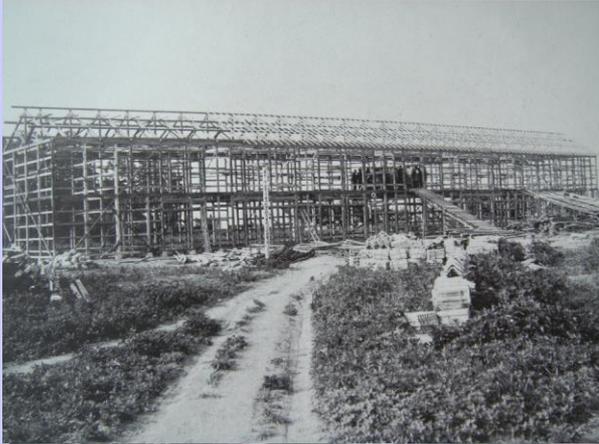


# Affiliated with Nagano Prefectural Federation of Agricultural Cooperatives for Health and Welfare



# Saku Advanced Care Center (2014/3/01~)



**What are roles of hospital?**



**病院**  
Hospital

# Why is The SAKU called a Model?

## Under Common Health Policy & Structure in Japan

- Nagano Model as tertiary medical zone.
- Saku Model as secondary medical zone.
- Clear Vision of community health by doctors and hospitals in the area for universal health coverage (UHC).
- Implementation based on Vision (Kenko Kanri such as for healthy village).
- Seikatsu Kaizen (better living campaign).
- Hospital management concept based on 5:3:2.
- Health care management center/training center

**Appellation:** Saku Central Hospital, Nagano Prefectural Federation of  
Agricultural Cooperatives for Health and Welfare

**Location** : 197 Usuda ,Saku-shi, Nagano 384-0301

**Founded** : January 12, 1944

**Founder** : Hidemitsu Takizawa, Board Chairman

**Director** : Syusuke Natsukawa, M.D.

**Beds:** **Total 1193**

---

General floors 600

ICU 20

Psychiatric & Neurological floors 112

Communicable disease floor 4

“Human Dock”(for sophisticated health checkups) 45

Care-taking & rehabilitation floor 40

(Sub-Total ) ( 821 )

---

**Koumi Branch, Saku Central Hospital 99**

**Misato Branch, Saku Central Hospital 120**

**Saku Health Care Facility for Seniors 94**

**Koumi Health Care Facility for Seniors 59**

---

# Attached and Related Facilities

---

- **Misato Branch, Saku Central Hospital**
  - **Koumi Branch, Saku Central Hospital**
  - **Koumi Clinic Attached to Saku Central Hospital**
  - **Saku Central Hospital Nursing School**
  - **Health Care Center, Nagano Prefectural Federation of Agricultural Cooperatives for Health and Welfare**
  - **Saku Institute of Oriental Medicine**
  - **Saku Health Care Facility for Seniors**
  - **Koumi Health Care Facility for Seniors**
  - **Home Care Support Centers (8 )**
  - **Home Nursing Stations (5)**
  - **Comprehensive Community Support Center**
  - **Japan Institute of Rural Medicine**
  - **Rural Health Care Training Center**
  - **Nobeyama Special Nursing Home for the Aged**
  - **Yachiho Group Care Home**
-

# **Accreditations for Community Medical Services (As Center hospital of Saku District Health Zone)**

---

**Hospital accredited for training of residents (medical)**

**Hospital accredited for training of residents (dental)**

**Core hospital for isolated communities**

**Core cooperation hospital for cancer treatment**

**Key hospital for cardiac diseases**

**Life saving and emergency care hospital (Oct.1,1983)**

**Medical center for local accidents and disasters (Sept.1,1997)**

**Center for senile dementia**

**Pivotal hospital for AIDS treatment**

**Medical institution designated for infections**

**District Peri-natal Care Center**

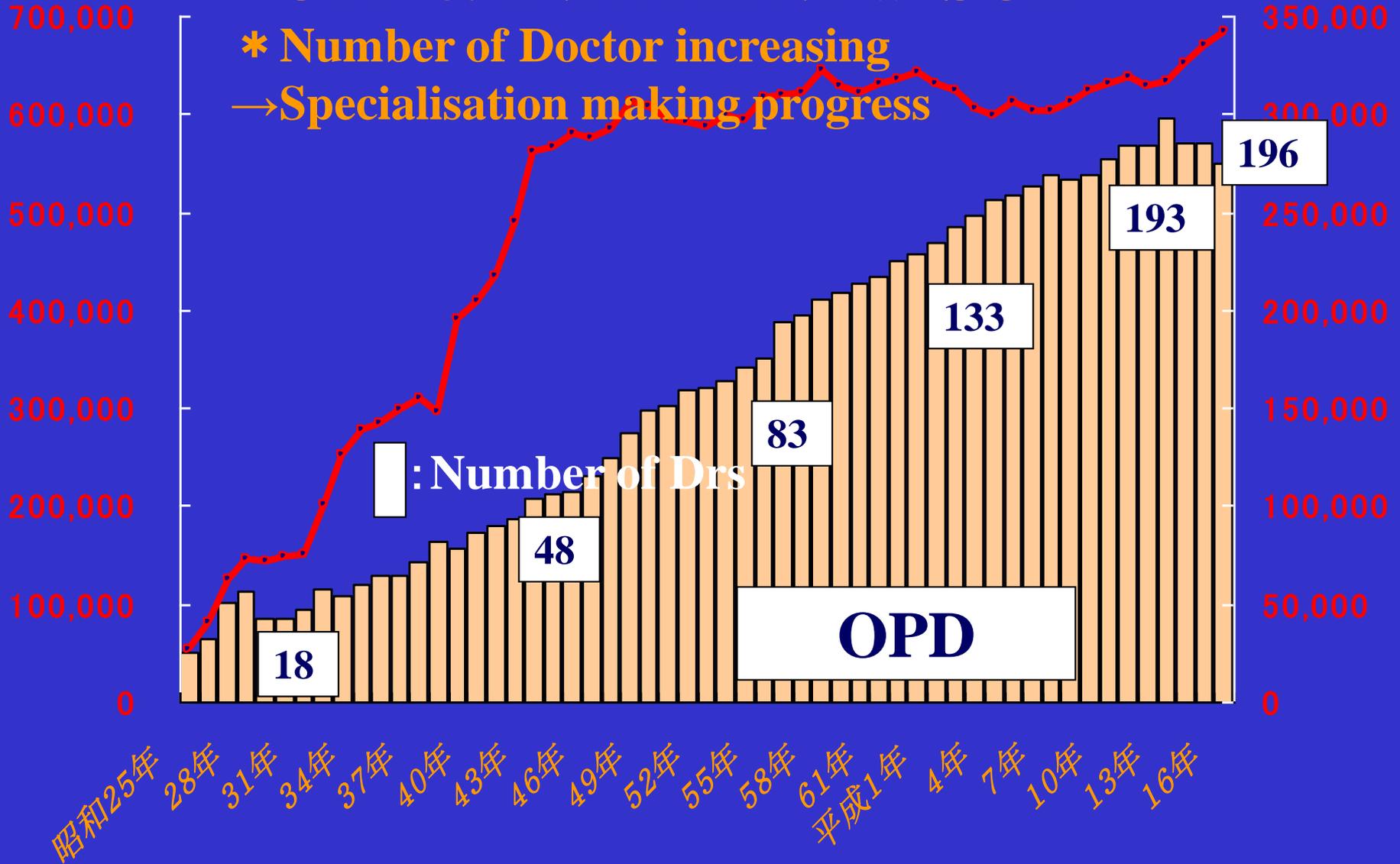
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# TRENDS OF NUMBER OF OPD & INPATIENT at SCH

OPD

INPATIENT

\* Number of Doctor increasing  
 → Specialisation making progress

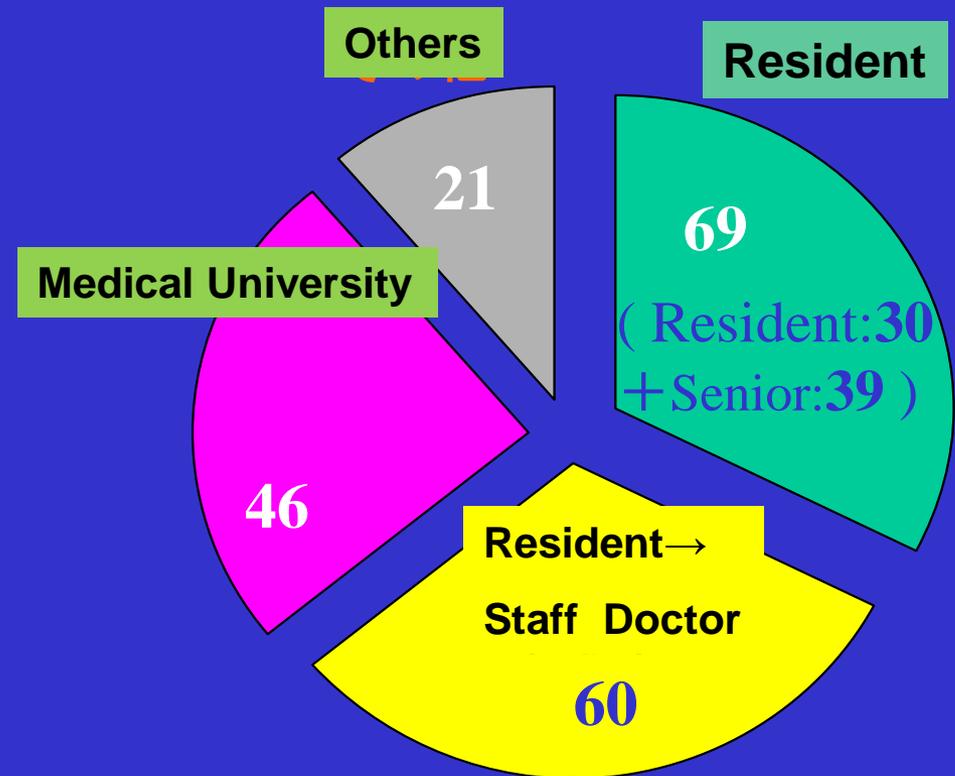


# Doctors of Saku Central Hospital

▪ One third of staff doctors were residents for SCH



▪ These Doctors are main work force and sustain education system in the Hospital



**Total: 196**

# Carrier/Training Course for Doctors in Japan

## MPH/PhD 公衆衛生修士・博士

Special Expert

Family Physician  
Community Medicine?

Special Expert

Cardiology Oncology

General /Family Physician

Cardio-surgery

Radiology

Respiratory

D.M.

