

Developing an Extended Role in the Management of Enteral Feeding Tubes – a Dietitian’s Journey

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Extended Dietetic Role in the Management of Enteral Feeding (EF)

- What is an extended dietetic role within EF?
- Tips & Tools for developing an extended dietetic role in EF
- Benefits of an extended role within EF
- Case study
- Associated Cost Efficiencies
- PENG Award – “Extended scope of dietetic practice in the management of enteral tube feeding and associated cost efficiencies” By P. Young & H. Blackwood



Extended Dietetic Role

What is an Extended Dietetic Role?

The extended role dietetic practitioner undertakes new practices outside the core and specialist role



Extended Dietetic Role in Enteral Feeding (Naso-gastric & Gastrostomy)

- Checking pH (aspirate)
- Rotation of Gastrostomy Tubes & Correct tension of Gastrostomy Tubes
- Replacing “Y” Ports, Replacing & Changing External Fixation Devices (right angled / bumper bar) & Applying/changing side loading clips
- Replacing Water in Gastrostomy Devices
- Unblocking Feeding Tubes

Extended Dietetic Role in Enteral Feeding (Naso-gastric & Gastrostomy)

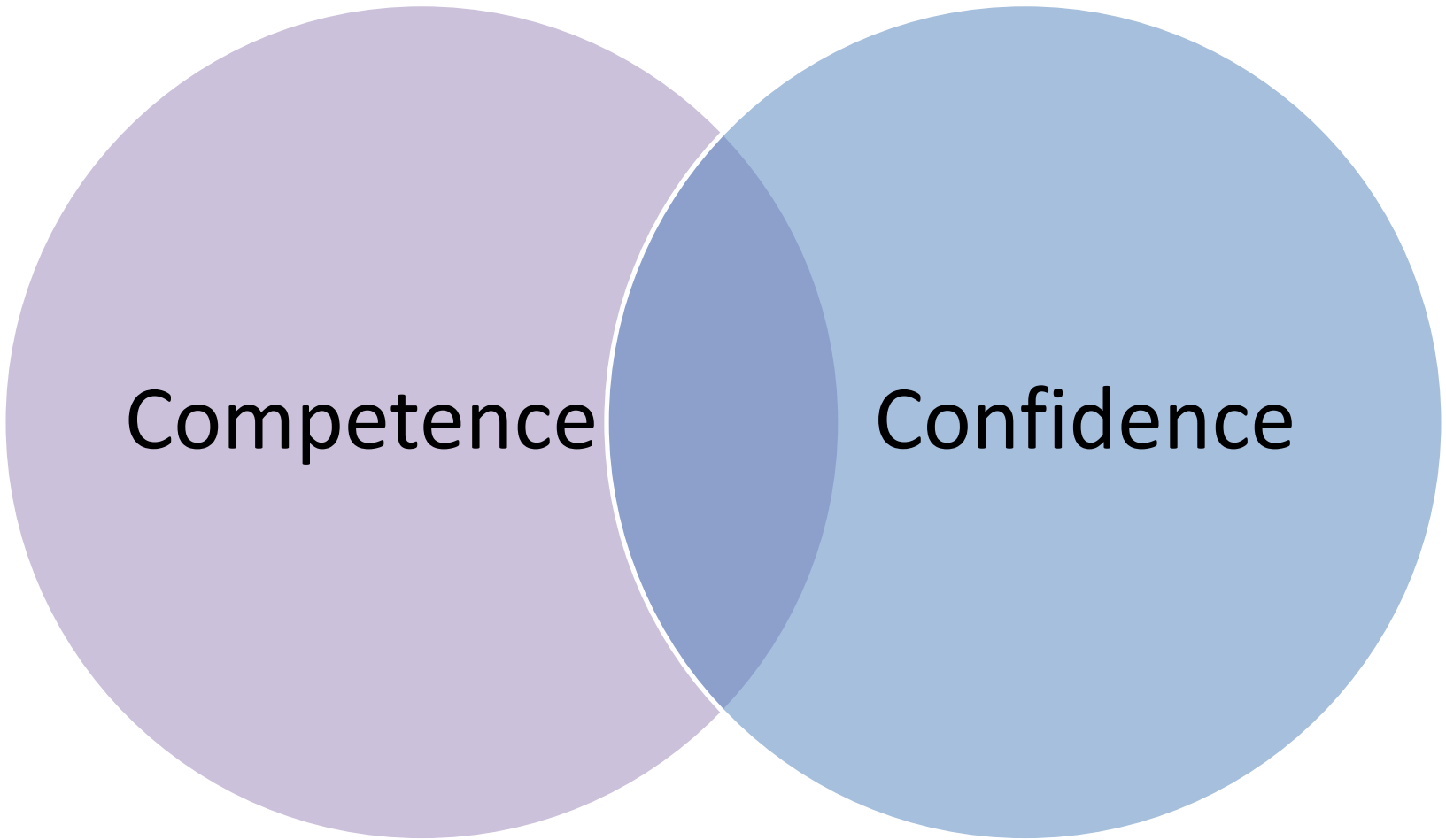
- Insertion of NGT, Documenting tube position, Removing guidewire & Removal of NGT
- Insertion of Nasal Bridles & Removal of Nasal Bridles
- Replacing Balloon 'G' tubes
- Measuring stoma depth and insertion of low profile gastrostomy device

