

Unnecessary ward moves - bad for patients, bad for healthcare systems

July 30 2013

Unnecessary ward moves are becoming increasingly common and have adverse consequences both for patients and for hospitals, according to researchers from the University of Dundee.

Professor Marion McMurdo and Dr Miles Witham have drawn attention to the practice of 'boarding' patients - moving individuals from their own base specialty ward to other wards to accommodate influxes of new patients - in an editorial published today in *Age and Ageing*, the scientific journal of the British Geriatrics Society.

Professor McMurdo and Dr Witham, from the University's School of Medicine, claim that a reduction in bed numbers and an increase in hospital admissions have led to the practice becoming increasingly common, especially amongst older patients. This is despite the fact that changes of environment increase the risk of falls and delirium, problems that are associated with risk of serious injury and increased [death rates](#).

Furthermore, boarding patients away from dedicated elderly care units deprives them of receiving Comprehensive Geriatric Assessment (CGA) - a method of care which has been shown to reduce future [hospital admissions](#) and the requirement for future institutional care. The evidence shows that when frail older people are admitted to hospital and looked after in a specialist unit for older people with a dedicated multi-disciplinary team they are 25 per cent more likely to survive and be able to return to independent living at the end of their stay.

Professor McMurdo said, 'Boarding is sometimes viewed as a necessary evil - at least compared to the alternative of having no bed in which to admit patients from the overflowing acute admissions unit. Yet at a systems level, boarding appears to be a false economy - every ward move increases length of stay thus exacerbating the very problem that boarding attempts to circumvent. Worse still, frequent moves around a hospital are likely increase the risk of infection transmission, a factor Trusts have been advised to incorporate into bed management policies.'

Dr Witham said that it was an inescapable fact that the fact that hospitals face increasing pressure on bed availability as hospital bed numbers contract and emergency admissions rise.

'However, a recent survey of medical staff found that 92 per cent of doctors would refuse to have a relative of theirs boarded out - this hardly inspires confidence in the quality of care received by patients who are moved around the hospital environment.'

'The majority of patients being boarded are frail, elderly and cognitively impaired because most patients admitted acutely to hospital have these characteristics, and because such patients are likely to stay in [hospital](#) long enough to fall victim to boarding. In the wake of the Francis report, we need to be honest and open with [patients](#) and their families and explain the risks associated with unnecessary ward moves.'

More information: 2.'Unnecessary ward moves' by Prof. McMurdo and Dr Witham from the University of Dundee was first published online on 29 July 2013.

Provided by University of Dundee

Citation: Unnecessary ward moves - bad for patients, bad for healthcare systems (2013, July 30)
retrieved 24 April 2024 from
<https://medicalxpress.com/news/2013-07-unnecessary-ward-bad-patients.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.