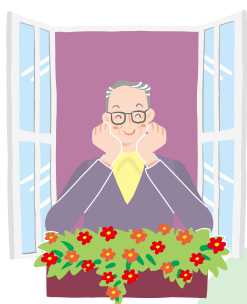


# Geriatric Health Services Facility in Japan



**Japan Association of Geriatric Health Services Facilities**

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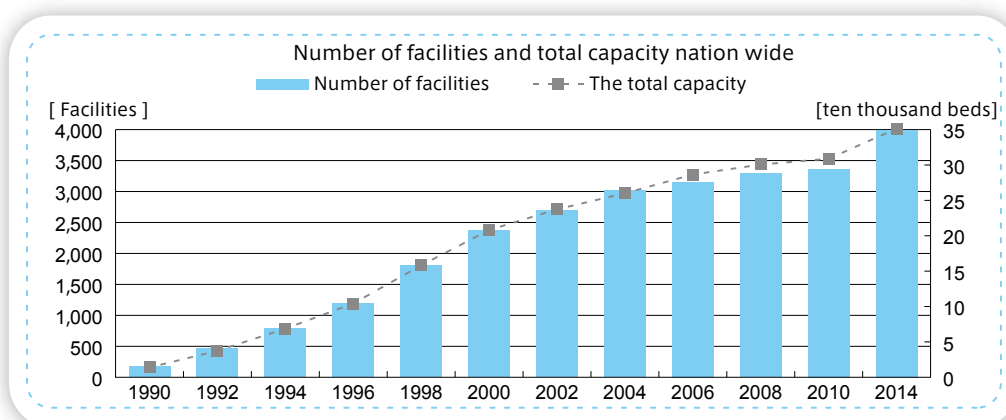
# What is a Geriatric Health Services Facility ("Roken")

## Background of "Roken"

As trends shifted from large households to nuclear and urbanized family compositions, the Japanese government saw the need for a better elderly care system. In the 1980's, the need for a new and unique community-based health care system was recognized. The government then put in place a wide range of programs that fit people's diverse life-styles, such as various programs to promote health care, medical care, and welfare.

A notion called "Chukan Shisetsu," an intermediary facility between hospitals, homes, and nursing homes, was proposed by the Ministry of Health and Welfare in 1985. The government in 1986 systematized the "Geriatric Health Care Facility," after the revision of the Public Aid for the Aged Act, and the facilities were put in place in 1988. The facilities provide new and unique services, which include both medical and welfare services for the elderly.

Over 357,000 elderly people used the service of more than 4000 Roken facilities in 2014. Along with the expanding demand for institutional care, it is crucial to achieve high-quality care in order to assist their optimal quality of life.



## The Idea and Role of "Roken"

The Long-term Care Insurance Act was enacted in April 2000 and the Geriatric Health Care Facility became the "Geriatric Health Service Facility (Roken)" thereafter. Its original slogan, to "improve the user's function to enable them to go back home," is still in place today.

The mission of "Roken" is to enable a person under a Condition of Need for Long-Term Care to live a long and meaningful life. In order to achieve this mission,

"Roken" will :

1. Respect the dignity, while taking into consideration the safety of its clients
2. Give any necessary medical treatment, nursing, care, and rehabilitation
3. Help enable clients to go back home
4. Support an independent lifestyle, while living at home
5. Collaborate with family members, community and other relevant organizations

# Services of Geriatric Health Service Facility

## Institutional Services

The elderly may be admitted to the facility so long as their medical conditions are stable, and may stay until they are able to return home. The facility will provide medical care, rehabilitation, and nursing. In addition, it may provide daily care services such as bathing, meals, bodily waste elimination, etc.

1

## Short Stay Services

The elderly may be admitted to the facility for a short period of time, to relieve caregivers at home, or to recondition the elderly.

