

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117031](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117031)

Copyright: 

Conference Abstract

Caring time and types of care services provided to help elderly person to keep living at home -Comparison between informal and formal care-

Masaaki Otaga, National Institute of Public Health, Japan

Takako Tsutsui, Graduate school of Business, University of Hyogo, Japan

Sadanori Higashin, School of Management and Information, University of Shizuoka, Japan

Alexis Cottencin, Graduate school of Business, University of Hyogo, Japan

Correspondence to: **Masaaki Otaga**, National Institute of Public Health, Japan, E-mail: otaga@niph.go.jp

Abstract

Background: In many countries, including Japan, the number of elderly persons living with multiple chronic health problems increases. To tackle this issue and to allow elderly persons to keep living at home in a healthy, comfortable and safe manner, Japan has implemented a community-based integrated care system in 2006. The goal of this system is to ensure that each community is equipped to provide medical, long-term, and social care at home every time and only when it is necessary. Achieving this goal requires an access to care 24 hours a day, 365 days a year, as well as the delivery of both formal and informal care services. However, Japan is currently in a situation where high expectations towards informal care are difficult to fulfill.

Purpose: This research investigates the quantity of various types of medical and long-term care provided to elderly persons that live at home and require care. It also contributes to understand the situation towards informal care, which currently lacks transparency in Japan. The final goal is to provide information that can be used to determine the quantity of formal care service that need to be provided at home.

Methods: The quantity of care given by family members was evaluated through a work sampling method. An analysis was also conducted to reveal in which moment of the day this care was delivered and to determine the duration of each episode of care.

The analysis took into consideration the type of care, the time frame and the duration of care for every elderly persons requiring care targeted in the survey. The day was divided in 24 one-hour time frames. Moreover, a comparison with the situation in residential care settings was made using data on formal care provided in long-term care facilities.

Data: This research draws on two different data sets and analysis streams. The first data set is on family care and was collected through a self-reported questionnaire. It was distributed to 500 households with an elderly person that requires care (referred as "elderly persons with certified

care needs” in the Long-term Care Insurance System of Japan). The duration of care was self-reported per unit of 10 minutes over a one-week period. The second data set was collected by investigators in two long-term care facilities. The duration of care was reported per unit of 1 minute over a one-day period. Data on the characteristics of the 115 persons admitted and on the 31 staff members was also collected. The content of care was categorized using the codes developed by Tsutsui in 1995 and currently used in research on the care need certification system of Japan.

Results: 1. The type of care provided at home and in facilities did not significantly differ. In both settings, the most frequent types of care were “dressing”, “eating support”, “hygiene and grooming”, “toilet support”. Between 30% and 70% of persons also received care affiliated to the codes “communication”, “evaluation and monitoring”, “transfer”, “report and collect of information”, “medication”, “bed making”, and “laundry”.

2. In facilities, care could be categorized in 4 time frames: from 6 to 9, 10 to 17, 18 to 21 and 22 to 5 o’clock.

3. At home, 30% to 40% of families also gave some type of care in the 22 to 5 o’clock time frame.

4. In this time frame, the most frequent type of care in both settings was “toilet support”.

5. When the person suffers from dementia and requires medical care, the care occurrence rate increase in all time frames.

Conclusions and discussion: To maintain the quality of care at home and reduce the burden of family caregivers, it seems necessary to deliver home visiting services in the 22 to 5 o’clock time frame. Regarding elderly persons with dementia or with medical care needs, the involvement of primary doctors and the existence of facilities equipped for short-term admissions are also required. Even though the community-based integrated care system was developed to coordinate such services, the role of coordinating all these services in an integrated manner was not clearly assigned to a specific institution. To achieve the goals mentioned above, a care plan that clarifies the type of care and the provider depending on the time frame needs to be implemented. Further research should be conducted to determine the methodology behind the creation of such a care plan.

Keywords

around-the-clock home care; content of care; community-based integrated care system; work sampling method; family caregiving

PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>