ENFit® Transition Tip Sheets

2020 Edition

Table of Contents

Find a wealth of knowledge and information on these topics and more at

www.stayconnected.org

ENFit® Transition Tip Sheet

First Edition


GWDSA

This tip sheet is an effort by GEDSA members to facilitate a smooth transition from legacy to ENFit® enteral connectors. This is intended to have a clinical focus, but you will also see content about education and communication. We authors are nurses who have been involved with successful ENFit® transitions. We want to share issues that have bubbled up and how best to avert problems. Monthly, we will share information that helped us or problems we have been told about. Feel free to reach out to us with questions yourself. We will answer emails and may use your question in an anonymous manner in an effort to help others.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Kim Gorsuch, BSN, RN, CNSC

Kim.Gorsuch@ctca-hope.com

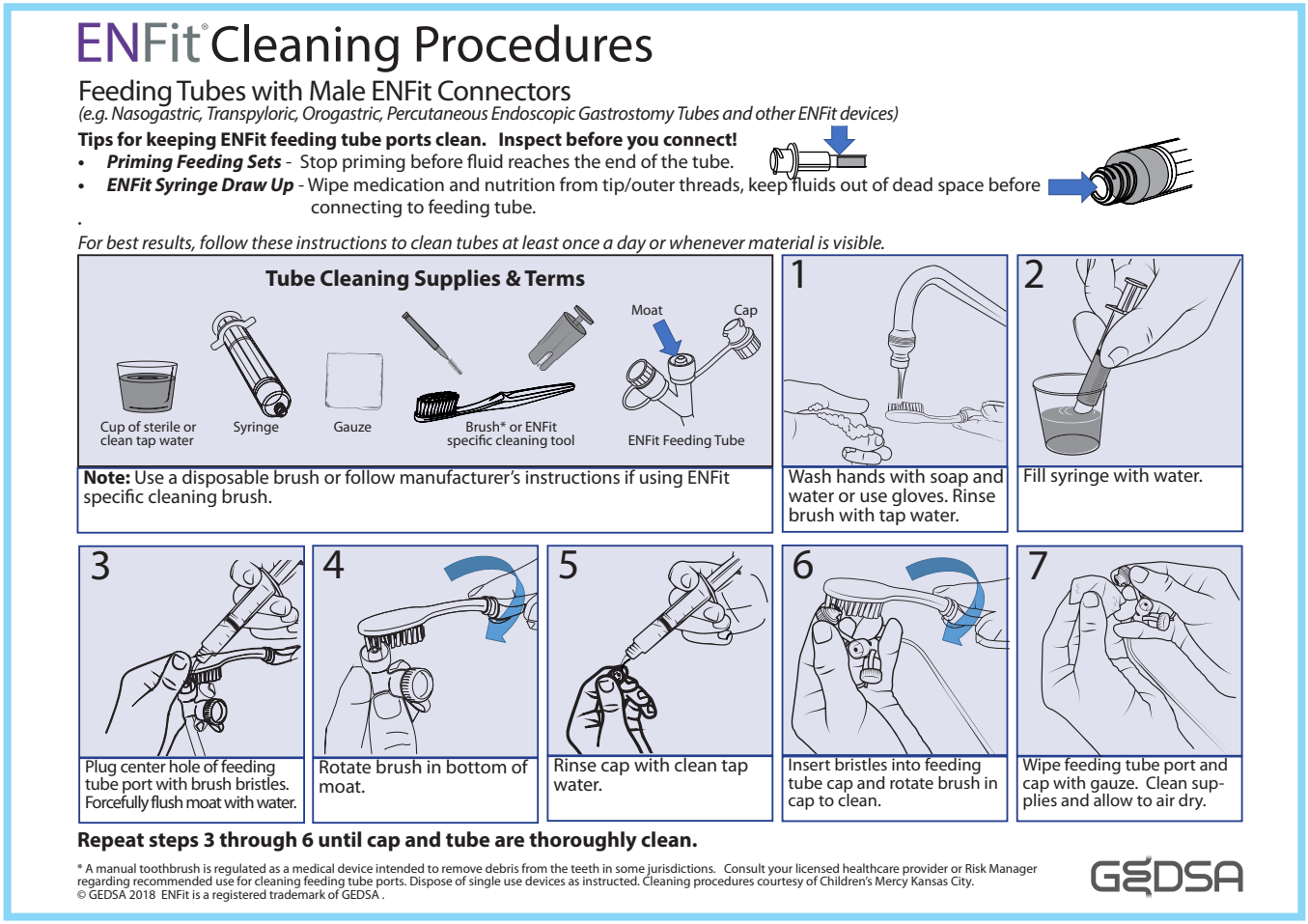
Just prior to the transition

In the few days prior to the go-live date ask critical care physicians (including surgeons, gastroenterologists and neonatologists) which patients should NOT be transitioned to ENFit® because if a problem occurs, the patient would have to undergo an invasive procedure to have the tube replaced. This will be the case for a small handful of patients. Use legacy product adapters for those patients until your staff become proficient in using the new connectors.

