

Analytical Framework to Establish Requisite Bed Capacity when Cohorting Patients

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BACKGROUND: Paediatric patients are housed in shared cubicles without reference to age or gender. Older patients housed with young children do not get proper rest as babies and younger children cry often. Parents are also concerned when teenaged boys and girls are housed beside one another. In addition, shifting of beds occurs frequently because different age groups require different bed types.

Ward/Cubicle Layout After Cohorting Ward/Cubicle Layout After Cohorting

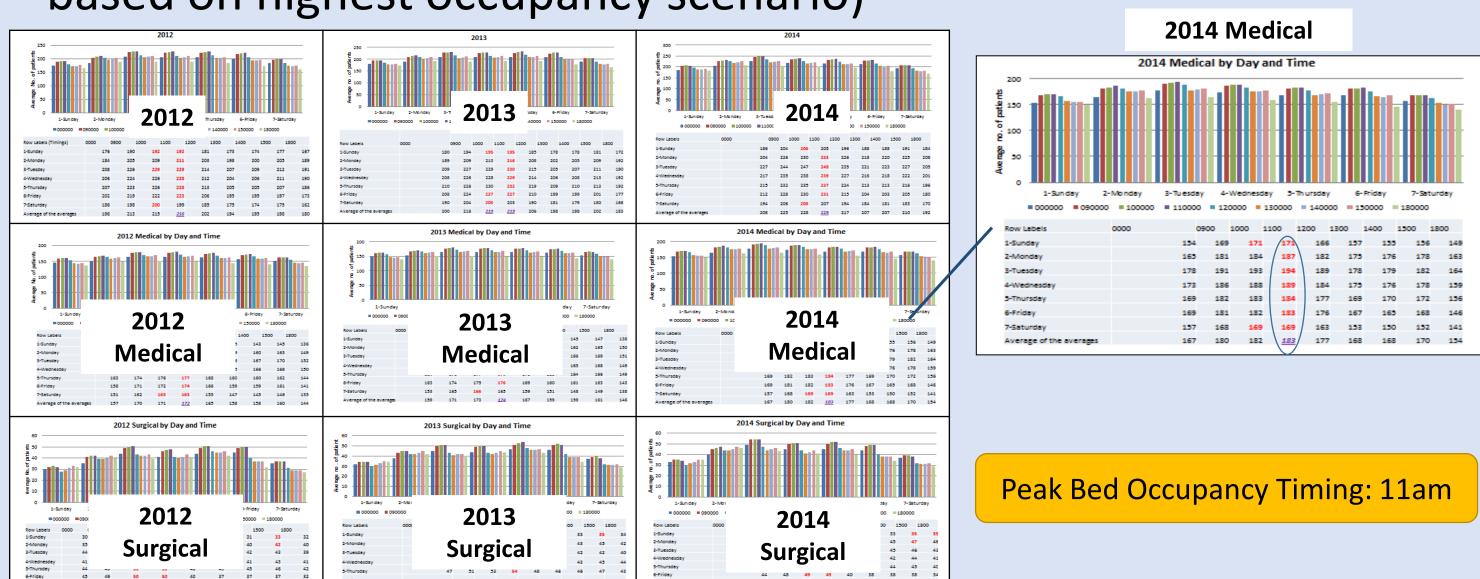
Bed-shifting is a labour-intensive exercise. It also creates tensions between the porters (who need time to find and shift the beds), the nursing staff (under pressure to get the bed space ready) and the admission staff (facing anxious parents with unwell children waiting to get to the ward). Finally, when the bed is moved in, neighbouring patients are disturbed.

AIM: To cohort paediatric patients by age/gender (under 3 months old, 3 months to 4 years old, 4 to under 11 years old, males aged 11 & above, and females aged 11 & above), bed class (A, B1, B2+, B2 and C) and specialty (Medical and Surgical).

