



Online Webinar



How is Japan strengthening patient safety at home in the context of rapid population ageing?

With Dr. Shin Ushiro, M.D., PhD (Kyushu University Hospital, Japan Council for Quality Health Care).



How Japan is strengthening patient safety at home in the context of rapid population ageing?

Shin Ushiro M.D., PhD.

Kyushu University Hospital

Japan Council for Quality Health Care (JQ)

International Society for Quality Health Care (ISQua)

Asian Society for Quality in Healthcare (ASQua)

Increase in the aged population rate; 65 or older

Actual figure ← → Predicted figure

2025

Rate of the aged population; 65 or older

Age groups

0-14

15-64

65-74

75-84

85-94

95 or older

高齢化率
(65歳以上人口割合)

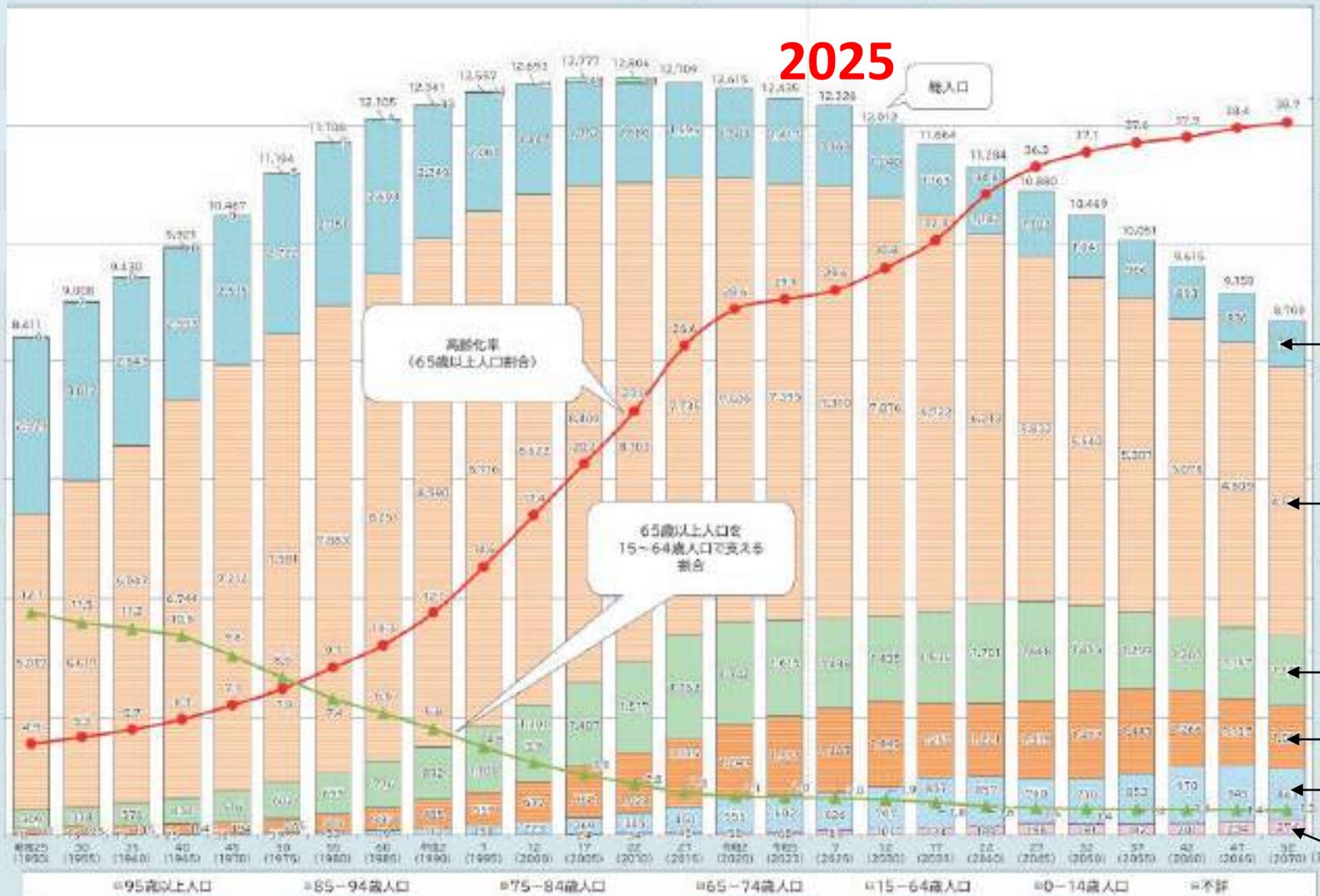
65歳以上人口を
15-64歳人口で支える
割合

転入口

29.4% (aged 65 or older), Sep 2025

14,000
12,000
10,000
8,000
6,000
4,000
2,000
0

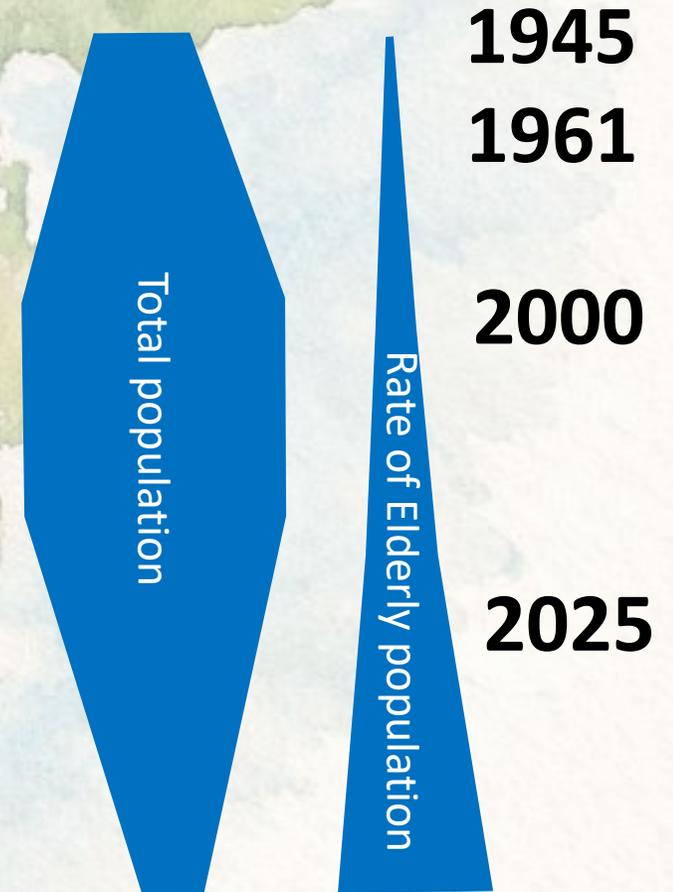
(%)
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0



95歳以上人口 85-94歳人口 75-84歳人口 65-74歳人口 15-64歳人口 0-14歳人口 不詳

Development of Healthcare Delivery System in different phases

- Development of facility and human resources
- **Medical care insurance** to deliver care for patient with sickness:
Achievement of UHC (Universal Health Coverage)
- **Nursing-care insurance** to deliver care for the elderly and the disabled
- Development of facility and human resources for nursing-care
- Redesigning and reallocation of resources to optimize decades-long care delivery system considering total population decline and rapid aging.
- **“Aging of the elderly”** i.e. expansion of the elderly population aged 85 or older is highlighted in 2025.



Development of infrastructures and human resources on healthcare

I. Population; 125 Million

II. Institutions

- Hospital(20 beds or more): 8,199 (1,501,254 beds)*
- Clinic (0-19 beds): 104,538 (83,997 beds)*
- Dental clinic: 68,028*
- Community pharmacy: 60,171**

