

# Visiting Nursing System In Japan The Present and Future of Visiting Nursing 2022

Japan Visiting Nursing Foundation  
Vol. 001

We will share the present status of visiting nursing based on the data of visiting nursing in Japan. We will also outline the future of visiting nursing in accordance with the "Visiting Nursing Action Plan 2025," quoting reference materials.

## Contents

### I

## The Present Status of Visiting Nursing

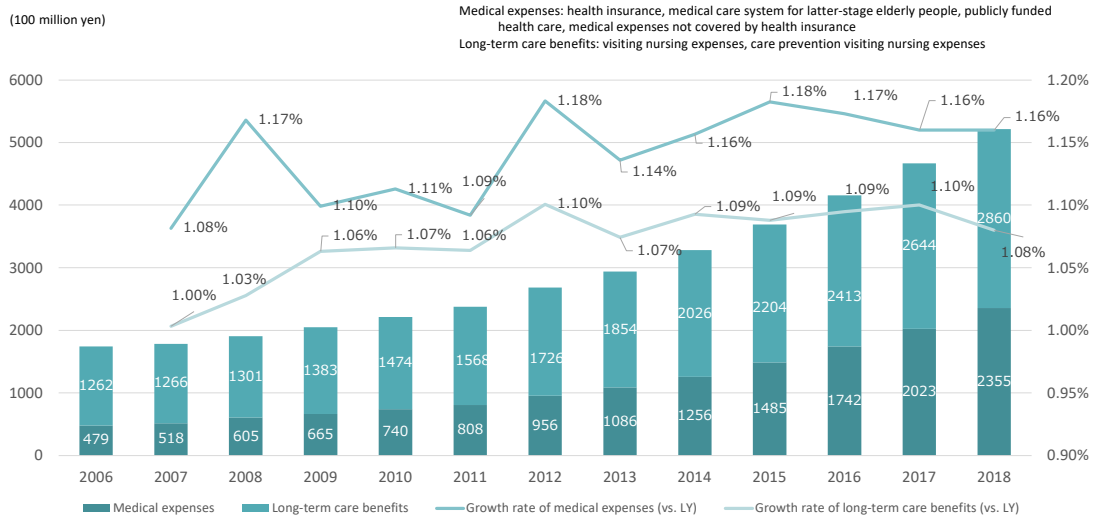
01. Changes in medical expenses and long-term care benefits pertaining to visiting nursing stations
02. Changes in the number of visiting nursing offices under the long-term care insurance system
03. Shares by operators of visiting nursing stations
04. Composition of visiting nursing station offices by the scale of users
05. Shares by professions of staff at visiting nursing stations (comparison in FTE and actual number)
06. Breakdown of users of visiting nursing stations by disease/injury
07. Details of care for users of visiting nursing stations
08. Deaths and composition by the place of death

### II

## The Future of Visiting Nursing

01. Overview of Visiting Nursing Action Plan 2025
  - Reference 1 Changes in Japanese population
  - Reference 2 Required nurses by scenario toward 2025 (provisional values)
  - Reference 3 Proposed lifetime training system for visiting nurses

I-01. Changes in medical expenses and long-term care benefits pertaining to visiting nursing stations

