



# Nursing for the older people in Japan

## 2. Nursing for the Older People: Current Situation and Challenges

Japanese Nursing Association



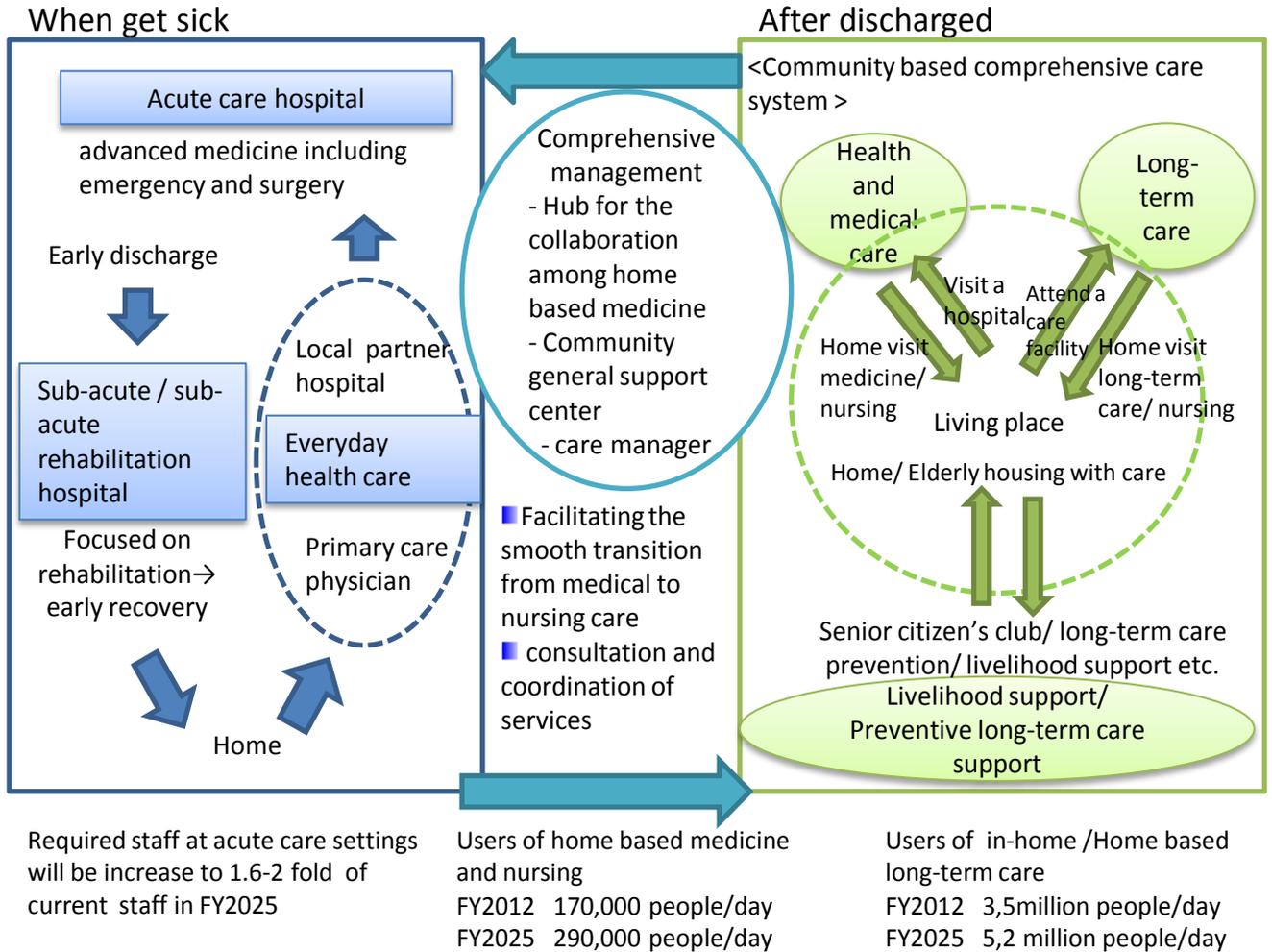
1. The Aging of the Japanese Population
2. Nursing for the Older People: Current Situation and Challenges
3. The Japanese Nursing Association in Action(to be issued soon)



# Glossary

- Welfare facility for the elderly requiring long-term care: Living facility for older people who require long-term care
- Healthcare facility for the elderly requiring long-term care: Rehabilitation facility for the older people requiring long-term care to go back to home/community
- Sanatorium-type medical care facility for the elderly requiring long-term care: Long-term medical care facility for older people who require high-level medical care and/or long-term care
- Long-term care level: Classified to five levels in accordance with the conditions of the user (e.g. intensity of care). Care level 5 signifies the highest level of requirement for long-term care, and care level 1 the lowest.

# Japanese government switching its focus in care for the aged from facilities to local communities



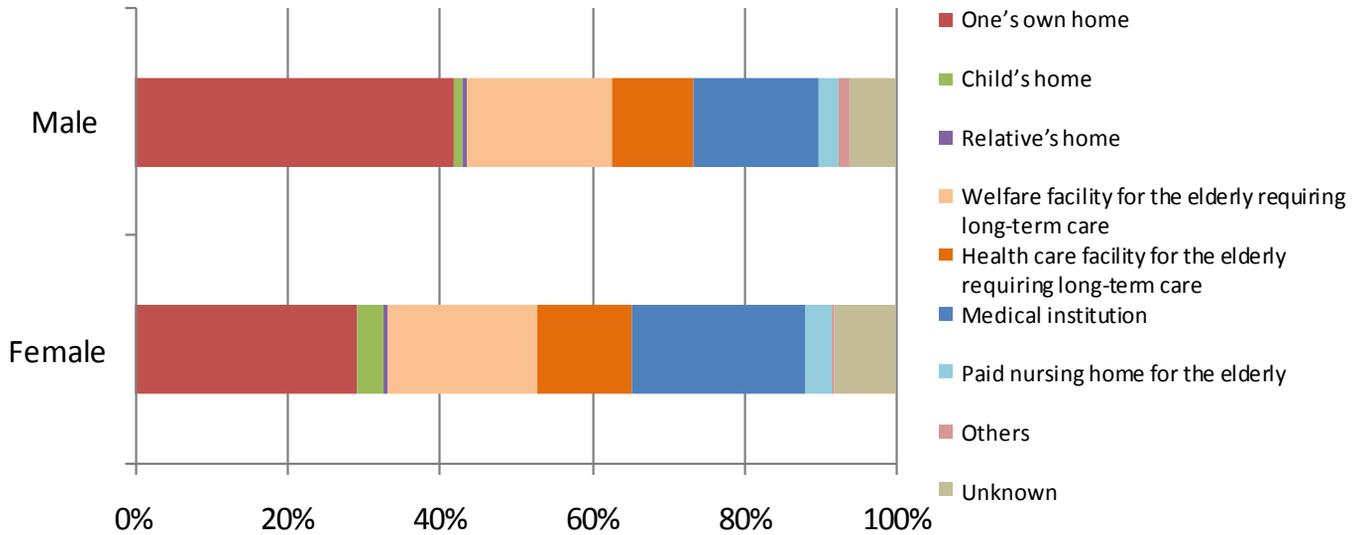
Note: It is assumed that the geographical unit for community-based comprehensive care represents a "middle-school" area with a population of about 10,000.

Source: Public relations office, government of Japan; Comprehensive reform of social security and tax, accessed at [http://www.gov-online.go.jp/tokusyu/201208/naniga/img/jujitsusaku\\_01\\_1.gif](http://www.gov-online.go.jp/tokusyu/201208/naniga/img/jujitsusaku_01_1.gif) in September 18,2003.

