

Long-Term Acute Care (LTAC) With Developing Nurse Practitioners for Well-Being of the People

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Abstract

Japan has been a super-aging society. The Ministry of Health, Labor and Welfare (MHLW), Japan has considered medical needs for developing upper level of registered nurse, “nurse practitioner”. With this certificate, 38 specific procedures can be performed in actual clinical practice. The author is the head-nurse of Eto hospital, where 9 nurses obtained the certificates until now. Eto and Hakuai hospitals are included in Heisei Medical Welfare (HMW) medical group, that has various medical and welfare organizations including >102 facilities, 8658 beds and >15000 staffs in Japan. We have continued Long-term Acute Care (LTAC) for well-being of the people.

Keywords: Ministry of Health Labor and Welfare (MHLW); Nurse Practitioner; Heisei Medical Welfare (HMW); Long-term Acute Care (LTAC); Japan Association of Medical and Care Facilities (JAMCF)

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Commentary

Japan has been a super-aging society [1]. Looking at the history of medical care in Japan, the proportion of the population 65< years exceeded 7% in 1970, exceeded 14% in 1994, and exceeded 21% in 2007, indicating fastest aging in the world. For latest statistics, the total population is 125.38 million, in which 65< years is 65.36 million by the Ministry of Health, Labor and Welfare (MHLW), Japan. Further, there are 339,623 doctors (23% female doctors) and 1,280,911 working nurses [2]. Medical care for the elderly would be important with various measures such as hospitals, clinics, nursing homes and visiting care. In such circumstances, wider possible medical treatment by the registered nurse has been expected.

Future perspectives for clinical contribution of registered nurse have been in discussion. MHLW considers increasing needs for home visiting care in Japan. Japanese Nursing Association (JNA) always works to ensure safe, secure and satisfactory nursing and health care [3]. JNA presented “Future Vision for Nursing”, in

which some expansion of the judgment and procedure of registered nurses in actual practice. It submitted a request for the novel nurse practitioner system to the Japanese government in 2020. This project has been collaborated by Japan Association of Nursing Universities and the Japan Association of Nursing Education.

Japanese government and MHLW investigated this matter, and considered 38 specific actions that a nurse practitioner can perform with advanced and specialized knowledge and skills [4]. For better and smooth clinical practice in the hospitals, clinics, nursing homes and visiting home care system in Japan, this educating program has initiated for upper level of registered nurse whose title would be nurse practitioner or nurse possible specialized procedures.

The author is in charge of overall management at the nursing department of Eto Hospital in Tokushima Prefecture, Japan. We have already 9 qualified nurse practitioners who attended the program (Figure 1).



Figure 1: Group photo of nurse practitioners and related instructors.

They learned 38 specific procedures that are useful in actual clinical practice. These are medical aids trained in practical comprehension, thinking and judgment, as well as advanced and specialized knowledge and skills. The contents of the 38 related acts are as follows: artificial respiration management, positive pressure ventilation, tracheal cannula, temporary pacemaker, percutaneous cardiopulmonary assist device, intra-arterial balloon pumping, low-pressure intrathoracic continuous suction, various catheters and drains (thoracic cavity, abdomen, stomach,

bladder), decubitus and chronic wounds, infusions and drugs, adjustment of insulin administration, acute blood purification therapy and so on [4].

Our nurse practitioners have contributed much in clinical practice in the out-clinic and in-ward. They have high levels of adequate judgement and actual treatment, which become always great help for patients, families, doctors and all medical staffs, leading to ideal team practice. We always discuss to develop beneficial strategy for all related people (Figure 2).



Figure 2: Discussion of nurse practitioners for Long-term Acute Care (LTAC).

Several impressive activities have been included such as creating procedure manuals, active and useful roles in specific nurse teams, involvement of home-visit nursing, and disseminating information to patients and families, and others.

Our hospital is one of the hospitals in the Heisei Medical Welfare (HMW) medical group [5]. HMW has a variety of medical and welfare organizations, which include more than 102 facilities, 8658 beds and more than 15000 staffs in Japan [6]. Further, we have a rehabilitation center in Indonesia, and many staffs from abroad have been working. Our goal would be to save all patients, by providing adequate proper acute care (PAC) and sub-acute care (SAC) [7]. Various patients with medical and social problems have been treated so far, including life-style related disease, diabetes, frailty syndrome for the elderly [8, 9].

When COVID-19 was found in Feb 2020 on Diamond Princess the first time, MHLW asked Japan Association of Medical and Care Facilities (JAMCF) for applicable management for this crucial problem [10]. JAMCF and MHLW have cooperated together to help the important mission associated with 20 volunteer staffs [11]. Since then, HMW group has continued to deal with COVID-19 matters. The headquarters of the HMW Group is located at Hakuai Hospital in Tokushima, in which Hakuai means philanthropy. We have set up an outpatient clinic for specializing sequelae of COVID-19 and treated lots of patients until now.

Thus, the HMW group has continued educating nurses, dealing with COVID-19 matters and also improvement of undernutrition and dehydration for the elderly as chronic phase treatment. In particular, we focused on the importance of swallowing rehabilitation and excretory rehabilitation. For the reason, lots of patients after acute treatment have been often introduced to be admitted. Our group statistics show that more than half patients are undernourished with less than 3.8 g/dL of Albumin. The average Alb value in 68,827 cases was 3.4 g/dL, and 80.1% had less than 4.1 g/dL. As a result of our rehabilitation, tube feeding at admission was 39/50 cases, but one month later it decreased to 16/50 cases, which means oral intake became possible. Consequently, HMW aims for high-quality chronic medical care [5].

The HMW group including Eto and Hakuai hospitals are involved in Long-term Acute Care (LTAC) for years [5]. For successful LTAC, several factors will be required. Among them, the training of excellent human resources would be crucial and contributes to future development and people's well-being. The issue of nurse practitioners will include adjusting the work environment, collaborating with doctors, proper placement, reviewing work content, home medical care and educational activities. We hope that this article will become a useful reference for the health and happiness of all people.

Conflict of Interest

The authors declare no conflict of interest.

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References

1. Ministry of Health, Labour and Welfare, Japan (MHLW).
2. MHLW. Current Statistics of population.
3. Japanese Nursing Association (JNA).
4. MHLW. Nurse practitioners.
5. Takehisa Y. Investigation for medical and long-term care in Japan. *International Medicine*. 2021; 3: 28-30.
6. Heisei Medical Welfare (HMW) group.
7. Shimizu E, Takehisa Y, Bando H, Fujita M, Kusaka Y. Effective SGLT2 inhibitor for patient with type 2 diabetes mellitus (T2DM) and depression. *Diab Res*. 2020; 2: 26-32.
8. Kuzuya M, Arai T, Takehisa Y, Satake S, Arai H. Chapter 3 Frailty prevention. *Geriatr Gerontol Int*. 2020; 20: 20-24.
9. Takehisa Y, Bando H. Elderly diabetic patients with effective add-on therapy of dulaglutide as a GLP-1 receptor analogue (GLP1 RA). *Edel J Biomed Res Rev*. 2020; 2: 31-35.
10. Jimi H, Hashimoto G. Challenges of COVID-19 outbreak on the cruise ship Diamond Princess docked at Yokohama, Japan: a real-world story. *Global Health Med*. 2020; 2: 63-65.
11. Japan Association of Medical and Care Facilities (JAMCF).