



Independent Administrative Agency

**National Hospital
Organization 2016**

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NHO

National Hospital Organization

Taking pride in being Japan's largest hospital network,
We aim to be a safety net that supports local medical care.

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The Philosophy of the National Hospital Organization (NHO)

We of the National Hospital Organization

Strive to improve the health of each citizen and our country's medical care

By tirelessly raising awareness and employing sound management
To provide medical care that is meticulous from the patient's point of view

And to promote high-quality clinical research and educational training.

President's Message

Hideo Kusuoka, President,
National Hospital Organization



The National Hospital Organization (NHO) is an independent administrative agency that manages 143 hospitals nationwide. The NHO is entrusted with three missions: to provide medical care, to promote clinical research, and to train medical care professionals. We are Japan's largest hospital network, providing services from acute care to chronic care, with approximately 50,000 hospital beds and 60,000 staff at our disposal.

We wish to contribute to the healthcare community using these medical care resources, which will become a support for all citizens.

In addition, we use the wealth of clinical data obtained from a seemingly incalculable amount of medical records to conduct clinical research and quality evaluation of medical care and contribute to the improvement of medical care in Japan also by focusing our efforts on training medical care professionals, such as doctors and nurses.

We strive to constantly review our procedures to provide reliable medical care to all citizens.

We ask for your continued understanding and support to achieve these goals.

Overview of the NHO

Establishment
Act on the National Hospital Organization,
Independent Administrative Agency (Act No. 191 of 2002)

- The duties of the NHO are as follows :
- 1. To provide medical care,
 - 2. To conduct evaluation and research in medical care,
 - 3. To train medical care practitioners, and
 - 4. To perform tasks incidental to the above duties.

Size of the NHO (as of October 1, 2015)

Number of hospitals : 143
Number of beds : 54,610
(Beds for general patients : 47,816, Beds for tuberculosis patients : 2,009, Beds for psychiatric patients : 4,565, Other beds : 220)

Clinical research centers : 10 hospitals
Clinical research departments : 76 hospitals

Hospital training schools for nurses
Nursing courses : 39 schools
Midwifery courses : 5 schools
Rehabilitation colleges : 1

Number of healthcare practitioners
(as of January 1, 2016)
Approximately 60,000 people
(Doctors: 6,000, Nurses: 39,000, Others: 15,000)



Management Policies of the NHO

To efficiently manage high-quality medical care

- Medical services**
- Providing medical care
 - Contributing to Japan's medical care policy making
 - Contributing to regional medical care



- Clinical research services**
- Collecting and analyzing clinical data and enhancing capabilities to disseminate information
 - Promoting large-scale clinical research
 - Promoting rapid and high-quality clinical trials
 - Promoting the implementation of advanced medical care technologies
 - Training personnel to work on clinical research and trials



- Educational training services**
- Training and securing high-quality medical care professionals
 - Implementing training programs that contribute to medical care provided by local medical care professionals



Medical Services

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%



Medical Services

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.



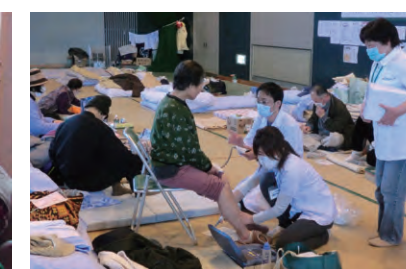
Dispatch of mental health care teams

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.



Work to promote high-quality clinical research and trials

It is important to continue pursuing safe and effective treatment methods to improve the quality of medical care in Japan. To achieve this, detailed clinical data from a large number of medical institutions need to be collected and studied, preferably without regional bias.

The NHO has hospitals in all prefectures in Japan and is building Japan's largest hospital network, comprising 143 hospitals. The NHO also has several medical achievements, including in fields that are difficult for private medical care. The characteristics of the NHO allow studies to be conducted to improve the quality of medical care.

Promoting clinical research

NHO characteristics, such as economies of scale and the ability to guarantee a wealth of cases and a specific level of quality, enable large-scale clinical studies to promote evidence-based medicine (EBM), to establish medical evidence for high-quality, and standardized medical care. Another initiative is NHO network joint research, focused on developing high-quality evidence useful in general clinical practice. This joint work uses NHO research network groups established for each field of disease. In general, these studies are promptly conducted following collective review by a central ethics committee at the NHO headquarters.

In 2015, 4 EBM studies and 25 network joint studies were approved, bringing the total number of studies currently underway to 82.

Clinical research centers and clinical research departments

Through the NHO network, 10 clinical research centers have been established nationwide to act as bases for conducting multicenter clinical research. We are also establishing 76 clinical research departments nationwide to conduct interdisciplinary clinical research, either independently or jointly with other facilities.

