

NURSING-TYPE SMALL-SCALE MULTIFUNCTIONAL IN-HOME CARE

INTRODUCTION



Saint-Care

SAINT-CARE Chiba Incorporated

Small-scale/Multifunction In-home Care and Home-visit
Nursing Narita

About Me



Narita area SCL (Social
Community Leader) and nursing-
type care lead

Shingo Iwano

Hometown

Kishiwada City, Osaka Prefecture
(Famous for its Danjiri Festival)

Certifications

Care Worker/Care Manager

Current Work

Mainly assisting Narita
City offices and other
municipal care centers.

Career

3 years in small-scale
multifunctional in-home care,
8 years in nursing-type
multifunctional care
(including 5 years
concurrently serving as Care
Manager)

I. Nursing-Type Small-Scale Multifunctional In-Home Care

● Established in 2012 under Japan's Long-Term Care Insurance reform

● By providing integrated nursing and caregiving services, the program aims to enhance support for elderly people with significant medical care needs.

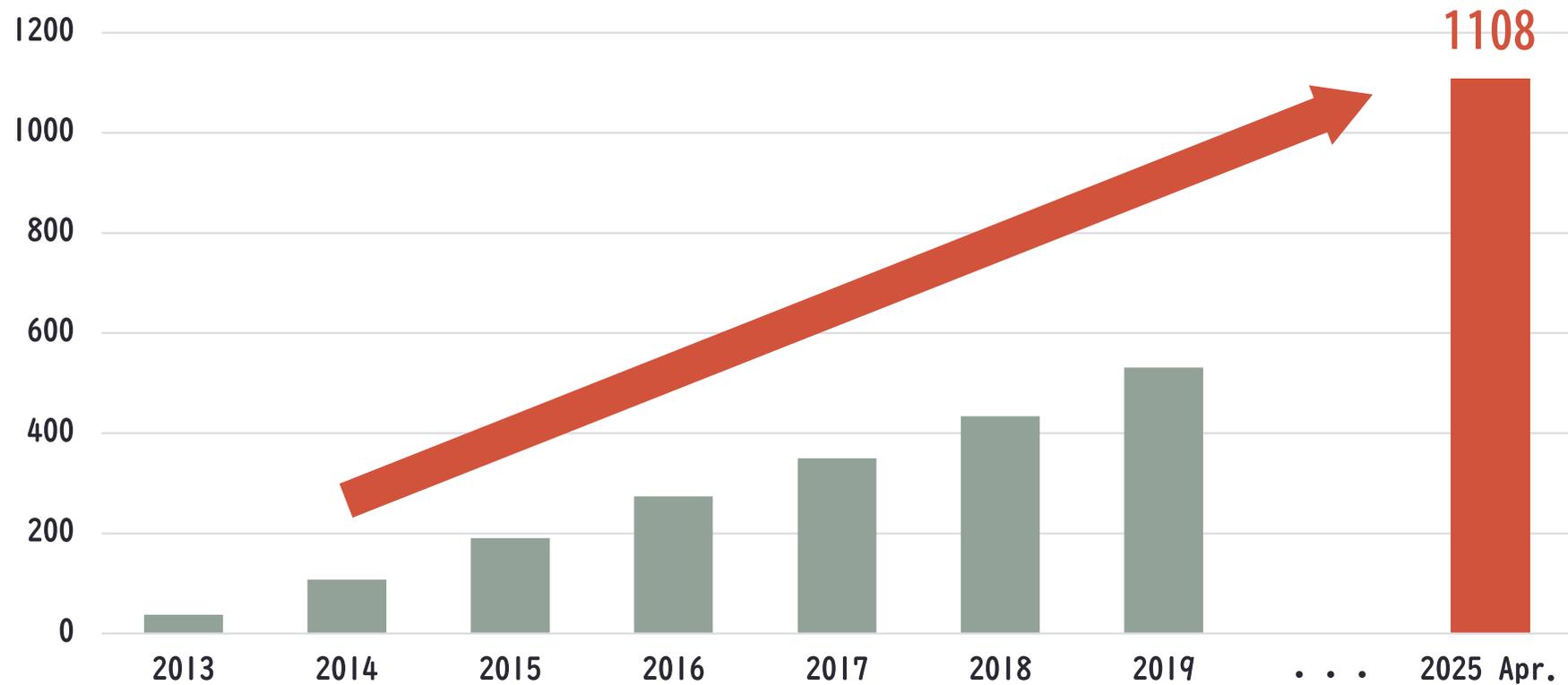
• Based on the needs of the elderly and their families, the service can be provided in the forms of day care, home visits (nursing and caregiving), and overnight stays.

• By providing integrated nursing and caregiving services, the program can offer flexible support, even in emergencies.

• With nursing staff on site, procedures such as sputum suction can be performed more safely by care workers, and medical or nursing needs required for daily living can be addressed.

• Support for end-of-life care at home is put in place.