Do you require a skill-based competency for your nursing staff that includes priming the enteral tubing, medication administration, prevention of soiling the connector, cleaning the connector, and patient/family education? In many institutions, the nursing units that required such a competency had MUCH less trouble making the transition. Consider this a help to your nursing staff to mandate they handle and become familiar with the supplies prior to working with patients. One facility developed a play station with supplies in a plastic shoe box. Those supplies were also used to teach families. Another facility had a hands-on demonstration for all nursing staff to become familiar with ENFit®, as well as an Online Learning Module to further explain rational for the transition.

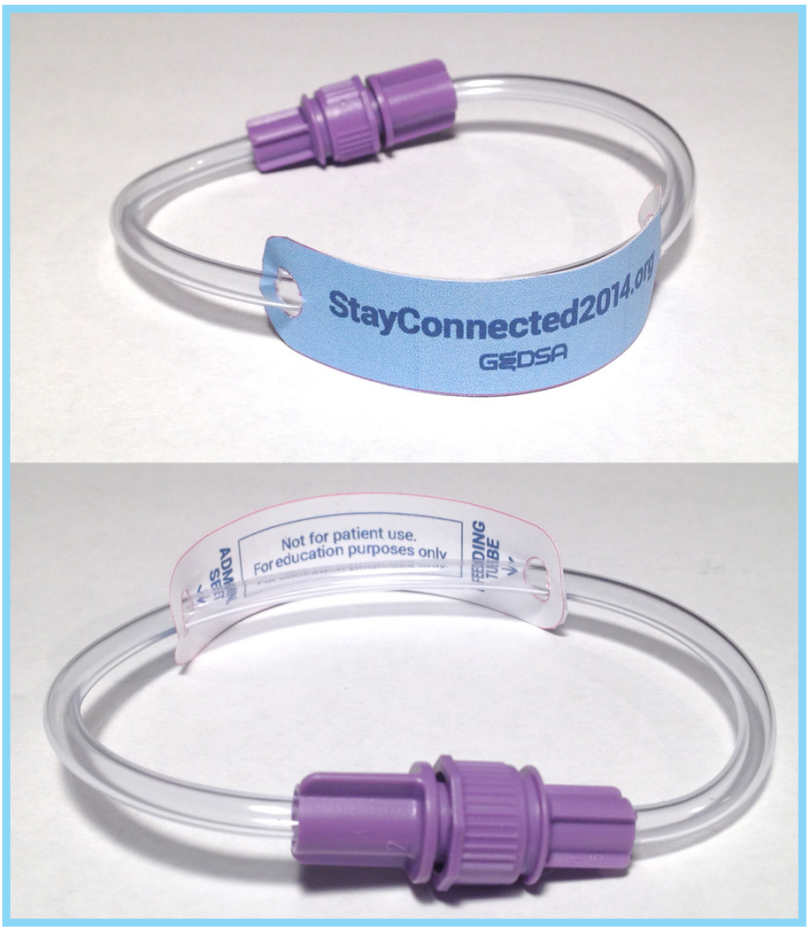
Make sure you have a plan for discharging patients that includes providing medication syringes, adapters and a cleaning procedure. Do your nurses have the families/patients demonstrate how to draw up and give medications? Do the families need to show how to clean the connector? Do they know to not prime all the way to the end of the tubing? Utilizing a Teach Back education method is a proven strategy to assure the patient and or family members are understanding the information.

