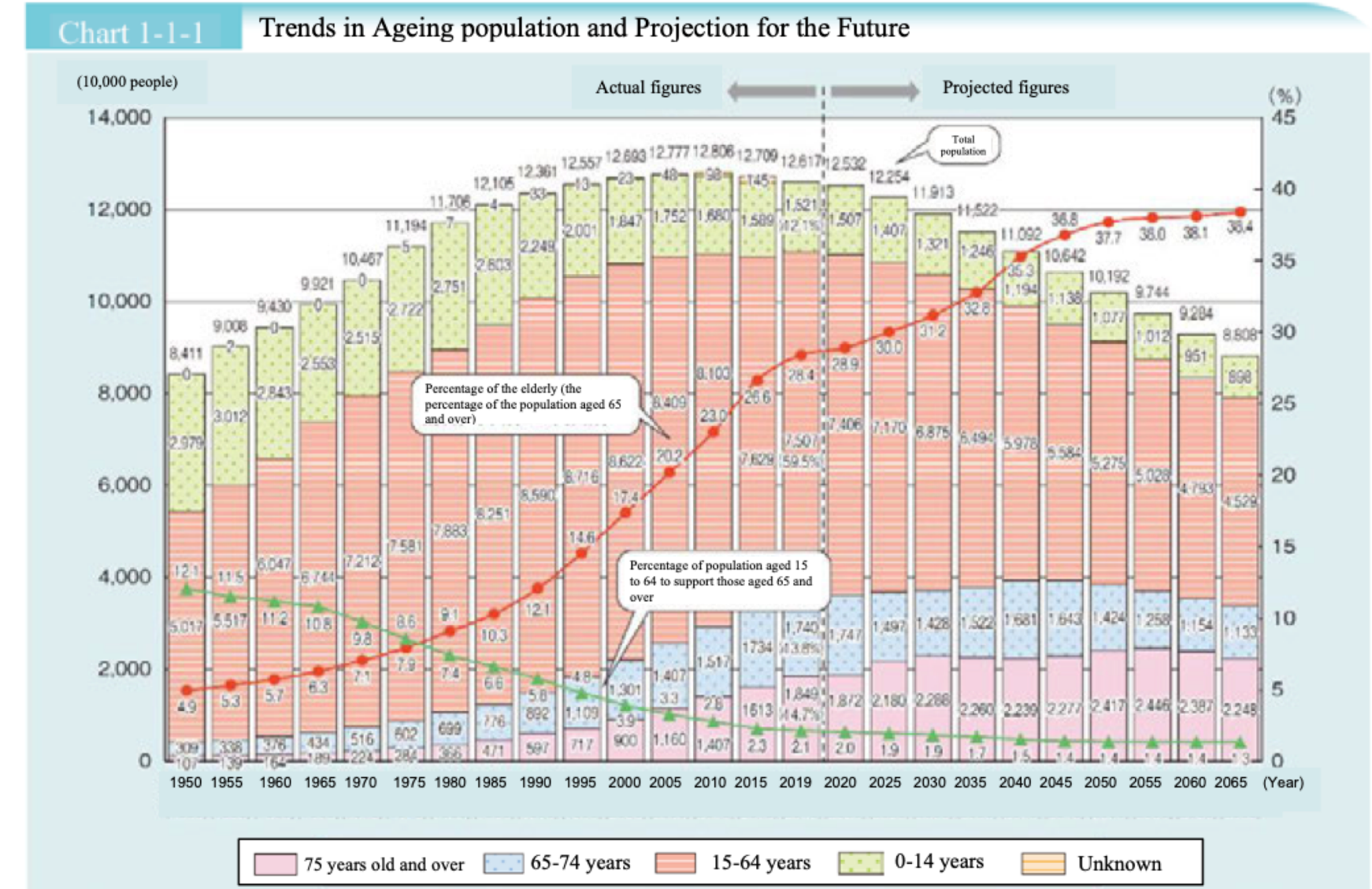
LONG-TERM CARE INSURANCE AND HOME-VISITING NURSE SERVICE

DEPARTMENT OF HEALTHCARE ADMINISTRATION,
NAGOYA UNIVERSITY GRADUATE SCHOOL OF MEDICINE
YASUYUKI GOTO

WHAT IS THE LONG-TERM CARE INSURANCE?

SITUATION OF THE AGING POPULATION



From https://www8.cao.go.jp/kourei/english/annualreport/2022/pdf/2022.pdf

LONG-TERM CARE INSURANCE

- **Long-term care insurance system started in 2000.**

- The long-term care insurance system gives those in need of long-term care due to old age-induced disease, or for other reasons, the services required—in a comprehensive and uniform way—so that they can lead an independent life to the greatest possible extent.

  (Community based integrated care system)

- This is a user-oriented system where you can use the services you choose yourself.

https://www.fukushi.metro.tokyo.lg.jp/kourei/koho/kaigo_pamph.files/R3P1kaigohoken_Eng_2.pdf

Development of welfare policies for the elderly

	Aging rate (year)	Major policies
1960s Beginning of welfare policies for the elderly	5.7% (1960)	1963 Enactment of the Act on Social Welfare Services for the Elderly ◇ Intensive care homes for the elderly created ◇ Legislation on home helpers for the elderly
1970s Expansion of healthcare expenditures for the elderly	7.1% (1970)	1973 Free healthcare for the elderly
1980s "Social hospitalization" and "bedridden elderly people" as social problems	9.1% (1980)	1982 Enactment of the Health and Medical Services Act for the Aged ◇ Adoption of the payment of co-payments for elderly healthcare, etc. 1989 Establishment of the Gold Plan (10-year strategy for the promotion of health and welfare for the elderly) ◇ Promotion of the urgent preparation of facilities and in-home welfare services
1990s Promotion of the Gold Plan	12.0% (1990)	1994 Establishment of the New Gold Plan (new 10-year strategy for the promotion of health and welfare for the elderly) ◇ Improvement of in-home long-term care
Preparation for adoption of the Long-Term Care Insurance System	14.5% (1995)	1997 Enactment of the Long-Term Care Insurance Act
2000s Introduction of the Long-Term Care Insurance System	17.3% (2000)	2000 Enforcement of the Long-Term Care Insurance System

Problems before introducing the Long-Term Care Insurance System

Welfare system for the elderly

Services provided:

- Intensive Care Home for the Elderly, etc.
- Home-help service, Day service, etc.

(Problems)

○ Users could not choose services :
Municipal governments decided services and service providers.

○ Psychological resistance :
Means test was required when applying services.

○ Services tended to be unvarying without competition:
Services were basically provided by municipalities or organizations entrusted.

○ Service fee could be heavy burden for the middle/upper income group:
The principle of ability to pay according to income of the person/Supporter under Duty.

Medical system for the elderly

Services provided:

- Health center for the elderly,
  Sanatorium medical facility, general hospital, etc.
- Home-visit nursing, day care, etc.

(Problems)

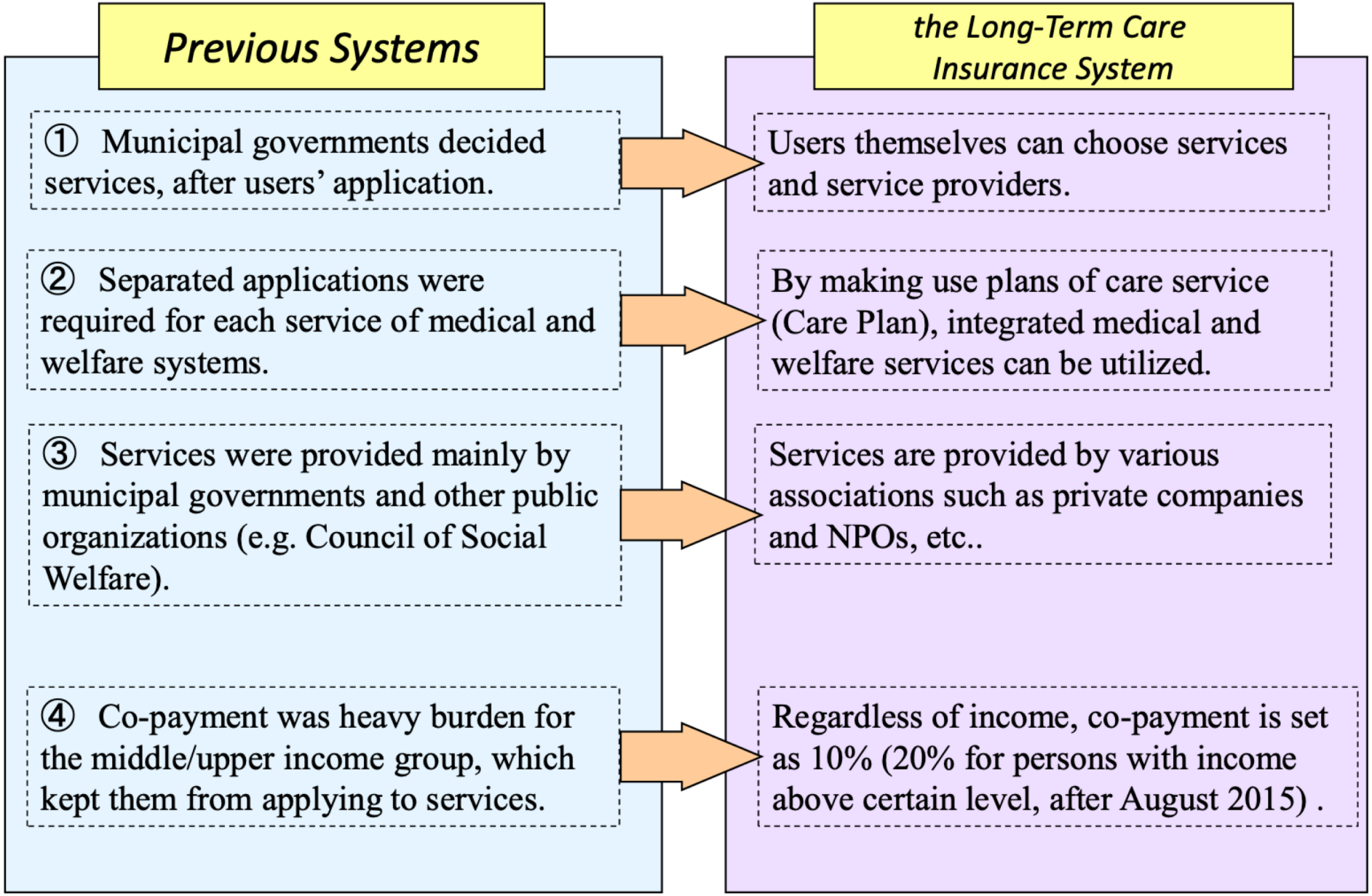
○ Long-term hospitalization to be cared in hospitals ("social hospitalization") increased:
hospitalization fee is less expensive than welfare services for middle/upper income group, as well as basic maintenance of the welfare service was insufficient.

