LETTERS TO THE EDITOR

The economics of appliance—a study of appliance loan in accident and emergency departments

Editor,—It is common experience for all staff who work in accident and emergency (A&E) that appliances such as crutches, walking sticks, knee splints and frames can be in short supply. One of the results of this is that patients can be denied appliances out of hours. Also loss of these appliances may lead to increasing hospital costs.

With this in mind, we sent a questionnaire to all A&E departments in England and Wales asking if they had procedures in place to manage the purchase, loan and recovery of appliances. We also sought to determine the estimated costs to the departments.

There was a 56% response rate and 90% of the respondents loaned appliances to the population they served. Only 43% of the respondents kept an inventory (usually book records), of which, only 58% followed up the patients who did not return the loaned appliances. Some 63% of the respondents agree there is need for a tracking system.

This survey shows that A&E departments have very little monitoring of appliances loaned. Wider information about the problem is scarce. The department of health had no strategy or view on the matter. In the United States, health care institutions commonly pool their interests and form group purchasing organisations to reduce costs and provide better equipment management.1,2 We also know that supermarkets have had to act as a result of the constant loss of trolleys.

We estimate that a busy department that loses five elbow crutches a day at a cost of £10 per crutch will lose £50 per day and £18 250 per annum. A&E computer systems should simplify this. A combination of this and a mandatory small deposit may be required as a control. One of the results of this is that patients who did not return the loaned appliances may lead to increasing hospital costs.


Can nurse practitioners offer a quality service?

Editor,—Following our previous paper published in March 1998,3 it is now five years since the unit became operational as a nurse led unit. The unit is open Monday to Friday from 0900 to 1700. During the five year period a total of 43 142 patients were attended to in the unit. Of these 32 755 were new patients, of which 14 638 were children. A total of 3843 patients had fractures reviewed by the accident and emergency consultant during his biweekly sessions in the unit. The consultant continues to review all radiographs requested by the emergency nurse practitioner (ENP) and from the second year onwards only inspected one in every five patients’ notes. Of the 9005 radiographs requested by the ENPs there have been 30 missed fractures and 78 false positive readings. Two written complaints were received, however neither of these pertained to the treatment given in the unit. One of the complaints concerned a child protection issue and the other concerned a mentally challenged child who was referred to Crawley Hospital for further assessment. In 1999 West Sussex Health Authority carried out a financial analysis of the service and it gave a cost per patient as £16.70 (this includes staffing costs but not overheads, for example, radiology). Thus the past five years gave further evidence that, with support, ENPs can provide a community with an effective and worthwhile service.


2 Zickler P. Purchasing strategies: institution look on the much overdue review of techniques for their interests and form group purchasing strategy or view on the matter. In the United is scarce. The department of health had no


BOOK REVIEW


Gastroenterology has never really been considered a Cinderella specialty. Any emergencies associated with this specialty usually conjure vivid images of either haemorrhage or faeces, either separately or combined. This book, however, educates the uninhibited that there are many emergencies associated with the gastrointestinal tract and that these may present to either physicians or surgeons. Thus, the multidisciplinary approach to gastroenterology is a plus point for this book and is an important point that future potential authors should note.

The book has been divided into three, convenient sections. The approach to specific presentations, complications of gastrointestinal procedures and specific complications of these procedures is shown in clear, easily cross-referenced chapters. The book is written by an experienced clinician with vast experience in the field and medical education.

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