

Comprehensive Community

Care System

(point)

Mitsugi General Hospital

October 2011

Mitsugi General Hospital (as of 2011)

Philosophy : Establish comprehensive community health/care system with hospital for community and its citizens

System : Under public corporation law
 Directly run by National Health Insurance

Beds : 2 4 0

Annexed facility : Comprehensive health/welfare facilities including geriatric health facility) 3 1 7 beds

Total 5 5 7 beds

Departments : 2 2 departments

Population : Approx.. 70,000

No. of staffs : 6 3 7 including temporary staff (No. of MD 2 9)

Features : Regional core hospital with advanced medicine (secondary ER)
 Rehabilitation ward and palliative care ward
 Comprehensive community care system with hospital and health and welfare center

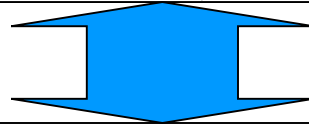
→ Liaison office for comprehensive community health care

- Home care with bed-bound free campaign
- Coordination and integration of health, medicine and welfare
- Designated teaching hospital certified by academic societies
- Accredited by JCQHC
- Certified for Ningen Dock and health check ups
- Certified palliative care facility
- Certified comprehensive community health and care facility

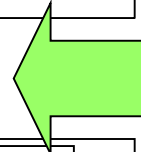
Comprehensive Community Care at Mitsugi General Hospital Today

Acute Medical Care

240 hospital beds, 22 departments, 317 institution beds,
catchment area of 70,000 people



(Comprehensive community care
liaison office)



Comprehensive Health and Medical Care

Health care, Rehabilitation, Palliative care

Home care (Visiting nurse station)

Rehab wards, Integrated health and welfare
facilities (Care facilities)

Comprehensive community support center,

Care prevention center

Other institutions
[between hospitals
between hospitals and clinics]

Health and Welfare Center (Health management center)
Care prevention center

Comprehensive Community Care

- Improves QOL by providing continuous comprehensive medical care in the community, taking social factors into consideration and by assuring that people keep living in their familiar environment**
- Comprehensive care aims at holistic medicine (and care) by providing not only cure but also health service (health promotion), home care, rehabilitation and takes community and normalization into perspectives through coordination of care at home and in the facilities and citizens' participation.**
- Community is not a simple geographical area but organic area of living.**

(by Noboru YAMAGUCHI)

Comprehensive Community Care System

- 1) System of collaboration among health, medical and social care
- 2) System of collaboration between institutional (medical, care and social) services and home care
 - Collaboration between palliative care ward and home palliative care
 - Collaboration between rehabilitation ward and community (home) rehabilitation
 - Collaboration between (geriatric health) care facility and home care
- 3) Network of local government, professionals and citizens
 - ➔ Comprehensive care system involving all community components
 - ➔ three dimensional collaboration

Comprehensive Community Care System

(Integration of health, medical, care and welfare services)

Local Government
Omi Regional Office, Hiroshima
Public Health Center

Health Welfare Center
Dental Health Center
Care Prevention Center
(Exercise, diet, oral care)

Visiting Nurse Stations
Home Care Support Office
Home Help Station

Mitsugi General Hospital

Acute Care Ward (ICU)
Sub-acute Care Ward
Palliative Care Ward
Rehabilitation Ward
Chronic Care Ward

Regional Center for High Level
Brain Functions

Home

Medical and Dental Associations
Other Hospitals
Social Welfare Council
Day Service for the Disabled

Citizens

Comprehensive Facilities

Geriatric Health Facility
(General Ward, Dementia Ward)

Skilled Nursing Home

Home Care Support Office

Day Service Center

Rehabilitation Center (Clinic)

Regional Rehabilitation

Support Center

Care House (assisted living)

Group Home

Senile Dementia Center

Welfare Human Resource

Center

Aid Facility

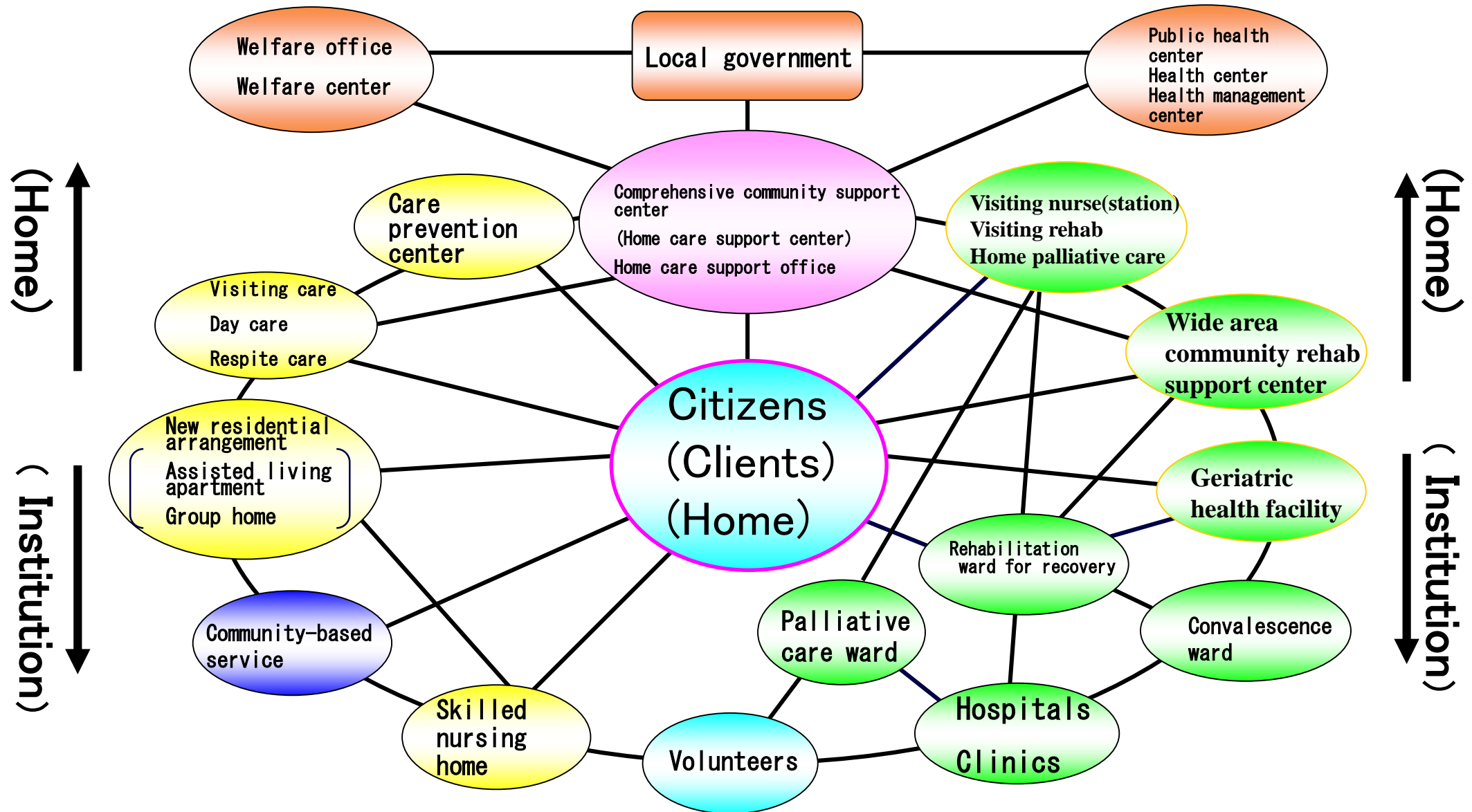
National Health Insurance Clinics and Care Facilities

Comprehensive Community Support Center

Concept of Comprehensive Community Care

(Welfare and care)

(Health and medicine)



