



Annual Report  
St. Luke's College of Nursing  
WHO Collaborating Centre for Nursing Development  
in Primary Health Care  
2011



## ANNUAL REPORT 2011

### 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  
10-1, Akashi-cho, Chuo-ku, Tokyo 104-0044, Japan

Phone : +81-3-3543-6391 Fax : +81-3-5565-1626

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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.

|  |   |                         |        |
|--|---|-------------------------|--------|
| <b>Institution Name</b>  | St. Luke's College of Nursing   |                         |        |
| <b>Name of the relevant department, unit, section or area of the institution</b> | Department of Nursing   |                         |        |
| <b>City</b>  | Tokyo   | <b>Reference Number</b> | JPN-58 |
| <b>Country</b>   | JAPAN   |                         |        |
| <b>Title</b>   | WHO Collaborating Centre for Nursing Development in Primary Health Care |                         |        |
| <b>Report Year</b>   | 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 2011, 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 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", "Diabetes and Prevention" and "The most productive of Exercising". The number of visitors for health counseling and screening health examination was 815 in 2012. The number of visitors for a mini-health-related lecture and a mini-music concert was 278 in 2012.

Currently, this center had 32 citizen volunteers and 25 medical volunteers. The total number of facilities that have formed cooperative ties with this center was 49. We provided primary classes as well as advanced classes for citizen and medical volunteers. During 2011 citizen volunteers planned to renew the book list of 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 volunteers have guided the students. We plan to measure the effectiveness of this institutional practice and will be developing indications for this particular community.

This project was currently supported by grant funding from Terumo Cooperation.



**a mini-health-related lecture**



**screening health examination**

**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 30 times per year for five years for community dwelling frail elderly and school age children to promotion of elder's health and intergenerational exchanges for both generations.

In 2011, twelve female elders [ mean age 74.6 ( SD 6.9)] and six school age children [mean age 8.7 ( SD 1.6)] were registered in our program. Eight elders were continuing participants from the beginning and three elders and three children were newly registered to the program.

Elder's psychological QOL was longitudinally evaluated using the geriatric depression scale-15 (GDS-15) every six months.

The non-depressive group of elders (n=8) showed no significant changes in GDS-15 score 2.6, 2.8, and 2.3 points at first involvement, after twelve months, and after twenty-four months respectively. In depressive group of elders (GDS > 5, n = 4) showed 8.8, 3.8, and 4.5 points at first involvement, after twelve months, and after twenty-four months. There was significantly decreased in GDS-15 score between first involvement and after twelve months ( $p < 0.001$ ), and first involvement and after twenty-four months ( $p < 0.001$ ).

Our IDP represents decreasing elder's depressions especially in depressive elders because the intergenerational day program provides mutual beneficial exchanges and solidarity between generations. That will decrease elder's isolation and provision for positive effects in mental health.

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

**Explanation**

The population in Tokyo is aging rapidly and many elderly live in high-rise condominiums alone. This project aims to establish a network in the community and provide knowledge to survive alone. Elderly who live alone or stay alone while their family is out were visited by volunteers. When a care manager who registered our membership requested, a volunteer made a visit of the elderly. The volunteers accompanied with elderly in the way they needed. For example, took a walk, talked and listened to, accompanied to the library, supported terminal care and so on. In 2011, 144 registered and 26 used our services.

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

**Explanation**

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) childhood allergies with a focus on food allergies;
- 4) infectious diseases and vaccinations that are common in children;
- 5) the latest information about relationships with children.

This was the 5th year of the program. The number of participants repeating the program increases every year and this year about 151 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**

The second year of the project was to explore multilaterally the state of nurses' shift work and its formation in Europe. Three major acute hospitals in the United Kingdom were chosen for observation and investigation. The results showed that the: paid leave, working hours, number of staffs, skill mix, attending and leaving work and staffs' requests were controlled using 'roster' software to cope both with reduction of human cost as well as elevation of safety. They have a band system that classifies nurses according to their experience. The rosters were considered bands of staff so that the level of the care could be maintained. Thus to fill positions resulting from the sudden absence of staff, hospital groups, who managed the bank system, could send temporary back-up nurses. There was a move to increase the number of staff considering costs. Also, long duty such as 16 hours, consecutive shifts such as 'day-night shift' or 'evening-day shift' were not observed in U.K like they are in Japan. The research results of three hospitals in the U.K suggested that Japan could benefit from: specific management of shifts using roster software; a definition of skill level of nurses; application of skill level to shift management and establishment of a replacement system of absent nurses.

**Activity 6** Use of Quality Indicators to assure midwifery care standards –

**Explanation**

By the end of year 2011, we found evidences for the efficacy of women-centered care model, reproductive health in Africa, Antenatal care, DV screening, labor curve, and continuing education in developing the use of Quality indicators to assure midwifery care standards, and published the following references.