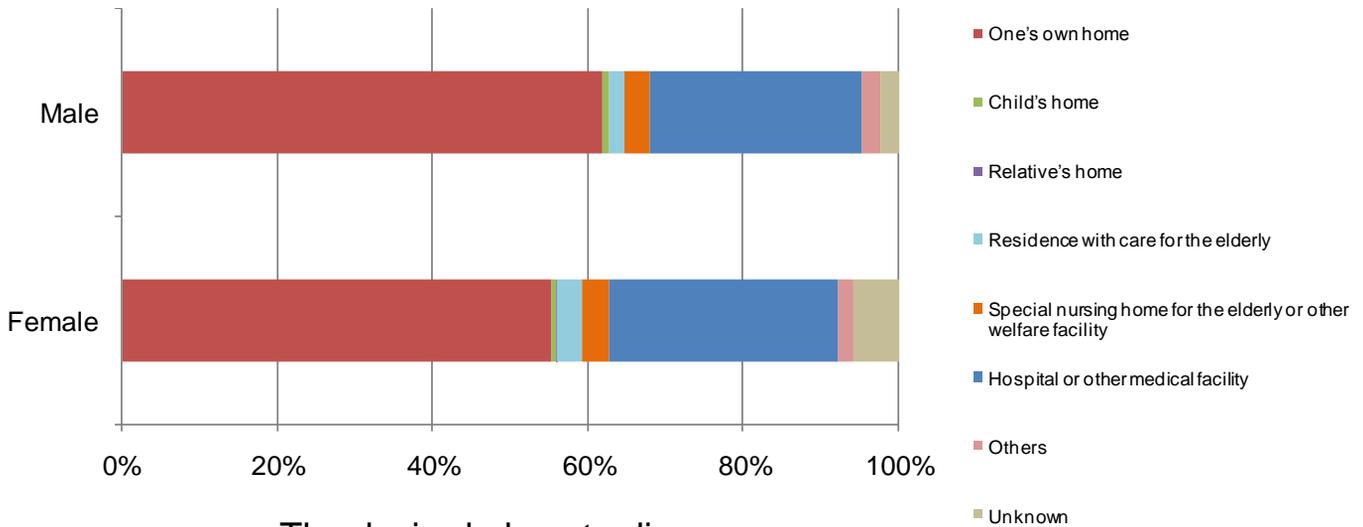
In the backdrop of aging society, increasing patients with chronic diseases, tightening health economy, etc., the Japanese government has powerfully promoted home healthcare. In December 1989, the Ten-Year Strategy for Promoting Health and Welfare of the Aged ("Gold Plan") was enacted, setting a flow for switching from care at facilities to care at home. In 1992, the Medical Care Act was revised to position homes as places for providing health care. In 2000, the long-term care insurance system was introduced, based on the Long-Term Care Insurance Act.

As the aging of society proceeds, the government aims at establishing a community based comprehensive care system by around 2025, when the baby boom generation reaches the age of 75 or above, which could provide a package of housing, health care, long-term care, preventive care, and support for living, so that older people could continue living in the places they are familiar with, as long as possible toward the end of their life.

# Many older people hope to live at home



The desired place to receive long-term care



The desired place to die

Source: Attitude Survey on Health of the Aged, 2012, Cabinet Office

Many older people hope to live at home.

# More number of older people have increasingly high needs for health care

- Evolving health care technologies
- Reduced days of hospitalization

Due to evolving health care technologies and reduced days of hospitalization, the number of older people who requires medical procedures after discharged from hospital are increasing.

# More number of patients with dementia are linked to expanding population aged 65 and over

- One out of approx. seven people aged 65 and over suffer dementia.
- The prevalence rate of dementia among people aged 65 and over in Japan is estimated at 15%.

Source: Comprehensive Research Project on Measures against Dementia, Health Labour Sciences Research Grant

"Incidence Rate of Dementia in the Urban Area, and Response to Living Functional Disability Caused by Dementia", Comprehensive Research Report 2011 to 2012, Published by Takashi Asada, Principal Investigator, March 2013

The Ministry of Health, Labour and Welfare estimated the population of older people with dementia who require any kind of support at 2,800,000, based on 2012 data. This makes up 9.5% of the overall population aged 65 and over. This percentage is expected to further increase.

The research on the prevalence rate of dementia uncovered that one out of approx. seven people aged 65 and over, which means approx. 4,390,000 people overall, suffer dementia, with or without need for support, as of 2012.

In order to support these people on a community basis, it is required that most residents properly understand and take appropriate actions to older people with dementia.

# Municipal governments are providing service for prevention of dependence on long-term care to support independent living of older people in local communities

- **Primary care prevention**

Target: People aged 65 and over

Activities: Dissemination of long-term care prevention, development of volunteers and other human resources, development of and support to local activity organizations, etc.

- **Secondary care prevention**

Target: Older people with lowered physical functionality who may use long-term care service in the near future

Activities: Identification of target older people, provision of long-term care prevention program through daycare service, comprehensive clarification of issues through visits, and provision of necessary consultation and guidance service

Prevention of dependence on long-term care is an initiative to prevent and restore deterioration of mental and physical activities, so that older people could continue independent living without necessity for care covered by the long-term care insurance system. This initiative is undertaken by individual municipal governments. For older people with remarkable deterioration of mental and physical activities, who may use long-term care service in the near future, support toward independent life is provided by specialists, such as public health nurses, certified social workers, care managers, etc. The services provided may include, in accordance with conditions of the older people, 1) improvement of motor function, 2) improvement of oral function, and 3) improvement of nutritional conditions.

# Long-term care services

- Facility Service
- Home-based Service

Home visit nursing, home visit long-term care, home visit bathing, day care rehabilitation, day care service, short term stay, rental service/ purchase of equipment for long-term care, etc.

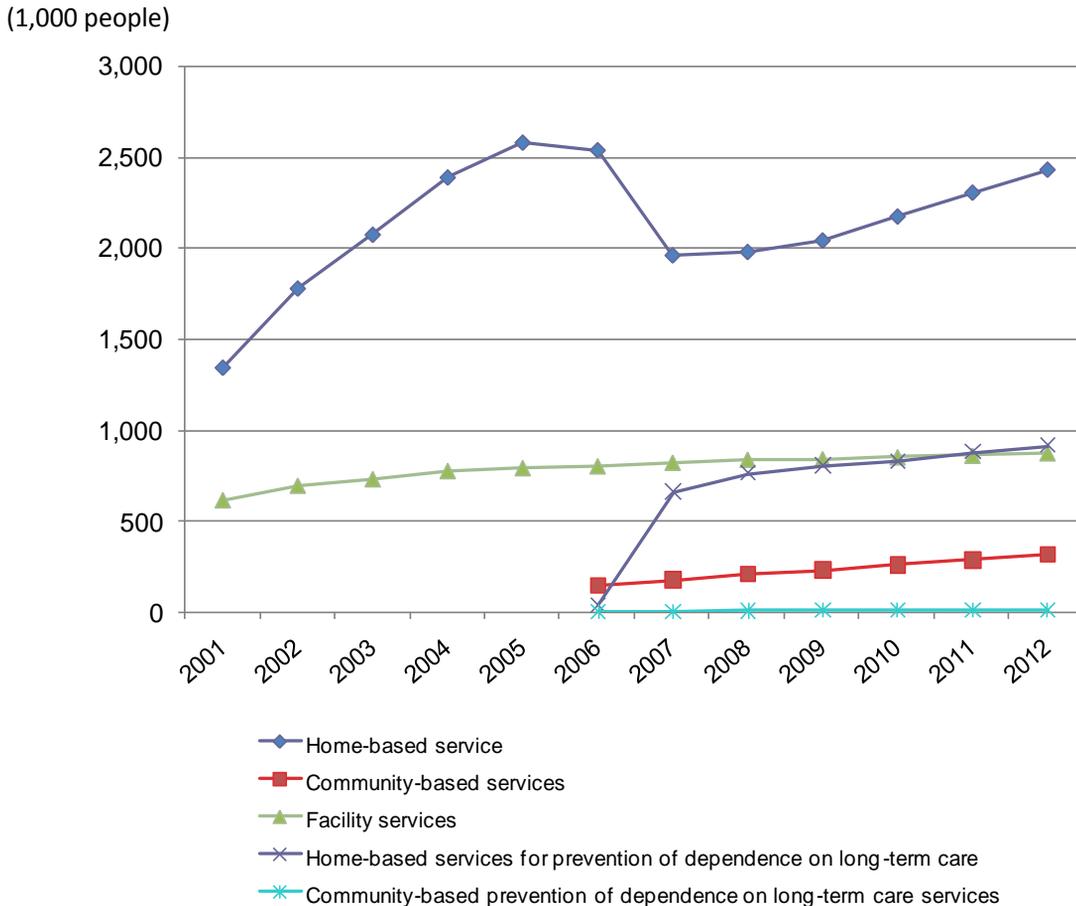
- Community-based Services

Combined services, periodical round, multifunctional long-term care in a small group home, home-visit at night for long-term care, etc.

Services under the long-term care insurance system are largely divided into facility services, home-based services, and community-based services. Facility and home-based services are designated and supervised by the competent prefectural government, while community-based services are designated and supervised by the competent municipal government.

Facility services are provided to those staying at nursing homes for the elderly and similar facilities. Home-based services provides the essential support to continue the life at home. Typical home-based services include home visit nursing and day care service. Community-based services are long-term care provided in the places that are familiar to older people, taking into account the expected further increase in older people who suffer dementia and/or who live by themselves. Service types other than the above include group shared residence for older people with dementia, etc.

