

Services and Housing for the Elderly in Japan ③

I have talked about Japan's long-term care insurance system and how the elderly choose their housing in my previous article.

First, you need to consider whether or not you require nursing care, and then you need to further consider whether or not you require any medical support.

Your dementia symptoms will also affect your housing selection.

In this article, I will go over more details, and introduce key points for the elderly's housing or facility selection.

The first step, before listing up your preferences, is to check which facilities are available for you with your current physical condition.

1. Need for nursing care/ With or without dementia/ Necessity of medical support

i. Available facilities depend on the level of nursing care you require.

For example, Special Nursing Homes for Old People, which is public nursing homes, only accept the elderly with the level 3 and above of long-term care certification in principle.

Public operated group homes specify their admission requirements and the elderly who have dementia symptoms with the level 2 and above of long-term support certification can be admitted. There are other requirements to enter these facilities, such as age or whether or not your registered address is in the same city where the group home is located.

In most cases, the level of requiring nursing care is expected to rise as time passes by, so it is also important to make sure that the facility can provide appropriate nursing-care services to the level of care you need, even your condition becomes severe.

In addition, you can neither ignore nor forget about the full-time staff who provide care-services and their qualifications.

If you require sputum suction or tubal feeding through gastric, intestinal or nasogastric tubes, you must make sure if the facility has the staff who can perform such medical treatment and then the number of the staff if the treatment is available.

Just for your reference, as the aging of the population advances in Japan, problems of aging and more severe health condition of the residents have also arisen within nursing-care facilities. Sputum suction and tubal feeding used to be considered as the medical practices that could be performed by only doctors, or nurses instructed by a doctor, but since April 2012, a partial amendment to the Social Welfare Act and the Long-Term Care

Welfare Act has allowed care providers who receive a certain level of training to perform sputum suction and tubal feeding.

ii. The facilities you can enter depends on if you have dementia or not.

You also might need to pay attention to whether or not a facility lets residents do what they can do by themselves to continue to live their life as who they are, whether or not safety management is thorough, and whether or not staff have sufficient level of understanding for dementia, in other words, whether or not a facility provides its staff with workshops or training sessions about dementia. Some facilities set conditions for termination of residency with certain dementia symptoms, so you might need to check it out.

In addition, some facilities separate floors or areas by dementia symptoms so you also need to check if such living environment or arrangement is acceptable for you.

iii. The facilities you can enter depends on medical supports you require.

You need to carefully examine a residential agreement, particularly conditions set forth for the admission and termination, such as what kind of medical treatments are available, and a facility can accommodate you if your physical condition changes. In some cases when your physical condition changes, you will be asked to leave or asked to pay more fees for additional medical services.

Another point you shouldn't forget is the arrangement of nurses. If you require medical practice that cannot be done by care providers all the time, it is very important to have nurses placed within the facility.

It is also necessary to check if there is an adequate system put in place for residents including checking vital signs, frequency of communication, providing first-aid, and managing medicine.

And what is important is a cooperation system between a facility and medical institutions. Public operated health services facilities for the aged are set the staffing standard for doctors; however, other facilities are not necessarily required to place doctors or nurses around the clock since these facilities are just a place of living for the elderly and are not required to place doctors stationed all the time or nurses at night.

So, it is important to check the number of medical institutions that a nursing facility has a cooperative relationship with and how those medical institutions work for or work together with the facility.

For your reference, Table 1 shows the requirements for cooperating medical institutions selected by nursing care facilities as Japan's Ministry of Health, Labour and Welfare has announced in the revision of nursing care service fees for FY2024 to mandate

that nursing facilities such as special nursing homes and elderly health facilities will be required to select cooperating medical institutions as their supportive function. Potential medical institutions could be home care support hospitals and clinics, medical facilities which operate community-based care ward with less than 200 beds, or hospitals where doctors can look after the elderly who have been home cared. It is more desirable if these hospitals are located close to the nursing facility.

Table 1

Requirements for cooperating medical institutions selected by nursing care facilities
1. A system in which doctors and nurses are available to respond to a nursing facility in the event of a medical emergency must be maintained at all times.
2. A system to provide medical treatments upon a nursing facility's request must be maintained at all times.
3. In principle, a system to admit a nursing care facility resident who requires hospitalization in the event of an emergency must be maintained.
* Fulfilling the above requirements by designating multiple medical institutions is also acceptable.
■ At least once a year, the emergency response system must be reviewed between a cooperating medical institution and a nursing facility, and nursing facilities must notify the designated authority of the names of cooperating medical institutions.

A rehabilitation system is also something you have to check out.

Facility residents can benefit from working with physical therapists (PT), occupational therapists (OT), and speech-language-hearing therapists (ST), and there is also daily life rehabilitation, which utilizes daily activities as part of rehabilitations.

Physical therapists provide rehabilitation working toward restoring motor functions, occupational therapists provide rehabilitation working toward restoring activities of daily living, and speech-language-hearing therapists improve language communication and eating/swallowing functions, etc. Daily life rehabilitation involves performing tasks that are part of everyday life activities, such as folding laundries, wiping tables, and serving food.

In addition, functional training instructors are assigned to not only day care facilities, but also residential facilities, supporting residents' activities of daily living.

Lastly, you have to make sure that a facility will provide end-of-life care.

Recent years, more facilities have come to take care of their residents till their death; however, some facilities do not do that.

It is important to give careful consideration to how you or your family would like to be treated at the end of your life, and how you would like to spend your final moments, and then choose a facility that accommodates your expectations.

References (Available only in Japanese)

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