Concept of Comprehensive Community Care System

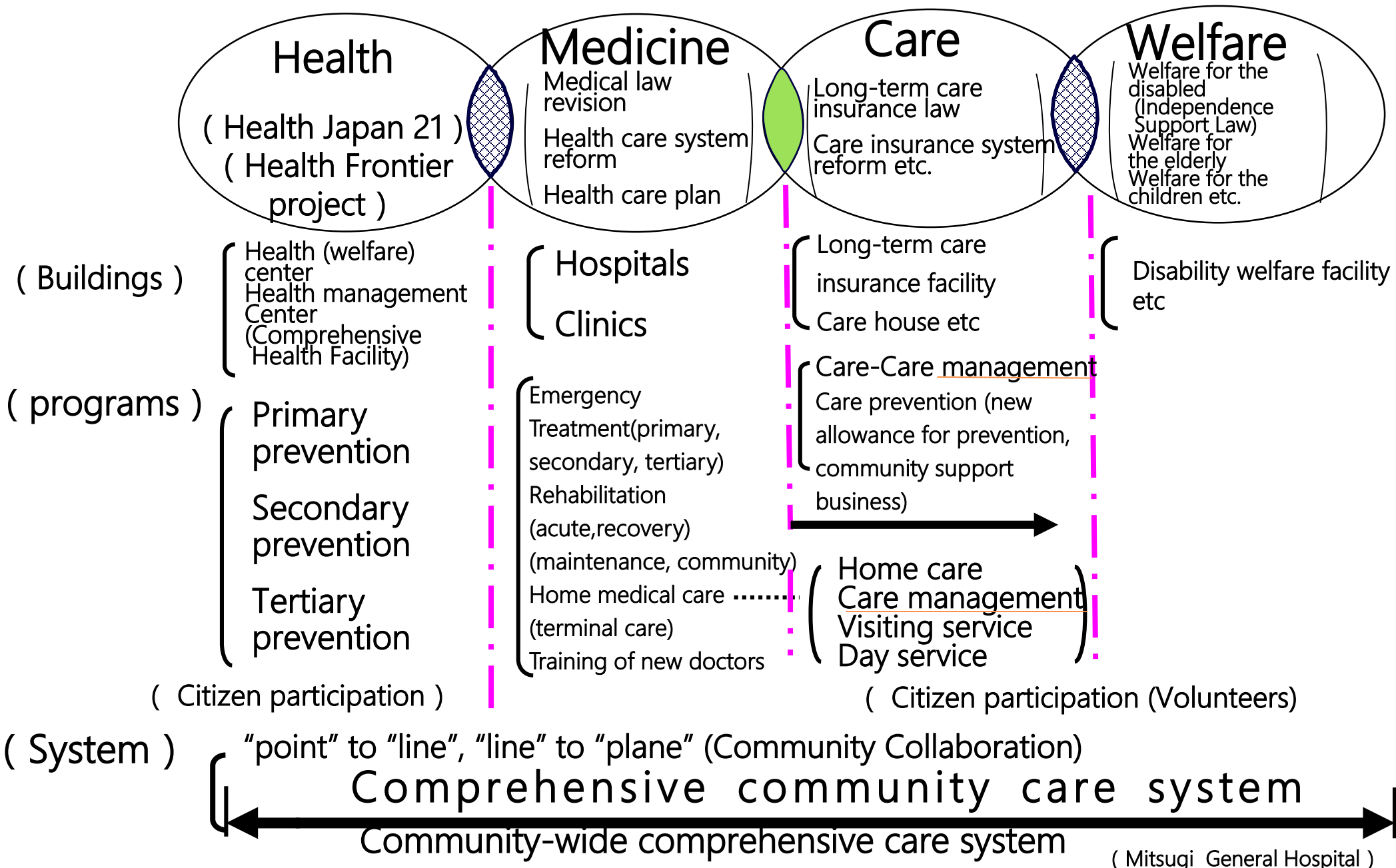
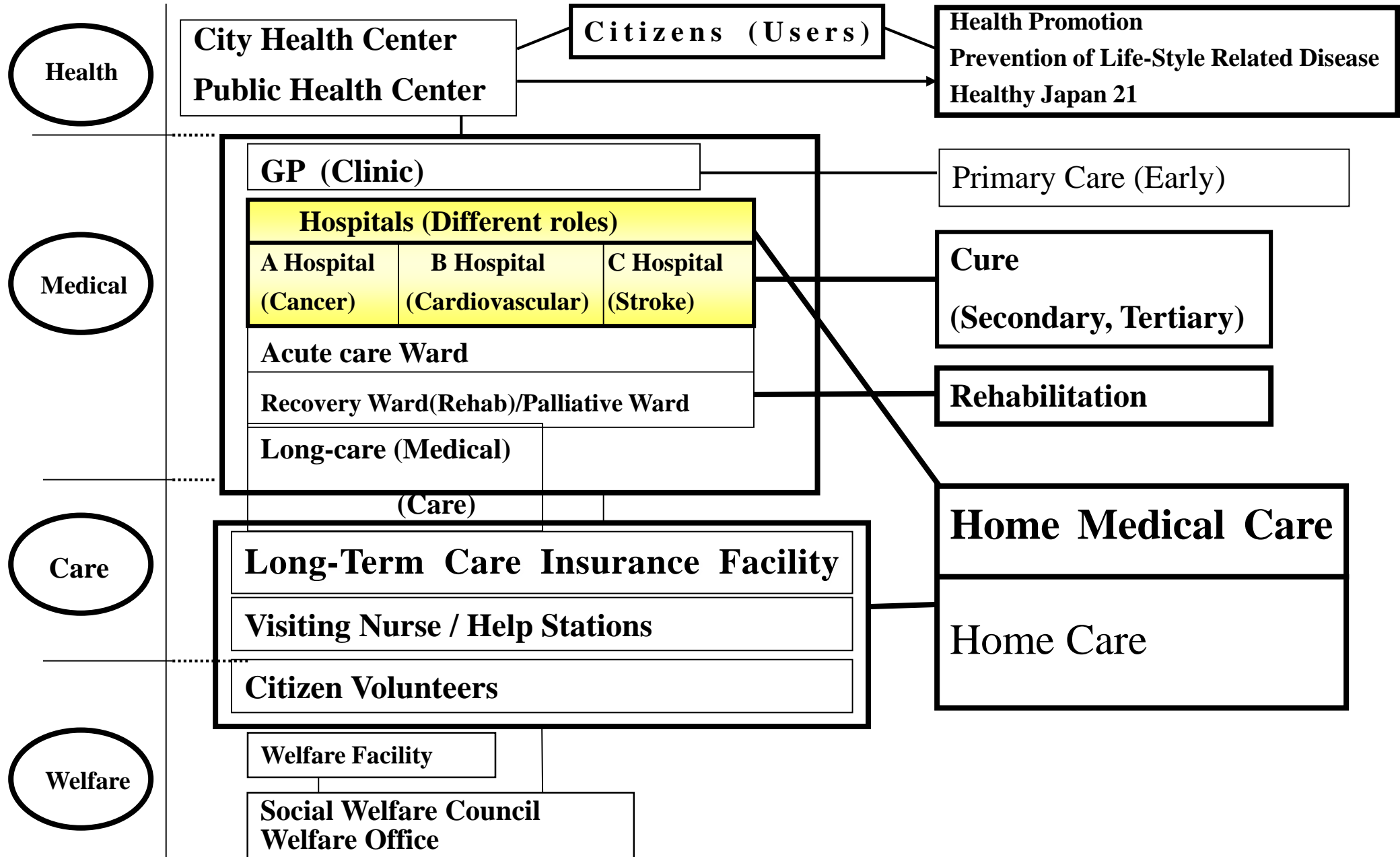


