

EDITORIAL

How many single rooms?

C Isles

The question whether hospitals should be built or rebuilt with near 100% single rooms is clearly one of the issues of the day. Single room provision has been the subject of numerous conferences and reviews with many commentators concluding that the evidence in their favour is overwhelming.^{1,2,3} The announcement that the new Southern General Hospital in Glasgow will be built with 100% single rooms was accompanied by a press release stating 'single rooms for all patients will not just provide patients with greater privacy but will also be a major step forward in infection control'.⁴ But is this what patients really want and exactly how good is the evidence on infection control?

In this issue of the journal, Florey and colleagues report the results of a survey conducted in Dumfries in which patients in single rooms and four bedded (shared) accommodation were asked whether they would prefer single room or shared accommodation during a future admission.⁵ Seventy percent of those in shared accommodation said they would like the same again while, surprisingly, 40% of those in single rooms also said they would prefer a four bedded room. The only other Scottish in-patient study we know of is an unpublished survey of 57 elective orthopaedic and cardiac patients from the Golden Jubilee Hospital. All of the patients in this survey were in a (five star) single room when they completed their questionnaires. Ninety five percent expressed a preference for single rooms during a subsequent admission. It is difficult to believe that the patients included in this survey are typical of the greater number of general medical, surgical and care of the elderly patients who currently occupy beds in Scottish hospitals, or that single rooms in future Scottish hospitals will match the specification of those in the Golden Jubilee, but the results of the two surveys could not have been more different, so the authors turned to the literature for help.

They decided that surveys of hospital acquired infection and patient preference were likely to be most relevant but could find little hard evidence to support the strongly held views of those in favour of near 100% single room provision. Not every before and after comparison has shown a reduction in hospital acquired infection⁶ and for those that do the improvement could just as easily be due to improved hand washing practices by nursing and medical staff.⁷ Patient preference surveys also failed to show a clear majority in favour of single rooms. Patients in one survey rated the view from the hospital window and the provision of bedside entertainment more highly than privacy and dignity.⁸ In another survey, patients in a palliative care unit expressed a positive preference for shared accommodation giving a desire for company as a major reason for their choice.⁹

Undeterred by the lack of evidence, the Scottish Government seems determined to press ahead. Arguments put forward by those who are shaping this policy are that even if patients expressed a preference for shared accommodation now, today's young adults might well prefer single rooms when they become patients in twenty to thirty years time. They might, but it is by no means certain and we do not think we have any way of telling. Those patients who say they enjoy the camaraderie of a four bedded room will however be relieved to know that the planners intend to provide them with 'socialisation spaces' where they can meet and discuss the issues of the day. The bond that develops between groups of patients who share a four bedded room for a few days seems likely to be replaced, therefore, by the awkwardness encountered when groups of complete strangers are wheeled into a communal lounge for twenty to thirty minutes each day before being returned to their single rooms. This is to say nothing of the time it will take to move many elderly patients from their single rooms to the socialisation space and back again, or the fact that for those who are bed-bound or not very mobile, the journey from bedroom to lounge might not really be practical.

So where should we go from here? Many hospitals that were built twenty or thirty years ago will have too few single rooms. Dumfries Infirmary built in 1975 has 21%. It would seem entirely reasonable to increase the proportion of single rooms when these hospitals are rebuilt, and also when planning new hospitals. Patients who are critically ill or dying should be nursed in a single room. Aggressive or agitated patients should be moved to single rooms for their and everyone else's comfort. If a patient requests a single room then every attempt should be made to provide one. Current and future projected prevalence of hospital acquired infection, particularly MRSA and *Clostridium difficile*, must also be taken into account. The only attempt we know of to estimate the proportion of single rooms required for infection control purposes concluded that 30% would be sufficient.¹⁰ When the Scottish Government began to consider the future provision of single rooms, figures of 50 to 100% were first proposed.¹¹ They subsequently conducted a population survey of public attitudes on hospital in-patient accommodation among 990 Scottish adults, only 41% of whom said they would prefer a single room if admitted to hospital.¹² For reasons which do not appear to be backed by evidence, the Government has since revised its single room recommendation upwards.

For all new build hospitals providing in-patient accommodation there will be a presumption that all patients will be accommodated in single rooms.¹³ The advice on

refurbishments is only slightly less extreme. In developing proposals for substantially refurbishing healthcare facilities, 'NHS boards should seek to provide the maximum number of single rooms consistent with the approach for new build eg 100%' but 'recognising the constraints posed by existing buildings, it has been decided that the overall level of single room provision should be 50% as an absolute minimum'. This nevertheless means that hospitals will be forced into building new wings or ward blocks with 100% single rooms (because they are new build) to accommodate those patients for whom they no longer have space when they refurbish.

In summary, while we welcome the move to provide hospitals with more single rooms, we do not believe that the evidence on hospital acquired infection and patient preference supports the new recommendations, and suspect that the additional costs would serve only to divert precious resources away from patient care. We challenge the Scottish Government to provide the evidence and urge them to reconsider if such evidence does not exist.

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