→ Medical cost increased:
Hospitalization fee was more expensive comparing with Intensive Care Home for the Elderly and Health center for the elderly.

→ Facilitation of hospital was not sufficient enough for long-term care with staff and living environment:
Hospitals are expected to provide "cure" (e.g. Limited room area for care, dining hall or bathrooms)

These systems had limitations for solving problems.

Outline of difference between previous systems and present



BASIC CONCEPTS OF THE LONG TERM-CARE INSURANCE SYSTEM

- Support for independence: The idea of Long-Term Care Insurance System is to support the independence of elderly people, rather than simply providing personal care.

- User oriented: A system in which users can receive integrated services of health, medicine, and welfare from diverse agents based on their own choice.

- Social insurance system: Adoption of a social insurance system where the relation between benefits and burdens is clear.

AFTER INTRODUCTION OF THE LONG TERM CARE INSURANCE

JAPAN'S LONG-TERM CARE INSURANCE EXPENDITURES

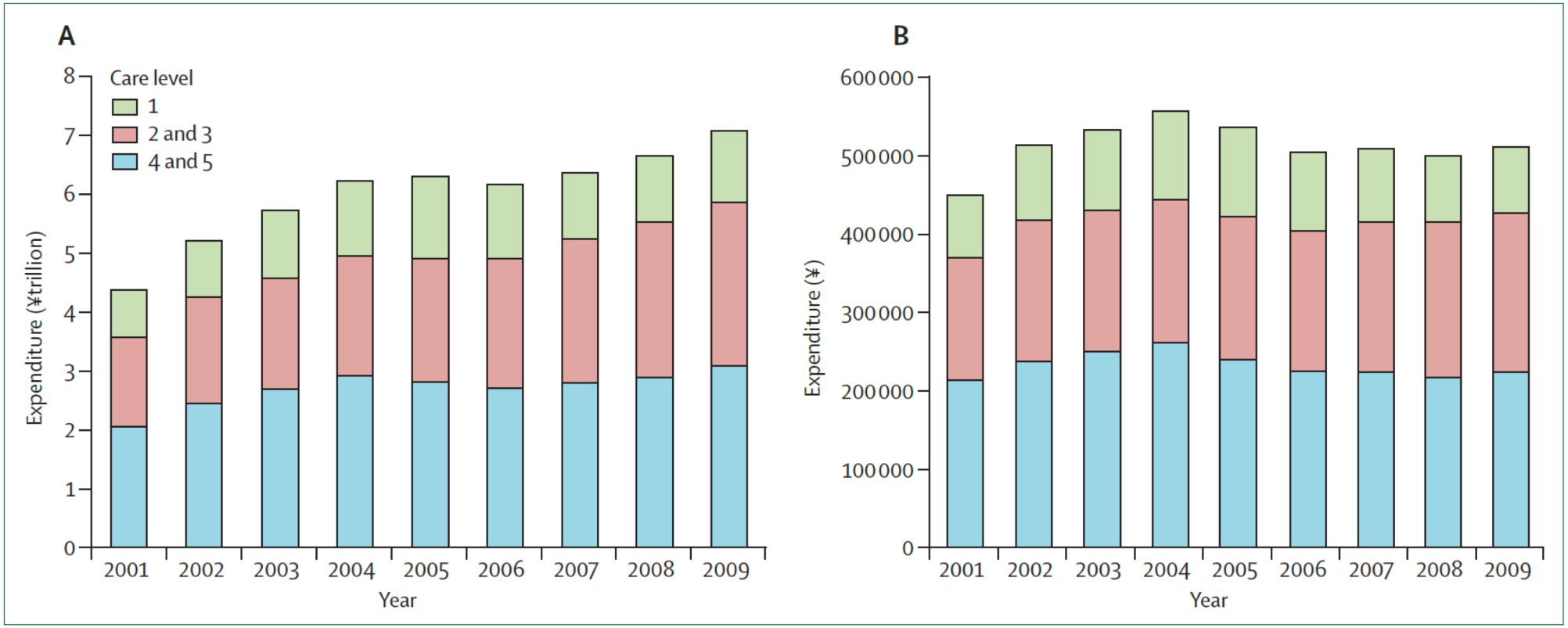
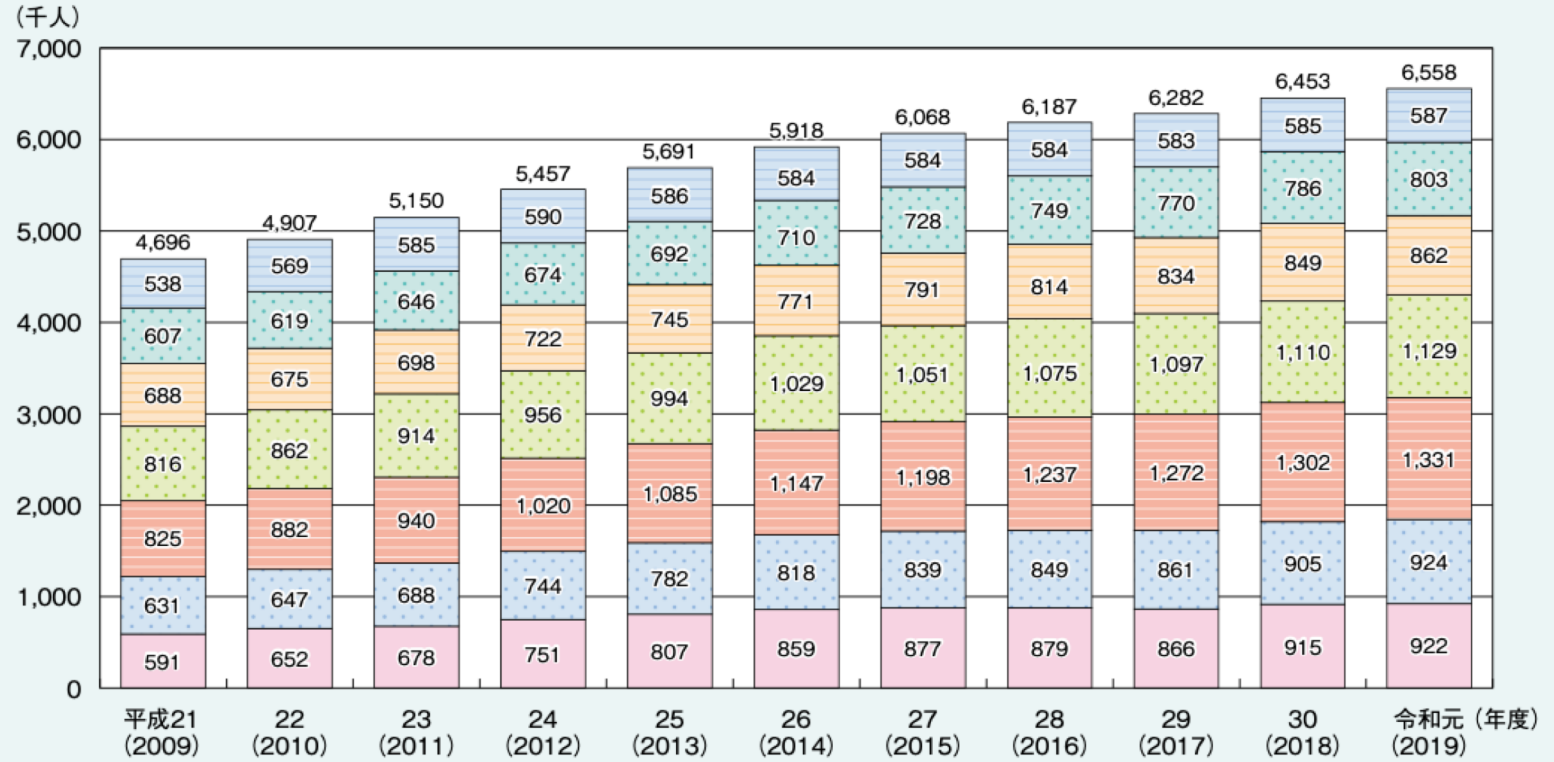


***Figure 3*: Japan's long-term care insurance expenditures**
Overall (A) and per individual aged 75 years and older (B). The expenditures shown include the 10% client co-payment. Data from Ministry of Health, Labour and Welfare.[32]

From Tamiya N, Noguchi H, Nishi A, et al. Lancet. 2011 Sep 24;378(9797):1183-92.

THE CHANGE OF NUMBER OF LONG-TERM CARE NEED CERTIFICATES

図１－２－２－５　第１号被保険者（65歳以上）の要介護度別認定者数の推移



資料：厚生労働省「介護保険事業状況報告（年報）」

FORMAL CARE USE IN FRAIL PEOPLE AGED 65 YEARS AND OVER BEFORE AND AFTER THE INTRODUCTION OF LONG-TERM CARE INSURANCE IN 2000

