Geriatric Health Services Facility in Japan
What is a Geriatric Health Services Facility (“Roken”)

Background of “Roken”

Japan has achieved tremendous prosperity and longstanding peace after its disastrous defeat in World War II, and in 1961, the Japanese government established the Universal Healthcare insurance and pension program. In 1970, 7% of the population was 65 or older and the proportion of the aging population has been growing since. Today, the Japanese are known for their longevity and good health. The United Nations defines such a country as an “aged society.”

As trends shifted from large households to nuclear and urbanized family compositions, the Japanese government saw the need for a better elderly care system. In the 1980’s, the need for a new and unique community-based health care system was recognized. The government then put in place a wide range of programs that fit people’s diverse life-styles, such as various programs to promote health care, medical care, and welfare.

A notion called “Chukan Shisetsu,” an intermediary facility between hospitals, homes, and nursing homes, was proposed by the Ministry of Health and Welfare in 1985. The government in 1986 systematized the “Geriatric Health Care Facility,” after the revision of the Public Aid for the Aged Act, and the facilities were put in place in 1988. The facilities provide new and unique services, which include both medical and welfare services for the elderly.

The Long-term Care Insurance Act was enacted in April 2000 and the Geriatric Health Care Facility became the "Geriatric Health Service Facility (Roken)” thereafter. Its original slogan, to "improve the user’s function to enable them to go back home,” is still in place today.

The mission of “Roken” is to enable a person under a Condition of Need for Long-Term Care to live a long and meaningful life. In order to achieve this mission.

"Roken" will:
1. Respect the dignity, while taking into consideration the safety of its clients
2. Give any necessary medical treatment, nursing, care, and rehabilitation
3. Help enable clients to go back home
4. Support an independent lifestyle, while living at home
5. Collaborate with family members, community and other relevant organizations
Institutional Services
The elderly may be admitted to the facility so long as their medical conditions are stable, and may stay until they are able to return home. The facility will provide medical care, rehabilitation, and nursing. In addition, it may provide daily care services such as bathing, meals, bodily waste elimination, etc.

Short Stay Services
The elderly may be admitted to the facility for a short period of time, to relieve caregivers at home, or to recondition the elderly.

Out patient Rehabilitation
The elderly may utilize the facility for rehabilitation therapies by a therapist.

Rehabilitation at “Roken”
“Roken” is equipped with furnished and professional rehabilitation by registered physical therapists, occupational therapists and speech therapists. Intensive rehabilitation in an early stage of disability is very effective for elderly needs care. Moreover, the rehabilitation for elderly people with dementia is unique and has been proven effective by the national government.

Translator : Gracegarden Geriatric Health Services Facility Director Tsunesaburo Kobayashi, M.D.
**Long-term Care Insurance Facility**

Facilities which provide services with long-term care insurance systems are called long-term care insurance facilities, Geriatric Health Services Facility, Welfare Facility for the Elderly Requiring Long-term Care, and Sanatorium Type Medical Care Facility for the Elderly Requiring Care.

**Facility and Personnel Standards**

<table>
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<tr>
<th>Facility type</th>
<th>Geriatric Health Services Facility</th>
<th>Welfare Facility for the Elderly Requiring Long-term care</th>
<th>Sanatorium Type Medical Care Facility for the Elderly Requiring Care</th>
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<tbody>
<tr>
<td><strong>Fundamental function</strong></td>
<td>Rehabilitation, nursing and/or care to help enable them to return home</td>
<td>Life services for the elderly in need of care</td>
<td>Medical and nursing care, and long-term treatment</td>
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<td><strong>Eligible users</strong></td>
<td>The elderly whose illness is stable and does not require hospital treatment yet which requires rehabilitation, nursing or care.</td>
<td>People requiring long-term care and who are unable to live at home</td>
<td>For patients requiring nursing care, and whose acute-phase treatment is over yet require long-term recuperation under constant medical management</td>
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| **Organization standards (per 100 residents)** | • Physician (regular employee): 1  
• Nurses: 9  
• Care staff (Care worker): 25  
• Physical therapist, occupational therapist, speech therapist: 1  
• Care manager: 1  
• Assistant counselors, etc. (Nursing staff account for about 2/7 of total nursing / care staff, while care staff account for the remaining 5/7) | • Physician (either visiting or regular employee): 1  
• Nurses: 3  
• Care staff (Care worker): 31  
• Care manager: 1  
• Daily life counselors, etc. | • Physician: 3  
• Nurses: 17  
• Care staff (Care worker): 17  
• Care manager: 1  
• Pharmacist, Dietitian, etc. |
| **Mean length of stay** | 277.6 days (268.7 days) | 1465.1 days (1365.2 days) | 427.2 days (444.1 days) |

(Details as of March 31, 2010 revision)

*Average stay: As of Sept. 2007. ( ) indicates 2006 figures.*