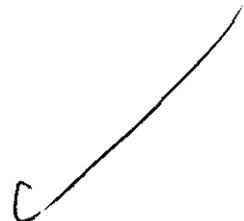


EASTERN HEALTH BOARD

**EVALUATION REPORT ON
THE MOBILE DAY HOSPITAL SERVICE**



General Hospital Care Programme

MOBILE DAY HOSPITAL

CONTENTS

INTRODUCTION - BACKGROUND	1
LOCATIONS - TRANSPORT	4
SERVICES PROVIDED	7
REVIEW OF SERVICE	10
CONCLUSIONS - RECOMMENDATIONS	13
APPENDICES	14

MOBILE DAY HOSPITAL

INTRODUCTION - BACKGROUND

The existing services of the conventional Day Hospital were not perceived to be fulfilling the needs of all of the community due mainly to the distances involved in bringing elderly persons to the services.

The concept of the Day Hospital in caring for the elderly was introduced into Ireland in the late 60's and has now become a very valuable asset within the Department of Geriatric Medicine.

These Day Hospitals have a number of objectives:-

1. Elderly patients can be examined and investigated without the need for hospital admission.
2. A detailed assessment of the patient can be made by both medical and para-medical staff.
3. Appropriate rehabilitation programmes can be planned.
4. Medical and nursing procedures can be carried out.
5. Appropriate social supports can be arranged.

All this can be done on a day attendance basis avoiding the need for hospital admission which is often a daunting prospect for elderly patients. It also makes a better and more economic use of available resources.

Prior to the introduction of the Mobile Day Hospital there were three Day Hospitals servicing the entire Dublin City and County area. These were based at St. Mary's Hospital, Phoenix Park, James

Connolly Memorial Hospital and St. James's Hospital and they provided a valuable service to the populations in their immediate vicinity.

One of the major problems identified in each of these Day Hospitals, was the transportation of patients who resided outside the immediate catchment. The delay in getting patients to the Day Hospitals resulted in inefficient use of professional staff resources. In addition, prolonged ambulance journeys led to patient fatigue and anxiety, factors which negated the good of any therapy given at the Day Hospital.

The main areas of concern for us at that time were North County Dublin, particularly in the areas of Swords, Balbriggan, Skerries and surrounding villages and North Kildare, particularly the Carbury and Maynooth areas. Patients travelling to Day Hospitals from these areas were subjected to journeys which sometimes exceeded two hours in each direction. This proved to be very stressful on the elderly patient. Additionally, transport was provided on an irregular basis with the result that patients from these areas could only expect to visit the Day Hospital once every two to four weeks.

Having identified these problems, it was agreed that the most effective way of providing a service in the more peripheral areas was to consider the introduction of a Mobile Day Hospital, appropriately staffed (Mobile Team).

The new Mobile Day Hospital was planned, and commenced operation in early 1988 as a pilot project aimed at bringing the facilities and services of the centralised Day Hospital into the peripheral areas of the Eastern Health Board.

THE MOBILE UNIT:

A coach was purchased and converted for use as a Mobile Day Hospital to include the following facilities:-

- Medical examination room
- Physiotherapy room for intensive treatments
- Bathing and toilet facilities
- Parallel bars
- Wheelchair lift
- Storage area
- Mobile telephone
- Office

MOBILE TEAM:

Staffing of the Mobile Day Hospital Service (Mobile Team) consists of:-

- Medical Officer
- Staff Nurse with experience of conventional Day Hospital
- Staff Nurse with Chiropody qualification
- Physiotherapist
- Occupational Therapist
- Driver/Attendant

CONTACTS MADE AT INITIAL SET UP:

Prior to the introduction of the Mobile Day Hospital service, contact was made with all of the relevant personnel working with the elderly in the selected areas. These included Public Health Nurses, Community Occupational Therapists, General Practitioners, Local Voluntary Agencies, etc. There was a very high level of interest expressed with the introduction of such a service.

MOBILE DAY HOSPITAL

LOCATIONS - TRANSPORT

On the North Side of County Dublin the areas identified were Swords and Balbriggan with a population of 3,142 aged 65 years and over representing 32.10% of the total elderly population for Community Care Area 8.

