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Visiting Nursing System In Japan



Japan Visiting Nursing Foundation

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Contents

1. History of visiting nursing services in Japan	2
(1) Visiting nursing services based on a hospital or a clinic	
(2) Public Health Nurse's activities in municipalities	
(3) Establishment of visiting nursing stations	
2. Situations of visiting nursing service	5
(1) Present states of visiting nursing stations	
(2) Employees at visiting nursing stations	
(3) How to use visiting service	
(4) Nursing actions provided by the visiting nursing station	
(5) The director of the visiting station	
3. Promotion of visiting nursing service	6
4. Future issues	7
Guide to the Visiting Nursing Service	8
1. Application for visiting nursing service and start of service	
2. Contents of visiting nursing services	
3. Operating hours	

Visiting Nursing System in Japan

In Japan, the proportion of the elderly people aged 65-year old and over to the whole population has reached 24.1% (as of October 2012), and the number of the elderly is growing more rapidly than in any other country in the world. The number of the elderly who need home healthcare is also growing. The consciousness for the efficiency and cost-effectiveness of the medical care leads to the shortened length of the hospital stay. Because of these, visiting nursing services are getting more important than ever.

The following describes the history and the current state of the visiting nursing system in Japan, focusing on Visiting Nursing Stations (VNS's) that serve as the basis of visiting nursing services.

1. History of visiting nursing services in Japan

(1) Visiting nursing services based on a hospital or a clinic

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

Because the bed-bound elderly who suffer from the sequelae of cerebral vascular diseases have posed a big social problem since around 1960, health visit and/or visiting nursing was provided to them. At the same time, some hospitals started visiting nursing services for those patients with severe neurological diseases who needed medical supervision and nursing care at home. Some of these services have been integrated into the community healthcare system.

In 1982, the Health and Medical Service Law for the Elderly was enacted. Under this Law, the hospitals started to get reimbursed for their visiting nursing services from the national health insurance systems in 1983. The amount reimbursed was 1,000 yen per visit. At first, the subjects of the services were only the elderly. Then, the psychiatric patients were included in the scheme in 1986, and finally, anyone that needs home healthcare in 1988, when the amount of reimbursement was doubled.

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

this insurance now.

(2) Public Health Nurse's activities in municipalities

Public Health Nurses (PHN's) 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. Then, the tasks of the PHN's were further defined in 1942 as health education and disease prevention, and the direct nursing care was excluded from their job.

Under the Health and Medical Service Law for the Elderly mentioned above, municipalities are designated to provide such services to the elderly as health examinations for the disease prevention, health counseling, rehabilitative training, home visit, and the health check-up notebook. And the PHN's have been engaged in health education, health counseling and coordination of the healthcare resources for the bed-bound elderly taken care at home.

The PHN's have been much more expected to play a major role in health promotion and disease prevention since the introduction of the visiting nursing system. After the LTC insurance was started, their role has become much more important because the health promotion and disease prevention lead to the cost containment of the health care expenditure including the reimbursement of insurance.

(3) Establishment of visiting nursing stations

1) Model project for the comprehensive home healthcare

The MHLW implemented the model projects for the visiting nursing services for four years in order to improve home healthcare systems in Japan. The objectives of the projects were (1) to implement and evaluate the visiting nursing system which may deliver some medical procedures at home, (2) to offer the training courses for the visiting nurses at the prefecture level.

The MHLW appointed 11 cities and towns to implement the projects. And the local Nursing Associations in charge of these cities and towns offered a " Visiting Nursing Training (120-hour program) " for the unemployed nurses. The goals of the training was to get sufficient knowledge and skills to (1) assess the health conditions of the elderly, (2) understand the nature of the visiting nursing and develop a nursing care plan, (3) provide appropriate nursing care, (4) support the family members, (5) collaborate with the 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 basic 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's started their activities in April the next year. The partial amendment of the Health Insurance Law in 1994 widened the target populations of the visiting nursing services so that the younger people could be covered.

