“Clinical Engineers System in Japan and New Basic Job Guidelines 2010"

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TOPICS

1. Background of CE and national certificate

2. Development of "New Basic Job Guidelines" for CEs and changes of job contents
1987 "Clinical Engineers Law" was promulgated by MHLW *

MHLW * : Ministry of Health, Labor and Welfare

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Trend of Successful Applicants for National Exam

Licensed CEs: 29,215

Actually working CEs: about 19,000

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Administrative Milestone of CE

1987  “Clinical Engineers Law” was promulgated by MHLW (Ministry of Health, Labour and Welfare)

1988  “Job Guidelines for CEs” was promulgated by MHLW

1990  Professional organization JACET was founded (Japan Association of Clinical Engineering Technologists)

2002  JACET was certified by MHLW as a public utilities corporation (Japan Incorporated Association for Clinical Engineering Technologists)

2010  20th Anniversary of “JACET”

Member of JACET: approximately 11,580 as of March 2011
Recent Changes in clinical engineering

1) March 2003: Active use of CEs who are medical equipment experts

2) April 2003/April 2005: Amendment & enforcement of the Pharmaceutical Law

3) April 2004: Subsidies for enhancement of medical equipment & facilities management

4) April 2007: Under 5th Amendment of Medical Service Law, Medical equipment safety system was established.

5) April 2008: Medical equipment safety management fee was set up

6) April 2008: Medical equipment fair trade regulations were laid down
Elimination of manufacturer’s reps at clinical sites

• Eliminate unfair actions of soliciting purchase of equipments

• Prohibit manufacturer’s rep’s involvement in team medical care at clinical site

• Prohibited by Fair Trade Agreement as of April 2008
Past presentations in AAMI

2005
“Overview of Present & Future CE in JAPAN “

2006
“Information Sharing System for Disaster Recovery Related to Dialysis Treatment in Japan “

2008
“Current Situation and Responsibilities of CE in Japan“
"Brief Explantation of Japanese CE as of 2008"

2010
"The Challenge of the Next Generation of Medical Equipment from the CE’s Perspective"

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Additional Medical Service Fee under Health Insurance

- **Medical equipment safety management fee**
  - 100 points (1/month)

- **Dialysate quality control fee**
  - 10 points/day

- **Respiratory Care Team fee**
  - 150 points / week

Above fees will be paid when CEs are actually involved in providing the services on site

1 point = ¥10
Clinical Jobs

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Current activities of JACET

Joint Committee

Collaborative Joint Works

New Basic Roles of CE’s Jobs

The Business expansion of the CE’s Jobs

Japan Incorporated Association for Clinical Engineering Technologists
October 10, 2010

New Basic Roles of CEs were established (official statement)

November 1, 2010

Old job guidelines were abolished by MHLW

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Additional points to “New Basic Guidelines 2010”

- Always get hold of conditions of patients and equipments
- Involvement in home care for persons on life-support systems
- Phlegm aspiration and blood collection from intra-arterial catheter for persons on respirators
- Electric knife, high-energy ultra sound devices, instruments for endoscopic surgery, surgical navigation systems were specified as surgical instruments
- Cardiac catheterization and ICD were added.
Summary

1) Clinical engineers, who are healthcare experts with national certificate, have helped patients' safety through excellent operation and maintenance of medical instruments.

2) JACET's activities in academic area, safety measures for medical instruments and CE national certificate system led to additional service fee.
Summary

3) Basic job guidelines for clinical engineers 2010 were announced and CE’s jobs were clearly defined.

4) Joint committee of clinical engineering related groups will continue its effort to enhance the presence of CEs.
Thank you
East Japan Great Earthquake

Hideo Takayanagi
Managing Director, JACET
East Japan Great Earthquake

as of June 6, 2011 (National Police Agency)

15,373 persons: deaths
8,198 persons: missing
154,486 persons: those evacuated

(Fire & Disaster Agency)
Sending & Receiving Volunteer System

- **Sending Organization**
  - Volunteer applicants
  - Person in Charge
  - Registration
  - Discussion → Informal consent

- **JACET Committee on Disaster**
  - (Selection of Receiving Organization)
  - Request for Sending Volunteers

- **Japanese Association on Disaster**
  - Disaster Communication Network
  - Request for Sending Volunteers

- **Receiving Organizations**
  - Coordination
  - Send Volunteers
Information Sharing System for Disaster Recovery Related to Dialysis Treatment in Japan

- AAMI 2006 CONFERENCE & EXPO
  June 25, 2006 Washington, DC

- Toshio Takeda (CE)
- Mihama Hospital

- Tomoyuki Yamakawa, Jeongsoo Shin, Hiroaki Sugisaki,
  Toyohiko Yoshida, Chikao Yamazaki
- Japanese Association of Dialysis Physicians

- Junji Uchino, Tatsuya Morigami, Tadayuki Kawasaki
- Japan Association for Clinical Engineering

(Photos: http://www.kkr.mlit.go.jp/hanshin/mati/photo/photo_01.html)
Establishing a Framework of Coordination

- We called for establishment of disaster recovery measures among local dialysis facilities in units of prefectures.
- We organized a "Disaster Information Network" consisting of doctors and clinical engineers commissioned by prefectural branches of the Japanese Association of Dialysis Physicians.
- We promoted a system of liaison with the national and local governments and dialysis-related organizations and companies.
Disaster Communication Network

Japanese Association of Dialysis Physicians

Disaster Communication Network center

Local chapters of Japanese Association of Dialysis Physicians

Dialysis facilities

Ministry of Health, Labour and Welfare

The Emergency Medical-care or Dialysis of Prefectural department in charge

Japanese Society for Dialysis Therapy

Japan Association for Clinical Engineering Technologists

Japan Academy of Nephrology Nursing

Faculty of Maritime Sciences, Kobe University

Medical Device, Pharmaceutical industry
The Superiority of the Internet after Disasters

We should assume that, just after a disaster strikes, affected facilities will not be able to communicate any information to the outside. Rather, it is important that unaffected facilities send out information. If this information can be quickly collected, summarized, and distributed, we will be able to quickly identify the affected facilities and give dialysis treatment to the patients of the affected facilities elsewhere.

There is also a possibility that telephones and facsimiles in and around the affected area will not be easily connected because of damages on communication equipment and incoming calls to the affected area from all over the country.

So we decided to use Web sites and e-mail on the Internet, which are generally less susceptible to these problems.
Web Site for Sharing Disaster Information
http://www.saigai-touseki.net/

Message board

Links to pages for sending facility information and reading summary results
Relief Goods Supply Center

JACET East Japan
Great Earthquake Website

- Related Industries
- JACET Branches in Prefectures
- Others

Relief Goods

Relief Goods Supply Center
in JACET office

Medical Institutions
in the affected Areas

Information on relief Goods

Information on Needed Goods

Related Industries

JACET Branches in Prefectures

Others

Relief Goods

Medical Institutions in the affected Areas

Relief Goods Supply Center
in JACET office
Thank you