

Session 3 “Transparency and Quality of Care Services”

Quality of Care Services and Information Disclosure

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Ensuring the Quality of Care Service

1. Mechanism for Information Transparency
 - Evaluation by a third party
 - Announcement of care service information
 - Guidance and audit
2. Evaluation by Remuneration for Care
3. Improved Treatment of Care Workers

Ensuring the Quality of Long-Term Care Insurance Service

(Actions by the service provider)

(Principal person who benefits)

Evaluation by a third party

* The quality, operation contents, management contents, or the like of the service provided by the service provider shall be judged and evaluated in the light of specialized knowledge so that guidance for improvement or the like shall be offered.

Service provider

* The provider shall improve the service quality, operation contents, management contents, etc.

Announcement of care service information

* Actual conduct by the service provider (facts) shall be checked and investigated and the investigation results shall be disclosed as they are.

Insured

* The insured shall select a good service (provider) corresponding to his/her needs.

Guidance and audit

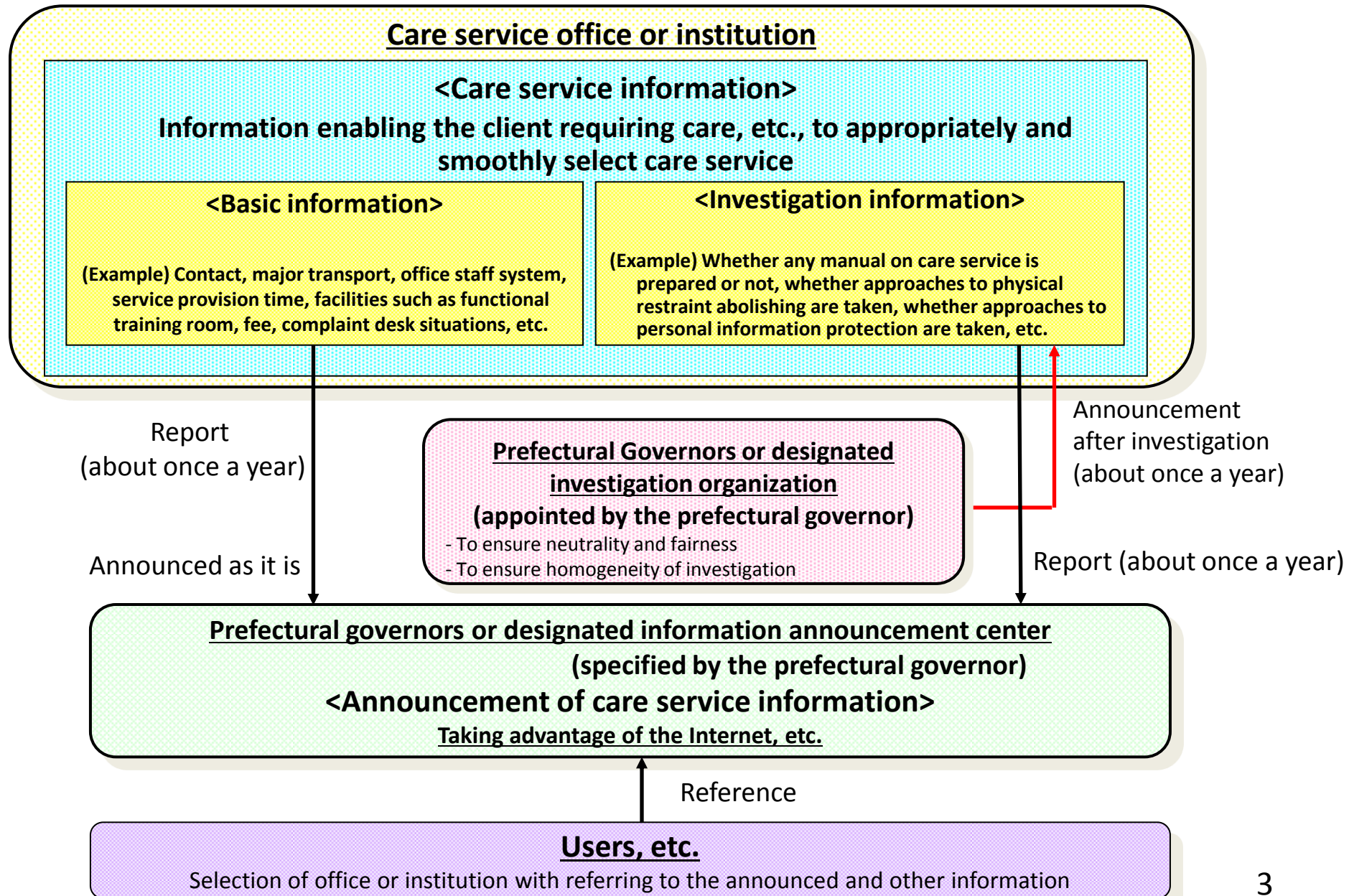
* How the least necessary standards for a long-term care insurance service provider are observed shall be checked. Administrative disposal shall be given if necessary.

User

* The user shall enjoy the service for which the least necessary standards are ensured.

