Chapter **3**

Business Continuity Management to Ensure Resilience in the Long-term Care Business

July 2023

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1.   Background of Business Continuity Plans and Business Continuity Management for Long-term Care Facilities

Institutional care is an essential service for elderly care. Institutional care is designed to protect the lives of vulnerable older people. Nevertheless, many older people fell victim to the novel coronavirus disease (COVID-19) under institutional care. Furthermore, the COVID-19 pandemic has shaken the sustainability of facility management itself. Therefore, the resilience of institutional care in an emergency was once again questioned.

In response to the COVID-19 pandemic, the Japanese government mandated long-term care facilities to develop business continuity plans (BCPs) in 2021 to ensure resilient elderly care services even in times of emergency. Japan's Ministry of Health, Labour and Welfare (MHLW) required that BCPs of long-term care facilities (LTCFs) should be accomplished until March 2024 (MHLW, 2020a, 2020b, 2021, 2022). The BCPs formulated the rate for infectious diseases in LTCFs for the elderly was 33.5% in 2021. If formulating plans in the future are included, the figure was 89.2% in Japan (NTT Data Institute of Management Consulting, 2022).

A BCP will allow critically important business or work to continue even in the event of unforeseen circumstances, such as big earthquakes or other natural disasters, the spread of infectious diseases, terrorist incidents, major accidents, disruption in the supply chain, or other sudden changes in the business environment, and/or policies, systems, or procedures that enable a return to normal conditions as quickly as possible even if any discontinuation occurs.

However, what is more important is to be able to properly put the formulated plan into practice in an emergency. To that end, it is important, through the implementation of business continuity management (BCM), to continuously improve the BCP so that it is effective in practice.

BCM is the management of activities conducted in normal times, including the establishment, maintenance, and renewal of BCPs, the securing of budgets and resources for achieving business continuity, the implementation of preparatory measures, the implementation of education and training for expediting good practice, the promotion of inspections, and continual improvement.

In order to protect and maintain the lives of their residents, LTCFs have a duty to continue to provide services even in emergencies such as natural disasters and infectious disease pandemics. Even if the service is interrupted, it must be restored as soon as possible, and the interruption period kept to a minimum.

The World Health Organization's (WHO) report in 2020 'Responding to Community Spread of COVID-19' commented about the maintenance of essential services. Community transmission of COVID-19 may lead to an interruption of essential services in the communities affected unless tested business continuity plans are in place. The WHO recommended the following actions: adapt and implement national cross-sectoral emergency preparedness business continuity plans, where existing, to COVID-19; and work with United Nations' agencies and other partners to identify and support the continuation of critical functions (i.e. water and sanitation, fuel and energy, food, telecommunications/internet, finance, law and order, education, and transportation), necessary resources, and essential workforce.

Figure 3.1. Structure of Crisis Response Capability and Resilience in an Emergency (concept diagram)
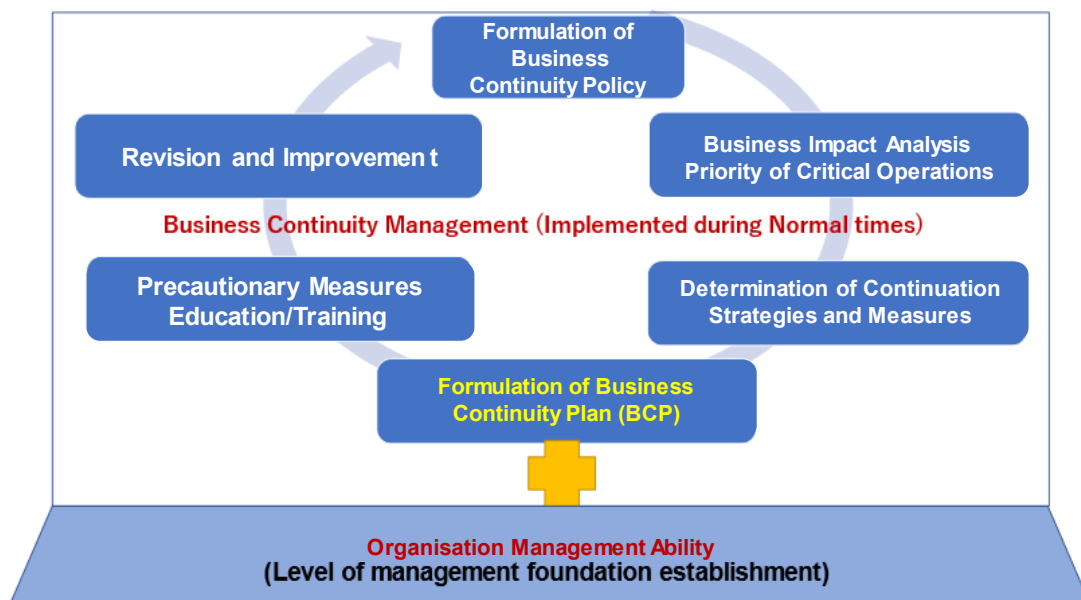
Source: Authors.