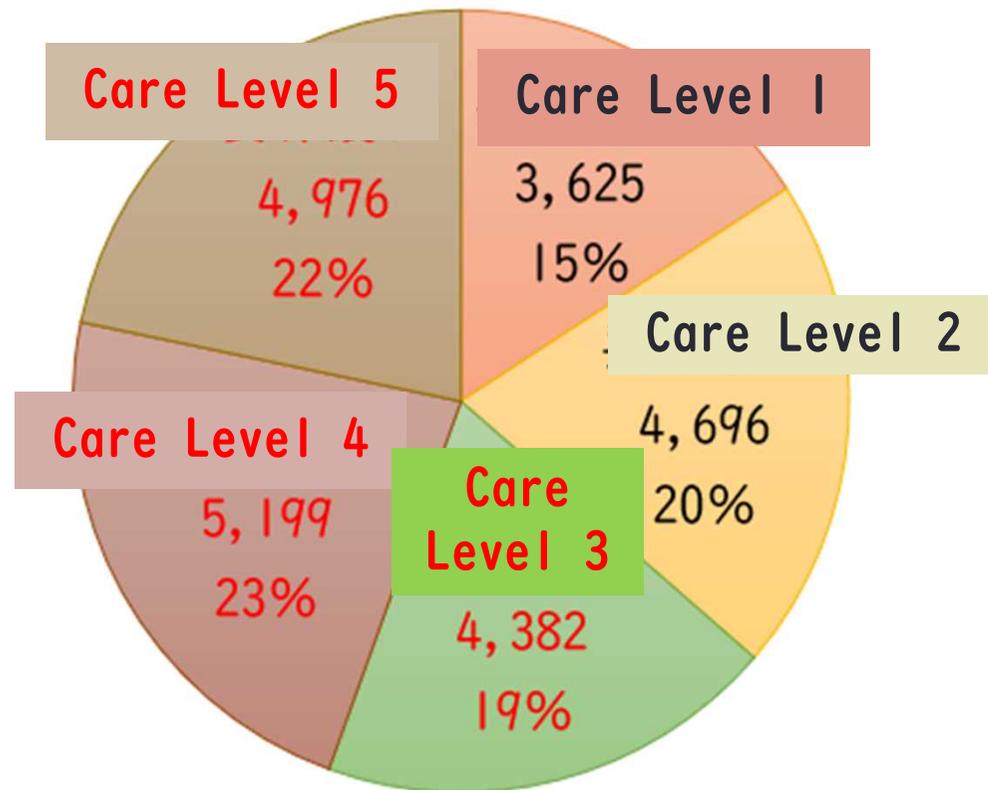
2. Number of Qualified Providers of Nursing-Type Small-Scale Multifunctional In-Home Care



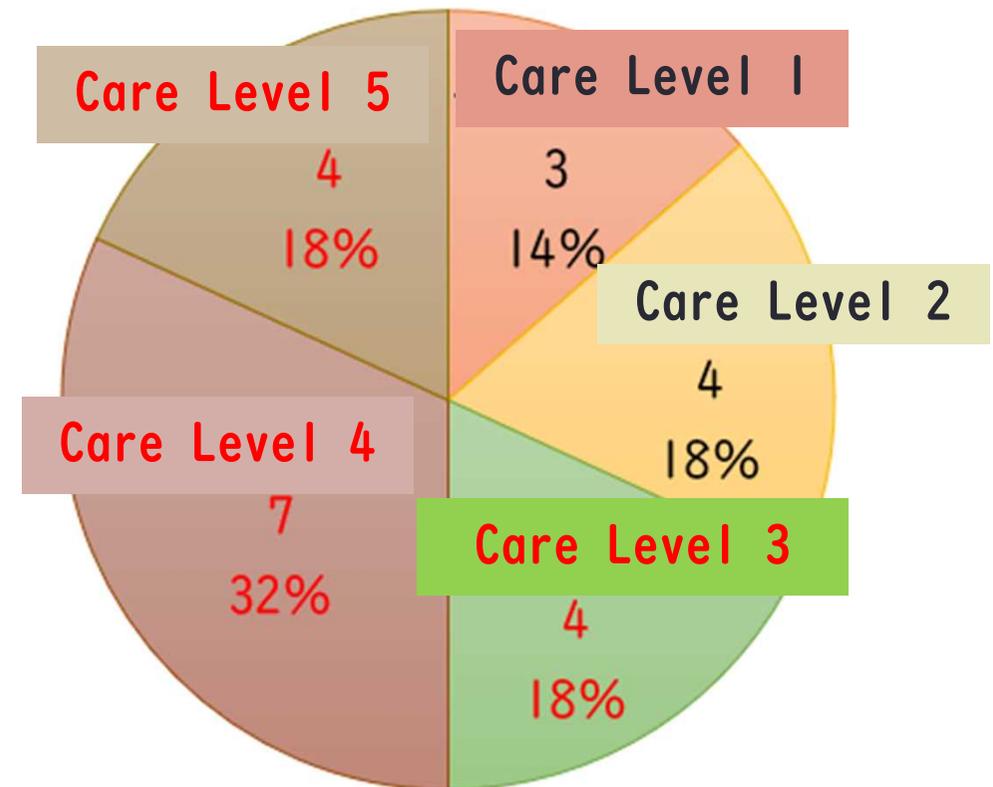
As of April 2025, there are 1,108 providers, with numbers increasing across regions.