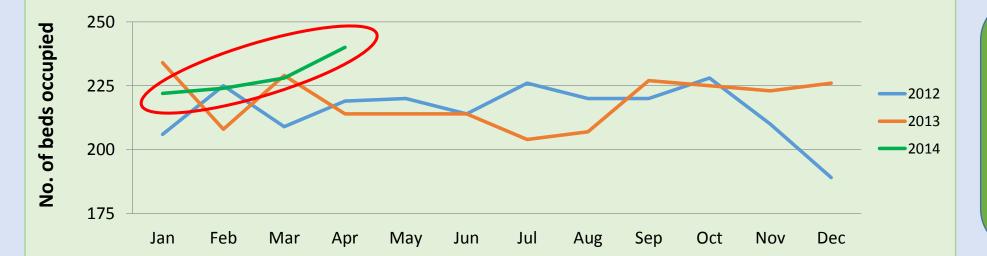
Legend Cot (Younger Children) Bed (Older Children) Bed (11 & above Male)

METHODOLOGY

- 1) Define cohorting categories and prep 3 years' data for analysis, including
 - Assign age groups to different bed types
 - Reassign bed class by preferred choice (not final allocation)
- 2) Ascertain time of day when bed occupancy peaks (ensure analysis based on highest occupancy scenario)

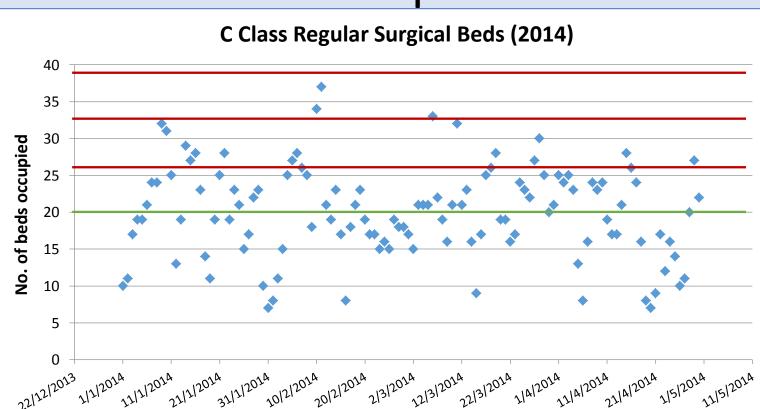


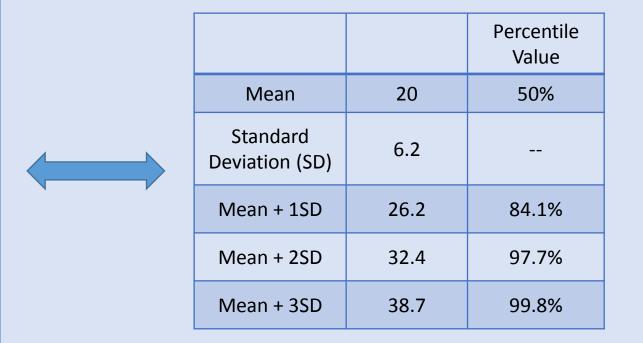
3) Identify data period for analysis



Significant increase in the first 4 months of 2014 as compared to the preceding 24 months. As such, only historical data from January to April 2014 is used for analysis.

4) Establish spread of day-to-day bed occupancy using scatter plot and use mean, standard deviations and other intervals to identify number of beds required to meet demand at different percentiles





5) Set up matrix for patient mix based on existing ward/cubicle layout/infrastructure and different combinations of patient profile and number of bed classes, eg.

