LINET RESEARCH

LINET Group

FULL REPORT

STUDY RESULT FROM SOUTHAMPTON UNIVERSITY HOSPITAL NEUROSCIENCES INTENSIVE CARE UNIT

NHS
University Hospital Southampton
NHS Foundation Trust

THE IMPACT OF THE LATERAL TILTING MULTICARE ICU BED

Feature on Nursing Productivity, Retention, Recruitment and Costs in a Regional Neurosciences Intensive Care Unit

Neurosciences Intensive Care Unit Report into outcomes from trial of LINET beds. August 2018 updated November 2018 1

1.0 INTRODUCTION/BACKGROUND 10

2.0 AIM OF TRIAL 11

3.0 METHODOLOGY 11

4.0 RESULTS/FINDINGS/DISCUSSION 12
4.1 Release time for direct patient care (demand v actual staffing levels) 12
4.2 Agency shifts filled/ change in staff profile 14
4.3 Reduce sickness absence; overall rate and muscular-skeletal (%) 16
4.4 Reduce vacancy rate 17
4.5 Increase staff satisfaction 18
4.6 Increase patient satisfaction 20
4.7 Reduce patient complications including Pressure ulcers, Ventilator Acquired Pneumonias and reduce overall length of stay 21

5.0 LIMITATIONS 22

6.0 OPTIONS APPRAISAL 22
6.1 Beds returned to LINET and revert to using hospital supply of non-specialist/standard beds 22
6.2 Purchase the 10 beds currently on hire 23
6.3 Renegotiate the current contract for hiring the beds 23

7.0 CONCLUSION AND PREFERRED OPTION 24

1.0 INTRODUCTION/BACKGROUND

The Neurosciences Intensive Care Unit is a 13 bedded unit which provides specialised intensive care for patients who have a severe illness or injury affecting their brain, spinal cord or peripheral nerves. 600–700 patients per year are admitted and cared for on the unit.

Due to the nature of their health conditions these are some of the most physically dependent and challenging patients within critical care, requiring between three and five staff to safely turn them on a two hourly basis unless risk assessed that less frequent turns would be appropriate. Turning patients is critical to ensure integrity of the skin and reduce pulmonary complications. Patients with altered neurology have adverse reactions to physical contact and manipulation due to hypersensitivity. Less contact during the turning process reduces the distress of turning two hourly or on demand.

The beds facilitate less intervention during the turning process, promoting sleep whilst maintaining skin integrity, postural drainage and haemostasis. As a result there is the potential to reduce delirium due to sleep deprivation. The beds enable a seated position to promote visualisation and orientation.

With the LINET beds patients can be turned by two nurses every two hours. This releases time to care and ensures timely provision of nursing care, promoting the maintenance of patient safety and observations at a 1:1 or 1:2 ratio. The nurse in charge can be less involved in all turns to focus on moving patients forward in their care pathway and operational challenges. Improving health and wellbeing of staff promotes retention, longevity and sustainability for our future workforce.

Bed spaces are restricted due to the amount of equipment and estates challenges on the unit (current bed spaces do not meet Hospital Building Notice standards). As a result staff report frequent musculoskeletal injuries, dissatisfaction with their working environment and ensuring adequate staff are available at the right time to assist with complex patient turns is ever challenging (staff have to leave their own patients to assist).

LINET UK offered a 12 month block rental of a specialist intensive care bed with potential positive benefits for both staff and patients. These potential benefits are noted in the aim of the trial section below. Above all there is the ability to turn patients using fewer staff using less physical effort. Consideration was being given at the time to requesting an uplift of three whole time equivalent (WTE) band five nurses to help meet a shortfall in care hours (this is outlined further in section 4.2) and to rationalise the acquisition of LINET beds a comparison was made between the annual cost of employing these additional nurses versus the one off cost of trialling the 10 LINET lateral rotational beds.

It was also noted by the Neuro ICU team that some bariatric patients could be cared for on these beds reducing the need for (and cost of) single hire bariatric beds. Additional benefits were noted to include the ability to weigh patients on the bed which ensures compliance with current guidelines for daily weighing.

An agreement was reached between the Trust and the providers of LINET beds to trial 10 beds on the unit for one year via the block rental.

The equipment trial comprised of;

- 10 Multicare Intensive Care beds (half of which have “i-Drive” providing electronic assistance to staff moving beds between locations for example when transferring a patient to Neuro theatre complex, C level , main radiology department and the Emergency Department for the CT/MRI scanner)
- 10 passive Clinicare Mattresses and 3 Virtuoso adjustable pressure mattresses.
- All mattresses changed to Hybrid, climate control mattresses in line with Trust mattress contract during the trial
- Attachments to safely perform portable CT scans

2.0 AIM OF TRIAL

The aim of the trial was to;

A. Release time for direct patient care
B. Reduce sickness absence (overall) and due to musculoskeletal injuries
C. Reduce vacancy rate
D. Increase staff satisfaction
E. Increase patient satisfaction
F. Reduce patient complications including Pressure ulcers, Ventilator Acquired Pneumonias and reduce overall length of stay

3.0 METHODOLOGY

An audit tool was developed to monitor and record relevant data to assess the impact of the beds within the unit. Amendments were made to this tool as the collection of data progressed to ensure the data being collected was relevant.

