



EXTENDED ROLE & OUTCOMES

SEAN WHITE

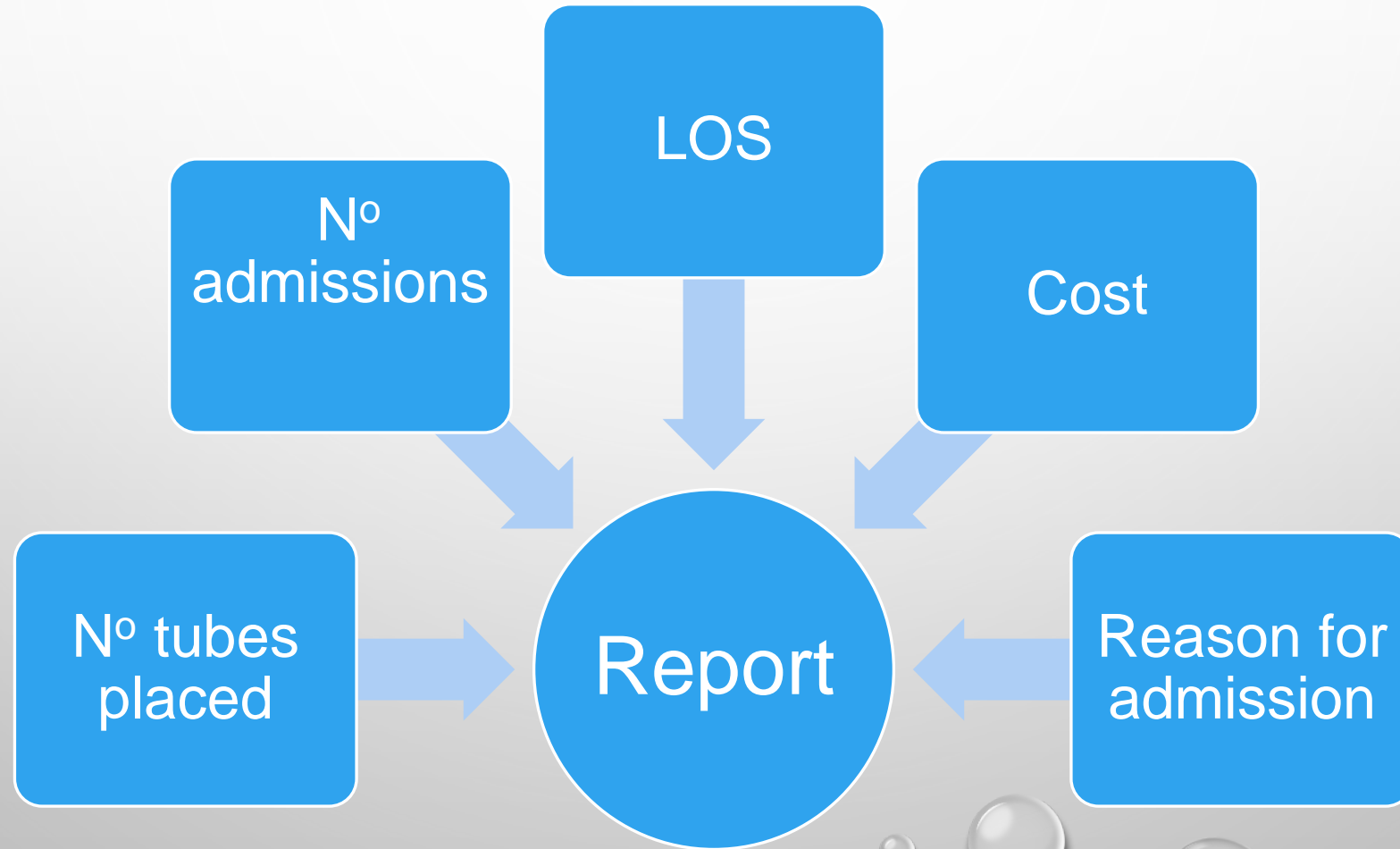
PENG HEF CLINICAL LEAD

HEF DIETITIAN, SHEFFIELD TEACHING HOSPITALS NHS
FOUNDATION TRUST

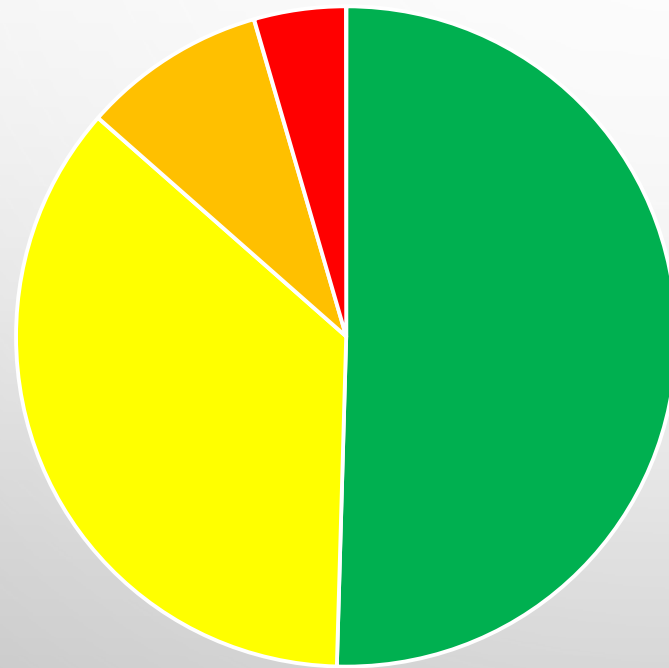
OPPORTUNITIES FOR DATA COLLECTION

- ROUTINE TUBE REPLACEMENT
- RESPONSE TO TUBE DISPLACEMENT
- RESPONSE TO BLOCKED AND DAMAGED TUBES
- LENGTH OF HOSPITAL STAY FOLLOWING TUBE COMPLICATION
- PEER REVIEW/AUDIT OF PRACTICE
- PREM RELATING TO RESPONSE TO COMPLICATIONS

ADMISSION AVOIDANCE

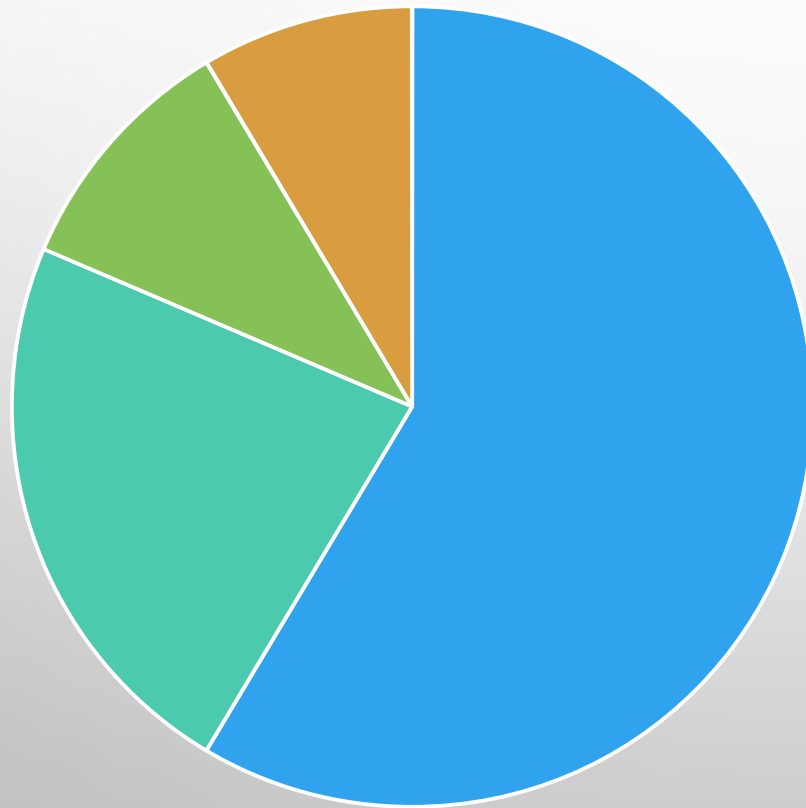


ADMISSION AVOIDANCE REPORTING



- Hospital visit avoided N=56
- Day case N=40
- Short stay < 3 nights N=10
- Long stay > 3 nights N=5

REASONS FOR HOSPITAL ADMISSIONS



- Tube displaced at w/e
- Protocol not followed
- unable to pass tube
- unable to confirm tube position



HEADLINE

FOLLOWING TUBE DISPLACEMENT HOSPITAL
