

NATIONAL  
COUNCIL  
FOR THE  
AGED

***DAY  
HOSPITAL  
CARE***

# National Council for the Aged

The National Council for the Aged was established by the Minister for Health in June 1981. The terms of reference of the Council are: *'To advise the Minister for Health on all aspects of the welfare of the aged, either on its own initiative or at the request of the Minister'.*

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# Day Hospital Care

## INTRODUCTION

In Ireland, as in most developed countries, the number of elderly persons has increased steadily over the past few decades. This is due, in part, to advances in medicine and to a general improvement in living standards. Between 1926 and 1979 the number of persons aged 60 years and over in the Republic of Ireland has increased from 376,286 to 499,051. This represents an increase of 32.4% compared with an increase of 13.3% in the total population. Over the same period the increase in the population age 75 years and over was 46.6%. An increasing number of elderly persons are living alone.

It is against this background that the Council is undertaking a comprehensive review of existing services for elderly persons. While many elderly persons will require hospital care, a proportion of them may not necessarily require the services available at a hospital on a residential basis. The Council believes that it is important to tailor services to the needs of the elderly and to view their problems as far as possible in the context of their home environment, i.e. in a community setting.

A recent survey of patients in long-stay geriatric units indicates that one-fifth of patients in these units are there for predominantly social rather than for medical reasons. The Council believes that instead of providing additional long-stay places to match the increasing elderly population, the development of day hospitals could, in many cases, provide an alternative and a more acceptable form of hospital care.

## **THE DAY HOSPITAL**

Day care began in psychiatry when Joshua Bierer established the first British day hospital in 1946. The first purpose built day hospital for elderly persons was opened in 1958 at Oxford. Since then there has been a rapid progression and development. By 1977 there were over three hundred day hospitals in the United Kingdom. It is now widely recognised that day hospitals are an integral part of geriatric practice.

In Ireland day care services commenced in 1971 with the establishment of day hospitals at St Patrick's Hospital, Carrick-on-Shannon (County Leitrim), and at St James's Hospital (Dublin). Other similar units have been developed since then to an increasing extent throughout the country. The Council recently asked health boards to supply information on the number of day hospitals and the services provided at each. This information which is included in Appendix 1, indicates that there are now some 30 day hospitals, and at least 21 similar type units throughout the eight health board areas. Not all the units provide the same range of services. It is clear also that there is a geographic imbalance in the distribution of these units and consequently in the availability of this important service.

### **OBJECTIVES OF THE DAY HOSPITAL:**

The overall objective is to provide all the services available within the hospital on a day-time only basis. In this way it is possible to extend the hospital services to people in the community for whom institutional care is either unnecessary, or undesirable, or unavailable. Furthermore, the hospital rehabilitative system of progressive patient care is extended to the community.

#### **Advantages:**

The advantages of a day hospital are:

1. Economy in the use of hospital beds by providing treatment on an day-patient basis that would otherwise require admission.
2. To shorten hospital stay by maintaining hospital services to the patient after discharge on a day-time basis. The impact of the introduction of a day hospital service at a geriatric hospital, in terms of better utilisation of hospital beds leading to an increasing turnover, is well illustrated by reference to Appendix 2. This shows the number of admissions and discharges at St Patrick's Hospital, Carrick-on-Shannon in 1970 prior to the establishment of a day

hospital service there and the increased number of admissions and discharges made possible following the opening of the day hospital in 1971.

3. To prevent re-admission to hospital by maintaining functional ability by continuing medical and nursing observation, and thus giving relief to the families of disabled patients.

4. Long term social supervision and stimulation of apathetic and inadequate personalities who neglect themselves if unaided.

5. Relief of social isolation and depression after loss of relatives or friends. By increasing their social contacts patients are less depressed, their morale is raised, and they become more self confident. This applies particularly to the lonely elderly chronic sick and those living alone.

