INTRODUCTION

Enteral tube feeding in the primary care setting can be a challenging task and successful management can only be achieved by providing adequate support and follow-up for the patient, their family and health professionals involved in their care. Home Enteral Nutrition (HEN) continues to increase, with patients discharged to domiciliary or residential settings. Monitoring of HEN is vital in ensuring that nutritional requirements are met, treatment plans are effective and complications are detected early. Patients on HEN should be monitored by healthcare professionals with relevant skills and training in nutritional monitoring, who are familiar with the procedures and complications of HEN.

Community dietitians (CD) skilled in HEN are ideally placed to support patients discharged to both domiciliary and residential settings. CD can provide regular home visits to monitor and support patients and carers and act as a liaison between community and hospital services. The CD can provide appropriate education and training on HEN to the patient, carers and healthcare professionals. In addition to monitoring of nutritional status, the CD advises on care of the gastrostomy stoma, and management of feeding tube problems. In an extended role, the CD may also facilitate reintroduction of gastrostomy tubes, which has been shown to reduce the number of hospital visits.

In 2008, a HEN Service for Older Persons was established in the Dublin North County Area, and extended to Dublin North City Area in 2009. In 2012 the HEN Service was further extended to all adults over 18 years, with the exception of those managed by the Intellectual Disability and Mental Health Services. The HEN service is provided by 2 WTE Senior CD posts and all clients referred to the HEN service are assessed within 10 days of referral and reviewed at least 3 monthly, in line with best practice guidelines.

METHODS

The Dublin North City & County HEN database and case notes for all patients referred between June 1st 2008 and Dec 31st 2014 were reviewed. Demographic data as well as indication for tube insertion, feeding route and tube type were noted. In addition the discharging hospital, duration of intervention and outcome were recorded.

RESULTS

Since June 2008, 276 adults have been referred to the HEN Service, with an average of 39 new referrals per year. 63% of referrals were to Dublin North County Area.

AIM

To audit the profile of patients referred to the HEN Service in Community Healthcare Organisation Area 9 – Dublin North City & County.

TUBE TYPE

Gastrostomy was the predominant feeding route (94%). More than half of patients had a balloon gastrostomy at time of referral.

DISCHARGING HOSPITALS

Referrals were accepted from 12 different hospitals. Over half (55%) of all HEN referrals were from Beaumont Hospital. Three quarters of HEN patients in Dublin North County Area were discharged from Beaumont Hospital, whereas the Mater Hospital was the main referrer in Dublin North City Area, accounting for 51% of all referrals.

RESULTS

HEN PATIENT PROFILE

Two-thirds of patients were aged over 65 years (range 18–93), and the male female ratio was 1:1.1. The most common underlying medical conditions leading to gastrostomy insertion were cancer (33%) and neurology (25%). Patients with stroke or acquired brain injury were more likely to be discharged to Dublin North County.

Fig. 2 Underlying medical condition leading to HEN

DURATION OF INTERVENTION

The average intervention time was 16 months (range <1 month to 79 months, median 9 months). The effectiveness of this service in reducing hospital visits for these patients to attend hospital for the procedure. This is in line with current HSE policy of patient centred care and ensure the patient receives ‘the right service, at the right time, in the right place, by the right team.’

CONCLUSIONS

CD currently co-ordinate and optimise the management of HEN patients, discharged from 12 different hospitals to a wide variety of primary care teams or nursing homes across Dublin North City & County. Patients have a variety of underlying medical conditions and the nutrition care plan ranges from rehabilitative to palliative care. Each patient is reviewed at least 3 monthly and ongoing training is provided to each patient/ carer, as well as to their public health nurse/ nursing home staff, GP and professional carers.

Over half of all HEN patients were discharged to their own homes. In our experience, domiciliary patients are more likely to have an oncology or neurological diagnosis therefore their clinical condition is more changeable. They are also more likely to be self caring or reliant on family members for support. As a result, although the intervention time may be shorter, it is usually more intense than with residential care patients. The CD frequently acts as a liaison with the hospital dietetic services where these patients continue to attend specialist clinics in the hospital.

The duration of intervention varies considerably, almost half of all HEN patients referred to this service were followed up for more than 12 months. As many of these patients, particularly those in residential care, have been discharged from the acute hospital services, regular monitoring by the CD is essential for the effective management of HEN. Patients are more likely to be discharged to residential care in Dublin North County due to a higher number of nursing home beds in the area, and several nursing homes caring for young adults (under 65’s) with acquired brain injury or chronic disease.

Almost half of all HEN patients had a balloon gastrostomy in situ on discharge, which requires replacement every 3–6 months. All CD in the Dublin North City & County HEN Service, are trained in the reinsertion of gastrostomy tubes, which negates the need for these patients to attend hospital for the procedure.

REFERENCES

4. INDI (NSIG) 2007: Home enteral feeding resource pack