



Annual Report
St. Luke's College of Nursing
WHO Collaborating Centre for Nursing Development
in Primary Health Care
2010



ANNUAL REPORT 2010

1. Name of the Centre

WHO Collaborating Centre for Nursing Development in Primary Health Care

2. Address

St. Luke's College of Nursing, Department of Nursing
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3. Head of the Centre

Professor Michiko Hishinuma, Dean

4. Terms of reference of the Centre

- 1) To evaluate and develop further nursing practice models in primary health care (PHC) contributing to Millennium Developmental Goals as well as aging societies.
- 2) To identify and promote nursing leadership in primary health care.
- 3) To research, develop, and disseminate best practice examples with evidence in order to lead collaboration and empowerment of individuals and communities with regional and global peers, networks, and organizations.
- 4) To support research and system changes contributing to improve education and practice of nurses and midwives in PHC.

Institution Name St. Luke's College of Nursing			
Name of the relevant department, unit, section or area of the institution Department of Nursing			
City	Tokyo	Reference Number	JPN-58
Country	JAPAN		
Title	WHO Collaborating Centre for Nursing Development in Primary Health Care		
Report Year	04/2010 to 04/2011		

1. Implementation of the work plan. For each main activity briefly explain how the activity was implemented, the outcome and impact and, if available, the results of the evaluation (e.g. evaluation of a course by the participants). Also explain difficulties (if any). Do not provide technical results in this form (technical results, if applicable, are to be sent directly to the WHO Department you work with).

Activity 1 Health Information Service Center for Community People

Explanation

The main concept of this project is People-Centered Care and the activity is academic nursing practice. In 2010, the Health Information Center called "Luke-Navi" provided the community with health counseling, health screenings (blood pressure, bone density, physical measurement and BMI) and health library from Monday to Friday. A mini-health-related lecture and a mini-music concert were held once a month at lunch-time. A relaxation tea lounge (tea ceremony) was held once a 5/16/2011 week as well. In

addition, "Luke-Navi" participated in several events in our community such as health and social welfare festivals. We held a number of seminars for the community including: "Hypertension and Prevention", "Articular Pain" and "Stress and Life".

The number of visitors for health counseling and screening health examination was 886, which, was 60% of the visitors in 2009. This year we charged for bone density examinations and that was considered to be the reason for the decline in visitors.

Currently, this center has 35 community health volunteers and 25 professional volunteers. We provided primary classes as well as advanced classes for health volunteers. Responsibilities of the health volunteers are expanding. During 2011 they are planning to renew the list of books for the health library with short comments on each book. "Luke-Navi" has accepted an increased number of undergraduate and graduate students for their practicum. The staff and the health volunteers have guided the students. We plan to measure the effectiveness of this institutional practice and will be developing indications for this particular community.

聖路加健康ナビスポット:るかなびの紹介



**「心とからだの健康相談」
「るかなび」はこんなところです。**

聖路加健康ナビスポット「るかなび」は、看護大学が開いています。健康・からだ・病気のことなど、普段ちょっと気になっていることを相談できる場所です。

「るかなび」のスタッフ(看護職など)は、利用される方との1対1の面談を通して、気になっている健康問題を、一緒に考える姿勢を大切にしています。また市民と看護大学の交流の場として、地域に根付いた活動に取り組んでいきたいと考えています。ミニ健康講座や、ミニコンサート、ハーブティー、茶道などのイベントも定期的に行っております。どなたでも、無料でこれらのサービスを利用していただけれます。

場所は、東京メトロ日比谷線築地駅から徒歩で2分、聖路加看護大学2号館の看護実習開発研究センター1階です。

まずは、一度お越しください！

Activity 2 The Elderly-Centered Care Models based on an interdisciplinary approach
Explanation

An intergenerational day program was provided in a college building once a week by nursing faculty, part time nurses and volunteers living in the urban community. We have conducted this intergenerational program continually for four years for community dwelling elderly and school age children.

In 2010, thirteen female elders and two school age children were registered in our program. Nine elders were continuing participants from the beginning and four elders and two children were newly registered participants.

