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Middle Articles

Experiment in Progressive Patient Care

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Summary: A successful experiment is described in providing total progressive patient care in a small hospital. This was based on dividing ward services into nursing and "hotel" services, the latter being provided by a housekeeping team. Patients were divided into three categories according to the amount of nursing care needed, and two wards were converted, one into an intensive care unit, the other into a homeward bound unit, with high and low nurse/patient ratios respectively.

Introduction

Though the concept of "progressive patient care" has been developed to a greater or less degree in many hospitals in Britain, the main experiment has been in the establishment of "intensive care" units. These necessitate a high nurse/patient ratio, and the concentration into a special area of all the monitoring and resuscitation equipment necessary for the best care of the acutely sick. In the view of the Ministry of Health the number of beds available for use as intensive care beds should vary between 1.5 and 2.5% of the total beds available.

In small hospitals—that is, those with fewer than 300 beds—the creation of an intensive care unit is uneconomical, both in bed accommodation and in nursing time, unless there can be a reciprocal saving in other areas of the hospital. To achieve this we have attempted to convert a small hospital to total progressive care. This report records the experience in running such a unit during the first three months.

Method

In the Miller Wing of the Greenwich District Hospital a housekeeping scheme was established in 1963 under the auspices of the King Edward Hospital Fund. The scheme was introduced, firstly, to cut down the large number of non-nursing duties that nurses were expected to carry out, such as serving meals and making empty beds, and, secondly, to try to meet a general lack of qualified nursing staff in the future. The principle behind this was that it was possible to divide services in any ward into nursing and hotel, and thereby to use nurses for their special skills to the greatest possible extent. The hotel services were provided by a housekeeping team, which varied from ward to ward, but in a 30-bedded ward comprised one ward housekeeper, two part-time ward orderlies, two full-time ward orderlies, and one domestic assistant. To keep the total numbers of ward staff roughly constant a reduction was made in the number of nursing auxiliaries. Patients were allocated into one of three groups: firstly, those needing total nursing care—that is, those confined to bed and needing constant nursing attention and observation; secondly, those needing some nursing and some housekeeping care; and, thirdly, those needing nursing observation, little nursing care, and much housekeeping care.

This scheme had been in action for three years when the acquisition of more elaborate equipment, with its added demands on the nurses, produced a situation where without a very large number of "special" nurses adequate care could not be given to all requiring it. The decision was then made to reallocate beds and wards so that all patients in the first group—men and women, medical and surgical patients—would be put into one ward, an intensive care and heavy dependency unit, where a high nurse/patient ratio would be maintained and all monitoring equipment kept. The third group of patients would be placed in one ward—the homeward bound unit—with a low nurse/patient ratio and a full housekeeping staff. The second group would be nursed in intermediate wards with separation of the sexes and division into surgical and medical specialties. The wards were rearranged as shown in the Table.

Rearrangement of Wards

Wards	A	B	C	D	E	F	G	H
Before Change: Total No. of Beds—189								
Type of ward	Fem. Surg.	Fem. Surg.	Male Surg.	Fem. Surg.	Male Med.	Fem. Med.	Mixed Orth.	Paed.
No. of beds	20	19	19	19	30	30	27	25
After Change: Total No. of Beds—184								
Type of ward	Mixed Orth.	Mixed Intensive Care	Male Med.	Fem. Med.	Male Surg.	Fem. Surg.	Mixed Homeward Bound	Paed.
No. of beds	20	17	19	19	30	30	24	25

Wards A and G are divided wards. As orthopaedic patients need specialized nursing care, these patients were kept separate from the others and were moved from G to A. Ward G was converted into the homeward bound unit, the loss of three beds here to provide a day room being accepted. Ward B was the most appropriate for conversion to intensive care and heavy dependency unit. The loss of two beds was agreed on so that a larger space should be available around the intensive care area within the ward. In the intensive care and homeward bound units no beds were allocated to any individual consultant or specialty, and the beds were used as required by all.

There was an overall loss of five beds with a reduction of orthopaedic beds from 27 (in ward G) to 20 (in ward A). This considerable loss of beds, which are nationally under great pressure, was in fact only apparent, as orthopaedic patients are nursed in both the homeward bound unit and occasionally in the intensive care unit.

