Single Rooms in Hospital
Patient Satisfaction and Resource Use

Peter West & Paul Trueman YHEC
Sarah McDonagh HHT
Outline of the Evaluation

- Comparative Study
  - Before and after assessment of outcomes
  - Contemporary assessment of satisfaction
  - Before and after resource use
  - Absence of controlled comparison
Outline of the Evaluation

- Clinical Outcomes
  - Infections
  - Falls
- Patient Satisfaction
- Staff Satisfaction
- Ward Costs
  - Length of Stay
  - Nursing and Cleaning
  - Medication
Outline of the Evaluation

- The study began shortly after the move from a multi-patient bay ward to a ward of all single rooms
- The casemix of the ward transferring was relatively specialised
- Routine before and after data available, but no new data collection possible on the ward before relocation
Findings

- Clinical Outcomes
- Patient Satisfaction
- Staff Satisfaction
- Costs
Clinical Outcomes

- Infections
- Falls
Infections

- Infections low before transfer
  - 37 in 10 months
  - 0.15 per bed per month
- Fewer infections on single room ward than predecessor ward
  - But 50% fewer infections of C-difficile across the hospital
- No clear reduction in infections from single room ward, once hospital rate of C-difficile taken into account
Falls

- Increased rate of falls
- Details from Sarah McDonagh
Patient Satisfaction

- 200 patients in single rooms
  - About 60 – 70 per type of single room design
- 176 patients in multi-patient bay ward
- Patients generally more satisfied in single rooms
  - Patients dissatisfied with contact with other patients when in single rooms
- Differences are statistically significant at ward level
  - Sample size too small for significant results for room type
1. How satisfied were you with the standard of the room or ward?
2. How satisfied were you with the level of noise in the room or ward?
3. How satisfied were you with the privacy when speaking to staff/visitors?
4. How satisfied were you with the routine contact you had with staff?
5. How satisfied were you with the time it took to get help from ward staff?
6. How satisfied were you with your access to toilets and bathrooms?
7. How satisfied were you with the space for your visitors near to your bed?
8. How satisfied were you with the amount of social contact with other patients?
9. How satisfied were you with the safety of your care in your room or ward?
10. How satisfied were you with your overall quality of care in the hospital?
Staff Satisfaction

- All single room ward staff asked to participate
- More of a mixed picture
  - Staff rated single rooms much better on 9 of 16 dimensions of care
  - Staff less supportive of single rooms on 6 of 16 dimensions of care
  - Staff more supportive of multi-patient bay wards on 1 of 16 dimensions of care
1. Flexible use of hospital space
2. Social Contact between patients
3. Patient contact with visitors and family
4. Privacy when examined, advised, toileted, giving history
5. Overall patient comfort
6. Patient's recovery rate
7. Ease of patient monitoring
8. Preventing and controlling hospital infections
9. Keeping medication errors to a minimum
10. Minimising risks of patient falls/injury
11. Minimising use of pain control/sleep medication
12. Ease of responding to patient calls
13. Managing patients with the available staff
14. Ease of taking patients to toilets/bathrooms
15. Overall patient safety
16. Safety of ward staff
Cost Impact

- Length of Stay
- Staffing
- Cleaning
- Medication
Length of Stay

- Confounded by changes in casemix
  - Change in catchment area for haematology
  - More very sick, very long stay cases in single room ward

- Excluding longer stay patients
  - Smaller difference between single room ward and multi-patient bay ward
  - But no evidence of a fall in LoS and some evidence of an increase
Nurse Staffing

- No substantial increase in staffing
- One qualified staff member added to establishment at about the time of transfer to single room ward
  - Expecting more sick patients due to enlarged catchment area for Haematology
  - Not expecting more work from single rooms
Medication Costs

- Medication costs up 28 per cent in first 9 months of Single Room Ward
- Linked to increased caseload in Haematology
- No clear effect of single rooms
  - Costs potentially dominated by haematology care
  - Lower cost of medication for sleep and infection
Cleaning Costs

- Larger floor area per patient bed
- Much larger number of toilets
- 75 per cent increase in cleaning costs
  - But much smaller change relative to total ward costs
  - Less than 5 per cent of nursing cost budget
Overall Assessment

- Outcomes do not appear to be better
  - May be worse on some dimensions – falls
- Patients prefer single rooms
  - But want more contact with other patients
- Staff have some reservations but generally support single rooms
- Some costs higher and no reason to expect a fall in costs
  - No evidence of greater efficiency through shorter stays
  - Cleaning costs higher