

Improving productivity in the caregiving field utilizing technology, etc.

Division of the Support for the Elderly
Health and Welfare Bureau for Elderly

Ministry of Health, Labour and Welfare of Japan

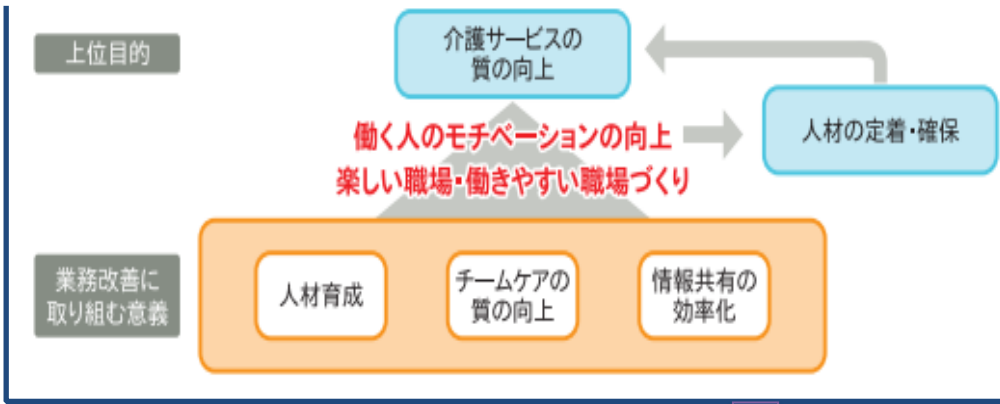
Approach to productivity improvement (business improvement) in the nursing care field and productivity improvement guidelines

General understanding of productivity improvement

- By devising ways of doing business, eliminate "unreasonableness," "waste," and "inconsistency" from current operations, and work on activities aimed at making operations safer, more accurate, and more efficient, and reducing the burden.
- To improve productivity (Output (results) / Input (unit input)), it is important to focus on the Process (process) in between.



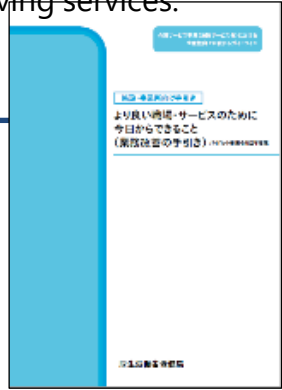
Understanding productivity improvement in nursing care services



Improving productivity in the caregiving field means utilizing technology such as caregiving robots to promote work improvement and efficiency, thereby reducing the workload of staff. Additionally, the time generated through work improvement and efficiency is allocated to direct caregiving tasks, increasing the time staff spend with users, thus also leading to an improvement in the quality of caregiving services.

Creation of guidelines to contribute to productivity improvement

- Guidelines have been created as a guide for business establishments to work on improving productivity (business improvement)
 - What you can do from today for a better workplace and service (for municipalities, facilities, and offices)
 - How to create a workplace that leads to increased value in care (home care services)
 - A guide to business improvement for improving the quality of care services (medical services)



【介護サービス事業における生産性向上に資するガイドライン】

What you can do today for a better workplace and service (Guidelines for Contributing to Productivity Improvement in the Long-Term Care Service Business)

① Improvement of the work environment

Before

After



② Clarification of duties and division of roles (1) Restructuring the flow of the entire business

Care workers' duties are unclear.

Clarify duties and share roles to improve care quality.



② Clarification of duties and division of roles (2) Utilization of technology

High psychological burden on staff

Reduce staff psychological burden



③ Preparation of procedure manuals

Inconsistent handovers among staff

Standardize handovers



④ Devising recording and reporting formats

Repeated transcription on forms

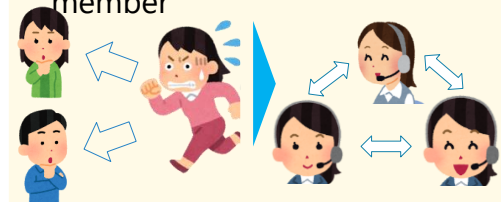
Data entry and sharing via tablets/smartphones (incl. voice input)



⑤ Ingenuity in information sharing

Individual instructions to each on-duty staff member

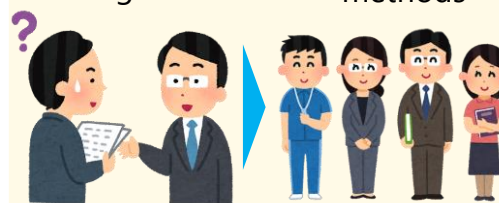
Timely information sharing via intercoms



⑥ Creation of an on-the-job training system

Inconsistent teaching among staff

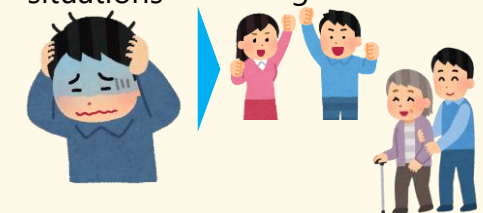
Unify training content and methods



⑦ Thorough Implementation of Philosophy and Action Guidelines

Staff cannot judge independently in irregular situations

Autonomous actions based on organizational principles and guidelines



System for Accelerating the Development and Introduction of Technology for Long-term Care

(Operation based on the revised priorities will commence in April 2025.)

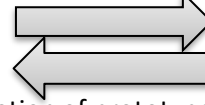
Private sector companies, research institutes, etc.

Development of equipment

Taking advantage of the high-level engineering capabilities in Japan to support development of equipment based on specific needs of the elderly and long-term care scenes

Led by METI

Request for monitor studies, etc.



Evaluation of prototypes, etc.

Provide opportunities for exchanging opinions between development scenes and long-term care scenes

Long-term care scenes

Verification at long-term care scenes, etc.

From the early stages of development, carrying out verification (monitor studies, evaluation) regarding prototype equipment and conveying long-term care scenes' needs

Led by MHLW

Transfer assistance

Wearable

Wearable devices providing power assistance for caregivers



Mobility assistance

Outside

Walking assist devices using robot technology to assist the elderly and others in walking outdoors and to safely carry loads



Adoption rate: 1.2%

Toilet assistance

Estimation and detection

Devices that predict or detect excretion, determine the timing of excretion, and assist in guiding people to a toilet



Monitoring and communication

In facilities

Monitoring system platforms with sensors and external communication functions for long-term care facilities



Care work support

Adoption rate: 10.2%

Devices and systems that enable the collection and accumulation of information associated with long-term care work, and that can then use this information for operations related to the provision of long-term care services to the elderly and others



Non-wearable

Non-wearable devices that assist caregivers when lifting the elderly and others



Adoption rate: 9.7%

Indoor

Walking assist devices using robot technology to assist the elderly and others in moving indoors, standing up and sitting down, and particularly assisting them in getting to and from a toilet and supporting their posture in a toilet



Excrement disposal

Adjustable positioning toilets using robot technology for feces disposal



At home

Monitoring system platforms with sensors and external communication functions for home long-term care



New

Functional exercise support

Devices and systems that support each task (assessment, planning and implementation of training) in the training of physical and daily functions performed by long-term care workers and others



