

Structure of the Visiting Nursing System in Japan

Japan Visiting Nursing Foundation

Introduction

Medical care in Japan has been provided via a universal insurance system since 1961. All citizens pay insurance premiums and are enrolled in various types of health insurance plans. Insurance certificate holders can freely choose any hospital or clinic to receive medical care, and they pay a co-payment of 10-30% of the cost of their medical care.

In addition, in 2000, the Long-Term Care Insurance System was implemented, which was available to most elderly individuals aged 65 years and older. Premiums are paid to the municipalities running the long-term care insurance system, and if required, individuals can undergo screening to obtain a Certification for Long-term Care Need, enabling them to access long-term care services depending on their level of required care, etc. and within the scope of the standard payment limits. Long-term care can be accessed with a co-payment of 10-30% of the cost of their care.

The visiting nursing system, which can be accessed under health insurance or long-term care insurance depending on the patient's condition, plays an important role in the lives of individuals who are affected by chronic conditions or disabilities and are recuperating at home.

In Japan, organizations that provide visiting nursing services mainly consist of hospitals, clinics, and visiting nursing stations. This brochure focuses on visiting nursing stations, which are the providers of more than 90% of visiting nursing services. An introduction to the history of the visiting nursing system and the system itself will be given, as well as the realities of the system and future perspectives.

March 2021

Background to the Visiting Nursing System in Japan

It is predicted that the population-aging rate in Japan will be as much as 38.4% in 2065. The number of elderly citizens in Japan is increasing sharply at a globally unprecedented rate. In contrast, there is an ever-declining birthrate, with a reduction in the working-age population of 15-64 years. Communities are experiencing an increase in at-home elderly who require nursing or long-term care, and due to greater efficiencies in inpatient treatment and shorter hospitalization times, visiting nursing services are increasingly required, regardless of age or condition.



The Establishment of Visiting Nursing Stations



1 Background to the Establishment of Visiting Nursing Stations

In Japan, prior to the 1920s, acute communicable diseases such as typhoid and cholera were prevalent, leading to the construction of isolation hospitals. The privately run Jizen (Charitable) Nurses Association dispatched nurses to hospitals and homes to care for patients with acute communicable disease.

From the latter half of the 1920s, nurses from the Japan Red Cross Hospital and St Luke's International Hospital provided visiting nursing services to mothers, children, and disaster victims on a volunteer basis.

From around 1960, the social problem of bedridden elderly emerged (due to delayed effects of strokes, etc.) which led to home-visit nurses providing health counseling and nursing for bedridden elderly.

Based on the Health and Medical Service Law for the Elderly enacted in 1982, hospital reimbursement of medical fees under health insurance for visiting nursing services for discharged patients was first recognized from 1983.

This was extended to cover visiting nursing/health counseling for psychiatric patients in 1986, and for patients recuperating at home from cancer/refractory diseases in 1988. It thereby became possible for medical fees to be reimbursed to hospitals for visiting nursing/health counseling, for not only the elderly but for anyone in need.

It should be noted that in 2006 the name of the Health and Medical Service Law for the Elderly was changed to the Act on Assurance of Medical Care for Elderly People, and a healthcare system for older senior citizens (aged 75 and over) was established, so that the benefits would be provided by each prefecture's Association of Medical Care Services for Older Senior Citizens.

Commencement of Model Projects for Improvement of the Integrated Home Health Care System including Visiting Nursing

The Ministry of Health, Labour and Welfare implemented model projects for four years to improve nursing in home health care situations. They included (1) an investigation of the practice and structure of visiting nursing services including medical treatments and (2) standardized training at the prefecture level. Nursing Associations in 17 prefectures with municipalities designated as model project implementation regions held 'Visiting Nurse Training Workshops (programs of 120 hours)' for nurses and others who were not employed, in which they were trained as visiting nurses.

