

Semi-permanent single room 'pods': a solution to reduce lost bed days?

Julie Singleton, Tracey Galletly, Siddharth Mookerjee, Alison Holmes, Jemmy Mumbwatasai, Nerissa Cummings, Maileen Pastrana, Colin Bicknell, Karen Hathway and Jonathan Otter.

Imperial College Healthcare NHS Trust & Imperial College London

✉ jon.otter@nhs.net 🐦 @jonotter

1. Introduction

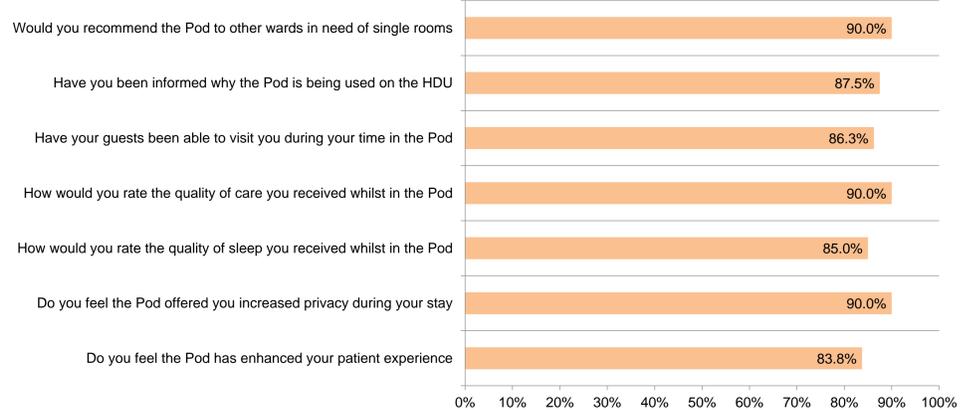
- An outbreak of CPE occurred in 2015, costing £1m over 10 months with the greatest cost (£310,634) attributed to bed closures and the inability to provide a flexible elective vascular service due to reduced capacity.¹
- Vascular services and IPC sought an intervention to increase the ability to isolate, reducing transfers of infectious patients, alleviating bed closures, whilst improving patient safety in the wake of the CPE outbreak.



2. Methods

- The intervention was the installation of a Pod system by Bioquell; a single occupancy room solution which allows for potentially infectious patients to be safely and effectively isolated with transmission based precautions in an open ward environment.
- The Pod was installed in the High Dependency Unit (HDU) of a vascular ward for a trial period of one year.
- The Pod was installed over two days, with minimal impact to bed capacity.
- A user satisfaction survey provided by Bioquell was completed by 32 members of staff and 19 patients between Apr-17 and Jun-17.

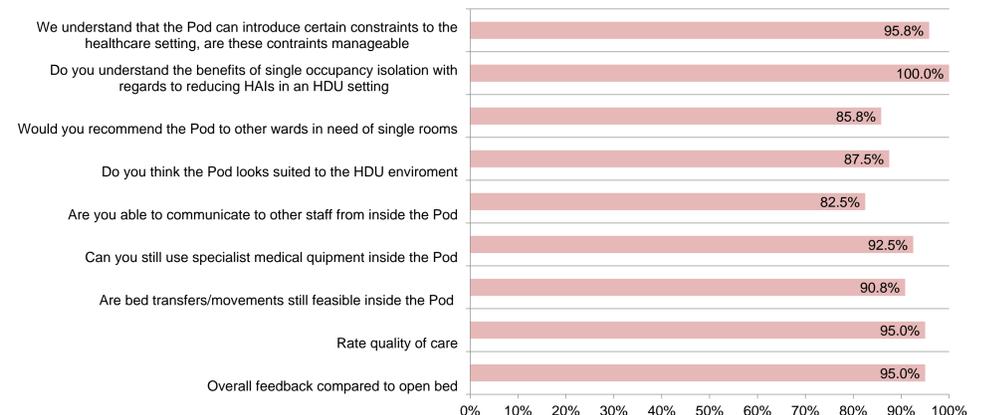
Patient feedback survey score (%)



3. Results

- Based on continuous occupancy between the months of Apr-17 and Jun-17, the Pod was occupied on 12 occasions for IPC reasons.
- The Pod allowed patients with organisms that required transmission based precautions to receive level 2 care in an open planned HDU environment safely.
- Where previously this would have closed a HDU bed to enable the patient being nursed in a side room, HDU were able to retain the use of all its beds subsequently preventing the blocking of 22 HDU bed days during this period.
- Patient's feedback was encouraging on issues of comfort and quality of care.
- Staff acknowledged the benefits in carrying out their role by the bed side and financial implications for the Trust.

Staff feedback survey score (%)



4. Discussion

- Using the Pod system reduced transfers and mitigated against loss of HDU beds.
- This is a key intervention to enable patients to stay in their area of required specialist care, improving patient safety and patient experience.
- Future scope for a Pod will be supported by the Trust.

References

1. Counting the cost of an outbreak of carbapenemase-producing *Enterobacteriaceae*: an economic evaluation from a hospital perspective. *Clinical Microbiology and Infection* 23 (2017) 188 – 196.