New

Daily support and long-term care support for people with dementia

Devices and systems that support independent daily living or individual care for elderly people with cognitive decline



Bathing assistance

Devices to support care and motion in bathing



Adoption rate: 11.2%

Wearable

Wearable mobility assistance devices using robot technology to assist the elderly and others in walking outdoors, preventing falls and assisting motion



Motion assistance

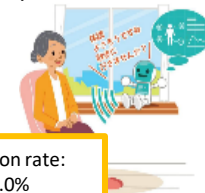
Devices using robot technology to assist the elderly and others in the series of motions for removing and putting on clothes below the waist in a toilet



Adoption rate: 0.5%

Communication

Devices that support communication among the elderly and others



Adoption rate: 30.0%

New

Assistance for eating and nutrition management

Devices and systems that support peripheral operations related to diet and nutrition management for the elderly and others



Examples of Technology in the Field of Nursing Care

Labor saving for recording and input using smartphones



⇒ "Records, document creation, and liaison coordination" work decreased by about 6 minutes (per employee, per shift)

Improving the quality of care by facilitating the collection, accumulation, and use of information

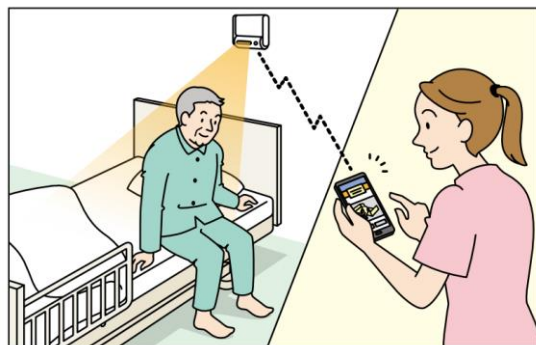


Reducing the burden on workers using transfer support equipment



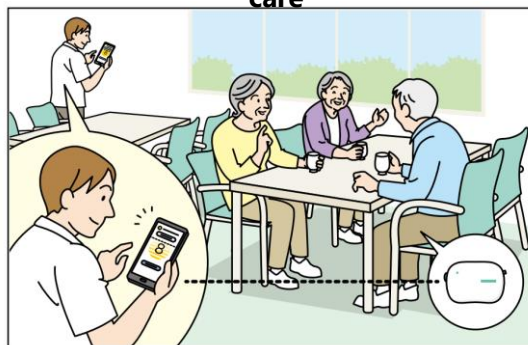
By changing from two ⇒ staff to one person, the number of "moving/transferring" work per excretion support session is reduced by 9 minutes.

Monitoring using sensors Labor saving and improving the quality of care



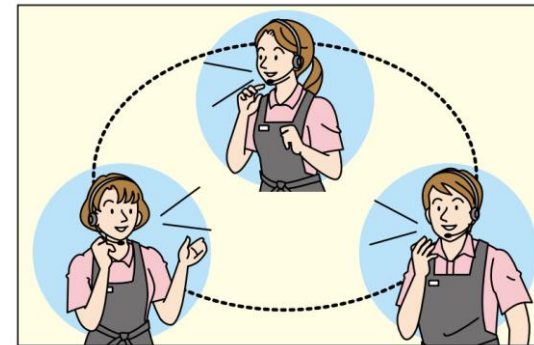
⇒ Total time for "direct care" and "patrol/movement" decreased by 17 minutes per night shift employee

Excretion prediction using sensors Labor saving and improving the quality of care



⇒ The number of times there was no excretion during toilet guidance decreased, and the time for "excretion support" was reduced by about 3 minutes (per employee, per shift)

Utilizing income Streamlining Communication



From the instructions given to the staff who are ⇒ active, it is possible to share information in a timely and two-way manner to all employees, which leads to operational efficiency.

【Support for the introduction and collaboration of nursing care technology in nursing care】

Policy Name: Comprehensive measures to secure nursing care human resources and improve the workplace environment (support projects such as the introduction of nursing care technology and collaboration)

① Purpose of the Measures

- Responding to the increasing demand for long-term care services and securing long-term care personnel have become urgent issues, and they are important issues related to the survival of service provision. In particular, many corporations, especially small corporations, find it difficult to secure the necessary human resources using conventional methods or alone, and tend to fall into a vicious cycle in which management efficiency decreases.
- In addition, KPIs such as the number of digital (core) human resource development, the percentage of businesses that have introduced ICT and nursing care robots, and the proportion of care plan data linkage systems have been set at the Digital Administrative and Financial Reform Council, and it is necessary to provide support such as the introduction of technology to improve productivity at nursing care sites in cooperation with one-stop contact points in prefectures.
- Based on this situation, we will provide support to long-term care service providers who are working to improve the workplace environment through efforts to improve productivity at nursing care sites and through management collaboration and large-scale management. *Added for nursing homes, etc.

③ Outline of Measures

- Regarding the improvement of the workplace environment through productivity improvement initiatives, in addition to subsidies for the introduction and renewal of ICT equipment and software, we will also provide support for business improvement and the introduction of equipment to be worked on throughout the region. In addition, subsidies will be provided for efforts to improve management and work environment carried out by business groups, including small businesses.

(4) Scheme diagram of the measure, implementation requirements (target, subsidy rate, etc.), etc.

(1) Improvement of the workplace environment through productivity improvement initiatives

(1) Introduction and renewal of nursing care robots and ICT that contribute to productivity improvement

- Support for business improvement to solve problems for improving operational efficiency at business sites, and support for the introduction and renewal of nursing care robots and ICT in conjunction with this

(2) Implementation of projects to disseminate and promote productivity improvement efforts throughout the region

- Promote efforts to improve productivity in aspects, such as training for the introduction of equipment at multiple business sites in the region and the development of model facilities in the region.
- Prefectural governments and other agencies will take the lead in promoting the use of care plan data linkage systems between care management offices and in-home service offices in the region, and collect benefits and good practices from data linkage.

(2) Improvement of the workplace environment by business groups including small businesses

- Support for recruitment, mass recruitment, joint training, etc., consolidation of paperwork departments, renewal and maintenance of aging equipment in line with collaboration and large-scale development, etc.

【Business Scheme】



(5) Image of results (including economic effects, effects of supporting and creating employment, and ripple effects)

- By promoting the improvement of the workplace environment through productivity improvement initiatives and management collaboration and large-scale management, we will lead to the securing of nursing care personnel and the improvement of the quality of nursing care services.

[Implementing entity]

Prefecture (Subsidies from prefectures to municipalities are also possible)

[Burden ratio]

(1) (1), (2): 3/4 of the country and prefecture, 1/4 of the business operator

(Depending on the requirements, 1/2 of the national and prefectural governments, 1/2 of the operators)

(1) (2): Country/Prefecture 10/10

(1) and (2) are implemented..