Gastro-surgery

Pathology

Gastro-Enterology

Brain surgery

Etc

5

Medical Sub-specialty

Surgical Sub-specialty

Other Sub-specialty

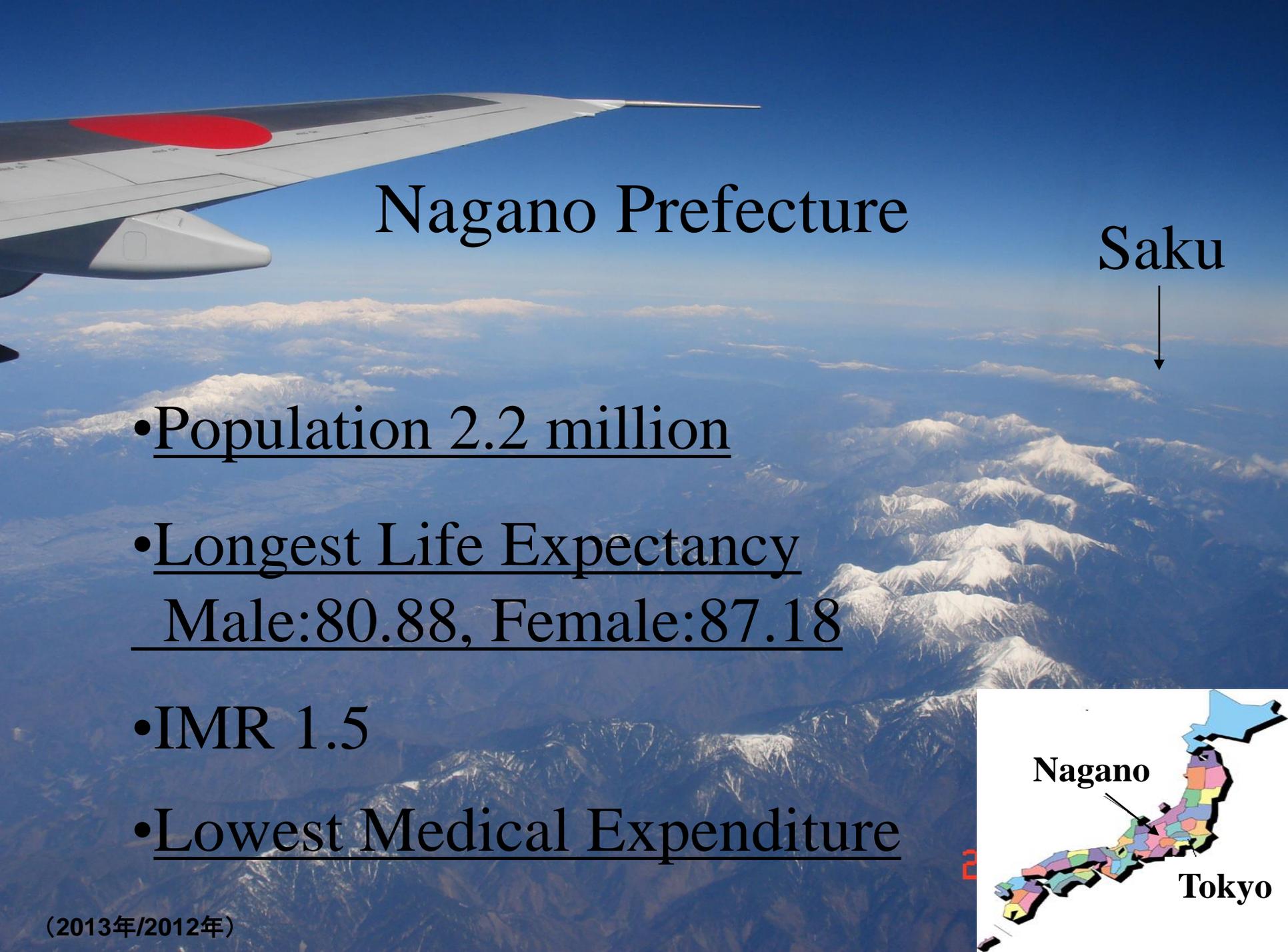
4

3

2

Initial General Clinical Training (2 years)

1



# Nagano Prefecture

Saku



- Population 2.2 million
- Longest Life Expectancy  
Male:80.88, Female:87.18
- IMR 1.5
- Lowest Medical Expenditure



# Major Health Indicator

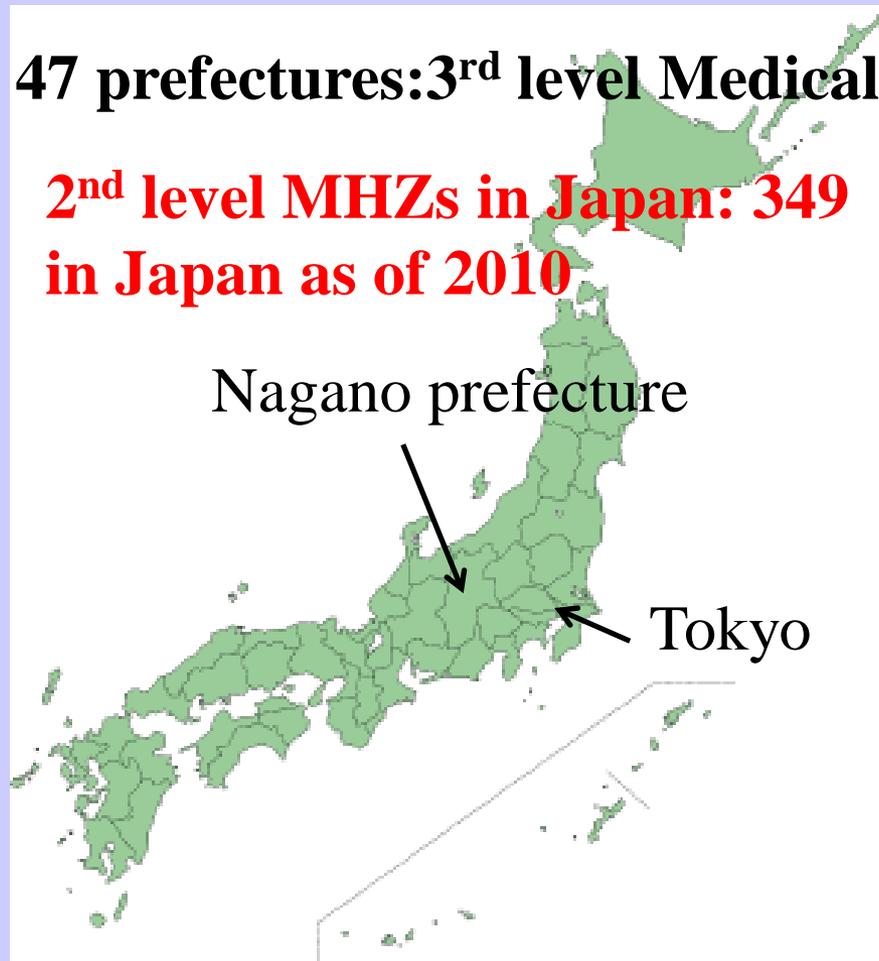
( Human Development Report 2005 Edition)

|   | <u>Japan</u>   | <u>USA</u>     | <u>Sri Lanka</u>                           | <u>Cuba</u> |
|---|----------------|----------------|--|-------------|
| Life Expectancy   | 81.9           | 77.3           | M:71.7<br>F:76.4                           | 77.3        |
| IMR   | 3              | 7              | 11.2                                       | 6           |
| U5MR  | 4              | 8              | 13.4                                       | 8           |
| MMR   | 8              | 8              | 14.3                                       | 33          |
| <b>Total Expenditure<br/>On Health Per Capita</b><br>(US\$ Av Ex Rate)<br>By World Health Report 2003 | 2627<br>(2001) | 4887<br>(2001) | <u>2734 Rp</u><br>(2006 MOH<br>Annual R. ) | na          |
| GDP per capita(UNDP 2005)   | 33,713         | 37,648         | 3,778                                      | na          |

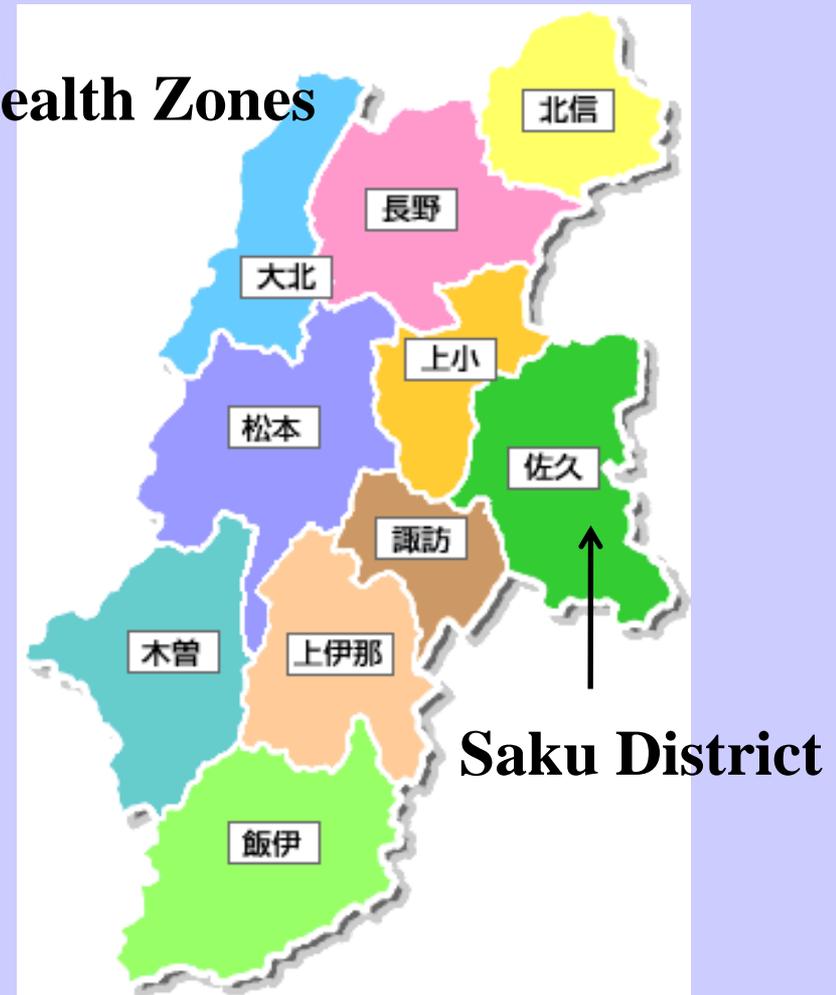
# Health Service Structure and Network

47 prefectures: 3<sup>rd</sup> level Medical Health Zones

2<sup>nd</sup> level MHZs in Japan: 349  
in Japan as of 2010



Public Health Center : 517  
Municipal Health Center: 2,710



10 District: 2<sup>nd</sup> Medical Health  
Zones in Nagano Prefectures

# Number of Doctors in Nagano, Japan



信濃毎日新聞  
記事より転載

# Health Service Zone and Network

## Is there the differences?

National Government: Medicine Law, Public Health Law etc

---

Prefectures (47): Medical and Health Service Plan etc

---

Tertiary medical service zone  
(1 for each prefecture)

Nagano Prefecture

Public H.Center

Secondary  
medical  
service zone  
**(365 In Japan)**

|           |     |
|-----------|-----|
| Hospital  | 14  |
| Clinic    | 122 |
| D. Clinic | 94  |
| Pharmacy  | 85  |

Saku District  
**Hospitals/Clinics**



|  |
|--|
| Supervision/Coordination                     |
| Monitoring                                   |
| Special Health Service<br>(Mental, MCH, etc) |
| Environmental Sanitation                     |
| Health Crisis Management<br>etc              |
| <b>Staff No of SPH:35</b>                    |

Primary medical  
Service zone

|      |      |         |
|------|------|---------|
| City | Town | Village |
| 2    | 4    | 4       |

