Austin Journal of Nursing & Health Care

Open Access

Austin Publishing Group

Review Article

Nursing in Day Care Hospital

Franjić S*
Independent Researcher, Croatia

***Corresponding author:** Siniša Franjić, Independent Researcher, Croatia

Received: June 30, 2022; **Accepted:** July 25, 2022; **Published:** August 01, 2022

Abstract

The day hospital lasts longer than 6 and shorter than 24 hours without overnight stays. The nursing documentation is based on the Nursing List with already prescribed patient assessment tools. The documentation enables the standardized method of monitoring the patient's condition in case of necessary hospitalization and provides the possibility of measurement and comparison. The nursing history is filled in by all nurses. Anamnestic data are collected primarily from the patient, from the escort, the person caring for the patient, medical and other staff, and from medical records. Data are also collected on the basis of a physical examination, data that cannot be obtained at the time of taking the anamnesis, and are necessary for the continuation of health care and discharge of the patient, should be entered later.

Keywords: Day care; Hospital; Nursing; Patients; Health

Introduction

An adult day care director coordinates, manages, and evaluates care and services to residents of an adult day care program [1]. Residents of adult day care programs are adults who need some assistance in performing activities of daily living like grooming and other personal care needs. As director of the program, the nurse also monitors the institution's compliance to regulatory standards and is liable for the oversight of the institution's budget, hiring, and other personnel-related functions.

Over the past 30 years, the Centers for Disease Control and Prevention has implemented objectives to measure the effect of prevention activities that allow people to form informed health care choices [2]. The targeted measures for older adults were designed to improve health, function, and Quality of Life (QOL). The measures include use of Medicare benefits, preventive screening, increased chronic disease self-care management, and reduction within the number of unpaid caregivers.

Critical care nurses are perfectly positioned to help older adult patients with advanced care planning and alignment of care interventions with personal wishes. Geriatric, palliative, and important care principles must be combined to deal with the complexities and vulnerabilities of older adults.

Registered nurses have topped the list of the foremost honest and ethical professions for over 17 years. Nurses' knowledge of facts about older adults can be used to advocate for older adult patients across the continuum of care.

Core skills needed

- Excellent leadership and management skills [1]
- Knowledge of federal and state regulatory standards that pertain to adult day care management
- Excellent interpersonal and communication skills
- Knowledge of budgeting and fiscal management

Old age

Old age is often considered a life-stage predominantly characterized by loss of capacity [3]. The effacement of the autonomy of elders takes many forms, but the method of devaluation clearly doesn't occur only within the individual; it's a product of assumptions about being old in our society. Uncovering these assumptions is exceedingly difficult. it's sometimes thought that the loss of autonomy is related to the institutionalization that inevitably segregates elders from society, but perhaps a truer interpretation is that the phenomenon of nursing home care in America itself reflects diffuse social attitudes and values about being old, though nursing homes undoubtedly contribute to those attitudes in a very kind of unrelenting chain reaction. we are able to identify the most elements of this stereotype by selectively reviewing the literature on the meaning and cultural significance of old age.

To take elders seriously as full autonomous moral agents, then, must involve, over acknowledging or advocating for their independence or entitlement to social services. It means according them full status in everyday social life. Beyond invoking the principle of autonomy against the paternalism of health professionals or establishing a listing of elder rights, understanding the responsibilities or obligations of elders in addition because the virtues that age imply is required. Such considerations, however, are seldom prominent concerns. in a very sense this can be understandable, since the aging industry, including the academic and professional gerontological component, is itself a cultural response to the problem of being old in a society that prizes youth and productivity. Interpreting the moral problems related to long-term care in terms of the culturally prominent ideal of independence reflects taken for-granted beliefs that mirror the general public policy response to maturity in terms of economic, health care, housing, or social services. Nevertheless, the actual fact remains that the underlying paradox or tension related to autonomy and long-term care is hardly relieved by such a strategy. For instance, the problem of providing adequate health take care of our entire population has come up against the social commitments to the aged as a category needing special attention. The resulting problems of setting limits and also the resulting problems with

Citation: Franjić S. Nursing in Day Care Hospital. Austin J Nurs Health Care. 2022; 9(1): 1069.

intergenerational justice reflect not only cultural confusion about the meaning of old age, but also life-span development.

