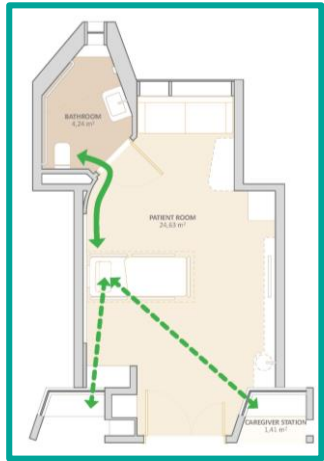


## Are single bed rooms associated with better outcomes? What's the evidence?

*"Sleep is a grossly underestimated aspect of care (...) It would be really amazing to do something totally transformational about noise and sleep across our redeveloped hospitals."*  
Krishna Moorthy (CTG)

*"Movement sensors indicating bed vacation can help."* (presentation)



*"SBRs are best practice to prevent the development and spread of drug-resistant bacteria."*  
Health Care Without Harm



*"single rooms make it easier for patient to have a relative at the bedside; let's not just focus on infection control"* Mando Watson (CTG)

**SLEEP**  
Patients sleep better in SBRs. We need quiet and darkness to sleep well. In hospitals 50% of poor sleep is due to factors intrinsic to state of health and treatment.



**WINDOWS, PAIN, & LOS**

View through a wing, sunny rooms, views of nature are associated with less pain report and medication as well as shorter lengths of stay, lower morbidity.



*"Sunshine may affect favourably one or more of the mechanisms concerned with regaining health, and prove to be advantageous in a range of conditions."*  
Beauchemin, K. M. & Hays, P. (1998) JRSM

*"Smart panels on walls would provide a way of improving the space with art or forest views of sea views etc. and could be changed as needed."*  
Elizabeth Whittaker (CTG)

**FALL PREVENTION**  
Patient room design can help prevent falls by providing handrails between bed and en suite door, grab rails in en suites, use of sliding doors, staff lines of sight, and amber night lights.

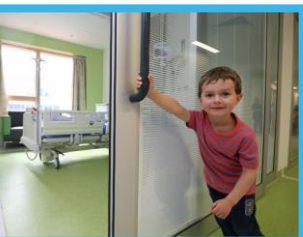


**OBSERVATION**

Sliding doors provide openness, supporting socialisation as well as observation from corridor, decentralised nurse bases, or touch down bases at vision panels.



*"Access to light and outside world should be also considered re overall staff well being."* Emily Kessler (CTG)



**INFECTION PREVENTION & CONTROL**  
SBRs support isolation. Royal Victoria Hospital McGill University Health Centre saw immediate and sustained reduction in nosocomial VRE colonization, MRSA colonization and VRE infection despite demographic changes that increased the high-risk tertiary care population.



**FOUR BED WARDS**

Inpatients may benefit from social interactions in shared rooms. Staff more likely to be in the in room and are thus directly on hand to assist, preventing falls.



*"En suites need to be big enough to enable assessments to be undertaken."*  
Chris Flatt (CTG)

*"Elderly medicine would need mixture of single and multibed rooms, I think"*  
Anna Bokobza (CTG)

*"I think ICHT needs more single rooms generally, but there should be social space like day rooms."*  
Darius Oliver (CTG)

**Overwhelmingly positive**

Images clockwise from top: (1) Palomar Medical Center (design by CO architects) Escondido, California. (2) Alder Hey Hospital (design by BDP) Liverpool, England – patient room glazed sliding door. (3) Royal Papworth ICU (Design by HOK) Cambridgeshire, England – Glass sliding doors between beds.