Total Population

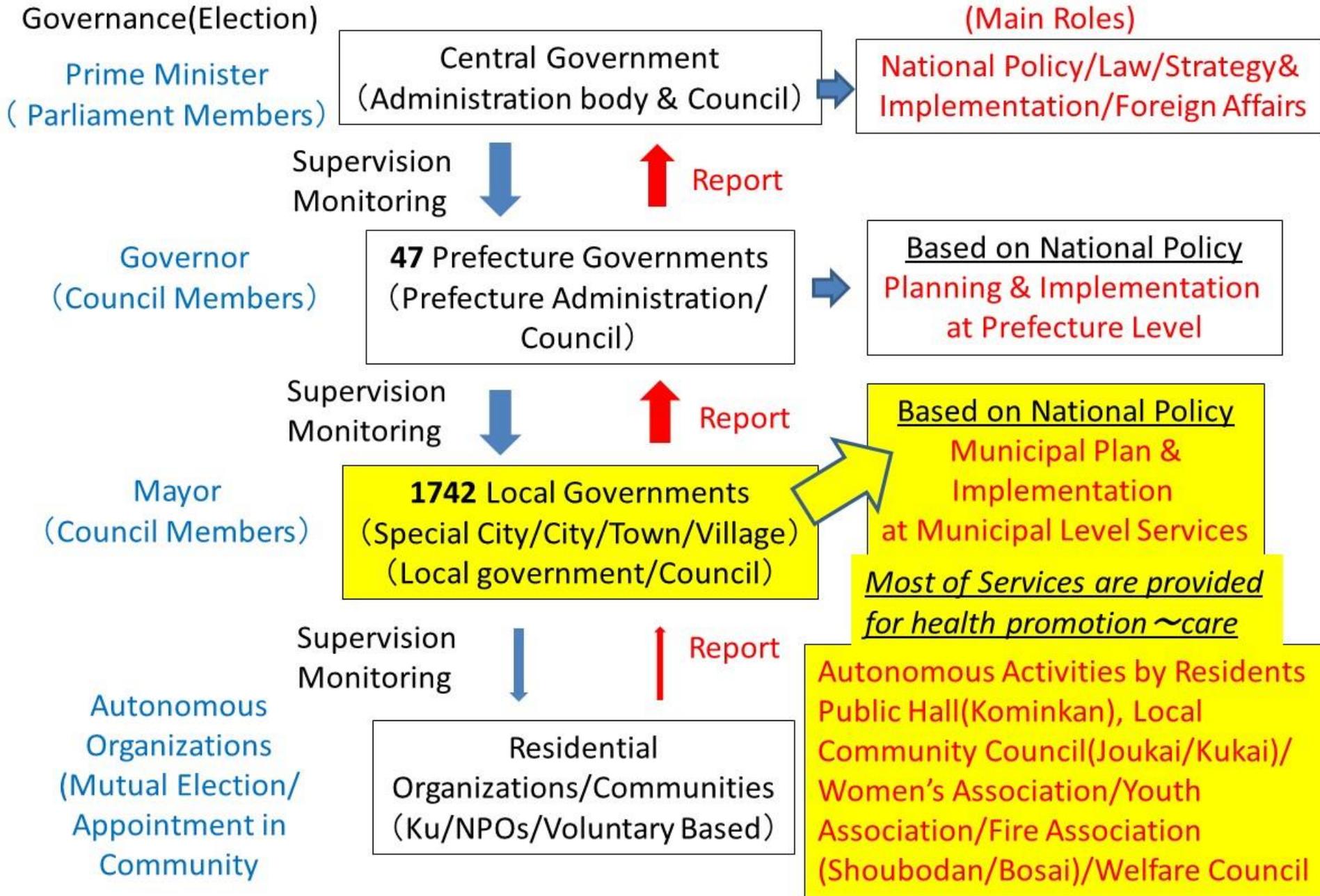
220,000

**Municipalities**

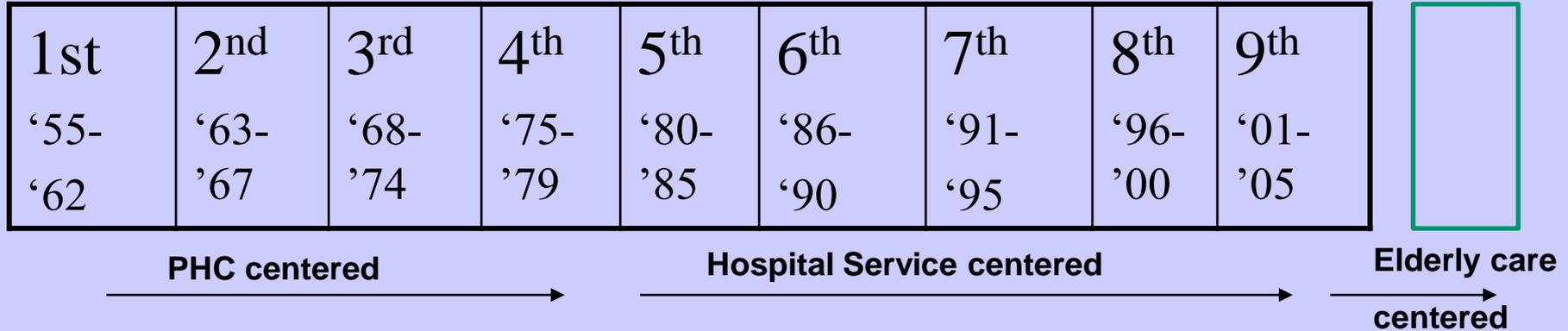
**(518 in Japan)**

**Health Personnel :3262 in Saku area**

# Political & Administration Structure in Japan



# Target of Basic Health/Medical Plan for Remote Area



Hospital  
In Remote Area

Remote Clinic  
Mobile Clinic

(by Vehicle/Ship)

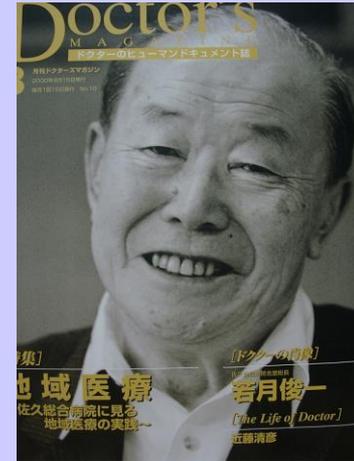
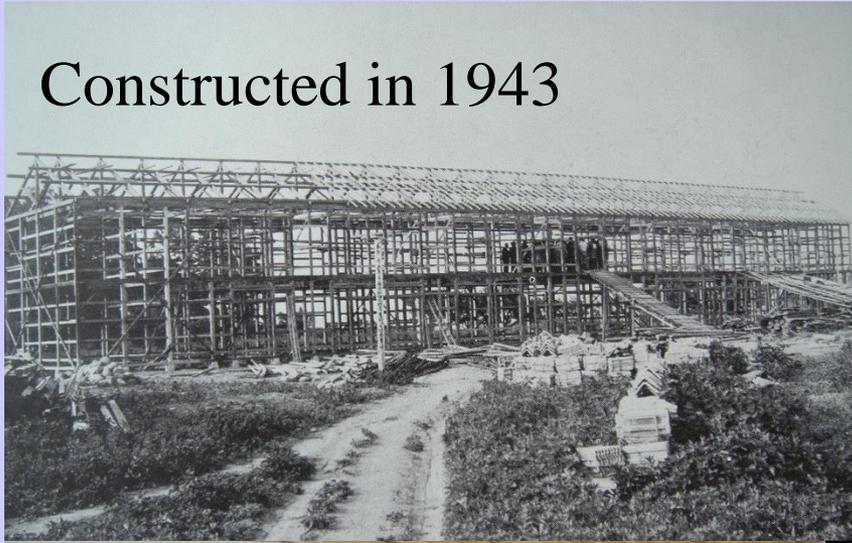
Accreditation of Core Hospital  
for Medical Care of Remote Area

To secure doctors, training,  
,information , Facility,  
Equipment, etc

- Medical University in each prefecture
- The Jichi Medical University

# Saku Hospital Past and Now

Constructed in 1943



Staff of SCH in 1946



Aerial View

# VIEWS ON RURAL HEALTH

## Goal/View

- Rural Development through Health



## PHC Approach



Community Health System/ Health Management (Care) Program

## Concepts/Objectives

- Equality of rural and urban area
- Participation (Together with farmers)
- Prevention oriented
- Integration of health and medical care



• Accessibility to Health/Medical Services

• Community Organization/ Health Volunteers

• Health Promotion/Public Health/Health Screening

• Health Screening/Early Cure/Referral System/ Networking

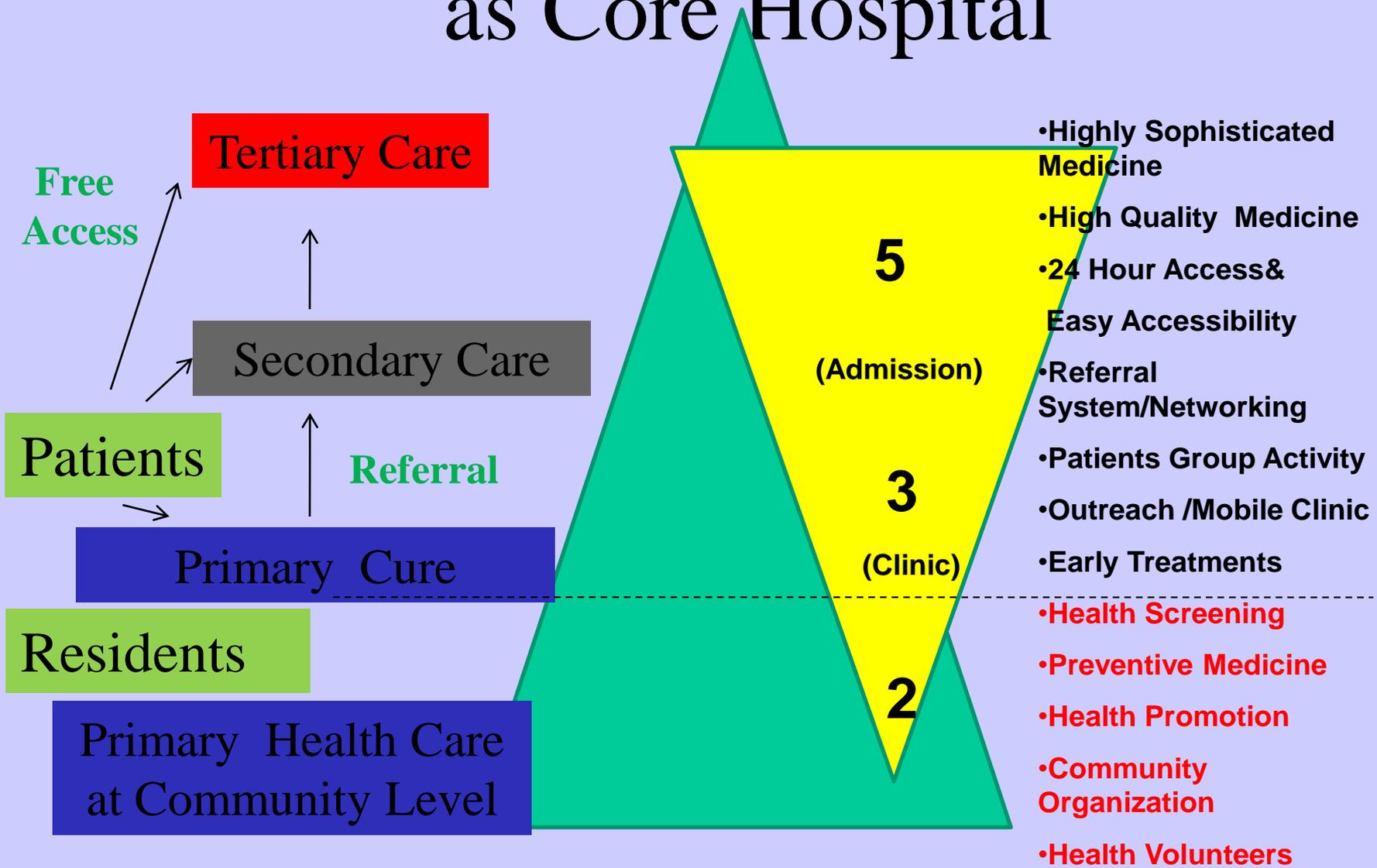


# Saku Central Hospital

## 5-3-2 Formula

- Care for In-Patient 50%
- Care for Out-Patient 30%
- Public Health , Disease Prevention and Health Management Activities 20%

# Implementation of 5-3-2 Formula as Core Hospital



# Role of Health Center/Clinic

HC in Asia/Africa

Clinic in Japan

3: ?

Primary Cure

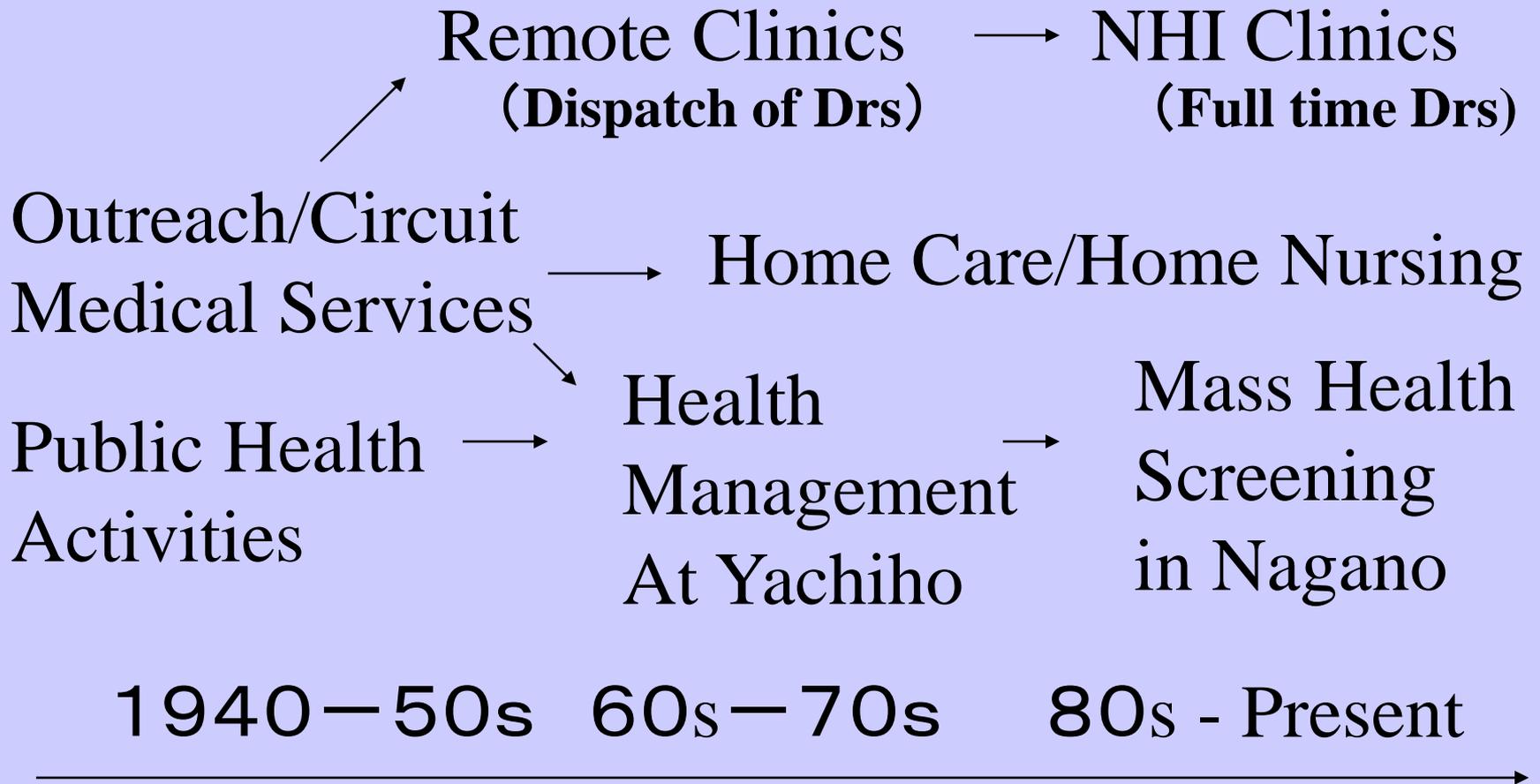
10: ?

