BAPEN COVID-19 Service Improvement & Innovation Awards Entry Form

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Summary of the Service Improvement & Innovation:

To develop a flowchart for Home Enteral Nutrition (HEN) patients with Enteral Tube Problems – final copy completed 12/06/2020 attached.

This flowchart has been designed and implemented to support an improved patient flow when HEN patients experience problems with their feeding tubes and in the event that the contract Enteral Nurse Specialist provider is unable to resolve the problem. Previously in the event that the problem could not be addressed in the community, the HEN patients were initially directed to the Emergency Department (ED) both within the contract Enteral Nurse Specialist providers working hours and outside of these. This was putting pressure on the ED and it required on many occasions the response from the Gastroenterologist on call or a member of their team (as per the PDOC process previously established by the HEN team) as the ED staff did not always have the time or skill mix to resolve the problem. For a few patients, there was poor patient experience which was escalated to the HEN team and the Enteral Feeding Contract provider.

Whilst this piece of work was started a couple of years ago in consultation with the contract Enteral Nurse Specialist provider, the impact of COVID-19 has driven us to finalise this work in order to keep patients safe at home/in other community locations, many of whom fall into a vulnerable category and to reduce the pressure put on ED and other areas of the hospital at a critical time.

This project is designed in 3 sections:

1. Nutricia/ GP copy
2. Patient's copy
3. Instruction copy for DCH staff

From April 2019 work has progressed to move HEN patient paper records onto Systm1 and completion of this work has meant that the documents have all been uploaded onto Systm1 allowing GP's to have guidance also when problems arise and when they are required to make an urgent referral. This piece of work has also seen the introduction on the use of 'Enplugs' within the community and the acute Trust.

Challenges faced and how they were overcome:

1. Getting together as an integrated acute, community and external contractor MDT to work through the pathway and time for all parties involved to complete their actions - achieved by the drive and desire of all parties involved to improve the patient experience and prevent admissions either to ED or to longer inpatient stays.

2. Location of where patients could go instead of the ED – achieved by the drive, hard work and people skills of the hospital Nutrition Nurses.
3. Training staff especially as the location of where patients could go was continuously changing – achieved by the drive, hard work and people skills of the hospital Nutrition Nurses.
4. Introducing new equipment which could be used by DCH nurses and the contract Enteral Nurse Specialists – new Service Level Agreement established through contract negotiation to allow use of Enplugs by the contract Enteral Nurse Specialists.
5. Low profile devices being used – manufacturing issues which resulted in product evaluation and a change in products used for specific patients.
6. Transferring paper HEN records onto Sytm1 – achieved by the hard work of HEN team members whilst maintaining an active patient caseload.
7. COVID -19 – implemented this piece of work to prevent admissions during the pandemic.

Evaluation and Outcomes:

We now have a process in place to support HEN patients in the community with the aim of improving patient experience, reducing visits to the ED, reducing on-call Gastroenterologist time, reducing GP time and reducing hospital admissions (other than planned to see the Nutrition Nurse).

Future Plans:

To audit admissions to ED/wards at DCH before and after the implementation of the flowchart process.

To audit patient experience.

Whilst this process was originally designed to support patients with balloon gastrostomy tubes and low profile devices, it will be extended to all HEN patients as we have experienced a PEG tube displacement during the pandemic which required urgent support in the community and prevented a hospital admission.