

# Rethink the World

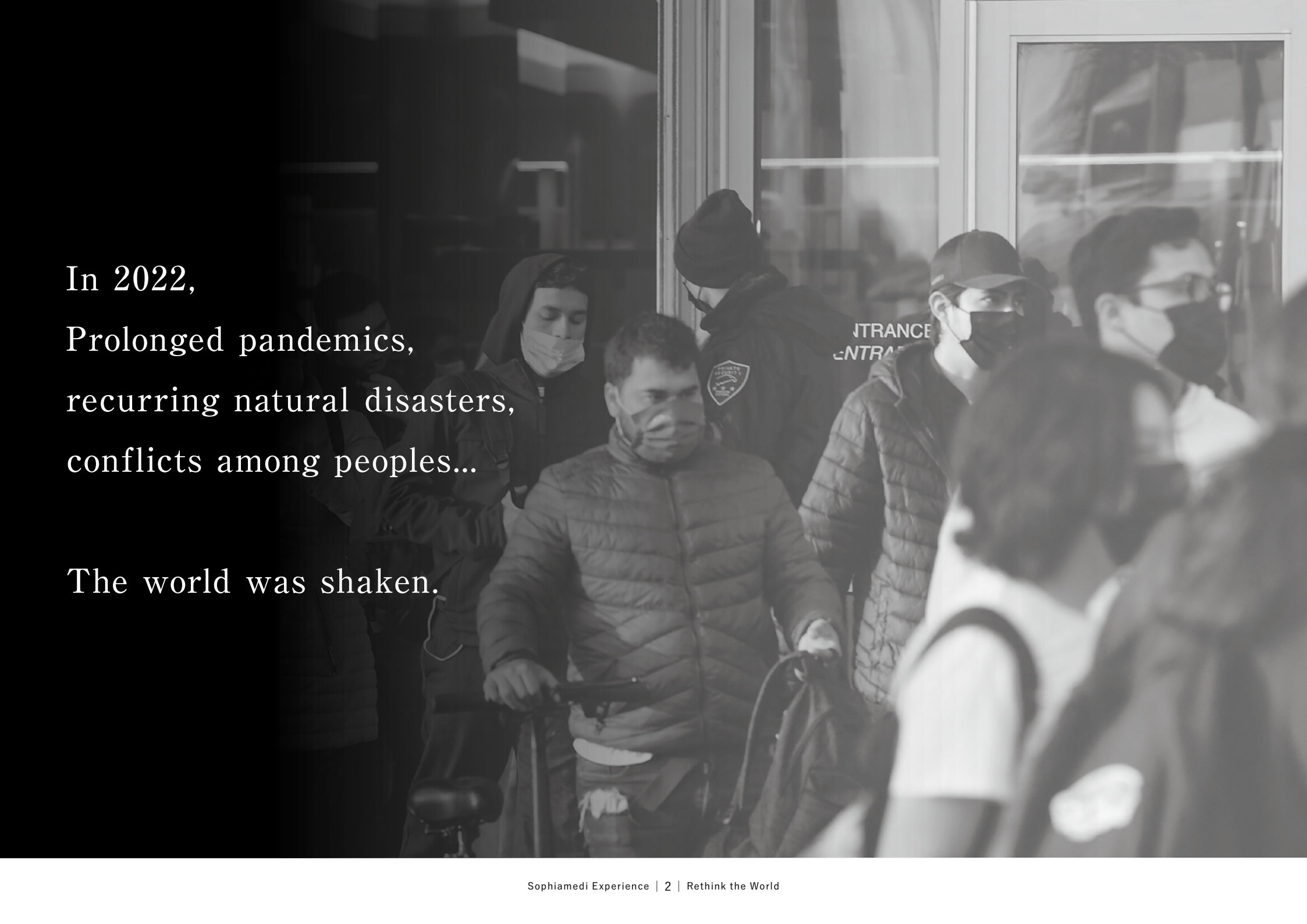


Sophiamedi  
Annual Report 2023

2022.04 ▶ 2023.03

 Sophiamedi for in-home nursing  
Sophiamedi

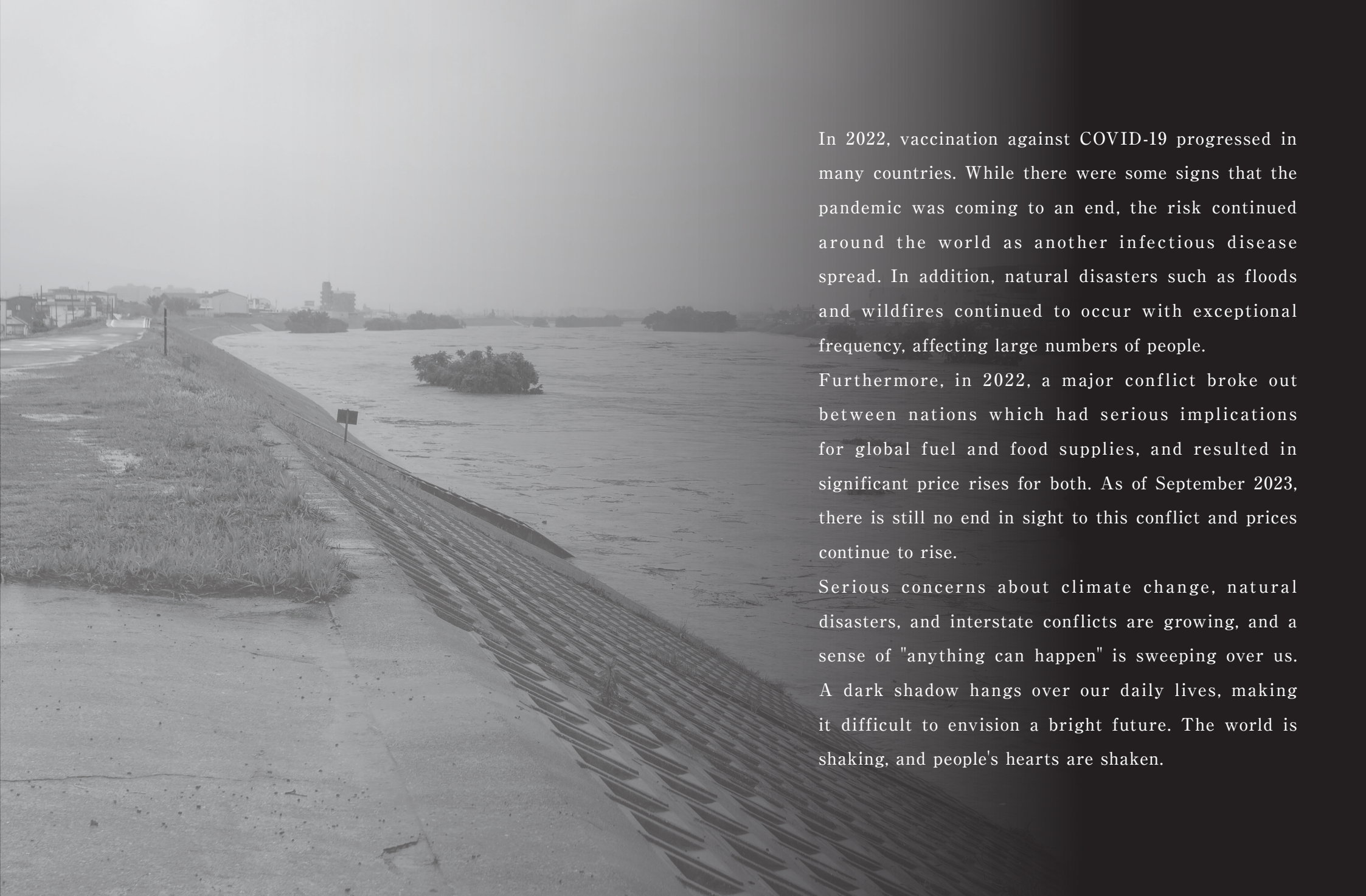




In 2022,  
Prolonged pandemics,  
recurring natural disasters,  
conflicts among peoples...

The world was shaken.





In 2022, vaccination against COVID-19 progressed in many countries. While there were some signs that the pandemic was coming to an end, the risk continued around the world as another infectious disease spread. In addition, natural disasters such as floods and wildfires continued to occur with exceptional frequency, affecting large numbers of people.

Furthermore, in 2022, a major conflict broke out between nations which had serious implications for global fuel and food supplies, and resulted in significant price rises for both. As of September 2023, there is still no end in sight to this conflict and prices continue to rise.

Serious concerns about climate change, natural disasters, and interstate conflicts are growing, and a sense of "anything can happen" is sweeping over us. A dark shadow hangs over our daily lives, making it difficult to envision a bright future. The world is shaking, and people's hearts are shaken.





That's why in such an era, we want to provide safe and warm in-home care to as many people as possible.

To achieve this goal, what should we protect and what should we change in this shaky world?





A lush green forest with sunlight filtering through the trees. The scene is filled with vibrant green foliage and tall, slender tree trunks. Sunlight creates a dappled effect on the forest floor, highlighting the dense undergrowth.

# “Rethink”

At this turning point in time,  
let's rethink the world and seek  
sustainable solutions.

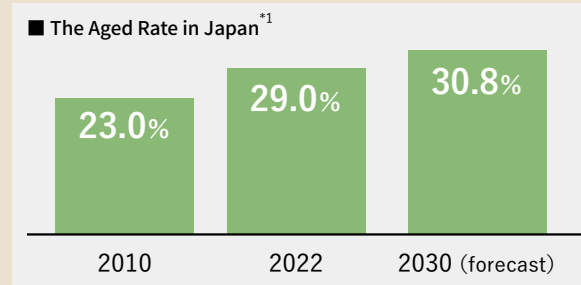


Why should we “Rethink” now?



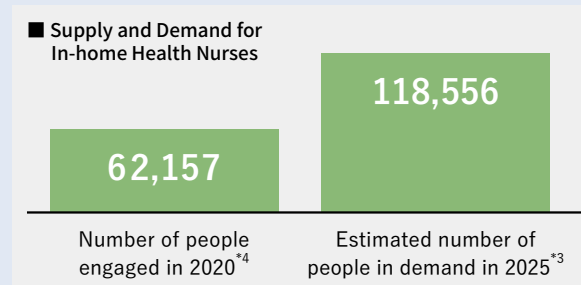
**Reason #1**  
Accelerating Aging Population

As of 2022, the aged rate in Japan is 29.0%<sup>\*1</sup> and increasing rapidly. The rate is expected to rise further to 30.8% by 2030<sup>\*1</sup>, and of particular note is the fact that some 6 million baby boomers will enter their 80s. In order to ensure the health and well-being of the rapidly growing elderly population, the development of healthcare infrastructure is an urgent issue.



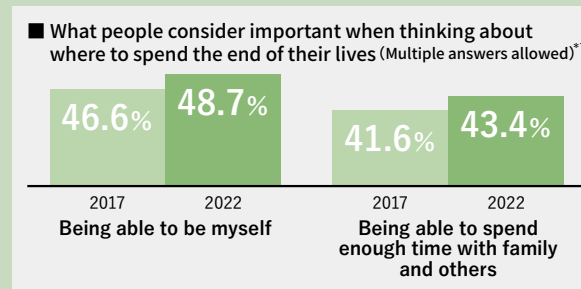
**Reason #2**  
Shortage of Medical Workers

It is said that by 2030, there will be a shortage of approximately 1.87 million healthcare workers<sup>\*2</sup>. In the field of in-home health care nursing, the number of in-home health care nurses needed in 2025 will be approximately 120,000<sup>\*3</sup>, while the number in 2020 was approximately 60,000<sup>\*4</sup>, resulting in a serious shortage of human resources. As a result, it is estimated that 490,000 people will not be able to receive end-of-life care in 2040<sup>\*5</sup>



**Reason #3**  
People's Changing Values

The pandemic has triggered a shift in perspectives on well-being. In particular, there has been a re-evaluation of health and social connectedness<sup>\*6</sup> and an increased interest in medical care and healthy lifestyles. In addition, due to the temporary restrictions placed on hospital visits to prevent the spread of infection during the Covid-19 pandemic, an increasing number of people have started to re-evaluate where and how they want to spend their final days, and are placing greater emphasis on being with their families<sup>\*7</sup>



\*1 Cabinet Office: 2023 White Paper on Aging Society  
 \*2 Personnel Research Institute and Chuo University: Labour Market Future Estimates 2030  
 \*3 Ministry of Health, Labour and Welfare: According to the "Interim Summary of the Study Group on the Supply and Demand of Health Care Workers and the Subcommittee on Supply and Demand of Nursing Personnel" in 2019, the estimated demand is 118,556 persons when overtime hours are 10 hours or less per month and the number of paid vacations taken is 10 days or more per year.  
 \*4 Ministry of Health, Labour and Welfare: 62,157 (actual number of workers), from "Summary of Health Administration Reports (Employment Medical Personnel)" in 2020.  
 \*5 Ministry of Health, Labour and Welfare, Central Social Insurance Medical Council: 2011 Basic Data on Medical Care in Japan  
 \*6 Sustainable Development Solutions Network: World Happiness Report 2022  
 \*7 Ministry of Health, Labour and Welfare: 2022 Survey on Attitudes toward Medical Care in the Final Stage of Life





All great changes  
come from  
“Rethinking”



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**Period covered in this report:** This report is based on the period from April 1, 2022 to March 31, 2023.

\* Some statements may cover information from before or after this period when necessary.





# Part 1

## Who We Are Our Purpose

Sophiamedi's Vision of The Future



# Vision

To develop safe, warm in-home care environments throughout Japan and create a world where all patients can live happy and comfortable lives.

# Mission

To devote our wisdom to caring for lives.





# 5 Values

- Customer-first** Commit to the customer-first principle and see things from their point of view.
- Humanity** Have a sensitive and human approach.
- Expertise** Be proud to be a professional and pursue every possibility.
- Growth** Continue to learn and let it be a driving force for change.
- Team** Respect and support each other with a friendly spirit.



# Client Testimonials



I am very happy to be able to walk again after being discharged from the hospital.

**Mr. S / The Client**

I was hospitalized for a while after undergoing several surgeries at a university hospital, but after being discharged, I used in-home nursing services and am now living at home with my wife and pets. After returning home, I worked hard on my rehabilitation\* and am able to walk again. I enjoy taking walks, looking at cherry blossom, and chatting with the staff. I have them come five times a week, but I wish they would come more often. I rely on them and look forward to their continued support.

**Ayaka Miyahara,**  
Chief Nurse



He always greets us with a smile, and we enjoy talking with him. We visit him for both nursing and rehabilitation\*, and we try to provide better care by collaborating and sharing information with other staff members.



Many of them have experience in pediatric nursing, so I can rely on them.

**Mrs. I / Mother**

My son has a tracheostomy and I started using the in-home nursing service. I am able to take care of him at home by talking to the nurses and getting help doing things that would be difficult for me to do alone, such as changing dressings and bathing him. I trust them because they are all very kind and helpful. There are many staff members of the same generation as myself, people with child-rearing experience, and people with experience in pediatric nursing, so they give me advice from various angles and are very helpful.

**Ai Mashima,**  
Nurse



Always smiling, sometimes crying, he shows us various expressions every time we visit him. I try to discuss with the mother what is the most comfortable way for him to spend his time. I would like to continue to watch his growth.

\*Rehabilitation is a term which covers physiotherapy, occupational therapy, and speech therapy.



I remember how I used to feel when I was younger, and I feel very energetic.

**Mrs. O / The Client**

About six months ago, I broke my hip and was bedridden for a while, but I have gradually recovered while receiving nursing care and rehabilitation\* back at home, and now I am able to take a 15-minute walk on a nice day. I am practicing my movements with the staff so that I can take a bath by myself. When the staff come to visit me, they remind me of my younger days, and it cheers me up. I am grateful to all of you.

**Shinnosuke Sunaga,**  
Physical Therapist



She always says to me, "My coming here makes her feel cheerful, and most of all, it's fun." The visiting staff members are also energized by Mrs. O's daily efforts in her rehabilitation\* to cope with life at home.



The time spent with the staff is a healing experience for my husband.