Initially, the fee for the visiting nursing services for the elderly was approximately 7,500 yen per visit, of which 250 yen was the out-of-pocket payment by the user. This fee has now been raised to about 10,000 yen per visit, 10% of which is the user's out-of-pocket payment. Round-the-clock care, end-of-life care, and frequent visit according to the medical needs may get additional reimbursement respectively.

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

The LTC insurance system assures people the comprehensive healthcare and social services. These services are provided according to the care plan developed by the care manager. The objective of the system is to let those people who need care stay at home as far as possible. Most of those covered by this insurance are the elderly who require long-term care because of chronic diseases or disability. Close monitoring and appropriate intervention by the visiting nurses is extremely important for them to keep their 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 death by coordinating the medical, healthcare and social resources.

2. Situations of visiting nursing service

(1) Present states of visiting nursing stations

There are about 6,800 VNS's throughout Japan in 2013. The number of the stations increases recently. There are many small stations of scale. Some stations were forced to close down because they could not well adjust themselves to the newly introduced the LTC insurance system. Besides, the increase in the number of the stations is slowing down due to a shortage of visiting nurses. Because the need for visiting nursing services will never be reduced, we have to work hard to improve the situation.

(2) Employees at visiting nursing stations

The organization to provide the visiting nursing services needs to obtain the prefectural certification in order to be reimbursed by the national health insurance and/or the LTC insurance. The certification criteria tell that each organization must have at least 2.5 full-time nurses. There are usually 5-6 nurses, or 5 FTE's in one VNS, of whom four (80%) are RN's. Others are PHN's, LPN's and midwives. Some of the VNS's employ PT's and/or OT's. A visiting nurse pays approx. 70 visits per month on average.

(3) How to use visiting nursing service

First, one who'd like to use the visiting nursing services makes a request to the VNS or one's primary care physician. When the physician finds it necessary for that person to use visiting nursing services and gives an "order for the visiting nursing", then a visiting nurse will be sent to the person to interview the person, and then to provide visiting nursing services according to the nursing care plan. The VNS's will work closely with the primary care physician and periodically report him/her the client's condition. Under the LTC insurance system, nursing care should be in accordance with the general care plan developed by the care manager. Nursing care plan is changed as necessary concerning frequency of visit, time of visit and kinds of nursing actions. (See "Guide to the Visiting Nursing Service.")

(4) Nursing actions provided by the visiting nursing station

Observation of the client's condition is done in almost 100% cases. This has not changed after the introduction of the LTC insurance system. Assistance for ADL's (e.g., bathing and grooming) is provided to approx.50% of the clients and the rehabilitative training to the approx. 55%, with some decrease after the introduction of the LTC insurance system. On the other hand, those who need some sort of medical procedures such as wound care (e.g. bed sores) are increasing to be approx. 70% of the whole clients as of Oct. 2010. Some of them needed more than one kind of medical procedure.

(5) The director of the visiting nursing station

On average, every VNS takes care of 64 clients, and one client receives 5-6 visits per month. The fee for one visit is 10,000 yen, 90% of which is covered by the insurance and 10% by the patient. The average income of the VNS is 3 - 4million yen a month. A larger VNS might get 10 million yen or more.

The director of the VNS should be a nurse and she/he is in charge of recruiting the users of the services, efficient mobilization of the staff manpower and the coordination of the community resources.

3. Promotion of visiting nursing service

Local Nursing Associations have developed and implemented visiting nursing training programs, conducted publicity activities, and prepared brochures in promoting visiting nursing. The original training program is a 120-hour course for the continuing education for the nurses, but now a 240-hour program is going. The training program includes theory of visiting nursing, understanding the clients and the family, planning and implementation of visiting nursing, home healthcare systems, and on-site training.

As the quality of services is the great concern today, visiting nurses are expected to evaluate and improve it on their own efforts. Some VNS's are trying to evaluate services using self assessment tools.

The Japan Visiting Nursing Foundation was established in 1994 and provide training programs to promote visiting nursing.

