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Experience of a hospital hotel

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Abstract

Hospital hotels are uncommon in the United Kingdom. Kingston Hospital opened one in July 1991. In the first 3.5 years, 4540 guests have stayed there with high satisfaction rates. It has enabled in-patient average length of stays to be contained in the face of increasing day surgery and allowed 2132 patients to undergo day surgery who would otherwise have required admission. The cost per day in the hotel is just over a third of the cost of an in-patient stay with the median length of stay being just under 3 days. Of the guests, 1.2% had to be re-admitted to the in-patient unit and 0.1% died in the hotel.

Keywords: Hospital hotel; Day surgery; In-patient beds

1. Introduction

One of the first hospital hotels in the United Kingdom was opened at Kingston Hospital NHS Trust in July 1991. The aims of the hotel are, firstly, to increase the number of patients that can benefit from day surgery or same day diagnostic procedures and, secondly, to obtain a more efficient use of acute in-patient beds and thus reduce waiting lists. The hotel achieves this by providing a domestic level of support to patients who would be suitable for day surgery or for discharge from acute hospital beds if their home situation was more favourable.

1.1. The facility

An empty ward was converted to an hotel in 8.5 weeks at a cost of £60 000. This provided twelve single cubicles and four single rooms, the majority without en-suite bathroom facilities but all with an hotel bed, television, a wardrobe and an armchair. Lounges, a dining room, an office, a small kitchen and storage were included in the development. The guests are looked after by two stewards/stewardesses during the day and one at night. These are not required to have any formal nurse training. Their role is to act as a surrogate family for the guests.

Nursing care is provided, as if the patient had gone home, by community nurses who are mainly pre-booked prior to the guests entry into the hotel.

Medical advice when required is given by senior house officers of the appropriate speciality who undertake the role of the guest's general practitioner. There are no regular medical rounds of the hotel.

1.2. The guests

Guests in the hotel have been discharged from hospital and all discharge procedures have been completed including any follow-up appointments, the dispensing of discharge medications and instructions to the patients on self-medication. Hospital notes do not accompany the patient to the hotel, but they do have a copy of the discharge letter to the general practitioner and any community nursing instructions. In essence, patients discharged to the hotel are treated identically to those discharged home.

Guests must be booked into the hotel at least 24 h prior to their entry with the referring consultant stipulating admission and discharge dates. The aim is to limit stays to a maximum of 3 days.

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Patients suitable to become guests in the hotel are in-patients who are unable to return home and potential day surgery cases who cannot have this form of treatment because of social reasons (see Fig. 1). The hotel may also be used for day surgery patients who live more than 1 h drive from the day unit and would otherwise need to be treated as in-patients. Patients excluded from using the hotel are listed in Fig. 2.

2. Results

2.1. Activity

In the 3.5 years since its opening, 4540 guests have stayed in the hotel, 2892 (63.7%) were female and 1648 (36.3%) were male. The majority (72.6%) were over 65 years of age. Median length of stay was 2.9 days (range 1–9 days) and the percentage occupancy rose from 60.1% in 1991/1992 to 91.53% for the first 6 months of 1994/1995. General surgery, general medicine and ophthalmic surgery each accounted for over 25% of the referrals to the hotel, with gynaecology and orthopaedics each about 10%.

The percentage of guests who were day surgery patients rose from 26.7% in 1991–1992 to 61.9% for the first 6 months of 1994–1995 with a percentage for the 3.5-year period of 47% (2132 patients). Of patients in the first year, 32% were referred for community nursing visits but this fell to 9.9% in the first 6 months of 1994–1995.

2.2. Complications

Fifty four (1.2%) of the guests have been re-admitted over the 3.5 years and this percentage has not varied significantly in any year. The re-admission rate of the day surgery cases was 0.28% and of those transferred from the in-patient unit 1.99%; 70% of the latter were general medical cases.