Patients

Advanced practitioners can influence groups and individuals by developing programmes to raise awareness, assisting them in acquiring new knowledge and behaviours, and focusing on what's important to them [4]. It's important the patients are involved and consulted to determine what they need. Developing programmes involves conducting a sophisticated health assessment that includes physical and mental state, values, attitudes, lifestyle and spiritual beliefs similarly as details of social circumstances that indicate the extent to which others may influence a person's behaviour. Existing knowledge and sources of health information also will be included to work out what proportion the individual knows, during this case, about carcinoma, the effects of the sun, methods of sun protection and the way that person accesses information, for instance through health professionals, popular magazines, friends or others.

This assessment will help the advanced practitioner to plan, deliver and evaluate an education programme, setting aims and objectives that specialise in the individual's learning needs and taking under consideration what will be achieved within the time available. The education plan will include strategies and resources to assist the patient learn. Planning and delivering such a programme requires effective communication that facilitates the exploration of feelings and attitudes, provision of knowledge and also the practice of skills. The advanced practitioner has to develop a repertoire of education strategies to fulfill the wants of various groups. As an example, children learn best through play and by imitation and that they tend to own a brief span. Adults learn best in familiar, non-threatening environments and in response to a perceived need. Older people tend to need a slower pace of learning with repeat demonstrations and procedures that are explained carefully and slowly. People like different media to support learning and therefore the younger population in particular like electronic formats. Whatever materials are chosen, they must be reviewed for his or her suitability to be used with a specific group or individual and will use providing they enhance learning in some way. There are many sorts of written, audio-visual and interactive materials which have different uses, advantages and disadvantages. The general effectiveness of the programme should be evaluated to determine the extent to which learning and changes of behaviour have occurred and whether the programme was cost effective.

Pain

Pain is viewed as a multidimensional experience which reflects emotional, sensory and cognitive elements [5]. The experience of pain is complex and known to be influenced by a large number of things, including previous pain experiences, emotion, mood, culture, age and situation.

The inadequacies of the management of pain are reported consistently for over 30 years. Despite improvements in acute pain management through the introduction of 'acute pain' teams and new technology like patient controlled analgesia, the management of acute pain following surgery has long been reported as problematic within the UK, USA and Europe. Within the community the image is worse with chronic pain estimated to have a prevalence rate between 2 and 40%, and it's particularly problematic for those that are older or have difficulty communicating. In Europe it's been found that chronic pain of moderate to-severe intensity occurs in 19% of adults, seriously affecting the standard of their social and working lives. Many people with chronic pain often report poorer self-rated health, mental well-being and social functioning also as greater levels of depression and work loss.

The challenges of managing pain are well documented, and it'd be fair to mention that whilst the management of acute pain and particularly that related to surgery have shown radical improvement in recent years, many people continue to experience unrelieved chronic or persistent pain which is tremendously debilitating in terms of their function and quality of life. It's interesting that several of the contributors during this book chose to focus the development and delivery of a service for people whose pain was challenging to manage.

Assessments

Detection of cognitive impairments, particularly in older adults, may be a challenge for the foremost skilled clinicians [6]. Clients might not report symptoms and should endure debilitating symptoms and functional decline because they fear loss of independence or are embarrassed to report symptoms. Conditions that will contribute to cognitive impairments like depression, alcoholism, and poor nutrition are commonly not reported, and nonspecific presentations like fatigue, apathy, and poor concentration are typical. Even when reported, a cognitive change could signal depression, AD, an Underlying Tract Infection (UTI), or a myriad of other physical illnesses. because the PMH-APRN (Psychiatric-mental health advanced practice registered nurses) is well aware, dementia, delirium, and depression aren't mutually exclusive conditions and everyone these three conditions will be present within the same individual at any given time. In fact, 40% of persons with AD will experience a clinically significant depression at sometime within the course of the illness.

Though specific assessment parameters are going to be discussed with both delirium and major neurocognitive disorders, an initial comprehensive biopsychosocial assessment is critical to detect and treat the condition. Aspects of a comprehensive assessment include physical, mental, functional, and social components, together with review of medications. Such thorough initial assessment will make it possible for the PMH-APRN to gather data which will later help the clinician discern changes from baseline functioning. Likewise, each episode of care, though more focused, should include psychosocial additionally as physical assessment. Follow-up after each episode of care to review the goals of treatment, evaluate progress toward remission of target symptoms, and stop harm through careful assessment of medication use may be a good practice. Assessment tools used during initial evaluation and in subsequent visits to assist within the detection of changes in cognition, mood, and functional status are particularly helpful.