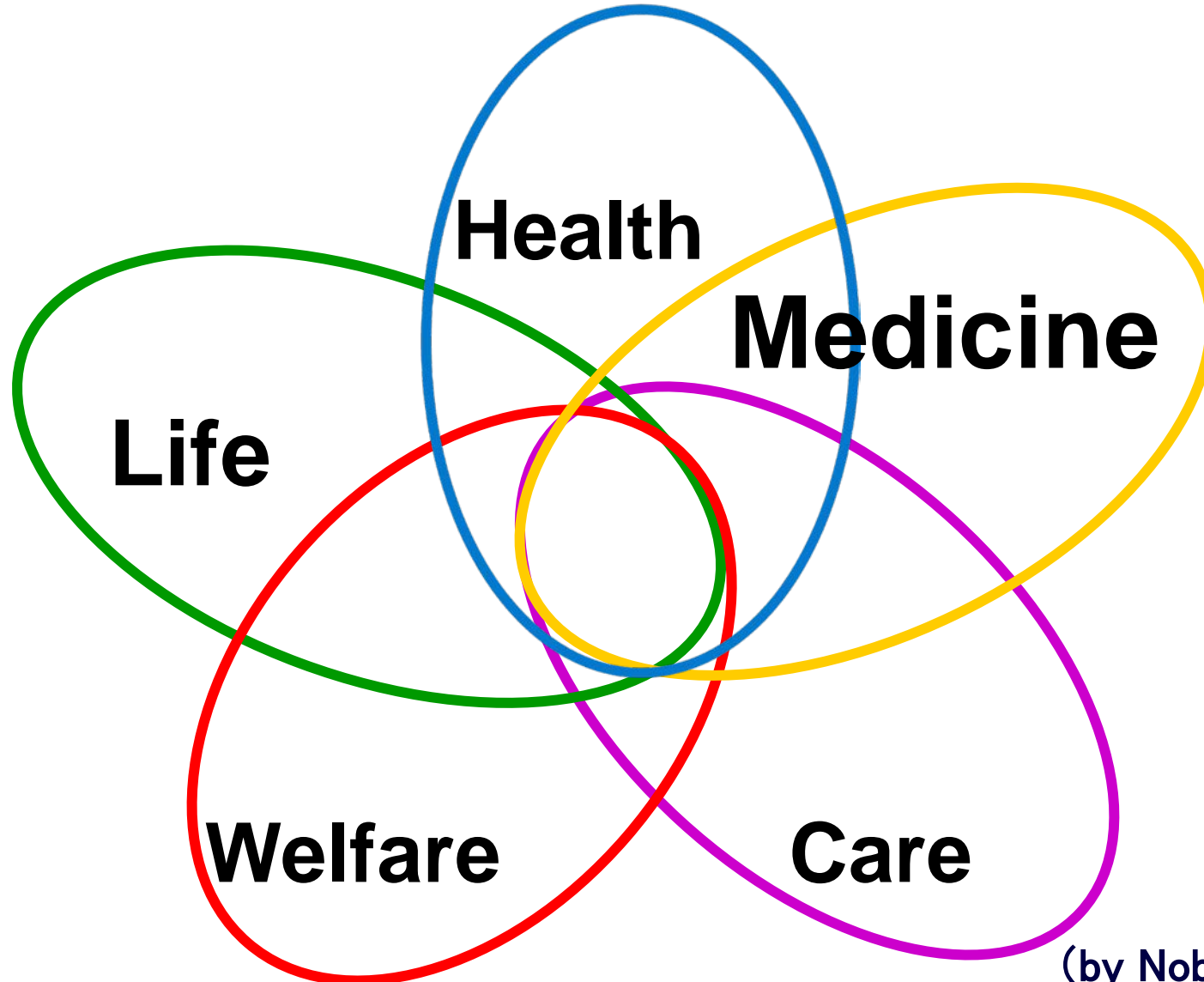
Image of Comprehensive Community Care

~ Functions, Roles and Collaboration ~



Comprehensive Community Care System

~ **Medicine as a core** ~

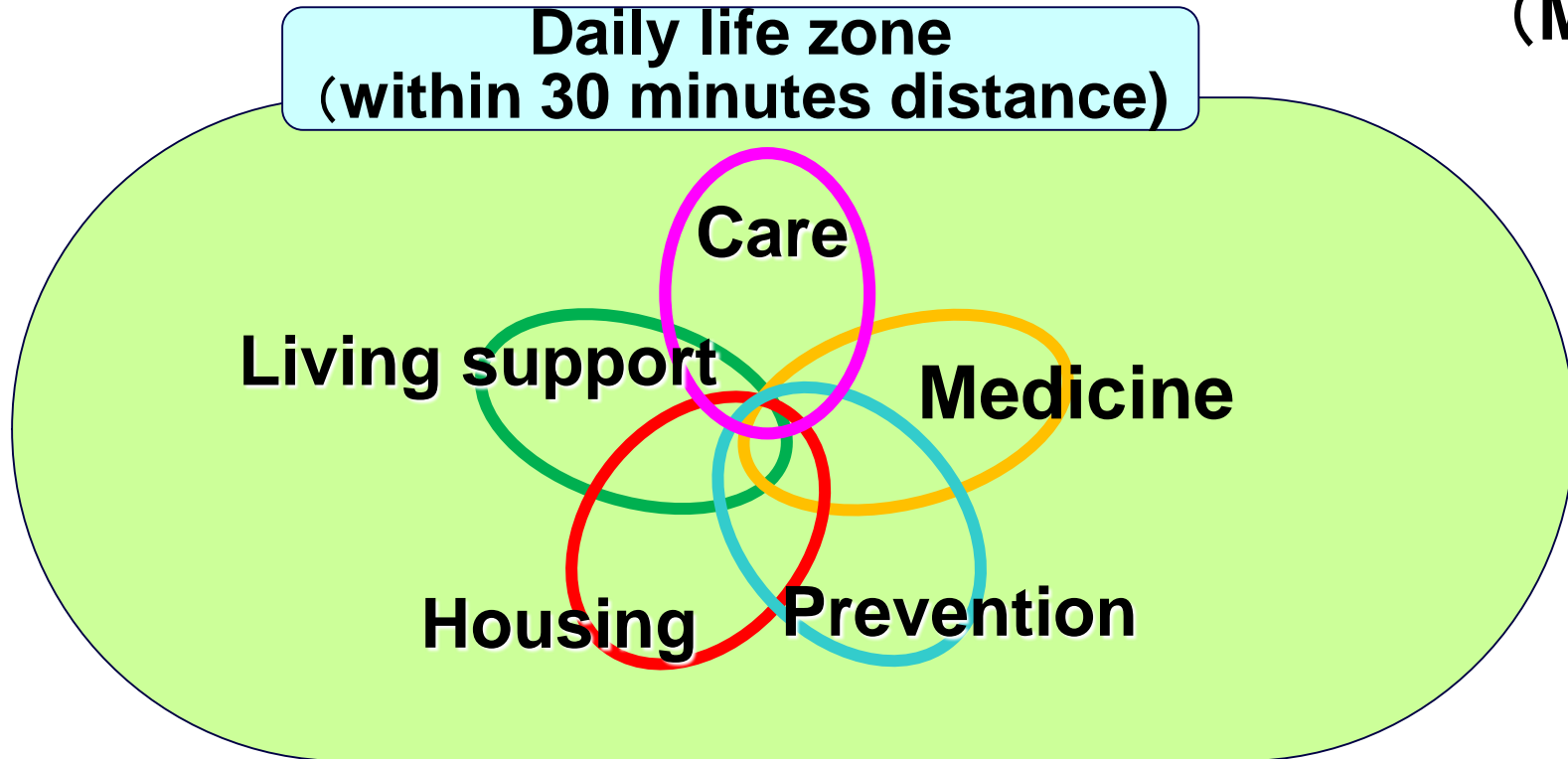


(by Noboru Yamaguchi)

Comprehensive Community Care System

~ **Care as a core** ~

(MHLW)