Ensuring the quality of long-term care insurance service

Scheme of Care Service Information Announcement System (Current Scheme)



Designation Situations of Designated Information Announcement Centers and Designated Investigation Organizations

(as of July 1, 2010)

Designated information announcement centers

Directly operated by prefectures	3	6%
Council of social welfare	32	68%
Incorporated foundation	4	8%
Incorporated association	2	5%
Nonprofit organization	1	2%
National health insurance organizations	5	11%
Total	47	100%

Designated investigation organization

Council of social welfare	29	10%
Social welfare corporation	3	1%
Incorporated foundation	14	5%
Incorporated association	27	10%
Nonprofit organization	117	42%
National health insurance organizations	2	1%
Limited liability company	27	10%
Stock company	53	19%
Others	5	2%
Total	277	100%

Investigator Registration Situations (as of July 1, 2010)

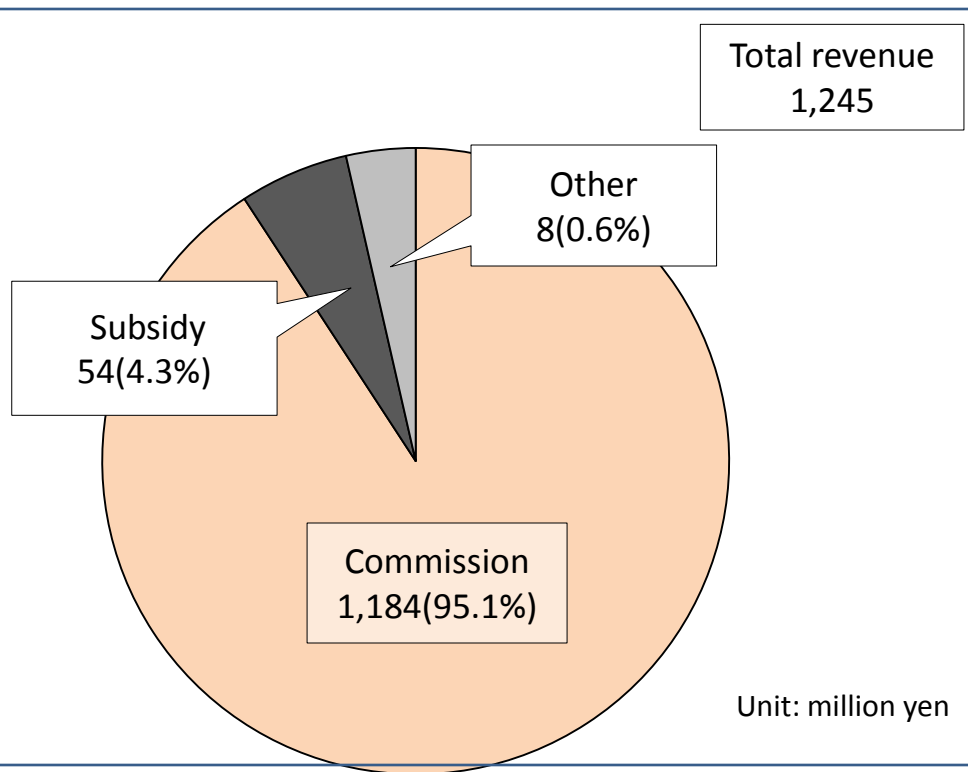
	Number of investigators (persons)	Ratio
Full-time staff	1,075	13.1%
Part-time staff	7,129	86.9%
Total	8,204	100%

Number of Offices Subject to Information Announcement (as of July 1, 2010)

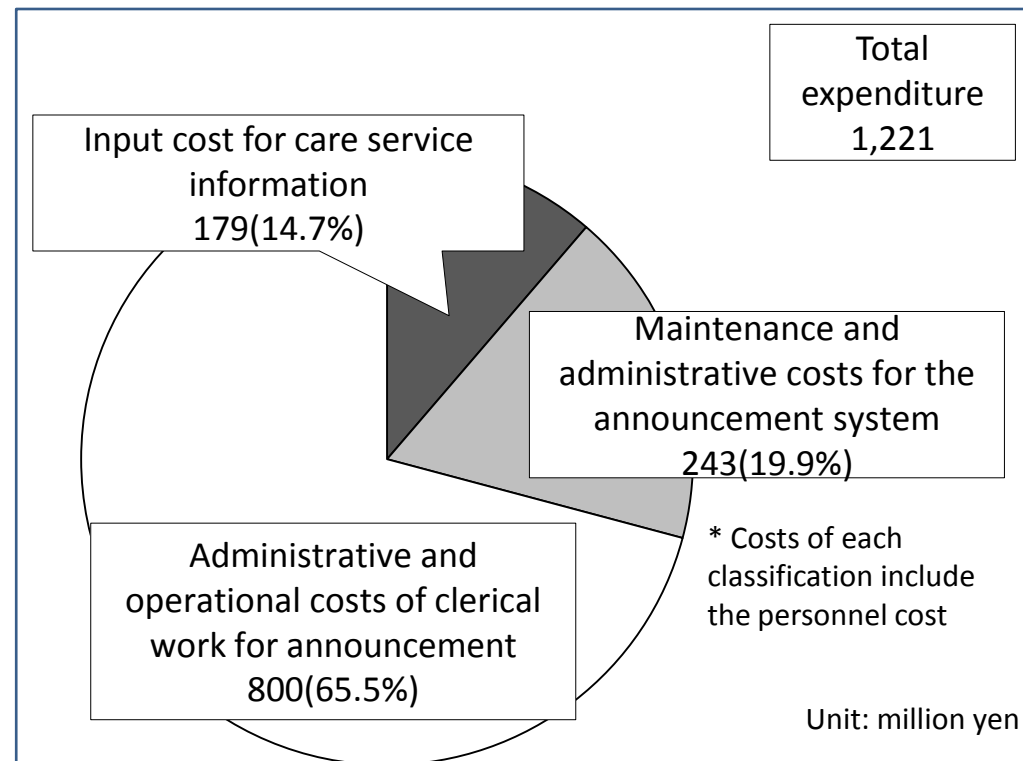
Home-visit care and home-visit care at night	47,293
Home-visit bathing care	3,953
Home-visit nursing	12,269
Home-visit rehabilitation	4,508
Day care, day care for dementia patients, and day care at designated medical care facility	52,823
Day care with rehabilitation service	12,547
Daily-living care for residents in designated institutions	5,510
Rental of welfare equipment and sale of specified welfare equipment	21,612
Small-scale multifunctional in-home care	3,8878
Communal daily-living care for dementia patients	18,174
In-home care support	28,960
Welfare care facility for the elderly	20,043
Health care facility for the elderly	10,160
Medical care facility for the elderly	4,363
Total	246,093

