NELFT

**Reducing the enteral syringe spend within Havering Dietetics**

Patients receiving enteral feeding in the community require plastics/ancillaries to allow feed to be pumped/bolused via the feeding tube. Multi-use syringes are deemed adequate for use in thecommunity for this purpose, however acute hospital policy uses single use for infection control purposes. Therefore,many adults have been registered with single use plastics which results in a higher spend per patient.

## Topic Area

## **Please** **identify (more than one option may be selected)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Adaptation |  | Communications and engagement |  | Estates and facilities (energy, waste, water) |  | Food, catering  and nutrition |  |
| Funding and  financial mechanisms |  | Medicines |  | Research, innovation and offsetting |  | Strategic ambition |  |
| Supply chain and procurement |  | Sustainable  models of care |  | Travel and transport |  | Workforce, networks and system leadership |  |
| Green/blue space and biodiversity |  | Digital transformation |  | Sustainability education |  |  |  |
| Other (please specify): | | | | | | | |

\*Topics aligned with the 12 Greener NHS workstreams (NHS England) are shaded.

## 

## Key message / aim

To reduce the cost of incorrect ancillaries for adults receiving enteral feeding in NELFT Havering by 5% by September 2018

## What was the problem?

Absence of a NELFT Standard of procedure advising the use of multi-use Syringes for patient’s tube fed within the community.

Acute colleagues would arrange for patients to receive single-use syringes during the discharge and registration process. This is in line with hospital policy for infection control purposes. However, a transfer to multi-use syringes in the community is deemed safe and sufficient for most of our adult patients unless a jejunostomy is in situ or the patient is immunocompromised. A patient transferred over to community with single-use syringes required dietetic funding of approximately ~£170 per year versus an estimated multi-use syringe cost of ~£48 per year. With almost 300 patients requiring tube feeding across the NELFT boroughs, the potential savings for the service were substantial.

## What was the solution?

**“Quality Improvement (QI) aims to bring about changes to deliver person centred care that is better, safer, more effective and more efficient using a range of specific tools and methods.”**

A small number of patients were included within a QI project as part of **Planning, Doing, Studying, Acting (PDSA)**. My training was supported by the NELFT QI team with 5 days of protected in-house training, mentoring and ongoing email support.

Nutricia product monthly orders of x10 home enterally fed patients were observed retrospectively for a period of 12 months as part of the QI 5Ps namely, what is our **Purpose?** What is the current **Process?** How many **People** are involved in the system, and who are those people? What **Professionals** do I need to engage with? And what **Patterns** are currently Available?

By mapping out the discharge journey of 1 HEF patient from hospital to home, bottlenecks, drivers and change ideas were identified to improve this process. The focus was improvement in patient care as well as highlighting the need to improve education for all the Dietitians involved in process.

As part of this process it was deemed imperative that a Standard of procedure was developed for the NELFT Dietitians to refer to as well as our Acute dietetic Partners to ensure that all patients are provided with the appropriate plastics during the transition from Acute to community.

## What were the challenges?

Time constraints of carrying out the QI learning process in addition to a busy caseload and maintaining momentum with devising the Enteral feeding Standard of procedure over many months.

## What were the results/Impact?

The observation of 10 patients showed a potential **Outcome Measure** of financial savings by streamlining the use of multi-use syringes within community care. For example, the annual spend on incorrect syringe provisions for the 10 patients totalled £1042. By swapping to multiuse syringes the predicted spend reduced to £540 for the same patient group, a saving of £502 per year.

Patient outcomes:

The Home enteral feeding standard of procedure has ensured clarity for each of the stakeholders involved in a patient’s care to provide the correct amount of syringes for our patients ensuring safety and equality.

Population outcomes:

Environmental impact

The reduction of single use syringe/plastics over to Multi-use supports a reduction in plastic and the aim for a more sustainable healthcare without compromise to patient care.

Social impact:

Within the Dietetics Team of NELFT, the individual clinicians became more aware of the importance of ensuring the correct provision of plastics/syringes and many patients involved also agreed with a reduced amount of syringes as long as this did not compromise their care.

Financial impacts:

By swapping 10 patients from single use to multiuse syringes, the cost reduced by 51% from £1042 to £540.80. An estimated saving of £501.20 over 12 months. **Total = 270 patients may equal savings of £13,000/year**

**By the end of March 2021**

**Barking and Dagenham was saving £387.55 per month = £4650.60 predicted savings over the next 12 months.**

**Redbridge was saving £303.94 per month = £3647.28 over the next 12 months**

**Havering was saving £924.24 per month = £11090 over the next 12 months.**

**Total savings £27,685.76 predicted based on the caseload remaining the same over the following 12 months.**

## What were the learning points?

Learn and follow the QI process to focus on a smaller cohort of patients and scale up the positive results to a larger caseload.

## Next steps

Continually update the HEF with new products of codes specific for the use of patients transitioning from Acute care into community.

## What the team and/or patients and carers had to say

## Resources and references:

Quality Improvement (2016)

## Want to know more?

Contact 1:

* Name:
* Role:
* Email:
* Location & NHS Region if within the UK:[*Country and region (if relevant) of lead organisation*]
* Partner organisations involved: [*Name of partner organisation(s); links to relevant info/resources]*
* Has this project or story been made public in any form before?Yes/ No [*If yes, please direct to the place where it is published*]

If available, please provide details of an additional contact to best enable others interested in your project to reach you in future.

Contact 2:

* Name:
* Role:
* Email:
* Location & NHS Region if within the UK:[*if different from Contact 1*]