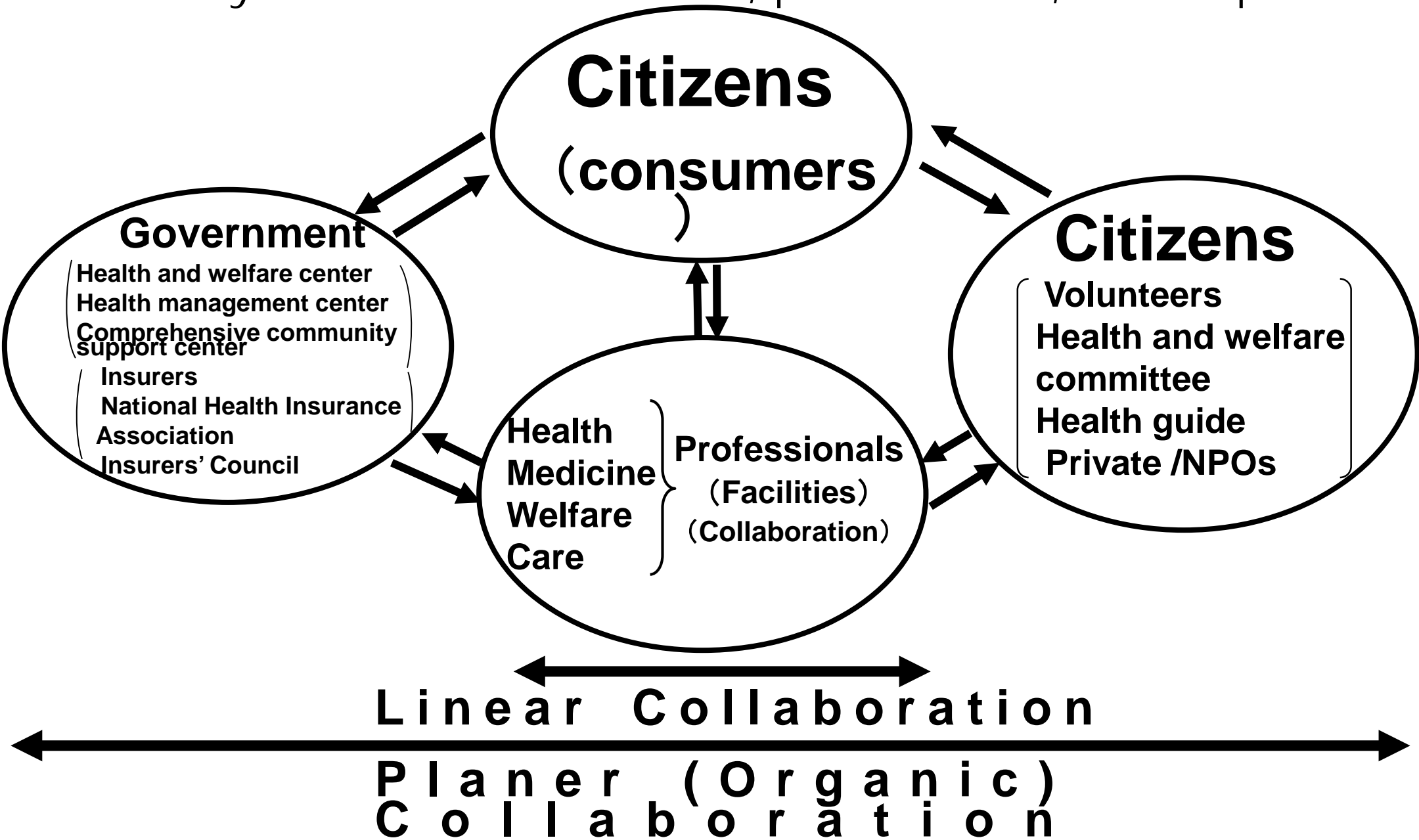


[5 elements of comprehensive community care]

- ① Strong collaboration with health care
- ② Improvement of care service
- ③ Promotion of prevention
- ④ Advocacy and diverse life support services such as watching, meal on the wheel and shopping
- ⑤ Development of barrier-free housing for elderly citizens (MLIT)

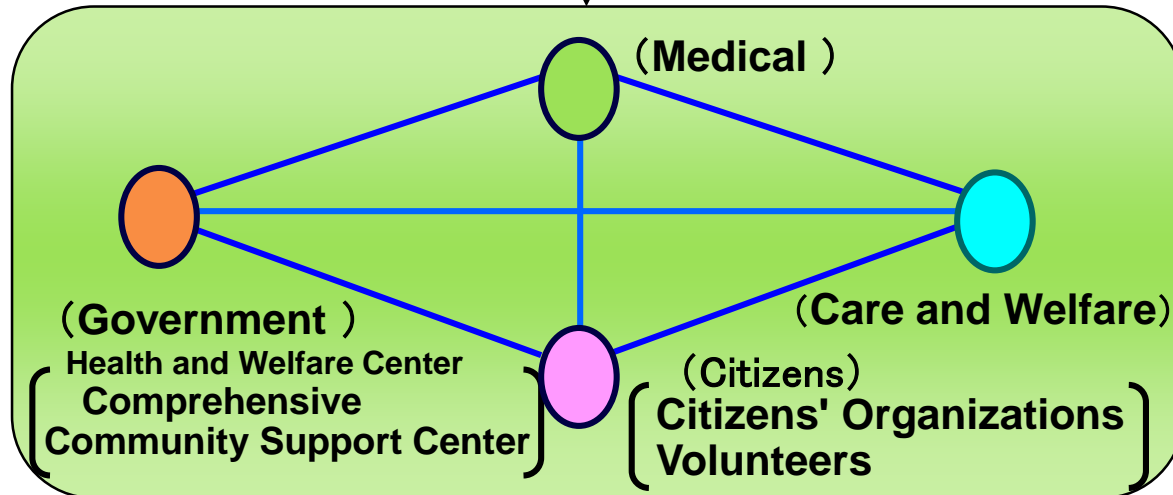
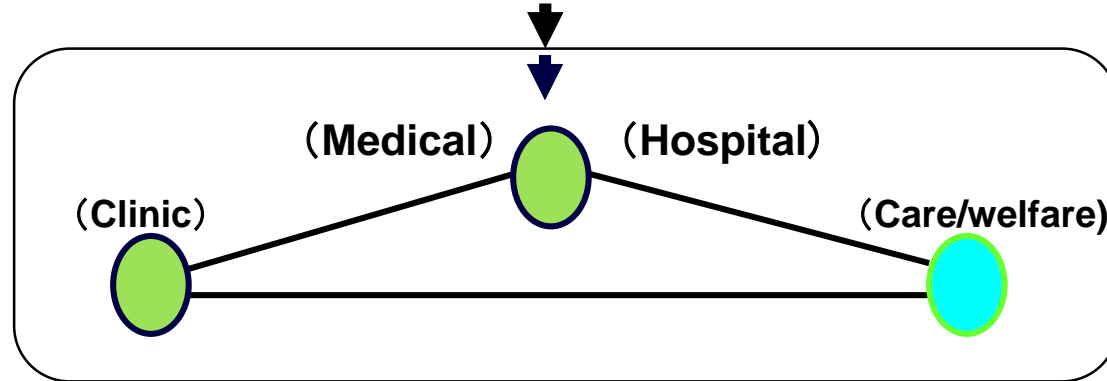
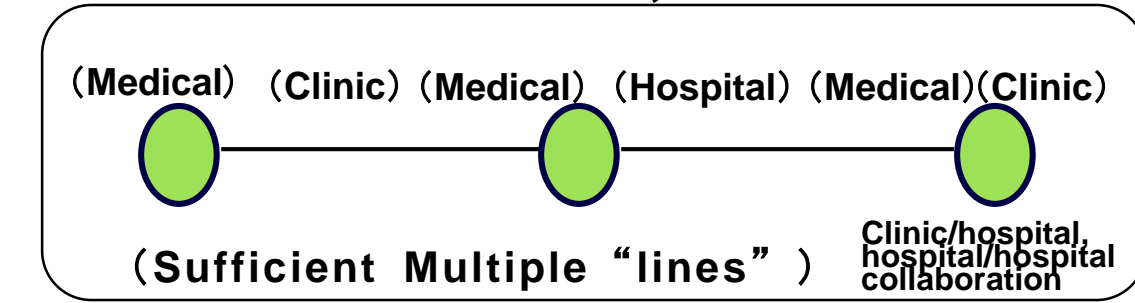
Network of Comprehensive Community Care (System)

-System of collaboration, point to line, line to plane-



Comprehensive Community Care Network

~ “Point” to “Line”, “Line” to “Plane” ~



“Point”



“Line”



quasi “Plane”



“Plane”

(Noboru Yamaguchi)

Locally Self-sufficient Comprehensive Community Care System

- Service provision (buildings and programs) and system integration of health, medicine, rehabilitation, care and welfare are in place in the community
- Service provision appropriate for specific conditions is possible
- Identification of roles (functions) and collaboration among health care institutions
- Collaboration between medical and care facilities
- Collaboration between institutional care and home care (home, residential institutions)
- Point to line, line to plane
—— Network building
- Health, medicine, care and welfare to meet the needs of citizens in the community

Types of Comprehensive Community Care System

- Rural village type (Mountain type)**
- Urban type**
- Mega-city type**
- Housing complex type**

