

Theme 2 : Enhancement of Welfare and Medical Treatment Supported by the Communities / Regional Report

Name of theme	Enhancement of Welfare and Medical Treatment Supported by the Communities	Name of local or regional government	Gyeonggi-do Province
Name of undertaking	Install surveillance cameras in operating rooms to prevent intentional illegal activity and to protect the rights of patients		
Outline	<ul style="list-style-type: none"> Following reports of illegal practices at hospitals in the media, patient unions and citizens within the province are calling for surveillance cameras to be installed in operating rooms. Incidents include those where sales agents of unqualified medical device companies have stood in as surgeons to operate on patients, and those where the human rights of both patients and nurses have been violated. However, the Physicians Association of Korea and other organizations are against the installation of surveillance cameras in operating rooms, saying "Not only would such action would portray doctors as potential criminals, it also has the potential to harm the relationships of trust between doctor and patient, as well as lead to the leakage of personal information." Despite this, as a province, we have installed surveillance cameras in five operating rooms in Gyeonggi Provincial Medical Center Anseong Hospital, and in October 2018 we began test recordings only with the consent of patients, doctors, and nurses. Based on the results, we are promoting the spread of surveillance cameras at other private medical institutions. 		
Amount of budget	84,000,000 (Local currency)	69,420 (Amount converted to US\$)	

1. Tasks (current situation)

- As a result of installing and operating surveillance cameras at the Gyeonggi Provincial Medical Center Anseong Hospital, in seven months, 791 out of 1,192 (66% of patients as of the end of April 2019) patients operated on agreed to recording, which shows a gradual increase over the 53% achieved in October 2018.
- It has been difficult to spread the installation of surveillance cameras in private medical institutions against such fierce opposition from the Physicians Association of Korea. However, in order to make the installation of surveillance cameras at hospitals and higher medical institutions a compulsory measure, we proposed a revision of the Medical Law to the Ministry of Health and Welfare, and in turn Ahn Gyu-baek and 14 other politicians put forward a bill to revise the Medical Law on May 21, 2019.
- Although a revised version of the Medical Law that included the installation of operating room surveillance cameras as a compulsory measure was proposed, the bill was automatically rejected to due opposition from the medical industry. (February 2015; Choi Dong-ik)

2. Goals (future image)

- Improve environments to eliminate intentional illegal activity such as stand-in operations and human rights violations in the closed confines of operating rooms.
- Through a revised version of the Medical Law, overcome fierce opposition from the Physicians Association of Korea to make installation of surveillance cameras in operating rooms compulsory, and prevent violation of patients' human rights and other illegal activity.

3. Details of undertaking (Overview)

- To prevent illegal activity in operating rooms such as stand-in operations and human rights violations, we began test recording in operating rooms at the Gyeonggi Provincial Medical Center Anseong Hospital. As a result, in the seven months between October 2018 and April 2019, the number of patients consenting to recording increased by 10% from 53% to 63%.
- In line with the increasing percentage of consenting patients, and heightened sympathy from citizens within the province, as of May 2019 the number of hospitals under the umbrella of the Gyeonggi Provincial Medical Center with surveillance cameras increased to six.
- To outline the pros and cons of surveillance cameras in operating rooms, and foster a sense of sympathy among the populace, we have held social media debates, TV debates (100 min.) and national debates with stakeholders, including patient unions and physician associations, with a view to making surveillance cameras a legal requirement.

- In order to expand the system to include more private medical institutions, we have proposed a revision of the Medical Law (Gyeonggi-do Province→Ministry of Health and Welfare), and in order to verify issues and results of camera operation, we have suggested prioritizing such measures in public hospitals.
- Supported by the successes of test operation in Gyeonggi-do Province and support from the general public, 15 politicians have put forward a bill to revise the Medical Law, and thereby make installation of surveillance camera compulsory.






(Things that are going well)

- The installation of operating room surveillance cameras at six hospitals under the umbrella of Gyeonggi Provincial Medical Center shows the trend is taking hold, and the number of patients consenting to recording is a steady 62%.
- Expectations are high for legislative activities in the national government to make operating room surveillance cameras compulsory.
 - Ahn Gyu-baek of the Democratic Party is overseeing the proposal to revise the Medical Law (May 21, 2019; 15 politicians).
- 91% of citizens in the province are in favor of installing surveillance cameras in operating rooms (public opinion poll).
 - 91% of citizens are in favor of installing surveillance cameras in operating rooms in the province; 87% are in favor of installing surveillance cameras in private hospitals; 87% would be in favor of recording in the operating room.

