

2014 ANNUAL REPORT

*Development in People-Centered Nursing Care
at St. Luke's International University
PCC Research Department*



**St
Luke's**
International
University

JUNE



Name of the Center & Location

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Name of the relevant department, unit, section or area of the institution

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City Tokyo

Country JAPAN

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Title SLIU WHO Collaborating Center for Nursing Development in Primary Health Care

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Table of Contents

Table of Contents	1
Opening Message	2
Introduction of the Center	3
PCC Activities 2014	5
WHO News in “Kango” 2014	22
Partner Universities	25

Welcome to Japan and St. Luke's International University (SLIU); Introducing Japanese Trends in Longevity and People-Centered Activities in SLIU



St. Luke's International University, College of Nursing
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SLIU WHO Collaborating Center for Nursing Development in Primary Health Care

Tomoko Kamei, RN, PHN, PhD.

The St. Luke's International University (SLIU) World Health Organization (WHO) Collaborating Center for Nursing Development in Primary Health Care is one of only two nursing and midwifery institutions in Japan formally recognized by WHO as part of its global network of collaborating centers in nursing and midwifery. SLIU recognizes the challenges of developing People-Centered Care (PCC) models in Primary Health Care.

Japan is facing "Super-Ageing in a Low Birth Rate Society". This issue is becoming a global problem, affecting an increasing number of countries. The Japanese life expectancy of males, now 80.2 years, and that of females, now 86.6 years, (Ministry of Health, Labor and Welfare, 2014), are the longest life expectancies for both sexes in the world. However, the increasing proportions of older adults aged 65 and over (25.1%) is resulting in a greater number of cases of neuro-cognitive disorder and dementia. About 20% of urban older people live alone in Japan (Cabinet Office, Government Japan, 2013) and 8.9% of those in rural areas live alone (Ministry of Internal Affairs and Communications, 2013).

High-rise apartments characterize all large cities in Japan, and improving the QOL for urban dwellers is a concern because urban older adults are at risk of isolation and loneliness. Kamei's (2005) community assessment documented an increasing proportion of people aged over 75 years and found that 30% of older people were at risk of depression. For children and young mothers, one effect of urban life and a nuclear family structure can be decreased socialization with other generations and as a result some young nuclear families experience difficulties with child-rearing. Relationships between older adults and young families in the community are complicated by geographical separation. .

People-Centered Care (PCC) is a process of nursing care aimed at improving the information literacy of community residents, thus helping them to make shared decisions in partnership with health professionals. This supports the process by which community residents address health challenges. . Our WHO CC provides 15 community projects for young mothers and families, young children and school-aged children, young women, adults and older adults, and older adults suffering from dementia.

Currently, non-communicable diseases such as cardiovascular conditions, cancer, diabetes, and chronic obstructive pulmonary disease account for 63% of all causes of death worldwide (WHO, 2012). The WHO is promoting appropriate eHealth service planning in each country by establishing and adopting resolution WHA58.28. This promotes the use of eHealth, utilizing ICTs, as a new medical service to support home care (WHO, 2005; World Health Assembly, 2005). Adoption of generic platform ICT is having a strong impact on the Millennium Development Goals for 2015, as set out by the United Nations (Gilhooly, 2005). In particular PCC enables people with health literacy needs to use ICT to search for and receive information and support to help them make healthcare decisions.

People-centered health care is a special initiative in WHO Western Pacific Region (WPRO) and people-centered health care is an umbrella term which better encapsulates the foremost consideration of the patient across all levels of health systems (WHO, 2014). Since 2003, SLIU has been providing PCC projects at St. Luke's Research Center for PCC Development for twelve years. Our experience will be important not only for our country but also countries which has realized issues related to longevity. We would like to share our experiences and gained wisdom to the world.



Establishment and Activities of the Center

Ever since St. Luke's International University (SLIU) was designate as a WHO Collaborating Center for Nursing Development in Primary Health Care (PHC) --- People Centered Care (PCC) --- in 1990, it has played a central role in nursing education, practice and research. To fulfill the roles of this center, the SLIU has collaborated with domestic and WPRO and AFRO nursing research and educational organizations.

The Center has been conducting research to improve the quality of nursing in order to meet the nursing needs of an advanced country. Also, by taking into account the current state of PCC in PHC, the center has begun development of a PCC model needed in the 21st century and an international collaboration model.

As well as the Center delivering annual report on its activities to the WHO Headquarters, and other regional centers throughout the world, books, periodicals, publication and information are sent to the Center from the Headquarters, other regional centers and various nursing academies. These publications are maintained in the library of St. Luke's International University.