Many drugs affect the Central Nervous System (CNS), and normal age-associated changes in protein and fat distribution, diminished renal function, and hepatic disease can affect pharmacokinetics, making clearance of drugs from the body unpredictable. Assessment of medication can be accomplished by using the "brown bag method." This involves asking the patient and family to bring all prescription

and non-prescription medications to the appointment. The PMH-APRN can then review and eliminate unneeded medications, teach the patient about side effects and precautions, and possibly prevent an episode of delirium.

Additional considerations in assessment of the older adult are to establish communication, include the family (unless contraindicated) as an integral a part of assessment, and gather information about family and social functioning. Family members are often reliable informants, contributing crucial information for assessment, bringing practical expertise and knowledge in caring for the individual, and providing critical social support. A cultural assessment to discern health beliefs and practices which will be relevant to care is another important component of a comprehensive assessment. A multidimensional assessment includes formal resources and support systems, like Meals on Wheels, or the informal support of the neighbour who brings within the mail and talks about the news. The presence of those support systems frequently makes the difference between the patient remaining at home and being institutionalized. The empathic PMH-APRN will adapt communication strategies supported the client's presentation. Allowing more time to gather information for the initial assessment or collecting it over two sessions can preserve patient energy and facilitate communication.

Communication

Communication is that the process of exchanging information: sending messages back and forth between individuals or groups of individuals [7]. Problems between individuals, families, or groups, similarly as difficulties on the work or in society, are often the results of poor communication. Each of us who participates in communication could be a unique individual with our own personal values, beliefs, perceptions, culture, and understanding of how the world operates. This is often particularly important to remember when working with older adults. The older adults of today formed their opinions, values, and beliefs during a very different society from ours today.

Whatever their background, older adults have had time to encounter many situations, both good and bad. It's often difficult for a younger person to know the experiences that have made older adults whom they're today. the foremost effective way to bridge the gulf between the generations is good communication.

Effective communication isn't easy, even among people of the identical age group and background. Communication among people from different age groups and backgrounds is even more difficult. This is often particularly true when one among the parties is older; however, effective communication can occur even when people hold significantly different values, beliefs, and perspectives. Effective communication doesn't mean that we'll like or accept as true with everything that another person says, but rather that we respect the person's right to think and say it. This atmosphere of mutual respect and understanding helps build trust and rapport. Conscious, ongoing effort is required to become a good communicator.

Rehabilitation

Many people working in specialist/advanced roles within rehabilitation are concerned about how our expertise and knowledge of the client are going to be used in the context of case management [8]. The very nature of specialisation can cause a reductionist approach to viewing the management of the client. However, since many of our patients have comorbid conditions to manage, the requirement to look at them holistically is that the reason many of us developed our roles to fill a gap created by specialisation of medicine. as an example, many patients with severe osteoarthritis or a hip fracture have congestive heart failure and diabetes. It's important that, as specialist nurses, we take the lead in establishing firm partnerships and clear channels of communication with case managers in our area. It'll require tremendous collaborative effort to move toward the target of seamless, coordinated and integrated care. Relatively simple steps, like encouraging clients to bring their person-held documents to consultations and writing up the summary for his or her case managers to visit, will all help toward this goal. Strong collaborative effort between specialist nurses and case managers is important to minimise unnecessary unplanned hospital admissions and to facilitate efficient and safe discharge from hospital.

Nurse informatics

Nurse informaticists play a big role throughout the complete process, which starts with the chief leadership and board approving the capital investment in an EHR system [9]. Nurse informaticists also participate within the selection, design, and implementation of other software solutions and technology hardware.

The subsequent steps are typically inclusive of the Request-For-Proposal (RFP) process, vendor demonstration, user review or vendor fair, contract agreement, build-team creation, build-team training and certification, model system validation, design team identification, design, build, testing, training curriculum development, subject-matter expert identification, user training, cut-over activities, implementation, optimization, and upgrade installation.