Operation Situations of Designated Information Announcement Center (FY 2009)

<Breakdown of total revenue>

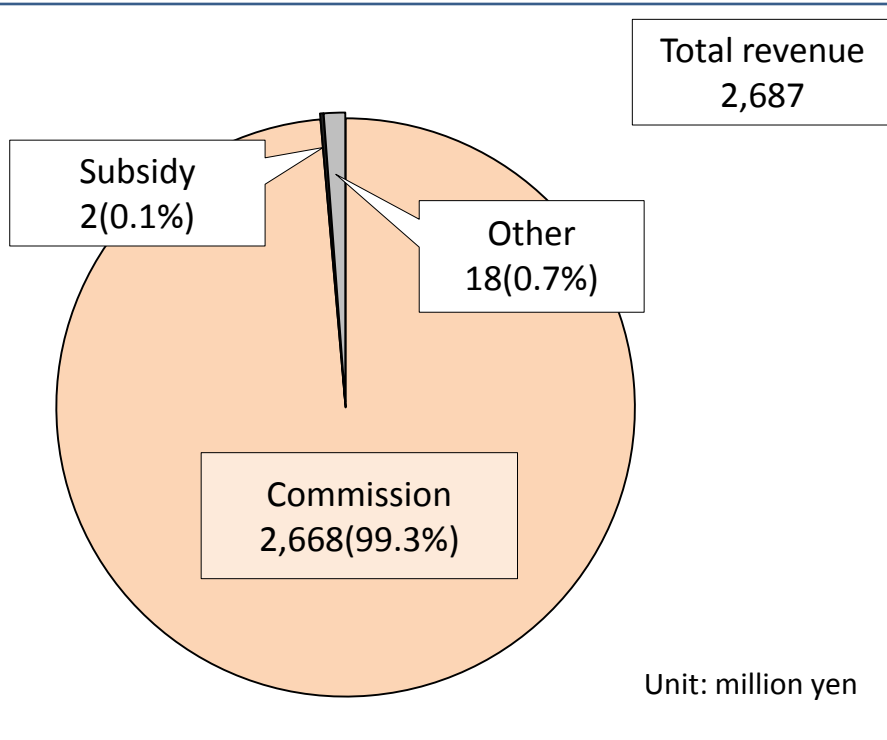


<Breakdown of total expenditure>

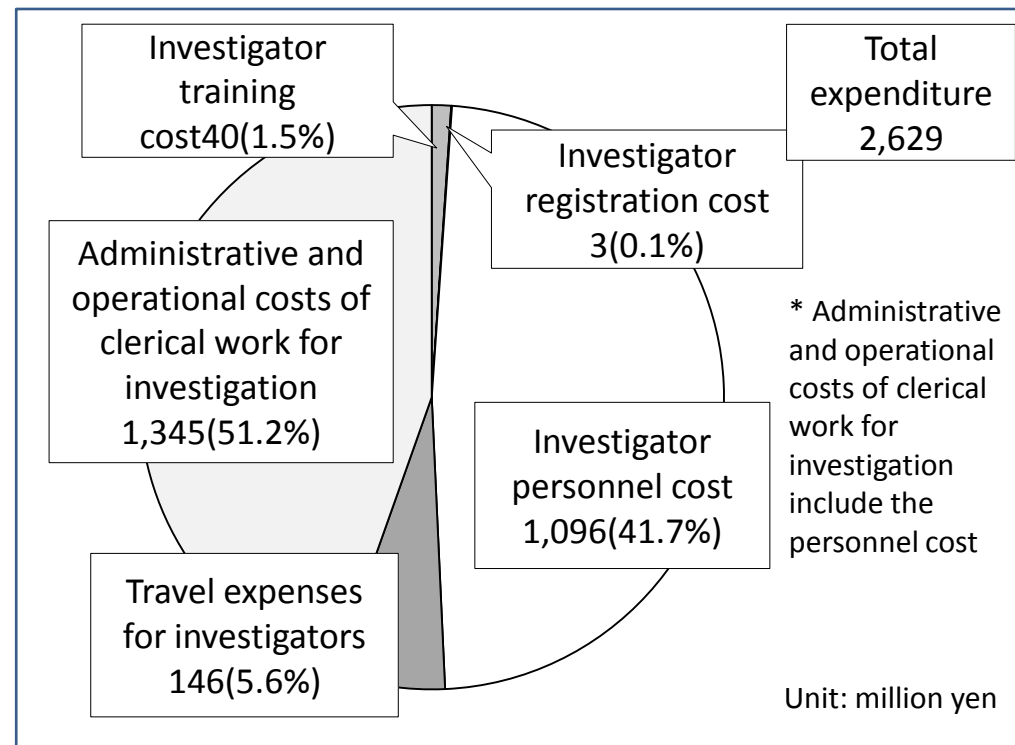


Operation Situations of Designated Investigation Organizations (FY 2009)

<Breakdown of total revenue>



<Breakdown of total expenditure>



Change in Number of Accesses to the Announcement System (Total in Japan)

	Number of accesses		
	Top page	Basic information	Investigation information
April 2010	265,690	385,073	16,195
July 2010	238,217	420,903	16,963
October 2010	245,782	374,404	39,117

Contents of System Review (Draft)

<Current System>

<After Review of the System>

Commission	<ul style="list-style-type: none"> - Specified by the prefectural governor by means of local ordinance -Commissions (announcement commission and investigation commission) are collected from the care service provider. 		<ul style="list-style-type: none"> - A scheme that can be operated without commission shall be adopted.
Investigation	<ul style="list-style-type: none"> - An investigator of the designated investigation organization visits the provider office once a year to check the investigation information reported by the care service provider (obligatory). 		<ul style="list-style-type: none"> - Conducted when the governor judges that investigation is necessary (optional) * Basic information shall also be subject to investigation.
Announced information	<ul style="list-style-type: none"> - Basic information -Investigation information 		<ul style="list-style-type: none"> - Same as the description on the left - Addition is acceptable if it is judged necessary by the prefecture.(Report may or may not be submitted according to the provider' s option.)
Services subject to announcement	<ul style="list-style-type: none"> - 50 services including the service to prevent the status requiring care 		<ul style="list-style-type: none"> - If the service to prevent the status requiring care is operated integrally with the main service, an integral report can be submitted.