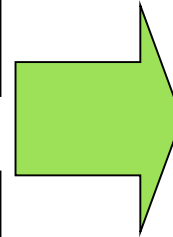
Outcome of CCC System

Know-how

Health promotion (Health project)
Bed-bound free campaign
Home care (Comprehensive and integrated service provision)
Planer collaboration (regional collaboration)
Seamless service provision

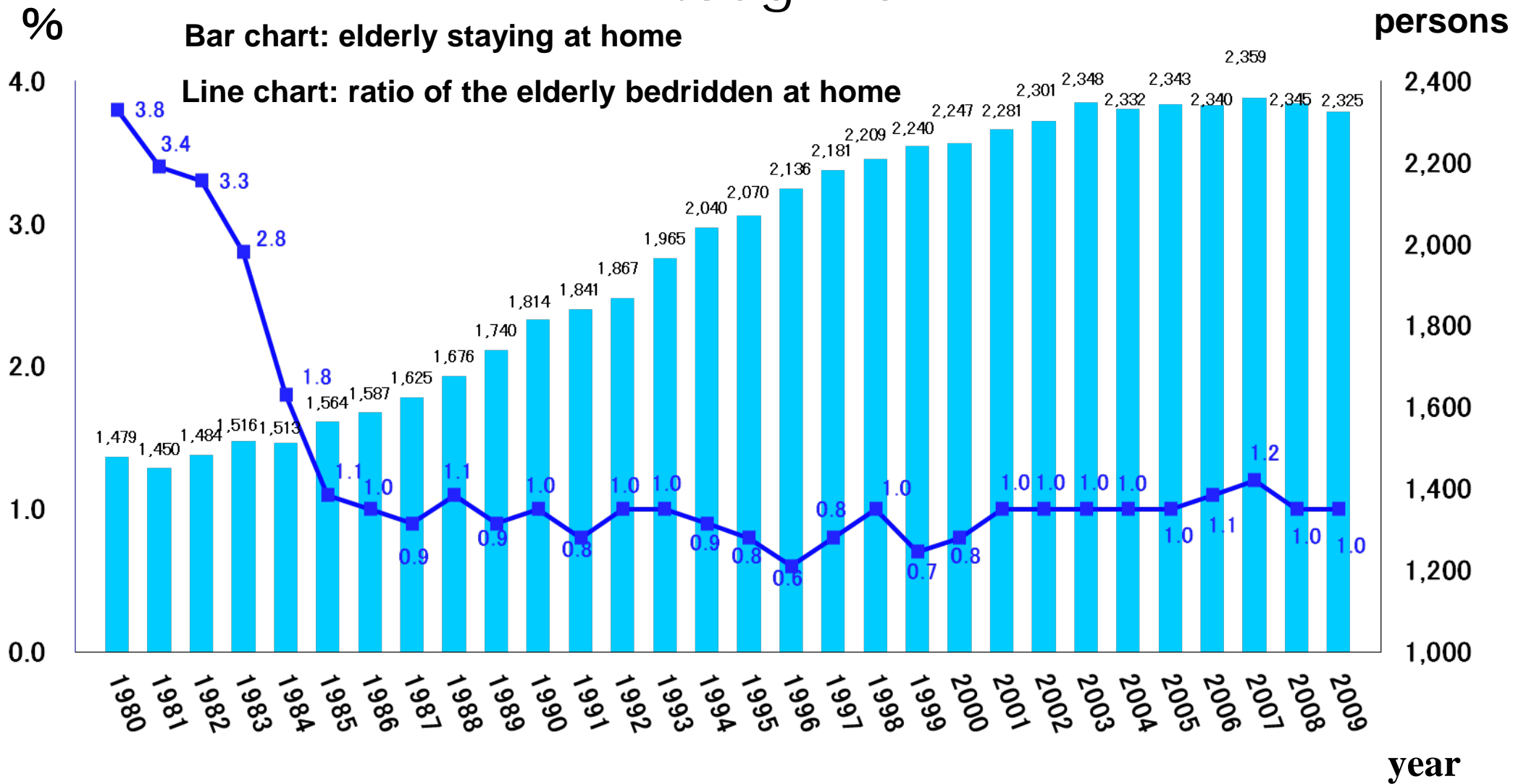
Facilities

Health management center (Health/welfare center) (restructuring)
Care prevention center
Comprehensive health and welfare facility
Hospital as a community hub



Fewer bed-bound pts.
Slower increase in health care expenditure
Economic effects
Community vitalization (Town planning)

Changes in the number of the elderly staying home and that of those bedridden at home in Mitsugi Town



(National Health Insurance) Expenditure for an Elderly in Mitsugi Town (Mitsugi General Hospital)

amount
800,000




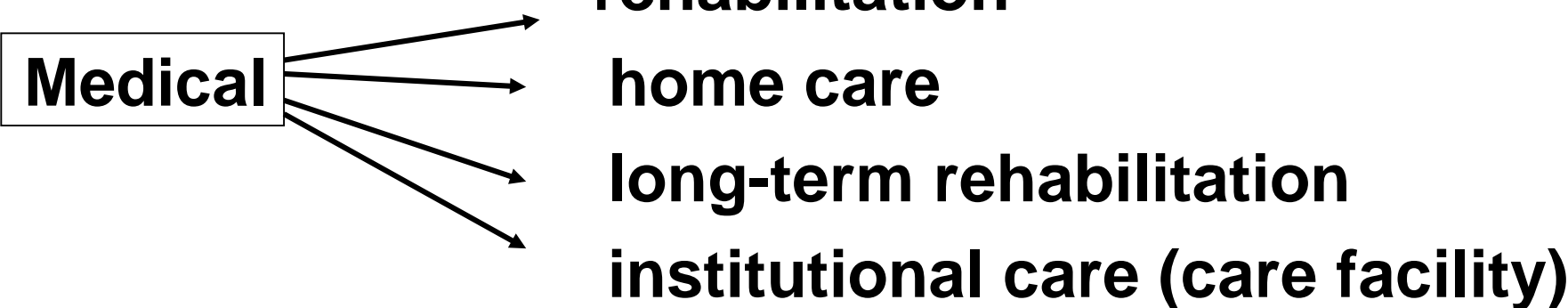
Expenditure in Mitsugi	562,014	557,584	610,654	653,886	668,895	676,120	660,518	714,384	631,991	642,995	628,529	647,548	664,371
Average in Hiroshima	523,491	590,304	638,758	680,289	699,546	733,585	740,154	760,754	725,707	732,133	704,341	714,457	737,137

Comprehensive Community Care System: Issues

- “Human” and “financial ”resources**
- Seamless service provision**
(Collaboration between health and care, institutional care and home care services)
- Understanding of and support by mayors
and citizens**

