BAPEN COVID-19 Service Improvement & Innovation Awards Entry Form

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Summary of the Service Improvement & Innovation:

The Leicestershire Home Enteral Nutrition Service (HENS) team is responsible for nutritional care of over 800 adults and children receiving enteral nutrition throughout Leicester, Leicestershire and Rutland. Aims of the team include supporting safe and timely discharge from hospital through provision of pre-discharge training where required, admissions avoidance, optimising individual nutritional status, and promoting self-management of enteral feeding.

As a result of the Covid-19 pandemic, a diverse range of service innovations was needed with urgent implementation, relating to:

Continued provision of pre-discharge training, while minimising risk of virus transfer in/out of hospital wards:

HENS team training is usually undertaken on the discharging ward in order to ensure patients are equipped to manage enteral feeds safely and confidently at home following discharge. In order to negate the need for community staff to make regular visits to a wide range of wards, the Dietetic Support Workers responsible for this role adapted their training processes. This involved provision of training either for a family member at home prior to patient discharge, or directly to the patient on the day of discharge. Training for professionals, where required, was provided to groups of limited size appropriate to the training environment, utilising methods to achieve social distancing. Work on video production to support face-to-face training was commenced.

Maintaining monitoring and support:

With a view to minimising patient contact, a plan was developed outlining situations where face-to-face patient contact was needed, with appropriate precautions for home visits. This necessitated rapid adaptation to the use of PPE, including FFP3 masks and gowns where for aerosol generating situations. Video consultations were more recently added to the methods by which patients may be contacted. Processes to ensure communication and cohesive team working with fewer staff in the office have evolved, to support appropriate and timely response to queries and problems.

Admissions avoidance:

HENS team roles in this respect include elective and non-elective tube replacements, tube repairs, and tube unblocking/management. The HENS team works Monday-Friday 8.30-4.30, with no 'out-of-hours' provision. To reduce the likelihood of hospital attendance for tube-related problems the following was trialled/implemented

- The minimum time from initial balloon-retained gastrostomy (BRG) tube placement to HENS replacement at home was reduced from 6 to 4 months, in liaison with the acute hospital colleagues and LPT leads
- Capacity for community tube replacements has increased. 2 additional staff have

trained to replace BRG devices, and 2 additional staff members are training to place nasogastric tubes
- Supported by acute hospital colleagues, the team learned to insert a jejunal extension into a PEG to prolong functionality of a deteriorating tube
- The team trialled extended working hours, providing evening services, bank holiday cover, and a weekend on-call service

Challenges faced and how they were overcome:

Training provision for newly discharged patients has presented challenges including potential for evening discharge (after HENS working hours), and the possibility that the discharged patient may be unable to manage their enteral nutrition; becoming apparent only once home. Alongside recognition that patients may need more intensive HENS post-discharge support, close liaison with hospital dietitians and ward staff was crucial, and potential rapid access to district nursing support was explored.

Physical adaptation to FFP3 masks and gowns was particularly challenging in the hot weather experienced. Difficulties keeping up with frequently changing PPE guidelines and applying these to the community setting were addressed by identifying a HENS team Dietetic Assistant Practitioner to liaise with the Infection Prevention and Control (IPC) team, coordinate supplies and support the team. This streamlined processes and promoted confidence.

The requirement to minimise patient visits has inevitably impacted on monitoring processes, and anecdotal information suggests the views of individual patients regarding fewer face-to-face contacts are likely to vary. Following trials of a range of video consultation media, a preferred option has now been selected, and use of this is being increased in a range of situations where patients consent.

Obtaining anthropometric measurements has created a specific challenge. Close working with the IPC team has facilitated a move towards addressing this. A protocol for provision and uplift of scales to weigh infants and children is now in place, and work is ongoing relating to non-weight-bearing young people and adults.

Evaluation and Outcomes:

- Anecdotal evidence from training staff is that the more relaxed home environment is beneficial when delivering training. Patient feedback and evaluation is required
- Patient and carer feedback will be sought regarding the training videos
- Extended hours evaluation was undertaken by activity data collation, in liaison with LPT leads
- Video consultations – Under evaluation by the LPT patient experience team
- Periodic evaluation (with acute hospital colleagues) of avoidable admissions data in order to further develop plans to address these

Future Plans:

Training at home

- Evaluation tool to be developed to capture patient feedback
- Liaison with hospital colleagues to develop a means of identifying patients at high risk following discharge.
- Consider continuing community training for new patients where appropriate, post pandemic
- Complete and publish the planned range of training support videos, with formats for patients and staff

Monitoring and review

- Review the initial plan outlining contact methods for specific situations in the light of identified issues and anecdotal information, incorporating a video consultation option
- Further development of processes for obtaining anthropometric measurements

Admissions avoidance

- Further work with acute hospital colleagues regarding community and acute hospital roles, and access to acute care where needed
- Discuss the continued requirement for HENS team to continue placement of jejunal extensions to avoid or delay the requirement for endoscopy