Data was collected for the period from Q1 2016/17 (prior to the bed installation) until Q1 17/18.

Plans were made to review the following criteria.

Criteria	Method	Source	Links to aim of the trial
Demand v actual staffing levels	Care Hours Per Patient Per Day	Safe care	A
Agency and bank shifts filled	Number/rate of those requested	Healthroster	A
Sickness absence (nursing staff); overall rate and musculoskeletal (%)	Overall rates (%) Monthly Quarterly	Healthroster	B
Bariatric bed hire	Number of days	Unit records	B

Registered nursing staff vacancy (%)	Overall rates (%) Monthly	Healthroster	C
Unregistered nursing staff vacancy (%)	Overall rates (%) Monthly	Healthroster	C
Staff feedback	Questionnaire to staff	Ward Based Survey	D
Patient feedback	Additional question on feedback survey	Current patient feedback process	E
Real length of stay	Monthly average days	Critical Care Minimum Data Set	F
Hospital Acquired Pressure Ulcers	Number/rate	Adverse Event Reporting System	F
Ventilator Acquired Pneumonias	Number/rate	Adverse Event Reporting System	F

Data collected was both qualitative and quantitative and derived from the electronic health roster, the Critical Care Minimum Data Set, Adverse Event Reporting system, unit records, a staff survey and the patient feedback survey.

4.0 RESULTS/FINDINGS/DISCUSSION

4.1 Release Time For Direct Patient Care (demand v actual staffing levels)

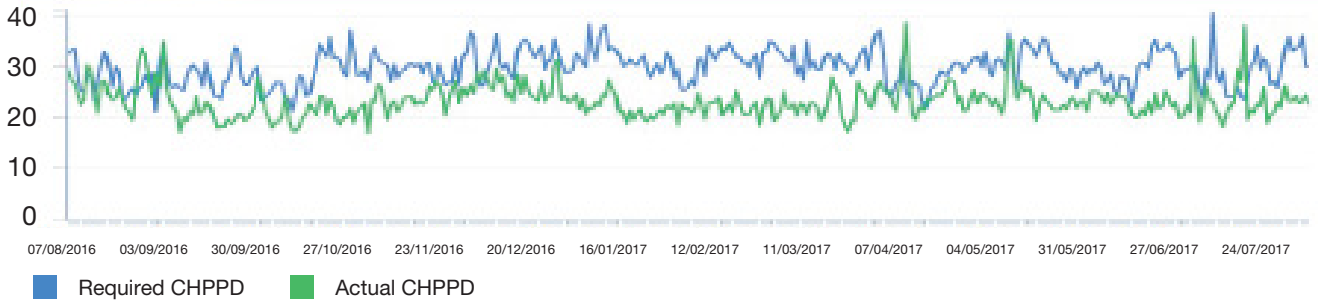
4.1.1 Care Hours per Patient per Day

Current staffing models are based on Care Hours per Patient per Day (CHPPD). In critical care this is 24 hours for 1:1 and 12 hours for 1:2 levels of acuity. When you factor the need to perform two hourly turns (156 turns in 24 hours on a unit of 13 patients with between three and five nurses required) there is a shortfall of CHPPD. This is demonstrated in the following data from the system used (SafeCare) where three, four and five person turns are recorded three times a day. Prior to the introduction of the beds the data was based on two hourly turns, each turn averaging eight minutes with between two and five nurses.

The following graphs (1 and 2) show a visual representation of CHPPD; the bigger the gap between the lines, the bigger the shortfall in CHPPD.

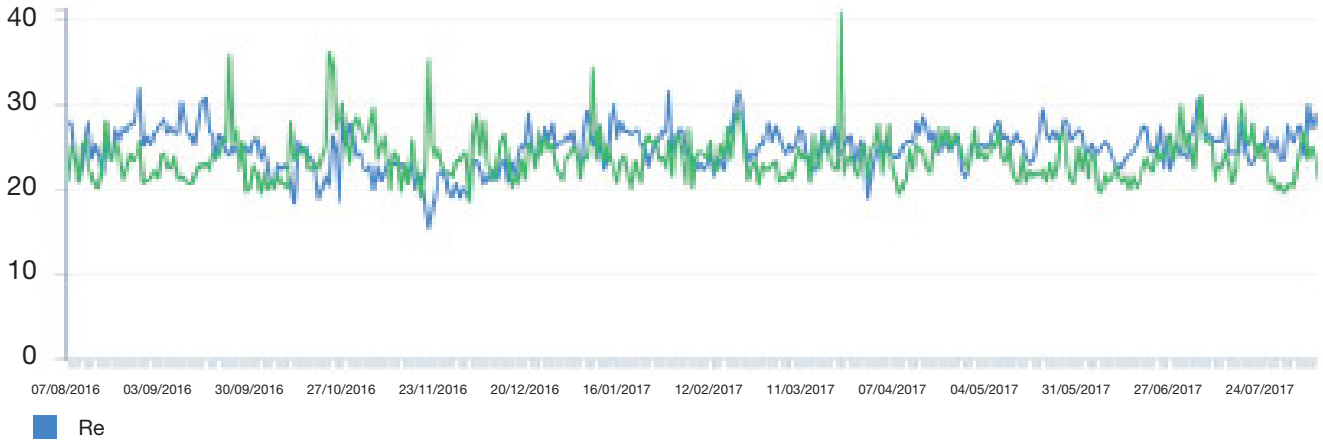
Graph 1 relates to the 12 month period prior to the introduction of the beds. The gap between actual and required CHPPD indicates the shortfall i.e. fewer nursing hours available to care for the patients. The impact of this shortfall is on the nursing staff in absence, fatigue and stress levels impacting on overall health and wellbeing or patients are not turned two hourly compromising turnaround protocols.

