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District paediatric day care*

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Although there have been several recent papers published on the results of day case surgery in children, little has been written on hospital-based day care for medical problems; in spite of this lack of information we believe many paediatric units provide this service. This paper describes our attempts to organize medical day cases on a general paediatric ward, and analyses some problems encountered. It is written in the hope that it will stimulate others to report their experience in this field.

Experience in Canada (H.T.D.)

The need for alternative hospital care facilities for children in British Columbia was studied in 1967 (Robinson *et al.*, 1969). For two-thirds of the children standard inpatient care was still appropriate, but 30% were thought suitable for day care with a surgical to medical ratio of 3:1. One-half of the children qualifying for day care were of preschool age. Parents of inpatients who seemed suitable for day care were asked if they would choose that method when it was available. 45% thought it a preferable form of care, but many parents had doubts about safety and their ability to cope.

The surgical patients were further investigated. A study nurse was employed and 116 control-experimental pairs of children were matched for type of operation, age, sex, and socioeconomic and educational class (Davenport, Shah, and Robinson, 1971; Shah *et al.*, 1972). The complication rate of those discharged on the day of operation was compared with that of children remaining in hospital. Complications were similar, being few and mild in both groups. Pain and cough were recorded more often at home and unhappiness more often in hospital. 78% of parents involved in home care preferred it and 75% of the remainder would have been satisfied if only one night had been spent in hospital. The majority of parents neither envisaged nor experienced difficulty in arranging home care. The routine home visit by a nurse involved mainly reassurance, and when discontinued was not considered essential by parents.

Experience elsewhere

We have looked at a number of centres (including Southend where children are included within an adult day care unit) and their workloads are summarized in Table I. Three surgical units in children's hospitals have recently published their results. (Lawrie, 1964; Atwell *et al.*, 1973; Corkery, 1974). We have read no reports of paediatric medical day care in district hospitals, though information has been published on child psychiatric day care (Bentovim, 1973; Bentovim and Lansdown, 1973).

Experience on the children's ward at Northwick Park

This hospital has a 29-bed children's ward which admits both surgical and medical cases. Shortly after the ward opened attempts were made to interview the parents of all children admitted during a 5-week period and assess whether admission on a daytime basis was either feasible or desirable. The parents of 83 children were seen and asked to complete a questionnaire (Table II). The parents of 33 children who were admitted for less than 48 hours were not interviewed. The findings indicated that a high proportion of the patients at that time came from privileged families. 52 of the 83 families owned or were buying their own home and 59 were in social classes I-III. The majority had easy access to a private telephone and a high proportion could provide transport for their children

*In the 'Personal practice' series of articles authors are invited to give their own views on some current practical problem.

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TABLE I

Hospitals visited providing day care facilities

Place	Evelina hospital, London (Mr. R. Lawrie)	Booth Hall, Manchester (Prof. A. Holzel)	The Hospital for Sick Children, London (several surgeons)	The Hospital for Sick Children, London (Dr. E. Brett)	The Hospital for Sick Children, London (Dr. A. Bentovim)
Type	Surgery	Medical	Surgery	Physical handicap, especially cerebral palsy	Psychiatric
Where	14 bedded ward next to theatre	5 rooms adapted from ward	Specific area next to theatre	Paul Sandiford Centre specifically designed	Specially designed centre
Selection	Neonatal and major surgery excluded	No selection	Varies	–	Under 5 yr
Transport provided	Nil	Only for cystic fibrosis	Varies	38 have hospital transport (considerable problems!)	?
No. of day patients per year	400	1000	400 (general 35%) (ENT 25%)	82 children attending	150 patients attended in 3 years
Nursing staff	1 sister, 4 nurses (during operating sessions)	2 sisters, 2 part-time nurses	1 state registered nurse, 2 state enrolled nurses, 1 auxiliary	Nil	Nil

TABLE II

Feasibility study for day care, Northwick Park Hospital (n = 83)

Child could be brought to hospital before 10.00 a.m.	73
Child could be collected before 7.00 p.m.	76
Live within 2 miles	54
Car easily available	37
Telephone at home	64
Nearby relative or friend to help	69
'I would *prefer* my child to stay with me at night rather in hospital'	46 agree
'It would be *safer* if the hospital could care for my child at night during the illness'	58 agree

TABLE III

Day cases, Northwick Park Hospital, 11 July 1973-11 January 1974; procedures carried out

Diagnostic procedures	141
Medical or surgical procedures	21
Multidisciplinary assessment	8
Informal outpatients	16
Total	186

to and from the hospital. While it appeared that daytime care was acceptable to a large number of the parents, many families, like those in Canada, had mixed feelings about its safety. The medical staff considered that about half the medical cases admitted during this period could have been managed safely as day cases.