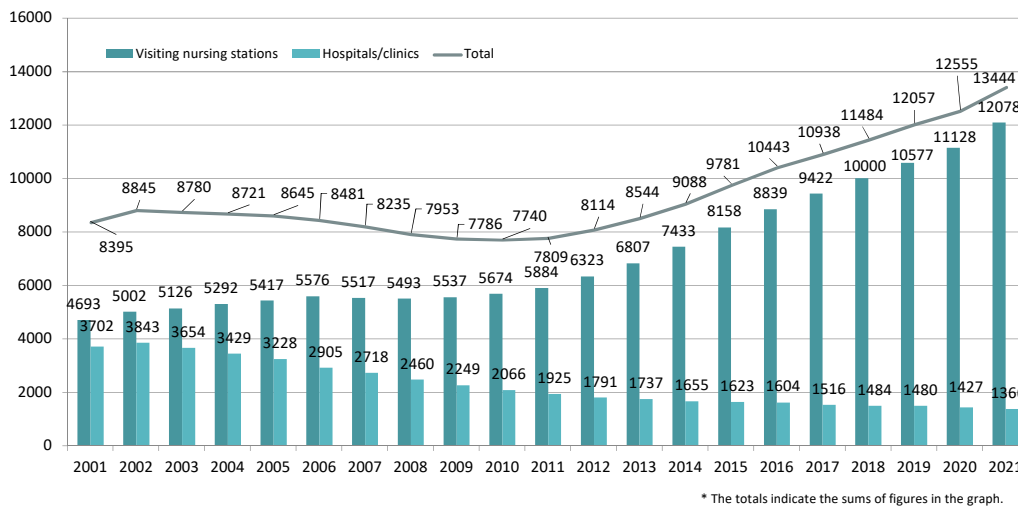


[Source] Overview of National Medical Expenses / Status Survey of Long-term Care Benefits (2006 - 2018)

Material: Prepared by the Foundation referring to the 486th Central Social Insurance Medical Council Material

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This graph indicates changes in medical expenses and long-term care benefits pertaining to visiting nursing stations. The total annual cost on visiting nursing is approx. 521.5 billion yen (medical expenses: 235.5 billion yen, long-term care benefits: 286.0 billion yen). Both medical expenses and long-term care benefits are increasing. The growth rate of medical expenses is larger than that of long-term care benefits.



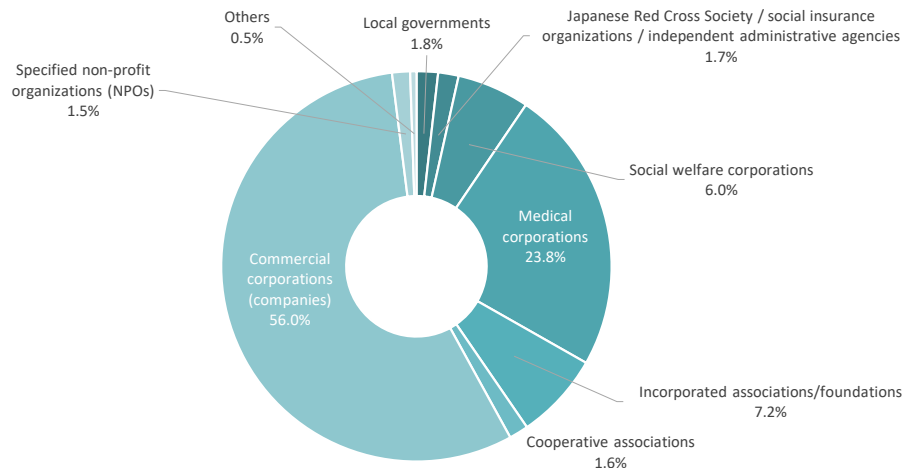
Material: Prepared from the Ministry of Health, Labour and Welfare, "Statistics of Status Survey on Long-term Care Benefits (the number of visiting nursing offices with billing in September every year)"

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The institutions that provide visiting nursing service under the long-term care insurance system consist of visiting nursing stations, which are designated visiting nursing offices, and medical institutions (hospitals and clinics), which are deemed designated offices. There are 13,444 offices in total. The number of visiting nursing stations has almost doubled over the ten years since 2010. On the other hand, medical institutions are slightly decreasing than visiting nursing stations. More than 90% of visiting nursing services are provided by visiting nursing stations.

I-03.

### Shares by operators of visiting nursing stations



Material: Prepared from the Ministry of Health, Labour and Welfare "Long-term Care Service Facilities and Offices Survey 2020"

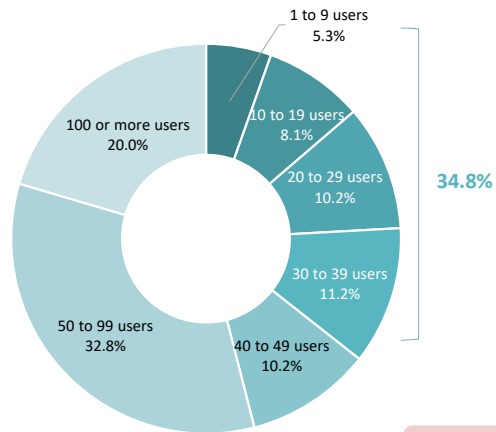
Material: Prepared from the Ministry of Health, Labour and Welfare "Long-term Care Service Facilities and Offices Survey 2020"

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This indicates the shares by the operators of visiting nursing stations. Visiting nursing stations shall be operated by corporations. Commercial corporations (companies) account for the largest share at 56.0%, followed by medical corporations at 23.8%, and incorporated associations/foundations at 7.2%. The establishment of commercial corporations became possible in 1999, one year before the start of long-term care insurance system in 2000, but they account for more than half of all operators. There has been an increase in commercial corporations established by nurses or public health nurses.

