

Great East Japan Earthquake and Our Activities

All Japan Hospital Association (AJHA)

May 16, 2011

1. About All Japan Hospital Association

- Established in 1960
- 7th President : Hirotoishi Nishizawa
- Number of member hospitals : 2,338
 - 27% of all hospitals in Japan
 - 98% of member hospitals are private hospitals
 - the largest private hospitals association
- Our mission: The All Japan Hospital Association (AJHA) is dedicated to improve the quality of hospital managements and the health and welfare of the society by offering high quality, effective and valuable healthcare service.



2-1. Outline of the Earthquake

- Date and Time : March 11, 2011 14:46:18
- Epicenter : 72 km east of the Oshika Peninsula of Tohoku
- Scale : Magnitude 9.0
- Number of the death : 15,782 (On Sep 11th)
- Number of the missing : 4,086 (On Sep 11th)
- Number of the refugees : 82,945 (On Sep 6th)
- Features : Tsunami, Nuclear accident, Blackout



2-2. Feature of the earthquake : Tsunami

- Cause of death
 - **Drowned : 92.5%**
 - Crushed or damaged : 4.4%
 - Burned : 1.1%
 - Unknown : 2%
- Rate of death by drowned
 - Iwate prefecture : 87.3%
 - Fukushima prefecture : 87%
 - Miyagi prefecture : 95.7%
- Age of death
 - **Over 80 years : 22.1%**
 - **70-79 years : 24.0%**
 - 60-69 years : 19.1%
 - 0-9 , 10-19, 20-29years: each are less than 4%

Damage of Tsunami
• Drowned
• People Aged



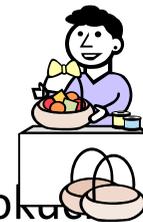
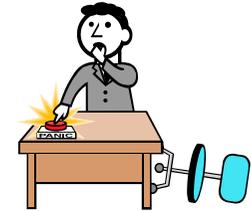
2-3. Feature of the earthquake : Nuclear Accident and Blackout

- Fukushima Daiichi Nuclear Power Plant
- INES(International Nuclear Event Scale): Level 7
- Accidents in reactors 1, 2, 3 and 4
- Evacuation of residents
- Emission of radioactive material
- Food, water, sea and soil contaminated with radioactivity
- Damage caused by harmful rumors or misinformation
- Out and shortage of stock of foods and daily necessities
- Scheduled Blackout
 - Rotation blackout due to declining of electrical power
 - Power saving
 - Suspension of public transport, disorder of timetable
 - Thousands of citizens without any means of going home
 - Concern about shortage of electrical power in summer



3-1. AJHA's Main Activities by Time Series (On Apr 30th)

- March 11: Occurrence of an earthquake
- March 13: Investigation of member hospital in stricken area
- March 14: Establishment of Headquarters for Disaster Control
- March 15: Establishment of bank account for donation
- March 16: Dispatching 1st Medical Relief Team (6teams, 21 staff)
: Demanding for medical reconstruction loan to
Ministry of Health, Labour and Welfare
- March 18: Accepting suffered 20 patients by member hospital
- March 22: Attending “Team Meeting of Health for the Suffered”
hosted by ruling party
- March 26: Publishing statement of AJHA
- April 1: Investigation and transporting materials by Vice president Inokubo
- April 5: Discussion of medical care and long term care flow chart
- April 9: Inquiry for member hospital by President Nishizawa



3-2. AJHA's Main Activities by Functions(On Apr 30th)

Headquarters for Disaster Control

Medical Support Team

- *Consist of doctor, nurse, clerk
- *Dispatching 1st team on March 16
- *Totally dispatching 73 teams (293 member staff) on May 1
- *To Miyagi prefecture and Fukushima prefecture

Donation

- *For emergency and recovery
- *Assistance form People's Hope Japan

Goods Assistance

- *300 Computers, 100 Printers
- *Daily necessities (blanket, diaper, etc)

Meetings

- *Attendance to "Team Meeting of Health for the Suffered"
- *Attendance to " Meeting of Health Supporting for the Suffered"

Demanding and Proclaiming

- *Demanding to ruling party and Ministry from hospital associations
- *Proclaiming by AJHA

Investigation

- *Investigation of damage of member hospitals

4. Proclaiming of AJHA

We sincerely pray for the people who killed by Great East Japan Earthquake on March 11 2011, for maintenance of health of the suffered and for recovery of stricken area as soon as possible. We also pray for healthcare facilities which was suffered and lost staff.

