

## 2 - (8) 国際学会での発表

### B . IASSIDD PIMD 特別研究グループ円卓会議 ポスター発表

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2013年10月23～25日にオランダ・グローニンゲンで開催された IASSIDD PIMD 特別研究グループ円卓会議において、2年間の研究成果を発表した。その内容を掲載する。

#### **Present condition of daycare services for PIMD in Japan**

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**Background** In Japan (12million population) we have 37thousand PIMD persons and 25thousand PIMD persons live with their own families. The system of daycare program for PIMD has developed for more than 20 years in Japan. The number of the facilities is more than 310 and about 6000 people with SMIDS use this system now. There are several problems which should be solved. We performed questionnaire investigation to clarify these problems. Here we report the results of the investigation and the discussion on their countermeasure.

**Methods** Examination charts of questionnaires were delivered to 310 facilities. The questions included the important problems in the area of the facilities and the means for settling those problems. And the content and condition of their utilization, actual needs of their transportation, and the management of the daycare program for PIMD was also asked.

**Result** Replies from 177 facilities (withdrawal percent: 57.1%) showed that the most important subject is an insufficiency of the number of facilities and the space for daycare in each area. The medical problems also included the insufficiency of the number of medical nurse, the poor emergency system, the cost of the transportation for users and the economic management of facilities et al.

## **Present condition of daycare services for SMID (PIMD) in Japan**

Shigeru SUEMITSU, Takashi MITO, Sui SONE

### [ P1 . SMID/PIMD in Japan ]

The population of JAPAN is about 128million.

The number of SMID /PIMD is about 43,000 persons. The number of those who stay in institutions is 19,000, those who stay at home is 24,000. The rate of them which need intensive medical care or semi-intensive medical care is about 30%.

### [ P2 . Age Distribution Curve of home and residential care clients (2013) ]

The age distribution curve of those who stay at home is younger that of institutional care clients.

### [ P3 . Present situation ]

This is present situation of Japan. The number of residential Institutions for persons with SMID is 196, which offer 19,400beds.

The number of Day Care Centers is 310, which accept 6,000 clients.

Users of short stay service are 200thousand man-day last year.

Usually persons with SMID staying at home use Home visiting Nurse, medical rehabilitation, personal care assistance, home bathing service, etc.

### [ P4 . Program of daycare services for persons with SMID(PIMD)]

The service system of daycare for persons with SMID started more than 20 years ago in Japan. Among 6000 uses of daycare centers, 30% need intensive or semi-intensive medical care.

### [ P5 . Methods ]

Survey was carried out by mailing a questionnaire to 310 daycare centers throughout of Japan. Questionnaire form was structured focused on the weekly daytime schedules of the users, the activities of daycare centers, insufficiency of daycare facilities, medical care service, transportation, management and administration, and local system of the day care service where each center located. Response rate was 57.1%, which replied by 177 centers

### [ P6 . Weekly schedule of the user's daytime]

Data obtained from the clients of each daycare center. Weekly schedule means where they stay in the daytime. 45.7% is spent at the daycare centers. Many clients use more than two daycare centers, which resulted that 12.8% is spent at the second or third facilities. 45.5% is spent at home. 8.9 % is spent for other purposes such as hospital visit, short stay, and going out.

[ P7 . Activity at the daycare centers ]

The slide shows the rate of time spent for each activity during staying at the daycare centers. The longest activity, 28%, was play such as gardening, cocking, bowling, soccer, and kara-oke singing. The second one was lunch including coffee time, 22.9%. The third was toileting and hygiene, 10.6%. 8.5% was spent for exercise, 7.7% for morning and end of the day meeting, 5.2% for medical care and 3.6 % for bathing.13.5% was spent for other activities such as driving and shopping.

[ P8 . Defects in the day care facilities ]

Major issue was inadequate number of centers. Also complaint was made for insufficient size of space at the center.

Among those claimed, there were items on insufficient number of centers accepting clients who need medical care, especially for those who need intensive medical care.

There was a comment saying, no more capacity for non-regular clients, so that school age children cannot find the place to go during long vacation.