(Things that are not going well)

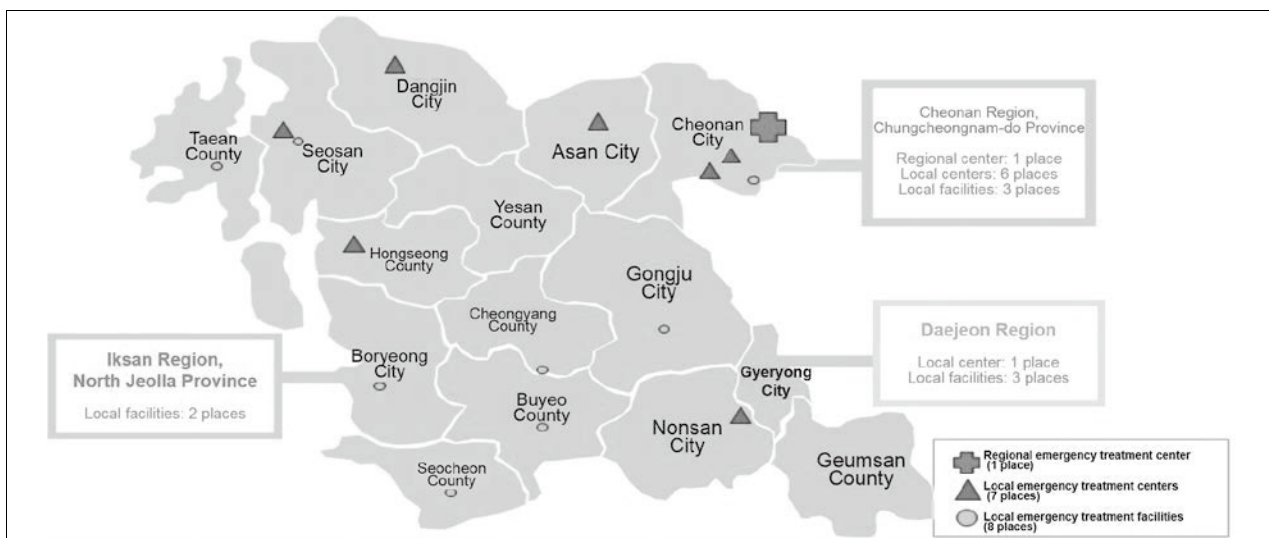
- There is a limit to voluntary endorsement of surveillance cameras in private medical institutions due to opposition from the Physicians Association of Korea.
 - We are considering financial support for a fixed fee of 30 million won per hospital to install and operate surveillance cameras in operating rooms of private medical institutions (test operation).
 - *Plan to support expansion of surveillance cameras in private medical institutions: 12 hospitals; 360 million won
- The national government is delaying deliberations regarding legislative activities for operating room surveillance cameras in medical institutions.

4. References

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Patient consent	Reconfirming patient consent	Time out	Surgery starts/finishes	Recording complete
				
Patient consent and signing of consent form	Surveillance cameras are switched on/off in line with reconfirmation	Surgery staff confirm patient before operation	Patient confirmation in recovery room following surgery	Switch is turned off when patient leaves the room

Name of theme	Enhancement of Welfare and Medical Treatment Supported by the Communities	Name of local or regional government	Chungcheongnam-do Province
Name of undertaking	Provision of appropriate emergency treatment anywhere in the Province		
Outline	<p>- (Present situation) Because of aging population, three major severe emergency disorders (acute myocardial infarction, cerebral stroke, and severe injury) are on an increasing trend. Emergency treatment facilities in Chungcheongnam-do Province are concentrated in the northeastern part including the Cheonan and Asan areas, and emergency treatment safety nets are insufficient in the west coast and the central regions.</p> <p>- (Main undertakings)</p> <ol style="list-style-type: none"> ① Revitalization of emergency treatment facilities for each area ② Real-time sharing of patient information by remote collaborative diagnoses for emergency treatment ③ Air transportation by helicopters exclusively for emergency treatment 		
Amount of budget	8,414 million won (local currency)	6,910 thousand U.S. dollars (amount converted to US\$)	

1. Tasks (current situation)



- Because of aging population, three major severe emergency disorders (acute myocardial infarction, cerebral stroke, and severe injury) are on an increasing trend. The rate of changing hospital from the west coast areas of Chungcheongnam-do Province including Seosan, Hongseong, Dangiin, and Boryeong is high.
- A total of 16 emergency treatment facilities in Chungcheongnam-do Province (one regional emergency treatment center, seven local emergency treatment centers, and eight local emergency treatment facilities) are specified and operated. In the Cheonan area, one pediatric emergency treatment center and one regional injury center are operated.
- Looking at geographical distribution, emergency treatment facilities at the center level and over are concentrated in the northeastern part including the Cheonan and Asan regions, and emergency treatment safety nets are insufficient in the west coast and the central region.