Graph 1; CHPPD 07/08/16 – 06/08/17



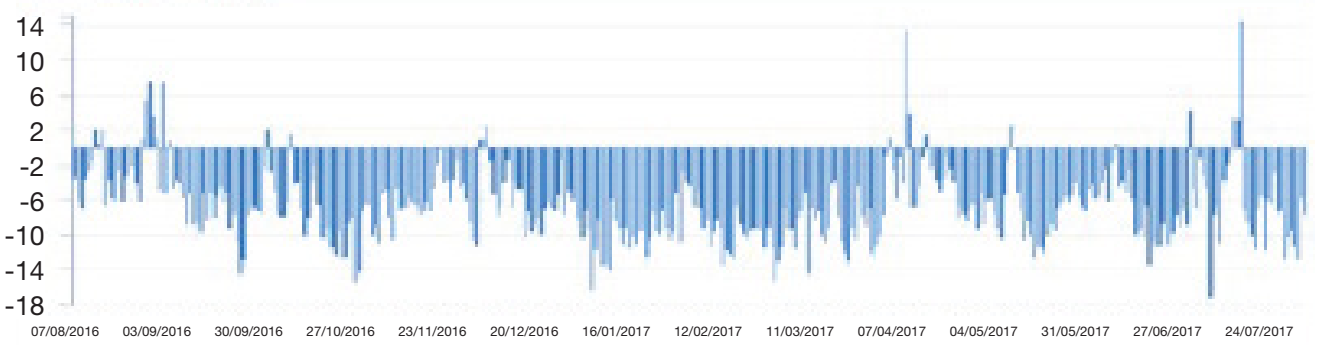
Graph 2 below shows the same view but in the 12 month period following the introduction of the beds. The two hourly turnaround protocol was achieved with less staff required for every turn, reducing the actual time for each turn (averaging 20 seconds). Downloaded data collected by the LINET team from the memory on the beds confirmed that turns took place two hourly.
Patients are disturbed less whilst undergoing two hourly turns to maintain skin integrity, chest care and haemostasis. The reduction in CHPPD shortfall represented by the closer lines on the graph is clear to see.

Graph 2; CHPPD 07/08/18–06/08/18



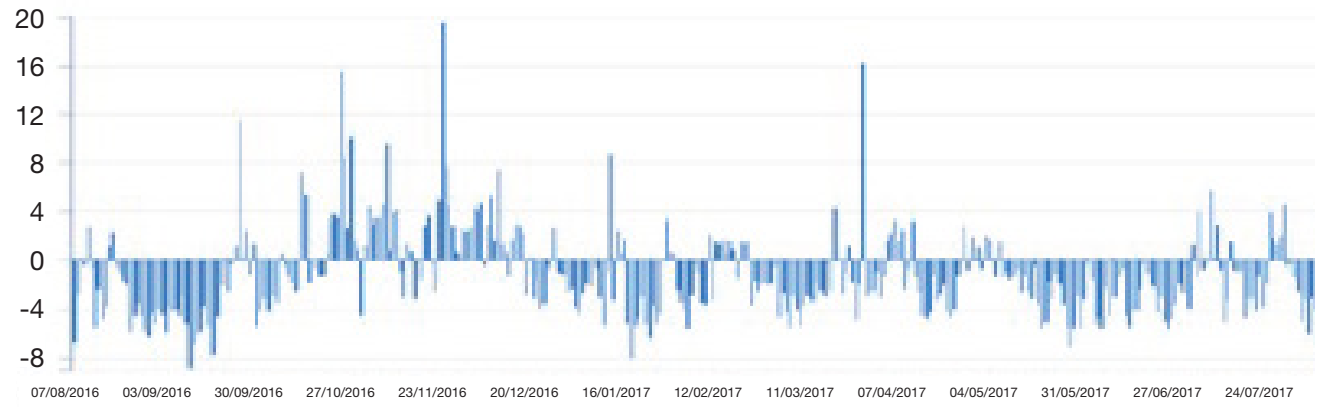
The following set of two CHPPD graphs (3 and 4) shows a different representation of the data; the greater the amount of data below the line, the greater is the shortfall in CHPPD.

Graph 3; CHPPD 07/08/16–06/08/17



The reduced shortfall is clear to see in graph 4 below as the data is more evenly spread above and below the line. Please note the different scales on the graphs which could not be changed on the system which generated the graphs.