Terms of Reference --- Our Activities ---

1. In agreement with WHO, evaluate and further develop nursing models of People-Centered Care, based on the values of PHC, and to contribute to Millennium Development Goals and address the needs of the ageing the population..
2. Contribute to WHO's work in expanding maximal utilization of health workers through nursing leadership in People-Centered Care, and capacity-building and advancement of interdisciplinary Advanced Nursing Practice (ANP) education and service delivery.
3. Support the work of WHO in implementing research and system changes which improve the education and advanced practice of nurses and midwives in PHC.
4. Further progress towards MDG Maternal and Child Health targets through expanded regional and global partnerships.

Structure of the Center

The Center is connected to all WHO Collaborating Center for Nursing as part of the Global Network. As a subsection of the Global network, it belongs to the Western Pacific region (WPRO).

GLOBAL NETWORK



- WHO Region for Africa (AFRO)
- WHO Region for the Americas (AMRO)
- WHO Region for the Eastern Mediterranean (EMRO)
- WHO Region for Europe (EURO)
- WHO Region for South East Asia (SEARO)
- WHO Region for Western Pacific (WPRO)

About St. Luke's International University (SLIU)

The SLIU was first founded in 1920 as the College of Nursing at St. Luke's International Hospital. Then in 1964, the College of Nursing was formed to develop nurses with professionalism and sensitivity based on the spirit of Christianity. The college began offering a master course in 1980 and a doctoral course in 1988. While emphasizing graduate education, the college has incorporated transfer and credit programs. The aim of the SLIU is to contribute to the society by providing high-quality PCC and nursing education, research and practice. Also, in April 2003, the Research Center for Development of Nursing Practice was established to gather scientific data for the health problems associated with the Super-Aging Society with low birth rate and to investigate and develop methods to provide PCC in partnership with the public. In 2014, the name of college was changed to St. Luke's International University.



PCC Activities 2014

Introduction to St. Luke's PCC Activities


TOR 1

In agreement with WHO, to evaluate and develop further nursing models of People-Centered Care, based on the values of PHC, to contribute to Millennium Development Goals and address the needs of ageing the population.

No	Title of Activity / Responsible person	
1		Development of Health Navigation for the Community Individuals
		Keiko Takahashi, RN, PHN, PhD.
2		Development of Intergenerational Care Model for Health Promotion
		Tomoko Kamei, RN, PHN, PhD.
3		The Development of Child and Family-Centered Care Model for the People
		Yaeko Kataoka, RN, CNM, PhD.& Ikuko Oikawa, RN, MNS
4		Development of Women-Centered Care Model for Health Promotion
		Akiko Mori, RN, CNM, PHN, PhD.& Naoko Hayashi, RN, PHN, PhD.
5		Development of Elderly-Centered Care Model for Home Care & Health Promotion
		Tomoko Kamei, RN, PHN, PhD.& Fumiko Kajii, RN, PhD.


TOR 2

To contribute to WHO's work in furthering maximal utilization of health workers through nursing leadership in People-Centered Care and capacity-building and advancement of interdisciplinary Advanced Nursing Practice (ANP) education and service delivery.

No	Title of Activity / Responsible person	
6		Development of Team Building Capacity for Graduate Students in Advanced Nursing
		Michiko Hishinuma, RN, PHN, PhD. & Tomoko Kamei, RN, PHN, PhD.

TOR 3

To support the work of WHO in implementing research and system changes which improve the education and advanced practice of nurses and midwives in PHC.

No	Title of Activity / Responsible person	
7		Organizing a Caring Community for the People with Genetic Disorders
		Naoko Arimori, RN, CNM, PHN, PhD.

TOR 4

To further progress towards MDG Maternal and Child Health targets through expanded regional and global partnerships.

No	Title of Activity / Responsible person	
8		Collaborative Development of Master's Program in Midwifery at Muhimbili University
		Shigeko Horiuchi, RN, CNM, PhD. & Yoko Shimpuku, RN, CNM, PhD.
9		Collaborative Development of Master's Program in Community Health Nursing with Islamic University in Indonesia
		Junko Tashiro, RN, PHN, PhD.

Activity 1

< by Keiko Takahashi, RN, PHN, PhD. >

Development of Health Navigation for the Community Individuals

The wide trend of internet usage sometimes made the non-health professional citizens to be confused about selecting the right health information. We aim to improve health literacy among community individuals through a health navigation center, **Luke-Navi**. Luke-Navi provided five community-based health service activities; (1) health navigation, (2) health screening such as measurement of blood pressure, bone density, height, weight and BMI, (3) health related library, (4) health-related mini lectures and mini music concerts, and (5) a relaxation tea lounge.

Outcome

In total, 3045 community visitors participated in our activities, and created adult and older adult learning groups in our urban community. Also, they enhanced health literacy through health related mini lectures and library. Participant satisfaction score measured by the 10-point VAS* was 9.0 on average. In 2014, 25 community volunteers and 11 medical volunteers (nurse, doctor, dietitian, dental hygienist) contributed to this program. Through this process, we formed cooperative ties with hospitals and coffee shops in total of 50 facilities, which put up our posters in the neighboring community.