2. Goals (future image)

- Providing appropriate emergency treatment services anywhere in the Province by collaborative emergency treatment networks.
 - ⇒ Protecting lives and health of the Province residents by building emergency treatment safety networks.

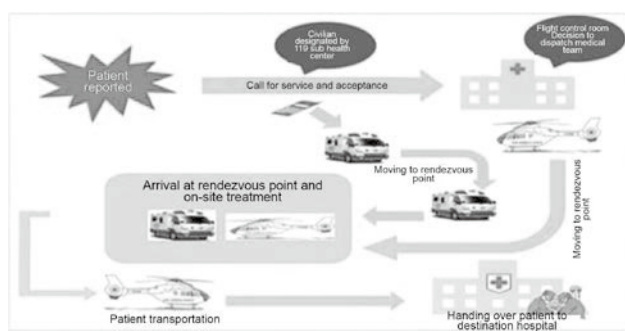
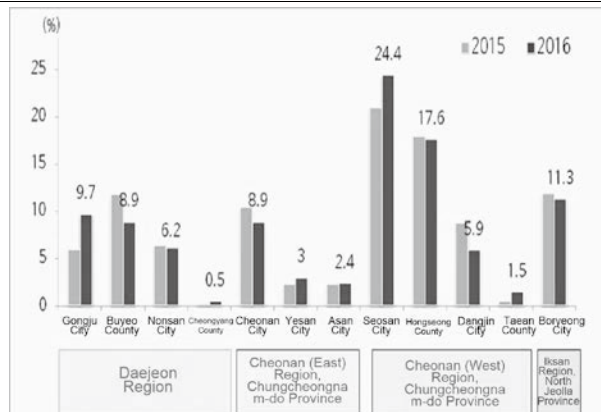
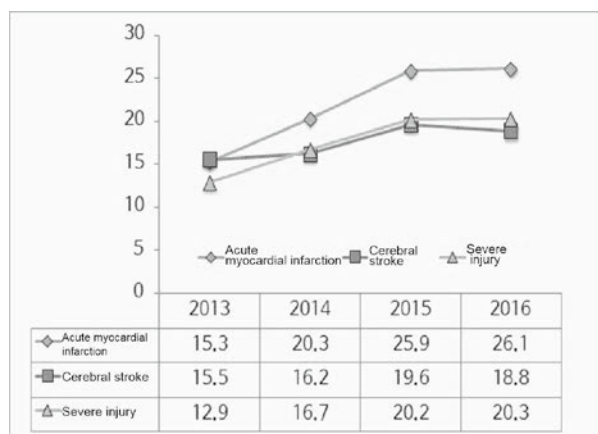
3. Details of undertaking

(Overview)

- ① **Revitalization of emergency treatment facilities for each area**
 - Subsidizing labor expenses for medical workers (doctors, nurses, etc.) and operating costs of 16 emergency treatment facilities, a pediatric emergency treatment center, and a regional injury center in the Province to properly operate emergency units and improve quality of emergency treatment services (5,382 million won)

- ② **Real-time sharing of patient information by remote collaborative diagnoses for emergency treatment**
- Utilizing the ICT technology to support specialists at base hospitals (regional emergency treatment centers) in their remote collaborative diagnoses for emergency patient cases in medically-disadvantaged areas short of specialist physicians on emergency medicine and video medicine, and to provide appropriate emergency treatment by real-time transmission and sharing of CT and other videos, sounds, and other patient information (32 million won)
 - Expanding services by measures including the provision of 84 remote collaborative diagnoses with the regional emergency treatment center and Taejeon County Public Health Center from October to December 2018 (three months) and the addition of two hospitals as hospitals to make remote collaborative diagnosis in 2019
- ③ **Air transportation by helicopters exclusively for emergency treatment**
- For prompt transportation of emergency patients in disadvantaged areas such as islands and mountainous areas, we started operating helicopters exclusively for emergency treatment to carry emergency treatment equipment and medical workers (specialist physicians and nurses) from January 2016, transporting 1,039 emergency patients before June 2019 (3,000 million won)
 - The average patient transportation time is 45 minutes. It takes 80 minutes to make a round flight from the regional emergency treatment center equipped with a helicopter to the most distant area, Oeyeondo Island (117km). We have observed the “golden time,” which means a one-hour period during which there is the highest likelihood that emergency treatment will be successful.

