

## Medical care for which the NHO is responsible

To further contribute to medical care in different regions, the NHO consults medical care plans developed by prefectures to strengthen cooperation with regional medical institutions such as community cooperation for critical pathways, and focusing on 5 diseases (cancer, mental disorders, cerebral apoplexy, acute myocardial infarction, and diabetes) and five services (emergency medical care, medical care in case of disasters, medical care in remote areas, perinatal medical care, and pediatric medical care, including pediatric emergency medical services).



### The 5 services

#### Emergency medical care

Emergency medical care provides relief in times of unexpected illness or injury. The NHO actively supports regional emergency medical systems to respond to regional needs, while respecting the functional differences of medical institutions in each region.

#### Medical care in case of disasters

In the case of a disaster at home or abroad, NHO core disaster hospitals nationwide, including the Disaster Medical Center and Osaka National Hospital, cooperate with the Ministry of Health, Labor and Welfare (MHLW) and local governments to rapidly dispatch medical teams to affected areas.

#### Perinatal medical care

The most significant life event is when a new being enters the world. Despite the crisis in perinatal medical care, the NHO Comprehensive Centers for Perinatal Medicine staff in each region are uniting to facilitate as many mothers as possible to give birth and raise their children with a greater peace of mind.

#### Pediatric medical care (including pediatric emergency medical services)

A natural wish of parents is that their children receive appropriate medical care when they need it most. Despite the shortage of doctors, the NHO strives to save even the youngest child through close cooperation with regional facilities to actively admit and treat pediatric emergency cases.

#### Medical care in remote areas

Supporting medical care in aging communities. Providing medical care for remote areas and islands, which tend to not have doctors or areas analogous with doctorless areas, is becoming the most important challenge for regional medical care. The NHO provides mobile clinics and other services and coordinates with local governments and other institutions regarding what medical care each region can be provided.



### Regional medical care

Regional medical care cooperative offices were set up in all hospitals in April 2004 to strengthen the cooperation between regions, divide roles appropriately among medical institutions, promote functional cooperation, and establish efficient medical care delivery systems. The goal of these offices is to improve the quality of regional medical care.

The NHO hospitals are accredited as core hospitals for medical care, and other core medical care providers within regions greatly contribute to delivering regional medical care for the five diseases and services listed above.

NHO hospitals as a percentage of all core hospitals in Japan	NHO hospitals	Japan overall	Percentage(%)
Emergency medical care centers (as of April 2015)	19	271	7.0%
Comprehensive centers for perinatal medicine (as of April 2015)	5	104	4.8%
Regional centers for perinatal medicine (as of April 2015)	19	292	6.5%
Key core disaster hospitals (as of April 2015)	5	61	8.2%
Regional core disaster hospitals (as of April 2015)	28	633	4.4%
Core cancer treatment hospitals (overall, as of August 2014)	39	407	9.6%
Prefectural core cancer treatment hospitals (as of August 2014)	3	51	5.9%
Regional core cancer treatment hospitals (as of August 2014)	36	356	10.1%
Core hospitals for medical services in remote areas (as of January 2014)	9	296	3.0%

The percentage of NHO hospitals (n = 143 as of March 31, 2015) as a proportion of all hospitals in Japan (n = 8,485 as of March 31, 2015) is approximately 1.7%





## Provision of a reliable safety net for medical care

To protect the health of citizens, we at the NHO work to enhance medical care delivery systems for medical care needs that are addressed by the country through a national network.

NHO hospitals in each region also provide a safety net to support patients and their families so that they can comfortably undergo treatment and care, even for specialties that are difficult to access for reasons such as lack of experienced providers or system establishment or specialties that are not profitable in the private sector. This includes care for tuberculosis, severe motor and cognitive disabilities, and incurable neuromuscular diseases, including muscular dystrophy.



### Making use of the NHO network

The NHO is working to enhance medical care delivery systems by incorporating “treatment,” “clinical research,” “educational training” and “information dissemination” for diseases, including those that are intractable, according to the characteristics of each hospital. The NHO is making use of a national network so that institutions responsible for the same health policy field can carry out their role appropriately and efficiently.



### Tuberculosis

#### Providing high-quality medical care for tuberculosis

In the majority of prefectures, NHO hospitals are medical institutions designated for tuberculosis care, and play key roles in tuberculosis care and treatment of refractory tuberculosis, such as multi-drug resistant tuberculosis.



### Severe motor and cognitive disabilities and incurable neuromuscular diseases

In an effort to improve care in response to the varying needs of patients, the NHO is creating care assistant positions, primarily involving personal care, such as bathing, eating, and excretion, under the guidance of a nurse. NHO is enhancing delivery systems for personal care services related to activities of daily living, which are the foundation for quality of life (QOL) in patients receiving long-term care.

