

A NEW HORIZON for PHYSIOTHERAPISTS

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INTRODUCTION

The concept of Day Hospitals may be new to some people so, in explanation, I would like to quote from an article by Dr. R. Nurock, first Medical Superintendent of the Day Hospital Organisation.

Dr. Nurock wrote: "The demand for hospital health care services has, since World War II, skyrocketed with the result that all hospitals have been severely taxed in trying to cope with this demand. Unfortunately, what seems the obvious answer: more and bigger hospitals, is not altogether feasible. Firstly, the expense would be inordinately great. Then, no matter how many hospitals would be built, the supply could not keep up with the demand, i.e. assuming that there would be enough personnel to staff them. Also, it takes many years of planning before the construction of a new hospital can begin."

Dr. Nurock went on to explain how research, undertaken in 1967 by Dr. A. Henry Barzilay of the Wynberg group of hospitals, indicated that 77 per cent of patients attending a hospital's general out-patients' department had ailments which could easily be attended to by general practitioners at detached clinics (or Day Hospitals as they are now known). Dr. L. A. P. A. Munnik, M.E.C., in charge of Cape Provincial Hospital Services, launched an investigation into the possibilities of developing more comprehensive out-patient services throughout the Cape Peninsula and eventually the whole province. Potential advantages would be an easing of the heavy pressure on all the hospitals' out-patient departments, a reduction in the very heavy ambulance and other transport costs, earlier discharge of patients from general hospitals and an efficient service brought to the public on its own doorstep. "The results of this investigation did indeed confirm Dr. Munnik's views in every respect. Consequently, early in 1969, Dr. Munnik established the Day Hospitals Organisation. This consisted initially of 10 clinics belonging to the Cape Provincial Administration (and staffed by Medical Officers) . . . these were renamed 'Day Hospitals' (i.e. hospitals without beds), in order to give them a better image with the public and to distinguish them from clinics run by other authorities which dealt primarily with the prevention of disease (or treatment of diseases such as tuberculosis and venereal disease). The Day Hospitals Organisation at that stage already covered an area of 1 000 square miles."

The District Sisters' Organisation and Midwifery Services were also incorporated into the Organisation. A feature of the Day Hospitals is the use of specially trained registered nurses for certain procedures such as history taking, recording of blood pressures and temperatures, urine analysis, explanation of results of tests, etc. which decreases the work load of Medical Officers and enables them to see more patients per hour.

In a recent report entitled "The Day Hospital Concept" our present Medical Superintendent, Dr. John Smith, stated that the main object of the Day Hospitals' Organisation is to provide primary medical care. He feels that with purpose-built premises and the necessary equipment, maximum medical care can be provided at minimum cost. Thus the modern idea of the "health team" consisting of medical, nursing and paramedical personnel is implemented in the Organisation.



Dr. Abduruman Day Hospital, opened in Athlone on 2.10.72.

