



AHWIN

Asia Health and Wellbeing Initiative

Nursing care in Japan

**Office of Healthcare Policy
Cabinet Secretariat
Government of Japan**

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1 . Nursing care in Japan

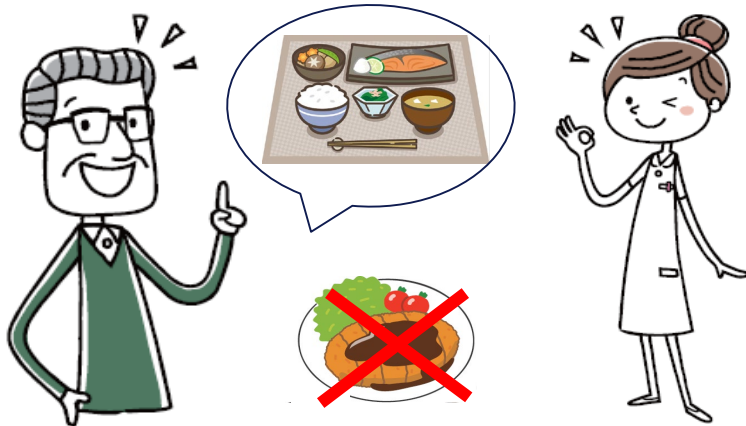
Introduction: Nursing care in Japan

■ Concepts for nursing care

- In nursing care in Japan, “Support for self-dependence” and “Preservation of dignity” are, respectively, concepts to prevent elderly people who require nursing care from becoming bedridden and that aim for the lifestyle that the individual desires.

Preservation of dignity

We are constantly observing whether the users are living the life they wish to, and providing them with tailored care and support



Support for self-dependence

More than simply just taking care of the elderly people that require nursing care, care will be provided to bring out the potential of the elderly people through monitoring what movements and actions they are able to do.



Introduction: Nursing care in Japan

■ Structure of nursing care services

- In Japan, those who are 65 years old or older with the Certification of Needed Support/Long-Term Care*¹, or those who are between 40 and 64 years old with Certification of Needed Support/Long-Term Care due to a Specific Disease that requires caregiving can receive nursing-care services with public nursing insurance. Nursing care services can be mainly divided into “Services in facilities/residences” and “In-home services.”

Services in facilities/residence

People can move into facilities etc. and have 24-hours nursing care services. Mainly, assistance/nursing-care services for overall daily life will be provided, such as meals, excretion, bathing, etc.



In-home services

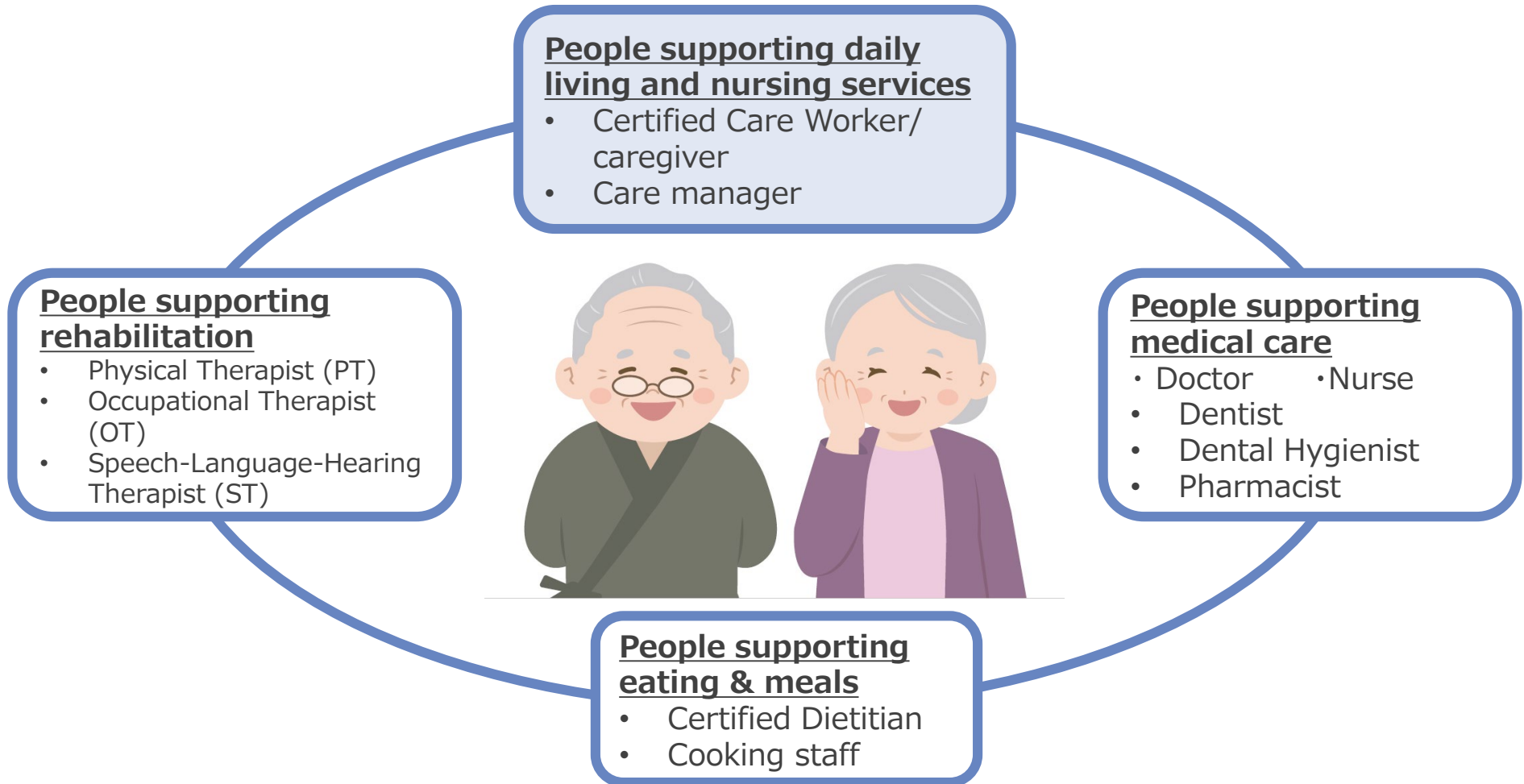
Users can maintain their daily life, staying at home where they are used to living and either visit a nursing-care facility or having care staff come to them at home to provide support/nursing services.



*¹ To use public long-term care insurance in Japan, users' conditions are rated by the following seven stages: Requiring Support Level 1 ~ 2 and Requiring Long-Term Care Level 1 ~ 5. A person under a condition of Requiring Support can basically live a daily life alone but requires partial care. A person under a condition of Need for Long-Term Care has a decline in movement functions, ability to think / understand and requires long-term care at home or in a facility. The larger the number for Requiring Long-Term Care becomes, the necessity of care increases. The type and frequency of services to be offered vary depending on the level of Requiring Support / Requiring Long-Term Care.

People supporting nursing care users

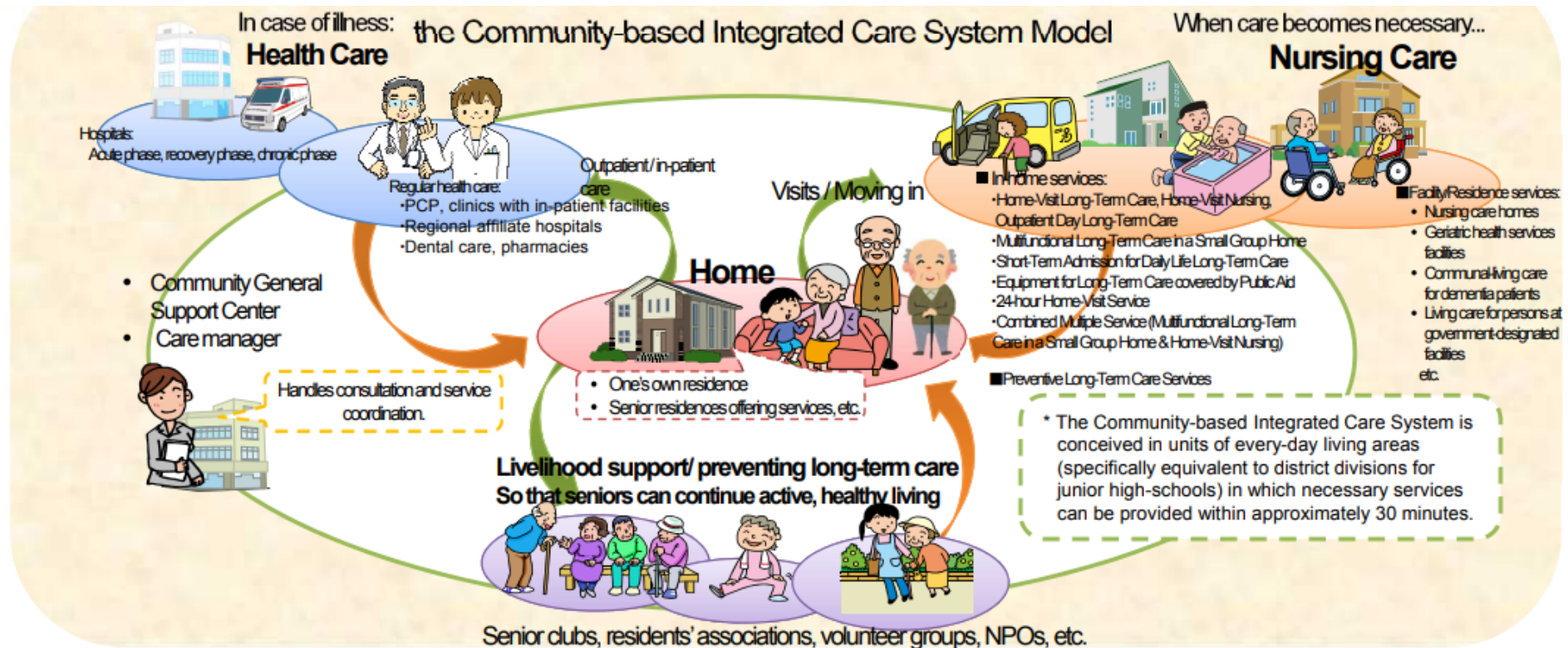
In the field of nursing care in Japan, a wide range of people from those without caregiving experience to professional care workers with qualifications as certified care workers all work in mutual coordination to provide services to users.



The Community-based Integrated Care System

- Japan entered “aging society” (aging rate *1: 7%) in 1970, “aged society” (aging rate: 14%) in 1994, and “super-aged society” (aging rate: 21%) in 2007. Japan, as a global frontrunner in coping with aging, has accumulated long-term care techniques and know-how that can be utilized in Asian countries where aging has been advancing.
- The pillar of long-term care in Japan is the “Community-Based Integrated Care System”. This system provides elderly people with housing, medical care, long-term care, preventive care and livelihood support in an integrated manner, to enable them to continue living in their own ways in their familiar communities to the last stage of their lives.

*1: Percentage of the population aged 65 and over to total population.



Five elements of nursing care contributing to “support for self-dependence”

To achieve “self-independence support”, support activities need to be implemented not just by taking personal care of elderly people but also with an aim to enable them to live a daily life by their own will and residual function *2. By maintaining their physical functions and abilities for daily activities, it aims to prevent them from being in a condition of need for long-term care *3, and even if they lapse into the need for long-term care, it still aims to recuperate them by preventing deterioration of the condition. It is designed to enable elderly people to live a healthy and independent life in their familiar communities as long as possible, while respecting their personalities and their own lifestyles.

Long-term care contributing to “self-independence support” has the following five elements. As long-term care services contributing to “self-dependence support” of the elderly, such as preventive long-term care and rehabilitation, have been widely implemented at care-giving sites in Japan, these care techniques and know-how can be acquired through technical intern training. Please check Facility Search for details of measures implemented by individual facilities *4.

Five elements that contribute to “self-dependence support”

Nutrition /
Water Intake



Eating /
Swallowing



Excretion



Activity /
Participation



Cognitive Function



*2: Abilities maintained by the person.

*3: In Japan, this means any condition that requires care on a continual and steady basis for a long period of time (two weeks or over) due to injury / disease / disability.

*4: The measures by individual facilities posted on this website have been selected based on self-recommendation from each facility. It does not mean that they are recommended by the Japanese government and Office of Healthcare Policy, Cabinet Secretariat.

Five elements of nursing care contributing to “support for self-dependence”



Securing of Nutrition / Water Intake (Nutrition / Water Intake)

Maintaining / Improving of nutritional status through offering of well-balanced meals set by a registered dietitian, correcting of dehydration through offering of water according to preference, etc.



Maintaining of oral functions, eating / swallowing functions (Eating / Swallowing)

Shifting to oral ingestion or regular diet, etc. by oral care, eating and swallowing training, or appropriate gastrostomy



Maintaining of excretion functions (Excretion)

Obtaining of the feeling of natural bowel movement through guided excretion or laxative adjustment (reducing of laxatives) to achieve natural excretion, acquiring of movements and actions for excretion, shifting to natural excretion, etc.



Securing of the amount of activities within the range possible for each user (Activity / Participation)

Creating of environments to promote leaving from bed, walking, activities to prevent bedridden condition, etc., as the rehabilitation management targets



Identification and appropriate handling of a decline in cognitive function (Cognitive Function)

Responses based on the understandings of dementia, alleviation of peripheral symptoms through adjustments of the surroundings, understandings by a user, family and supporter

Major types and overview of nursing care services

Under the Japanese long-term care insurance system, the available services are classified as follows. The contents of the list below can be viewed in 11 languages such as Japanese, English, Chinese, Korean, Vietnamese, Thai, and Indonesian on the Ministry of Health, Labor and Welfare website.

https://www.mhlw.go.jp/stf/newpage_10548.html

Type of Service		Outline
Services in facilities/ residence	Intensive Care Home for the Elderly	The service is for the aged who require 24-hour care and are difficult to tend at home. The service includes meals, bathing and toileting cares. (In principle, care level 3 and above are eligible for this service).
	Geriatric Health Services Facility	Those who need assistance to be able to live at home can enter. We provide necessary medical care and daily life care such as nursing, long-term care, and rehabilitation.
	Daily life long term care admitted to a Specified Facility	Residents in fee-based nursing care facilities have access to long-term care services and assistance for their daily lives.
In-home services	Outpatient day long-term care (Day service)	Caregivers help with meals and bathing. They provide training to maintain and improve bodily functions and services to improve oral function at a day-care facility
	Outpatient rehabilitation (day care)	Occupational, physical, and speech language-hearing therapists provide rehabilitation at hospitals and care facilities for improvement and maintenance of mental and physical functions so that the service user can live independently.
	Short-term admission for daily life long term care (Short stay)	Service users stay at care facilities for a short term. Caregivers help with meals and bathing and provide training to maintain and improve bodily functions. The service aims to reduce the burden on family caregivers.

Source: “Long - Term Care Insurance System” (from the multilingual leaflet) Ministry of Health, Labour and Welfare
<https://www.mhlw.go.jp/content/12300000/000614772.pdf>

Major types and overview of nursing care services

Type of Service	Outline	
In-home services	Home-visit long-term care	Caregivers visit a service user's home to help with bathing, toileting, cooking, laundry, cleaning, and other household chores.
	Home-visit Nursing	Nurses and other practitioners assist with daily living such as hygienic care and toileting. Medical care is provided as needed under the instruction of physicians so that service users can continue to live at home.
	Rental service of Equipment for long-term care covered by public aid	Service users can hire assistive devices that can be utilized to facilitate their daily lives (wheelchair, bed, etc.) .
	Multifunctional long-term care in small group homes	Day-care facilities are the core of this service. The service is provided in combination with short-term stays and home-visit care services. Caregivers provide assistance with daily living and functional training, according to service users' choices.
	Regular visiting/on demand type home visit long-term/nursing Care	Services are provided 24/7 on a flexible basis according to the service users' physical and mental conditions by periodic home visits and emergency call outs. Caregivers and nurses work together to provide comprehensive care and nursing services.

Source: "Long - Term Care Insurance System" (from the multilingual leaflet) Ministry of Health, Labour and Welfare
<https://www.mhlw.go.jp/content/12300000/000614772.pdf>

People supporting nursing care users (outlines of work by occupation)

Care Worker/ caregiver	Provides a user with physical care (care for bathing, meals, excretion, etc.), livelihood support (cleaning, laundry, etc.), mental care by becoming a conversation partner, etc., and also providing family of the user with consultation, advices, etc., related to long-term care.
Certified Care Worker	A person with expert skills and knowledge who engages in the business of providing care and also provides care matching the physical disabilities or mental disorders of the patient, and gives instructions to other caregivers.
Care Manager (Care support specialist)	Provides consultation for a person requiring support / long-term care or their family, creating a plan for available long-term care service, etc. (long-term care plan), and coordinating with a local government, a long-term care service provider / facility.
Doctor/Physician	Provides a user and/or his/her family with instructions and advices under medical management, and also providing a Care Manager with necessary information and rehabilitation instructions.
Nurse	Implements health management (vital checks, prevention of occurrence / spread of infectious diseases, etc.) and drug management (drug administration management) for users.
Dentist	Provides treatment of cavities and tooth-related diseases, instructions for tooth brushing as a preventive therapy to keep teeth, scaling, etc.
Dental Hygienist	Provides preventive measures for tooth and/or gum diseases such as cavities and periodontal diseases, under direct instructions from a dentist.
Pharmacist	Checks a prescription issued by a doctor, dispenses medicine, and provides medication instructions, administration, etc. Also, checks side effects, etc. of prescribed drugs by comparing them with the patient's medical history, including allergic constitution, to confirm that there is no problem with the patient taking the medication concerned.
Rehabilitation specialist	Physical Therapist (PT) : supports maintenance / improvement of movement functions of users by using physical means (exercise, heating, electricity, water, light therapy, etc.)
	Occupational Therapist (OT) : promotes health of users through essential daily life motions such as housework, changing of clothes, work related to occupation, hobby, etc.
	Speech-Language-Hearing Therapist (ST) specialized in hearing impairments, speech dysfunctions, phonation disorders and deglutition disorders.
Certified Dietitian	Providing meals and nutritional guidance to maintain the health of people

2. Corporates / facilities information and case example of measures

Corporates/facilities information and case examples

List of facilities and case Example of measures ※These examples are provide by each facility.

