

Survey on Current Status of Hospital-Based Visiting Nursing Service

Japanese Nursing Association
Survey & Research Section
Development & Promotion
Department

I. OUTLINE OF SURVEY

1. Purpose

This is the follow-up of the first survey conducted in 1985 under the title "Study on Current Status of Hospital-Based Visiting Nursing Service" (JNA Research and Investigation Report No. 22). The findings and recommendations of this first survey report were used as the resource for making appeals to create new items for nursing cost or to expand the scope of visiting nursing service to be reimbursed by the social health insurance scheme. As the result, the health insurance service scheme has been amended to cover some of the costs of the visiting nursing service, and the number of hospitals which provide visiting nursing service has increased. The current survey was conducted in 1991 to identify the progress made during this 5.5-year period and the current issues involved in the provision of hospital-based visiting nursing service.

2. Subject

2,060 hospitals that were known to be providing visiting nursing service.

3. Method

Questionnaire was sent to the directors of nursing of these hospitals, and the providers of visiting nursing service were asked to fill in the questionnaire as of January 1991.

4. Replies

1,331 questionnaires (64.6%) were returned. Valid replies were 886 (43.0%). Most of the invalid replies were those returned without fill-in, but with notes that their hospitals did not provide visiting nursing service at all or were still at the experimental stage.

II. FINDINGS OF SURVEY

1. Number of Hospitals Providing Visiting Nursing Service

Nationwide, 886 hospitals replied that they provided visiting nursing service, while the number was 321 in the 1985 survey. In terms of number of hospitals providing this type of service of any amount, it has been increased by 280% over the past 5.5 years. Social health insurance scheme was amended in 1988 to expand its coverage of visiting nursing service. 48% of 886 hospitals started their visiting nursing service after 1988.

2. Organization of Service

Of the 866 hospitals providing visiting nursing service, 23.0% had a separate section to provide this type of service, showing some increase over the previous survey. In 15.8% of the hospitals, visiting nursing service was made part of the work of a patient health education and health consultation section for ambulatory patients and discharged patients. With the rest of the hospitals, nursing personnel working in outpatient clinics or on wards managed to squeeze time out of their routine work hours to visit patients at home as the needs arose.

The average number of nursing personnel who engaged in visiting nursing service whatsoever was 4 per hospital.

Of those assigned exclusively to visiting nursing service, 24.1% were public health nurses and 62.8% were nurses. Of those who staffed the health education and counseling section which also provided visiting nursing service, 70.8% were public health nurses and 23.6% were nurses. Of those who worked usually on wards and visited patients at home when needed, 77.1% were nurses and 16.3% were assistant nurses. With those working in outpatient clinics, 64.0% were nurses and 30.3% were assistant nurses.

3. Number of Patients need to be Visited and Number Visits Made

The average number of patients regularly visited was 19.3 per hospital, and the number

of visits made per month was 34. Those numbers varied greatly among hospitals. With approximately half of the hospitals, the number of patients regularly visited were less than 11, and the number of visits made per month was less than 14. 10% of the hospitals had more than 45 patients regularly visited, and made more than 85 visits per month. The maximum was 300 patients and 578 visits per hospital. In the 1985 survey, the average visits made per hospital was 26, with 316 visits as the maximum.

4. Status of Patients Visited

25.0% of the patients regularly visited were less than 65 years. 35.1% were 80 years and over. The ratios of young and the “oldest” old groups were found to have increased since the previous survey.

8.8% had no family members living with them to care for them, and 29% were cared for mostly by family members who were aged 65 years and over. These were the cases whose needs were not to be met by visiting nursing service only, and for which home makers service was definitely needed. Home makers service was hard to be arranged adequately for most of the cases. 52.5% of the hospitals pointed out that one of the crucial problems in promoting visiting nursing service was that “health needs of the elderly living alone or whose care taker is also an aged person cannot be met solely by visiting nursing service”.

5. Request of Home Visit

Requests for home visits came primarily from consulting physicians, followed by ward nursing staff and patients themselves (or their family). Requests from patients and their family increased as compared to that of the 1985 survey, probably because the availability of such service came to be known widely.

Most of the hospitals replied that they would provide visiting nursing when they decided patients could be discharged and cared for at home if supported by visiting nurses, or when patients and their family were anxious about patient care at home after being discharged. High priority was placed on patients discharged with tubes and other equipment attached, or needing continued treatments. About half of the hospitals replied, however, that they could not afford to take care of those patients needing more than three home visits a week.

