A New Care System For Persons With Dementia In Japan:
Multifunctional Care In A Small Group Home Setting
(MCHS)

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People with Dementia (PWD) in Japan

Approach toward PWD
- Medical/nursing approach
- The social system developing

Social system in Japan
- Institutions
- Community-setting
Multifunctional Care in a small group Home Setting (MCHS)

[Concept]
Do anything/everything to support people who want to spend their life at home as long as possible

• What we can do for users
  • Daycare Service (DS)
  • Short-term Stay (SS)
  • Home-visit Care (HC)       .........provided at one place

• Care manager (CM) in our place
## Difference b/w MCHS and conventional services

<table>
<thead>
<tr>
<th></th>
<th>Conventional service</th>
<th>MCHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment</td>
<td>Depending on how many you use</td>
<td>Comprehensive Monthly fee</td>
</tr>
<tr>
<td>Flexibility</td>
<td>Fixed, need to reserve</td>
<td>Able to use if available</td>
</tr>
<tr>
<td>Care management</td>
<td>Many steps</td>
<td>Proceeding smoothly</td>
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</tbody>
</table>
Case 1; 87-year-old Female (DLB)

Complex visual hallucination
  ✓ “Somebody attacked me with laser beams”
  ✓ “Somebody was looking at me from outside when I was at home”

  ---> can’t stay at home during night
  travel to her friend’s houses/luxuly hotels

One month later
  ✓ Hospitalized at the university hospital
After discharge...

• Complex visual hallucination

• ADL, IADL.....independent

• Strong desire to live at her own house
Stay at MCHS during night and go back home during daytime

17:00    pick up
18:00    dinner & medication
20:00    go to bed

7:00    get up
7:30    breakfast & medication
9:00    send back to home
How to manage if users/families want to use too much services?

✓ Sometimes we have to say NO to users/families if they want to keep staying at home

✓ PWD will not be able to identify their own home

✓ We provide “home-visit care” instead of too much stay in our place
Our performance since 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Changes the amount of services usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop using</td>
<td>27</td>
<td></td>
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<tr>
<td>moving to NH</td>
<td>20</td>
<td>NH 15 5 0</td>
</tr>
<tr>
<td>death</td>
<td>6</td>
<td>Death 0 4 2</td>
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<tr>
<td>hospitalization</td>
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<td></td>
</tr>
<tr>
<td>Still using</td>
<td>19</td>
<td></td>
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</table>

Chi-test, p<.01
In summary...

1. To support people who want to live in community setting, MCHS system was established in Japan. This is a very flexible service, and we believe that one of the best service to support people with dementia in community setting.

2. As this is comprehensive service with monthly fee, it is very difficult to control the demands of users and families. If they want to keep living at home as long as possible, we have to explain to them how important they should stay at home and that we are ready to visit home several times if necessary.
Any questions/comments are welcome

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