Graph 4; CHPPD 07/08/18–06/08/18



4.2 Agency Shifts Filled/ Change in Staff Profile

A Trust initiative is to encourage employees to work additional hours on the NHS professional's staff bank (NHSP) as multi post holders to reduce reliance on agency workers and thereby reduce temporary staffing costs.

All vacant shifts (identified through the workload and acuity data captured on the SafeCare system) are released to NHSP (£30 per hour approximately.). Shifts which are not filled are released to agencies for external (non-Trust) staff (£62 per hour/variable but always higher than NHSP). In extreme circumstances shifts are released to a very high cost agency (£100 per hour approximately) which the Trust endeavours not to use unless essential to maintain patient safety.

The table below indicates the temporary staffing data for the year preceding the introduction of the beds and the year following introduction of the beds.

	Agency %	Agency hours	Bank %	Bank hours	Hours variance	Total agency nursing spend	Total bank nursing spend	Total spend on agency and bank
7/8/16–6/8/17	7.06%	5745	5.7%	4684		£262,368	£165,025	£427,393
7/8/17–6/8/18	6.04%	5078	7.47 %	6286		£252,741	£251,947	£504,688
Difference (hours)		–667		1602	935			
Difference (spend)						–£9627	£86,922	£77295

- The overall agency and bank worker demand in the second year when LINET beds were in use increased by 935 hours compared to the year before the beds were introduced. This equates to 0.48 whole time equivalent nurses per week.
- The bank hours filled/worked in year two increased by 1602 hours which equates to 0.82 whole time equivalent nurses per week.
- This suggests that substantive staff are more willing to work additional hours through the NHSP bank and there has been a reduction in the number of agency hours paid at a higher rate since the beds were introduced.
- An increase in the total spend on agency and bank staff was noted in year two, however levels of activity for the two full years are not comparable (higher acuity and more total bed days) in the latter half of year two) and the total agency spend (higher rate of pay) did not increase despite an increase in the vacancy rate (section 4.4.1) and the increase in activity. This suggests a positive impact from the beds.

The following table indicates the activity and spend for the first six months of each year. These periods were chosen for comparison purposes as the activity demand and acuity on the unit was similar both years. This data demonstrates a reduction in spending on agency and bank nursing staff during periods of similar activity despite there being a greater vacancy rate in year two.

Data period	Total bed days	Level 3 bed days	Total admissions	Agency spend	Bank spend	Total spend
Aug 2016–Jan 2017	2065	1292	314	£166,314	£67,082	£233,396
Aug 2017–Jan 2018	2026	1307	349	£90,032	£87,837	£177,869
Difference	–39	15	35	–£76,282	£20,755	–£55,527

- Activity and acuity was consistent in the first six months of each year
- Agency nursing spend reduced by 76K In year two and bank spend increased by 21k; an overall reduction of £55k.

Staffing levels are reviewed across all areas in the Trust once a year through a budget setting exercise. Using 2016/17 SafeCare data an increase of three whole time equivalent (WTE) Band five nurses was proposed to support the shortfall in CHPPD at a cost of approximately £105,000 per annum. This influenced the decision

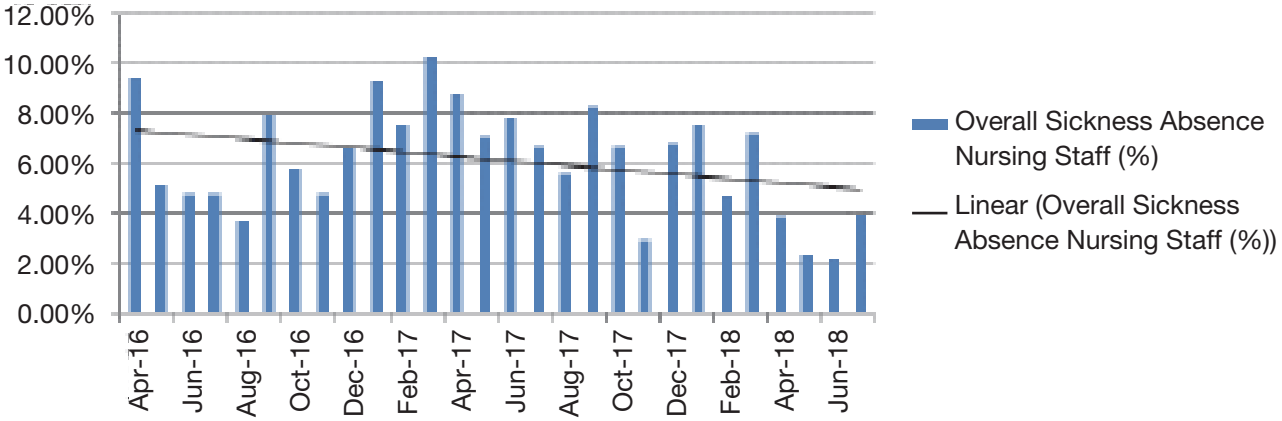
to enter into an agreement to hire the 10 LINET lateral rotation beds at a lower cost that the annual cost of employing these additional nurses. The request for the additional band five nurses was thus removed from the budget setting process. This decision would need to be revisited should permanent acquisition of the beds not be pursued.