< Improving Community Mental & Physical Health and Reducing Medical Costs >

In short, this program strengthened mental and physical health of the community people and contributed to reducing the soaring medical cost through developing the health literacy of the Super-Ageing urban community. Devoted volunteer staff enabled this program to be low-cost, and motivated elderly volunteers to work in the community activities. As "super-ageing" is one of the most serious and common issues in the entire developed countries and is dramatically becoming prevalent in middle and low income countries, our program is expected to provide a new model of enlightening local community for this issue.

This health navigation model, the citizens as a driver and health providers as a navigator is unique and new. Plus, internet is widely used in developing countries, and we plan to promote this model to the Asia region, so that people can choose the right health information.

Reference

1) Naoko Arimori, Junko Tashiro, Keiko Takahashi, et al. (2014). Practice and Evaluation of Japan's People-Centered Care Nursing Models, the 17Th General Meeting of the Global Network of WHO Collaborating Centers for Nursing & Midwifery development in Coimbra, Portugal.

2) Keiko Takahashi, Naoko Arimori, Michiko Hishinuma, et al. (2014). Evaluation of the Activity for Health of the Local Community: LUKANAVI Health Navigation, Managed by St. Luke's International University. The 9th St. Luke's Academia, in Tokyo, Japan.

Activity Photos



health counseling



mini health-related lecture



health check

Activity 2

<by Tomoko Kamei, RN, PHN, PhD. >

Development of Intergenerational Care Model for Health Promotion

The "Nagomi-no-kai" is a gathering session which provides weekly intergenerational day program for older adults and school aged children to enhance intergenerational relationships and to promote health in an urban community.

To prevent elders from becoming home-bound and to promote their physical and mental status, and maintain and/or improve their quality of life by providing a meaningful destination and to encourage their energetic participation, a people-centered intergenerational day program was provided in a college building once a week by nursing faculty, nursing students and volunteers living in Tokyo which is super-aged urban community.

Outcome

In 2014, fifteen female older adults [mean age 83.2 (range 72-92)] and six school age children [mean age 11] registered for the program. Five undergraduate students had two days practicum at this program and facilitated intergenerational exchange skills and knowledge. Students took a role of program facilitators, health educators, and communication providers for both generations. Community volunteers also supported this program and actively participated in this program.

< Improving Quality of Life and Reducing Medical Costs >

Our intergenerational day program showed high satisfaction among both generations; the mean VAS* scores of the program were 9.3 point among older adults and 7.6 point among children. This indicates that the program provided mutual benefits and solidarity. The program is considered to decrease isolation among the older adults, provide them with positive mental effects, and bring children's positive perceptions toward the elderly.

The program improved older adults' mental health, quality of life and helped maintain physical status, and enhanced children's perceptions of older adults. The program improved relationship among the two generations. We found that overall interactions were well. However, interactions between children and older adults with dementia or senility were lower than the other older adults.

In short, this program is the example of prevention of depression and isolation as well as promotion of social participation among older adults. This program reduces medical costs as the elderly keep their health and everyday life in the community. In Confucian culture, family is considered very important; however, the tendency of nuclear families spreads not only in Japan, but also China, Korea, Australia, and other high and middle income countries. This program promotes interaction among different generations, which is useful in recovering the lost family connection.

Reference

1) Yuko Yamamoto, et al.: Evaluation of intergenerational exchanges between older adults and school aged children in an urban community, Part 1: Contents specific evaluation of the intergenerational program, The 19th Annual Meeting of Japan Academy of Home Care, 69, 2014.

2) Tomoko Kamei, et al.: Evaluation of intergenerational exchanges between older adults and school aged children in an urban community, Part 2: Intergenerational evaluation by the participants' characteristics, The 19th Annual Meeting of Japan Academy of Home Care, 70, 2014.

3) Tomoko Kamei, et al.: Intergenerational support handbook for healthcare & community providers and volunteers, editing, 2015.

Activity Photos



Activity 3-1

< by Yaeko Kataoka, RN, CNM, PhD. >

Sibling Preparation Class --- *Development of Child and Family-Centered Care Models*

In the community of depopulation, the existence of a new baby is precious. As families with one child are increasing, young families have become unfamiliar with taking care of multiple children; however, there was no education program for the family and young children to welcome a new family member. The purposes of this sibling preparation class were; (1) prepare older siblings for a new role, (2) understand the mechanism of pregnancy and childbirth, and (3) join in the childbirth.

Outcome

A total of 77 families were enrolled in the sibling preparation program. The participant satisfaction score measured by VAS* was 9.2 on average. Overall we received positive responses from participants.

We had clarified the concerns and needs of pregnant mothers toward their family and health care providers (Kataoka et al., 2008). This year, we conducted interviews with fathers who participated in the sibling preparation class in order to describe their concerns about the older child and needs toward the class. Fathers' concerns were categorized as follows; [confused about how to care for the older child], [anxious to fulfill their responsibility for children], [excessive expectations for the older child]. Articles of the classes were published in newspapers and journals in Japan.