#	Name of corporation	Name of facility	Type of service	Facility information	Example of measures				
					Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
01	Sompo Care Inc	SOMPO Care	③	○	○	○	○	○	○
		La Vie Re Haneda							
02	FB Care Service Co.,Ltd	Multiple facilities	③、④、⑦、⑧、⑨、⑩	○	○	○	○	○	○
03	Walfare corpolation Odawara fukushikkai	Junseien	①	○	○	○	—	—	—
04	Social Welfare corporation Houonkai	Laguna Care Kasuga-dai	①、③、④、⑥、⑦、⑩	○	—	○	○	○	—
05	Social Welfare Corporation Koujyukai	Azalee Annex	③	○	—	○	○	○	—
06	Green Life CO.,LTD	Well House Senri Chuo	③	○	○	○	○	○	○
		Medis Kawagoe	③						
		Medis Koshigaya Gamo	③						
		Medis Adachi	③						
07	Medical Corporation Kenwakai	Ever Life	③	○	○	—	○	—	—
08	Iryuhoujinshadan Houseikai	Kamome Medical Center	②、⑤	○	○	○	○	○	○
09	Medical Corporation Yuuakai	Well Care Yu	②、⑤	○	—	—	—	—	—
10	Social Welfare Corporation GENKIMURA	Kounosu Tanpopo Shouyuen	①、④、⑥、⑦	○	○	○	○	○	○
11	Seikatsukaigo Service Co., Ltd	Yukari Koganehara	③	○	—	—	—	—	○

Type of Service: ①Intensive Care Home for the Elderly, ②Geriatric Health Services Facility, ③Daily life long term care admitted to a Specified Facility, ④Outpatient day long-term care (Day service), ⑤Outpatient rehabilitation(day care), ⑥Short-term admission for daily life long term care(Short stay), ⑦Home-visit long-term care, ⑧Home-visit Nursing, ⑨Rental service of Equipment for long-term care covered by public aid, ⑩Multifunctional long-term care in small group homes, ⑪Regular visiting/on demand type home visit long-term/nursing Care

01. Sompo Care Inc

Facility Info #01

Name of Corporation (Japanese)	Sompo Care Inc	
Name of Corporation (English)	Sompo Care Inc.	
Location	〒104-0002 Tokyo	
TEL/FAX	03-6455-8560/03-5783-4170	
URL	https://corporate.sompocare.com/company/	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>KATAOKA Nobuko Senior Leader, Career Recruitment Division, Human Resources Department Email: nobuko.kataoka@sompocare.com</p>	
Actual number of accepted human resources from overseas	Technical intern trainees: Two trainees from Vietnam (employed) (other many staff from overseas)	
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> • Internal seminars are implemented for obtaining a qualification for care workers • Financial support for expenses to receive internship training • Sleeping sensors are introduced for all rooms to reduce works of night shift staff 	
Facility for case example	<ul style="list-style-type: none"> • SOMPO Care: La vie Re Haneda https://www.sompocare.com/service/home/kaigo/H000101 	

Facility for case example : ラヴィーレ羽田

<p>Support for Japanese language education</p>	<ul style="list-style-type: none"> • External institutions: Japanese learning courses are provided with textbooks according to the levels of intern training by Japanese language teachers. • The online language course is implemented once a week to learn for JLPT tests and technical terms for nursing-care works. • Internal education and training department: Japanese language education is provided by utilizing easy Japanese textbooks when joining our company and having the follow-up seminars. • Trainees also participate in conferences or meetings with persons in charge and improve understanding with support for the content after meetings.
<p>Support for education of nursing-care</p>	<ul style="list-style-type: none"> • Based on textbooks of “Japanese for Nursing Care: Knowledge of Daily Life and Communication” and “Japanese Basic Terms for Nursing Care”, trainees learn and understand technical terms for nursing-care and how to write nursing-care logs. • For about two weeks after joining our company, the internal education and training department provides basic knowledge in easy Japanese and technical trainings, and it also provides regular follow-up seminars for three years after that. • Test preparations for the technical intern training evaluation test.
<p>Support for daily life</p>	<ul style="list-style-type: none"> • Implementing social gatherings with trainers and staff in charge of trainees • Holding seasonal events such as cherry blossom viewing <p>(However, these cannot be implemented due to COVID-19 pandemic)</p>

Facility Info #01

Other supports	<ul style="list-style-type: none"> Support for procedures of year-end adjustment
Other features	<ul style="list-style-type: none"> Under the management philosophy that the SOMPO Care Group is based on “respect for human dignity” for many elderly people, their families, and all of our employees and provide the best quality of nursing-care services contributing safety, security, and health, as well as the pleasant working environment with job satisfaction, to contribute to the realization of “Japan, the fruitful country with the high life expectancy to be proud of on the world stage”, SOMPO Care aims for supporting self-dependence of users by focusing on what users can do and improvement of QOL through the custom-made nursing care matching users, with a slogan of “Change the future of nursing care” as a leading company in the nursing-care industry. Additionally, SOMPO Care proactively introduces ICT to aim for reduction of care staff works, better nursing-care quality, and QOL improvement of users by thoroughly streamlining and standardizing work.

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	○	○	○	○	○
Name of facility	Sompo Care all company wide				

<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> 79-year-old male, elderly with dementia, the daily life independence level IIIb, BMI 14.5. The method of nutrient supply is tube feeding due to ALS. The user was raced to the hospital due to fever of 40.1°C and hospitalized due to ureteral calculi and sepsis for three weeks (ESBL+ from urine). The user was discharged from the hospital with decreased weight by 4.1% compared with that before hospitalization. Immediately after discharged from the hospital, pressure ulcer was developed at the left ankle.
<p>Assessment content</p>	<ul style="list-style-type: none"> At the time of intervention, the risk for undernutrition was high. The user could not stand up and had limb contracture. A reclining wheelchair was used with assistance from two people for transfer. Excretion was on bed and diapers were changed regularly. The user's current medical history is ALS, feeding and swallowing disorders, and gastrostomy (multiple pressure ulcers, urinary tract infection, undernutrition, and dehydration in the past medical history). The user was raced to the hospital due to fever of 40.1°C and hospitalized for three weeks due to ureteral calculi and sepsis (ESBL+ from urine). The user was discharged from the hospital with decreased weight by 4.1% compared with that before hospitalization. Immediately after discharged from the hospital, a pressure ulcer developed at the left ankle. The nutrition order from a doctor were the tube feeding nutrient, ENSURE LIQUID, for breakfast, lunch, and dinner with the total energy amount of 1000 kcal, and 100 ml of hot water three times a day.
<p>Intervention content</p>	<ul style="list-style-type: none"> Issues to be solved were, (1) lack of energy and proteins due to the smaller amount of tube feeding nutrient, (2) the higher risk for development of pressure ulcers due to skin fragility, and (3) self-dependent position change was impossible due to ALS, and points of nutrition care were (1) reviewing the amount of tube feeding nutrient in cooperation with doctors, (2) improvement of pressure ulcers, (3) securing the necessary amount of nutrition for cure of pressure ulcers only by tube feeding, and (4) risk management to prevent recurrence of infections and pressure ulcers, and then, intervention was implemented based on above.
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> The user's family would like the user to live without pain and hopefully, be able to be seated in a wheelchair (communication with the user was just nodding), therefore, we determined the long-term goal was to stay calmly without pain by preventing recurrence of pressure ulcers or infections, and the short-term goal was to secure the necessary amount of nutrition from the gastrostomy tube to improve pressure ulcers and increase the body weigh by 3 kg for three months.





Moving/Transferring

* We are working on thorough measures against infectious diseases. All staff are obliged to wear masks, and we are implementing infection prevention measures such as temperature measurement before and during commuting, hand washing / gargle, and hand disinfection with alcohol.

Sompo Care all company wide

Level of requiring support : Severe

Item: Nutrition / Water Intake

<p>Assessment content</p>	<ul style="list-style-type: none"> For specific intervention of nutrition, to secure the necessary amount of nutrition from tube feeding, we consulted a visiting doctor about increasing the amount of nutrition and water fed and implemented changes (first, we proposed and received guidance from the doctor that the feeding amount of nutrition was increased from 1000 kcal to 1200 kcal and proteins from 35 g to 50 g, and the amount of water intake was increased from 100 ml three times a day to 200 ml three times a day), and then adjusted nutrition while checking changes in the blood data and monthly body weight. By deciding the frequency of position changes at the specified time, oral care, massage, and sunbathing, we implemented them as decided. Monitoring and evaluation of nutrition were implemented in a monthly basis (implemented after agreed in the conference). 	
<p>Intervention content</p>	<ul style="list-style-type: none"> Monitoring (assessment) and evaluation of nutrition were repeatedly implemented, about items including increase of the nutrition and water amount by tube feeding, use of dietary supplements by enhancing trace elements according to the state of pressure ulcers, changes to goals for nutrition care according to the nutrition conditions (from cure of pressure ulcers to improvement of undernutrition for the purpose of preventing recurrence of infections or pressure ulcers), etc. As the facility was a specified facility, there was not a registered dietitian belonged to the facility, therefore, the registered dietitian from the headquarters visited the facility to understand the nutrition conditions and communicated with the facility via internal email or telephone as needed. * In our specified facilities, there are both facilities with or without the registered dietitian. 	 <p>Meal assistance</p>
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> Our company implements nutrition care using NCM. The registered dietitians of our company propose about nutrition or meal contents to supplement shortages by calculating the necessary nutritional value and amount of the nutrition or water amount by tube feeding, and implement measures in interprofessional cooperation with an agreement in the conference. As of September 2021, regarding the rate of improvement of the undernutrition risk for six months in specified facilities, in which the registered dietitians are allocated or visit more than once a month, the improvement rate of moderate risk is approximately one out of four persons and the improvement rate of high risk is approximately one out of two persons. 	 <p>Meal assistance</p>

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Main eligible persons for measures

- Those who required regular reviews for the dietary style due to decrease of the swallowing function, or those who moved into the facility after gastrostomy and didn't ingest orally.

Assessment content

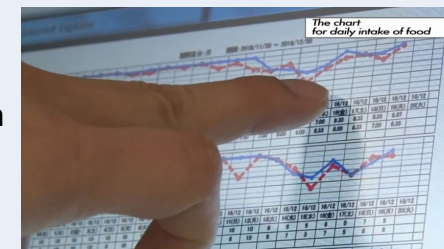
- (1) Regular hearing of the user's requests about meals and observations during meals by facility staff
- (2) Considering goals in regular conferences
- (3) As needed, offering assessment to specialists (aligned dentists or rehabilitation staff)
- (4) Changing and implementing goals and contents of support in the facility
- (5) Checking effects after changes (checking the assessment results)

*Implementing regularly as the routine from (1) to (5)

(According to goals for each user)

- Reviewing the dietary styles
- Adjusting the posture during meals
- Implementing mouth exercises by saying Pa, Ta, Ka, Ra
- Oral care such as stretching the mouth
- Direct swallowing training for those with gastrostomy
- Adding dietary supplements
- Regular assessments or trainings by dentists or speech-language-hearing therapists, etc.

Intervention content



Assessment



Assistance of oral care

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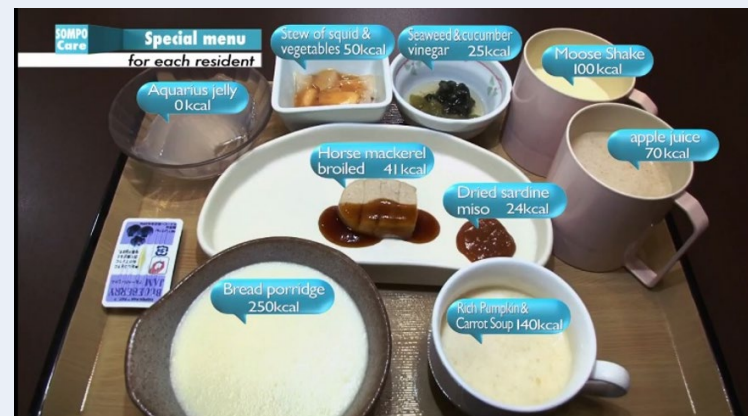
Assessment
• Tips for intervention

- To meet users' requests, we regularly review goals.
- By regular assessments or observations of users, we organize the dietary styles or the environment of meals according to goals.
- For functional assessments, we implement VE by aligned dentists or swallowing assessments by in-house speech-language-hearing therapists as needed.
- Upon discussion in the facility, care staff or nurses implement supports or swallowing trainings (mouth exercises by saying Pa, Ta, Ka, Ra, oral care such as stretching the mouth, oral ingestion trainings for those with gastrostomy) and regularly review goals to achieve goals.

Quantitative data was not measured and there is not evidences as numbers, however, we considered that that the following effects may be expected.

Example of effects/Details of measure

- (1) Improvement of users' satisfaction about contents of meals (there was an example that a user with gastrostomy was able to ingest orally soft vegetables once out of three meals and the user's satisfaction was improved)
- (2) By providing appropriate supports or organizing the environment, facilitating support for the independence about the dietary life
- (3) Maintaining or improving ADL by securing the necessary amount of oral ingestion or nutrition



Meals

* We are working on thorough measures against infectious diseases. All staff are obliged to wear masks, and we are implementing infection prevention measures such as temperature measurement before and during commuting, hand washing / gargle, and hand disinfection with alcohol.

<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> We provided supports for those with constipation to “use a stimulative laxative if there was no defecation for four days”, however, they only discharged watery stool which made underwear or sheets dirty.
<p>Assessment content</p>	<ol style="list-style-type: none"> They have chronic constipation and hard stool has not been seen, thus, it is likely to be atonic constipation. Therefore, improvement of intestinal movement is required. Stool discharged after the current measure of “taking laxoberon if there was no defecation for four days” has the nature of the Bristol Scale 7, which means it is too strong for the large bowel. We should consider improving intestinal movement by measures in daily life or meals rather than using a laxative.
<p>Intervention content</p>	<ol style="list-style-type: none"> The criterion of “taking laxoberon if there was no defecation for four days” is not suitable for each user. We consult with doctors about regularly taking a laxative that mildly affects the intestinal conditions. The user has soft meals now, therefore, it is difficult to provide meals with more fibers. We therefore may try foods which are said to be good for defecation and can be eaten by the user, such as yogurt to increase good bacteria in the intestine.



Assessment



Eating assistance

* We are working on thorough measures against infectious diseases. All staff are obliged to wear masks, and we are implementing infection prevention measures such as temperature measurement before and during commuting, hand washing / gargle, and hand disinfection with alcohol.

<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> • There are two points; (1) We recorded a relationship with drugs and about meals in a defecation diary, in addition to the nature of stool. We had a direction to stop taking a laxative with strong simulations. (2) We implemented measures for meals. • For the measure (1), we decided to record a defecation diary In a defecation diary, we recorded contents of meals, the amount of ingestion, the amount of water, details of a laxative, the time and amount of defecation, and the nature of stool. For others, we asked nurses to check and record about intestinal sounds or the flatulence. After consulting with the user’s doctor based on the defecation diary, laxoberon was stopped and vencoll (infiltrative laxative) was prescribed for morning and evening. • For the measure (2), we decided to provide a lactic acid bacteria beverage for breakfast, the user drinks it every morning. Currently, the user is difficult for defecation on a portable toilet, however, stool with the Bristol scale 5 is now discharged once in three to four days and a stimulative laxative is no longer used.
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> • It is said that about the defecation of the elderly that “it is important it is discharged”, however, the situations of each elderly vary, such that the amount of meals is basically small, meals are not solid, or the elderly sleeps a lot, which means that we should stop an outdated practice to “use a stimulative laxative if there was no defecation for three to four days” uniformly for all elderly people. The timing of defecation depends on each person. Additionally, fecal incontinence is not only hard for caregivers to clean, but also may affect dignity for users themselves. • First, we should consider measures to aim for the stool nature with the Bristol scale 4 to 5. In case of excretion in a diaper, there is a possibility for users to use a portable toilet only for defecation, therefore, we should have more knowledges and assess for the defecation control.

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<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> One user with frequent urination can move to the toilet by oneself, however, the user has difficulty to dress or undress clothes and calls through the nurse call system from the toilet. We guided to the toilet every two hours, which was not enough, and had difficulty handling frequent nurse calls, however, it was improved by the measure for excretion.
<p>Assessment content</p>	<p>(1) Internal factor Though the user took a drug for urination (drug for overactive bladder), it might not be effective. Therefore, we measured the volume of urination and residual urine volume for one time (CUBE scan) and found that the residual urine volume was over 200 cc for three consecutive times.</p> <p>(2) External factor The user took two types of antihypertensive and a type of diuretic, which might cause staggering or the increased amount of urine. The user felt strong “anxiety” that the user must not fail the toilet and thought that the user would like to sit down on a toilet seat even if there was no sign of urination.</p>
<p>Intervention content</p>	<p>(1) Based on checked items on a checksheet for urination, the user consulted with the department of urology. A drug was changed to facilitate urination.</p> <p>(2) A diuretic could not be stopped, but one of antihypertensives was stopped (by the user’s physician)</p> <p>(3) To eliminate anxiety from the user, we placed a portable toilet beside a bed and changed the position of bed closer to the toilet, to which the user could reach to the toilet with about three steps, upon discussion with the user.</p>

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<p>Assessment • Tips for intervention</p>	<p>There were three points.</p> <ul style="list-style-type: none"> • First, drugs which a user takes for a long time may no longer be effective for the user now. As excretion is highly related with medical issues, we must check about internal factors, therefore, it is considered that everyone should have knowledge about the method to measure the residual urine volume or the amount of one time urination. • Second, it is about the polypharmacy issue. The user took these antihypertensives from 10 years ago or more, however, the current blood pressure is around 120 and the amount of activities has been changed and the amount of food intake has also been changed from 10 years ago. Under such circumstances, we wonder that the blood pressure should be forcibly decreased. This is one of issues that may be occurred for many elderly people. • Third, regardless of the room conditions that the room doesn't look nice or looks narrower or going beyond the fixed patterns, sometimes changing the layout of the room for the user is important to eliminate the user's anxiety. Toilet guiding for every hour is not a realistic measure, therefore, after changing the position of bed, the user can go to the toilet alone more often and the frequency of toilet guiding has been gradually reduced.
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> • The residual urine volume was initially 200 cc (the amount of one-time urination was 120 cc at the most amount and 0 cc at the least amount), but after treatment, it became less than 50 cc. The frequency of toilet guiding was reduced from eight times to three times (only one time for each of morning, daytime, and evening) and there is almost no nurse call now. • The issue of urination is highly associated with "medical treatment," however, many cases of "incontinence" may not be considered as a serious matter in the current elderly medical treatment. As measures to reduce the number people with incontinence, even if just by one, the nursing-care side should obtain medical knowledges to have the viewpoint of assessment from various angles, which may lead to improve the flexibility for the user, recover the user's dignity, or reduce troubles for care staff about frequent nurse calls. Similarly as issues other than excretion, it will be essential issues in the future medical treatments to make efforts of reviewing drugs continuously taken and reducing five types or less drugs according to the polypharmacy measures in the aged society of Japan.