The vendor evaluation stage is when many nurses first enter the realm of informatics. As they review the chosen vendors, they're learning about features, modules, applications, and functionality. The input of nurses in selecting technology solutions is extremely valuable because user buy in is important within the success of the subsequent steps. And nurses typically make up 80 percent of the clinical workforce in any given hospital. Once the manager team has reviewed the highest vendor candidates and selected a solution for purchase, the team that may manage its implementation is identified. Bedside nurses, nurse clinical specialists, and nursing leaders are recruited for these positions due to their clinical expertise and relationships with the multi-disciplinary end users.

Considering technology impacts the practice of nursing, every effort should be made to understand, implement, and optimize the technology available. Examples include electronic health records, communication tools (smartphones, tablets), artificial intelligence and machine learning, patient engagement software, decision support tools, patient outreach software, and patient portals.

Today's healthcare consumers demand a paradigm shift for a way their care is communicated and provided to them. The patient is often at the middle of what nurses do on a daily basis, in every moment, and with every touch. Nurses communicate through smartphone apps, video chat, and by monitoring electronic data *via* wearable devices. Nurses continuously strive to improve patient care and outcomes through the continual analysis data now provided

within the EHR. Nurses explore the most recent technology, push for the interoperability of that technology, and advocate that it be incorporated into their care of the patient to increase efficiencies of documenting and increase time spent directly with the patient. Nurses continually seek opportunities to be told in order that they'll be thought leaders.

Electronic Health Records (EHRs) are digital records that contain not only data collected during a provider's office but also a more comprehensive patient history [10]. Multiple healthcare organizations can contribute to a patient's EHR. a single EHR can contain information about a patient's medical record, diagnoses, allergies, medications, immunizations, and imaging and lab results from current and past care providers, emergency facilities, school and workplace clinics, pharmacies, laboratories, and medical imaging facilities. Providers, including hospitals, large ambulatory care systems and individual care providers, are increasingly using EHRs, thanks in large part to the middle for Medicare and Medicaid Services' (CMS) Meaningful Use initiatives. EHRs may improve patient care by providing more accurate and complete information, enabling better crisis care, assisting providers to coordinate care, and giving patients and their family's useful information to assist them share in decisions.

Insurance claims data consists of the coded information that physicians, pharmacies, hospitals, and other healthcare providers submit to payers (e.g., insurance companies, Medicare). These data describe specific diagnoses, procedures, and drugs. Claims data provides abundant, standardized patient information because a claim results from almost every patient encounter with the medical system. the data also may include information on medication compliance and services provided (e.g., eye exam) which will not show up in EHRs. Claims data also provides a population framework needed for longitudinal outcomes studies, and captures many outcomes, regardless of where they occur.

Patient-Reported Outcomes (PROs) are those who are best reported by patients themselves. They include symptoms, like pain, that can't be reliably or accurately assessed by other means. They'll even be wont to report quality of life and activities of daily living. PROs may be collected electronically through computers and touch-screen devices and telephones with an interactive voice response system. Validated methods, including questionnaires, are available for measuring some PROs. However, researchers may need to work with patients to identify new measures that reflect what's significant to them. Caregiver reports could also be appropriate if the patient cannot self-report outcomes of interest.

Responsibility

In a perfect world, the nurse's primary and only responsibility is to provide quality care to the assigned patients [11]. The reality of the situation within the facility setting is that the nurse has multiple responsibilities: responsibility to the patient, responsibility to the facility, responsibility to the physician, and responsibility to self. Nurses experience continual conflict among these four responsibilities. This conflict takes many forms. Nurses are taught as students that they should develop high ideals and standards. One in every of the first focuses of nursing as a profession is health maintenance and patient education. The facility setting, however, isn't always the most effective place to precise high ideals or to attempt to implement health maintenance and patient education. Nurses have little time to deal with patients individually because of short staffing ratios, shortened hospital stays, and restrictive facility policies that prevent the nurse from carrying out these important activities. Nursing as a profession has a strong tradition of humanizing health care through a holistic, personal approach to patient care that includes all the patient's problems and incorporates the patient's family. Yet the health care system tends to position a high value on and reward those nurses who master the new technology, develop more advanced medical skills, and spend less time with patients and their families. Nursing students are taught that they're colleagues with physicians within the provision of care for patients, yet to some persons the physician's role commands more power and prestige.