Japanese LTCFs require BCM to enable BCPs to be formulated. In order for the LTCFs to demonstrate BCM in emergency, it is necessary to determine whether they have sufficient organisational management skills from normal times.

As shown in Figure 3.1, the formulation of a BCP is one of the processes of business continuity management (the cyclical process from policy formulation, business impact analysis, selection of important operations to advance measures, education and training, and correction and improvement) from normal times. Furthermore, it will depend on the management capabilities of the organisation itself. The combination of 'BCM from normal times' and 'organisational management capabilities' enables LTCFs' resilience in emergencies.

However, Japan's LTCFs have been said to have weak 'organisational management capabilities' from the beginning. As many social welfare corporations, which are the main players in Japan's LTCFs, have not been able to transition or convert from 'institutional management' under the government safeguard system to 'corporation management' based on a contract system, their management functions are weak.

It is believed that this is due to the fact that, under the safeguard system, they were placed in a government-led business environment with no need for autonomous management. For example, there are rules that guarantee income based on the number of users at the beginning of the term, or that if the profit at the end of the term exceeds a certain amount, it must be returned to the government, but the system is such that there is no need for any effort to improve management efficiency or productivity. In addition, as one factor of the fragile management base, because social welfare corporations tend to be family-run, problems have been highlighted, such as 'the board of directors becoming a mere formality, poor audit functions, the careless diversion of corporate assets, the monopolisation of major posts by family members, the lack of human resources development, in-fighting among relatives, lack of ability of successors, etc.' (Tokyo Metropolitan Social Welfare Corporation, 2011).

As management challenges faced by LTCFs, a range of organisational and human resource management issues have been indicated, such as 'quick staff turnover due to immaturity in organisational management, personnel management, human resource development, etc.', 'a lack of organizational structuring and no clarification of job roles and responsibilities within the organisation', and 'failure to systemise career paths and link expertise with conditions and remuneration'. In addition, in a research project commissioned by the Ministry of Education, Culture, Sports, Science and Technology on the theme of human resource development in the LTC business, in which the authors participated, the following were extracted as management issues for LTCFs: conservative organisational climate in the field (resistance to change), principles and values of LTC business management not permeated, functions and roles of LTCWs not differentiated, failure to foster an organisational climate that nurtures people, etc. It is believed that these are also factors that have led to the vulnerability of LTC business management.

In line with Figure 3.2, it has been pointed out that the governance of the core management philosophy is weak, the management of human resources is particularly weak, and the management of operations is not well developed. On the one hand, Japan's LTCFs were able to operate stably in terms of finance, services, and marketing under the tradition of Japan's elderly welfare administration and the establishment of a long-term care insurance system. On the other hand, the COVID-19 pandemic forced LTCFs to respond to new challenges in facilities and information and communication technology with a different dimension of risk response. In other words, LTCFs exposed to the COVID-19 crisis are the domains coloured in Figure 3.2 (philosophy, human resources, operations, facilities, ICT, risks) and management issues are highlighted.

Figure 3.2. Management Map for the Long-term Care Business

Management Domains of Long-term Care Facilities		
Finance Financial Account Management Account	**Services** Provision of Services from the User's Perspective Enhancement and Improvement of Quality of Services	**Marketing** User Acquisition Promotion Service Development for Own Organisation Interaction Activities with Local Communities
Operations Challenges to Business Process, Agenda Setting, and Solution of Issues Task Inventory, Analysis, and Redesign Business Efficiency	**Philosophy** Clarification and Dissemination of Missions and Visions and Values ▼ **Strategies** Planning and Implementation of Strategies, Goal Setting, Leading Achievement, etc.	**Human Resources** Motivation, Competency/Level-up, Development, Communication (Build-up Social Capital) Empowerment (Entrust Jobs) Evaluation Diversity Management (Seniors, Foreigners, and Non-regular Employees) Team Building and Corporate Culture Reform Securing Human Capitals and Preventing Turnover
Facilities Facilities and Equipment Management	**ICT** Utilisation of ICT for Labour Saving and Work Efficiency Improving and Information Sharing Introduction and Effective Utilisation of Robots	**Risks** Accident Prevention and Incident Countermeasures Adjustment of Claims Mental Health of Staffs Compliance BCP/BCM

BCP = business continuity plan, BCM = business continuity management, ICT = information communication and technology.
Source: Keishin Gakuen Vocational Education Research and Development Center (2021).