3. Usage Records (Breakdown by Level of Care Required)

Nationwide



Narita City



Care Level 3 or higher 64%

Average Care Level 3.2

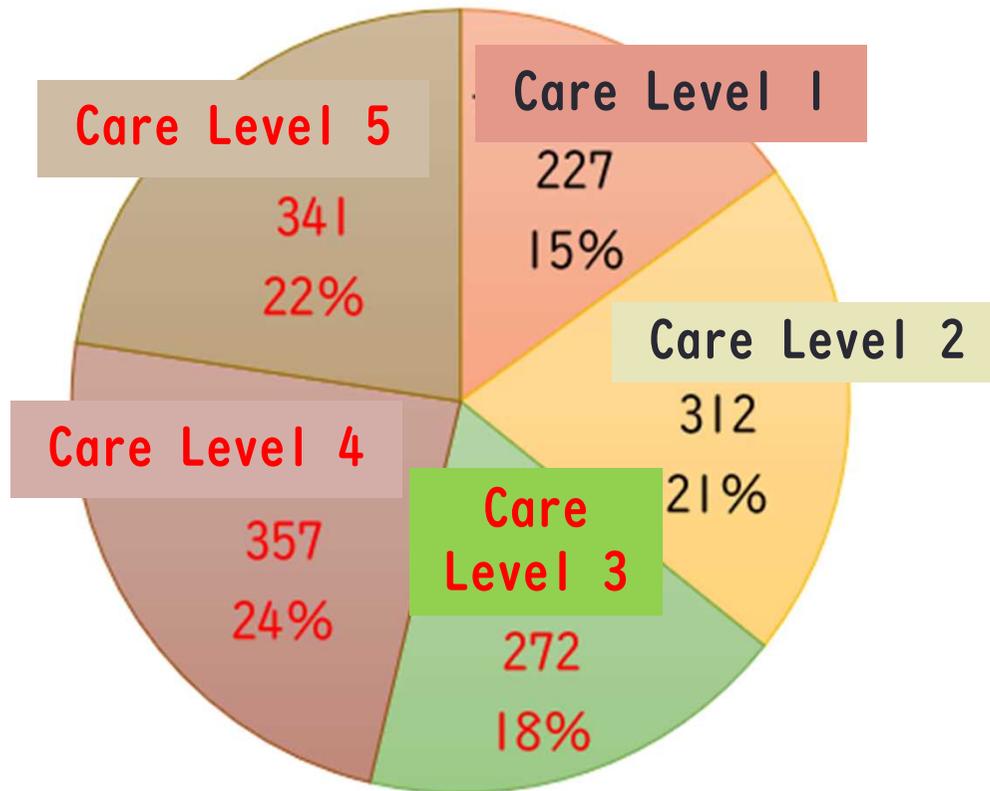
【出典】 2025年5月サービス提供分
(介護保険事業状況報告(暫定))

Care Level 3 or higher 68%

Average Care Level 3.2

【出典】 2025年5月サービス提供分
(介護保険事業状況報告(暫定))

SAINT-CARE Group



- Care Level 3 or higher
 - Nationwide 64%
 - **Narita** City **68%**
 - SAINT-CARE 64%
- Average Care Level
 - Nationwide 3.2
 - **Narita** City **3.2**
 - SAINT-CARE Group 3.2