The employer-facility's obligations toward the nurses it employs appear to be rather limited. In general, these obligations constitute two categories: to produce a secure and secure environment for nurses to perform duties and to produce a good wage. Although these categories is expanded to incorporate other factors, like health care insurance, day without work for maternity leave, hepatitis B vaccination, and so on, the extension of advantages appears more often to be an issue of recruitment and retention of nurses instead of an ethical issue of justice in employment.

All nurses are conversant in the patient's bill of rights. In many facilities, patients are provided with a duplicate of this document on admission. Although this document isn't legally binding, it does provide some sense that patients are important individuals and recognizes their autonomy within the often impersonal health care system. additionally, the patient's bill of rights gives patients a sense that they're "owed" certain elements of care and respect from the institution, also because the institution's employees.

Are nurses ever given a nurse's bill of rights after they are hired by a facility, nursing home, or another agency? Most nurses probably don't even know that such a document exists. Just like the patient's bill of rights, the nurse's bill of rights has no legal means of enforcement, but it does outline some fundamental ethical rights for nurses that ought to be recognized by the facility, nursing home, or other employing agency. Nurses work in extremely difficult circumstances due to their central role in patient care, close contact with families, dominance by the medical professions, and limitations from institutional policies. Yet without nurses to produce the hands-on, 24-hour-a-day care, facilities would don't have any way to deliver their often-advertised services. Nurses must be recognized because the valuable elements of the health care system that they truly are.

Conclusion

The day hospital is a form of organization and a way of providing diagnostic and therapeutic procedures for the health care of outpatients with the day care of patients in the hospital. The hospital can organize a day hospital as an organizational part of a particular activity or as an independent organizational unit, depending on the needs of the activity it performs. In national health systems, the provision of health services through a day hospital represents more rational health care. Thus, the day hospital is a modern and multidisciplinary method of treatment with a significant improvement in the quality of health care of the population with the additional effect of financial effects. The day hospital treats patients with a better general condition, ie patients

whose condition does not require several days of hospitalization. The number of patients treated and treated through the day hospital is constantly increasing, and the advantages of treatment and treatment in day hospitals are: practicality, economic importance, ie reduced number of traditional hospitalizations, costs of accommodation, meals and staff, shift work, weekends and holidays. Psychosocial reasons related to living in a family environment, diminishing the importance of malignant disease, reduced psychological trauma.

References

1. Fitzpatrick JJ, Ea EE, Bai LS. 301 Careers in Nursing, Springer Publishing Company, LLC, New York, USA. 2017; 17.
2. Winterbottom F, Jenkins M. The Older Adult Patient" in Critical Care Nursing Diagnosis and Management, Ninth Edition", Elsevier, St. Louis. USA. 2017; 997.
3. Agich GJ. Dependence and Autonomy in Old Age - An Ethical Framework for Long-term Care". Cambridge University Press, Cambridge, UK. 2003; 52-54.
4. Close A. Advanced Practice and Health Promotion". Advanced Nursing Practice, Second Edition", Blackwell Publishing Ltd, Oxford, UK. 2003; 124-126.
5. Carr E, Christensen M. Introduction to advancing practice in pain management. Advancing Nursing Practice in Pain Management, John Wiley & Sons, Chichester, UK. 2010; 5-6.
6. Heisterman AT. Integrative Management of Disordered Cognition". Advanced Practice Psychiatric Nursing - Integrating Psychotherapy, Psychopharmacology, and Complementary and Alternative Approaches across the Life Span, Second Edition", Springer Publishing Company, LLC, New York, USA. 2017; 370-371.
7. Williams P. Basic Geriatric Nursing, Sixth Edition, Elsevier, St. Louis, USA. 2016; 88.
8. Jester R. Supporting People with Long-term Conditions". Advancing Practice in Rehabilitation Nursing", Blackwell Publishing, Oxford, UK. 2007; 166.
9. Krakowski KE, Mook P. Nursing, Informatics, and Technology Today. An Introduction to Nursing Informatics, Evolution, and Innovation, Second Edition, CRC Press, Taylor & Francis Group, Boca Raton, USA. 2019; 52-53.
10. Kim KK, Mahajan SM, Miller JA, Selby JV. Answering Research Questions with National Clinical Research Networks". Big Data-Enabled Nursing - Education, Research and Practice", Springer International Publishing AG, Cham, Switzerland. 2017; 212-213.
11. Aiken TD. Legal, Ethical and Political Issues in Nursing", F. A. Davis Company, Philadelphia, USA. 1994; 277-278.