4.3 Reduce Sickness Absence; Overall Rate and Muscular-Skeletal (%)

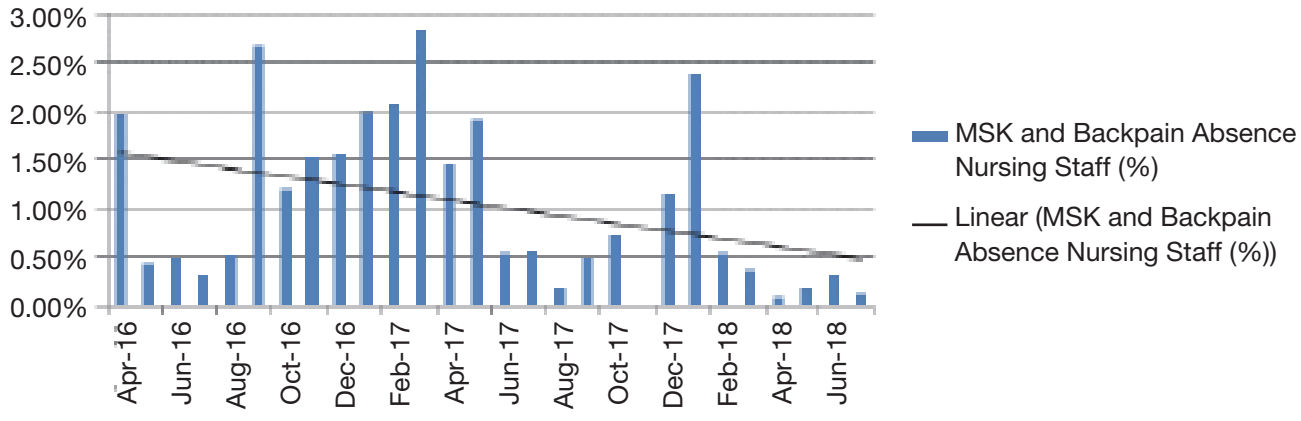
4.3.1 Sickness Absence

An overall decline in nursing staff sickness absence was noted on the unit (Bar Chart 1) although it is not possible to attribute this directly to the use of the beds. There was however a greater decline in the reduction of sickness absence due to musculoskeletal and back pain/injuries (Bar Chart 2).

Bar Chart 1; Overall Sickness Absence Nursing Staff (%)



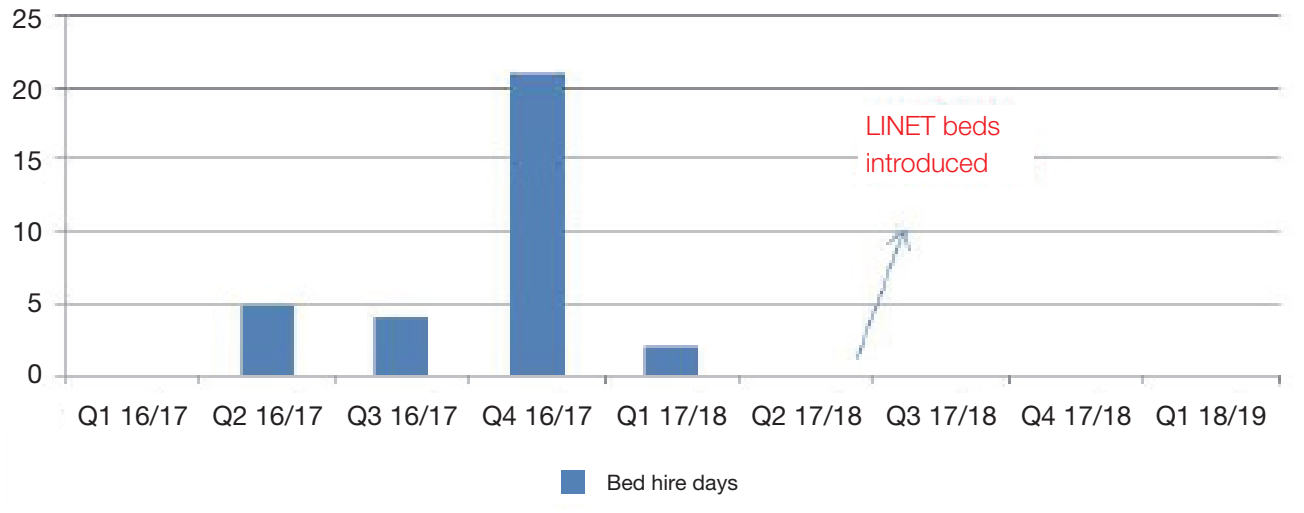
Bar Chart 2; MSN and Backpain Absence Nursing Staff (%)



4.3.2 Bariatric Bed Hire

In the 16 months which preceded the introduction of LINET beds, bariatric beds were hired for a total of 32 bed days at £65 per day (32x65=£1760). From August 2017 until June 2018 there have been no beds hired. As well as generating a saving on bariatric bed hire, there are physical benefits for the staff in not using bariatric beds which are difficult to manoeuvre and can create a physical barrier to providing personal care and have a detrimental effect on the musculoskeletal health of clinical staff.