< Family Education on Welcoming a New Family Member >

In short, this program met the needs of parents and young children who are not familiar with the role changes when having another new baby. Especially children understood and enhanced their health literacy level. This program can be duplicated in countries that need sibling preparation, which facilitates family ties and child development.

Activity Photos



Activity 3-2

< by Ikuko Oikawa, RN, MNS. >

Family-centered care models

--- The Development of Child and Family-Centered Care Models

The purpose of this program was to develop and enhance Child-Family Centered Care, through educational programs for parents and people working with children, and to share information and experiences about child's health.

Core members of this program were clinical nurses, public health nurses, dental hygienists, child care nurses and Child Health Nursing faculty members. Topics of seminars were; 1) Cavity prevention from minus one year old --- the things we can do now, 2) Child's CPR & First Aid, 3) Child's allergy, and 4) Prevention of infection diseases.

Outcome

In 2014, four seminars were held to enhance and to develop the knowledge and skills of Child Care. The participants continuously increased, and approximately 200 families and people related to child care attended this year. They actively exchanged their questions and opinions through the programs. The following themes on the evaluation form were rated high by the participants; "gained new knowledge", "clear to understand", and "helped by having baby-sitting available".

< Learning Family Safety >

In short, the program addressed the needs of families who want to learn family safety. This program facilitated family development. The baby-sitting during the seminar was popular, but the safety management should be conducted more carefully. The program can be duplicated as the knowledge and skills of child care are important for any other contexts. With this program, parents become more literate and autonomous for their own children's health and safety, which can enhance Family-Centered Care model in the community.

Activity Photos



Activity 4-1

< by Akiko Mori, RN, CNM, PHN, PhD. >

Health Promotion During the Reproductive Age: Rukako's Salon***--- Development of Women-Centered Care Models for Health Promotion***

We had provided women time and space for them to talk and share experience about reproductive health by collaboration of nursing professionals and peer support groups.

The purpose of this activity was to provide place and opportunity for women to let them share in a relaxed environment their emotional distress regarding the fertility problem, and to provide relevant medical or psychosocial information from fertility nurses.

Outcome

In 2014, we opened the salon nine times in the afternoon of Saturdays. In total, 59 women participated in the salons. Certified nurses in infertility nursing and self-help group members attended the salon as facilitators. For the question from participants, the nurse provided knowledge and information. 74% of participants were 35-44 years old. 81.6% of participants gathered information from the Internet. 10% were repeaters. The impression after the participation was "I learned a lot," "I was encouraged," and "I felt uplifted". For the future, the participants would like to learn about termination of infertility treatment, activities such as aromatherapy, and to have men's attendance from infertility couples.

< Reaching Out to Women in Infertility Care >

The program is a new care model for infertility couples and can be duplicated in countries facing the issue of infertility, such as China, South Korea, and Australia. Infertility issues are prominent in developed countries, but it exists in any places. For example, when women are infertile in developing countries, they are often discriminated or marginalized. As this program uses internet for calling for participants, it can be applied to recruitment of marginalized population. The findings suggest women struggling with infertility need expert and peer support as well as support from the partner.

Reference

2014 St Luke's International University Research Center PCC annual report.

Activity Photos

Activity 4-2

< by Naoko Hayashi, RN, PHN, PhD. >

Educational Program for Preventing Cervical Cancer for Young Women

--- Development of Women-Centered Care Models for Health Promotion

We developed an online educational program concerning prevention of cervical cancer (CC) and have been evaluating the effectiveness for reducing CC risk in young people. We developed following four programs; (1) oncofertility educational program for nurses, (2) educational program for palliative care nurses at home, (3) educational intervention on promoting breast awareness for women, and (4) educational program concerning cervical cancer prevention for young women.

Outcome

Program (1) is still undergoing. For program (2), fifty-five nurses in total participated in the lecture sessions and 7 of whom took part in the clinical practicum. We have been collecting and analyzing the follow up data of this program. For program (3), fifty-two women (mean age 49 yrs) participated in this study and the findings suggested that the program led increased self-efficacy of breast self-examination, increased implementation of breast self-examination and MMG check-ups. For program (4), eighty-seven nursing students were recruited and 37 students completed the follow up online tests. They implemented the program depended on their transtheoretical model. The results indicated the educational program significantly contributed for acquirement of accurate knowledge, however, made neither change of transtheoretical stage nor increase of immunization ratio.

< Providing Comprehensive Knowledge on Cancer and Lowering Treatment Cost >

In short, this program provided comprehensive knowledge to women about cancer. The programs were derived from the needs of women and covered a range of women's cancer issues. Especially the issues related to oncofertility are still quite untapped and can provide important implications for any other countries. It enhanced cancer literacy especially among women and facilitated prevention and early detection of disease as well as self-care for their own health. This results in lowering the cost of cancer treatment.