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<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> Female in her 80s with Requiring Long-Term Care Level 3, who received fracture fixation by nails after crush fracture during the bipolar hip arthroplasty, followed by her right trochanteric fracture. On the same year, she wore a corset due to lumbar compression fracture. After rehabilitation, she became at the level requiring one person assistance for transfer and moved into our facility.
<p>Assessment content</p>	<ul style="list-style-type: none"> The right hip joint function was evaluated as it affected for each ADL. Her hip joint had a strong limitation in range of flexing motion (flexing 40°), and the length of her right thigh was shortened largely by 8 cm, requiring a shoe with height adjustment. Transfer was implemented with partial assistance, however, she had pain sometimes in her right hip joint. Leg strength was good with the MMT, level 4 to 5 for both the right and left. When sitting down, she didn't have pain in her right hip joint or lower back. She is wearing a corset. She have meals on a chair. At first, she can eat by sitting straight, but gradually, gets tired and seems leaning to the left side.
<p>Intervention content</p>	<ul style="list-style-type: none"> We adjusted the environment and implemented some measures for nursing care. We set the environment so that she didn't have to bend her hip joint for the sitting position while having meals or excretion (the sitting position was raised higher and different angles were set for right and left hip joints). Standing up and usual bowing are hard on her right leg, therefore, we provide assistance for her left side while guiding and support stable movement, and at the same time, we provide intervention by placing handrails mainly on her left side for independent transfer.
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> In the living stage, using the ICF viewpoints, we need to consider approaches from various directions other than the physical functions to aim for activities and participation by assessment including what users can do, in addition to what users cannot do. Additionally, the physical function may often be hard to be improved, we need to provide how to learn the movement based on the current body conditions by adjusting the environment according to the physical conditions and exercising body movement. For adjustment of the environment at this time, thorough assessment of the physical functions which affect activities is necessary to organize the environment by focusing on reasons why users cannot do. For learning how to move, many elderly people may have a memory disorder, such as those with dementia. Therefore, a minimal amount practice should be repeated frequently. The environmental factors of ICF include both the human environments and physical environments. Including specialist personnel and family members, it is important that all involved people can provide intervention at the same point. For this case example, points of care should also be consistent among interprofessional staff.



Assessment

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Example of effects/Details of measure

- The limitation in range of right hip joint motion remained similar to that at assessment, however, due to adjusting of the environment and learning how to move according to the physical functions (limitation of right hip joint function), improvements of the stable sitting position and the self-dependence level of transfer were shown. For about four months, transfer became at the level of watching over and she has been able to move without pain.
- After that, with cure of compression fracture, she could remove a corset and also had trainings of excretion movements for about two months, resulting in self-dependent transfer and excretion. (For the Barthel Index, transfer was from 10 points to 15 points, toileting was from 5 points to 10 points)
- For this time, due to interprofessional intervention, the user was able to achieve independence about indoor ADL other than bathing for about six months because she could increase the frequency of practices by utilizing the scenes of daily life as exercises of body movement as well in addition to organizing the environment.



Transfer support/assistance

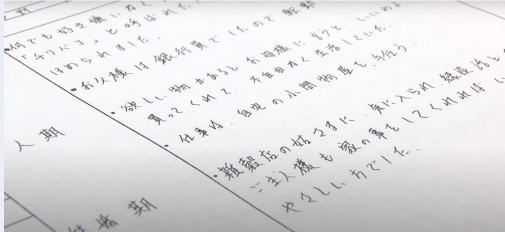


Transfer support/assistance



Training

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<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> Due to BPSD caused by Alzheimer's dementia, the user had difficulty having nursing care from the family and was hospitalized in the department of psychiatry. The user's mental conditions became stable after medication, however, the user's ADL decreased due to aspiration pneumonia or a urinary tract infection during hospitalization, and then the user moved into our facility in the bedridden state with limb contracture and emaciation. 	
<p>Assessment content</p>	<ul style="list-style-type: none"> After checking the general conditions including the range of extremity joints motions, muscle strength, or vital conditions while leaving a bed, we considered about the transfer method that matched the current body conditions. 	
<p>Intervention content</p>	<ul style="list-style-type: none"> Based on the transfer method extracted from assessments, after considering the user's feeling of fatigue or the available range in the facility, the user started leaving a bed from the lunch time. We could provide a wheelchair that matched the user with adjustment, therefore, the user could leave a bed without fear and have meals with partial assistance. At the same time, we adjusted positioning to prevent pressure ulcers and reduce contracture. 	
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> When encouraging activities and participation for users in a bedridden state by leaving their bed, measures that don't match the body conditions of targeted users may cause decrease of the targeted user's abilities or accidents rather than support for the self-dependence. We should thoroughly assess the current situations and consider the method that matches the current body conditions, taking account into our ability of nursing care as well. Approaches to activities and participation are important, however, it is essential to evaluate if those approaches negatively affect the health conditions or the physical and mental functions of users. Additionally, for those with severe conditions, it is also essential to take another approach to prevent secondary disorders at the same time. 	

Assessment record

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Example of effects/Details of measure

- Due to safe transfer, the user can have meals while getting up, his appetite has been improved, and his body weight has steadily increased. (27 kg to 34 kg for about six months) The user can get out of bed at least once a day without an unbalanced posture and signs suspecting aspiration such as choking during meals.
- Because there is no uncomfortable feelings for transfer, BPSD that the user experienced prior to hospitalized in the department of psychiatry haven't been caused and the user has stayed calmly. Body weight has steadily increased, therefore, to facilitate improvement of QOL more, we plan to aim for improvement of abilities by increasing the frequency of leaving a bed or considering the dietary styles, etc.





Transfer assistance



Eating assistance

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<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> The user had stage IV lung adenocarcinoma with metastasis to bone and pleura. Due to treatment, ADL was decreasing, therefore, the user moved into our facility after treatment was terminated. The user has been informed about the outcome with several months to live. ADL was at the level of using a wheelchair. The user hopes to walk again. 	
<p>Assessment content</p>	<ul style="list-style-type: none"> There is no disease other than adenocarcinoma, thus, the user might have developed the disuse syndrome due to reduction of activities during hospitalization. Therefore, the current mobility capability was assessed first. The user was able to walk within parallel bars using a horseshoe type walker, but with SpO2 from 95 to 96%, sMild short of breath and decrease of endurance were shown. Pain was also caused on the left knee when the distance was prolonged (about 10 m). The specific rest level may be checked by the user's physician. 	 <p>Sean of assessment</p>
<p>Intervention content</p>	<ul style="list-style-type: none"> After confirming with the user's physician, the user began voluntary trainings and walking trainings. (Starting from trainings without self weight, calisthenics and walking trainings proceeded while monitoring pain.) About six months later, the user was able to walk with a walker while care staff was watching over, therefore, we discussed about the user's independence by checking the safety management. From this time, the user told a specific goal, such that the user would like to "walk" to a coffee shop in front of the facility. 	 <p>Training</p>

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Assessment
• Tips for intervention

- This is a case example that, though the user was in the final stage of adenocarcinoma, the user's activity was improved by considering trainings based on the rest level or endurance while cooperating with the user's physician. The user has lung adenocarcinoma and decrease of endurance may be expected, however, the exercise therapy according to conditions is also effective for improvement of the motion durable capacity.
- By considering the loading amount combined with the vital data including SpO2, in addition to actual decrease of shortness of breath, we allowed the user to have exercises three times a day either of before or after meals, as voluntary training. For intervention, first, we began muscle trainings without self weight and checked whether the user had pain.
- After that, we moved to muscle trainings with self weight and then, moved to walking trainings within parallel bars. By checking capabilities when the state was changed, the user was monitored to lead to improvement of abilities safely. With improvement of the physical and mental functions and abilities of activities, life-style goals became specific, thus, trainings may provide good effects even for the mental conditions.


Example of effects/Details of measure

- A year later, the user was able to walk with a safety-arm walker alone. (Because of the user's recognition of their own disease conditions and inconvenience of handling a walker, the user uses a wheelchair in daily life and a walker as voluntary trainings) The user had leg muscle trainings as voluntary trainings and walking trainings while adjusting the challenge level, decrease of endurance at the initial time was solved and pain on knees was also reduced, resulting in allowing to walk with a walker for about 100 m. (MMT was initially at level 5. A year later, SpO2 became 98% and short of breath was also solved).
- * The distance to the coffee shop in front of the facility is just about 20 m, however, the user cannot go out due to COVID-19 pandemic. (The coffee shop is also closed)
- The user can spend the time very positively and continues voluntary trainings to maintain the condition so that the user can move by walking as much as possible while checking their own health conditions.



Training

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<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> Case Example of establishing the appropriate supports with a chart and improving the situation by reviewing medication with consultation of the specialist physician for the user who entered into other's rooms and ate food in a refrigerator or behaved violently to care staff if things didn't go as the user expected 	
<p>Assessment content</p>	<p>(1) Medication: Due to Exelon patch, irritability or restlessness may be fueled. Prescription of multiple psychotropic drugs may cause side effects.</p> <p>(The user's surgical physician prescribed psychotropic drugs, therefore, medication may not be appropriate for the current conditions.)</p> <p>(2) Body: Feeling hunger associated with diabetes</p> <p>(3) Mental: Memory disorder and disorientation are apparently developed.</p> <p>Irritability and disinhibition may be caused by some dementing disorder.</p> <p>(4) Environment: The support schedule does not fit for the life that the user expects. There may be lack of necessary supports.</p>	
<p>Intervention content</p>	<p>(1) The room where the user frequently goes into at night is to be locked (with approval from the user of the relevant room) and more supports will be provided for the time when there are frequently troubles.</p> <p>(2) Implementing an action chart To understand the actual flow of the day and when troubles or issues for the user occur.</p> <p>(3) Confirmed diagnosis in the department of psychiatry and review medication</p> <p>Confirmed diagnosis from a specialist physician is necessary as a surgical physician has continued to prescribe psychotropic drugs without confirmed diagnosis and the user's condition is not stable.</p>	

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Assessment
• Tips for intervention

There were three effective points.

(1) Implementing a behavior disorder chart (implemented for two weeks before and after measures)

Care staff watched over the user once every hour to describe the following level evaluation and the user's state.

- * Level 0: Sleeping * Level 1: Awake and calm
- * Level 2: Going into other people's rooms * Level 3: Violent language / Behave violently

Tracking record

Example of effects/Details of measure

-> As a result of implementing, it was found that the user had enough night sleep and became more unstable in the afternoon during the daytime.

(2) Adding necessary supports

From the results of the chart, support of providing snacks was added in the time of afternoon when there was less support.

(3) Confirmed diagnosis in the department of psychiatry and review medication

As a result of confirmed diagnosis, it was known that the user developed Alzheimer's dementia. After reviewing psychotropic drugs prescribed by a surgical physician, the amount of medication was reduced.

Assessment
• Tips for intervention

- By implementing an action chart, objective indicators can be obtained, not subjective views from caregivers. Additionally, this may help to compare with the states before and after measures and to check whether troubles or issues are reduced.
- It is more important for the user that the user realizes they are “having troubles.” If this is considered to be the caregivers’ issues, it may be difficult to solve issues. Furthermore, we should not always treat any troubles as “dementia” just because that person is elderly, from the viewpoint of respecting human dignity. It is important to consult with specialist physicians. By considering the polypharmacy, we once again obtained the results to prove that reduction of medication may improve QLO of users.

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02. FB Care Service Co.,Ltd

Facility Info #02

Name of Corporation (Japanese)	エフビー介護サービス株式会社
Name of Corporation (English)	FB Care Service Co.,Ltd
Location	〒385-0021 Nagano Pref.
TEL/FAX	0267-88-8188/0267-65-8809
URL	https://fb-kaigo.co.jp/
Contact for inquiries from sending organizations or candidates of technical intern trainee	【Janapanese & English】 Mr. Takahiro Usuda Tel : 0267-88-8188 E-mail : takahiro-usuda@fb-kaigo.co.jp
Actual number of accepted human resources from overseas	Technical intern trainees: 24 trainees (employed, 14 from Vietnam, 10 from Philippines), four specified skilled workers from overseas (employed, four from Vietnam) *Twenty-four technical intern trainees were assigned to 19 nursing-care care offices in Nagano, Gunma, Saitama, or Tochigi prefectures.
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> Support to take the training course for beginn
Facility for case example	Company-wide



Facility photos





<p>Support for Japanese language education</p>	<ul style="list-style-type: none"> • We make time, about an hour a week, for the self-learning of Japanese after business hours where we receive questions from technical intern trainees. • Schooling to “Japanese class” operated by Tsubasa business of Saku City as joint cooperation between industry-academic-government (at Saku University) • Implementing online education by supervising organizations
<p>Support for education of nursing-care</p>	<ul style="list-style-type: none"> • Before accepting technical intern trainees, we sent educational staff to educate and select candidates on-site. • After accepting technical intern trainees, online education by supervising organizations is implemented. • After accepting technical intern trainees, they go to the “Japanese class” operated by Tsubasa business of Saku City as joint cooperation between industry-academic-government (at Saku University). • Online “basic education of nursing care” by supervising organizations • Support to take the training course for beginning care staff (with interpretation)
<p>Support for daily life</p>	<ul style="list-style-type: none"> • There is an in-house specified department, the Overseas Human Resource Development division, to support the daily life and mental health of trainees. • Support for leasing Wi-Fi devices • Support for leasing bicycles, shopping • Support for a set of necessities (leasing beds, futons, blankets, fan heaters, refrigerators, washing machines, curtains, etc.) • Transportation support for events or tests • Implementing social gatherings • Support for the immigration procedures

Facility Info #02


Other supports	<ul style="list-style-type: none"> • Support for Japanese language tests • Support for the test for promotion to the technical intern #(2) • Regular visits are implemented
Other features	<ul style="list-style-type: none"> • FB Nursing-care Service Co., Ltd. (hereinafter referred to as FB Nursing-care Service) employs 28 “technical intern trainees” and “specified skilled workers” from Vietnam or Philippine in 19 nursing-care facilities in Nagano and the Kanto area. FB Nursing-care Service has begun preparations to accept “technical intern trainees” from 2016 for the purposes of contributing to society and promoting SDGs. • At first, we prepared for accepting trainees from Vietnam. There were following issues at first; (1) avoidance of mismatches, and (2) necessity of improvement for nursing-care education, people skills, manner, and Japanese language education. Therefore, we sent professional trainers to provide on-site trainings. We focused on letting trainees have specific images about “What kind of works should be done for nursing care?” and provided trainings in collaboration with other companies. • Placing the right people in the right jobs, especially for the areas where there are limited human resources. • We cover a wide area, however, we provide thorough staff management by using the group LINE or regular site visits.


	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	○	○	○	○	○
Name of facility	All company wide				

<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> Targeted users are those who have lower appetite or a downward trend in the amount of meals intake or body weight. 	 <p>Eating assistance</p>
<p>Assessment content</p>	<ul style="list-style-type: none"> Based on the data about appetite, body weight, the amount of meals eaten, and the amount of water intake, an interprofessional staff meeting was held once a month. Programs were established according to individual conditions and implemented to achieve their goals. Implemented a program according to the PDCA cycle in the order of establishment of program, implementation, monitoring, and improvement. 	
<p>Intervention content</p>	<ul style="list-style-type: none"> If undernutrition is identified or suspected, prioritizing of user's preference, we may change meals to an easy-to-eat form of food, adjust the volume of staple food, and add dietary supplements. If insufficient water intake is identified, we may prioritize user's preference and adjust the intake time, or use the jelly with less thickness and water exuding for users with poor swallowing, or use special containers for users with poor mouth opening to ensure hydration. 	
<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> The point is to treat users with "Everything for users' best" in mind and talk with them based on the spirit of hospitality. We usually have the fixed meal serving style, however, we change it to the event meal style once a month so that users can select what they prefer and enjoy meals in the different atmosphere from regular meals. At least once a year, events are planned such as Soba noodle making, a mobile food cart of Ramen, or the buffet style, etc. In these occasions, we can observe users' different abilities that cannot be seen in regular meals. 	
<p>Assessment content</p>	<ul style="list-style-type: none"> After reviewing and changing meal contents to be served, improvement the condition of nutrition and an increase in appetite can be observed. Also, these measures lead to new discovering users' remaining capabilities. 	

<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> • Users with moderate or severe conditions, especially those who have deteriorated swallowing function and/or wear dentures. 	 <p>Oral care</p>
<p>Assessment content</p>	<ul style="list-style-type: none"> • At the timing of a renewal month, monitoring is implemented from the start of usage every three months and assessment is implemented whether a user chokes during meals or water intake, chokes on solid food or water, or mastication is available. • Programs were established according to individual conditions and implemented to achieve their goals. • Implemented a program according to the PDCA cycle in the order of establishment of program, implementation, monitoring, and improvement. 	
<p>Intervention content</p>	<ul style="list-style-type: none"> • While checking health conditions, the status of meals, and tools used for oral care, advice and instruction is provided about oral care methods. • While professional support is provided from dental hygienists depending on situations, the program is continuously implemented in collaboration with other professionals. • To improve oral functions, oral exercises, relaxations, vocalization, tongue exercises, reading aloud and singing, deep breathing, etc. are employed and implemented. 	
<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> • Tips are to treat users with “Everything for users’ best” in mind and talk with them based on the spirit of hospitality. • Assistance by telling about the user’s posture or timing during meals or water intake. • Facilitate users’ understanding about risks of aspiration pneumonia. • Facilitate users’ better conscious to enjoy exercises by employing tongue twisters during oral exercises. 	
<p>Assessment content</p>	<ul style="list-style-type: none"> • Improvement of oral functions including mastication or swallowing has improved QOL such as meals or interactions with others and also prevented worsening of conditions, aspiration, or developing pneumonia. • Improved oral cleanliness, reduced bad breath, reduced choking, using of dentures as a daily routine, improved awareness of the use of dentures, improved awareness of mastication, stable breathing, improved diet etc. 	