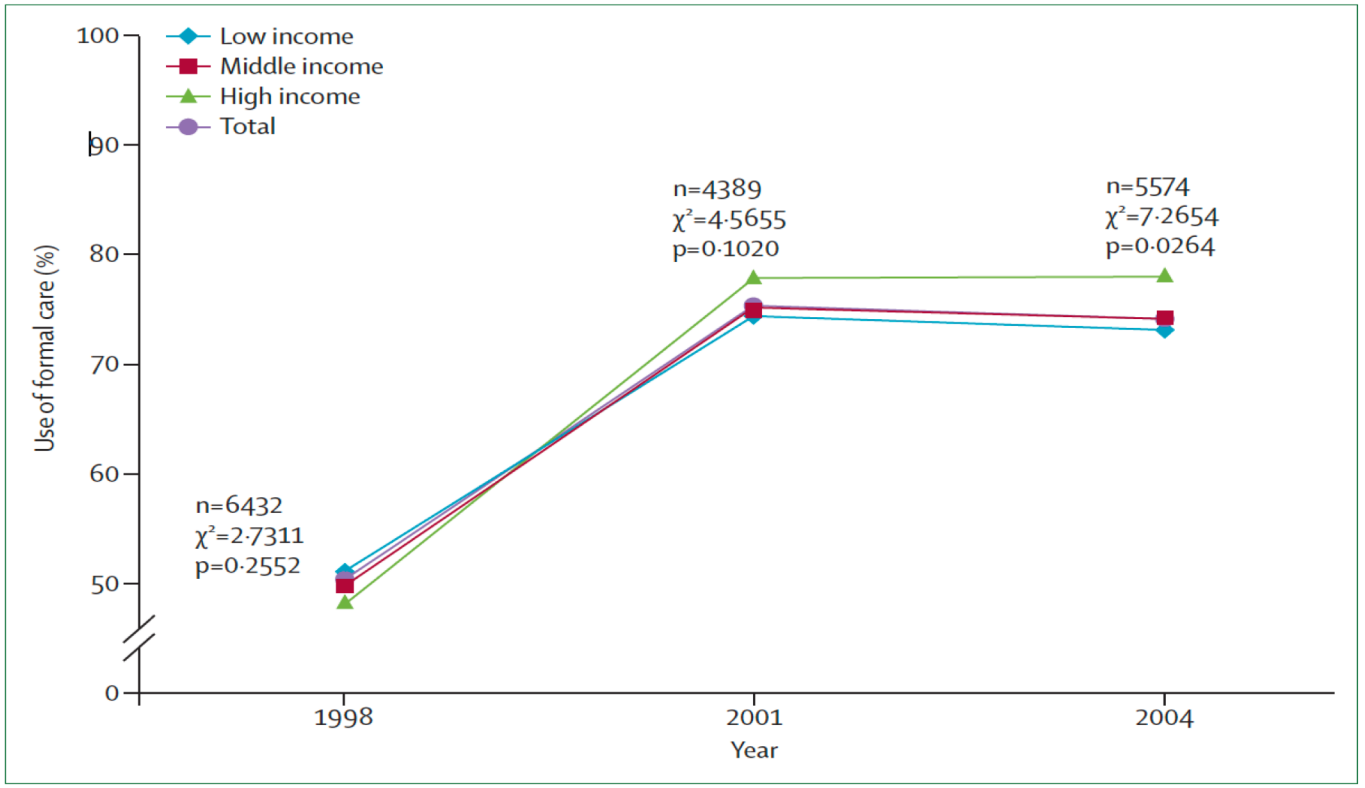


Figure 2: **Formal care use in frail people aged 65 years and over before and after the introduction of long-term care insurance in 2000**

Data are from our original analysis based on the Comprehensive Survey of People's Living Conditions (CSPLC). The CSPLC data in 2001 were gathered by the Ministry of Health, Labour and Welfare in the same manner as in 1998 and 2004. Data from Ministry of Health, Labour and Welfare.[12]

From Tamiya N, Noguchi H, Nishi A, et al. Lancet. 2011 Sep24;378(9797):1183-92.

SUMMARY

- By 2005, yearly expenditure had risen to about 20% higher than originally forecast due to a result of the liberal eligibility criteria.
- Even though restrict the number of the certified people, the current growth in spending is now the sole result of increases in the size of age 65 and over group.
- The rate of formal care service use varied by household income. The co-payment seemed to be relatively heavy burden for the low income households. But now the co-payment rate is 10-30%, depending on the incomes.

WHAT IS THE SYSTEM OF THE LONG-TERM CARE INSURANCE?

LONG-TERM CARE INSURANCE PREMIUMS

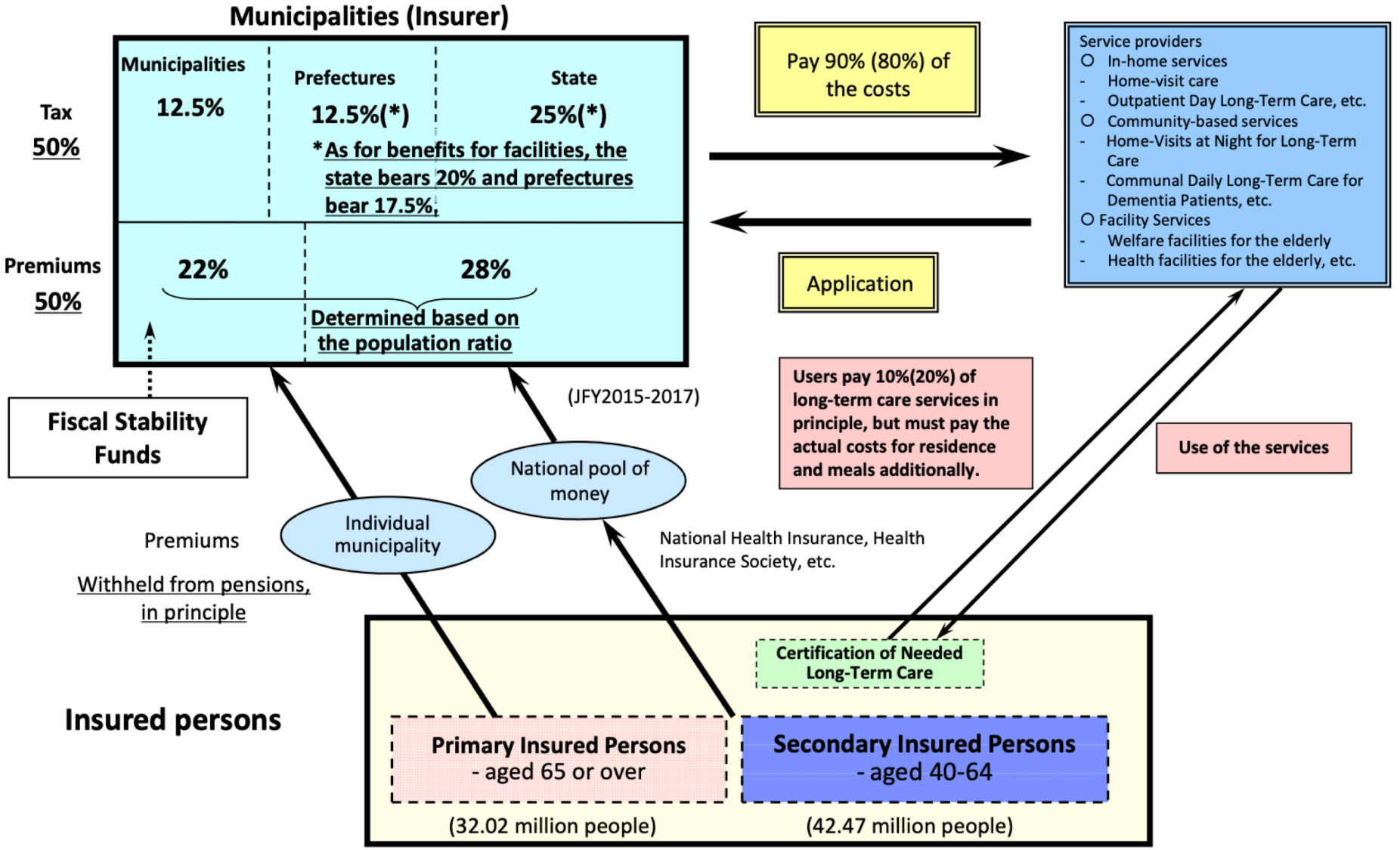
- **Category 1 insured persons :** All persons aged 65 or over

There are two methods for paying insurance premiums: special collection by which insurance premiums are deducted from pension, and ordinary collection by which insurance premiums are paid through a financial institution

- **Category 2 insured persons:** People aged 40-64 covered by a health insurance

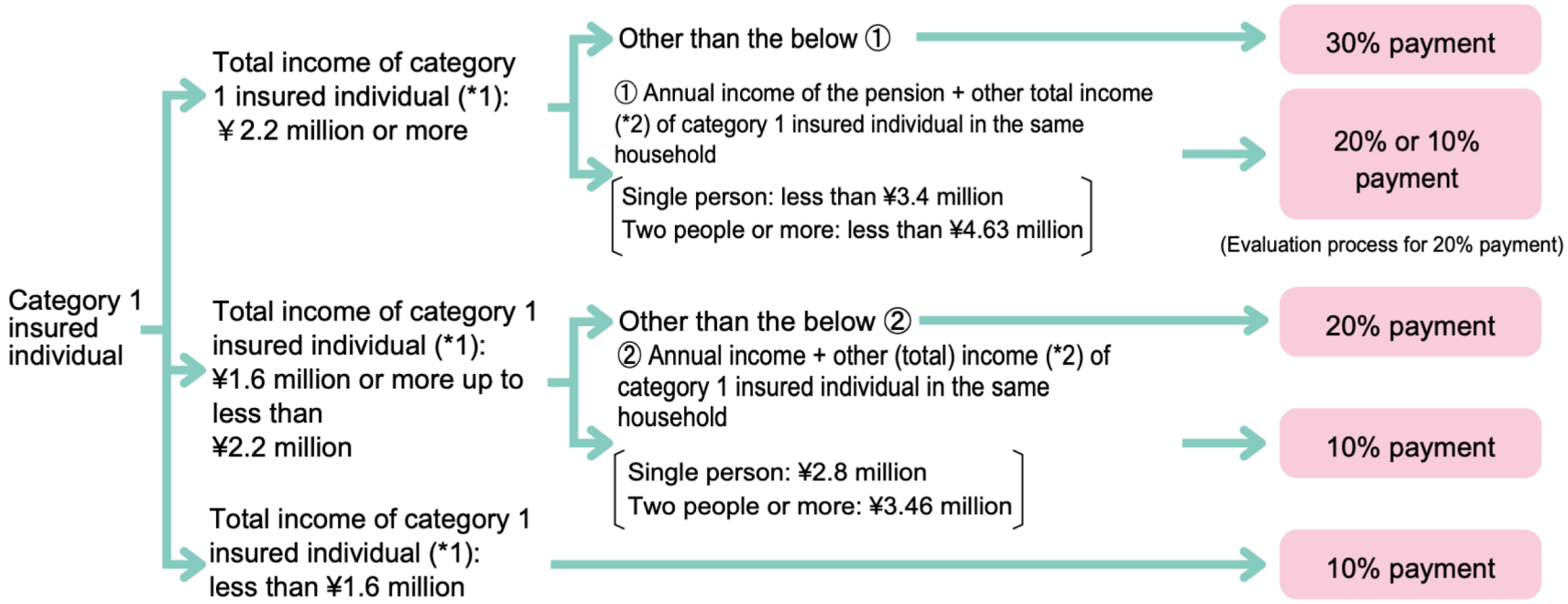
Collected as a part of the premiums for medical care insurance plans

Structure of the Long-Term Care Insurance System



Note: The figure for Primary Insured Persons is from the Report on Long-Term Care Insurance Operation (provisional) (April, 2009), Ministry of Health, Labour and Welfare and that for Secondary Insured Person is the monthly average for JFY2008, calculated from medical insurers' reports used by the Social Insurance Medical Fee Payment Fund in order to determine the amount of long-term care expenses. Burden ratio for persons with income above certain level is 20:80, after Aug 2015.

LONG-TERM CARE SERVICE EXPENSE TO BE PAID BY THE USER



* 1: As for total income amount, refer to page, *2 (1) and (2) of page 8.
* 2: “Other total income” means the amount from which the income regarding pension is deducted (the rest amount which the public pension income deduction, etc. are adjusted for public pension income)
* 3: Category 2 insured individuals, individuals exempt from the Resident Tax, and recipients of social welfare services pay 10% regardless of the above.