* Healthcare institution dynamism survey 2021, (31st Oct), MoHLW

** Public hygiene program report 2020, MoHLW (31st Mar)

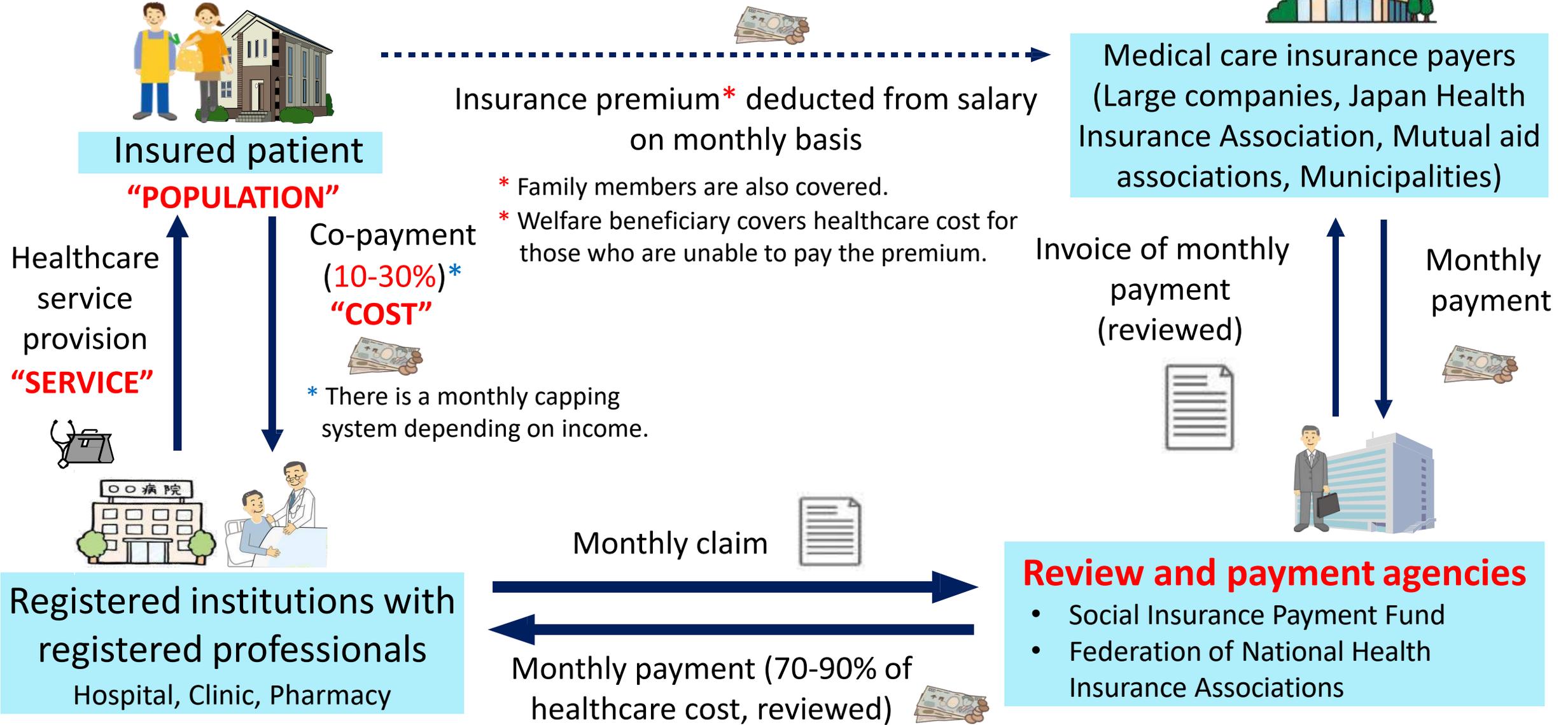
III. Professionals

- Physician: 339,623 *
- Dentist: 107,443 *
- Pharmacist: 321,982*
- Nurse: 1,280,921**
- Public health nurse: 55,595**
- Midwife: 37,940**

* Physician, Dentist, Pharmacist Statistics 2020, MoHLW

** Public hygiene program report 2020, MoHLW (31st Mar)

Medical care insurance system (1961-)



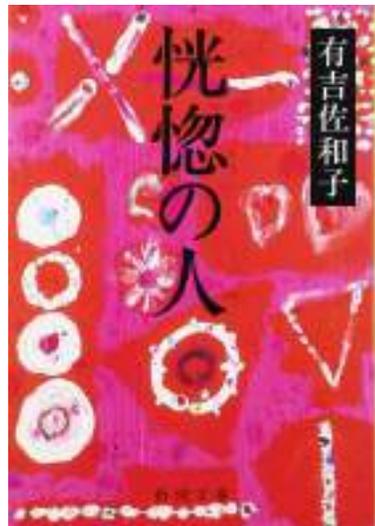
Challenges and concern on the health of the elderly



White paper on health and welfare by MoH, 1969

“Long-lying elderly”

- Growing number of long-term hospitalized elderly patients.
- The government saw this issue as the one on “growing health expenditure” to which the government launched policies to reduce it. However, the population that pursued hospitalization simply continued to grow.



Novel by Sawako Ariyoshi: “Kou-Kotsu-No-Hito (**The Twilight Years**)”, 1972

- It depicted life of those who suffers **senile dementia and family members** who take care of the affected elderly.
- The novel provided a society an opportunity for being familiar with this issue.

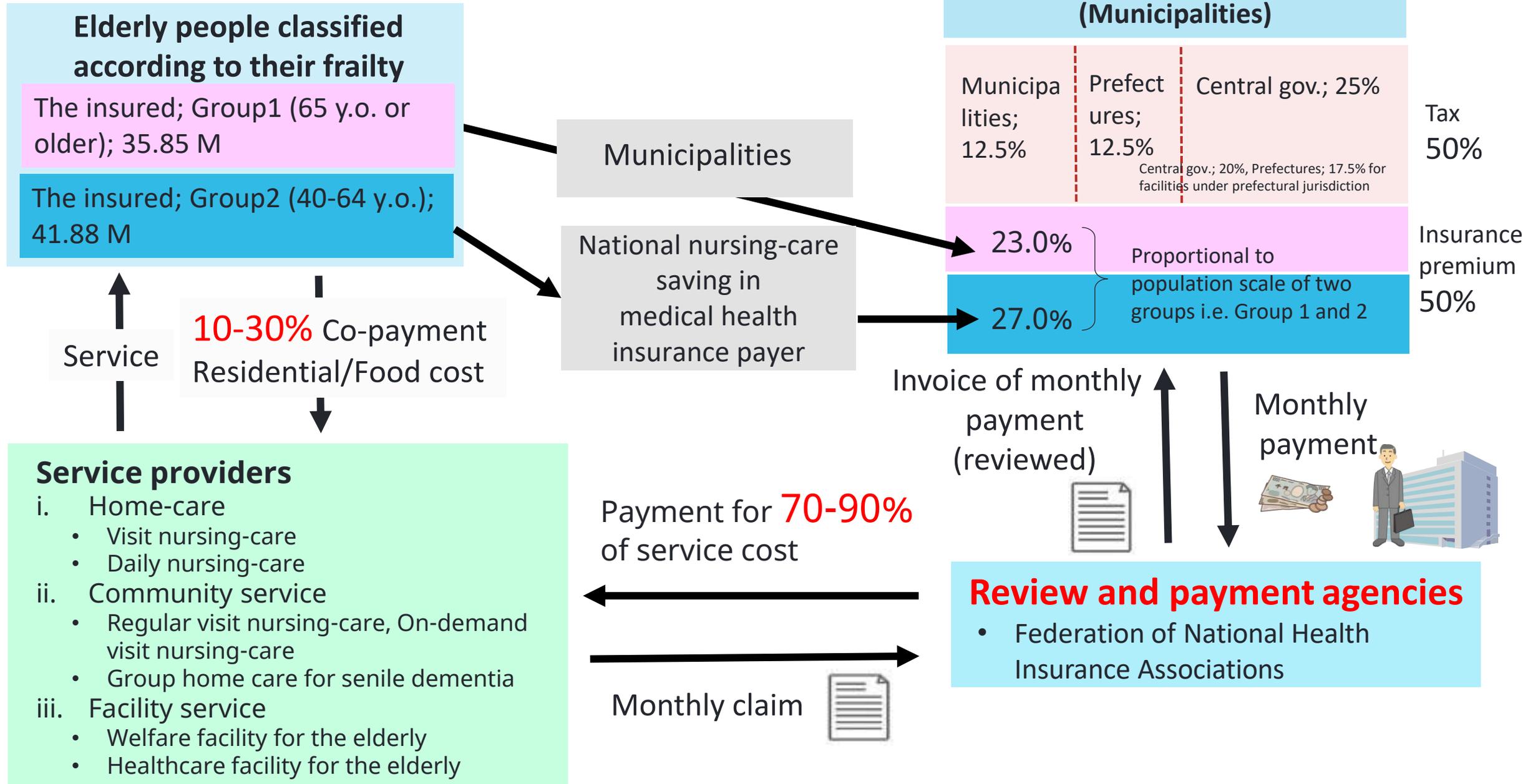
Challenges and concern on the health of the elderly



Essay by Dr Fumio Yamazaki, 1996: “Dying in a hospital, what does it mean to our life?”

- The author as a medical doctor wondered while seeing terminally-ill patients with cancer if hospital is the place worth for them to spend the last days of their lives.
- He also wondered how we can spent happy days facing the end of our lives.