[ P9 . Medical care service ]

There are comments on how to gain, maintain the number of nurses, brush up the medical knowledge and technique for care givers and the necessity to facilitate a function for medical emergency case occurred are seen in fairly large numbers. Also, desire to ward financial aid for such facilitation was found

[ P10 . Transportation ]

A problem presented during transportation service was that of medical care in the care when emergency case occurred. In case the transportation course are too many, how can arrange the nurse to all would be a problem.

Cost for the car, maintenance, fuel and cost for drivers are also causing problems.

[ P11 . Management and administration of the facilities, A system of day care center in a given area ]

< Management and administration of the facilities >

As an essential nature of the day care center for SMID (PIMD) client, it requires more manpower and over cost to maintain, so that insufficiency of budget will cause under the present welfare system. Income is proportionately increase as the users increase, so if the client absent to come to the center for some reason, it makes decreasing of the income.

On the other hand, there are demand to open the center in weekend or extended hours would help to increase the income, but it requires over cost for man power and it rather cause the reduction of total profit.

<A system of day care center in a given area >

If the center should be made in relation with the size of community and its population more centers should be facilitated in ever communities.

Having the center specialized only for SMID client would be impossible, alternative solution would be utilizing the facilities subjected for aged person or hospital where medical approach are available. In case of such a solution, there is a need of talks and discussion involving with various fields such as other type of centers or government administrative offices.

[ P12 . Summary ]

Summary

- 1 Survey had been carried out by sending questionnaire by mail to the day care center throughout of Japan
- 2 Major items were that of insufficient numbers of the day care center. Those were followed by “medical care system”, “transportation”, “administration and management of day care center” and “a system of day care center in a given area”.
- 3 Comment was seen that collaborative work with other centers and local government in order to make a progress of the system for day care center system.

**PRESENT CONDITION OF  
DAYCARE SERVICES  
FOR SMID(PIMD) IN JAPAN**

Shigeru SUEMITSU, Takashi MITO, Sui SONE

Population (JAPAN) : about 128million

SMID (≒PIMD) : about 43,000 persons

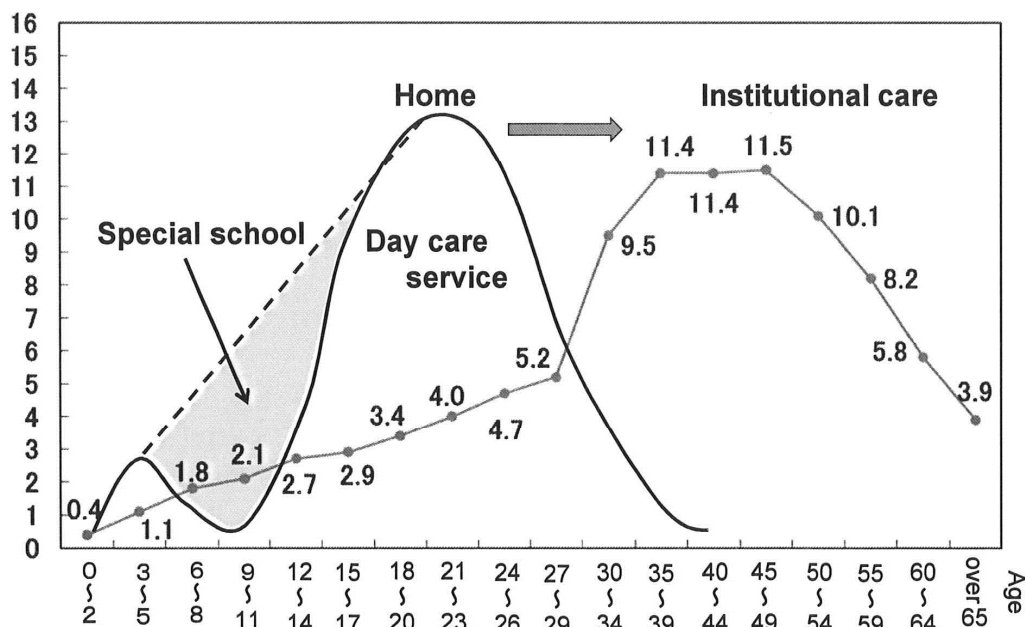
Institution : 19,000 persons

Home : 24,000 persons

Intensive medical care need } about  
Semi-intensive medical care need } 30%

### Age Distribution Curve of own home and residential care clients (2013)

Rate (%)