LONG-TERM CARE (SUPPORT NEED) CERTIFICATION

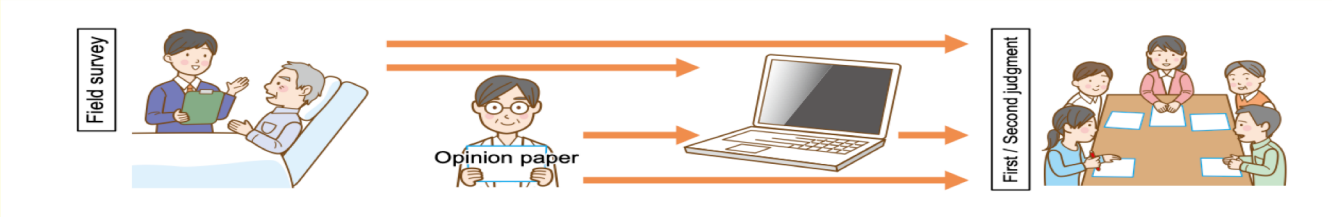
The (support need) certification determines the level of the need for care or support thorough the following steps

Field survey
Investigator will visit you to interview you about your mental and physical condition, the circumstances of your daily life and other related matters.

First judgment
The initial determination based on computer-processed home visit results and the first doctor's opinion.

Second judgment
The second judgment is made by the long-term care need certification committee composed of specialists in public health, medical care, and social welfare

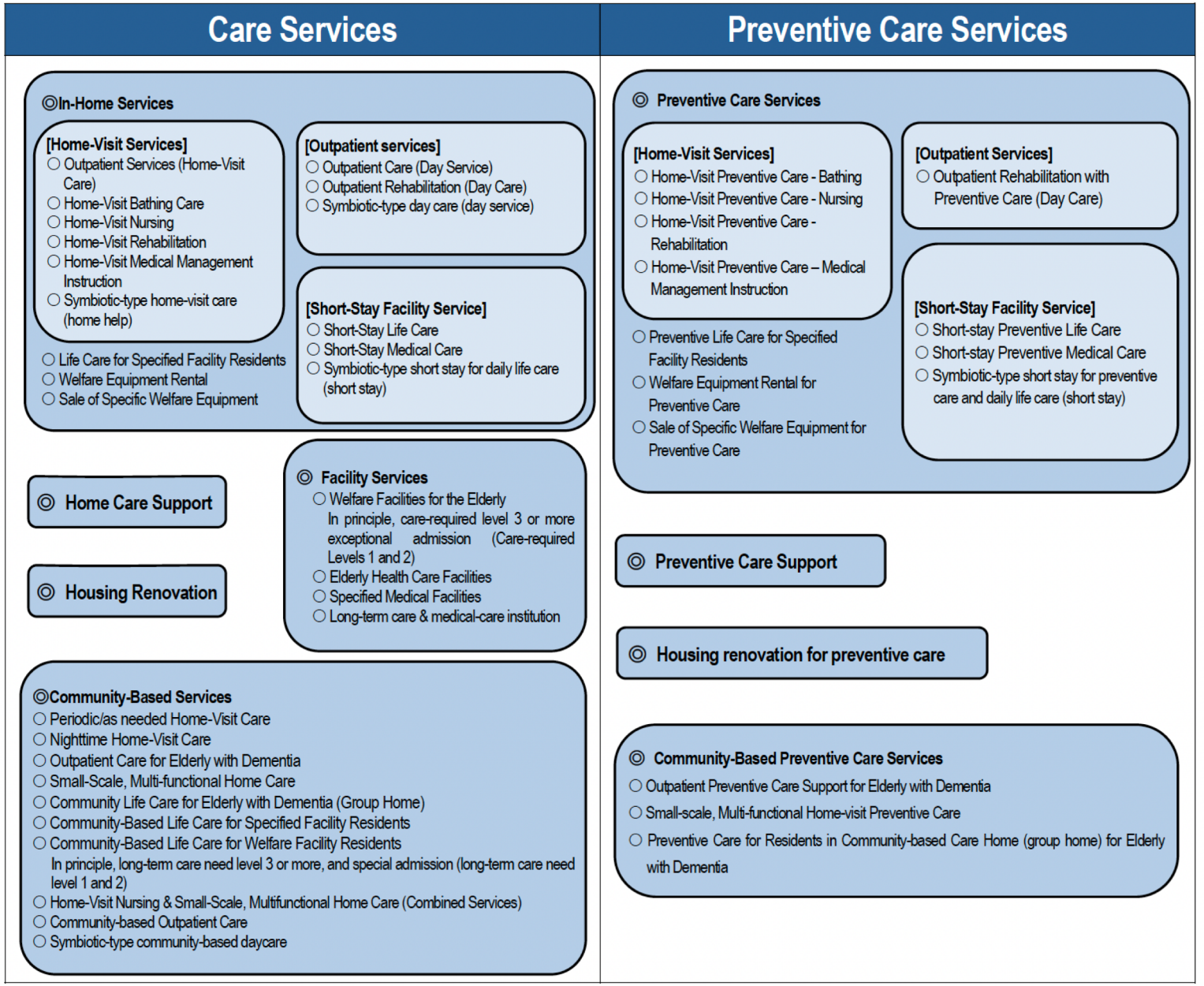
Notice of the screening result
The municipal office determines the level of certification (support) need and other matters on the basis of the result of the second judgment, and notifies you of the decision.



INSURANCE BENEFIT PER MONTH

Care level	Rough upper limits on monthly insurance benefit amounts
Support level 1	¥50,320
Support level 2	¥105,310
Care level 1	¥167,650
Care level 2	¥197,050
Care level 3	¥270,480
Care level 4	¥309,380
Care level 5	¥362,170

<Types of care services>

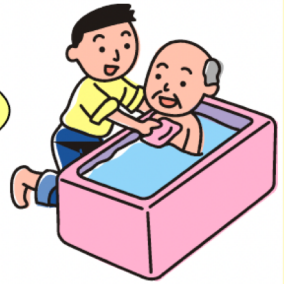


Varieties of Long-term Care Insurance Services

Private Home

Home-visit Services

Home-visit Care, Home-visit Nursing, Home-Visit Bathing Long-Term Care, In-Home Long-Term Care Support, etc.



Day Services

Outpatient Day Long-Term Care, Outpatient Rehabilitation, etc.

Short-stay Services

Short-Term Admission for Daily Life Long-Term Care, etc.

Residential Services

Daily Life Long-Term Care Admitted to a Specified Facility and People with Dementia etc.

Long-term Care Facility

In-facility Services

Facility Covered by Public Aid Providing Long-Term Care to the Elderly, Long-Term Care Health Facility, etc.

CARE PLANE

- **Those certified as a care level of 1, 2, 3, 4 or 5:**

A care manager at the in- home care management office

- **Those certified as a support level of 1 or 2:**

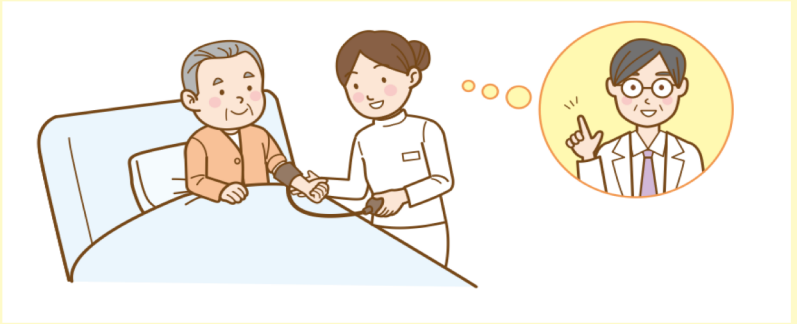
Comprehensive community support center

If you wish to use long-term care insurance, you and a care manager should first prepare a care plan, which is a combination of several types of services put together in accordance with your need for care or support for an independent daily life.

IN-HOME SERVICES

- Home-visit bathing service

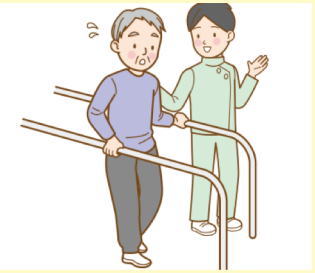
- Home-visit nursing



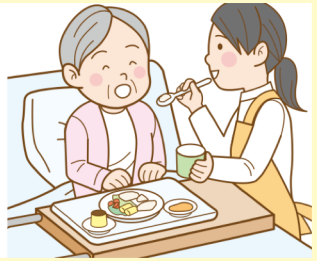
- Home-visit rehabilitation

FACILITY SERVICES

- Social welfare facility for the elderly requiring long-term care



- Health service facility for the elderly requiring long- term care



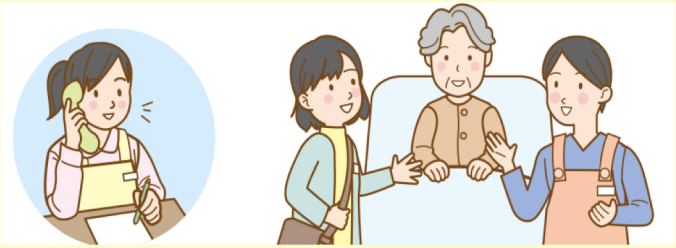
- Care provider medical facility

- Daily-life care service in specified facilities

COMMUNITY-BASED SERVICES

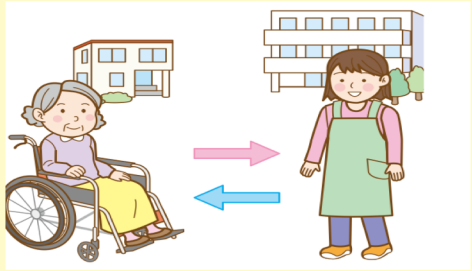
- Periodic Rounds and On-demand Type

Home-Visit Nursing and Care

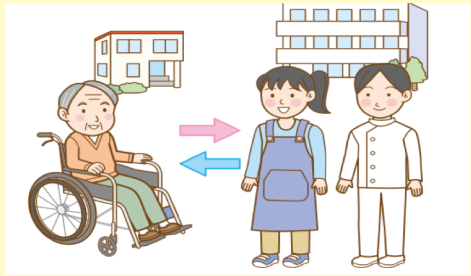


- Visiting care service at night

- Small-Scale, Multi-Functional Home Care



- Home-Visit Nursing & Small-Scale, Multifunctional Home Care



SUMMARY

- After 40, we have to pay the premiums for the long term care insurance.
- To use this service, first you need long term care certification thorough the some steps
- Although you can get the insurance benefits according to the certificated level, copayment is required according to their incomes, ranging from 10% to 30%
- Under the long term care insurance, you can use the services with care plan.