Nursing-care insurance system (2000-)



Development of infrastructures and human resources on healthcare

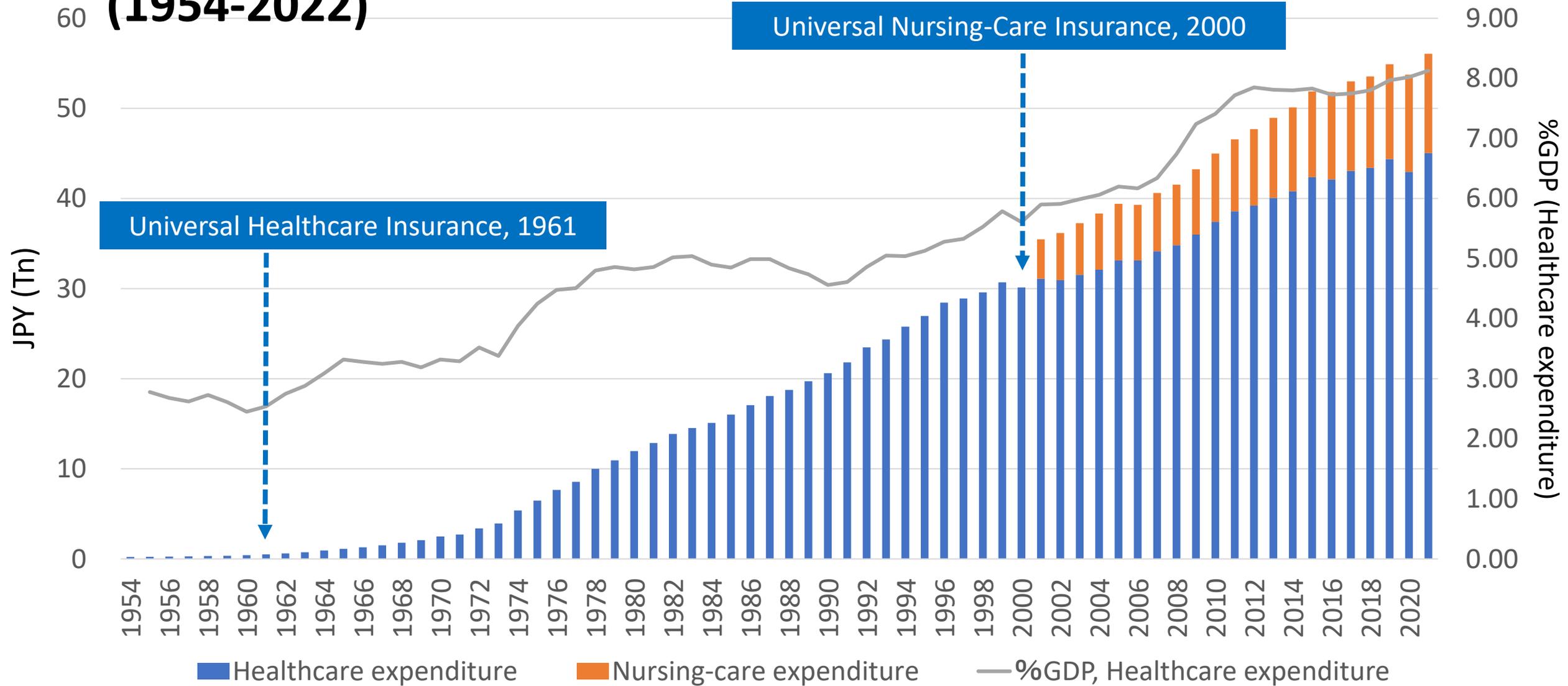
III. Professionals relevant to nursing-care

- Nursing-care worker*
- Certified care worker (“Care manager”) **
- Social welfare worker*
- Mental health and welfare worker*
- Others; Therapists* i.e. Physical, Occupational, Speech, Certified dietician*, Daily life consultant, Life-assistance consultant, Chief service provider, Nursing-care assistant, nursing-care administrative staff, Home-helper

* National license

** Prefectural certification

Trajectory of medical care and nursing-care expenditure (1954-2022)



Integration of different healthcare settings i.e. home-care and home-nursing care

Consultation office* on home-care/home-nursing-care coordination service e.g. regional associations of JMA

* Office is allowed to base at municipal government hall, regional comprehensive assistance center



Regional inclusive health support center

Assistance through logistical support and coordination for inter-areal unit service

Prefecture, regional health center

Regional board joined by medical care and nursing care providers.

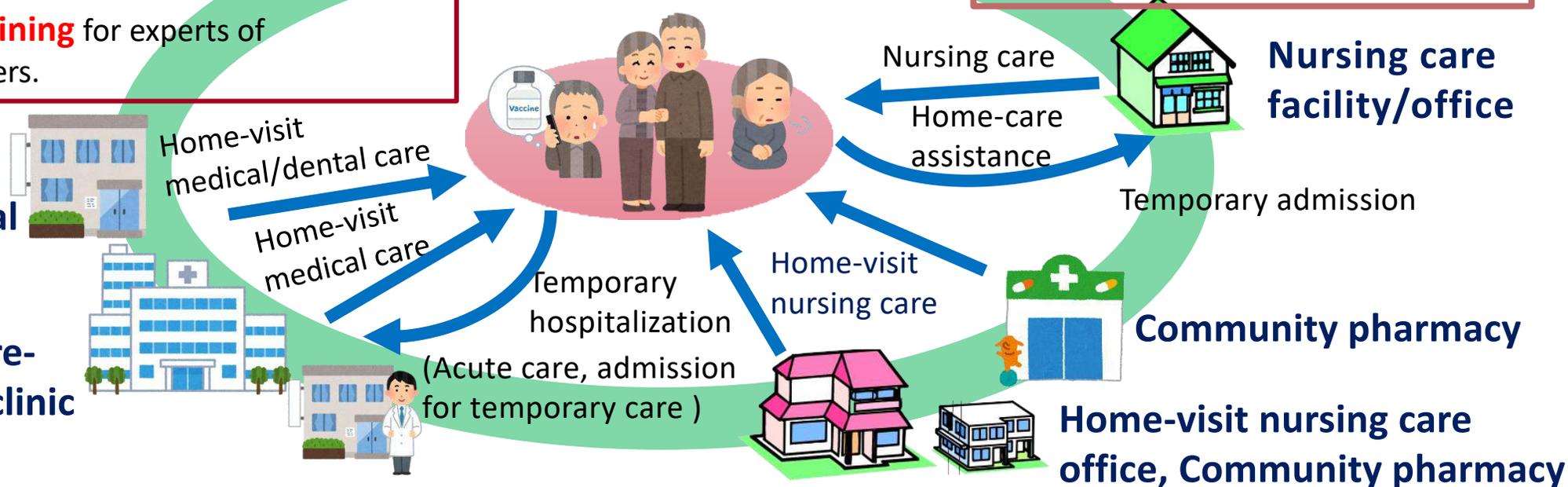
- **Consultation service** on home-care and nursing care cooperation
- **Education and training** for experts of medical/nursing carers.

Assistance to build cooperation of relevant bodies

- Identify gaps
- Data collection, analysis, and associated assistance
- Share best practice in areal unit
- Coordinate relevant bodies

Clinic, Home-care-oriented clinic/dental clinic

Hospital, Home-care-oriented hospital, clinic with beds



Regional inclusive health support center

- Defined in “Nursing-care Act (revised 2005), Section 115.46(1)”.
- Municipalities establish it in accordance with the “Nursing-care Act” with aims of promotion of public health and welfare through providing necessary supports to residents for wellness and secure life.
- Experts such as public health nurse, Social worker and chief nursing care specialist are deployed.

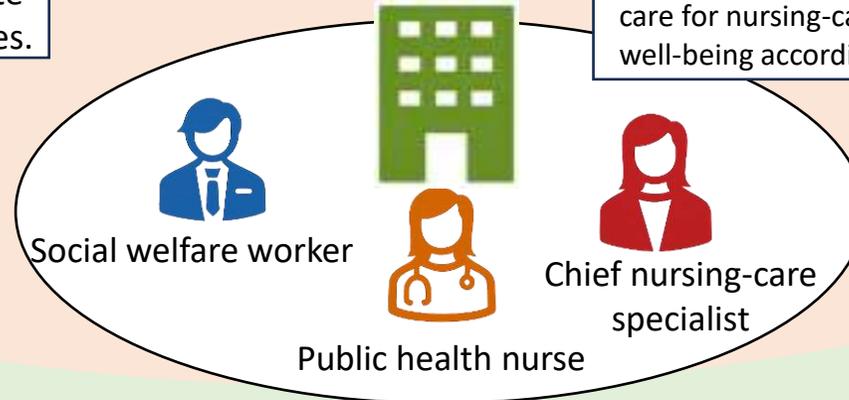
Inclusive consultation initiative

Provide the elderly or informal caregiver consultation service to invite them to wide range of eligible services.

Human rights protection initiative

Promote “Adult guardian system” and take measures against elder abuse for the elderly to live with dignity.

Implementation of inclusive support initiative



Level 1 Frail prevention support initiative (Care management for nursing-care prevention)

Provide support to personnel in need of nursing-care for nursing-care prevention and/or daily well-being according to their choices.

