Optimising the use of bladder ultrasound scanners to improve the quality and safety of patient care and reduce costs in a hospital NHS trust (Prieto, 2016)

Inputs

Investment

-) Set up costs
 - £18,343 for 2 additional scanners for the Medical Equipment Library (MEL), including consumables but no maintenance contract for first year (under warranty)
- £300 for a model bladder for in-service training
- > Running / operational costs
- £20,480 for maintenance and repair
- £1,618 for consumables (paper and gel)
- £900 to replace 3 scanner chargers per year
- Total projected costs for 2016/17:
-) £22.903 for a fleet of 32 scanners
- **£41,546** if the fleet is increased to 34 scanners and run by the MEL

Resources

-) Staff
 - Clinical engineers to arrange maintenance
 - MEL staff to set up system for scanners
 - Clinical skills training team to provide training for clinical staff

The Service

How bladder scanners avoid harm and reduce costs

Advantages

- Non-invasive, fast and painless alternative to bladder catheterisation
- Reduced urinary tract infection (UTI)
- Increased patient comfort and satisfaction

Use and avoided spend

- In one month 16 scanners enabled 320 catheterisations and 20 UTIs to be avoided, an avoided spend of £51,118
- Extrapolating to one year using 32 scanners would result in an avoided spend of at least £1,226,822

Training

- Managing scanners outside of the MEL means no access to a scanner for in-service training. Instead, training is provided on an irregular, ad-hoc basis by the manufacturer with limited availability for staff
- Access to a scanner from the MEL and purchase of a model bladder would enable in-house training for all staff

Maintenance and replacement

- At any one time several scanners can be off-site for maintenance or repair, which means they are out of use from 5 days to several weeks
- Replacement of old scanners is a lower priority when managed outside of the MEL
- Managing scanners within the MEL would allow a more coordinated approach to use, maintenance and replacement, creating efficiencies within the system by improving access and use across the Trust

Summary of Benefits

For patients

-) All patients receive the most clinically appropriate and timely care
- Avoidance of unnecessary treatment (e.g. urinary catheterisation), delays in treatment and adverse events (e.g. catheter-associated UTI, delayed discharge from hospital).

For staff

-) Improved access to scanners for wards and departments, saving nursing time
- Access to a scanner from the MEL for short-term or ad-hoc use (e.g. for training, clinics)
- Improved access to training on scanner use

For the trust

- Reduction in adverse events and associated costs
- > Equitable system for distributing costs of scanner use and upkeep across all divisions
-) Improved efficiency of scanner use over time
-) Better trained workforce
- Succession planning for replacement of scanners
- Coordinated approach to equipment purchase at best available price
- > Standardisation of equipment across the trust