In this study we listened, learned, and made recommendations by the managers of LTCFs in Japan, who developed advanced BCPs, and how they behaved amidst the COVID-19 pandemic.

2. Interview Research on LTCF Managers

2.1. Research Outline

For investigating business continuity management and the actual application of business continuity plans for COVID-19 infection in LTCFs for the elderly, and for clarifying effective efforts and improvement challenges, we conducted semi-structured interview surveys face-to-face and online during October 2021 to March 2022.

An interviewer was able to contact four corporations operating LTCFs for the elderly in Japan (in Tokyo, Saitama, Niigata, and Fukuoka) that matched the purpose of the survey. The subjects of the interviews were the persons responsible for COVID-19 infection control at each facility. Ethics applications were submitted to Keishin Academy and approval received (approval number: Keishoku 21-02). A request for research cooperation was presented in advance, and consent was obtained for the interview content, method, etc. before conducting the research.

Questions were asked about the following:

1) COVID-19 infection status

2) Effective measures to prevent infection

3) Improvement challenges for infection prevention

4) BCP formulation status

5) Efficacy and effects of BCP

6) Advance preparation for BCP operation in an emergency

7) BCP/BCM improvement challenges

2.2. Research Results

Facility A: Niigata Prefecture. Social Welfare Corporation

Table 3.1. Agile Response by Leader in Active Role

Item	Confirmed Details
1) Basic information, such as business overview and interviewee details, etc.	Type of business: Special care homes for the elderly, short stay, and residential long-term care support business Interviewee: Facility manager (Principal) Interview date: 22 October 2021
2) COVID-19 infection status	No infections at time of interview
3) Effective measures to prevent infection	・ Raise awareness and take infection control measures by promptly disclosing and sharing information according to changes in the infection situation (cluster outbreaks, instructions from the authorities, best practices of other companies to prevent infection, etc.). ・ Arouse awareness of infection prevention amongst staff. It is important to be conscious of 'not being too scared and being appropriately concerned'. ・ Thorough implementation of standard precautions. Since nurses have knowledge and skills of infection prevention measures that caregivers do not have, infection prevention guidance by nurses is effective. ・ No interaction with infection response teams. If support staff from other departments return to their original departments, there is a risk that infection may spread. Red zone staff and green zone staff shall be separated without interaction. ・ Use of ICT (online meetings, remote guidance, etc.). ICT literacy enables a quick and efficient response in administrative processing in emergencies.

Item	Confirmed Details
4) Improvement challenges for infection prevention	• Each site leader cascaded down the response policies and measures decided by the organisation to their subordinates, but there were inconsistencies in the levels of subordinates' understanding. • In the event of an emergency, the presence of site leaders who can take command is important, but they are also afraid of infection. They too need care.
5) BCP formulation status	May 2021
6) Efficacy and effects of BCP	The actual response process was determined based on the BCP framework. The BCP was effective as a basis for deciding emergency responses.
7) Advance preparation for BCP operation in an emergency	• It is necessary to routinely train site leaders to make judgements. In an emergency, judgement is required for atypical/irregular cases. In addition, the strength to stick to a decision is necessary. • BCP training was conducted using actual outbreak cases.
8) BCP/BCM improvement challenges	• The wording of the BCP template prepared by the government is difficult and needs to be simplified.
■Key insights Findings recognised by interviewers as important for demonstrating crisis response capabilities and resilience	**Necessity of autonomous decision-making and action by group leaders in an emergency** In response to emergencies, in addition to the judgement and action of the chief executive, there are also situations where prompt judgement and action by site leaders is required. In the event of an emergency, the situation was changing and problems arise one after another, so it is difficult for the chief executive to make all decisions quickly. Group leaders often had to make decisions autonomously in their respective posts. For this reason, it is necessary to make efforts to foster and strengthen the leadership, judgement, and autonomy of group leaders in normal times.

BCP = business continuity plan, BCM = business continuity management, ICT = information communication and technology.

Source: Compiled by authors.

