

The Beginnings of Zammit Clapp Hospital :

The Out-Patient Service

Since before its renovation and re-opening, Zammit Clapp Hospital has been a focus of attention and a topic for discussion. One of the main issues was what the function/services of the hospital would be.

Zammit Clapp Hospital is the first specialised hospital for the elderly catering for patients between the ages of 60 years and over. It provides an in-patient and out-patient service, presently hosting 60 in-patients and an average of 35 out-patients per day.

Cynthia Scerri, O.T. in charge
Zammit Clapp Hospital
Edward Cassar Delia, O.T.

Day Hospital/Outpatient Management

Day Hospital

The role of the Day Hospital differs from that of the out-patient service in that it caters for persons who will need to spend the whole morning at the hospital rather than just an hour or so. These include patients who will require the assessment and treatment of the whole caring team, whose family can benefit from respite care or patients who are living alone. They receive either individual or specialized group treatment.

The patients arrive at around 9.00am. and return home in the afternoon. A transport system and meal service is available for those patients which the management feels will require it. Mass is also celebrated at 11.00am. and some activities are prepared by the 'activity organiser' for those patients who need social interaction and stimulation.

The Day Hospital patients attend from Monday to Friday. The Day Hospital will need to have specialized team and location separate from the out-patients section to be more functional than the present.

Out-Patient Service

The out-patients are persons who have been referred by consultants /

general practitioners from their own homes, clinics, residential homes or are follow ups from our own wards. They come from areas all over the island. (Table 1)

The patients receive an appointment to attend at the Wednesday Clinic where they are assessed by the Geriatric Consultant or other doctors who in turn refer them to the other members of the Multi-disciplinary team (which include the nurses, physiotherapist, Occupational Therapist, Social Workers, Speech Therapists, Podologists, Radiographers, Pharmacists, Dieticians or dentists). Following the clinic, the team then meets to discuss the new patients and the follow-ups. Frequency of attendance, need for home visits, community care-services and discharge of the patient is also decided in these meetings.

Occupational Therapy Services

The O.T. out-patient department is run by two full-time Occupational Therapist who are assisted by a part-timer and one O.T. Aide. The O.T.s carry out the assessments, identify the problems, establish the aims and goals and actualise the treatment.

The home visits are carried out by the O.T., P.T., S.W., and occasionally the Community Liaison Nurse. The role of the O.T. Aide is to carry out the ADL follow-ups (feeding, dressing, toileting and domestic skills) supervise some activities, prepare the materials required for group-therapy sessions, help with filing and other chores in the department (eg. transferring of patients, clearing-up, answering phone calls etc.)

TABLE 1

ADMISSIONS BY HOME AREA
01.01.93 - 31.05.93

Locality	No. of Patients	Locality	No. of Patients	Locality	No. of Patients
Sliema	53	Gzira	9	Qrendi	3
B'Kara	24	Mellieha	8	G'Mangia	3
St. Julian's	22	Marsa	7	M'Xlokk	2
Valletta	20	Rabat	7	Fgura	2
Hamrun	16	Siggiewi	5	Kappara	2
Paola	13	Zabbar	5	St. Lucia	2
Zebbug	12	San Gwann	4	Naxxar	2
Mosta	11	Zejtun	4	Lija	2
Balzan	10	Floriana	4	Vittoriosa	2
Qormi	9	Msida	4	Other	20

The majority of patients that are treated in O.T. included: strokes, Parkinsons disease, mobility problems, problems in personal care/ADL's, psychosocial problems, dementia, problems in the home etc.

Every Thursday the O.T. and the students have a specialised group Therapy session which caters for patients suffering from dementia, disorientation and confusional states. These are patients who require a closed group system with a very structured and simplified plan. It

varies from class oriented R.O. to reminiscence, music, art, memory games, multi-sensory stimulation, hygiene and self care, communication and social skills training, role play, physical/breathing exercises etc.

Statistical Presentations

Table 2 shows a statistical representation of the number of patients attending as out-patients in the various departments since the opening in September of 1991 and up to May 1993. The attendances have increased remarkably and there is a continual demand for further assessment and follow up treatments.

