

# The modern geriatric day hospital

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**Geriatric day hospitals have played a major role in the rehabilitation of older people, although the evidence base has proved thin. As the provision of geriatric medicine changes, they need to develop new roles such as responding to subacute crises, providing specialist services and ensuring comprehensive geriatric assessment before long-term care.**

Geriatric day hospitals have been an integral part of most elderly care services since the first one opened in 1958. Day hospitals originally developed to provide treatment and support for frail elderly people, so enabling them to live at home rather than in a hospital or nursing home (Royal College of Physicians, 1994). They were established with little formal evaluation and concerns have been raised in the last few years regarding their cost effectiveness. The relevance of the research base depends on whether day hospitals will continue to provide services in the future, and in the same way as they have in the past.

### THE ROLE OF GERIATRIC DAY HOSPITALS

In 1994 the Royal College of Physicians and the British Geriatrics Society set out the role of geriatric day hospitals and guidelines for good practice (Royal College of Physicians, 1994). This paper was based on a national survey in 1992 and historical comparisons with the situation in 1980. They found that in 1992, at acceptance by the day hospital, 42% of patients were referred for rehabilitation, 23% for maintenance, 17% for medical intervention, 7% for social and respite care and 7% for assessment. This had changed surprisingly little from a previous survey in 1980. Although there appeared to have been some reduction in maintenance and social care being provided over the previous decade, the main aim of day hospital care remained rehabilitation, with the goal of enabling elderly people to continue to live at home, based on specialist multidisciplinary assessment and care.

The report also looked at the research evidence for the effectiveness of day hospital care.

Unfortunately it was unable to come to any clear conclusions because of the methodological limitations of many of the previous studies and a recognition that the day hospital understood a number of different roles.

The same year, the National Audit Office explored the use of day hospitals for elderly people in England (National Audit Office, 1994). Although they concluded that day hospital care was an important component of community health services, assisting elderly people to live independently in their own homes, the report raised questions and criticisms. The National Audit Office required district health authorities to review the levels of day hospital service in relation to assessed needs identified in community care plans and to explore other alternative forms of provision. District health authorities were also to define more specific contracts, including the quality of care and desired outcomes. Provider units were required to periodically review whether patients continued to benefit from attendance and, in particular, to examine the scope for making greater use of their facilities. Not surprisingly, they also urged the NHS Executive to encourage further research, particularly on cost effectiveness of care provided by day hospitals.

### WHAT EVIDENCE IS THERE?

The evidence base is controversial. A large study in the USA was unable to demonstrate better outcomes from comprehensive geriatric assessment in a geriatric day hospital compared with such assessment received in a clinic site without a day hospital (Siu et al, 1994). A significant criticism is that this was a retrospective cohort comparison study. Although the study adjusted for baseline characteristics,

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there continue to be perceived difficulties in running day hospital trials with genuinely randomized patients.

Forster et al (1999) have now provided a useful systematic review of day hospital care for elderly people. They examined the effectiveness of day hospital attendance in prolonging independent living with a systematic review of the 12 controlled trials which had been published by January 1997. They failed to find a significant difference between day hospitals and alternative services for end points of death, disability or use of resources. However, subjects having comprehensive care, in whatever environment, had lower odds of death or poor outcomes. The authors concluded that day hospital care seemed to be an effective service for elderly people who needed rehabilitation but might have no clear advantage over other forms of comprehensive care. They also commented on the methodological problems and the need for further research evidence.

While researchers have been looking for evidence of how day hospitals have worked in the past, in particular focusing on rehabilitation, there have been enormous changes in the way older people are managed within the current health and social care system. Over the last 15 years there has been a dramatic reduction in the length of stay, less hospital rehabilitation and increasing support for very frail dependent people in their own homes. For many frail and disabled older people community care has been a success.

The current problems are also well understood. Frail patients supported at home often have unstable medical conditions leading to 'revolving door' care with multiple admissions in and out of hospital (Health Advisory Service, 1997). In patients with multiple pathology, relatively minor medical conditions lead to breakdowns in the caring network and result in hospital admissions. Pressures in the system result in significant numbers of older people being placed into institutional care without adequate assessment or rehabilitation (Bennet et al, 1995). Primary care has become more fragmented, particularly out of hours, and the very dependent patients in nursing homes may not get the medical care they would previously have received within NHS long-term care (British Geriatrics Society, 1998).

### **NEW ROLES FOR DAY HOSPITALS**

It seems likely that rehabilitation of older people can be successfully achieved in the community where the resources are made available (Young

and Forster, 1992). If day hospitals are to survive, however, their role must evolve to meet the current health needs of older people. Geriatric day hospitals are well placed to evolve and develop to meet the new needs and challenges that are currently being faced in caring for frail older people.

A modern day hospital needs to be rapidly changing from the paradigm of the 1970s and 1980s, based around maintenance and slow stream rehabilitation, to a model that meets the challenges discussed. In particular, these include the challenge of frail patients with unstable medical conditions, providing mechanisms to avoid hospital admission and intervening in the assessment process for institutional care.

### **Responding to subacute crises**

The first role is to develop a response to subacute crises (Coast et al, 1995; Black, 1997). These may be medical problems that if not addressed within the next day or two will inevitably lead to admission. Examples include, increasing shortness of breath, multiple falls, increasing confusion, sudden onset of faecal incontinence and failure to thrive. Even minor changes or problems may lead to breakdown in the caring networks and lead to hospital admission. Certainly, assessment of the frail patient in accident and emergency (A&E) is difficult (Sanders and Morley, 1993), in particular carrying out multidisciplinary functional assessment. A&E also has dangers for the older person: delays, lack of food and medication, immobility and pressure ulcer development.