Following this feasibility study, we further studied 190 day patients dealt with during the 6-month period, July 1973 to January 1974—an average of 3 patients daily since none were seen on Monday or Friday. Procedures carried out are shown in Table III. Many of these might have been carried out in the clinic at the time of the patient's first attendance. However, the day care system was used instead in two circumstances. In a busy clinic collection of a series of midstream urine specimens from an individual patient tended to be accomplished in a less sterile fashion than on the ward. Secondly, in small infants, multiple investigations, including venepuncture might take up considerable medical and nursing time, while mother and child tended to spend a frustrating and exhausting period waiting on hard benches in various parts of the building. Dealing with such patients as day cases resulted in a greater number of patients being seen at each clinic, thus helping to reduce the waiting list and to permit a longer consultation time. The benefit to the children was that investigations could be performed in a benign environment with facilities for refreshments and opportunity for play. Asthmatic patients attended for venepuncture, skin tests, lung function tests, *x*-ray, demonstration of physiotherapy, and instruction in the use of aerosol inhalers or Spinhaler (Fisons). 28 infants attending for micturating cystography, intravenous pyelogram, or barium studies were admitted for premedication and could be based in the relative comfort of the ward in the event of delay. 3 patients with leukaemia attended for intravenous and intrathecal therapy, in some cases

under general anaesthesia. 8 patients were admitted on 2 or more consecutive days for assessment by our physiotherapist, occupational therapist, speech therapist, play leader, paediatrician, and others. For 17 patients a day visit replaced an outpatient attendance, usually because the complexity of the problem or the inevitable presence of numerous sibs made management as a clinic patient very difficult.

Initial experience uncovered numerous problems which could be resolved only by appointing one member of the medical staff who was responsible administratively. The hospital's routine admission letter proved to be inappropriate and inflexible; some parents thought the child was to be admitted as an inpatient, and the booking letter sometimes failed to arrive until after the admission date. Eventually a standard explanatory leaflet was prepared and sent to the parents or the mother was personally telephoned. It proved to be particularly important to explain that there might be long waiting periods between procedures when the house physician had other commitments. It was not practicable for a member of the secretarial staff to adminster the system since, in order to avoid frustrating delays, an intimate knowledge of the working day of the house officers and experience of the time taken to perform tests was necessary.

A calendar of prospective admissions was kept on the ward at all times enabling the ward sister to strike out days on which nursing personnel would be in short supply or days other events would have to take precedence. A recurring problem was the difficulty in obtaining meals for sibs when they accompanied the patient and the required procedures had not been completed before lunch. Hospital Voluntary Services were mobilized at times to provide transport and interpreters.

Data retrieval required special attention; reports of pathological investigations tended to be delivered some days after the patient's notes had been returned for filing. Because the house officers felt less committed to day cases than to inpatients, successful retrieval of results could only be guaranteed by placing this responsibility in the hands of the administrative doctor, who was at that time the senior registrar.

Day care area at Northwick Park

A 4-bed self-contained room and adjacent play room within a general day care unit was designated for children and superceded the ward facility in August 1974 (Fig. 1). Nursing staff with paediatric training have been recruited to care for both medical and surgical problems. The unit is next to the paediatric outpatient suite and Accident and Emergency Department, which ensures availability of paediatric medical staff. Selection for day care surgery is assisted by a Health Visitor's report and a questionnaire completed by parents. Members of the day care working group, chaired by a consultant anaesthetist (H.T.D.), represent community nurses, health visitors, and general practitioners.