In North County Kildare two areas were identified, Carbury and Maynooth with a population of 5,250 aged 65 years and over representing 64.93% of the total elderly population for Community Care Area 9.

The Mobile Day Hospital service commenced in April 1988 in the following areas:-

- **Carbury:**

The Mobile Unit attends at the Eastern Health Board Health Centre in Carbury each Wednesday. The centre comprises of an area for the provision of Occupational and Physiotherapy services, a waiting area, kitchen/dining room, chiropody room and an easily accessible toilet/bathroom.

The voluntary input to the Mobile Day Hospital Service has been excellent, with a core group of very reliable 'helpers' throughout the past 5 years. This time commitment by the local community has enabled the development of a Day Centre, which operates each Monday from the same centre.

There is an excellent liaison with the local Public Health Nurses, who have regular contact with the Mobile Team.

Swords:

The Mobile Unit attends at the Senior Citizen Centre which is owned by a local voluntary organisation in the centre of Swords village.

From the experiences of the service to date, this arrangement is quite satisfactory with the exception of the need for a more private space for physiotherapy and occupational therapy.

There is a small number of very supportive and reliable voluntary helpers who assist with meals, etc. We are continuing our efforts to increase the number of volunteers in this area.

Balbriggan:

The service was extended to the Balbriggan area in February 1989, and attends at the Eastern Health Board Health Centre. Initially, a lot of difficulties were experienced because of the lack of facilities at the local health centre. However, with the coming on stream of new Eastern Health Board property, the Mobile Day Hospital has been given access to more accommodation and this has greatly improved the service. This improvement is due largely to the co-operation of our colleagues in the Special Hospital Care Programme.

TRANSPORT:

In planning the development of the Mobile Day Hospital Unit, it was not envisaged that transport to the Unit would be provided directly by the Eastern Health Board. It was considered that success or failure of the new service depended on the response of the community and their willingness to become involved in the greater care of their elderly relatives/neighbours.

Experience to date shows that the transport of patients to the designated locations is arranged by the patients, their relatives or their General Practitioner. The methods used include the following:-

- Patient's own transport
- Relatives/Neighbours
- Bicycle
- Local hackney service.

MOBILE DAY HOSPITAL

SERVICES PROVIDED

The Mobile Day Hospital visits each area one day per week. The majority of referrals are for general assessment to include:-

- (a) evaluation of previously established clinical conditions
- (b) rehabilitation e.g. occupational therapy/physiotherapy
- (c) respite care
- (d) social needs
- (e) chiropody
- (f) problems relating to confusion
- (g) referral for further treatment/investigation

Patients who attend the service, are referred by their General Practitioner or from the appropriate Department of Medicine for the Elderly located in the main hospital centres. Attendance at the service is by prior appointment only.

A comprehensive review of 66 patients who have attended the service over a 6 month period is attached in Appendix IV. This gives an insight of the type of patients encountered and the diagnoses made.

Personal attention is given to each patient, from the initial referral by the General Practitioner. Blood screening, E.C.G.'s, dressings etc., are carried out on the instruction of the Medical Officer and where necessary contact is made with the Public Health Nurse for to ensure continuity of care.

Patients are reviewed every week or alternate weeks. Consequently, over a period of time a rapport develops between staff and patients. The patients feel secure in the knowledge that their lives are in caring hands and feel free to discuss all problems either social or medical, therefore relieving a great deal of stress.

The services of the Occupational Therapist, Physiotherapist are of utmost importance as is the Chiropodist.

The voluntary helpers, who organise transport and preparation of meals for the patients complete the team. The 'Mobile Team' is viewed by patients as the 'Hospital Team' coming to see them as against they having to make the long journey to the Hospital.

Chiropody:

At the outset, it was decided to assign a Staff Nurse with a qualification in chiropody to the Unit. This has proved to be very beneficial as can be seen from the activity analysis below:-

	Carbury		Swords		Balbriggan	
	Male	Female	Male	Female	Male	Female
1988	15	32	12	7		
1989	14	86	22	50	23	130
1990	32	116	22	73	65	159
1991	41	84	44	104	62	158
1992	32	108	43	97	75	174
TOTAL	134	426	143	331	225	621

A further breakdown of the number of visits per patient is included in Appendix III.