One answer is to have a service where such problems can be seen by a multidisciplinary team in a day hospital, the same or the next day. This needs rapid access to radiology, pathology, senior medical time and a complete change in culture of the day hospital to one that is prepared to provide an immediate problem solving approach to sick older people (Black, 1997).

The ability to investigate and manage medical problems promptly gives a significant advantage over a totally community-based team approach. It also provides the opportunity to observe an older person over a period of time in a non-threatening environment, allowing assessment of real solutions to problems. Systems must be developed to liaise with the primary care team, giving them confidence that problems will be resolved, and in particular effective working with social services to provide immediate changes to packages of care needs to be fostered. Day hospitals can provide excellent training for junior

doctors and GP vocational trainees as well as possibilities for new nursing roles. Yet such a model requires extra input, leadership and commitment from senior medical staff as the decisions are often complex and require careful risk assessment.

#### **Providing specialist services**

A second role of the modern day hospital is in assessing and providing specialist services. Examples of this include the rapid increase in the number of diagnostic and therapeutic falls clinics (McIntosh et al, 1993), the role of transient ischaemic attack clinics linked to planned rehabilitation, and the use of multidisciplinary clinics in Parkinson's disease in old age (MacMahon et al, 1990). There are further examples of leg ulcer clinics, memory clinics, diabetes clinics and continence clinics (Bliss and Schofield, 1993; Housley, 1994; Ousset et al, 1997).

All of these bring together the skills of the physician, with new diagnostic tests as well as the multidisciplinary approach. In many cases these can provide a 'one stop' service to the older person and their carers, which is clearly preferable to an approach that has one trip to clinic, another to physiotherapy, another to occupational therapy and finally a visit from the social worker. The provision of specialist services can be further extended to support nursing homes, as an education and training resource, including carer education and liaison with community assessment and support teams.

#### **Replacing day case beds**

A third role can be to offer a straightforward replacement for day case or inpatient beds. Patients needing blood transfusions (Black, 1998), patients admitted for barium enemas or previously needing overnight stays for therapeutic, endoscopic or radiological procedures may be managed on a day case basis through a day hospital with careful planning around transport and times. The environment is much less threat-

ening to an older person, especially when they may already have had their previous medical assessments in the same place.

#### **Rehabilitation and multidisciplinary assessment**

The effectiveness of comprehensive geriatric assessment, with control over implementation, is not in doubt (Stuck et al, 1993) and some rehabilitation will continue to be provided in day hospitals. This is essential where there are inadequate community rehabilitation facilities and will continue to be important whenever rehabilitation is linked to other forms of medical assessment or therapy requiring specialist continued reassessment, for example Parkinson's disease.

A final role for the modern day hospital is around ensuring adequate comprehensive multidisciplinary assessment has been made before an older person decides about long term care. While such assessments are usually made for inpatients on elderly care wards, assessment is by no means guaranteed for patients on other wards or patients in the community (Bennet et al, 1995). Inpatients being assessed on non-geriatric wards may not present clear-cut problems and one or even two assessment visits to a day hospital may clarify the situation, and might demonstrate the importance of further inpatient or outpatient rehabilitation before irrevocable decisions are made. Patients in the community are much more likely to miss out on a comprehensive assessment and the ability to do this in a short timeframe within the day hospital is often of great value to primary care and social services while ensuring that resources are most appropriately targeted.

In 1973 Brocklehurst stated that:

**'the Day Hospital is the shop front for the geriatric service and is a logical extension of the progression from an acute and rehabilitation wards and forms a bridge between the hospital and the community'.**

It is clear that the nature of that bridge has changed but it is as important now as it was at nearly 30 years ago. The challenge is to change the culture and function of the day hospital to meet the needs of older people now. In some cases this may also mean physical relocation to a district general hospital site. The modern day hospital would appear to have a clear role as part of the patchwork of services that make up an effective system of care for older people. One further challenge is to evaluate it properly now so we do not need to wait another 42 years for a partial answer.

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#### **KEY POINTS**

- Day hospitals still primarily provide a rehabilitation service.
- The nature of provision of elderly care between hospitals and the community is changing.
- New roles involve responding to subacute crises, providing specialist services, replacing day care beds and ensuring comprehensive geriatric assessment is available before entry into long-term care.

Conflict of interest: none.

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### PROGRAMME

#### Day 1 - 27th November 2000

- 09.30-10.15 Registration and Coffee
- 10.15-10.30 Welcome and introduction
- 10.30-11.15 Keynote Lecture
- 11.15-11.45 Setting Standards in nursing and residential care 'Fit for the Future'
- 11.45-12.15 Coffee/exhibition
- 12.15-12.45 Regulating Nursing & Nurses:  
Past, present & future
- 12.45-13.45 Lunch/exhibition
- 13.45-14.15 Learning Disabilities
- 14.15-15.15 The Customer Care Revolution
- 15.15-15.30 Tea/exhibition
- 15.30-16.30 Importance of Report Writing/  
Legal Implications
- 16.30-17.00 Diversifying your business

#### Day 2 - 28th November 2000

- 09.30-10.00 Registration and Coffee
- 10.00-10.30 Care Audits - Measuring  
Clinical Effectiveness
- 10.30-11.30 Keynote Speech:  
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- 11.30-11.45 Coffee/exhibition
- 11.45-12.30 Recruitment in Care
- 12.30-13.30 Lunch/exhibition
- 13.30-14.30 Parallel Sessions  
1) Residential Care  
2) Nursing - Tissue Viability
- 14.30-14.45 Tea
- 14.45-15.30 Special Lecture: The Way Forward:  
Responding to the Care Challenges of  
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- 15.30-16.00 Working together to provide rehabilitation
- 16.00-16.30 The future for the independent sector
- 16.30 - 16.40 Closing remarks

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