Good Riddance

Could the stainless steel bedpan be a thing of the past? Celia Fairbrother reports on the increasing popularity of its disposable counterpart.

We have grown used to the wide range of disposables in hospitals today, used once then thrown away. They are safer, more hygienic and more acceptable to both patient and nurse.

Disposable bedpans have been with us since the early 1960s and are now the norm on many wards. Made from paper pulp, they are manufactured by the Lancashire-based company Verinacare as well as available from HPC and are available on the NHS Supply Chain contract.

Gone are the rows of stainless steel communal bedpans, and the washer disinfector. Instead, each patient can have their own plastic ‘shell’ and disposable bedpan, kept in a frame attached to the bed. After use, the pan and its contents are disposed of in a macerator.

This system means that each patient uses a clean, fresh bedpan every time. It offers several well-researched advantages over the traditional method, in terms of infection control – particularly with the dangers of MRSA and Hepatitis; energy savings – washers consume about 30 times the energy; nursing time – a Doncaster trial showed that the disposable system saved 39 nursing hours per week over two weeks; patient comfort – no more bedpans which are too hot or too cold.

The cost of the disposable items, which tends to come from the nursing budget, can be offset against the nursing time saved and the reduced incidence of infection. A burst of hospital building in the early 1970s, in a period of high capital expenditure, meant that new hospitals – such as Northwick Park in Middlesex and the new block at Guy’s – installed macerators from the start. (Macerators will also go into the third phase block of Guy’s Hospital due to begin next year.)

It is not clear exactly who specify those early machines, many of which are now reaching the end of their useful life. Nowadays, when the systems are reviewed, there is a heartening emphasis on team work in reaching a decision. Administrations, engineers, nurses and infection control nurses are all involved.

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Where macerators have always been in use, nurses are used to the disposable system and like it, despite some difficulties, such as the lack of a locking system on early models, which caused an unacceptable ‘aerosol’ effect. They were also too noisy to be used at night, hence their tendency to block from over-use in the morning. These problems led to macerators getting a bad name, but the new models now available have none of these faults and are much quieter.

Machine Abuse

Any system, however, is only as good as the machine and its operators. Macerators have a limited life of about 15 years and should be regularly maintained and treated well

Helen Archer, senior nurse for infection control at Northwick Park, stresses the importance of a preventative, planned maintenance programme, as well as an equipment education programme for nurses. Macerators cannot function if they are fed stainless steel bowls or needles. Machine abuse is a common form of malfunction.

Mike Crown, principal microbiologist at St Mary’s Hospital, Cobham, and Chairman of the Central Sterilising Club, agrees. Macerators were installed in the nearby Queen Alexandra Hospital when it was built in 1978: “There is less to go wrong with macerators; washers are more complicated. However, it all comes down to maintenance - and straightforward maintenance at that.”

Nevertheless, a preventative maintenance programme is not possible in every engineer’s department because of cutbacks. Vernaid and Haigh, aware of the close link between their products’
success and the macerator’s performance in disposing of them, offers a free macerator maintenance service to hospitals, which is appreciated by nurses and engineers alike.

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Catalyst

Undoubtedly, the catalyst in the more recent move towards macerators has been the increase in patient ‘throughput’. Today’s trend of fast turnover means that nurses are caring for a far higher ratio of acutely ill patients needing more bedpans. Peak times are early morning and just after breakfast. Since the average washer takes about 3-6 minutes to process one bedpan, it obviously cannot cope with this pace, and bedpans pile up on the sluice floor.

This was the scenario which faced Margaret Leonard, nursing officer for infection control at the William Harvey Hospital in Ashford, Kent. Two acute units - one surgical, the other medical - found their sluice rooms too small for present day needs. Commodes were stored there, used bedpans, urinals and jugs were packed on the floor, one on top of each other. While this was not the fault of the nurses, who were doing their best, dirty bedpans were the result.

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So Mrs Leonard toured wards with the hospital engineer, took photographs of the offending sluices, and submitted a report. She visited a local hospice that was already using macerators, where the nurses declared them to be ‘fantastic’. The largest macerator will dispose of four products in two minutes flat.

There was only one answer, she concluded. Get rid of the bedpans. The macerator installed on trial two years ago has now been bought, and several more are ordered. The decision was taken against a background of dissatisfaction with washers and after careful costing. Washers have a lengthy cycle; they often fail to reach the required temperature (this is not always noticeable) and they fail to clean properly. Mrs Leonard thinks them outdated and points out that no washer in the UK (unlike Sweden) has built in detergent facility. They rely on water pressure and bedpans often need hand cleaning by nurses later.

Comparing the cost

The senior engineer at Ashford compared the two systems financially and found that macerators are cheaper to run. Unlike washers, they use cold water, so do not need vast amounts of hot water and constant pressure 24 hours a day.

Elsewhere in the south, for example in Brighton and Worthing, macerators have recently been installed in an otherwise all-washer hospital.

Surveys have been carried out and all staff who were originally cautious are now converted. They are particularly impressed with the way that Haigh are able to train nurses and check the macerators. Vernaid also make weekly deliveries of supplies if required.

There is an interesting north-south divide in the bedpan issue. Many areas in the south have hard water making the washers even less efficient - ideal candidates for macerators, once imagines. But no: regional usage varies from high in Scotland to low in parts of the south east. Staff may debate the pros and cons, but patients most definitely prefer the disposable bedpan - wouldn’t you?

With the NHS becoming more consumer orientated, managers will have to pay more attention to patient choice. Perhaps the communal bedpan will soon become a thing of the past.