# Many Users of the Long-Term Care Insurance System Use Home-based Services

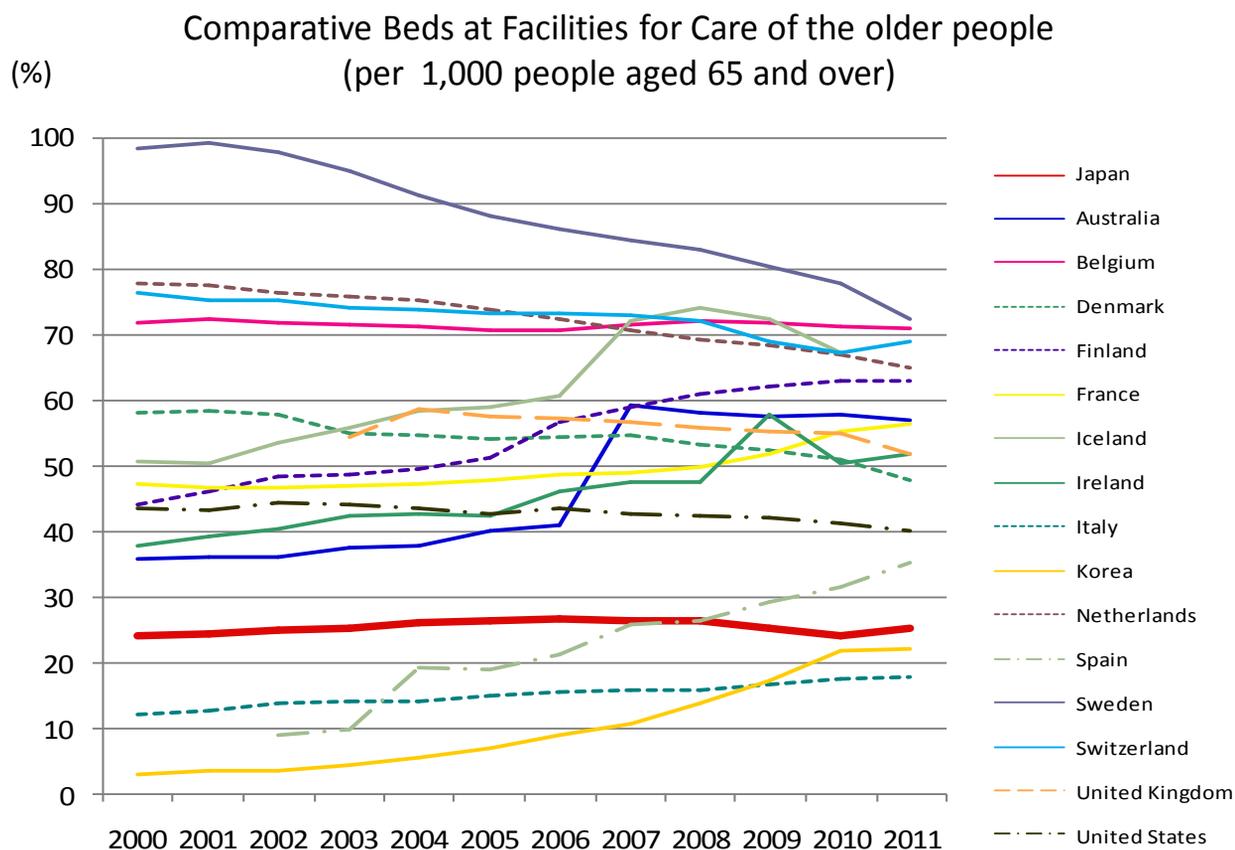


\* The Long-Term Care Insurance Law was revised in 2005, introducing preventive services.

Source: Based on Annual Data on May, "Survey of Long-term Care Benefit Expenditures", Monthly Reports, Ministry of Health, Labour and Welfare

Increased number of population are using the long-term care insurance system. Users are particularly on the rise of home based services, which are indispensable to continue living in the familiar community. More than half of people who require high-level care use facility services.

# The number of beds at long-term care facilities for the elderly in Japan are less than its older people



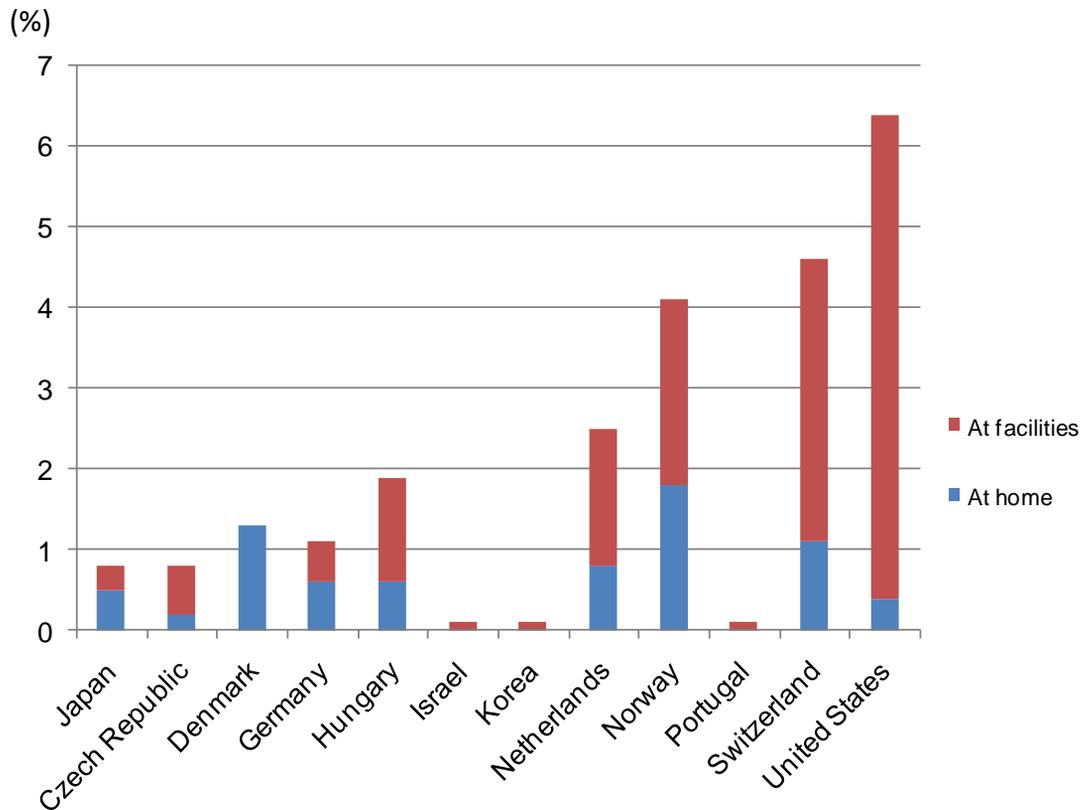
Source: OECD Health Data, accessed on October 3, 2013

The number of beds at facilities for care of the older people in Japan are far less than its population aged 65 and over.

On the other hand, the government is proceeding toward establishing a regional comprehensive care system for providing a basis of community-based living to older people who suffer dementia and/or who live by themselves, taking into account the expected further increases in their population. Residence with services for the older people is also put in place to support community-based living of older people who live by themselves or of aged couples.

# Nursing human resources who work for care of older people

The percentage of nurses who work for long-term care to the population aged 65 and over (2009)



\* Estimates are used for Czech and the Netherlands. The figure for Japan is an adjusted value (break in series).

Source: OECD Health Data, accessed on October 3, 2013

The OECD data suggests that the number of nursing personnel who work for long-term care in Japan is small relative to the share of aged population.

