



Japan Association of Medical and Care Facilities (JMC) Emergency Headquarters for East Japan Earthquake Disaster

[Director] Yozo Takehisa [Deputy Director] Takaki Fuke [Chief Secretary] Yukihiro Ikebata

First of all, we would like to offer our most sincere condolences to those who lost loved ones in the earthquake and tsunami and to extend our heartfelt sympathy to all those affected by the disaster.

We established an emergency headquarters on March 11, the day of the earthquake, and since have been working to restore chronic care in the affected area. With the cooperation of our fellow members and supporters, the JMC will continue to work together as a team to support the road to recovery.

Our Support Efforts

- 1 . Transport of relief supplies**
- 2 . Dispatch of medical staff**
- 3 . Acceptance of chronic care patients requiring medical management**
- 4 . Acceptance of patients from affected areas**
- 5 . Call for donations**

1. Transport of Relief Supplies

Thanks to the cooperation of JMC members and supporters, we were able to deliver about 40 tons (4,000 boxes) of relief supplies to member facilities in affected areas.

- [First shipment] Wednesday, March 16 One 10-ton truckload
To: Four hospitals in Iwaki (Fukushima Prefecture) and one hospital in Hitachiomiya (Ibaraki Prefecture)
- [Second shipment] Thursday, March 24 One 10-ton truckload
To: Two hospitals in Ishinomaki, two hospitals in Sendai, one hospital in Kakuda, one hospital in Natori, one hospital in Matsushima, one hospital in Wakayanagi (Miyagi Prefecture), and one hospital in Fukushima (Fukushima Prefecture)
- [Third shipment] Saturday, March 26 One 10-ton truckload
To: Two hospitals in Sendai, one hospital in Kakuda, one hospital in Natori, one hospital in Matsushima (Miyagi Prefecture), and one hospital in Fukushima (Fukushima Prefecture)

We have used courier services since late March to send relief supplies to member facilities across the Tohoku region.



2. Dispatch of Medical Staff

About 250 healthcare workers from member facilities across Japan, including medical doctors and nurses, have been recruited and are ready for dispatch.

March 16 to 17: Four nurses were dispatched. March 24 to 26: Three nurses were dispatched.

Dispatched staff share their experiences...

I was deeply moved by the young healthcare workers who were waiting for relief supplies in the affected areas—driven by hope for recovery, they were working to the best of their ability, protecting whatever they had. The supplies we delivered on a 10-ton truck were unloaded and carried into their facilities in the blink of an eye. When I wished them good luck on the long road to recovery, they answered with confidence that they would continue to soldier on. Although it was nighttime while we were there, I could nonetheless see scenes of the disaster that were way beyond my imagination. It made me think how I would break through such a situation.

I got a real sense of the situation in the disaster area, where there were shortages of so many supplies, not just medications. What was most memorable to me was the local staff members who were working so hard to take care of the patients, despite their fatigue and anxiety.



3. Acceptance of Chronic Care Patients Requiring Medical Management

On an as-needed basis, 227 facilities across Japan stand ready to accept up to 1,500 patients who are in the highest need of nursing care or severe chronic care management, for example mechanical ventilation, post-tracheotomy care, post-gastrostomy care, severe dementia care, and hemodialysis.

March 29, 2011

Yozo Takehisa, Director
 Takaki Fuke, Deputy Director
 Yukihiko Ikebata, Chief Secretary
 Japan Association of Medical and Care Facilities (JMC) Emergency Headquarters

Subject: Acceptance of Patients in the Highest Need of Nursing Care and Severe Chronic Care Patients

Dear acute care workers and healthcare coordinators in disaster-stricken areas,

First of all, we would like to extend our heartfelt sympathy to you in the aftermath of the Tohoku earthquake and tsunami.

We are acutely aware that you have been working on behalf of patients regardless of their condition, whether emergency or not, with a unified effort since the earthquake. We can only imagine the tremendous adversity you face.

We have delivered three shipments of relief supplies on 10-ton trucks to the 22 JMC member facilities in Iwate, Miyagi and Fukushima Prefectures. The extent of damage, however, is substantial, and chronic care facilities in the disaster area have yet to regain their full functions.

The JMC has received a request from the Ministry of Health, Labour and Welfare to accept patients from affected areas. We also understand that acute care hospitals in and around the area are in great need of supplies and manpower to meet the exploding number of patients even as they struggle to find a place to transfer patients who require rehabilitation, convalescent, or chronic care once their acute illnesses are treated.