We are very moved and proud of our fellows who keeps on supplying health care service in damaged situation and who helps these health care facilities in the stricken area.

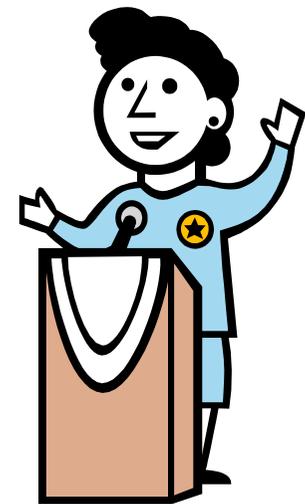
We strongly claim to government to support for suspension and restriction of healthcare facilities in the stricken and surrounding area accompanied with earthquake, tsunami nuclear accident and scheduled blackout.

Not only stricken area but also whole Japan suffer great damage directly and indirectly. We claim to government to consider and indicate quickly and clearly the strategy of recovery about these emergency situations to the people.

All Japan Hospital Association declares to active for recovery with all our best

March 26, 2011

96th Conference of Representatives, All Japan Hospital Association



5-1. Investigation of member hospital in stricken area

- Subject : 218 hospitals from 9 prefecture of Aomori, Iwate, Miyagi, Akita, Yamagata, Fukushima, Ibaragi, Niigata, Nagano
- Means of sending questionnaire : FAX and E-mail
- Response number : 202/218 hospitals (Response rate : 92.7%)

“Outline of the result”

1)Damage

No	70	34.7%
Yes	128	63.4%
Invalid	4	2.0%
Total	202	100%

2)Damage to inpatients

No	147	72.8%
Yes	5	2.5%
Invalid	50	24.8%
Total	202	100%

3)Damage to staff

No	137	67.8%
Yes	13	6.4%
Invalid	52	25.7%
Total	202	100%

4)Damage to instruments

No	61	30.2%
Yes	90	44.6%
Invalid	51	25.2%
Total	202	100%

5)Damage to electrical power

No	61	30.2%
Yes	91	45.0%
Still	1	0.5%
Invalid	49	24.3%
Total	202	100%

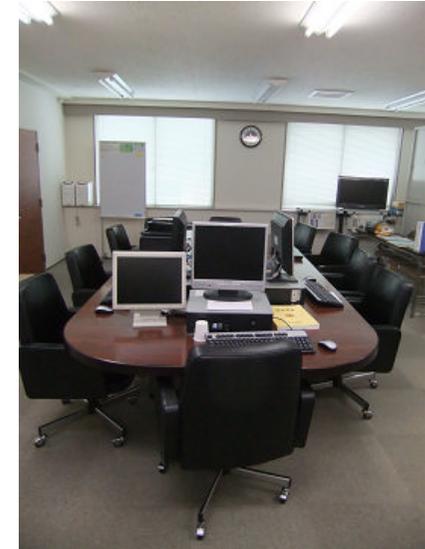
6)Reception of the suffered

No	88	43.6%
Yes	62	30.7%
Invalid	52	25.7%
Total	202	100%

5-2. Establishment of Headquarters for Disaster Control

“ Members”

- President : Hirotooshi Nishizawa
- Vice President : Takao Ando, Yuji Inokuchi
Masahiro kanno, Masataka Inokuchi
- Others : Member of other committees of General Affairs,
Emergency Medicine and Disaster Damage Prevention ,
and Public Relations



Office of Headquarters

“ Main Role”

- Commanding all activities
- Sending medical support team and good assistance
- Investigation of member hospitals in stricken area
- Investigation of patients reception
- Information network with administrative agencies
- Dairy reporting twice a day at 10 and 18o'clock
- Holding extraordinary conference



Meeting

5-3. Bank Account for Donation

- Purpose for emergency or recovery support

1) All Japan Hospital Association

* No tax deductible donation

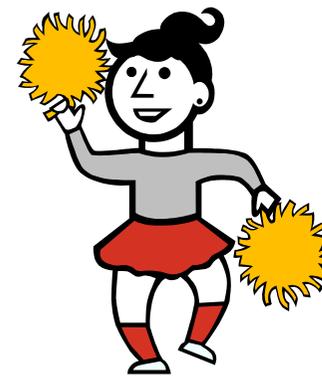
- Mizuho Bank
- Contribution over 10,000yen

2) People's Hope Japan

* Tax deductible donation

- Mizuho Bank
- Mitsubishi Tokyo UFJ Bank
- Postal Transfer

**Your cooperation
is greatly
appreciated.**



5-4. Medical Support Team

“ Schedule”

