

Measuring the number of inappropriate bed changes in a district general hospital

Authors: Melanie Nana, Tessa Davies, Beshlie Richards, Hannah Cranch, Ruth Alcolado and Helen Lane

Aims

To determine the number of patients who underwent inappropriate bed changes during their admission to a district general hospital and to determine whether this affected length of stay.

Methods

We retrospectively reviewed the bed changes of 130 patients who were admitted to a district general hospital between 4 and 10 April 2016. We then categorised these into appropriate and inappropriate bed changes. Appropriate bed changes encompassed those patients moving from the emergency department to a ward at any time of day, moving from a short-stay ward to a long-stay ward during daylight hours, and where the bed change was necessary for clinical need. Those considered inappropriate included those where the change would not benefit clinical care and movement of patients outside daylight hours. We then compared the length of stay of the patients with appropriate bed changes with those with inappropriate bed changes.

Results

72/130 (55%) did not experience any inappropriate bed changes during their admission. The average length of stay for these patients was 8 days. 58/130 (45%) of patients experienced inappropriate bed changes; 38/58 (66%) of those had two inappropriate changes, 18/58 (31%) had three inappropriate changes and 2/58 (3%) had four inappropriate changes. Increasing number of bed changes did not correlate with extended length of stay. 49/58 (84%) of patients experiencing inappropriate bed changes were >65 years old. Patients >65 years old who experienced inappropriate bed changes had an average length of stay of 14 days, whereas the average length of stay for patients <65 years old with inappropriate bed changes was 8 days.

It is not possible to comment as to whether this was a consequence of multiple bed changes, as there are other contributing factors such as multiple comorbidities and need for social care input. Ward coordinators who work alongside the bed manager have been introduced. Part of their role

involves contributing to allocation of appropriate distribution of patients so that bed changes can be kept to a minimum.

Conclusions

A significant number of patients being admitted to our hospital experience inappropriate bed changes. It is important that we minimise these changes as they disrupt continuity of care and, in older people, increase the risk of delirium. We hope that the introduction of ward coordinators will help minimise the risk of inappropriate changes. ■

Conflict of interest statement

No conflicts of interest.

Authors: Royal Glamorgan Hospital, Llantrisant, UK