6. To act, as an information centre, where functional aids can be assessed and recommended, and where patients and relatives can discuss specific social, medical and physical aspects of illness in the elderly.

7. To help overcome the trauma for elderly persons who are reluctant to leave home, in circumstances where they require the services which hospitals can provide.

## THE PATIENT GROUP

While the day hospital caters primarily for the elderly, the degree of application of an age limit or of restriction to a particular category such as the elderly will vary depending on whether it is located at a general hospital or at another hospital in the community such as a geriatric hospital or district hospital. With rehabilitation facilities and services of occupational therapists and physiotherapists available this service should be extended to meet the needs of other patients, such as those who are physically handicapped or those recovering from psychiatric illness.

The number of old people affected by dementia in each community is increasing and a more humanitarian management of this group is important. Many of those suffering from dementia can be sustained outside hospitals provided some form of day care is available. Many of this group need only light care, though this needs to be continuous because they are apt to wander and to behave unpredictably. A further group with functional disorders such as paranoid states or depressions and the chronic grumbler and complainer can also be accommodated in day care, and thereby delay the need for in-patient care and shorten its duration. The alternative, especially where numbers are large, is a separate psychogeriatric day care facility.

### *The Patient Group cont./...*

A breakdown of age of persons attending day hospitals in one health board area indicates the following:

Age of Patients	
under 70	- 35%
70-75	- 21%
75-80	- 24%
80+	- 20%

In addition, approximately 30% of all patients attending the day hospital live alone<sup>2</sup>.

## **NUMBER OF DAY HOSPITAL PLACES REQUIRED**

Each day hospital should have a defined catchment area. Ideally in a rural setting the radius covered should not extend further than twenty miles provided that a viable population exists. While distance from a day hospital is an important consideration, the primary concern should be to ensure that the time taken for the journey does not entail undue stress for the patient. In general, the journey to and from the day hospital should not exceed 30/40 minutes. This would also apply to city areas. A catchment area, whether urban or rural, should have a population of not less than 1,000 over sixty-five years of age. The smallest unit should provide accommodation for ten day patients. Generally the unit should be open five days a week.

## **ADMISSIONS PROCEDURE AND FREQUENCY OF VISITS**

The decision to admit a patient to the day hospital should be taken by the Consultant Geriatric Physician or by the Medical Officer of the hospital concerned. Referrals for admission can arise in any of the following circumstances, (i) at the time a decision is taken to discharge a patient from in-patient treatment, (ii) by referral from various sources in the community such as the general practitioner, the public health nurse, the social worker or voluntary organisation.

Medical assessment at the time of discharge from in-patient care or following referral from community sources, will determine the frequency of attendance at the day hospital. In normal circumstances patients attend the day hospital once per week. However, if the patient's medical or social condition requires it, he/she can attend more frequently and in some instances daily.

## **SERVICES AND DIAGNOSTIC FACILITIES**

These should be integral with the hospital concerned and should provide the following; medical and nursing care, occupational therapy, physiotherapy, speech therapy, a social work service, dental service and chiropody. In addition there should be access to radiology and laboratory facilities though these need not necessarily be provided on the same site. Other services would include bathing, laundry, change of personal clothing and the provision of meals.

## **TRANSPORT**

One of the key elements in the successful functioning of a day hospital is the provision of transport. It is also an area where the cost factor is important. Where it is necessary to provide transport, it is important that all the available local options be explored. Different approaches to the provision of transport will be necessary depending on local circumstances. In some instances, for example, health boards may be in a position to provide transport by ambulance or mini-bus from their own fleet or by hiring private mini-buses. In other instances the provision of transport on a voluntary basis may be a more appropriate solution. While the involvement of voluntary agencies in providing transport should be encouraged where possible it must be recognised that there may be limitations on this type of service during the day. Every effort should be made to ensure that patients do not spend a disproportionate amount of time in travelling to and from the day hospital. Special provision should be made for those patients who require frequent visits.

It is important to recognise that an efficient and reliable transport service, using all the options available locally, requires careful planning and regular review.



