

# I) Overview of Services covered by LTC-I in Japan

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## 1.2 In-home Services

### a. Home Care Services

- Home Help Service (inc. domiciliary services)
- Visiting bathing service
- Visiting nursing service
- Visiting rehabilitation service
- Advice/guidance by doctor, dentist, pharmacist, dietitian



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## b. Facility Care Services

- Utilization of the services of day care centre
- Utilization of the service of rehabilitation centre
- Short-term stay service (respite care service) in facilities services



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### c. Purchase or Rental of Welfare Equipments

- Rental of health care equipments/rehab aids
- Purchase of home health care equipments/rehab aids

### d. Financial Assistance for Home Modification

### e. Other Services

- Group home service for the demented



# III) Reference from Agency Visits

## 3.1 (private nursing home) Care Residence Tokyo Annex

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### a. Fee charging :

- Lump sum fee upon admission from which to deduce monthly rental,
- This fee can be returned in partial (by formula) within 90 months' residence. Beyond that no money returned.
- Residents have to pay food costs, management fee and care costs which vary from care level 1 to 5. Care level 0 implies no cost.
- e.g. A resident on level 5 (most intensive care) in a single room pays a max. of about HK\$18,000 per month.
- On top of this \$18,000 collected from resident, the operator receives about HK\$15,000 from LTC. Therefore the total fee charge of HK\$33,000 is actually very high. Also the cost borne by LTC is heavy.



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## b. Facility

- 47 dormitories of 38 single rooms, 4 twins and 5 4-bed rooms
- bathrooms - ordinary and special ones
- canteen, rehabilitation rooms, cosy common room, small garden, nurse station, kitchen, etc. (similar to those of HK)
- No special facility for demented residents



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## good call bell system

Located at entrance of each dormitory & connected not only to nurse counter but also to the mobile phones of 8 staff (nurse & care workers) Simultaneous ringing in sequence so that staff will not have to rush to the dorm. All at the same time.



c. Capacity : 66

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d. Resident profile : 17 M , 46 F  
only 3 are independent (level 0)  
90% are demented and belong  
to level 1 to 5 Most with family  
members in Japan



## **e. Staffing :**

**- staff ratio : 1:1.6 ( statutory : 1: 2.5)**

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- nearly 50% of the following staff are part-time staff
- 1 supt (full-time)
- 2 care managers (full-time ; 1 nurse, 1 social worker)
- 1 care plan officer (full-time social worker)
- 39 care workers
- 7 nurses
- 1 dietician
- 1 therapist
- 2 part-time doctors
- 16 other supporting staff





## **f. programs :**

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No special programs for the demented (90%)

No special training for staff on dementia care

Values customer / family feedback &  
individual needs







## **3.2 (public nursing home)**

### **Akane-en in Shinjuku**

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- **An elderly complex of residential homes and community support services;**
  - **Owned by govt. (Shinjuku City), run by Public Corporate**
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- 1. Residential homes :**
    - Special Nursing Home**
      - a. capacity : 60 and 6 beds for short stay**
        - **caters for the care-level 1 to 5**
        - **short stay is accepted for one week per every two months**
        - **provides nursing care, medical care, personal care, program activities and meals**



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## **b. Facility**

- **16 dormitories of 2 single rooms, 16 four-person rooms**
- **bathrooms - ordinary and special ones**
- **canteen, rehabilitation rooms, common room, activity room, courtyard, nurse station, kitchen, etc.**
- **No special facility for demented residents**



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### **c. Residents' profile :**

- 12 M, 48F**
- Average age: 86 years old ( with eldest 105 and youngest 67)**
- Care-levels: 1 (3%), 2 (18%), 3 (17%), 4 (28%), 5 (33%)**
- Average stay: 4 yrs. 5 months**
- Turnover rate: 10 persons/yr.**



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#### **d. Staffing : 40 full-time and 20 part-time staff**

- 1 president
- 1 care manager
- 4 nurses
- 20 full-time and 9 part-time care workers
- 1 massager
- 1 dietician
- 2 part-time therapists
- 6 part-time visiting doctors
- 14 full-time and 3 part-time supporting staff



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f. Impacts on the home after the implementation of LTC-I:

1. Numbers of waiting list increase
2. Insurees of all care-levels ask for the service (before only levels 4 and 5)





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## **2. Community Support Services**

- 1. Ordinary Day Care Centre (inc. day centre for the demented)**
- 2. Home Service Centres for the Elderly (at Annex building)**
- 3. Home Care Support Centre**

## **Reference drawn**

- 1. Integration of services**
- 2. Economies of scale, sharing of manpower and resources**







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