Reference

- 1) Hayashi, N., Mori A., et al.(2015) Oncofertility of female cancer patients : a literature review. 29th Annual Conference of the Japanese Society of Cancer Nursing (JSCN) (in Yokohama)
- 2) Takahashi, N., Hayashi, N. (2015) Decision making process concerning oncofertility of female cancer patients. 29thAnnual Conference of the Japanese Society of Cancer Nursing (JSCN) (in Yokohama)

3) Kumada, N., Hayashi, N., et al.(2015) Effect of online educational program concerning cervical cancer protection on student nurses' risk control behaviors. 29th Annual Conference of the Japanese Society of Cancer Nursing (JSCN) (in Yokohama)

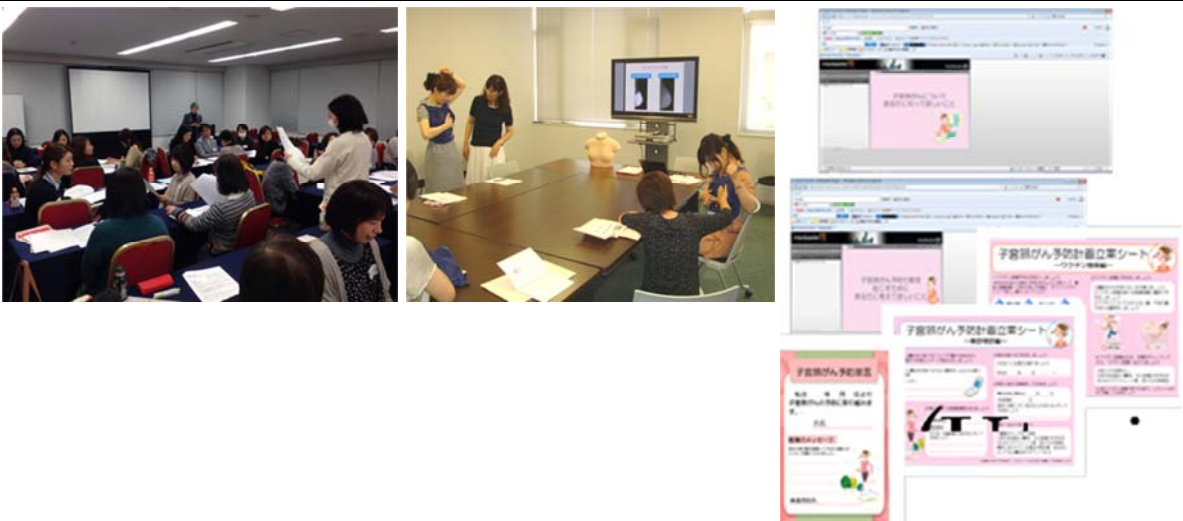
4) Suzuki, K., Ohata, M., Hayashi, N., et al. (2014) Effect of educational program which promotes breast self-care to find early stage breast cancer. 34th Annual Conference of Japan Academy of Nursing Science (JANS) (in Nagoya)

5) Nakayama, N., Hayashi, N., et al.(2014) Advanced nursing practice for home palliative care. Japanese Journal of Cancer Care, 19(6), 609-612.

6) Hayashi, N., Suzuki, K., et al. (in press) The points child-rearing women and breast cancer survivors think of as the key for promoting breast cancer screening. Health Care.

7) Suzuki, K., Hayashi, N., et al. (in press) Development and evaluation of breast cancer educational program focusing on protection and early detection. Health Care.

Activity Photos



Online educational contents (example)

Activity 5-1

< by Tomoko Kamei, RN, PHN, PhD. >

**SAFETY on! Fall Prevention Program for Older Adults Living in the Urban Community
- Development of Elderly-Centered Care Model for Home Care & Health Promotion**

As 20-30% of older adults fall a year, and half of the elderly who fell become confined in bed. This changes the structure of family function, and such older adults tends to die from pneumonia. 'SAFETY on!' program provides a multi-dimensional fall prevention program for older adults living in the community. 'SAFETY' provides **S**afety and foot care knowledge (eg. slippers & footwear), physical **A**ctivities & efficacy, **F**oods and nutrition, home **E**nvironment, **T**ablets & medication, and **eY**esight awareness. We included these keywords in the program and developed educational materials, such as leaflets, wall tapestry, stickers and magnet and toe exercise towels in order to enlighten-fall prevention awareness for the older adults.

Through this program, physician, public health nurse, nurses, and health exercise instructor researcher enhanced competency for fall prevention education strategies.

