“Moving patients is far more than just inconvenient”

Moving patients from ward to ward and bay to bay is a common activity in the NHS. We justify it as releasing beds where and when they are most needed, but do we consider its impact on patients? Can we ever justify it from a patient’s perspective?

I am often told by patients, and more recently by a family member, that packing and unpacking their property between these moves is “utterly exhausting”. It can also lead to property being lost – when my relative recently experienced a series of ward moves over the space of a few days, false teeth, walking aids and medication were all lost.

Repeated moves can lead to more significant problems: disorientation and confusion over the whereabouts of ward facilities may lead to patient dependency and iatrogenesis. Patients may prefer to stay in bed to “keep out of the chaos” created by multiple bed moves.

My relative, who is not confused, told me: “I woke up and didn’t know where I was… then I looked for my walking frame and it had vanished, so I just pressed the buzzer for the nurses to take me to the toilet instead.”

What is more, moving patients contributes to a lack of continuity and communication between clinical teams as patients pass from one to another. Often important information is lost as a result of this communication failure breakdown.

This is not only detrimental to patient care but can also affect NHS finances, particularly in discharging patients with complex needs after they have been moved around a hospital. New teams have to get to know these patients and may repeat discharge planning processes already completed by previous teams, or set up entirely new plans. All of this is likely to increase patient anxiety as well as delay discharge.

So, what is the justification for such a poor patient experience? Many reasons are given for moving patients, including the need to put newly admitted patients in highly visible areas, the demands of single-sex accommodation requirements and the need for side rooms for infectious or dying patients.

Multiple patient moves is a safety issue – and it won’t be solved by developing protocols or transfer checklists.

Perhaps the situation might improve if, before we move our patients, we actively consider whether the move is entirely necessary.

The NHS is engaged in monitoring patient experiences of care, with medication side-effects and notification of discharge dates being the most recent areas of focus.

I believe it is time we monitored how patients, carers and relatives feel about patients being moved repeatedly during their hospital stay.

When terminally ill patients are experiencing pain that cannot be alleviated, they are often put on continuous sedation to reduce distress.

But sedation can continue for long periods, and this raises a dilemma. That dilemma is whether they should be given fluids to keep them hydrated.

Like many dilemmas around end-of-life care, this issue provokes divergent opinions on the ethical implications. There are also clear clinical issues to consider – not only about whether withholding fluids is a form of euthanasia but also about whether it will exacerbate or alleviate symptoms.

Our Discussion on page 24 reviews the literature on this challenging situation. As with most nursing dilemmas, there isn’t a clear answer and there is a dearth of research, but thinking through the issues will help nurses to work out how to do the best for their patients.

Liz Lees is consultant nurse and clinical dean, Heart of England Foundation Trust, Birmingham

Ann Shuttleworth is practice and learning editor of Nursing Times.

www.nursingtimes.net / Vol 108 No 38 / Nursing Times 18.09.12 11