Background to the Visiting Nursing System in Japan



Establishment of a Designated Visiting Nursing System for the Elderly (under Health Insurance)

Following implementation of the Model Projects for Improvement of the Integrated Home Health Care System including Visiting Nursing, in 1991 the Health and Medical Service Law for the Elderly and other laws were partially revised, and the Designated Visiting Nursing System for the elderly was established. From April 1992, Visiting Nursing services provided by visiting nursing stations commenced. In addition, with a partial revision to the Health Insurance Act in 1994, the Designated Visiting Nursing System was established, enabling visiting nursing services to also be provided to individuals recuperating at home (in addition to the elderly).



Establishment of a Designated Visiting Nursing System under Long-Term Care Insurance

The Long-Term Care Insurance Act enacted in 1997 was implemented from April 2000. The Long-term Care Insurance system is designed so that even if a person requires care, a care manager will formulate a care plan to form the basis for comprehensive access to any required medical services including welfare services, visiting nurses and rehabilitation, to allow the individual to, if possible, live an independent life in the home they are familiar with. Many of those who utilize services under the Long-term Care Insurance Act are 'a person requiring support' or 'a person requiring long-term care' for diseases or disabilities requiring care over the long term, and monitoring of diseases and disabilities, etc. as well as appropriate nursing interventions provided by visiting nurses are extremely important. As members of the care team, visiting nurses fully utilize that special feature of nursing – its coverage of both medical treatment and nursing care – and they can be counted on to provide a service that enhances the collective strength of team care, from nursing care/disease prevention nursing to end-of-life care.



Designated standards

From April 2000 onward, visiting nursing stations had to be appointed under the law as designated in-home service providers based on the Long-Term Care Insurance Act, which takes precedence over the Health Insurance Act. Designated service providers under the Long-Term Care Insurance Act are deemed to be designated home-visit nursing providers under health insurance, allowing them to provide visiting nursing services under health insurance. An explanation of the designated and operational criteria follows.

◆ Founder

A founder holds corporate status as a business corporation, medical corporation, or social welfare corporation, and is a designated home-visit nursing provider, appointed by the prefectural governor, etc. in accordance with the Long-Term Care Insurance Act. (If appointment as a designated in-home service provider under the Long-Term Care Insurance Act is obtained, the organization is deemed to be a designated home-visit nursing provider under the Health Insurance Act.)

◆ Manager

A Manager is a full-time public health nurse or nurse able to undertake the appropriate operational management of a home-visit nursing provider.

◆ Visiting Nursing Station Employees

The full-time equivalent of 2.5 nursing professionals is employed (including public health nurses, midwives (only under health insurance), nurses, and assistant nurses).

The placement of physical therapists, occupational therapists and speech-language-hearing therapists is also implemented as required. Administration staff are also employed.

◆ Visiting Nursing Station Facilities, Equipment, Fixtures

These include, for example, the necessary office space depending on the number of visiting nursing employees, car and bicycle parking (for visitors), office equipment, cabinetry, visiting nurse uniforms/instruments/equipment, infection control equipment/consumables, records.