Occupational Therapy/Physiotherapy

There has been some difficulty in recruiting and retaining the services of both Occupational Therapists and Physiotherapists for the Mobile Day Hospital Service.

The Service has had the input of an Occupational Therapist for most of its operation. However, in the early stages difficulties were experienced in recruiting staff for the Service. In this regard, agreement was reached with the Occupational Therapy Department

in St. Mary's Hospital, Phoenix Park and the Occupational Therapy needs of the Mobile Day Hospital Unit is now covered on a rotational basis by that Department.

Difficulties were also experienced with the filling of the Physiotherapist post for the Mobile Day Hospital. This problem is being addressed and it is hoped that arrangements will be made which will provide for greater continuity in the physiotherapy service provided.

Contact between the Mobile Day Hospital Service and the Community based Occupational and Physiotherapy service has been very limited due to the fact that the demand on the Community Therapist's time does not allow them the flexibility to attend the Mobile Day Hospital service on a regular basis. However, from their dealings with patients who have attended the Mobile Day Hospital, their assessment of the service is that it is very effective and should be extended further.

Feed back from the Director of Community Care Area 8, indicates that there is great need for physiotherapy in the Balbriggan and Swords area.

Difficulties are being experienced in the area of arranging the provision of aids for patients attending the Service e.g.

- When equipment such as knee-splints etc., are ordered by the Mobile Day Hospital Physiotherapist or Occupational Therapist, having initially assessed the patients' needs, the order is processed through the Community Care Services. This necessitates a domiciliary visit by the Community Physiotherapist/Occupational Therapist who carry out the same assessment as their colleagues on the Mobile Team.

This is an obvious duplication of effort, which is most demanding on the hard pressed Community Care Team and extremely frustrating for the patients and the Mobile Day Hospital staff who may also have carried out a domiciliary visit.

MOBILE DAY HOSPITAL

REVIEW OF SERVICE

A total of 58 general practitioners from each of the selected areas were contacted and advised of the introduction of this service. As part of this evaluation each of the General Practitioners were again contacted to give their observations and comments on the service to date. In general, the response was very positive and the request was that the service should continue.

Below is a table showing the number of General Practitioners who have participated in the service to date:-

Year	Carbury	Swords	Balbriggan	Total
1988	18	12	--	25
1989	22	12	12	46
1990	8	12	13	33
1991	9	10	11	30
1992	15	13	10	38

The Directors of Community Care for the areas were contacted to ascertain their views on the service.

From the Carbury area, it was stated that the service was a great stimulus in getting day care facilities organised in the area.

From the Balbriggan and Swords areas, it was reported that the service is well run and efficient. The report stated that from the patients' point of view the following was evident:-

- (i) less waiting time for an appointment for assessment.
- (ii) good follow-up for individual patients.

- (iii) where there were poor or non-existent facilities in the patients' home for bathing etc., such patients could be better cared for at the Mobile Day Hospital.

It was stated that there was a very good liaison between the Mobile Hospital Staff and the Public Health Nurse, with feedback coming to the Public Health Nurse in relation to their patients. The nurses also know that because patients come back frequently for follow-up appointments, they receive a hot meal from Meals-on-Wheels at the health centre, and also meet with other people from the area so that it develops into a social outing as well, which is very useful.

Activity Levels:

The number of patients referred to the Mobile Day Hospital over the past 5 years was 500. The number of returns was 6,022. The following table shows the number of patients referred and the number of return visits per year:-

YEAR	NEW PATIENTS	RETURNS
1988	77	378
1989	128	965
1990	93	1210
1991	97	1569
1992	105	1900
TOTAL	500	6022

Appendix I shows a more detailed breakdown of the attendances per area.

Appendix II shows the age breakdown of these patients.

COST OF SERVICE TO DATE:

<u>Budget:</u>	<u>Pay</u>	<u>Non-Pay</u>	<u>Total</u>
	£	£	£
December 1988	19,203	20,414	39,617
December 1989	54,698	7,642	62,340
December 1990	62,043	8,668	70,711
December 1991	45,000	8,400	53,400
December 1992	44,000	8,000	52,000

The average cost at the 31st December, 1992 was £29,28 per patient attendance.