Facility B: Saitama Prefecture. Private Sector Company

Table 3.2. ICT Utilisation for Process Management

Item	Confirmed Details
1) Basic information, such as business overview and interviewee details, etc.	Type of business: Private senior long-term care home Interviewee: Deputy Principal Interview date: 12 November 2021
2) COVID-19 infection status	No infections at time of interview
3) Effective measures to prevent infection	・The experience of having conducted field surveys when clusters occurred at other facilities within the corporate group was effective. Simulation of the outbreak of infection, such as dividing the red zones and green zones, successfully gave some hints on how to respond. ・In response to the personnel shortage, managers were sent onsite, support was provided from other departments, and staff worked overtime. ・Long-term care schedule management software was introduced, and we use the system to manage care plans for users, staff work duties, shift schedules, etc. and we are trying to provide visibility to our care work. Staff use their smartphones to keep track of their own work schedules and administer care to the users based on that schedule. It is linked with the long-term care work record system and the details of the care are also input, so the administrator can check whether care is being provided according to the care plan, whether the service is appropriate, and whether there are any problems at the site, etc., and can understand and manage the work status of all staff. ・Based on this, it has also been confirmed that there are many tasks being done other than those that strictly should be performed, resulting in a situation of excessive workload. For example, excessive care was confirmed, such as providing Level 3 care to users with Level 1 care needs. We plan to identify and address these issues. ・During the coronavirus crisis, being able to trace what kind of care work was provided in which room and at what time was effective in identifying routes and blocking the spread of the virus in the case of infection.

Item	Confirmed Details
4) Improvement challenges for infection prevention	・Nothing confirmed
5) BCP formulation status	・Formulated by corporate headquarters and started operation in April 2020.
6) Efficacy and effects of BCP	・BCP allowed us to build a framework for emergency response. In accordance with the BCP, new measures will be added as needed as notices from headquarters. ・Any time a person develops a fever, the response procedures are revised and improved repeatedly, in accordance with comments from staff at the site, thereby increasing their effectiveness.
7) Advance preparation for BCP operation in an emergency	・We regularly conduct infection control training at monthly staff meetings, regardless of whether there is an emergency or not (e.g. thorough hand washing, how to remove gloves, masks, aprons, how to transport items to be discarded, etc.) ・Simulation of infection is performed to improve processes.
8) BCP/BCM improvement challenges	・The amount of work that is different from normal times has increased, exceeding the allowable capacity. In response to this, we are studying the priority of tasks and reviewing what work is essential in an emergency.
■Key insights Findings recognised by interviewers as important for demonstrating crisis response capabilities and resilience	**Utilisation of ICT for long-term care staff work management and schedule management** By introducing a system in normal times that links the management of long-term care work and schedules with the input of long-term care work records, we can stay up to date on the work duties and action history of the long-term care staff as data. With this system, it is possible to visualise when, where, and what kind of work the long-term care staff performed, and to understand their actions, thus contributing to the prevention of the coronavirus infection within the facility. The system also makes it possible to optimize operations and improve operational efficiency during normal times.

BCP = business continuity plan, BCM = business continuity management, ICT = information communication and technology.

Source: Compiled by authors.

Facility C: Fukuoka Prefecture. Social Welfare Corporation

Table 3.3. Multitasking of Professional Jobs

Item	Confirmed Details
1) Basic information, such as business overview and interviewee details, etc.	Type of business: Special care home for the elderly Interviewee: General Manager Interview date: 23 December 2021
2) COVID-19 infection status	A total of three facility staff and users tested positive in July 2021.
3) Effective measures to prevent infection	・Increased opportunities for information sharing amongst employees (normally once per day increased to 3 times per day) ・The use of the intercommunication system (intercom) was effective in sharing information. Used more than usual. ・Since June 2020, the Corona Countermeasures Committee has held online meetings twice a month. At these meetings, we decide on what action to take. ・In the pre-revision BCP, it was stated that a countermeasures headquarters consisting of managers would be established. However, as a practical response, it was judged that the committee should include staff members also, and the Countermeasures Committee was set up. ・Assuming that there will be foreign care workers, we have prepared a guide for staff that illustrates the precautions to be taken to prevent infection. We tried to raise awareness by handing these out when we handed out the monthly salary slips. ・We conduct online meetings with users and their families. ・Fukuoka Prefectural Council of Elderly Welfare Facilities has a system of 'goods accommodation' through intra-regional cooperation. First, goods are procured via your own facility ⇒ if they are difficult to procure at your own facility, procure within the regional block ⇒ if difficult even in the regional block, procure from all blocks. ・Online conference system was introduced in May 2020 after the spread of COVID-19. ・Mental care for employees is important (for concerned employees, the supervising facility director provides individual consultations as and when necessary)

Item	Confirmed Details
4) Improvement challenges for infection prevention	・Nothing confirmed
5) BCP formulation status	Formulated before the coronavirus pandemic. Revised September–October 2020.
6) Efficacy and effects of BCP	・It proved realistic and effective to decide on rough guidelines without making too many detailed decisions in the BCP, and then leave the rest to an on-the-spot judgement according to circumstances. ・Information communication routes and the division of roles for high-priority tasks have been clarified. ・Effectiveness was improved by reflecting the details of the actual coordination with the competent administrative authorities and public health centres (e.g. the implementation of PCR tests) in the BCP, and by revising and making it more detailed.