# Nursing at Facilities

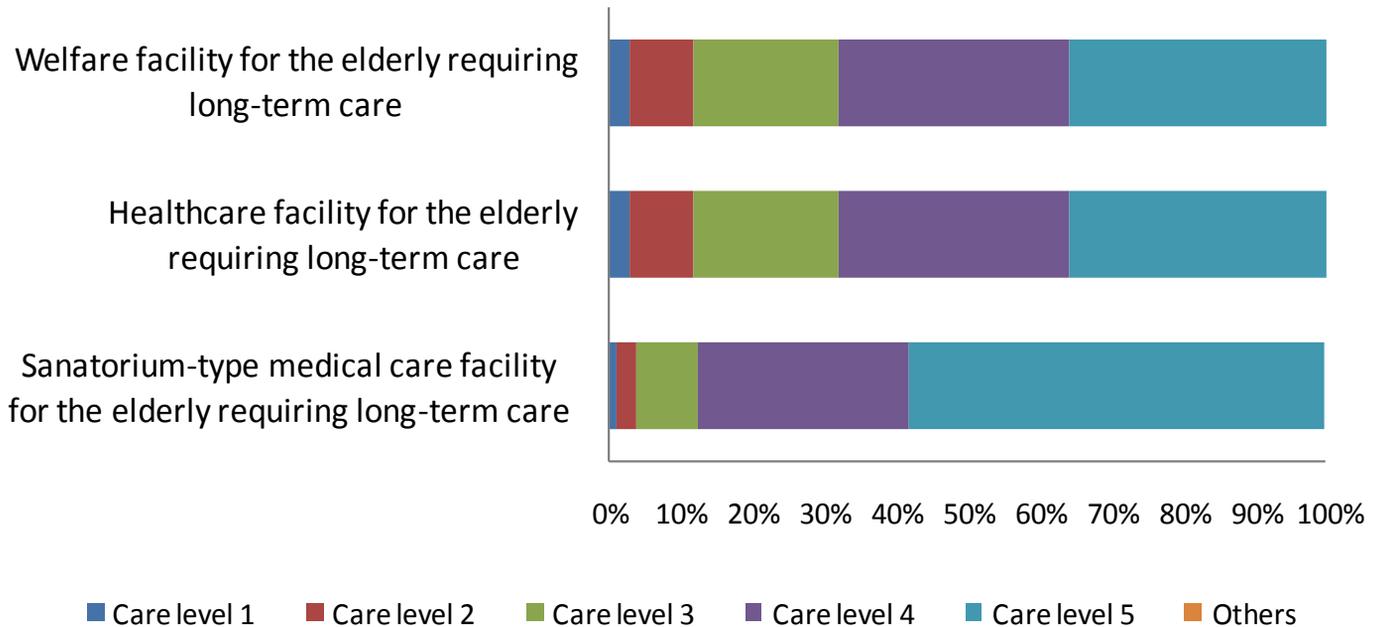
# Long-term care facilities: Types, human resource allocation criteria and the number of facilities in Japan

	Welfare facilities for the elderly requiring long-term care (Special nursing home for the elderly)	Healthcare facility for the elderly requiring long-term care	Sanatorium-type medical care facility for the elderly requiring long-term care	Group shared residence for older people with dementia	Long-term care for residents of specified institutions (e.g. paid nursing home for the elderly, residence with services for the elderly)
Characteristics of the facility	Living facility for older people who require long-term care	Rehabilitation facility for the older people who require long-term care to go back to home /community	Long-term medical care facility for older people who require high-level medical care and/or long-term care	Group home setting for older people with dementia	Living facility for older people including those who require long-term care
Allocation of nurses	Users:Staff 3:1	3:1 (Nursing staff make up approx. 2/7 of the full time equivalent (FTE) workforce.)	At least 6:1	At least 3:1	At least 1 long-term care or nursing staff for every three older people who require long-term care
Allocation of long-term care staff			At least 6:1		
Facilities	5,953	3,533	1,711	9,484	3,165
Quota	427,634	318,091	75,991	141,941	183,980

Source for facilities and quota:  
"Survey of Institutions and Establishments for Long-term Care", 2011,  
Ministry of Health, Labour and Welfare

The number of nursing staff to be allocated varies by the characteristics of long-term care facilities. The allocation criteria have been set by law.

# Many users of facilities require high-level care



Source: "Survey of Institutions and Establishments for Long-term Care", 2011, Ministry of Health, Labour and Welfare, as of September 30, 2011

Many users of facilities require high-level care.

# Present status of Nurses at long-term care facilities

## FTE staff per facility

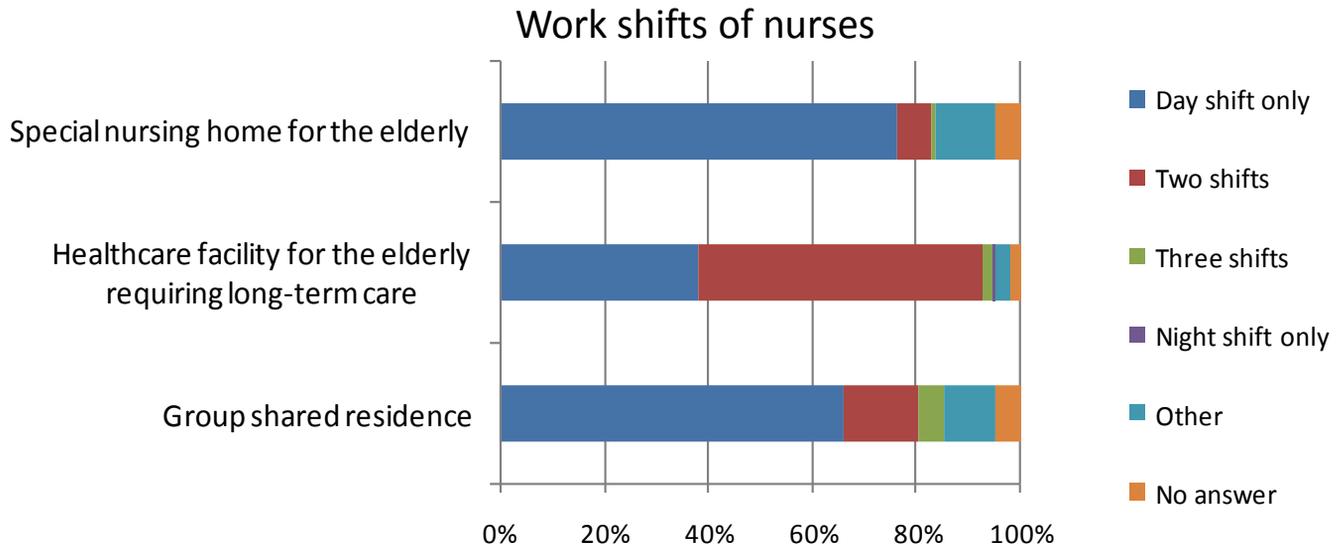
	Welfare facilities for the elderly requiring long-term care (Special nursing home for the elderly)	Healthcare facility for the elderly requiring long-term care	Sanatorium-type medical care facility for the elderly requiring long-term care	Group shared residence for older people with dementia	Long-term care for residents of specified institutions (e.g. paid nursing home for the elderly, residence with services for the elderly)
Nurses	2.0	4.6	5.6	0.2*	1.6
Assistant Nurses	2.0	5.6	6.5	0.2*	1.1
Long-term care staff	31.5	29.5	14.1	11.4	17.4

\* Included in long-term care staff

Source: "Survey of Institutions and Establishments for Long-term Care", 2011, Ministry of Health, Labour and Welfare

The number of nurses who work at long-term care facilities is small. Each nursing staff member take care of 17.7 residents at a welfare facilities for the elderly requiring long-term care, and 8.2 residents at a healthcare facility for the elderly requiring long-term care.

# Current situation of night shift at long-term care facilities



## Allocated number of nursing staff

	5.00 am		11.00 am		9.00 pm	
	Average	Standard deviation	Average	Standard deviation	Average	Standard deviation
Special nursing home for the elderly	0.1	0.6	4.1	2.0	0.1	0.5
Healthcare facility for the elderly requiring long-term care	1.2	0.6	5.6	2.5	1.2	0.9
Group shared residence	0.1	0.2	1.2	0.7	0.1	0.3

Source: "Status Survey of Nursing Staff who Work at Facilities for Care of the Elderly", 2012, Japanese Nursing Association

According to the survey conducted by Japanese Nursing Association, targeted at nursing staff who worked at facilities for care of the elderly registered as JNA's members as of 2012, 60.8% of all respondents worked at night shift. At two-shift facilities, respondents worked for 16.1 hours per night shift on the average. Among respondents, 38.7% said that they worked for facilities with an on-call system.

# Nurses at long-term care facilities play a wide range of roles

- Supporting the living of residents in health care and nursing aspects
- Exercising nursing expertise as a member of health care team
- Protecting health of the entire facility
- Taking into account the management of the entire facility while fulfilling one's own roles
- Identifying information on necessary social resources in alignment with the local community

Because long-term care facilities are places for living, nurses are required to provide high-quality care in collaboration with long-term care staff and other professionals, while trying to understand the life of each resident and responding to their preference. For this purpose, nurses are required to have not only nursing expertise and skills necessary for providing nursing care to residents, but also management perspectives and competency, in order to guarantee safe and healthy conditions of the entire facility, to prepare resources required for providing necessary care, to establish an information sharing system, etc.