People to contact to develop extended dietetic role in Enteral Tube Management



- A **competent practitioner** e.g. gastroenterologist, gastrostomy specialist nurse, contracted nurse advisor, HEF dietitian, nutrition nurse for observed and supervisory practice.
- **Trust Clinical Risk Department** should be contacted in order to clarify support for the extended role. This department will inform Clinical Directors, Directors of Nursing and Management Board of the training plan so that their support and consent are obtained.
- Support from the **Dietetic Manager** and **Consultant** medical staff (for dietitian's designated area).

Develop extended dietetic role in Enteral Tube Management



Levels of Competencies

- **Comprehends (C)** - understands the purpose, principle(s) and significance of the item and any results generated
- **Observed (O)** - understands the purpose, principle(s) and significance of the method and has had it demonstrated
- **Performs (P)** - is able to perform the action or procedure without close supervision.
- **Fully Competent (F)** - is able to carry out the action or procedure without supervision and with satisfactory speed and accuracy.

Sheffield Teaching Hospitals – Competency Training Package for Changing Gastrostomy parts and shortening tube length

	C	O	P	F	Trainer (Print name)
Date					
Policies to be aware of					
Health & Safety					
Equipment needed					
Indications for changes					
Changing Y adaptor					
Changing clamps					
Changing fixations devices					
Shortening tube length					

Sheffield Teaching Hospitals – Competency Training Programme for Dietitians Replacing BGT's & LPGT's

1. Health and Safety/Basic First Aid
2. Anatomy and physiology of the gastrointestinal system and gastrostomy stoma formation
3. Understanding and observation of the procedure and use of equipment
4. Aftercare of balloon retained gastrostomy tubes
5. What to do if the tube can not be placed or tube position confirmed
6. Practice in carrying out the procedure
7. Achieving competence
8. Maintaining competence

Sheffield Teaching Hospitals – Competency Training Programme for Dietitians Replacing BGT's & LPGT's

Subject	C	O	P	F	Date Achieved	Trainee	Trainer
Health & Safety							
Anatomy							
Intubations							

Balloon gastrostomy placement tube log book

Reason for changing BGT:

Procedure:

Outcome/Reflection:

Trainee signature:

Date:

Supervisor signature:

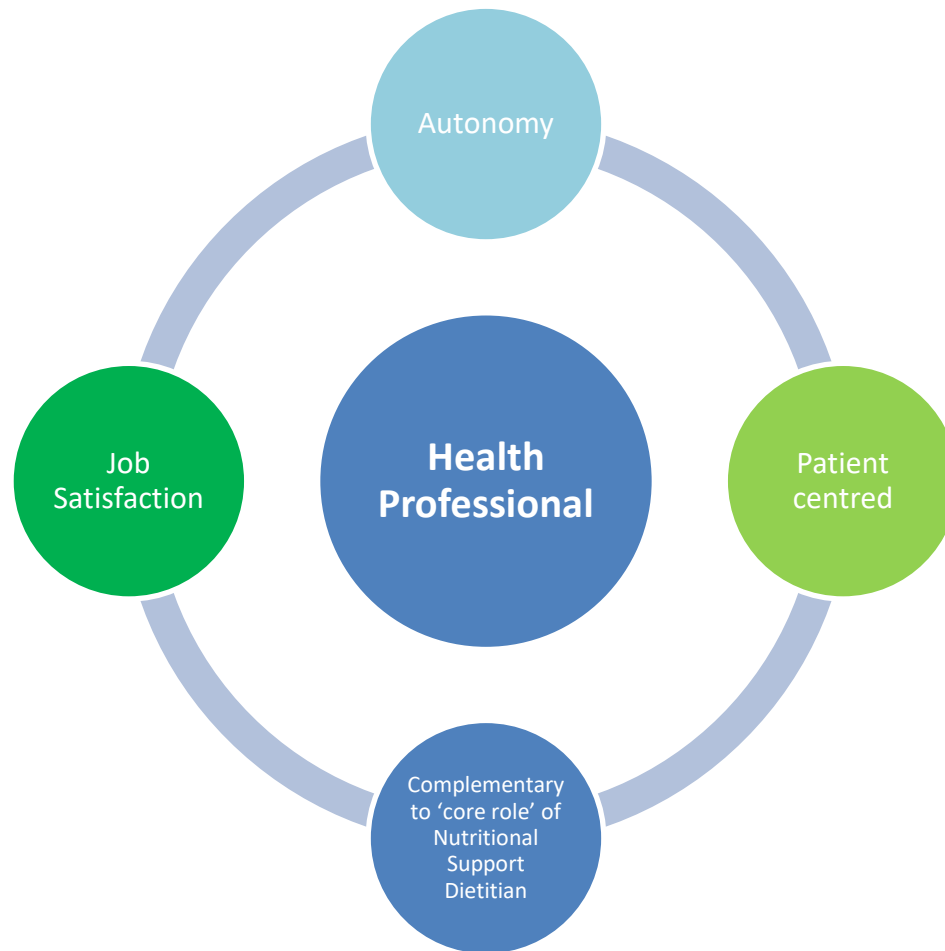
Date:

Assisting Perform Fully competent

Competency Log for EF Extended Role

Date	Location	Observation (O) Supervised Practice (SP) Independent Practice (IP)	Trainee	Trainer	Comments

Benefits of Extended Dietetic Role





Extended roles and the dietitian: community adult enteral tube care

Background: Role flexibility and new 'ways of working' in response to increased pressure on NHS

Methods: Semi-structured interviews of experiences of dietitians with extended role in HEF were explored in the context of workforce role transition