Note:
Customers with higher care levels are using services in all areas

Care Level 3 or higher 64%

Average Care Level 3.2

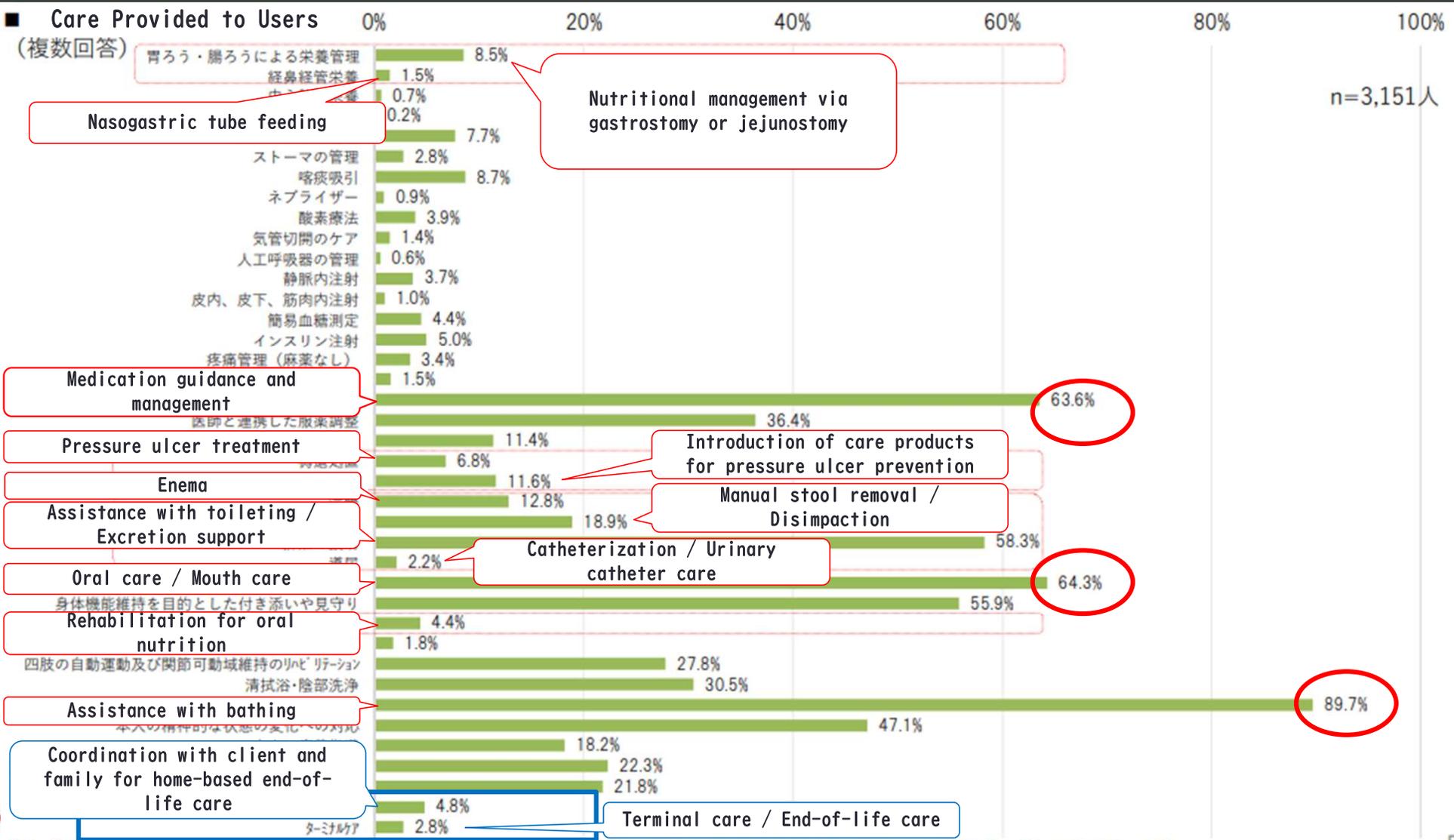
*SAINT-CARE Group Services Provided in May 2025

4. Care Provision Status

Care Provision Status for Users of Nursing-Type Small-Scale Multifunctional In-Home Care

社保審一介護給付費分科会
第187回 (R2.10.9) 資料6

○In nursing-type small-scale multifunctional in-home care facilities, 58.3% of users received assistance with toileting, 11.6% received care products for pressure ulcer prevention, and 4.4% received rehabilitation aimed at oral nutrition, as part of efforts to support independence and prevent deterioration of care levels.



5. User Profiles and Actual Care Practices

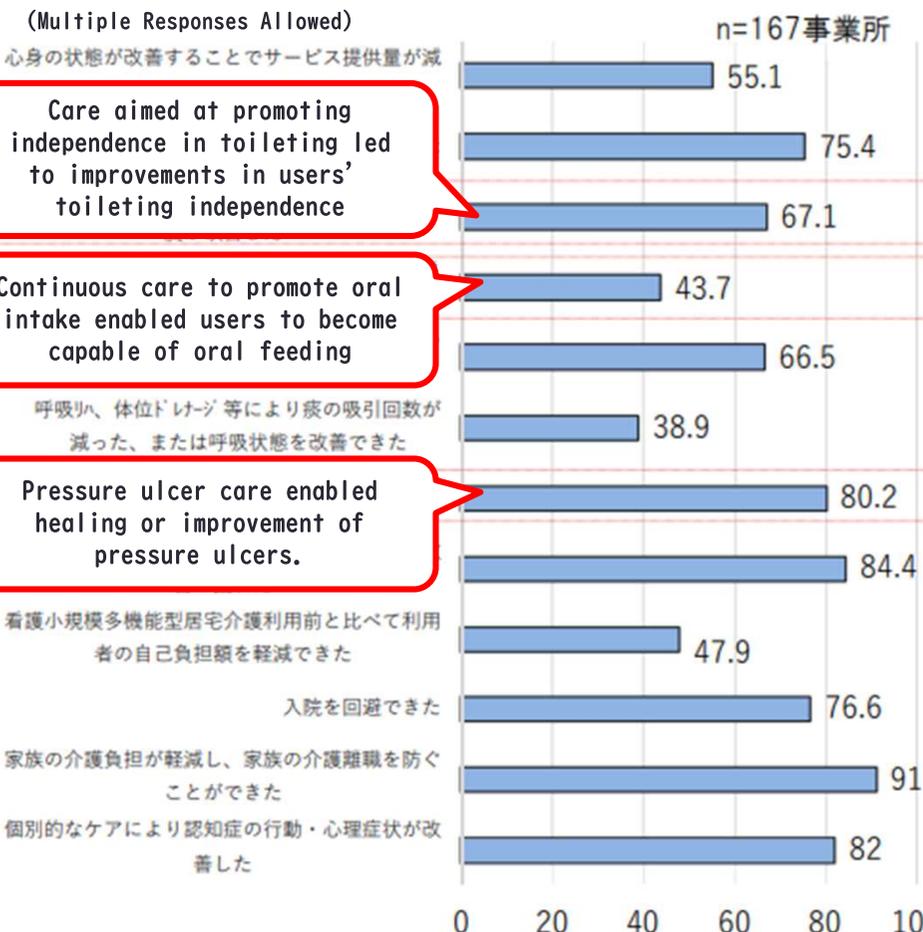
Status of Independence Support and Prevention of Care Level Deterioration in Nursing-Type Small-Scale Multifunctional In-Home Care