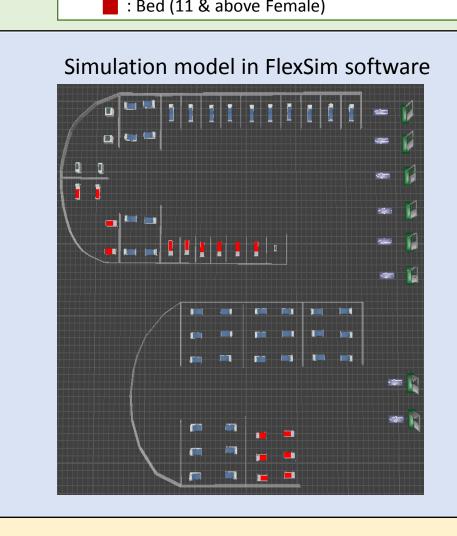
Ward	Ward Type	Beds in Svc	Bed Class				No of each Dad town		
no.			A1	B1	B2 +	С	No. of each Bed type		
31	Medical	30				30	C: 30 Cots		
51	Medical	16	16				A1: 16 Cots		
56	Medical	32				32	C: 20 Bassinets, 12 Cots		
62	Medical	30			25	5	B2+: 15 beds (4 years and above), 10 Cots C: 5 Beds (4years and above)		
66	Medical	30				30	C: 30 beds (4years and above)		
75	Medical	24	8	8		8	A1: 8 Cots B1: 8 Cots C: 8 Beds (4years and above)		
85	Medical	28	12	8		8	A1: 12 Beds B1: 8 Beds (4years and above) C: 8 Beds (4years and above)		
55	Surgical	30				30	C: 6 Cots, 12 beds (4-10 years), 6 beds (11years and above Male), 6 beds (11years and above Female)		
86	Surgical	33	12	17		4	A1: 10 beds, 6 cots, 1 bassinet, B1: 4 Cots, 4 beds (4-10 years), 2 beds (11years and above Male), 2 beds (11years and above Female), B1 and C: 4 Bassinets		

With Full Bed Classes

		Fully Classless								
	Ward no.	Ward Type	Pee Beds in Svc No. of each Bed type							
-	31	Medical	30	12 Cots,18 Beds (11 years old and above Female)						
	51	Medical	16	16 Cots						
	56	Medical	32	20 Bassinets, 12 Cots						
	62	Medical	30	30 Beds (4-10 years old)						
	66	Medical	30	30 Cots						
1	75	Medical	24	3 Cots, 21 Beds (4-10 years old)						
	85	Medical	28	7 Cots, 5 Beds (11 years old and above Female), 16 Beds (11 years old and above Male)						
1	55	Surgical	30	12 Cots, 18 Beds (4-10 years old)						
	86	Surgical	33	4 Bassinets, 5 Cots, 4 Beds (4-10 years old), 11 Beds (11 years old and above Male), 9 Beds (11 years old and above Female)						

NB: Configurations with limited bed classes also done but not shown here

- 6) Simulate all matrix combinations to show:
 - patients able/unable to get required bed type in chosen bed class
 - time required before required bed type in chosen bed class becomes available to ascertain impact and feasibility of each individual cohorting scenario



RESULT

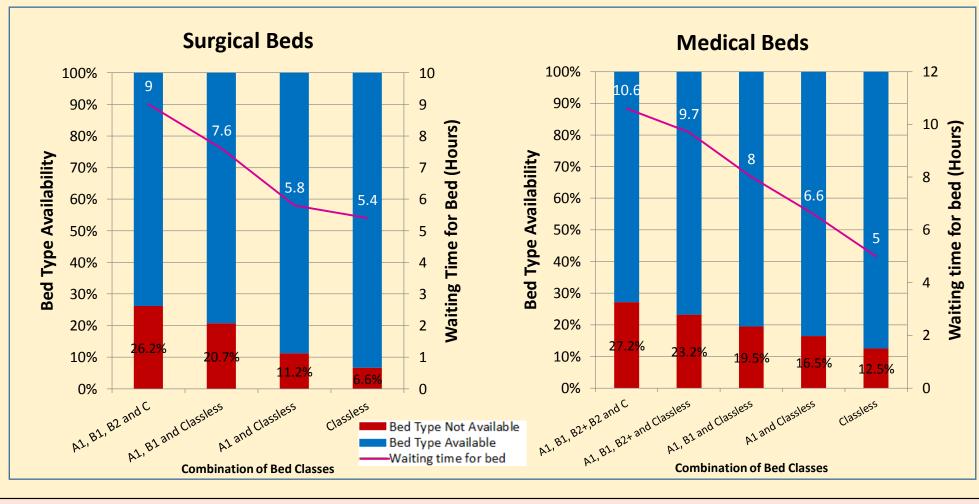
1) Able to determine duration that a patient (ie, those unable to get a bed) needs to wait before a bed becomes available in EVERY cohorting scenario. (See surgical example given)