Outcome

A total of 104 older adults were registered and 98 met the eligibility criteria. They were randomly assigned to either the intervention group (using education materials of fall prevention awareness) (n = 54) or the control group (n = 44). Fall occurrence ratio during 12 weeks showed 7.4% in intervention group and 9.1% in control group (RR= 0.82, 95%CI= 0.231 – 2.873; ARR= 0.017, 95%CI= -0.075 – 0.109, NNT= 59). From group interviews with both of the groups, both of them talked about growing fall prevention awareness. The intervention group posted wall tapestries and magnets to visible locations in their home and frequently recalled the contents of fall prevention education, and they talked to families and visitors about fall prevention behaviors, but a significant difference in the fall occurrence ratio was not observed between the two groups. Despite of the slight difference, these "SAFETY on!" education materials were sustained and utilized by the intervention group during the 12 weeks, and the materials were effective in keeping fall prevention awareness active in the intervention group. These materials have the potential and would be useful for conscious prevention of falls persistently among community dwelling older adults.

< Awareness Education for Fall Prevention for Active Aging & Reducing Medical Costs >

In short, the program had some effect on preventing from falling in older adults. Fall prevention can reduce medical and surgical expenses and hospital stays. For active ageing, it is necessary even for developing countries to prepare for upcoming ageing issues. The educational materials and multi-dimensional fall prevention program can be used in any different contexts, especially for older adults over 75 years old. We hope to expand the program in other Asia countries for the purpose of global prevention of fall issues.

Reference

1) Tomoko Kamei, et al.,.: Final report of Development and validation of effectiveness of comprehensive fall prevention "SAFETY on !" program for community dwelling older adults, Grant-in-Aid for Exploratory Research 2012-2014, KAKENHI.

2) Kamei,T.,Kajii,F.,Yamamoto,Y.,Irie,Y.,Kozakai,R.,Sugimoto,T.,Chigira,A.,and Niino,N.: Effectiveness of a home hazard modification program for reducing falls in urban community-dwelling older adults : A randomized controlled trial. Japan Journal of Nursing Science.11(3).2014.1-14.doi:10.1111/ jjns.12059.

3) Home page http://www.kango-net.jp/koureisya-kango/tentou_kossetu/

4) Exercise video http://www.kango-net.jp/koureisya_kango/tentou_kossetu/gakusyu.html

Activity Photos



Learn safe home environment with residential mock-up.



Exercise program for fall prevention



Education materials for fall prevention

- ① fall prevention leaflet
- ② wall tapestry
- ③ sticker
- ④ magnet
- ⑤ toe exercise towel

Activity 5-2

< by Fumiko Kajii, RN, RD, PhD. >

Support & Training Program Development for Family Members Caring for Elderly with Dementia at Home

- Development of Elderly-Centered Care Model for Home Care & Health Promotion

The prevalence of dementia is increasing especially in countries with rapid ageing issues. At the early stage of dementia, family members tend to struggle from sudden changes and become exhausted. This program develops support and training program for family members of elderly persons with dementia.

Our program consisted of 3 parts; 1) Short Lecture (30 min.): Understanding dementia (disease and symptoms), How to interact with dementia patients, Life review for dementia patients, Memory book for dementia patients and their families, Multi-generation interaction and dementia care, and Effective use of home-based services and facility services, 2) Refreshing Time (30 min. ~ 1 hr.): Art therapy (glass jewelry making), Aroma therapy / Hand massage, Foot care massage and Flower arrangement and 3) Group Discussion (30 min. ~ 1 hr.): Concerns regarding daily caregiving, Caregiving hints for daily life and Information recommended for other caregivers, etc.

Outcome

There was a significant change in the coping strategies before and after the family caregivers' participation in the program.

Actions taken	Before → After 1 year
Consultation from administrative institutions or experts such as physicians and nurses	20% → 80%
Change of mind by seeing friends or doing what he/she enjoys doing	20% → 80%
Sharing difficulties and concerns regarding caregiving with family members and other people	0% → 53.3%
Respecting the feelings of the dementia member by trying to communicate with him/her	53.3% → 80%
Paying better attention to his/her own health	53.3% → 80%
Asking family members and other people for help rather than trying to do everything on his/her own	20% → 53.3%

< Improved Mental Health of Family Caregivers with Dementia Patients >

Twelve family caregivers caring for elderly with dementia at home participated in the eight programs this year. They obtained much knowledge from the program about dementia, and skills of caring and approaches to help elderly with dementia, along with troubleshooting solutions. The number of coping actions between before and after the program had increased in particular. Along with acquiring knowledge, the time they spent talking with other family caregivers and flower arrangement had given them a chance to refresh their body and soul.