In response to this situation, the JMC has begun to coordinate patient transfers to member facilities in the Kanto region. Patients requiring severe chronic care management (for example, mechanical ventilation, post-tracheotomy care, post-gastrostomy care, severe dementia care, and hemodialysis) as well as patients in the highest need of nursing care are being accepted at member hospitals or facilities for chronic care. It is our hope that by transferring chronic care patients, you can free up beds for patients who require intensive acute-stage care. This is truly a time to unite across the medical community. We as medical professionals are there with you to support recovery of the healthcare system and better medicine in your local communities.

For more information on the status of member facilities and the number of patients they can accept, please visit the JMC Emergency Headquarters website at <http://jamcf.jp/saigaitaisakuhonbu.html>. Should you have any request or question, please feel free to contact the JMC Secretariat. We would be glad to coordinate contacts between representatives of your facilities and our member facilities.

JMC Emergency Headquarters Website: <http://jamcf.jp/saigaitaisakuhonbu.html>

Contact Details
 Phone: 03-3355-3120 Mobile: 090-3240-3120
 E-mail: info@jamcf.jp
 Please feel free to consult about patient transfer methods as well.

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Hospital/Patient Information Form

Please fax to the JMC at [03-3355-3122](tel:03-3355-3122).

Facility name						
Address	(Postal code -)					
Phone				Fax		
Contact at facility				Department/division		

Patient Information (Please include all information within your knowledge.)

Sex	M / F	Age	years	Medical category	Extent of nursing care
(Condition)				Mechanical ventilation · Post-tracheotomy · Post-gastrostomy · Advanced dementia · Hemodialysis	

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Case Examples of Patients Transferred from Acute Care Facilities in Disaster-stricken Areas

[Case 1] Fukushima → Chiba Prefecture

Patient info	Female, 88 years old; extent of nursing care needs: 5
Patient condition	<ul style="list-style-type: none"> • Suctioning 1.5 to 2 h/session • Intestinal stoma: MAIBALANCE® liquid diet 400 mL × 3 times • MRSA carrier: Nasal cavity (2+), phlegm (±) • Bedridden • Foley catheter + diaper
Consultation detail	Hospitalized due to worsening condition during evacuation from a special elderly nursing home in Minamisoma. Pneumonia has subsided, but the patient is unable to return to the nursing home. Looking for a nursing facility or hospital near Abiko, Chiba, to which her family has evacuated.

[Case 2] Miyagi → Saitama Prefecture

Patient info	Female, 76 years old
Patient condition	<ul style="list-style-type: none"> • Hemodialysis • Receiving dialysis since Nov. 13, 2002, due to chronic renal failure from diabetic nephropathy. • Bilateral, lower extremity arteriosclerosis obliterans (ASO). Bedridden due to lumbar compression fracture. • Bilateral heel ulcers and left heel osteomyelitis in 2008 but healed. No existing ulcers at the moment, but may be prone to the condition. • Diabetes controlled by insulin injection. Dry weight set slightly higher due to hypotension during hemodialysis. Mild edema in legs. • Bladder cancer suspected in Mar. 2010 but not examined in detail. • Since the Tohoku earthquake and tsunami on Mar. 11, 2011, unable to visit hospital and hospitalized on Mar. 18 at our facility by request of Japanese Red Cross Ishinomaki Hospital, where the patient was originally seen. Currently under examination for bladder cancer at the Urology Department.

[Case 3] Fukushima → Saitama Prefecture

Patient info	Female, 80 years old
Patient condition	<ul style="list-style-type: none"> • On <u>mechanical ventilation</u> due to throat injury in a traffic accident which occurred last year
Consultation detail	In-patient care became difficult in Fukushima Prefecture due to the earthquake. Also treated for acute disease (surgery for hydrocephaly was being considered). Transferred to Kawaguchi Municipal Medical Center in Saitama, where transfer to a chronic care facility was recommended. Looking for a hospital in Saitama Prefecture, where her relatives reside.

Case Examples of Patients Transferred from Acute Care Facilities in Disaster-stricken Areas

[Case 4] Miyagi → Saitama Prefecture

Patient info	Female, 89 years old
Patient condition	<ul style="list-style-type: none"> • Chronic kidney disease (supportive care stage) • Chronic heart failure • Hypertension • Diabetes • Dementia
Consultation detail	<p>With the family not opting for dialysis, strict dietary management and oral medication are necessary. Since the patient lives on her own, external support is essential. The family lives in Tokorozawa, Saitama. As they are already taking care of an elderly relative, it is difficult to accept another. Due to the disaster, it is difficult to find a place in Sendai, Miyagi, and the patient remains hospitalized in an acute care facility even though her condition has stabilized.</p> <p>* The family is looking for a facility in the Saitama area, where they reside.</p>