# Nurses at long-term care facilities provide care for better everyday life

- Nursing care at the time of admission
- Basic care to establish the rhythm of everyday life
- Management of medications
- Emergency response, including accidents
- Support for end-of-life care
- Nursing care at the time of discharge

Nurses who work at facilities for the elderly provide care for better everyday life through health management of older people who require support in their life, in collaboration with long-term care staff and other professionals.

Their main tasks include the assessment of body temperature, blood pressure, etc., observing health conditions and maintaining physical cleanliness, nutrition management, excretion management, prevention and treatment of bedsores, management of medications, respiratory care, palliative care, and instructions to long-term care staff. Nurses also observe day-to-day conditions of each resident, and, in the event of acute change or abnormality in conditions, make decision on moving the resident to a local hospital in collaboration with the physician.

# Challenges

- Unclear scope of work
- Training opportunities for nurses
- Collaboration with other professions inside and outside the facility, and local networks

As increasing number of people live in long-term care facilities, needs are rising for individual long-term care and health care. Needs for end-of-life care are also on the rise. Unfortunately, nurses are not able to provide sufficient care in response to these needs. As factors for these insufficient care, it has been pointed out that the number of nurses allocated to long-term care facilities is small, and the position of nursing in the organization is not clear. It has also been uncovered that few new graduates are employed as nursing staff, and nurses do not have many training opportunities, resulting in difficulty of acquiring nursing knowledge and skills required at long-term care facilities. At the same time, collaboration with other professionals is indispensable to fully exercise the functions of nursing. In order to improve the quality of nursing, it is required to strengthen the functions of nursing, to provide training opportunities for acquiring knowledge and skills, and to bolster local networks.

# Home-based Nursing

# History of home-based nursing

- 1982 The Law of Health and Medical Services for the Elderly was enacted, providing the legal ground for home-based nursing for the first time. The law was revised in September 1991, establishing a home-visit nursing system for the elderly.
- 1994 The Health Insurance Act was partially revised. In response to nursing needs of from children to older people, nursing activities were promoted in collaboration with medical care and welfare at home.
- 1997 Home-based nursing was incorporated into the basic nursing education curriculum.
- 2000 Gold Plan 21 was set, in prospect of establishment of 9,900 visiting nursing stations in 2006.
- 2006 Medical fees and long-term care fees were revised. The scope of home-visit nursing was expanded to special nursing home for the elderly, group shared residence, etc.



# Nurses are involved in a variety of services covered by the long-term care insurance system

- Facility Service

- Home-based Service

Home visit nursing, home visit long-term care, home visit bathing, day rehabilitation, day care service, short term stay, rental service/ purchase of equipment for long-term care, etc.

- Community-based Services

Combined services, periodical round, multifunctional long-term care in a small group home, home-visit at night for long-term care, etc.

Nurses are involved in providing home-visit nursing and other variety of services covered by the long-term care insurance system, aimed at supporting living of older people at home.

# Nurses work on various settings to support living of older people at home

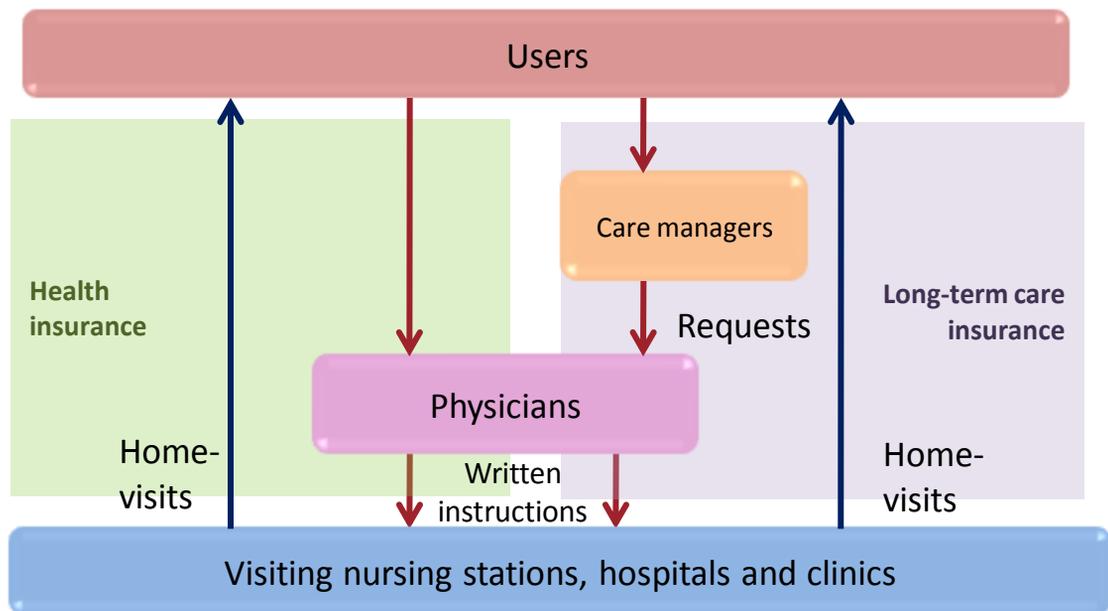
## FTE staff per facility or establishment

	Home-visits			Daycare			Others
	Home-visit long-term care	Home-visit bathing	Home-visit nursing	Daycare service	Daycare rehabilitation		Short-term stay for long-term care
					Welfare facilities for the elderly requiring long-term care	Medical institutions	
<b>Nurses</b>	-	<b>0.9</b>	<b>4.2</b>	<b>0.5</b>	<b>0.5</b>	<b>0.8</b>	<b>0.9</b>
<b>Assistant Nurses</b>	-	<b>0.8</b>	<b>0.4</b>	<b>0.6</b>	<b>0.5</b>	<b>0.6</b>	<b>0.9</b>

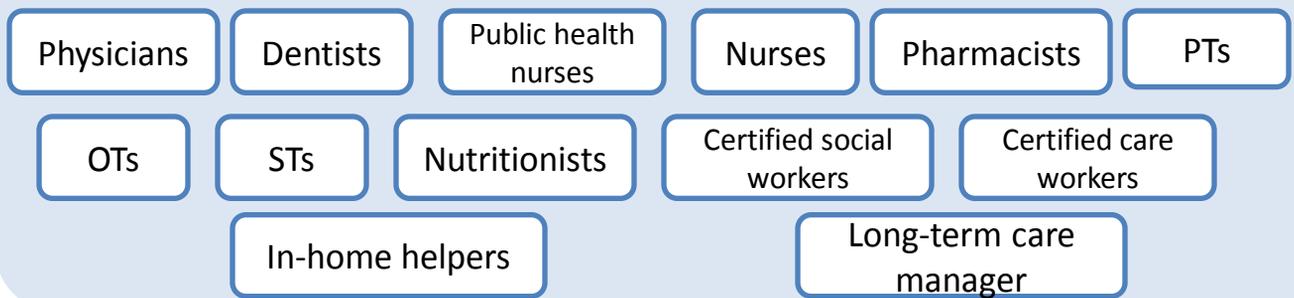
Source: "Survey of Institutions and Establishments for Long-term Care", 2011, Ministry of Health, Labour and Welfare

Nurses are involved in a variety of home-based services. Their main tasks are home-visit nursing services.