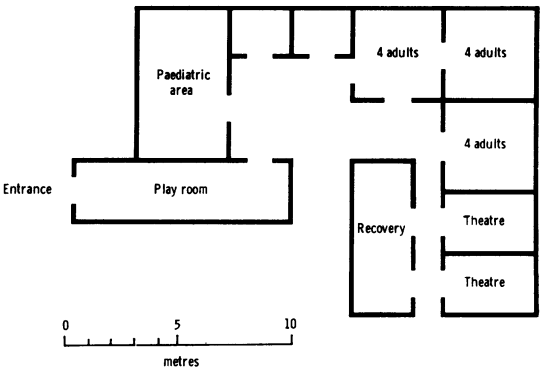

FIG. 1.—*Day care unit, Northwick Park Hospital.*

There has been no difficulty in recruiting nursing staff both for the operating theatre and clinical areas, which is in marked constrast to that for the remainder of the hospital. The unit is open from 0800 to 2000 hours and nurses work in the morning or afternoon to fit in with family commitments. A paediatric senior house officer spends a 13-week rotation attached to the unit, and is currently administratively as well as clinically responsible; he has other duties largely confined to the Accident and Emergency Department. Since the establishment of this unit, the number of paediatric medical cases dealt with has increased to about 800 annually.

Day care in the spectrum of need

Home care must be seen as the ideal form of management for most sick children. To support this there is need for greater emphasis on good communication between general practitioners and paediatricians. Some of the established methods which are helping to implement this primary goal are easy laboratory access, domiciliary visiting, attendance of paediatricians at health centres, frequent outpatient clinics with short waiting lists and 'open-house' attitudes to GPs, and intensive bidirectional educational contacts between GPs and hospital-based doctors.

Day care, with removal from home limited to

hours and almost certain continuous presence of the mother, is the next least disturbing method of care. The criteria for inpatient admission must be continuously examined, this type of care being reserved for patients who need highly specialized nursing or medical attention or for whom removal from home is essential for their physical safety. Adverse social conditions may well lower the threshold for admission, but more thought should be given to alternative caretaking arrangements such as temporary resident housemothers and self-help community organizations. If admission is inevitable, the length of stay should be minimal and there should be adequate facilities for resident mother or father and occasionally for sibs. Open visiting, accepted as unquestionably as a child's need for food, must be implemented with attention to such difficulties as provision of transport, meals, and play facilities for sibs. Provision of a resident fostermother (Robertson and Robertson, 1973) may be helpful for selected children whose mothers cannot be resident. Many problems are involved in this innovation which need to be studied further, but we have successfully implemented this on a number of occasions.

The mentally or physically handicapped child needs special consideration. Facilities, preferably within or adjacent to a children's ward, for comprehensive assessment and treatment should be available. Many members of hospital and local authority services should be involved. Integration within a ward nursery or hospital crèche allowing assessment over a number of days or weeks has proven to be valuable in the care of such children. A toy library with a domiciliary service can be usefully centred in the assessment clinic area.

Nonaccidental injury to children, a manifestation of the severest form of socially handicapped family, is a frequent reason for hospital admission. It is our intention to provide a 'therapeutic nursery' based on NSPCC experience at Denver House (Castle and Kerr, 1972), within the confines of the hospital (Fig. 2). Though hospital based, it will be staffed by the local authority Social Services Department and will aim to provide the intensive support such families need. It is hoped that the nursery will become the focus of the community's care and understanding of nonaccidental injury to children. The overall aim is that hospital facilities must be constantly re-examined and adapted to meet local needs. This may impose potential stresses on all members of the staff and therefore a regular discussion group is essential, if only fully to convince staff of the complex physical and emotional needs of children; ancillary and paramedical workers must be included and an attitude of enthusiasm, flexibility, and participation firmly established.

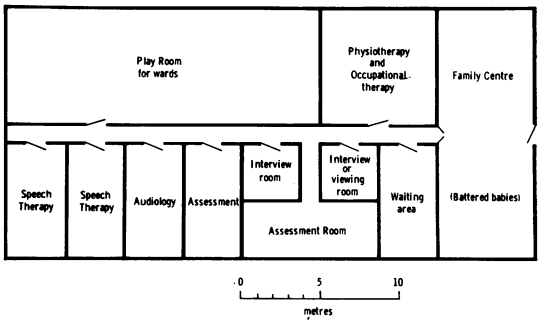

FIG. 2.—*Handicapped children's area, Northwick Park Hospital.*

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