Successful Implementation of ENFit in a Multi Hospital System: Challenges and Lessons Learned

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Learning Objectives
At the conclusion of the presentation, the learner will be able to:

1. Have a better understanding of the benefits of ENFit® adoption and the challenges we have faced in the US.
2. Identify key steps of ENFit adoption for enteral nutrition patients in the Hospital Setting.
3. Determine best practices for transitioning enteral patients from hospital to home on ENFit.

ENFit Background
GEDSA (Global Enteral Device Supplier Association)
Non-profit Trade Association of manufacturer and supplier
Created to assist in setting an international standard to prevent mis-connections
California Assembly Bill No. 444
Commencing July 1, 2016, a health facility... is prohibited from using an enteral feeding connector that would fit into a connector other than the type it was intended for, unless an emergency or urgent situation exists and the prohibition would impair the ability to provide health care.

Specific Incidents of Misconnections

- IV tubing misconnected to a nasal cannula used to deliver oxygen — the patient survived after being treated for congestive heart failure
- Epidural infusion set connected to a peripheral IV, delivering epidural medication to bloodstream, resulting in patient death
- Feeding tube connected to an in-line ventilator suction catheter, delivering feeding contents into the patient's lungs, resulting in death
- Heparin lock (peripheral IV route) connected to an automatic blood pressure cuff, delivering air to the bloodstream, causing death
- Feeding tube was coupled with a peripheral line of a pregnant woman, resulting in enteral nutrition delivered directly into the bloodstream instead of the 35-week-old fetus nor the woman survived
- January 2000 through December 2006: 24 reported misconnections, 8 were sentinel events.
- Since 2011 there have been 24 more misconnections that lead to 2 deaths
ENFit

Why Utilize ENFit?

- Reduced misconnection
- Safer connections
- Higher patient satisfaction
- Ease of use

What does ENFit look like?

ENFit®

Legacy

ENFit®

ENFit Roadmap for Success

- Gather your team:
  - Physicians
  - Nurses
  - Dietitians
  - Administration
  - DME providers
- What supplies are made?
- Can they service ENFit patients?
- Getting products in hospital?
- Tube Suppliers
- Contracts
Obstacles and Resolutions

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Background/Concern</th>
<th>Resolution</th>
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<tr>
<td>Disconnection &amp; Leakage</td>
<td>98% of enteral patients experience disconnections due to legacy stepped connectors.</td>
<td>1. Transition connectors were only intended to be temporary. ENFit to ENFit connections are designed with a locking feature to keep tubes connected, avoiding disconnections that may cause hospitalization and other complications. Full scale adoption of ENFit will eliminate disconnection concerns.</td>
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<td>Flow Rates &amp; Pressure</td>
<td>ENFit feeding tubes appear to have a smaller inner diameter than legacy feeding tube funnels.</td>
<td>Independent testing conducted by the FDA and The Mayo Clinic demonstrate flow rates and pressure required to feed with an ENFit system are consistent with legacy tubes.</td>
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<td>Cleaning Procedures</td>
<td>Male ENFit connectors by design have a moat outside of the fluid path where fluid can build up. ENFit feeding tubes may be hard to keep clean.</td>
<td>As with any feeding tube, proper tube maintenance is essential. GEDSA is working with the clinical community to assess the cleanliness of tubes and to develop cleaning procedures.</td>
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<td>Training/ Education</td>
<td>Transitioning to ENFit involves many departments and functions including nursing, pharmacy and supply chain. Changes require proper training &amp; education for all departments/functions.</td>
<td>GEDSA has developed training manuals, patient discharge materials, in-service presentations, tool kits, FAQs and many other resources to aid in training. Visit stayconnected.org to learn more.</td>
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<td>Component Supply</td>
<td>The number one obstacle to transition to ENFit has been the perception that product is not available for every component of a feeding system.</td>
<td>GEDSA member manufacturers have confirmed adequate supply is available in aggregate. It is highly recommended that healthcare facilities communicate demand 8-12 weeks ahead of a &quot;Go Live&quot; date. Facilities may need to rely on multiple suppliers/distributors to meet future ENFit demand.</td>
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GEDSA Guidance Supporting ISO 80369-3

Learning Assessment Question 1
To implement a successful ENFit program you need support from:
A. Nursing
B. Administration
C. Dietitians
D. Physician
E. All of the above

Learning Assessment Question 2
The main purpose of this transition is:
A. It is nationally mandated by ASPEN
B. To make feeds easier
C. To prevent misconnections, and to provide safer feeds
D. To make patients buy more supplies

Learning Assessment Question 3
ENFit supplies are the same supplies that have been used for several years.
A. True
B. False
ENFit is only utilized for bolus feeds, not utilized for pump feeds.

A. True
B. False

Learning Assessment Answers

1. Answer = E; Rationale: All of the above team members are needed for successful implementation.
2. Answer = C; Rationale: The main reason for implementation is safety and preventing misconnections. While it does make feeds easier with a more secure connection, convenience is not the main reason. Patients will not have to purchase extra supplies, only ENFit supplies. During transition some facilities may have to carry both types of supplies.
3. Answer = B; Rationale: False. ENFit supplies are specific to ENFit and are not the previously utilized "Legacy" style supplies. Those previous supplies will not work with an ENFit feeding tube.
4. Answer = B; Rationale: False. There have been deaths associated with misconnections of feeding tube luer and feeds.
5. Answer = B; Rationale: False. ENFit is utilized on bolus and pump feeds, for both Gastric and small bowel feeding tubes.

References


Questions?