7) Advance preparation for BCP operation in an emergency	・The organisational management policy implemented during normal times was 'total cooperation'. This eliminates sectionalism and builds a collaborative system that transcends occupations.
	・Promote multitasking in the process of reducing personnel numbers within the organisation.
	  - Rather than support and help, care is positioned as a job in charge even in non-care jobs. Therefore, nurses are included in care.
	  - Long-term care, nursing, and rehabilitation are all connected, and when other occupations are involved in long-term care work, they will be able to have a better understanding of what care work is.
	  - Since multitasking is explained to applicants at the time of recruitment selection, they accept it before joining the company.
	  - Promoting the creation of relationships within the organization that 'acknowledge each other', 'accept each other', and 'respect each other'. Good relationships remain effective in times of emergencies.
	  - Conduct training to spread the annual policy amongst all employees and review that training for all employees, including part-timers. Eight to nine people per group. 2 hours per session. These will lead to strengthening organisational management and affect resilience in the event of an emergency.

8) BCP/BCM improvement	・There is an issue about support from other nearby facilities when there is a staff shortage due to an infection amongst staff or a staff

Item	Confirmed Details
challenges	members has been in close contact with an infected person. This is because there is a risk of infection for supporters, and there is a similar shortage of personnel in all facilities in the area. ・There is a challenge in how to handle users with dementia while dealing with infection. There are no accommodation type medical institutions that can provide special care for dementia. ・It is necessary to develop site leaders and supervisors. In the event of an emergency, site leaders are required to make decisions autonomously. (Currently conducting leader training to re-acknowledge roles, identify workplace issues, and think about solutions.)
*Other	・Utilisation of YouTube is effective for activities targeting users. Very good user reaction. ・Communication within the organisation became very active through the response to the COVID-19 pandemic. Normally, we assume that matters are understood, and we often perform our duties without sharing problems. Since this is not possible in the coronavirus situation, communication will naturally become pro-active. ・In managing subordinates, 'listening' is especially important. ・ Nursing emphasises 'logic', and long-term care emphasises 'emotion'. According to one general manager of a facility, who was originally a nurse, if nursing placed more value on emotion and long-term care more value on logic, a better relationship could be built between the two. I think that it is an important viewpoint in the human resource management of the long-term care welfare business.
■Key insights Findings recognised by interviewers as important for demonstrating crisis response capabilities and resilience	**Cross-disciplinary collaborative system and multitasking introduced during normal times** In the situation of a pandemic infection, there will be a shortage of personnel due to the increase in care workers being designated as infected or as having been in close contact with infection, as well as the increase in irregular duties, but in response, a system has been established to assign other staff (from nursing, clerical work, etc.). Moreover, it is important to note that this is not positioned as helping with long-term care work, but that multitasking is part of their original duties. In many long-term care welfare facilities, roles are clearly divided according to occupation and section, but it is a big advantage in terms of organisational management that the spread and acceptance of

Item	Confirmed Details
	multitasking facilitates the smooth re-allocation of personnel, one of biggest challenges in an emergency situation.

BCP = business continuity plan, BCM = business continuity management, ICT = information communication and technology.
Source: Compiled by authors.

Facility D: Tokyo. Social Welfare Corporation

Table 3.4. Readiness and Prompt and Quick Response

Item	Confirmed Details
1) Basic information, such as business overview and interviewee details, etc.	Type of business: Special care home for the elderly Interviewee: Chief Operating Officer and General Manager Interview date: 31 March 2022
2) COVID-19 infection status	Infection amongst users occurred for the first time after the Omicron strain appeared in 2022. Until then, we had taken measures to ensure zero corona infections, but after this, we set a maximum number of people we could handle and switched to measures that did not exceed that limit.
3) Effective measures to prevent infection	・With regard to corona, from the time the unidentified virus was discovered in Wuhan, a surveillance system was implemented. ・On 7 January 2020, the Risk Management Office was established. In response to the confirmation of the first infections in Japan on 27 January, we started restricting visits by family members, non-essential contractors, and related parties. No outsiders were allowed in, and the staff inside the facility had as little contact with the outside as possible. ・In February, after receiving reports that a taxi driver had been infected with the coronavirus in a neighbouring area, staff were prohibited from using taxis from 14 February, and they were allowed to commute by private cars, which is not normally permitted. Back-office staff transitioned to telework. ・Crisis management experts were placed within the organisation. In addition, we had an expert on infectious diseases as an advisor and acted as we received their advice. ・The response manual was updated as needed, based on information related to the coronavirus.