## ACCOMMODATION

The layout of the first day hospital for the elderly at Oxford has been carefully documented by its originator Dr L Cosin<sup>3</sup>.

In Ireland, many day hospitals have been started in existing accommodation within hospitals, and for a modest outlay this can be adapted to provide a reception area and accommodation for physiotherapy and occupational therapy. Together with available existing hospital facilities this has often filled the gap, until a purpose-built unit becomes available. Many of the purpose-built units have now become fairly standardised. The range of accommodation provided in a typical purpose-built day hospital is set out in Appendix 3.

## STAFFING

In the staffing of day hospitals, advantage can be taken of existing services at the hospital which are already staffed, i.e. medical, nursing, physiotherapy, occupational therapy, speech therapy, social work, dental, chiropody, catering, portering and domestic services. The time of the staff involved in providing these services can be shared between the hospital in-patient service and the day hospital service initially but additional resources will require to be provided as the day hospital service develops. This principle also applies to the provision of facilities and equipment.

The level of staffing required for the developed **day** hospital will vary depending on its location and the range of services provided e.g. a day hospital under the direct control of a Consultant Geriatric Physician will have non-consultant medical staff assigned in addition to the consultant, whereas a day hospital located at a geriatric or district hospital will have the services of the medical officer of the hospital.

In setting up a day hospital initially the primary requirement is the appointment of a nurse, usually at ward sister level, who will organise and co-ordinate the various services. The employment of a porter and one person to carry out cleaning and domestic duties will also be necessary in the early stages as will the assignment of a person to assist with clerical and receptionist duties.

## **COST BENEFIT**

Various surveys on costing have always clearly demonstrated that day patient care is more economical than inpatient admission. In Britain a survey which was carried out in 1977 at the Victoria Geriatric Unit in Glasgow clearly confirms this point.<sup>4</sup> In Ireland the experience is similar. Figures for 1981 were obtained for two day hospitals as follows:

<b>LOCATION</b>	<b>COST PER PATIENT VISIT 1981</b>
<b>St Patrick's Hospital Carrick-on-Shannon</b>	<b>£14.50</b>
<b>St Mary's Hospital Phoenix Park, Dublin</b>	<b>£ 18.50</b>

The weekly cost of maintaining a patient on a residential basis in each of the two above named hospitals for 1981 was:

**St. Patrick's Hospital, Carrick-on-Shannon £128**

**St. Mary's Hospital, Phoenix Park, Dublin £210**

On the basis of an average of one day hospital visit per patient per week the cost advantage over full time residential care is obvious, even allowing for the cost of maintaining elderly persons in their own homes.

## **PROGRESS OF PATIENTS**

The day hospital provides a specialised therapeutic team geared towards enabling patients, through a gradual withdrawal of services, to live independently at home, and most patients achieve this. However, a number of patients reach a stage of maximum improvement but remain dependent upon day hospital supervision to prevent deterioration. Many of these patients would benefit equally from attending a day centre. In fact it is essential that there should be close co-operation and liaison between day hospitals and day centres.

## **DAY CENTRES**

A day centre differs from a day hospital in that it is not attached to a hospital and does not have the full range of hospital type services. However, some day centres provide services such as physiotherapy, occupational therapy, chiropody and bathing. The hours of attendances and transport arrangements are similar to those at the day hospital. Staffing is usually a mixture of a paid supervisor and voluntary helpers, and liaison is maintained with the day hospital. Day centres have an important role to play, and their location should complement that of the day hospital.

The effectiveness of the day hospital is greatly improved by the addition of day centres and other supporting facilities<sup>5</sup>, both statutory and voluntary, within the day hospital catchment area. By redistributing patients to their most suitable environment the day hospital can concentrate attention on those patients who can benefit most, and at the same time economise on transport costs.

The Council intends to examine further the existing provision of day centres and the need for further development in this area.