I-04.

### Composition of visiting nursing station offices by the scale of users



Material: Prepared from the Ministry of Health, Labour and Welfare "Long-term Care Service Facilities and Offices Survey 2020"

By the scale of visiting nursing stations based on the number of users, stations with fewer than 39 users account for 34.8%, indicating that many offices are small.

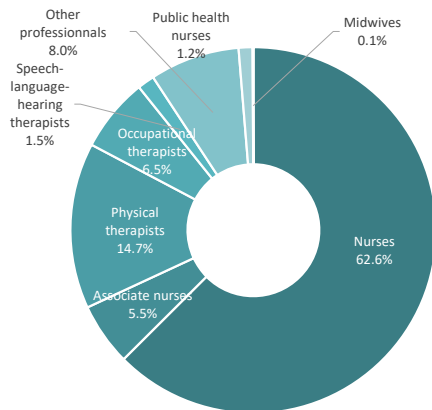
On the other hand, visiting nursing stations with more than 100 users take up 20.0%.

For visiting nursing stations to become stable workplaces with good work-life balance, it is considered desirable that the station has 10 or more staff members and 100 or more users.

I-05.

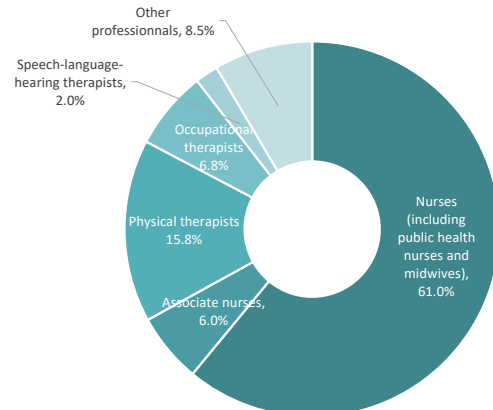
### Shares by professions of staff at visiting nursing stations (comparison in FTE and actual number)

FTE (full-time equivalent)  
(N) = 96,799



Material: Prepared from the Ministry of Health, Labour and Welfare  
"Long-term Care Service Facilities and Offices Survey 2020"

Actual number  
(N) = 133,845



Material: Prepared from the Ministry of Health, Labour and Welfare  
"Long-term Care Service Facilities and Offices Survey 2020"

This indicates the shares of visiting nursing carers by profession at visiting nursing stations (comparison in FTE [full-time equivalent] and actual number). In FTE, nurses (including public health nurses and midwives) take up 62.6%, and associate nurses account for 5.5%.

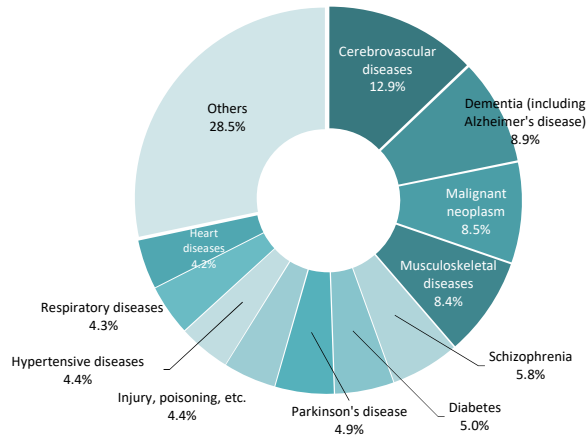
Among not-nurses, the share of physical therapists 14.7%, occupational therapists at 6.5%, and speech-language-hearing therapists at 1.5%. The share of physical therapists is the second larger after nurses.