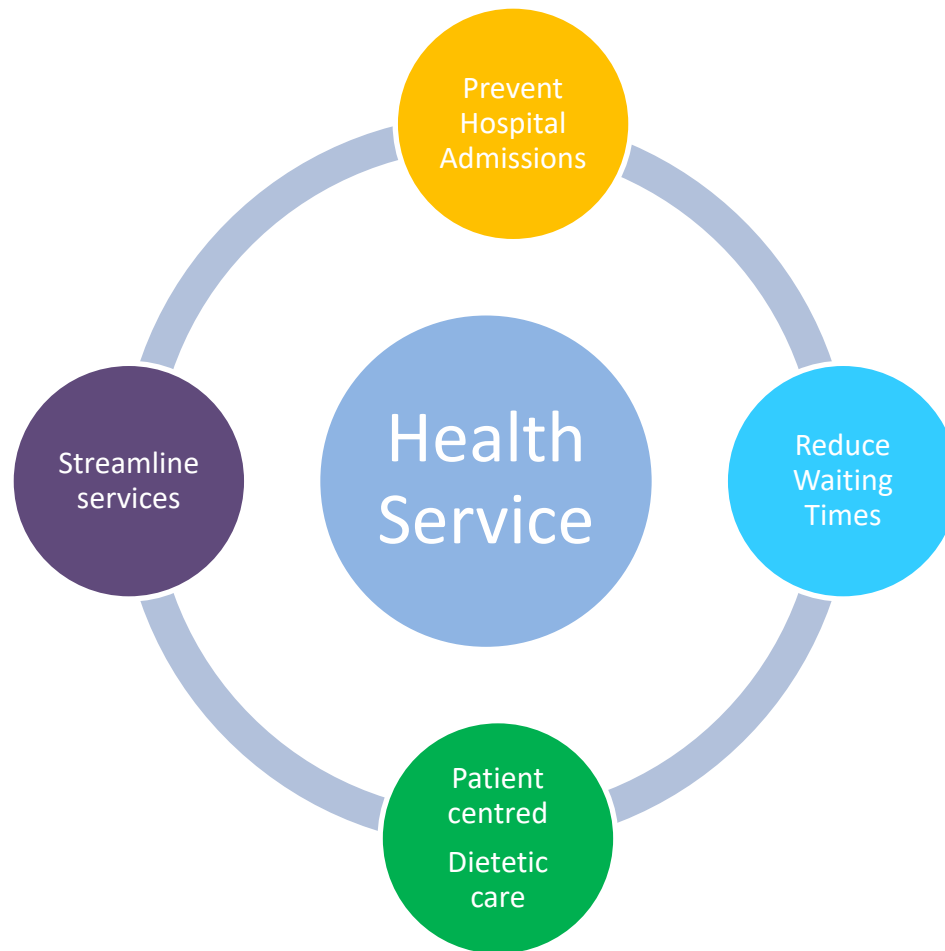


Extended roles and the dietitian: community adult enteral tube care contd...

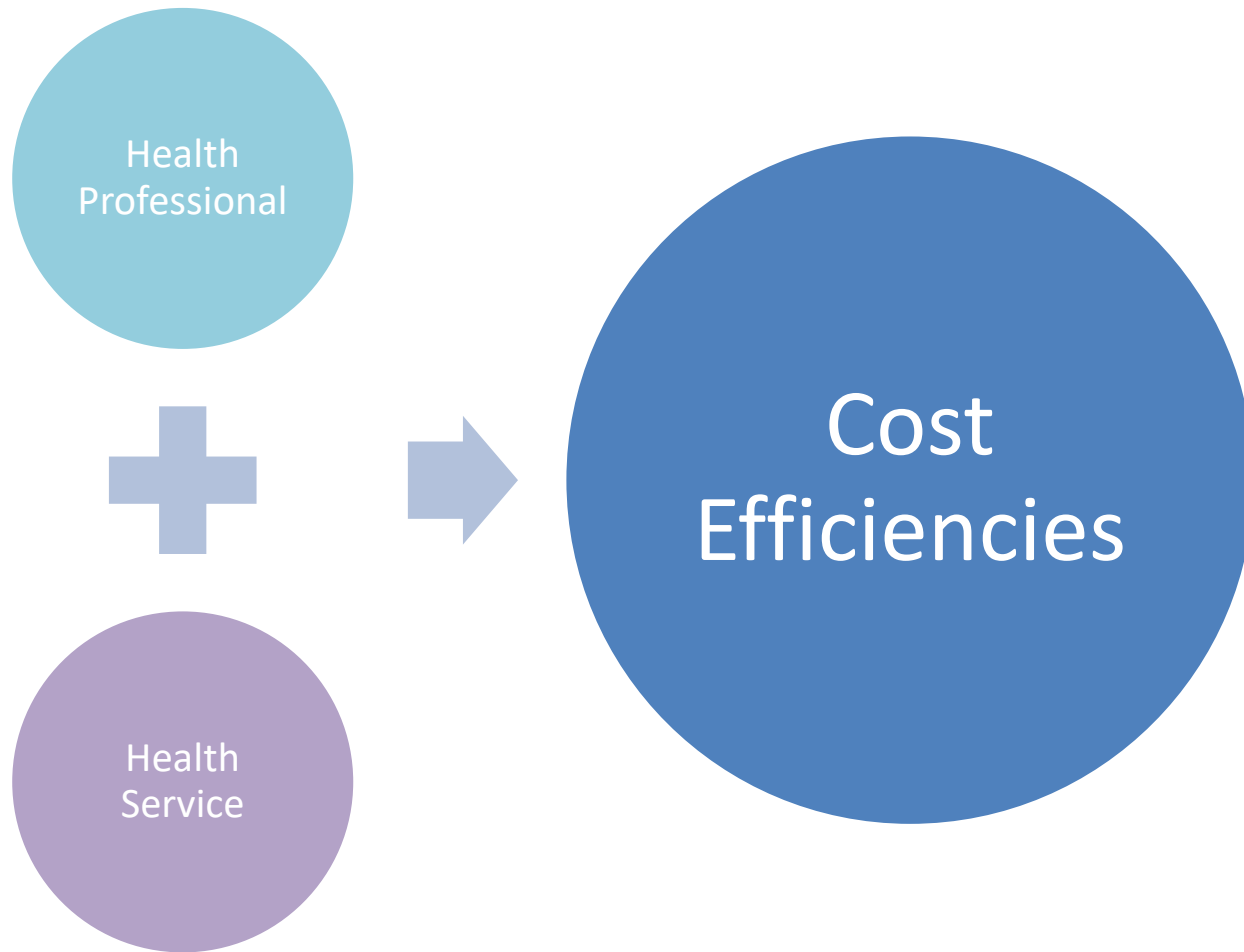
Results:

- Dietetic HETF roles emerged as a role of diversification
- ‘... community nurses work in quite small teams, ... if you’ve got people in the team with experience, that’s all well and good, but if they don’t – panic’ (Interviewee 1)
- ‘... more people coming into A&E and saying “well this problem could have been sorted in the community if there was somebody else in the community to do it”’ (Interviewee 5)
- Raised the profile of the profession and enhanced the its status

Benefits of Extended Dietetic Role



Benefits of Extended Dietetic Role



Contracted Nutrition Company

Nursing Discharge Support	-£209 per day if discharge delayed from 2015-2016 Draft National Tariff data Disorders of Nutrition with length of stay 1 day or less
Routine Device Change	£895 from 2015-2016 Draft National Tariff 19 years and over £931 from 2015-2016 Draft National Tariff data Insertion of gastrostomy Tube, 18 years and under
Prevented A&E Visit – Tube Troubleshoots, Troubleshoot Telephone, OOH calls	£142 from 2015-2016 Draft National Tariff data - Unplanned A&E admission (average of 10 possible costs)
Potential Unplanned Admission	£684 from 2015-2016 Draft National Tariff data - Therapeutic Endoscopic Upper GI Tract Procedures, 19 years and over £837 average from 2015-2016 Draft National Tariff data - Endoscopic or Intermediate, Upper GI Tract Procedures, between 2 and 18 years and Endoscopic or Intermediate, Upper GI Tract Procedures, 1 year and under(non-elective spell
Nursing Face to Face Visits	£66 from Unit Costs of Health and Social Care 2014

Case study – ‘Ruby’

A	BMI – 30.4kg/m² Nil weight loss
B	Nil deranged biochemistry
C	History of Chronic Inflammatory Demyelinating Neuropathy, Presented with ongoing hx of vomiting - Diagnosis of Achalasia confirmed. A/W surgical review on future management.
D	NGT in situ and pt fed to meet nutritional requirements (1400kcal , 65g protein) → Feeding regimen → Osmolite Plus @ 150mls/hr * 10 hours Introduce liquid diet as tolerated
E	Wheelchair bound Lives with husband who is primary carer. Had carers attending *2 per day.