## **RECOMMENDATIONS**

1. Day hospitals should be regarded as an essential element in the provision of a comprehensive service for the elderly. Early consideration should be given by the Minister for Health to the allocation of the relatively minor resources necessary for their further development.
2. Health boards should be encouraged and assisted to further develop day hospitals so that the maximum possible number of elderly persons have access to such a facility. If day hospital services provided by one health board can be made available to elderly persons residing in an adjoining health board area, this should also be encouraged.
3. Locations for day hospitals to serve defined catchment populations should include general hospitals (both health board and voluntary), geriatric hospitals and district hospitals.
4. Health boards should call on the services of voluntary organisations particularly in relation to transport and domestic arrangements in the absence of an elderly person attending a day hospital.

# ***Appendix 1***

## **Information supplied by health boards in response to questionnaire from Council for the Aged**

**The range of services concerning which information was sought is as follows:**

**medical, nursing, physiotherapy, occupational therapy, chiropody, social services, meals, bathing and laundry.**

### **EASTERN HEALTH BOARD**

**Full range of services provided at four day hospitals.**

**Services other than medical, physiotherapy and chiropody provided at one day hospital.**

**Partial services also provided at various day centres - information not immediately available.**

### **MIDLAND HEALTH BOARD**

**Full range of services other than medical, nursing and physiotherapy provided at four centres, and with physiotherapy at a further four centres.**

### **MID-WESTERN HEALTH BOARD**

**All services other than medical, nursing, physiotherapy and chiropody provided at three centres.**

*Appd. 1 cont./...*

#### **NORTH-EASTERN HEALTH BOARD**

**All services other than medical, physiotherapy and occupational therapy provided at six centres.**

#### **NORTH-WESTERN HEALTH BOARD**

**Full range of services provided at eight day hospitals.**

**All services other than occupational therapy at one day hospital; other than physiotherapy at one day hospital; other than medical, physiotherapy and occupational therapy at one day hospital.**

**Additional information not sought in relation to day centres.**

#### **SOUTH-EASTERN HEALTH BOARD**

**All services other than physiotherapy and occupational therapy provided at one day hospital.**

**All services other than medical and nursing provided at one centre, and meals, bathing and laundry services provided at three centres.**

#### **SOUTHERN HEALTH BOARD**

**Full range of services provided at one day hospital.**

**Additional information on day centres not sought.**

#### **WESTERN HEALTH BOARD**

**All services other than medical and physiotherapy at six day hospitals and other than medical at a further six day hospitals.**

## Appendix 2

Admissions, Discharges and Deaths, 1970 - 1981

### ST PATRICK'S HOSPITAL CARRICK-ON-SHANNON

Year	Male Female					
	Admissions	Discharges	Deaths	Admissions	Discharges	Deaths
1970	41	24	9	30	23	10
1971	77	56	24	76	48	23
1972	134	83	37	97	77	23
1973	154	99	55	95	68	24
1974	150	98	45	153	99	47
1975	152	97	49	148	112	42
1976	75	110	75	142	88	50
1977	162	105	55	140	105	23
1978	157	115	54	141	90	53
1979	130	107	39	134	91	37
1980	177	108	72	136	97	53
1981	178	96	59	135	98	32

## ***Appendix 3***

### **Range of accommodation provided in a typical purpose-built day hospital**

- 1. Reception/Records room**
- 2. Doctor's office**
- 3. Examination/Treatment room**
- 4. Sluice room**
- 5. Nurse's office**
- 6. Activities area/Dining area**
- 7. Small kitchen**
- 8. Physiotherapy area**
- 9. Occupational therapy area including training area  
for activities of daily living**
- 10. Chiropody room**
- 11. Beauty therapy room**
- 12. Bathrooms (2) with walk-around bath**
- 13. Toilets, including wheelchair toilet**
- 14. Linen/Laundry room**
- 15. Personal clothing store**
- 16. Social Worker's office**
- 17. Wheelchair bay**

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