In actual number, the share of nurses (including public health nurses and midwives) stood at 61.0%, associate nurses at 6.0%, physical therapists at 15.8%, occupational therapists at 6.8%, and speech-language-hearing therapists at 2.0%. The share of physical therapists is also the second larger after nurses in actual number.

\* FTE: If weekly work hours at a visiting nursing stations is 40, a nurse who works for 40 hours is calculated as FTE 1. A nurse who works for 20 hours is calculated as FTE 0.5.

I-06.

### Breakdown of users of visiting nursing stations by disease/injury



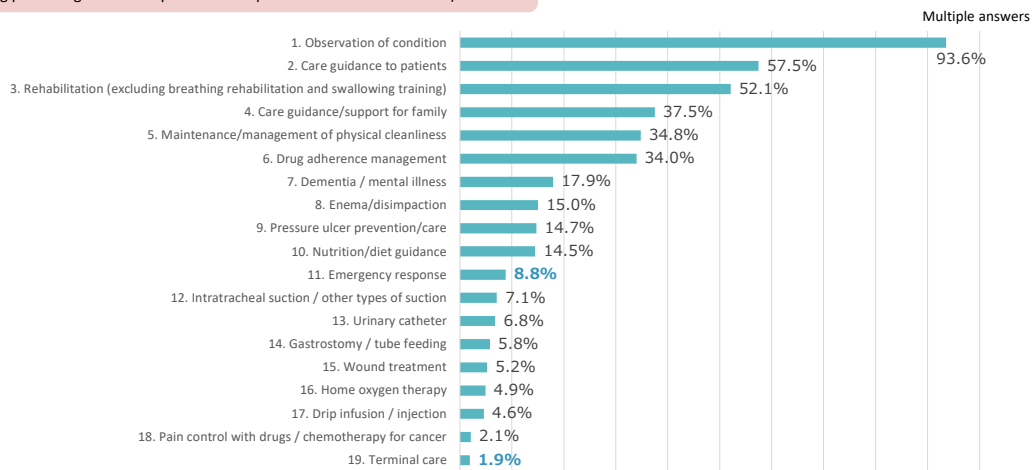
Material: Prepared from the Ministry of Health, Labour and Welfare "Long-term Care Service Facilities and Offices Survey 2019"

By injury/disease of users of visiting nursing stations, cerebrovascular diseases took up the largest share at 12.9%, followed by dementia (including Alzheimer's disease) at 8.9%, malignant neoplasm at 8.5%, and musculoskeletal diseases at 8.4%.



I-07. Details of care for users of visiting nursing stations

\* Users of visiting nursing stations: 575,938  
(Nursing pertaining to medical procedures is performed on 60.6% of total)

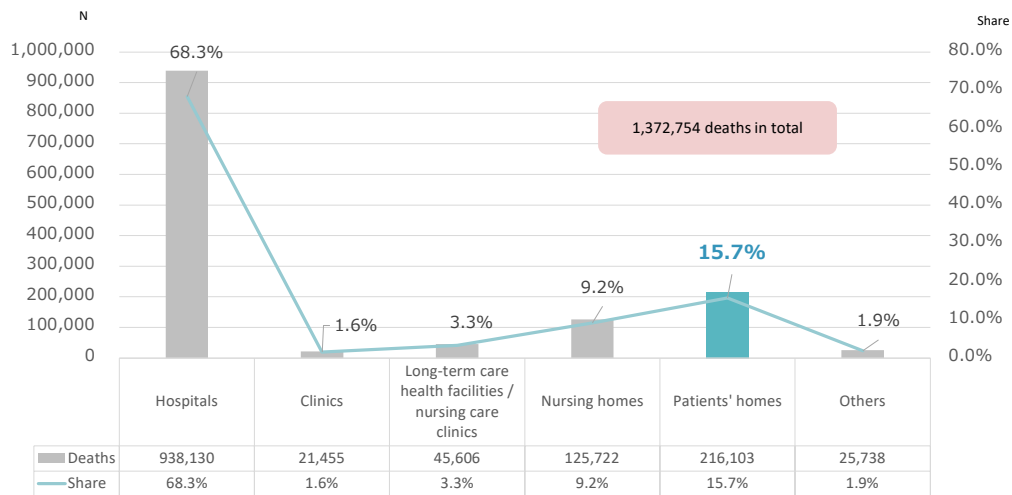


Material: Prepared from the Ministry of Health, Labour and Welfare "Long-term Care Service Facilities and Offices Survey 2016"

Regarding the details of visiting nursing, observation of condition stood at 93.6%, followed by care guidance to patients at 57.5%, and rehabilitation at 52.1%. Emergency response stood at 8.8%, and terminal care at 1.9%.