Designated caregiver's support for nursing-care prevention

Caregiver directly designated or commissioned by the center provides full or a part of nursing-care prevention services.

Inclusive & constant care management initiative

Promote to provide assistance to the elderly for independent living and nursing-care prevention through supporting nursing-care specialist and involving nursing-care prevention services.

Regional integrated-care meeting

Develop community service and relevant policies

5,451 Centers as of Apr 2025



Regional inclusive support network

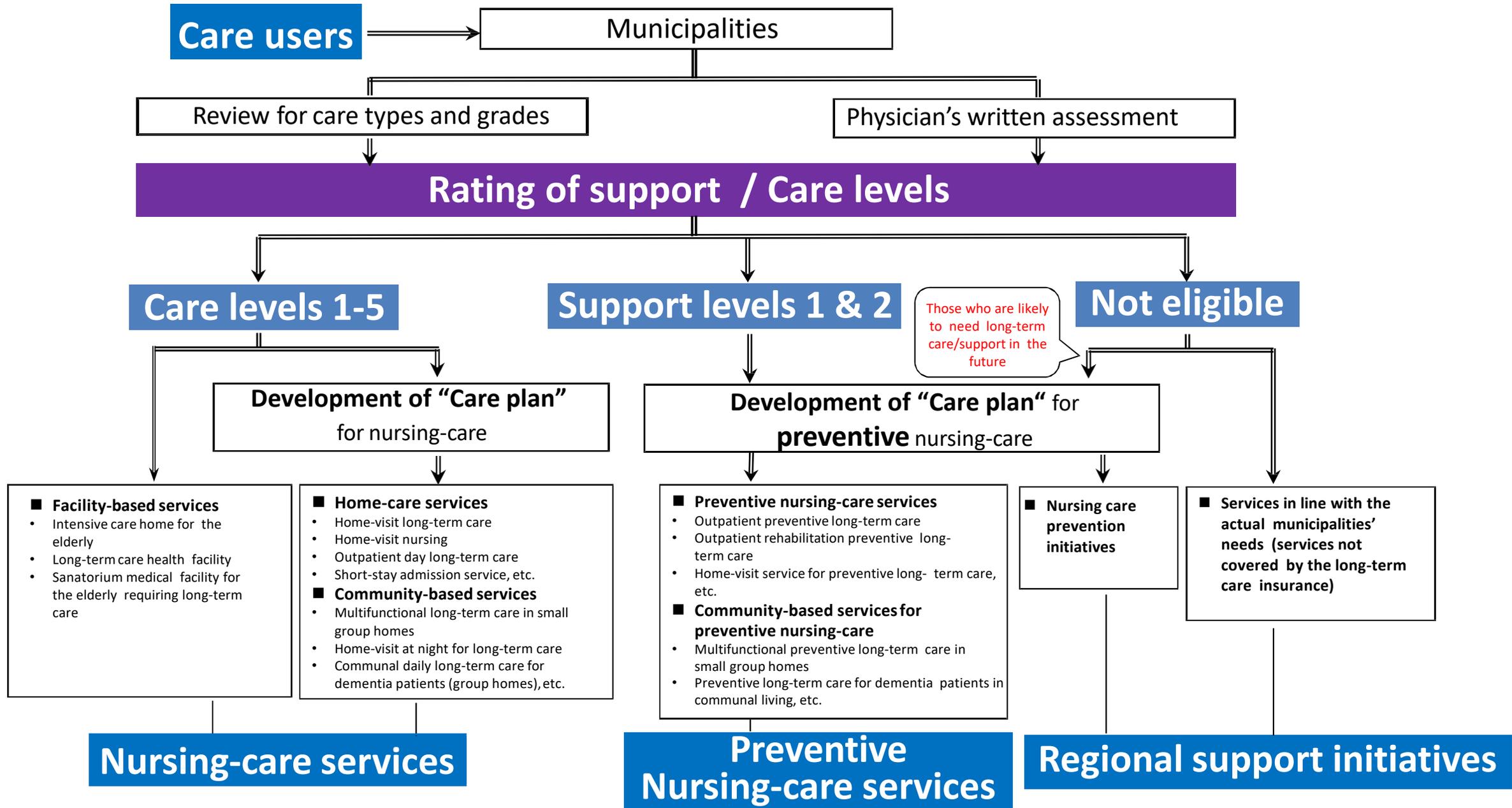
Formation of network by inviting nursing-care provider, medical institution, personal welfare supporter, volunteer, regional independent-wellness support office, consultation office for the disabled on welfare services, labor office of prefectural governments, to provide support for long paid leave, and temporary paid leave for nursing-care.

Regional inclusive health support center

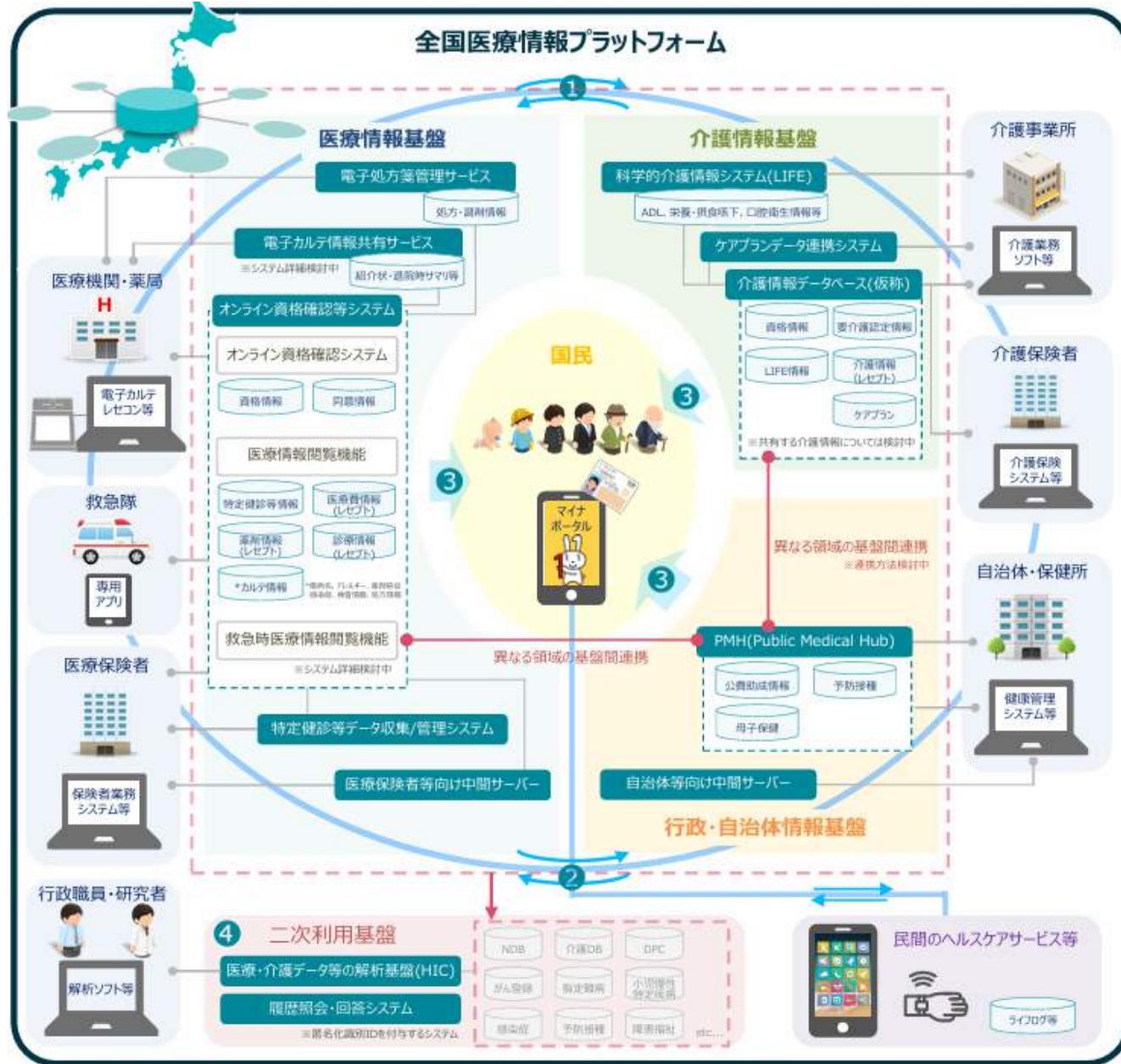


- Population of the aged people is rapidly growing in “Hakodate” region, Japan.
- Looking after the elderly living alone is increasingly important so that they would live with a sense of security and ease.
- Please inform us if you notice the followings;
 - “The elderly neighbor is not seen recently.”
 - “Newspapers pile up in the mailbox.”
 - “The elderly looks a bit different from he/she used to do.”