[Case 5] Fukushima → Kanagawa Prefecture

Patient info	Male, 66 years old
Patient condition	<ul style="list-style-type: none"> • Nasal feeding • Severe dementia (Binswanger's) • Evacuated from a geriatric health services facility. Brought to the hospital by ambulance after contracting pneumonia at a shelter. • Occasionally used a wheelchair during the stay at the geriatric health services facility, but currently bedridden requiring full assistance. • Current medical care includes: nasal feeding, suctioning, oxygen (via mask, 4 L) bedsore treatment (GEBEN® Cream: sulfadiazine silver) • Medical history: Dementia since 2007 <p>* Relatives live in Yokohama. Looking for in-patient care at a hospital or facility in that area.</p>

[Case 6] Miyagi → Tokyo

Patient info	Female, 23 years old
Patient condition	<p>In 2011, collapsed while running and was brought in for emergency care in a state of cardiac arrest. Severe brain hypoxia (vegetative state). Quadriplegia, nasogastric feeding, no tracheotomy. There is spontaneous eye opening. The patient may speak but is not capable of communicating.</p> <p>Currently manageable by nasogastric feeding without intravenous infusion.</p> <p>* The patient's parents live in Higashimurayama, Tokyo, and have been looking for a facility in the Tokyo area since before the earthquake.</p>

4. Acceptance of Patients from Affected Areas

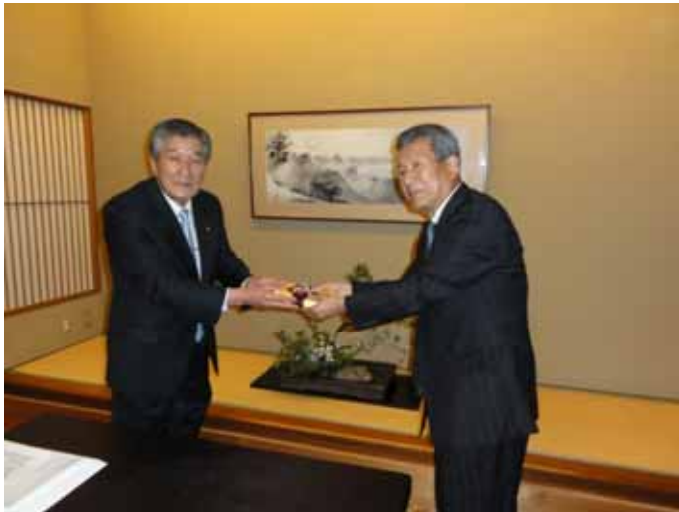
Member facilities across Japan are accepting patients from disaster-stricken areas.

	No. of facilities	No. of patients accepted (in-patient)	No. of patients (out-patient)
Tohoku	18	320	0
Kanto	39	381	29
Chubu	5	6	1
Kinki	8	9	30
Chugoku	2	1	1
Kyushu and Okinawa	5	5	4
Total	77	722	65

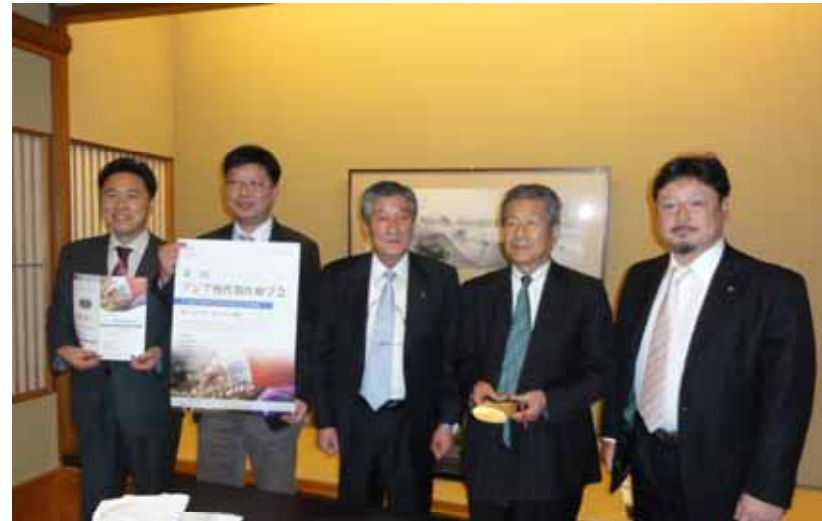
As of May 13, 2011

5. Call for Donations

On March 31, Dr. Deok-Jin Kim, president of the Korea Association of Geriatric Hospital (KAGH), visited Japan in order to make a donation. We once again reiterated our determination to endeavor in good faith to advance chronic care in Asia.