## I-08.

## Deaths and composition by the place of death



\* Shares were calculated based on the sums in the graph.

Prepared from Table 5, the deaths and composition by the place of death, the Ministry of Health, Labour and Welfare "Vital Statistics (2020)"

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10

This indicates deaths and composition by the place of death. Among the 1,372,754 deaths in total, the share of hospitals was the largest with 938,130 deaths (68.3%), followed by patients' homes with 216,103 deaths (15.7%), and nursing homes with 125,722 deaths (9.2%).

Recently, deaths at hospitals are slightly decreasing, while those at nursing homes are slightly increasing.

At request from the patient, visiting nurses provide support for mental and physical health over the terminal stage at home.

## II-01. Overview of Visiting Nursing Action Plan 2025

### I. Quantitative expansion of visiting nursing

1. Establish visiting nursing offices nationwide
  - Improve imbalanced presence among regions
  - Establish a system for service 24/7
  - Expand the scale
2. Retain a stable number of visiting nurses
  - Objective; 150,000 visiting nurses
  - Recruit newly graduate nurses
  - Improve treatment and work-life balance (WLB)
3. Mutual development of nurses between medical institutions and visiting nursing stations
  - Establish human resource development system
  - Opportunities for human resource exchange

### II. Functional expansion of visiting nursing

1. Increase the places for visiting nursing
  - Visiting nursing to long-term care facilities, group homes, schools, etc.
2. Functional expansion of visiting nursing offices
  - Establish at least one visiting nursing station with expanded functions in each secondary medical zone
  - Enhance outpatient day care
  - Implement preventive activities for residents
3. Enhance nurse-led comprehensive community care
4. Improve the efficiency of visiting nursing operations
  - ICT-based information sharing with other professionals
  - Improve the efficiency of operations

### III. Quality improvement of visiting nursing

1. Develop specialists who have a viewpoint to support health maintenance and recovery, living, and a calm terminal stage of life
  - Enhanced care

Terminal care at home, palliative care, support for dementia, mental illness, and children with severe mental/physical disorders, etc.
2. Collaborate with other professionals exercising nursing specialty
  - Provide occasions for learning and thinking with other professionals
3. Upgrade the management skills of managers at visiting nursing stations
  - Enhanced training for managers
4. Strengthen basic nursing education
  - Cooperation with educational institutions
  - Upgrade exercise guidance for home nursing studies

### IV. Response to regional comprehensive care

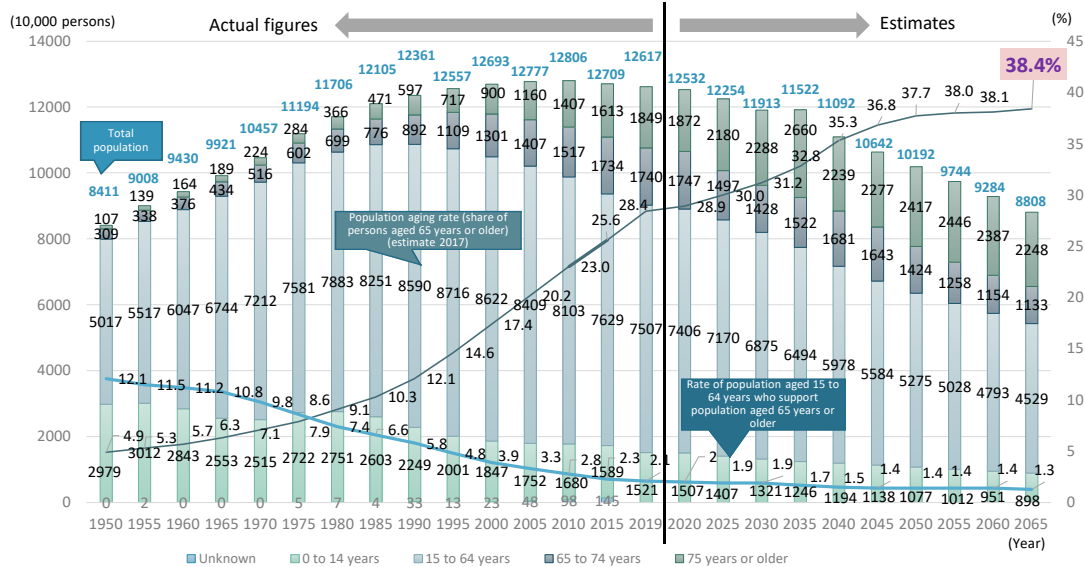
1. Dissemination of visiting nursing to the general public
  - Information provision concerning the functions and roles of visiting nursing
2. Establish a regional comprehensive care system
  - Establish a regional network
  - Participate in municipal services and meetings
3. Strengthen the function of visiting nursing stations to provide comprehensive support for regional living
4. Policy proposals from the standpoint of visiting nursing
  - Participation in the planning process
  - Policy proposals that match regional characteristics

