There has been a growing tendency over recent decades for new and existing hospital developments to decrease the amount of shared patient rooms, opting instead for more single rooms in hospital ward design. This is a trend reflected at policy level within Australian health services and it centres on several key factors. Care in a single room can be mandated for infection control (National Health and Medical Research Council (NHMRC) 2010), is preferred by clinicians for some patient groups with specific needs, and is preferred by patients.

There is a perception amongst patients that care in a single room is more personalised, and patients report greater satisfaction with care in a single room. However, there is currently not enough evidence to categorically state that patients benefit from single rooms in terms of health outcomes (van de Glind et al 2007).

NHMRC guidelines (2010) promote the use of single rooms as part of a suite of recommendations aimed at reducing the spread of infection in hospital, however the research evidence shows mixed results in terms of the impact of single rooms on infection prevention and control. While some literature reports insufficient evidence to assess the effects of isolation as a stand-alone measure (Loveday et al 2006), other research has shown no real difference in infection control outcomes between shared patient rooms and single rooms (Dettenkofer et al 2004).

Even if unanimously supported as a primary measure for infection prevention and
control, competing demands often mean single rooms are not always available for this use. A recent study found only 12-19% of single rooms were used for infection control, with factors such as gender mix in the ward, terminal care, patient behaviour, and safety and observation other criteria to place patients in single rooms (Wigglesworth and Wilcox 2006). Regardless of the rationale, as long as single rooms remain ‘hot property’, they cannot be relied on as a primary strategy to prevent the spread on infection.

REFERENCES

MELISSA BLOOMER IS A LECTURER AT MONASH UNIVERSITY SCHOOL OF NURSING AND MIDWIFERY

Vaccination is still the single best prevention against influenza...

‘Be flusmart and you’re a lifesaver’

Australia’s leading Influenza experts are urging Australians to get flu vaccinations and avoid the epidemiological levels of flu infection already seen in the United States and Europe this year.

Supporting the 2013 national awareness campaign be flusmart and you’re a lifesaver are some of Australia’s important lifesavers and volunteers including Surf Lifesavers, St John Ambulance and SES volunteers and Scouts.

The 2013 flu vaccine is available nationally and early vaccination is critical to avoid catching or passing on the flu in the two week window between getting the shot and being fully immunised, Dr Alan Hampson, Chairman of the Influenza Specialist Group (ISG) said. “We have already seen unusually high numbers of early cases in Australia this summer. Sadly 87 children have already died in America as a result of complications from influenza and New York was declared a state of emergency in January with over 19,000 reported cases of influenza, or almost five times the number in 2012.”

The flu virus struck hard and early in the northern hemisphere winter and spread quickly, Dr Hampson said. “While the timing of the main annual Influenza outbreak in Australia is unpredictable, we could well follow the same trend.”

Flu vaccine is free for pregnant women, those aged over 65 years, and children and adults suffering underlying medical conditions including asthma and respiratory problems, heart and kidney disease, and type 1 and 2 diabetes.

“Vaccination is still the single best prevention against influenza,” Dr Hampson said. The ISG is monitoring the spread and impact of the disease across the northern hemisphere and its development in Australia.