To support homecare for pediatric patients with severe motor or cognitive disabilities, the NHO promotes daycare services and cooperates with regional home-support networks. The NHO is also taking on various roles, such as those of core hospitals and cooperative hospitals, to secure inpatient facilities for patients with severe intractable diseases; these are performed by prefectures to establish homecare delivery systems and systems that allow patients with severe intractable diseases to be hospitalized in a timely manner.

#### Activities to secure inpatient facilities for patients with severe intractable diseases

Because of the deterioration in health caused by many medical conditions, it is now very difficult to provide care at home. To ensure that patients with intractable diseases who require inpatient treatment can be admitted by an appropriate inpatient facility in a timely manner, the intractable disease medical care system is established by the cooperation between regional medical institutions. Core hospitals create intractable disease consultation services and admit patients who require advanced medical care. They are also holding intractable disease workshops and providing medical guidance and advice to relevant institutions and facilities. Cooperative hospitals accept patients upon request from core hospitals and provide medical guidance and advice to regional facilities and other organizations.

### Medical Care and Observation for Persons with Severe Mental Illness Act

The NHO greatly contributed to the implementation of the Medical Care and Observation for Persons with Severe Mental Illness Act (hereinafter referred to as the “Medical Care and Observation Act”) in July 2005. One example of this is the establishment of the Medical Care and Observation Act wards. NHO hospitals organize annual workshops for the various professionals involved with the Medical Care and Observation Act nationwide. In addition, the NHO plays a key role in providing training and counseling for hospitals establishing new Medical Care and Observation Act wards.

### AIDS medical care

Sixty-nine NHO hospitals are core AIDS treatment hospitals. The core hospitals (Sendai Medical Center, Nagoya Medical Center, Osaka National Hospital, and Kyushu Medical Center) lead the way in adopting systems to provide general and comprehensive treatment across various departments, including the Department of Immunology and Infectious Disease, which manages HIV infection, and the Department of Gastroenterology, which manages hepatitis HCV infection. These core hospitals hold liaison conferences with the key core hospitals and promote equal accessibility to medical care for HIV infection through training and other means.

#### The main initiatives to strengthen the AIDS medical care system

- Establishment of the “Comprehensive HIV/AIDS Medical Center” at Sendai Medical Center
- Establishment of the “AIDS Treatment Development Center” within Nagoya Medical Center
- Commencement of training for HIV coordinator nurses at Osaka National Hospital and signing an agreement with Osaka University Graduate School for a joint graduate school in HIV care
- Establishment of the “Comprehensive HIV/AIDS Medical Center” at Kyushu Medical Center and opening the “Combined Clinic Center” as a specialist outpatient HIV clinic for comprehensive medical care and team medicine





# Medical Services

## Activities in times of disasters

The NHO makes use of its national network to respond to disasters and other events by promptly dispatching medical teams and disaster medical assistance teams (DMATs).

The DMAT offices of the MHLW are located at the Disaster Medical Center in Tokyo and Osaka National Hospital, which are the core centers for disaster medicine for Japan. These two hospitals actively engage in education and training. This includes training for medical institutions nationwide, using “disaster medical personnel training” and MHLW-commissioned projects, such as “training courses for Japanese DMAT personnel” and “skill maintenance training.”



### The main disasters responses to date:

Niigata Chuetsu Earthquake in October 2004

Kashmir (Northern Pakistan) Earthquake in October 2005

Indonesia–Java Earthquake in May 2006

Noto Peninsula (Japan) Offshore Earthquake in March 2007

Niigata Chuetsu Offshore Earthquake in July 2007

Myanmar (Burma) Cyclone in May 2008

Great Sichuan (China) Earthquake in May 2008

Iwate–Miyagi Inland Earthquake in June 2008

Haiti Earthquake in January 2010

New Zealand Earthquake in February 2011

Typhoon Haiyan (Philippines) in November 2013

Hiroshima Prefecture Landslides in August 2014

Mount Ontake Eruption in September 2014

Nagano Prefecture Kamishiro Fault Earthquake in November 2014

Nepal Earthquake in April 2015

Kanto–Tohoku Heavy Rainfall Disaster in September 2015



## Medical support during the Great East Japan Earthquake on March 11, 2011

Immediately after the disaster occurred, we deployed DMATs for acute medical activities and continued to dispatch medical teams, mental health care teams, and doctors and nurses for ongoing medical support. We also dispatched approximately 10,000 personnel per day to shelters and other locations in the disaster affected area and elsewhere to provide medical care and other services to those affected by the disaster.



