

Is single room hospital accommodation associated with differences in healthcare-associated infection, falls, pressure ulcers or medication errors? A natural experiment with non-equivalent controls.

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<https://psnet.ahrq.gov/issue/single-room-hospital-accommodation-associated-differences-healthcare-associated-infection>

This study expands on analyses and conclusions from published [findings](#) exploring the effects of moving to a new hospital with 100% single room accommodations. The researchers used nonequivalent controls by comparing results to a hospital that had not changed buildings but planned to do so (steady state control) and a hospital that moved to a new building with fewer than 50% single rooms (new build control). [Falls](#), pressure ulcers, and [Clostridium difficile](#) infections increased in the older patients' ward after the move to single rooms. However, there was also a significant change in the case mix on this ward following the move, which may have explained these changes in adverse events. On the acute assessment unit, falls and [medication errors](#) temporarily increased for the first 6 months but then returned to prior rates. The authors found neither clear evidence of benefit nor increased risk of harm attributable to moving to all single room accommodations.