Will your supplies be in a location that works into the usual workflow of the nursing staff? All medication related supplies need to be in the medication room. A cleaning brush (if applicable) needs to be in the patient room (labeled with the date it was opened) along with other cleaning supplies. In other words, set your nursing staff up to succeed and to do the right thing.



Education

One Facility set up a table outside the cafeteria most weekdays for 6 weeks prior to our go-live date. It had a nice banner announcing the go-live date and we had an array of supplies. Families who ate lunch in the cafeteria, attending physicians, resident physicians, etc. stopped by to see the supplies and to discuss why this change is happening. Families and physicians do understand patient safety issues and were supportive. We staffed the table with staff nurses who volunteered to help from 11:00 AM - 1:00 PM. All those nurses had a script of what to say and FAQs. It was a very successful endeavor as many stakeholders seem to delete the emails they think don't really apply to them. When in fact, seeing the tubes made surgeons and other doctors really take note.



Educational ENFit® Wristlet Sample

Another facility had one-on-one demonstrations "roadshows" with all nursing and medical staff. This ensured that all stakeholders were aware of the change in advance and were able to touch the new supplies and be proficient with utilizing them. An online learning module was also assigned to all nursing staff and gave background on the safety events worldwide that lead to the need for the safer enteral connection. When stakeholders are informed of why a change is happening, they are more likely to embrace the change. An ENFit® champion is available for any staff or patient questions regarding ENFit®, supplies, or enteral tube use. This ENFit champion also in-services all new stakeholders on ENFit®.

ENFit® Transition Tip Sheet

Second Edition

From the Editor...

This month I am pleased to share a document created by a very experienced nutrition support nurse from a large healthcare system. Lorraine Linford's healthcare system comprises 23 hospitals, all of which successfully transitioned to ENFit®. At the end of her contribution, I have some tips for working with homecare patients.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