Item	Confirmed Details
	・ For infection prevention measures, we generally follow the instructions and guidance of the public health centre, but since it may take time for the authorities to send information and make contact, we set our own stricter conditions and made our own judgements.(e.g. criteria for certifying close contacts, etc.) ・ After the outbreak of the Omicron strain, devices were deployed to negatively pressure users' rooms. By creating a negative pressure in the room, bacteria were prevented from exiting. ・ Not only dividing the area, zoning is also implemented, and when personnel move from the red zone to the yellow zone, a decontamination constructed from plastic sheets is set up, where personal protective equipment, gloves, etc. are removed before going out into the green zone.
4) Improvement challenges for infection prevention	・ Medical facilities have a hardware structure that allows them to be isolated in order to deal with infectious viruses and bacteria. The problem with long-term care facilities is that that their main purpose is to provide daily life support, and they are structured so that users may freely access them and may use shared areas. Therefore, if an infection occurs in a long-term care home, the infected person must be transferred to a medical institution immediately. Otherwise, the infection will spread rapidly within the facility. ・ In a situation where mutations occur continuously, it is difficult to incorporate the response for each mutation in the manual in a timely manner, and it takes time to update the information and spread it amongst the staff.
5) BCP formulation status	Formulated around 2009.
6) Efficacy and effects of BCP	・ The necessary items and their quantities are specified in the BCP. Against the backdrop of the gradual shortage of masks and disinfectants, as of February 2020, we made estimates for items that were likely to be in short supply and items whose prices were expected to rise and procured hygiene items such as masks, antiseptic solutions, and gowns and food that can be stockpiled for about 3 months.
7) Advance preparation for BCP operation in an emergency	・ Even before the coronavirus crisis, we established a crisis management countermeasures office and have been conducting risk management in normal times. Risk monitoring is carried out from a global perspective. ・ Ever since the outbreak of the H1N1 strain of influenza, small

Item	Confirmed Details
	amounts of chlorine dioxide have been sprayed inside the facility regularly to create a sterilised environment.
	・Efforts are being made to develop management personnel even during normal times. In addition to in-house training, employees are required to attend training related to critical thinking and management at external educational institutions.
	・Although there is no serious shortage of personnel, if there is a shortage of personnel in the future, administrative staff will be dispatched to the facility. So that they are able to do not only administrative work but also care work, we try to perform multitasking during normal times, and our employees understand and accept this.
	・It is generally said that the ratio of effort required to formulate a BCP is 8:1:1, but in order to make it an effective BCP in practice, we feel the ratio should be revised to 20% documentation, 40% training and improvement, and 40% review.
	・There are two types of training methods: desktop training and practical training. The former is to actually, physically move, confirm the need for any necessary equipment, etc., and make improvements. The latter is to discuss at the desk whether the countermeasures work. These are carried out by site leaders and above.
	・In addition, when categorising by training content, there is event training and scenario training.
	・We manage training participation on an individual basis, and record who received which training and when, and enable regular participation. Training should also be evaluated.
8) BCP/BCM improvement challenges	The Tokyo metropolitan government is trying to promote cooperation amongst local facilities in the case of emergency, but it is not realistic. It is not easy to go to the different facilities of other corporations and provide care for different users. There is also the risk of bringing in infections from other facilities. Another issue is the content of the partnership agreement that needs to be concluded in advance.
■Key insights Findings recognised by interviewers as important for demonstrating crisis response capabilities	Speedy initial response and fully functioning crisis management system during normal times ・The initial response, presumed to be the fastest in Japan, even before the corona pandemic was recognised, and the crisis management system routinely implemented to make it possible are unparalleled. Robust business continuity management systems are being built.

Item	Confirmed Details
and resilience	・ Risk management experts are being appointed, the cooperation of infectious disease experts enlisted, and BCM initiatives, formulation of BCP, training of staff, etc. are being carried out. ・ In terms of infection prevention measures, we established our own standards, which were stricter than the government's and implement these thoroughly. ・ We reckon that all efforts to ensure our crisis response capabilities and resilience to the coronavirus crisis are at the highest level both domestically and internationally.

BCP = business continuity plan, BCM = business continuity management, ICT = information communication and technology.

Source: Compiled by authors.

3. Lesson Learnt from the Research

Based on the interview results, vulnerabilities of risk management, human resource management, facility and equipment management, ICT management, operation management, and governance were summarised. Table 3.5 shows the results.