**Mrs. Y / Wife**

My husband has amyotrophic lateral sclerosis (ALS), and we were considering placing him in a facility, but we decided to use the in-home nursing service in the hope that he could stay at home as long as possible. He has been doing exercises to keep his joints from getting stiff, throwing a ball, and having quizzes. Various staff members visit us, and I think it is a healing time for my husband. I also asked for shower assistance, which has reduced my own burden.

**Miki Yasuda,**  
Occupational Therapist



I know that rehabilitation\* can be tough at times, but I try to make things easier by creating quizzes for him and by talking to him about small things and creating opportunities for conversation.



# Rethink the

## CEO Message

Through Caring for Lives, we expand choices for each individual and make efforts to support a life that is uniquely one's own.

### President and CEO

## Aya Ito



**Profile:** After working at a publishing company and being a housewife, she joined Recruit Co in 2000. In 2014, she became General manager of the Media Production Department of the Bridal Business Division, and in 2015, General Manager of the Diversity Promotion Department of Recruit Holdings Co. In 2016, she became General Manager of the Social Enterprise Promotion Department (currently the Sustainability Transformation Department). In 2019, she became General Manager of the VMS Promotion Division (currently the Organization Development Division) of Sophiamedi, and from February 2022, she assumed the position of CEO.



# World

I believe the period that we are living in is a turning point in history. The aged rate in Japan will exceed 30% by 2030<sup>\*1</sup>, approximately one in three of the population will be 65 years old or older, and about 6 million baby boomers will enter their 80s. In this age of increasing demand for medical infrastructure, can we fulfill the wishes of the many people who wish to spend their final days at home? Can we contribute to the birth of new drugs and also take care of the hopes and expectations of our clients? Can we support the personalized care and lives of people of all ages and with a wide range of illnesses? It has been suggested that 490,000 people may not be able to receive end-of-life care in 2040,<sup>\*2</sup> and there is an overwhelming shortage of healthcare professionals in in-home nursing as well.<sup>\*3</sup> In addition, the number one best-selling book of the year<sup>\*4</sup> for 2022 was "The 80-Year-Old Wall", which explores a new way of life for people in old age. New ways of living in a super-aged society are attracting attention, and people's values are changing. I want to think about the best way forward and how to create value with great impact as a corporate organization, without giving up and saying, "It's too difficult," or "I can only go so far." This report looks back on the year

2022 under the theme of "Rethink the World".

Our vision is to develop safe, warm in-home care environments throughout Japan and create a world where all patients can live happy and comfortable lives. To achieve this vision, we have been striving to provide sustainable and stable care, evolve nursing and rehabilitation techniques and work styles, and improve job satisfaction. In particular, FY2022 was a year in which we placed a business planning function organization directly under the COO (Chief Operating Officer) and made efforts to standardize, implement, and promote PDCA (Plan-Do-Check-Act) in in-home nursing operations. In addition, the Quality Management Division, under the supervision of the CQO (Chief Quality Officer), took on the role of taking a cross-sectional view of technology and worked to establish standards in terms of quality.

Through the practice of standardization, we have keenly realized that it is essential not only to break down and visualize specific operations and consolidate knowledge, but also to establish a guideline for what we are aiming for and how we are going to implement our business. Only then will we be able to set a course for standardization. This has been a year of thinking

about "What kind of standardization should we do?"

Patients often find themselves thinking "I want to go home", "I want to recuperate in my own house" or "I want to do things I used to do." While families may feel "I want them to come home" or "I want to spend time with them." When a person is able to make their own decisions on a daily basis based on several options, then they may feel hope, the will to move forward, and the meaning of their own existence. Based on our philosophy of taking care of not only the disease but also the life of each individual, we work to expand their life options as much as possible through in-home nursing. And as we look back on our achievements and challenges each year, we will continue our efforts to realize this goal with a strong will.

\*1 Cabinet Office: 2023 White Paper on Aging Society

\*2 Ministry of Health, Labour and Welfare, Central Social Insurance Medical Council: 2011 Basic Data on Medical Care in Japan

\*3 The number of in-home nurses needed in 2025 is estimated to be 120,000, compared to 60,000 in 2020 (Ministry of Health, Labour and Welfare: Interim Summary of the Study Group on the Supply and Demand of Health Care Workers and the Subcommittee on Supply and Demand of Nursing Personnel in 2019, / Ministry of Health, Labour and Welfare: Overview of health administration reports (employed medical professionals) in 2020)

\*4 Japan Publishing and Sales Corporation: Annual bestseller announcement for 2022



# Highlights 2022

2022.04 ~ 2023.03

In order to provide safe and warm in-home care to as many people as possible, we have worked to expand the scale of our business and at the same time build a system to provide sustainable, high-quality care. In particular, we are focusing on stabilizing quality by expanding total care hours, strengthening support for patients who need mid to high levels of care, and improving nursing and rehabilitation techniques. In addition, we are also focusing on the health observation business and the in-home clinical trial business by utilizing the resources of in-home nursing to provide medical care support to local residents and to visit subjects in in-home clinical trials.

## Offices and Cooperation System

With the aim of further developing the in-home care infrastructure, we have increased the number of offices by opening 15 new locations in various parts of Japan, and at the same time, strengthened cooperation with medical institutions, in-home care support offices, and other local institutions.

Number of offices <sup>※1</sup>

99

Number of new stations opened <sup>※2</sup>

15

Number of collaborating medical facilities

4,228

Number of collaborating doctors

9,428

\*1 \*2 Number of offices and newly opened offices includes annexes and satellites.

## Home Visits and Medium-to-High Levels of Care

The number of clients and total care hours have increased due to the opening of offices and standardization of visiting operations. In order to ensure that any person can receive medical care with peace of mind, we are strengthening our acceptance of those who are highly dependent on medical care.

Number of clients (In-home nursing station) <sup>※3</sup>

12,704

Total hours of care <sup>※4</sup>

953,536

Number of emergency visits <sup>※5</sup>

5,865

Number of terminal care clients added to calculation

881

\*3 The number of clients as of the end of March 2023. (Figures for FY2021 are as of the end of March 2022)  
 \*4 Total hours of care refers to the total time nurses and therapists (physical therapists, occupational therapists, and speech therapists) provided services to clients.  
 \*5 Indicates the number of emergency visits during nighttime or after-hours.

## Recruiting, Training and Support for a Healthy Work/Life Balance

In addition to focusing on recruitment and welcoming 564 new employees, we are working to standardize quality by establishing a consultation system with specialized and certified nurses in order to improve skills.

Number of staffs <sup>※6</sup>

1,598

Number of new employees <sup>※7</sup>

564

Number of specialized/certified nurses

24

Paid leave that can be taken in 1-hour increments  
 Number of paid leave taken <sup>※8</sup>

6,937

\*6 The number of staff is the total number of employees including temporary employees.  
 \*7 The number of employees includes short-term hires for the Health Observation Support Project and In-Home Clinical Trial Project.  
 \*8 This is a system of paid leave that can be taken from one hour and does not include half or full day off.

## Health Observation Support and In-Home Clinical Trials

In the health observation support business, we provide health counseling and remote triage for residents in cooperation with local governments. In the in-home clinical trial business, we supported new drug development by making 3,785 visits to subjects' homes and other locations.

Health observation support  
 Estimated number of consultations handled

62,278

Health observation support  
 Estimated total number of managed care patients

25,222

In-home clinical trials  
 Number of contracts with medical institutions

31

In-home clinical trials  
 Number of visits to clinical trial subjects

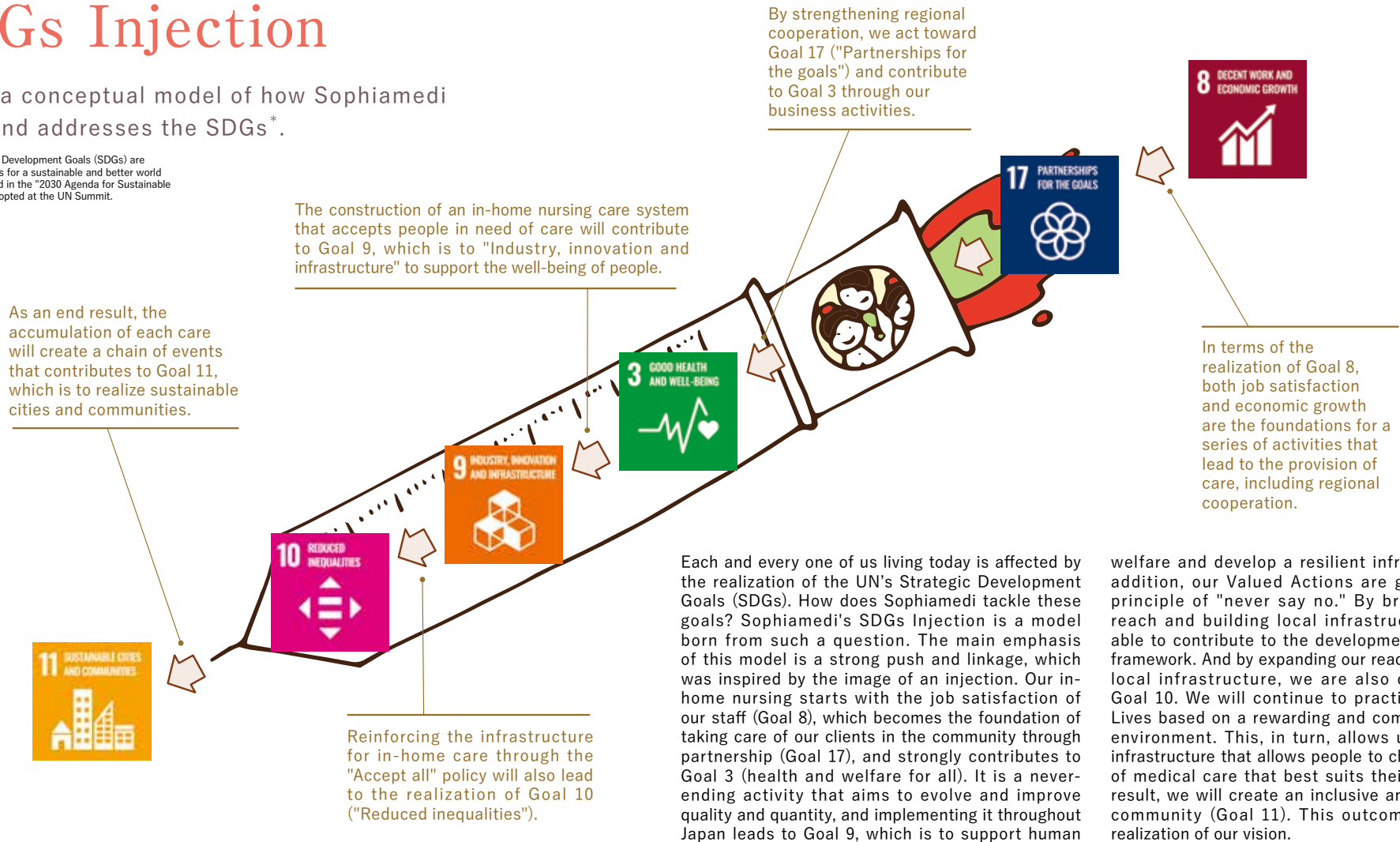
3,785

# Sophiamedi's Sustainability Actions

## SDGs Injection

This is a conceptual model of how Sophiamedi views and addresses the SDGs\*.

\*The Sustainable Development Goals (SDGs) are international goals for a sustainable and better world by 2030, as stated in the "2030 Agenda for Sustainable Development" adopted at the UN Summit.



Major efforts toward each goal



Goal 3·9·10·11

Expansion of In-Home Nursing

Goal 3·9·10·11

Health Observation Support

→ P.46·47

In-Home Clinical Trials

→ P.46·48

Goal 17

Community Cooperation

→ P.27·30

Goal 8

Promotion of Well-Being

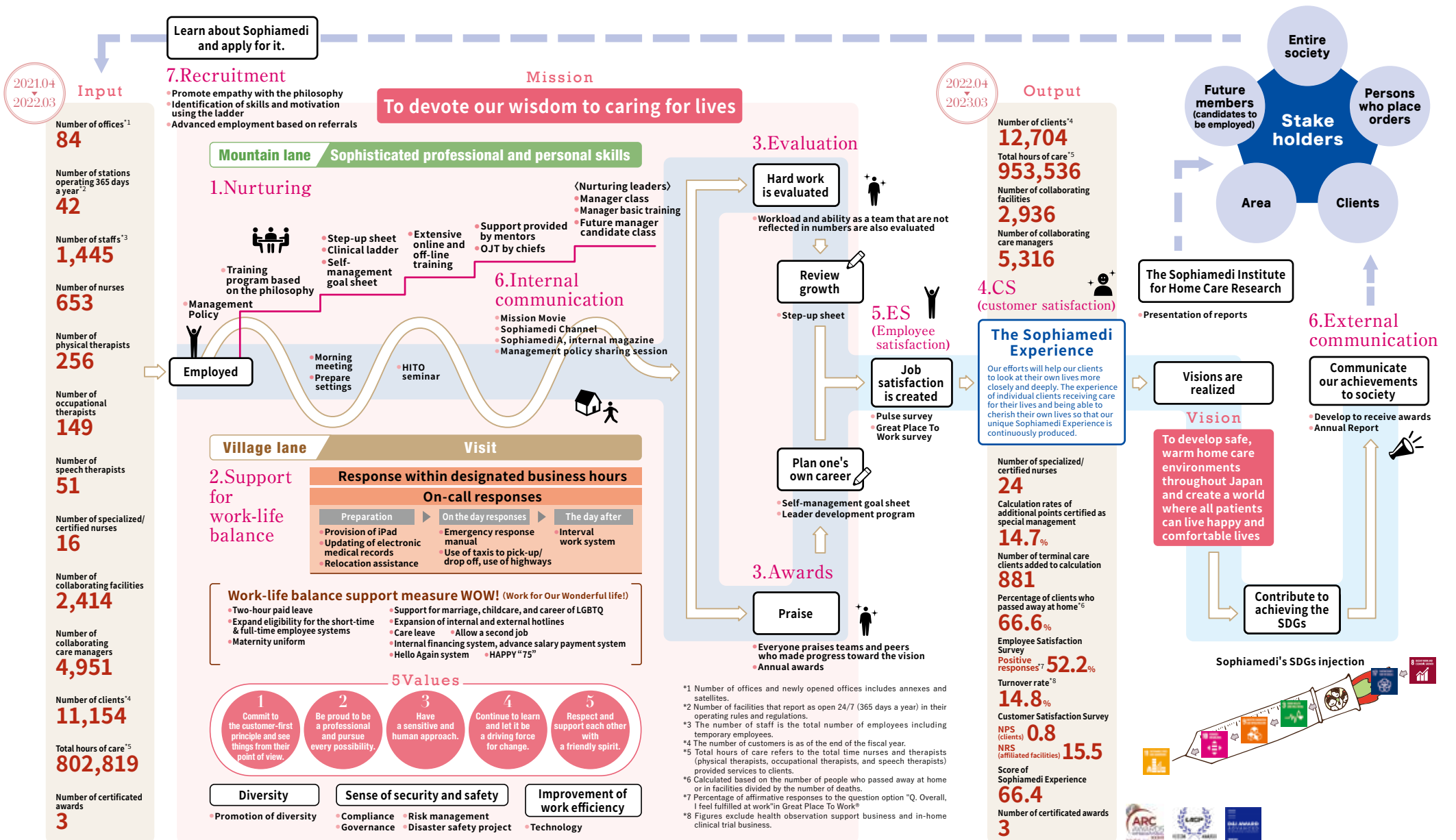
→ P.44·45



# Care for Life

## The Guru Guru Model

The GURU GURU model is a value creation model that demonstrates that all activities are integrated toward our vision. We provide in-home nursing care to our clients under a training and compatibility support system rooted in our philosophy, and evaluate and commend staff efforts, including sometimes having to work in difficult locations or conditions, based on uniform standards. In addition, we create the Sophiamedia Experience by continuing to emphasize and enhance both employee satisfaction and customer satisfaction. Furthermore, we will communicate the results of our efforts to the outside world and welcome new members to the company.



