

FORUM

The Stieglmeyer-Group's company magazine



LWL - For people. For Westphalia-Lippe.

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The Regional Association of Westphalia-Lippe (LWL) Hospital Lengerich

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All psychiatric and neurological disorders are treated in the hospital, for example anxiety disorders, borderline personality disorders, burn-out syndrome, dementia, depression, addictions, eating disorders, or schizophrenia. The LWL Hospital Lengerich meets the diverse needs of patients. The options include ambulatory, outpatient and inpatient treatment. There are also additional forms of treatment, such as assisted living facilities in the LWL Lengerich residential compound with 90 beds, and the LWL Lengerich care centre with 52 beds for the elderly with increased assistance needs.

The LWL Hospital Lengerich has over 1,000 employees, and is one of the largest employers in Lengerich. The medical product coordinator Klaus Berndt and the care staff manager in the department of geriatric psychiatry, Marco Schäfer, spoke to the FORUM reporters Kirsten Kaawar and Manuel Jennen about the successful cooperation between the hospital and Stieglmeyer. The Regional Association of Westphalia-Lippe and Stieglmeyer have been partners for a long time.

The Regional Association of Westphalia-Lippe and Stiegmeyer have been partners for a long time. How do you rate this collaboration?

KB: We have always had very good experience with Stiegmeyer, both in terms of its products and its responsiveness. We are also pleased that Stiegmeyer supplies spare parts for such a long time after purchase. I was not at all pleased, 2 years ago, when you ended support for a 35-year old model (laughs)! We often had problems in the time before Stiegmeyer.

What kind of problems were These?

KB: They concerned the so-called acute restraints – when a patient needs to be immobilised immediately. The usual hospital beds never really met our requirements. Stiegmeyer, however, sent in their design engineers as advisors. We spent a whole day planning how to hang the Vivendo bed model so that it would suit our needs. We still get this bed delivered in this customised form. We appreciate such an exchange of information; this is a perfect form of collaboration.

Do you also use Stiegmeyer care beds, or just their hospital beds?

KB: We use both; besides Vivendo, we use Elvido movo and Elvido brevo as low-level beds in the care sector; we also use Classiko.

What are the specific requirements for beds in psychiatric units?

KB: The Regional Association of Westphalia-Lippe organises psychiatric hospitals as follows: we have the clinical area, which covers addiction clinics, geriatric psychiatry, general psychiatry, psychotherapy, psychosomatic medicine and neurology. There are also care centres, which can be described as nursing homes for the elderly. There are also residential compounds, where people who need to be cared for live in a family-like environment. So our demand for beds is very multi-faceted.

MS: I have worked in neurology and in geriatric psychiatry. Patients admitted to the department of neurology often suffer from acute illnesses, and it must be possible to move the bed from A to B quickly and with little effort. The time spent in the hospital is 8 days on average. In geriatric psychiatry, it is 24 days; thus a higher level of comfort is required, and the homelike character is more important. Another difference has to do with restraint using safety sides: In the acute-care hospital, the full length safety side is the right thing. The main concerns there are emergencies, not so much the legal aspects. In geriatric psychiatry, legal security is a central issue. Split safety sides in low-level beds are therefore necessary there. They are an excellent compromise to prevent the risk of falls and to offer patients protection if they so wish.

Do you use electrical or mechanical beds?

MS: We almost exclusively use electrical beds in geriatric psychiatry. We use mechanical beds in a very safe room for patients with a high risk of suicide. There are no cables or other objects there that could be torn off.

KB: There are units with vulnerable patients with up to 99 percent mechanical beds.

You use the particularly flexible Elvido movo, and emphasise the importance of good bed manoeuvrability. Why is that?

KB: Because it must be possible to fetch the bed if the patient needs to be immobilised. It is often not feasible to bring the patient into the room where the bed is.

MS: Or take, for example, the Stroke Unit. The average time spent there is 72 hours. Then there is the area where patients recover following treatment. Out of a total of 20 beds, we exchange around 8 beds a day between the rooms: we bring patients with beds into empty rooms, and we bring empty beds quickly back to the stroke unit. This must be done very quickly.



A visit to the LWL Clinic in Lengerich.

Are the beds cleaned in between?

KB: Yes, of course. This is done manually.

Psychiatric patients can sometimes become very aggressive. Does selecting the proper bed help with this challenge?

KB: We only place electrical beds in the particular unit after prior consultation with staff there. We explain the risk to our colleagues. We had a case in the geriatric department where a patient bit through the handset cable, and that's a heavy-duty cable. Luckily, Stiegmeyer is one of the last providers of mechanical beds. I was at MEDICA 10 years ago, and asked one of your competitors about mechanical beds. I was told: "Oh, you're from a psychiatric facility? We don't have anything like that."

MS: Adrenalin can have strong effects. I have seen over-60-year old patients who have bent the metal mattress base up in a low-level bed. There is maximum violence towards things. In electrical beds, the handset cable is often indeed a weak point. We have 30 or 40 damaged cables per year. We tolerate that, because electrical beds make care easier and spare the back.

How important are comfort and cosiness of beds for you?

MS: In psychiatry, it's a matter of finding a balance between comfort and maximum security for both patients and care staff.

Do some patients relate to their beds in a special way? Do longterm residents value the appearance and comfort of furniture?

KB: Yes, that happens. I am often told by colleagues from the residential compounds: "We have a resident who would like to buy his bed himself." The caregivers who manage the residents' financial affairs are often overwhelmed by such demands. We prevent the caregivers, where possible, from buying a cheap bed in furniture stores, because that would cause a major problem for us – both in the case of future repairs, and in terms of fire safety. Instead, we inform the residents and the caregivers about our care beds. This is often met with a lot of interest.

Do the residents get a Stiegmeyer bed?

KB: Yes, it could be Classiko, Vivendo, or Elvido.

Do you have matching bedside cabinets?

KB: Yes, we have Conturo, Combino, and the small Credo for low-level beds.



A visit to the LWL Clinic in Lengerich.

In what way have patients' demands changed in recent years?

KB: We already noticed 10 years ago that patients were getting taller. The normal bed length of two metres was no longer enough. Now, we always buy 210 cm, if possible, when we purchase new beds. Today, we have the problem that patients are getting heavier. As one can see, Stieglmeyer has also increased the loading capacity of the beds.

What do you wish for in the future?

KB: That beds do not become more complicated to use. In the residential area, we have an increasing number of auxiliary staff who already face considerable challenges in operating the beds. If there is a language barrier, training and correct operation is even more difficult.

MS: I think the bed technology we have already is sufficient for everyone and relatively ideal.

How do you see the image of psychiatry today?

KB: The image that is often presented on TV and in films is frightening. They show psychiatric facilities of the 1930s, in old buildings, and often coercive. Things have changed a lot! Today, mental health hospitals often have a hotel-like appeal; they are bright and friendly, and are furnished in a modern way. 90 percent of our patients are here voluntarily, and have chosen the hospital for themselves. Only 3 units in the LWL Hospital Lengerich are closed units – to protect the patients. Most patients can enter and leave the unit when they wish.

Thank you for this interesting conversation.