4/5 of the country/prefecture, 1/5 of the business operator

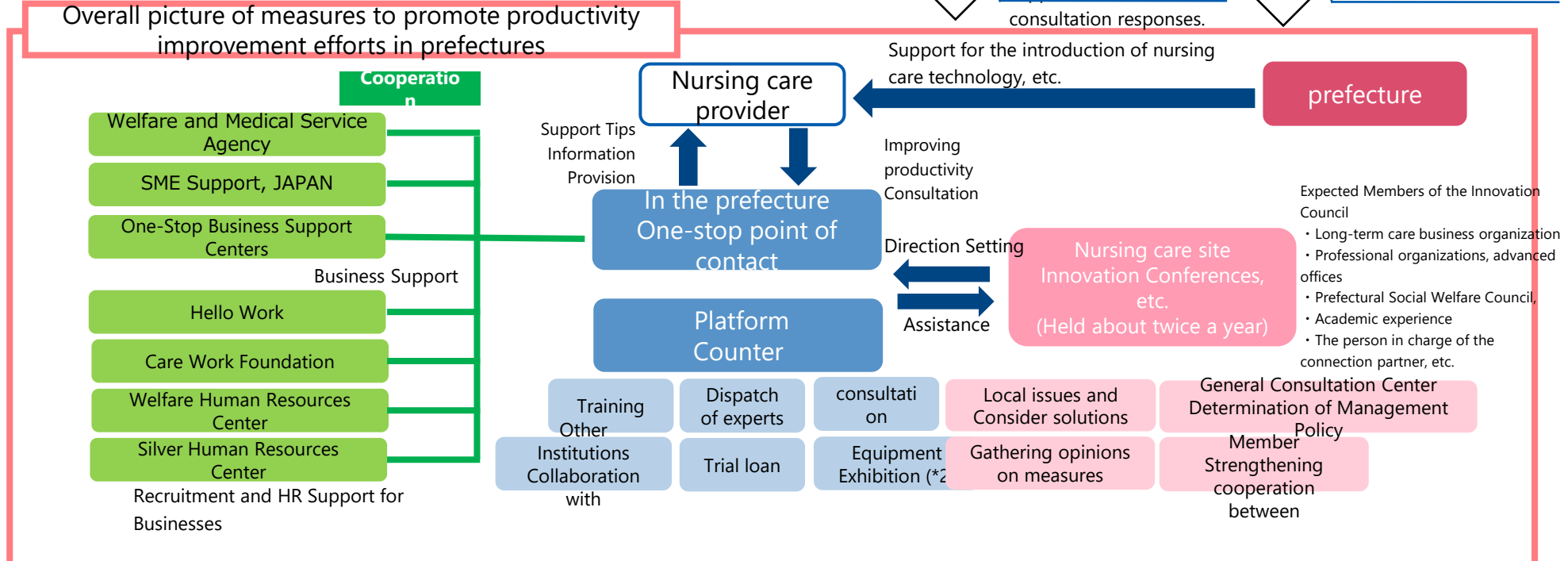
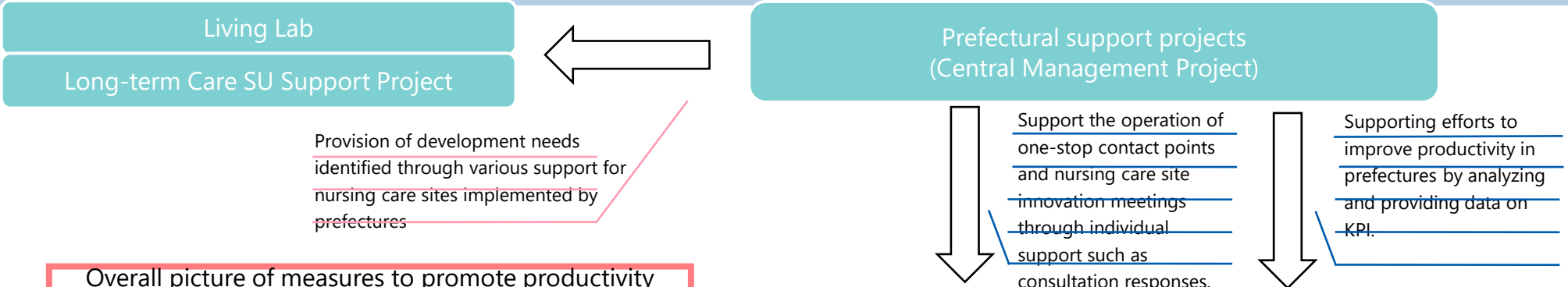
*The burden ratio of the national government and prefectures is as follows.

(1) (1), (2): 4/5 of the country, 1/5 of the prefecture

(1) (2): 9/10 in the country, 1/10 in the prefecture

Prefectural support projects (central management projects) Platform windows

- In order to promote efforts to improve productivity and secure human resources at nursing care sites, there is a limit to the self-help efforts of nursing care providers alone, and it is necessary to promote efforts throughout the region.
- In addition to providing support for the establishment and operation of a one-stop window through the prefectural support project (central management project), as a support for prefectures that do not have a one-stop window, a platform window for the development, demonstration, and dissemination of long-term care technology (hereinafter referred to as the PF window) will be established in a limited area until FY8



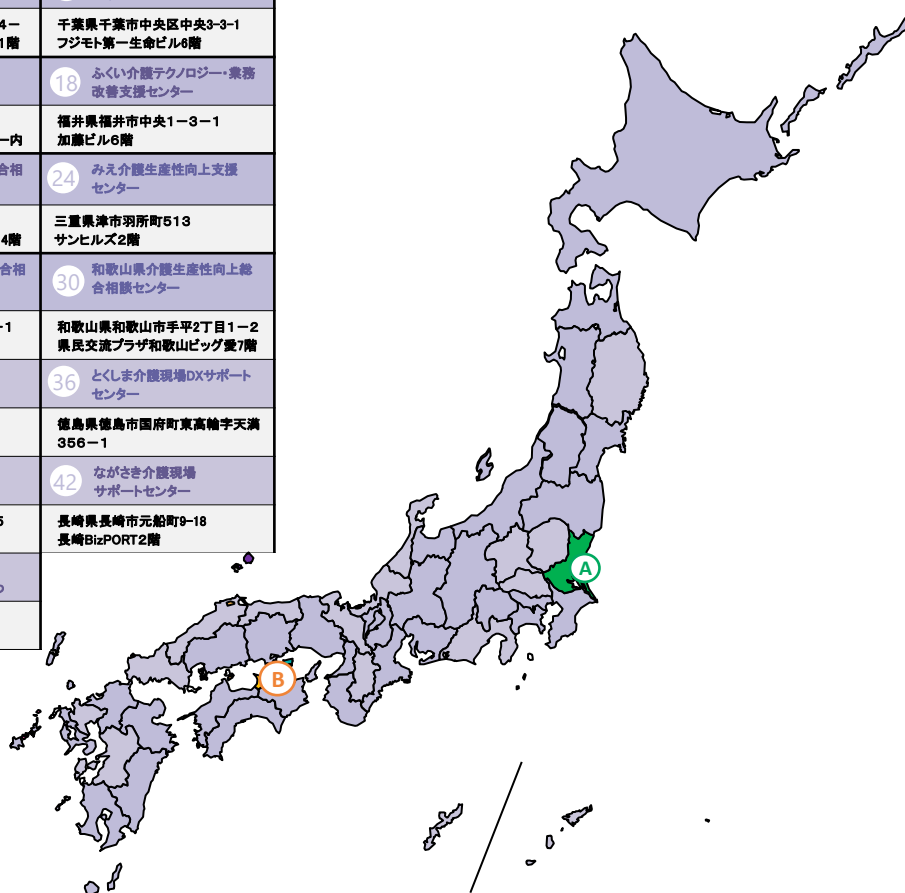
Status of the establishment of the Comprehensive Consultation Center for Improving Nursing Care Productivity (as of January 31, Reiwa 8)

■ Comprehensive Consultation Center for Improving Care Productivity

One-stop type counters set up by prefectures. Consultation responses and training sessions tailored to local circumstances, dispatch of experts to care sites, and exhibition and trial lending of equipment such as care robots are conducted. In addition, in order to respond to management support and human resource securing support, connection and collaboration with related organizations (general support centers, Hello Work, Care Labor Stability Center, etc.) are also implemented. Scheduled to be installed in all prefectures by fiscal year 2026.