Announcement system server	<ul style="list-style-type: none"> - Installed, managed, and operated by the prefecture 		<ul style="list-style-type: none"> - The government shall unify control of the server. * The prefectures shall use the server installed by the government to implement the clerical work for announcement.
Announcement schedule	<ul style="list-style-type: none"> -Announced one by one from the service provider for which the investigation is completed (in accordance with the plan specified by the prefecture) 		<ul style="list-style-type: none"> - Efforts shall be made to have the information announced at the same timing (report schedule from the service provider can be specified by a plan corresponding to the actual circumstances of the prefecture).
Action against false report, etc.	<ul style="list-style-type: none"> - Order for correction is provided. If the provider fails to follow the order, designation shall be cancelled or stopped. 		<ul style="list-style-type: none"> - Order for correction is provided. If the provider fails to follow the order, designation shall be cancelled or stopped.

Evaluation by Remuneration for Care

[Evaluation Points in Special Nursing Home for the Elderly and Health Care Facility for the Elderly (Example)]

1) Structural items

- Disposition of registered dietitian
- Disposition of personnel after specialized training on care giving for dementia patients
- Ratios of Certified Care Workers, full-time staff members, and workers who have been employed for at least three years
- Disposition of nightshift staff
- Personnel system for unit care
- Disposition of full-time doctors at least according to the standards

2) Process items

- Preparation of plans for terminal care
- Delivery of home-visit nursing instructions when a client leaves the institution
- Nutrition care to promote oral nutrition
- Implementation of special control to promote oral nutrition by a registered dietitian
- A doctor or physical therapist shall conduct rehabilitation for 20 minutes or more for each user individually.