4. Future issues

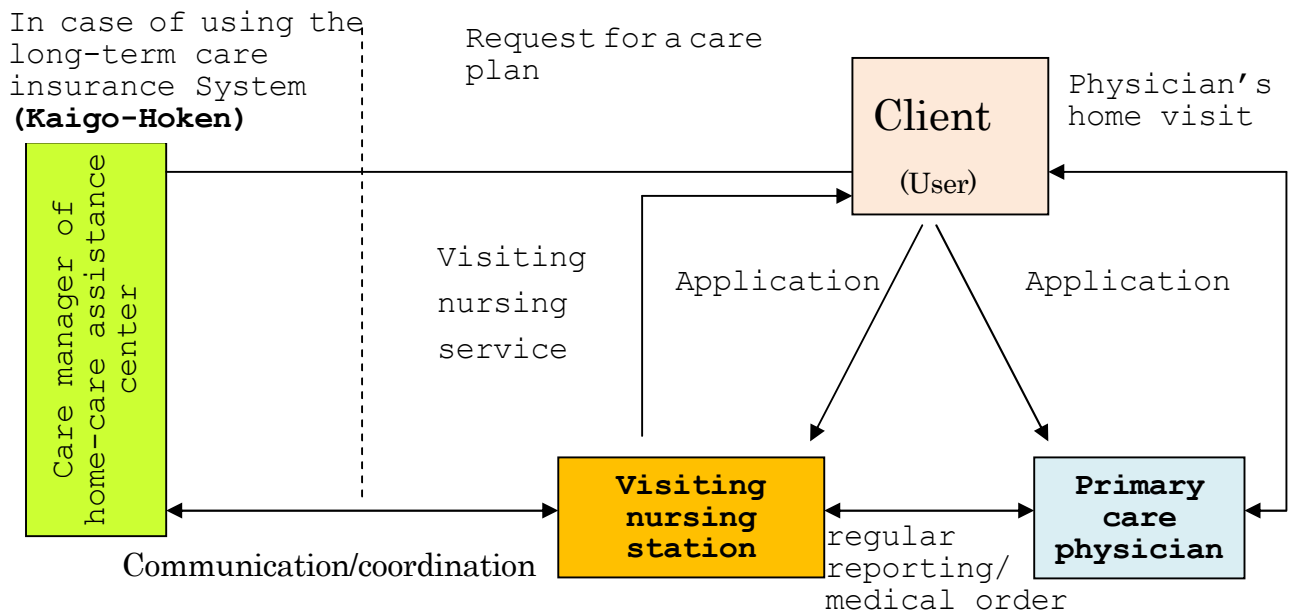
In spite of the expected increase in social demand for visiting nursing services, the number of visiting nurses is insufficient. Measures should be taken to increase the supply. To including motivating nurses to participate in visiting nursing, improvement of the working conditions, higher wages and the promotion of the social status of the visiting nurses. Active support to establishing and managing the VNS's is essential, as well as the publicity campaigns for the citizens to raise the recognition of the visiting nursing. To meet the growing needs for medical and health care, improvement of knowledge and skills of visiting nursing and the enhancement of the collaboration among VNS's and medical care facilities should be further addressed to.

Besides, we have to review and improve the visiting nursing system itself on continuous basis so that the necessary services may be provided sufficiently to those who are in need.

Guide to the Visiting Nursing Service

Visiting Nursing Station

1. Application for visiting nursing service and start of service



A visiting nursing system provides the nursing services at home for people who need assistance because of a disease and/or disability. This is managed under the LTC insurance and/or the national health insurance depending on the case. According to a physician's treatment plan or a care plan made by the care manager, visiting nursing care may be coordinated with other services, and the client can receive nursing care and medical care at home.

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

2. Contents of visiting nursing services

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

3. Operating hours

Open : Monday-Friday

Closed : Saturdays, Sundays, and holidays

Business hours : 9:00-17:00

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

