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: 240
Annexed: Comprehensive health/welfare facilities including geriatric health facility) 317 beds

Total 557 beds

Departments: 22 departments
Population: Approx. 70,000
No. of staffs: 637 including temporary staff (No. of MD 29)

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 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

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

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

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

Visiting Nurse Stations
Home Care Support Office
Home Help Station

Home

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

Citizens

Support Center

Omi Regional Office, Hiroshima
Concept of Comprehensive Community Care System

**Health**
- Health center
- Health management center
- (Comprehensive Health Facility)
- (Health Japan 21)
- (Health Frontier project)

**Medicine**
- Medical law revision
- Health care system reform
- Health care plan

**Care**
- Long-term care insurance law
- Care insurance system reform etc.

**Welfare**
- Disability welfare facility etc
- Welfare for the disabled
- (Independence Support Law)
- Welfare for the elderly
- Welfare for the children etc.

**Buildings**
- Hospitals
- Clinics

**Programs**
- Emergency Treatment (primary, secondary, tertiary)
- Rehabilitation (acute, recovery)
- (maintenance, community)
- Home medical care
- (terminal care)
- Training of new doctors

**System**
- “point” to “line”, “line” to “plane” (Community Collaboration)

**Comprehensive community care system**
Image of Comprehensive Community Care
~ Functions, Roles and Collaboration ~

Citizens (Users)

City Health Center
Public Health Center

GP (Clinic)

Health Promotion
Prevention of Life-Style Related Disease
Healthy Japan 21

Primary Care (Early)

Cure
(Secondary, Tertiary)

Rehabilitation

Home Medical Care

Home Care

Health

Medical

Care

Welfare

GP (Clinic)

Hospitals (Different roles)

A Hospital
(Cancer)

B Hospital
(Cardiovascular)

C Hospital
(Stroke)

Acute care Ward
Recovery Ward (Rehab)/Palliative Ward
Long-care (Medical)

Long-Term Care Insurance Facility

Visiting Nurse / Help Stations

Citizen Volunteers

Welfare Facility

Social Welfare Council
Welfare Office

Image of Comprehensive Community Care
~ Functions, Roles and Collaboration ~

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Social Welfare Council
Welfare Office
Comprehensive Community Care System

~ Medicine as a core ~

(by Noboru Yamaguchi)
Comprehensive Community Care System

- Care as a core

[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-

Citizens
(consumers)

Government
- Health and welfare center
- Health management center
- Comprehensive community support center
- Insurers
- National Health Insurance Association
- Insurers’ Council

Health Medicine Welfare Care

Professionals
(Facilities)
(Collaboration)

Citizens
(Volunteers
- Health and welfare committee
- Health guide
- Private /NPOs)

Linear Collaboration

Planer (Organic) Collaboration
Comprehensive Community Care Network

~ "Point" to "Line", "Line" to "Plane" ~

(Medical) (Clinic) (Medical) (Hospital) (Medical) (Clinic)

(Sufficient Multiple "lines")

(Clinic/hospital, hospital/hospital collaboration)

(Medical) (Hospital)

(Clinic)

(Care/welfare)

“Point”

“Line”

quasi "Plane"

“Plane”

(Government)
Health and Welfare Center
Comprehensive Community Support Center

(Citizens) Citizens' Organizations
Volunteers

(Care and Welfare)

(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

Bar chart: elderly staying at home

Line chart: ratio of the elderly bedridden at home
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

- 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 seamless service provision

Diagram:
- Government
- Professionals
- Institutions
- Citizens
- Seamlessness

Flow of interaction between Government, Professionals, Institutions, and Citizens facilitated by Seamlessness.
Seamless Health/Care Collaboration
(Case of discontinued medical care and rehabilitation)

Medicine

- discontinued

Rehab Care
Home care

Bedbound

Rehab (re)started

(Case of seamless service)

Medical care
& rehab

Continued

Rehab Care
Home care

Inst.
Care

Home

Care

Discharge

Medical care and rehab discontinued

ER

Discharge

Rehabilitation

(acute)

ER

Collaboration
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)

○ Fare 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

- Cooperating hospital A
- Clinic
- Cooperating hospital (community hub) B
- Small-scale hospital
- Clinic
- Cooperating hospital C
- Cooperating hospital E
- Clinic
- Cooperating hospital D
Hospital (Clinic) Functions

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

- T & DII (Programs)
  - 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

- Operation and management
  - Management ➔ HR evaluation
  - Ordering system
  - E-chart
  - E-receipts
  - Utilization of IT’s

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

- Functions to meet local needs
  - Improvement of meals, environment and amenity

- Patient service

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

(Noboru Yamaguchi)
### Interview on the town after amalgamation

<table>
<thead>
<tr>
<th>Feature</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Good health, medical and welfare services</td>
<td>56.0</td>
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<tr>
<td>Environmentally friendly with harmonization with nature</td>
<td>29.9</td>
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<tr>
<td>Convenient transportation including road system</td>
<td>19.3</td>
</tr>
<tr>
<td>Good telecommunication infrastructure</td>
<td>15.2</td>
</tr>
<tr>
<td>Low risk in disaster damages</td>
<td>14.1</td>
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<tr>
<td>Improved amenity in habitat</td>
<td></td>
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<tr>
<td>Good for the elderly and the disabled</td>
<td></td>
</tr>
<tr>
<td>Desirable environment for children to grow</td>
<td>32.3</td>
</tr>
<tr>
<td>Improved educational environment and diverse learning opportunities</td>
<td></td>
</tr>
<tr>
<td>Culture-orientation with active art and cultural exchange</td>
<td>28.7</td>
</tr>
<tr>
<td>Cultural landscape and beautiful streets</td>
<td>10.9</td>
</tr>
<tr>
<td>Active town with attractive urban space</td>
<td>9.5</td>
</tr>
<tr>
<td>Active international tourism and exchange</td>
<td>10.9</td>
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<td>Vital town with active industries</td>
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<td>Active citizen activities</td>
<td>4.8</td>
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<tr>
<td>Active town with attractive urban space</td>
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<td>Active citizen activities</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>4.0</td>
</tr>
<tr>
<td>Others</td>
<td>0.7</td>
</tr>
</tbody>
</table>

(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

- **Health** (Health motion)
  - Health Promotion Center
  - Health and Welfare Center (Health Management Center)

- **Medicine**
  - Hospital
    - General
    - Long-term
    - Psychiatry
    - TB

- **Care/welfare**
  - Skilled Nursing Home
    - Nursing Home
    - Assisted Living
    - Group Home
    - Nursing Home
    - Social Welfare Council

- **Welfare Office**
  - Comprehensive Welfare Center

- **Citizens’ Participation**
  - Visiting Nurse Station
  - Home Care Support Center
  - Geriatric Health Facility
  - Hospice
  - Comprehensive Community Support Center

- **Public Health Center**

- **Life**
  - Environment, Architecture, Education
  - Housing for the Elderly
    - 3-generation house
  - Community Center
    - School/Nursery school
    - Shopping Center
  - Employment
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