■ 介護生産性向上総合相談センター（設置済）

1 北海道介護現場業務改善総合相談センター 北海道札幌市中央区北2条西7丁目1番地から27	2 あおもり介護生産性向上総合センター 青森県青森市中央3丁目20-30 県民福祉プラザ	3 いわて介護現場サポートセンター 岩手県盛岡市本町通3-19-1 岩手県福祉総合相談センター3階	4 宮城県介護事業所支援相談センター 宮城県仙台市青葉区本町3-9-1宮城県長寿社会政策課介護人材確保推進班	5 あきた介護業務「カイゼン」サポートセンター 秋田県秋田市御所野下通5-1-1 秋田県中央地区シルバーエリア	6 山形県介護生産性向上総合支援センター 山形県天童市一日町4丁目2-6
7 ふくしま介護生産性向上支援センター 福島県郡山市富田町字満水田27-8 ふくしま医療機器開発支援センター	8 茨城県 令和8年度設置予定	9 介護の仕事サポートセンターとちぎ 栃木県宇都宮市若草1-10-6 とちぎ福祉プラザ1F	10 介護職場サポートセンターぐんま 群馬県前橋市千代田町1-14-1 横館広瀬川ビル2F	11 介護のみらいサポートセンター 埼玉県さいたま市浦和区針ヶ谷4-2-65 彩の国すこやかプラザ1階	12 千葉県介護業務効率アップセンター 千葉県千葉市中央区中央3-3-1 フジモト第一生命ビル6階
13 介護職場サポートセンターTO KYO 京都府新街区西新2-7-1 新富第一生命ビルディング(小田急第一生命ビル)19階	14 かながわ介護スマート相談室 神奈川県横浜市中央区山下町23番地 日土地山下町ビル9階	15 新潟県介護職場DX・業務改善サポートセンター 新潟県新潟市中央区米山2-4-1 高山3ビル6階	16 とやま介護テクノロジー普及・推進センター 富山県富山市安住町5番21号 富山県総合福祉会館(サンシップとやま)2階	17 いしかわ介護業務改善相談支援センター 石川県金沢市赤土町2-13-1 石川県リハビリテーションセンター内	18 ふくい介護テクノロジー・業務改善支援センター 福井県福井市中央1-3-1 加藤ビル6階
19 山梨県介護福祉総合支援センター 山梨県甲府市北新1-2-12 山梨県福祉プラザ1階	20 長野県介護・障がい福祉生産性向上総合相談センター 長野県長野市南栗町1082 ND南栗町ビル5階	21 岐阜県介護生産性向上総合相談センター 岐阜県岐阜市金園町1-3-3 クリストルビル2階	22 静岡県介護生産性向上総合相談センター 静岡県静岡市葵区御幸町8-1 JADEビル2階	23 あいち介護生産性向上総合相談センター 愛知県名古屋市中村区名駅南2-14-19 住友生命名古屋ビル14階	24 みえ介護生産性向上支援センター 和歌山県和歌山市羽所町513 サンビルズ2階
25 滋賀県介護現場革新サポートデスク 滋賀県草津市笠山7-8-138	26 京都府介護・福祉職場業務改善支援センター 京都府京都市中京区竹屋町通丸太町丸太町375 府立総合社会福祉会館 地下1階	27 大阪府介護生産性向上支援センター 大阪府大阪市住之江区南港北2-1-10 ATOビル11M棟11階	28 ひょうご介護テクノロジー導入・生産性向上支援センター 兵庫県神戸市西区曙町1070 兵庫県立福祉のまちづくり研究所内	29 奈良県介護生産性向上総合相談センター 奈良県奈良市大宮町4-266-1 三和大宮ビル2階	30 和歌山県介護生産性向上総合相談センター 和歌山県和歌山市手平2丁目1-2 県民交流プラザ和歌山ビッグ愛7階
31 鳥取県介護生産性向上総合相談センター 鳥取県鳥取市扇町116 田中ビル2号館2階	32 介護現場革新サポートセンターしまね 鳥取県松江市朝日町498 松江センタービル9階	33 岡山県介護生産性向上総合相談センター 岡山県岡山市北区御町1-1-1 住友生命岡山ビル15階	34 介護現場サポートセンターひろしま 広島県広島市南区比治山本町12-2 広島県社会福祉会館内	35 山口県介護生産性向上総合相談センター 山口県山口市種穂町1-2 リバーサイド山陽Ⅱ 2階	36 とくしま介護現場DXサポートセンター 徳島県徳島市国府町東高輪宇天満356-1
37 香川県 令和8年度設置予定	38 愛媛県介護生産性向上総合相談センター 愛媛県松山市一番町1丁目14番10号 井手ビル4階	39 こち介護生産性向上総合支援センター 高知県高知市堺町2-26 高知中央ビジネススクエア7階	40 福岡県介護DX支援センター 福岡県春日市原町3-1-7 クローバープラザ東棟2階	41 さが介護業務効率化サポートセンター 佐賀県佐賀市兵庫南4-1-25 なかむらビル兵庫南2階3号室	42 ながさき介護現場サポートセンター 長崎県長崎市元船町9-18 長崎BizPORT2階
43 くまもと介護テクノロジー・業務改善サポートセンター 熊本県熊本市中央区花畑町1-1 大樹生命ビル2階	44 大分県介護DXサポートセンター 大分県大分市明野東3丁目4番1号	45 みやぎ介護生産性向上総合相談センター 宮城県宮崎市高千穂通2-1-2 唯産第3ビル 4階	46 鹿児島県介護生産性向上総合相談センター 鹿児島県鹿児島市山下町14-50 カクイクス交流センター2階	47 介護業務・テクノロジー伴走支援センターおきなわ 沖縄県那覇市前島3-25-5 とまりん(アネックスビル)1階	



■ 介護ロボット・ICT相談窓口（2カ所）

A 公益財団法人介護労働安定センター茨城支部 介護テクノロジー相談窓口 茨城県水戸市南町3丁目4番10号 水戸FFセンタービル	B 公益財団法人介護労働安定センター香川支部 介護テクノロジー相談窓口 香川県高松市寿町1丁目3番2号 日進高松ビル6階
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※国の事業で設置された窓口（都道府県の準備ができ次第、介護生産性向上総合相談センターへ移行）

Building an organization that supports productivity improvement in nursing care settings and supporting the development of digital human resources

Productivity Seminar

For Organizations (Management and Staff)
Productivity Improvement Enlightenment and Improvement Method Learning