You need a care manager to write care plan, although you can choose the services

WHY FOCUS ON THE VISITING NURSE ?

MY BUSINESS PLAN ALONG WITH PATIENTS JOURNEY

At clinic

In-home services

Respite

Follow up at clinic

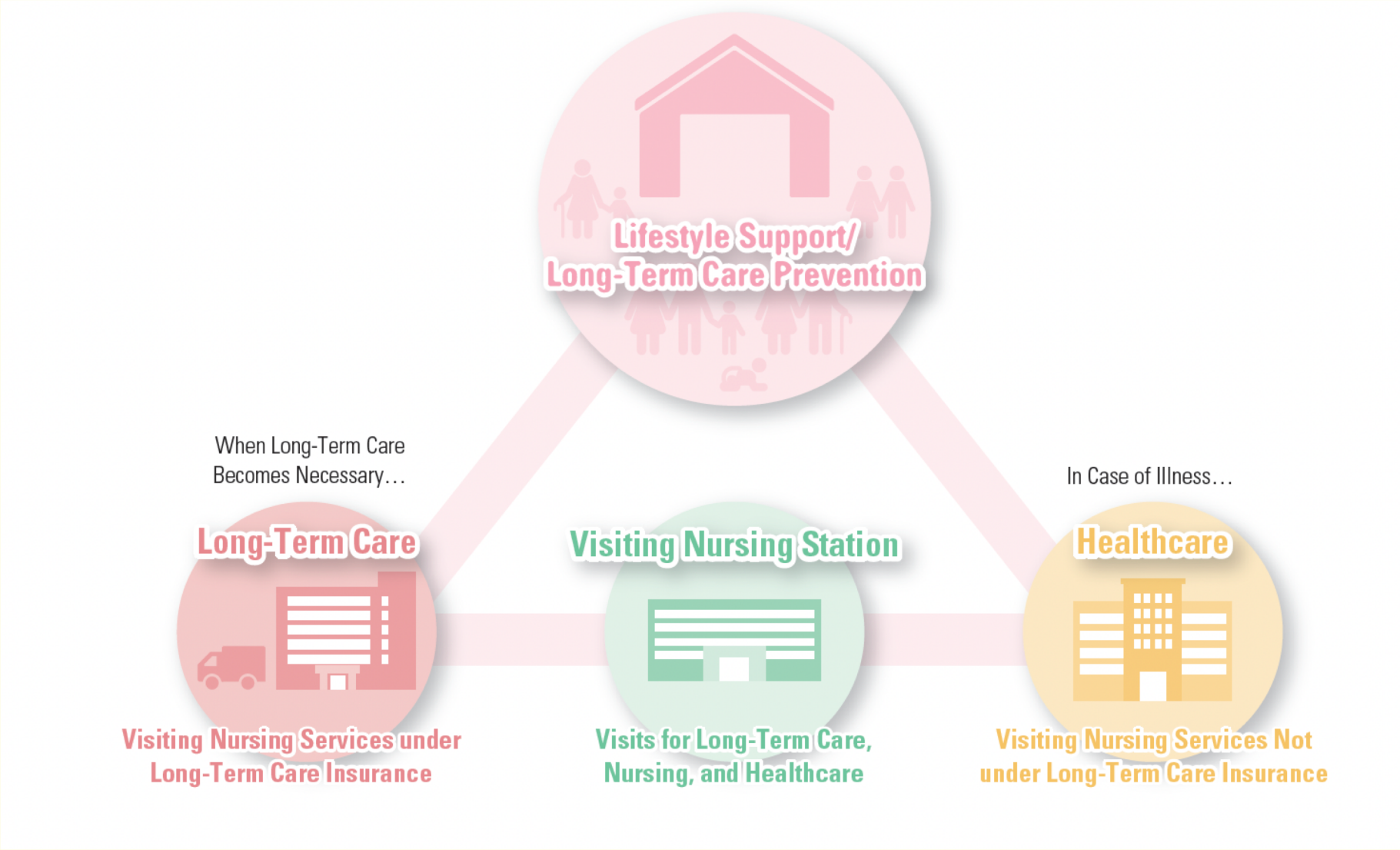
Facilities

Introduction to other facilities

- Visiting nurse can supports patients and their family along this pathway

- If needed, we can introduce the patients to the adequate facility they want to be admitted to.

HOME-VISITING NURSE



II-01. Overview of Visiting Nursing Action Plan 2025

I. Quantitative expansion of visiting nursing

1. Establish visiting nursing offices nationwide
   - Improve imbalanced presence among regions
   - Establish a system for service 24/7
   - Expand the scale
2. Retain a stable number of visiting nurses
   - Objective; 150,000 visiting nurses
   - Recruit newly graduate nurses
   - Improve treatment and work-life balance (WLB)
3. Mutual development of nurses between medical institutions and visiting nursing stations
   - Establish human resource development system
   - Opportunities for human resource exchange

II. Functional expansion of visiting nursing

1. Increase the places for visiting nursing
   - Visiting nursing to long-term care facilities, group homes, schools, etc.
2. Functional expansion of visiting nursing offices
   - Establish at least one visiting nursing station with expanded functions in each secondary medical zone
   - Enhance outpatient day care
   - Implement preventive activities for residents
3. Enhance nurse-led comprehensive community care
4. Improve the efficiency of visiting nursing operations
   - ICT-based information sharing with other professionals
   - Improve the efficiency of operations

III. Quality improvement of visiting nursing

1. Develop specialists who have a viewpoint to support health maintenance and recovery, living, and a calm terminal stage of life
   - Enhanced care

   Terminal care at home, palliative care, support for dementia, mental illness, and children with severe mental/physical disorders, etc.
2. Collaborate with other professionals exercising nursing specialty
   - Provide occasions for learning and thinking with other professionals
3. Upgrade the management skills of managers at visiting nursing stations
   - Enhanced training for managers
4. Strengthen basic nursing education
   - Cooperation with educational institutions
   - Upgrade exercise guidance for home nursing studies

IV. Response to regional comprehensive care

1. Dissemination of visiting nursing to the general public
   - Information provision concerning the functions and roles of visiting nursing
2. Establish a regional comprehensive care system
   - Establish a regional network
   - Participate in municipal services and meetings
3. Strengthen the function of visiting nursing stations to provide comprehensive support for regional living
4. Policy proposals from the standpoint of visiting nursing
   - Participation in the planning process
   - Policy proposals that match regional characteristics

WHAT IS THE VISITING NURSE ?

DESIGNATED STANDARDS

- Law

Visiting nursing stations is appointed as designated in-home service providers based on the Long-Term Care Insurance Act.

- Founder

Business corporation, medical corporation, or social welfare corporation, appointed by the prefectural governor, etc. in accordance with the Long-Term Care Insurance Act.

- Insurance

The visiting nursing system can be accessed under health insurance or long-term care insurance, depending on the patient's condition.

Long-term care insurance is prior to health insurance.

SERVICES BY VISITING NURSING PLAN

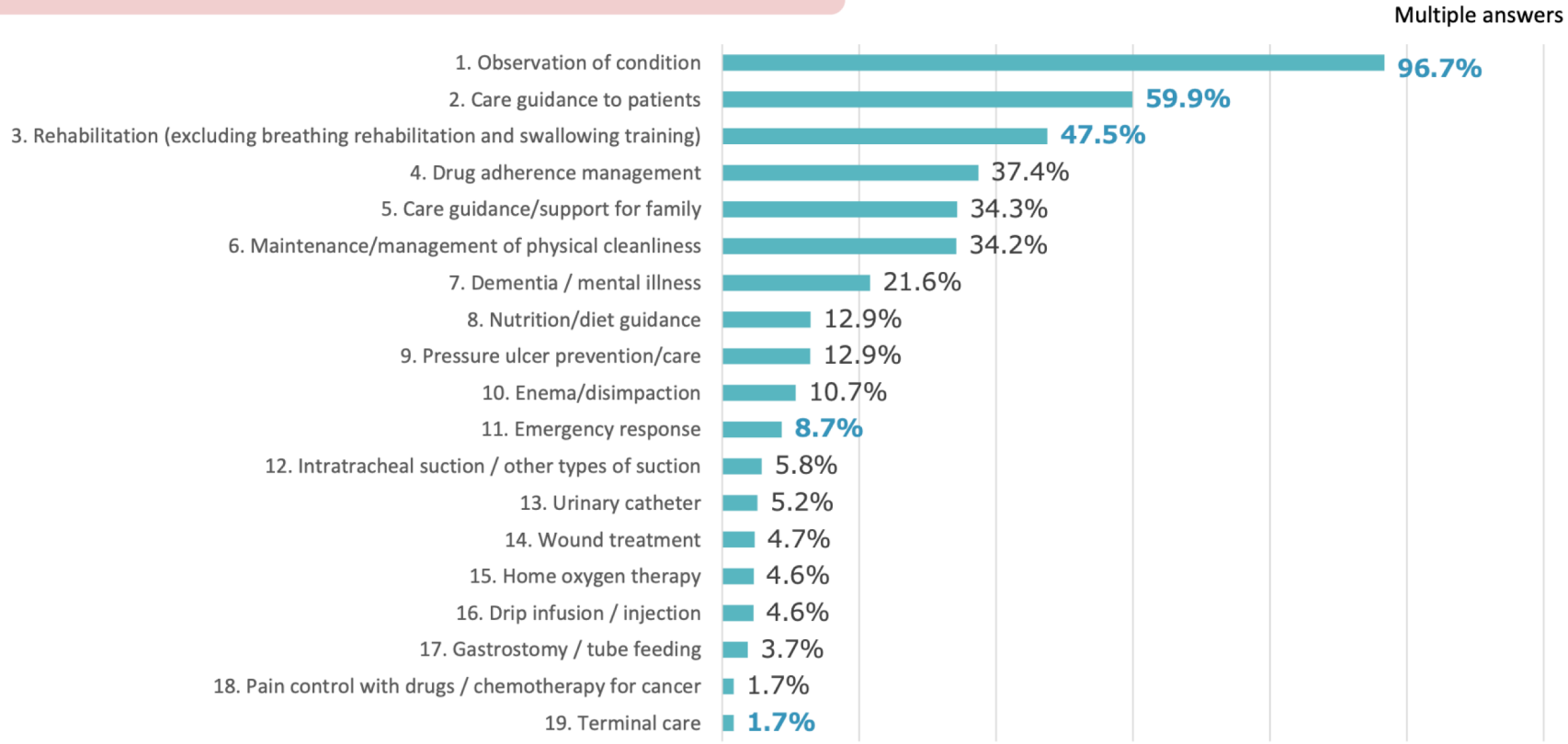
◆Medical care or necessary medical assistance

- 0bservation of health conditions
- Recovery guidance for the client
- Rehabilitation
- Nursing guidance/support for family members,
- Assistance for daily living (e.g., care to maintain cleanliness)
- Medication management, support for those with dementia/mental disabilities
- Toileting control/support,
- Prevention of bedsores
- Wound treatment
- Terminal care

And etc.