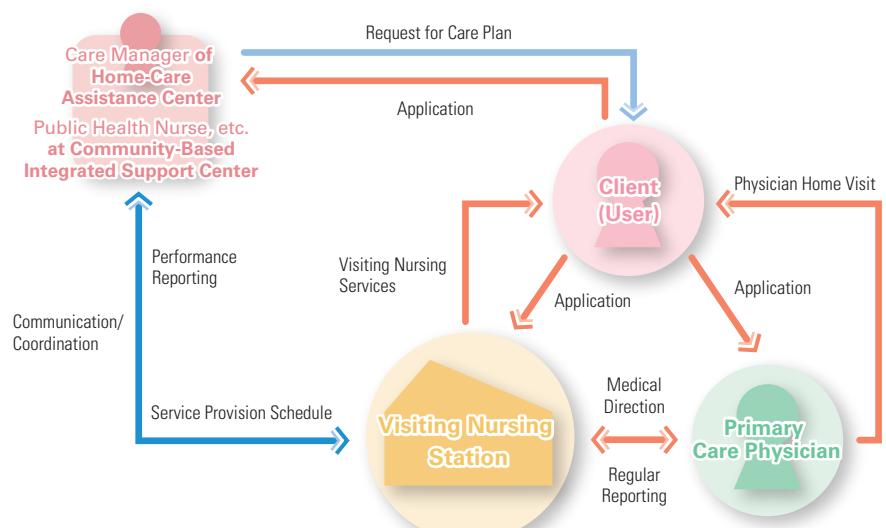


5 Provision of Visiting Nursing Services

Potential users can apply through their primary care physician or directly with a visiting nursing station, and if the primary care physician recognizes that a visiting nursing service is required, they will issue an 'Order for visiting nursing.' A visiting nurse will then visit the client, assess their condition, and ascertain their wishes. Visiting nursing services will then be provided based on the creation of a care plan. The visiting nurse will regularly report to and closely liaise with the primary care physician.

Under the long-term care insurance system, nursing is carried out using a visiting nursing plan in accordance with a care plan from a long-term care support specialist (care manager). However, if necessary, care plans can be changed (number of nursing visits, timing, specific services, etc.) through consultation, so that the necessary nursing services can be provided.

◆ Long-Term Care Insurance System



I

Details of Visiting Nursing operations

1

Visiting Nursing Station statistics

There are over 12,000 visiting nursing stations in Japan from which visiting nursing services are provided. On average, there are approximately 7 full-time-equivalent employees at each visiting nursing station (including around 5 nursing professionals).

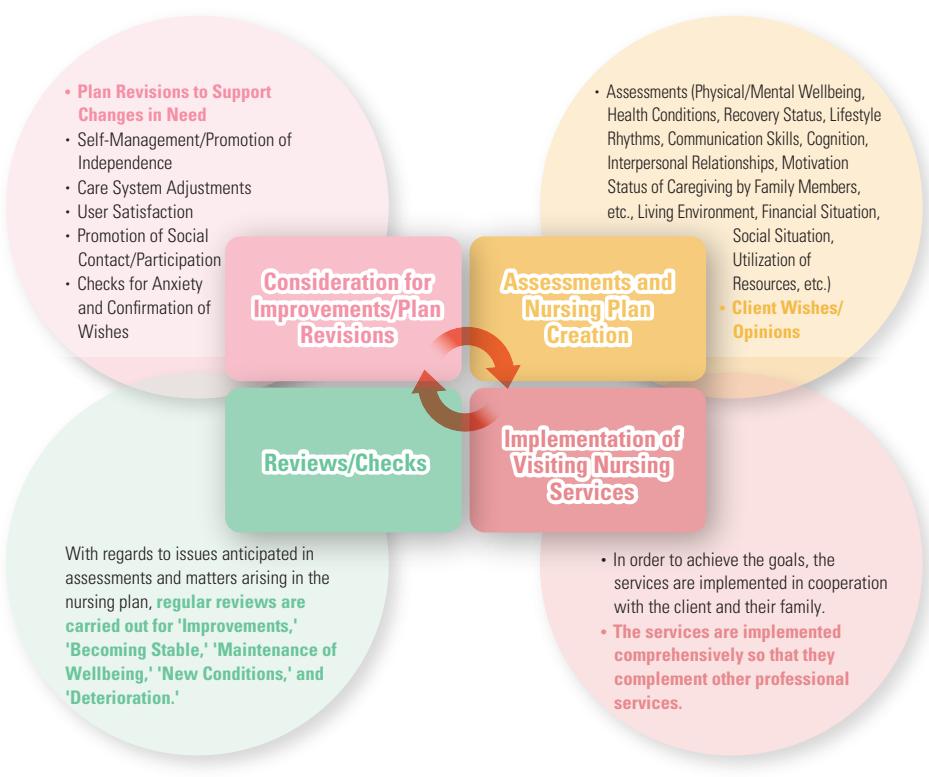
2

Visiting Nursing Station services

Visiting nursing stations provide services that include visiting inpatients so that they can provide collaborative health counseling upon discharge, and then at home, they carry out an assessment of the client and form a plan depending on the client's wishes. After this is implemented, reviews are carried out so that visiting nursing services can be provided in accordance with changes in needs.