- March 12 : Investigation of stricken area by Ishihara, board member of AJHA
- March 16 : Dispatching 1st medical support team (6teams, 21member) to Miyagi
- March 17 : Dispatching 2nd medical support team (4teams, 19member) to Miyagi
- ⋮
- May 1 : Dispatching 73 medical support team (293member)
- June30 : Dispatching 115 medical support team (487member)

“ Main Activities”

- Check-up at shelter, support for stricken hospitals
- Home-visit care and rehabilitation
- Decontamination in Fukushima prefecture
- Patients transportation reception
- Administration, distribution, transportation of goods assistance





Meeting with self-defense force and fire brigade
Visiting patients



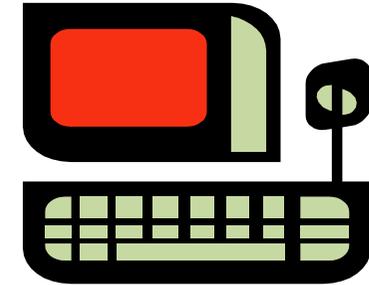
Distributing drugs including Psychoactive drug and goods assistance
Decontamination



5-5. Information Supplying Systems

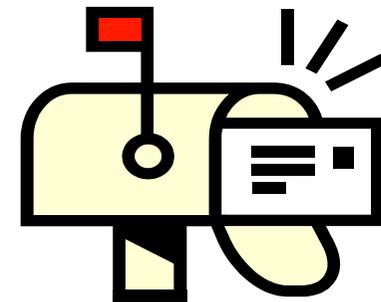
“Homepage”

- Situation of medical support team
- Scheduled Blackout
- Information from administrative agencies
- Donation



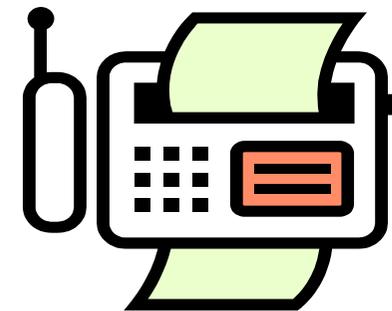
“E-mail”

- Scheduled Blackout
- Sending questionnaire



“FAX”

- Donation
- Sending questionnaire
- Request for medical support team



5-6. Demanding Functions (On Apr 30th)

1) Demanding for Great East Japan Earthquake

- On March 16
- To Minister of Ministry of Health, Labour and Welfare
- By Four Hospital Associations Meeting
- Demanding further assistance due to lack of support from Welfare And Medical Service Agency

2) Demanding for Administration of healthcare facilities according to earthquake

- On April 23
- To Minister of Ministry of Health, Labour and Welfare
- By Four Hospital Associations Meeting
- Demanding to ease regulation of administrating health care facilities regulated by law



Demanding by Vice president Inokuchi (left) 15

5-7. Team Meeting of Health for the Suffered and Meeting of Health Support for the Suffered

- Participation in “Team Meeting of Health for the Suffered hosted” by ruling party
↓ dissolved and established
- Establishment and administration of “Meeting of Health Support for the Suffered”
- Members :7 associations including Japan Medical Association, AJHA etc
- Purposes : To grasp and meet medical needs
To dispatch medical assistant team in the middle-long term
To keep the suffered healthy



Address at press conference President Nishizawa (3rd form the left)

5-8. Investigation and Transporting Materials by Vice president Inokuchi

- Person in charge : Vice president Masataka Inokuchi
- Period : April 1st – 3rd
- Place : 5 hospitals in Miyagi, 3 hospitals in Iwate, and Kesemnuma first-aid station
- Activities : Investigation of damage and recovery of infrastructure
Grasping the needs and materials
Sending goods assistances



Sending goods assistances



Reception of hospital



Encouragement

5-9. Encouragement by President Nishizawa

- Person in charge : President Hirotoshi Nishizawa
- Period : 1) April 9th , 2) April 21st
- Place :
 - 1) President of Iwate branch and 2 hospitals in Miyagi
 - 2) President of Fukushima branch and 2 hospitals in Fukushima
- Activities : Encouragement, sending donation and materials



Donation from President Nishizawa(Left)



Drying paper medical records by drier

6. Conclusion

- Collect and centralization of information
- Needs for seamless support from acute care to chronic and mental care
- Compartmentalization and cooperation with other medical support teams
- Medical support teams with or without subsidies ?
- Hospitals damaged indirectly such as suspension of public transport
- Distribution of collected man power and materials
- Public hospitals supported easily from municipalities
VS private hospitals not supported very well