4. References



Fiscal Year	Number of patients transported	Number of patients by diseases				Golden time observance
		Injury	Blood vessel of heart/brain	Cardiac arrest	Others	
Total	1,039	352	346	68	273	Observance rate: 100% - Transportation time required: 45 minutes on average *(Golden time) serious injury: 1 hour Acute cardiovascular disease: 2 hours Ischemic stroke: less than 3 hours
2016	237	107	71	6	53	
2017	297	96	101	14	86	
2018	335	95	116	34	90	
June 2019	170	54	58	14	44	

Name of theme	Enhancement of Welfare and Medical Treatment Supported by the Communities	Name of local or regional government	Gongju City
Name of undertaking	Vibrant welfare, and Gongju City where everyone is happy		
Outline	<ul style="list-style-type: none"> ○ According to various welfare needs, Gongju City promotes social security policies that its citizens can experience. ○ Gongju City has become a super-aged society. Due to a rapidly dwindling birthrate and an aging population, Gongju City promotes welfare and medical projects to encourage childbirth and prepare for healthy old age. ○ Gongju City promotes home-visit resident support service projects that utilize private resources and local medical institutions. Gongju City also promotes tailor-made welfare projects for low-income populations, persons with disabilities, seniors, women, children and other socially vulnerable people. <ol style="list-style-type: none"> 1. Realization of care systems based on communities 2. Creation of safe and comfortable living spaces 3. Guarantee of sustainable basic living 4. Establishment of social security infrastructure centered on urban districts 		
Amount of budget	179.2 billion KRW (Local currency)		147.73 million USD (Amount converted to US\$)

1. Tasks (current situation)

- Gongju City is composed of both urban and farming areas, and faces social issues of declining population owing to a dwindling birthrate and an aging population.
- Gongju City faces rapid aging, and seniors are quickly becoming poorer. In proportion, the economically inactive population is increasing. The welfare policy of Gongju City promotes projects mainly for welfare recipients, including seniors, persons with disabilities, children, and women.
- For this reason, the important task for the municipal government is to promote tailor-made welfare policies catered to various welfare needs.

2. Goals (future image)

- Promote social security policies that can be experienced by all citizens and establish the municipal goal of creating Gongju City where everyone is happy and capable of enhancing citizens' quality of life.

3. Details of undertaking

(Overview)

○ Realization of care systems based on communities

Establish systems that provide community services and salary so that residents who require social care can continue to live in their own homes or towns together with their neighbors.

- Care for adults: Promote adult (seniors and persons with disabilities) care projects that are appropriate for regional characteristics of Gongju City, a city mixed with urban and farming areas. Prevent solitary death through the expansion of shared living system for single seniors, and enhance living convenience for people with disabilities through expansion of the daytime protection center project for the disabled. Establish and operate support projects for the Gyeongrodang (community welfare facilities for the elderly) at 407 locations to provide vibrant senior living, and continuously develop programs that consider senior needs and characteristics.
- Care for children: Child population of Gongju City is on a rapid decreasing trend. Promote expansion of the shared child-rearing community squares mainly in towns and the care spaces for developing a parenting-friendly city.

○ Creation of safe and comfortable living spaces

As a basic condition to become a livable community, it is necessary to prepare environment for a community where everyone can live safely with no restrictions on activities.

- Expansion of the happiness taxi in areas with difficult traffic conditions: People with difficulty in getting around, such as seniors and persons with disabilities, account for 15% of total population of Gongju City. Operate the happiness taxi to build community environment free from restrictions on activities.