Services include observation of health conditions, recovery guidance for the client, rehabilitation, nursing guidance/support for family members, assistance for daily living (e.g., care to maintain cleanliness), medication management, support for those with dementia/mental disabilities, toileting control/support, prevention of bedsores, etc./wound treatment, etc. Emergency assistance (including at night) accounts for less than 10% of services, and at-home end-of-life care accounts for only around 2% of services.

Implementation Process of Visiting Nursing



3

Numbers of visiting nursing users and the cost

A single visiting nursing station has an average of about 70 users, with each user receiving around 6-8 visits per month. The cost per visiting nurse visit is ¥7,500-11,000 (this differs depending on whether it is covered under long-term care insurance or health insurance).

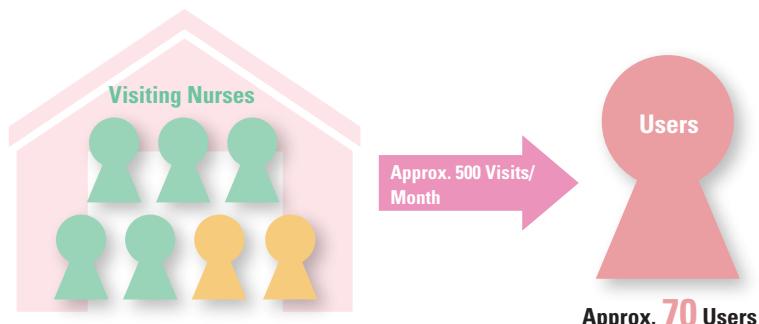
4

Visiting Nursing Station operational status

Each visiting nursing station employee makes around 70-80 visits per month, and the average revenue of one visiting nursing station is around ¥4.5-5 million per month.

Payments for visiting nursing services account for 99% of the visiting nursing station's revenue (nursing and medical treatment payments), with revenue depending on the number of visiting nursing users and their frequency of visits. Approximately 80% of expenditures go toward personnel costs.

Visiting Nursing Station Operational Model



Full-Time Equivalent Employees: 7

(Including 5 Nurses and 2 Physical Therapists or Other Professionals)

Users under Long-Term Care Insurance: 50

Users under Health Insurance: 20

Revenue: ➤ **¥4,500,000** (Payments for Visiting Nursing Services, User Fees, Other)

Expenditure: ➤ **¥4,300,000** (Personnel Costs: ¥3,500,000; Office Costs: ¥800,000)

Profit: ➤ **¥200,000**



1 Securing staff for visiting nursing services and improving quality

Given the social need for visiting nursing services, it is calculated that by 2025, 120,000 visiting nurses will be required. Looking at the placement of nursing professionals according to location, only 2.5% (about 60,000) nurses work at visiting nursing stations. The improvement of this situation will require proactive measures for personnel recruitment, improvements to working environments in order to enhance the motivation of nursing professionals for their visiting nursing occupation, and evaluations of their work to lead to new career opportunities as well as improvements to their status.

Furthermore, initiatives are necessary so that visiting nurses can feel secure in their work, including working to improve compensation and creating attractive workplaces for a good work-life balance.

Other challenges include implementing initiatives to enhance public relations advertising targeted at local residents.



2 Service streamlining with ICT

In 2020, the novel coronavirus infection was declared a pandemic, which resulted in many workplaces, including visiting nursing stations, establishing infection control systems including the provision of infection control equipment, utilizing video chatting services and holding care conferences online. In future, there is a need to further promote productivity through ICT-enabled streamlining.



3 Improving the quality of visiting nursing services

Visiting nursing stations undertake evaluations to improve the quality of their services, as well as to continue and develop their operations. Self-evaluation is mandatory under the Visiting Nursing System, but there are also user evaluations, third-party evaluations, performance evaluations, etc.

User evaluations are a source of evaluation information relating to nursing services and the individual qualities of the visiting nurses, including matters not easily expressed directly to the nurses themselves, or information on certain needs that are difficult to convey.

In third-party evaluations, structure, processes, and output are evaluated to improve quality. In order to evaluate the outcomes/efficacy of visiting nursing services, outcomes are assessed in terms of the provision of evidence-based nursing using objective assessments and assessment scales, as well as the expected improvement or maintenance of physical/mental condition or treatment environment, or even a comforting end-of-life experience.