Bar Chart 3; Bed Hire Days



4.4 Reduce Vacancy Rate

4.4.1 Registered and Unregistered Nursing Staff Vacancy (%)

Vacancy rates for the unit for registered and unregistered nursing staff were compared for June 2017 and June 2018.
Continuous staff turnover is not out of the ordinary for Neurosciences Critical Care. Recruitment is an ongoing process and a current successful recruitment exercise will be complete by November 2018.

	June 2017	June 2018
Registered nursing staff	7.73%	13.74%
Unregistered nursing staff	–58.82%	10.32%

The registered nurse vacancy rate has increased on the unit and it is not possible to determine if the LINET beds have had any impact (although anecdotal evidence suggests this is unlikely). Staff resigned for a variety of reasons. Four staff returned home to their country of origin due to homesickness or to support family, two staff returned as they were unable to achieve the international language test standard and five staff sought new opportunities both external to the Trust. No staff have left as a result of musculoskeletal injuries.

Healthcare Assistants were over recruited and employed to support the shortfall in CHPPD (hence the negative vacancy in June 2017). This is no longer required and Healthcare Assistants whole time equivalent establishment has been reduced to only cover backfill in training which is financially supported.

4.5. Increase Staff Satisfaction

4.5.1. Staff Feedback

Staff feedback has been largely very positive. Two staff feedback audits were carried out asking staff for qualitative feedback about the beds. Responses in the second audit were greater in number and it is believed this was due to staff realising their input might have an effect on whether the beds were retained in the future or not.

Audit 1; in the first audit clinical staff were asked about any benefits for staff and patients as well as any disadvantages.
Surveys were made available to all staff in the staff room and 12 responses were received. Respondents were from nursing staff (both trained and untrained) (n=11) and physiotherapy staff (n=1).

A strong thread of positive feedback was received in relation to the impact on both staff and patients. 91.7% (n=11) of responses contained all or mostly positive comments.

4.5.1.1 Audit 1; Benefits Noted (grouped into themes)

1. Reduction in back and other musculoskeletal injuries/aches and pains

- Fewer turns and overall bed functionality
- Fewer transfers between different beds
- Easier to move the bed (for example when transferring patient to theatre (i-Drive)
- Releasing clinical time to provide care on the unit – turns are quicker and fewer staff needed
- Fewer staff required to turn patients so staff doing fewer turns overall
- Less physical moving and handling

2. Team work more organised

- Easier to organise/plan turns and other care as fewer staff needed each time

3. Beds easy to use for

- Turning patients
- Transferring patients using the i-Drive
- Positioning patients for procedures
- Weighing patients
- Bariatric patients
- Chest care

4. Easier to maintain skin integrity

- Bed ease of functionality

5. More restful for patients

- Less handling with turns and fewer bed moves/less disturbances
- Patients seem more comfortable

6. Safer for patients

- Less manual handling
- No pressure area care issues
- Easier to obtain the correct tilt for patient positioning
- Less risk to tubes/lines etc. when moving patients

4.5.1.2 Audit 1; Disadvantages Noted

Very few disadvantages were noted.

As part of responses which were mainly positive two nurses expressed a small number of concerns

1. That there is a need to change the bed when patients are transferred to a ward
2. That it is harder to change sheets as they don't tuck in
3. That pressure areas are checked less frequently (not being checked on every turn unless concerns are noted)
4. That chest care is performed less frequently.
5. That it is harder to align spinal patients
6. That a large number of blocks are being used to help position the patients.

There have been no adverse outcomes associated with these concerns which are in the minority of comments received.
A physiotherapist responded with some queries about areas in which the nurses were generally unconcerned. The physiotherapist felt that there were potential risks and some difficulties associated with the positioning and mobilising of some patients and queried the frequency of clinical interventions (pressure area care and chest care) since the beds came into use. There is no evidence of adverse outcomes in the areas raised by the physiotherapist and the comments suggest they are less experienced and confident with turning and mobilising patients from these beds than the nurses who have more continuous and overall contact with the beds and patients.

A second member of the physiotherapy team was asked to respond to the audit and responded in a much more positive manner. This member of staff stated the beds are easy to use and helped with positioning patients.

However both members of the physiotherapy staff feel the beds don't go low enough for mobilising patients and this may be an area for more investigation and audit in a unit which is well known both locally and nationally for its work on the early mobilisation of ICU patients with neurological conditions.

4.5.1.3 Audit 2 Summary

A further audit was carried out in which nursing staff (HCA's and registered nurses) were asked if they believe there is any positive impact from the beds on a range of criteria.
89 staff were surveyed with a response rate of 51.7% (n=46). The highest positive responses related to criteria relating to staff benefits (physical and mental health, time management and patient turn time) with responses in excess of 50% for patient related criteria (patient safety, positioning of patient and chest care).

100% of respondents believe the beds have improved their health and wellbeing at work and 93 % (n=43) believe that a return of the non-specialist, standard hospital bed will impact on their health and wellbeing. 7% of respondents (n=3) did not answer this question. 91% (n=41) believe a return to the non-specialist, standard hospital bed would impact on patient health and wellbeing. 9% (n=4) did not answer. For clarity future audits should specify whether the impact would be positive or negative but comments received support the assumption that staff believe that the return of standard hospital beds would be a negative change.