The Visiting Nursing Action Plan summarizes action plans for achieving the Visiting Nursing Vision 2025 by the Japan Nursing Association, the National Association for Visiting Nurse Service, and the Japan Visiting Nursing Foundation.

The Action Plan consists of "I. Quantitative expansion of visiting nursing," "II. Functional expansion of visiting nursing," "III. Quality improvement of visiting nursing," and "IV. Response to regional comprehensive care."

II-01.  
Reference 1

Aging of Japanese population and future estimates



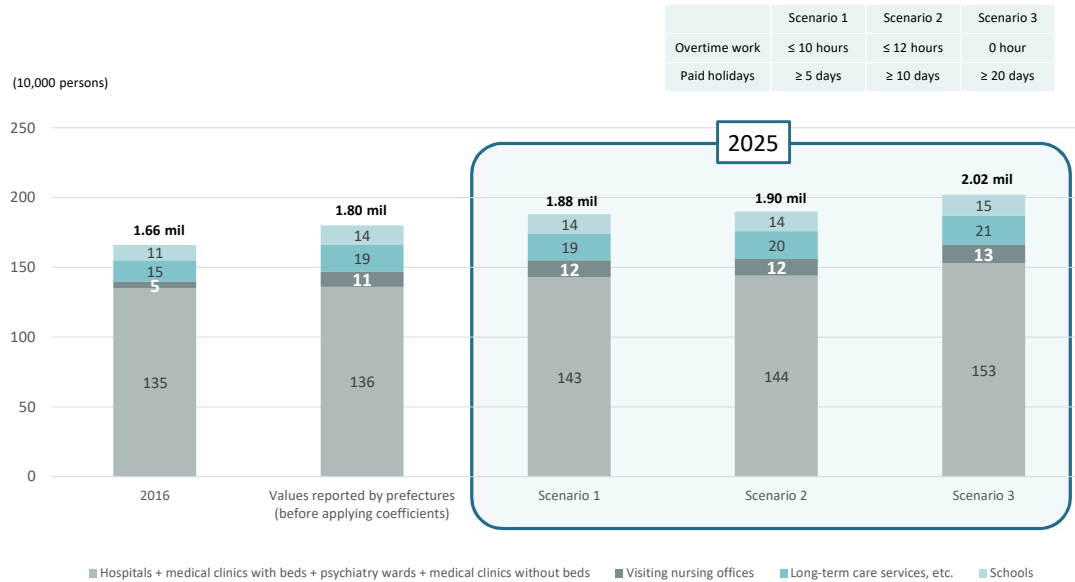
Source: Prepared by the Foundation based on Chapter 1, the status of aging population (Figure 1-1-1), the Cabinet Office "White Paper on Aging Society 2020 (Overview)"

The total population of Japan is 126.17 million as of October 1, 2019. The population aged 65 years or older is 35.89 million. The share of population aged 65 years or older in the total population ("population aging rate") is 28.4%. The population aged 65 to 74 years is 17.40 million (13.8% in total population), and the population aged 75 years or older is 18.49 million (14.7% in total population), larger than the population aged 65 to 74 years. In 2065, one in approx. 2.6 persons will be aged 65 years or older, and one in approx. 3.9 persons will be aged 75 years or older.