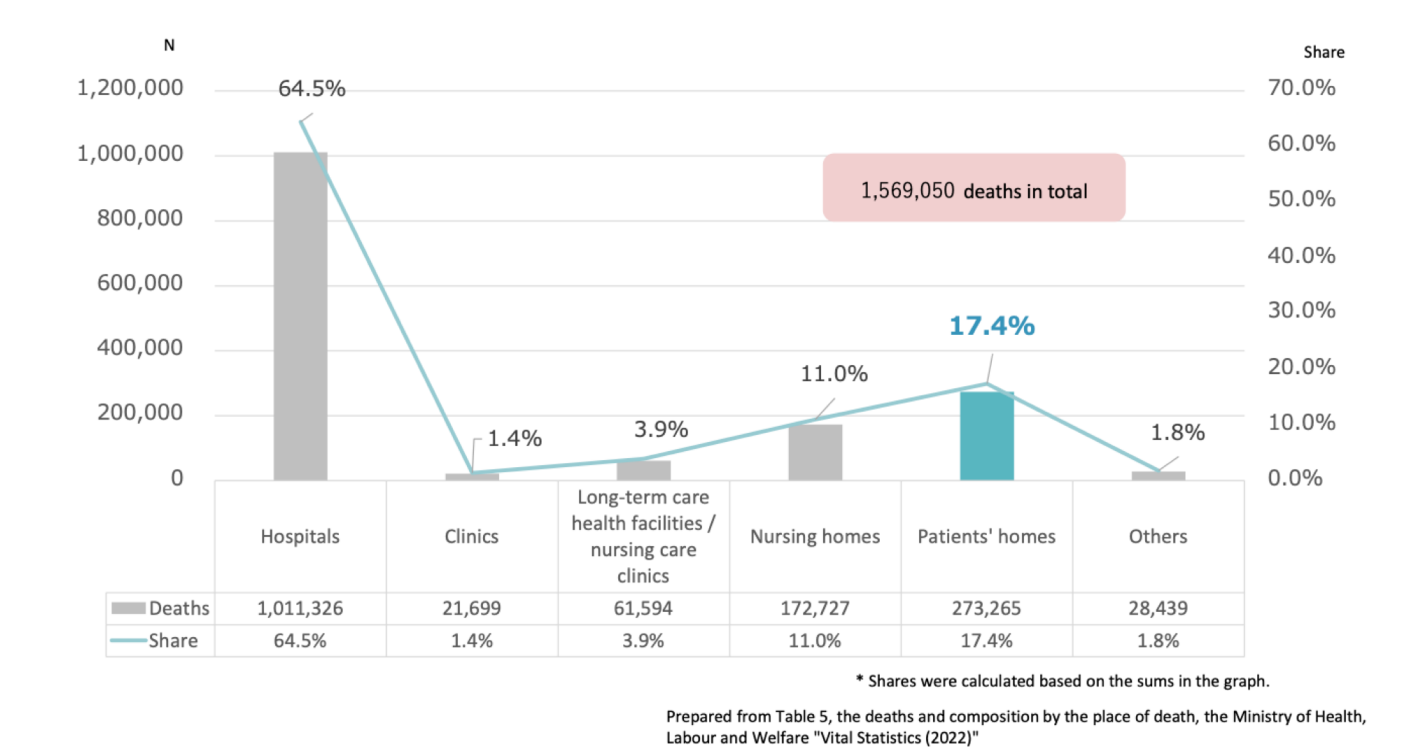
DETAILS OF CARE FOR USERS OF VISITING NURSING STATIONS

* Users of visiting nursing stations: 848,014
(Nursing pertaining to medical procedures is performed on 61.6% of total)



Material: Prepared from the Ministry of Health, Labour and Welfare
"Long-term Care Service Facilities and Offices Survey 2019"

DEATHS AND COMPOSITION BY THE PLACE OF DEATH



* Shares were calculated based on the sums in the graph.

Prepared from Table 5, the deaths and composition by the place of death, the Ministry of Health, Labour and Welfare "Vital Statistics (2022)"

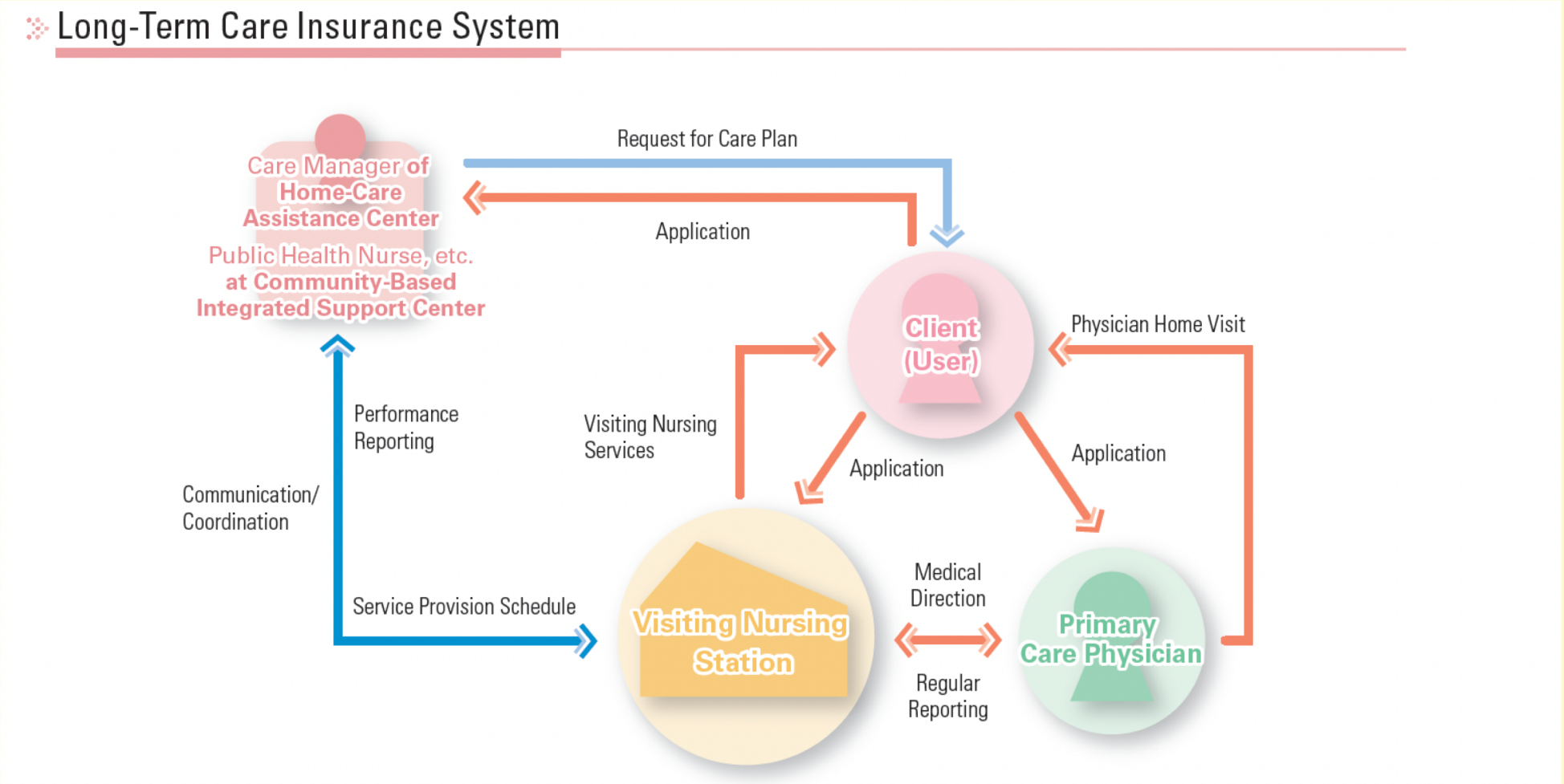
SUMMARY

- Visiting nurse provider can use two types of insurances: medical health insurance and long-term care insurance.

- Visiting nurse is expected to play more important role in in-home service and provide support for mental and physical health over the terminal stage at home.

HOW CAN GET THE VISITING NURSE SERVICE ?

SYSTEM


Long-Term Care Insurance System
Care Manager of Home-Care Assistance Center
Public Health Nurse, etc. at Community-Based Integrated Support Center
Request for Care Plan
Application
Client (User)
Physician Home Visit
Performance Reporting
Visiting Nursing Services
Application
Application
Communication/ Coordination
Service Provision Schedule
Visiting Nursing Station
Medical Direction
Regular Reporting
Primary Care Physician

MEDICAL INSTRUCTIONS AND VISITING NURSING PLAN

Medical instruction from doctor in charge is necessary for providing visiting nurse service under medical insurance and long term care insurance.

Visiting nurse creates a visiting nursing plan, by which visiting nurse provide services.