Main eligible persons for measures	<ul style="list-style-type: none"> • Users who use taped diapers and have difficulty with self-dependent excretion, requiring diaper changes on bed. • Users who use rehabilitation pants and change diapers/pads in a restroom.
Assessment content	<ul style="list-style-type: none"> • A check sheet is utilized to see daily excretion status or excretion patterns. • Before providing excretion rehabilitation, ADL and excretion actions are checked. • For the purposes of independent excretion actions (full assistance => partial assistance => watching over, self-dependence), improvement of QOL, improvement of willingness, and reduction of nursing-care burdens, the program is established according to individual conditions and implemented to achieve their goals. • Every three months, a program is implemented according to the PDCA cycle in the order of: establishment of program, implementation, monitoring, and improvement.
Intervention content	<ul style="list-style-type: none"> • When changing diapers on bed during the daytime, exercises are implemented to enhance the body trunk, abdominal and back muscles, and gluteal muscles. • When guiding to the toilet during the daytime, exercises are implemented to enhance iliopsoas muscles, pelvic floor muscles, or leg strength and improve the status of incontinence.
Main eligible persons for measures	<ul style="list-style-type: none"> • Tips are to treat users with “Everything for users’ best” in mind and talk with them based on the spirit of hospitality. • Lower back raising exercises: Open the legs and draw the knees up. Raise the lower back and move the lower back downward. Right and left twisting exercises: Change the body direction to the right and left. Holding of hand rail during exercise is allowed. This exercise helps train the body trunk and gluteal muscles and move hip joints, and cooperation by a user can also reduce the burden on caregivers. • Exercises for reseating after toileting: Place hands to support upper arms sMildly lean forward the upper half body raise one side of hip alternately. Exercises for putting legs in pants: Remain seated and do foot stepping exercises. Training of iliopsoas muscles and pelvic floor muscles are effective for alleviation of urinary incontinence due to abdominal pressure, etc. • We provide care for toilet needs while maintaining human dignity of elderly people so that they will be able to naturally urinate and evacuate as long as possible in their lives.
Assessment content	<ul style="list-style-type: none"> • Independent excretion actions: Full assistance, partial assistance, watching over, self-dependence. • Improvement of QOL: Better responses and facial expressions, improvement of willingness • Reduction of nursing-care burdens

<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> Targeted users are those with moderate or severe conditions who usually tend to lie down on a bed and have the less amount of exercises. 	 <p>Recreation</p>
<p>Assessment content</p>	<ul style="list-style-type: none"> Regarding activities/participation, for the purposes of improvement of physical and mental functions, the amount of activity, or self-dependence, and social engagement, programs were established according to individual conditions and implemented to achieve their goals. Every three months, a program is implemented according to the PDCA cycle in the order of: establishment of program, implementation, monitoring, and improvement. 	
<p>Intervention content</p>	<ul style="list-style-type: none"> To provide a sufficient amount of exercise, we provide walking trainings with PT, and as our environmental measures, play exercise DVDs repeatedly to facilitate users' self-dependence training or organize seasonal recreations (going out for cherry blossom viewing, participation in summer and/or autumn festivals, participation in sports festivals, going to see autumn foliage, a Christmas party, year-end and New Year events, a bean-throwing event etc.) We provide an environment for users to participate events, such as helping to cook seasonal traditional meals, participating in festivals, participating in sports festivals, reminiscence, brain training, group working, playing a game as groups, etc.). 	
<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> The point is to treat users with "Everything for users' best" in mind and talk with them based on the spirit of hospitality. By assessing the status and reviewing goals and programs with PT every three months, details of the status can be understood and measures are taken. 	
<p>Assessment content</p>	<ul style="list-style-type: none"> Each treatment improves physical and mental function, the amount of activity, self-dependence, leading to social engagement. Creating a homey atmosphere has improved daytime consciousness levels, led to good night sleep, improved life rhythms, and also led to a decrease in peripheral symptoms. 	

Main eligible persons for measures	<ul style="list-style-type: none"> Users who have been identified with dementia from Requiring Long-Term Care Level 1 to 5 	 <p>Assistance in putting on and taking off clothes</p>
Assessment content	<ul style="list-style-type: none"> Programs were established according to individual conditions and implemented to achieve their goals for improvement of life rhythms. Every three months, a program is implemented according to the PDCA cycle in the order of establishment of program, implementation, monitoring, and improvement. 	
Intervention content	<ul style="list-style-type: none"> Based on correct understandings of dementia, we respect the dignity of users as one “person” and provide a place and relationship for users to stay while feeling safe and being what they would like to be. Call the user’s name first and then, with smile, give the user a greeting or talk to the user. Care staff don’t use uniforms, but wear daily and easy-to-move clothes instead. 	
Main eligible persons for measures	<ul style="list-style-type: none"> Slower motions without rush. Don’t be noisy, don’t run. When talking with users, come eye-to-eye with them. When the user is sitting down, then, kneel down or sit down next to the user. When watching over a user while they eat, don’t stand behind the user without saying anything, say something to the user instead. Meal assistance should be provided while sitting down. Don’t provide meal assistance while standing up and from the position looking down the user. When speaking with users, the polite “desu/masu” style is generally used, but it is OK to use a regional dialect together with users. Keep respect for users. Don’t talk to users like a friend with an overly familiar tone, or don’t use baby talk with users. When making a service contract with a user, ask the user’s request of how to call the name and share the information among staff. 	
Assessment content	<ul style="list-style-type: none"> The point is to treat users with “Everything for users’ best” in mind and talk with them based on the spirit of hospitality. Care staff in facilities shall wear every-day clothes (Clothing allowance is available), not a specified uniform, so that users can feel a homey atmosphere. Decorations in facilities should be appropriate for a living space for normal adults, not like childish decorations. Desks in the office should be placed facing towards users whenever possible. In the future, newly-opened facilities will have a larger mirror in front of a washbasin in a personal room so that users can see a mirror both in standing and sitting positions. 	
Main eligible persons for measures	<ul style="list-style-type: none"> Basic cares (hydration, nutrition, excretion, and exercise) and creating a homey atmosphere have improved daytime consciousness levels, led to good night sleep, improved life rhythms, and also led to decrease of peripheral symptoms. 	

03. Welfare Corporation Odawara Fukushimai


Facility Info #03

Name of Corporation (Japanese)	社会福祉法人 小田原福祉会	
Name of Corporation (English)	Welfare corporation Odawara Fukushikai	
Location	〒250-0053 Kanagawa Pref.	
TEL/FAX	0465-34-6001/0465-35-8769	
URL	http://junseien.jp	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese & English】 0465-34-6001</p> <p>https://junseien.jp/form/</p>	Facility for case example : Junseien
Actual number of accepted human resources from overseas	<p>Enrollment: Indonesia 4 people (technical intern trainee), Vietnamese 3 people (specific technical intern trainee), Nepal (status of residence nursing care)</p> <p>Retired: Indonesia 2 people (technical intern trainee)</p> <p>[Other foreign staff] Vietnamese 3 people (specific technical intern trainee), Nepal (status of residence nursing care), Korea 7 people (working holiday)</p>	
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> • Six months after joining the company, training for leaders and managers, professional training, training for first-time officially qualified long-term care staff, and training for practitioners are conducted, starting with training for the second to fourth years. • Various qualification acquisition support systems available (Because there is a certified care worker training institution in the corporation, it is possible to acquire "national qualifications" in the training system) 	
Facility for case example	<ul style="list-style-type: none"> • Intensive care home for the elderly: Junseien http://junseien.jp 	

Facility Info #03

Support for Japanese language education	<ul style="list-style-type: none"> Promote Japanese language education by using original contents of the Japan Care and Welfare Association and collaborating with local Japanese language schools
Support for education of nursing-care	<ul style="list-style-type: none"> Regarding nursing care with the residency status, candidates can have trainings for beginning care staff. During the technical intern training, a training team consists of one main trainer and three sub-leaders for a trainee. Also, textbooks for nursing care are prepared for trainees in their native languages.
Support for daily life	<ul style="list-style-type: none"> A daily-life supporting staff is assigned for each office, in addition to a person in charge of daily-life supporting in the Human Resource department.
Support for Japanese language education	<ul style="list-style-type: none"> —

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	○	○	—	—	—
Name of facility	Junseien		—	—	—

<p>Main eligible persons for measures</p>	<p>Eligible persons are those who had changes in weight at the timing over the past month, past three months, or past six months, or had less amount of meals. This time, persons with a history of parkinsonian syndrome (suspected Lewy body dementia), Alzheimer's dementia, etc. are included in eligible persons.</p>	
<p>Assessment content</p>	<ul style="list-style-type: none"> • In September, the dietary style was changed due to confirmed less masticatory strength and choking on food. • In October, calculation of Addition for oral maintenance was begun. • Decrease in weight was becoming conspicuous. (1.9 kg decrease over the past month) • During monitoring in November, assessment of the risk was changed from moderate to high. • Care staff appealed, "The user could previously eat by themselves, however, necessity of meal assistance gradually increased. The user felt strong drowsiness during meals, therefore, could not eat meals well." 	 <p>Junseien original nursing care menu</p>
<p>Intervention content</p>	<ul style="list-style-type: none"> • From November, the user felt strong drowsiness during meals and could not eat sometimes. Therefore, we decided to provide an energy jelly for a day so that the user could eat it whenever possible. Currently, it has been continuously provided. • By conducting interprofessional Meal Round in November, we had a registered dietitian to check users' postures during meals or how to assist meals and shared the information from the registered dietitian in the facility. 	
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> • When assisting meals on a bed, put cushions or others under a user's thighs and on soles of feet so that they can help to hold on with the user's feet and maintain the posture In case that the head is also unstable, it is better to put a pillow under the head. • Share measures with care staff in case that a user is choking on food. (This time, push Mildly on the right side of the chest to support the body easily expanding and facilitate the clearing of the user's throat.) • Adjust the amount of meals depending on a user's conditions (better or worse). (An energy jelly is provided for a day.) • To give fluids, tea jellies are provided, but it is better not to break them in too small pieces. (Because, as the jelly was set with Japan agar, the water may be lost when breaking it into pieces) • After meals, saliva tends to pool in the mouth, therefore, regularly tell users to swallow. (Because, when saliva is pooled in the mouth, a user may choke on saliva) 	
<p>Example of effects/Details of measures</p>	<ul style="list-style-type: none"> • Measures are still ongoing, therefore, effects have not been known yet. During monitoring in December, the body weight still decreased. 	

Example of measures

Junseien

Level of requiring support : Severe

Item: Eating / Swallowing

Main eligible persons for measures	<ul style="list-style-type: none"> The user can eat meals by themselves, however, the user put rice porridge in the mouth once and then spit it out. Rice grains may be uncomfortable for the user. The user usually stops eating at the later part of meals, therefore, a care staff talks to the user to facilitate meals or provide meal assistance at the later part of meals.
Assessment content	<ul style="list-style-type: none"> The user have sMildly a head forward posture during eating, so choking on food can be observed sometimes. When eating, the user strokes rice grains with the tongue, rather than mashing them in the mouth.
Intervention content	<ul style="list-style-type: none"> As the dietary style, the user spits rice grains out when eating rice porridge, therefore, we tried providing rice porridge after grinding rice grains. At first, the user didn't spit out when eating ground rice porridge, however, gradually, the user also spit it out after putting it in the mouth once. We tried another rice porridge after taking longer time to steam rice porridge during the cooking process so that there would be no core in rice grains. However, it was not effective. We took the dietary style phase of staple food by one phase to provide pasted rice porridge. Then, the user didn't spit rice grains out and could eat meals enough.
Assessment • Tips for intervention	<ul style="list-style-type: none"> For the first intervention, we considered the reason that the user felt uncomfortable about rice grains after rice porridge was decomposed by saliva amylase and lost the water because the user put a spoon in the mouth once and then put it into a rice bowl too during eating. However, the user spit rice grains out even after changing how to provide meals, so it was clarified that uncomfortable feeling of rice grains was not caused by lost of the water. Next, we provided rice porridge after grinding it roughly with a pestle. The amount of spit out was reduced, however, the user still spit rice grains out. The user spit food out because of rice grains, therefore, we tried providing pasted rice porridges after processing it in a blender and adding a thickening agent. Then, the user stopped spitting food out. For this example, by interprofessional observations of the user during meals, we could shift our perspective to issues of how to eat (the user strokes food on the upper jaw with the tongue, rather than mashing them in the mouth) and then addressed for improvement one by one as described above. As a result, the user stopped spitting food out.
Example of effects/Details of measures	<p>Both the body weight and the Requiring Long-Term Care Levels can be maintained. There is no specific change in ADL, which can also be well maintained.</p>


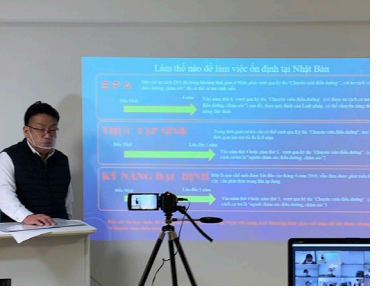
04. Social Welfare Corporation Houonkai

Facility Info

#04


Name of Corporation (Japanese)	社会福祉法人 報恩会	
Name of Corporation (English)	Social welfare corporation Houonkai	
Location	〒651-0803 Hyogo Pref.	
TEL/FAX	078-515-5110/078-515-5111	
URL	http://www.houonkai.jp/	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese, English, Tagalog, Vietnamese, Burmese】 Tel : 078-515-5110 E-mail : palmayinn.okuno@canvas.ocn.ne.jp</p>	Facility for case example : Laguna Care Kasugadai Main Building
Actual number of accepted human resources from overseas	<p>Actual number of accepted technical intern trainees: Six trainees from Vietnam Actual number of accepted human resources from overseas: Eight from Vietnam, three from Philippines, and four from Myanmar</p>	
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> At the headquarters training center, the qualification exam course of care worker, the training course of beginning care staff, the internship training course, the qualification exam course of overseas care worker, the Japanese language course for nursing care, etc. are provided for free for all staff. Additionally, all staff have the refreshment leave in which they can have four consecutive holidays every year. Though the program has been temporarily stopped due to the COVID-19 pandemic now, we have the program to provide lectures about nursing-care techniques in Japan at colleges in Vietnam and Philippines (for the nursing science department) twice a year or so with opportunities for care staff working in our company's facilities to enable to have a relationship with overseas students. From the fiscal year of 2021, we have joined the Kobe Model which is the program for acceptance and education of overseas nursing-care human resources among Kobe City, Kobe International University, and our company as joint cooperation with the industry, government, and schools 	
Facility for case example	<ul style="list-style-type: none"> Care House Laguna Care Kasugadai Main Building http://www.houonkai.jp/information/hanatei/introduction.html 	


Facility Info #04

<p>Support for Japanese language education</p>	<ul style="list-style-type: none"> • Staff who came from overseas and those with good language skills provide personal trainings as educational staff for care staff from overseas working in our company twice or three times a week according to levels of staff. • Also, to improve training abilities and language skills in the whole company, the Language Education with E-learning is implemented between the headquarters training center with each facility, being connected by ZOOM, on every Thursday. • There is the established system in which care staff from overseas who joined at the N5 or N4 level can go up to the N3 level six months later, and up to the N2 level six months thereafter. • From this fiscal year, the education program “Japanese for Nursing Care” has started upon a request from Hyogo Prefectural Office to provide Japanese language education for care staff from overseas who works nursing-care facilities in the whole area of Hyogo. 		<p>Class for aiming to pass the national examination</p>
<p>Support for education of nursing-care</p>	<ul style="list-style-type: none"> • In our company, all of directors in each facility had the training course of the technical intern training manager, all of chiefs and sub-chiefs had the training course of the technical intern training instructor, and all of educational staff for care staff from overseas had the training course of the technical intern life guidance counselor, and they all offer the nursing-care education for care staff from overseas by utilizing their know-hows. • Basically, the training instructors and care staff from each country offer nursing-care education on the site of nursing care. For technical terms of nursing care, the headquarters training center provides overall support based on the information from each facility according to the level. • We have provided “Nursing-care technique training for care staff from overseas with e-learning” as the subsidiary business of Hyogo since two years ago to support the education of nursing-care in the whole area of Hyogo. Therefore, the headquarters is the community site for care staff from overseas working in Hyogo or local people who would like to work in Japan. 		<p>Study class for foreign caregivers</p>
<p>Support for daily life</p>	<ul style="list-style-type: none"> • The style may vary depending of each facility, but staff who live in company dormitories or the center for international exchange can receive the full amount of rent subsidy. • Even for staff who can live self-dependently enough with the qualification of care worker, the rent subsidy is also provided. For staff from Philippines in which there are a lot of Roman Catholics, educational staff for care staff from overseas also mainly support for attending the Catholic church or research of stores selling each country’s food. • We also participate in the summer festival or bazaar of local community proactively to have a relationship with local people, though it is not available currently due to the COVID-19 pandemic. 		