LINET Bed Audit
Have the beds changed any of the following in a positive manner?

	Yes		No	
Question	**Actual numbers**	**%**	**Unanswered**	**%**
Physical Health (i.e. Back pain)	45/46	98%	1/46	2%
Mental Health (i.e. stress)	32/46	70%	14/46	30%
Time Management	45/46	98%	1/46	2%
Patient turn time	44/46	96%	2/46	4%
Patient Safety	31/46	67%	15/46	33%
Positioning of patient (VAP)	34/46	74%	12/46	26%
Chest care	26/46	57%	20/46	43%
Other				

4.6 Increase Patient Satisfaction

Neuro ICU patients traditionally are not able to give verbal feedback however a small number of patients have been asked directly for feedback and stated the beds were comfortable and there have been no complaints. There has been no feedback within the patient survey in relation to the beds.

4.7. Reduce Patient Complications Including Pressure Ulcers, Ventilator Acquired Pneumonias and Reduce Overall Length of Stay

4.7.1. Hospital Acquired Pressure Ulcers

The unit has a good record of pressure ulcer prevention with only one grade 2 ulcer in the 16 months which preceded the implementation of the beds. There have been no Hospital Acquired Pressure Ulcers since the beds were introduced.

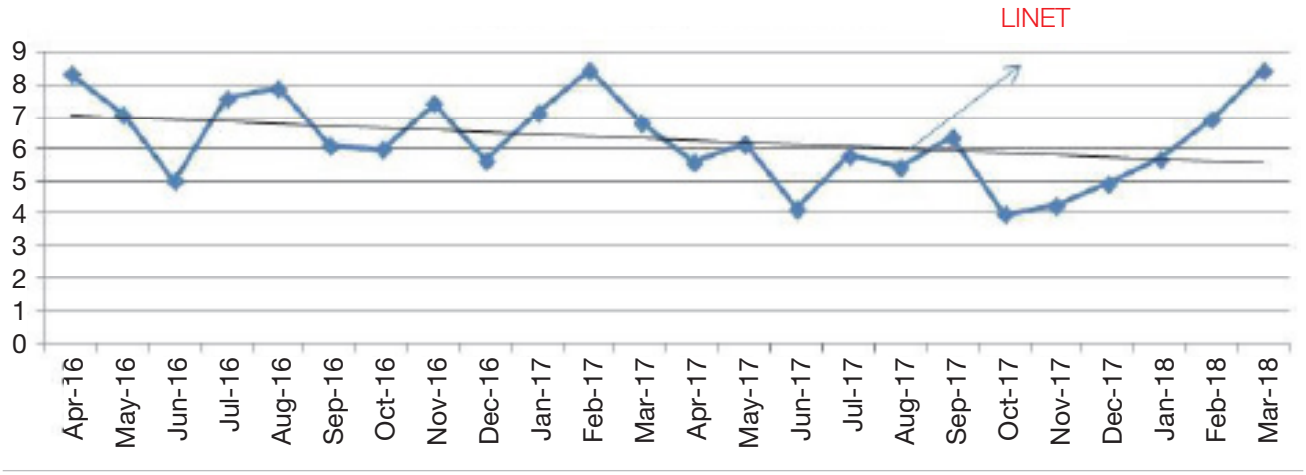
4.7.2. Ventilator Acquired Pneumonias

It has not been possible to collect robust data relating to Ventilator Acquired Pneumonias as the Trust is currently working to agree a local definition for VAP.

4.7.3. Real Length of Stay

There has been an overall length of stay reduction on the Neuro ICU (measured as average length of stay in each calendar month) which was already a trend prior to the introduction of LINET beds, largely attributed to a programme of early mobilisation led by the physiotherapy team. It is not possible to say with any certainty whether LINET beds have an impact on this programme. The recent increase in length of stay apparent on the graph below is due to a high number of long-stay patients on the unit.

Graph 5; Length of Stay Neuro ICU



5.0 LIMITATIONS

- There have been a number of occasions when the unit has had in excess of 10 patients; therefore up to three patients at any one time have not been nursed on LINET beds for unrecorded periods of time.
- The beds were introduced part way through Q2 of 2017/18 and in order to evaluate in time for the one year anniversary of their use some data collected does not cover a full year of use.
- For clinical reasons an alternative specialist bed is the first bed of choice for spinal patients. The unit owns two of these beds. The number of patient's not using a LINET bed has not been collated however the provision of the LINET bed has ensured that a suitable bed is available when both the alternative beds are in use and has prevented further bed hire.