'Ruby' – NGT history

October 2014	NGT removed within 1/12 – meeting nutritional reqt's with diet. D/C in Jan-15
February 2015	Symptoms represented . Unable to tolerate diet & fluids and pt refusing hospital admission. S/W GP – plan to re-insert NGT. NGT passed (aspirate confirmed). Enteral feeding recommenced.
March 2015	Diet gradually re-introduced and NGT removed
May 2015	Recurrence of symptoms. S/W GP – NGT repassed (aspirate confirmed)
June 2015	Reported difficulties with obtaining aspirate. All strategies to unblock NGT exhausted – ? Coiled. S/W GP - NGT removed and repassed (aspirate confirmed)
July 2015	July-15 – Blocked NGT – Tube repassed (aspirate confirmed)
October 2015	Blocked NGT – NGT repassed (aspirate confirmed)

'Ruby' – NGT history

December 2015	Underwent Laparoscopic cardiomyotomy for achalasia. NGT remained in situ.
January 2016	Patient underwent oesophageal dilatation. NGT removed.
January 2016	Pt discharged from Dietetics



Extended Scope of Dietetic Practice in the Management of Enteral Tube Feeding and Associated Cost Efficiencies

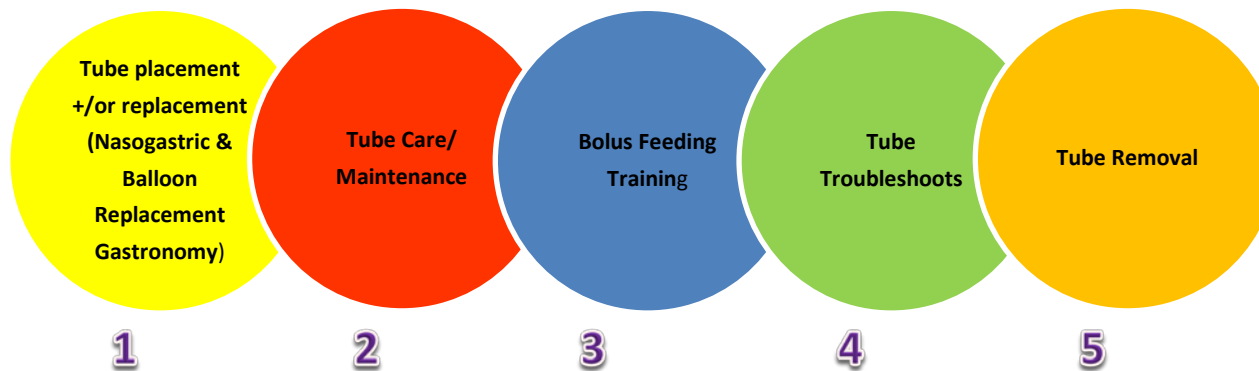
Background

- Nutritional Support Dietetic Team – 2004
- Extended role within tube management
- ? Associated Cost Efficiencies

Extended Scope of Dietetic Practice in the Management of Enteral Tube Feeding and Associated Cost Efficiencies