Elder's physical, psychological, social, environmental and overall QOL was longitudinally evaluated using the WHO-QOL 26 at first involvement, then after twelve, twenty-four, and thirty-six months. The QOL (social relationship domain) seemed to be higher mostly during the thirty-six month period.

Elder's depression evaluated by the geriatric depression scale-15 (GDS-15). The depressed elder's group (n=3), GDS-15 scores showed a significant decrease between the first involvement (8.7 point) and after 24 months (4.7 points). The non-depressive group of elders (n=4) showed no significant changes. Participant observation of each session included recorded field notes of observations of both generations' interactions, conversations and facial expressions. We analyzed field notes from the 36 months, which included 120 sessions. Thirteen categories were identified during the sessions forming the core concepts exemplifying the intergenerational relationships: "sharing a meaningful sense of place" and "social interactions expands outside of the program".

Activity 3 Community Based Palliative Care (Hospice Care at Home) Project

Explanation

In 2010, 26 members consisting of professionals and hospice volunteers made 24 visits to six older people in the community. We found that being with, talking and going out with older people can elevate their Quality of Life, however such service is not available as a public service. Also, it is important to show compassion to families with dying older family members. We will continue the activity to discover what people in community need and what support can solve their problems.

Activity 4 The Development of Child and Family-Centred Care in the Community

Explanation

Support networks between children, parents, and medical/ social welfare/educational sectors will be developed further in order to ensure the quality of home care provided for children, especially those with chronic illness and disabilities.

The purpose of this program is to develop and enhance Child-Family Centered Care, through an educational program for parents and children and for people whose work is related to children by-, sharing information and experiences about children's health.

The core members of this program were clinical nurses, public health nurses, dental hygienists, and school nurses. We held five seminars this year with parents and the medical/ social welfare/ educational sectors related to children in this community. Topics were ; 1) dental health of the child, let's make good teeth ; 2) first-aid and resuscitation for children ; 3) infectious diseases and vaccinations that are common in children; 4) relationships with children and,- 5) the latest information about childhood allergies with a focus on food allergies.

This was the 7th year of the program. The number of participants repeating the program increases every year and this year about 160 people participated.

The medical/ social welfare sector is familiar with this program. Their evaluations were positive such as: the contents are new knowledge; a good atmosphere in the seminar; the contents are understandable and there was an option for day care. During the seminar, we took care of their child. The child-care option had many applicants and it was very popular.

We will continue this project and study how we can develop child and family-centered care in community.

Activity 5 Development of Systematic Nursing Service Management Education

Explanation

In order to establish nursing as a service industry, we investigated existing research about service management within the field of business. As a result, elements, such as “backstage”, “frontline and “customer” were extracted. Furthermore, investigation of the syllabi and contents employed in some nursing colleges and nursing texts books indicated that description as well as research based on marketing concept are rare. In view of the findings, we improved the current Management Index for Nurses (MaIN) by employing service management as the framework, we also examined its validity and reliability. Finally, we systemized basic nursing education, nursing administration and postgraduate using a nursing service management conceptualization.

Activity 6 Use of Quality Indicators to assure midwifery care standards

Explanation

We conducted Survey of policies for care during the third stage of labor among low risk women.

Objectives: To ascertain policies for management of the third stage of labor.

Design: Survey of policies.

Setting: Tokyo, Kanagawa, Saitama and Chiba in Japan.

Sample: All facilities; maternity units of hospital, obstetrician's clinics and midwife's clinics.

Methods: A postal questionnaire was sent to the 204 facilities that agreed to participate.

Results: Responses were obtained for 153 (75.0%) facilities; 84 maternity units, 31 obstetrician's clinics, 36 midwife's clinics. Prophylactic uterotonics were used in 42.8%. Policy for timing of prophylactic administration of uterotonics differed, either immediately after the delivery of baby or after the delivery of placenta. The uterotonics agent most commonly used was ergometrine, followed by oxytocin. Controlled cord traction was a policy in 13.2% of the facilities. Policies relating to clamping and cutting the cord immediately after the birth were found in 71.1% of the facilities.