3) Outcome items

- Ratio of the clients leaving the institution who go back home

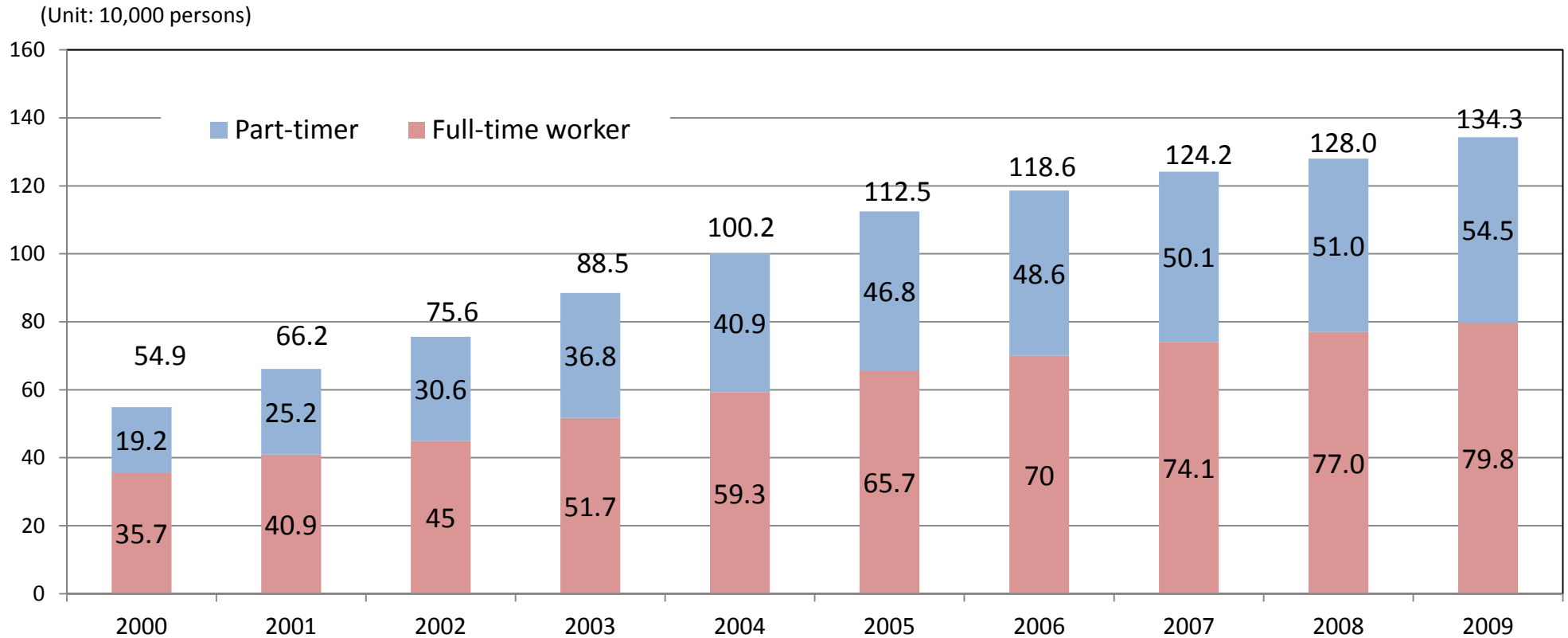
Viewpoint of Care Service Quality Evaluation

A survey of the staff in charge of long-term care insurance in cities, towns, and villages nationwide was conducted in February 2010. The survey was entrusted to 1,778 local governments and answers were obtained from 1,109 of them (collection ratio: 62.4%).

(Investigation and research project by the Ministry of Health, Labour and Welfare)

1) Ensuring quality of life (QOL) of users	
Implementation of continued care through assessment and evaluation	77.1%
Sufficient training in care giving skill	73.7%
Appropriate communications with users and their families	66.3%
Improvement of care giving skill for dementia patients	40.3%
2) Collaboration and participation with the community	
Care experience course for local residents and acceptance of volunteers	57.3%
Appropriate collaboration with medical institutions	51.6%
Collaboration with in-home care service offices	43.3%
Acceptance of local residents to events in the institution	41.3%
3) Elements as the foundation for high-quality service provision	
Support of staff for taking outside training on specialized care giving skill	54.0%
Support of qualification acquisition and career development of staff	48.7%
Continuous capacity development of staff	48.2%
Consideration for work-life balance of staff	42.1%

Change in the Number of Care Workers

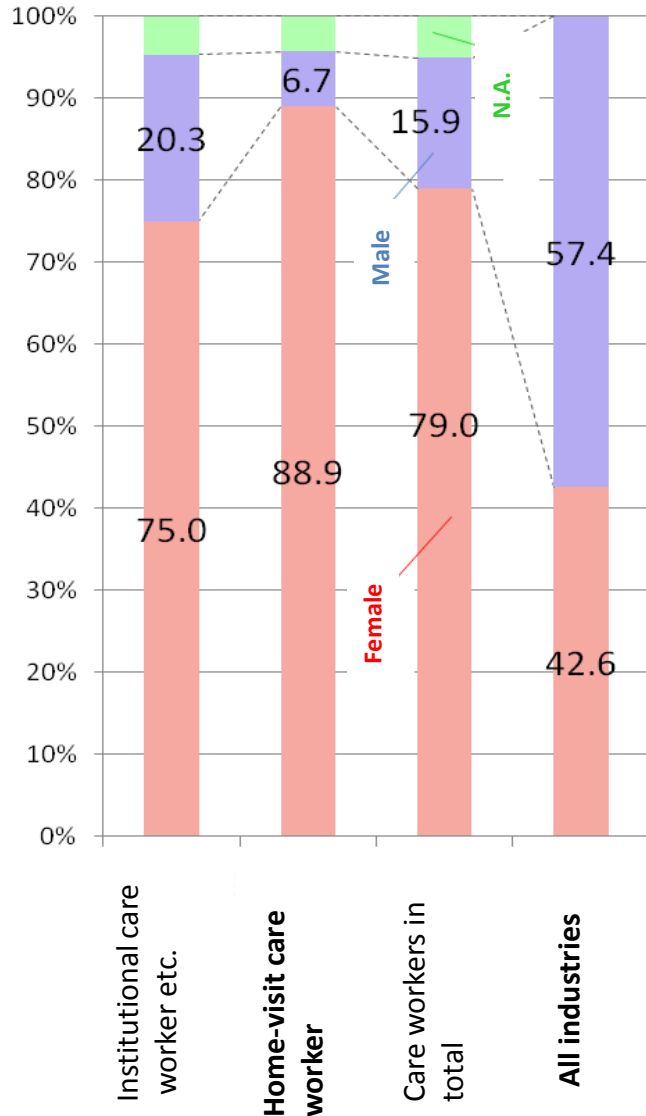


(Note) The term “care workers” means the workers who directly take care of the clients and includes home-visit care workers.