# Home-visit nursing supporting continued medical care at home



## Professions that support medical care at home

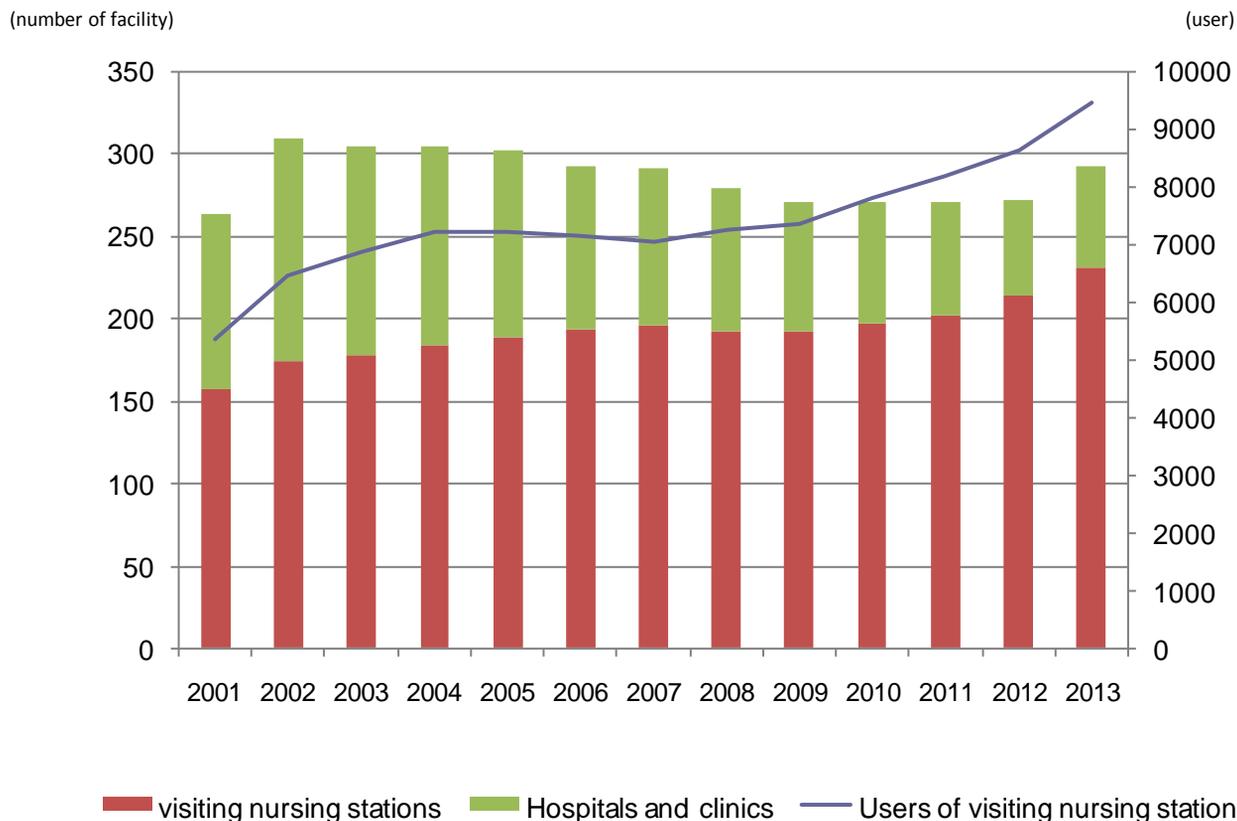


Home-visit nursing is provided by visiting nursing stations, hospitals and clinics, based on the long-term care insurance system and the health insurance system. A written instruction issued by the physician is required to start home-visits.

Manager of a visiting nursing station should be a dedicated public health nurse, midwife, or nurse. At least 2.5 FTE nurses should be allocated to a visiting nursing station.

In home-visit nursing, nursing personnel should support the maintenance, promotion and restoration of the client's health, while minimizing impact of diseases and/or disorders if any, thereby facilitating the client's long-term care at home. In doing so, nurses must align with many other professions engaging in the medical care at home.

# Users of visiting nursing stations are increasing

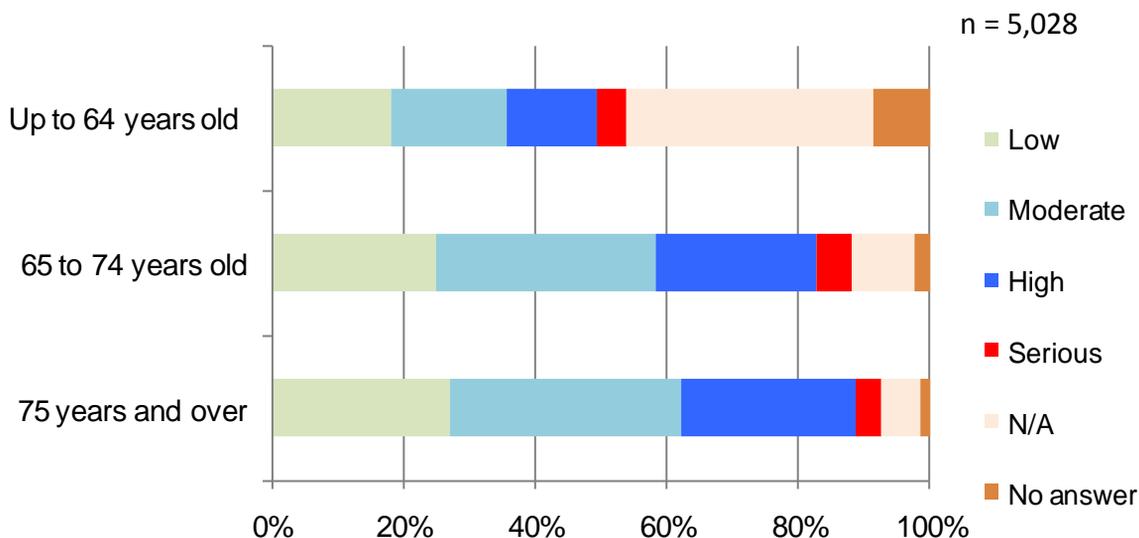


Source: Based on data of May every year, "Survey of Long-term Care Benefit Expenditures", Reports, Ministry of Health, Labour and Welfare

Users of home-visit nursing are on the rise under the long-term care insurance system. The focus of institutions providing home-visit nursing seems to be shifting from hospitals and clinics to visiting nursing stations. The number of visiting nursing stations has been slightly increasing.

# Some aged users of home-visit nursing have unstable health conditions

Health aspects of users of home visit nursing



Level	Low	Moderate	High	Serious
Conditions	Conditions are stable, though requiring occasional vital signs checks.	Conditions are stable, though relapse is possible. Vital signs checks should be done when necessary.	Conditions are relatively unstable. Periodic vital signs checks are required.	Conditions are unstable. Constant vital signs checks are required.

Source: "Report of the Basic Survey on Home Visits and Home-Visit Nursing", FY2006, Japanese Nursing Association and Japan Visiting Nursing Foundation

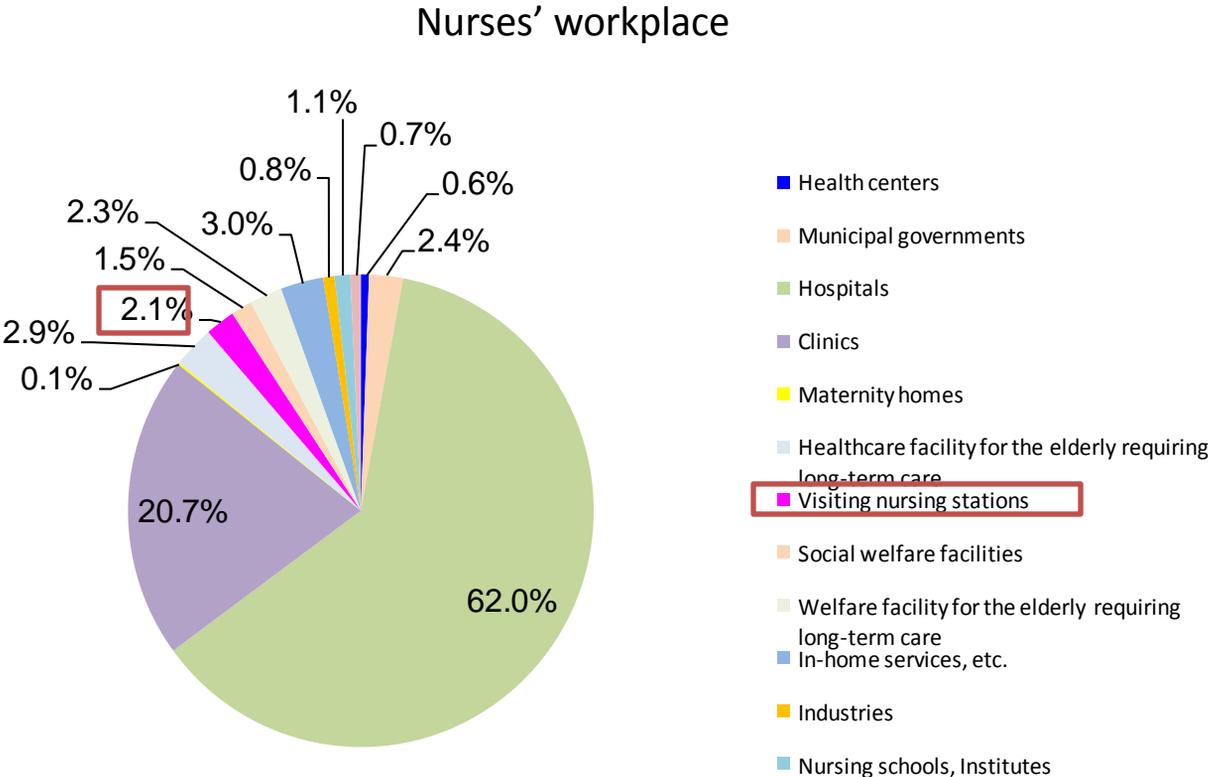
Among people aged 65 and over who live at home, more than 60% have moderate to higher needs for medical care. Many people with unstable conditions and high needs for medical care also continue to live at home.