Table 3.5. Vulnerability in Long-term Care Facilities

Target Area	Main Vulnerabilities
Risk management	・ BCP has not been formulated ・ Insufficient BCM effort ・ Although risks related to natural disasters, infectious diseases, information security, etc. are increasing, the risk awareness of employees is low.
Human resources (personnel and organisation) management	・ The organisation has not been properly structured (structures for allocating roles and responsibilities have not been developed). ・ Chronic shortage of personnel. As a result, many employees work overtime, and the workload is heavy. ・ Insufficient management and leadership education for managers and front-line leaders ・ Personnel evaluation and treatment based on it are not functioning properly
Facility and equipment management	・ The facility structure is not based on the premise of isolation, as in medical care (all users can access the common areas) ・ The facility structure is not user-oriented ・ Preparatory inventory of necessary goods is not secured

ICT management	• Little progress in the application of ICT in clerical work (employees' ICT literacy is low, and clerical work such as work recording, information transmission and sharing is inefficient.) • Little progress in the use of robots in care work.
Operation management	• There is no task assignment or division of roles based on expertise • Poor collaboration with other departments
Governance (philosophy, structure, and system)	• Weak management skills of top management and administrators • Management philosophy and management policy are not fully spread amongst employees • There is a discrepancy between the notion and the actual practice of care • Front line opinions are not reflected due to the top-down approach

BCP = business continuity plan, BCM = business continuity management, ICT = information and communication technology.
Source: Compiled by authors.

Similarly, resilience based on each domain is summarised in Table 3.6.

Table 3.6. Resilience in the Long-term Care Facilities

Target Area	Main Resilience
Risk management	• Mutual support between nearby facilities as a countermeasure for staff shortages • However, in an emergency, all facilities will be understaffed, and it will not be easy to dispatch staff to other facilities. In advance, it is necessary to discuss the rules for dispatching support staff at local facilities, and determine the work duties, roles, duration, remuneration, and compensation for damages in the event of infection. • To be thorough about business continuity management (BCM) • Formulation of a business continuity plan (BCP) is one of the processes of BCM. How realistic and effective a response system can be built for BCP execution in an emergency depends on the thoroughness of BCM in normal times. • Importance of initial response and timely modification of countermeasures. • In emergency management, the most important thing is a quick initial response. If the initial response is delayed, the damage will spread. Since the situation changes from moment to moment, it is also necessary to modify the response in a timely manner. Review while practicing emergency responses and make corrections as needed.

Target Area	Main Resilience
Human resources (personnel and organisation) management	• Create a collaborative system during normal times to deal with an increase in the amount of work in emergencies and staff shortages. ex, a system supported by occupations other than long-term care staff such as administrators, nurses, and administrative staff, introduction of multitasking during normal times, etc. • Strengthen the management system during normal times and develop front line leaders • If management is strong during normal times, they will be able to take appropriate measures even in times of emergency. Particularly, it is important to train front line leaders to assist the director of the facility. • In an emergency, it can be assumed that the front line leader will need to make decisions quickly for the unit they are in charge of, and that decisions will need to be made on behalf of the facility director if they are unable to work due to infection or some other reason.
Facility and equipment management	• Pre-emptively procure goods to prevent shortages of necessary goods. • In BCP, set sufficient spare inventory. • Recognise the effectiveness of ventilation in preventing infection and implement thorough ventilation measures. • Implement negative pressure countermeasures, sterilisation and sterile environment creation, etc., as seen in survey cases.
ICT management	• Promotion of smart care: ex, use of robots for monitoring, communication support, transfer and movement support, toilet support, etc., and ICT utilisation for contactless care. • Digitisation of long-term care work management: for example, introduction of a system that digitises work schedules, management of services provided, and work records, as seen in the survey cases. This makes it possible to visualise the work and fully understand the status of contact with the user. • Video conferencing systems (e.g. Zoom meetings) are effective for decision making, transmission of instructions, information sharing, etc. It is also possible for isolated managers to give instructions and participate in meetings from home.
Operation management	• Prioritise the services to be provided, for example, based on the staff availability rate (ex. 30%, 50%, 70%, 90%, etc.). Determine the services to be provided according to the service priority. • Introduction of contactless care, for example, using sensors in living spaces and on beds to monitor the users' movements, body temperature, pulse rate, etc., and to control room temperature, humidity, etc. remotely. • To be thorough about zoning.

Target Area	Main Resilience
Governance (Philosophy, structures and systems)	• Leadership of top management, quick and accurate judgement. • Clarification of the chain of command, prompt decision-making (system), and clear instructions to staff. • Thorough communication and sharing of information within the organisation. • Clarification of the substitution order in an event when the person in charge is absent.

BCP = business continuity plan, BCM = business continuity management, ICT = information communication and technology.

Source: Compiled by authors.

4.   Recommendations for Long-term Care Businesses to Prepare the Future Pandemic

In any case, during the pandemic, it is easy to fall into a reactive response by focusing only on LTCFs vulnerabilities and thinking about workarounds. However, it is well known in Japan that proactive responses are necessary in the event of a crisis such as a natural disaster. It can be said that this proactive response is also required when responding to an unknown infectious disease pandemic such as COVID-19.

The principle of proactive response is said to be the following three actions:

- **Act when in doubt**. Waiting until the situation becomes clear can make things worse. Even when the situation is unclear, we should start responding whenever there is a 'situation that triggers action', based on prior knowledge.