<p>Other support</p>	<ul style="list-style-type: none"> Our company leases PCs or bicycles for all technical intern trainees so that they can have the environment to learn languages via Internet, enjoy social media communication freely with their family members and friends living in their countries or friends living in Japan, or understand goodness in Japan by using a bicycle or public transportation, offering mental care for technical intern trainees in the whole company.
<p>Other features</p>	<ul style="list-style-type: none"> Our operational company establishes the environment with the creed of “Nursing-care that makes sense” to all elderly users or staff by holding meetings in all departments repeatedly to improve various types of nursing-care services by all staff. For measures to maintain dignity, all of our facilities offer terminal care as the “final abode” for the rest of the elderly lives. Therefore, all staff including technical intern trainees have been extended by “dignity of life” and “nursing-care staying close to the feelings of the elderly”. As measures of public benefits, we provide activities to teach “Kyokushin karate” at each welfare center in each area to help children who live with a single parent or struggle with bullying have the polite, kind, and strong heart, by overall support from the government, local welfare organizations, or large companies.

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	—	○	○	—	—
Name of facility	—	Laguna Care Kasugadai		—	—



Main eligible persons for measures	<ul style="list-style-type: none"> All users who would like to request 	
Assessment content	<ul style="list-style-type: none"> Continuous assessment of the oral status by cooperating dental clinics. Advices about the style of meals based on food residue attached in the mouth or on artificial teeth during oral care. 	
Intervention content	<ul style="list-style-type: none"> Oral care was implemented using the tooth brush, interdental brush, or sponge brush by dental hygienists from cooperating dental clinics. Observation of artificial teeth status and necessity of repair, etc. Observation of the status of remained teeth and gums around those teeth For other checks of oral abnormalities and necessity of early dental treatment, we support for users to lead them to dentists quickly and allow them early dental treatment. 	
Assessment • Tips for intervention	<ul style="list-style-type: none"> Because we can quickly connect users to dentists when their oral abnormalities are found, we can prevent from loss of appetite due to oral abnormalities. Because this is one-on-one care, this may be the valuable communication time for users and smiling and speaking from users increase especially during this time. 	 <p>Eating assistance</p>
Example of effects/Details of measure	<ul style="list-style-type: none"> Because of oral care, the rate of long-term hospitalization became 0%, caused by infections such as aspiration pneumonia. 	

<p>Main eligible persons for measures</p>	<p>Users who can maintain the seated position on the toilet seat by support of easy assistance</p>	
<p>Assessment content</p>	<ul style="list-style-type: none"> • Of users who receive pad exchanging, those who can maintain the seated position on the toilet seat by support of easy assistance in addition to a laxative and increase of the intake water amount can evacuate their bowels in their seated position on the toilet seat by applying abdominal pressure enough. • For those who had bad skin conditions on buttocks or cannot maintain the seated position by easy assistance, sitting on the toilet seat is hard, so they use only adult diaper. 	
<p>Intervention content</p>	<ul style="list-style-type: none"> • Users can complete urination by sitting on the toilet seat and feel less uncomfortable. • It has been also effective for prevention of urine infection including cystitis. 	 <p>Study class for excretion</p>
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> • Usage of underwear-type diapers and pads, their types, frequency of toilet, the urine amount, intervals of defecation, usage of a laxative, and the daily amount of water intake are recorded. • The intake water amount is targeted to 1,000 cc or more daily. • The information for how to select and place diapers from diaper distributors. Received training for how to genital wash, etc. • Genital wash was implemented once a day to prevent urinary tract infection 	
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> • For users who cannot stand up by themselves, those with Requiring Long-Term Care Level 5 can also discharge in the toilet during the daytime by toilet guiding with two care staff, which means they can gradually discharge almost in a natural way. The hospitalization ratio due to urinary tract infection was 2.5% or lower in all users in the facility. 	

05. Social Welfare Corporation Koujukai

Facility Info #05

Name of Corporation (Japanese)	社会福祉法人 江寿会	
Name of Corporation (English)	Social Welfare Corporation Koujukai	
Location	〒133-0044 東京都江戸川区本一色2-13-25	
TEL/FAX	03-5607-0482/03-5607-7430	
URL	https://azalee.or.jp/	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese、Chinese、English、Vietnamese】 Tel : 03-5607-0492 (Contact : Li) E-mail : rika@azalee.or.jp</p>	Facility for case example : Azalee Annex
Actual number of accepted human resources from overseas	<p>Actual number of accepted technical intern trainees: One trainee from Mongolia (*However, the trainee hasn't been able to enter Japan due to restrictions caused by COVID-19 pandemic) Actual number of accepted human resources from overseas: Care worker visa (one from China, one from Mongolia, one from Nepal, and two from Vietnam), Specified skilled worker (one from Nepal, one from Philippines, and one from China), and overseas students learning in professional schools of care worker (three from Vietnam and two from China)</p>	
Measures to improve/enhance the working environment	<p>(1) Reducing administrative burdens for care staff by utilizing ICT. Labor-saving by providing services according to characteristics of individual users based on the accumulated user information. (2) Introducing nursing-care equipment such as nursing-care robots or lifts, etc. for measures to reduce care workers' burden including their back pain. (3) Enhancing the childcare leave system and organizing in-house day-care facilities for care workers who would like to keep working while raising their children. (4) Supporting internships for staff who aim for the care worker while working, training programs for staff who would like to obtain higher professional nursing-care skills such as mucus aspiration and dementia care, or management training programs for mid-level staff. (5) Shifting from contract staff to regular staff.</p>	
Facility for case example	<ul style="list-style-type: none"> • Azalee Annex https://koujukai.azalee.or.jp/elderly/azalee-anex/ 	

<p>Support for Japanese language education</p>	<ul style="list-style-type: none"> • Providing Japanese textbooks or the information of study sessions 	 <p>Class for aiming national exam for caregiver</p>
<p>Support for education of nursing-care</p>	<ul style="list-style-type: none"> • Providing easier-level textbooks about nursing-care skills and technical terms of nursing care for staff to learn by themselves • In addition to education from Japanese staff, senior staff from overseas also provide trainings in their native languages. 	 <p>Class for foreign caregivers</p>
<p>Support for daily life</p>	<ul style="list-style-type: none"> • Providing company dormitories with fully Wi-Fi equipped, a mobile phone, an attendant during necessary procedures for the daily life. Additionally, staff can participate in events in facilities or cultural exchanges in local communities. 	

Other support	<ul style="list-style-type: none"> Overall support for the daily life and the 24-hour consultation system with senior staff who speak their native languages or headquarters leaders are organized. We hold study sessions about work regulations to facilitate understanding about rules of the country and the company, their rights, or others.
Other features	<ul style="list-style-type: none"> Providing the same working conditions as Japanese staff. For staff with aspirations, opportunities for promotion can also be provided.




Communication with foreign staff



	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	—	○	○	○	—
Name of facility	—	Azalee Annex			—

<p>Main eligible persons for measures</p>	<p>The user with cerebellar infarction, uterine fibroid, and left trochanteric fracture, who needed a wheelchair, total assistance for transfer and toilet, and adult diapers for the whole day.</p>
<p>Assessment content</p>	<ul style="list-style-type: none"> • After leg strength was improved at the certain level through the standing training, the walking training was started with a circular walker. • Additionally, the rehabilitation plan mainly combined with oral movement exercises and a blowout whistle training was established and implemented.
<p>Intervention content</p>	<ul style="list-style-type: none"> • A physical therapist assessed activities of daily living. Then, the standing training was implemented for the user to enable to stand up. • After the user could stand up at the certain level, the walking training was started with a circular walker. • Additionally, oral movement exercises and the party whistle training were implemented every day to increase the communication time.
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> • The rehabilitation program was established in cooperation with specialist personnel. • Additionally, by implementing the assessment weekly, the rehabilitation program could be implemented according to the status of the user. • Communication increased through rehabilitation, which led to increase of the amount of activity.
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> • The user didn't stand or walk for a while because the user moved with a wheelchair and used adults diapers. However, after this measure, the user could stand and go to the toilet, which means the user was able to walk though it was only about 5 m. We would like to continue the measure and increase the distance the user can walk.



Walking training assistance

<p>Main eligible persons for measures</p>	<p>The user with cerebellar infarction, uterine fibroid, and left trochanteric fracture, who needed a wheelchair, total assistance for transfer and toilet, and adult diapers for the whole day.</p>	
<p>Assessment content</p>	<ul style="list-style-type: none"> • Oral movement exercises and the party whistle training to improve the swallowing function were implemented. • Based on consultation with nurses, the state of choking was observed every day, and then the amount of thickness gradually decreased. 	
<p>Intervention content</p>	<ul style="list-style-type: none"> • Oral movement exercises and the party whistle training were implemented every day. • The state of choking was observed and recorded, and then the amount of thickness gradually decreased while checking the state of the user. 	
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> • To improve the swallowing function, oral movement exercises and the party whistle training were implemented every day. • The state and frequency of choking were observed and recorded every day. • Based on the record, while consulting with nurses, the amount of powder for thickness gradually decreased. • By implementing an assessment weekly or bi-weekly and cooperating with professional personnel, we could establish the program according to the state of the user. 	<p>Whistle training</p>
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> • The swallowing function was improved, therefore, the amount of powder for thickness which was used for drinking water could also be reduced. Previously, the user could only eat jelly-like food for snacks, however, the user is currently able to eat the normal snacks. 	

<p>Main eligible persons for measures</p>	<p>The user with cerebellar infarction, uterine fibroid, and left trochanteric fracture, who needed a wheelchair, total assistance for transfer and toilet, and adult diapers for the whole day.</p>	
<p>Assessment content</p>	<ul style="list-style-type: none"> The standing training was implemented. Toilet guiding was started with assistance by two people once a day, and then the frequency of toilet gradually increased. 	 <p data-bbox="1649 1019 1873 1051">Standing training</p>
<p>Intervention content</p>	<ul style="list-style-type: none"> Standing training, training for activities of daily living (standing training in the toilet), and walking training. 	
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> For a goal that the user becomes able to go to the toilet by themselves without adult diapers, the individual rehabilitation plan was established and implemented. The plan was assessed weekly or bi-weekly, and the contents of rehabilitation were reviewed while consulting with professional personnel such as a physical therapist or nurses. The rehabilitation program was established in order to allowing rehabilitation in activities of daily living, therefore, it led to increased opportunities of rehabilitation and improvement of leg strength. 	
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> The user's leg strength was improved, which enabled the user to stand up. Therefore, the user could stop using diaper and go to the toilet by toilet guiding. Additionally, because the user could stand up, walking training was possible. 	



06. Green Life CO.,LTD

Facility Info #06

Name of Corporation (Japanese)	グリーンライフ株式会社 (シップヘルスケアホールディングスグループ)	
Name of Corporation (English)	Green Life CO.,LTD. (Ship Healthcare Holdings, Inc. group)	
Location	〒5650-853 Osaka	
TEL/FAX	06-6369-0121/06-6369-0163	
URL	http://www.greenlife-inc.co.jp/	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese】 06-6369-0121 ※Green Life Corp. 【English】 06-6369-0130 ※Connect to Ship Healthcare Holdings</p>	
Actual number of accepted human resources from overseas	<p>Technical intern trainees: Four trainees from Indonesia (Senrichuo), one trainee from Indonesia (Kawagoe), two trainees from Indonesia (Koshigaya-Gamo), one trainees from Indonesia (Adachi)</p>	
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> • For qualification acquisition, new graduates can acquire a qualification of the beginning care staff while working. • For those who aim for the qualified care worker, necessary learning materials are prepared based on their requests and JPY 30,000 of a financial incentive is provided when they obtain the qualification. • For health management of staff, medical checkups are implemented twice a year (one of medical checkups is implemented during a night shift). • For trainings, in addition to joint seminars at the headquarters (online seminars during COVID-19 pandemic), trainings at each facility are also implemented to improve skills of staff. Additionally, a study presentation is held once a year to present, evaluate, and give an award to measures implemented at each facility for the purpose of improvement of staff's motivation. 	
Facility for case example	<ul style="list-style-type: none"> • Welhouse Senrichuo http://www.greenlife-inc.co.jp/facility/welhouse_senrichuo/ • Medis Kawagoe http://www.greenlife-inc.co.jp/facility/medis_kawagoe/ • Medis Koshigayagamo http://www.greenlife-inc.co.jp/facility/medis_koshigayagamo/ • Medis Adachi http://www.greenlife-inc.co.jp/facility/medis_adachi/ 	

Well House Senri Chuo



Facility Info #06

<p>Support for Japanese language education</p>	<ul style="list-style-type: none"> For a month after entering Japan, trainees have Japanese language classes about nursing care at the training center. After entering Japan, learning materials for the Japanese Language Proficiency Test such as N2 are provided to support trainees so that they can pass the test. If trainees use incorrect Japanese in daily reports, trainers correct it in red ink to provide an environment in which trainees can review their reports in Japanese by themselves. When trainees have to study at home due to COVID-19 pandemic, headquarters persons in charge may provide detailed instructions for how to learn at home. Joint seminars at the headquarters are regularly held before COVID-19 pandemic (online seminars during COVID-19 pandemic) to contribute improvement of Japanese language abilities. Recently, trainees are practicing writing nursing-care logs in Japanese. 	 <p>Study Class</p>
<p>Support for education of nursing-care</p>	<ul style="list-style-type: none"> Trainers with a qualification for care workers are selected. For selection of trainers, we select those who are a leader type, familiar with nursing-care works, steady, and can take good care of trainees. Before starting work, lists of staff and users with their photos are provided for trainees so that they can learn and remember faces of staff and users more easily. On the first year of training, trainees aim at passing the Care worker technical intern training evaluation test [beginner] and work with persons in charge while learning required works and related/peripheral works. Persons in charge provide comments and evaluations whether trainees can achieve their assignments to guide trainees to the next steps. From the second year and onwards, trainees learn nursing-care, aiming at passing the Care worker technical intern training evaluation test [specialist level], while carrying out their assignments. Before tests, trainers or headquarters persons in charge support for passing the tests. As a result, trainees can pass the tests, both the paper and practical tests. 	
<p>Support for daily life</p>	<ul style="list-style-type: none"> The communication system (group LINE) is established so that trainees can contact to necessary persons in case of any trouble. The system is prepared so that multiple persons can be involved to solve problems. Considering cases that trainees cannot express what they would like to say in Japanese, those who are from Indonesia in the labor union can hear from trainees the state of things. Until trainees get used to life in Japan, persons in charge of daily life, trainers, or directors in facilities frequently communicate with trainees. Once trainees get used to life in Japan and have friends among staff, they can then tell what they are worrying or receive some advices from such friends. Additionally, we asked persons from the labor union to visit trainees' houses and check if there's any trouble regularly. 	 <p>Community event</p>

Other supports

- Before accepting technical intern trainees, we were told from users, such that they felt uncomfortable about receiving nursing-care from overseas staff. Therefore, we prepared easy-to-understand cards introducing technical intern trainees (with their photos) who would actually work in a facility and gave those cards to users. When giving those cards, a facility director visited each user's room to tell and ask, "These trainees will join here. They will come from Indonesia alone to learn nursing-care work. They may be as young as your grandchild. We hope that you all would see and help they grow up together."
- Additionally, we asked users to create a "Welcome board for technical intern trainees" as one of recreational activities. Everyone was proactively involved and gradually felt less uncomfortable about receiving nursing-care from technical intern trainees.
- Actually, after accepting technical intern trainees, users have treated them kindly as trainees may have steady and graceful characters.
- Our facility aspires that we provide a comfortable and calm atmosphere and have pleasure to take care of users so that all users can stay here while feeling safe and being what they would like to be.
- In all homey atmosphere, all staff always provide good nursing care with warm-heartedness by being encouraged with smiles from all users and their families.

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	○	○	○	○	○
Name of facility	Senri Chuo	Adachi	Senri Chuo	Kawagoe Koshigaya Gamou	Senri Chuo



<p>Main eligible persons for measures</p>	<p>The user who was used to staying in the other facility (residence for the elderly with home-care services provided), but hospitalized due to aspiration pneumonia. During hospitalization, ADL showed decrease, therefore, the user required overall assistance for living.</p>	
<p>Assessment content</p>	<ul style="list-style-type: none"> • Swallowing capabilities: Decreasing. • Food intake capabilities: The user could not raise arms and deliver a spoon to the user's mouth. • Measures to improve the dietary style: The user has dentures, but don't use them currently. • Measure to improve meal assistance: Meal assistance is provided so that the user may not choke during eating. • Measures to improve water condition: Thickness is to be used. Assistance for food intake with a spoon. 	
<p>Intervention content</p>	<p>For the dietary style, the pasted foods are provided. In the kitchen, the following dietary styles can be prepared. Staple food: cooked rice, soft rice, rice porridge, pasted rice, or soft food; side dishes: normal, minced, ultra-minced, pasted, or soft food. Water is added as necessary.</p>	 <p>Thick meal</p>
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> • The dietary style should be considered whether the user can have meals without choking. • Meal assistance is to be provided while talking with the user so that the user can enjoy having meals. 	
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> • Even if the condition of their ability to swallow is not good, risks of aspiration pneumonia may be reduced. • For users who are unable to move as they wish, meal assistance can help food intake safely. • Our kitchen provides an event meal once a month as a measure for users to enjoy seasonal meals. • For the event meals, meals with thickness and minced meals are also provided. • For the jelly meals, the main dish is provided as a shape of fish. • Twice a month, homemade cakes or jellies are provided in the snack event. • The meal service committee (Ship Healthcare Food participates) is held once a month to discuss and make collaborations. 	


Example of measures

Nursing facility : Medis Adachi (Green Life)

Level of requiring support : Mild to Severe

Item: Eating / Swallowing

Main eligible persons for measures	Those who were diagnosed as swallowing difficulty during hospitalizing in medical institutions, but would like to pursue possibility to recover while taking their time moved in and used our facilities.	
Assessment content	<ul style="list-style-type: none"> • Dentists perform endoscopic examinations to assess the oral function and swallowing state and give guidance about serving meals, dietary styles, or training methods. • During assessment, facility staff also participate and share and expand the contents of assessment to all facility staff through handing over reports. Facilities regularly implement assessments of basic data such as body height, body weight, or the food intake amount and oral and physical functions once every three months. 	 <p>Confirmation of swallowing status with images</p>
Intervention content	<ul style="list-style-type: none"> • Cooperating with part-time speech-language-hearing therapists, nurses, care workers, and trainers for functional trainings thoroughly obtain and understand instructions above to provide assistance. • Additionally, in order to facilitate users' recovery, we provide functional trainings to maintain and improve users' physical functions while ensuring safety. 	 <p>Eating assistance</p>
Assessment • Tips for intervention	<ul style="list-style-type: none"> • Regarding measures for swallowing functions in nursing-care facilities, it is essential to cooperate with directors of facilities, doctors, nurses, care workers, care managers, counseling staff, trainers for functional trainings, and care staff, each others. We consider, it is very important for users that all involved staff clearly understand goals, directions, or risks of each user and take patient efforts to increase sMildly and gradually what users are able to do in daily nursing care. 	
Example of effects/Details of measure	<ul style="list-style-type: none"> • In FY 2020, 25 users out of all the users in Medis Adachi have been able to ingest orally. Two users of them moved into our facility after diagnosed by medical institutes as "impossible for oral ingestion", however, they received assessments and continuous trainings in our facility and resulted in being able to ingest orally. 	