# 2022 Guru Guru Model Activities

## 1 Training

Management policy reading:  
total of **6,310** hours  
(2021:5,204hours)

New employee training:  
total of **14,648** hours  
(2021:16,360hours)

Number of online training programs:  
**620** (2021:527)

Number of management training participants:  
**518** (2021:428)

Number of new managers promoted:  
**30** (2021:22)

Average ladder score:  
nurse **2.7** therapist **2.6**  
(2021:2.7) (2021:2.6)

## 2 Support for Work-life Balance

Number of paid leaves taken in one-hour increments:  
**6,937** (2021:1,032\*)

Interval system: Number of cases used:  
**835** (2021:477)

Care leave: Number of leaves taken:  
**170** (2021:32)

Moving allowance: Number of employees who used this program:  
**43** (2021:16)

Conditional side jobs:  
**25** (2021:10)

\*System started in January 2022.

## 3 Evaluation and commendation

Number of team commendations:  
**14** (2021:13)

Number of individual commendations:  
**206** (2021:168)

## 4 Customer Satisfaction (CS)

Customer Satisfaction Survey response rate:  
**45.9%** (2021:43.8%)

## 5 Employee Satisfaction (ES)

**Pulse Survey** Monthly employee satisfaction survey to ascertain mental and physical conditions of staff

Average:  
**3.5/5** (2021:3.5/5)

Response rate:  
**82.2%** (2021:79.5%)

**Great Place To Work®** Annual employee satisfaction survey to measure job satisfaction

Trust:  
**50.8%** (2021:47.3%)

Respect:  
**49.4%** (2021:47.3%)

Fairness:  
**53.9%** (2021:52.7%)

Pride:  
**50.7%** (2021:51.1%)

Solidarity:  
**52.5%** (2021:52.0%)

Response rate:  
**90.6%** (2021:80.8%)

## 6 Internal communication

Satisfaction with company-wide meeting "Sophiamedi Channel":  
**3.7/5**

Number of employees featured in the in-house magazine:  
**350** (2021:185)

Number of Thank You comments\*:  
**1,182**  
\* Measure started in FY2022

\*Survey started in FY2022

## 6 External Communication

Number of articles published on SophiamediA:  
**120** (2021:87)

Number of external presentations in conferences:  
**71** (2021:42)

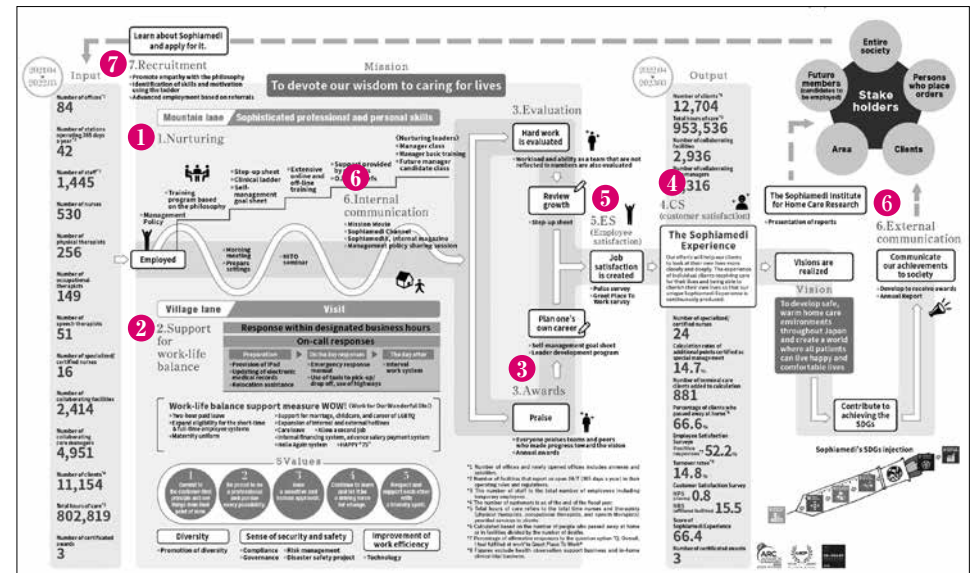
## 7 Recruitment

Number of new employees\*:  
**564** (2021:809)  
\*Including temporary employees

Referrals:  
**61** (2021:46)

In FY2022, we welcomed 564 new employees and focused on updating our new employee education program and training educator system to improve their skills as soon as possible, as well as promoting the sharing of best practices related to care content and station operations through internal communications, such as company-wide meetings and internal newsletters. We also focused on measures to promote well-being, such as revitalizing communication within offices and establishing a new award system, and increased the positive response rate in four of the five factors\* that make up job satisfaction in the employee satisfaction survey.

\*Evaluating pride, solidarity, trust, respect, and fairness are the main aims of the survey as recommended by Great Place To Work®, a professional organization that conducts surveys and analysis of job satisfaction in approximately 100 countries around the world.









Part **2**

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How We Did  
**Medical  
Report**

Outcomes in 2022



## Medical Report 2022

We assessed the quality of medical care from three aspects of the Donabedian model. Structure shows the management structure of the stations, the percentage of staff members providing services, the ladder level, and the system of cooperation with related organizations in the community. Process indicates the number of routine and emergency visits, special in-home nursing instructions, service delivery status including the duration of visits, and activities in response to requests. Outcome indicates the evaluation by clients, families, and community organizations using data from the end-of-life care at home rate, the number of terminal care add-ons calculated, client satisfaction surveys, and the Net Promoter Score (NPS®).

The period covered is from April 2022 to March 2023, and the FY2021 figures shown in parentheses represent data from April 2021 to March 2022.

The Customer Satisfaction Survey (CS Survey) was conducted in September 2022 by Sophiamedi with our clients and affiliated facilities (conducted in September 2021 for FY2021). The Employee Satisfaction Survey (ES Survey) was conducted by Sophiamedi with our employees in August 2022 (conducted in September 2021 for FY2021).

With regard to the CS survey, we have made some changes from the previous annual report (issued in March 2022) in order to more precisely represent the evaluations of our clients. Specifically, the previous survey included non-respondents in the denominator to calculate the positive response rate, but from this year both FY2021 and FY2022 data do not include non-respondents in the denominator to calculate the positive response rate. In addition, we have changed some of the questions in the CS survey that have been answered by the affiliated facilities since FY2022, in order to provide a more concrete evaluation of Sophiamedi's community cooperation activities.

# Structure Station

Based on a 24/365 service system, 15 new offices established in various locations

To meet the increasing demand for in-home medical care due to the aging of the population and to provide a safe environment where people with any disease can receive medical care day or night, we are expanding our business based on a 24-hour, 365-day service system. In fiscal 2022, we opened our first office in Kyushu, as well as three new offices in Hokuriku and Tokai, for a total of 15 new offices nationwide.

Number of offices<sup>\*1</sup>

99

2021: 84

Number of in-home nursing stations: 86 (2021:71)

Number of in-home care support offices : 8 (2021:8)

Additional point for specified business establishment

① 0 (2021:0) ② 1 (2021:1) ③ 2 (2021:3)

Number of day service : 4 (2021:4)

Number of corporate division : 1 (2021:1)

Number of stations operating 365 days a year<sup>\*2</sup>

63 / Percentage of all stations: 73.3%

2021: 42/59.2%

Number of new stations opened<sup>\*4</sup>

15

2021: 14

Average number of staff per station<sup>\*3</sup>

19.5

2021: 16.0

National average : 11.0

Reference: Ministry of Health Labour and Welfare – FY 2021 Survey of Nursing Care Service Facilities and Offices (Number of employees at home nursing stations 148,885 / Number of offices 13,554)

**Even in the midst of business expansion, fostering discipline, culture, and standardization to create a solid service delivery system**

While expanding the scale of our business to build an infrastructure for in-home medical care and treatment in a hyper-aged and multi-death society, we also focused on fostering discipline, culture and standardization to maintain and improve the value of our services. Specifically, by designing and redefining standards and norms of conduct and utilizing digital tools, the company was able to realize the enhancement of response capabilities and systems for patients needing mid-high levels of care, expand the total number of care hours with improved productivity, optimize intervention processes, and improve community collaboration activities. We will continue to set up as many offices as possible equipped with functions expected by the community as infrastructure that contributes to comprehensive community care, and spreads safe and warm in-home care.



COO (Chief Operating Officer)  
Masahiro Hada

\*1 \*4 Number of offices and newly opened offices includes annexes and satellites. \*2 The number and percentage of facilities that report as open 24/7 (365 days a year) in their operating rules and regulations. \*3 The average number of staff at in-home nursing stations, excluding stations that have been in operation for less than one year.



# Structure Staff

Focus on recruitment and training based on multidisciplinary placement.  
Strengthening activities of specialized and certified nurses

In FY2022, we continued to focus on recruitment, with 564 new hires. Regarding the ladder level, we are redesigning the new employee education program and training educators' program in order to strengthen the skills of new employees in particular. We have 24 specialized and certified nurses on staff, and have developed a system of consultation across stations to utilize their expertise to improve the quality of care throughout the organization.

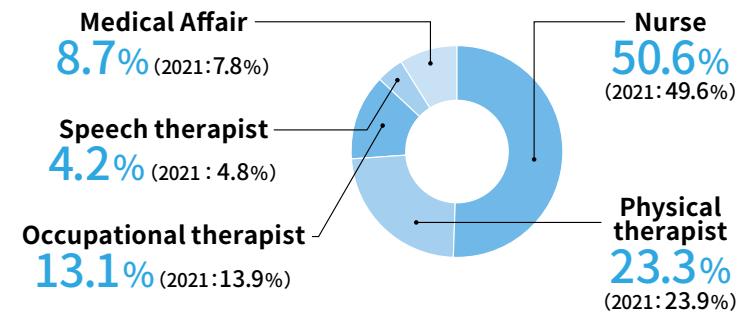
## Number of staffs<sup>\*1</sup>

**1,598**

2021: 1,445

In-home nursing station: **1,250** (2021: 1,069)  
 In-home care support office: **23** (2021: 28)  
 Day service: **41** (2021: 44)  
 Health observation support: **104** (2021: 56)  
 In-home clinical trials(DCT)<sup>\*3</sup>: **16** (2021: 102)  
 Corporate division: **164** (2021: 146)

## Percentage of jobs at in-home nursing stations



## Number of new employees<sup>\*2</sup>

**564**

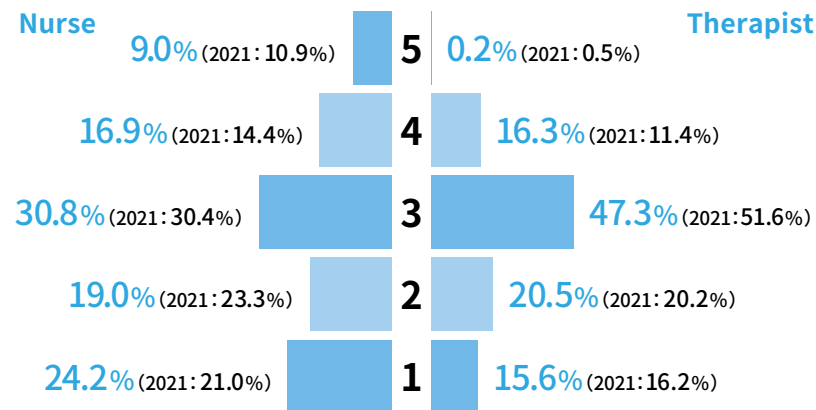
2021: 809

## Number of specialized/certified nurses

**24**

2021: 16

## Ladder level<sup>\*4</sup>



In order to secure human resources, we are diversifying recruitment channels and designing a system that can accommodate a variety of work styles.

The number of in-home nursing offices is increasing year by year, and securing workers is the key to business operation. In order to contribute to raising the number of job seekers in the industry as a whole, Sophiamedi Institute for In-Home Care Research held a seminar with experts to discuss the future and challenges of in-home nursing, and provided an opportunity for people to learn the value of working in in-home nursing. In our own recruitment, we are promoting diversification of recruitment channels using direct scouting and referrals, revamping our recruitment website, and establishing an official Line account, amongst other measures. In FY2023, we are also working to enhance the system that allows those who are raising children or caring for family members to play an active role and to expand work opportunities for part-time workers.



CHRO (Chief Human Resources Officer) and Recruitment Group Manager  
Nayuta Iwata

\*1 The number of staff is the total number of employees including temporary employees. \*2 The number of employees includes short-term hires for the Health Observation Support Project and In-Home Clinical Trial Project. \*3 The difference is due to employment contracts on a project-by-project basis. \*4 The ladder measurement period is from August 1 to October 31, 2022. Therapist is the collective term for physical therapists, occupational therapists, and speech therapists.



# Structure Cooperation System

Increased level of cooperation with affiliated facilities such as medical institutions and in-home care support offices

In order to provide comprehensive care to our clients, we have strengthened cooperation with affiliated facilities in each region. As a result, the number of affiliated medical institutions increased to 4,228, the number of affiliated offices to 2,936, and the number of affiliated attending physicians to 9,428.

Number of collaborating medical facilities

4,228

2021: 3,447

Number of collaborating doctors

9,428

2021: 7,971

Number of collaborating facilities (In-home care support office)

2,936

2021: 2,414

Number of collaborating care managers

5,316

2021: 4,951

Number of dedicated counselors

18

2021: 19

Number of actions taken

83,113

2021: 71,973

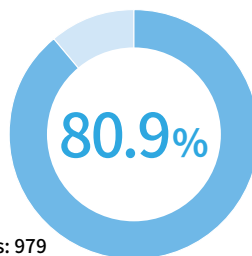
Number of consultations provided

74,353

2021: 64,368

Affiliated facilities

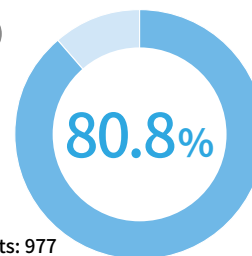
Station manager/staff respond quickly and appropriately to requests and consultations<sup>\*1</sup>



Respondents: 979

Affiliated facilities

I feel that I can easily consult with the station manager/staff when I have a problem<sup>\*2</sup>



Respondents: 977

### Toward the establishment of a better comprehensive community care system, promoting multidisciplinary cooperation

In order to build a better comprehensive community care system, it is considered important to have multidisciplinary cooperation that supports medical treatment while collaborating in various areas such as medical care and nursing care. In FY2022, our consultants accompanied clients on visits to collaborating institutions and strengthened in-home study sessions on regional cooperation to promote regional cooperation activities, so that each staff member can build face-to-face relationships with affiliated facilities and frequently report on clients' conditions and provide consultation. As the need for in-home medical care continues to increase, we will continue to promote multidisciplinary cooperation so that we can fulfil the wish to stay at home of as many people as possible.



Saitama Area and Tama-Tobu / Nerima Area  
Community Cooperation Consultant  
Yuki Hayakawa

\*1 \*2 This question was newly added to the Customer Satisfaction Survey (for affiliated facilities) from FY2022.



# Process Clients

The number of clients is increasing. Among them, acceptance of those with higher levels of nursing care is also rising.

As a result of the establishment of new business sites, an increase in the number of visiting slots, and the promotion of stronger cooperation with related organizations, the number of clients at in-home nursing stations increased by 13.9% compared to FY2021. As for the ratio of clients by level of care, the number of those requiring assistance decreased and the number of those requiring nursing care increased, indicating the acceptance of more severely ill clients.

