

The Current Situation and Problems of Nursing in the Hospitals which adopt the Partial Capitation Payment

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In 1990 partial capitation payment calculated as a package was introduced into the medical treatment payment system, which has been fee-for-service.

In February 1994, the Japanese Nursing Association surveyed 551 hospitals throughout Japan which adopted the partial capitation payment system in order to research the following:

1. From nursing staff's point of view, how does this package payment affect the care of long-term (chiefly aged) patients?
2. How do nursing administrators evaluate this partial capitation payment?
3. The number of hospitals provided with a large number of support staff will increase in the future. Therefore, what type of co-working scheme between nursing and support staff will be adopted in hospitals where a large number of support staff is working?

From the survey results, we found that most nursing directors evaluated the partial capitation payment and adopted it. However many said the basic numbers of support staff and the amount of payment should further be improved.

For the survey we selected 551 hospitals which accommodated wards run by the partial capitation payment system throughout Japan, and sent questionnaires to the director of nursing at each hospital and required each respondent to return their questionnaires to the JNA. 276 hospitals responded. (50.1% response rate)

Most of the responding hospitals were private hospitals which had middle-range facilities. The approval situation of the partial capitation payment for specially-licensed ward for the

aged (the payment before the amendment in April, 1994), to 250 hospitals provided with a specially-licensed ward for the aged were 73.2% in the rank (1), 17.6% in the rank (2), and 7.6% in the rank (3). Approval seemed to be granted to the hospitals in the upper rank which had a large number of support staff. 44.6% of responding hospitals were so-called mixed care institutions which had partial capitation payment wards together with fee-for-service wards. And about half of the responding hospitals had visiting nurse & doctor service which supported patients at home and provided rehabilitation facilities.

For the reasons of partial capitation payment introduction, the following remarks obtained higher percentages; stabilization of hospital business was 75.0%, to shift hospital (ward) characteristics by emphasising care was 67.8%, and to attempt to abolish attending nursing was 34.8%.

When the partial capitation payment introduction was finalised, 73.2% of nursing directors agreed. 2.9% were against and 22.1% answered they could not say, and from the beginning of the introduction nursing directors approved the partial capitation payment, whereas nursing staff initially resisted the introduction. When the partial capitation payment introduction was finalised, 28.6% of nursing staff were agreed. 2.5% were against, 43.1% answered they could not say and 23.6% had no special opinion. However after the introduction the numbers who agreed increased up to 63.4%.

As to the problems in nursing when the partial capitation payment was introduced, lots of hospitals mentioned the necessity of education and study for nursing and support staff. Before the introduction, to obtain appropriate numbers of nursing and support staff was a problem in many hospitals, however the numbers are presently guaranteed. Before the introduction nursing staff worried about whether necessary medical treatment would be supplied or not, and if they would be behind advanced medical technology. However, after the introduction, their worries were decreased.

According to the partial capitation payment introduction, nursing itself changed. Many hospitals mentioned that medical testing and prescribed medication decreased, whereas support for the patient's daily life and communication increased. 77.2% of responding hospitals said hospitalized patient's condition improved remarkably. 18.5% said no specific change was observed. The improved points were patients' increased mobility, change in ADL (daily activities), decrease in number of bed sores, etc.

As to the percentage of nursing and support staff in the partial capitation payment specially-licensed ward for the aged, 16.8% were nurses, 30.9% were assistant nurses and 52.3% were support staff. The ratio of hospitalized patients to nursing and support staff was 2.13 : 1, the

ratio of hospitalized patients to nursing staff was 4.47 : 1 and the ratio of patients to support staff was 4.08 : 1. As to the ratio of nursing and support staff in the partial capitation payment medical care ward, 22.7% were nurses, 33.5% were assistant nurses, 44.8% were support staff. The ratio of hospitalized patients to nursing and support staff was 2.17 : 1, the ratio of hospitalized patients to nursing staff was 3.86 : 1 and the ratio of hospitalized patients to support staff was 4.84 : 1. Concerning preferable nursing staff at time of employment, nursing administrators prominently chose (in their free answer description) potential care leaders in nursing and potential education staff for nurses and attendants.

Obtaining support staff is currently proceeding favourably owing to the "benefit" of economic depression in general. Some hospitals employed qualified attendants as support staff. 74 hospitals employed certified care workers, and the total numbers were 165, 43 hospitals employed support service staff (approved by the Labour Ministry) and those numbers were 52, and 29 hospitals employed 66 qualified attendants approved by local government. 94.9% of hospitals organized study courses for support staff. Average study time for newly employed attendants without any support staff experience was 23.3 hours.

Concerning nursing and support staff night shift system, 65.6% of nursing staff were working in two shifts, 26.4% working in three shifts and 6.9% working all night. 68.8% of support staff were working in two shifts, 15.9% in three shifts and 10.5% working all night. Only 10.9% of hospitals stationed more than one nurse in each nursing unit at night. 52.2% of hospitals stationed more than one nurse at the hospital, and in each nursing unit sometimes only assistant nurses (male nurses) were stationed. Up to 34.1% of hospitals stationed only assistant nurses (male nurses) and sometimes no nurse during the night shift.

We asked hospitals whether they could accept patients who required continuous service by showing two cases; patients in vegetative state or equipped with tracheal cannula and aged patients with problems due to dementia. More than 60% of hospitals which had partial capitation payment wards and had no fee-for-service payment wards answered they could accept. It shows that there are a certain number of hospitals which can not accept patients who require intensive care.

Concerning direct care for patients, we asked co-working situation between nursing staff and support staff selecting 16 services which sometimes might be done by support staff. More than 70% of hospitals responded that nurses, with responsibility regardless of patients' condition, gave service which was regarded near medical care such as enema, suction of sputum, nebulization attendance, placement of suppository, temperature measurement and administration of medicine. As to other services, co-working situation differed among hospitals.

94.9% of hospitals had care conference. 81.3% of them required support staff to join the conference in principle.

In the end in the free answer column, nursing directors described the result of the partial capitation payment system, requested the medical treatment payment system, mentioned the merit and demerit of the mixed-care system, etc.

Nursing directors evaluated the partial capitation payment system because they could give suitable care to patients with chronic diseases. As for requesting the medical treatment payment system, large numbers of respondents mentioned the amount of partial capitation payment and the standard of support staff numbers should be raised. Concerning the merit and demerit of mixed-care, positive evaluation was included mentioning hospitals could give appropriate care according to wards for acute patients and wards for chronic patients. However, regarding the influence upon patients there were pro and against opinions and some respondents pointed out the problems in nursing rotation between two types of wards.