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Visiting Nursing System In Japan



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Visiting Nursing System in Japan

In Japan, the proportion of the elderly aged 65 years and over to the entire population has reached 25.1% (as of October 2013), and that number is growing more rapidly than in any other country in the world. At the community level, as the number of elderly requiring both nursing and long-term care increases, and while more efficient inpatient care and shorter hospital stays are promoted, home nursing service is set to assume a more important role in the future. The following describes the history and current status of the visiting nursing system in Japan with a focus on the Visiting Nursing Stations (VNS) that form the basis of services.

1. History of visiting nursing services in Japan

(1) Visiting nursing services based on hospitals or clinics

Nurses employed by the Japan Red Cross and St. Luke's International Hospital began providing visiting nursing services on a volunteer basis for mothers, children and disaster victims in the late 1920's.

Because bed-ridden elderly suffering from the sequelae of cerebral vascular diseases posed a significant social problem since around 1960, health visits and/or visiting nursing were provided. At the same time, some hospitals started visiting nursing services for patients with severe neurological diseases requiring medical supervision and nursing care at home. Some of these services have been integrated into the community healthcare system.

In 1982, the government enacted the Health and Medical Service Law for the Elderly. Under this Law, hospitals began receiving reimbursements for their visiting nursing services from the national health insurance systems in 1983. The amount reimbursed was 1,000 yen per visit. The services were initially limited to the elderly. Then, psychiatric patients were included in the scheme in 1986. Finally, anyone requiring home healthcare was included in 1988, and the amount of reimbursement was doubled.

There were 768 hospitals providing visiting nursing services in 1984 (8.0% of all hospitals in Japan). The number increased to 3,863 (41.6%) in 1999. Visiting nursing services were also provided by 11,752 general clinics (source: the Ministry of Health, Labour and Welfare.) In addition to national health insurance, the Long-Term Care (LTC) Insurance System was started in April 2000 and some services are now covered by this.

(2) Public Health Nurse activities in municipalities

Public Health Nurses (PHN) were making home visits for the patients with tuberculosis, parasitic diseases, mental disease, as well as for mothers and children based on the Health Center Law enacted in 1937. The tasks of PHN were further defined in 1942 as health education and disease prevention, and direct nursing care was excluded from their responsibilities.

Under the above-mentioned Health and Medical Service Law for the Elderly, municipalities are tasked with providing health examinations for disease prevention, health counseling, rehabilitative training, home visits, and health check-up notebooks. PHN have been engaged in health education, health counseling, and the coordination of healthcare resources for bed-ridden elderly cared for at home.

PHN have been increasingly expected to play a major role in the promotion of health and the prevention of disease since the introduction of the visiting nursing system. After enactment of the LTC Insurance Law, importance of their role has increased because their activities resulted in the reduction of health care expenditures, including reimbursements.

(3) Establishment of visiting nursing stations

1) Model projects for improvement of the comprehensive home healthcare system

The Ministry of Health, Labour and Welfare (MHLW) implemented four-year model projects for visiting nursing services to improve home healthcare systems in Japan. The objectives of the projects were: (1) to implement and evaluate a visiting nursing system designed to provide certain medical services at home; and (2) to offer training courses for the visiting nurses at the prefecture level.

The MHLW appointed 11 cities and towns for project implementation, and the local Nursing Associations responsible for these cities and towns offered a “Visiting Nursing Training (120-hour program)” for unemployed nurses. The goals of the training were to teach sufficient knowledge and skills to (1) assess the health of the elderly, (2) understand the nature of visiting nursing and develop nursing care plans, (3) provide appropriate nursing care, (4) support the family members of elderly recipients of care, (5) collaborate with primary care physicians, and (6) collaborate with healthcare and social resources in the community.

2) Establishment of the visiting nursing system for the elderly under the national health insurance system

Based on the fundamental experience and information obtained through the model

projects, the visiting nursing system for the elderly was established in 1991 through the partial amendment of the Health and Medical Service Law for the Elderly. VNS activities started in April of the following year. The partial amendment of the Health Insurance Act in 1994 widened the target population of visiting nursing services to include younger people.