社保審—介護給付費分科会	
第187回 (R2.10.9)	資料6

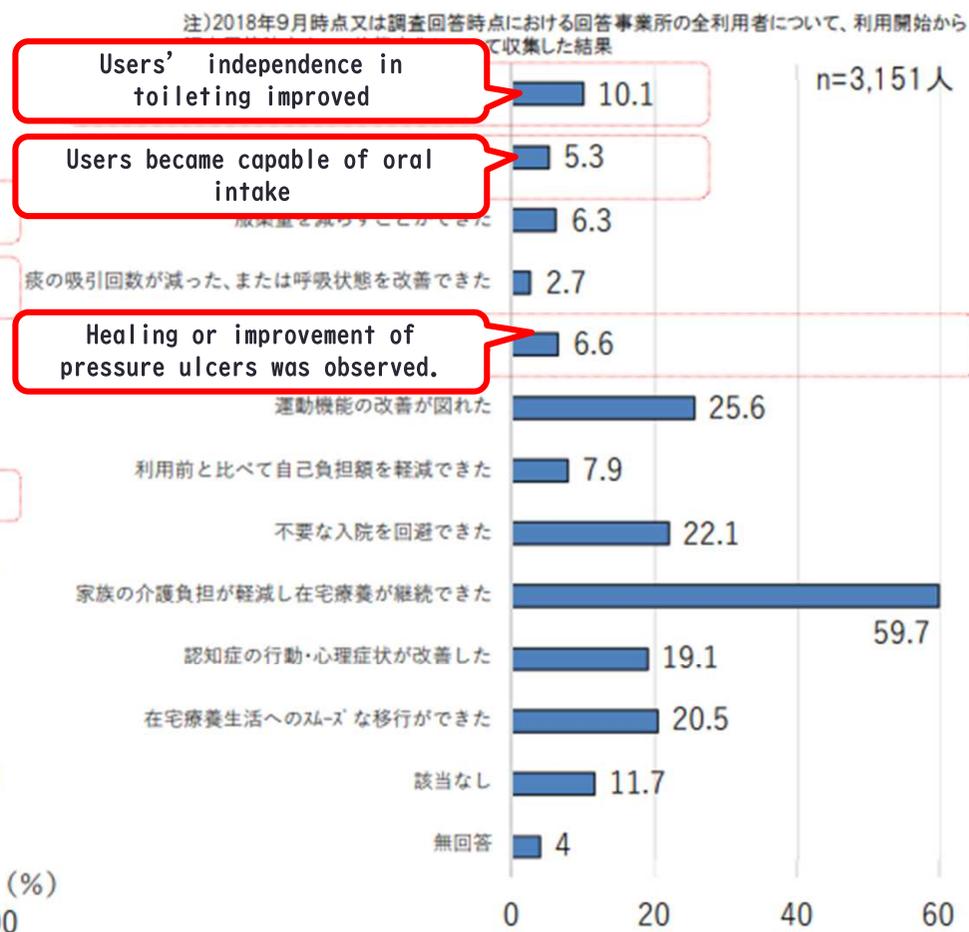
Over the past year, 80.2% of facilities were able to treat or improve pressure ulcers, 67.1% observed improvements in users' independence in toileting, and 43.7% reported that users became capable of oral intake.

Over the past year, 6.6% of users experienced treatment or improvement of pressure ulcers, 10.1% showed improved independence in toileting, and 5.3% became capable of oral intake.

Presence of Changes in Users' Conditions within the Past Year Due to Service Provision (Multiple Responses Allowed)



Changes in Users' Conditions Due to Nursing-Type Small-Scale Multifunctional Care Services (Multiple Responses Allowed)



6. Medical Conditions of Users (Within SAINT-CARE Group; multiple responses allowed)

Medical Condition	Number of Cases	Proportion
Dementia	244	12.7%
Cerebrovascular Disease	169	8.8%
Heart Disease	154	8.0%
Fracture	124	6.4%
Cancer	112	5.8%
Diabetes	99	5.1%
Gastrointestinal Disease	99	5.1%
Respiratory Disease	67	3.5%
Hypertensive Disorders	68	3.5%
Parkinson's Disease	65	3.4%
Mental Disorders / Epilepsy	36	1.9%
Skin/Wound Conditions	28	1.5%
Other	662	34.4%
Total	1,927	

At the Nursing-Type Small-Scale Multifunctional In-Home Care Facility in **Narita**:

- Dementia
 - Fractures
 - Cerebrovascular Disease
 - Diabetes
 - Heart Disease
 - Cancer
 - Respiratory Disease
 - Parkinson's Disease etc.
- (including support for end-of-life care)