Reference

- 1) Kajii F., Chigira A., Kamei T.: Changes in the ratio of the positive response for coping strategies before and after the family caregivers' participation in the Program, JHCA 2014, Fukuoka, Japan.
- 2) <http://www.kango-net.jp/ninchishou/program/index.html>

Activity Photos



Discussion



Flower arrangement

Activity 5-3

< by Tomoko Kamei, RN, PHN, PhD. >

Home Monitoring-based Telenursing for COPD Patients to Enhance Self-Management for COPD and Quality of Life**- Development of Elderly-Centered Care Model for Home Care & Health Promotion**

WHO warns that COPD (chronic pulmonary disease) is becoming the 4th cause of deaths in the world. COPD is an inflammatory disease mainly due to tobacco, and 33% of the patients in stage 4 are re-admitted to hospital for rapid exacerbation. One hospitalization costs around 620,000 JPY (6,000 USD), and of course, patients suffer a lot for difficulty in breathing, which reduces quality of life. Therefore, it is important for nurses to detect early stage of exacerbation. To prevent exacerbations of COPD, we have been developing a new home monitoring-based telenursing system. The new system included tablet PC as the patient's terminal, and Bluetooth non-wired data transfer system, which involved blood pressure, pulse rate, body weight, walking counter, and pulse-oximetry via a tablet PC, and the internet. It was adopted for elderly COPD patients to self-measure and easily send the physical and mental data to the nurses' monitor center.

Outcome

This year, we had a telenursing practice seminar for health professionals and also developed telenursing system using Bluetooth wireless communication technology. We completed the development of telenursing system, and are currently collecting trial data.

We held telenursing practice seminars to spread telenursing in Japan. Ten nursing faculties and other professionals participated in the seminar and participants' seminar satisfaction was 8.9 on the 10 point VAS*.

< Preventing COPD Exacerbation and Reducing Medical Costs >

In short, this system is useful for monitoring and preventing the rapid exacerbation of COPD patients, and it was well-accepted by the professional community. It would reduce the incidence of re-hospitalization and emergency medicine as well as the burden of hospital visits. This results in decrease of medical expenses. The system was developed collaboratively with the University of Queensland, Center of Online Health. This system can be used even in developing countries if there is internet connection and TV. Especially countries with high tobacco prevalence will face this issue of COPD in 30-40 years.

Reference

Kamei N., Nakajima N., Tofukuji I., Kamei T., Nakayama Y., Kajii F., Chigira A., Yamamoto Y.: Development of Telenursing system by mobile devices-The design of mobile devices for patients-, LIFE 2014, Hokkaido, Japan.

Activity Photos

Activity 6 < by Michiko Hishinuma RN, PHN, PhD., Tomoko Kamei RN, PHN, PhD. >

Development of Team Building Capacity for Graduate Students in Advanced Nursing

It is the global need to improve effectiveness of teamwork in interdisciplinary medical treatment.

In order to enhance capacity of advanced nurses to work with collaborative health teams, a new educational course had been developed and implemented. This course consisted of five steps including: 1) understanding system approach of health team, 2) simulating interprofessional approach by Michigan Model, 3) internship of team approach at model institutions, 4) practicing and demonstrating leadership in interprofessional team and 5) evaluating own practice and presenting implications for future innovation of practice.

Outcome

A team building class (1 credit, 30 hours) was opened in the master-level course. Thirteen students (34.2%) participated in this class. Three final reports (master's theses) were completed focusing on the team building and people-centered care.

< Educating Students on Importance of Team Building and Team Work >

Team approach is very important in health care to improve conditions of people. All of the students who took this course understood that team approach was promoted by communication, leadership, membership and partnership. It is important to understand and utilize strengths of one another. This game-based learning system changes the traditional hierarchal system, and improves power balance among team members. In short, the activity-based program was effective for team building with high student satisfaction. This program is effective for educating graduate nursing students in advanced practice nursing.

Activity Photos



Activity 7

< by Naoko Arimori RN, CNM, PHN, PhD. >

Organizing a Caring Community for People with Genetic Disorders

We aim to organize a caring community for the people with genetic disorder such as Down's syndrome. This project involves patients, families, family associations, health professionals and nursing students in order to identify health and support needs of the patients. Using community-based participatory approach, we had periodic meetings between participants and staff to monitor the progress of community enlightenment.

Outcome

In 2014, nursing students, graduate students and graduates joined these activities as volunteers and had opportunities to learn how to take care of Down's syndrome.

We succeeded in continuing the project for three years. In a questionnaire survey, participants gave 9 points out of 10 in VAS*. The parents of children with Down's syndrome requested the project to be continued the following year. Management of the project was handed over to the representative of the parents from medical staff (nurses), and nursing students and graduates would be continuing to participate in the project as workforce.

Although the parents were not able to actively participate in the program at the beginning, they began to participate positively throughout the years. It was what we learned from "The Meeting of Parents of Down's Syndrome". In addition, the specialists who ran the program realized the effect of the program from parents and children of Down's syndrome.

< Enlightening the Community to a Genetic Disorder-Friendly Community >

The field of genetic nursing is growing globally, and it is another important issue that nursing professionals must face. This type of primary health care that facilitates parents of children with disability should be discussed and applied to other countries, especially where women tend to deliver in later stage of their life, with consideration of human rights.

