



### What was our aim?

To maximise clinical time available, to manage an ever-growing complex caseload of tube-fed adult patients.

### Why is it important to service users and carers?

The HEN Team provides dietetic care and advice to all tube-fed adults in east and west Kent community settings. Due to the complex nature of this patient group the team does not hold a waiting list, as all patients need to be assessed soon after returning home from hospital, and are discharged from the team's caseload only at the time of tube removal or death. A number of issues have prompted a review of the HEN patient pathway:

Firstly, over the past two years, the team had seen not only a rise in the number but also the complexity of patients being referred (22 per cent in two years June 2020 - June 2022). The increasingly large caseload had meant that clinical reviews were not always completed as planned.

Secondly, it was felt that processes the team were following had become cumbersome over time and that they were creating unnecessary work, thereby preventing the available clinical time from being utilised as efficiently as possible.

Finally, the team had learnt from the changes to caseload management during the pandemic and it was important to feed this into future service pathways.

As a result of these factors it became necessary to explore, once again, how the team could continue to support all tube-fed adults safely.

### Ideas and tests of change

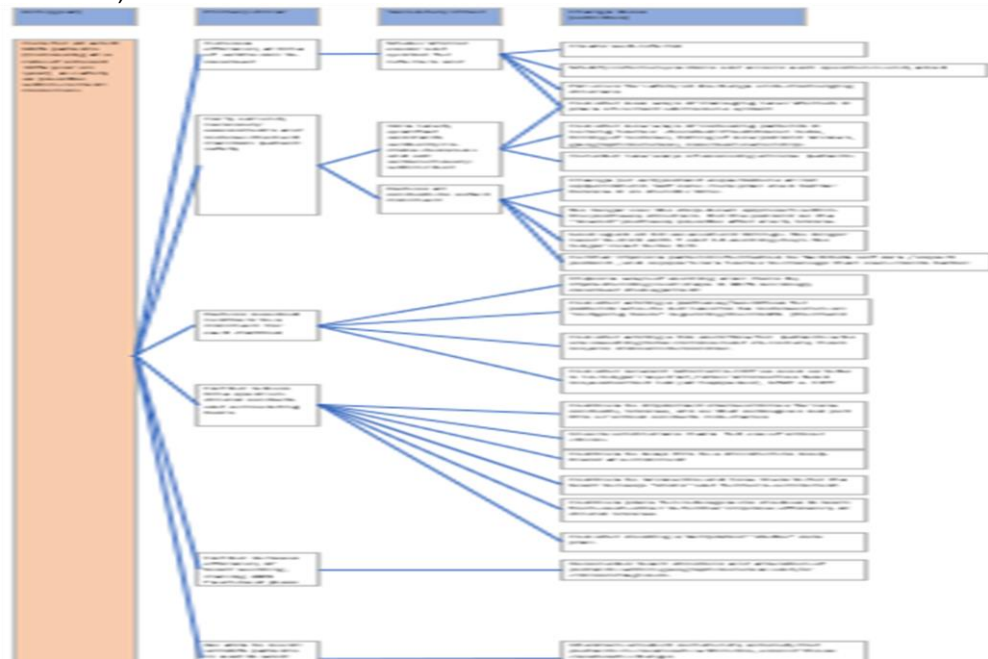
A series of process mapping and brain storming sessions generated a large number of change ideas as can be seen in the driver diagram below. These included:

- Stopping the admission co-ordinator role
- Following learning and competency assessment, assistants will manage a caseload of patients in care homes
- The introduction of on-line referrals with in-built assurances of safe discharge from acute hospitals
- Extending the time between discharge home and initial HEN Team assessment
- Further improving care planning
- Empower patients towards self-care
- Lengthening the time in between clinical reviews.

### The tools we used

A series of process mapping sessions were carried out with the head of service, service manager, team leaders and quality improvement (QI) lead, as well clinical and administration colleagues. These focussed on reviewing the overall service pathway as well as more specifically, the current process for new patients being admitted to the caseload, how they were assessed and subsequently reviewed. A fresh eyes approach supported challenge to current processes.

All ideas were transferred to a driver diagram. The diagram is enormous because it is used as a record of all ideas and to monitor the smaller projects within it (and as such, detail can not be seen here).



### Results/How did we do/Anticipated outcome

From these ideas of change the first three projects are underway:

#### Admission to HEN Team

To replace the now cumbersome email referral system, a new online referral system has been created. It requires the discharging clinician in an acute hospital to provide assurance that the patient is being discharged safely with regard to their tube feeding. This assurance is intended to relieve the HEN Team from immediate check-in with a patient as they arrive home. It is hoped the knock-on effect will be that a new HEN patient assessment does not need to be quite so immediate, and could be up to five weeks, allowing the HEN clinician to manage their diary more effectively. The project is currently in PDSA cycle 2, and about to move to cycle 3 encompassing all local acute hospitals.

#### Assistant Practitioner – HEN (discussed in more detail in a separate poster)

The role of the band 4 assistant practitioner is being developed. As a result of no longer needing to check new patients in the same way, the band 4 assistant practitioners are now managing caseloads of patients in care homes. This action has not only reduced the HEN dietitians' individual caseloads but increased the job satisfaction of the assistant practitioners. New competencies have been developed to support the assistants in their new way of working and the next stage of the project is unfolding, as the team explores how some patients in their own homes can be best supported by assistant practitioners.

#### Patient pathways

The team is moving towards care planning that provides the patient with agreed steps to take if their tube feeding does not progress as expected. It is hoped that this will promote self-management and enable the team to increase the time in-between clinical reviews. The team is seeing an increase in six-monthly reviews and a 12-month review pathway has been created for the first time and is being used. The next stage of this project is to create a self-care pathway, where there are no outgoing contacts to patients, and the care plan explains to the patient if and when they need to get in touch. This new approach is being monitored closely, to ensure patient safety is not put at risk. To date incidents have not increased and patient satisfaction surveys remain excellent.

### What we learned and what's next

These projects are ongoing and are being refined through ongoing plan, do, study, act (PDSA) cycles.

The HEN dietitians are learning to continue to provide high quality care, at a slightly increased distance, as a result of:

- improved assurances regarding patient safety at discharge from hospital
- developing assistant practitioners to manage their own caseloads
- encouraging patients and their carers to self-manage their tube feeding, having received information about what to do in certain circumstances.

These projects will continue to be monitored reviewed and analysed to make sure they are having the desired outcome of time maximisation. The team will then return to the overarching driver diagram to decide on their next steps.