		Туре	(Freq)	(%)	(%)	50th	75th	90th	95th	(hr)	time(hr)
A1	0-2mths	Bassinet	6/27	22.2	26.6	0.0	0.9	12.3	17.8	0.9	23.4
A1	3mths to 3 years old	Cot	40/314	12.7	48.6	1.4	4.1	12.8	16.1	0.5	19.9
A1	4years old and above	Bed	18/455	4.0	55.6	1.0	8.0	13.6	14.8	0.2	18.0
B1	3mths to 3 years old	Cot	0/133	0	30.2	0	0	0	0	0	0
B1	4 & above (Male)	Bed	18/167	10.8	41.21	6.6	13.0	20.4	20.9	0.9	21.3
B1	4 & above (Female)	Bed	4/132	3.0	35.1	0.7	6.9	16.7	20.0	0.2	23.2
B1&C	0-2mths	Bassinet	18/163	11.0	40.94	2.5	16.3	20.1	20.9	0.8	24.1
С	4years old & above (Male)	Bed	267/888	30.1	74.3	3.4	11.1	17.6	18.7	1.9	24.5
С	4years old & above (Female)	Bed	44/601	7.3	56.2	2.1	4.4	9.9	10.9	0.2	14.0
С	3mths to 3 years old	Cot	262/494	53.0	81.8	5.0	14.1	19.1	21.4	4.2	38.1
	Overall		677/3374	20.1	N.A	3.5	11.8	18.3	20.0	1.3	38.1

2) Established required no. for each bed type when cohorting by specialty, bed class, age group and gender at various percentile levels

	MI	EDICAL	85th Percentile		95th Percentile		
Patient Class Bed Class		Bed Type	(approx. mean + 1 SD)	90th Percentile	(approx. mean + 2 SD)	100th Percentile	
	A1	Bassinets	3	4	4	7	
		Cots	25	26	28	31	
		Beds (4 to 10 years)	14	16		21	
		Beds (11 years & above - Male)			18		
Duitanta		Beds (11 years & above - Female)					
Private		Bassinets	2	3	3	4	
		Cots	12	13	14	15	
	B1	Beds (4 to 10 years)	7	8	9	14	
		Beds (11 years & above - Male)	2	3	3	4	
		Beds (11 years & above - Female)	3	3	3	4	
	B2+	Bassinets	2	2	2	3	
		Cots	18	18	19	21	
		Beds (4 to 10 years)	12	12	14	17	
		Beds (11 years & above - Male)	4	4	5	5	
		Beds (11 years & above - Female)	5	5	6	9	
	C (B2 & C combined)	Bassinets	18	20	22	27	
		Cots	48	49	52	57	
		Beds (4 to 10 years)	33	35	37	41	
		Beds (11 years & above - Male)	15	16	17	21	
Subsidised		Beds (11 years & above - Female)	15	17	18	22	
		Bassinets	19	21	22	30	
	C (B2+, B2 & C combined)	Cots	63	64	67	74	
		Beds (4 to 10 years)	42	44	47	51	
		Beds (11 years & above - Male)	17	18	19	25	
		Beds (11 years & above - Female)	19	20	22	28	
	C (B1, B2+, B2, C combined)	Bassinets	21	21	22	32	
	C (A1, B1, B2+, B2, C combined)	Bassinets	22	23	28	33	

3) As the number of bed classes are reduced, the potential outcome improves significantly



Conclusion

- 1. Current physical infrastructure of KKH cannot support cohorting by bed class, age group, gender and specialty.
- 2. For a children hospital to improve efficiency and enhance housing arrangements, there is a need to consider doing away with multiple ward classes.