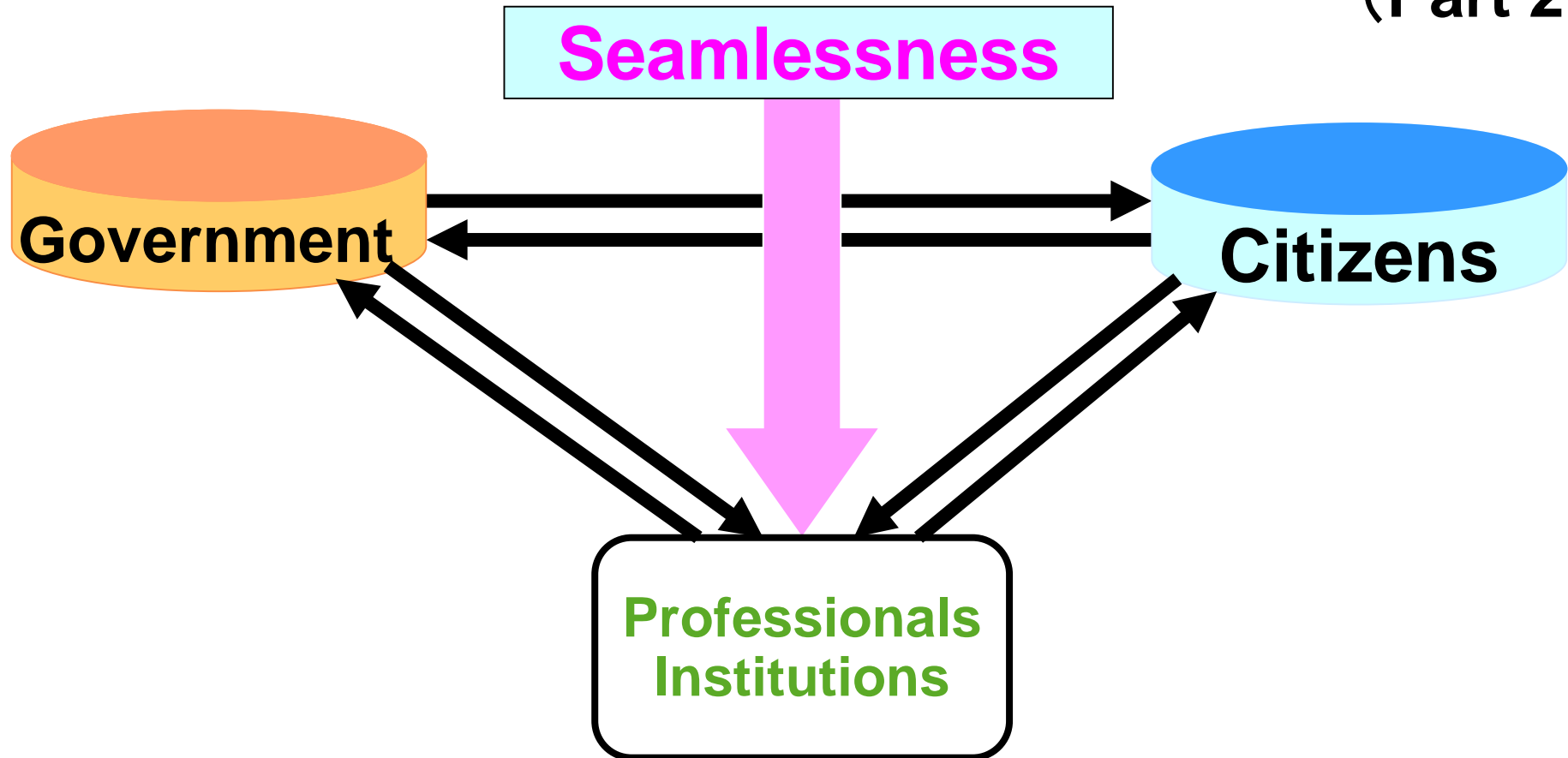
Seamless Health/Care Collaboration

(Part 1)

- **Acute medical care**  **Primary**
Secondary
Tertiary
- **From medical care to social care**
**rehabilitation**
home care
long-term rehabilitation
institutional care (care facility)
- **Planer collaboration + seamless services**

Seamless Health/Care Collaboration

(Part 2)

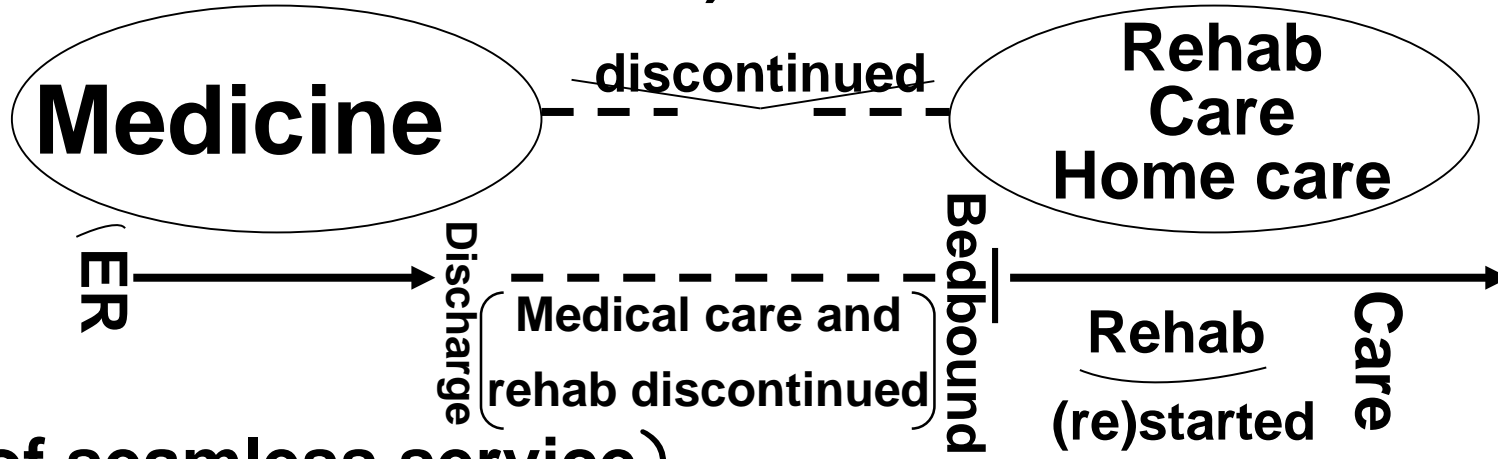


- Services needed are provided anywhere at any time
- Planer collaboration with seamles service provision

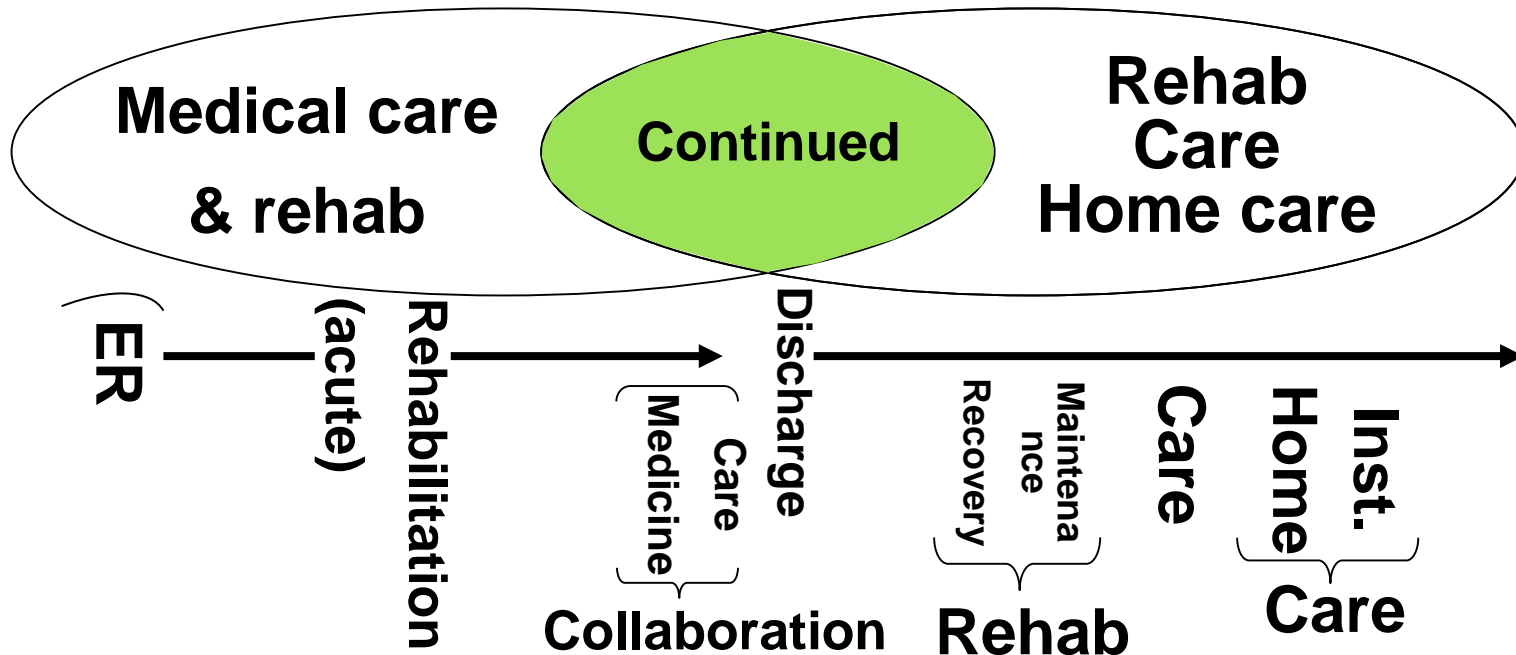
Seamless Health/Care Collaboration

(Case of discontinued medical care and rehabilitation)