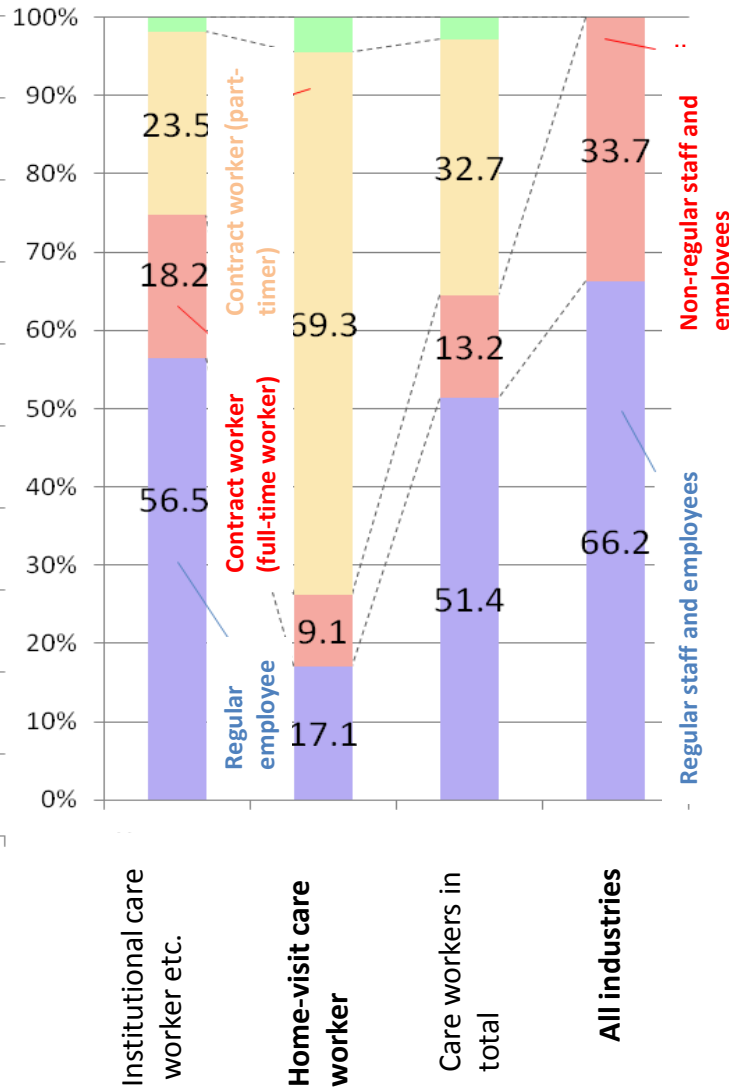
(Source) “Investigation of Care Service Institutions and Offices” by the Ministry of Health, Labour and Welfare