DIFFICULTIES ENCOUNTERED:

- (a) One of the areas which needs further examination is the establishment of more formal lines of communication between the Mobile Day Hospital services and the Psychiatric/Psychogeriatric services in all areas. Except in an emergency situation, current referral procedures require patients attending the Mobile Day Hospital Service, who have behavioural problems and do not have any organic/reversible component to be referred back to their General Practitioner for appropriate psychiatric referral.
- (b) The recruitment and retention of para-medical staff for the service.
- (c) Duplication in the assessment of patients requiring therapy aids.

MOBILE DAY HOSPITAL

CONCLUSION - RECOMMENDATIONS

The Mobile Day Hospital has proved a success in bringing the facilities and services of the centralized Day Hospital into the outlying areas of our Board. It has succeeded in providing early examination and investigation of patients without the need for inpatient treatment. The service has been provided in the patients' own area thereby negating the need for prolonged ambulance journeys. This service has aided early diagnosis and referral for further appropriate treatment. It has facilitated the establishment of rehabilitation programmes and enables social supports to be put in place where necessary.

RECOMMENDATIONS

1. Continue the Mobile Day Hospital service in the three existing areas.
2. Extend the Service to the second area in County Kildare i.e. Maynooth.
3. Assessment of need for a similar Mobile Day Hospital service to be developed to cover the South Wicklow area.
4. The establishment of more formal lines of communication between the Mobile Day Hospital service and the Psychiatric/Psychogeriatric services in the locations to facilitate direct referral.
5. The encouragement of increased voluntary input in the North County Dublin areas by the appropriate community care personnel.
6. An immediate review of the procedures and methodology of acquiring physiotherapy/occupational therapy aids for patients attending the Mobile Day Hospital, to ensure that a second assessment of need is not required.

Aileen McNicholas
General Hospital Care Programme.

May, 1993

ATTENDANCE

	CARBURY			SWORDS			BALBRIGGAN		
	New Pts	Returns	TOTAL	New Pts	Returns	TOTAL	New Pts	Returns	TOTAL
1988	50	266	316	27	112	139	-	-	-
1989	46	407	453	22	279	301	60	279	339
1990	32	419	451	27	401	428	34	390	424
1991	25	527	552	43	592	635	29	450	479
1992	39	690	728	38	702	740	28	508	536
TOTAL	192	2,309	2,500	157	2,086	2,243	151	1,627	1,778

APPENDIX I

AGE BREAKDOWN

APPENDIX II

	65- 69			70-74			75-79			80-84			85-89			90-94			95+		
	C*	S*	B*	C	S	B	C	S	B	C	S	B	C	S	B	C	S	B			
88	7	1	-	9	3	-	14	5	-	15	12	-	5	4	-	-	2	-	-		
89	7	2	5	12	3	12	15	9	21	6	4	13	4	2	6	2	2	3	-		
90	3	-	1	5	6	7	9	8	11	10	7	7	4	3	5	1	2	2	1		
91	-	2	3	4	10	2	5	8	5	9	19	10	3	2	7	2	1	2	1		
92	3	3	3	3	14	9	13	6	6	13	10	8	3	5	2	-	3	1	-		
TOTAL	40			99			135			143			55			23			5		

* C Carbury
 S Swords
 B Balbriggan

CHIROPODY
(NUMBER OF VISITS PER PATIENT)

	1988			1989			1990			1991			1992		
	C*	S*	B*	C	S	B	C	S	B	C	S	B	C	S	B
1 visit	27	10	-	29	16	25	19	21	19	21	25	16	11	13	11
2 "	3	3	-	4	2	16	5	6	7	9	10	8	5	9	9
3 "	3	1	-	2	2	12	3	4	7	-	6	5	4	4	7
4 "	-	-	-	3	2	8	5	1	8	3	1	4	5	3	12
5 "	1	-	-	3	-	4	1	2	7	3	5	7	2	4	9
6 "	-	-	-	1	3	-	3	2	4	3	3	9	2	6	5
7 "	-	-	-	1	-	-	2	1	4	-	-	5	3	1	7
8 "	-	-	-	1	-	1	-	1	3	3	1	3	1	2	1
9 "	-	-	-	-	1	-	-	1	3	-	1	1	1	-	2
10 & over	-	-	-	2	-	-	1	-	-	-	1	-	2	1	-