These outcomes are difficult to evaluate, given that various factors can influence the outcome aside from the nursing. Experimental initiatives are carried out with a view to the PDCA cycle.



From a community-based integrated care system to the realization of a community inclusive society

◆ The formation of a community-based integrated care system by 2025

The 'post-war baby boom generation' born between 1947 and 1949 followed the defeat of Japan in the second world war in 1945, and Japan entered a period of growth in the younger population with a total fertility rate of around 4.3. With a target of 2025, when this generation will be aged 75 or older, there is an urgent need to create a community-based integrated care system so that these people can live their own lives in the communities they are familiar with, until breathing their last.

In 2040, when this same generation will be aged 90 or older and their children's generation will be aged 65 or older, it is anticipated that Japan will reach a peak in its low birthrate/aged society with high mortality.

At present, each region must place urgency on forming a community-based integrated care system in order to comfortably overcome the issue that will become pronounced in 2025. Visiting nursing is a service that spans both the health insurance system and the long-term care insurance system, and is considered the cornerstone of community-based integrated care.

Given that each region has certain characteristics, such as varying population structures by age, varying levels of social resources such as health, medical, welfare and long-term care services, differing industries and cultures, it is difficult to realize community-based integrated care systems only through implementing uniform measures throughout the country such as revisions to the long-term care insurance system or to the health insurance system, controlling benefits via payment revisions, or additions for improvement of benefits of nursing staff. For that reason, community-based integrated care systems are being created by each municipality or prefecture in accordance with the characteristics of the region and based on its autonomy and independence.



◆ The realization of a community inclusive society in 2040

In the Japan of old, there were support functions embedded in daily life – in the community and in the household – including mutual cooperation within communities and assistance between families. However, with the progression of the aging society and the decrease in the population, that base is weakening. The goal is therefore the realization of a community-inclusive society in which by 2040, connections between people will be rebuilt, people will support each other in times of difficulty and will continue to live their lives without loneliness.

In order to achieve this community-inclusive society in which all ages can live together, an integrated support network will be required, in which healthcare, nursing, and long-term care/welfare is available in the community. Nursing support is becoming even more important so that people can, as much as possible, achieve their potential, maintain their health and prevent the deterioration of chronic diseases so that they can live well until their end.

Visiting nursing stations not only have placements of nursing professionals, but have also made progress in the placement of physical therapists, occupational therapists and speech therapists, and these services will be relied upon as an essential social resource for the realization of a community-inclusive society.



Future Issues

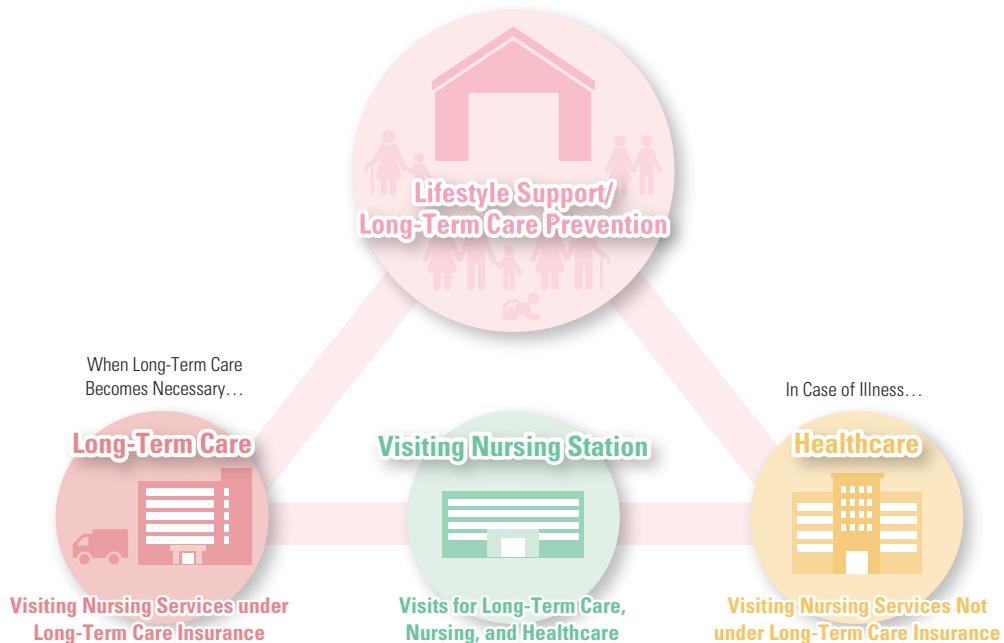
Community-Based Integrated Care System Model

