Poster Abstract

Home nasogastric feeding: integration of services to optimise transition from hospital to home

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Introduction: Patients requiring enteral feeding are often discharged to home/care facilities, with feeding usually delivered via Percutaneous-Endoscopic-Gastrostomy (PEG) tube. A cohort of patients may be unsuitable for PEG feeding for clinical reasons. The need for home nasogastric feeding (HNGF) in a home/care facility was identified, necessitating discharge of patients from Naas General Hospital (NGH) on HNGF.

Practice change implemented: A discharge process is in place at NGH for patients discharged on home PEG feeding; however no such process existed for HNGF. Additional complications may arise with HNGF due to the risk of tube dislodgement. Due to this risk, an outpatient fast track pathway was developed for reinsertion and x-ray confirmation of tube position.

Aim and theory of change: The aim was to provide safe delivery of NGF in a home/care facility, to educate the patient/carer, and to ensure smooth transition from hospital to home by optimising the integration of services in the hospital and community.

Targeted population and stakeholders: A small cohort of patients may be suitable for HNGF; this group must be carefully selected by agreement between medical, nursing and dietetic staff in consultation with the patient/carers. Liaison with colleagues in the community – community intervention team, public health nurse and GP is an integral part of the process.

Timeline: The target timeline for discharge and continuation of HNGF will be patient specific.

Highlights: Hospital guidelines on enteral feeding were updated to include procedures for patients discharged on HNGF. An education resource pack was developed for the patient/carer and patient/carer education was carried out by nursing/dietetic staff. Finally, a link between the hospital and the community intervention team was established.

Comments on sustainability: A care pathway is now in place for the successful discharge of patients on HNGF. This process is now available for any patient identified as needing enteral feeding after discharge who are not suitable for PEG feeding. To make this process sustainable, close liaison between all relevant stakeholders is needed to continue to ensure the smooth transition from hospital to home and beyond for these patients, with safe and appropriate monitoring.
Comments on transferability: This process may be successfully transferred to other sites/organisations provided support and buy-in from key stakeholders is ensured.

Conclusions: Through multidisciplinary teamwork and collaboration between hospital and community teams, discharge on HNGF was successful. The success of this process continues to be evaluated as the pilot patients continues on HNGF.

Discussions: Patients were previously not discharged on HNGF at NGH. While little published data exists on outcomes for patients on HNGF, it has been demonstrated that for those unsuitable for PEG placement, HNGF represents a safe long-term alternative, provided a specialist enteral feeding support service is in place.

Lessons learned: A patient related outcome measure will be completed once HNGF is discontinued – in order to evaluate and improve the process from the patient’s perspective.

References:

Keywords: nasogastric feeding; early discharge; patient education