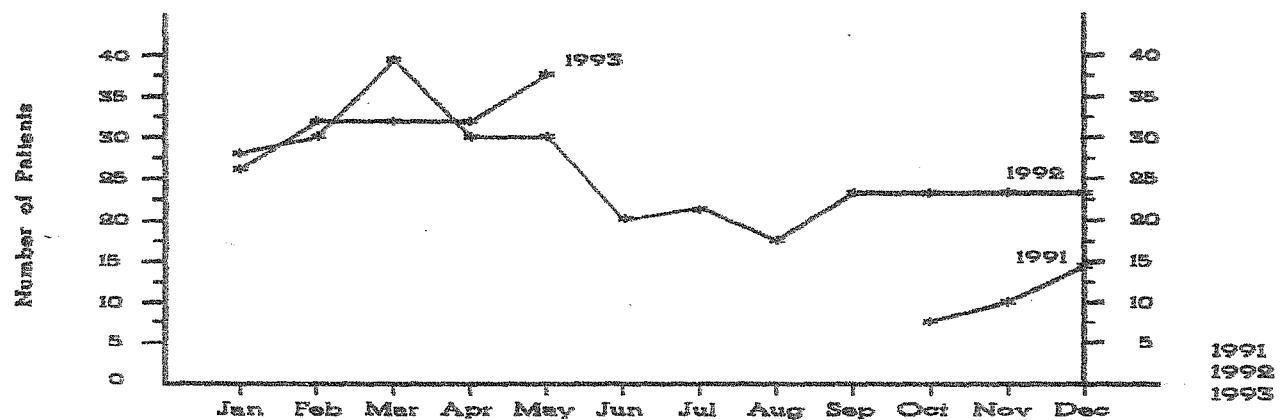
TABLE 2

DAY HOSPITAL ATTENDANCES

Month	New Pts. Referred	Tot. No. of Attending Per Month	Tot. Attend- ances Per Month	Average Daily Att- endance	Range
	Community Wards Res.				
1991:					
Oct	10 0 10	10	31	3	(1-5)
Nov	22 0 22	31	90	7	(4-10)
Dec	16 5 21	54	108	10	(1-15)
1992:					
Jan	19 5 24	50	139	10	(1-16)
Feb	17 6 25	48	150	14	(8-19)
March	22 1 25	55	179	11	(1-18)
April	28 10 38	67	188	13	(5-22)
May	25 14 39	69	222	14	(4-23)
June	23 7 30	65	213	11	(2-19)
July	29 11 40	61	247	11	(4-19)
Aug	26 8 34	78	261	12	(5-19)
Sept	32 6 38	76	252	13	(5-18)
Oct	36 7 43	85	301	14	(7-20)
Nov	39 13 52	94	303	14	(3-23)
Dec	28 11 39	102	307	15	(5-26)
1993:					
Jan	57 7 44	109	409	20	(13-30)
Feb	56 5 41	111	423	22	(11-34)
March	20 12 52	97	411	19	(13-30)
April	32 13 45	114	430	20	(14-32)
May	29 13 42	96	381	19	(13-25)
TOTAL:	526 154 660	1473	5045		

A statistical representation of the O.T. patients, treatment sessions and mean treatment sessions per patient per month, since the opening in September 1991 up to May 1993, are plotted below.

GRAPH 1



Results from Graph 1

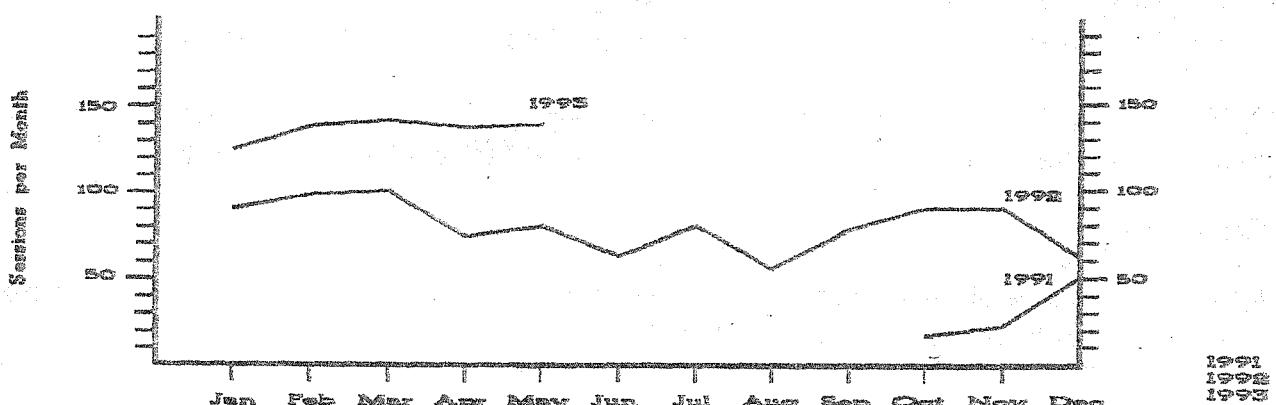
There has been a remarkable increase in the number of patients treated between September 1991 and March 1992. The decrease in the number of patients between March and August 1991 may be due to:

1. Decrease in the number of O.T. referrals.
2. Decrease in patient requirements for O.T. follow up treatment after in-patient care.

Following this decline, there was an increase and stable plateau until the end of 1992.

1993 again showed a continual increase in the number of patients attending O.T.

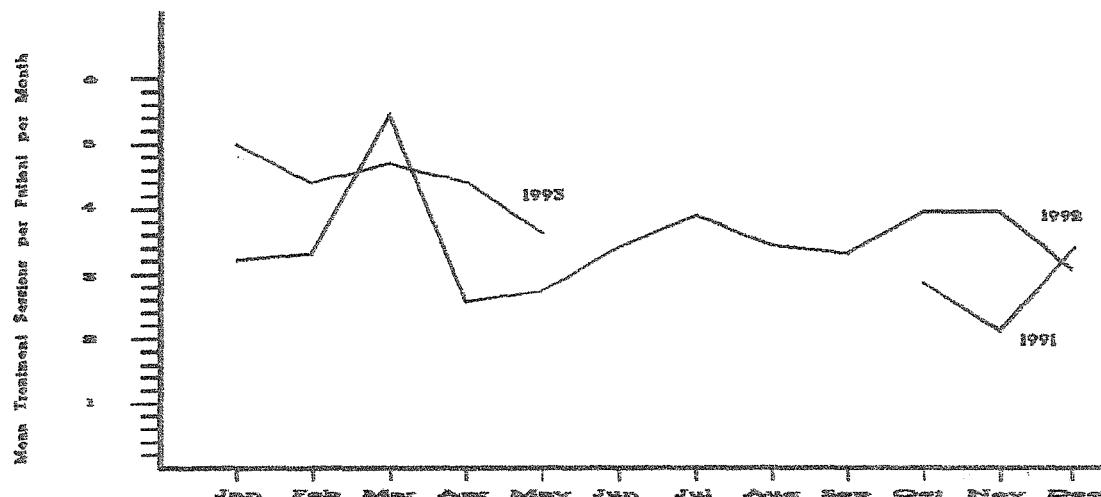
GRAPH 2



Results from Graph 2

Graph 2 shows fluctuations in each year in the number of treatment sessions per month due to difference in intensity and frequency requirements in the rehabilitation process. However, there was an increase of 50% per year reaching a maximum of approximately 150 treatment sessions in 1993.

GRAPH 3



Results from Graph 3

The graphical representation shows the mean treatment session per month per patient.

In 1991 it ranges between 2.2 - 3.5 sessions/mth/pt.

In 1992 it ranges between 2.5 - 5.5 sessions/mth/pt.

In 1993 it ranges between 3.2 - 5.0 sessions/mth/pt.

These small range values in mean treatment sessions given is due to the fact that a minimum of patients require daily input, the majority require twice a week and a substantial number require once/weekly input. Therefore, results are shifted towards a lower mean value.

Conclusion

The advantageous of the out-patient/Day Hospital services include:

1. Encouraging earlier discharge from wards.
2. Providing continuity of care after discharge.
3. Keeping the elderly at home by providing support within the community.

NOTE: A follow up study will be compiled and released in a future issue to show the continually increasing O.T. services at Zammit Clapp Hospital.

References

Reference was made to statistics compiled by Dr. A. Fiorini and O.T. monthly and annual records from September 1991 up to May 1993.