In the aging society with a declining birthrate, one person aged 65 years or older will be supported by 1.9 persons aged 15 to <65 years in 2025. The population aged 66 years or older (the height of the bar graph) continues to keep a large proportion from 2020 to 2065. It is important that the population aged 65 to 75 years will stay in the supporting population, in order to minimize the burden on persons aged 15 to <65 years.

II-01.  
Reference 2

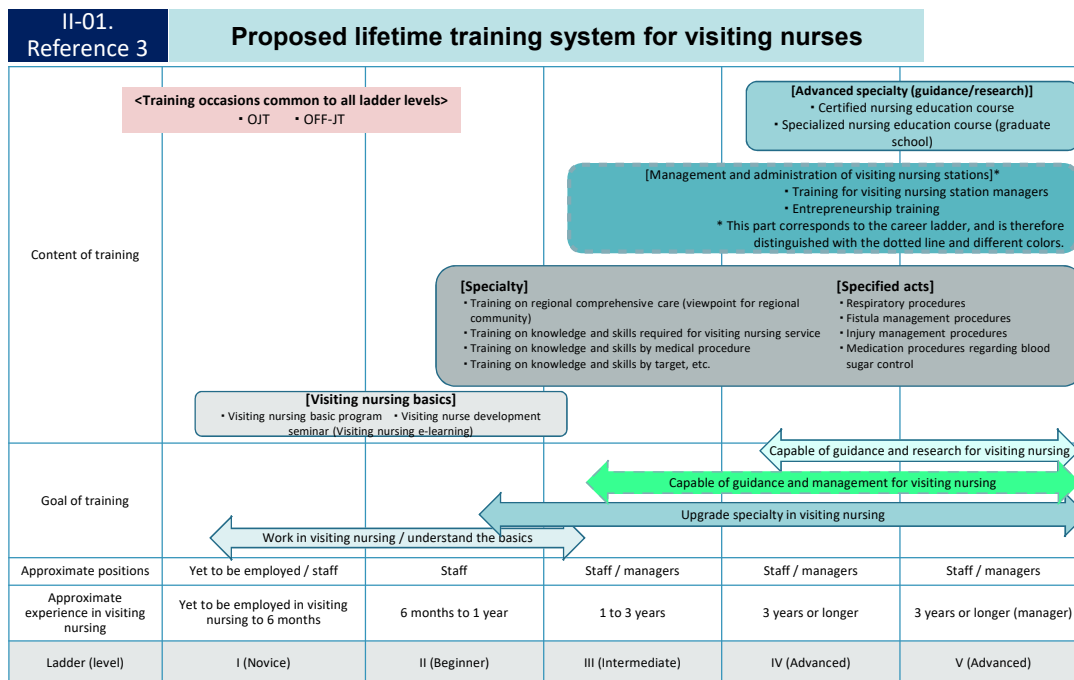
Required nurses by scenario toward 2025 (provisional values)



Material: Prepared by the Foundation based on the Ministry of Health, Labour and Welfare, "Interim Summary of Review Meeting on Supply and Demand of Healthcare Professionals / Subcommittee on Supply and Demand of Nurses (Overview)"

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According to the estimated supply and demand of nurses at visiting nursing offices published by the Ministry of Health, Labour and Welfare, 120,000 nurses are considered necessary by 2025, assuming each nurse work overtime up to 10 hours per month, and take five paid holidays per year. If each nurse takes ≥20 paid holidays from the viewpoint of work-life balance, 130,000 nurses are considered necessary.



To recruit and retain visiting nurses, it is considered necessary to establish a lifetime training system that enables visiting nurses to upgrade their career, by providing opportunities for training according to their fields of interest in combination with ladder levels.

Through such a system, it will become possible to perform wage appraisal based on the career ladder, and to promote the evaluation of visiting nursing by nurses who have completed specialized training.

Visiting nurses will be able to contribute to society throughout their life as valuable social resources in regional comprehensive care, while accumulating experience as visiting nurses and changing their workplaces and roles by completing different training courses in a timely manner.