

The use of ENPLUGs to avoid hospital admission for community adult patients with learning disabilities who have a gastrostomy tube

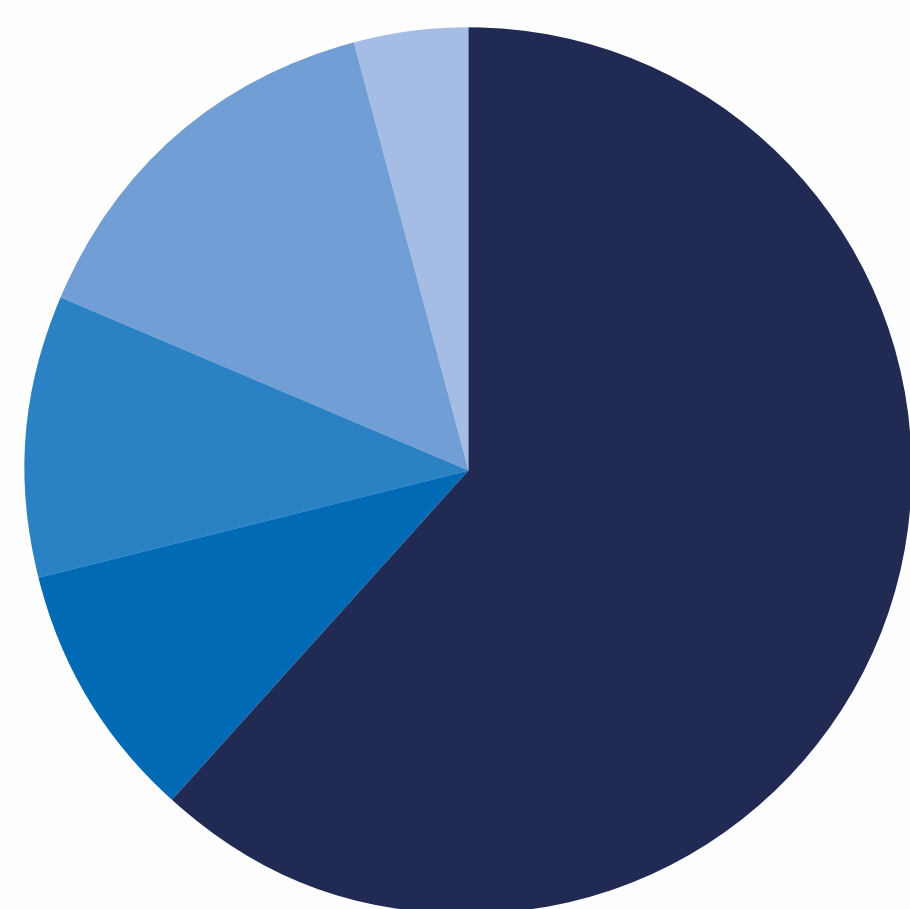


**Birmingham
Community Healthcare**
NHS Foundation Trust
Learning Disability Services

Description of Nutrition Nurse Service for Learning Disabilities in Birmingham

- ✔ 2 Part Time Nutrition Nurse Specialists
- ✔ Cover City Wide – Trust Premises, Non NHS Day Centres, Respite Units, Community Homes, Patient / Relatives Homes
- ✔ Link into Children's Services, Adults & Communities, Acute Trusts, 3rd Party Organisations
- ✔ Patient Numbers: 2009 = 21
2018 = 98

Type of Tubes on Caseload



- PEG
- NG
- BGT
- LOW PROFILE
- JEJUNOSTOMY

Reduce the risk of stoma closures

ENPLUGs are designed for emergency use to keep stomas from closing when a gastrostomy device has fallen out.

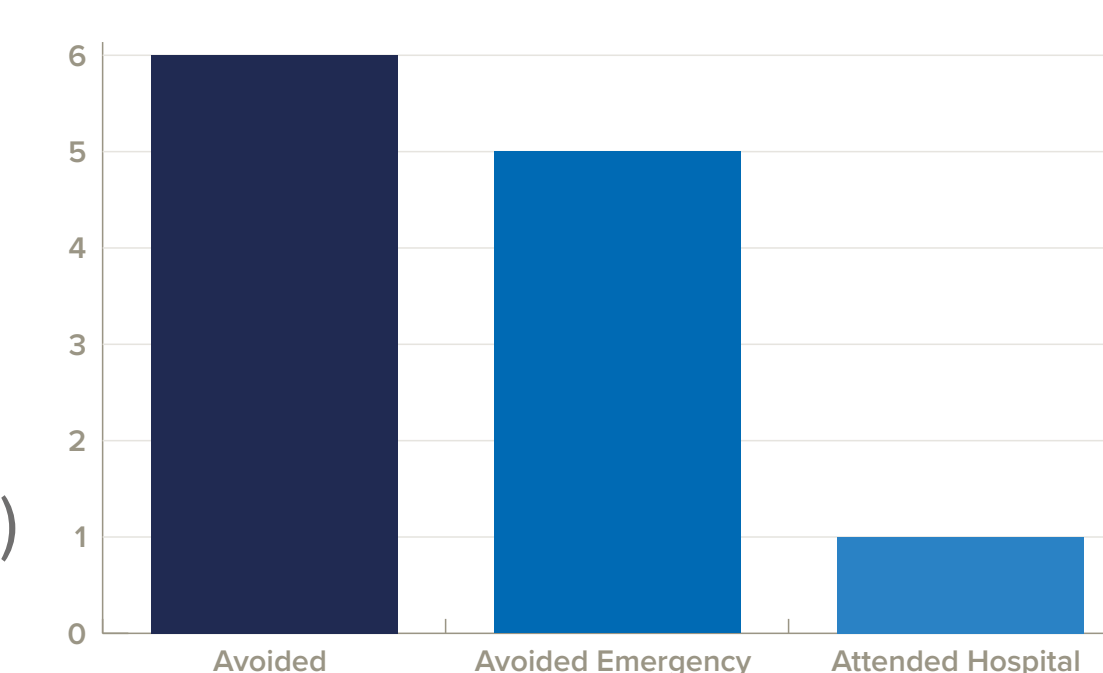
The ENPLUG packs are available in 2 different lengths & various French sizes in case the stoma has already started to close and the currently used French size does not fit the stoma anymore.