Reference

<http://narimori2.jpn.org/polka/>

Activity Photos



Activity 8 < by Shigeko Horiuchi RN, CNM, PhD., Yoko Shimpuku RN, CNM, PhD. >

Collaborative Development of Master's Program in Midwifery at Muhimbili University

(Linkages WHO's OSER and KRA's: SDSNW KEAs 3,5, WPR HR AP KRAs 2,4 WPR HRH OWERS 10.009)

This project is a combination of education, research, and partnership development. By putting collaborative efforts for establishing the midwifery master's program at Muhimbili University in Tanzania, which is the first one in the country, partnership model of global collaboration is developed.

Outcome

The curriculum for the midwifery Master's program in Muhimbili University of Health and Allied Sciences (MUHAS), which had been developed from 2011, finally started in October 2014. The opening ceremony of the program was held in December 8th, 2014, with the attendance of the Ambassador of Japan, the Vice Chancellor and the Dean of MUHAS, and the President and the Professor of our university.

After enrolling 9 students in the Midwifery Master's program, one of the faculty members from our university visited to teach in the program. Another professor and the president of our university observed student presentations and commented on them. In addition, 6 master's students from our university visited Tanzania and provided presentations to midwives in the Muhimbili National Hospital (MNH). Furthermore, we developed a Master's program with JICA, Japan International Cooperation Agency, to send our students to Tanzania as a volunteers. They will contribute to better practice and management.

For trainer training, two faculty members from Muhimbili University and one midwife (clinical instructor) from MNH studied at our university in October 2014. They learned about midwifery education and practice in Japan.

< Global Collaboration to Support Lower Resource Countries >

In short, to improve health-workforce shortage and difficulties, it is necessary to encourage international collaboration among universities to advance nursing education in low resource countries. The strengths of universities are that they could develop and evaluate the activities with human resources and research grants. The win-win collaboration can sustain; research publication would be positive outcomes for everyone involved in the activities. This collaboration model can provide lessons learned and technical support for other Asian countries that plan to work with African colleagues.

Reference

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Activity Photos



Activity 9

< by Junko Tashiro RN, PHN, PhD. >

Collaborative Development of Master's Program in Community Health Nursing with Islamic University in Indonesia

This program aimed to develop a master's program in community nursing at Islamic University of Indonesia (UIN) to promote the health status of the community. We developed a community health and nursing practicing model for prevention and health promotion in rural Indonesia. The model was reported at the 10th Conference of the Global Network of WHO Collaborating Centers for Nursing and Midwifery, and the first international nursing seminar in the region (Region IV of West Java) was held for nurses and nursing students.

Outcome

A seminar on systematic literature review for evidence-based nursing and research was held at Universitas Muhammadiyah Yogyakarta (Muhammadiyah University of Yogyakarta). Two PhD students have conducted research with Indonesian research partners of UIN and Stikes Indramayu.

< Effective Communication and Understanding Community Background >

We learned two lessons from this international collaborative study with Indonesian researchers. The first is the importance of effective communication among team members. This effective communication needed good leaders of both Indonesian and Japanese researchers who can communicate with their own team members as well as with counterparts. The leaders of this team have been working together for more than five years, thus we could effectively work as a team. The second is that preventive health behaviors of people with hypertension in rural community in Indonesia were influenced by religious beliefs. It is essential to understand cultural and religious background as we conduct a study with international team.

Reference

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Activity Photos

Seminar at UMY



Our activities were featured on the local newspaper (Radar Indramayu, December 13, 2014)



WHO News in “Kango” 2014



St. Luke's International University has academic exchange agreements with 11 institutions:

- McMaster University School of Nursing (Canada),
- Syarif Hidayatullah State Islamic University Jakarta (Indonesia),
- Yonsei University, School of Nursing (Korea),
- Trinity University of Asia, St. Luke's College of Nursing (Philippine),
- Kaohsiung Medical University, College of Nursing (Taiwan),
- Muhimbili University of Health and Allied Sciences, School of Nursing (Tanzania),
- Mahidol University Faculty of Nursing, Mahidol University Faculty of Medicine, Ramathibodi Hospital (Thailand),
- University of California, San Francisco, School of Nursing (USA),
- Oregon Health & Science University, School of Nursing (USA),
- University of Illinois at Chicago, College of Nursing (USA)



Trinity University of Asia,
St. Luke's College of Nursing
(Philippine)



Syarif Hidayatullah State Islamic University
Jakarta (Indonesia)



Oregon Health & Science University, School of
Nursing (USA)



McMaster University School of Nursing
(Canada)



Mahidol University Faculty of Nursing, Mahidol
University Faculty of Medicine, Ramathibodi
Hospital (Thailand)



Yonsei University, School of Nursing (Korea)



Kaohsiung Medical University, College of
Nursing (Taiwan)



Muhimbili University of Health and Allied
Sciences, School of Nursing (Tanzania)



University of Illinois at Chicago, College of
Nursing (USA)