- NHO clinical research centers
- Tokyo Medical Center
 - Nagoya Medical Center
 - Osaka National Hospital
 - Shikoku Cancer Center
 - Kyushu Medical Center

- Sagamihara National Hospital
 - Kyoto Medical Center
 - Kinki-Chuo Chest Medical Center
 - Kyushu Cancer Center
 - Nagasaki Medical Center

Initiatives for advanced medical care

Clinical research projects for natural killer T-cell therapy in lung cancer based on a basic agreement to promote comprehensive cooperation and collaboration with RIKEN (the Institute of Physical and Chemical Research) have been approved as advanced medical care B. Patient registration is now underway.

The NHO is also collaborating in a personalized medicine realization program (BioBank Japan Project) and induced pluripotent stem (iPS) cell research at Kyoto University (Center for iPS Cell Research and Application; CiRA). This aims to promote clinical research into genomic and regenerative medicine.



Promoting clinical trials

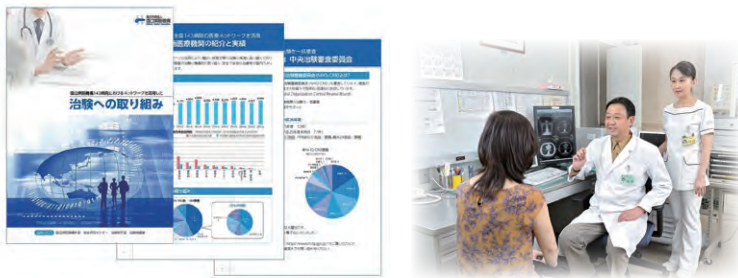
Through the NHO network, we are promoting fast and high-quality clinical trials, including physician-initiated clinical trials. We are establishing a clinical trial network to liaise and coordinate clinical trials and other projects through a Clinical Trial Promotion Office in the Clinical Research Department. This provides a clinical trial contact point at NHO headquarters and clinical trial administrators and administrative officers as points of contact for clinical trials in hospitals.

■Clinical trial management offices

We have installed clinical trial management offices in hospitals nationwide. Clinical trial administrators and administrative officers provide support to patients, companies involved in clinical trials, and other entities to allow clinical trials to be conducted appropriately and safely in 101 hospitals from 2015.

■Clinical research coordinators (CRCs)

Nationwide, we have instated 223 CRCs to facilitate the clinical trial process. The CRCs have taken on roles such as informed consent procedures and mental health care for study participants, supporting principal investigators in clinical trials, and coordinating people within teams.



Training for personnel engaged in clinical trials and research

Annual workshops are held to train personnel such as CRCs and doctors who perform clinical research. These workshops promote high-quality clinical trials and research. Participants from outside the NHO are able to take part in some of this training. In this way, the NHO contributes to clinical trials and research activity throughout Japan.

In addition to training researchers engaged in clinical trials and research, the NHO offers research ethics training to members of ethics committees and other relevant staff. The use of e-learning allows the NHO to promote initiatives that contribute to preventing research fraud and other forms of malpractice.



Educational Training Services

Training to foster high-quality doctors

To provide safe and good quality medical care from the patient's perspective, the NHO uses experienced instructors and a wealth of varied cases to train medical professionals to lead the next generation.

Early clinical training

We provide early clinical training to doctors immediately after graduation from medical school to teach basic medical competencies. We use the functions of regional core NHO hospitals to cultivate each doctor's mentality and teach basic primary care medical competencies (attitudes, skills, and knowledge). This aims to enable doctors to appropriately respond to diseases and conditions that are frequently encountered in routine care, while acknowledging the social needs of medicine and medical care irrespective of their future expertise.

Vocational doctor system (late clinical training)

We initiated the NHO Vocational Doctor System in 2006 to build a training system for specialist areas after the completion of clinical training (late clinical training) in Japan. This will foster specialists who can provide safe and good quality medical care from the patient's perspective, with a high level of clinical competency.

We are currently investigating our correspondence to a new vocational doctor system.

Vocational courses and programs

These enable doctors to do the following:

- Learn about diseases that are likely to be encountered, patient numbers, and treatment procedures.
- Acquire qualifications as certified doctors or clinical departmental specialists within academic societies, and so forth.
- Perform clinical research activities such as conference presentations and clinical trials.
- Play the role of medical safety advocate.
- Manage medical records and make use of medical statistics.
- Play an instructor's role in clinical training systems.

In addition, the NHO does the following:

- Checks the content of vocational courses and programs in review committees.
- Selects doctors to study abroad and arranges their dispatch.
- Supports career pathways after the completion of vocational training.
- Offers benefits for employing vocational doctors at NHO hospitals.
- Provides environments where doctors can devote themselves to medical care and be considered an asset of the NHO.

