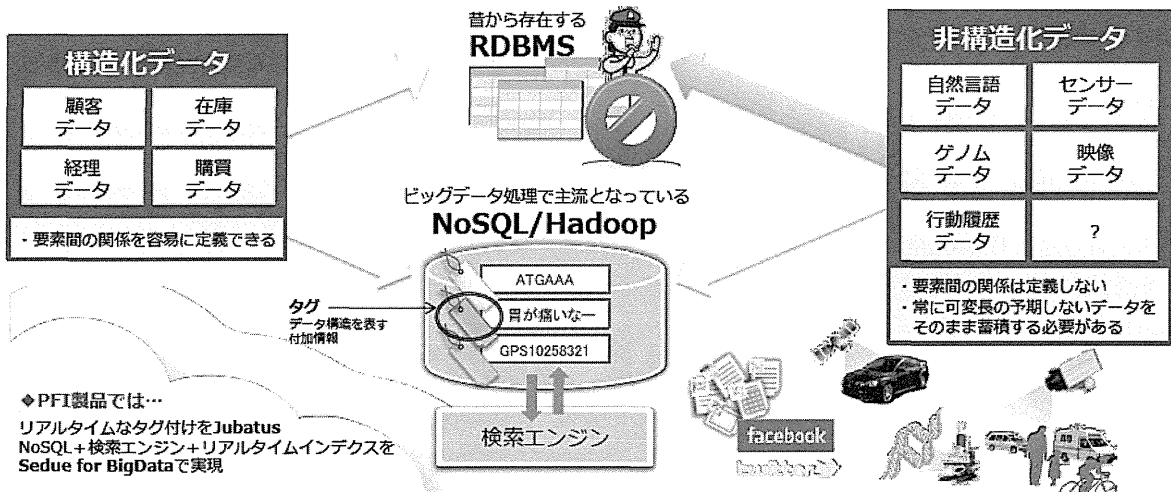
例2 : Amazon



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ビッグデータの大部分を占める

「非構造化データ」 RDBMSでは扱えない、人の活動を表現するデータ



◆PFI製品では…
リアルタイムなタグ付けをJubatus
NoSQL+検索エンジン+リアルタイムインデクスを
Sedue for BigDataで実現

	使用シーンと特徴	データの 量	データの 割合	時系列 データ	データ集まりの定義
RDBMS	<ul style="list-style-type: none"> 定型形の企業内システムなどで使われる フォーマットを決めて集められたデータを扱う 	小	小	扱えない	<ul style="list-style-type: none"> 事前に定義が必要 要素が増えると再構築が必要
NoSQL Hadoop	<ul style="list-style-type: none"> facebook, twitterなどで使われる フォーマットからは外れる 	膨大	膨大	扱える	必要ない

大きな特徴として、要素間の関係をユーザが必要な時に取り出せることがあげられる
(強力な検索エンジンとの組み合わせが前提)

医療安全支援センターにおける効果的なサービス提供のための研究

－ 個別事象への対応・再発防止から全域の未然防止へ －

研究分担者 田中健次 電気通信大学大学院情報システム学研究科 教授

研究要旨

医療安全支援センターにおける相談事例の統計結果を基に、社会における医療安全の向上を目指した支援センターのあり方を追究し、相談支援体制を構築するために調査・分析を行った。現状では、相談者本人への説明・助言、あるいは、医療機関への連絡を主とした対応に留まっているが、個々の事後処理や再発防止に留まらず、問題点を抽出し情報を広めることで、他機関での未然防止の役割をも果たすことが期待される。そのためにどのような仕組みが必要なのか、そのモデル作りが課題と言える。

A. 研究目的

医療安全支援センターにおける相談事例の統計結果を基に、社会における医療安全の向上を目指した支援センターのあり方を追究し、相談支援体制を構築するためのモデル化を行う。

B. 研究方法

既に公開されている実績報告書に基づき実態を分析すると共に、全国から数箇所の医療安全支援センターの担当者に集まってもらい、直接のヒアリング、さらには訪問調査により現状を把握し検討を行った。

（倫理面への配慮）

相談者を特定できる資料などは使用せず、統計データのみを用いる。

C. 研究結果

相談事例については、詳細の統計データ

が毎年まとめられ報告されている。従って、各行政単位での相談や苦情の件数や内容別の件数状況、相談の方法、相談者の世代などを把握できる。ただしそれらは統一された項目ではなく、それぞれ独自の分類によっている。

どのような姿勢で対応をするかも、行政により異なる。実際の対応指針や窓口での苦労話から、標準的な対応のあり方が期待されている様子が伝わってきた。共通して言えることは、相談・苦情への対応が再発防止に繋げる工夫をしており、一定の効果は予想されるものの、個別対応で手一杯の状況であり、広く他機関がトラブル事象を学べるような未然防止に活かす仕組みまでは確立していないことである。

D. 考察

各行政ともに、相談と苦情との比率、相

談内における健康相談と医療機関情報との比率などは、年度によってそれほど大きな違いは見られない。それらの内容が、同じタイプの問題の繰り返しなのか、新規の問題なのかは統計からは推測できない。

同種の内容の相談や苦情が繰り返し届いているのであれば、その件数を如何に減少させるかが、課題の一つと言える。言い換えれば、医療安全支援センターには、個々の相談への適切な事後対応に留まらず、同種の相談内容への未然防止対応が期待されているものと考えたい。

対応では、相談者本人への説明・助言、あるいは、医療機関への連絡が主となるが、後者の場合、内容によっては、該当機関に留まらず一般的な注意として広く医療機関に通知すべきものもある。前者に対しても、当該者に限らず多くの人が同じ相談をする可能性がある内容であれば、例えば Q&A の形でデータベース化するなどの方法で、市民に広く知らせることが考えられる。

これらを実現するためには、個別の案件として終了すべきものと、広く水平展開し活用するものとを判断・区分けすることが要求される。後者の水平展開による活用により、医療体制における問題点を解消する仕組みを実現する必要があるだろう。

統一した同じ仕組みである必要はないが、各行政の特徴を維持しつつも、行政区域内での繰り返しを解消する仕組みを作りこむことが課題となる。内容によっては、行政の境界を越えて、広く他の地域との情報共有の仕組みも構築することが望ましい。報告書を見る限り、現状では、そのような仕組みが確立している自治体は見られない。

E. 結論

医療安全支援センターが、苦情相談を含む事後処理や単なる案内役のための機関に留まらず、問題点を抽出し情報を広めることで、トラブルの未然防止や不足している情報の発信を促す役割を果たすことが必要であり、そのためにどのような仕組みが必要なのか、そのモデル作りが課題と言える。

F. 健康危険情報

なし

G. 研究発表

1. 論文発表

なし

2. 学会発表

なし

H. 知的所有権の取得状況

なし