Current Situations of Care Workers by Sex, Work Style, and Age

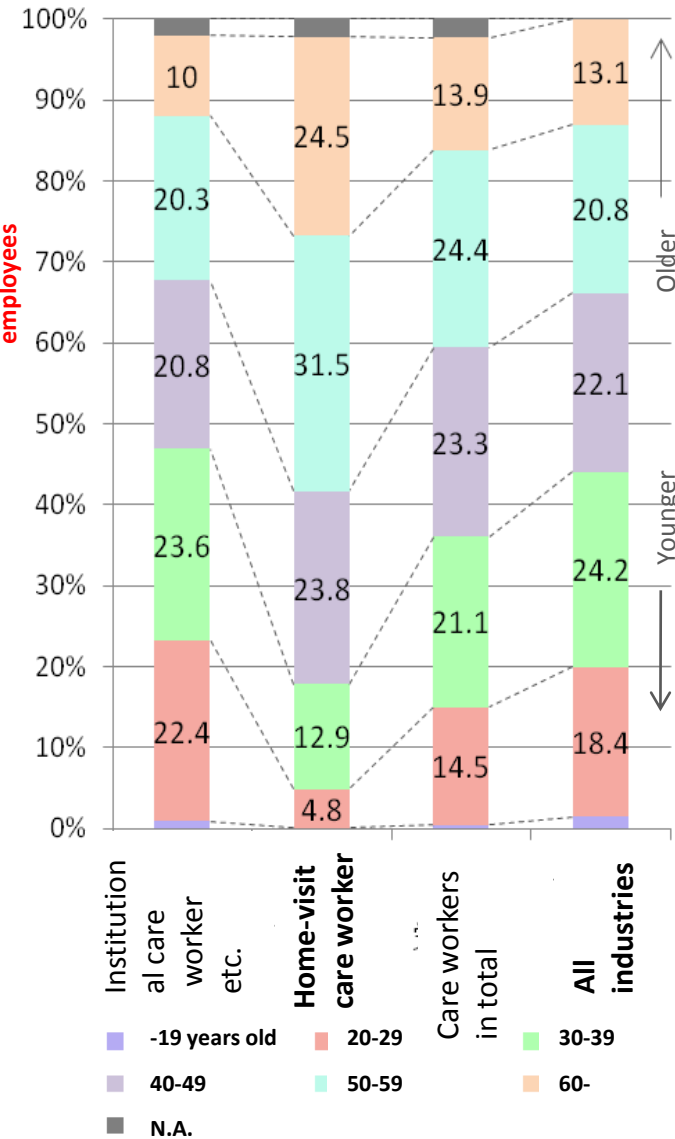
Sex of care workers



Work style of care workers



Age of care workers



Wage of Professional Caregivers (regular workers)

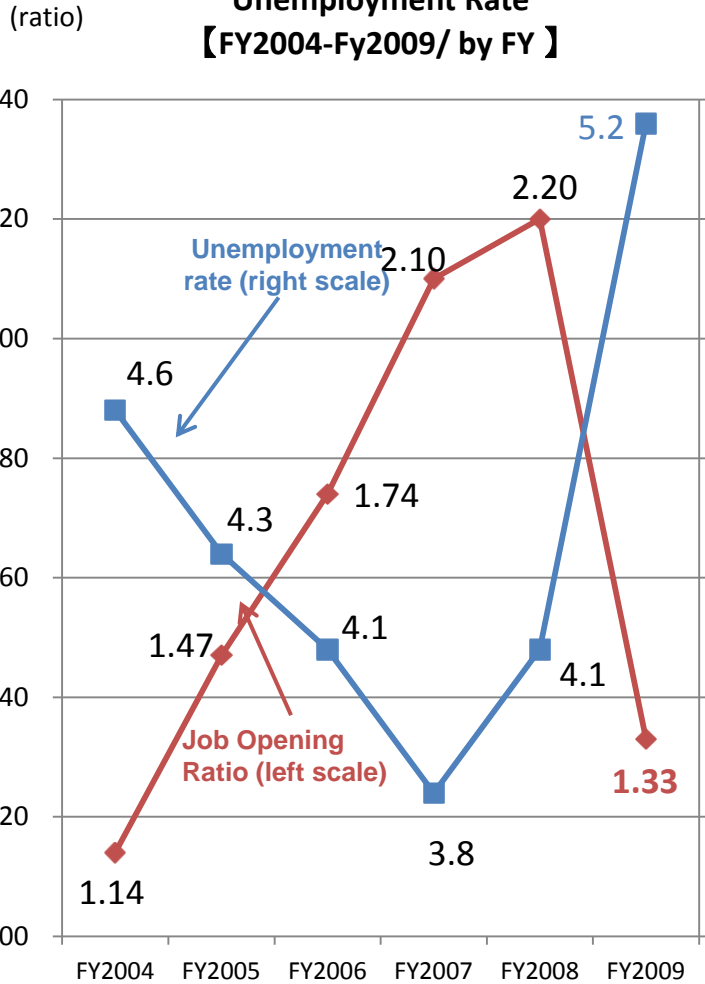
Male-female Ratios, Average Ages, Years of Employment and Average Wages of Regular Workers in Different Occupations

		Average Age	Year of Employment	Regular Cash Wage Amount	Percent Distribution	Average Age	Year of Employment	Regular Cash Wage Amount	Percent Distribution	Average Age	Year of Employment	Regular Cash Wage Amount
		(Year Old)	(No. of Years)	(1,000 yen)	(%)	(Year Old)	(No. of Years)	(1,000 yen)	(%)	(Year Old)	(No. of Years)	(1,000 yen)
By Industry	All Industry	41.3	11.9	323.0	68.2	42.1	13.3	360.0	31.8	39.6	8.9	243.6
	Medical	39.5	8.5	333.2	25.6	39.8	9.0	464.3	74.4	39.4	8.4	288.0
	Social Insurance / Social Welfare / Long-term Care	40.2	7.1	239.2	27.6	38.8	7.4	271.8	72.4	40.7	7.0	226.7
	Service Provider	43.6	8.6	274.3	69.2	44.6	9.6	301.1	30.8	41.3	6.5	214.3
By Occupation	Doctors	39.3	4.4	875.0	74.8	40.5	4.6	930.7	25.2	35.8	3.7	709.9
	Nurses	37.5	7.3	321.9	8.0	36.0	6.4	319.1	92.0	37.6	7.4	322.2
	Assistant Nurses	45.1	9.9	277.9	9.0	36.4	8.1	273.5	91.0	46.0	10.0	278.3
	Physical Therapist/Occupational Therapist	30.9	4.4	274.2	50.7	31.6	4.5	283.7	49.3	30.1	4.2	264.4
	Child Care Nurses	33.7	7.7	218.6	4.8	30.5	6.3	240.4	95.2	33.8	7.7	217.5
	Care Managers	45.3	8.1	262.8	24.4	39.5	8.6	286.1	75.6	47.2	7.9	255.3
	Home Helpers	44.1	5.6	210.9	17.8	37.0	3.4	221.4	82.2	45.7	6.1	208.6
	Welfare Workers	37.7	5.4	214.5	32.1	34.6	5.6	232.2	67.9	39.2	5.3	206.2