2

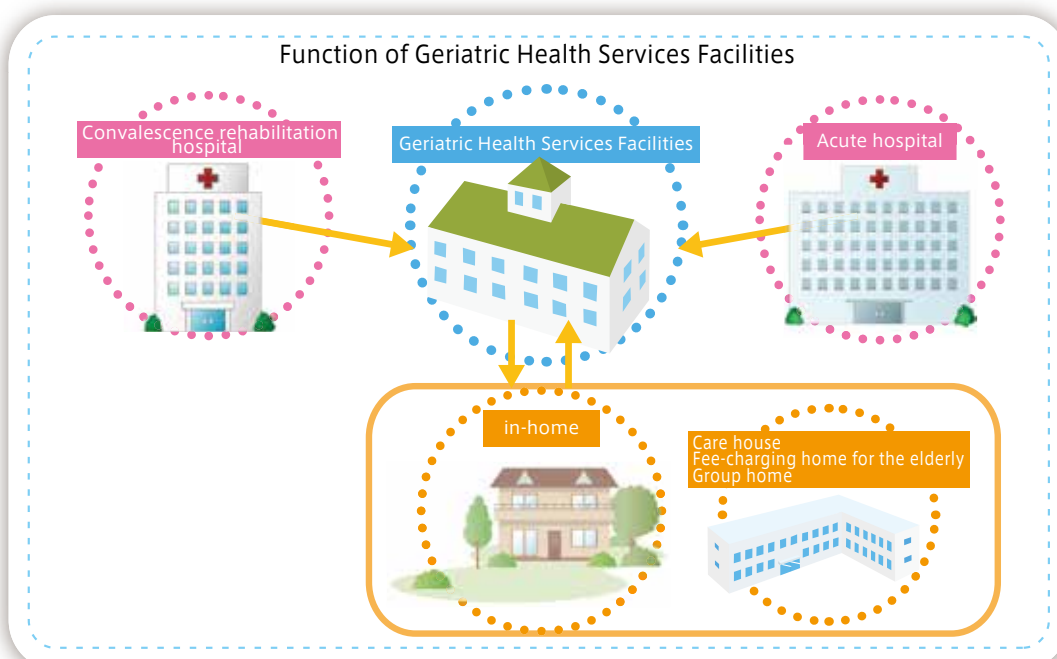
## Out patient Rehabilitation

The elderly may utilize the facility for rehabilitation therapies by a therapist.

3

## Rehabilitation at “Roken”

“Roken” provides professional rehabilitation by registered physical therapists, occupational therapists and speech therapist. Intensive rehabilitation in an early stage of disability is very effective for elderly care. Moreover, the rehabilitation for elderly people with dementia is unique and has been proven effective by multicenter collaborative researches (1).



## Research and Development activities at “Roken”

Japan Association of Geriatric Health Services Facilities (Zenroken) has been involved in research and development activities in the field of geriatric medicine and care.

For example, in order to promote elderly people’s social participation, Zenroken has developed a care-management system using the ICF staging, which is a geriatric assessment scale of elderly functioning based on the World Health Organization’s International Classification of Functioning, Disability and Health (ICF)(2). The rate of patients who could return home has increased in Roken facilities using this system.

- (1) Toba, K., et al. Intensive rehabilitation for dementia improved cognitive function and reduced behavioral disturbance in geriatric health service facilities in Japan. *Gerontol Geriatr Int*, 2014 .14(1): p. 206-211
- (2) Okochi, J., et al., Staging of mobility, transfer and walking functions of elderly persons based on the codes of the International Classification of Functioning, Disability and Health. *BMC Geriatr*, 2013. 13: p. 16.

## How to use the services of “Roken”

In order to use the services covered by long-term care insurance, the applicant or his/her family member applies for authorization at long-term care insurance service department of their local Ward Office or District Health and Welfare Station. When the application passes, they will proceed to ask a local care-manager or a social worker for the vacancy and the eligibility of institutional or at home care services. There are three types of long-term care insurance facilities as shown below\*.

### \*Long-term Care Insurance Facility

Facilities which provide services with the long-term care insurance system are called “long-term care insurance facilities”, Geriatric Health Services Facility (Roken), Welfare Facility for the Elderly requiring long-term care, and Sanatorium Type Medical Care Facility for the elderly persons requiring care. Compared with other types of facilities, Geriatric health services facilities are characterized by its multidisciplinary professional collaboration and also by a large number of physical therapists, occupational therapists and speech therapists in service.

Facility and Personnel Standards

Facility type	Geriatric Health Services Facility	Welfare Facility for the Elderly Requiring Long-term care	Sanatorium Type Medical Care Facility for the Elderly Requiring Care
Fundamental function	Rehabilitation, nursing and/or care to help enable them to return home	Life services for the elderly in need of care	Medical and nursing care, and long-term treatment
Eligible users	The elderly whose illness is stable and does not require hospital treatment yet which requires rehabilitation, nursing or care.	People requiring long-term care and who are unable to live at home	For patients requiring nursing care, and whose acute-phase treatment is over yet require long-term recuperation under constant medical management
Organization standards(per 100 residents)	<ul style="list-style-type: none"> <li>•Physician (regular employee): 1</li> <li>•Nurses: 9</li> <li>•Care staff(Care worker): 25</li> <li>•Physical therapist, occupational therapist, speech therapist: 1</li> <li>•Care manager: 1</li> <li>•Assistant counselors, etc. (Nursing staff account for about 2/7 of total nursing / care staff, while care staff account for the remaining 5/7)</li> </ul>	<ul style="list-style-type: none"> <li>•Physician (either visiting or regular employee): 1</li> <li>•Nurses: 3</li> <li>•Care staff(Care worker): 31</li> <li>•Care manager: 1</li> <li>•Daily life counselors, etc</li> </ul>	<ul style="list-style-type: none"> <li>•Physician: 3</li> <li>•Nurses: 17</li> <li>•Care staff(Care worker): 17</li> <li>•Care manager: 1</li> <li>•Pharmacist, Dietitian, etc.</li> </ul>
Mean length of stay	329.2days (277.6days)	1474.9days (1465.1days)	412.0days (427.2days)

Facility and Personnel Standards

(Details as of September 30, 2010 revision)

\*Average stay: As of Sept. 2010. ( ) indicates 2007 figures.