## **Present situation**

Residential Institution (Hospital)  
for SMID(PIMD): 196 places, 19,400 beds

Day Care Center for SMID(PIMD):  
310 places, 6,000 clients

Short stay : 200 thousand day users / year

Home visit Nurse · Rehabilitation and so on

## **Methods**

Questionnaires were mailed to 310 facilities  
in which the item of query are included as follows :

- Program of daycare services for persons with SMID(PIMD)
- Activity at the daycare centers
- Defects in the Day care facilities
- Medical care service
- Transportation
- Management and administration of the facilities
- A system of day care center in a given area

Response rate was 57.1% (177 centers)

## Program of daycare services for persons with SMID(PIMD)

Year of start : 1990

Number of facilities : 310

Number of users : about 6,000

Intensive medical care need	}	30% of users
Semi-intensive medical care need		

## Weekly schedule of the users' daytime

place (SMID / PIMD)	Rate of daily living
Daycare service	32.9
Other daycare services	12.8
Home	45.5
Others	8.9 (%)

## Activity at the daycare centers

	Distribution of times
Play	28.0
Lunch	22.9
Toilet	10.6
Exercise	8.5
Meeting at beginning & ending	7.7
Medical care	5.2
Bathing	3.6
Others	13.5 (%)

## Defects in the daycare facilities

- inadequate number of centers
- insufficient size of space
- Insufficient number of centers accepting the clients who need medical care
- lack of places for school age children during long vacation



## Medical care service

- Difficulties in keeping sufficient medical
- Education of staffs about knowledge on health issue, skill of the medical care, and about emergency
- System to serve for emergency case
- Financial aid

## Transportation

Average longest distance	25.7km
Average longest time consumption	46.3min
Rate of utilizing highway	13.0%

	distance	time required
By facility	14.0	24.2
By family	12.4	24.5
By both	12.4	26.4
	km	min

## Summary

- 1 Survey had been carried out with sending questionnaire mailed to the daycare centers throughout of Japan.
- 2 Major claim was that of insufficient numbers of the day care center. Issues were followed by medical care system, transportation, administration and management of the day care center, a system of day care center in a given area.
- 3 Comment was seen that collaborative work with other centers and local government in order to make a progress of the system for day care center system.

### **Management and administration of the facilities**

- Countermeasure against the high personal expenses
- Protect of income against users' absence
- Services of prolong working time and opening on weekend for users

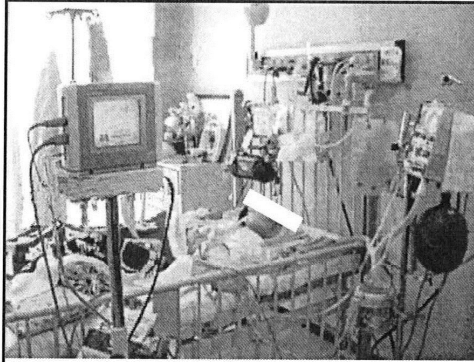
### **A system of day care center in a given area**

- Regulation of the facilities in each area
- Practical use of social resources including facilities the aged or general hospital
- Cooperation with other facilities and government

## Score of intensive medical care for the persons with PIMD

Details of the medical care (each should continue longer than 6 months)	score
Daily use of ventilator	10
Tracheostomy or endotracheal intubation or Use of nasopharyngeal airway tube	8 (8)
Oxygen inspiration or continuous decrease of SpO <sub>2</sub> + humidifier	5 +3
Frequent suction from the airway ( > once per hour) or suction from the airway ( > 6 times per day)	8 (3)
Ultrasonic nebulization for 24 hours or nebulization for > 3 times per day	5 (3)
<b>subtotal (max = 39)</b>	

Complete help for oral feeding or tube feeding or gastrostomy	5
Intravenous hyper alimentation	10
Uncontrolled gastro esophageal reflux	5
Dialysis	10
Urinary bladder catheterization or cystectomy	5
Colostomy	5
Complete help for position change (> 6 times per day)	3
Additional medication for the dystonia (>3times per day)	3
<b>Subtotal ( max = 46)</b>	
<b>Total ( max = 85)</b>	



## Classification of the persons with PIMD by the medical care

- Intensive medical care :  
total score  $\geq 25$
- Semi-intensive  
medical care :  
 $24 \geq$  total score  $\geq 10$
- Ordinary medical care :  
total score  $< 10$