## Number of clients (In-home nursing station)<sup>\*1</sup>

12,704

2021:11,154

## Number of clients (In-home care support office)<sup>\*2</sup>

744

2021:866

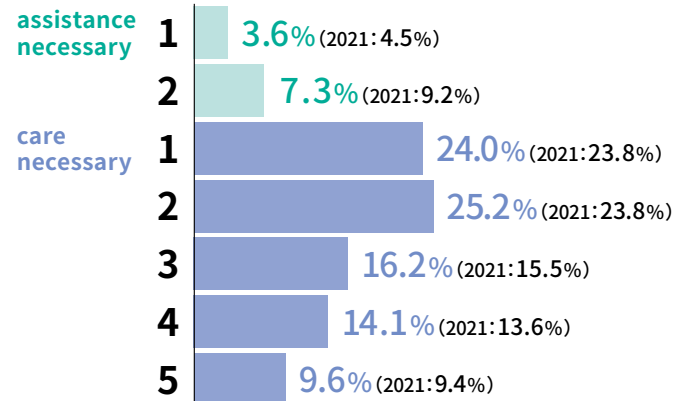
Percentage of clients using in-home nursing  
**46.8%**  
(2021:53.4%)

## Number of clients (Day service)<sup>\*4</sup>

219

2021:224

## Care-level<sup>\*5</sup>



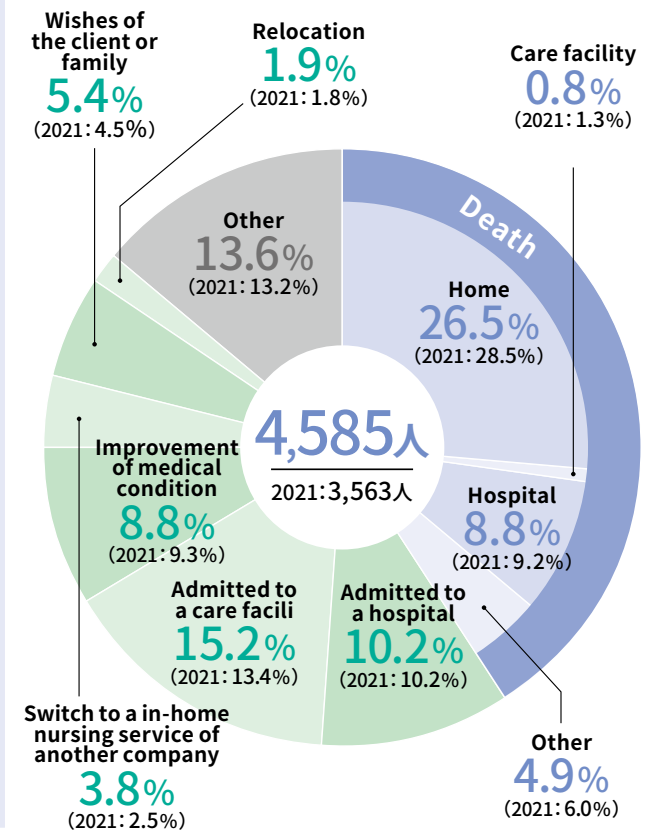
To ensure that our clients can spend their final days at home with peace of mind, we visit them day after day with their happiness as our top priority.

In FY2022, Station Nakano-Shinbashi received a large number of clients with medium-to-severe illnesses and took care of the end-of-life for 29 clients. In addition to providing care such as blood transfusions, high-calorie nutrition, continuous intravenous administration of drugs, and pain control, we hold regular conferences with visiting physicians to review the situation in collaboration with multiple professions. In-home nursing is a happy job where we can share joy with our clients. We are grateful for the connection we have with them and will continue to make every effort to make them feel happy with this choice.



Station Nakano-Simbashi Manager  
Hideko Ono

## Number of ended services/by reason



\*1 \*2 \*4 The number of clients as of the end of March 2023. (Figures for FY2021 are as of the end of March 2022) \*3 The number of clients for in-home nursing services/number of claims for care plan creation is calculated for the fiscal year ended March 31, 2023. \*5 Figures for nursing care level are also as of the end of March 2023.

# Process Visits

Total care hours increased by approximately 20%. In addition, the percentage of medical insurance use increased

Total hours of care reached 953,535, an increase of 19.3% compared to last year. In addition, the medical insurance ratio and the number of special visiting nurse directives implemented increased, indicating that the acceptance of those with a high level of medical dependency is rising. We will continue to strengthen our response to those requiring medium-to-high levels of medical care in order to establish a system that allows patients with any disease to receive medical care at home.

## Total hours of care<sup>1</sup>

953,536

2021: 802,819

## Number of emergency visits<sup>2</sup>

5,865

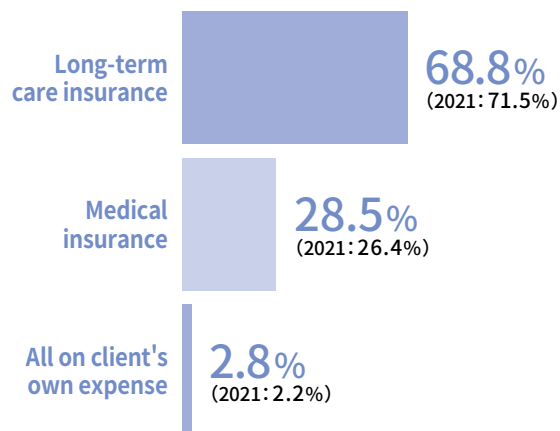
2021: 4,276

## Number of visits made with special in-home nursing instructions

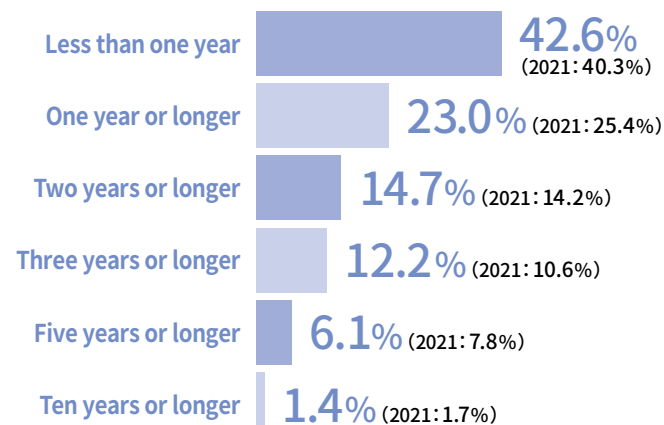
40,279

2021: 30,506

## Insurance type<sup>3</sup>



## Duration of visits



**There is no rest for the sick. Reducing the burden on staff regarding the increasing number of nighttime emergencies.**

We are focusing on training managers and staff to strengthen our response to clients who are highly dependent on medical care. In addition, since the number of nighttime emergency responses is increasing and it is essential to create a system to reduce the burden on staff, we are working to reduce the anxiety of nighttime clients and reduce unnecessary emergency visits by improving work efficiency as well as scheduling and enhancing care during the day. We are aware of the role of the in-home nursing station in the comprehensive community care system and will continue to build trusted stations as a keystone of multidisciplinary cooperation, so that any client can receive medical care with peace of mind 24 hours a day.

\*1 Total hours of care refers to the total time nurses and therapists (physical therapists, occupational therapists, and speech therapists) provided services to clients. Previously, the number of visits was reported as a similar indicator, but the calculation has been changed from number of visits to hours in order to more precisely measure the amount of service provided to clients. \*2 Indicates the number of emergency visits during nighttime or after-hours. \*3 Monthly results for March 2023 (for FY2021, monthly results for March 2022). If a client has both types of insurance, the number of visits is counted for both.



Saitama/Joto Area  
Supervisor  
Yuka Ono



# Process Orders

Requests from medical institutions and in-home care support offices have increased, bringing the number of contracts to 7,455

Toward the establishment of a community-based comprehensive care system, we are strengthening cooperation with relevant local institutions. In addition to an increase in the number of requests and contracts compared to FY2021, a satisfaction survey of affiliated facilities showed an 80.6% positive response rate to a question regarding support for people with a high level of medical dependency.

## Number of orders received

**13,090**  
2021: 11,626

## Number of contracts

**7,455**  
2021: 6,279

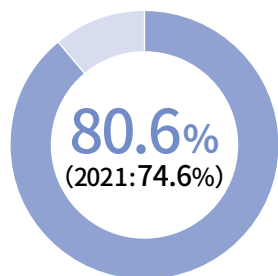
Contract rate **57.0%**  
(2021: 54.0%)

## Number of offices that gave us the order

**3,393**  
2021: 2,842

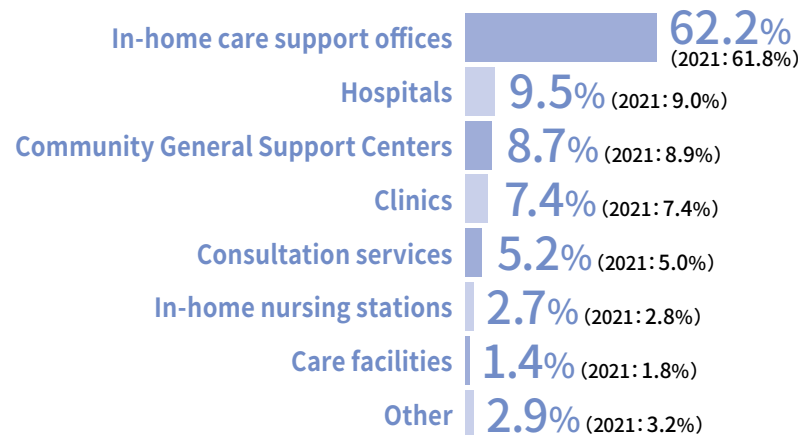
## Affiliated facilities

“I feel that they are not refusing to deal with clients who are highly medically dependent.”



Respondents : 961

## Order from



## Understanding the unique needs of the area and serving as a liaison between medical care and nursing care

We are developing in-home nursing stations in various regions, and since the characteristics of each region vary, we discuss and implement means of cooperation and quality improvement based on an accurate understanding of the needs and issues in that region. In FY2022, we held 119 events in different regions, including exercise classes, courses on how to stay healthy which included measuring sessions to help the participants find out vital health numbers such as blood pressure and seminars related to in-home nursing. As a result, we received more requests from affiliated facilities. At the same time, we need to continue to increase the number of contracts with medical institutions so we will strive to increase the number of visiting slots by improving productivity through the use of digital tools and optimization of the visiting schedule.



Business Planning Group Leader  
Kosuke Takahashi





# Outcome

## Number of Clients by Nursing Field/Satisfaction

### Expanding acceptance of highly medical-dependent, pediatric, and psychiatric clients

While the number of interventions for those with high levels of medical dependency, those receiving pediatric in-home nursing care, and those receiving psychiatric in-home nursing care all increased, the customer satisfaction survey showed a decline in points for questions related to nursing rehabilitation practice. In response, we have been promoting the redesign of training programs and the development of assessment tools.

#### Psychiatric in-home nursing<sup>\*1</sup>

Number of clients

800

2021: 662

Percentage of total :  
6.3% (2021: 5.9%)

#### Pediatric in-home nursing<sup>\*2</sup>

Number of clients

472

2021: 372

Percentage of total :  
3.7% (2021: 3.3%)

#### Persons with a high level of medical dependency<sup>\*3</sup>

Clients with illnesses listed in Appendix 7

1,138

2021: 972

Percentage of total :  
9.0% (2021: 8.7%)

Clients who fall under the conditions shown in Appendix 8

1,471

2021: 1,239

Percentage of total :  
11.6% (2021: 11.1%)

#### Additional points certified as special management<sup>\*4</sup>

Number of calculations

21,528

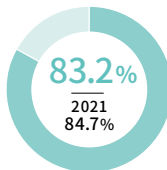
2021: 17,469

Percentage of total :  
14.7% (2021: 14.4%)

#### Clients

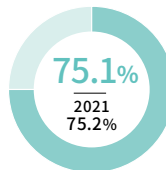
I feel that the staff is selecting methods that are suitable for me.

Respondents: 5,170



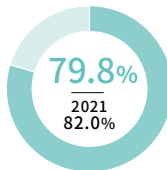
I feel that the staff is sharing necessary information among multiple professions and discussing the direction of care.

Respondents: 5,070



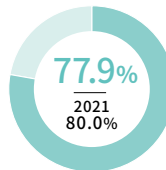
I feel that the staff is trying to treat me as a person with sincerity rather than simply treating my illness or disability.

Respondents: 5,110



I feel that the staff is supporting my unique choice of in-home care.

Respondents: 5,117



#### Clients NPS<sup>\*5</sup>

I would introduce Sophiamedi In-Home Nursing Station to my friends.

0.8 (2021: 12.9) Respondents: 4,918

#### Affiliated facilities NRS<sup>\*6</sup>

I would like to use Sophiamedi In-Home Nursing Station again.

15.5 (2021: 1.8) Respondents: 976

#### Standardizing quality and improving the value of services by strengthening training and introducing assessment tools

We recognize that increasing the value of our services is an important issue, based on the results of the customer satisfaction survey shown on the left. To this end, we are implementing various measures to improve quality, including a review of basic education, such as a redesign of the new employee training program, standardization of assessments, internal knowledge sharing, and establishment of a consultation system with specialized/certified nurses. While taking into consideration important aspects such as medical safety, infection control, and disaster response, we will sincerely listen to each and every client's voice to improve the practical ability of each station.



QM Promotion Group Leader

Masafumi Tanabe

\*1 \*2 \*3 All figures are as of March 31, 2023. (FY2021 is as of the end of March 2022) \*3 Appendix 7 is a list of illnesses for which in-home nursing care can be provided by medical insurance, as specified by the Ministry of Health, Labour and Welfare. While Appendix 7 is a list of diseases, Appendix 8 is a list of severity of conditions, as specified by the Ministry of Health, Labour and Welfare. \*4 The number of cases is the annual total, and the percentage is the monthly results of March 2023. \*5 \*6 NPS/NRS is an index to quantify customer loyalty and is calculated based on the ratio of critics, neutrals, and recommenders.

# Outcome

## End-of-life Care

Increasing opportunities to support patients in their final days at home

The increase in the rate of end-of-life care at home and the increase in the number of terminal care additions calculated indicate that opportunities to provide care at the end of life are increasing. Compared to FY2021 there was a lower positive response rate to the survey question asking if their level of concern had been reduced because of their use of the service. We are working to improve our ability to accurately respond to clients in any situation through such measures as holding case conferences led by certified nurses.

Percentage of clients who passed away at home<sup>\*1</sup>

66.6%

2021: 66.2%

Number of terminal care clients added to calculation

881

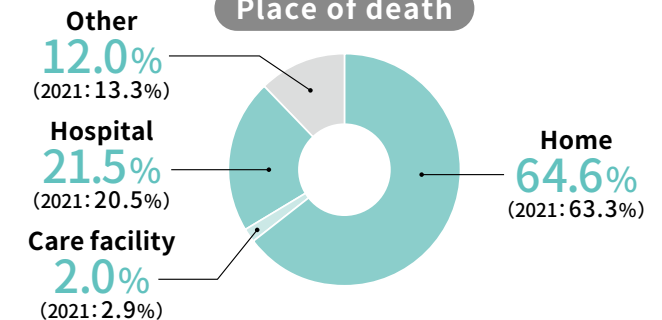
2021: 684

Number of Angel Care provided

961

2021: 886

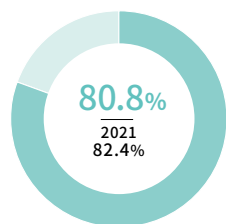
Place of death



Clients

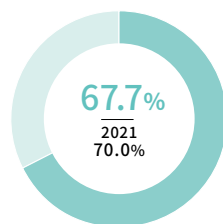
I feel that I can stay at home without anxiety by using the service of Sophiamedi.

Respondents: 5,134



I feel that the staff is listening to my unspoken anxieties.

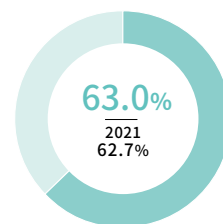
Respondents: 5,056



Affiliated facilities

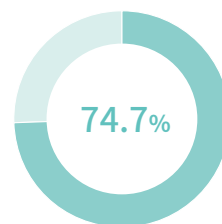
I feel that unnecessary hospitalization is appropriately prevented

Respondents: 896



I feel that emergency response is adequate<sup>\*2</sup>

Respondents: 949



**Live one's own life until the end of life. To provide nursing care that respects individuality, we established a team specializing in palliative care**

In FY2022, with the aim of improving the quality of care at Sophiamedi as a whole, we launched a specialized palliative care team and started cross-station initiatives. Specifically, the team, led by certified nurses, conducts case conferences, knowledge sharing, accompanying visits, and visits to stations. There are various options for care. Therefore, we will work together with the local community to improve the in-home care system in terms of both quantity and quality.