<p>Main eligible persons for measures</p>	<p>The user moved in our facility after left femoral neck fracture and required guiding to the toilet during the daytime and diapers during night The user could not understand about a nurse call system due to dementia, therefore, the user walked to the toilet with support. However, the user's leg strength became lower and had the risk of falling. Also, the user wore the medical corset after the surgery of fracture and had difficulty wearing or removing it.</p>	
<p>Assessment content</p>	<ul style="list-style-type: none"> • The user could not understand that leg strength became lower (maybe, due to dementia) and walked to the toilet by oneself, therefore, there was the risk of falling. • The user wore a medical corset after the surgery of fracture, therefore, the user had difficulty dressing or undressing the underwear. 	
<p>Intervention content</p>	<p>(1) Before and after meals, at the morning care and night care, care staff told the user about toilet and guided to the toilet. When guiding to the toilet, we used a wheelchair during night and led by the hand during the daytime for the user while being very careful of falling to the user's knees. (2) For a whole day, we opened the door slightly and carefully watched over the user. If the user tried to move, we assisted to guide to the toilet. (3) By taking opportunities for the user to walk led by the hand, such as moving for meals, we made efforts to enhance the user's leg strength.</p>	
<p>Assessment • Tips for intervention</p>	<p>By doing (1) and (2), we could help the user to walk to the toilet safely and wear or remove the medical corset. By doing (3), we could support the user to enhance leg strength. By enhancing leg strength and safe guiding to the toilet, we aimed that the user resulted in enabling stable excretion.</p>	
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> • We could know the rhythm of excretion and talk to the user at the timing when the user went to the toilet. • The user could go to the toilet safely. • The user could wear a medical corset correctly. • By enhancing leg strength, the user could go to the toilet by oneself. 	





Training for Excretion assistance

Example of measures

Nursing facility : Medis Adachi (Green Life)

Level of requiring support : Mild to Severe

Item: Activity / Participation

Main eligible persons for measures	Users with locomotor disorder, aftereffect of stroke, dementia, disuse syndrome, etc.	
Assessment content	<ul style="list-style-type: none"> • Considering and implementing rehabilitations (e.g. walking training, muscular strength training, or range of motion exercise). • Increasing opportunities for activities (group exercises) • Understanding the user's daily life before coming to the facility and hobbies or special skills, etc. • Implementing individual recreations to meet the user's requests. 	
Intervention content	<ul style="list-style-type: none"> • Trainers for functional trainings establish programs according to each ability of users and implement rehabilitations. • Group exercises in which a lot of users participate may build a social relationship. At the same time, we try to enhance physical strength for users so that they can participate in various events or recreations. • We have the time to hear from users and their families when and after moving into facilities. • At that time, we hear about what users would like to do and reflect such requests to individual recreations. 	<p>Walking assistance</p>
Assessment • Tips for intervention	<ul style="list-style-type: none"> • Trainers for functional trainings see for themselves the users' physical conditions and establish programs for them. Rehabilitations are implemented while reviewing programs regularly. • After meetings with service persons in charge and hearing when moving into facilities, we hear and understand users hobbies or special skills in communication during staying facilities. • At the same time, we hear from users and their families about what users would like to do. By analyzing and fleshing out requests heard from users in details, fulfilling individual recreations are implemented. 	
Example of effects/Details of measure	<p>[Example] Husband and wife users who celebrate their 65th wedding anniversary.</p> <ul style="list-style-type: none"> • They would like to "celebrate their wedding anniversary." Only celebration was too simple, therefore, we possibly planned a garden style wedding in a courtyard or a ceremony as a wedding banquet style in the common area of the facility. • The wife had difficulty walking and lived in a wheelchair. To walk on her own feet in a garden style wedding or a wedding banquet, she rehabilitated. The husband had difficulty communicating. By participating group exercises together with his wife, the husband could gradually communicate with other users. 	

Example of measures

Nursing facility : Medis Koshigaya Gamou (Green Life)

Level of requiring support : Moderate to severe

Item: Activity / Participation




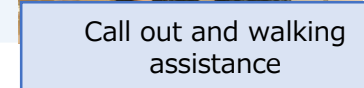
<p>Main eligible persons for measures</p>	<ul style="list-style-type: none"> • We provide the “Let’s go home” plan as a program to return home. • Targeted users are those who are hospitalized with a stable condition of their symptoms, but for various reasons, cannot have enough opportunities for rehabilitation or expected results from rehabilitation. • Those who stay at home, but whose physical conditions gradually get declined over the time.
<p>Assessment content</p>	<ul style="list-style-type: none"> • Implementing a regular evaluation once every three months about basic abilities of daily routine activities for position change and ADL abilities. Additionally, implementing detailed ADL evaluation with FIM at the same time. • Providing feedback for a targeted person about key motions including walking, standing up from a floor, or going up/down stairs in a visualized way of video data.
<p>Intervention content</p>	<ul style="list-style-type: none"> • By utilizing rehabilitation equipment for muscle training with Mild load (SAKAI Medical Co., Ltd., a member of SHIP HEALTH CARE HOLDINGS Group), we establish individual goals of users and provide man-to-man functional trainings combined with training elements in the daily life scenes to achieve goals. • For training contents, we select necessary items from exercises for body motion, exercises for keeping body balance, walking training, exercises for going up/down stairs, or exercises for improving endurance, or others as appropriate. • In daily life, we implement radio gymnastic exercises at the fixed time and exercises for body motion based on elements of functional trainings in the nursing or nursing-care scenes.
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> • Even for those who are hardly eligible for a rehabilitation hospital over the so-called recovery period or who could not have progress of trainings in a hospital or others as expected, there may be some cases that we can obtained better effects by not giving up possibilities of recovery and providing interventions continuously. • For functional trainings, trainers leads trainings, however, we may not be able to obtain enough effects if trainings are separated from daily life. In the specified facility as a place for daily life, it is very important that contents of trainings can be reflected and utilized in users’ daily life. Therefore, we consider the keys are close cooperation and information sharing among staff.
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> • In Medis Koshigayagamo, the above “Let’s go home” plan has been implemented from 2015. • Over 50 people returned their home after moving into our facility and recovering from their symptoms through functional trainings.

Example of measures

Nursing facility : Well House Senri Chuou (Green Life)

Level of requiring support : Moderate

Item: Cognitive Function

<p>Main eligible persons for measures</p>	<p>The user hospitalized due to bacterial enterocolitis and discharged, however, had difficulty ingesting orally and advancement of cognitive symptoms. The user could not stand up, however, the user tried to climb off a bed, saying "I will go to the work, so please call a cab", all day long. The user tried to change clothes, but became naked. Even if the user was on a drip, the user removed it by oneself. The tendency of day-night reversal was shown.</p>	
<p>Assessment content</p>	<ul style="list-style-type: none"> Necessary nutrition was to be obtained. Clear distinction between night and day was to be made. Climbing off from a bed was to be prevented. By having opportunities to talk with people, recovery of cognitive functions was to be facilitated. 	
<p>Intervention content</p>	<ul style="list-style-type: none"> Measures were to be taken, such that the site to provide a drip was changed from an arm to a leg. However, a drip was also removed from a leg, therefore, we tried oral ingestion so that the user could eat favorite foods even if only with the small amount. We made the time for the user to stay in the day room in a reclining wheelchair during the daytime. When the user stay in a bed, we opened the door mildly to enhance watching over the status and address for the user at the time when the user tried to move. We encouraged family members to visit the user and facilitated the user to speak up by talking to the user during assistance. 	 <p>Study class for cognitive function</p>
<p>Assessment • Tips for intervention</p>	<ul style="list-style-type: none"> Meal assistance for oral ingestion was provided so that the user could eat favorite foods in the possible dietary style. By making the time to stay in the day room in a wheelchair during meals, the user could increase the sleeping time at night. In addition to facility staff, we increased the time to watch over the user with the user's family members or persons in charge of massage to increase opportunities to communicate with people. 	
<p>Example of effects/Details of measure</p>	<ul style="list-style-type: none"> By increasing the frequency of oral ingestion, the necessary nutrition amount was secured. The user could eat favorite foods without any rejection. The user got stimulated by staying with other people in the day room during the daytime, thus, the sleeping time at night increased. By talking with people, cognitive function decline was to be prevented. Depending on how to communicate with users with dementia, both staff and users could be gradually changed each other. 	 <p>Call out and walking assistance</p>

07. Medical Corporation Kenwakai

Facility Info #07

Name of Corporation (Japanese)	医療法人 健和会	
Name of Corporation (English)	Medical Corporation Kenwakai	
Location	〒632-0001 Nara Pref.	
TEL/FAX	0743-65-1771	
URL	https://www.fureai-net.com/	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese・Vietnamese】 Tel : 06-6444-9516 E-mail : mcnetwork@fureai-net.com</p>	Facility for case example : Ever Life
Actual number of accepted human resources from overseas	<p>【Technical intern】Vietnamese 6 person 【Others】EPA certified worker : Philippines 3 person、candidate for EPA certified worker : Philippines 1 person, Certified care worker : Chinese 2 person</p>	
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> • The corporation, in collaboration with its group institute, Kinki Social Welfare College, offers practical training courses that are available online on holidays. • There are many employees who enter the corporation without being certified as certified care worker and acquire the national license after experience in the facility. • The corporation has a scholarship system. It also provides all employees with career path training focused mainly on nursing skills, such as preceptor training, leadership training, and management training within the entire group. 	
Facility for case example	Ever Life https://www.fureai-net.com/elderly_housing/everlife_tenri.php	

Facility Info #07

Support for Japanese language education	<ul style="list-style-type: none"> Online Japanese language study is available due to the alliance with Japanese school (HAYAMA International Language School)
Support for education of nursing-care	<ul style="list-style-type: none"> Dispatch Japanese staff to local places (Vietnam) and offer training based on assumption scenarios for local workplaces
Support for daily life	<ul style="list-style-type: none"> Lend daily supplies, SIM cards, bikes or other daily necessities
Other support	<ul style="list-style-type: none"> —
Other features	<ul style="list-style-type: none"> —

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	○	—	○	—	—
Name of facility	Ever Life	—	Ever Life	—	—

Example of measures

Ever Life

Level of requiring support : Severe

Item: Nutrition / Water Intake

Main eligible persons for measures	A residents who tends to become dehydrated
Assessment content	<ul style="list-style-type: none"> The resident has had aspiration pneumonitis due to choking on water. To avoid the issue, the facility serves thick water. A wider variety of drinks (such as green tea, coffee and tea) are served to prevent the resident from getting tired of drinking water, resulting in more water intake.
Intervention content	<ul style="list-style-type: none"> Check the amount of water served at breakfast (7:00 a.m.), 10:00 a.m., at lunch (12:00 p.m.), at snack time (3:00 p.m.) and at dinner (6:00 p.m.) Check the amount of water served everyday
Assessment • Tips for intervention	<ul style="list-style-type: none"> Serve different kinds of drinks for everyday water intake: roasted green tea with meals; and coffee, tea, cocoa, ginger soup, starch gruel, brown rice tea, green tea and powdered green tea for 10:00 a.m. and 3:00 p.m. Serve various drinks to keep the resident from getting tired of drinking for water intake
Example of effects/Details of measure	<ul style="list-style-type: none"> —

Main eligible persons for measures	A resident who experiences itchiness on his private part
Assessment content	<ul style="list-style-type: none"> • The resident can go to the restroom to urinate by himself. • The resident has had difficulty to control urine flow and has had urinary incontinence on a diaper at night without going to the restroom. • The resident had experienced itchiness on skin due to contact with urine. However, the itchiness reduced by guiding him to the restroom at a specific time at night.
Intervention content	<ul style="list-style-type: none"> • The resident has basically stayed in a single room. He began to not go to the restroom at night, which led to more frequent urinary incontinence. • The resident went to see a dermatologist and began to take a medication but the symptom did not change. Therefore, the facility had changed his diaper only at night and washed his private part once a day, but the itchiness did not disappear. • The facility has continued to wash the resident's private part once a day. It has begun to guide the resident to the restroom instead of changing his diaper at night.
Assessment • Tips for intervention	<ul style="list-style-type: none"> • The facility washed the resident's private part and helped him to go to the restroom every day. • He did not respond to the staff's request, but he gradually learned to go to the restroom. As a result, the frequency of urinary incontinence in the diaper has decreased.
Example of effects/Details of measure	<ul style="list-style-type: none"> • —

08. Social Welfare Corporation Houonkai

Facility Info #08

Name of Corporation (Japanese)	医療法人社団 邦清会	
Name of Corporation (English)	Iryuhoujinshadan Houseikai	
Location	〒292-0036 Chiba Pref.	
TEL/FAX	0438-97-3311/0438-30-5165	
URL	https://rouken.kisarazu-kamome.com/	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese】 E-mail : rouken@kisarazu-kamome.com</p>	
Actual number of accepted human resources from overseas	<p>Technical intern trainee : Vietnamese 2 person Others : –</p>	<p>Facility for case example : Kamome Medical Center</p>
Measures to improve/enhance the working environment	<ol style="list-style-type: none"> 1. Provide support to employees who are taking training sessions while working to obtain qualification 2. Provide employees with support to attain the higher professional level of nursing skills (sputum aspiration, dementia care, etc.) 3. Promote work system reforms (flexible work shifts, launching shortened working hours system for regular employees, and encouraging non-regular employees to change their work styles to regular employees) 4. Serve as a place for work experience program participants if necessary 5. Participate in community events 6. Provide health checkups and conduct stress tests to shortened working hours employees to enhance the employment environment 	
Facility for case example	Kamome Medical Center https://rouken.kisarazu-kamome.com/	

<p>Support for Japanese language education</p>	<ul style="list-style-type: none"> • The facility began employing non-Japanese employees in March 2020. 1. The chief of staff has purchased necessary Japanese language learning materials for conversation and has provided non-Japanese employees with Japanese language learning sessions (nearly 120 minutes) about twice a week after working hours. (For six months) 2. The chief of staff has purchased necessary Japanese language learning materials, which are helpful for nursing care work and has provided classes on site within the time table of conversation classes above. 3. To help non-Japanese employees to have more learning opportunities to prepare for the Japanese-Language Proficiency Test, the facility had performed the procedures for them to enter a Japanese language school and commute to the school but the plan was cancelled due to the COVID-19 pandemic. 4. In the circumstances in which foreign employees cannot attend classes on site, the facility has decided to provide non-Japanese employees with opportunities to take online Japanese language classes. The facility purchased tablets necessary for non-Japanese employees to attend online classes. They have taken weekly online classes (nearly 90 minutes per class) to learn the Japanese from certified Japanese language instructors for about three to four months. (The cost was roughly 400,000 yen.)
<p>Support for education of nursing-care</p>	<ul style="list-style-type: none"> • The facility appoints some staff to be in charge of training foreign employees during nursing work. The responsible staff offer practical guidance on nursing care to allow the foreign employees to quickly acquire necessary skills. The guidance is provided through OJT training. • As part of support, the chief of staff provides them with review opportunities to understand and acquire nursing knowledge and skills after the above classes.
<p>Support for daily life</p>	<ul style="list-style-type: none"> • Provide rental bikes for commuting • Provide partial support on residential costs • Provide shopping support as needed (such as shuttle service by car)

Facility Info #08

Other support	<ul style="list-style-type: none"> –
Other features	<ul style="list-style-type: none"> To help boost employees' daily motivation, the facility has regularly shared the implementation status of nursing field work with the government. The facility appeared on a local FM radio program to help employees (even non-Japanese employees) to enhance voluntary professional awareness. To help boost employees' motivation, the facility appeared on an NHK TV program explaining the employment status of foreigners.

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	○	○	○	○	○
Name of facility	Kamome Medical Care Center				

Main eligible persons for measures	All residents: Especially for those who have the lower level of motivation and appetite, or have the weakened swallowing functions
Assessment content	<ul style="list-style-type: none"> • Draw the blood once a year to assess the nutritional status; If any abnormal value is detected, the facility reviews and discusses the menu. It draws the blood every three months subsequently to control the value of blood. • Check the body movement once a month and discuss the necessity of reviewing the menu • Measure their weight every two months; confirm the eating conditions and leftovers
Intervention content	<ul style="list-style-type: none"> • Place a focus on their food preference and adjust the type, size and form of food ingredients to be easily digested; To decide the staple food (bread or rice) to be served, the facility asks their family to bring their preferred foods. • Serve a liter of water per day (various drinks to be served); serve monthly special meals and weekly optional meals, leading to changing their feelings and creating a good atmosphere • Make them to do oral swallowing exercise; Check the amount of leftovers to discuss the appropriate ways of serving meals
Assessment • Tips for intervention	<ul style="list-style-type: none"> • Assess their nutritional status (height, weight, BMI and blood data) • Check their food intake status (amount of meals and ways of serving), dental status (remaining teeth and artificial teeth), swallowing functions, skin status and excretion status • Try to serve meals tailored to each resident (calories, therapeutic meals, and ways of serving) • Try various ways suitable for each resident with respect to the environment (tableware, assistance tools, sitting posture and eating seats) • Share the results of nutritional screening (eating rate, weight, and food intake status) with a nutritionist and ask for opinions • Create a nursing plan at decision meetings in cooperation between multiple related fields • For water intake, encourage the residents to take water five times in total a day (at 10:00 a.m. and 3:00 p.m. in addition to three meals with a target of one liter water intake per day) • Prepare thick meals according to each resident's status; try to meet their preferences, focusing on the level of sweetness and astringency • Make them to do oral swallowing exercise to have more saliva; measure their weight regularly
Example of effects/Details of measure	<ul style="list-style-type: none"> • The rate of eating has increased due to adjusting the amount of meals served and providing nutritional supplements. • The nutritional status has improved. • The results of the efforts serve as reference for medical treatment and medication adjustment.