Number of Applicants (R6)

Total	Provider	Others
500	396	104

Follow-up Seminar (R2~)
 ·Participation in the organization of nursing care establishments
 ·Cultivating practical skills for improvement efforts through case studies
 ·3 days (2-3 hours) Web group work × 6 times
 ·Support for the creation of improvement plans for each business site

Number of Applicants (R6)

Total	Provider	Others
4,700	3,525	1,175

Beginner Seminar (R2~)
 ·For nursing care office managers and nursing care staff
 ·Learn improvement methods with reference to guidelines
 ·6 web lectures × 1 day (2 hours)

Participation Status (R6)

Participants	Case Presentations	Exhibiting Companies
4,232	20	37

Productivity Improvement Promotion Forum (H30~)
 ·Purpose to boost momentum for productivity improvement
 ·Reporting on initiatives by business sites, equipment displays, etc.
 ·1 day (4 hours and 30 minutes) hybrid event

《Participants' voices》
 ·I found that even small efforts can lead to productivity improvement.
 ·I felt that it was important to continue.
 ·Improvement has increased the time for direct care
 ·I want to learn more logically, such as how to visualize and verify the improvement effect.



Digital Core Human Resource Development

Introduction and utilization of nursing care technology
Cultivating human resources who can lead

Digital Core Human Resource Development Training (R6~)
 ·For nursing care staff who are recommended by a nursing care office or wish
 ·Learn improvement methods/scientific nursing care/nursing care technology/leadership/management
 ·e-learning + 3 days of group work and demonstration + task learning
 ·In Reiwa 6, 1,656 people were trained (574 people at the time of the trial in Reiwa 5)
 ·Support for the creation of nursing care robots and ICT introduction plans at each business site



Care Robot and ICT Implementation Plan

《Participants' voices》
 ·Long-term planning is needed; other staff should attend.
 ·The instructor's approach helps support tech-unfamiliar staff.
 ·I learned that each staff member drives productivity.
 ·Tech-related issues were shared, giving ideas for improvement.

Establishment of digital core human resource development method (Manual/Standard Program Reiwa 6)
 - Define the skill requirements and competency requirements of digital core human resources
 ·Provide references for local governments and nursing care establishments to develop digital core human resources

【デジタル中核人材養成研修手引き】
https://www.mhlw.go.jp/stf/kaigo-seisansei_forum.html

手引き デジタル中核人材養成研修

令和7年9月
厚生労働省 老健局

9

Living Lab Network - The role of the advisory board for development demonstration and the field for preliminary demonstration -

学校法人藤田学園
ロボティクススマートホーム



国立研究開発法人
国立長寿医療研究センター



国立大学法人東北大学
青葉山リビングラボ



独立行政法人労働者健康安全機構
吉備高原医療リハビリテーションセンター



国立大学法人九州工業大学
スマートライフケア共創工房



社会福祉法人善光会
Care Tech ZENKOUKAI Lab



国立研究開発法人産業技術総合研究所
リビングラボ



SOMPOホールディングス株式会社
Future Care Lab In Japan



■リビングラボ一覧■（8カ所）

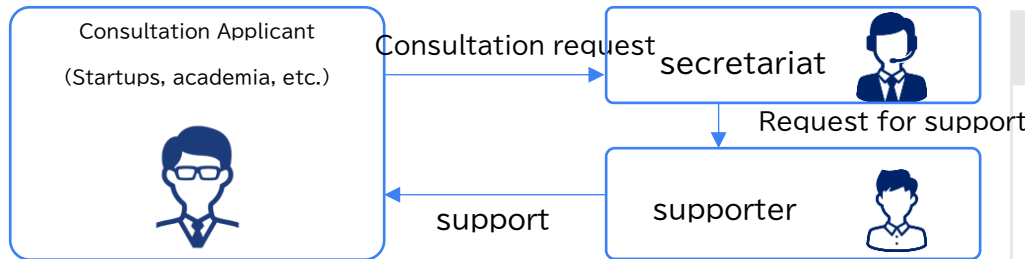
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④ About the nursing care startup support project

What is the nursing care startup support project?

We match nursing care start-ups, academia, etc. that have problems for practical application with experts (supporters*) who provide advice on solutions, and provide detailed consultation and support according to each stage after taking a comprehensive and bird's-eye view of industry trends, business plans, sales plans, and overseas expansion considerations.

*Supporters are experts in various fields such as regulatory compliance, marketing, business planning, fundraising, management strategy, intellectual property strategy, and overseas expansion.

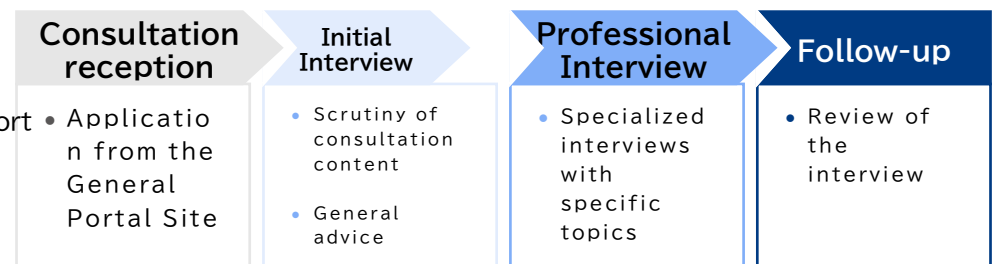


Consultation and support flow

Applications were made using the application form on the comprehensive portal site (under preparation) for the nursing care startup support project.

At the first interview, we scrutinized the content of the consultation and provided general advice.

Depending on the content of the consultation, the interview will be divided into multiple sessions, and additional interviews will be conducted by supporters according to the content of the consultation.



In the nursing care startup support business, we will develop a variety of support menus in addition to consultations (planned)