ADMISSION AVOIDED 86% OF THE TIME. THIS EQUATES
TO AN ANNUAL SAVING OF £120,672



HOW COULD FURTHER ADMISSIONS BE AVOIDED

- FURTHER TRAINING OF NURSING HOME STAFF
- TRAINING EVENING/NIGHT NURSES OR ECP'S
- IMPROVED PATIENT INFORMATION
- CLEAR MDT AND CROSS BOUNDARY CARE PATHWAY
- 7 DAY WORKING
- TRAINING PROGRAMME FOR A&E STAFF
- **MORE HOME ENTERAL FEED DIETITIANS OR NURSES WITH AN EXTENDED ROLE**

PATIENT EXPERIENCE/KNOWLEDGE

QUESTION PATIENTS ABOUT:

- KNOWLEDGE ABOUT WHAT TO DO IN EVENT OF TUBE COMPLICATION
- CONFIDENCE WITH MANAGING TUBE COMPLICATIONS
- SATISFACTION WITH HOW TUBE COMPLICATIONS MANAGED
- CONFIDENCE/EXPERIENCE OF HCP'S IN DEALING WITH TUBE COMPLICATIONS

PREM REPORTING

How confident are you in managing tube complications

0 – not confident at all 10 – very confident



SUMMARY

Collect

Report

Share