7: ?

Prevention  
Health/ promotion of



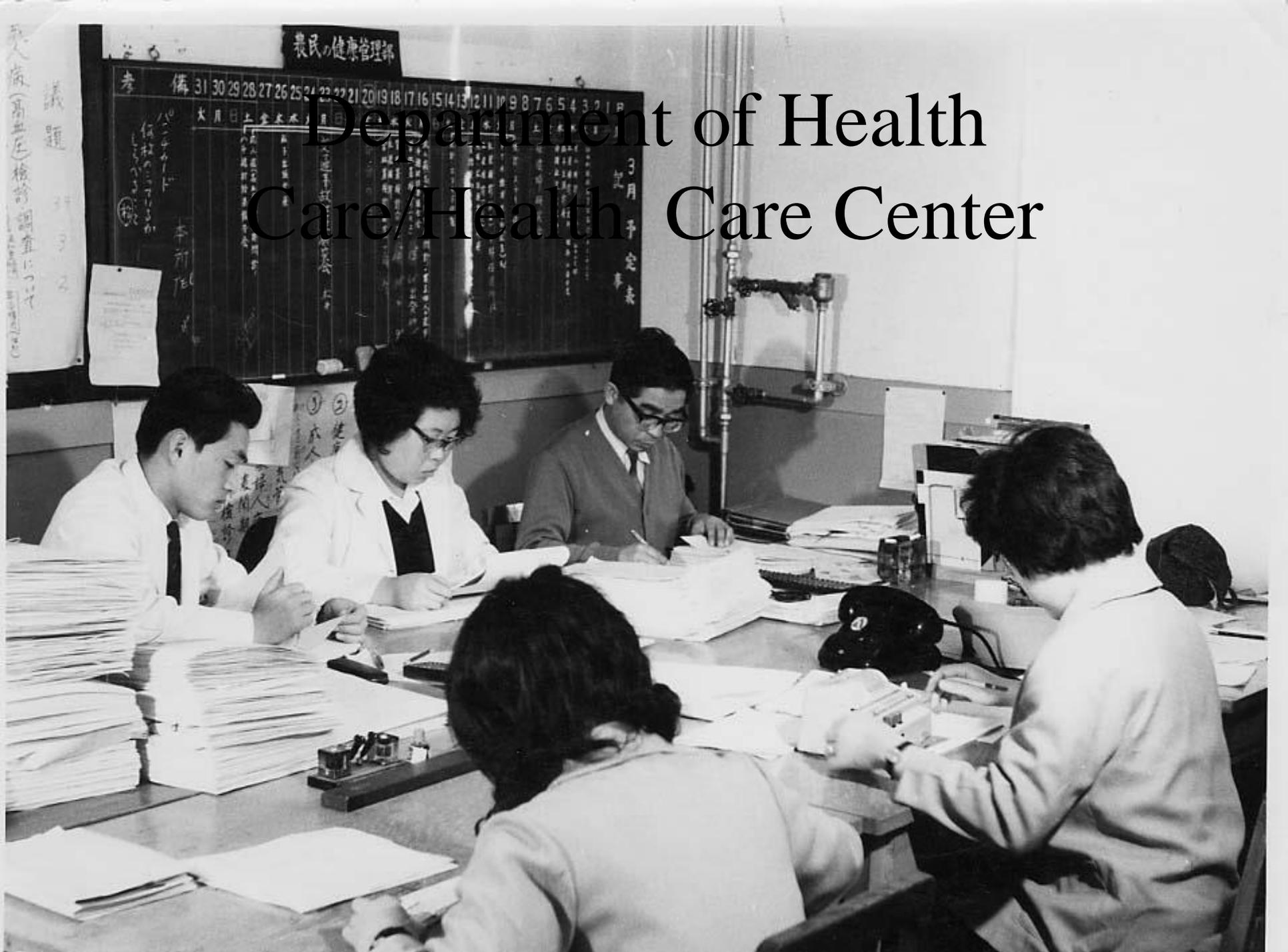
# Outreach Activities by SCH



# SAKU CENTRAL HOSPITAL and ACTIVITIES

- Clinical Service from Primary to Tertiary with Referral System and Networking
- Health Prevention/Promotion by MHS and Related Services
- Supportive Function for Community Health
  - \*Networking and Coordination
  - \*Training on Rural Health
  - \*Research on health in rural communities

# Department of Health Care/Health Care Center

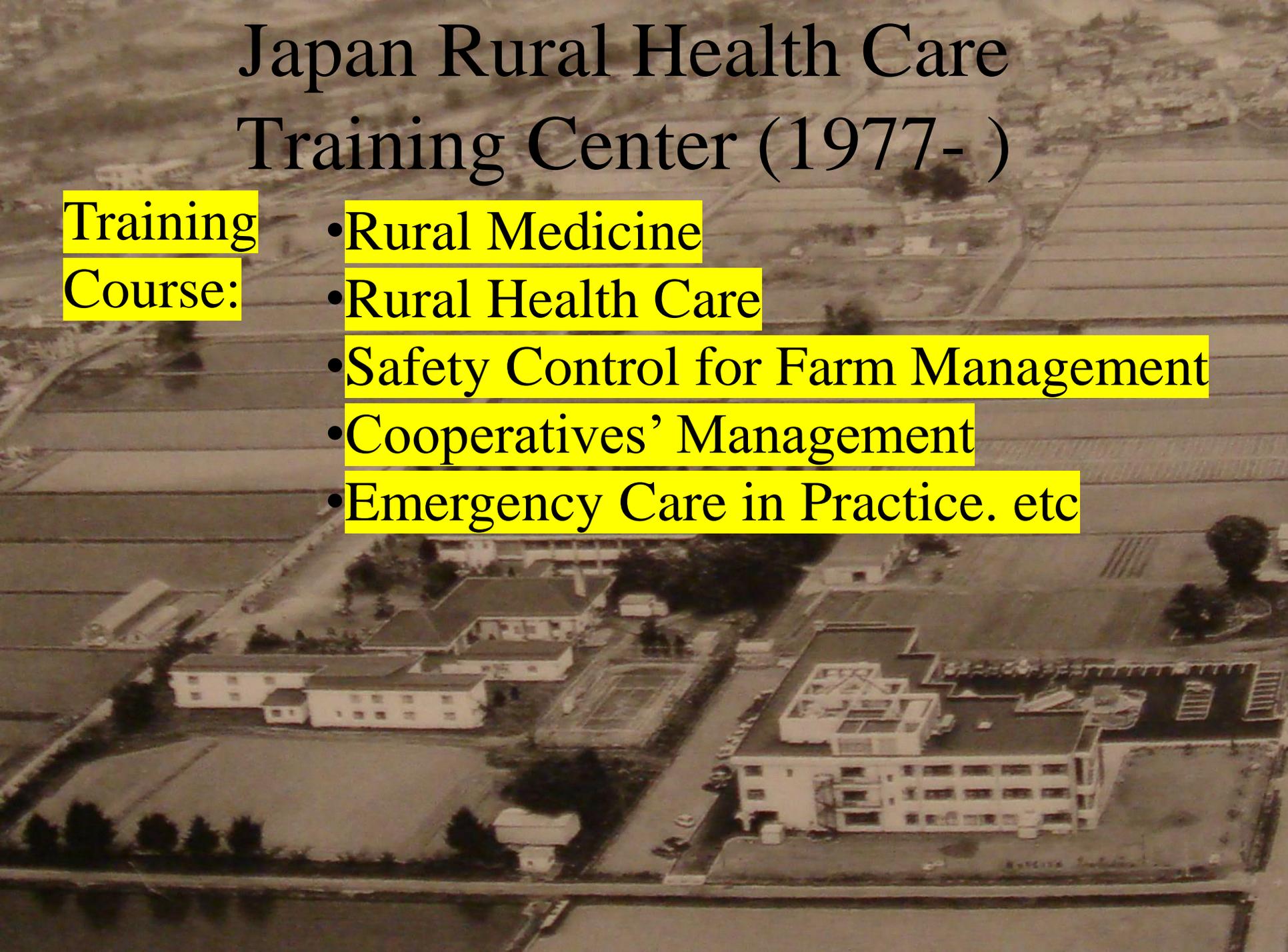


# Japan Rural Health Care Training Center (1977- )

Training

Course:

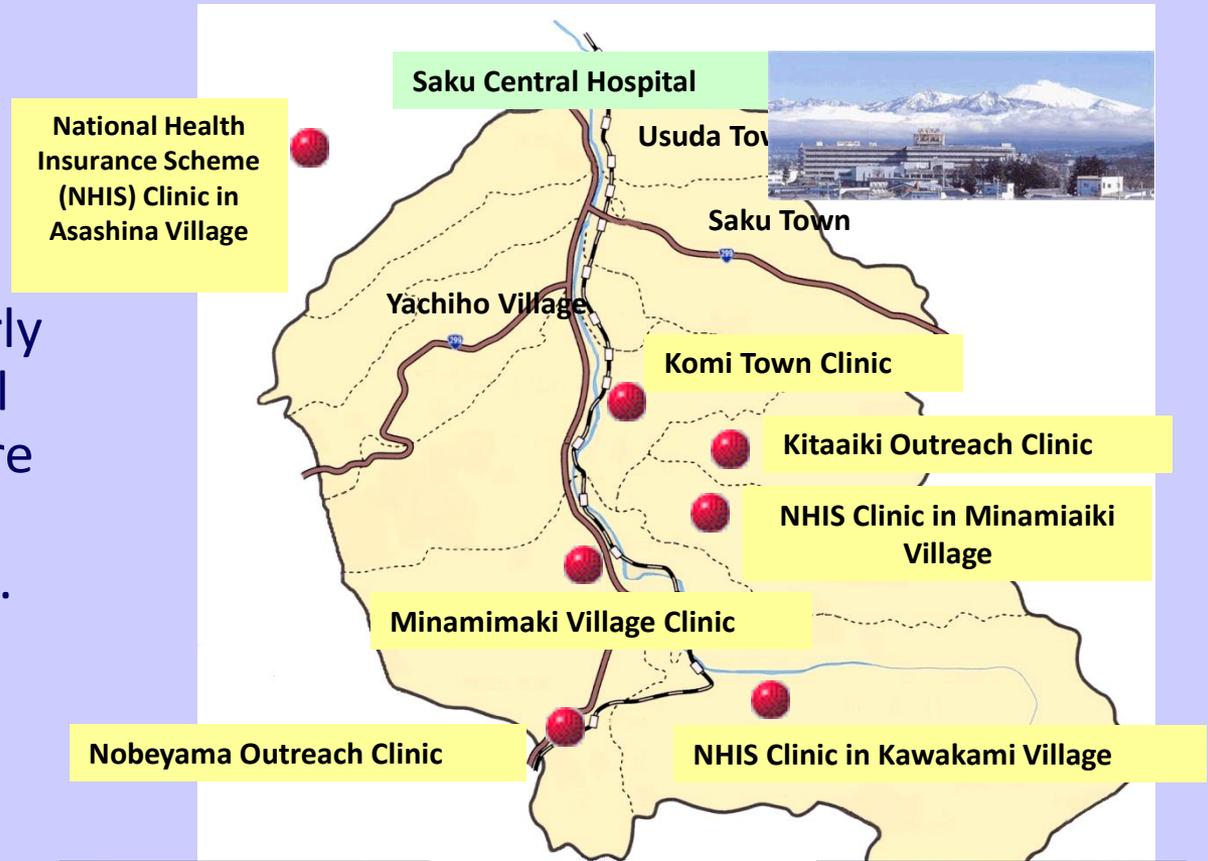
- Rural Medicine
- Rural Health Care
- Safety Control for Farm Management
- Cooperatives' Management
- Emergency Care in Practice. etc



# Network for Front Line Medical Care

Emphasis is put particularly on the delivery of medical care in general, health care and home care in remote hamlets in the mountains.