L: Dr. Deok-Jin Kim, President of KAGH
R: Dr. Yozo Takehisa, Chairman of JMC



From Left:
Dr. Deok-Hyeon Son, General Affairs Director, KAGH
Dr. Seong-Gon Son, International Affairs Director, KAGH
Dr. Deok-Jin Kim, President, KAGH
Dr. Yozo Takehisa, Chairman, JMC
Dr. Tetsuya Nakamura, Head of the International Committee, JMC

S. Korea	KAGH	¥2,346,000	
Japan	152 donations	¥30,903,470	
		Total	¥33,249,470 (As of May 21)

Donations should be directed to:
Japan Post Bank Account: 00140-7-401993
Account Name:
Japan Association of Medical and Care Facilities

Messages from member facilities in disaster-stricken areas (excerpted)

Nanshou Hospital, Iwate	After the earthquake, we were struggling to acquire food, medicine, paper diapers, and other supplies that were in short supply due to severed utility and transport connections. Through the JMC, however, we have received a number of relief supplies from member facilities. We would like to express our sincere appreciation for the donation of these valuable supplies.
Ishinomaki Hospital, Miyagi	The relief package was filled with exactly what we needed and were looking for, thanks to JMC members' expertise in chronic disease care. It helped us a great deal.
Saito Hospital, Miyagi	Our hearts are filled with appreciation for such a prompt response. We will never give in and continue to rise up together to contribute to local healthcare.
Kaiyama Central Hospital, Miyagi	We truly appreciate the supply of nursing care products, medicines, fluids, and liquid diet products in a time of great need, when commercial supplies were inadequate.
Mori Hospital, Miyagi	There was an outbreak of influenza at the evacuation center, and we were able to actively respond to the situation. Blankets and clothing were very much appreciated by the geriatric health service facilities.
Ishibashi Hospital, Miyagi	We were delighted with the swift response and appreciate the thoughtful donation of supplies. We will make effective use of this large amount of relief supplies for our patients. The staff at our facility will work together to overcome the challenges posed by the earthquake.
Nishi Sendai Hospital, Miyagi	The staff at our hospital was making a concerted effort to make patients' safety a top priority when we did not have supplies, both medical and everyday products, and they could not commute due to collapsed utility and transportation infrastructure. The heartfelt support from the JMC will keep us together and pressing on toward full recovery.
Fukushima Jyukokai Hospital, Fukushima	As a disaster victim myself, I cannot express thanks enough for the establishment and activities of the Emergency Headquarters at such an early stage, led by the JMC'S prompt decisions and efforts. We are still receiving evacuees, in particular those requiring hemodialysis, from areas that were affected by the tsunami and radiation. A part of the relief supplies is being utilized for medical care visits to evacuation centers. We are absolutely certain that as one of the first organizations to offer support for maintenance of the afflicted areas, the JMC will be highly recognized for its insight and ability to take action in times of chaos.
Anazawa Hospital, Fukushima	The shortage of medical supplies was imposing great constraints on us. We would like to express our gratitude for these unexpected relief supplies, and it is our sincere desire to fulfill our responsibilities as a JMC member.
Koujima Jiai Hospital, Fukushima	We would like to express our respect for the swift arrangement of relief supplies. It was astonishingly fast. We will continue to dedicate ourselves to our work. Thank you very much for your future support.

Messages from member facilities in disaster-stricken areas (excerpted)

Sawara Hospital, Fukushima	In our prefecture, patients were evacuated from hospitals in Minamisoma, and we were one of the first hospitals to respond to their SOS and accepted 22 patients. We will make effective use of relief supplies from the JMC.
Iwaki Yumoto Hospital, Fukushima	We were very encouraged by the relief support when we were just managing to provide healthcare during the logistics shutdown. We would like to extend our special thanks for such prompt and substantial support.
Umemura Hospital, Aomori	We received the supplies during a time of difficulty when there was a delay in commercial supplies of nursing care products. We were able to immediately use the supplies for the benefit of our patients.
Shimura-Omiya Hospital, Ibaraki	There was a prolonged shortage of gasoline and supplies due to highway blockages and radiation issues. We will make effective use of these valuable supplies provided by the JMC.
Ogawa Minami Hospital, Ibaraki	We were experiencing great difficulty for days of electricity failures, water outages, and other utility problems when we received the relief supplies. We were very grateful and used them immediately for the benefit of our patients. With the highest priority on patient safety and security, we will continue to work with a united front.
Hiki Hospital, Tochigi	There is a continuing shortage of supplies such as linens and daily necessities. We would like to express our gratitude for the prompt actions of the JMC.



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Scenes from disaster-stricken areas