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Three Categories

Intensive Care and Heavy Dependency Unit.—There are 17 beds with a total staff of 21 nurses—six sisters, six staff nurses, six student or pupil nurses, and three State-enrolled nurses. There is also a full housekeeping staff. This means that sisters are present throughout the 24 hours and that there is a high nurse/patient ratio. Patients in this ward are nearly all in the first group, and the sexes are mixed with normal ward curtaining. No one consultant is in charge of the ward, and all the patients are under the care of the admitting physician or surgeon. Movement in and out of the unit is dependent on the condition of the patient. One consultant was in fact given nominal charge of all bed allocation, but has never been called on to give judgement. The establishment of a unit of 17 beds as an intensive care and heavy dependency unit meant that all types of cases were admitted. After a short time it was evident that the high noise level in the ward was particularly disturbing to the coronary care patients. This was overcome by building a wooden partition across the ward, giving an area suitable for four beds to be used for cardiac cases only. Because of the high nurse/patient ratio no extra nurses are required to staff this area.

Homeward Bound Unit.—This 24-bedded ward is divided into two, with several single rooms and one double room. In this way the proportion of male to female patients can be varied according to need. There is one sister, one student nurse, and one State-enrolled nurse on duty during the day, while there is one State-enrolled nurse at night. This means that one of the nursing staff is on duty at any time. In addition there is a full housekeeping team.

Intermediate Units.—These are staffed as before. The sexes are separate, as are the specialties. No major alterations were undertaken in any ward apart from the homeward bound unit and the intensive care unit. In the homeward bound unit a three-bedded balcony room was converted to a sitting-room, and better lighting was installed. In the intensive care unit the large kitchen was converted to a sterile supply room, and the sterilizing-room was fitted as a small kitchen. The bathroom was converted to an equipment store as all patients in the unit would be nursed in bed. Three 13-amp. electric plugs were installed by three bed spaces for the resuscitation and monitoring equipment, and banked oxygen was installed.

Patients Admitted

Both men and women, medical and surgical patients, were admitted to the intensive care unit at the consultants' discretion. During the first three months 252 patients were admitted—133 medical and 119 surgical. The medical admissions were from casualty, general practice, the Emergency Bed Service, and from other wards in the hospital. Surgical admissions were largely postoperative cases, together with some acute admissions from outside sources. The average stay of medical and surgical admissions was roughly the same, 4.1 days.

In the same three-month period the number of patients admitted to the homeward bound unit was 234—64 medical and 170 surgical. The average duration of stay was 5.4 days. The admissions were from the intermediate wards only, the average stay of medical patients being one day longer than that of the surgical ones.

Discussion

The primary aim of this experiment in progressive patient care was to improve the treatment of acutely sick patients admitted to the hospital without jeopardizing that of the rest of our patients, and at the same time to use nursing time and monitoring and resuscitative equipment to their full potential. To do this bed allocation had to be abandoned, and this was agreed to by all the consultant staff. Nevertheless, it was obviously important for the consultants to be able to locate patients easily, and so a location board was produced which was kept up to date by matron's office staff three times a day.

Both the patients and the members of staff had to accept the fact that, dependent on their condition, patients might be moved from ward to ward. The progress of any individual patient was kept under daily review by the resident medical and surgical officers. When possible all transfers were made in the mornings so that beds were available for acutely ill patients admitted at night.

Initially there appeared to be two major drawbacks to the scheme from the patients' point of view; firstly, that the sexes were mixed in the intensive care and in the homeward bound units; and, secondly, that patients might object to the change of ward and of familiar surroundings and people. In the intensive care unit mixing of the sexes appeared to create little difficulty, as most patients were too ill to be concerned about it. In the homeward bound unit patients slept in separate wards, and the common dining-room and sitting-room appeared acceptable. Movement from ward to ward did cause some difficulty on occasions, but with adequate explanation patients generally appreciated the reasons for this and took it as a sign of progress towards recovery. They also appreciated the concentrated nursing care while they were acutely ill.

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