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, therapy and management staff and suggested changes and refinements on specific issues. A set of research priorities was identified.

Conclusions. This process of regional adaption of a set of national guidelines by informal consensus and initial dissemination at a regional workshop constituted a practical way to adapt national guidelines at a regional and local level.

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 and discharge (43% response rate) from DH to elicit views on transport, staff, facilities and perceived improvements in health

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.