Main eligible persons for measures	Residents whose swallowing function has deteriorated, who have less appetite, or have limited excursion
Assessment content	<ul style="list-style-type: none"> • Monitor how they eat meals and evaluate their posture (chewing functions, swallowing functions, eating habit and posture) • Serve meals that are suitable for each resident • Discuss what kind of tableware should be used
Intervention content	<ul style="list-style-type: none"> • Monitor the way they eat, check the excursion of upper limbs, and check the amount of leftovers, be careful as needed when they drink water, monitor their behavior, talk to them, do preparations, check the conditions of their oral hygiene and artificial teeth by a dentist • Make them to do oral swallowing exercise before eating on a continual basis; adjust the amount of meals, form of meals and way of serving
Assessment • Tips for intervention	<ul style="list-style-type: none"> • Add thickness to soup to allow the residents to drink enough water • Change the way meals are served or add thickness to meals for residents who tend to choke on foods • Serve assistance meals • Adjust the amount of medicine • Check if there is any general medical symptom (fever, etc.) • Encourage the residents to eat on their own as much as they can and provide minimum support • Correct their posture when eating • Use self-help devices
Example of effects/Details of measure	<ul style="list-style-type: none"> • Allowed the residents to take things orally as much as they can. • Allowed the residents to take meals by themselves. • Motivated the residents to have regularly take care of their oral health. • Made it possible to control the resident's health conditions. • Encouraged the residents to eat meals by themselves by using portable spring balancers, etc. • Reduced the frequency of choking on foods.

Example of measures

Kamome Medical Center

Level of requiring support : Moderate to severe

Excretion

Main eligible persons for measures	Almost all residents (those who use diapers and do not feel the need to go to the restroom) (those who use rehabilitation shorts and pads)
Assessment content	<ul style="list-style-type: none"> • Confirm ADL based on rehabilitation assessment • Understand the daily pattern of excretion • Check the conditions of urine and feces
Intervention content	<ul style="list-style-type: none"> • Choose either rehabilitation shorts or diapers according primarily to the resident's needs • Adjust the amount of water, ensure that the residents do enough exercise and check excretion status using a check sheet
Assessment • Tips for intervention	<p>Residents who go to the restroom</p> <ul style="list-style-type: none"> • Decide the level of support by evaluating the movement of standing up and rotating; provide support so that they can excrete urine and feces on a regular basis • The residents showed the need to excrete urine and feces by checking the amount of water intake. • This allowed them to continue and improve the movement of excretion and improve. <p>Residents who use diapers</p> <ul style="list-style-type: none"> • Using diapers at night enables the residents to have enough amount of sleep. This helped them to work actively daytime. • Their buttocks and private parts are protected. • It is now possible for staff to check the conditions of urine and feces.
Example of effects/Details of measure	<ul style="list-style-type: none"> • The residents now can excrete urine and feces (all support to partial support; and being watched over to self-dependence). • The residents now have a habit of repeating the movement. The amount of laxatives used is reduced. • They became motivated by rehabilitation of their daily lives. • These activities lead to the early detection of abnormal symptoms (such as urinary system disease and digestive organ disease). • The residents have enough time of sleeping and the burden of nursing care is reduced.

Example of measures

Kamome Medical Center

Level of requiring support : Moderate

Item: Activity / Participation

Main eligible persons for measures	Residents who have the residual effect of brain damage, have a broken leg, have movement function disorders after entering the facility, or have a sMild degree of dementia
Assessment content	<ul style="list-style-type: none"> • Create individual rehabilitation plans by rehabilitation staff • Check what body functions still work well; confirm how the facility supports each resident onward • Measure their weight every two months
Intervention content	<ul style="list-style-type: none"> • Perform both individual and collective rehabilitation; make the residents do easy manual work; explain as slow as possible to facilitate understanding • Try to show respect for individual pace by monitoring; ensure that no unnecessary support is provided to the residents • Decide a self-training program for each resident at regular rehabilitation meetings
Assessment • Tips for intervention	<ul style="list-style-type: none"> • Try various ways to make the residents voluntarily motivated • In principle, monitoring is the basics of support. • Try to explain repeatedly many times to increase a level of understanding • Try to build a trust-based relationship with the residents • Carry out activities that help the residents to feel united as a group and have a sense of accomplishment • Launch a point program where points are granted to the residents for their daily activities
Example of effects/Details of measure	<ul style="list-style-type: none"> • Intensive and short-term rehabilitation are conducted, resulting in the recovery of deteriorated functions. • Setting a target value allowed the residents to get motivated for activities. • Their daily lives are rehabilitated, increasing their range of behavior. • The activities made it possible to monitor the resident physical conditions and detect any abnormal symptoms early. • Staff is successful in encouraging the residents to participate in social activities.

Example of measures

Kamome Medical Center

Level of requiring support : Moderate to severe

Item: Cognitive Function

Main eligible persons for measures	Residents who are unable to have good communication, stand up for no purpose, have difficulty living together with other residents day to day
Assessment content	<ul style="list-style-type: none"> • Regularly do Hasegawa style checks (by long-time care facility staff) and MMSE checks (by rehabilitation staff) • Know the living habit and personality before they enter the facility; check their relationships with other residents
Intervention content	<ul style="list-style-type: none"> • Understand the behavior pattern and living habit through conversation; staff use a way of communication for dementia care. • The facility conducts individual rehabilitation for each resident. • The residents see their responsible doctors for medical care regularly.
Assessment • Tips for intervention	<ul style="list-style-type: none"> • Staff try to have a slow conversation in a clear and loud voice while squatting down to the resident's eye level. • The residents repeat the same thing many times. • Staff try not to deny the resident's opinions, even one-way opinions. • Staff try to have a conversation like playing catch to avoid the conversation from being finished. Staff encourage the residents to participate in activities by finding small topics and praising them. • Staff try to avoid conversation that makes the residents feel uneasy. • The residents perform exercise and brain training.
Example of effects/Details of measure	<ul style="list-style-type: none"> • Allowed them to maintain and improve their daily life. • Allowed them to keep a daily lifestyle rhythm (building the rhythm of the body) • Allowed them to have enough amount of sleep at nighttime. • Allowed them to have more stable daily life by controlling the amount of medication.

09. Medical Corporation Yuuakai

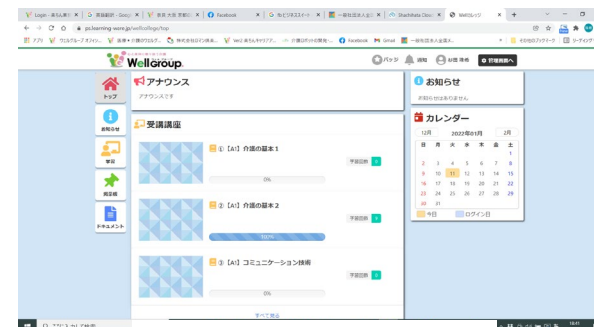
Facility Info
#09

Name of Corporation (Japanese)	医療法人 悠明会 (ウェルグループ)	
Name of Corporation (English)	Medical Corporation Yuuakai	
Location	〒639-1028 Nara Pref.	
TEL/FAX	0743-51-0011/0743-51-0012	
URL	http://www.wellgroup.jp/	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese, English, Chinese, and Vietnamese】 Tel : 0743-55-0025 E-mail : info@wellconsul.co.jp</p>	
Actual number of accepted human resources from overseas	<p>Technical intern trainee : Vietnamese 7-persons, Chinese 2-persons Care Worker Visa: Vietnamese 2-persons Student Visa: Vietnamese 1 person, Vietnamese 4-persons (already retired)</p>	
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> • The Group has provided beginner and practical training to all the Group's employees. Works shifts can be adjusted for employees who take the training, and they do not need to pay a fee as it is borne by the corporation. • The Group has three clinics so employees can get medical checkups and vaccinations. They do not need make a reservation by themselves nor take a day off. 	
Facility for case example	<p>Long-term care health facility for the elderly: Well Care Yu http://www.yuuakai.com/</p>	

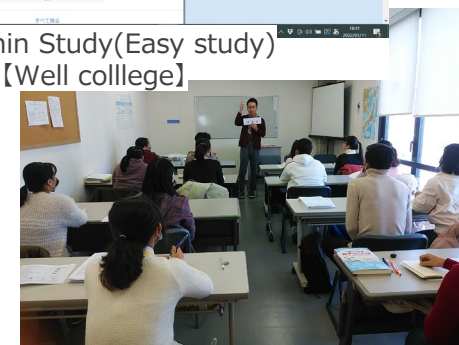
Facility for case example : Well Care Yu

Support for
Japanese
language
education

- The corporation opened local training centers in Vietnam, India and China. Japanese instructors visit the countries for training or offer online sessions before trainees come to Japan.
- After coming to Japan, trainees go to the Group’s Japanese language school “Well Japanese Language School.” The school’s instructors hold qualification preparation classes and respond to learning inquiries via social media. Some instructors have experience in working as certified care workers so that trainees can learn how to use language in the practical nursing fields in addition to how to prepare for the Japanese-Language Proficiency Test.
- New unique e-learning system “Well College” was launched in 2021.
- Learners can have access to a learning system via smartphones and tablets at any time, according to their level. Japanese teachers provide online support based on the results of learning.



Rakuchin Study(Easy study)
【Well college】



Class after entering in facility

Support for
education of
nursing-care

- The corporation opened local training centers in Vietnam, India and China. Japanese instructors visit the countries for training or offer online sessions before trainees come to Japan.
- Trainees take post-entry training at the Group’s training center after coming to Japan. The Group has operated about 40 nursing facilities with several nursing care instructors having years of on-site experience. They can provide trainees with practically helpful knowledge.
- The facility has provided understandable video materials for preparing for the qualification test and has performed sample tests on site to check the understanding. Therefore, the Group attained a pass rate of 100% for beginner and professional levels.
- In addition, the facility provides beginner and practical training as well as certified nursing worker examination preparation sessions for trainees who wish to continue to work in Japan.
- The training and sessions are provided in Japanese. Trainees can have access to an e-learning system to find the contents helpful for preparation and review.

Facility Info #09

- The Group has about 60 trainees who work in various facilities. They live in a dormitory for non-Japanese employees that was renovated from an old house instead of renting an apartment or house.
- There are four Vietnamese staff and three Chinese staff as interpreters in the Group to provide living support. This enables trainees to not feel anxious about their new lives. The facility creates an environment where especially new non-Japanese employees who have just come to Japan feel less anxious. It also has established a system so that staff can respond to any trouble including sickness relatively quickly.
- Dormitories are often located near farms, where trainees can feed vegetables together with elderly residents, disabled residents and child residents. Trainees can bring the vegetables and fruits collected back to home or sometimes enjoy barbecue with the vegetables and fruits.
- When summer festivals or other seasonal events are held by the Group, trainees have prepared local meals of their countries for residents and staff.



Seasonal event

- The Group has about 60 nursing trainees who work in various facilities. The facility appoints Area Chief and Dormitory Head for each working area on a voluntary basis.
- The leaders are instructed to lead their teams, cooperate together and have responsibility through the appointment.
- Training instructors and daily support staff are sure to support trainees, but the facility is trying to create the environment where trainees can live independent lives with confidence in Japan.
- This is helpful for trainees to have more work opportunities if they decide to take a special examination or return to home country to get a job after training.

- To visualize what skills the facility’s Japanese and non-Japanese nursing staff may have, it has launched a career path system named “Nursing Professionals” for the entire group about 10 years ago and has operated the system for years. The nursing staff on site and human resource development team have attempted to find, through trial and error, the best way to develop highly motivated employees and help them to make a career move.
- The facility has taken educational approaches tailored to the social needs such as OJT training, e-learning based Off-JT training and license acquisition support.
- IT systems have been installed at the workplaces (nursing facilities) to streamline operations. This allows the facility to place more focus on cares for residents and support for their independence.
- The facility provides the environment where trainees can obtain knowledge about medicine and rehabilitation as well as nursing so that they can play an active role in the field after coming back to their countries.



Training with Rakuchin Cap

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	-	-	-	-	-
Name of facility	-	-	-	-	-

10. Social Welfare Corporation GENKIMURA

Facility Info #10

Name of Corporation (Japanese)	社会福祉法人 元気村	
Name of Corporation (English)	Social Welfare Corporation GENKIMURA	
Location	〒365-0039 Saitama Prefecture	
TEL/FAX	048-544-0880/048-544-0882	
URL	https://www.genkimuragroup.jp	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese】 E-mail : r.i@genkimuragroup.jp</p>	
Actual number of accepted human resources from overseas	<p>Technical intern trainee : Vietnamese 1-person, Chinese 1-person Others : Sri Lanka 3-person, China 1-person</p>	
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> • Staff satisfaction survey • Utilization of qualification acquisition cost loan system • Career advancement system, video training • Various committees / projects 	
Facility for case example	<p>Long-term care welfare facility for the elderly: Konosu Tanpopo Shoyuen https://www.genkimuragroup.jp/facilitylist/konosu-tanpopo/</p>	

Facility: Konosu Tanpopo Shoyuen


Facility Info #10

Support for Japanese language education	<ul style="list-style-type: none">• Provide learning support (in the head office) to prepare for the Japanese-Language Proficiency Test• Provide online Japanese language learning opportunities (to be started in 2022)
Support for education of nursing-care	<ul style="list-style-type: none">• OJT training• Technical guidance before qualification examination• Encourage non-Japanese employees to participate in various training
Support for daily life	<ul style="list-style-type: none">• Respond to inquiries and provide support to solve any issue or trouble in a daily life• Instruct staff to accompany non-Japanese employees to go to hospital

Facility Info #10

Other supports	<ul style="list-style-type: none"> • Hold events where the Group's technical trainees can communicate with each other
Other features	<ul style="list-style-type: none"> • Facility's philosophy: To seek to allow residents to have "normal lives" under the concept of familism • Serve as a venue for a unit leader local practical training to develop leadership of trainees • Show respect for open opinions of employees

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	○	○	○	○	○
Name of facility	Konosu Tanpopo Shoyuen				

Main eligible persons for measures	A resident who drinks an average of nearly 700 cc of water per day	
Assessment content	<ul style="list-style-type: none"> The resident drinks a different amount of water each day. He can easily drink sweet coffee but the volume of water intake by himself is only roughly 500 cc. Staff asks him to drink for water intake but he sometimes gets upset. He is reluctant to drink fluid but can eat solid food such as jellies. 	
Intervention content	<ol style="list-style-type: none"> Medications are given with an increased amount of water to avoid putting much pressure on him to drink water. Jellies are served instead of water at the time of water intake. Staff asks him to eat them by himself. Water intake support is provided without pressure when helping him to excrete at night. 	 <p style="text-align: center;">Jelly</p>
Assessment • Tips for intervention	<ol style="list-style-type: none"> The resident understands that it is better to take a high volume of warm water when taking a medication. He seems not to be upset when staff talks to him. He drinks a warm water of 200 ml. When staff serves jellies instead of water, the resident scoops a spoonful of jellies and brings it to his mouth. The facility prepares a variety of jellies with different tastes and serves a different jelly every day so that he does not get tired of eating them. Staff encourages him to drink warm water at the time of excretion at 12:00 a.m. and 5:00 a.m. If he refuses to do so, the staff stop serving warm water. Staff does not encourage him to drink all of the warm water and serve his desired amount. He usually drinks 100 cc to 400 cc at night but the amount varies day to day. 	
Example of effects/Details of measure	<ul style="list-style-type: none"> A change in the hours of being awake in daytime → The resident used to have somnolence in the morning but the symptom disappeared. When staff asks him to stand up, he quickly understands the instruction and stands up smoothly. Stabilization when standing up → The resident used to have difficulty in keeping a posture when urinating or having a bowel movement because his back is bent. So, he tried to sit down just about 10 seconds after standing up. However, his back became more straight than before. He can now keep standing while being provided a series of support from cleaning his private part, putting a pad through pulling up his rehabilitation shorts or trousers. The resident used to be unable to take a step forward when moving from a chair to a wheelchair but now he can take about three to four steps. A change in the bowel movement → The resident used to have a bowel movement every two to three days. He often did it in a bed so the bed sheets got dirty. However, he now has a bowel movement in the restroom almost every day at 1:00 p.m. or 4:00 p.m. so he can keep the bed clean. 	

