



# inSite

information - service development - technology - emerging design

## Are there enough beds?

11 November 2004 Issue 7

A question that is often asked is “are there going to be enough beds in the new hospital”?

This is an area that can cause lots of concern – *but how real is it?*

The new hospital is made up of the following bed numbers:

Med/Surg	38
HDU	6
Paeds (including swing beds)	7
Maternity	7
AT&R	16
Acute Assessment Unit	6
<b>Total</b>	<b>80</b>

This total **excludes** the 9 beds and 6 lazy boys in the day unit, 7 treatment bays in the Emergency Department along with the 2 resusc bays, Selina Sutherland beds and Mental Health.

In reviewing the last two years of hospital admissions the average number of people in Masterton Hospital is 53 per day. Detailed below is a breakdown of hospital occupancy by day of the week and occupancy by month for the 2003/2004 year.

### Occupancy by Day

	Occupied Beds	Physical Beds New Hospital	Variance
Monday	54	80	26
Tuesday	55	80	25
Wednesday	56	80	24
Thursday	56	80	24
Friday	51	80	29
Saturday	49	80	31
Sunday	52	80	28
<b>Average</b>	<b>53</b>	<b>80</b>	<b>27</b>
Excludes Mental Health			

Based on what has been current practice, it is clear that on the average we will have 27 beds available.

This may seem hard to believe, given that over winter, there were several consecutive days when we seemed ‘full’ and were exploring options for bed management.

What is clearly highlights, however, is that with our current spread out facilities, services cannot help but be provided in a disconnected way. The new hospital will allow more flexible bed usage, which will provide options for bed management not previously available, or not easily achievable. This will help to free up some of the blockages that currently exist.

It is also interesting to note that the Wairarapa has a very high level of avoidable admissions compared with other hospitals across the country. This provides an opportunity to review what we are doing to see whether there are alternative options for care that may be more appropriate - for example, development of homebased IV therapy services.

Current day surgery levels also highlight that we have a wonderful opportunity to increase services in this area.

Back to the question – “are we going to have enough beds”?

Yes. Based on the last two years data, on the average we will have had 27 beds available - with and much greater flexibility in the way in which we use them.

Please turn page over.....

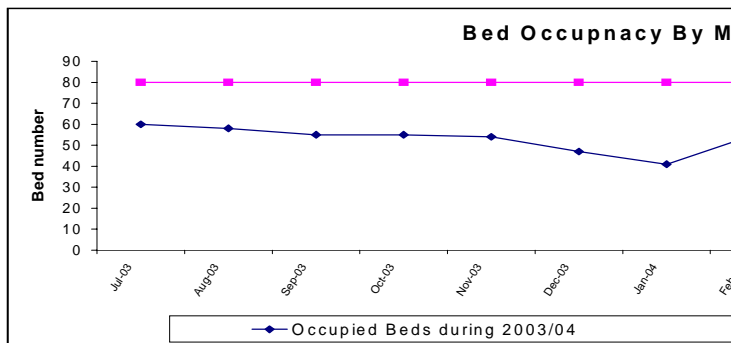
The Change Team	
Noeleen Hill	Clinical and Process Change Manager
Sueanne McGlashon	HR Advisor, Site Development
Jenny Prentice	Organisation Development Manager
Jill Stringer	Communications

## There are peaks and troughs throughout a year

The graph below shows the average bed occupancy by month. It shows, as we all know, that we have a much higher bed occupancy during the winter months than we do over summer. At no time, however, have we 'run out of beds', though some have been hard to use given their

location and geographical isolation from other patients with like conditions. This has placed real pressure on coordinators and staff to safely manage bed allocation. This scenario will not be repeated in the new hospital.

	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	Jan-04
Occupied Beds during 2003/04	60	58	55	55	54	47	4
Physical Beds in new hospital	80	80	80	80	80	80	8



## Excellent response to Nursing Consultation Document

Director of Nursing Helen Pocknall wants to thank everyone who sent in a submission, or gave verbal feedback on the Nursing Consultation Document.

There were 20 written submissions from across the organisation. These are all being analysed at present as part of the review of the feedback process. They will be taken into consideration in the development of the 'Nursing Workforce for our future'.

**Thankyou**

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## Change management workshops raise interesting questions

The first series of change management workshops had a small, but keenly interested group of participants who raised many issues, according to facilitator Sueanne McGlashon. "It was nice to start with smaller groups," says Sueanne. "It meant we could drill down in greater depth on issues of real concern to participants, in a way not possible with larger groups."

Some staff expressed concern about their 'warrant of fitness' if they joined the 'job market', having perhaps only undertaken one or two employment interviews in their career. Others focussed more on the ways in which they could support themselves and others during this period of change, or ways of evaluating personal options.

"The overall project plan recognises the need to support staff through change," says Sueanne. "These change workshops are a starting point for staff, not an end point. There are a series of skills and activities that may be of benefit as we move along. We'll run more workshops early next year, when the workforce is confirmed, and people have had more chance to think through what this will mean for them."