Hospital Avoidance Costs by Using ENPLUGS

(Figures based on knowledge re: Day case/admission for individual)
Period June 2017
– February 2018 £18,3008*

Admissions Avoided



Rationale for Use

- ✔ Reduce hospital attendance / admission if tube is pulled out / falls out
- ✔ Reduce lengthy hospital stay prior to new tube insertion procedure
- ✔ Disruptive / distressing for patients with learning disabilities in hospital
- ✔ Compromises nutritional status and can affect medical treatment / medication administration
- ✔ Reduce inappropriate use of foley catheter / NG tubes to keep tract open
- ✔ ENPLUG cannot be used for feeding / medication administration
- ✔ ENPLUG designed for purpose
- ✔ Reduce increased care costs when patient admitted
- ✔ Incorporates Trust values

Case Studies

Day Centre (non NHS)	Community Home (non NHS)
Gastrostomy tube in situ	Gastrostomy tube in situ
Tube pulled out so carer placed 14Fr ENPLUG and secured with dressing	Tube out at 7 a.m. Carer placed ENPLUG
Nutrition Nurse visited (Distance from base across Birmingham = 12miles)	Nutrition Nurse contacted at 9 a.m. and visited (Distance from base across Birmingham = 14 miles)
ENPLUG removed and BGT inserted thus avoiding hospital admission	ENPLUG removed and BGT replaced
Patient not suitable for endoscopic tube placement so prolonged stay in hospital avoided	Original procedure was a difficult R.I.G insertion so prolonged stay in hospital avoided

Feedback Comments

- ✔ Carer felt 'empowered as placing the ENPLUG meant the patient did not have to go to hospital'. She was able to tell her colleagues how easy it had been to insert the ENPLUG
- ✔ Nurse – marvellous, effective, 'buys us time as tract can be kept open.'

Reference

* Annex A National Tariff Workbook NHS Improvement 2017-18. <https://improvement.nhs.uk/uploads/2017-2018>

Identification of People to Train

- ✔ Local Authority care staff
- ✔ 3rd party care / home providers
- ✔ Trust staff
- ✔ Relatives

Barriers Identified

- ✔ Fear of unknown
- ✔ Fear of causing harm
- ✔ Organisational barriers
- ✔ Individual concerns

The 3 Stages of Training

Risk Assessment

- ✔ Assessment of patient suitability
- ✔ Assessment of care environment
- ✔ Discussion: senior care staff, senior managers re appropriateness, local arrangements
- ✔ Risk assessment (by Nutrition Nurse)
- ✔ Consent