- **Act assuming the worst situation**. Wishful thinking will solve nothing. By always thinking about the worst in some corner of your head and act, you can expand your ability to respond.

- **Trying and failing can be forgiven, but inaction cannot be**. We should act proactively with 'inspiration from necessity', asking ourselves 'what is it that we should be doing now? even if it turns out that there was no actual damage or effect to be dealt with, our experience value increases and our capacity for action is improved. (Kimura, 2018).

Proactive response is the key to the operation of a resilient LTCF. To apply the lessons learned from this study to crises such as future pandemics, LTCF administrators should focus on the following:

4.1.   Risk Management

- It should be reaffirmed that the creation of BCPs to take emergency response measures is part of BCM. BCM should make more efforts not only in the preparation of documents like BCPs, but also in training and improvement of risk response. Since BCM and BCPs are part of risk management in organisational management, BCM should focus on training and improvement to raise and maintain the level of knowledge, attitudes, and practice of staff regarding infectious diseases in normal times.

- Agile initial response and timely tuning are important. Proactive measures should be taken.

4.2. Human Resource Management

- Employees should be instructed to avoid risks not only in the workplace but also outside the workplace. Staff are also worried about not just getting infected, but infecting others (Appendix 1). Efforts should be made to raise awareness of the attitude of 'not being too scared, but to be appropriately scared' against infectious diseases, and to care for those who care for the elderly.

- Staff should be prepared to become infected or close contacts and be unable to perform their duties. The possibilities and limitations of support agency measures from other departments, occupations, managers, and other facilities should be examined. Based on the reconfirmation of the job regulations, staff should be trained to understand and practice multitasking (performing multiple tasks simultaneously and simultaneously while switching between them in a short period of time) in crisis situations.

- Inspections should be carried out on the minimum tasks that should be secured and those that should be omitted as excessive in an emergency.

- Emphasis should be placed on mental health care for staff.

4.3. Facility Management

- Unlike medical institutions, LTCFs are considered to be places of life, so they are not supposed to have facilities and equipment such as quarantine spaces, zoning, negative pressure rooms, and ventilation equipment, but they should be able to respond to situations where they cannot transport patients to hospitals, accept discharged patients, and isolate and follow up for those who are close contact with patients.

- Especially, LTCFs should share knowledge that COVID-19 is transmitted through aerosol transmission and train in correct equipment installation and operation to control ventilation (See Appendix 1).

- Stockpiling of equipment necessary for infection prevention and mutual accommodation of equipment between facilities should be ensured.

4.4. ICT Management

- During the COVID-19 pandemic, advanced LTCF s experienced the effectiveness of online interviews, intercom communication, online meetings, telework, and YouTube utilisation. However, many LTCFs have not yet introduced ICT or care robots. Digital transformation of care should be promoted as soon as possible.

- Software for long-term care schedule management should be used to track actions in emergencies to identify infection routes and prevent infection.

- For establishing contactless care, efforts should be made to spread ICT literacy, job redesign, and build an ideal image of smart care.

4.5.   Operation Management

- Cascade down on infectious disease control (the process of strategically breaking down the goals set by the person in charge of a company or organisation and assigning them to subordinate groups and individuals) should be clarified. To this end, the job descriptions of each level of staff should be clarified, the scope of responsibility and discretion for each position should be clarified, and training should be conducted with clear output of the knowledge and skills necessary to achieve the competency.

- Efforts should be made to develop onsite leaders (core specialists) in normal times.

- For responding to the increased workload due to infectious disease control, the priority of work in normal times should be considered and essential operations should be reviewed.

- The introduction of contactless care using sensor technology should ease the burden and concerns on staff.

4.6.   Governance

- Risk management is an important strategic activity in the management of LTCFs. BCM, which is one of them, requires the efforts of the entire organisation. To this end, all employees should raise their risk awareness.

- Since top management is entrusted with the greatest responsibility and discretionary authority, they should make agile and accurate judgements on unexpected risks.

- Thorough cascade down procedures should be ensured.

- Information should be shared by all staff so that it does not become just a top-down approach.

- For making quick decisions, the substitute ranking in the absence of the top management should be clarified.

Since Japanese LTCFs are controlled under the public long-term care insurance system, this study did not discuss the impact of COVID-19 on the management of finances, services, and marketing. Of course, these remaining issues are important for BCM of LTCFs. However, due to the different political and economic backgrounds of each country, it is difficult to share the financial, service, and marketing challenges of Japanese LTCFs at this time. On the other hand, LTCF managers in each country can share lessons learnt from the experiences of Japanese LTCFs during COVID-19 regarding risk, human resources, facilities, ICT, operations, and governance.

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