Five guests died during their stay in the hotel. Four of these were females over the age of 76 years who had been in-patients with cardiac problems. Resuscitation was attempted in each case. The fifth death was a male with lung cancer. All deaths were unpredictable at the time of transfer to the hotel.

Absence of family or friend at home.

Lack of access to a telephone.

No indoor toilet or bathroom.

Lack of functioning lifts in upper floor accommodation.

Fig. 1. Social reasons for hotel admission.

Patients requiring acute medical or nursing care.

Elderly patients requiring long-term convalescence.

Psychiatric patients.

Patients unable to self medicate.

Children, other than new born with nursing mother.

Patients who are immobile or not substantially self-reliant.

Fig. 2. Patients excluded from the hotel.

2.3. Acceptance

Guest satisfaction was monitored by questionnaire with a return of 87%: 88% described the hotel as excellent and 11.8% as good.

2.4. Cost

The cost of a guest staying in the hotel is £41 a day compared to an average of £112 on an in-patient ward. This in-patient cost excludes the cost of laboratory tests, X-rays, operating theatres, physiotherapy and pharmaceuticals.

2.5. Impact on hospital activity

The hotel has helped in allowing the hospital to reduce its in-patient beds from 424 prior to its opening to 349 in the last full year, 1993–1994. Despite a 4.9% reduction in the lighter in-patient work in this time, the overall hospital average length of stay has reduced by 15.5% from 6 to 5.07 days.

The clearest benefit is seen in day surgery. In 1991–1992, the hotel allowed the hospital to undertake 2.8% more day surgery, in 1992–1993 7.2% more, in 1993–1994 6.7% more, and in the first half of 1994–1995 9.6% more.

3. Discussion

Hospital hotels providing the level of accommodation and support equivalent to good home circumstances and care from competent relatives or friends have existed and been been successful in the U.S.A. for a number of years [1]. In the United Kingdom, they are a new concept but can be equally beneficial allowing an earlier discharge of in-patients and an increase in day

surgery for those patients with inadequate home support. The improved ambience and comfort over in-patient wards makes it attractive to the guests who use it and its cost effectiveness benefits the hospital budget.

The hotel at Kingston Hospital, as in the U.S.A., has helped to contain costs, reduce in-patient beds, control the average length of stay despite increased case complexity, and increase day surgery whilst at the same time being most acceptable to patients.

The re-admission rate for day cases of 0.28% is in line with that reported from Kingston Hosptial for patients sent home following their day surgery (0.3% for hernias [2], 1.4% for all day surgery [3]). However, the readmission rate of 1.99% of in-patients transferred to the hotel could be improved. Many of these came about because referral criteria were not followed particularly at times when there was pressure on in-patient beds. Continuous audit of referrals and re-admissions together with appropriate action by the hotel management is essential to prevent abuse of the hotel facility. The deaths in the hotel were unpredictable. All these patients were stable and had been assessed by a consultant physician prior to their transfer to the hotel. They would have been sent home if their home circumstances had permitted.

In Sweden and the U.S.A., the basic concept of the hospital hotel, with no medical rounds and no nursing staff, is increasingly being lost [1,4]. In both countries, many hotels have 24-h nursing staff! Recovery inns being built adjacent to freestanding ambulatory centres in the U.S.A. also have medical staff in attendance. These inns have been developed for commercial reasons to allow short stay as well as true day cases to be dealt with in the ambulatory centres. When nursing and medical care are added to a hotel the result is, at the least, a minimal care ward and the hotel ambience for the patients is lost and cost containment becomes marginal [4].

The hotel at Kingston Hospital, run by non-nursing staff, has found wide acceptance amongst its guests and the hospital staff. Its success has led to plans to build a new 30–40-bed hotel at the hospital in the near future.

4. Conclusion

Three and a half years experience of a hospital hotel in a district general hospital has demonstrated the benefits such a facility can bring by helping to contain average in-patient length of stay and by increasing the amount of day case surgery. Hotels are cost effective and can be run safely, with good patient satisfaction rates, by stewards and stewardesses without 24-h nursing or medical rounds.

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