Station Chikusa  
Certified Palliative  
Care Nurse

Ayumi Mori

\*1 Calculated based on the number of people who passed away at home or in facilities divided by the number of deaths. \*2 This question was newly added in the Customer Satisfaction Survey (for affiliated facilities) from FY2022.



# The Sophiamedi Experience 2022

## What is the Sophiamedi Experience?

We define the Sophiamedi Experience as the value our clients gain through our care and our philosophy of 'Looking after the Living' which helps to enhance their lives. We continue to make improvements while reviewing the essential value of our services on an annual basis.

$$\frac{66.4}{100 \text{ points}} \quad (2021 : 67.1) = \frac{30.5}{50 \text{ points}} \quad (2021 : 31.0) + \left( \frac{30.5}{42.5 \text{ points}} \quad (2021 : 30.7) + \frac{5.4}{7.5 \text{ points}} \quad (2021 : 5.4) \right)$$

The degree of nursing care and rehabilitation provided (50 points)

5Values practice rate (50 points)



Clients may feel "I want to live a fuller life despite my illness or disability" or "I want to decide how to live my own life until the end of my life," and their families may have similar desires for them. The essence of the Sophiamedi experience is allowing clients and their families to realize their most important wishes through in-home medical care.

### Method of care suitable for in-home nursing

In-home nursing requires medical skills to accompany and support the lives of clients who are recuperating while dealing with illness. A wide variety of skills are required, such as skills to assess and plan support appropriate for in-home care, to provide necessary care, to collaborate with multiple professions, and to support decisionmaking.

### Client satisfaction with our service

The foundation of our services is the "5 Values," which are Sophiamedi's action guidelines, and these include "Client First", "Sensitivity and Morality" and "Learning Spirit". We believe that by practicing these principles and improving the quality of our human resources, we will be able to create high quality services and increase client satisfaction.

### Degree of choice in life that clients have

Another thing we emphasize is that our clients should be able to make their own decisions about the direction of their lives. To this end, we provide easy-to-understand explanations of technical matters, support our clients in making choices that they truly agree with, and help them achieve their goals.

In order to more precisely reflect our customers' evaluations gained through our Customer Satisfaction Survey (CS Survey), we have partially changed the calculation method from FY2022. In the previous annual report (issued in March 2022), the positive response rate was calculated by including in the denominator those who did not respond to the questions. From FY2022, the calculation does not include them. In accordance with the change in the calculation method for the CS survey, the SX scores for FY2021 reported in the previous annual report (March 2022) have been revised.

#### Calculation method

We calculate the score in the ratio of 1:2 by scoring the client evaluations of the four competencies of the clinical ladder used by the Japan Nurses Association and the skill level of the staff.

- Client evaluation (16 points)

Affirmative response rate in the CS survey (4 questions) x 4 points for each question

- Staff skill level (34 points)

(Average of 5 ladder levels / 5) x 34 points

#### Calculation method

The calculation is based on the results of client and staff evaluations of our 5 Values, "Partner-oriented," "Professionalism," "Humanity," "Growth," and "Colleagues," which are our action guidelines.

- Staff evaluation (20 points)

Affirmative response rate in the ES survey (5 items) x 4 points for each item

- Client evaluation (22.5 points)

Affirmative response rate in the CS survey (3 items) x 7.5 points for each item

#### Calculation method

Calculated based solely on responses to the customer satisfaction survey, with emphasis on client satisfaction. The score is based on the evaluation of the question, "Do you feel that you are able to decide the policy for your medical treatment?"

- Client evaluation (7.5 points)

Affirmative response rate in the CS survey (1 question) x 7.5 points

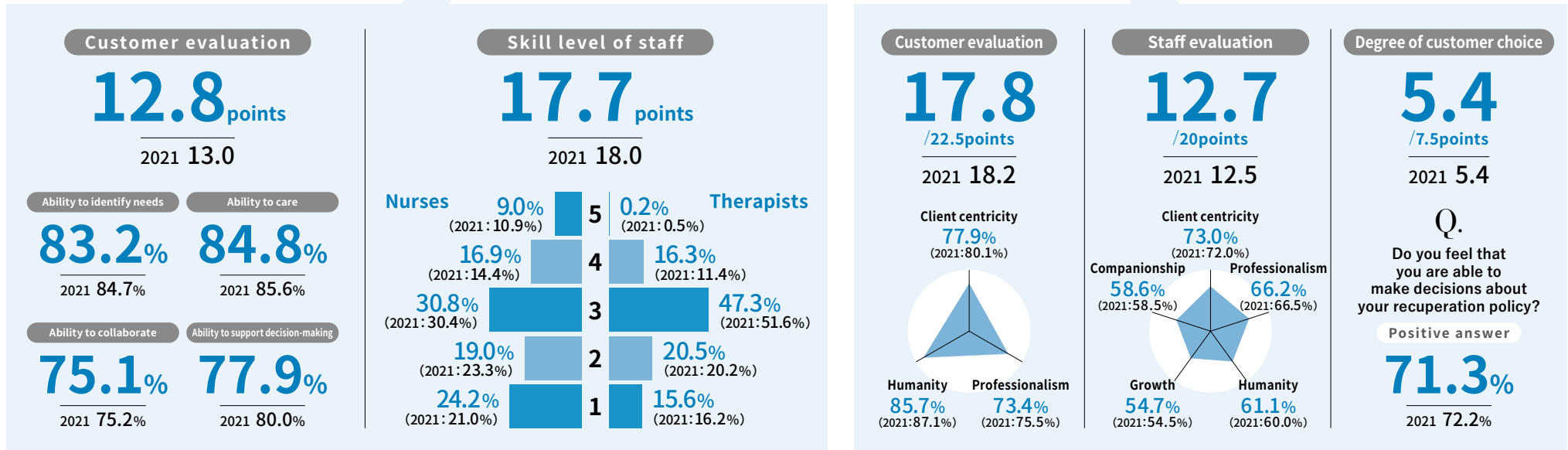
CS survey: 2021.09/2022.09  
Ladder: 2021.08 ~ 11/2022.08 ~ 11  
ES Survey: 2021.09/2022.08

# Components of the Sophiamedi Experience

'The degree of nursing care and rehabilitation provided' consists of staff skills (Clinical Ladder) and customer evaluations (Customer Satisfaction Survey), while the 'Five Values practice rate' consists of staff evaluations (Employee Satisfaction Survey) and customer evaluations (Customer Satisfaction Survey).

$$66.4 \text{ (}/100\text{points)} = 30.5 \text{ (}/50\text{points)} + (30.5 \text{ (}/42.5\text{points)} + 5.4 \text{ (}/7.5\text{points)})$$

(2021 : 67.1) (2021 : 31.0) (2021 : 30.7) (2021 : 5.4)



## Results and Considerations for FY2022

In FY2022, both "The degree of nursing care and rehabilitation provided" and "Five Values practice rate" decreased compared to FY2021, and the overall score of the Sophiamedi Experience decreased by 0.7 points. "The degree of nursing care and rehabilitation provided" was also affected by the fact that 302 new employees (number of nurses and therapists employed in the in-home nursing business) joined the company. Therefore, we intend to improve customer satisfaction by implementing the four core competencies of nursing practice skills (ability to understand needs, ability to care, ability to collaborate, and ability to support decision-making) to a higher level, specifically by enhancing basic education and

the training educator system to strengthen the skills of new employees. In terms of the Five Values practice rate, staff's active participation in Five Values practice is on the rise, however, our clients' evaluations are falling, which means that our practices are not meeting their expectations. We believe that through conducting more detailed assessments, we can enhance partner-oriented Five Values practice to meet the needs of our customers.

Based on these results and considerations, we formulated measures and initiated them in FY2022 and have been implementing the initiatives shown on the next page.



# Commitment to Quality Improvement and Standardization

In FY2022, we identified issues from the results of various surveys and, led by the Quality Management Division, formulated and implemented multifaceted measures for quality improvement and standardization in in-home nursing.

Subject

## Care Process

Promoting the standardization of service quality and care for individuals who require intensive medical attention.

## Activities of Specialized/Certified Nurses

Enhancing the quality of the entire organization by sharing the experiences of specialized and certified nurses.

## Education/Training Aspects

Standardizing fundamental education through revamped training programs and the cultivation of educators.

## Knowledge Sharing

Discovering best practices within the company to enhance quality.

### Introduction of Assessment Sheets

Assessment sheets have been introduced at all stations for three main purposes: (1) standardizing medical care quality, (2) unifying staff perspectives, and (3) facilitating multidisciplinary collaboration. Utilizing digital tools enables seamless information sharing without time or location constraints. Additionally, a system has been implemented to semi-automatically suggest the frequency of required in-home nursing care visits and interventions based on the type and number of nursing issues.

### Establishment of a Specialized/Certified Nurses' Consultation System

Efforts have been ongoing to devise a system for highly specialized nurses. Specifically, an internal consultation system has been established, along with a mechanism for exchanging insights across stations when staff or offices encounter challenges. Leveraging online tools to facilitate communication with stations nationwide, we are better positioned to harness our organizational strengths.

### Introduction of a New Employee Education Program and Training for Education Staff

The Newcomer Education Program encompasses not only classroom training such as new employee orientation and review sessions, but also initiatives to shape on-the-job training at each station, which can often become challenging due to the fact that the way of doing certain tasks may sometimes become specific to the particular individual doing it. Furthermore, to promote standardized on-the-job training and off-the-job training using this new employee education program, we have designated an education lead at each station and introduced the 'Training for Person in Charge of Education' program to further staff development.

### Identification and Sharing of Best Practices

In the fiscal year 2022, our principal focus was on assimilating knowledge. Concretely, we conducted interviews through various surveys and visited stations across the nation for functional evaluation rounds to ascertain the best practices being implemented. For the fiscal year 2023, we are actively working on establishing an internal communication system to share and horizontally deploy these best practices throughout the company.

Initiative



Quality Management Division  
**Yuri Matsutani**  
(Nurse)

In the realm of in-home healthcare, the initial two weeks following discharge from a hospital are known as the "period of disruption," during which the re-admission rate tends to be high. Therefore, I firmly believe that in-home nursing care professionals play a pivotal role in providing appropriate assessments, particularly during this disruption period. We designed the assessment sheet from the viewpoint of healthcare professionals, with a keen focus on its content to ensure its utility during this crucial period. We will continue to champion the standardization of assessments within in-home nursing care.



Quality Management Division  
**Shinobu Murayama**  
(Nurse)

In-home nursing care demands continuous acquisition of new knowledge and skills. In particular, the demand for caring for individuals highly dependent on medical attention at home has surged in recent years. We are convinced that broadening the scope for specialized and certified nurses to be actively engaged will not only directly enhance the value delivered to clients, but will also yield positive outcomes in terms of staff development. Going forward, we aspire to utilize the endeavors of specialized and certified nurses as a cornerstone to contribute to enhancing healthcare quality across the region.



Quality Management Division  
**Manami Tanaka**  
(Occupational Therapist)

On-the-job training (OJT), or learning from practical experience, holds immense significance in the realm of in-home nursing care. To promote the standardization of on-the-job training, we have introduced a newcomer education program and training for educators. These programs have been designed with two key objectives: seamlessly integrating them into daily nursing practice to enhance skills while focusing on tasks, and providing care for individuals highly dependent on medical attention.



Quality Management Division  
**Arisa Yamamoto**  
(Generalist)

As a nationwide operator of in-home nursing care stations, we believe one of our strengths lies in the wealth of knowledge within the organization. In unearthing this knowledge, we recognized that valuable insights could be derived from actions that staff members often take for granted in their daily routines. We placed immense emphasis on robust communication with staff members as we disseminated these findings throughout the company. To facilitate swift and efficient information dissemination between visits, we devised a method for staff to promptly access information.

## Rethinking the quality of in-home nursing as the demand increases

Challenges associated with the expansion of company size and using standardization to solve them

As the scale of our business grew larger in FY2022, I believe it was a year in which we focused not only on quantitative growth, but also on assuring quality. We have been making various efforts to develop safe, warm in-home care environments throughout Japan, but the larger the scale of the company, the more difficult it becomes to properly implement and operate these efforts. In fact, NPS and the Sophiamedì Experience in the customer satisfaction survey were lower than last year. Therefore, in FY2022, we asked ourselves whether we are properly implementing and operating the initiatives we have taken so far, and whether these initiatives are truly leading to customer satisfaction. Specifically, we analyzed customer satisfaction surveys, employee satisfaction surveys, and other surveys for each station, conducted interviews with stations that had not been in operation for a long period of time and those in declining condition on a priority basis, and conducted functional evaluation rounds based on standards to understand and improve the current situation as quantitatively

as possible.

As a result, while we were able to discover many best practices at each station, we also found that there was a great deal of variation among stations in the content of nursing and rehabilitation services and in the way they were operated. For example, there were several cases where the frequency and content of interventions differed even for clients with the same disease and in the same condition. There are many possible reasons why there are differences in interventions even though the client's condition is generally the same, but we felt that the variation caused by our knowledge and skills as healthcare providers needed to be resolved. Therefore, standardization was a major theme for FY2022-2023 to reduce differences in our staff's responses while emphasizing the individuality of our clients.

### Specific actions aiming for standardization

We proceeded with standardization by first defining the ideal state, then clarifying the gap with reality, and starting from the feasible areas. For the definition of the ideal state, we referred to general standards and guidelines, but also took into account our management policy document, which is the source of our decision-



making, the flow of healthcare policy, and the best practices actually practiced at each station, in our search for our vision of what in-home health care nursing should be. We then drafted measures to fill the gap between the ideal and the reality, and worked to improve practical skills while taking into consideration the balance between the burden on staff and the results. As a result of these efforts, we were able to identify actions that needed to be taken immediately. Specifically, the following actions were drafted: introduction of assessment sheets to standardize evaluations for clients and activation of multidisciplinary cooperation using these sheets; formulation of action plans for specialized and certified nurses, of which we have many; review of the new employee education program; and activation of internal communication for quality improvement.

In FY2022, we focused on identifying issues and drafting measures for standardization, and in FY2023 we will finally enter the implementation phase. Standardization in in-home nursing is not an easy task as there are few precedents. That is why we believe that Sophiamedì must take the lead as a company facing social issues. With this determination, we will continue our efforts.



**CQO (Chief Quality Officer)**  
**Kozo Shinoda**

While involved in education, business process and quality management at a public general hospital, a specialty hospital, and a corporation providing comprehensive community care, he obtained an MBA (Master of Business Administration) and became a certified nursing administrator. He has served as a member of the Education Committee and planned conferences for the Japan Nurses Association, and also served as Vice President of the Gifu Prefecture Nurses Association. He designed educational systems, conducted management training, and lectured at medical management seminars. He was appointed as Sophiamedì CQO in April 2022.







# Part 3

## What We Did Rethink The World

Creating The Future by Rethinking



Rethink

01



Rethinking  
the sustainability  
of the in-home  
nursing system.

What can be done to  
improve the sustainability  
of the in-home healthcare  
infrastructure?

Rethink

02



Rethinking  
well-being  
in the medical  
profession.

How do we reconcile  
well-being and  
patient first?

Rethink

03



Rethinking  
the potential  
of in-home  
nursing.

What can we do to create  
new value from  
in-home healthcare and  
contribute more to society?

Three Themes Sophiamedi Is Rethinking







# Rethink 01

## Rethinking the sustainability of the in-home nursing system.

### What can be done to improve the sustainability of the in-home healthcare infrastructure?

In order to realize Sophiamedi's vision of spreading safe and warm in-home medical care throughout Japan and giving as many people as possible a truly fulfilling life, we need to strengthen our service delivery system and make it more sustainable. We have planned and implemented various measures to improve operational efficiency and nursing quality in order to build this foundation.



Shinagawa/Ota/  
Minato Area  
Supervisor and  
Business Planning  
Group  
Masako Kawata



Nagoya/Gifu Area  
Supervisor and  
Business Planning  
Group  
Ryuki Kondo

We are aiming to provide care to as many clients as possible who wish to stay in their own homes.

