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## Original Study

# Health Care and Personal Care Needs Among Residents in Nursing Homes, Group Homes, and Congregate Housing in Japan: Why Does Transition Occur, and Where Can the Frail Elderly Establish a Permanent Residence?

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## A B S T R A C T

**Keywords:**

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group homes  
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**Objectives:** Japan has had high rates of transition to nursing homes from other long term care facilities. It has been hypothesized that care transitions occur because a resident's condition deteriorates. The aim of the present study was to compare the health care and personal care needs of residents in nursing homes, group homes, and congregate housing in Japan.

**Design:** The present study was conducted using a cross-sectional study design.

**Setting/Subjects:** The present study included 70,519 elderly individuals from 5 types of residential facilities: care medical facilities (heavy medical care; n = 17,358), geriatric intermediate care facilities (rehabilitation aimed toward a discharge to home; n = 26,136), special nursing homes (permanent residence; n = 20,564), group homes (group living, n = 1454), and fee-based homes for the elderly (congregate housing; n = 5007).

**Measurements:** The managing director at each facility provided information on the residents' health care and personal care needs, including activities of daily living (ADLs), level of required care, level of cognitive impairment, current disease treatment, and medical procedures.

**Results:** A multinomial logistic regression analysis demonstrated a significantly lower rate of medical procedures among the residents in special nursing homes compared with those in care medical facilities, geriatric intermediate care facilities, group homes, and fee-based homes for the elderly. The residents of special nursing homes also indicated a significantly lower level of required care than those in care medical facilities.

**Conclusion:** The results of our study suggest that care transitions occur because of unavailable permanent residence option for people who suffer with medical deterioration. The national government should modify residential facilities by reorganizing several types of residential facilities into nursing homes that provide a place of permanent residence.

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In several countries throughout the world, the demand for residential care has risen as a result of the aging of the population. Transitions between residential and health care settings are common among elderly individuals.<sup>1–4</sup> Multiple care transitions lead to extraordinary health care costs and persistent, profound disabilities among patients.<sup>5</sup> Care transitions have been observed among

individuals of advanced age,<sup>2</sup> those with prior hospitalizations,<sup>2</sup> those with feeding tubes,<sup>2,4</sup> those with dementia,<sup>6</sup> and those who reside in long term care facilities compared with community-dwelling individuals.<sup>2,3</sup> Care transitions also occur from one long term care facility to other nursing homes (eg from an assisted living facility to a nursing home).<sup>7,8</sup> Care transitions are not desirable for elderly individuals because relocation can increase the risk of falls<sup>9</sup> and mortality.<sup>10</sup>

Japan has faced problems with high rates of care transitions for elderly individuals since the introduction of the public long term care insurance (LTCI) system in April 2000. Care services under the LTCI program cover home care services and residential services for adults aged 65 years and older or those aged 40 to 64 years who have a specific disease. Residential services include geriatric intermediate care facilities, care medical facilities, and special nursing homes. Among them, special nursing homes are the only facilities available

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for permanent residence. In addition, the national government introduced group homes to the LTCI program in 2006 to establish small-scale, homelike facilities that accommodate elderly individuals with mild to moderate dementia, as well as group living facilities.<sup>11,12</sup> The LTCI program also covers home care services in senior housing facilities that are authorized as “specified facilities” by local governments. Congregate housing facilities under the Public Aid for the Aged Act are called fee-based homes for the elderly; these facilities accounted for 86.5% of the specified facilities in August 2008.<sup>13</sup> These specified facilities are housing facilities that offer additional care and are comparable to extra care housing in England<sup>14</sup> and dwellings for the elderly in Denmark.<sup>15</sup> LTCI covers a package of home care services delivered by care personnel in specified facilities (Table 1).

Although each type of these facilities appears to be different in form and function from one another, a certain number of the residents are placed on a waiting list for nursing home placement<sup>16</sup> and are discharged to special nursing homes.<sup>17–19</sup> National statistics from September 2010 showed that one-third of the residents in special nursing homes were moved from another residential facility.<sup>19</sup> The rate of admission to special nursing homes from other long term care settings in Japan is higher compared with that of Western countries, including Denmark, Iceland, Italy, the Netherlands, and the United States.<sup>20</sup> There are 2 distinct explanations for frequent care transitions. One hypothesis is that care transitions occur because the resident's condition deteriorates as a product of both health and personal care needs. The public LTCI program has a universal benefit schedule and a fixed price for 1 package of residential care per 1 person based on his or her level of required care. A facility is paid by the total number of packages (residents), and this remuneration is then distributed to the care personnel employees. Thus, a resident residing in X facility with X level of required care may more likely have to be transferred to Y facility if his or her level of care increases to Y because of facility reimbursement schedule Y. Another hypothesis is that individuals end up getting shuffled around regardless of their actual health and personal care needs because of the few options available for permanent residence related to LTCI. However, there has been no examination of the differences in the health care and personal care functions performed by several types of residential facilities in Japan. In particular, do special nursing homes cover elderly individuals with the most extensive care needs?