# Providing a broad range of care to enable continued life of aged people at home, from medical services to support and consultation for caregivers

- **Medical interventions under the direction of physician**  
Management of oxygen therapy, prevention and treatment of bedsores, provision and management of injection and IV, provision and management of central venous hyperalimentation at home, provision and management of nasal tube feeding, enema and stool extraction, etc.
- **Observation of and advice on health conditions**
- **Support to daily life**  
Bed bath, shampooing, oral care, meal care, etc.
- **Advice for improvement of in-home recuperation environment**
- **Rehabilitation at home**
- **Support and consultation for informal caregivers such as families**
- **Mental and psychological support**
- **End-of-life care**
- **Coordination of different services (social resources)**
- **Consultation on hospitalization and discharge**

In order to enable continued living of older people at home, nurses provide a broad range of services in a limited time frame, including advanced medical interventions that are required due to reduced days of hospitalization, terminal care required through promotion of end-of-life care at home, care for people with dementia, etc. In providing these types of care, collaboration with other professions related to life of older people at home is indispensable.

# Current situation of nursing staff at visiting nursing stations

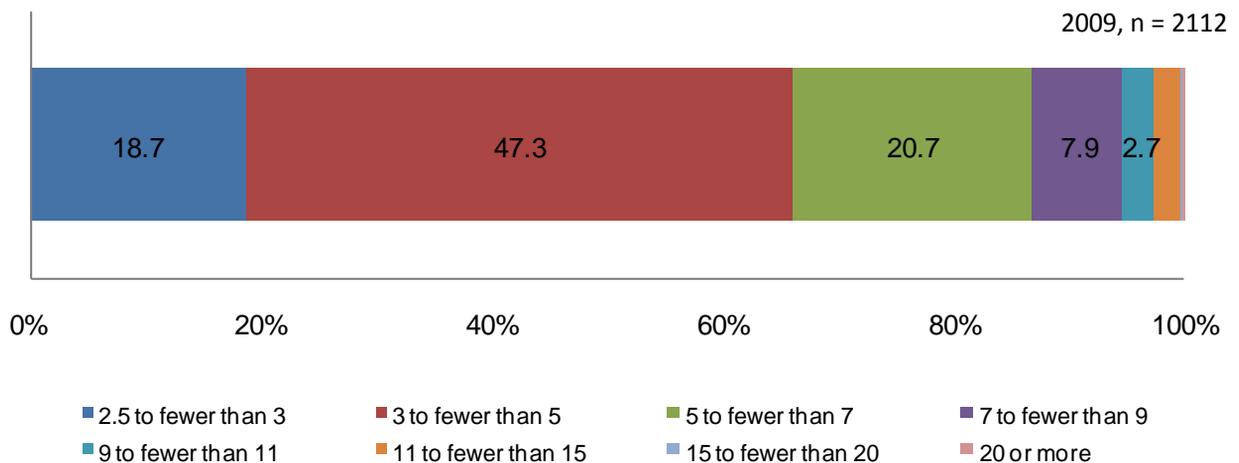


Source: Statistical data on Nursing service in Japan 2012, Japanese Nursing Association Publishing Company  
 Researched by the Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare

While the number of visiting nursing stations has been slightly increasing, the share of nurses who work at visiting nursing stations has remained at the same level over the past ten years.

# The majority of visiting nursing stations are small-sized

Size of visiting nursing stations



Source: Japanese Nursing Association  
Grant for Promoting Elderly Health care Services, Ministry of Health, Labour and Welfare,  
FY2009, "Survey and Research Project to Analyze the Causes for the Declining Trend of Home-  
visit Nursing Establishments and Measures to Cope with the Trend"

It has been specified that at least 2.5 FTE nurses should be allocated to a visiting nursing station.

According to the survey by JNA, the majority of visiting nursing stations are small sized, with only fewer than five FTE employees.

\* FTE = Total work hours of employees per week / Weekly work hours specified by the establishment

# Challenges

- Users of home-visit nursing have increasingly diverse and complicated needs.  
Increasing patients with cancer, intractable neurological diseases, psychiatric diseases, etc.  
Increasing users who require medical interventions
- Because of the visiting nursing stations are small sized, operations tend to be inefficient, resulting in increased burden on staff.
- Smaller sized visiting nursing stations are in poorer business conditions compared to larger stations, and are unable to provide services around the clock.

Because home-visit nursing is provided under the two separate systems of long-term care insurance and health insurance, it takes a long time for complicated clerical work, causing difficulty in increasing the case of home-visit nursing. This has a negative impact on business efficiency and management.

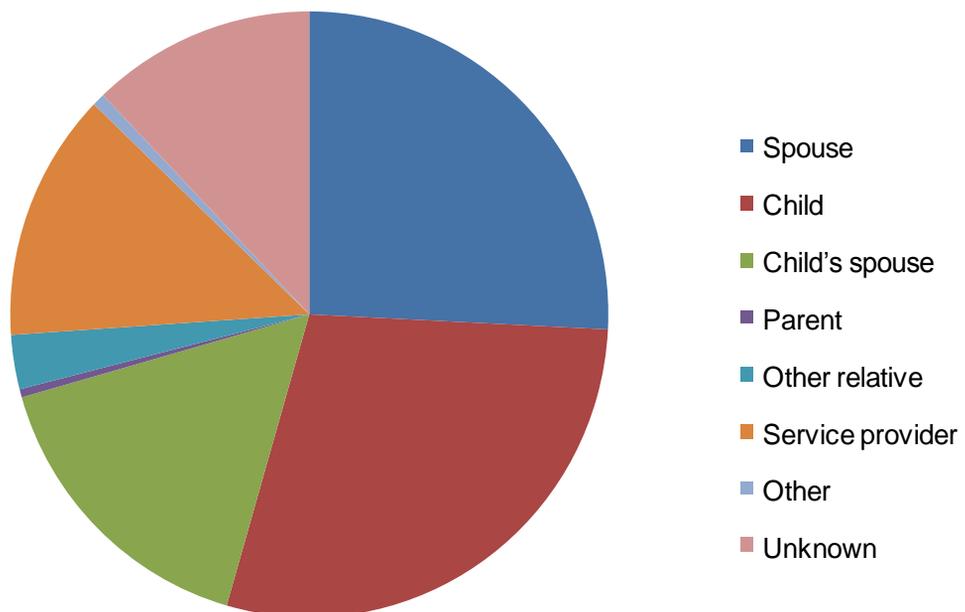
Because opening of a visiting nursing station is approved with the allocation of at least 2.5 FTE nurses, most establishments are small sized. Because of their small scale, efficiency is poor at these facilities, causing great burden on staff. Neither can they increase users because of inability to fulfill their needs, nor can stabilize or reinforce their management. It is also difficult for these facilities to provide services around the clock.

In order for users and their families to continue life at home, stable and seamless service provision is essential.

# Informal Caregivers

# Families as principal care givers at home

Relationship of principal caregivers with older people who require long-term care