7. Key Features of Nursing-Type Small-Scale Multifunctional In-Home Care

<p>Service Usage</p>	<ul style="list-style-type: none"> ○ Care Level 1 to Care Level 5 ○ Comprehensive Fees (Unit-Based by Care Level + Additional Charges) + Out-of-Pocket Costs (Meals and Accommodation) ○ Up to 29 users can be registered per month <ul style="list-style-type: none"> • Day Services: Up to 18 users per day (available from 6:00 a.m. to 9:00 p.m.) • Overnight Services: Maximum of 9 rooms (7 rooms in Narita) • Home Visits: Provision of home care and home-visit nursing services • On-Call Support: Including emergency response ○ Services Not Covered by Comprehensive Fees <ul style="list-style-type: none"> • Provision of Assistive Devices (Rental) • Home Medical Management Guidance • Home Rehabilitation ○ Care managers responsible for creating service plans are assigned to nursing-type small-scale multifunctional in-home care.
<p>Medical Insurance Coverage</p>	<ul style="list-style-type: none"> ○ Applicable Under medical insurance, units under long-term care insurance are reduced.
<p>Nurse Staffing</p>	<ul style="list-style-type: none"> ○ System-based staffing requirement: 2.5 personnel ○ Based on the attending physician's "Home-Visit Nursing Instructions," nurses provide medical care during day and home-visit services.

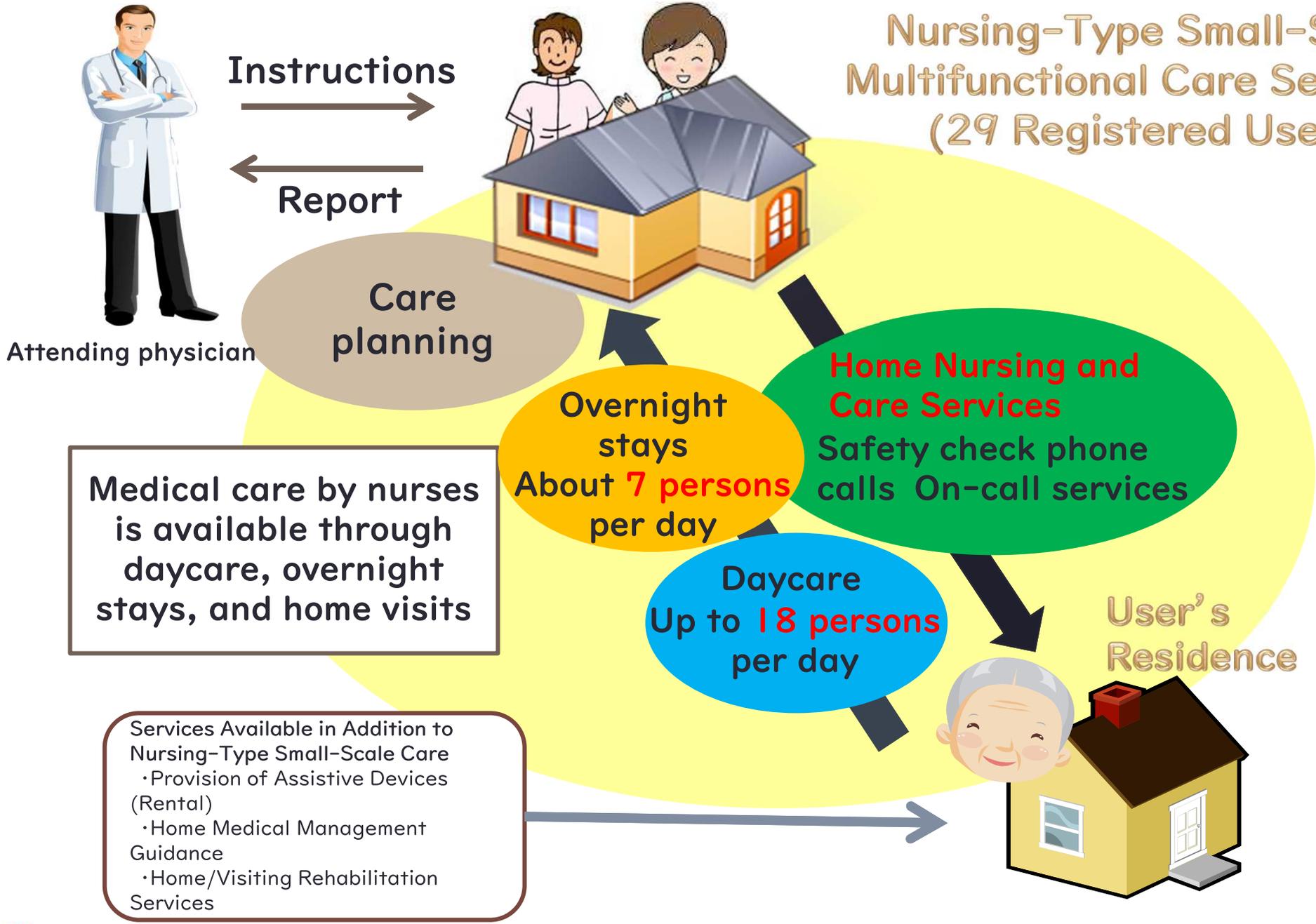
8. Medical Procedures Available in Nursing-Type Small-Scale Multifunctional Care