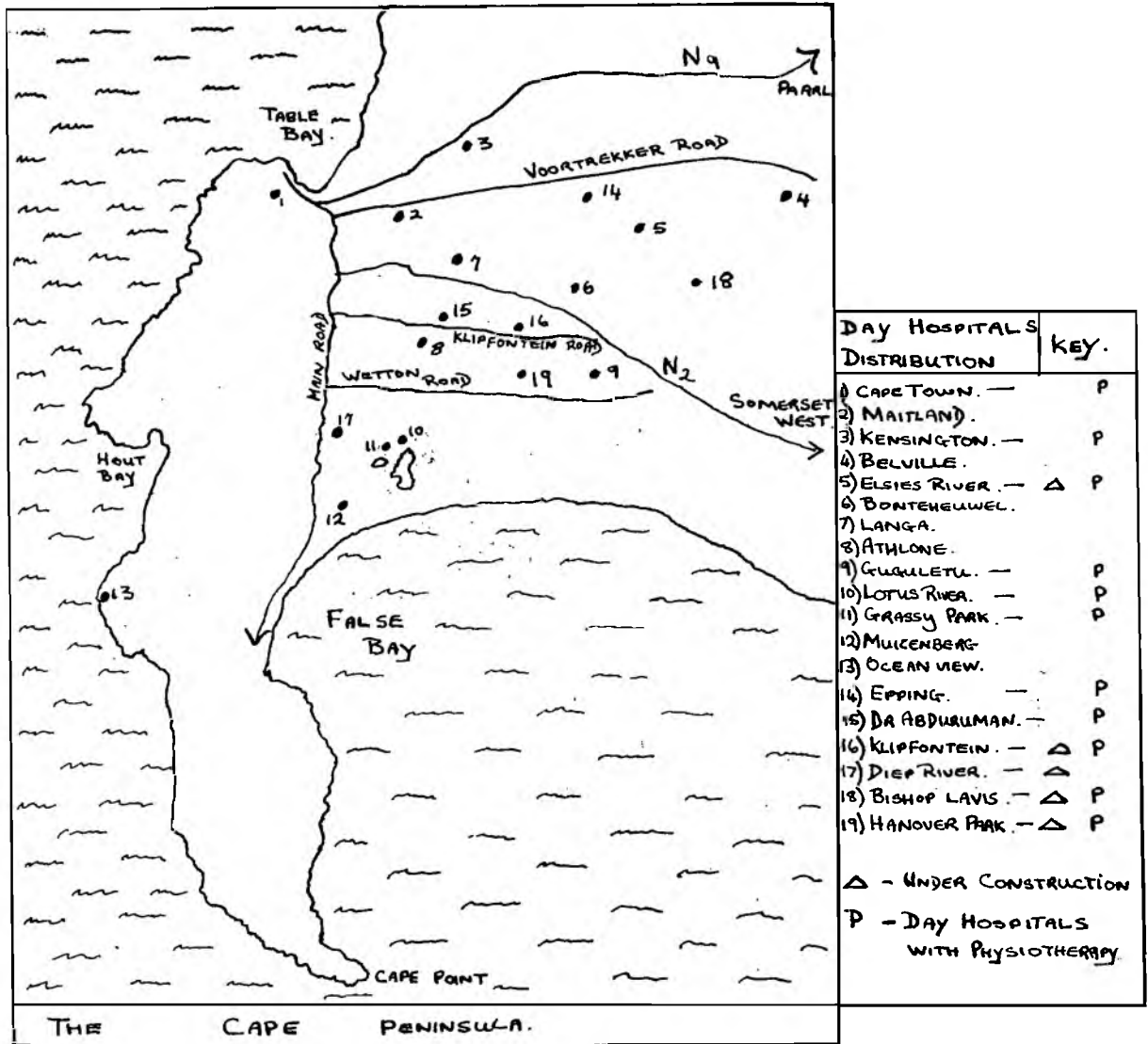
In addition although the Day Hospitals' Organisation concept has drawn from the experience of various overseas health schemes it differs from them in various ways and has taken into account the wants and needs of the large number of people in our lower income groups.

That's the story of the evolution of the Day Hospital and now the development of the Physiotherapy Section.

PHYSIOTHERAPY DEPARTMENT

The first full-time Physiotherapy Department opened in August, 1970, followed by a second in November, 1971, and a further four departments during 1972. Next year should see the opening of a further five departments so that 11 of the 19 Day Hospitals, which will be operational by mid-1973, will incorporate Physiotherapy Departments. The departments are compact, modern and very well equipped. At present we have one Physiotherapist to run each department assisted by a General Assistant/Receptionist. In each department there is a clinical section containing the usual range of equipment plus a compressor-type respirator for our chest cases and also a gymnasium section with mats, wall-bars and other appropriate equipment. We have tried to have direct access to the grounds from our departments, not only is this useful therapeutically but also both patients and staff enjoy working outside when possible.