Doctors are dispatched on rotation basis and back-upped



Kōmī



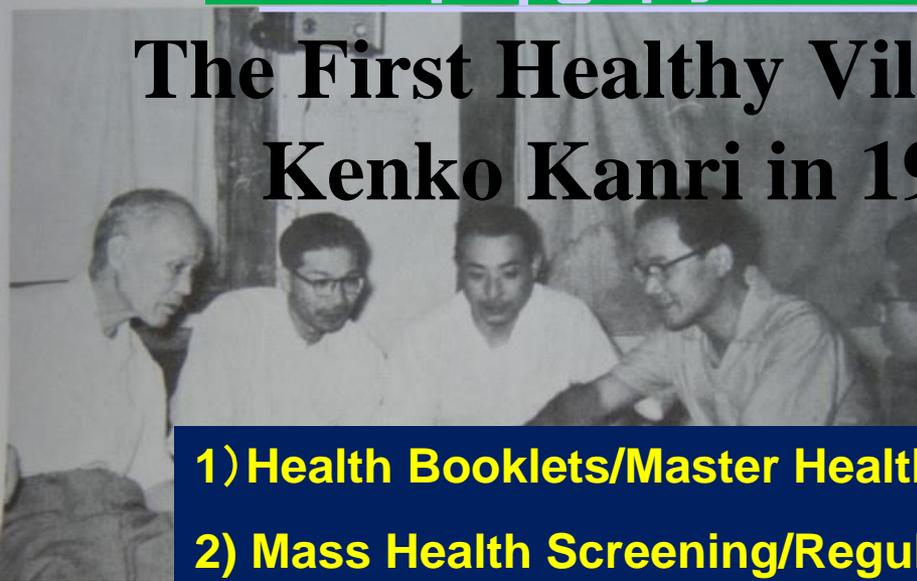
Kita-Aiki



Kawakami

# 八千穂村の全村健康管理活動

## The First Healthy Village Campaign through Kenko Kanri in 1959 at Yachiho Village



Community Diagnosis & Cohort Study

個人と家族の健康情報  
把握、管理改善を図る  
Health Information

- 1) Health Booklets/Master Health Record
- 2) Mass Health Screening/Regular Check-ups
- 3) Upbringing Health Volunteers



アウトリーチ・検診

Outreach/Health Check



保健ボランティア  
VHW

# What is Health(Care) Management? (Kenko-Kanri)

**Goal: to Develop Healthy Village**

**Comprehensive Approach is characteristic!**

- Health survey/research
- Health check-up
- Follow up activities
- Health promotion
- Health education
- Organization

Community Health

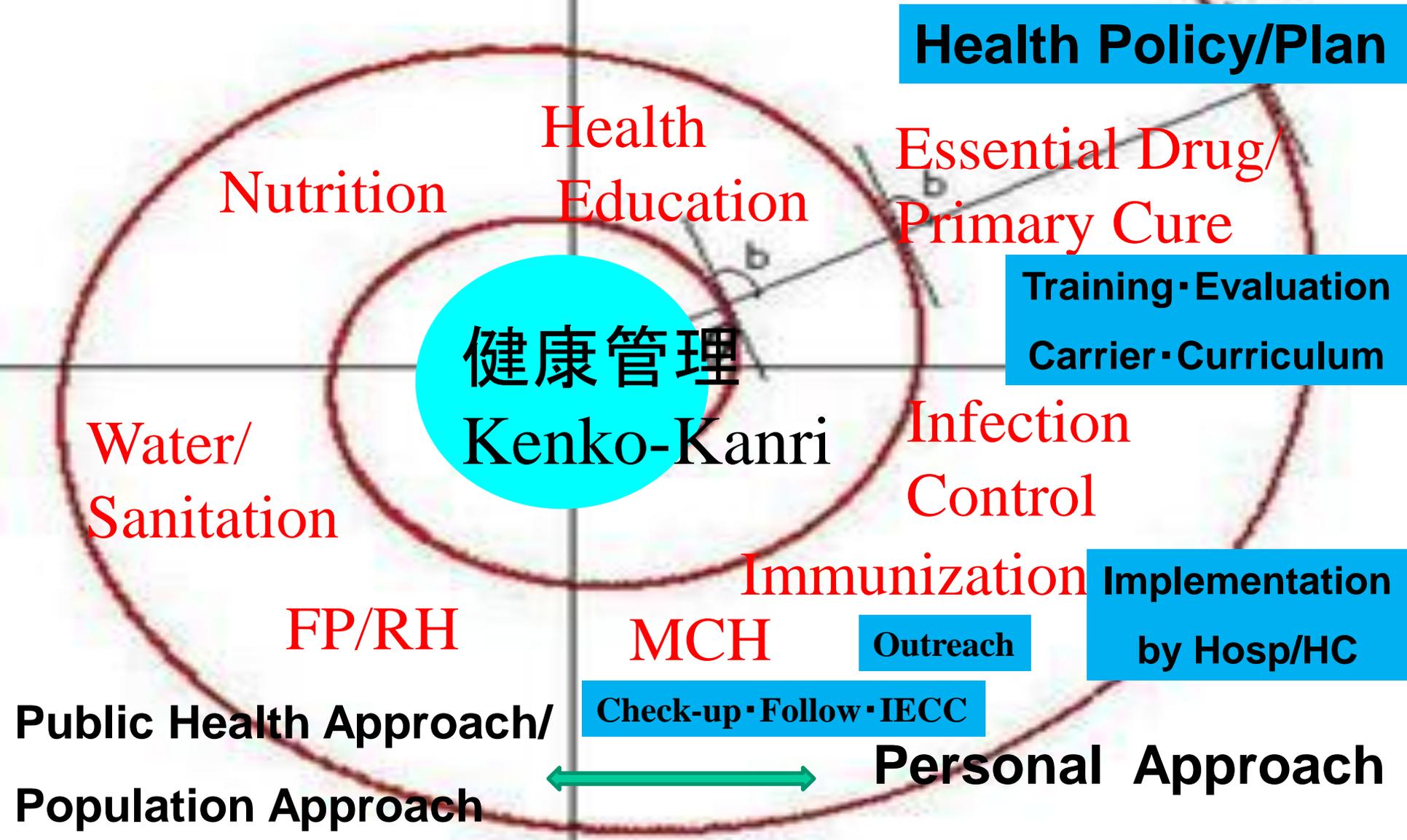


Public Health

(Public Society/  
Community)



# Kenko-Kanri and PHC



**Health Policy/Plan**

**Essential Drug/  
Primary Cure**

**Training-Evaluation  
Carrier-Curriculum**

**Infection  
Control**

**Implementation  
by Hosp/HC**

**Outreach**

**Check-up-Follow-IECC**



**Public Health Approach/  
Population Approach**

**Personal Approach**

# Hygiene Guidance Volunteer in Yachiho

- 1959: 「Hygiene Guidance Volunteers」 in Yachiho started.
- One Hygiene Guidance Volunteer covers about 100 families.
- No. of Hygiene Guidance Volunteers is 15.

- Health and Welfare Festival  
In the village



# Health Volunteers in Nagano

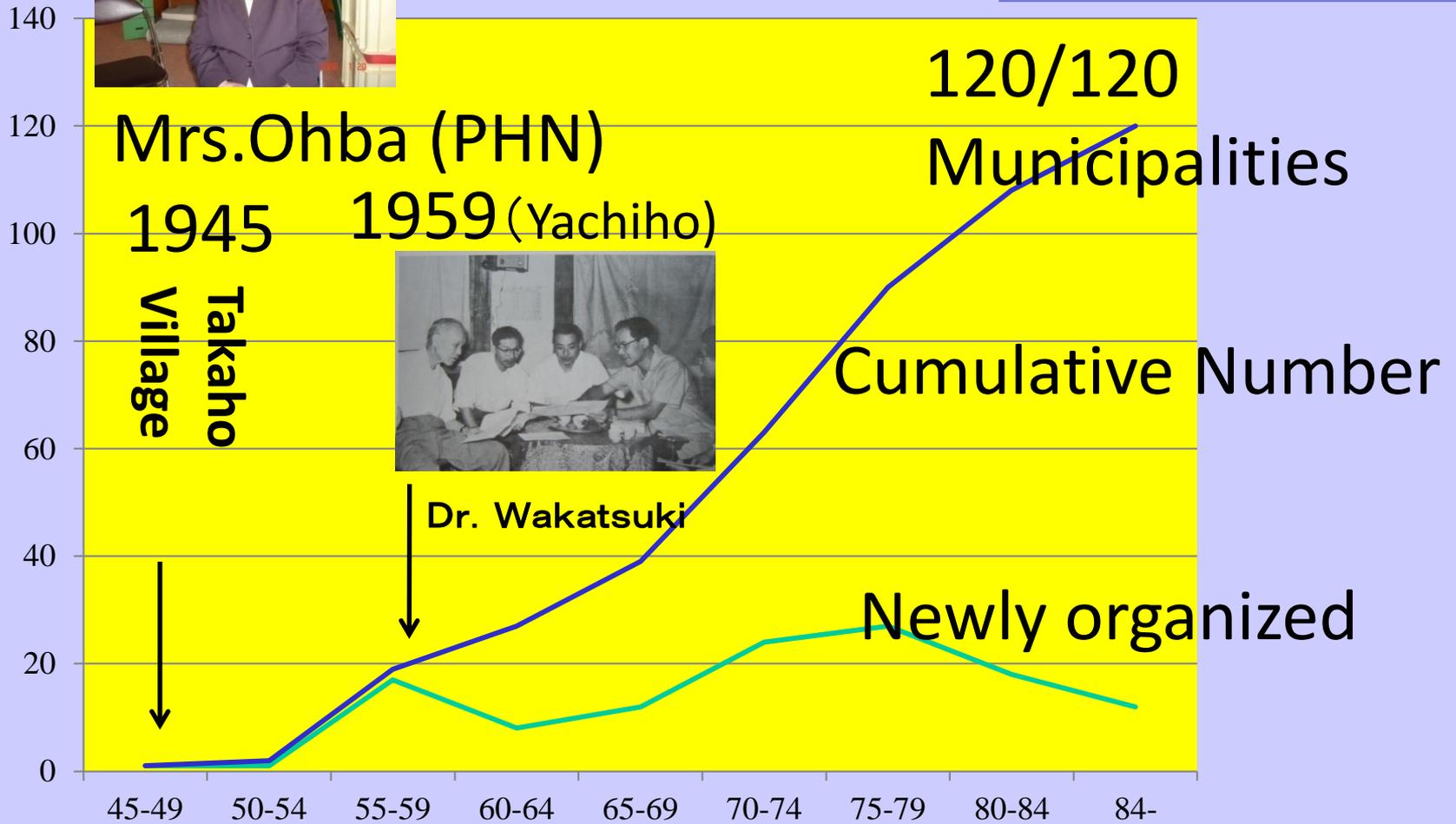


- 1945:Public Health Nurse organized and facilitated health volunteers in Takaho Village and expanded into Suzaka City in 1955
- 1949:Ministry of Health's notification of health volunteers to strengthening facilities of National Health Insurance
- 1959: Health Guidance Volunteers in Yachiho Village  
↓
- Health volunteers expanded into all Municipalities in Nagano
- No of Volunteers: 869/100,000 in Saku  
635/100,000 in Nagano
- Activities for public health, nutrition, hygiene in communities