Initially, the fee for visiting nursing services for the elderly was approximately 7,500 yen per visit, of which 250 yen was an out-of-pocket payment by the user. (Later, the ratio of co-payment for the elderly was revised to 10%) Around-the-clock visiting nursing services, terminal care, and frequent visiting service to meet medical needs have been evaluated. In 2006, when the Health and Medical Service Law for the Elderly was changed to “Regulation of Act on Assurance of Medical Care for Elderly People,” a late-stage medical care system for the elderly was established. The system includes individuals aged 75 or older (or between 65 and 74 certified as having a specific disability by a local association of medical care for senior citizens). Funding is provided through health insurance premiums paid by the insured, contributions from working age individuals and public sources. When medical treatment is received, co-payment is 20% (30% for individuals with income over a certain level). When visiting nursing services are used, the co-payment ratio is 10% (or 20%, 30%)

3) Visiting nursing system under the national health insurance and LTC insurance

The Long-term Care Insurance Act was enacted in 1997 and implemented in April 2000. The Long-term Care Insurance System is designed to enable the comprehensive use of health care services such as welfare services, visiting nursing services, rehabilitation service and so on by individuals requiring long-term care according to care plans developed by care managers (long-term care support specialists) to promote independent living at home as long as possible.

The majority of individuals covered by this insurance system are elderly requiring long-term care due to chronic disease or disability. Therefore, close monitoring and appropriate intervention by visiting nurses is extremely important in maintaining wellness. Visiting nurses are expected to function as the core member of the healthcare team and help people with health promotion, disease prevention, illness recovery, and peaceful end of life by coordinating medical, healthcare and social resources.

The Long-term Care Insurance Act was revised in 2005; and in April 2006, preventive long-term care started with the establishment of community general support centers. Also within visiting nursing services, visiting nurse services for preventive long-term care were launched for individuals requiring support. As a result of revision in 2011, community-based services such as regular visiting nursing care or on-demand

home-visit long-term care, and compound services (combination of multifunctional long-term care in small group homes and visiting nursing services) were implemented through designation by municipal mayors. In connection with this 2011 revision, the Social Welfare Worker and Certified Careworker Act was also revised. This act allows care staff and others certified by a prefectural governor after additional training to perform sputum suctioning as a part of daily-life support under the direction of a doctor. Care staff is required to be employed by a service provider registered for specified acts. After April 2016, certified care workers will be able to conduct such specified acts.

2. Current status of visiting nursing services

(1) Current status of visiting nursing stations

There are about 8,000 VNS providing home-visiting services throughout Japan as of 2015. However, some stations were forced to close due to their inability to adjust to the newly introduced LTC insurance system. In addition, the increase in the number of stations is slowing due to a shortage of visiting nurses.

Because the social need for visiting nursing services will never decrease, we have to work hard to improve the situation. *The number of VNS's has increased rapidly recently.

(2) Visiting nursing station employees

The organizations providing visiting nursing services must obtain prefectural certification to be reimbursed by national health and/or LTC insurance. The certification criteria stipulate that each organization have at least 2.5 full-time nurses. In fact, they have about 6 employees when this is converted to the number of regular employees, which totals 5 nurses (the highest ratio of about 80%), public health nurses, assistant nurses and midwives. A few visiting nursing stations are staffed by physical or occupational therapists. A visiting nurse pays an average of 70-80 visits per month.

(3) Using visiting nursing services

First, requests for visiting nursing services are made to the VNS or primary care physician. When the physician determines that visiting nursing services are required, he or she issues an "order for visiting nursing services." A visiting nurse is then dispatched to interview the individual and assess individual needs. Visiting nursing services are then provided according to nursing care plans. The VNS work closely with the primary care physician and periodically report the client's condition. Under the LTC insurance system, nursing care should be provided in accordance with general care plans developed by the care manager. Nursing care plans are amended as necessary in terms of frequency of

visits, time of visits and nursing activity. (See “Guide to the Visiting Nursing Services” on page 8 for details.)