However 77.1% of midwives clinics had policies for waiting until the cord stopped pulsing. Uterine massage after delivery of baby was a policy in 25.2%. Policy for skin-to-skin contact was reported for

60.5% of facilities: 51.2% of maternity units, 46.7% of obstetrician's clinics, 94.4% of midwife's clinics respectively. During skin-to-skin contact health care providers in most facilities observed the baby, although a pulse oximeter was rarely used.

Conclusion: There were considerable policy variations and gaps between evidence and practice in Japan.

Activity 7 Dissemination of Genetic Nursing Program

Explanation

The English translation of the Japanese word, *iden*, means both heredity and genome. For Japanese health professionals, it is important to understand heritable diseases through an educational program with a Japanese point of view. And it is also important to understand about genomes to remove prejudice and discrimination from peoples' hearts through the educational program for all.

1. An educational program on heredity and life, targeting the public and professionals will be developed.

We hosted the seminar titled: 'the link between heredity and breast cancer and ovarian cancer'. The contents of the seminar were about: genetic counseling and testing for hereditary breast cancer and ovarian cancer and the psychological traits of women who sought genetic testing. Participants were approximately 70 health professionals (physicians, nurses and laboratory technicians at St. Luke's International Hospital), and faculty members at St. Luke's College of Nursing.

We offered genetic nursing seminar for senior undergraduate students. Students participated as volunteers in the meeting for the Association of Parents with Down's syndrome Children. Students developed an understanding of the realities of family life with children having Down's syndrome through participating in the meeting.

Then we published e-learning programs of antenatal tests for nurses on the Web. We also conducted an intervention study about an educational program of decision support based on the twenty cases of antenatal tests for nurses.

2. An educational program for children and parents sharing the information or experiences of their birthdays and discussing the importance of their lives will be developed, evaluated and reported.

We have continuously developed and executed an educational program for children and their parents. The number of requests from elementary school increases yearly.

We gave a lecture: 'antenatal test; amniocentesis' at the research center for the development of nursing practice, St. Luke's College of Nursing. Participants were twenty females who were interested in this subject and they expressed a high level of satisfaction with the contents of the lecture.

As stated above, we will continue people-centered care activities about decision support for the community as well as nurses. For the future, we will promote these activities, using IT.

Activity 8 Dissemination of Health Resource Digital Contents and E-learning Program

Explanation

Web site named 'Health Literacy' (<http://www.healthliteracy.jp/>) which aims not to be confused by information but make a good use of, was developed, opened and evaluated. It consists of 6 contents such as 'Decision making for health by information', 'Reliable information', 'Use Internet looking for information', 'Communication and decision making', 'Not professional but patient and family to decide', 'What you can do to decide your health'

The outline, useful information in practical setting and a glossary suggested by students and people are in construction. This site was evaluated necessary to empower people centered care because it explains the meaning of information in health on the view of people that is.



The screenshot shows the homepage of '看護ネット' (Nursing Net). At the top, there is a search bar and a language selector for 'English'. The main navigation includes '看護コミュニティ' (Nursing Community), 'イベント情報' (Event Information), '看護の知識' (Nursing Knowledge), 'インターネット上の保健医療情報の見方' (How to find health and medical information on the internet), and 'EBMによる患者中心の医療' (Patient-centered medicine based on EBM). The central 'Nursing' section features a 'よろず相談所' (Free Consultation) with a list of topics: '血圧測定について', '透析室看護師ですが、透析の認定看護の制度がいまいち分かり...', 'アドバイスを下さい', '不妊治療について', and '准看護師の学校に通う2年生のオバサンです。教えてください...'. Below this is a 'PICKUP' section with featured articles: 'がんと一緒に生きる治療後のがん患者の体力回復運動', '高齢者の転倒予防 転倒予防体操のビデオ', '乳がん女性のために 乳がん女性の心と体のサポート', '認知症高齢者を在宅で介護するために 認知症と在宅看護', '不妊治療の今を考える 不妊の悩み', 'からだの知識を子どもに伝えよう 「自分のからだを 知ろう」キャラバン', and '病院選びに役立ちます いい看護を受けるための3知識'. There are also buttons for 'これまでの相談一覧' and '相談する'. On the right, there is an 'イベント情報' section with an 'イベントカレンダー' and a 'お役立ちリンク' section with various links like '看護団体', '看護協会', '看護学会', etc. At the bottom, there is an 'アラカルト' section with '今月の本棚' featuring books on safety and nursing.