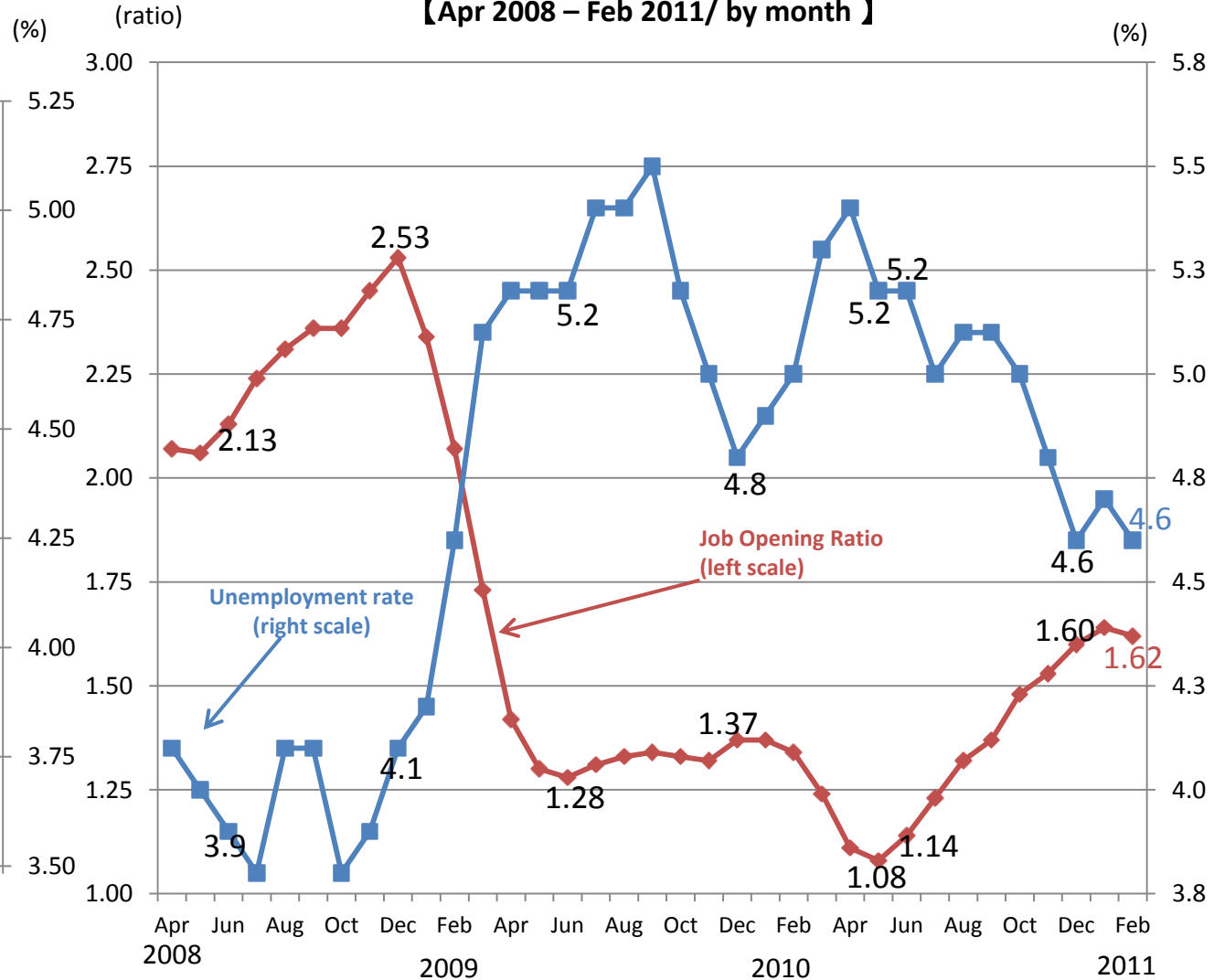
Source: Basic Survey on Wage Structure 2010, MHLW

Transition of Job Opening Ratio (Long-Term Care) and Unemployment Rate

**Job Opening Ratio (long-term care) & Unemployment Rate
【FY2004-Fy2009/ by FY】**



**Job Opening Ratio (long-term care) & Unemployment Rate
【Apr 2008 – Feb 2011/ by month】**



Source: "Statistics on Employment Security Operations" MHLW, "Labour force Survey" Ministry of Internal Affairs and Communications

Subsidy for Improved Treatment of Care Workers

- The amount corresponding to a wage increase of 15,000 yen/month on average per care worker (converted to the wage for full-time work) shall be granted to the provider that intends to improve treatment of care workers.
- The subsidy shall be started from the service provided in October 2009. The amount for 2.5 years (until March 2012) is included in the budget.
(First supplementary budget for FY 2009; project scale: about 397.5 billion yen)
- Career path requirements shall be applied to the subsidy payment from the service in October 2010.

1) Prefectures shall establish a foundation for subsidy implementation (payment shall be entrusted to the National Health Insurance Organization).

2) Resources: National expenditure 10/10

Image of execution