### Activities of the DMATs

From the Disaster Medical Center overseeing the MHLW DMAT offices, we directed all the activities of about 340 DMAT teams (approximately 1,500 personnel)—assembled from all over Japan immediately after the disaster—in performing triage, transport in a wide area, and other activities in the acute phase of the disaster.



### Dispatch of medical teams

In response to requests from the affected prefectures and the MHLW, we continuously dispatched medical teams from all over Japan to perform relief activities at shelters from March 14, 4 days after the disaster, until May 9, 2011. A total of 399 doctors, nurses, and pharmacists were dispatched as part of 77 NHO medical teams to staff mobile clinics and provide other services to a total of 11,242 people in 54 shelters in the disaster area.



### Dispatch of mental health care teams

In response to requests from the affected prefectures and prefectures where hospitals were located, we continuously dispatched mental health care teams. The 106 teams included 390 personnel (Iwate Prefecture: 80 teams, Miyagi Prefecture: 25 teams, Fukushima Prefecture: 1 team) dispatched from March 19, 2011 to March 31, 2012. These teams provided mental health care to disaster victims with insomnia and anxiety and gave lectures on methods for coping with stress to staff at hospitals and daycare centers.



### Dispatch of doctors, nurses, and other healthcare professional

We dispatched doctors and nurses in response to requests from local governments, universities, nursing associations, and other organizations.





## Work to Improve the Quality of Medical Care and Patient Satisfaction

### Clinical evaluation indices

At the NHO, we are creating various clinical evaluation indices, based on medical guidelines and scientific evidence that assess the process and outcomes of medical care availability. Furthermore, we aim to provide high-quality medical care that is more homogenous across hospitals by performing regular evaluations and inter-hospital comparisons using these clinical evaluation indices.



### Creating medical information assessment reports

At the Department of Clinical Data Management and Research in the Clinical Research Center of the NHO Headquarters, we are creating clinical evaluation indices and performing clinical functional analyses using the Diagnosis Procedure Combination and data collected via our network to fulfill our mission to “Contribute to the quality improvements and equal accessibility of medical care by collecting and analyzing medical data by means of the NHO hospital network.”



### Creating an environment for simple explanations and easy consultation

We have been conducting patient satisfaction surveys since 2004 to assess patients' perspectives of the services provided by the NHO.

The surveys contain questions regarding “10 qualities of medical services” incorporating items considered vital to medical services. We analyze the questions individually to investigate and improve each item at each hospital and have employed various initiatives at each hospital to provide medical services.

#### Examples of initiatives related to simple explanations

- Making use of critical pathways (explanations of treatment policies, the course of treatment, etc.)
- Offering group counseling on nutrition and diet (group study sessions)
- Installing book corners and information rooms where medical materials can be browsed
- Improving explanatory skills and making explanations easier to understand. Examples include communicating with patients during admission and discharge with a doctor or other professional and training medical professionals at all hospitals to welcoming and communicating with patients.

#### Examples of initiatives related to easy consultation

- Establishing medical consultation services at all hospital information desks
- Appointing medical social workers (MSWs)
- Positioning administrators, such as nurse managers, at the general information desks in outpatient units
- Providing introduction and question sections within the information about the medical consultation service on hospital websites
- Establishing a system that allows pharmacists to correspond to drug-related questions or consultation from the medical consultation services at any time
- Establishing a system that facilitates patients to ask questions and seek advice by creating a standard national NHO hospital clinical test pamphlet for patients



## Improving medical safety measures

### Medical safety measure initiatives

- “Guidelines for Medical Safety Management in the NHO” in April 2004 (revised in September 2015)
- Installation of medical safety management offices and appointment of full-time medical safety administrators at all hospitals
- Establishment of a Central Medical Safety Management Committee at the headquarters
- Standardization of mechanical ventilators used by patients in long-term care
- Standardization of drugs used
- Establishment of a system for appropriate collection and transmission of medical accident data  
(Creation of cautionary examples, which are posted on the NHO network bulletin board)
- Annual publication of the “Medical Safety White Paper” since 2006
- Development of the “Falls and Tumbles Project” and “Measures to Further Improve Informed Consent”
- Development of “Guidelines for Cross-Checking Medical Safety Between Hospitals” and implementation of “Medical Safety Cross-Checking Between Hospitals” in 2013



### Medical safety cross-checking between hospitals

To standardize medical safety measures and establish a system for cross-checking between hospitals, we have developed the “Guidelines for Cross-Checking Medical Safety Between Hospitals” and are implementing cross-checking across hospitals nationwide.

Cross-checking involves forming a group of about three hospitals that take on the roles of “hospital doing the checking,” “hospital being checked,” and “supervising hospital.” Assessments and opinions are exchanged during visits to the hospitals.