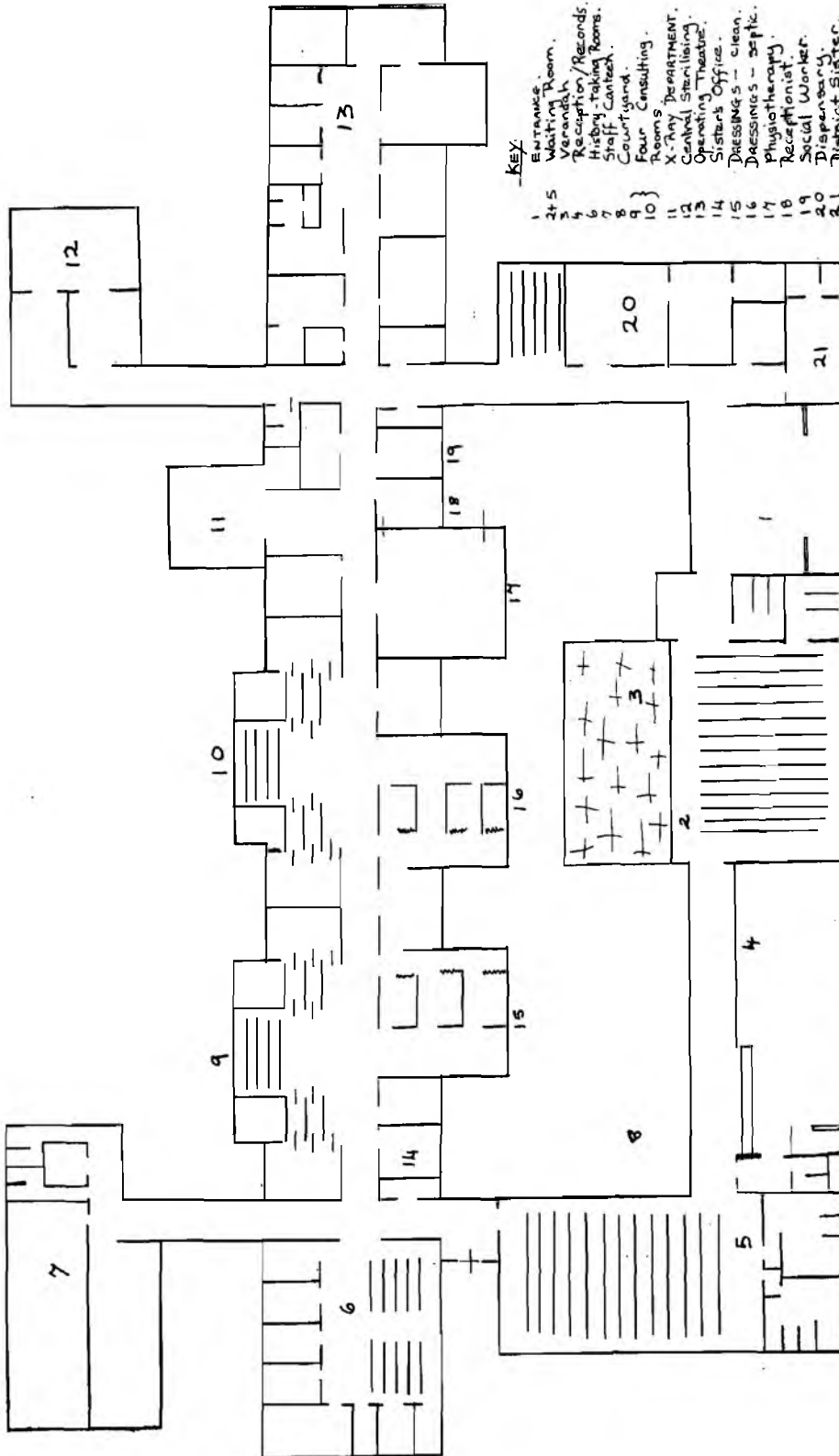
Approximately 50 per cent of our patients are referred from the General Hospitals and the remainder are referred directly by the Day Hospital medical officers. Some patients still attend the General Hospitals for specialist opinion, but return to their local Day Hospital for physiotherapy and other necessary treatments. Our work is varied and very interesting and the following figures give an idea of the relative frequencies of conditions treated. The information for this table was taken from the physiotherapy records at Guguletu Day Hospital and covers a period of 18 months.



Condition	Percentual Frequency
Fractures	17
Recent injuries (soft tissue injuries)	11
Arthritis (including "back-aches")	19
Rheumatoid arthritis	2
Chests (acute and chronic)	19
Amputations	1,6
Cerebral vascular accidents and head injuries	4
Torticollis	5
Handicapped children	3
Tubercular joint involvement	1,2
General (burns, Bell's Palsy, pelvic infections, etc.)	17,2

We do domiciliary work in the areas served by the hospitals. Obviously this is only for special cases as home visits are time-consuming. However, when necessary, it is very satisfying to be able to reach the patient in his home as one can then see his problems in perspective. Another advantage of being situated in the community we serve is the ease with which patients can be followed-up.

The compact nature of each Day Hospital encourages communication between all members of the health team. When problems arise with a patient it is easy to discuss the case with the team member concerned. In addition, at regular intervals, the physiotherapists have meetings so that contact is maintained.—an important factor in a scattered Organisation such as ours.



A DAY HOSPITAL PLAN.

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Handicapped children preparing for their classes.

CONCLUSION

As I see it the Day Hospitals' Organisation offers its staff working convenience plus the rewarding involvement found in community medicine. I have found one gains a deeper insight into the problems and philosophies of one's patients when one is involved in the community.

The patient is offered a comprehensive primary medical service on his doorstep. In addition, he and his family get to know the staff and feel that there is some continuity and personal interest from the "hospital".

In Dr. John Smith, the Day Hospitals' Organisation has a Medical Superintendent who believes firmly in "whole" medicine and encourages paramedical services, such as Physiotherapy, to play their part in protecting the health of the community.

REFERENCES

- "The Day Hospital Concept," by Dr. J. Smith.
- "The Cape Provincial Administration Day Hospitals' Organisation," by Dr. R. Nurock.