* C Carbury
S Swords
B Balbriggan

**Review of patients attending the Mobile Day Hospital
during a 6 month period.**

Introduction

To date a total of 500 patients have attended the Mobile Day Hospital for assessment. A six month period was chosen to give an overview of the type of patients encountered and the diagnoses made.

A total of 66 patients were referred for the first time for assessment, of these 12 are still attending the Mobile Day Hospital on an intermittent basis - some only for chiropody. 61 patients were eventually referred back to the care of their General Practitioner with 5 patients being admitted to long-term geriatric care, of these 3 are known to have since died.

Each patient had a multiplicity of problems and in 44 patients a new diagnosis was added to their list.

In 34 (51%) patients a diagnosis of decreased mobility was made prior to referral.

At assessment, each patient, with the aid of their General Practitioner's referral letter, had history and physical examination, physiotherapy and occupational therapy assessments, full blood screen and E.C.G. performed. There are no x-ray facilities available on the unit.

Summary:

A brief analysis of six months of new attendances at the Mobile Day Hospital was carried out. This confirms the multiple pathology that exists in many elderly patients and also demonstrates that much of it has been previously unidentified. This is relevant to the treatment and future management plan for each patient.

The problems of mobility identified demonstrate the need for the para-medical input of the Physiotherapist and Occupational Therapist, also the Community Physiotherapist and Occupational Therapist, and especially of the patient's carers and relatives.

The following tables illustrate the activity levels for the six month period for both attendances and diagnoses made:-

TABLE 1

Number of new referrals:	66
Balbriggan	23
Carbury	27
Swords	16

TABLE 2

Age Range:	65 - 94 years		
Age Breakdown	65- 69 years	-	4
	70 - 74	-	12
	75 - 79	-	20
	80 - 84	-	13
	85 - 89	-	7
	90 - 94	-	5
	Unknown	-	5

TABLE 4

Hospital referral		25 patients
Types of referral:		
Respite Admission	=	5 patients.
Long-stay	=	5 patients
Psychiatric	=	3 patients
Further Assessment	=	12 patients (8 General Hospital) (4 Geriatric Services)
Radiology Referral	=	4 patients
Change in Medication	=	18 patients

TABLE 5

No. of patients referred back to G.P.	=	12
No. still attending the Mobile Day Hospital	=	12
Known number of deaths:	=	12

TABLE 6

NEW DIAGNOSIS	
Hypocalcaemia (probably dietary)	14
Folate (measured as RCF)	9
Anaemia (Hb < 10gm%)	7
Chronic Renal Failure	6
↓ B12 (i.e. Low Vitamin B12)	5
Hypothyroidism (T4 and TSH)	5
U.T.I.'s (on 1st visit)	4
Previously undiagnosed hypertension	3
Depression requiring medication	3
Psychosis-requiring psychiatric referral	2
Chronic Nutritional Deficiency (requiring Hospitalization)	2
Dementia (previously unrecognised)	2
Hypothyroidism	1
T.I.A.'s	1
Motor Neurone Disease	1
↑ E.S.R. (i.e. Raised E.S.R. of unknown anthology)	1
Postural Hypertension	1
Maturity Onset Diabetes Mellitus	1
Alcoholic Liver Disease	1
Bronchogenic Carcinoma with liver mets.	1
Acute M.I. with rapid atrial fibrillation	1
P.V.C.'s with run of V. Tachy	1
Severe Onychogryphosis	1
Number of patients with 2 or more newly diagnosed conditions co-existing	26

TABLE 7

Decreased Mobility	=	34 patients
Causes:	-	C.V.A.
	-	Parkinson's Disease
	-	Osteoarthritis
	-	Respiratory/Cardiovascular Disease
	-	Confusion
> 1 Cause identified in all (34) patients		