SU Seminar

スタートアップ・アカデミアに対し専門家によるセミナーを提供

Support for Intellectual Property Strategy Formulation

希望シーズに対し、実用化を図るための総合的な調査・支援を実施

Hands-on support

介護系SUに対し、適切な人材をマッチングさせ、集中的にハンズオン支援

Seeds Database

介護系SU・アカデミアと出資先や大手企業等のマッチング機会を提供

Nursing Care Tech Award

特に有望な介護系SUを発掘し、その展開を支援するためのアワード企画を実施

SU Support Guidebook

SUの課題解決の一助となるようガイドブックを提供

Nursing Care Tech Summit

介護系SUと大企業や支援機関のマッチング機会のための展示会を実施

Various surveys and summary

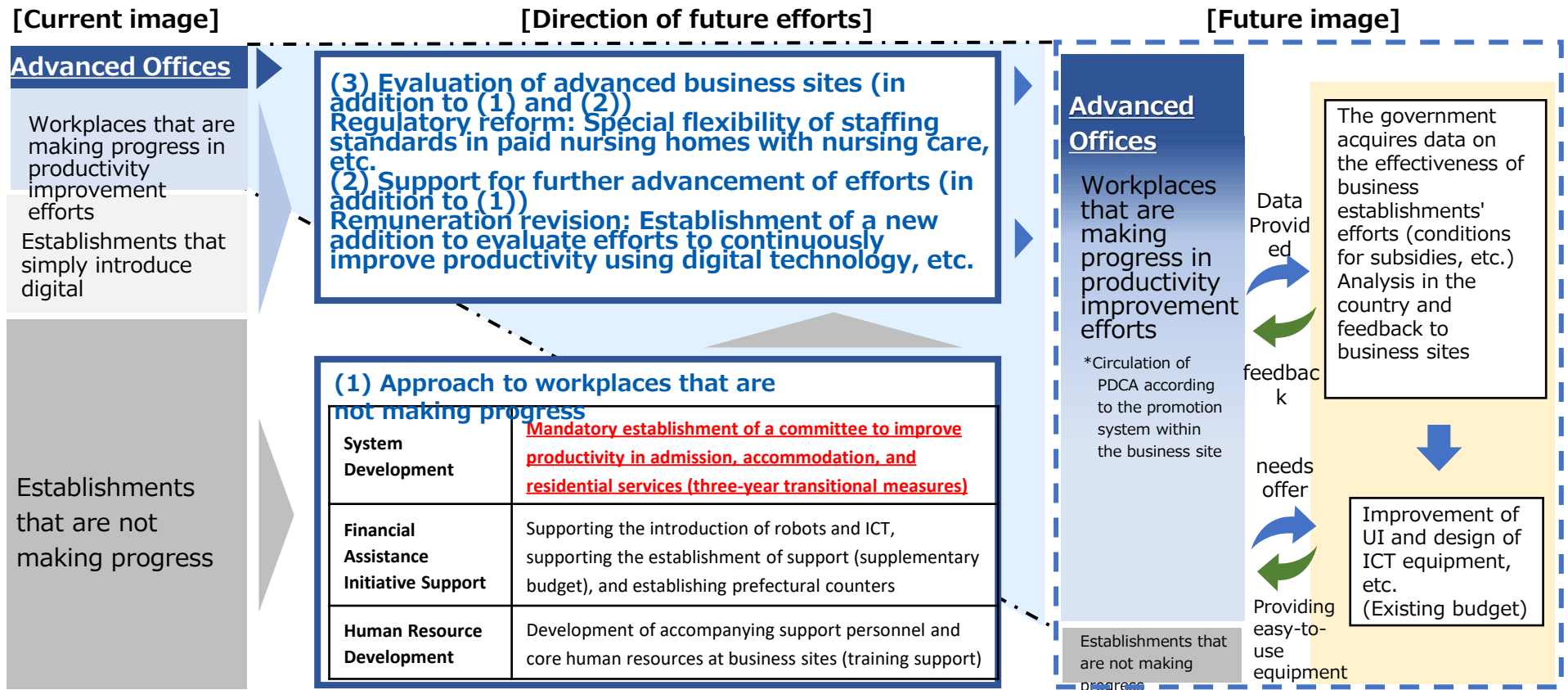
日本のSU企業やその支援機関に関する各種調査を実施し、現状を把握

Supporting documents



Direction of Digital Administrative and Financial Reform in the Field of Nursing Care

- While we provide various support such as support for the introduction of digital technology and the establishment of consultation desks, and while there are offices that are improving productivity, it cannot be said that the initiatives are widely spread.
- To this end, we will work on (1) financial support including supplementary budgets, (2) promoting productivity improvement efforts in the revision of long-term care remuneration, (3) supporting advanced initiatives such as flexibility in staffing standards, and (4) running the PDCA cycle with clear KPIs.



Key Performance Indicators in the long-term care sector

- To promote digital administrative and fiscal reform in the long-term care sector, appropriate KPIs will be established at each stage—such as the development of the underlying infrastructure and environment (input) and their utilization (output)—with the aim of generating meaningful outcomes.

		2023年	2026年	2029年	2040年	定義等	
基盤・環境の整備 Environment	生産性向上方策等周知件数	2,570件 (R5暫定値)	増加	増加	—	(単年度) セミナー、フォーラム、都道府県窓口セミナーへの参加件数、動画再生回数の増加	
	デジタル(中核)人材育成数(2023年度より実施)	500名	5,000名	10,000名	—	(累計) デジタル(中核)人材育成プログラム受講人数(国が実施するもので、自治体や民間が実施する研修等の数は含んでいない)	
	都道府県ワンストップ窓口の設置数(2023年度より実施)	5	47	47	47	(累計) 各都道府県における設置数	
	委員会設置事業者割合※(2024年度より実施)	—	【2024年夏までに調査を実施し、目標を設定】			(累計) 入所・泊まり・居住系サービスは3年後義務化予定、KPIは全サービスを対象とする(一部サービスを除く)	
	ケアプランデータ連携システム普及自治体の割合(2023年度より実施)	事業者が活用している自治体の割合	40%	80%	100%	100%	(累計) 管内事業者が利用している市区町村の割合
		複数の事業者が活用している自治体の割合	—	50%	90%	100%	(累計) 管内事業者が3割以上利用している市区町村の割合
	ICT・介護ロボット等の導入事業者割合※	29%	50%	90%	90%以上	処遇改善加算の職場環境要件の算定状況を集計	
	介護現場のニーズを反映したICT・介護ロボット等の開発支援件数	52件 (R5暫定値)	60件以上	60件以上	—	(単年度) 介護ロボットの開発・実証・普及のプラットフォーム事業における開発企業とニーズのマッチング支援件数を集計	
	基盤・環境の活用 Use Case	生産性向上の成果(対象:加算取得事業者及び補助対象事業者)※	デジタルを活用した報告(年1回)を原則とし、都道府県及び厚生労働省が確認できること				
		①全介護事業者	1ヶ月の平均残業時間の減少	6.4h	減少又は維持	減少又は維持	減少又は維持
有給休暇の取得状況(年間平均取得日数)			7.4日	8.4日	10.9日	全産業平均以上	3年間の平均値が目標値又は前回の数値より増加又は維持(令和4年(又は令和3会計年度)平均取得日数10.9日)
②加算取得事業者及び補助金を利用して機器を導入した事業者(2024年度より実施)		1ヶ月平均残業時間が①の群より減少する事業者の割合	—	30%	50%	90%以上	事業者からの報告
		有給休暇の取得状況(年間平均取得日数)が①の群より増加する事業者の割合	—	30%	50%	90%以上	事業者からの報告
③上位加算取得事業者及び特例的な柔軟化を実施する事業者(2024年度より実施)		総業務時間の減少割合	—	25%	25%	25%	タイムスタディの実施(令和4年度実証事業並の変化率)
		1ヶ月平均残業時間が②の群より減少する事業者の割合	—	30%	50%	90%以上	事業者からの報告
		有給休暇の取得状況(年間平均取得日数)が②の群より増加する事業者の割合	—	30%	50%	90%以上	事業者からの報告
効果をはかる Outcome		年間の離職率の変化※					
		①全介護事業者	15.7% (R4調査)	15.3%	15.0%	全産業平均以下	3年間の平均値が目標値又は前回の数値より減少又は維持(令和4年産業計15.0%)
	②加算取得事業者及び補助金を利用して機器を導入した事業者(①の群より減少した事業所の割合)	—	30%	50%	90%以上	事業者からの報告	
	③上位加算取得事業者及び特例的な柔軟化を実施する事業者(②の群より減少した事業所の割合)	—	30%	50%	90%以上	事業者からの報告	
	人員配置の柔軟化(老健、特養、特定(注2))※	—	1.3%	8.1%	33.2%	令和5年度の介護事業経営実態調査を起点とし、人員配置の変化率を確認	

注1) ※をつけたものはサービス類型毎にデータを集計・分析し公表する予定としており、サービスが限定されていないものは原則全サービスとする

注2) 職員一人あたりに対する利用者の人数は、老人保健施設で2.2対1、介護老人福祉施設で2.0対1、特定施設入居者生活介護指定施設(介護付きホーム)で2.6対1となっている(令和5年度介護事業経営実態調査結果より算出)

注3) 参考指標として介護職員全体の給与(賞与込みの給与)の状況を対象年毎に確認

注4) 本KPIは、必要に応じて随時に見直しを行うものとする

Mandatory establishment of a committee to examine measures that ensure user safety, maintain the quality of long-term care services, and reduce staff burden.