# Municipality where Health Volunteers organized and served in Nagano Prefecture



12,929 of VHWS serving in 2006



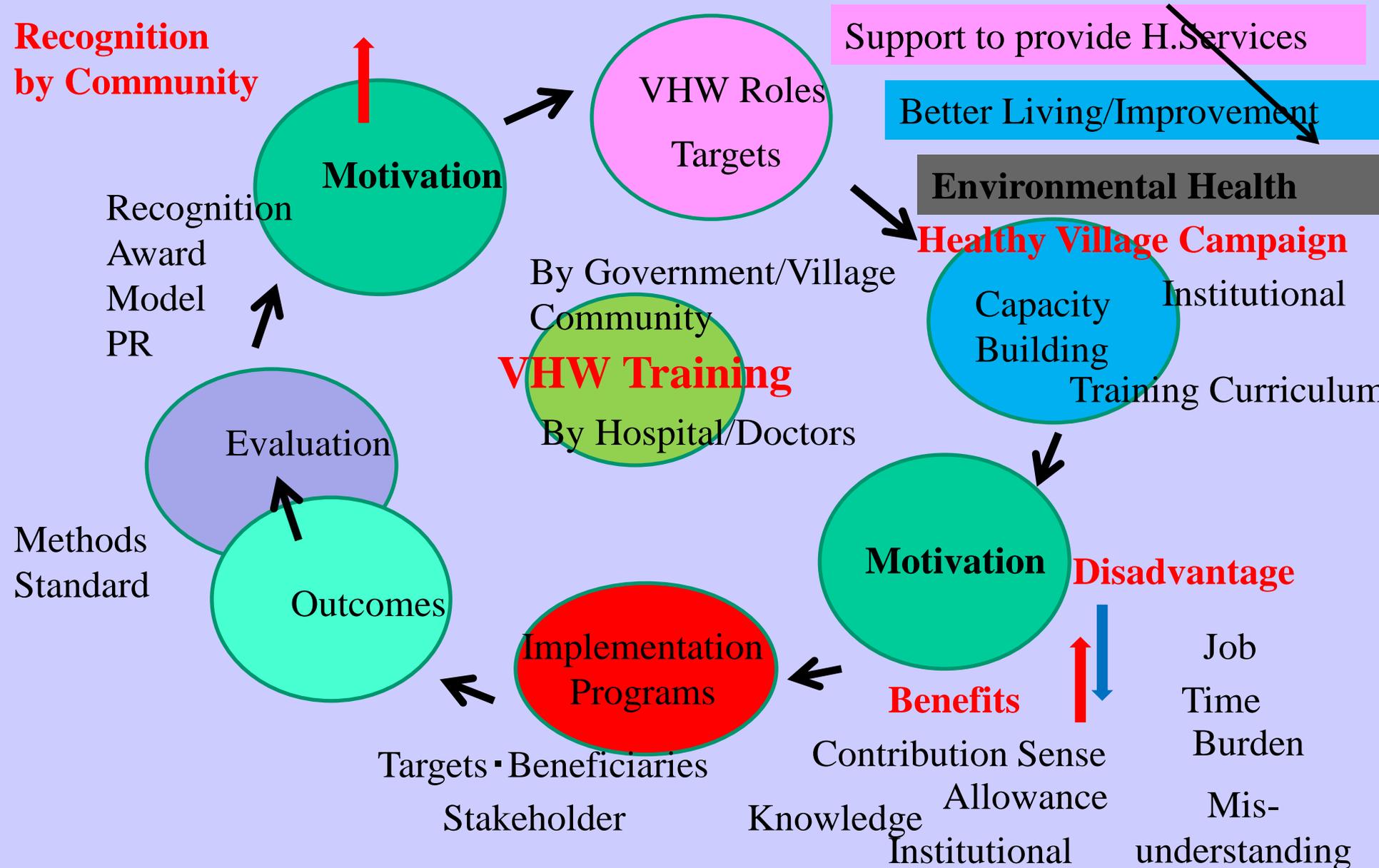
Mrs. Ohba (PHN)  
1945 1959 (Yachiho)

Village Takaho



Dr. Wakatsuki

# Training/Enforce of VHWs



# Regular Health Checkup based on Laws

## Children

## ★ Physical Exam

At Birth

★ +C



(1m)

★ +A

3-4m

★ +N

7-8m

★ )

9-10m

★



1.5yr

★

3yr

★ +

Day nursery

★

Preschool

★

Elementary School

★ +Urine,ECG,Chol,Hb

Junior High School

★ +Urine,ECG,Chol,Hb

## Adult

★ Company employee

once a year

- Chest-XP
- Physical Exam.
- Blood Test

★ People over 40 y.old  
once a year

- Basic Checkup
- Cancer Screening

Stomach

Lung

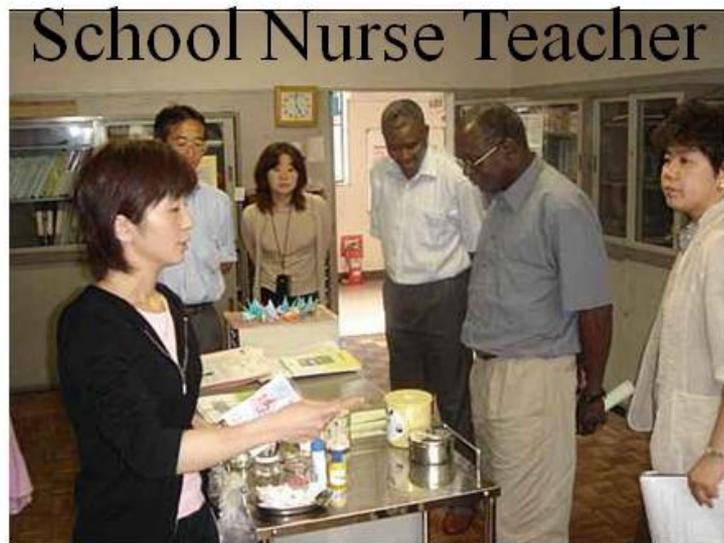
Colon

Breast

Uterus

# School Health Activities

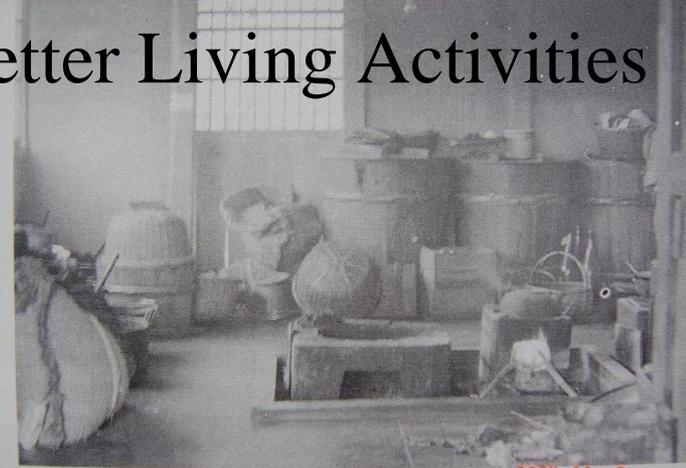
## -Health Management-



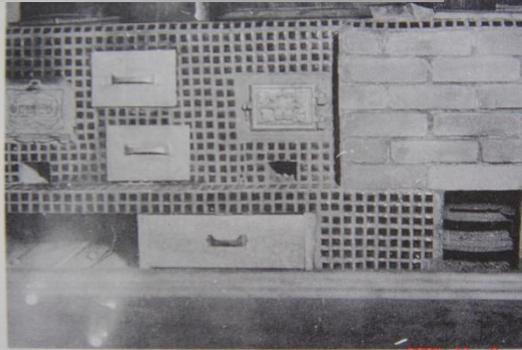
# Community Activities/Better Living Activities



20年代の普及員の足はもっぱら「みどりの自転車」で、



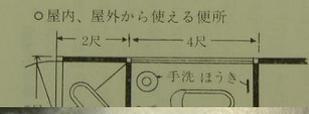
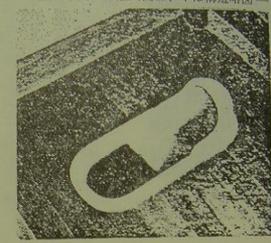
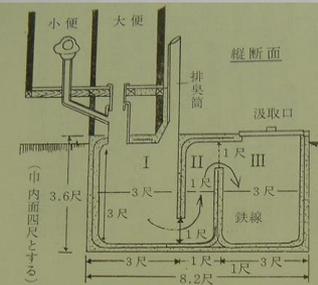
お勝手・漬物・物置も一諸の当時の台所



改善されたカマド (諏訪市)



倉石まさえさんの家に一台だけあるミシン



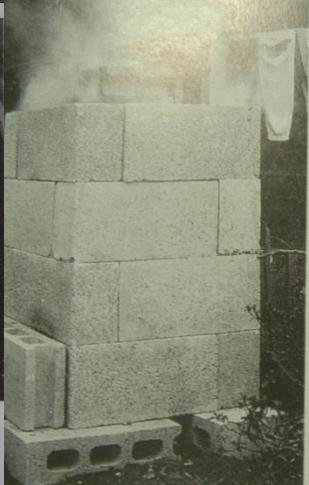
村づくり活動の拠点 (婦人の家活用による、ジュース加工 S60、松川)



無人販売市 (S60、喬木村)



婦人の技をいかした特産品づくり (2004 美竜村 柿巻き)