6.0 OPTIONS APPRAISAL

6.1. Beds Returned to LINET and Revert to Using Hospital Supply of Non-Specialist/Standard Beds

Benefits

- No hire or purchase cost to the Trust for LINET beds.
- No further analysis would be needed on the impact of LINET beds

Disadvantages

- There would be an increase in the gap between demand and actual Care Hours Per Patient Per Day
- 3× WTE band 5 nurses would be requested through budget setting to meet the shortfall in CHPPD (105K)
- Substantive staff may be less willing to work additional hours at their substantive rate of pay or bank rates thus driving an increase in agency staff at the higher cost
- A cost to the Trust of resuming the hire of bariatric beds and lateral rotation beds
- Loss of the opportunity to purchase the loaned beds at a reduced price now (approx. 50% less than the cost of a new bed)
- There may be an inadequate supply of standard hospital beds if beds have been removed from circulation during the trial period – potential cost pressure to the Trust to replace them
- Negative impact on morale on the Neuro ICU
- There may be an increase in sickness absence due to musculoskeletal injuries
- Inability to comply with current guidelines for weighing patients daily
- Inability to comply with current recommended 30% head elevation angle

6.2. Purchase the 10 Beds Currently on Hire

Benefits

- One off payment to purchase at a similar cost to the one year hire which ended on 6/6/18 at reduced cost
- Maintaining links with the company with opportunities to assist with the development of future equipment for example a spinal bed for the future
- Morale on the unit maintained and all the positive benefits articulated by the nursing staff in feedback including positive impact on health and wellbeing of staff and added comfort/less disturbances for patients
- Continued reduction in the gap between demand and actual CHPPD
- Continued reduction in agency staff use at the higher cost than bank staff
- No requirement to fund additional staff to reduce the CHPPD gap (this would be a recurrent cost)
- Continued reduction in sickness absence for musculoskeletal injuries
- Continued compliance with guidelines for weighing and head elevation

Disadvantages

- Immediate cost of purchasing the beds and mattresses

6.3. Renegotiate the Current Contract for Hiring the Beds

Benefits

- May be possible to negotiate an additional three beds to ensure all patients have access to one
- Maintaining links with the company to design a spinal bed for the future

Disadvantages

- A continued rental agreement would be a similar cost over a year of purchasing the beds at the reduced rate offered
- 10 beds are not sufficient for all patients on the unit and consideration will need to be given to purchasing an additional three beds in order to facilitate maintenance of the 10 LINET beds

7.0. Conclusion and Preferred Option

There is considerable positive feedback from staff about the beds who overwhelmingly would not want them to be removed from the unit. Much of the benefit expressed by staff in relation to their own and patient health is not quantifiable but the difference in shortfall of care hours per patient per day as demonstrated by the SafeCare system data presented in section 4.0 is powerful evidence of the impact of the beds as is the reduction in sickness absence for musculoskeletal and back injuries.

Qualitative feedback is extremely positive and should the block hire of beds cease and the beds be returned there is much concern about a potential negative impact on staff morale as well as impact on the organisation of daily workload and ensuring staff are available in the numbers required to turn patients manually.

The beds enable staff to reassess the frequency of patient turns. Prior to using rotational beds staff would risk assess patients as two hourly turns were unachievable due to lack of time and the physical impact on staff.

Standard practice has changed and patients are turned on the bed two hourly with minimal disturbance and handling. Patients with neuropathic pain benefit from this as turning manually can cause distress from pain on handling. A full turn every four hours ensures that pressure areas are checked. Patients can be risk assessed and turned more frequently if required for comfort, pressure are management or chest care.

The reduction in workload has resulted in substantive staff willing to work additional hours to support a unit carrying vacancies and periods of increased acuity reducing the use and cost of expensive agency staff.

If the LINET beds are returned the Trust will need to ensure there are sufficient standard hospital beds available to replace them and if there is a cost associated with purchasing new beds this should be considered within the decision making process in relation to the cost pressure of purchasing LINET beds at the reduced rate offered. There will also be a return to the hire of individual bariatric beds; a cost which is likely to increase to cater for increasing numbers of bariatric patients.

The rationale for entering into the rental of the 10 beds originally was based on the CHPPD hours and potential to increase the nursing staff establishment by three whole time equivalent staff. This was mitigated by the block rental of the beds at a lower cost. Thus a return of the beds would necessitate a request for an increase in the establishment of band 5 nursing staff to meet the shortfall in CHPPD. This would be a greater financial outlay than the one off cost of purchasing the beds at the reduced rate offered by LINET.

Purchasing the beds currently on loan would also allow the Trust to enter into negotiations and reach an agreement with LINET about the commercial value of the report into the trial of the beds compiled by the Critical Care/Neuro ICU team. Positive publicity associated with working closely with a commercial company and assisting with the design of a future spinal bed would also be of benefit to the Trust.

The option preferred by clinical staff is to purchase the 10 beds which are currently on hire for the positive benefits experienced by both patients and staff. This is also the most cost effective option when taking into account the likely need to recruit additional staff to close the gap in Care Hours per Patient per Day, a potential increase in the cost of additional nurses through agencies rather than the staff bank (NHSP), the potential need for the Trust to purchase additional standard hospital beds and the need to hire bariatric beds for some patients.


04.09.2010 11:31
kg
PRIMARY INDICATOR
SECONDARY INDICATOR
85,5 kg
5,5 kg
C
STOP
CPR

Notes

LINET Group

LINET UK Ltd
11 Brunel Way | Segensworth East | Fareham | Hampshire | PO15 5TX
mobile: 07833 050 841 | customer support: +44 (0)844 248 1833
e-mail: vicky.walker@linet.uk.com | www.linet.uk.com

LINET | Edition 09/2019 | Different colour shades possible. Change of technical parameters reserved.