■ From the perspective of promoting initiatives that contribute to productivity improvement in long-term care settings, facilities will be required to establish a committee that identifies and analyzes on-site issues and examines measures that help ensure user safety, maintain the quality of long-term care services, and reduce staff burden, in accordance with each facility's situation. A transitional period of three years will apply.

Short-stay services ★, Residential services ★, Multi-functional services ★, Facility-based services

Promotion of the utilization of technologies such as long-term care robots and ICT

■ To support the continued use of technology such as long-term care robots and ICT after their introduction, a new add-on will be established to evaluate facilities that introduce monitoring devices or other technologies, continue operational improvement activities based on the Productivity Improvement Guidelines, and submit data on the resulting effects.

Short-stay services ★, Residential services ★, Multi-functional services ★, Facility-based services

【Points】

Productivity Improvement Promotion System Add-on (I): 100 units/month (new)

Productivity Improvement Promotion System Add-on (II): 10 units/month (new)

【Requirements】

<Productivity Improvement Promotion System Add-on (I)>

Meets the requirements of Add-on (II), and the data from (II) confirm the outcomes of efforts to improve operations. Multiple monitoring devices or other technologies have been introduced. Efforts are being made to ensure appropriate task allocation among staff (e.g., effective utilization of care assistants). Once every year, data demonstrating the effects of operational improvement efforts must be submitted. <Productivity Improvement Promotion System Add-on (II)> A committee is convened to examine measures that support user safety, maintain service quality, and reduce staff burden, and continuous improvement activities are implemented based on the Productivity Improvement Guidelines, while taking necessary safety measures. At least one monitoring device or similar technology has been introduced. Once every year, data demonstrating the effects of operational improvement efforts must be submitted.

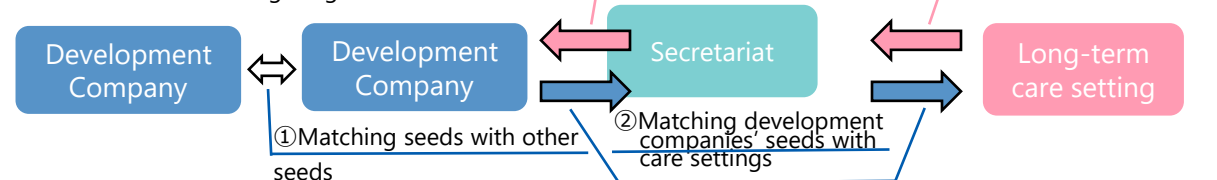
Living Labs

○ In the Living Lab, a network of Living Labs is formed to evaluate and verify the effectiveness of care technology products. Support is provided to match developers' seeds with care site needs, along with assistance from matching supporters and access to demonstration fields.

【Support Provided by the Living Lab】

Product Development Phases/Steps		
Planning	Industry Research	① Understand the Long-term Care Insurance system ② Understand the types of care services ③ Understand the care site environment ④ Understand existing products and services
	Needs Assessment	① Identify and analyze issues ② Verify the universality of issues ③ Be aware of differences between the care industry and other industries
	Concept Planning	① Clarify the purpose of the product/service ② Understand the overall flow of care ③ Be mindful of the fundamental spirit of care ④ Obtain feedback on the concept from care sites
	Business Plan Development	① Define the target ② Understand the revenue structure of care facilities (for facility use) ③ Understand funding sources for home-based users ④ Build a post-launch operational structure
	Matching & Networking	① Build relationships with manufacturing companies ② Build relationships with developers in adjacent fields ③ Build relationships with experts
Development	Laboratory-Level Validation	① Enhance functionality to a level suitable for on-site demonstration ② Test with subjects other than actual users ③ Limit functions for testing
	Field-Level Validation	① Test use cases with a few facilities ② Verify effectiveness with 10+ facilities ③ Adjust specifications based on test results ④ Clarify purpose and content of validation ⑤ Set up the validation environment
	Pre-Launch Preparation	① Consider cost design ② Finalize specifications assuming post-launch recovery
Sales	Sales Strategy	① Utilize distributor sales and joint decision-making ② Provide information via effective channels ③ Pay attention to purchase units and contract methods
	Sales Approach	① Set expectations correctly ② Tailor messages to the audience ③ Support facilities in obtaining subsidies
	Implementation Support	① Support from planning the implementation ② Prepare the environment for implementation ③ Assist with demos and initial setup ④ Support obtaining user consent
	Continuous Improvement	① Monitor user status ② Incorporate and utilize customer feedback

【 Needs-Seeds Matching Diagram 】



【 Matching Supporter 】

○ Approximately 40 individuals, primarily academics in welfare and engineering, provide support to the development companies.

【 Offering a Validation Field 】

○ At certain development phases, we provide a large-scale demonstration field supported by care facilities across the country (about 1,200 as of May 2025).

○ We also collaborate in the demonstration of new welfare equipment proposals."

Productivity Improvement Promotion Project at Nursing Care Establishments

Initial Budget for Fiscal Year 2025 1.3 million yen

1 Purpose of the project

- Until now, the government has been promoting initiatives to innovate and improve productivity in nursing care sites led by local governments through productivity improvement guidelines and seminars.
- At the Digital Administrative and Financial Reform Council, KPIs indicate an increase in the number of productivity improvement measures and an increase in the number of digital core human resources training in order to accelerate digitalization in nursing care settings.
- For this reason, we will steadily implement seminars related to productivity improvement, forums to boost momentum, and human resource training specializing in digital utilization.
- In addition, we will consider measures to further effectively utilize and feedback the data on the effectiveness of initiatives collected from business establishments through the "Productivity Improvement Promotion System Addition" and subsidies that will start in FY6.

2 Project Overview

(1) Holding seminars related to productivity improvement

In order for nursing care establishments to proactively work on productivity improvement, seminars aimed at promoting understanding of productivity improvement guidelines and horizontal development of good practices, We will hold human resource training specialized in digital utilization and a forum to increase the momentum for productivity improvement, and strive to spread and accelerate productivity improvement efforts.

