Letter to the Editor

*Introduction of a Day-Care Hospital Model: Proposals for Measures That Guarantee the Specific Needs of Rheumatology Services in the Community of Valencia (Spain)¹*

**Implantación de un modelo de hospital de día: propuesta de medidas que garanticen las necesidades específicas de los servicios de reumatología de la Comunidad Valenciana (España)**

Dear Editor:

Day hospitalization (DH) is medical or nursing medical attention for patients who require, during the same day, the application of treatments or diagnostic techniques that, without the existence of these centers, would require hospitalization. Day hospitals offer the same services available in a hospital to patients who need chronic treatment or biological therapy for rheumatic diseases, but without the need for their internment. This alternative reduces both the inherent risks of hospitalization to the patient as well as the costs of health assistance associated to treatment and hospitalization.¹

The motive of this letter is to describe a series of recommendations used to unify Rheumatology Day Hospitals of the Comunidad Valenciana. Currently, the scenario in which the Rheumatology Day Hospitals of the Comunidad Valenciana (Spain) is one of absence of legislation and rules that regulate the activities performed there or that establish a model of reference to which every hospital must adapt. This fact has generated an elevated variability between different DH in this community, analyzed by Román et al.²

A meeting of 12 rheumatologists and one nurse was organized in Valencia, representing 11 hospitals in the Comunidad Valenciana (in Alicante, Hospital Clínico de San Juan, Hospital General de Elda, Hospital General Universitario de Alicante, Hospital de

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Main Deficits in the Current Valencia Rheumatology HD Model and Proposals for Improvement.</th>
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<tr>
<td><strong>Main Deficits of the Current Model</strong></td>
<td><strong>Proposals for Improvement</strong></td>
</tr>
<tr>
<td>Unification of the Rheumatology DH with other specialties DH</td>
<td>Integration of Rheumatology in the DH management: creation of a multidisciplinary management commission or creation of monographic DH with associated specialties</td>
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<tr>
<td>Poor accessibility to the patient in some aspects:</td>
<td>Measures:</td>
</tr>
<tr>
<td>Part time schedules (only mornings)</td>
<td>Widen scheduled hours (full time) according to requirements</td>
</tr>
<tr>
<td>Little time for rheumatology</td>
<td>Increase time dedicated to rheumatic disease treatments</td>
</tr>
<tr>
<td>Scarce resources and space</td>
<td>Increase spaces dedicated to rheumatology</td>
</tr>
<tr>
<td>Scarce human resources</td>
<td>Increase in DH personnel</td>
</tr>
<tr>
<td>No complementary testing (except laboratory) at the center</td>
<td>Performance of complementary tests in the DH</td>
</tr>
<tr>
<td>No integrated visits</td>
<td>Performance of integrated visits</td>
</tr>
<tr>
<td>Delay in dispensing treatments by the pharmacist</td>
<td>Optimization of current processes and evaluation in the preparation of DH treatments</td>
</tr>
<tr>
<td>Lack of rheumatology specialized nursing</td>
<td>Specialized rheumatology nurses</td>
</tr>
<tr>
<td>Lack of rheumatology specialized burses</td>
<td>Nursing formation: offline and online courses, clinical sessions, seminars, workshops, etc.</td>
</tr>
<tr>
<td>Little health education for the patient</td>
<td>Health education (books, pamphlets, triptychs, etc.)</td>
</tr>
<tr>
<td>Lack of a contact telephone line</td>
<td>Provide contact numbers for the patient and assign a specific nurse for its attention</td>
</tr>
<tr>
<td>Scarce process protocol</td>
<td>Creation of multidisciplinary workshops for dissemination, review and updating of protocols</td>
</tr>
<tr>
<td>Few clinical sessions</td>
<td>Concrete dates (weekly or biweekly) for multidisciplinary and specific clinical sessions on biologic treatments</td>
</tr>
<tr>
<td>Lack of DH results evaluation</td>
<td>Evaluation questionnaires for DH internal processes</td>
</tr>
<tr>
<td>Lack of patient satisfaction and quality of life questionnaires</td>
<td>Elaboration of patient satisfaction and quality of life questionnaires</td>
</tr>
<tr>
<td>Little discharge information</td>
<td>Elaboration of discharge referral notes</td>
</tr>
<tr>
<td>Lack of internal communication between the personnel attending the patients in the DH and the department of rheumatology</td>
<td>Coordination of the functions of all of the personnel involved in the attention of rheumatology patients</td>
</tr>
<tr>
<td>Lack of a responsible attending rheumatologist and physician at the DH</td>
<td>Dependence on the part of the rheumatology nursing staff</td>
</tr>
<tr>
<td>Lack of medical supervision before and after treatments admin</td>
<td>Creation of the figure of attending rheumatologist and Physician</td>
</tr>
<tr>
<td></td>
<td>Before and after supervision of treatments on the part of a rheumatologist</td>
</tr>
</tbody>
</table>

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la Marina Baixa de Villajoyosa, Hospital General Universitario de Elche; in Castellón, Hospital General de Castellón, and in Valen-
cia, Hospital Infantil La Fe, Hospital Universitario La Fe, Hospital
Universitario Dr. Peset, Hospital General Universitario de Valen-
cia and the Hospital Clínico Universitario de Valencia) in order
to collect proposals for a new DH model, moderated by struc-
tured brainstorming. From these proposals and the analysis of the
current models deficiencies, a work frame for proposing recom-
mendations to improve and unify the current DH model of the
Comunidad Valenciana, as other documents or specialties recom-
mand on a national level.

There are established recommendations centered on resources
(defining needs and competences of the rheumatologist, pharma-
cist and nursing staff), procedures (such as protocols, question-
naires, schedules and DH circuits, integral attention and telephone
consultations) as well as quality-related aspects that include the
rheumatologist in the DH management process.

We recommend adapting both material and human resources,
anticipating an increase in patients receiving treatment for
rheumatic diseases. Acting protocols should be developed for all
DH processes (allowing for a better control of patients treated
in DH and a better functioning of the center), elaborate satisfac-
tion and quality of life questionnaires, improve the centers circuits,
crease patient attention hours, perform integral attention, etc. To
improve quality-related aspects and the service offered to patients,
we recommend integrating the rheumatologist in the processes of
the Day Hospital. An implantation plan for the recommendations
and the establishment of recommendations and the establishment
of indicators allow the evaluation of the improvements introduced.

The main deficiencies of the current model and proposals for
improvement are summarized in Table 1.

We believe it is relevant to consider these recommendations,
because other studies suggest the importance of evaluating the
function of the DH to plan strategies that permit the increasing use
of these centers.

Finally, this study only shows those measures for the DH of
the Comunidad Valenciana but we believe that these measures are
applicable in DH in all of Spain (with prior studies to determine the
situation of the Spanish DH and then adapt the measures proposed
in this study).

Conflict of Interest

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study.

Annex 1.

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* En el anexo se relacionan los integrantes del Grupo para el
estudio de los hospitales de día de reumatología de la Sociedad
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