LIMITATION OF SERVICES FROM VISITING NURSE

- Permission for care is limited
  - One stay more than 30 min but within 90 min
  - One visit on the same day
  - Three times in a week
  - Only one station can care the patient
  - One nurse can visit and give a care

重要事項説明書

（訪問看護サービス）

利用者様に対する訪問看護サービスの提供開始にあたり、厚生労働省に基づいて、当事業者が利用者様に説明すべき重要説明事項は次のとおりです。ご不明なところがあれば、遠慮なく質問をしてください。

1　指定介護予防訪問看護サービスを提供する事業者について

事業者名称	株式会社 H.L.E.
代表者氏名	代表取締役　後藤康幸
本社所在地	名古屋市西区則武新町二丁目11番58号ライオンズガーデン1004号
法人設立年月日	2023 年 3 月 28 日

2　利用者に対してのサービス提供を実施する事業所について

＜事業所の所在地等＞

事業所名称	あるか訪問看護ステーション
事業所所在地	愛知県江南市飛高町門野 43 門野ハイツ 301 号室
提供可能サービス	訪問看護・介護予防訪問看護
介護保険指定事業所番号	2363690146
連絡先	(電話)0587-50-2171　(FAX)0587-50-6081
管理者氏名	湯山豊基
サービス提供地域	江南市、一宮市、犬山市、小牧市、各務原市、岩倉市、扶桑町、大口町 ※上記地域以外の方でもご相談ください。

＜事業の目的及び運営の方針＞

事業の目的	当事業所は、あるか訪問看護ステーション(以下「事業所」という。)が行う訪問看護及び介護予防訪問看護の事業(以下「事業」という。)の適正な運営を確保するために人員及び管理運営に関する事項を定め、事業所の看護職員、理学療法士、作業療法士又は言語聴覚士(以下「従業者」という。)が、要介護状態又は要支援状態にある方に対し、適正な事業を提供することを目的とする。
運営の方針	1 事業所は、訪問看護を提供することにより、生活の質を確保し、健康管理及び日常生活活動の維持・回復を図るとともに、在宅医療を推進し、快適な在宅療養ができるよう努めなければならない。 2 事業所は事業の運営にあたって、必要なときに必要な訪問看護の提供ができるよう努めなければならない。 3 事業所は事業の運営にあたって、関係区市町村、地域包括支援センター、保健所及び近隣の他の保健・医療又は福祉サービスを提供する者との密接な連携を保ち、総合的なサービスの提供に努めなければならない。

【介護保険・要介護】

◆基本料金表（訪問看護1回あたりの利用料）◆

訪問時間		サービス略称	単位	負担(1割)	負担(2割)	負担(3割)
20分未満		訪問看護Ⅰ1	313	326円	652円	978円
20分以上30分未満		訪問看護Ⅰ2	470	490円	979円	1,469円
30分以上60分未満		訪問看護Ⅰ3	821	855円	1,711円	2,566円
60分以上90分未満		訪問看護Ⅰ4	1,125	1.172円	2,345円	3,517円
作業療法士の訪問	①20分以上	訪問看護Ⅰ5	293	305円	611円	916円
	②40分以上		586	611円	1,221円	1,832円
	③60分以上		792	825円	1,651円	2,476円

※准看護師が訪問看護を行った場合、所定単位数に90/100を乗じた単位数で算定。

※早朝（午前6時～午前8時）・夜間（午後6時～午後10時）は25%加算します。

※深夜（午後10時～午前6時）は50%加算します。

【介護保険・要支援】

◆基本料金表（訪問看護1回あたりの利用料）◆

訪問時間		サービス略称	単位	負担(1割)	負担(2割)	負担(3割)
20分未満		訪問看護Ⅰ1	302	315円	629円	944円
20分以上30分未満		訪問看護Ⅰ2	450	469円	938円	1,407円
30分以上60分未満		訪問看護Ⅰ3	792	825円	1,651円	2,476円
60分以上90分未満		訪問看護Ⅰ4	1,087	1,133円	2,265円	3,398円
作業療法士の訪問	①20分以上	訪問看護Ⅰ5	283	295円	590円	885円
	②40分以上		566	590円	1,180円	1,769円

※准看護師が訪問看護を行った場合、所定単位数に90/100を乗じた単位数で算定。

※早朝（午前6時～午前8時）・夜間（午後6時～午後10時）は25%加算します。

※深夜（午後10時～午前6時）は50%加算します。

【医療保険】

訪問看護基本料金	後期高齢者 医療被保険者証	1割又は3割負担
	健康保険被保険者証	3割負担
	特定疾患 医療給付受給者証	設定された上限額まで負担 (他医療機関と合算)
	公費負担医療該当者	負担なし

＜基本料金＞

訪問看護基本療養費Ⅰ (1日につき)	看護師、作業療法士 週3日まで	5,550 円
	准看護師 週3日まで	5,050 円
	看護師 週4日目以降 (厚生労働大臣が定める疾病等)	6,550 円
	准看護師 週4日目以降 (厚生労働大臣が定める疾病等)	6,050 円
	作業療法士 週4日目以降	5,550 円
訪問看護基本療養費Ⅱ 同一建物居住者 (1日につき)	看護師、作業療法士 3人以上週3日まで	2,780 円
	准看護師 3人以上週3日まで	2,530 円
	看護師 3人以上週4日目以降 (厚生労働大臣が定める疾病等)	3,280 円
	准看護師 3人以上週4日目以降 (厚生労働大臣が定める疾病等)	3,030 円
	作業療法士 3人以上週4日目以降	2,780 円
訪問看護基本療養費Ⅲ (在宅療法に備えた外泊時)	入院中に1回、厚生労働大臣が定める疾病等は入院中に2回(訪問看護管理療養費はなし、特別地域訪問看護加算のみ算定)	8,500 円
訪問看護管理療養費	月の初日	7,440 円
	2日目以降	3,000 円

＜病状によって加算＞

24 時間対応体制加算	利用者や家族からの相談に 24 時間対応できる体制(1月につき)	6,400 円
早朝・夜間加算	早朝(6～8 時)、夜間(18～22 時)の利用	2,100 円
深夜加算	深夜(22～6 時)の利用	4,200 円
緊急訪問看護加算	利用者の求めに応じて医師の指示で緊急訪問をする(1日につき)	2,650 円
複数名訪問看護加算	看護師＋看護師 or 作業療法士(週1回まで)	4,500 円
	看護師＋准看護師(週1回まで)	3,800 円
	看護師＋看護補助者(週1回とは限らない)	3,000 円
難病等複数回訪問看護加算	1日2回の訪問	4,500 円
	1日3回以上の訪問	8,000 円
長時間訪問看護加算	人工呼吸器使用、特別指示書期間、特別管理を要する方で 90 分を超えたケア(週1回)	5,200 円
特別管理加算	留置カテーテル、気管切開など	5,000 円
	人工肛門、褥瘡、点滴注射など	2,500 円
情報提供療養費	サービス内容を市町村に情報提供する場合	1,500 円
退院時共同指導加算	退院に際して主治医等と共同して指導	8,000 円
退院支援指導加算	退院日に療養上必要な指導を行った場合	90 分未満 6,000 円
		90 分以上 8,400 円
在宅患者連携指導加算	医療関係者間で情報を共有し患者または家族へ必要な指導を行った場合(月1回)	3,000 円
在宅患者緊急時等カンファレンス加算	急変等の場合、主治医と共同で患家にてカンファレンスし指導を行った場合(月2回)	2,000 円
ターミナルケア療養費	終末期における支援体制、指導等を共有し患者または家族へ説明しターミナルケアを行った場合	25,000 円

甲（利用者）　　様

乙（事業者）株式会社 H.L.E.
あるか訪問看護ステーション

第１条（契約の目的）

・乙は甲に対し、介護保険法および健康保険法等関係法令の趣旨にしたがって、甲が有する能力に応じて可能な限り居宅において自立した日常生活を営むことができるよう、甲の療養生活を支援し、心身の機能の維持回復を目指すことを目的として訪問看護サービスを提供し、甲は乙に対し、そのサービスの料金を支払います。

第２条（契約期間）

1　本契約の契約期間は、主治医の訪問看護指示書の指示期間から始まり指示期間の終了まで、及び契約締結の日から甲の要介護認定の有効期間満了日までとします。

2　契約期間満了日の７日前までに甲から乙に対して文書による契約終了の申し出がない限り、本契約は自動更新されるものとします。

第３条（訪問看護計画とサービスの提供）

1　乙は、甲の日常生活の状況及びその意向を踏まえて、主治医の指示書及び甲の居宅サービス計画書・介護予防計画書（以下ケアプランという）に沿って、療養上の目標や具体的なサービス内容を記載した訪問看護計画書を作成し、これに従って「重要事項説明書」に記載した内容の訪問看護を計画的に提供します。

2　乙は、甲に係る居宅サービス計画書・ケアプランが作成されていない場合でも、訪問看護計画の作成を行います。その場合に、乙は甲に対して、居宅介護支援事業者を紹介する等居宅サービス計画作成のために必要な支援を行うものとします。

3　乙は、訪問看護計画について、甲及びその家族等に対して説明します。

4　乙は、甲に係る居宅サービス計画書・ケアプランが変更された場合、又は甲若しくはその家族等がサービスの内容や提供方法などの変更を希望する場合、速やかに居宅支援事業者への連絡調整を行い、訪問看護計画の変更の対応を行います。

5　訪問看護計画を変更した場合には、乙は甲に対して書面を交付し、その内容を確認するものとします。

第４条（訪問看護指示書について）

1　乙は、訪問看護サービスの提供を開始する際に、主治医が発行する訪問看護指示書を文書で受けます。

2　甲は、主治医の指示書作成料としてかかりつけ医療機関に 300 円（１割）～900 円（３割）を支払います。

3　乙は、主治医に訪問看護計画書及び訪問看護報告書を提出し、主治医との密接な連携を図ります。

しい場合は、日程、時間の調整をさせていただく場合があります。

2　社会情勢の急激な変化、地震、風水害など著しい社会秩序の混乱などにより、乙の義務の履行が遅延、もしくは、不能になった場合、それによる損害賠償責任を乙は負わないものとします。