(2) Research on the horizontal deployment of effective ICT initiatives

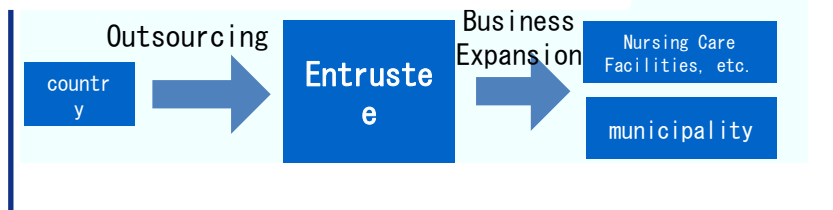
Productivity Improvement Promotion System Measures will be considered to utilize and feedback data collected from business sites through addition and subsidies.

(3) Establishment of the secretariat related to the "Prime Minister's Commendation for Creating a Comfortable Working Environment for Nursing Care Staff"

Regarding the "Prime Minister's Commendation for Creating a Comfortable Working Environment for Nursing Care Staff", coordination with prefectures, compilation of information, operation of the selection committee, etc.

In addition to carrying out its duties as a bureau, we will promote the dissemination of good practices through commendations.

3 Implementing Entity



4 Business Achievements, etc.

Reiwa 5 Number of seminar participating establishments (corporations) 2,146

Reiwa 7 Creation of a comfortable working environment for nursing care staff Prime Minister's Commendation and Minister of Health, Labour and Welfare Commendation

1. Purpose of the award

Creating a Comfortable Working Environment for Long-Term Care Workers
The Prime Minister's Commendation aims to promote the improvement of the working environment of long-term care staff by commending and widely introducing their achievements by commending and widely introducing their efforts to improve the treatment of staff, human resource development, and productivity improvement at nursing care sites.

*At the same time, the Minister of Health, Labour and Welfare Commendation will also be held.

Results

- R5: Number of nominations 60 (from 31 prefectures) ▶ Selection results: 2 Prime Minister's Commendations, 4 Minister of Health, Labour and Welfare Commendations, 54 Encouragement Awards
- R6: 71 nominations (from 42 prefectures) ▶ Selection results: 1 Prime Minister's Commendation, 5 Minister of Health, Labour and Welfare Commendation, 63 Encouragement Awards
- R7: 103 nominations (from 45 prefectures) ▶ Selection results: 2 Prime Minister's Commendations, 5 Minister of Health, Labour and Welfare Commendations, 96 Encouragement Awards

2. Selection criteria *Examination of the content of the business operator's efforts from the following perspectives.

① Initiatives that contribute to the creation of a comfortable working environment

Theme 1: Improvement of treatment

(1) Employee treatment improvements:

Evaluate initiatives that enhance recruitment and reduce turnover.

Theme 2: Human Resource Development

(2) Human resource development:

Evaluate initiatives that effectively build staff skills and capacities.

Theme 3: Productivity Improvement

(3) Productivity in care settings:

Evaluate initiatives that improve task allocation, reduce workload, and enhance service quality.

(4) Documentation:

Each initiative should clearly describe the "challenges," "implementation period," "process," "costs," "key highlights," and "future outlook."

② Are you doing an excellent job on multiple issues?

③ Effective Initiatives

- For each initiative (1)–(3), is the effect clearly demonstrated by comparing the situation before and after implementation?
- Even if multiple initiatives (1)–(3) are undertaken at a single facility, are their outcomes specifically shown through a before-and-after comparison?

④ Sustainable Initiatives

- Whether the initiative is not just a one-time effort, but whether a system or framework has been established or considered to ensure continuous implementation.

⑤ Initiatives that are expected to be introduced at other business sites

- Whether the initiative is expected to be transferable to many other facilities.
- Whether the facility is cooperative in promoting the initiative's broader adoption, for example by dispatching staff experienced with the initiative or accepting visits from other facilities interested in implementing it.

3. Schedule for Reiwa 7

December 5, Reiwa 6: Acceptance of public solicitations by requesting nominations for award candidates (in principle, requesting the implementation of public offerings) and self-nominations for the whole country

February 14, Reiwa 7: Deadline for accepting applications at the Ministry of Health, Labor and Welfare Secretariat

March 31: Deadline for nominations from prefectures

July : Selection by the Selection Committee

August 27 : Award Ceremony

Special nursing home Mokusei

Corporate Name	Social Welfare Corporation Hokuyokai
Service Type	Long-term care welfare facility
location	Mito City, Ibaraki Prefecture
Number of users	70 people
Number of Employees	85 (66 full-time / 19 part-time)



▲The use of monitoring equipment leads to improved operational efficiency



Prime Minister's Commendation

▲Uniform co-production with local apparel companies

(1) Efforts to improve

Repurposing Introduced Technology

(2) Efforts to improve the treatment of employees

Leave support for male and foreign employees raising children

(3) Initiatives related to human resource development

Creating Rewarding Through Cross-Industry Collaborations

Key Challenges	Seat sensor-type monitoring equipment was introduced on all floors, but it was not used.		There was consultation from the staff about the acquisition of childcare leave for male employees and the return of foreign employees, but there was no record of taking it.		There was a sense of issues such as a decrease in motivation due to a poor environment and a workplace culture where it is difficult to generate new ideas.	
Start of work season	December 2022~		April 2021 ~		October 2022~	
Details of the initiative	<p>✓ Organizational transformation team formation. Reassignment was carried out in a workplace where there were few transfers, and this was used as an opportunity to clarify role assignments and promote the strategic use of equipment. By utilizing sheet sensor-type monitoring equipment, the number of visits during patrols was reduced, and regular nighttime assistance (excretion assistance) was abolished (total 233 minutes → 116 minutes). Regular time study surveys were conducted to promote the efficiency of nighttime operations. By accumulating achievements and gaining the understanding of staff, successfully abolished night duty (expected to save 2 million yen annually)</p>		<p>Regarding childcare leave for male employees, efforts were made to quickly identify employees who wished to take leave, explain the situation to the workplace, gain understanding, and encourage the use of the system. Actively prioritize the placement of care assistants in units where employees from the child-rearing generation work. Regarding long-term leave for foreign employees, notify the workplace and request cooperation for adjustments. Conduct a daytime time study survey. Review of the schedule, creation of a flowchart</p>		<p>Promote requests for external lecturers, participation in external training, and acceptance of trainees. Joint production of uniforms with local apparel companies and events with local sports teams are held. Staff participate in planning and management with these different industries. Contribute to fostering trust among local residents</p>	
Before and after the initiative Outcome Indicators	Patrol time per night shift person // Excretion assistance time	53分 → 26分 180分 → 90分	Number of male employees taking childcare leave	0名 → 1名	Number of participants in training by external lecturers	22名 → 110名
	Facility occupancy rate (number of users relative to facility capacity)	97.8%(R5) → 99.9%(R6)	Number of foreign employees who support their return to Japan	0名 → 2名	Workplace training and experience acceptance results	46名 → 134名
Burden reduction Satisfaction Metrics	Average number of days of paid leave (per person) (per person) *1 10.1 days (R5) → 12.5 days (R6)					
	Turnover rate *2		4.9%(R5) → 0%(R6)			

※1 Total number of days of paid leave taken by all employees / Number of paid leave granted to all employees (including non-regular employees) *2 Number of nursing care staff who left their jobs / Number of nursing care staff enrolled in the current year (including non-regular employees)