(Part 3)



(Case of seamless service)



Difficulty in Maintaining Human Resources (inclu. MDs)

- (1) MD shortage**
- (2) Nurse shortage**
- (3) Care staff maintenance**
- (4) Rehab staff maintenance**

MD Shortage

(Report by Japan Economic Training Center) (Medical wave 2009)

- **Approx. 77,000 MDs in short in 2016**
- **Largest number of MDs per 1,000 pts. in Kyoto (42 MDs)**
- **Serious problem in Aomori, Mie and Hiroshima**
- **Increase in patients will surpass increase in doctors in Mie, Hiroshima, Kagawa and Kumamoto in 2025 and 2030**
 - **Increase in medical students will not be enough**
- **Measures with immediate effects needed**
 - **△ Allied professionals to take some MD roles**
 - △ **Support female MDs returning to workforce**
 - △ **Participation of GPs in emergency care**

Factors and Issues of MD shortage

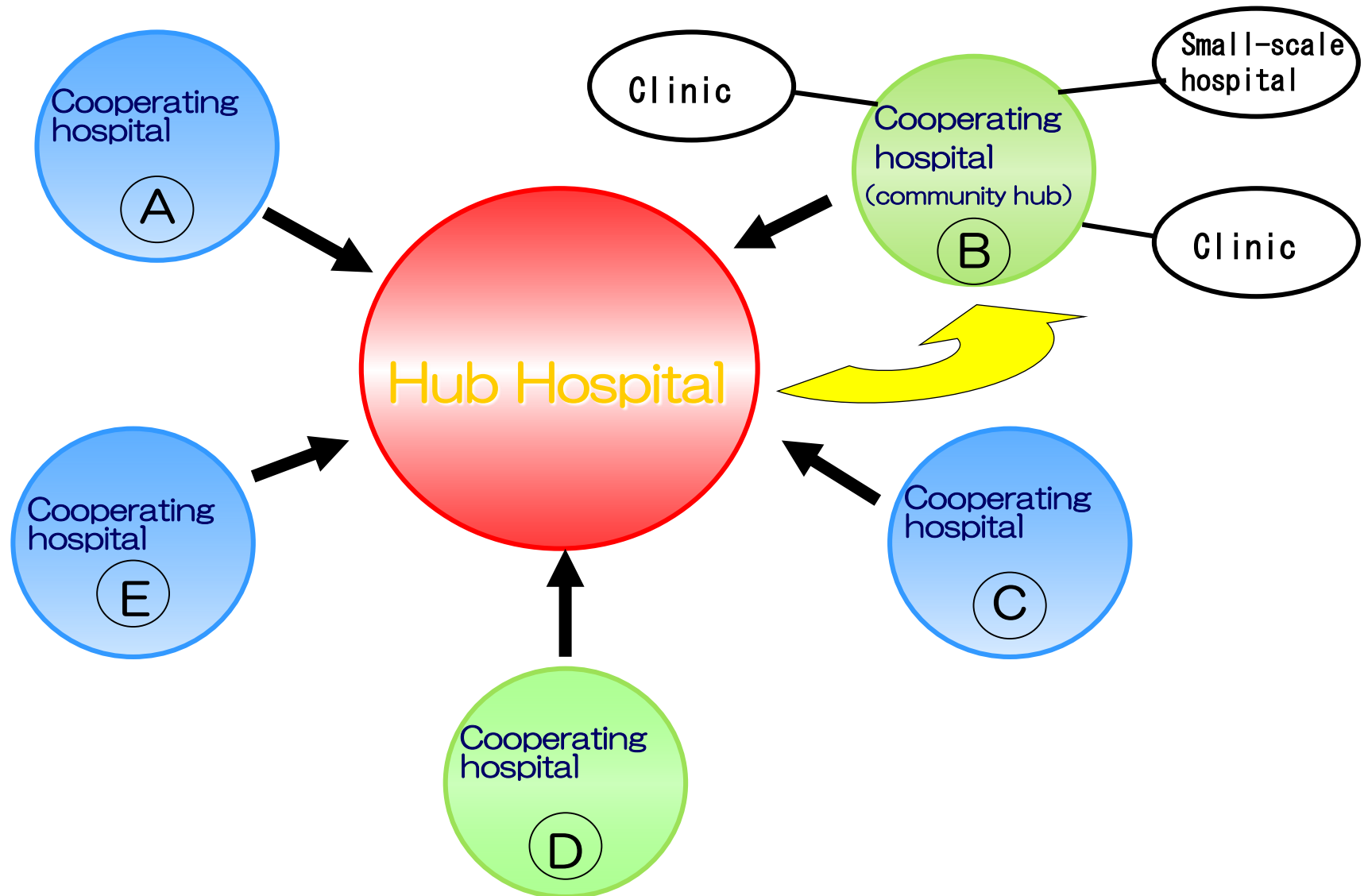
- ① Long-lasting shortage in rural mountainous areas
- ② Specialization requires more MDs
- ③ Increase in specialists who lack primary care expertise
- ④ Insufficient use of female MDs
- ⑤ Becomes apparent with new residency system
- ⑥ Fewer MDs staying at local universities
 - Fewer MDs wishing to take PhD
 - Universities incapable of sending MDs to the field
- ⑦ Uneven distribution of MDs (Concentration to big cities, specific departments, avoiding high risk associated depts.)
- ⑧ Increase in GPs and decrease in hospital MDs
- ⑨ Effects of intensive allocation of doctors
 - Lack of support to rural mountainous areas
- ⑩ Geographical discrepancy and uneven distribution among departments not taken care of
 - Free choice of MDs at present

How to Cope with MD shortage

(Proposal to national government)

- Increase number of doctors
- Allocation by geographical areas, departments and working system
 - Quota system (UK, Germany)
- Compulsory service in rural areas for certain period during the first 10 years after MD qualification
- Training in and establishment (system) of general medicine (Department of General Medicine)
- Fair and adequate fee structure
- Develop sense of mission among doctors
 - Review of medical school education, retraining of MDs
- Use of allied professionals (advanced practice nurses etc.) for part of MD roles, utilization of midwifery clinic
- Region-oriented health care plan
 - Different plan for urban cities and rural mountain areas

Image of Concentration of Doctors at Hub Hospitals



Hospital (Clinic) Functions

Treatment and diagnostics I (Buildings)
(Facilities / equipment)

T & DII (Programs)

T&D III
(Quality of science and clinical service)

Philosophy
Human resources
Team medicine, quality of care
Informed consent
Medical safety
Collaboration between hospital and clinic or facilities and between hospitals
Rehabilitation and palliative medicine