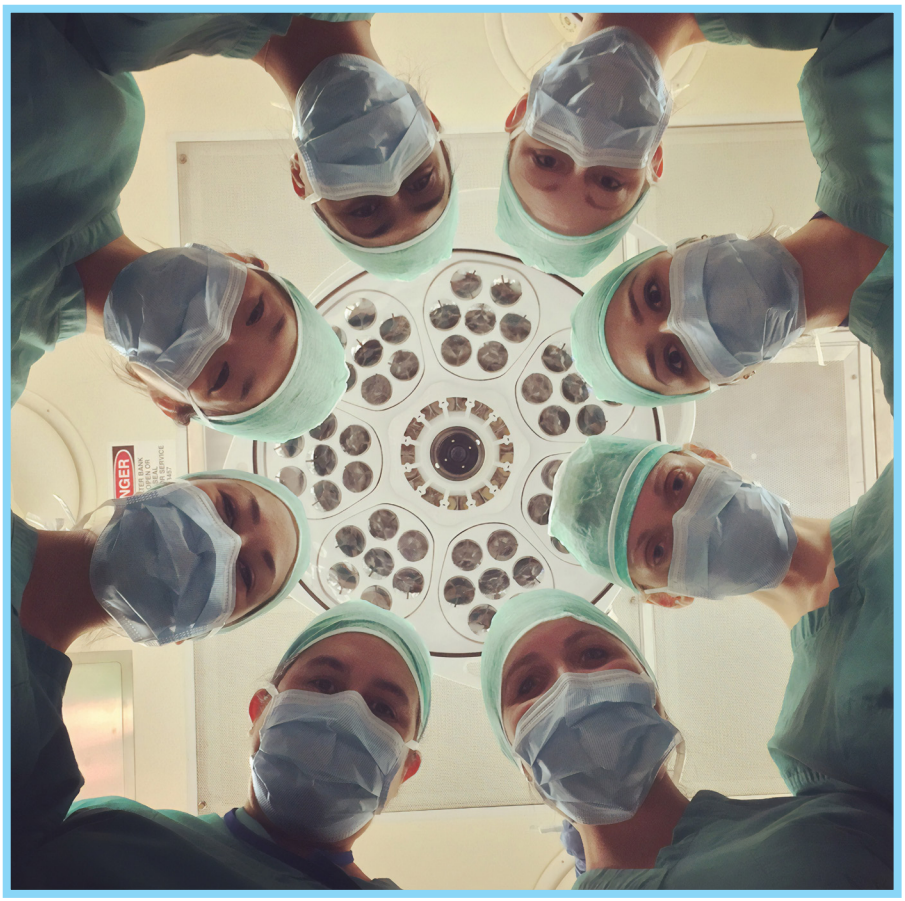
lymanb2954@gmail.com

Lorraine Linford, RN, BSN, CNSC

Nurse Manager, Nutrition Support and Vascular Access Team

Intermountain Medical Center, Salt Lake City, UT

lorraine.linford@imail.org



The transition process

of moving to the safer ENFit feeding tube connection system from 'legacy' feeding tube connections requires a multi-disciplinary approach for success. During the ENFit® conversion in 2017 of the Intermountain Healthcare System with multiple hospitals (diversity of trauma centers to rural hospitals), many lessons were learned that may help other facilities in their ENFit conversion journey.