6. Service Provided by Visiting Nursing Staff

Type of Care (Multiple replies)	No. of Hosp.	%
Direct nursing care such as assisting food taking and elimination, bathing, dressing/undressing	698	79.1
Teaching family about assisting food taking and elimination, bathing, dressing/undressing	787	89.2
Information about and provision of tools and equipment for home care	729	82.7
Information about self-help equipment and advice on housing adjustment	533	60.4
Advice on good communication	662	75.1
Advice on caring for patients with confused state of mind and/or abnormal behaviors	552	62.6
Rehabilitation and teaching family on rehabilitation	680	77.1
Diet instruction	752	85.3
Teaching child care	68	7.7
Medication instruction	805	91.3
Observation of patient conditions – checking blood sugar and urine, auscultation	585	66.3
Explanation on observed conditions, and teaching family about patient observation	701	79.5
Medical treatment and teaching family about medical treatment – injection, dressing wounds, suction, inhalation, sample taking	680	77.1
Advice on seeing physicians	554	62.8
Helping and coordinating patient return to school or work	145	16.4
Consultation on family health issues	644	73.0
Family health management	653	74.0
Advice on and arrangement of social available resources	715	81.1
Others	46	5.2
Number of Hospitals Responded	882	100.0

Type of Care Provided to Patients at home

(Per 100 patients)

Checking tubes and equipment, and instruction to family	19.42%
Dressing wounds	8.48
Diet instruction	18.60
Injection on regular basis	3.42
Rehabilitation and instruction to family	27.42
Caring terminally ill patients	2.87

The study revealed that the hospital-based visiting nursing service did not necessarily mean giving skilled nursing care. For the most part visits were made to assist improvement in ADL, to give instructions on diet and medication, and to assist family members to give better care for patients.

In the 1985 survey, 53.1% of the patients regularly visited by hospital staff died at their own home, while the percentage decreased to 44% in the 1991 survey. This may mean that it is becoming harder for families to care for terminally ill people at home.

7. Length of Stay and Frequency of Home Visit

29.1% of the hospital reported the average length of time per one home visit was less than 30 minutes, 57.2% reported 30 to 60 minutes, and 13.7% reported more than one hour. The average length of stay was found to be shorter than that reported in the 1985 study.

Patients were usually visited twice or once a month. The average frequency of visit was 1.83 per patient a month.

8. Coordination with Municipal Health Authorities

88.7% of the hospital replied that their visiting nursing service was partly coordinated with those provided by municipal health centers and health authorities.

34.0% of the hospital replied that at times they provided visiting nursing care at the requests of nursing personnel working with municipalities, and 19.4% replied they provided care at the

requests of social workers of municipalities. 58.1% of the hospitals replied, on the other hand, that at times they also requested their municipalities to make home visits for their patients at home. Sometimes nursing staff from both sides made home visits together to hand over duties to either side.

The hospitals reported they cooperated with the municipalities in providing visiting nursing service through sending their physicians, PTs, OTs and nurses to accompany their home visits, and through such services as sterilization and provision of supplies and equipment. The hospitals emphasized the importance of getting cooperation from the municipalities, particularly with regard to utilization of available social resources that were essential to continue care at home. 63.0% of the hospitals replied that they requested cooperation of social workers in this concern.

9. Conclusions and Recommendations

It was in 1983 that the visiting nursing service became partially reimbursable under the government-funded health insurance scheme. The service has now become available in many parts of the country. The number of hospitals that have separate sections to provide visiting nursing service has increased, and there are many hospitals which make more than 50 home visits a month. On the average, however, the numbers of patients and home visits made during a month remained very small. Half of the hospitals reported monthly home visits as less than 14 and number of patients visited as less than 11.

There are two major obstacles to the promotion of visiting nursing service by hospitals. One is the staff shortage, and the other is the low fee set for visiting nursing service, which makes the service not paying. Some of the hospitals were found to have unusually increased the number of home visits, presumably in their efforts to make the service paying. In order to ensure the quality of home nursing care, the standard setting for visiting nursing service should be expedited.

Hospitals provide visiting nursing service in order to shorten the length of hospital stay and to enable patients to be cared for at home. The problem is, however, that in most cases patients cannot get adequate care at home from their family, especially so when the patients are old. Needs of those patients cannot be met visiting nursing service and they are eventually readmitted to hospitals. It is becoming harder for them to die at their own home.

Hospital-based visiting nursing service tends to concentrate on patients' diseases and disabilities. It is obvious that visiting nursing service cannot be operated effectively without close cooperation with home welfare service by the municipalities. Hospitals should be urged to strengthen their relation with welfare administration and to establish effective home care network.

Hospital-based visiting nursing service has the merit of being capable of providing medical treatment. Yet hospitals are not able to care for very sick patients at home because they cannot visit patients frequently enough. At present only a small number of terminally ill people are cared at home supported by frequent home visits and 24 hours on-call service. This type of home care is still in its experimental stage and presents a challenge for those involved in promoting visiting nursing service.