Grading/Resource allocation system of Nursing Care Services



National healthcare data platform



「医療DXのユースケース・メリット例」

1 救急・医療・介護現場の切れ目ない情報共有

- ✓ 意識不明時に、検査状況や薬剤情報等が把握され、迅速に的確な治療を受けられる。
- ✓ 入退院時等に、医療・介護関係者で状況が共有され、より良いケアを効率的に受けられる



2 医療機関・自治体サービスの効率化・負担軽減

- ✓ 受診時に、公費助成対象制度について、紙の受給者証の持参が不要になる。
- ✓ 情報登録の手間や誤登録のリスク、費用支払に対する事務コストが軽減される。



3 健康管理、疾病予防、適切な受診等のサポート

- ✓ 予防票や接種券がデジタル化され、速やかに接種勧奨が届くので能動的でスムーズな接種ができる。予防票・問診票を何度も手書きしなくて済む。
- ✓ 自分の健康状態や病態に関するデータを活用し、生活習慣病を予防する行動や、適切な受診判断等につなげることができる。



4 公衆衛生、医学・産業の振興に資する二次利用

- ✓ 政策のための分析ができることで、次の感染症危機への対応力強化につながる。
- ✓ 医薬品等の研究開発が促進され、よりよい治療的・確な診断が可能になる。



National healthcare data platform

Hospital/Clinic/Pharmacy

Medical care data base

- Electronic prescription
- Electronic health record
- Electronic insurance details verification
- Public health screening

Emergency transfer system

Medical care insurer

Healthcare researcher/government official

全国医療情報プラットフォーム



National

“My-Number” (My-No.) Portal Site

Nursing-care data base

- Nursing-care plan
- Nursing-care data

Nursing care provider

Nursing care insurer

Public health/Social welfare data base

- Publicly subsidized care
- Vaccination
- Maternal care

「医療DXのユースケース・メリット例」

1. Seamless data sharing in continuum of care
2. Efficient provision of public service
3. Better advice with integrated data though “My-No.-Portal”
4. Research use of data for public health/medicine/healthcare industry advancement

Types of comprehensive nursing-care service

Regulated i.e. approved and audited, by prefectural governments and equivalently authorized municipalities

Nursing care service

Home-based nursing care service

Visit service

- Visit nursing care
- Visit bathing care
- Visit medical-nursing care
- Visit rehabilitation
- Guidance on home care and management
- Basic nursing care at designated facilities
- Loan of welfare equipment
- Sale of specified welfare equipment

Day service

- Daytime nursing care
- Daytime rehabilitation

Short-stay service

- Short-stay basic nursing care
- Short-stay medical-nursing care

Facility-based service (Types of facility)

- Nursing and welfare service facility for the elderly
- Nursing and health service facility for the elderly
- Medical institution with nursing service*
- Medical home with nursing service

* Abolished in Mar 2024 and succeeded by “Medical home with nursing service.”

Regulated i.e. approved and audited, by municipalities

Community’s needs-based nursing care service

- Regular patrol/need-based visit nursing care
- Night visit nursing care
- Community’s need-based day nursing care
- Dementia-oriented day nursing care
- Small scale & multiple service delivering home-nursing care
- Dementia-oriented & group-format basic nursing care i.e. “Group home”
- Basic nursing care by community’s need-based nursing and welfare service facility
- Complexed-form services i.e. small scale & home-medical-nursing and home-nursing care

Home-nursing care assistance

Preventive nursing care service

Preventive nursing care service

Visit service

- Preventive visit bathing care
- Preventive visit nursing care
- Preventive visit rehabilitation
- Preventive home-medical-nursing guidance
- Preventive basic nursing care at designated facility
- Preventive Loan of welfare equipment
- Preventive sale of specified welfare equipment

Day service

- Preventive day rehabilitation
- Short-stay service
- Preventive short stay basic nursing care

Short stay service

- Preventive short stay medical-nursing care

Community’s need-based preventive nursing care service

- Preventive care-form & dementia-oriented day nursing care
- Preventive care-form & small scale and multiple service delivering home-nursing care
- Preventive care-form & dementia-oriented & group-format basic nursing care i.e. “Group home”

Preventive nursing care assistance

Four roles of home-care defined in “Guidance on Home-care Delivery System Development (2023)” published by the government WG

Areal unit of home-care

Four roles of home-care in home-care delivery system

i. Discharge consultation and assistance

ii. Daily care

iii. End-of-life care

iv. Acute care

Home-care focused medical institution

Proactively engaged in home care ensuring commitments to i-iv.

- Delivery of 24/7 home care
- Collaboration with other relevant facilities*
- Delivery of medical care/nursing care/welfare service for the disabled through multidisciplinary approach.

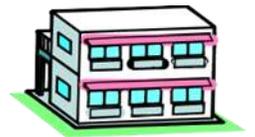
* Home-care support clinic,
Home-care support hospital



Home-care coordination hub (non-medical institution)

Formulate regional cooperation to ensure commitments to i-iv.

- Holding meeting in the presence of stakeholders in community.
- Coordination for comprehensive and sustainable care delivery.
- Building cooperation of relevant institutions e.g. local governments, community health centers and regional associations of JMA (Japan Medical Association) and so on.



Structures of Medical care insurance : Chapters I-IV

I. Basic fee

- First round visit fee/Repeated visit fee

II. Specialized fee

- Medical care management
- **Home-care**
- Laboratory test
- Imaging test
- Medication
- Injection
- Rehabilitation

II. Specialized fee (cont'd)

- Psychological specialized therapy
- General care
- Surgery
- Anesthesia
- Radiation therapy
- Pathological therapy

III. Medical fee related to nursing-facility for the elderly

IV. Other payment in pending



Financial incentives for collaboration of hospital and nursing-care facility through nursing care insurance payouts

Extra fee for discharge planning: 450-900 Units/occasion

- Consultation meeting with hospital staff to formulate home-care plan

Extra fee for guidance during admission: 600 Units/occasion **for collaborative care by different care settings** g admission

Extra fee for information sharing at discharge: 500 Units/occasion

- Information sharing on documentary basis with doctor in charge of home care
- Extra fee for medication data sharing on documentary basis with doctor in charge of home care: 100-440 Units/occasion
- Information sharing of medication on documentary basis with doctor in charge of home care



Extra fee for early days of admission: 30 Units/day

- Careful treatment to adapt change in relation to admission
- Extra fee for urgent admission to provide short-term comprehensive medical care : 275 Units/day
- Admission for providing medical care in emergent fashion



Extra fee for discharge: 450-900 Units/occasion

- Consultation meeting with hospital staff to formulate home-care plan
- Guidance for home-care provided in consultation with doctor in charge during admission



Extra fee for early admission days: 30 Units/day

- Careful treatment to adapt change in relation to admission
- Cooperation with hospital to accommodate patient

Extra fee for information sharing at discharge: 100-200 Units/occasion

- Information sharing on documentary basis with doctor of medical institution
- Extra fee for Information sharing on visiting medical institution: 50 Units/occasion
- User is accompanied by "care-manager" on seeing doctor.

Clinical data sharing

- Policy development on data sharing
- Medical care insurance pays for sharing of the data by doctor in charge of the user

Cooperation of relevant facilities on daily basis

Home-care guidance: 259-514 Units/occasion (Price for physician)

- Guidance by physician, dentist, pharmacist, registered dietician, dental hygienist

Contract medical institution for affiliation

Extra fee for cooperation (for residential service facility for the elderly) with medical institution: 80 Units/month

- Clinical data sharing with medical institution or doctor in charge more than once a month
- Extra fee for cooperation (for group home for senile dementia) with medical institution: 39-59 Units/month
- Nursing staffing in cooperation with medical institution

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Return home

Extra fee for early days of admission: 50 Units/day

Extra fee for discharge planning: 450-900 Units/occasion

- Consultation meeting with hospital staff to formulate home-care plan

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“Extra fee for safety system” and “Fee reduction for no- or failed safety system” in revised nursing-care insurance price list (2021)

- Safety system defined “Guidance of Nursing-care Facility Operation”*(2006):
 - i. Guidance on responding serious incident
 - ii. Investigation/Learning&Sharing/Implementation system
 - iii. Safety committee and Staff education
- Deployment of staff in charge of safety system

*The guidance is formulated based on Nursing-care Insurance Act (revised, 2006).