(4) Nursing services provided by visiting nursing stations

According to the results of a questionnaire (duplicate responses), observation of client condition is performed in almost 100% of cases. This trend did not change after introduction of the LTC insurance system. Assistance for activities of daily living (ADL, e.g., bathing and grooming) is provided for approximately 50% of clients, and rehabilitative training is provided for approximately 55%, with some decrease after the introduction of the LTC insurance system. On the other hand, the number of individuals requiring wound care (e.g. bed sores) and other services has grown to approximately 63.3% of all clients as of September 2013. Some require more than one kind of medical procedure.

(5) The visiting nursing station director

On average, every VNS cares for 67 clients, and one client received five to six visits per month in 2013. The fee for one visit is between 7,500 yen and 11,000 yen, depending on whether the visit is covered by long-term care insurance or health insurance, which cover 70 to 90% of the fee. The remaining 10 to 30% is paid by the client. Average VNS income is 3 to 4 million yen a month. A larger VNS might earn 10 or more million yen.

The director of the VNS should be a nurse. He or she is in charge of management of the station and its activities, recruiting service users, efficient mobilization of staff and coordination with other community resources.

3. Promotion of visiting nursing services

Local nursing associations that support visiting nursing services have developed and provided training programs for visiting nurses, and have produced promotional pamphlets in order to secure human resources for visiting nursing. The training, which was positioned as continuing education for licensed nurses, started with a 120-hour program. At present, some associations conduct training through a 240-hour training program. The training program includes the theory of visiting nursing, understanding clients and their families, planning and implementation of visiting nursing, home healthcare systems, and on-site training.

As the quality of services is of great concern, the visiting nurses themselves are expected to evaluate and improve services. Some VNS are evaluating services using self-assessment tools.

Now, the Japan Visiting Nursing Foundation, a public interest incorporated foundation, which was established in 1994, plays a role as an organization promoting visiting nursing services by providing the above training.

4. Future issues

1) Securing human resources and improving the quality of visiting nursing services

In spite of the expected increase in social demand for visiting nursing services, the number of visiting nurses remains inadequate. Measures should be taken to increase the supply. To motivate individuals to seek and continue careers in the visiting nursing service industry, it is essential to improve working conditions, increase wages, promote recognition of their importance and elevate the social status of employees in the industry. Active support for establishing and managing VNS is essential, as are publicity campaigns designed to raise the general public's recognition of visiting nursing. To meet the growing need for medical and health care, improvement of visiting nurse knowledge and skills and enhancement of collaboration among VNS and medical care facilities should be further addressed as well. In 2015, prefectural governments are utilizing new funding to work on support projects for visiting nursing services.

In addition, we have to review and improve the visiting nursing system itself on a continuing basis so that the necessary services may be provided to those who are in need.

2) Expectations for visiting nurse stations within the integrated community care system

Japanese baby-boomers, those born between 1947 and 1949, will all be aged 75 years and over in 2025. The number of elderly requiring medical, long-term, and end-of-life care will increase.

To be prepared for 2025, there is an urgent need to work now to establish a nationwide system of community integrated care. Visiting nursing services, which are covered by the health insurance and long-term care insurance systems, are a pivotal part of this integrated community care system.

Since 2006, in addition to the visiting nursing service system, systems for the integral provision of care by nursing and care staff were launched. Examples of such services are daycare service, compound services and regular/on-demand home-visit nursing and long-term care service. From now, nursing services designed to help individuals stay healthy and prevent the worsening of chronic illness will become increasingly important.

