Day Hospital Audit May 2005

Introduction:

This is a local day hospital serving a large borough. Patient transport is provided. The Day Hospital provides assessment, treatment and rehabilitation for patients >65 years with dementia and/or functional illness and opens six days per week. Referrals are accepted from the community mental health team (following single assessment process), the psychiatric outpatient department, psychiatric inpatient units and less commonly from medical wards following liaison referral.

The Day Hospital is staffed by a complement of five mental health-trained staff nurses, two support workers, one occupational therapist and a senior nurse manager. There is daily input from an SHO in psychiatry under consultant supervision; consultant reviews and CPA meetings occur on three days per week. The Saturday service for organic patients receives consultant input. Reception is staffed and clerical input provided, by a full-time admin worker, and a secretary.

Rationale For Audit:

Admissions to the Day Hospital comprise of an initial assessment period, ongoing treatment and finally a pre-discharge phase. Assessment typically lasts eight weeks whilst the duration of ongoing treatment is more variable. Regular CPA meetings and reviews of progress take place throughout the course of an admission.

The day hospital is staffed by an enthusiastic team. Patients and their carers tend to be highly appreciative of the care they receive. Problems are often encountered around discharge planning. A seamless transition from day hospital care to daycentre, home care or therapies is generally preferable but waiting lists for these services can delay discharge. Post-discharge groups run at the Day Hospital mitigate against this difficulty for some functional patients. The day hospital is, however, occasionally unable to take on new cases for assessment and treatment, due to lack of capacity. This audit was undertaken to establish whether lengths of admission are comparable with national standards. The possibility that delayed discharges might reduce capacity has been suggested.

Standards For Comparison:

The Royal College of Psychiatrists’ Old Age Psychiatry Day Hospital Survey (2001) identified 440 functioning units across the UK. 76% of these units operated a mixed service for organic and functional patients. The mean number of sessions offered per day hospital was 8 (organic patients) and 5 (functional patients). Evidence was found to suggest that day hospital services could become ‘silted up’ with patients who would be better provided for by social care and further investigation was called for. The survey found that on average more than 33% of patients attended for more than one year whilst only 40% attended for less than 6 months.

Variation in the purpose and design of day hospitals was highlighted in addition to the lack of audit and research in this area.
A national report produced by the Audit Commission in 2000 noted that whilst day hospitals were better used for time-limited treatment and assessment, average length of patient attendance was more than 8 years in some centres. A retrospective study of patients with dementia attending an old age psychiatric day hospital (Woods and Phanjoo 1991) identified high rates of unplanned discharges (45%) and discharge into 24-hour care.

No ‘gold standard’ for admission lengths was identified. It was felt however, that the Day Hospitals’ admission data could usefully be benchmarked against the figures from the Day Hospital Survey and Audit Commission report.

**Method:**

A manual record of discharge dates was used to identify all patients discharged from the day hospital between 1st January and 31st December 2004. It was then possible in most cases to ascertain a diagnosis and admission date from discharge summaries stored electronically. Separate paper records were referred to where information was incomplete or missing. Hence, length of admission was calculated retrospectively from the date of discharge; this was in recognition of the fact that some admissions span a number of years, complicating prospective study.

Admissions to inpatient care, deaths, and cases where the patient only attended once were all identified.

**Results:**

178 patients discharged during 2004 were identified. Of these, 93 had an organic or mixed diagnosis and 85 had a functional diagnosis. Elements of data were initially missing on 31 patients.

There were 8 deaths during 2004: incomplete data x 6, dementia x 1, 34 weeks into admission.
Nine patients attended once only
- schizophrenia x 1
- bipolar affective disorder x 1
- depression x 4
- dementia x 1
- not recorded x 2

Three patients were admitted to inpatient psychiatric care during 2004; each was suffering from depression
- 31 weeks x 1
- 14 weeks x 1
- 4 weeks x 1

There were 15 instances of length of admission not being recorded or recorded as 0 weeks
- Organic x 3
  - one patient died during admission
  - two patients attended once only
- Functional x 12
  - seven attended once only
  - 5 patients died during admission

Admission lengths for patients who died during admission or attended only once were not included in the calculations. The lengths of admission for the patients subsequently transferred to inpatient units were included.

**Admission Length**

**Organic**
- Total days attended = 19754
- Total weeks attended = 2790 weeks

Mean admission length:

\[
\frac{(2790 - \text{weeks of admission for missing data cases})}{93-(\text{no data x 3 + death x 1})}
\]

= 2756/89

Mean admission length = 30 weeks for organic patients

Median admission length = 23 weeks

**Functional**
- Total days attended = 16670
- Total weeks attended = 2363

Mean admission length:

\[
\frac{(2363-37 \text{ weeks of admission for missing data cases})}{85-(12 \text{ insufficient data and death x 1})}
\]

Mean length of admission = 32 weeks

Median admission length = 23 weeks
Proportion of patients with admission length > 1 year

- Organic: 14/90 = 15.5%
- Functional: 11/73 = 15.0%
- Total: 25/163 = 15.3%

Proportion of patients with admission length < 6 months

- Organic: 50/90 = 55.5%
- Functional: 37/73 = 50.7%
- Total: 87/163 = 53.4%

Conclusions:

1. The retrieval of patient information from the records system at the Day Hospital was complicated. It was necessary to refer to more than one paper record source in addition to computer databases, to ascertain the required information. A new patient information system has been introduced which will hopefully facilitate further study of admission data.

2. Considering discharges during 2004, the longest admission lasted 892 days, i.e. 2.44 years, in a patient with depression. This was very much greater than the average length of an admission and did not approach the average 8 years seen in some centres as reported by the Audit Commission (2000).

3. Mean admission length did not differ drastically between patients with organic and functional illnesses, at 30 and 32 weeks respectively. Median lengths of admission were similar for both groups at 24 and 23 weeks, suggesting ‘outliers’ with long admission lengths in both groups, increasing the mean values.

4. The Day Hospitals Survey (2001) found that > 33% of patients attended for > 1 year. In this sample for the Day Hospital, the figure was only 15.3%. The sampling method employed could theoretically miss prolonged admissions for patients not discharged during 2004. Discussion with nursing staff identified few such patients. Improved patient information systems might allow an alternate sampling method to capture all of these cases however the numbers would be small.

5. The Day Hospitals Survey found similarly that < 40% of patients attended for < 6 months. The combined functional and organic figure for the Day Hospital is 53.4%.

Summary:

The sample considered would appear to compare favourably with the national figures described; more cases are discharged within 6 months and less admissions last for more than one year. However, it is far from clear whether admission length is a valid proxy measure for successful treatment.
In the absence of a gold standard for comparison, it would appear on the strength of this information that the Day Hospital functions well in avoiding becoming ‘silted up’.

A further study in more detail is recommended. The frequency of non-attendances during the admission period, in addition to the frequency of CPA and general reviews might be explored in relation to admission length.

This study relied heavily upon the input of the Day Hospital administrative worker, for tracing and explanation of data where missing.

**Code: 15**

If you would like more information we can put you in touch with the service. Please contact the Network Coordinator and quote the ‘Code’ at the bottom of the service description:

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