# A Method for Standardization of Rehabilitation Interventions

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Japan is a super-aging society. Individuals aged over 65 years account for over 25% of Japan's population. As medical treatment technology allows more people to survive and recover from diseases and injuries, an increasing number of people are suffering the aftereffects of disease and injury. "Rehabilitation" refers to medical interventions prescribed by medical doctors and typically implemented by therapists, and it is increasingly important to improve quality of life under these circumstances.

In April 2006, the Japanese medical service fee system was amended, and the length of rehabilitation covered by medical care insurance was limited to 180 days from onset. The amendment was intended to concentrate resources on initial-stage rehabilitation requiring intensive care; however, the imposed time constraint has made rehabilitation's situation more severe than it previously was. Rehabilitation must therefore be more effective and efficient.

Generally, rehabilitation processes are not yet fully standardized. Differences in intervention processes and outcomes exist between therapists, rehabilitation colleges, and hospitals. Standardization is difficult, as processes depend largely on individual therapists rather than medicines or instruments, and few quantitative indices are extant. Quality healthcare must be adequately available, as healthcare quality directly affects patients. The quality assurance and standardization of rehabilitation services is therefore important in Japan and many other countries.

This study aims to develop a method for standardizing rehabilitation intervention processes using clinical data. The scope of application is cerebral stroke-related dysphagia rehabilitation, which is an important issue in Japan. We first discuss the core concept for the method. Then, we describe the overall view and details of the method. Finally, we describe the results of application to 87 total cases of dysphagia rehabilitation for cerebral stroke patients at three hospitals in the first cycle, and 130 cases in the second cycle, to discuss the validity of the proposed method.