Implementing vocational doctor study abroad program and other systems

As part of the vocational doctor system, we started a vocational doctor study abroad program in 2006. This program dispatches doctors to overseas medical facilities. Each year, approximately 10 doctors study abroad. To date, 77 doctors have undergone training in which they experienced live medical settings in the US. Since 2010, we have also invited UCLA clinical lecturers who are medical advisors to US Veterans Affairs Medical Centers to visit NHO hospitals in various regions and hold workshops. The visiting lecturer program has allowed young doctors from around 30 NHO hospitals nationwide to participate in this training. Doctors at the hospitals hosting visiting lecturers have been able to receive direct guidance through clinical lectures in English, case conferences, and training rounds in actual wards.

Training courses to foster good quality doctors

Since 2010, we have held training courses to foster good quality doctors. These are hands-on training courses for doctors in training and vocationally trained doctors in the form of seminars to teach skills in conjunction with lectures using state-of-the-art equipment.

We use the NHO network to hold planning and management meetings for each training course to ensure that doctors who excel in their respective areas of expertise can teach other doctors and that the training courses appeal to doctors in training and vocationally trained doctors.

Training topics to foster good quality doctors include the following:

- Specialist fields (three fields: cardiovascular medicine, gastrointestinal medicine, and respiratory medicine including tuberculosis) necessary for integrated medicine.
- Primary care necessary for integrated medicine.
- The 5 services (two fields: emergency medical care and pediatric medical care).
- Respiratory management (respiratory support teams).
- Improving the skills of young doctors.
- Safety net medical care (fields such as balance, muscular dystrophy, and psychiatry).

NHO fellowship

The NHO network has allowed the creation of a NHO fellowship system to train young doctors from NHO hospitals at other NHO hospitals for a specific period of time. This allows these doctors to improve their skills and work to become specialists.



Educational Training Services

Fostering high-quality nurses and other staff

In addition to operating 40 nurse training schools, we offer training tailored to various stages of the nursing career pathway after employment. This aims to improve the knowledge and skills of nurses.



Operating nurse training schools

The nursing training schools are based on the principle of providing high-quality medical care that is meticulous from the patient's perspective. These training institutions enable medical and nursing practitioners to achieve high QOL for patients based on human dignity.

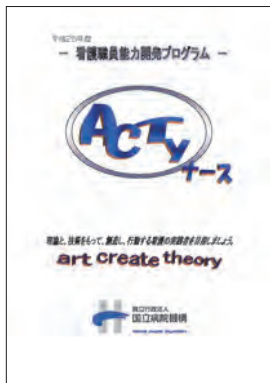
National nursing examination pass rate:	2004 : 98.6% → 2008 : 97.8% → 2013 : 98.9% → 2015 : 98.4%
National average:	2004 : 91.4% → 2008 : 94.4% → 2013 : 95.1% → 2015 : 94.9%

Enhancing the nurse career pathway

To raise nurses' awareness of themselves as professionals and improve nursing competencies to promote medical care for which the NHO is responsible, we have introduced a Nurse Skills Development Program. This program offers unified and standardized educational training to all NHO hospitals, allowing nurses to gradually acquire nursing competencies from their first year of employment.

We support each individual nurse through a program to create ideal "ACTy nurses."

※ An ACTy nurse is the NHO's ideal image of a nurse; a nurse who protects the dignity of patients, practices care with theory and skill, and who creates nursing care (ACTy: Art, Create, Theory).



Activities of specialist and certified nurses

As medical and nursing care has become more advanced and diversified, a need has grown for nursing specialists with more specialized and high-level knowledge and skills. The NHO actively dispatches personnel to provide training, and instates certified and specialist nurses to provide appropriate guidance and advice to nurses in different fields, based on the characteristics of each hospital. This also promotes the practice of more enhanced and high-level nursing.

Activities of Japanese nurse practitioners

The NHO has created NHO Clinical Nurse Training Hospital Requirements to improve training and development systems for nurse practitioners reinstated and employed in each hospital. Nurses who have completed a course at a NHO Clinical Nurse Training Hospital, such as the Graduate School of Nursing of Tokyo Healthcare University Faculty of Nursing, work as Japanese nurse practitioners (JNPs).



Cooperation between Tokyo Healthcare University Faculty of Nursing and the Graduate School of Nursing

The NHO uses the wealth of clinical sites to engage in training JNPs in critical areas ahead of the rest of the country. This is achieved through cooperation with the Tokyo Healthcare University Faculty of Nursing in initiatives to foster nurses who can provide team medical care, with advanced nursing competencies and a mix of skills.



Financial Situation

A stable management foundation is vital to continue the provision of high-quality medical care, research, and training. Furthermore, continuing to gain patients' trust by providing high-quality medical care is the foundation of sound management.

The NHO aims to balance earnings and expenditure, with each hospital responsible for generating its own medical earnings.

