BAPEN COVID-19 Service Improvement & Innovation Awards Entry Form

Please tick this box if you <u>do not</u> want your entry to feature on the BAPEN Website and social media channels ☐

Author(s):
Angela Holohan
Charlotte Rubio
Melanie Baker

Institution:
Leicester Intestinal Failure Team
University Hospitals Of Leicester NHS Trust (UHL)

Summary of the Service Improvement & Innovation:

The UHL Nutrition Specialist Nurses have challenged their pre COVID-19 working practice for adult Community Home Enteral Nutrition & Home Parenteral Nutrition Patients who would normally access Acute Hospital Services. Remodelling the service to undertake home assessments has

- Reduced Emergency Dept (ED) attendances
- Reduced hospital admissions
- Avoided outpatient appointments and allowed provision of care closer to home
- Improved patient experience
- Increased interaction/ teaching with Community Dietetic Enteral Nutrition Services (HENS) to prevent hospital attendance
- Whilst also maintaining teaching and development in an altered setting/ environment

Providing home assessments for patients referred for placement or removal of an enteral feeding tube has ensured assessment whilst reducing face to face clinics as these patients would have been routinely brought into the nurse led hospital clinic. Many of these patients have complex needs and require carers to accompany them and also require hospital transport. The change in practice has led to less physical and emotional upheaval for the patient and a reduced footfall in the hospital. In the short term this has been provided to protect from the spread of disease but in the long term the benefit of this change in service provides efficient and timely assessments and admission prevention.

For the HPN patients, home visits for assessing line complications and potential sepsis, blood tests and cultures, and general assessments have enabled appropriate referrals and direct admissions avoiding ED.

Traditionally in Leicestershire a patient needing a balloon gastrostomy tube change had to access the Nutrition Nurse via ED if the tube had been in for less than 4 months. The changes made because of COVID now enable the HEN service to directly refer to the nutrition nurse who will visit the patient in their own home for change of tube if it has been in for longer than 6 weeks. Additionally the nurse may intervene where a problem has not been resolved in the community. In these cases ED is avoided.

Buried bumper syndrome during COVID has been addressed by working closely with the HENS to teach and facilitate insertion of Jejunostomy extension tubes to allow continued enteral access whilst waiting for a replacement PEG (the reduced capacity in endoscopy due to the aerosol generating procedures has lengthened waiting times).

Face to Face Parenteral Nutrition Competency teaching has been reduced from a full day to a half day, with additional electronic resources, facilitating the full number of students to attend by running 2 sessions a day and adhering to social distancing rules.

Challenges faced and how they were overcome:

Change to working hours/ on call service – nurses offered flexibility to facilitate this.

Change in employment contract – support from team manager to facilitate this.

Reduced capacity for training – change in format to the taught study day to maintain capacity and quality.

Reduced capacity for endoscopy – Jejunostomy extension tubes for buried bumper until appointment available.

Unable to physically assess a patient due to cancelled face to face clinics - Video and telephone clinics used if appropriate with a follow up home visit if required for a full assessment.

Measuring the quality of the service – patient feedback questionnaires and comparison to ED attendance last year.

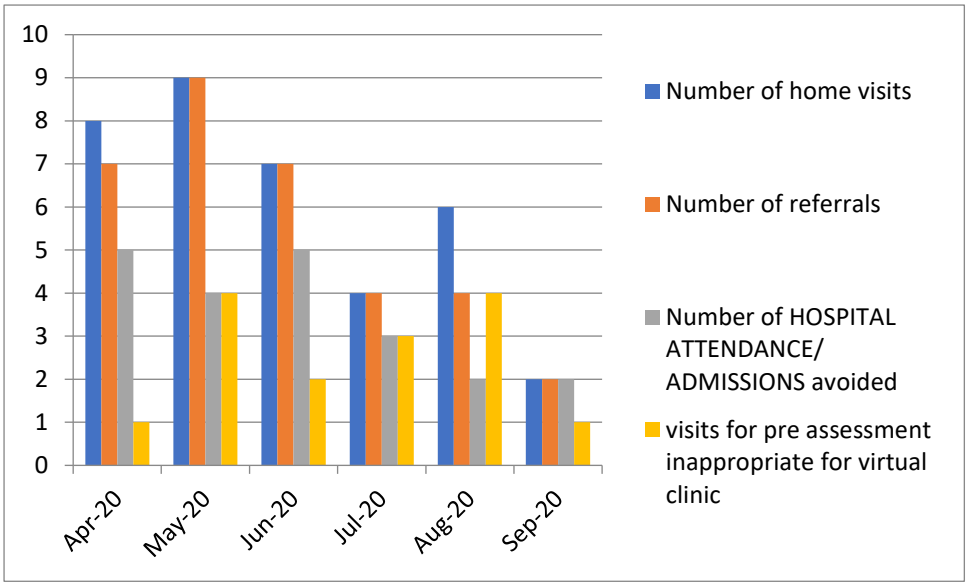
Evaluation and Outcomes:
Patient feedback survey shows positive outcomes and preference for a home visit over hospital attendance.

Comments from patients

"As a result of your visit my PEG tube has been successfully changed"
" So pleased to be treated at home instead of having to go into hospital"
"Advised me on the future care of my PEG"
The nurses made a difficult procedure easy"

Patients attending acute hospital services for enteral tube complications reduced.
Adequate numbers of competency trained staff are still available within the nominated wards to deliver PN despite staff turnover and movement.

Chart to show data collected from April 2020



Future Plans:

Business case development for a fully integrated and funded joint Community and Acute Trust Service for Home Enterally Fed Patients.

Further pathway development for HPN patients with direct access routes to radiology and gastroenterology for urgent support.

Ongoing patient evaluation to shape services.