INTRODUCTION
Rheumatology day care hospitals (Dch) in Spain have become a genuine health care model for a wide spectrum of complex rheumatology patients, with an increasing range of services. The knowledge of its actual use considering resources and peculiarities of the context in which it lends itself is essential to improve care delivery.

The aims of VALORA project are: 1) to describe the variability of Rheumatology Dch in Spain, in terms of resources, organization, management, and quality standards application, and 2) To identify factors associated with avoidable variability and barriers for the implementation of quality standards.

The current study is based on the previous definition of these quality standards, identified in a previous project, both in the framework of the Plan ICARD for the Quality of Care Improvement from the Spanish Society of Rheumatology.

METHODS
Cross-sectional descriptive multicenter study (116 preselected centers with Dch from 17 autonomous regions) conducted in two phases:
1. Quantitative study collected data through a self-administered questionnaire, previously agreed by a scientific committee and piloted in 3 centers. Variables analyzed include hospital (H), Rheumatology Units (RU) and Dch features, to assess the level of compliance with the quality standards on the Structure, Processes and Outcomes domains, previously defined by the SSR . Data were analyzed with STATA and described the frequency of categorical variables, and mean (standard deviation) or median (interquartiles range IQ) for quantitative variables

2. Qualitative study of national scope included 14 Focus group Discussion (4 of Rheumatologists and 2 of patients). Participants selected with theoretical sampling. The sessions have been recorded, transcribed and categorized with the software Atlash7. Content analysis was used.

RESULTS: QUANTITATIVE STUDY

Day care Hospital standards: structure
- 92% are multidisciplinary, with nurses (50%) or rheumatologists (30%) as managers and a defined physician assigned to Dch in 48%
- Opening hours: 94% attended patients from Monday to Friday, 51% of the day hospitals have morning shifts, whereas 49% have morning and evening shifts.
- Electronic support: 78% have digital medical records, 73% electronic citations and 69% data collection by protocol

Dch standards: process and outcomes
- Nursing processes are well defined
- Electronic prescription is available in 50% and coordination with pharmacy is considered efficient in 88%
- DH contents in training programs are sufficient, both in undergraduate (25%) postgraduate programs (40%).
- Activity and performance evaluation is the rule and includes cost estimations in 60%.

RESULTS: QUALITATIVE STUDY

- There is a substantial variability in features and functioning of Rheumatology Dch, although they share certain homogeneity in structure standards. A polarity is revealed (50/50%, 60/40%) in implementing several process and outcome domain standards
- Satisfaction of rheumatologists, nurses and patients about the status and performance of the current Dch is general. However, the current context highlights the uncertainty and fears about the immediate future.
- The detection of factors for unjustified variability and barriers helps to identify areas of improvement that should be prioritized for their relevance and feasibility.

CONCLUSIONS

- Extensive use of Dch linked to growing use of biologics
- Improvement in the quality and safety of clinical practice, greater adherence to treatments and high quality of life of the patient
- Professionals' preference for monographic Dch due to organizational advantages and high specialization of nursing.
- Economic restriction framework defines future trends that directly impact on resources and operation of the Dch. The detected barriers suggest some difficulties: Derived from local and regional biological regulatory committees, for the rheumatologists
- Management of adverse effects, for nurses
- The fears for the suspension or reduction of treatments for patients.

Fig 1. Geographic distribution of centers and structural variability of Hospitals

Fig 2. Word cloud. Obtained from data analysis of focus groups