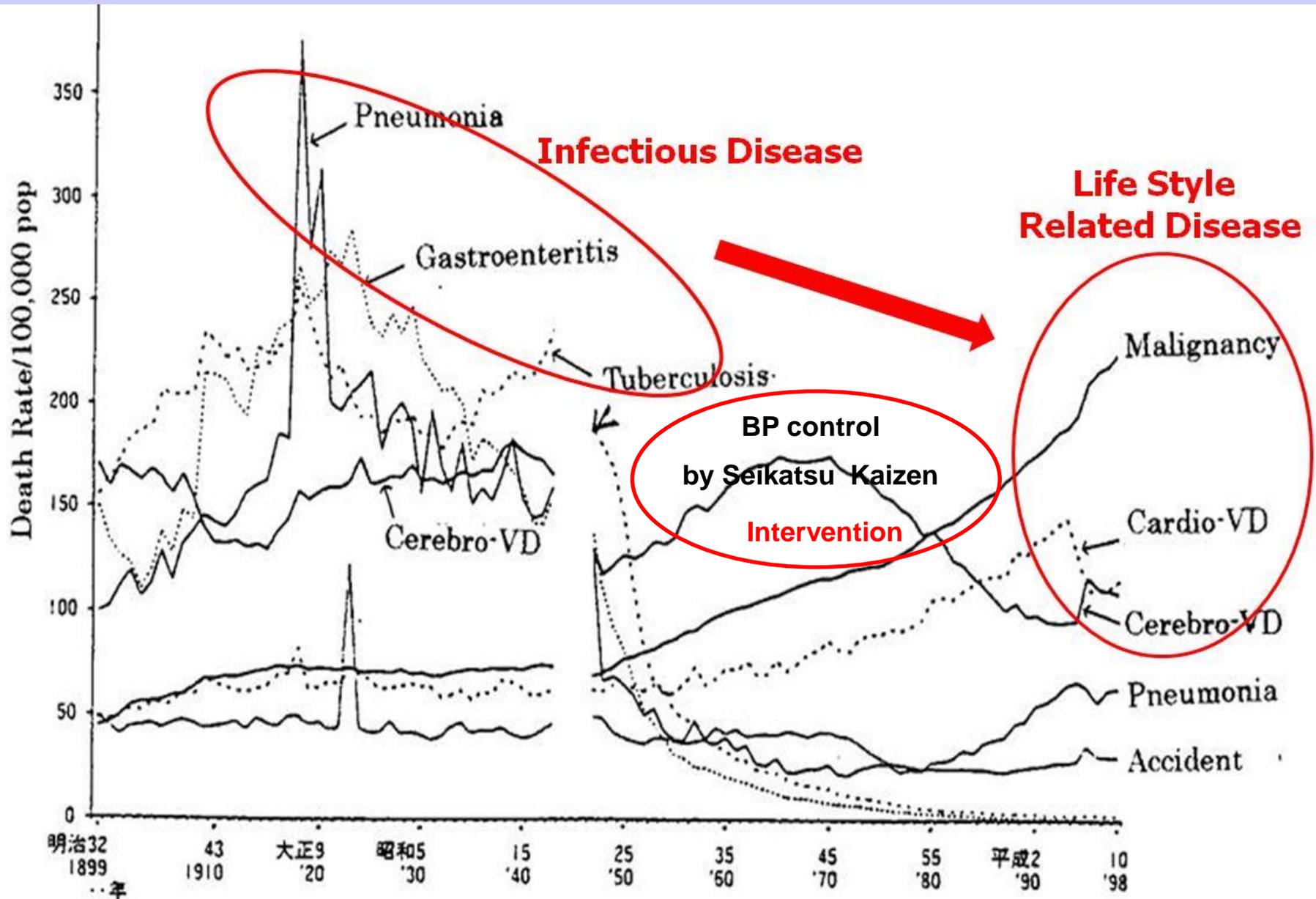


県下に広く普及したゴミ焼却炉

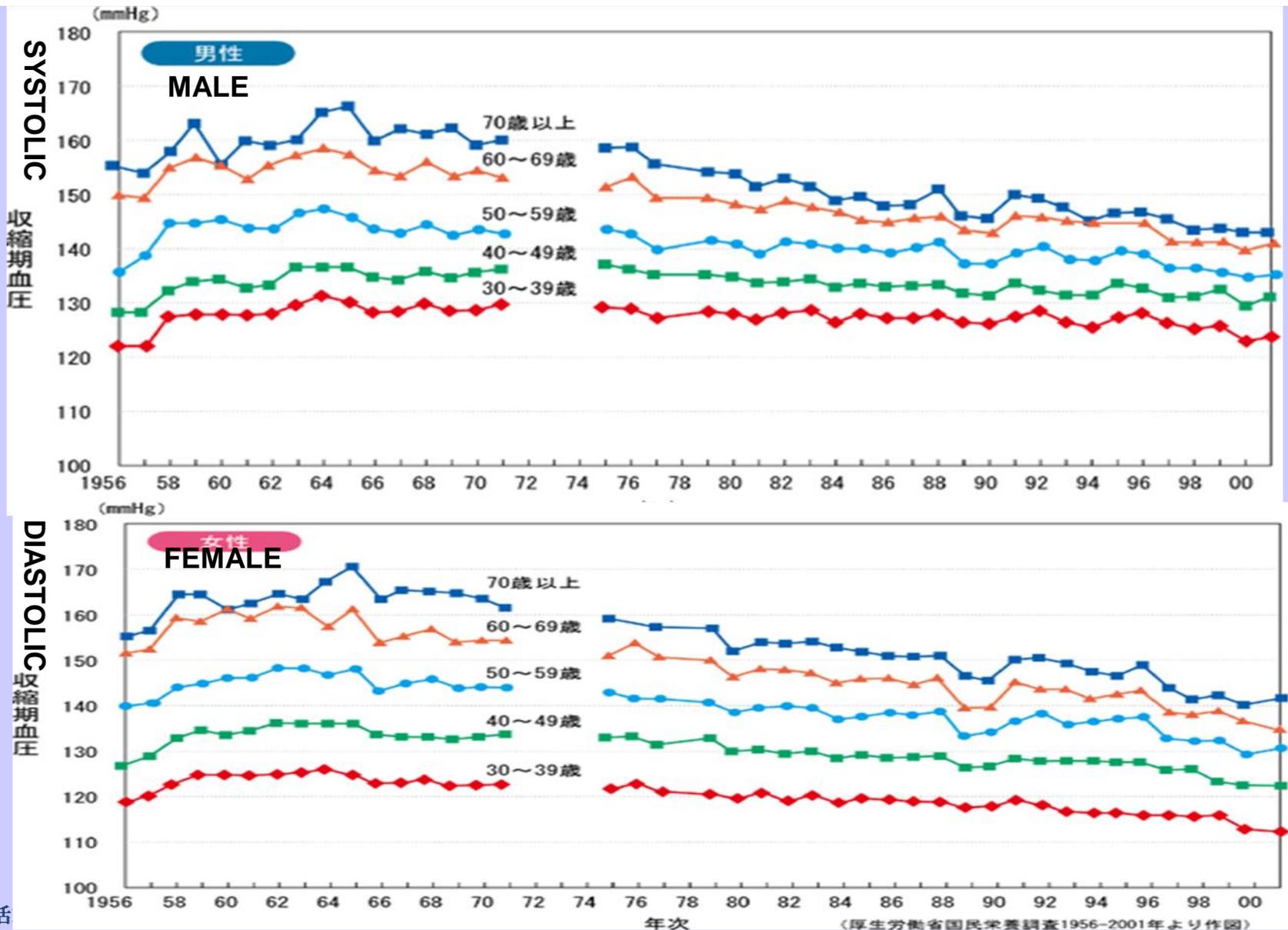


2004 11 9

# Trends of Main Causes of Death for 100 Years



# TREND OF AVERAGE BP OF JAPANESE PEOPLE



# Seikatsu-Kaizen Campaign

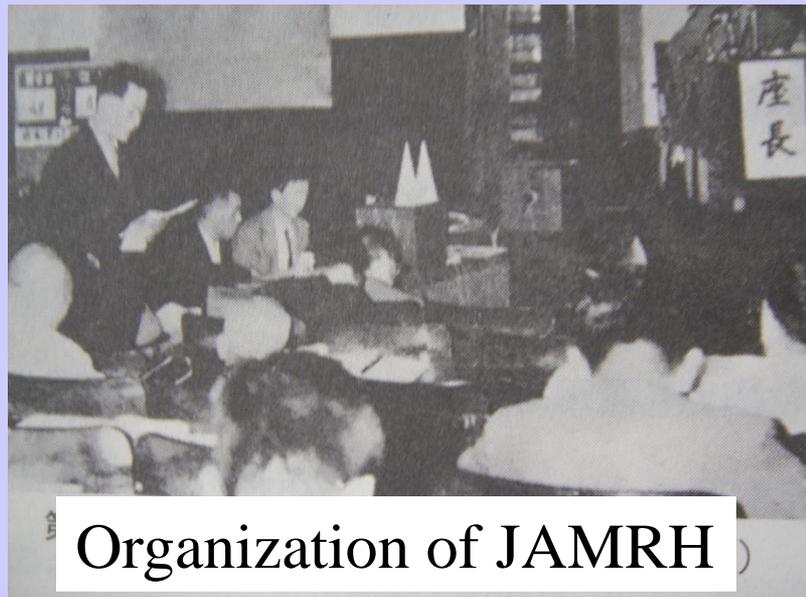
|               |                               |
|---------------|-------------------------------|
| Purpose       | Better Life                   |
| Start Point   | Existing Resource             |
| Methods       | Adaptable/Internal Production |
| Tool          | Mutual Help/Synergetic        |
| Capital Input | Local Government/Resident     |
| Leader        | Local Leader/Resident         |
| Event         | Continuity                    |
| Main Issue    | Comfortable/Security          |
| Main Interest | Long/Sustainable              |

(By Hiroshi Sato of IDE)

# IEC and Community Organization



Hospital Festival



Organization of JAMRH



Patient Group of TB

# Why is The SAKU called a Model?

## Under Common Health Policy & Structure in Japan

- Nagano Model as tertiary medical zone
- Saku Model as secondary medical zone
- Clear Vision of community health by doctors and hospitals in the area for UHC
- Implementation based on Vision (Kenko Kanri such as for healthy village)
- Seikatsu Kaizen (better living campaign)
- Hospital management concept based on 5:3:2
- Health care management center/training center
- To be standardized for international cooperation for UHC

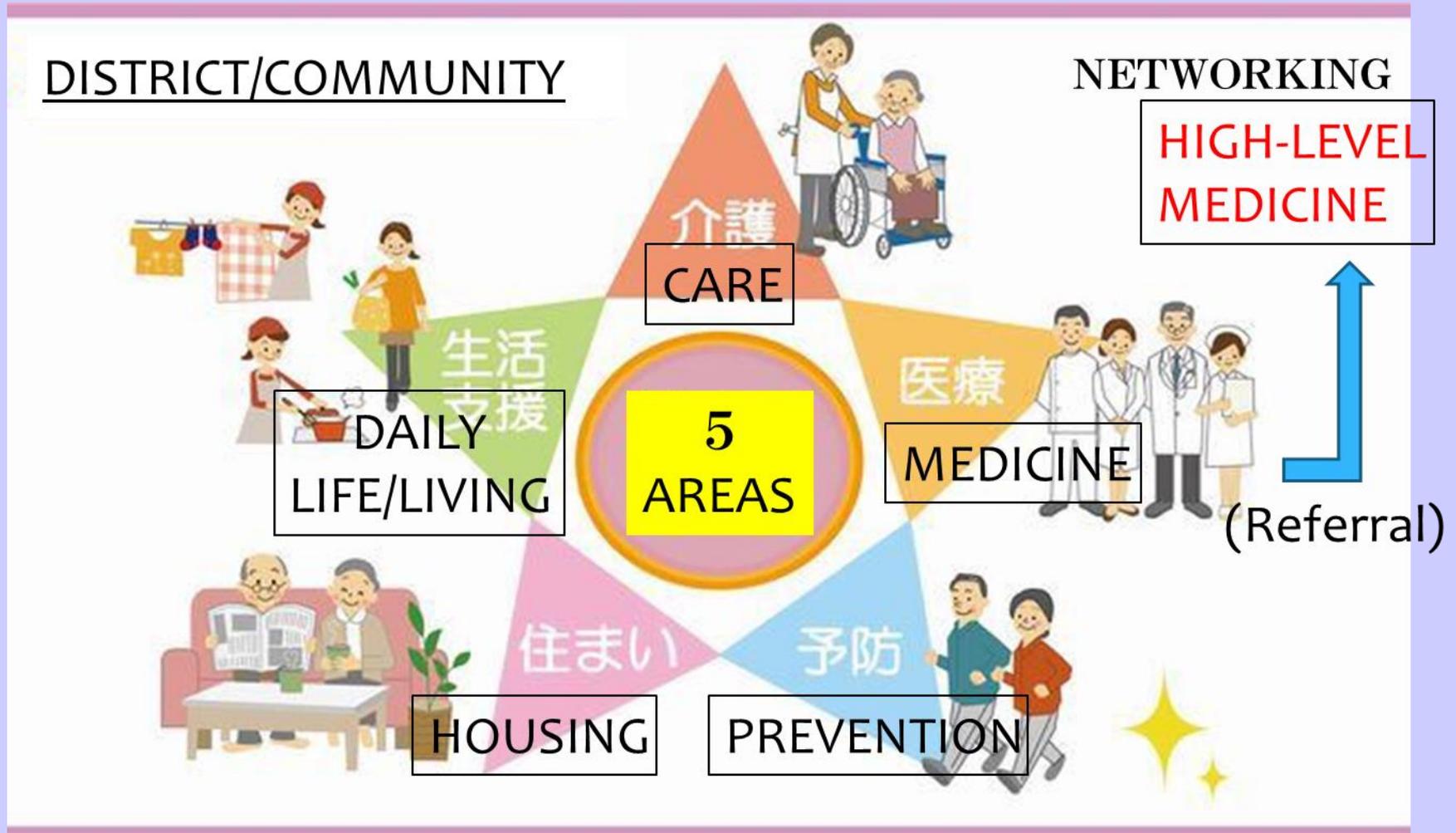
**How to adapt it to developing countries  
for  
promoting universal health coverage**