Patient service

Improvement of meals, environment and amenity

Operation and management

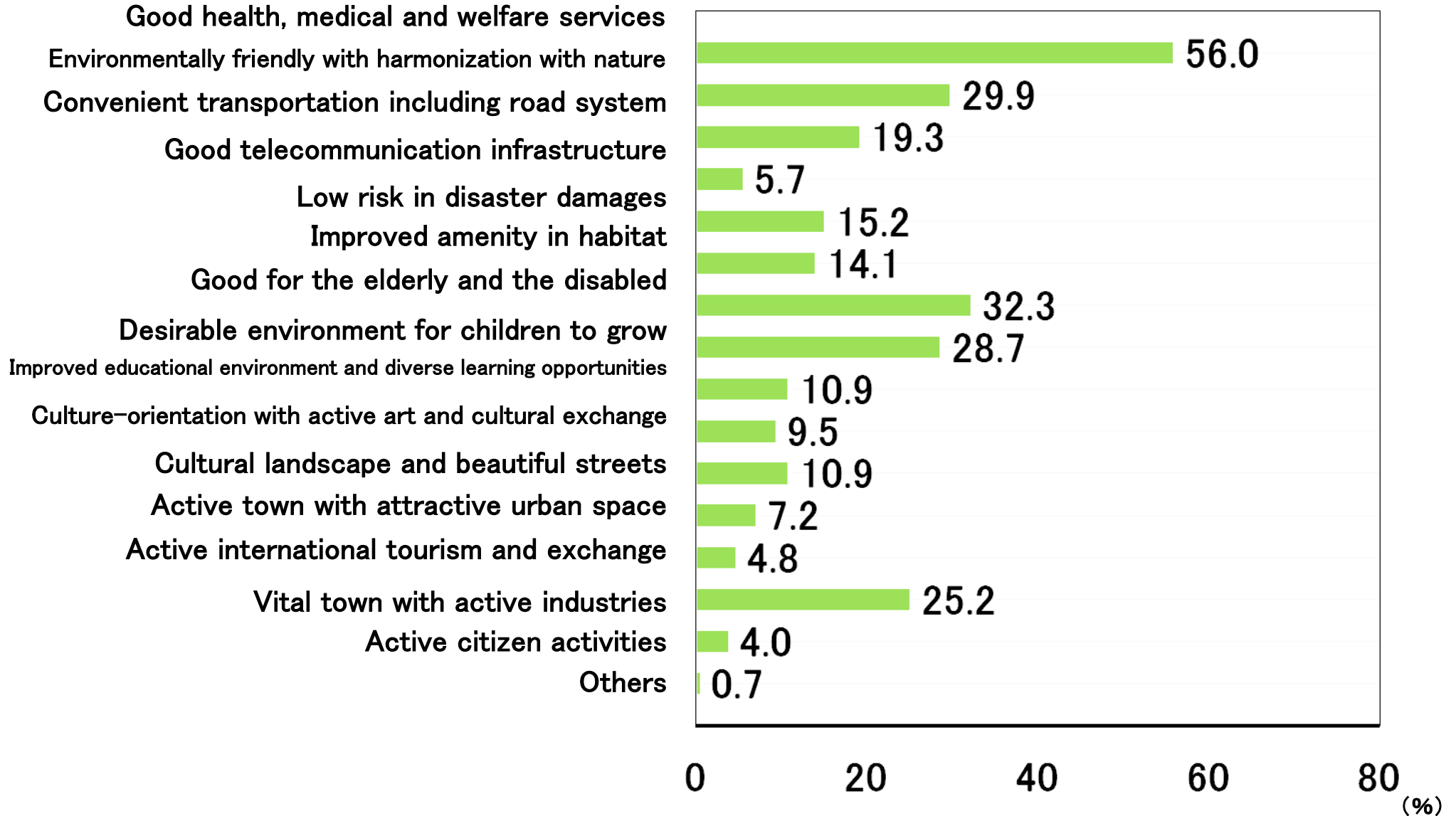
Management → HR evaluation
Ordering system
E-chart
E-receipts
Utilization of IT's

Functions to meet local needs

Comprehensive health / welfare facility
Home care
Collaboration of health and welfare
Establishment of comprehensive community care system
Collaboration with community services and roles of comprehensive community liaison office
Network building (two dimensional collaboration)

※ **Challenges : How to secure**
“human” and “financial ”resources

Interview on the town after amalgamation



(Onomichi City · Mitsugi Town and Mukaijima Town)

New System for Doctor Training

(Philosophy of Training)

To nurture good quality and personality as doctors and to let them acquire fundamental clinical competency (attitude, skill and knowledge) for primary care so that they are prepared to respond adequately and appropriately to diseases and pathologies they frequently encounter in their daily practice with accurate recognition of social needs for medicine and healthcare, irrespective of their future specialties.

(MHLW)

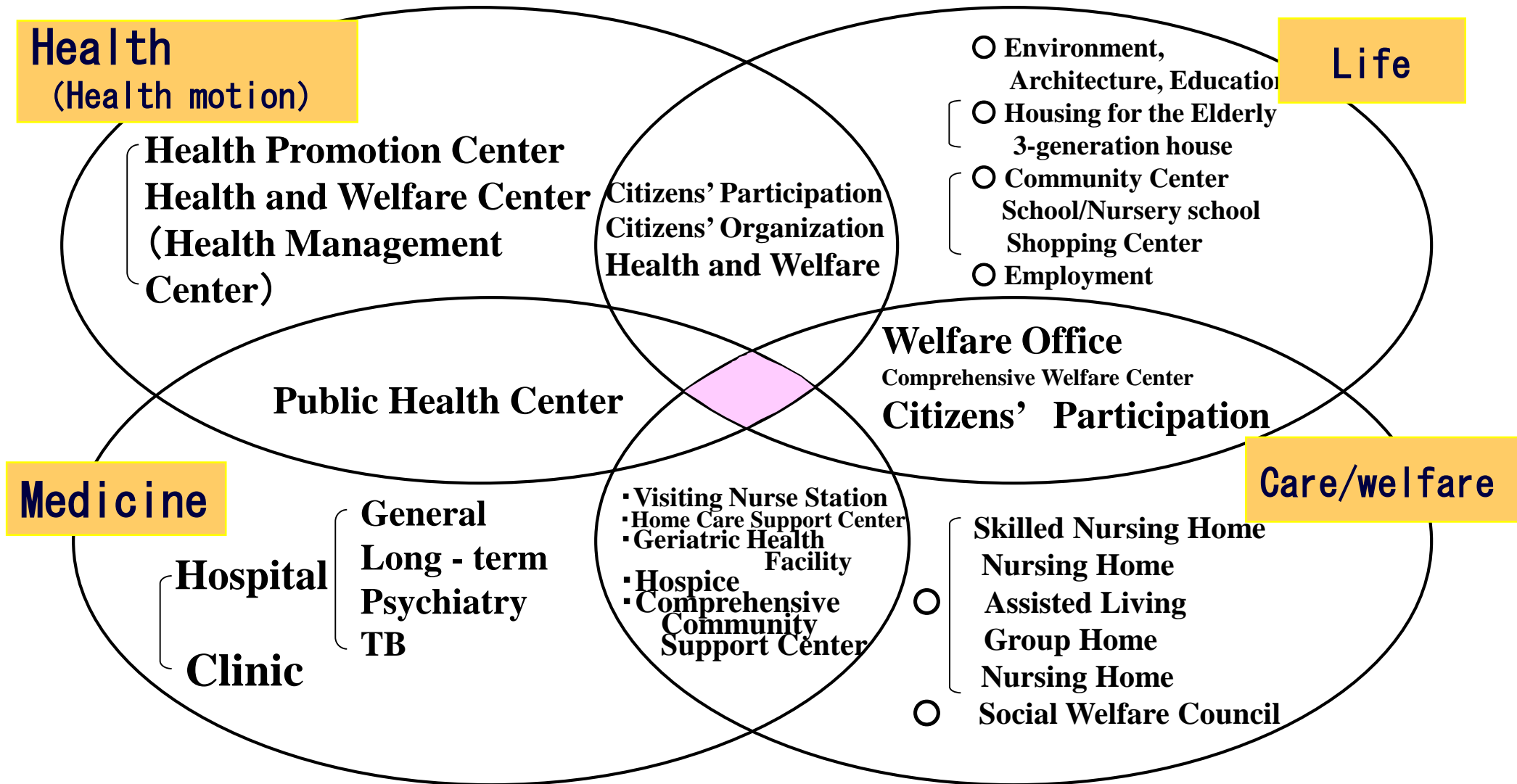
Background for Community Care Training

(New training for doctors)

- Health care trend —
 - From Cure to Care
 - From Hospital Care to Home Care
- Change in demographics and advancement in medicine and medical technologies
- Problems of specialization / compartmentalization
- Importance in comprehensive community healthcare
- Distinction and relationship between medicine and care (continuity)
 - Creation of long-term care insurance system
- Priority in primary care
- Specialist and generalist model (Comprehensive healthcare)
- Experience in specific healthcare settings
 - - emergency medicine, preventive medicine, community health and medicine,
 - perinatal, pediatric and developmental medicine, psychiatry, palliative and
 - end-of-life medicine
- Healthcare to respond to the people's needs

“Town Planning” in the Aging Society

Collaboration of health, medicine, care and welfare and daily life



Holistic Health and Care

(by Noboru Yamaguchi)

- Health is more than medical treatment
- Necessity of comprehensive medicine
- Bed-bound free campaign
- Establishment of comprehensive community care
 - Collaboration of health, medicine, care and welfare:
team health care
- | | |
|---|---------------------------------|
| { | Science (Knowledge) |
| | Art (Skill) |
| | Humanity (Holistic health care) |
- From disease (organ) oriented medicine to holistic health care (QOL)
- Care is beyond simple help
 - Holistic care including living environment