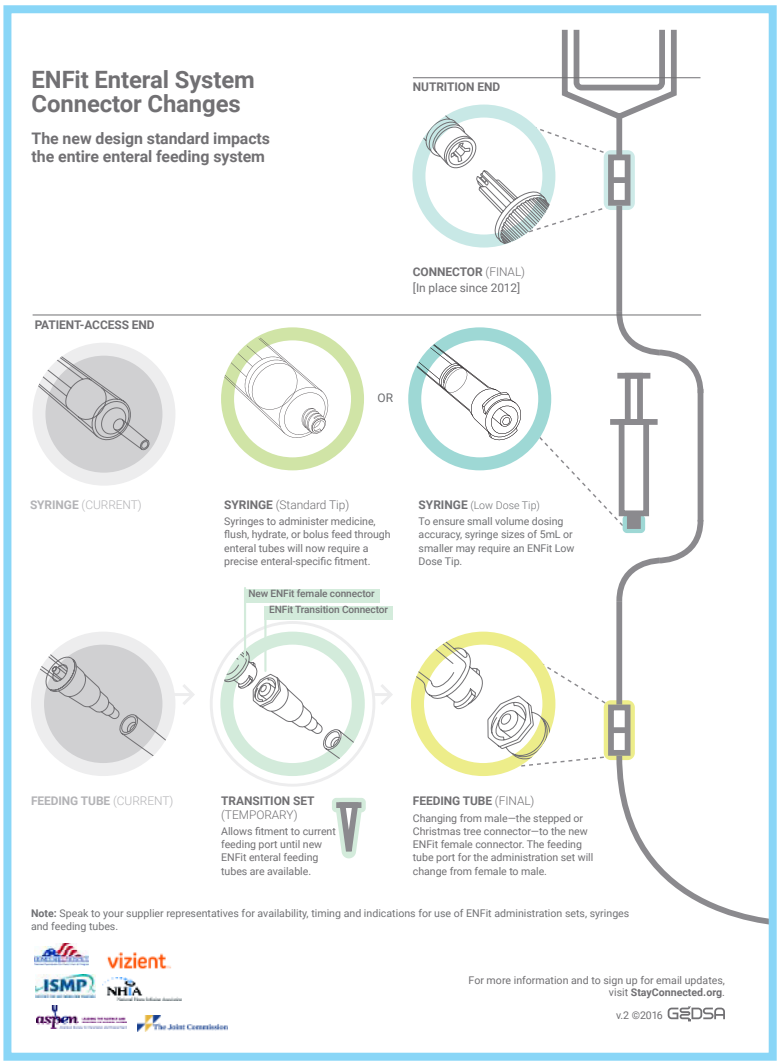
Strategic Positioning

- ENFit® conversion is about providing safety to patients on enteral feedings. Commitment to 'Safety' is the reason to make this change.
- Assign a clinical ENFit® champion who is committed to help lead the conversion.
- Engage key players and influencers. Explain the 'Why' and get buy-in from key clinicians and administrators who will support the transition through the difficult steps or resistance
- Be transparent that the ENFit® solution is not perfect, but it is better than the legacy tubes and greatly decreases the risk of small-bore misconnections. It is part of a series of five connectors that will greatly improve patient safety when all introduced.
- Realize that the needs for adults and pediatrics/neonates will be different and include clinical experts from these areas.

Conversion Planning Tips

"Commitment to 'Safety' is the reason to make this change."

- Assemble a multi-disciplinary team representing as many entities as possible that will be affected by the change At a minimum, representation from administrative and financial support, supply chain (for product ordering/pricing and also stocking and inventory at the facility level), pharmacy, nursing, clinical nutrition, home care, and education.
- Review your current supplies used and determine what the replacement choices will be. Make sure that this discussion includes clinicians as well as supply chain. Have supply chain help with financial projections for the anticipated impact.
- Ensure that Pharmacy is a key player in the selection of the ENFit® syringe products. One hospital system determined to remove oral syringes and replace with ENFit® syringes as a product that could meet both needs.
- Stock a 'transition' connector with anticipated minimal usage. Remember that patients will come to your facility with many different types of tubes, and some will be admitted with non-ENFit® compatible tubes. There will need to be options for provision of care in these settings.



The Intermountain Healthcare system chose to keep one connector in the hospitals and an additional connector for homecare that would accommodate both ENFit® syringes and tubing to fit a 'legacy' tube. This will continue to be necessary until all feeding tube manufacturers have converted to the ENFit® design.

- Develop new policies and procedures that will be needed before the roll-out such as cleaning the ENFit® devices.

Conversion Implementation Tips

- Change out all affected enteral supplies at one time rather than attempting a 'trickle down, use the old stock up' approach. Clinicians will intuitively reach for the products they are familiar with if both options continue to be stocked.
- Partner with your Supply Chain experts for planning on new inventory arrival, decreasing the ordering of non-ENFit® supplies pre-implementation, and the product conversion plan.

"...be sure to send home some supplies...and written instructions...on how to give medications and how to clean the connectors."

- Consider moving all of the legacy supplies to one facility in your healthcare system as implementation occurs, converting that facility last so that most of the non-ENFit® supplies can be used up at the final hospital and minimize waste of the legacy supply stock.

Sending patients home with feeding tubes that have ENFit® connectors

I have heard many reports of patients being sent home with no supplies and no education on how to use ENFit® connectors. You can avert this catastrophe of ED bounce-backs and patients feeling at a loss by considering the following:

1. Make sure the major Durable Medical Equipment (DME) companies you refer to know when you plan to go live so they can stock up on supplies. They will likely only carry 2-3 sizes of syringes so be realistic about what you ask them to carry. A good quality toothbrush can be used in lieu of a commercial brush, in order to keep the connectors clean at home.
2. Amend your discharge orders to specify ENFit® supplies—syringes, extension sets, replacement Gtubes, etc.
3. In ambulatory settings where paper orders may still be used, amend those orders to include ENFit® supplies.

4. If you change out a patient to an enteral tube (NG, Gtube, GJ tube) in the ambulatory area (clinic, interventional radiology, ED) be sure to send home some supplies including adapters, syringes and written instructions (pictographs preferred) on how to give medications and how to clean the connectors.
    a. As an aside, nursing assistants and technicians can make up Ziploc® bags with these supplies and pictographs so theycan be easily given to families.
    b. It is a good idea to have someone in these areas be the "superuser" or go-to person for ENFit®. That person can do the education and be in charge of new orders being sent correctly.

5. Consider allowing DME companies to have a "grace period" where they dispense adapters and legacy products to spin down their inventory. We had to do this with several companies in the Kansas City area and within a reasonable amount of time they all honored those orders. Sometimes it is best to compromise as these companies delivered great service to our families.