- Fee reduction for no- or failed safety system (2021)
 - ✓ Reimbursement for nursing-care is reduced on condition that there is a lack of “Safety system” and/or “Staff in charge”.
- Extra fee for safety system (2021)
 - i. Deployment of trained staff* in charge of safety system
 - ii. Launch of safety division
 - iii. Safe operation system at facility level; Education & Training, Instruction and guidance for safety, Reliable implementation

*Education provided by; Japanese Council of Senior Citizens’ Welfare Service
Japan Association of Geriatric Health Services Facilities
Japan Association of medical and Care Facilities

Wide variety of services to support the elderly, the disabled and the family through nursing-insurance system

Budget

- Government: 25%
- Prefectures: 12.5%
- Municipalities: 12.5%
- Insurance premium, segment 1*: 23%, segment 2*: 27%

Budget

- Government: 38.5%
- Prefectures: 19.25%
- Municipalities: 19.25%
- Insurance premium, segment 1*: 23%

- * Insurance premium,
 - segment 1: 65yrs old or older,
 - segment 2: 40-64yrs old

I. Nursing-care benefit for “**Care level 1-5**”

II. Preventive care benefit for “**Care level 1-5**”

III. “Nursing-care prevention and daily wellness support” Comprehensive Initiative for “**Care level 1-2**” and “Eligible frailty-level by system-authorized check list”

- Nursing care prevention and Daily wellness support services
- Personalized nursing-care management service

IV. **Comprehensive daily wellness support initiative**

- “Regional inclusive health support center” operations: Personalized nursing-care prevention plan management, Consultation service, Human-rights protection service, Care management support, Hosting regional care stakeholders’ forum
- Coordination initiative of “Home medical-care” and “Home nursing-care”
- Comprehensive support initiative for “Senile dementia”: Early stage focused support initiative, Regional dementia care enhancement initiative
- Daily wellness support system development initiative: Deployment of coordinator, Hosting stakeholders’ forum

V. **Voluntary initiative**

- Nursing-care spending review initiative
- **Family caregivers support program**
- Other relevant initiatives

Community support initiatives

Family caregivers support program

Provide guidance for nursing care practices to those who care family member eligible for nursing-care insurance benefit.

- I. Hosting “Nursing-care Class” aiming to maintain or improve health conditions of family member receiving nursing-care insurance benefit.**
- II. Initiative of monitoring senile dementia patient while fostering enabling conditions**
- III. Experienced family caregiver support initiative to reduce physical, mental, and financial burdens**
 - A) Health consultation and disease prevention initiative
 - B) Hosting networking event for family caregivers
 - C) Initiative to foster independence in nursing-care recipients
 - a. Initiative to console family caregiver e.g. benefit for consolation
 - b. Provision of nursing-care products

Education & Training / Capacity building

- Prefectural and municipal initiatives funded or not-funded by nursing-care insurance system are conducted.



Experienced family caregiver support initiative

Bodies to support new and less experienced caregivers;

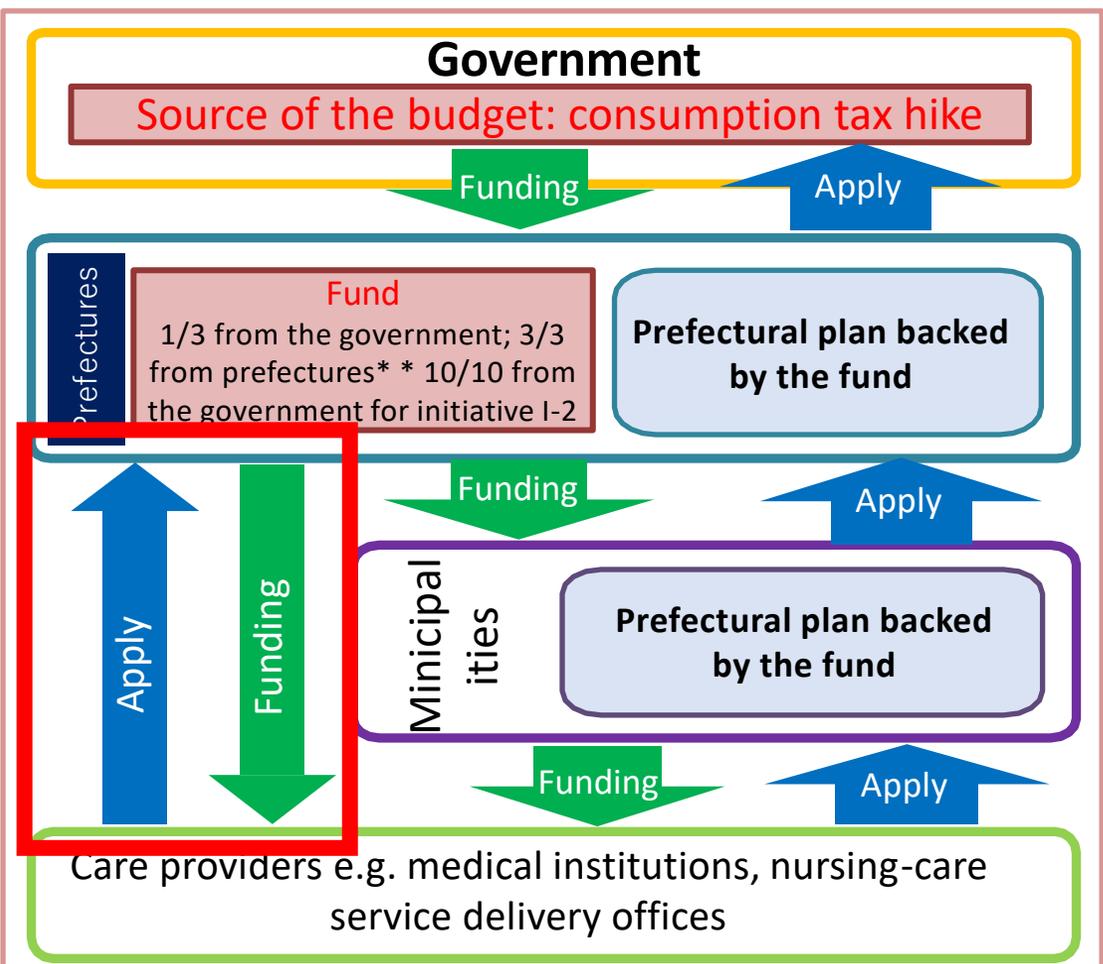
- Municipalities, Social welfare corporation, other bodies to provide nursing-care



Regional medical and nursing care integration fund: 176.3 bn JPY / 2023 Draft budget; A driver to facilitate MC/NC coordination/integration

For medical care:: 102.9 bn JPY, For nursing care: 73.4 bn JPN

- In reference to the year in which “Massive baby boomers” turn 75, it is an urgent agenda to develop “Efficient and high-quality healthcare delivery system” and “Community-based integrated care delivery system” by reallocating existing beds based on distinct purposes and subsequent coordination, accelerating medical and nursing care integration, recruiting human resources for medical and nursing care and ensuring better working condition and wage.
- For the budget of those policies, “Regional medical and nursing care integration fund” is formed being financed by the hike in consumption tax at each prefectures which they implement relevant initiatives in line with plans at prefectural level.



Prefectural/Municipal plan backed by the fund

- I. Principles on the fund operation
- Fund is formed annually by the MoH for many relevant initiatives to be proposed at prefectural and municipal levels.
 - The fund is more convenient for financing quickly than subsidy provided by the central government.

prefectural plans

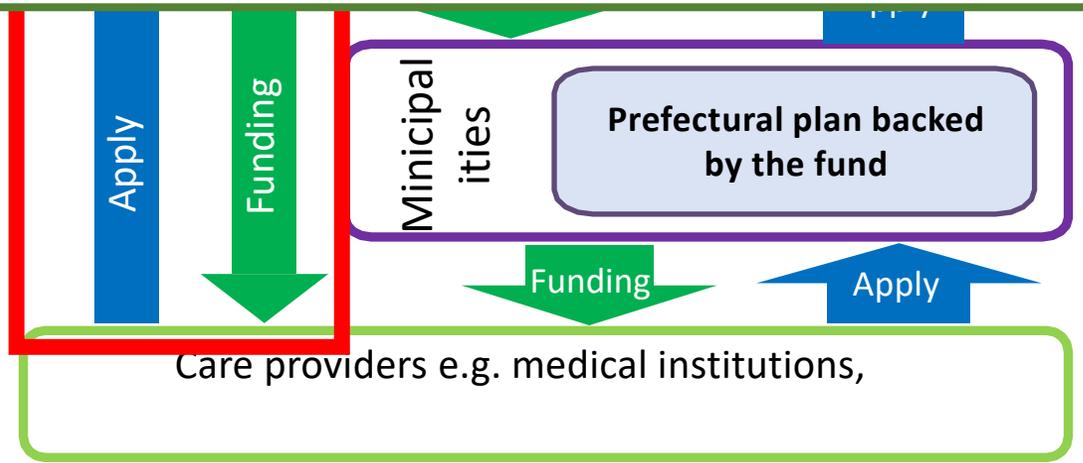
Scope of initiatives for the fund

- I-1. Medical institutions development and equipment procurement to implement “Community-based medical care resource reallocation plan”.
- I-2. Existing bed re-distribution planning in terms of density and roles to meet medical needs in community.
- II. Home-care delivery
- III. Development of nursing-care facility e.g. facility to provided community-based care
- IV. Recruiting human resources for medical care
- V. Recruiting human resources for nursing care
- VI. Development of systems to address physician’s long working hours

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** Prefectural government assesses individual initiatives in cooperation with municipal governments. The central government scrutinizes prefectural plans for effective and efficient funding.