Konosu Tanpopo Shoyuen

Level of requiring support : Severe

Item: Eating / Swallowing

Main eligible persons for measures	A female resident in her 90's: She has dementia. No information about food preference is provided. She has difficulty in keeping sitting down and maintaining stable posture when eating. Therefore, it is easy for her to accidentally swallow foods with a high risk of developing pneumonia. The functions of chewing and swallowing have also weakened so it takes time to finish eating.
Assessment content	<ol style="list-style-type: none"> (1) There are many food residues in her mouth due to her deteriorated ability to swallow, resulting in a high risk of aspiration pneumonia. (2) The resident keeps a lot of food in her mouth due to the weakened swallowing function. She also has difficulty in swallowing timely. (3) It is risky for her to eat solid foods because of her limited ability to swallow. She sometimes chokes on even finely chopped ingredients. (4) She cannot maintain posture during eating and is tilted on one side. The resident easily loses posture balance as she frequently moves her head and lower legs.
Intervention content	<ol style="list-style-type: none"> (1) Aspiration pneumonia should be prevented by oral care before and after meals using a sponge brush. (2) A small spoon is used for serving to prevent her from eating too much amount of food for one bite. She cannot find the timing of swallowing. Staff makes sure to check if the food is swallowed based on the movement of her Adam's apple, and then serves subsequent food. (3) The resident often chokes on food so paste food is served. If too much paste is added to the food, staff adds thickness to it for adjustment. (4) She mainly takes food intake on the reclining wheelchair. It is effective to use cushions or other appropriate equipment to adjust the body tilt. Staff in the rehabilitation department provides positioning advice. <p>Meal rounds are conducted among the rehabilitation department, nutrition department, medical department, nursing department, and facility care managers to confirm the food intake status as described above. The information is shared at an oral care committee to assess and discuss the food intake status and the committee provides information to on-site facility staff. The facility staff provide eating support based on the information and report any issue identified to the oral care committee. The committee will have discussion on the matter.</p>

<p>Assessment • Tips for intervention</p>	<p>(1) Oral care after eating is provided for cleaning purposes. On the other hand, oral care before eating is intended to refresh the oral environment and lead the resident's awareness toward eating. Using a sponge brush may serve as a massage.</p> <p>(1) – (4) Preventing her from accidentally swallowing things leads to the prevention of pneumonia.</p> <p>(4) The resident can be monitored from various angles when professionals in multiple fields are involved. It creates awareness that cannot be obtained only on site. Above all, a positioning task is essential for the resident to enjoy eating comfortably. A comfortable eating environment encourages appropriate food intake to help the resident to have a healthy life.</p>
<p>Example of effects/Details of measure</p>	<p>The facility can serve an appropriate amount of meals by performing the above activities. However, the resident sometimes cannot eat due to reduced cognitive function and long-term somnolence. The amount of food she intakes is, on average, 90% of each meal. No accidental swallowing nor health issues reported. The next challenge is to improve her somnolence but no detailed plan has been discussed at a conference.</p>


Example of measures

Konosu Tanpopo Shoyuen

Level of requiring support : Severe

Excretion

Main eligible persons for measures	A resident who wishes to stay in bed all day long: The resident's personality is competitive and sometimes stubborn.
Assessment content	(1) The resident wishes to wear a diaper but actually was uncertain about which to choose: going to a restroom or wearing a diaper; (2) The resident drinks 1000 cc of water, which is now low, but does not reach the target amount; (3) The resident drinks Yakult after breakfast as requested by himself for smooth bowel movement and takes a laxative in case of inability to have a bowel movement; (4) The resident sometimes gets upset with how the staff speaks; (5) Staff needs to check whether the resident can move from a chair to a wheelchair in a stable manner.
Intervention content	(1) (4) Encourage him to have a bowel movement in the restroom; (2) Explain the importance of drinking water and get to know his drink preference and serve his desired drinks; (3) Serve Yakult drinks every morning and confirm if he has a bowel movement – he takes a laxative on the third day; (5) See if he can move to a wheelchair and provide some support.
Assessment • Tips for intervention	(1) (4) Just encourage him to go to the restroom, keeping in mind his personality; and encourage him once to twice per day. Moreover, ask him why he does not go to the restroom for bowel movements during daily conversation. He told staff why he is reluctant to go to the restroom so the staff explained him how the facility supports. However, he hesitated to go to the restroom. (Reason: The length of right and left legs are different so he cannot have a good balance when standing up.) (2) Staff provided an explanation about warm water and encourage him to drink more warm water when taking medication. (3) The resident did exercise in a wheelchair controlled by himself as well as drank Yakult every day. (5) Staff provided support in moving to a wheelchair when going to the restroom and returning to the bed. Staff showed him how to move his legs from a chair to a wheelchair safely based on the resident's physical ability. Staff first provided the partial support but gradually changed the support to just monitoring.
Example of effects/Details of measure	(1) (4) Staff had encouraged him to go to the restroom for two months and finally he made a positive comment, saying "How about going to the restroom?" (2) He took water without any mental pressure. The initial target of water intake is 1000 cc but he now can drink 1300 to 1400 cc of water. He said that the higher amount of water intake made his body move more smoothly. This change might be one of the reasons why he began to go to the restroom. (3) Yakult has less effect on the resident's bowel movement – resulting in taking a laxative as needed after three days of drinking. (5) The resident was scared about moving to a wheelchair at first but became gradually used to do so due to successful experiences. The resident's competitive personality allowed him to stop staying in bed all day long, get out of bed on its own, move to a wheelchair, and further go to the restroom. The resident used to stay in bed all day long but finally became able to go to somewhere including going to the restroom without staff's assistance. The resident said, "I became able go to the restroom again even at this age. Thank you."

Main eligible persons for measures	A resident with numbness on the left side of body who has difficulty in standing up and standing firmly on the ground	
Assessment content	(1) Her left hand grip strength is reduced due to numbness; (2) She drinks less water; (3) She is unable to stand up and keep standing with good balance due to numbness on the left side of body; (4) After her discharge from the hospital, meals are cut small but she often leaves food.	
Intervention content	<ol style="list-style-type: none"> (1) Staff explains the meaning of rehabilitation to the resident and asks her to squeeze a hand grip. (2) She wishes to have specific tea but staff cannot find and get her desired drink. Therefore, the facility asks for cooperation from her family to buy different kinds of juice packets. Moreover, the facility serves 200 cc of water with a canteen for night. Medications are given with a larger amount of water. (3) Staff encourages her to move to another chair to improve muscular strength. (4) The facility discusses the current situation with the medical department and nutrition department with a focus on the swallowing function and change meals to those made with very finely chopped ingredients. 	
Assessment • Tips for intervention	<ol style="list-style-type: none"> (1) Staff has explained the effects of the training to the resident and has encouraged her to do training every day. As a result, the resident has developed a habit of voluntarily squeezing a hand grip while watching a TV show or reading a magazine. (2) When staff tries to serve sweets to the resident, she hesitates to get the sweets and just asks for green tea. However, once staff explains that the sweets are given from her family, the resident voluntarily eats the sweets. The resident often drinks water when she wakes up during night time. After staff explains that a high amount of warm water is better when taking a medication, the resident takes 200 ml of warm water. (3) When she tried to move from a wheelchair to a chair, she lost her balance while putting her foot on the wheelchair's footrest. So, staff removed the footrest and checked the movement of her legs and how she moves the wheelchair. (4) Check the swallowing function for evaluation; report the results to various field staff to change the ways of serving. 	 <p data-bbox="1612 1185 1864 1213">Grasp the handgrip</p>

Example of effects/Details of measure

- (1) Improving the grip strength has contributed to strengthening the trunk of the body. This is because she became able to grab a bar to stand up.
 - (2) The facility changed the number of approaches and tried to use various ways of serving. As a result, the average amount of water she began to drink increased from 900 cc to 1500 cc per day. This allowed her to move her legs more smoothly and make the trunk of the body stronger.
 - (3) To allow her to move the body smoothly when moving from a chair to a wheelchair, staff removed the footrest for reduction of the risk of falling down. Her trunk of the body became stronger and she now can move the wheelchair by herself without losing the balance.
 - (4) The resident used to eat only 50% of meals served. However, she began to eat all of the meals served after the facility began serving meals made with very finely chopped ingredients. Her weight used to reduce by 1 kg every month but stopped reducing and has stayed constant. As a result, she now has all necessary nutrients.
- In the unit, she moves from a living room to her room and further to bed at her will and the condition of her health improved enough to go to the restroom by herself. She walks to semi-public space.



<p>Main eligible persons for measures</p>	<p>A female resident in her 70's: She did not have any need for nursing services but when the resident got into a traffic accident, she had serious brain damage that put her life at risk. Her body recovered but she was not longer able to live at home. Therefore, she began to use short stay nursing services but finally was hospitalized into the special nursing facility. She had always been worried about things due to the weakened recognition function and changes in the living environment.</p>
<p>Assessment content</p>	<p>(1) Staff try to find how she feels about her current life and why she is worried about things. To collect necessary information, staff make a record of her lifestyle rhythm, communication and behavior from the perspective of dementia care for about a month after her hospitalization, by using a data collection sheet on a 24 hour basis. *She asked staff several questions "Where am I now?" "Where is my daughter?" "When can I go back home?" "Where is the exit?" She would often stroll around the facility. She would also often got upset.</p> <p>(2) What life is desired by the resident and her family? Staff communicates with the both of them to understand their needs.</p>
<p>Intervention content</p>	<p>(1) A meeting for responsible persons are held after collecting data. They discuss and decide a detailed and united support approach including what isn't being directly said, how to talk to the resident, and actual evaluation of services provided to her, and then provide services. The facility repeats the nursing process on a PDCA cycle since then.</p> <p>(2) Staff confirm her desire and her family's feelings, and then clarify what support the facility provides and what cooperation her family provides in order to offer services in collaboration with family.</p>
<p>Assessment • Tips for intervention</p>	<p>(1) The facility can know only the "present" condition of the resident. However, it is important to know the "past" condition. To find the past detailed stories about the resident, the facility needs to collaborate with the family. The facility has daily communication with the resident's family and shares daily events. The facility has tried to find the meaning of the resident's words but did not understand the background. However, when the facility obtains information (such as her original personality, food preferences, and stories of her past) from the resident's family, scattered information has often been connected like dots connected by lines. A collaboration with the resident's family is very important to do an assessment.</p>

<p>Assessment • Tips for intervention</p>	<p>(2) Her daughter said the following: “My mother’s life has changed due to traffic accident. None of my family members could take care of her so there was no choice but to send her to a facility. I feel guilty. On behalf of the family, I want her to live as if she is staying at a hotel, not in a facility.” She was originally tidy and fashionable. It may sound weird, but the facility tried to hide the atmosphere of the facility. It is important to share what life the resident herself, family members and facility want her to live during support. As an example, the facility made efforts to arrange her room. The facility prepared familiar furniture that she used to have in her house and placed flowers, as she liked flowers. It also installed a TV, DVD player, and bidet toilet. As part of support, the facility tried many ways to create a comfortable environment for her. Her family came to see her every day to spend a good family time. The facility and her family made an effort to make sure she did not feel like her family abandoned her and sent her to an elderly residence.</p>
<p>Example of effects/Details of measure</p>	<p>(1) The resident is not good at remembering new names due to her deteriorated cognitive function but can remember the names of specific staff who are familiar with her. She chatted with staff and is sure to have an expressive face with a lot of smiles. The facility rediscovered that it is important for dementia care to make residents feel that “they are with someone who understands them” and “there is no problem for them to stay here.”</p> <p>(2) The facility provided support for her to find herself. She now sometimes shows the place of her room to staff. The facility feels that it was able to provide her with a comfortable space. Family members came to see her every day. She was, at first, restless and uneasy, thinking about when her daughter is coming. However, she gradually began to have a stable life. She began to frequently tell her daughter to go home early and prepare meals for family even if her daughter came to see her. They were the words of a mother. During the COVID-19 pandemic, it is currently not possible for her to see her family. She has a wave of feeling but says less worrying words compared to when just entering the residence and lives a stable life.</p> <p>(3) From the perspective of dementia care, everyone has a different experience that leads to building up the “present” condition. Different approaches should be taken for different residents. It is important to identify the needs of each resident. In other words, the key is to offer individual care.</p>

11. Seikatsukaigo Service Co.,Ltd

Facility Info

#11

Name of Corporation (Japanese)	生活介護サービス株式会社	
Name of Corporation (English)	Seikatsukaigo Service Co.,Ltd.	
Location	〒270-0021 Chiba Pref.	
TEL/FAX	047-347-8859/047-309-2525	
URL	http://www.seikatsukaigo.co.jp/	
Contact for inquiries from sending organizations or candidates of technical intern trainee	<p>【Japanese & English】 Tel : 047-347-8859 E-mail : yamagishi@seikatsukaigo.co.jp</p>	
Actual number of accepted human resources from overseas	<p>Technical intern trainees: From Philippine (six trainees) Others: From Philippine (five staff) (resigned)</p>	
Measures to improve/enhance the working environment	<ul style="list-style-type: none"> Supporting internships for people who aim for the care worker while working, training programs for people who would like to obtain higher professional nursing-care skills such as mucus aspiration, dementia care, and responsible service provider training programs, or adjustment of the working shift, etc. Introducing the flexible working shift or the short-time regular employee system according to various situations of staff, or organizing the system for shifting from contract staff to regular staff upon requests from staff Introducing the elder mentor system (educational staff for new care staff) to prevent from early turnover of new care staff 	
Facility for case example	<p>Fee-based nursing home for the elderly: Yukari Koganehara http://www.seikatsukaigo.co.jp/2010/08/yukari-koganehara/</p>	

Facility for case example : ユーカリ小金原

Facility Info

#11

Support for Japanese language education	<ul style="list-style-type: none">• We facilitate Japanese language learning by leasing PCs or tablets. Additionally, for about a year after technical intern trainees entered Japan, corporate persons in charge hold a study session once a week at dormitories of trainees.• In the working place, we prepare the environment where technical intern trainees can use Japanese and get used to hear Japanese in their daily life.• At the same time, there are employees who can speak native languages (English, Tagalog, etc.) of technical intern trainees, therefore, trainees can receive explanations from such employees and get a better understanding if they cannot clearly understand in details.
Support for education of nursing-care	<ul style="list-style-type: none">• Preparing for textbooks in English or a schedule of the day.
Support for daily life	<ul style="list-style-type: none">• We have opportunities for technical intern trainees to talk with each other about any troubles or issues in their daily life or at working places after a weekly study session.• Additionally, we utilize social media such as the group LINE for daily consultation or any messages to be communicated with each other.

Facility Info #11

Other supports	<ul style="list-style-type: none"> • For the initial period of time, we provide opportunities for technical intern trainees to have gathering events and enjoy there together, such as Christmas or birthday, as much as possible. • Conversely, we sometimes receive celebration or decoration for Christmas from technical intern trainees now and feel that we may receive more from them than that we have supported.
Other features	<ul style="list-style-type: none"> • -

	Nutrition / Water Intake	Eating / Swallowing	Excretion	Activity / Participation	Cognitive Function
Sample availability	—	—	—	—	○
Name of facility	—	—	—	—	Yukari Koganehara

Main eligible persons for measures	Users with dementia
Assessment content	<ul style="list-style-type: none"> When a user moves into the facility, mainly a long-term care support specialist makes comprehensive analysis including the physical and mental conditions and creates a care plan. After a certain period of time has passed, we evaluate the conditions of the user and provide assessments and reviews for them again.
Intervention content	<ul style="list-style-type: none"> According to the status of each cognitive symptom, we take measures, such as talking to users or being careful of body motion, to try getting a better understanding.
Assessment • Tips for intervention	<ul style="list-style-type: none"> We can get a better understanding of each user by providing cares according to users, rather than just providing cares in a similar fixed way of talking or checking of body motion for users only because they have dementia. As a result, we can obtain more information about what should be better supports for independence of users.
Example of effects/Details of measure	<ul style="list-style-type: none"> Even if the living environment for users is changed due to moving into the facility, we'll be able to continue individual cares or improve users' satisfaction for life, including the user's own life style, as much as possible.

3. Glossary of technical terms

Glossary of technical terms

※The following contents provide examples of some technical terms. Other terms used in the examples of measures taken by each facility will be added as needed.

➤ **Community-Based Integrated Care System**

➤ This system provides elderly people with housing, medical care, long-term care, preventive care and livelihood support within a community in an integrated manner, to enable them to continue living in their own ways in their familiar communities to the last stage of their lives, even if they become severely in need for long-term care.

➤ **Self-independence support**

➤ Provision of support by a caregiver so as to allow a person requiring long-term care to maintain personal dignity and live an independent life physically, mentally and socially in their own way.

➤ **Residual functions**

➤ Functions remaining in a person who has been physically / mentally disabled due to illness, injury, etc.

➤ **Requiring Support Level**

➤ Level of necessity of care (assistance) in daily life. Requiring Long-Term Care Level 1 ~ 5 and Requiring Support Level 1 ~ 2 is used in the assessment. A person under a condition of Requiring Support can basically live a daily life alone but requires partial care. A person under a condition of Need for Long-Term Care has a decline in movement functions, ability to think / understand and requires long-term care at home or in a facility. The larger the number for Requiring Support / Long-Term Care becomes, the necessity of care increases. Certification of Requiring Long-Term Care is required to use the services covered by public long-term care insurance. A person certified as Requiring Long-Term Care Level 1 ~ 5 can use "Long-Term Care Service Covered by Public Long-Term Care Insurance". A person certified as Requiring Support Level 1 ~ 2 can use "Preventive Long-Term Care Service".

➤ **Requiring Long-Term Care Level**

➤ Level of necessity of care (assistance) in daily life. Requiring Long-Term Care Level 1 ~ 5 and Requiring Support Level 1 ~ 2 is used in the assessment. A person under a condition of Requiring Support can basically live a daily life alone but requires partial care. A person under a condition of Need for Long-Term Care has a decline in movement functions, ability to think / understand and requires long-term care at home or in a facility. The larger the number for Requiring Support / Long-Term Care becomes, the necessity of care increases. Certification of Requiring Long-Term Care is required to use the services covered by public long-term care insurance. A person certified as Requiring Long-Term Care Level 1 ~ 5 can use "Long-Term Care Service Covered by Public Long-Term Care Insurance". A person certified as Requiring Support Level 1 ~ 2 can use "Preventive Long-Term Care Service".

➤ **Long-Term Care Service Covered by Public Long-Term Care Insurance**

➤ Long-term care services, covered by public long-term care insurance premiums and subsidies from national government and local government, to "Elderly people aged 65 or over" and "patients of specified diseases aged 40 ~ 64", who are certified as under a condition of Requiring Support / Requiring Long-Term Care, with the payment of 10% of the fee in principle.

➤ **Preventive Long-Term Care Service**

➤ Service to prevent elderly people from being in a condition of need for long-term care as much as possible, and also to maintain and / or improve their abilities for daily activities to prevent deterioration of their condition. This is also referred to as In-Home Service.

Reference page(Japanese Only) : 介護サービス情報公表システム (厚生労働省ホームページ)

<https://www.kaigokensaku.mhlw.go.jp/commentary/glossary.html>

Reference only: Information search site for Japanese nursing care & long-term care facilities

- 厚生労働省のサイトでは、日本にある介護事業所・生活関連情報を検索することができる。

参考サイト：<https://www.kaigokensaku.mhlw.go.jp/>

Japanese Only



介護事業所・生活関連情報検索

介護サービス情報公表システム

最初に読みください

公表されている介護サービスについて

公表されている生活関連情報について

サービス付き高齢者向け住宅について

介護保険の解説

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