#### Optimizing operations and improving working conditions to maximize care time and improve quality

**Kawata:** In March 2022, the Business Planning Project was established as an organization that looks across all business sites (as of September 2023, it is a group organization). In order to enhance the sustainability of in-home nursing care, the project aims to (1) optimize organizational management and establish a stable visitation system, (2) increase transparency in business office management, and (3) further optimize the quantity of visits and quality of care.

**Kondo:** The reason why it is necessary to enhance the sustainability of in-home nursing is because the number of users is increasing every year.\*<sup>1</sup> Toward 2025, the aged rate will exceed 30%\*<sup>2</sup>, but the number of in-home nursing stations and in-home nurses is not sufficient to meet the growing demand\*<sup>3</sup>. Against this backdrop, we launched this project because we believe it is important to establish a solid service delivery system.

**Kawata:** The project focuses on optimizing operations (optimizing the process from referral to visit, training and setting indicators to improve

the value provided, and improving the capacity for community collaboration activities) and creating an optimized environment (improving operational productivity and defining requirements for staffing and roles).



**Kondo:** One of the measures to improve work productivity is the standardization of schedule management. In addition to the introduction of digital tools, a checklist of measures to be taken to maximize care time was created, and each office implemented measures such as optimizing the start time of visits, shortening the intervals between visits, and effectively utilizing available slots. As a result, in the second half of FY2022, the average monthly hours of care\*<sup>4</sup> per nursing staff member increased by 15% compared to the first half of the same year, which also improved our

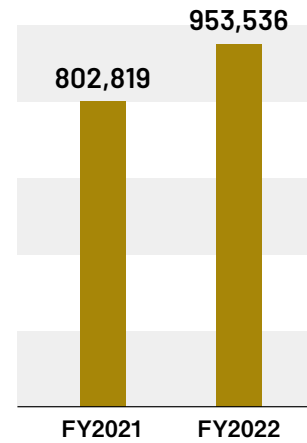
ability to respond immediately to requests from related organizations and an expansion of regular visitation slots on weekends.

**Kawata:** As a measure to enhance the value of our services, we have developed a sheet that enables monthly monitoring of a total of 84 items under the theme of strengthening the care system for medium-to-severe patients. This includes the medical care ratio, appropriate care hours per client, the number of requests from in-home care support clinics, medical institutions and in-home care support offices, and the repeat rate. We have

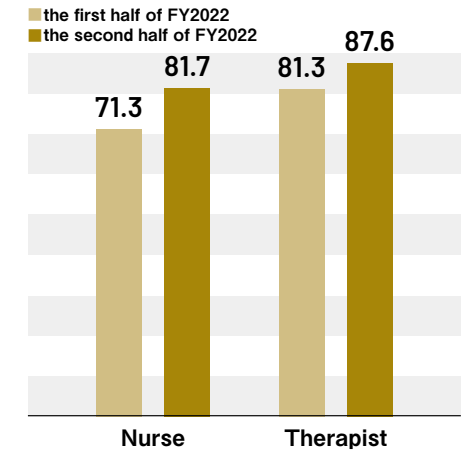
designed the system so that if there is a numerical value that poses a problem, improvement measures will be presented based on a logic tree. How many clients can we visit in a limited amount of time? We will continue to think thoroughly toward the future.

\*1 Ministry of Health, Labour and Welfare: "Survey of Nursing Care Service Facilities and Offices"  
 \*2 Cabinet Office: 2023 White Paper on Aging Society  
 \*3 "Home Nursing Care Action Plan 2025" by the Japan Nursing Association and "Interim Summary of the Study Group on the Supply and Demand of Health Care Workers and the Subcommittee on Supply" by Ministry of Health, Labour and Welfare  
 \*4 Hours of care = hours nurses and therapists provided services to clients

**Total hours of care (per year)**



**Average hours of care per person (per month)**



## Aiming to maximize total care hours and improve quality Main Activities of the Business Planning Group

Optimization of operations	Optimization of the process from referral to visit	Examples	<ul style="list-style-type: none"> <li>Standardization of how to receive requests</li> <li>Modeling of visit schedule</li> </ul>
	Training and setting indicators	Examples	<ul style="list-style-type: none"> <li>Educational support by certified nurses</li> <li>Introduction of monitoring sheets for key indicators</li> </ul>
	Improvement of community collaboration activities	Examples	<ul style="list-style-type: none"> <li>Standardization of activities</li> <li>Visualization of activity status</li> </ul>
Creation of optimized environment	Improvement of business productivity	Examples	<ul style="list-style-type: none"> <li>Introduction of digital tools</li> <li>Introduction of automatic calculation sheets for indicators</li> </ul>
	Clarification of staffing and roles	Examples	<ul style="list-style-type: none"> <li>Definition of requirements for each position</li> <li>Assignment of medical staff counselors</li> </ul>





# Rethink 02

## Rethinking well-being in the medical profession.

### How do we reconcile well-being and patient first?

In recent years, the word well-being has become a key word in the way we work and live. This concept means a good state of being, not only physically and mentally, but also socially. Medical professionals, who deal with patients' lives on a daily basis, sometimes self-sacrifice out of regard for their patients. The Well-Being Promotion Group implements various measures to help medical professionals deal with clients while also respecting themselves.



**Group Manager,  
Well-Being  
Promotion Group**  
Mami Miyaji

## Aiming for an organization based on appreciation and empathy.

**Promoting relationships in which staff members accept themselves as they are and support and respect each other.**

Although the need for in-home medical care is increasing in Japan, there is a serious shortage of human resources, with approximately 120,000 in-home care nurses needed in 2025\*<sup>1</sup> compared to 60,000 in 2020\*<sup>2</sup>. In the background, there are issues related to work styles. The aging of the population has necessitated the acceptance of seriously ill patients at home, as a result in-home nursing services are required to be available 24 hours a day, 365 days a year and to make emergency visits even late at night or early in the morning, making the heavy physical and mental burden on the medical staff a major issue.

In response to these issues, Sophiamedi introduced a work system in 2020, "WOW!", which supports a balance between work and private life. Furthermore, we have established a specialized department, the Well-Being Promotion Group, which aims to improve the health and well-being of staff. The group aims to improve job satisfaction and retention rates by creating a workplace where healthcare professionals can work with enthusiasm. Great Place To Work®, a professional organization that conducts research and analysis on job satisfaction in approximately 100

countries around the world, proposes five components of job satisfaction: pride, solidarity, trust, respect, and fairness. We focus particularly on pride and solidarity and work to improve them. Specifically, with regard to pride, we have implemented the "Story of Caring for Lives," a measure in which one staff member is selected each month to share a story about an actual episode with a client and the values he or she holds dear within the company, creating an opportunity for all staff members to reaffirm the significance of the work of in-home nursing. In terms of solidarity, Thank You Emails, a communication measure aimed at fostering a culture of mutual appreciation and praise, collects messages of gratitude from staff members and shares them via e-mail at each business site. In addition, we have established an award system called the Well-Being Awards to recognize offices that have implemented outstanding measures to deepen relationships among staff members, thereby accelerating these efforts. We also provide psychological support to nurses who have been with the company for less than a year, through individual interviews, chats, and phone calls, to support smooth onboarding.





In FY2022, 564 new employees joined the company. As a result of these initiatives, the index for solidarity in the employee satisfaction survey

increased by 0.5 points. On the other hand, since there was a decline in the overall evaluation of job satisfaction and the index for pride, in FY2023 we will evolve existing initiatives and strengthen measures to ensure that new employees feel comfortable in their work immediately after joining the company. This includes conducting a questionnaire survey during their third week with the company and training during their second month with the aim of showing them the direction they are heading in and building relationships with their peers. We are strengthening measures to ensure that new employees can tackle their work with confidence even immediately after joining the company.

In order to continue to provide better care to clients, it is extremely important to have a sense of pride in their work and their own well-being based on trusting relationships with their peers. We believe that improving the job satisfaction of our employees will lead to higher quality care and client satisfaction. That is why we are committed to creating a workplace where each individual can think about and choose how to work happily for themselves.

\*1 Ministry of Health, Labour and Welfare : Interim Summary of the Study Group on the Supply and Demand of Health Care Workers and the Subcommittee on Supply  
 \*2 Ministry of Health, Labour and Welfare: Overview of the Year 2020 Health Administration Report (Employment Medical Personnel)

## Four initiatives of the Well-Being Promotion Group

<p>・ 1 ・</p> <p><b>Thank You E-mails</b></p>  <p>A Thank You E-mail actually sent</p> <p>Launched in May 2022 to promote communication and mutual understanding, which is important for team medical care. A total of 1,182 Thank You comments were received in fiscal year 2022.</p>	<p>・ 2 ・</p> <p><b>Story of Caring for Lives</b></p>  <p>A story of a team that tried hard to fulfill a client's wishes (part of the story).</p> <p>Stories of actual episodes between staff and clients are shared in monthly online meetings attended by all employees. The total number of likes from staff was 1,619 in fiscal year 2022.</p>	<p>・ 3 ・</p> <p><b>Well-being Awards</b></p>  <p>Well-being award presentation</p> <p>The positive response rate for job satisfaction at offices that received the Well-Being Award averaged 64.2%, which is higher than the companywide average*. It is important that these initiatives that contribute to job satisfaction can be expressed and expanded to other offices.</p>	<p>・ 4 ・</p> <p><b>Follow-up for new employees</b></p>  <p>Conducting a support chat online.</p> <p>To ensure that employees feel comfortable working immediately after joining the company, we provide training, and regular follow-up e-mails. In addition, medical staff who have been with the company for less than one year are offered the opportunity to have a support chat to talk about any concerns or issues they have. Pulse Survey scores improved for 76.5% of these staff.</p>
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\*Percentage of affirmative responses to the question option "Q. Overall, I feel fulfilled at work": Company-wide average 52.2%.

## Employee Satisfaction from the Data

### Pulse Survey (once a month)

Response rate

**82.2%**

2021 79.5%

Average score

**3.5**<sub>/5</sub>

2021 3.5/5

The Pulse Survey is a monthly questionnaire that measures staff health, human relations, and job satisfaction. The response rate has improved as we have reflected many of the received opinions in our personnel system and training programs. The average score was the same level as last year. We will continue to conduct the Pulse Survey monthly so that we can promptly detect any issues related to work burden and communication within the organization and take countermeasures.

### Great Place To Work® (once a year)

Response rate

**90.6%**

2021 80.8%

Pride index<sup>\*1</sup>

**50.7%**

2021 51.1%

Q. Overall, I feel satisfied with my job.  
 Percentage of affirmative responses

Positive response rate

**52.2%**

2021 53.8%

Solidarity index<sup>\*2</sup>

**52.5%**

2021 52.0%

\*1 \*2 Average positive response rate for questions related to pride and solidarity in Great Place To Work®

As a result of continuing to communicate the significance and importance of this survey to employees through meetings attended by all staff members, the response rate increased by approximately 10%. While the positive response rate for the solidarity indicator increased, the overall evaluation decreased by 1.6%. Therefore, in FY2023, we will strive to improve job satisfaction by further accelerating the creation of growth opportunities and creating a place where employees can appreciate each other.



# Rethink 03

## Rethinking the potential of in-home nursing.

### What can we do to create new value from in-home healthcare and contribute more to society?

Since its establishment, Sophiamedi has operated an in-home medical care business centered on in-home nursing services, and has been expanding the foundation of community medical care in Japan's super-aging society. It has done so by utilizing the organizational management skills rooted in its philosophy and cooperation with relevant local institutions, which we have cultivated relationships with over the past 20 years. After the changes brought about by COVID-19, in 2022 we began to take on various challenges beyond the conventional boundaries of medical care in order to further utilize the knowledge and resources of in-home nursing for society.



**CSO  
(Chief Strategy  
Officer)**  
Eisuke Makimura

## Transcending the limitations of distance, differentiating functions, and looking after more lives.

### Delivering medical care to more people through telemedicine approaches developed to respond to COVID-19

The spread of COVID-19, which began in 2020, has transformed society significantly, and the medical industry, in particular, has been forced to create new approaches that are not bound by conventional wisdom in order to confront this unprecedented crisis situation. The outsourcing and functional differentiation of healthcare-related tasks traditionally performed by governments and municipalities is also progressing rapidly, with some major cities now outsourcing COVID-19 compliance to outside physicians and nurses. These functional differentiations will continue to accelerate.

The conventional medical practice was to look after the patient on site, but primary triage by telephone and online medical care, which were introduced in response to COVID-19, have served as examples and expanded the possibilities of telemedicine. A new trend has also emerged in which patients are connected to a physician after a nurse remotely checks their condition. As more clinics operate online, more patients will have access

to medical care.

In the spring of 2021, Sophiamedi launched a 200-person call center to observe the health of homebound patients in cooperation with local governments. In the following year, FY2022, Sophiamedi began to further expand the call center's functions by continuing dialogue with the local government and having nurses remotely triage calls to the 119 emergency number.

In addition, the concept of "Patient Centricity" has been gaining importance in pharmaceuticals in recent years, and the support of the COVID-19 special measures has led to the spread of in-home clinical trials. Cooperation with in-home nursing can increase options and reduce the burden on those who have been unable to participate in clinical trials in the past due to lack of time, distance, etc. The functional differentiation and increased efficiency of telemedicine and other means will contribute to reducing medical costs, and many people will be able to benefit. We also believe that these changes are very significant for society and will lead the future of healthcare in a better direction.

case

1

# Health Observation Support

The introduction of telenursing quickly progressed from health observation to dealing with those infected with COVID-19. Since telemedicine can appropriately provide medical care to a larger number of people, Sophiamedi implemented various initiatives to utilize its potential more extensively.



## Apply knowledge gained from health observation projects to optimize access to healthcare.

### Responding to concerns while allocating appropriate medical care.

In FY2022, our health observation project began with partnerships with four municipalities in Kanagawa Prefecture and later established partnerships with the Tokyo Metropolitan Government and municipalities in other prefectures. The project involved 150 staff members who took on the challenge of solving the critical problem of the lack of an emergency system during the COVID-19 pandemic. With the arrival of the seventh and eighth waves, and with public health centers facing a serious shortage of manpower, we provided residents with extensive health counseling, in-home nursing care, and online medical services. The emergency system was established as a contact point for consultations at any time, including weekends, holidays, and during nighttime hours. It can be said that the service contributed to connecting people to appropriate medical facilities and helped curb unnecessary doctor visits and hospitalizations. In another project with a municipality that started in October 2022, nurses provided remote triage in response to a 119 emergency call. This approach is similar to the 7119 number, which determines whether an emergency case or online response is appropriate and also provides ongoing support to alleviate concerns. By having shifts of 2-3 nurses continually, we are able to respond quickly and reliably, 24 hours a day. We will continue to work with the community to expand the possibilities of the telemedicine business, including 24-hour telenursing.

Estimated total number of managed care patients

25,222

Estimated number of consultations handled

62,278



Public-private partnership office nurse  
Kazuhiro Shinne



case  
2

## In-Home Clinical Trials\*

DCT (Decentralized Clinical Trial) with in-home nursing is a new alternative to conventional clinical trials that require regular hospital visits and lengthy waiting periods, and is a system that allows patients to participate in clinical trials from the comfort of their own homes. We will put the knowledge we have accumulated to date into practice in the field of clinical trials.

\*This is the term we call our business.



We will also practice Caring for Lives in clinical trials and contribute to the acceleration and development of drug discovery in Japan.

**Reducing the burden of participation in clinical trials through in-home clinical trials that are compatible with daily life**

In-home clinical trials are based on the concept of patient centricity, which is in sync with our philosophy of Caring for Lives. One of the major challenges of clinical trials is recruiting participants within the scheduled timeframe, and if recruitment does not proceed as scheduled, it will have a significant impact on the drug's launch date and trial costs. One reason for this is the difficulty of balancing clinical trial participation with daily life, as regular visits to the hospital are required. Another issue is distance, as participants in clinical trials at university hospitals often live far from the institution. Therefore, nurses visit patients' homes to conduct clinical trials, eliminating the burden of hospital visits and allowing patients to participate in clinical trials during their daily lives, such as while at work or after leaving school.