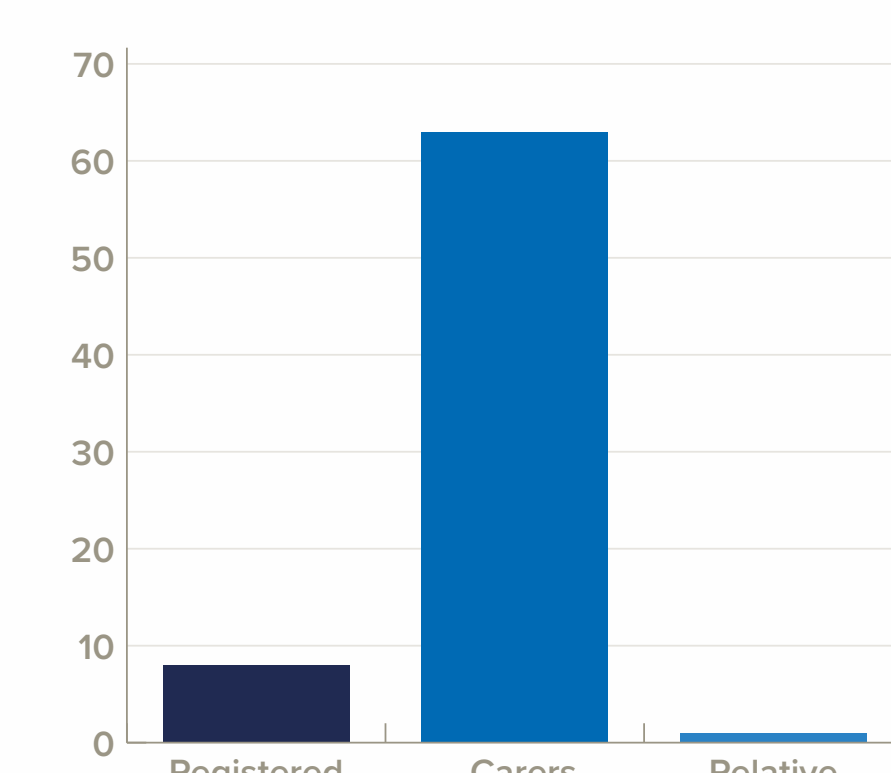
Training

- ✔ Training session arranged
- ✔ Use of mannequin
- ✔ Supporting literature
- ✔ Individualisation to patient
- ✔ Competency assessment
- ✔ Ongoing support

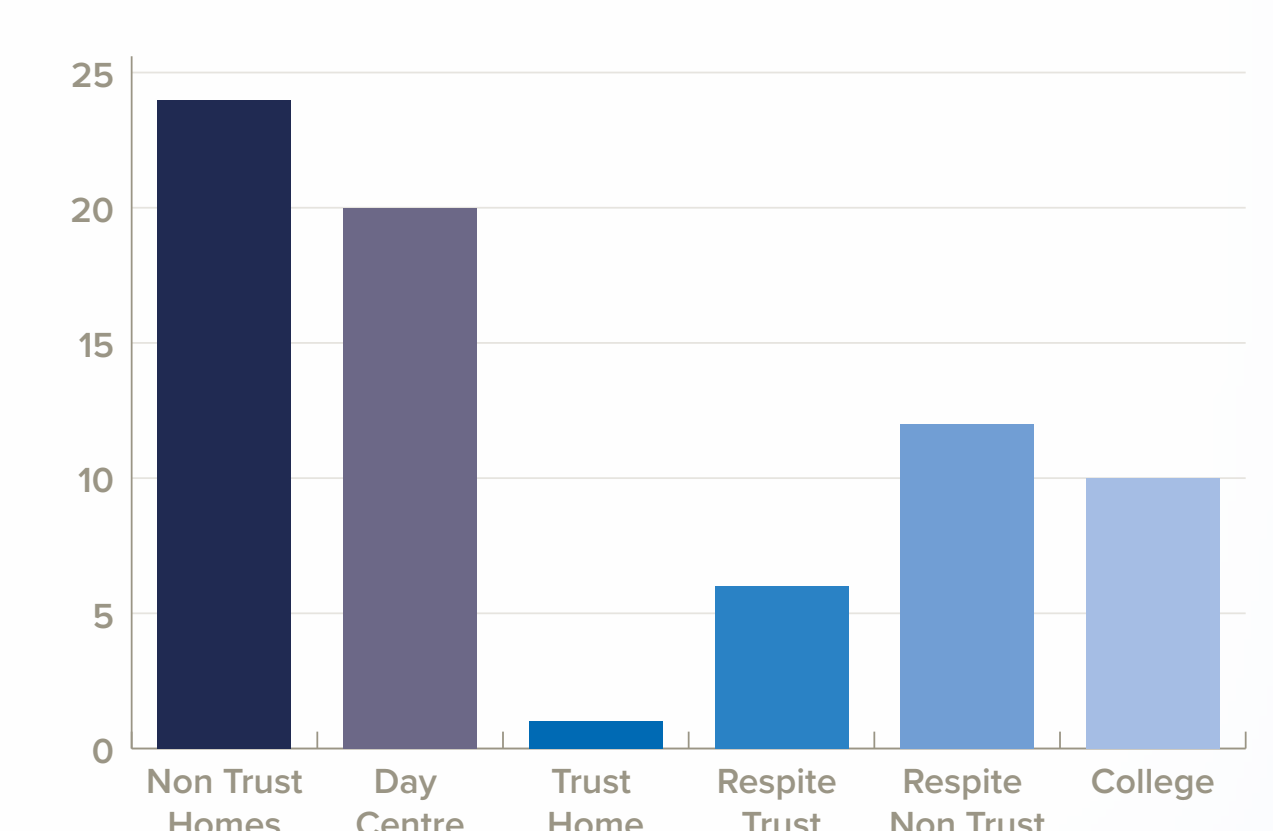
Provision of ENPLUG Box

- ✔ ENPLUG box contents
- ✔ Set of correct shaft length ENPLUGS (or mixture of both)
- ✔ Lubricating gel
- ✔ Dressing
- ✔ Visual colour guide
- ✔ Individualised insertion guide
- ✔ Hospital letter (if required) individualised

Spectrum of People Trained



Location of Staff Trained



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