# HISTORY OF HEALTH /WELFAE POLICY FOR THE AGED IN JAPAN

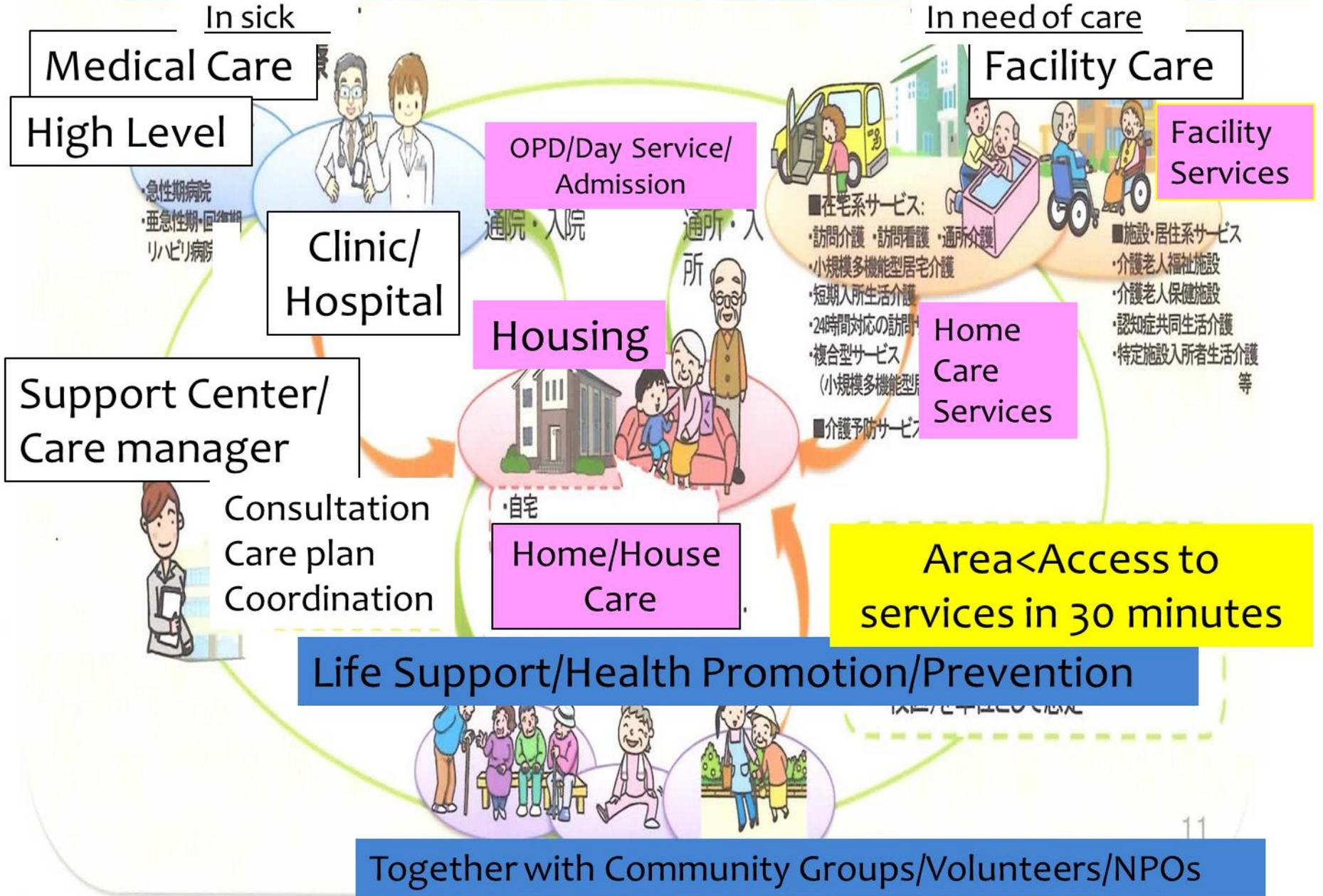
| PERIOD   | Ageing Ratio     | Major Health Policy  |
|--|------------------|--|
| <b>1960s:</b><br>Beginning of Policy for Aged                            | 5. 7%<br>(1960)  | <b>1964:</b> <u>Welfare Policy for the Aged</u><br><ul style="list-style-type: none"> <li>◆Special Care Home for the Aged</li> <li>◆Home Helper institutionalized</li> </ul>   |
| <b>1970s:</b><br>Increase of expenditure                                 | 7. 1%<br>(1970)  | <b>1973 :</b> Free Medical Service for the Aged<br><b>1982:</b> <u>Health Policy for the Aged</u><br><ul style="list-style-type: none"> <li>◆Change of free service for Aged</li> <li>◆Introduction of health check up for over 40 y.o.</li> </ul> |
| <b>1980s:</b><br>Increase of Social hospitalization/<br>Bedridden people | 9. 1%<br>(1980)  | <b>1989:</b> <u>Gold Plan (10 year-Strategy Plan for Health and Welfare for Aged)</u><br><ul style="list-style-type: none"> <li>◆Promotion of home care and delivery plan such as care faciltiy, intermed.care facility</li> </ul>                 |
| <b>1990s:</b><br>Promote of Gold Plan                                    | 12. 0%<br>(1990) | <b>1994:</b> <u>New Gold Plan</u><br><ul style="list-style-type: none"> <li>◆Strengthening home care</li> </ul>  |
| Preparing<br>Care Insurance  | 14. 5%<br>(1995) | <b>1996:</b> Political agreement of ruling parties for care insurance<br><b>1997:</b> Care Insurance Law Resolution  |
| <b>2000s:</b><br>Care Insurance started                                  | 17. 3%<br>(2000) | <b>2000:</b> <u>Care Insurance enforced</u>  |

# PARADIM SHIFT OF HEALTH CARE SYSTEM

## INTEGRATED HEALTH AND WELFARE SERVICE SYSTEM (District Universal Health Care System)



# IMAGE OF INTEGRATED COMMUNITY CARE SYSTEM



# IMAGE OF INTEGRATED COMMUNITY CARE SYSTEM



**Plan to re-organize hospital structure**



● Concepts of Gold Plan

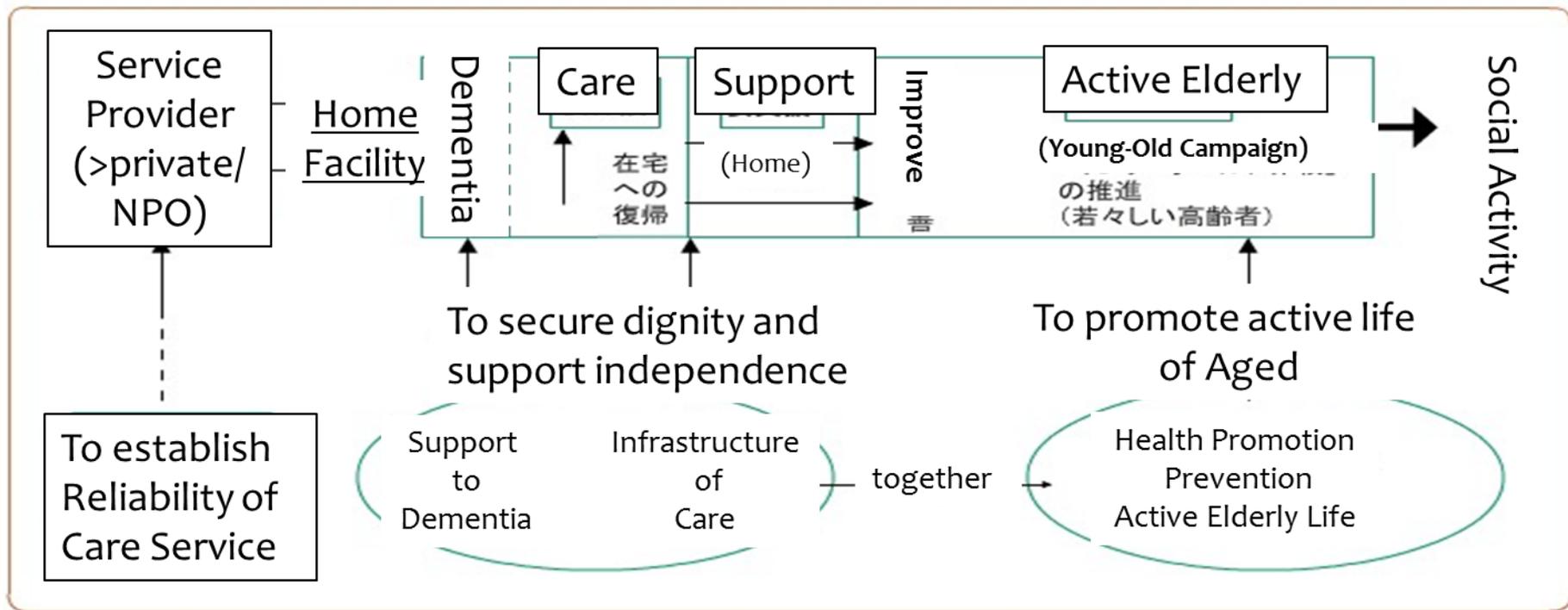
- 1.To promote Active Life of Elderly
- 2.To support dignity and independence of elderly
- 3.To make mutual-aid community
- 4.To establish reliable elderly care

● Policy of the Gold plan

- 1.To make care service infrastructure
- 2.To support people with senile dementia
- 3.To promote active life of elderly
- 4.To improve system of community for mutual aid
- 5.To make reliable care service delivery
6. To establish social infrastructure for elderly



支え合うあたたかな地域



**CARE INSURANCE**

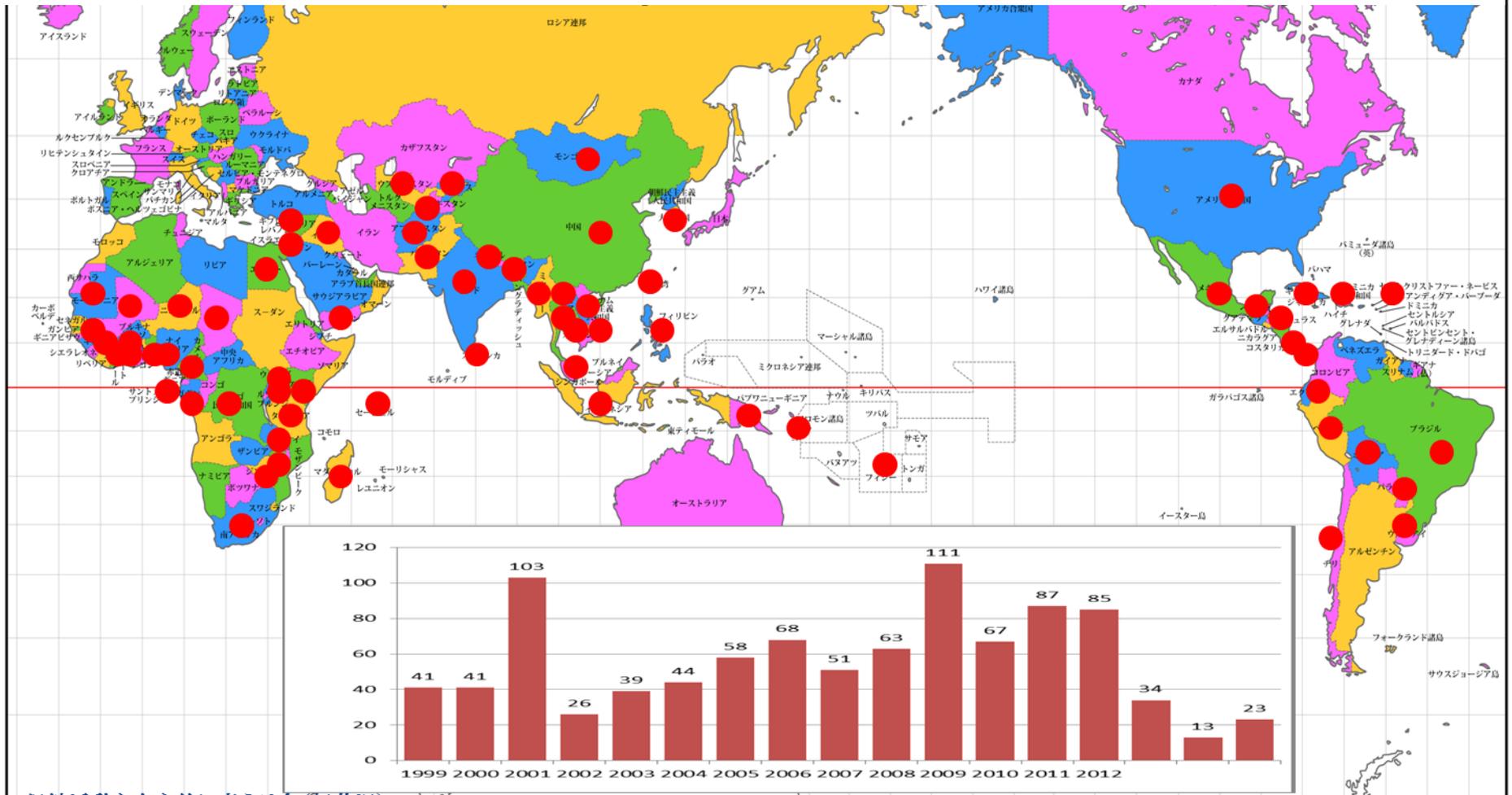


**HEALTHYJAPAN 21**

To establish social infrastructure to support health and welfare for Aged  
 To secure social awareness, health science, community for Aged

# Trainees/Visitors from Developing Countries

## 1999-2015 at SCH&RHTC





Mt.Asama



Mt Yatsugatake

**I HOPE YOU WILL SERVE PEOPLE AS A MEMBER OF  
OUR RURAL HEALTH NETWORK OF OVERSEAS TRAINEES OF  
SAKU CENTRSL HOSPITAL**

Mt.Fuji



Thank you

2006 3 4