Geriatric Day Hospital – the Geneva Experience

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It is gratifying to be here in Frankfurt with the opportunity to address this conference of the “first generation”. Let me briefly explain what I mean by this term. Many of us played a role in founding and establishing of day hospitals in our particular countries. As with many inchoate concepts, that of the day hospital was greeted with skepticism and resistance and our initial efforts took on the quality of a struggle. We had to convince, cajole, and exhort. It behoved us to win over the administration, our colleagues, the insurance companies and the patients. That incipient phase – when we often quoted Brocklehurst in many languages, about the manifold advantages of this “hospital without beds” to the patient, his family and society at large – has now passed. But other challenges remain. We, the first generation, have the conviction, the enthusiasm and the ardour of the pioneer. But we must always take great pains not to develop the myopia and inflexible rigidity of the idealist. We come to Frankfurt filled with great expectations; and we hope that the dialogue and exchange of our respective experiences over the next two days will stimulate us to not only examine our assumptions and to scrutinize our endeavours, but will also serve to rekindle our commitment.

The Geriatric Institution of Geneva was established in 1965 under the direction of Professor Jean-Pierre Junod. Initially it consisted of an ambulatory care department. In 1971 an inpatient hospital was started and, in 1972, the day hospital was created. Under the auspices of Professor Junod, the staff of the Geriatric Institution of Geneva strove to fashion it into a comprehensive, multi-disciplinary centre. The goal has been to facilitate community access, to deliver maximal services, and to meet the inextricably intertwined somatic, psychological and social needs of the aged patient population. One important facet has been the establishment of joint psychiatric-medical wards, where psychiatrists and internists share in the responsibility for patient management; their complementary skills and interests synergistically act to enhance care. Another feature is the close communication and continuity that has been worked out between the inpatient and ambulatory departments and the day hospital.

The day hospital began modestly in a room of the Geriatric Hospital that was designed as a waiting room for patients. The first group of patients was comprised of those who had recently been discharged from the inpatient facility but who still required ongoing treatment, and those who were being progressively weaned from the hospital. Its function was, thus, primarily to shorten the length of inpatient stay. With the passage of time, a second group of patients began arriving. They were referred by the ambulatory department for a more thorough and complete checkup or to have a complexity unravelled by utilizing the infrastructure of the hospital. Hence, the second function of the day hospital came into being: as a “rapid diagnostic service”. Presently this entails a complete physical and psychosocial examination, with
special consultations if needed, within a several day period. The evaluation includes assessments of behaviour, attitude, and self-sufficiency, all important parameters, as we know, of treatment and eventual disposition.

A third use of the day hospital has emerged, as more and more general practitioners are referring patients for out of hospital rehabilitation. This allows the patient to remain in his home, with his family and reap the advantages inherent therein; but concomitantly it relieves the family of a portion of the heavy burden of caring for a convalescing member.

As the population of the day hospital increased, its quarters become too small. But luck was with us. Located in the vicinity of the Geriatric Hospital was an apartment building which provided sheltered housing for the aged. The day hospital was able to gain use of the top floor. So, on weekdays until 4.00 p.m. this floor is used by day hospital patients. At the end of the day and on weekends, it reverts to use by the building’s tenants for leisure activities.

We have managed to apportion this area into a sitting room, a large kitchen, an OT workshop, a small physiotherapy room, several offices for the staff, and a terrace with a view of the Mont-Blanc when the day is clear... In addition, the day hospital has three rooms in the Geriatric Hospital and, of course, thus access to the full range of hospital services such as laboratories, X-ray, etc.

To obtain a better understanding of the day hospital, we must now consider several questions: What population does it serve? What constitutes the daily routine? How effective has it been in attaining the aforementioned ideals? I will try to answer the first two questions by describing a typical day and by presenting data from a week in the life of the day hospital.

At 7.30 a.m., three buses of the Geriatric Hospital transport service pick up the patients. One staff member is always assigned to each bus. We consider this very important; for not only does the staff member assist certain patients to attend to immediate concerns such as morning grooming, or making certain the stove is turned off, but he is also able to learn more about a patient's home environment through direct observation and by speaking to family members and neighbours. This intimate knowledge is then, of course, invaluable in deciding therapeutic strategies. All staff members, including physicians, participate on a rotating basis in accompanying the bus.

Therapy starts in the bus. The patients are encouraged to interact with one another. Those from the same neighbourhood are introduced and helped to get acquainted with one another, with the idea that perhaps they can continue to socialize outside the day hospital.

When the bus arrives, the patients are divided into two groups. Those requiring a diagnostic work-up with X-rays, lab. tests, or specialized therapeutic intervention – as say, functional occupational therapy, hydrotherapy, etc. – go to the day hospital quarters in the main Geriatric Hospital edifice. Their day is then structured around whatever particular tests or therapeutic manoeuvres they may have scheduled.

The much larger group of patients goes to our “therapeutic milieu”, located in the previously described apartment building. Here the range of therapies employed span the gamut: individual, group, psychotherapy, relaxation, speech, occupational and physical therapy, and so on. Staff members assist the patient with his activities of daily living but constantly encourage him to achieve greater independence and initiative.