Activity 9 Forming an Consortium for Facilitating International Nursing Collaboration
Contributing to Obtaining the MDGs

Explanation

The aim of this project was to develop a Global to Academic Progression Model for Global Health Nurses and Midwives in Japan. In Japan, nurses and midwives who specialized Nursing and Midwifery contributing to Global Health are increasing, however, many of them are unable to continue international collaborative work. Therefore, after developing the core curriculum of Global Health Nursing and Midwifery in Japan, we developed the Global to Academic Progression Model for junior nurses and midwives who are proficient or completed their Master's Program and had a year's collaborative practice overseas along with members of the Global Health Nursing and Midwifery Consortium. This study was funded by National Global Health Center.

First, we developed a draft of the Global to Academic Progression Model for Global Health Nurses and Midwives with Consortium members. This Global to Academic Progression Model consisted of 'carrier up and change' because the majority of junior nurses experienced in international collaboration changed their job after coming back Japan and accepted faculty positions.

Based on this draft of a Global to Academic Progression Model, we conducted a pilot study.

Participants were five midwives and one nurse who complete master's education in international collaboration. Four participants were currently working as faculty members, in their own specialties such as maternal nursing or international nursing, for undergraduate students. The focus of the interview was what knowledge and skill training occurred: 1) through master's program; 2) through practice overseas and 3) how did they use their own training and ability in their next position or as a vision for the future.

Participants reported they were trained in research as well as thinking critically through their master's program. They were also trained and were able to apply their knowledge based on the demand and needs of their counterparts and countries. They reported they would also like to have a personal life such as marriage and have family. Based on the results of the interviews we develop a Global to Academic Progression Model to enable proficient work as faculty members working in the area of Global Health Nursing and Midwives. Because of the limited number of participants, we will continue to collect data from proficient global health nurses and midwives and refine the draft Global to Academic Progression Model to provide a better working environment for contributing to global health in countries needing international collaboration.



2. Other information related to the Collaboration between the centre and WHO. Briefly describe visits by WHO staff to the centre, visits by the centre staff to WHO (HQ and/or Regional Office), use of the centre staff by WHO, support provided by centre staff for courses cosponsored or organized by WHO (HQ and/or Regional Office), WHO financial support to the centre through contractual or Technical Services Agreement or other type of support provided by WHO, any other collaborative activities. Please mention any difficulties encountered in the collaboration and suggestions for increased and improved collaboration with WHO.

Stop TB & Leprosy Elimination Unit of Western Pacific Regional Office was visited by center staff and students for latest strategy of TB control in July 2010.

3. Collaboration with other WHO Collaborating Centres: Briefly describe the nature and outcome of the collaboration and the name(s) of the other WHO collaborating centre(s) with which the centre has collaborated. If applicable, please mention the name of the network of WHO CCs to which the centre belongs. Also include suggestions for increased and improved collaboration with other WHO CC

WHO C. C. at St. Luke's College of Nursing worked with Mahidol University in Thailand, Siriraj Hospital, WHO C.C. for Research in Human Reproduction, Yonsei University (Korea), WHO C.C. for Research and Training for Nursing Development in Primary Health Care, University of California at San Francisco (USA), WHO C.C. for Research & Clinical Training in Nursing , Columbia University (USA), WHO C.C. for Advanced Practice Nursing.

WHOCC staff attended general committee meeting, Global network of WHOCCs for nursing and midwifery development, in São Paulo.

2010年度
WHOPHCコラボレーティングセンター事務局メンバー

菱沼典子
田代順子
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