第 16 条（契約外条項）

・この契約に定めのない事項については、介護保険法令その他の関係法令を尊重し甲と乙が誠意を持って協議のうえ定めます。

訪問看護利用の契約成立を証するため、本証２通を作成し、甲乙各署名して１通ずつを保有します。

令和　　年　　月　　日

甲（利用者）

住所

氏名

代理人（家族、代理人または立会人）

住所

氏名　　（続柄　　）

署名代行の理由　□　身体が不自由で記載できない

□　判断能力が不十分で理解できない

□　その他（　　）

乙（事業所）

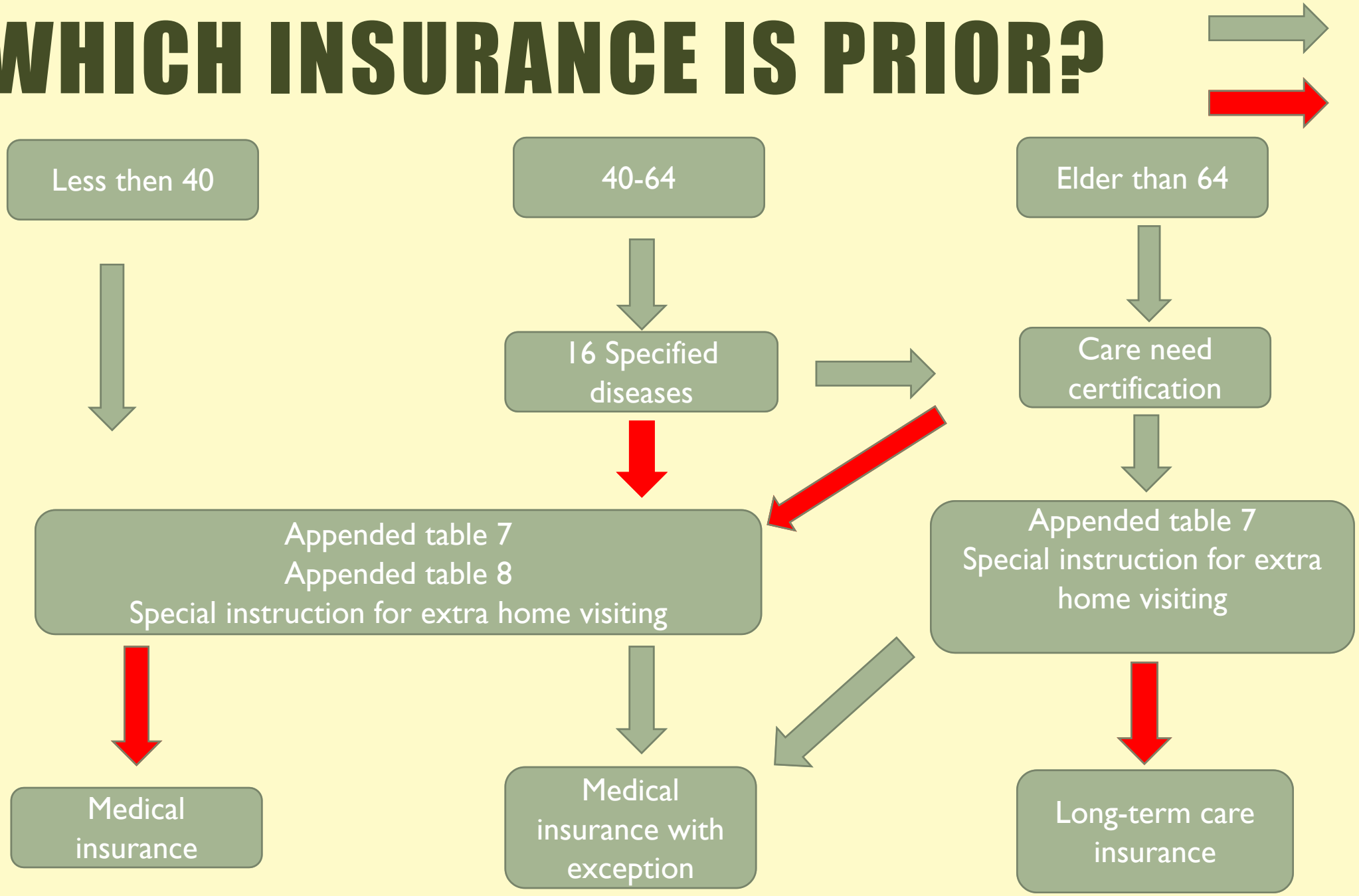
所在地　　江南市飛高町門野 43 門野ハイツ 301 号室

名　称　　株式会社 H,L.E

あるか訪問看護ステーション

管理者　　湯山　豊基　　印

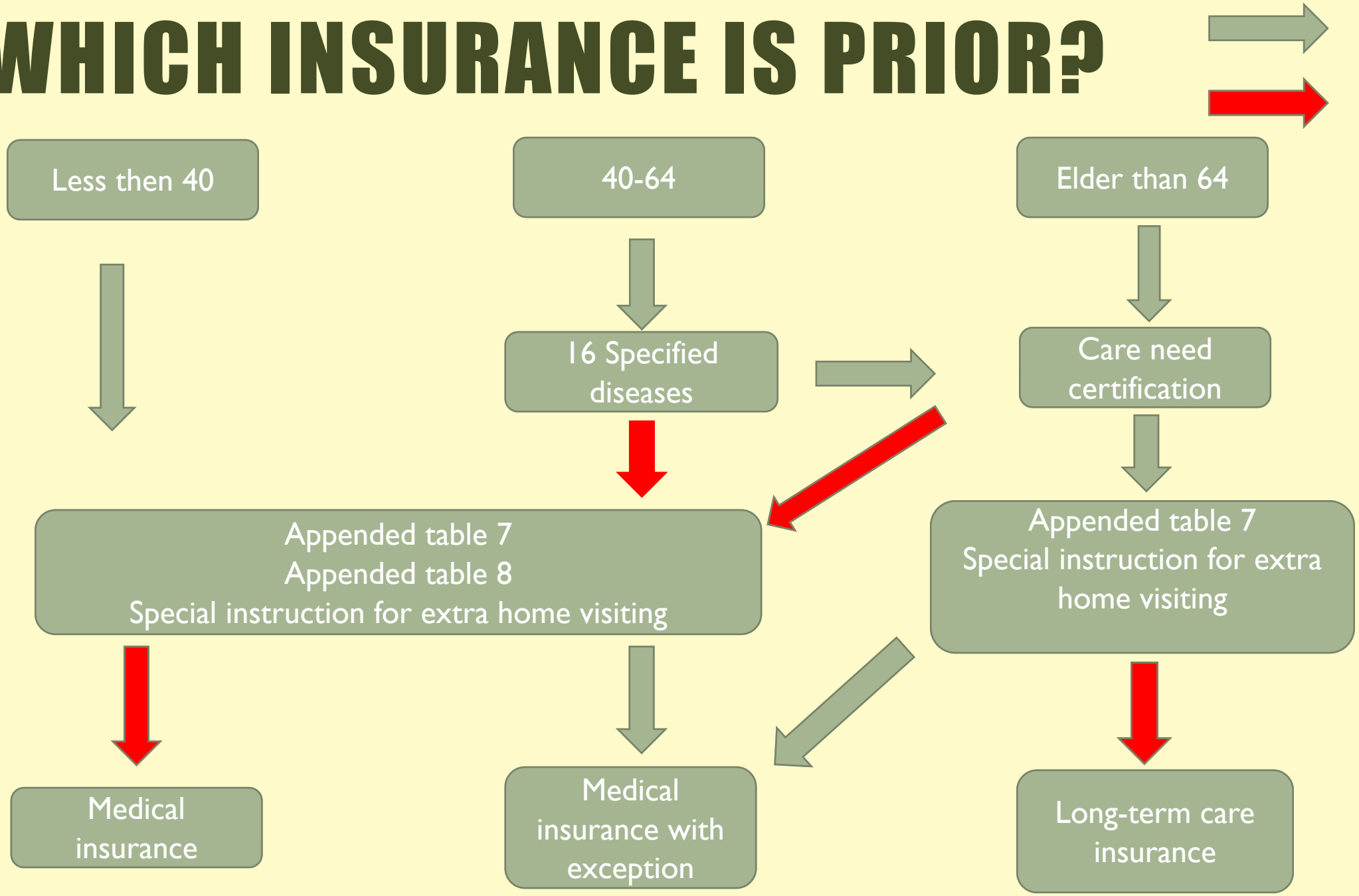
WHICH INSURANCE IS PRIOR?



16 SPECIFIED DISEASES

- Cancer at terminal stage (Based on generally accepted medical knowledge, when doctors judge that someone has no chance of recovery.)
- Rheumatoid arthritis
- Amyotrophic lateral sclerosis
- Ossification of posterior longitudinal ligament
- Osteoporosis following a bone fracture
- Dementia in middle age (including Alzheimer's disease and cerebral vascular dementia)
- Progressive supranuclear palsy, corticobasal degeneration and Parkinson's disease
- Spinocerebellar degeneration
- Spinal carnal stenosis
- Progeria
- Multiple system atrophy
- Diabetic neuropathy, diabetic nephropathy and diabetic retinopathy
- Cerebral vascular disease
- Arteriosclerosis obliterans
- Chronic obstructive pulmonary disease
- Osteoarthritis following significant deformity of both knee joints, or the hip joint.

WHICH INSURANCE IS PRIOR?



WHAT ARE THE EXCEPTION SERVICES?

- Several visiting on the same day
- More than 4 times in a week
- Several stations can treat the patient
- Several nurses can care
- Stay and care the patient more than 90 min once a week

◆Permission for care is limited (Represented)

- ➢One stay more than 30 min but within 90 min
- ➢One visit on the same day
- ➢Three times in a week
- ➢Only one station can care the patient
- ➢One nurse can visit and give a care

APPENDED TABLE 7

- Cancer at terminal stage (Based on generally accepted medical knowledge, when doctors judge that someone has no chance of recovery.)
- Amyotrophic lateral sclerosis
- Progressive supranuclear palsy, corticobasal degeneration and Parkinson's disease
- Spinocerebellar degeneration
- Multiple system atrophy
- Multiple sclerosis
- Myasthenia gravis
- Subacute myelo-optico-neuropathy
- Huntington('s) disease
- Progressive muscular dystrophy
- Prion disease
- Subacute sclerosing panencephalitis
- Lysosomal storage disease
- Adrenoleukodystrophy
- Spinal muscular atrophy
- Spinal and bulbar muscular atrophy
- Chronic inflammatory demyelinating polyneuropathy
- HIV
- Cervical cord injury
- On the ventilator

APPENDED TABLE 8

- Indwelling tracheal tube or catheter
- Peritoneal dialysis
- Hemodialysis
- Oxygen therapy
- Central parenteral nutrition
- Tube feeding
- Urethral self- catheterization
- Artificial respirator
- Continuous positive airway pressure
- Patient controlled analgesia
- Pulmonary hypertension
- Stoma or urostoma
- Bedsore
- Continuous infusion therapy

SPECIAL INSTRUCTION FOR EXTRA HOME VISITING

- **Conditions to issue this instruction**
  - Acute exacerbation of infection diseases
  - End stage of malignant diseases
  - Just after discharge from hospital
- **Exception (issued twice a month)**

Using a tracheostomy tube

Bedsore that extend beyond the dermis (D3)

ONE DAY OF VISING NURSE

あるか 訪問看護ステーション

この度訪問看護ステーションを開設しますが、あるか訪問看護ステーションの“あるか”はラテン語で方舟を意味するArcaのことです。

“あるか”には、ノアの方舟が地球上の生物を大洪水から救った様に、介護看護で悩むあらゆる人、すなわち介護看護を必要とする方のみならず介護看護している家族の方も救いたい、という思いを込めています。

地域包括ケアシステムでは利用者（患者）さんは自宅でもしくは住んでいる地域でケアを受けることを想定されています。私はこのシステムの維持において、医療の専門職であり、かつご家族に寄り添える存在としての看護師特に訪問看護師の役割が増していくと考えています。

例えば、私は医師としてクリニックで日々患者さんを診療していますが、数か月に1回の診察だけでは、患者さんの医療ニーズに十分応えていない実感があります。その様な医師（医療）と利用者（患者）さんとのギャップを埋めるためにどうしたら良いか考えた時に、訪問看護師の重要性が増すと感じました。具体的には、診察に来ない間の期間、訪問看護師がご自宅での生活の様子や健康状態などを観察し、その情報をもとに、次回の診察時に利用者（患者）さんの代わりに主治医とコンタクトする事で、個々に合った診療が出来るようにお役立てすることなどが考えられます。

THANK YOU FOR YOUR ATTENTION!