In-home clinical trials in Japan are in their infancy, and we are now asking ourselves how we can achieve both patient centricity and cost-effectiveness. We are committed to making the option of in-home clinical trials the standard in Japan, lowering the bottleneck recruitment hurdle, and bringing drugs to patients who are waiting for new drugs as quickly as possible.

Number of contracts with medical institutions

31

Number of tests supported

9

Number of visits to clinical trial subjects

3,785



**In-Home Clinical Trial Project**  
Kazumi Kanagawa







Keio University Graduate School  
Professor, Graduate School of  
System Design and Management  
Director, Well-being Research Center,  
Keio University

### Mr. Takashi Maeno

After working for Canon Inc., he served as a visiting researcher at the University of California, Berkeley, a professor at Keio University's Faculty of Science and Technology, and a visiting professor at Harvard University. He has been in his current position since 2008. The company conducts research and education in a wide range of areas, including community revitalization, happiness studies, and happiness management. It looks at the designs of all systems related to humans and society and describes this as 'human system design'.

Promoting well-being to create a society in which medical professionals can continue to work more happily.

In Japan, where there is a continuing shortage of healthcare workers, improving their working styles is an urgent issue. Healthcare workers have a strong sense of altruism, and in many cases, they quit due to exhaustion as a result of focusing too much on self-sacrificing work for the sake of the patients. By supporting the organization in enriching the lives of its clients as well as the lives of its staff, it can build an environment in which they can continue to work creatively and vigorously. Promoting the well-being of healthcare professionals is another important key to supporting a super-aged society. I support Sophiamedi's efforts to create a world where people engaged in this wonderful work can work more happily.

## Messages from Outside Experts

Constant practice of Caring for Lives is the pillar to support current and future Japanese communities.

Since the long-term care insurance system came into effect in 2000, in-home health care has developed to play a role in enabling the elderly to spend their final days in the community where they live. Demand for in-home health care has been growing, and it is estimated\* that by 2025 the number of patients receiving in-home health care will be around 1.3 million.

In-home health care requires a perspective that emphasizes living rather than medical care. Rather than just imposing treatment, it is necessary to focus on the values and lifestyles of each individual, and it goes without saying that in-home health care nurses play a major role in this regard. I am convinced that the constant practice of Caring for Lives will be the pillar that supports the current and future communities in Japan.



President, Takase Clinic,  
Shikakukai Medical Corporation  
Doctor of Medicine

### Mr. Yoshimasa Takase

He is a medical specialist of the Japanese Association of Geriatric Psychiatry, a dementia support physician, and a councilor of the Japanese Association of Home Health Care. He opened Takase Clinic in 2004 in Ota-ku, Tokyo, which mainly provides in-home medical care. Currently, as a specialist in geriatric care and dementia in the community, he serves on numerous committees for comprehensive community care and long-term care related projects and is making daily efforts to develop in-home health care.

\* Ministry of Health, Labour and Welfare, 11th Study Group on Review of Medical Plan, etc., June 30, 2017, "On Building a System for Home Health Care."



Part 4

Where We Are  
Data  
book

Workplace Data



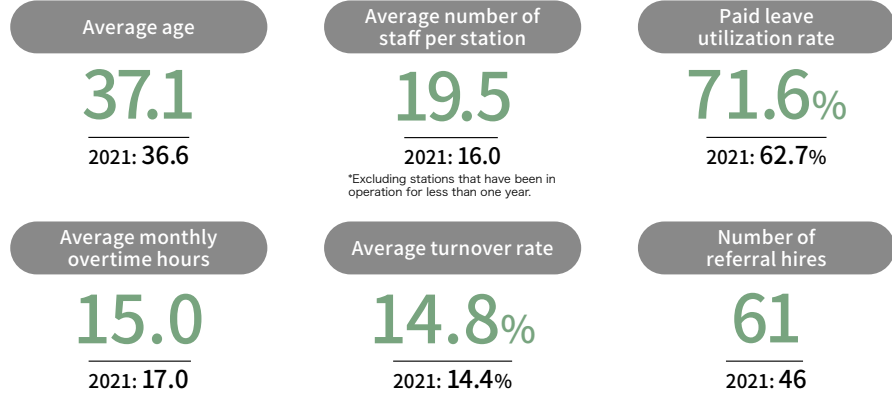
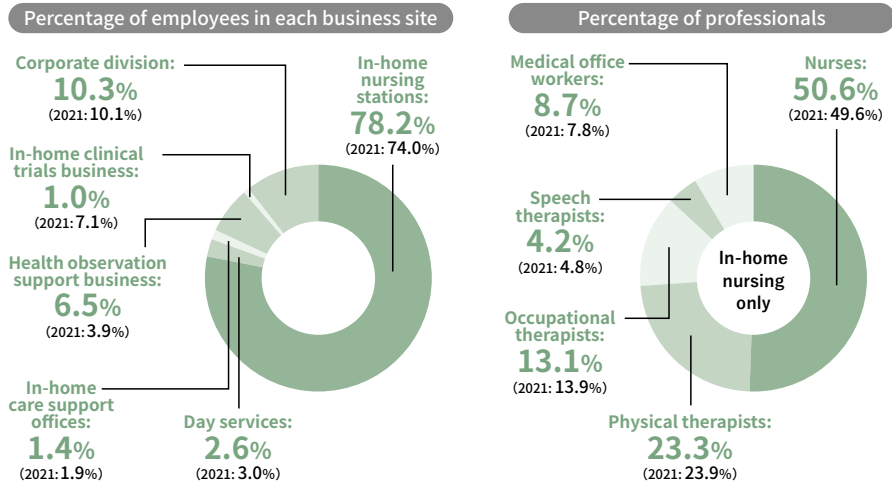
# Sophiamedi's Workplace Data

As a company that addresses the working styles of all employees, including healthcare professionals, Sophiamedi discloses data on its working styles every year. We will continue our efforts to create an environment where diverse human resources can continue to work in a healthy and happy manner.

## Workplace Data

Compared to FY2021, there was an increase in the average number of station employees, a fall in overtime hours. We believe that the overtime hours may have been reduced by the use of digital tools to improve scheduling efficiency. The national average for paid leave utilization is 58.3%<sup>\*1</sup>, and we have reached the same level, but we have introduced an hourly paid leave system to allow more flexible use of paid leave. In addition, we will continue to promote the creation of an environment in which a more diverse workforce can work and strive to improve employee satisfaction and decrease in turnover rate.

\*1 Ministry of Health, Labour and Welfare, 2022 Comprehensive Survey of Working Conditions



## Women employee promotion data

\*Calculated based on gender in the family register

The wage gap between men and women is quantified by setting men's wages at 100 and women's wages at a relative level, 93.4. Although this is better than the national average of 75.7<sup>\*2</sup>, a gap still exists. We will continue our efforts to promote the active participation of women by increasing the ratio of women among management members with the aim of eliminating the wage gap.

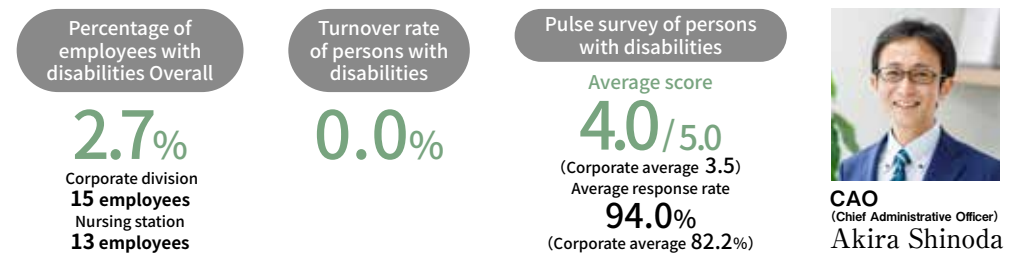
\*2 Ministry of Health, Labour and Welfare, Basic Survey of Wage Structure in 2022



## Disability Employment Promotion Data

\*Data for FY2021 not available.

The employment rate of persons with disabilities is 2.7% compared to the legally mandated rate of 2.3% as of 2022, resulting in a low turnover rate and a high level of job satisfaction. We believe that these results reflect our efforts to support job satisfaction, such as providing time for consultation on work styles prior to employment and monthly mentor counselling after employment. It is also important to note that 13 employees are working in the more challenging environment of nurse stations, which is unusual in Japan. We will continue to promote and support the employment of people with disabilities throughout the organization.







## Palliative care supports Living.

Station Chikusa, Certified palliative care nurse

Ayumi Mori

### By accepting death, we can look at the true meaning of living

When I was working at a hospital, I worked in a ward where many patients were in the terminal stages of cancer, and I witnessed firsthand the life and death of people every day. At that time, in-home nursing was not as accessible as it is today, and I saw many patients who wanted to go home but were unable to do so and who died in the hospital. I wanted to create a place where patients could spend their final days at home in peace, so I changed my career to in-home health care nursing and became certified as a palliative care nurse.

Palliative care needs to be provided to all clients, not just those who have been given a limited life expectancy. We all die at some point. It is an equal thing, and we believe that palliative

care is nursing that supports the process of getting there or surviving. To that end, I ask, "How would you like to spend the end of your life?" I try to be sincere and do not avoid the topic of death. Sometimes the patient and those around him or her may avoid death because they consider it a taboo subject, so I politely ask, "How do you feel about your current situation?" I believe that my role is to help people fulfill their wishes, to talk with them about death without fear and to find the best way forward together. For this reason, I myself live every day with no regrets even if I die tomorrow.

I came to be able to care for people who will die in this way because of an encounter with a client, a woman in her 50s with an incurable disease and end-stage renal failure. During our initial meeting, she told me, "I am not afraid of dying, but I am



afraid that people around me do not understand it." Her doctor and family had recommended that she undergo dialysis, but she hoped to live a peaceful life without treatment anymore. She was not afraid of her own death and was prepared for it, but it was hard for her not to have people around her understand that. After listening to her thoughts and feelings, we told her that we would support her wishes because she had made her choice herself after careful consideration. She told us, "I have finally found someone who can take care of me at the end of my life

with peace of mind." After that, we worked together each time to help her realize her own way of life, and she lived out her life until the end. Even though she was in a daze, when I heard her say, "I'll go ahead and wait for you, and we'll meet again," I was no longer afraid of dying because I would be able to see her again. To care for the living, I will continue to do my best as an in-home care nurse to help people live their lives in their own way, experiencing joy, anger, sorrow, and healing in every moment of living and passing away until the very end of their lives.

## I take each client seriously and support them to the best of my ability.

Station Odawara, Nurse  
Sora Sakamoto

I want to return the favor.

I grew up in a single-parent home, so when I was a child, I was taken care of by friends and my grandparents while my mother was at work. I grew up being helped by many people, so I wanted to give back to others, and my grandmother recommended that I become a nurse.

While working in the PICU, the hospital banned visitations due to COVID-19. Seeing the children and their families endure without being able to see each other, I began to wonder what could be done to help these children live safely with their families, and I switched to Sophiamedi to care for children and those with moderate to severe illnesses at home. There is something I value in my work as an in-home health nurse. That is to meet face to face and

support the other person 100%. I want to encourage them not only with words, but also with the true intention that lies deep in the heart. In this sense, we value facing our clients with all our heart and soul. As a medical professional, I can persuade a client against something when I sense risk in his/her request. However, it is also important to consider whether the choice was made with sincere conviction or not, even if the result is the same. The ability to weigh up risk while carefully considering client needs is required for the job, and with that in mind I do my best to support the requests, especially ones made with great conviction.

Recently, a client in his 80s was discharged from the hospital. However, he lives alone, his family lives far away, and he is unable to move his body as much as he



would like. There was a possibility of a sudden change in his condition, and he was repeatedly asked to be readmitted to the hospital. Every time I visited him, I asked, "Isn't life difficult?" "Is the pain in your body too much?" I also informed him of the risks of spending time alone, but he was adamant that he wanted to stay at home. I tried to reduce his pain and suffering, and worked with his care manager and others to devise various measures so that he could live alone at home as much as possible. I also tried to explain the medical situation to the family members carefully each

time. Before his death, he was almost bedridden, but he was able to stay at home until the end of his life. I could have tried to persuade him to stay in the hospital. However, as long as the client wanted to stay at home, we would continue to support his wishes. It was an event that made me feel glad that I had made that decision. Another thing that I feel truly grateful and happy about in this job is when I receive words of gratitude directly from clients. I would like to continue to give back what I can to the people around me, including my clients and colleagues.



## Keep learning to explore all possibilities for our clients.

Station Shirokane-Takanawa, Physical therapist

### Nobuko Yamaguchi

**The driving force behind my learning is the desire to fulfill our clients' wishes**

Before joining Sophiamedia, I worked in hospitals and Geriatric Healthcare facilities. In the past, when I interacted with patients, I often had a strong feeling that there should be no accidents, and I often had to talk to them in a restrictive manner, such as "It is dangerous because there is a risk of falling" or "Please call your family when you want to do something".

What made me realize that I could not go on like this was my relationship with one of the patients that I was in charge of at the hospital. After conducting rehabilitation and a house survey in preparation for discharge, it was determined that the

patient could walk without problems as long as his family looked after him, and he was successfully discharged. Later, however, he fell and was re-hospitalized. At the time, he was so preoccupied with walking that he may have overlooked various other outcomes, such as what kind of life he would lead after discharge and the risk of falling during that time. I would like to be able to notice and focus on all possibilities of clients more. I have come to think that it may be possible to improve the QOL of patients if I am able to accurately select all kinds of services and means, including welfare equipment, as well as the means of rehabilitation. In order to do so, I began to study with the feeling that I must first broaden my own horizons and possibilities. However, I am lazy at heart, so I try to set goals when studying. After deciding to become a certified



physical therapist, I was able to obtain certification in stroke and kinesiology, followed by community physical therapy. Since joining Sophiamedia, I also took on the challenge of attending graduate school while working and was able to earn my master's degree. It is difficult to balance work and study, but I feel a sense of accomplishment when I think, "This could be used for client rehabilitation," while I am studying, or when I put it into practice and get results. As I learned various things, I also saw changes in myself. I was not very

good at talking and cooperating with multiple professions, but now I am able to cooperate willingly because I want to fulfill the wishes of my clients and make them happy. I was surprised at myself because I would not have been able to be so active if it was just me.

The fact that what I am doing is helpful and pleasing to clients is the driving force for me to draw out my potential. I would like to continue to study to expand my knowledge so that I can bring out the potential of my clients.

## Never give up communication to support our clients.

Station Yaguchi, Speech therapist

Fumito Wakao

**I went from a career-track position to a Speech Therapist because I admired it during my accompanying visits.**

I originally joined Sophiamedia as a new graduate in a career-track position. Later, I was impressed by the work of Speech Therapists who support the important speaking part of communication with family and others and decided to become a Speech Therapist. In the summer of my second year, I started attending night classes while working to become one. For a period I left Sophiamedia and worked at a hospital, I was able to become an in-home Speech Therapist, which was my dream.

Intervention in the home sometimes requires cooperation not only from the client but also from the family. That

is why communication with clients and their families is more important than anything else. One of the reasons I switched to the medical profession is that I like working with people, but I am fundamentally very shy. Although I understood that communication is important, it was not easy to overcome that barrier. I tried to be conscious of this and never gave up on communication, and as a result, clients began to talk to me more and more often.

Information gained from conversations can be directly used to set rehabilitation goals. A client who was unable to take food by mouth due to esophageal cancer began rehabilitation with the goal of eating three meals by mouth. He was very fond of drinking alcohol, so we were concerned that he might start drinking when he was gradually able to eat by mouth. Also, from a medical point of view,



we wanted to monitor his progress a little longer. Remembering that in our previous conversations he had mentioned that he liked to drink alcohol with good food, I suggested "How about lifting the ban on alcohol on New Year's Day and having a drink with your New Year's food? He gladly accepted my suggestion and worked hard in his rehabilitation, and he was able to successfully lift his drinking ban on New Year's Day.

There is one more thing that is important to me. That is to be involved as a medical professional generally, and not only as a Speech

Therapist. I ask them, "Do you have any physical problems or difficulties?" If I hear that a client has a pain I may ask other therapists for information and tell the client, "There seems to be a way to deal with it." I am always aware of my role not only as a Speech Therapist, but also as a medical professional, so that I can take care of my clients' general health as well.