- Developing barrier-free living environment: Establish and improve barrier-free environment so that residents can safely use public facilities and convenience facilities with no obstacles.
- **Guarantee of sustainable basic living**
Prepare an environment where opportunities to participate in economic activities are guaranteed to local residents with weak labor power so that they can live independently, find meaning for their lives in the community even without economic independence, and grow on their own.
 - Expansion of projects to support recruitment of seniors, women, and persons with disabilities, and educational support for women to find jobs or start business.
 - Establish a life-long learning system where all citizens can join, and build life-long learning centers in the community so that everyone can receive quality education and respond to social changes.
- **Establishment of social security infrastructure centered on urban districts**
Strengthen human infrastructure, such as staff and volunteer workers who directly provide one-on-one services to those who need care, so as to enhance social security levels centered on urban districts.
 - Strengthen capacity of the welfare personnel network, implement projects to support senior care staff, and strengthen specialty of staff at social welfare facilities.
 - Vitalization of student volunteers: Community projects participated by local residents have relatively been revitalized, and local residents have a high sense of participation. Such projects include Gongju-style good-neighbor initiatives and student volunteer activities.

(Things that are not going well)

- Increasing personnel for the public communication systems accompanying increase in welfare recipients, and strengthening specialty

4. References

○ Current status of population change in Gongju City

(Unit: people; %)

2015	2016	2017	2018	Change (%) (Compared to 2015, 2018 level)
111,261	109,931	108,432	107,526	-3.4

* Sources: Public Administration and Safety Department. Current status of registered resident population (each fiscal year) compiled by Korean Statistical Information Service (KOSIS), a national statistical portal, in 2018.

○ Current status of population in Gongju City by life cycle

(Unit: people)

Eup, myeon, dong	Total	Babies and toddlers (0-6)	Children and young people (7-19)	Adults (20-64)	Seniors (65-84)	Super seniors (85 or older)
Overall	107,526	4,272	11,717	66,211	22,315	3,011

* Sources: Public Administration and Safety Department. Current status of registered resident population (each fiscal year) compiled by Korean Statistical Information Service (KOSIS), a national statistical portal, in 2018.

○ Senior population ratio

(Unit: people)

FY	Total population	Senior population (65 or older)	Ratio of senior population
2018	107,526	25,326	23.55

Note: Ratio of senior population (%) = (65 years or older population / total population) x 100. * Sources: Public Administration and Safety Department. Current status of registered resident population (each fiscal year) compiled by Korean Statistical Information Service (KOSIS), a national statistical portal.

○ Current status of welfare recipients by age (65 years old or older account for 34.4% (1,484 people) of the total (4,884 people))

(Unit: people; %)

Age	Babies and toddlers	School children				Young adults		Middle ages			Seniors			Super seniors	
	Under 7	7 to 12	13 to 15	16 to 18	19 to 29	30 to 39	40 to 49	50 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 89	Over 90	
No. of people	108	356	242	334	379	257	560	795	369	337	332	344	397	74	
Ratio	2.2	7.3	5.0	6.8	7.8	5.3	11.5	16.3	7.6	6.9	6.8	7.0	8.1	1.5	

* Sources: Bokjiro; Social Security Information System (December 2017)

Name of theme	Enhancement of Welfare and Medical Treatment Supported by the Communities	Name of local or regional government	Gyeongju City
Name of undertaking	Revitalizing visitation health and welfare services		
Outline	<ul style="list-style-type: none"> Expand visitation health and welfare team infrastructure (increasing number of working welfare and nursing personnel) Ascertain lapses in welfare support services and link welfare resources through public private partnerships Increase number of visitation consultations and promote proper management of integrated cases 		
Amount of budget	46,200,000,000 KRW	38,420,000 USD	

1. Tasks (current situation)

● Structure of public and private communication system

Category	Structure	Notes
Public communication system	Customized welfare teams are in place in six lower administrative divisions -Angang-eup, Wolseong-dong, Yonggang-dong, Oedong-eup, Hwangseong-dong, and Seondo-dong	In place since April 2018
Private communication system	Structure of regional society security councils (23 lower administrative divisions; 319 people) Honorary social welfare public servants (23 lower administrative divisions; 1,677 people)	

● Ascertaining lapses in welfare support services and offering support

- In order to ascertain the situation regarding impoverished households in advance, we are using the Ministry of Health and Welfare's Welfare Support Lapse Discovery System to acquire a list of impoverished households, and sending welfare workers to lower administrative divisions to provide visitation support: 1,991 households
- Through regional society security councils, our "Good Neighbor" project, and the Gyeongju Hope and Understanding Center, we are ascertaining the situation regarding impoverished households, and collaborating on various services, providing visitation consultations, and providing support goods: 2,700 households

