DEVELOPING GUIDELINES FOR DAY HOSPITALS FOR OLDER PEOPLE.

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In 1994 the Royal College of Physicians (RCP) and the British Geriatrics Society (BGS) published consensus guidelines for Geriatric Day Hospitals. These have been adapted for regional and local use in an audit initiative in the former Northern Region.

Methods. The structure, processes and outcomes of care were evaluated in six day hospitals in the Northern Region. These data, and a structured literature review were used to inform a guideline development process in a multidisciplinary group which included a full range of relevant stakeholders and a guideline development methodologist. The RCP/BGS guidelines were used as a framework in the consensus development process, producing draft guidelines based on national recommendation, regional opinion and local experience. Further refinement occurred at a one day workshop of multidisciplinary day hospital teams from across the Northern & Yorkshire region.

Results. The group met 4 times and achieved consensus (>2/3 agreement) on all issues. The guidelines covered: aims and purpose of a day hospital; written policies; management; access and referral; communication with hospital staff, general practitioners, patients and carers; involvement of patient and carers; the case conference and review process. The workshop was attended by 223 doctors, nurses, carers; involvement of patient and carers; the case conference and review process. The workshop was attended by 223 doctors, nurses, carers; involvement of patient and carers; the case conference and review process.

Conclusions. This process of regional adaption of a set of national guidelines by informal consensus and initial dissemination at a workshop was attended by 223 doctors, nurses, carers; involvement of patient and carers; the case conference and review process. Further refinement occurred at a one day workshop of multidisciplinary day hospital teams from the Northern & Yorkshire region. The group met 4 times and achieved consensus (>2/3 agreement) on all issues. The guidelines covered: aims and purpose of a day hospital; written policies; management; access and referral; communication with hospital staff, general practitioners, patients and carers; involvement of patient and carers; the case conference and review process.

Benefits of moving Day Hospital into the community

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Introduction

Day hospital at Chapel Allerton Hospital (CAHDH) treats patients from a large area of Leeds resulting in long travelling times. One day a week we move some of our nursing and therapy staff to a local authority (LA) day centre in South Leeds (SLDH). This provides 25 places and offers an opportunity to work directly with Social Services. We compared travelling time and patient's perceptions with day hospital (DH) in these two settings.

Method

We obtained round trip travelling times for 50 consecutive patients at CAHDH and SLDH from the ambulance service. Eighty nine patients were sent postal questionnaires after discharge (43% response rate) from DH to elicit views on transport, staff, facilities and perceived improvements in health (scale from 0-5, disagree to agree). Staffing was compared and any other benefits noted.

Results

Mean round trip travelling times were 59.5 minutes at SLDH and 100.1 minutes at CAHDH (p<0.01). Patient responses indicated a high level of satisfaction with DH in either setting. Mean score for perceived improvement in health problems was the same (3.7 at both sites). No differences were found in the ratings of facilities (equipment, meals, and space available). When at SLDH two Health Care Assistants and a Therapy Aid remain at the hospital and we use LA staff (Care Assistants and a Day Care Officer). Space at CAHDH can be utilised for other activities on the DH day. Access to day centre places post discharge and liaison with home care is better from SLDH.

Conclusions

This local day hospital service is popular and patients have shorter travelling times. There are qualitative benefits from working with the LA and in the future SLDH may become a focus for Community Care Assessment.

THE HUNTINGDON DAY HOSPITAL TRIAL: SECONDARY OUTCOME MEASURES

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Introduction

We previously reported (Spring 1997 BGS) a randomised trial of day hospital (DH) versus two day centres (DC) in which patients were visited by a physiotherapist and two assistants. Improvements in the Barthel Index and Caregiver Strain Index at three months were noted, but no significant differences between DH and DC. Here we report additional outcome data.

Methodology

A research sociologist administered scales (WHO mobility, Nottingham Extended (NEX) and Nottingham Health Profile) by interview in patients' homes at baseline (twice), six weeks and three months. A measure of accumulated change per visit was calculated for each scale.

Results

At three months there were no significant differences between rehabilitation at DH (n=50) and DC (n=55). However, there were significant improvements between baseline and three months at both DH and DC for the following scales (overall mean change (95% confidence interval)) for all patients: WHO mobility with aid (-0.67 (-0.99, -0.35)); NHP mobility subscale (-10 (-15.5, -4.5)); NEX mobility subscale (+3.08 (1.78, 4.37)); NEX leisure subscale (+1.66 (0.96, 2.36)).

Conclusion

DC and DH rehabilitation was associated with improvements in mobility and extended activities of daily living in addition to carer strain and self-care as previously reported. There was no significant improvement in quality of life. Rehabilitation at both sites appeared equally effective though there were practical problems at DC.