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ESICM 2014: ICU Design - Open Wards or Single Rooms?

Stealing a slogan from the recent Scottish independence referendum, Geoff Bellingan from the UK presented the pros and cons of single rooms or open wards in the ICU. Speaking at the European Society of Intensive Care Medicine (ESICM) annual congress in Barcelona, he explained that he has become convinced that single rooms are the optimal provision.

While law may mandate the change to single rooms, he warned that the debate should be framed around quality of the patient experience and safety as well as reducing costs. Provision is relevant - for example if your unit only has level 3 beds, then you don't need to worry about patients watching TV and disturbing others. However, if your unit has postoperative patients, they will be awake and want entertainment.

Single rooms have the benefits of improving sleep and minimising confusion, reducing noise, allowing conscious patients to have entertainment, providing privacy for the patient and for family visits.

There is evidence that safety is improved with single rooms. In any case, ICUs need to isolate for neutropenia, reduce transmission of diarrhoea, chickenpox, MRSA. There is some concern that level of care is less with single rooms. However, that can require cultural change. Single rooms require more nurses, but resourcing has to be looked at carefully. There are other ways to improve care apart from increased staffing, such as pre-prepared drugs, healthcare assistants and telemedicine.

For the quality agenda, he stated, improving sleep, reducing noise, and providing quality time for the family means that the patient experience is paramount. He is a convert to providing care in single rooms.

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