III. Prefectural governments consolidate municipal government’s plans to produce prefectural plans

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Research, Development and Spreading of Nursing-care Robot by MoH

- Research, development is rigorously carried out in public and private sector.
- Both central and prefectural governments have been engaged with the development.
- In addition, the MoH has been conducting initiatives which provides consultation service on nursing-care to R&D corporations, opportunities for trial robot operations, evaluation of robots, best practice booklet for care providers.
- The MoH allows “regional MC/NC integration and delivery fund” to subsidize for purchasing robot, monitoring system, and IT infrastructure at facility.



Safety measures and culture development in nursing-care facility

1. Early years after inception of nursing-care insurance

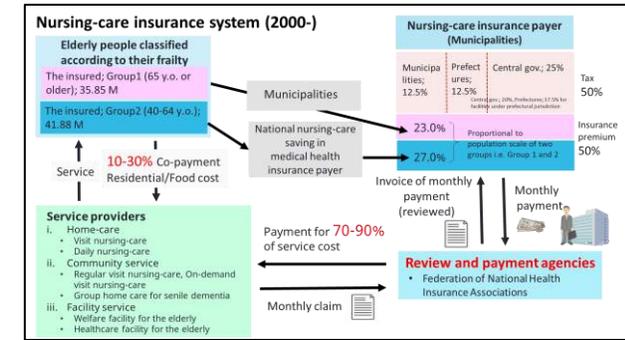
- Nursing-care Act/Nursing-care Insurance System (2000)
- No standard for safety i.e. safety measures independently taken to various extent among facilities

2. Mid-2000's

- “Physical restraint” and “Abuse of the elderly” were highlighted.
- “Physical restraint ZERO guidance” was published by MoH in 2001.
- “Elderly Abuse Prevention Act” was enacted in 2006.
- Nursing-care Act was revised to incorporate safety system e.g. guidance, safety division, education&training/implementation (2006)

3. Around 2010

- **Reporting system on serious nursing-care incident was introduced** with nursing care insurer i.g. municipalities, as an operating body.
- Knowledge and expertise developed in medical care space e.g. RCA, KYT was introduced in nursing-care industry.



Safety measures and culture development in nursing-care facility

3. Mid-2010s-early 2020s: Standardization and Technology

- “Guideline on Incident Prevention at Nursing-care Facility” was published by MoH. Standardized prevention measures for “Fall”, “Medication error”, “Food aspiration”, and “Bathing accident” were presented.
- Launch of government subsidy for purchasing nursing-care robot, and monitoring “sensor”.

4. Early 2020s- Present

- “Guideline on Incident Prevention at Nursing-care Facility” was revised by MoH in 2025.
- Policy on Care for Senile Dementia based on Dementia Care Act (enacted, 2024).
 - ✓ Consideration on human rights, High-quality care and social welfare for dementia patients

Integration of different healthcare settings i.e. home-care and home-nursing care

Consultation office* on home-care/home-nursing-care coordination service e.g. regional associations of JMA

* Office is allowed to base at municipal government hall, regional comprehensive assistance center

Municipalities

Regional inclusive health support center

Cooperation

Assistance through logistical support and coordination for inter-areal unit service

Prefecture, regional health center

Regional board joined by medical care and nursing care providers.

- Consultation service on home-care and nursing care cooperation
- Education and training for experts of medical/nursing carers.

Assistance to build cooperation of relevant bodies

- Identify gaps
- Data collection, analysis, and associated assistance
- Share best practice in areal unit
- Coordinate relevant bodies

Clinic, Home-care-oriented clinic/dental clinic

Hospital, Home-care-oriented hospital, clinic with beds

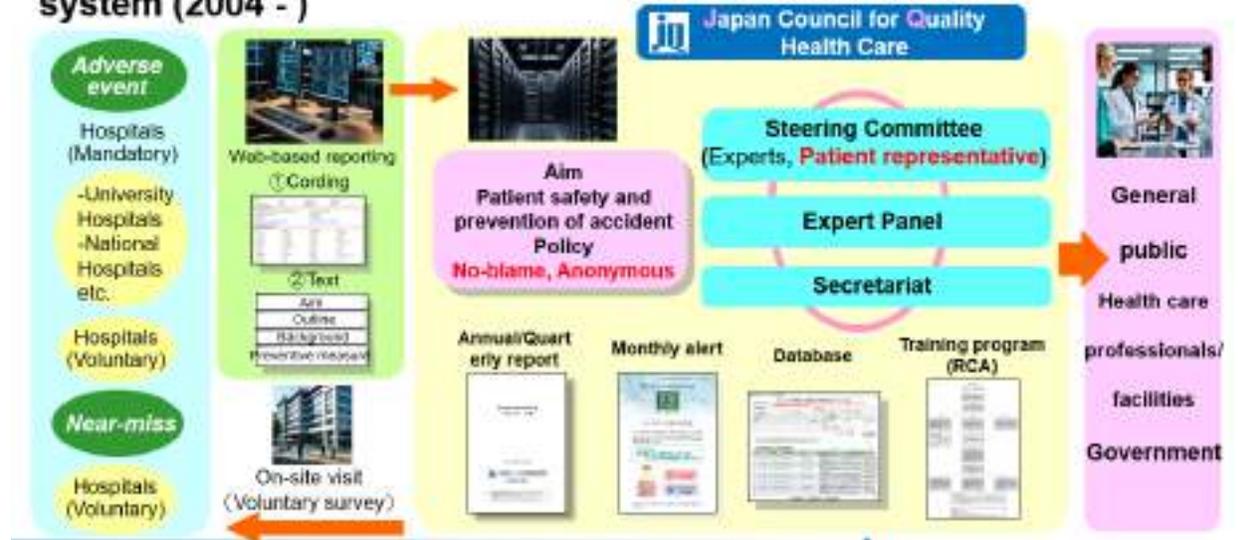
Home-visit medical/dental care
Home-visit medical care
Temporary hospitalization (Acute care, admission for temporary care)

Nursing care
Home-care assistance
Temporary admission

Home-visit nursing care
Home-visit nursing care office, Community pharmacy

Nursing care facility/office
Community pharmacy

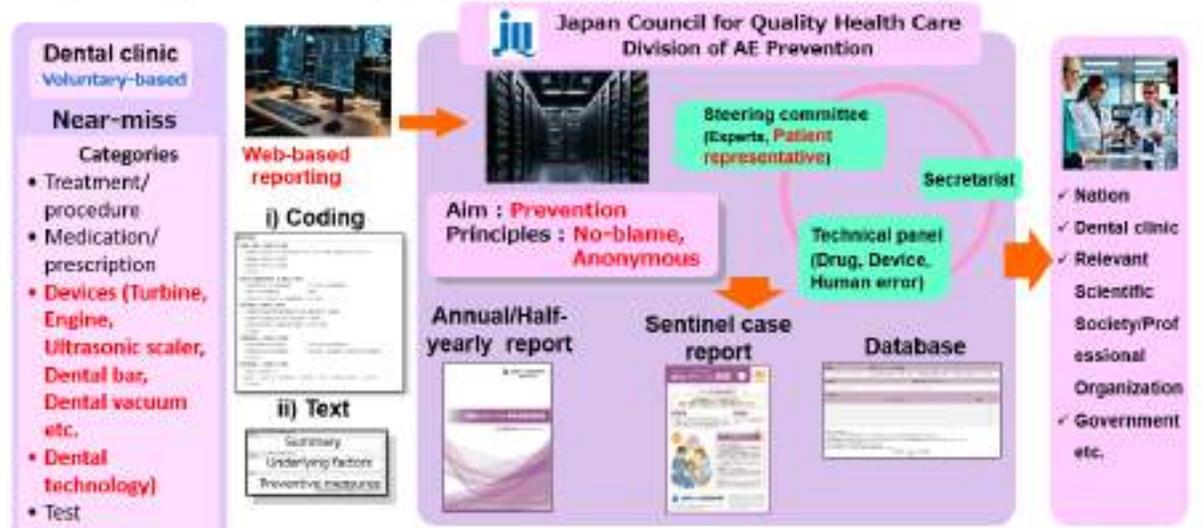
Overview of the nationwide adverse event reporting/learning system (2004 -)