The aim of the present study was to compare health care and personal care needs of the residents in different types of facilities under the LTCI program in Japan.

## Methods

### Design

The present study was conducted using a cross-sectional study design.

### Setting

The present study evaluated the health care and personal care needs of the residents in care medical facilities, geriatric intermediate care facilities, and special nursing homes in June 2010 (first assessment), along with group homes and fee-based homes for the elderly that were authorized as specified facilities in September 2011 (second assessment). The present study was a part of a national project aimed at investigating the differences in the care functions performed by several types of residential facilities.

### Subjects

The first assessment included all 2227 care medical facilities, 2000 geriatric intermediate care facilities, and 2000 special nursing homes listed in the nationwide online database WAM-NET (Welfare and Medical Service Network System) at the end of May 2010. Each facility was asked to randomly select one-third of its residents on June 23, 2010. Eligible geriatric intermediate care facilities were randomly selected from all 3612 facilities. Eligible special nursing homes were randomly selected from all 6397 facilities.

The second assessment included 1000 group homes and 2000 fee-based homes for the elderly that were listed in the WAM-NET at the end of August 2011. Each facility was asked to randomly select one-third of its residents on September 12, 2011. Eligible group homes were randomly selected from all 11,395 facilities. Eligible fee-based homes for the elderly were randomly selected from all 2890 facilities that were authorized as specified facilities.

A total of 80,367 resident-level questionnaires were collected from 3957 facilities (42.9%). The final sample for analysis consisted of 70,519 fully completed questionnaires from 3876 facilities (42.0%). In contrast to the 9848 residents who were excluded from the study, the 70,519 residents included in the study had significantly lower activities of daily living (ADLs) scores ( $t(9958.760) = 7.421, P < .001$ ) and more severe cognitive impairment ( $t(10,443.510) = 8.145, P < .001$ ); they had higher proportions of cerebrovascular disease ( $\chi^2(1) = 12.210, P < .001$ ), dementia ( $\chi^2(1) = 38.166, P < .001$ ), and any medical procedures ( $\chi^2(1) = 36.695, P < .001$ ); and they were more likely to reside in care medical facilities or geriatric intermediate care facilities ( $\chi^2(4) = 400.250, P < .001$ ).

**Table 1**  
Residential Facilities for the Elderly in Japan

| Type of Facility                                    | Aim of Service  | Physician Staffing Requirements   | Coverage by Long Term Care Insurance | Rate of Death in Discharge Distribution |
|---|---|-----------------------------------|--------------------------------------|---|
| Special nursing home                                | Permanent residence for residents who are stable but require regular nursing care               | One or more, head count           | Package of residential care          | Sept 2010<br>63.7%*                     |
| Care medical facility                               | Substantial care and medical services   | One or more, full-time equivalent | Package of residential care          | Sept 2010<br>6.4%*                      |
| Geriatric intermediate care facility                | Minimal care and rehabilitation aimed at discharge to home                                      | Three or more, head count         | Package of residential care          | Sept 2010<br>33.0%*                     |
| Group home  | Small-scale, homelike accommodation for residents with mild to moderate dementia (group living) | Not required                      | Package of residential care          | 2011<br>24.9% <sup>†</sup>              |
| Fee-based home for the elderly (specified facility) | Congregate housing  | Not required                      | Packaged home care                   | Oct–Dec 2010<br>54.0% <sup>‡</sup>      |

\*Ministry of Health, Labor, and Welfare. Survey of Institutions and Establishments for Long-Term Care, 2010.<sup>19</sup>

<sup>†</sup>Fujitsu Research Institute. Report on Group Homes for Dementia, 2012.<sup>18</sup>

<sup>‡</sup>Nomura Research Institute. Specified Facilities' Roles and Contributions to the Community and the Economy, 2010.<sup>17</sup>

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