	Item	In-Facility	Home-Based	
1	Home Oxygen Therapy (HOT)	○ *	○	
2	Suction	○ *	○	
3	Peripheral Intravenous Infusion (IV)	○ *	○	
4	High-Calorie Intravenous Nutrition			
	1)	Central Venous Catheter (CVC)	○ *	○
	2)	Implanted Port Catheter	○ *	○
5	Enteral Nutrition			
	1)	Gastrostomy / Enterostomy Placement	○ *	○
	2)	Nasogastric Tube Insertion	○ *	○
6	Indwelling Urinary Catheter	○ *	○	
7	Peritoneal Dialysis (CAPD: Continuous Ambulatory Peritoneal Dialysis)	○ *	○	
8	Insulin Injection	○ *	○	
9	Analgesic Management			
		Opioids (Oral or Pump Administration)	○ *	○
10	End-of-Life Care	△	○	

***Medical procedures can be performed during nurse staffing hours**

*Excerpt from 21 available medical procedures

Nursing-Type Small-Scale Multifunctional Care Service (29 Registered Users)



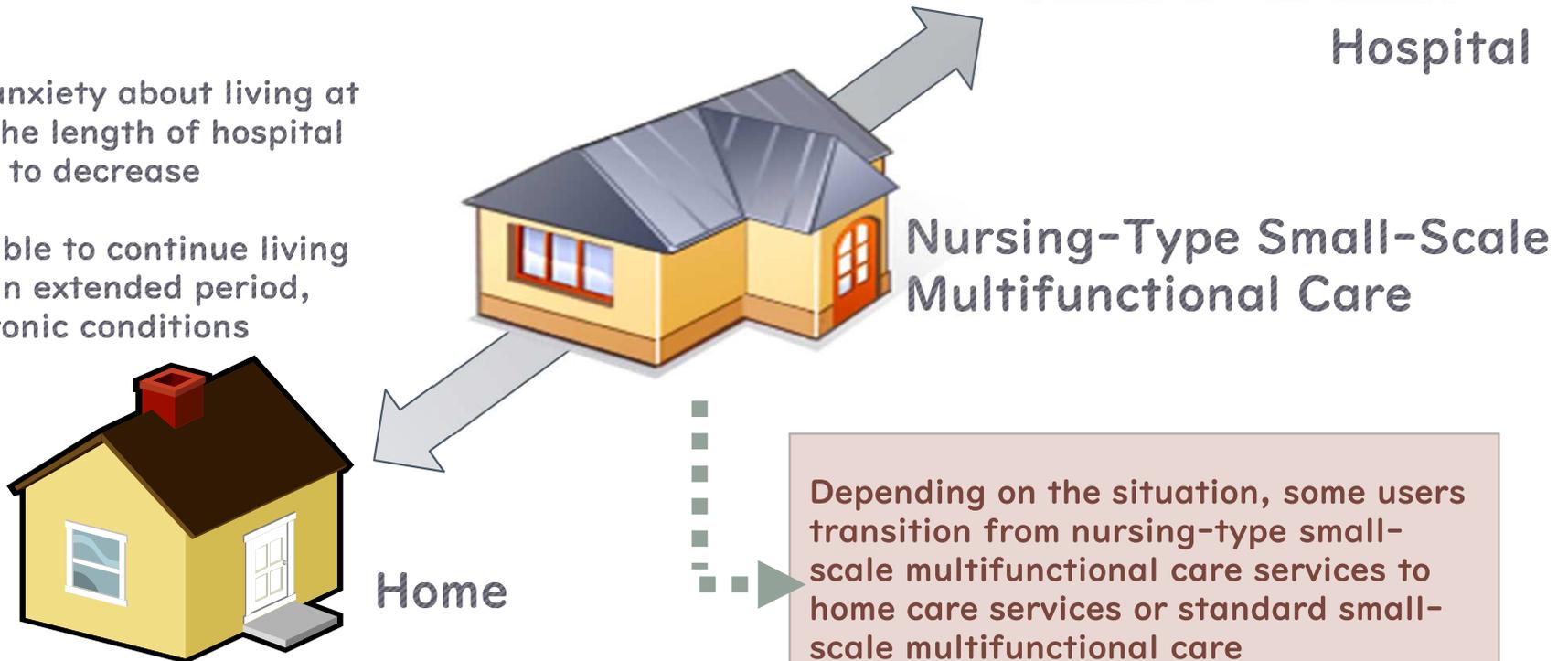
9. Role of Nursing-Type Small-Scale Multifunctional Care

Functions as an intermediate facility between Medical Care and Home Care

① Reduced frequency of hospital admissions and discharges

② Alleviates anxiety about living at home, while the length of hospital stays tends to decrease

③ Users are able to continue living at home for an extended period, even with chronic conditions



SAINT-CARE Nursing-Type Small-Scale Care Case Studies

Case 1

Support for a Family Anxious About Patient Discharge

- 72-year-old male, Care Level 5, household of six: wife, son and daughter-in-law, and two grandchildren

Past Medical History: Anxiety Disorder, Mild Dementia, Stroke, Aortic Dissection, Cerebral Hemorrhage

Service Use Background: Hospitalized for cerebral hemorrhage, the patient requires tube feeding and phlegm suction before meals. The family, inexperienced with these procedures, received hospital instruction prior to discharge but remain anxious.

Family Feedback: The procedures for tube feeding and phlegm suction are difficult, and my family and I are anxious about managing them at home. We are also concerned about diaper changes, as the situation is different from the hospital environment.