1. Mariko Iida, Shigeko Horiuchi, Sarah E. Porer, The relationship between women-centred care and women's birth experiences: A comparison between birth centres, clinics, and hospitals in Japan, *Midwifery*. 2011 Aug 9, <http://dx.doi.org/10.1016/j.midw.2011.07.002>.
2. Frida Madeni, Shigeko Horiuchi and Mariko Iida, Evaluation of a reproductive health awareness program of adolescence in urban Tanzania-A quasi-experimental pre-test post-test research, *Reproductive Health*, 8:21 (2011/06) doi: 10.1186/1742-4755-8-21
3. Yenita Agus, Shigeko Horiuchi, Factors influencing the use of antenatal care in rural West Sumatra, Indonesia, *BMC Pregnancy and Childbirth* 12:9 doi: 10.1186/1471-2393-12-9 (2012/02)
4. Sachiyo Nakamura, Sueli MT Ichisato, Shigeko Horiuchi, Taeko Mori, and Masako Momoi, Pregnant Women's Awareness of Sensitivity to Cold (Hiesho) and Body Temperature Observational Study: A Comparison of Japanese and Brazilian Women. *BMC Research Notes* 2011 4:278, *BMC Res Notes*. 2011; 4: 278. doi: 10.1186/1756-0500-4-278
5. Yaeko Kataoka, Yukari Yaju, Hiromi Eto, and Shigeko Horiuchi: Self-administered questionnaire versus interview as a screening method for intimate partner violence in the prenatal setting in Japan: A randomized controlled trial, *BMC Pregnancy and Childbirth*, 2010; 10: 84. , doi: 10.1186/1471-2393-10-84
6. Ritsuko Suzuki, Shigeko Horiuchi, Hiroshi Ohtsu, Evaluation of the labor curve in nulliparous Japanese women, *American Journal of Obstetrics and Gynecology* Volume 203, Issue 3, September 2010, Pages 226.e1-226.e6.
7. Shigeko Horiuchi, Yukari Yaju, Miki Koyo, Yumi Sakyo, Kazuhiro Nakayama, Evaluation of a web-based graduate continuing nursing education program in Japan : A randomized controlled trial, *Nurse Education Today* (Elsevier) 29, <http://dx.doi.org/10.1016/j.nedt.2008.08.009>

**Activity 7** Dissemination of Genetic Nursing Program

**Explanation**

1. We developed and implemented a life-span genetics continuing education program, as members of the education promotion committee of the Japan Society of Human Genetics and the Japan Society of Genetic Counseling.

Dr. Arimori, the responsible person of the activity made her keynote speech about educational needs for genetics of an entire life-span at a symposium of the Japan Society of Human Genetics 2010.

The Genetic Nursing course commenced at St. Luke's College of Nursing Graduate School (Master degree course) April 2011.

Publication: Arimori N., Yamanaka M., Yoshino M. (2012. Development of a Graduate Program in Genetic Nursing Course, Bulletin of St. Luke's College of Nursing (38), 91-98.

2. We held five study sessions on familial tumors, genetic diabetes, antenatal testing and genetic information and medical services in collaborating with St. Luke's International Hospital. Approximately 20 to 80 professionals participated in each session.

We developed and evaluated an education program on decision support of genetic medicine for nurses (<http://narimori2.jpn.org/top.html>).

We are also planning a project involving foster care for children with Down 's syndrome in collaboration with children with Down's syndrome, their family and students (both undergraduate and graduate) beginning in the fiscal year 2012 (<http://rcdnp.slcu.ac.jp/clinic/archives.html>).

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. This site was most popular nursing information site in Japan that was visited by more than 300,000 visitors in 2011. 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 page for students who study the concept of nursing and information page of evidence based medicine were often viewed. 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.



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

**Explanation**

By the end of year 2011, our Consortium for Global Health Nursing and Midwifery Japan numbered seventeen (17) faculties representing each program in higher education in nursing in Japan. After developed a core curriculum for a master's program in Global Health Nursing and Midwifery, we then developed an Academic Progression Model for Professionals in Global Health Nursing and Midwifery. The following year, we develop a web page to facilitate communication among members.

Presentation:

We presented an analysis of interviews with master's-prepared nurses and midwives who experienced international cooperation and collaboration. Content included their: abilities strengthened by their international experiences and needs for career development for the purpose of creating a career development model.

Presenters: SHIMPUKU, Yoko; TASHIRO, Junko; NAGAMATSU, Yasuko; OGURO, Michiko; MANABE, Yukiko;

Venue: 26<sup>th</sup>Annual Meeting of International Health in Japan, November 4, at Tokyo University

**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.**

Dr. Kathleen Fritsch, WHO Western Pacific Regional Adviser, Nursing and the Stop TB & Leprosy elimination Unit of Western Pacific Regional Office were visited by center staff and students of St. Luke's College of Nursing, Tokyo in July 2011.

**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**

We had visitors as follows;

- WHO C. C. at St. Luke's College of Nursing worked with Mahidol University in Thailand, Ramatiboti 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,
- WHO/PAHO Collaborating Centre For International Nursing Development In Primary Health Care
- Columbia University (USA), WHO C.C. for Advanced Practice Nursing.

2011年度  
WHOPHCコラボレーティングセンター事務局メンバー

田代順子  
長松康子  
眞銅裕紀子  
小黒道子