It has been three full years since I started working in in-home care nursing, and I still love it. I would like to keep moving forward, improving my skills one step at a time.

## Sophiamedi Management Members As of September, 2023

We are committed to providing sustainable value to society by practicing team management with one President and CEO, four directors, and an additional five CXOs. Members with experience in the medical or business fields are working to provide value to society while demonstrating their expertise and strengths.

\*Members with medical backgrounds are indicated by their job titles in parentheses.

### Directors

Executive Director  
**Keita Hamaguchi**

Director  
**Takamichi Tanabe**

Director  
**Tomomi Oketani**

Director  
**Osamu Furuya**

### CXO



President and CEO  
(Chief Executive Officer)  
**Aya Ito**



CAO  
(Chief Administrative Officer)  
**Akira Shinoda**



CHRO  
(Chief Human Resources Officer)  
**Nayuta Iwata**



CQO  
(Chief Quality Officer)  
**Kojo Shinoda**  
(Nurse, Certified Nurse Administrator)



CSO  
(Chief Strategy Officer)  
**Eisuke Makimura**



COO  
(Chief Operating Officer)  
**Masahiro Hada**  
(Nurse, Physical Therapist, Care Worker)

### Office Manager, GM (Group Manager)



Office Manager, Administrative Office  
**Masaru Okatani**



GM, Public Relations Group  
**Hiroko Usami**



GM, General Affairs & System Group  
**Kazuto Endo**



GM, Medical Affairs Group  
**Haruki Takenaga**  
(Care Worker)



GM, Human Resources & Labor Group  
**Tomoya Mizuguchi**



GM, Well-being Promotion Group/ Assistant Supervisor Kanagawa Area  
**Mami Miyaji**  
(Nurse)

### Supervisor, Assistant Supervisor



Supervisor, Hokkaido/Hokuriku Area  
**Atsuya Takahashi**



Supervisor, Saitama/Joto Area  
**Yuka Ono**  
(Nurse)



Supervisor, Shinagawa/Ota/Minato Area  
**Masako Kawata**  
(Nurse)



Supervisor, Meguro/Shibuya Area  
**Shotaro Kudo**



Supervisor, Setagaya Area  
**Shota Obata**  
(Nurse)



Supervisor, Suginami/Nakano/Shinjuku Area  
**Tomomi Hiraoka**



Supervisor, Tama-Tobu/Nerima Area  
**Michio Mizuochi**  
(Nurse)



Supervisor, Kanagawa Area  
**Makoto Ose**  
(Nurse)



Supervisor, Nagoya/Gifu Area  
**Ryuki Kondo**  
(Physical Therapist)



Supervisor, Mikawa/Shizuoka Area  
**Hiroyuki Mase**  
(Occupational Therapist)



Supervisor, Kansai Area  
**Norihiro Takizawa**



Assistant Supervisor, Joto Area  
**Hiromasa Namiki**  
(Physical Therapist)



Assistant Supervisor, Nagoya & Gifu Area  
**Mieko Ogawa**  
(Nurse)



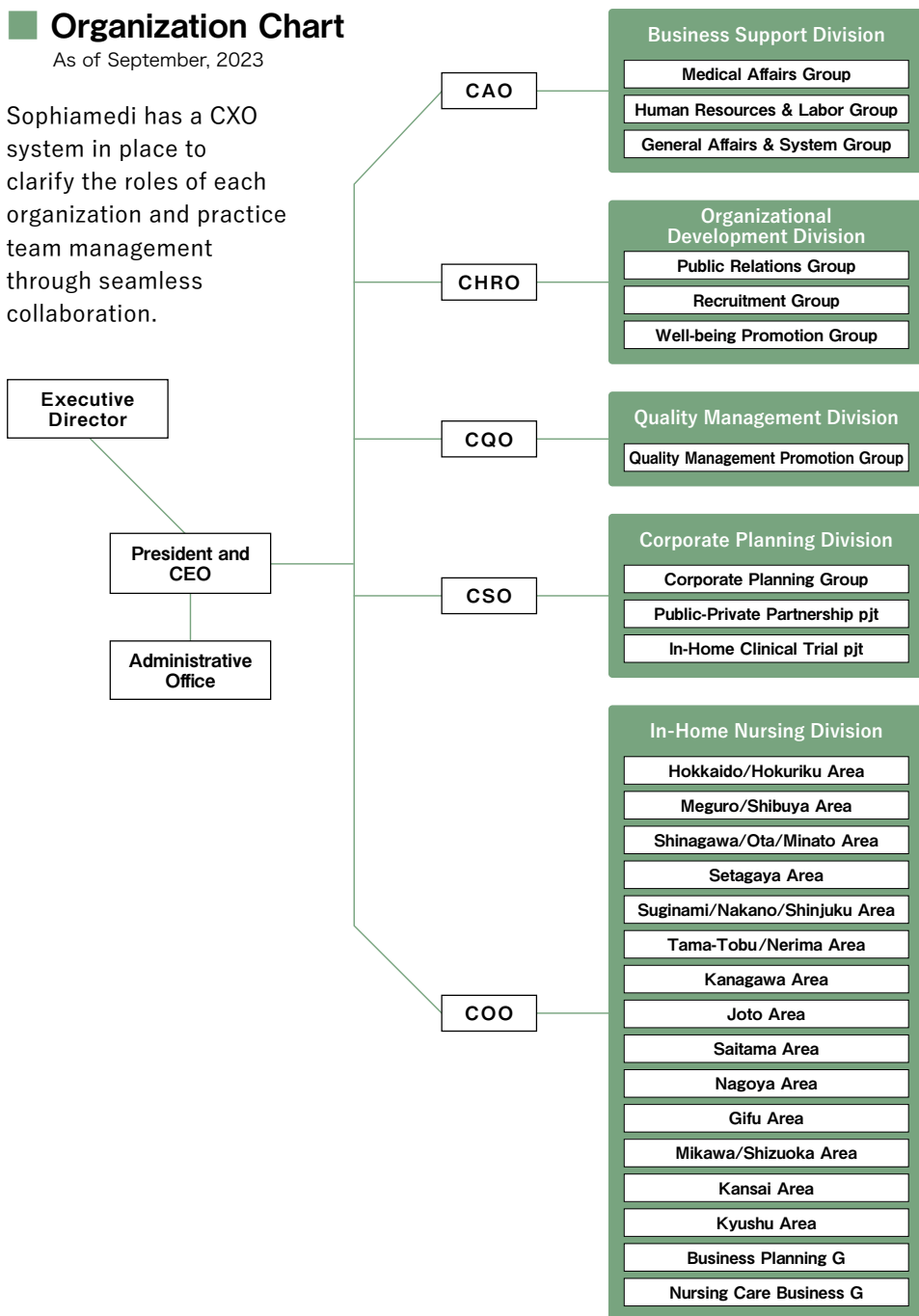
Assistant Supervisor, Kyushu Area  
**Kohei Yamaguchi**  
(Nurse)



## Organization Chart

As of September, 2023

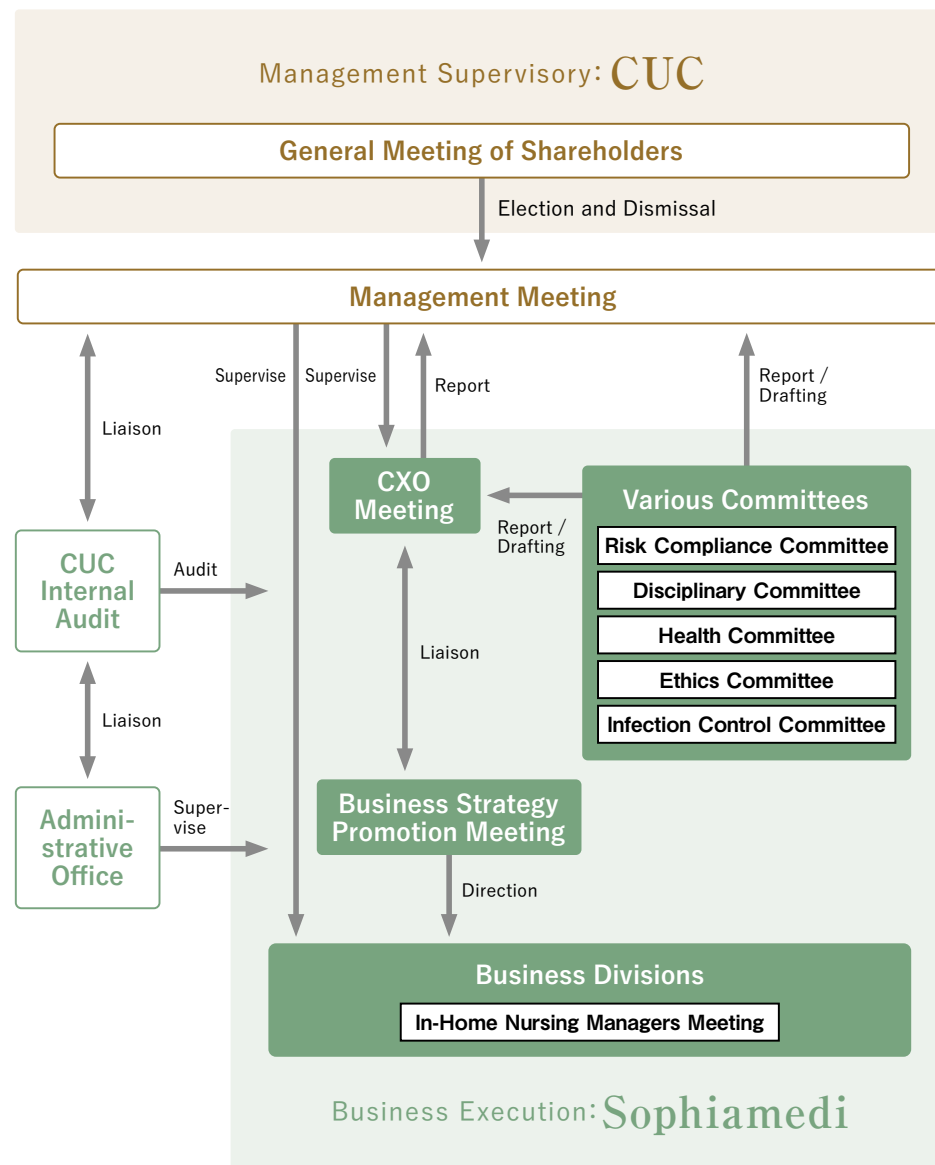
Sophiamedi has a CXO system in place to clarify the roles of each organization and practice team management through seamless collaboration.



## Governance

As of September, 2023

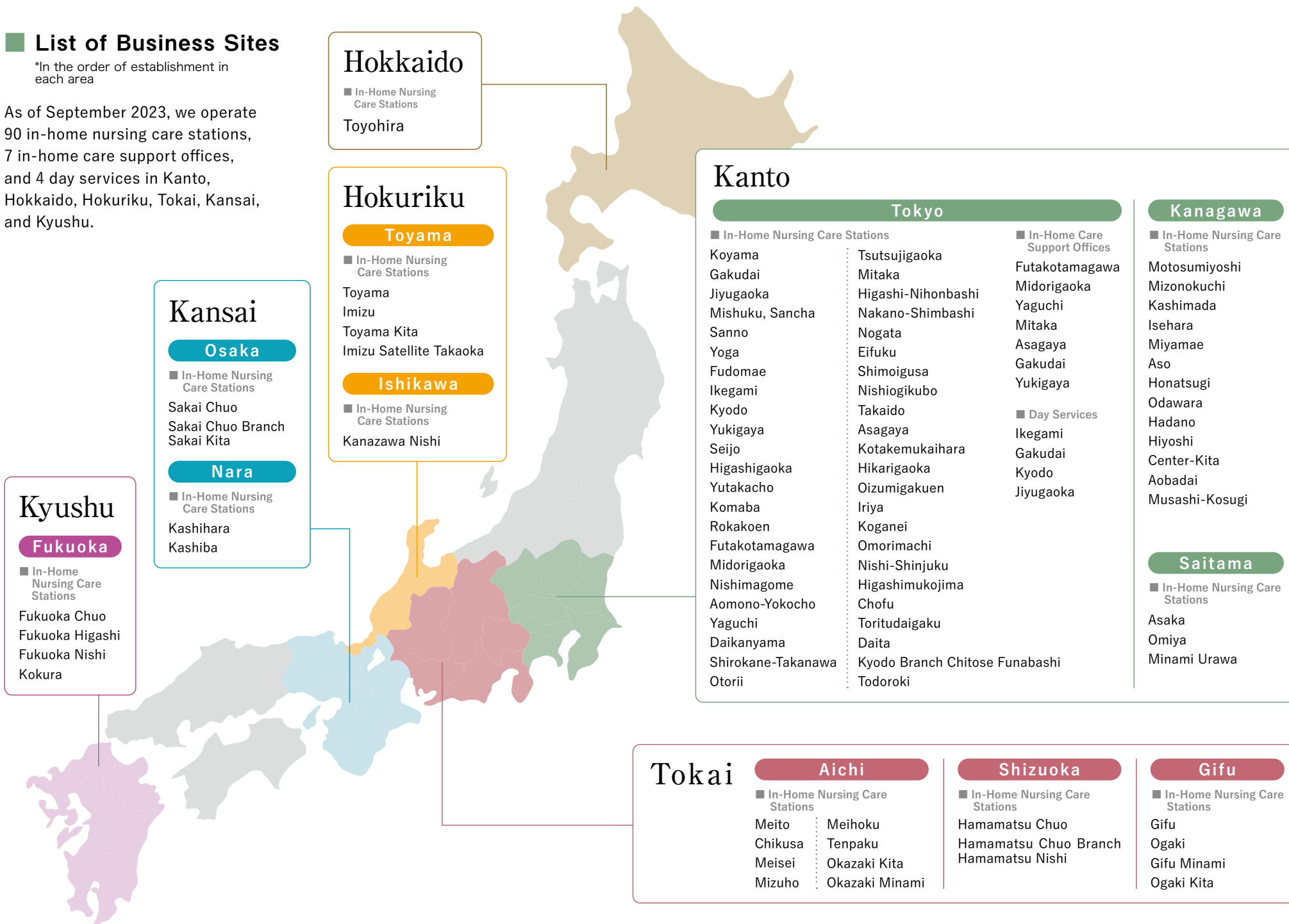
We have positioned the strengthening of corporate governance by improving management oversight and business execution functions as one of our top priorities, and are promoting management that can be trusted by all stakeholders.



## List of Business Sites

\*In the order of establishment in each area

As of September 2023, we operate 90 in-home nursing care stations, 7 in-home care support offices, and 4 day services in Kanto, Hokkaido, Hokuiriku, Tokai, Kansai, and Kyushu.















And in 2023.  
We will continue to  
"Rethink" and take on  
the challenges of the future.

The world is in turmoil, and it is said that it is difficult to find hope in these times. It is precisely in times like these that we must confront uncertainty and continue to strive for a brighter future. "Rethink" will allow us to question the status quo, redefine our ideals, and move forward with their implementation. We will not stop this progress and will continue to move forward.



# Rethink the World



## ■ On the publication of this report

We publish our annual report to introduce our management policy, the results of our business activities, and mid- to long-term value creation to our stakeholders. In the wake of the pandemic, people's values and medical care are changing. What should we do in such times? We have produced this report under the theme of "Rethink the World" to reflect on a year of continuous trial and error and re-examination.

## ■ Note

This report was prepared for the purpose of providing corporate and other information about our company and does not constitute an offer or solicitation of any stock or other securities issued by our group, whether in Japan or overseas. This report contains forward-looking statements as well as past and present facts. As such, they involve certain risks and uncertainties and should not be relied upon unduly. This report contains statements of information derived from or based on external sources, including information about the markets in which we operate. These statements are based on statistical or other information obtained from external sources cited herein, which we have not independently verified and cannot guarantee their accuracy or completeness. We assume no obligation to update or revise any information contained in this report based on future events.

## ■ Period covered in this report

This report covers the period from April 1, 2022 to March 31, 2023, with references to periods before and after this period as necessary.

## ■ Production cooperation

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