

SUPER GREEN

Creating healthy environments in Singapore through eco-design



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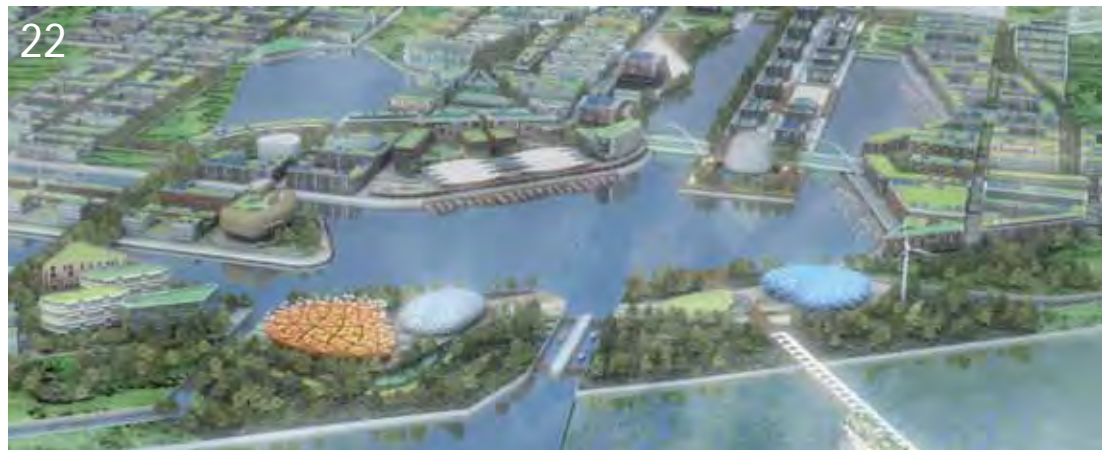
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The debate about single hospital rooms continues to preoccupy the UK's NHS as it strives towards a model for 21st century healthcare. Whilst some initiatives for change might be compared to rearranging the deckchairs on the Titanic, others – improving infection control, enhancing patient dignity and privacy – are all crucial.

I believe that single patient rooms have major benefits. However, not everyone is convinced. The elderly, in particular, tell us at public consultation meetings that they

fear soulless corridors and the prospect of dying alone and unnoticed by hospital staff. Healthcare architects play a key role in persuading potential patients that their fears about single rooms are unfounded.

The Ulrich model and the US experience offer hope for a model of care which will provide all the benefits of patient-focused care – shorter recovery times, better infection control, more efficient bed management, efficient bedside use of some hospital facilities (physiotherapy, pharmacy, pre-operative assessment) – thereby producing an overall improvement in the patient experience. The capital cost of providing single rooms will, of course, increase as hospitals become larger. As a society, we must decide on the relative merits of increased costs since the rewards are considerable. In the future, if we do achieve a higher ratio of single rooms to wards, we may wonder what the fuss was about.

Some things, with the benefit of hindsight, are obviously worth doing. Then the image of the 'Carry on Doctor' style hospital will be a historic one.

Chris Pye, partner, Watkins Gray International, UK

The US experience offers hope for a patient-focused model of care

The Australian health system is one of the best in the developed world in terms of health outcome indicators, and at a cost of approximately 9% of GDP (similar to the UK) offers high quality, equitable and accessible healthcare to the Australian people regardless of age, employment, health status or income. It does this at a fraction of the cost of the US system which costs approximately 15% of GDP – a system that also scores a great deal worse on many of the same health outcome indicators where Australia excels.

Although the debate for and against 100% single rooms for inpatient facilities may be

won in the US, it continues without definitive conclusion in Australia. Recent Australian research suggests that although there are many benefits associated with 100% single rooms, there are also significant additional capital and recurrent costs. The question must then be asked whether 100% single rooms is the best way to spend valuable, yet ultimately limited, Australian health dollars or is it possible to accept a lower percentage of single rooms (say 50-60%) and spend the money that is saved on other important health initiatives?

With an increasingly ageing population, greater demands for costly technology, diversification of care from the acute sector into the home and community, plus an increasingly limited medical and nursing workforce, it is obvious that we simply cannot have it all!

The debate is ongoing and the 'evidence' continues to be gathered, reviewed and assessed to support a decision regarding the proportion of single rooms appropriate for the Australian health system. Ultimately, we must spend health dollars wisely to achieve the best possible health outcomes for our population. Our facility-related decisions, such as the proportion of single rooms, must accord with this reality.

Jane Carthey, director of the Centre for Health Assets Australasia (CHAA), Faculty of the Built Environment, University of New South Wales, Australia



Are 100% single rooms the best way to spend valuable Australian health dollars?