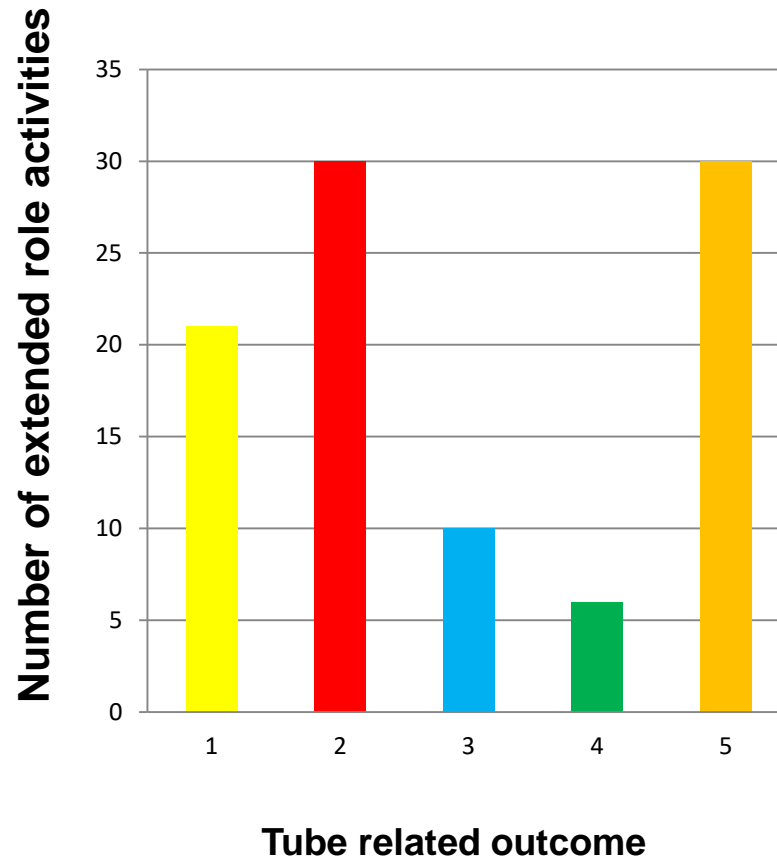
Methods

- **Development of Database** (Patient Initials, Date, RD, Referral source, Patient, Diagnosis, Treating Consultant, Feeding tube, Tube related issue, Tube related outcome (see below), Projected Cost efficiency (£))





Extended Scope of Dietetic Practice in the Management of Enteral Tube Feeding and Associated Cost Efficiencies

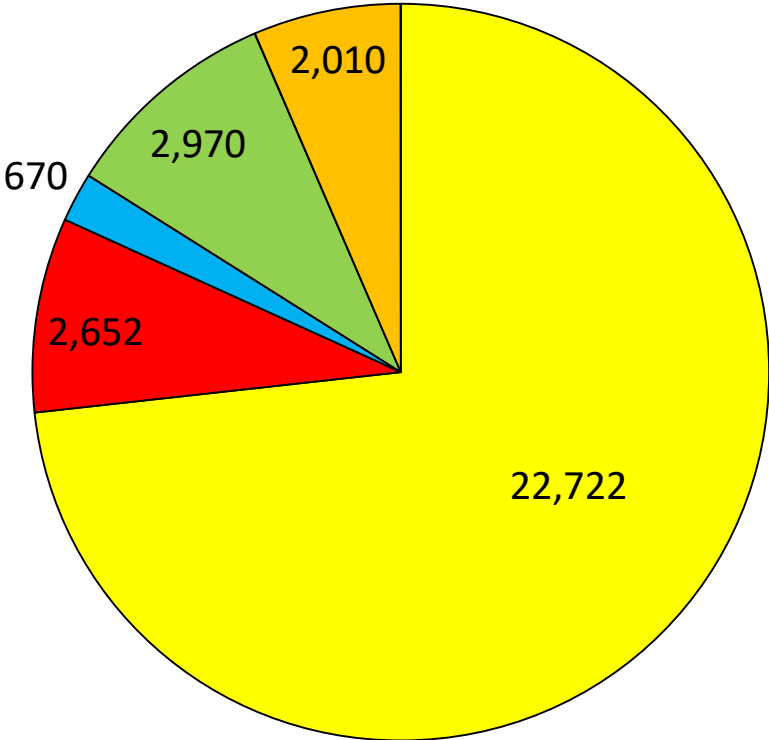




Extended Scope of Dietetic Practice in the Management of Enteral Tube Feeding and Associated Cost Efficiencies

Results

•Cost efficiency generated from related outcome



Annual saving **£31,024**



PENG

- Development of a national competency framework for extended dietetic skills in Enteral Tube Feeding
- HEF Forum

Questions?

Workshops

Nasogastric & Gastrostomy Extended Skills

- Divide into groups of ~10 people
- Stations 1-4 – Nasogastric focused
- Stations 5-8 – Gastrostomy focused
- 15 minutes at each Station
- Checklist ✓ Tick 'Observed' ✓ Tick 'Hands on experience'