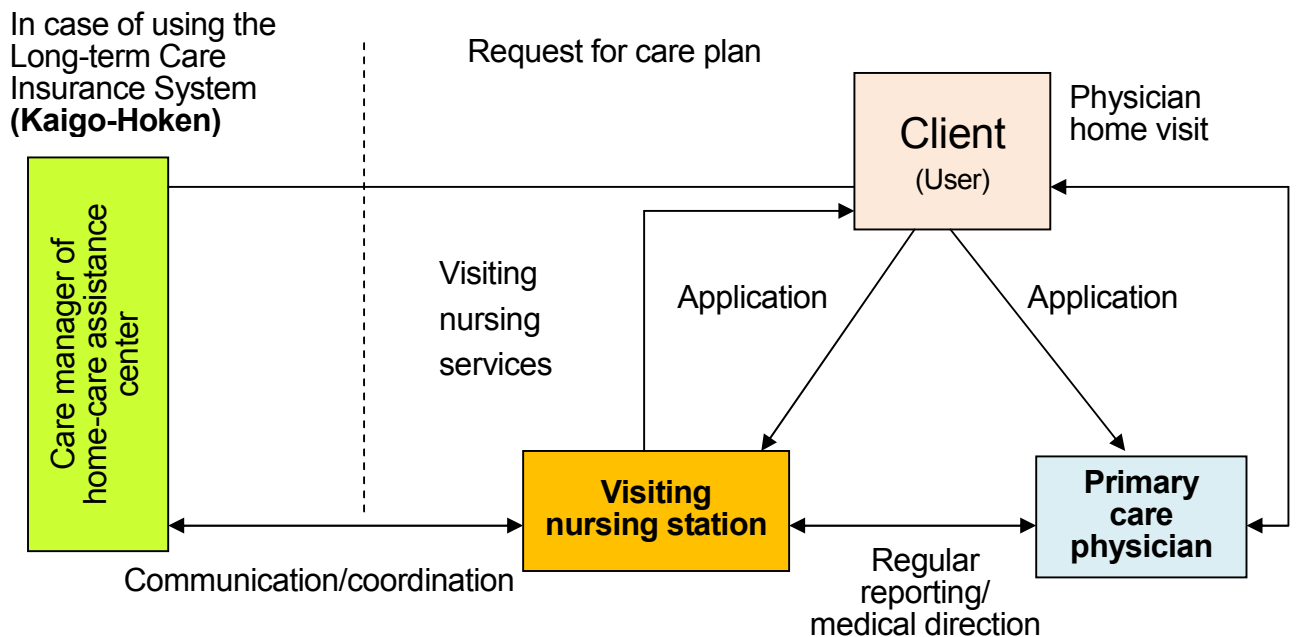
We hope to achieve the goal of integrated community care that will allow the elderly to live securely in their own communities until the end of life by collaborating with professions from multiple areas.

(case)

Guide to the Visiting Nursing Services

Visiting nursing stations

1. Application for visiting nursing services and start of services



The visiting nursing system provides nursing services at home for individuals requiring assistance because of disease and/or disability. Depending on the case, this is managed under LTC and/or the national health insurance. According to the physician treatment plan or care manager plan, visiting nursing care may be coordinated with other services, allowing the client to receive nursing and medical care at home.

When you make an application, please consult with a visiting nursing station, your primary care physician, or a care manager. You need an 'order for the visiting nursing' presented by your primary care physician to the visiting nursing station in order to utilize visiting nursing station services.

2. Contents of visiting nursing services

- Observation of health conditions, health management
- Advice on the management of medical and nursing care regimens
- Management of diet and nutrition, water balance, excretion and hygiene
- End-of-life care
- Rehabilitative care
- Nursing care for the individuals with dementia or mental illness
- Support for informal caregivers such as family members
- Management of bedsores and other wounds
- Management of catheters and other medical devices
- Administration of medical procedures under a physician's direction
- Assistance for the effective use of health and social resources

3. Operating hours

Open: Monday-Friday

Closed: Saturdays, Sundays, and holidays

Business hours: 9:00-17:00 (A duty nurse can be reached by cell-phone 24 hours a day to respond to questions and make visits if necessary.)

Our station is ready to respond 24-hours-a-day throughout the year.