● Promoting visitation consultations and management of integrated cases

- No. of visitation consultations: 2,074
- Management of integrated cases of impoverished households: 320 households

2. Goals (future image)

● Reorganize public communication system to revitalize visitation health and welfare services

- **Customized welfare teams → Switch to visitation health and welfare teams and expand number**
 - Set up an additional 3 customized welfare teams by November 2019: Send out nursing personnel as well as welfare personnel, and undertake health management of predominantly regional citizens, link medical resources, and provide health services
 - From 2020, gradually switch conventional customized welfare teams to visitation health and welfare teams, **reinforce welfare personnel, send out nursing personnel, and strengthen welfare and health functions** in 23 lower administrative divisions

● Revitalize functions of public communication system

- **Revitalize regional society security councils in 23 lower administrative divisions**
 - Strengthen communication structure among lower administrative divisions, and have citizens lead efforts to resolve issues in regional society
 - Ascertain conditions regarding impoverished households, regularly inspect regional resources (more than once a year), and lead efforts to expand fund-raising initiatives

3. Details of undertaking

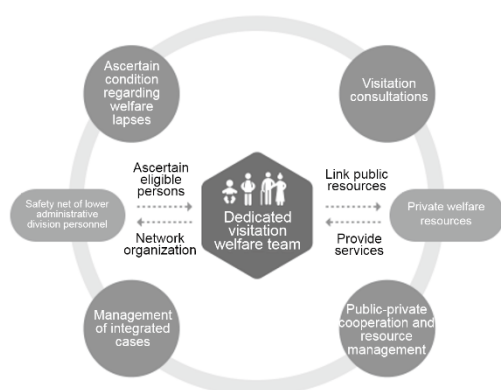
● Main health and welfare policies in Gyeongju City

- **Project to manage integrated cases in impoverished households: 320 households**

- For those in need of multifaceted support, we are providing a comprehensive range of necessary services such as welfare, healthcare, employment, residence support, educational support, and support regarding the Credit Information Act, and continuing consultations with and monitoring of subjects
- We are holding integrated case meetings once a month: 30 dedicated staff from 18 related organizations and public-private entities oversee management of integrated cases
- **Promoting training and education for visitation welfare services in lower administrative divisions**
 - We are monitoring welfare visitation services on-site at lower administrative divisions, training members of regional society security councils, inspecting and offering guidance on-site for management of integrated cases, and training and educating heads of lower administrative divisions and assigned teams: 23 lower administrative divisions; training for approximately 570 people
- **Promoting specialized projects for regional society security councils in lower administrative divisions: 18 projects**
 - We are improving living environments with the help of volunteers, checking safety of citizens and providing emotional care, offering support with regards to daily necessities, offering cultural lifestyle support, and providing meal delivery services
- **Ascertaining situation and offering assistance for lapses in welfare support through public institutions (“Good Neighbor” project and the Gyeongju Hope and Understanding Center)**
 - Good Neighbor” project: Linking services through use of regional resources (660 cases)
 - Gyeongju Hope and Understanding Center: The center is working with public social welfare organizations to provide joint support, and then providing customized care services (2,138 cases)
- **Visitation health management project: 2,297 cases**
 - Specialized visitation healthcare personnel are visiting impoverished households and screening causes of health-related risks
- **Citizen-led project to comprehensively enhance health: 4,000 people**
 - In promoting a comprehensive health enhancement project involving physical activity, nutritional support, sobriety support, and obesity prevention, we are improving the health of regional citizens
- **Measures to revitalize visitation health and welfare services**
 - **Expand visitation health and welfare team infrastructure:** In tandem with a government-led project to build a citizen-led public service structure, we are increasing the number of health and welfare personnel, and together providing citizens with citizen-led services, welfare services, and health services
 - **Expand number of citizens eligible for visitation health and welfare services: Enhance citizen network in lower administrative divisions**
 - We are increasing membership of regional society security councils and increasing the number of honorary social welfare public servants to build a detailed safety net of personnel, and expand the scope of those eligible for such services
 - **Strengthening on-site visitation services**
 - We are enhancing both the quantity and quality of our services through visitation health and welfare consultations, lifestyle surveys, regular monitoring, and surveys that inspect satisfaction levels among integrated management subjects

4. References

- Reference material and photographs of Gyeongju City’s visitation health and welfare services



Integrated case meeting



Regional society security council cleaning and repairing a house