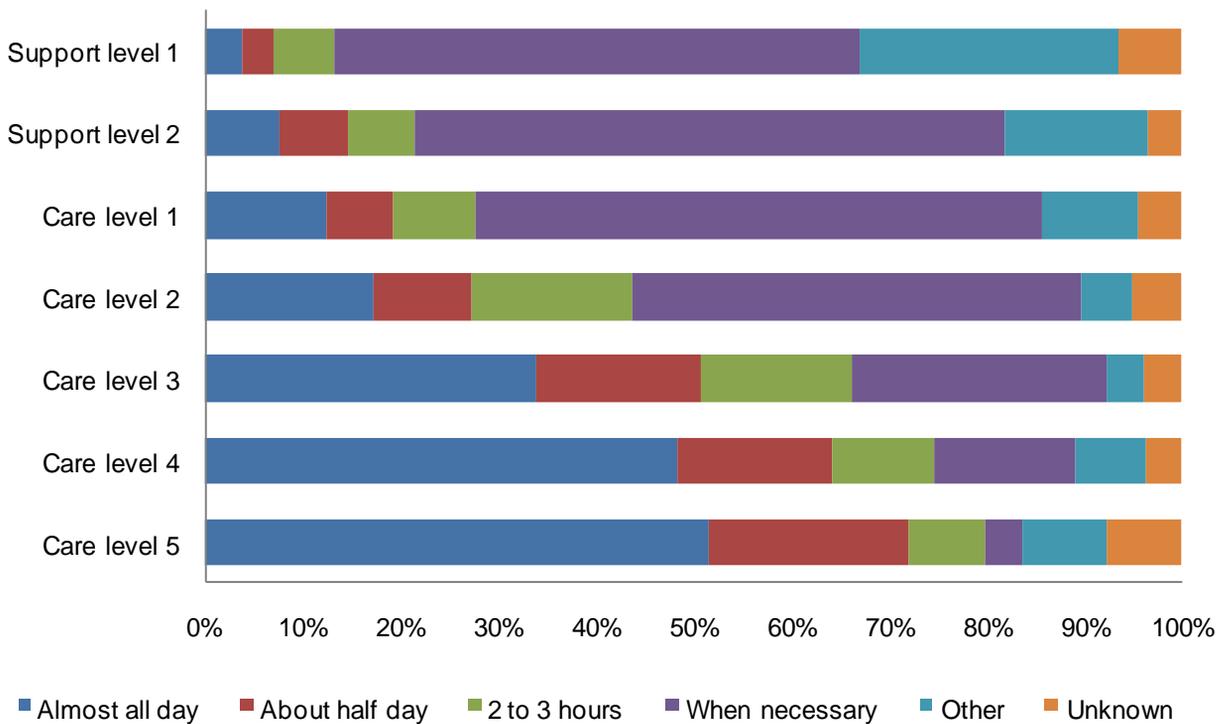


Source : National Livelihood Survey, 2010, Ministry of Health, Labour and Welfare

As indicated on Slide 10, many older people use long-term care service at home. However, their families serve as principal caregivers at home, because there is a ceiling on the use of services under the long-term care insurance system.

# Current conditions of care time of principal caregivers

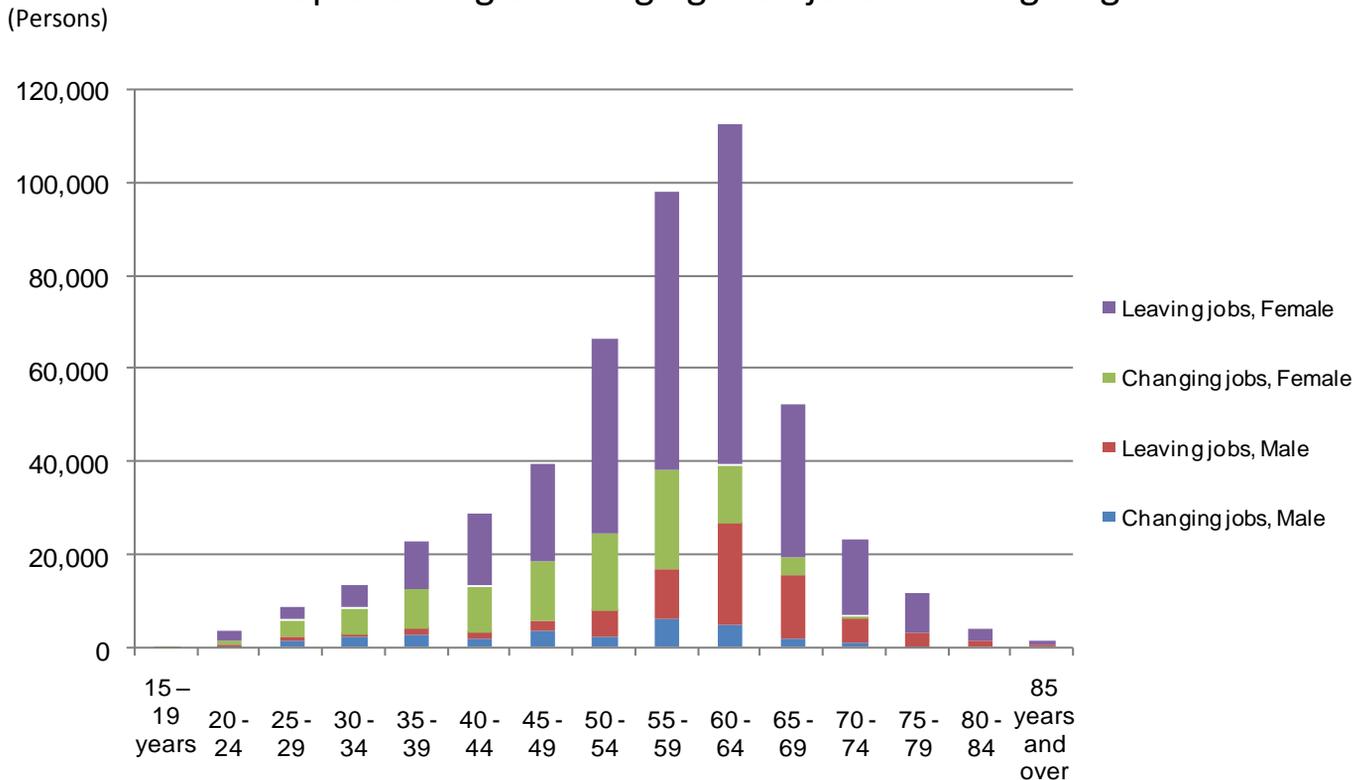
## Care time of principal caregivers who live with older people



Half of principal caregivers who live with older people requiring high-level care spend almost all day on providing care.

# Increasing people leave or change their jobs to provide care to their families

People leaving or changing their jobs for caregiving



Source: Employment Status Survey, 2012, Ministry of Internal Affairs and Communications

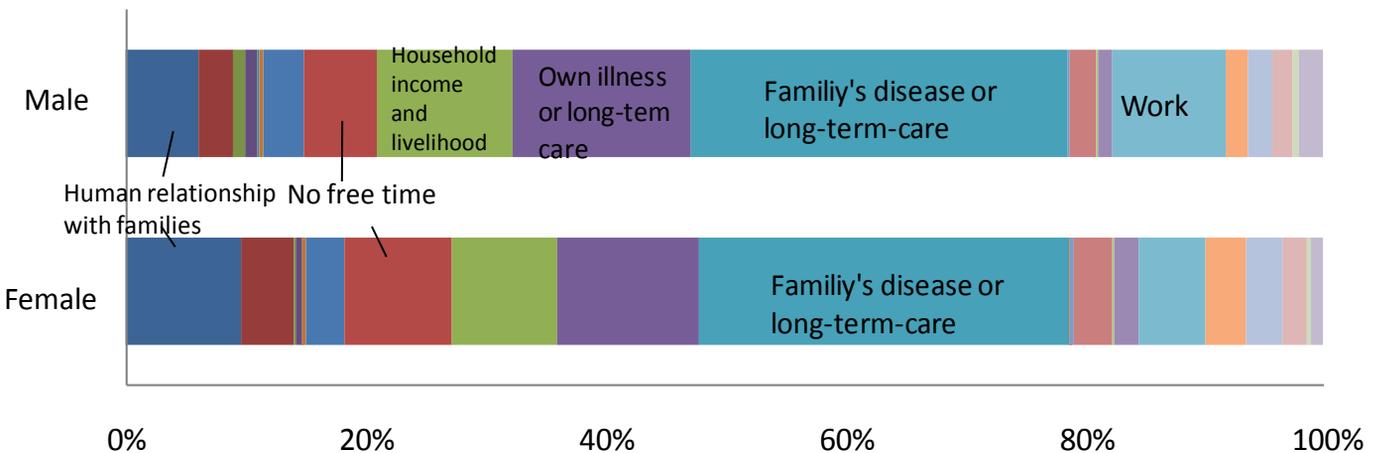
According to OECD, one out of every ten people are involved in caregiving for their families, etc. in OECD member states,\* to a varying extent.

In Japan, increasing people leave or change their jobs to provide care to their families. Most of them are female.

\* OECD (2011), *Help Wanted? Providing and Paying for Long-Term Care*, Paris.

# A wide variety of concerns and stress of principal caregivers

## Concerns and stress of principal caregivers



Source : National livelihood survey, 2010, Ministry of Health, Labour and Welfare

Principal caregivers have a wide variety of concerns and stress.

Many of them directly affect the life of principal caregivers and/or older people requires long-term care, such as caregiver's own diseases and long-term care, household income and livelihood, and work.

In Japan, systems have been introduced to support working people who also need to provide care, such as paid holidays for caregiving and flextime system. On the other hand, no monetary benefits are available, such as carers allowance.

- In order for older people to continue living in their local communities, seamless service provision is essential.
- Many professions are involved in the support for continued living of older people in their local communities. Nurses are expected to play important roles in the coordination among professions which are indispensable for high-quality service provision.