Stabilizing hospital management is not always considered easy. However, each NHO hospital employs various initiatives and the NHO headquarters works with hospitals to improve the quality of medical care and the efficiency of management. In doing so, the NHO continues to operate in the black each year and has paid outstanding debts incurred when it became an independent administrative body.

Moreover, the NHO has received praises for its international achievements in the final report of a research program for universal health coverage jointly conducted by the Japanese government and the World Bank Group.



"Universal health coverage for inclusive and sustainable development"

Initiatives to improve management

Improving profitability

- Optimizing medical fee billings.
- Acquiring upper references for medical fees.
- Enhancing accounts receivable measures.
- Strengthening regional cooperation.
- Increasing the number of clinical trials conducted, and so on.

Reducing expenditure

- Jointly bidding for drugs, test reagents, medical equipment, medical accounting systems, electronic medical records, and other necessities (reducing procurement costs using economies of scale).
- Promoting the use of generic drugs.
- Sharing expensive medical equipment.
- Reviewing optional contracts and establishing a proper contract office work, and so on.

Investments such as reconstruction

- Reviewing the standard construction costs.
- Standardizing design specifications and relaxing bidding conditions to rationalize costs, and creating a competitive environment by introducing flexible construction periods, and so on.

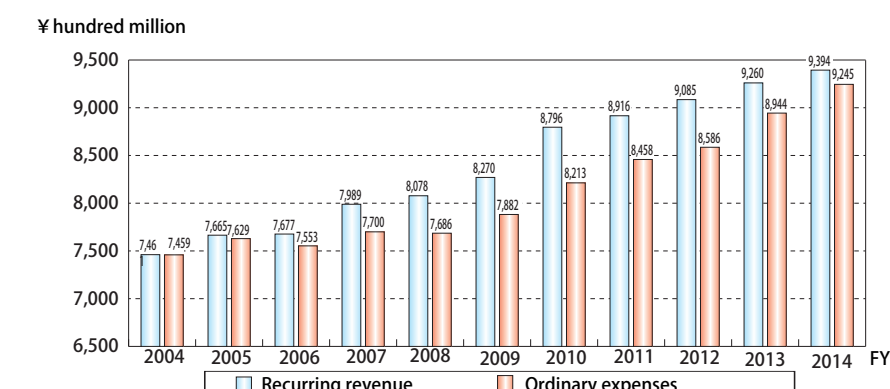


Ordinary revenue and expenditure, ratio of ordinary revenue to expenditure, and reducing debt

Overall, the NHO is aiming for a ratio of ordinary revenue to expenditure of at least 100% in profit-and-loss calculations each year. This is achieved by promoting management improvements following analysis of the financial situations of individual hospitals, comparing financial situations between hospitals, and preparing departmental balance sheets and monthly closing.

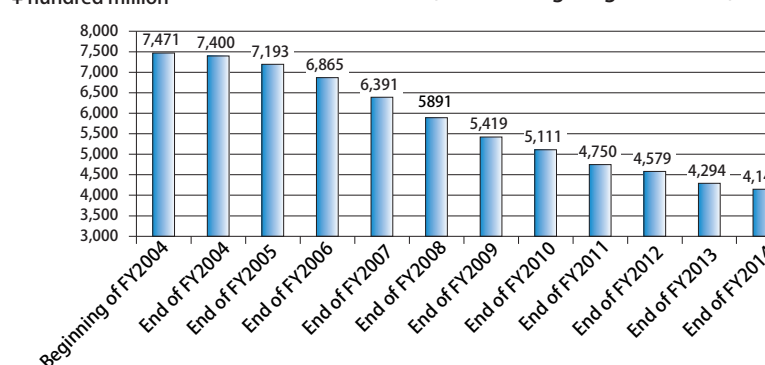
The NHO maintains a high ratio of ordinary revenue to expenditure each year by continuously improving management (e.g., by increasing numbers of new patients), as well as promoting the acquisition of upper references pertaining to medical fees (e.g., by appropriately allocating staff and shortening the average length of stay).

Furthermore, despite managing the NHO amid numerous dilapidated hospitals and massive debt inherited from the NHO's establishment, we are steadily reducing our fixed debt (outstanding long-term debt) each year as a result of steady reimbursement through various management efforts, including a review of construction costs. However, due to the large number of old buildings that have exceeded their service life, we are making calculated investments to complete building maintenance, with a focus on improving the patient care environment.



	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
Ordinary income (¥ hundred million)	2	36	124	289	392	388	583	458	498	317	149
Ratio of ordinary revenue to expenditure	100.0%	100.5%	101.6%	103.8%	105.1%	104.9%	107.1%	105.4%	105.8%	103.5%	101.6%

¥ hundred million Transition of fixed debt (outstanding long-term debt)



NHO Hospitals