The Community-Based Integrated Care System is based on residential areas in which the necessary services are able to be accessed/provided **within around**

30 minutes of travel

(specifically, based on junior high school districts).

To Enjoy an Active, Healthy Life for as Long as Possible



Visiting nursing stations are staffed by professionals who can provide nursing services and rehabilitation according to users' needs, whether users require long-term care or healthcare due to illness, etc. As guardians of health in the community, they offer health consultations, long-term care prevention, and even at-home end-of-life care depending on the client's wishes, supporting the ability of clients to live in the community (home) they are familiar with until their end.

IV

Example of a Visiting Nursing

Client 'A' was bedridden, but has managed to return to an independent lifestyle

Name of injury/disease, etc.:	Residual pulmonary tuberculosis, chronic respiratory failure	
Level of long-term care:	Requiring Long-Term Care 1	
Progress of in-home recovery:	<p>Client 'A' experienced acute exacerbation of chronic respiratory failure as a result of the sequelae of tuberculosis, whereupon in-home oxygen therapy was introduced, and the client became largely bedridden. On the recommendation of a concerned home-helper, the client became a user of visiting nursing services. Then, upon the recommendation of the visiting nurse, the client was examined in a respiratory specialist hospital and received the appropriate treatment and rehabilitation, resulting in the in-home oxygen therapy no longer being needed.</p> <p>Furthermore, the client recovered to the point where they could live a normal daily life and even go on outings, as a result of the respiratory rehabilitation and lifestyle counseling provided by the visiting nurse. Currently, the client has achieved self-management and is continuing to live an independent life without further exacerbation of their respiratory condition.</p>	
Family composition:	Living alone	
Services being accessed:	<ul style="list-style-type: none">Visiting nurse: once every two weeksVisiting caregiver: once a weekDay service care (4 hours): once a weekPaid helper: once a monthConsultation at a specialist hospital: once every six weeksAttending physician consultation: once a month	
Features of the visiting nursing services provided:	<p>A detailed physical assessment (in particular, observation of the client's respiratory status)</p> <p>Senior citizens often do not notice fevers, dehydration or low oxygen saturation until their condition becomes serious. It is an important part of visiting nursing, even with a low frequency of visits, to conduct preventive work such as noticing condition changes, early discovery of abnormalities and support for prevention of exacerbation.</p> <p>Support for activities of daily living</p> <p>In the case of chronic respiratory failure, it is important to provide not only medical treatment in the form of respiratory rehabilitation, but also to provide guidance on physical movement within the activities of daily living. Support can be provided for comfortable breathing during simple activities such as eating a meal, going to the toilet, getting dressed, taking a bath, walking around or climbing/going down stairs, so that, as much as possible, the patient will not become bedridden again.</p> <p>Mental support</p> <p>Our core messages are that we will enable clients to attain their potential, that we will support them to realize that life is worth living, and that we will watch out for them as nursing professionals.</p> <p>Emergency measures</p> <p>Respiratory difficulties can feel life-threatening, and if a client lives alone, it is necessary to consider what steps to take if their condition exacerbates or changes rapidly. Nursing services are available 24 hours a day, 365 days a year, in order to respond in times of emergency.</p>	

SUSTAINABLE DEVELOPMENT GOALS



Japan Visiting Nursing Foundation

5th Floor, Japan Nursing Association Building, 5-8-2 Jingumae,
Shibuya City, Tokyo 150-0001

Official website: <https://www.jvnf.or.jp/>