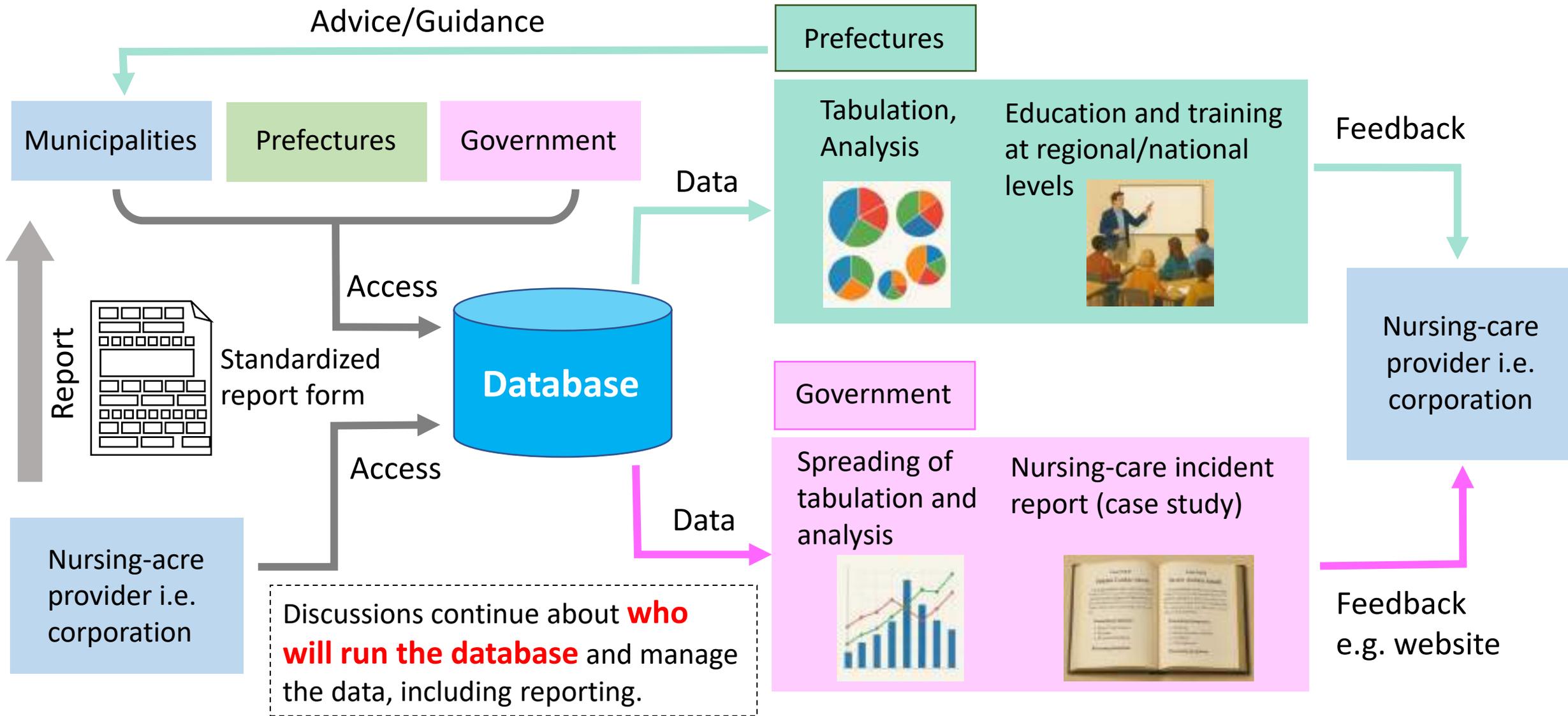
Reporting and learning system of community pharmacy (2008~)



Reporting and learning system of dental clinic (2023~)



Draft scheme of RLS for nursing-care incident (MoH, FY2026-)



End-of Life Care: Decision-making process guideline on medical and social care at the final period of the life, 2018 MHLW*

*MHLW: Ministry of Health, Labour and Welfare

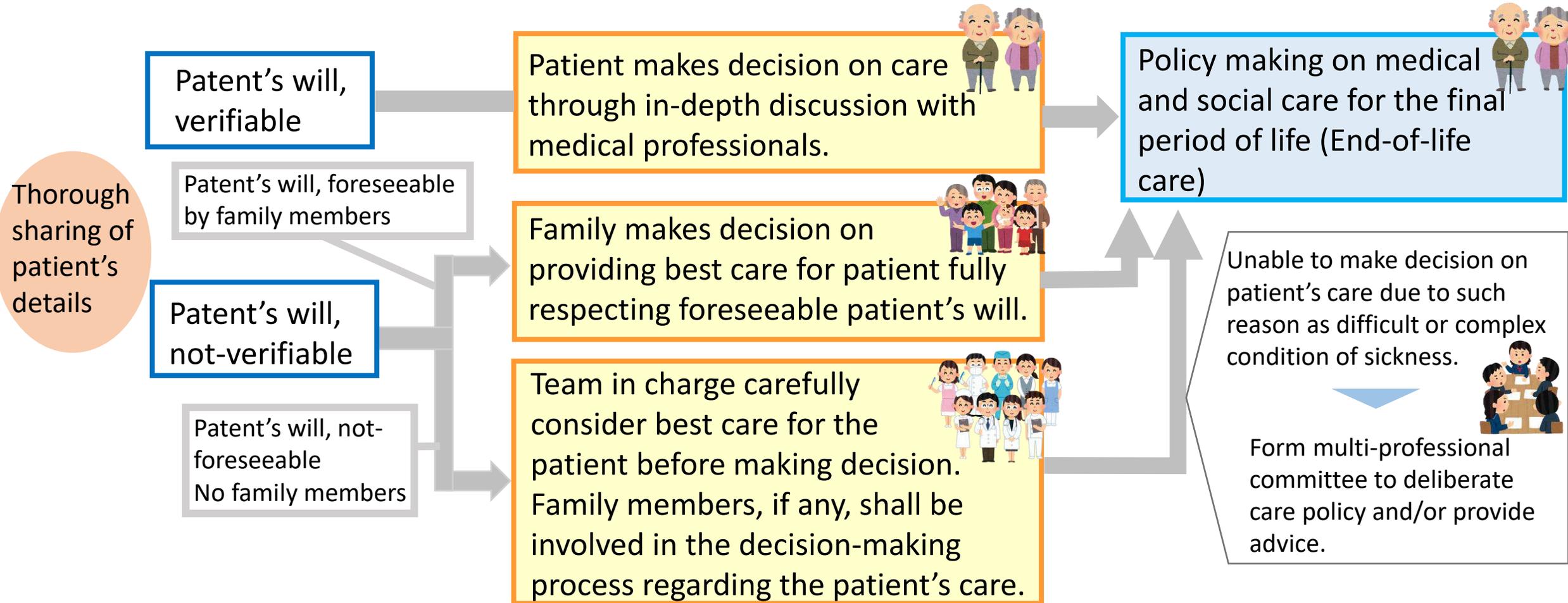


Essential considerations for the final period of the life (End-of-Life) Care

- Care is provided according to the patient's own decision made through close communication and deliberation with medical professionals who provide relevant information and advice.
- It is carefully deliberated and decided whether care is initiated, not initiated or altered, or on-going care is suspended by multi-professional medical and social care delivery team grounded in scientifically validated appropriateness and effectiveness.
- Team in charge of providing medical and social care shall provide comprehensive medical and social care including mental and social aid to family while mitigating pain and associated uncomfortable symptoms as much as possible.

End-of Life Care: Process chart for decision making on medical and social care for the final period of life (End-of-life care), MHLW*

*MHLW: Ministry of Health, Labour and Welfare



“Decision-making process guideline on medical and social care at the final period of the life, 2018 MHLW” and “Explanatory book”, and leaflet are available at website in the Ministry’s homepage.

<https://www.mhlw.go.jp/stf/houdou/0000079283.html>

Promotion of ACP * by MHLW**

“What I wish for my last days” could change.

“Mr Nakamura, do you know about “My Life Dialogue”?”

““My Life Dialogue” is a meeting with your close associates on what you value and how you wish to spend final days including types of care you want.”

“Well, thank you Dr, I will be, I’m not sure of how many years I continue to live, though.”

“Mr Nakamura, your blood hypertension continues. Please be careful”



“Dr, I’ve done with inheritance and mourning ceremony procedures.”



“No, No, Mr Nakamura. I admit that they are important, but...”



* ACP: Advance care planning
** MHLW: Ministry of health, labour, and welfare

Synthesis

- Public medical care insurance system had worked well for several decades, while, nursing-care was increasingly highlighted amid progressive aging of the society and the insurance system was established in 2000.
- Both insurances work collaboratively for the elderly who frequently receives wide range of care and services in all settings including home care.
- Integration of care is one of the most prioritized policy agendas for which regional health support center and regional fund to subsidize relevant initiatives are established and the insurances focus on the collaboration.
- Safety guideline is introduced based on legislation and the financial incentive and disincentive in the insurances.
- “Discharge consultation”, “Daily care”, “Terminal care”, and “Acute care” are defined as prioritized practices of home care.
- Education/training and consultation service for informal carer is in place for which the government spends nursing-care insurance budget.