■ Discharge Plan

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6:00	Overnight	Overnight	Overnight	Overnight	Overnight	Overnight	Overnight
9:00							
12:00							
15:00							
18:00							
	Home Medical Visits (As Needed)						

■ Plan for 2 Weeks After Discharge

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6:00	Home Care	Day care	Home Care	Day care	Home Care	Day care	Home Care
9:00	Home Care		Nursing		Nursing		Home Care
12:00	Home Medical Visits		Rehabilitation		Day care		
15:00	Home Care		Home Care		Home Care		Home Care
18:00	Home Care		Home Care		Home Care		Home Care

■ Plan for 2 Months After Discharge

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6:00	Home Care	Day care	Home Care		Home Care	Day care	
9:00	Home Care		Home Care		Home Care		
12:00	Home Medical Visits		Nursing		Day care		
15:00	Home Care		Rehabilitation		Home Care		
18:00	Home Care		Home Care		Home Care		

■ Measures Implemented

- A two-week overnight stay was provided immediately after discharge to alleviate family anxiety. During this time, nurses, care staff, and physical therapists taught the family essential care skills such as tube feeding, phlegm suction, diaper changes, and contracture prevention.
- After two weeks, the patient returned home. Home care and nursing visits continued skill instruction, while day services provided health management, mechanical bathing, and rehabilitation.
- After one month, the family became confident in care skills, and home visit frequency was reduced.
- After two months, family support was strengthened and the user's wish to stay at home led to the establishment of a stable care plan balancing caregiving demands.

Family Feedback

After discharge, I was very anxious about phlegm suction and tube feeding, but SAINT-CARE carefully taught us, and I have gained confidence. Now even my grandchildren help with care, and the patient is very happy.

Key Points in Supporting Patients at Discharge

- Since care needs often change compared to the period before hospitalization, we provide careful instruction tailored to the family's caregiving ability and understanding.
- To accurately assess the patient's condition and caregiving needs, we often recommend a 1-2 week overnight stay rather than returning home immediately after discharge. During this period, we provide care guidance to the family and make adjustments to the home environment, facilitating a smooth transition to home life.

Case 2

Support for a User with Significant Medical Needs

- 72-year-old male, Care Level 4, household of five: daughter and three grandchildren

Past Medical History: Rectal and Prostate Cancer, Urinary Retention, Sacral Tumor, Alcoholic Liver Disease, Diabetes, Chronic Hepatitis and Pancreatitis, Hypertension

Service Use Background: The patient, with rectal and prostate cancer, experienced cognitive symptoms due to dehydration. ADLs are mostly independent, but stoma and balloon management and pain control are needed. The patient prefers home care, and the MSW recommended small-scale multifunctional care for comprehensive support. Household of five: second daughter and three grandchildren.

Family Feedback:

We want our father to live with his daughter and grandchildren, but due to childcare and work, providing medical care is challenging. We aim to respect his wishes and do everything possible to support him.

Initial Care Plan

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6:00							
9:00							
12:00	Nursing	Nursing	Nursing	Nursing	Nursing		
15:00							
18:00							

Day Service Initiation Plan

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6:00							
9:00		Day care			Day care		
12:00	Home Medical Visits		Nursing	Home Care			
15:00							
18:00							

End-of-Life Care Plan

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6:00	Overnight	Overnight	Overnight	Overnight	Overnight	Overnight	Overnight
9:00							
12:00							
15:00							
18:00	Home Medical Visits (As Needed)						

Measures Implemented

- Daily weekday home-visit nursing was provided initially to build trust, including stoma changes, bathing, catheter care, opioid management, and pressure ulcer treatment. Once trust was established, day services at the small-scale multifunctional care facility began.
- With outpatient visits becoming difficult, home medical visits were initiated, while day services continued stoma and balloon care, pressure ulcer treatment, and opioid management during bathing.
- The patient was temporarily hospitalized due to cancer progression and required IV therapy after discharge. As the patient's condition worsened, travel between home and the care facility became difficult. The family, facing COVID-19 visitation restrictions, requested end-of-life care at the facility, with IV therapy continued until the end.
- IV therapy, stoma, and catheter care were continued, and the patient peacefully passed away at the facility with family present.

Family Feedback:

We were reassured that our father was able to spend his final days freely, with IV therapy and medical care for opioids, stoma, and balloon management. We are grateful that the facility accepted him and allowed us to be present at the end, when a hospital seemed the only option.

Key Points for Supporting Users with Significant Medical Needs

- Understand the caregiver's capacity and living situation
- Confirm stoma and balloon care details, including replacement intervals
- Assess which medical procedures can be handled at the facility
- Pre-identify contacts for consultation in case of issues

6. Feedback from Users and Families

After a one-week hospitalization, the patient was bedridden and could not return home immediately. The temporary use of overnight stay services was very helpful.



The nurse's advice during home visits led to earlier treatment, and having a nurse available for guidance has been very helpful.

Frequent night awakenings led us to use the overnight stay service, and the staff's reassurance that we were able to consult anytime gave us confidence and peace of mind despite the stress of caregiving.

Following repeated hospitalizations, the service allowed our family to feel reassured and maintain home life comfortably.