6. Provide the DME companies your cleaning protocol and any other education materials if they also send nurses into the home.
7. For inpatients, consider having families or patients do a return demonstration on how to prime tubing, give medications and clean connectors. Typically, this is well received as they want to avert problems at home.

Find a wealth of knowledge and information on these topics and more at ***www.stayconnected.org***.

Stay Connected

GEDSA

ENFit® Transition Tip Sheet

Third Edition

From the Editor...

In this edition we will be focusing on choosing an ENFit® Go-Live Date, an ENFit Champion, and choosing vendors for your facility. Alongside these choices, a detailed communication plan is key in successfully going live with ENFit. We will provide you with important steps that helped us in our own conversions. Establishing a Go-Live date is a large undertaking, but it is one of the first steps to bettering your facility's patient safety.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Kim Gorsuch, BSN, RN, CNSC

Kim.Gorsuch@ctca-hope.com

ENFit® Decisions with Kim Gorsuch, BSN, RN, CNSC

Choosing your ENFit Go-Live Date

There is a lot of planning that goes into setting a Go-Live date. Normally a tentative Go-Live date would be made to set a deadline for such activities as: product crosswalk, vendor selection, staff training, and education but should not be publicized until you are confident the date is realistic and firm.

Before Go-Live, you will want to make sure you have all the needed supplies with the new ENFit® ends; assure the home health and Durable Medical Equipment (DME) companies you use have supplies and are educated on ENFit and why the change is happening. Most important, is to have nurses and providers educated and fully trained. You will want to make sure each team member is not only aware of the change, but why the change is happening. Each team member should be confident with ENFit before your Go- Live date.

Choosing your ENFit® Champion

Choose your ENFit champion, the individual who drives conversion in your hospital or healthcare system. The ENFit champion should be available to assist the stakeholders that will be utilizing or educating the patient about their ENFit tube. The ENFit champion should be ready and

"Most national enteral suppliers have been ready for ENFit for several years."

available to answer any questions a stakeholder or patient would have about ENFit.

Choosing your Vendors

Know the product lines that will need to be substituted (legacy for ENFit) and what will need to be purchased from a different manufacturer (ENFit syringes for many). Reach out to the representative for the company you currently use for feeding tubes, etc. and ask them if they have ENFit supplies you can see. Most of the national enteral suppliers have been ready for ENFit for several years already.

The DME or Enteral suppliers must be willing to service your ENFit patients. If the company is not ready to transition feel free to ask them when their transition will be completed. Most DME and Enteral companies should be willing to share that information. While the majority of DME companies are willing to provide ENFit supplies, it would not be fair to your patient to set them up with a provider that will not supply the correct items they need for their feeding tube.

An Important Note on Decompression Tubes

Nasogastric (NG) decompression or Salem sump tubes are commonly used in acute care settings. NG tubes for decompression are then often used to start enteral feeding to assess patient tolerance, however, we as providers should not be utilizing the large NG tubes for feeding past a few hours up to 24 hours. These are very uncomfortable for patients, and there are ENFit small-bore feeding tubes that are safer and more comfortable for the patient. Adapters can be added to the decompression tube to allow for feeding tube set attachment or medication administration. Please take this opportunity during the ENFit transition to put a stop to the routine use of large bore, stiff decompression tubes for enteral feeding.

ENFit G-tube can be used for gravity/dependent decompression. Drainage bags that have ENFit connectors are now available. While there is an opportunity for design improvements, we anticipate many more designs and manufactures of these types of bags in the future, once they see that the need is there. Some patients use their G-tube to drain gastric fluids due to impaired gastric emptying and others use the G-tube to remove foods consumed for enjoyment. That food is drained out the G-tube. Currently patients have been able to still eat soft foods such as mashed potatoes (no skins), applesauce and pudding. These types of foods have been able to drain from the ENFit G-tube into the ENFit decompression bag with ease. Other types of foods, more solid types of foods, have not yet been evaluated with an ENFit decompression system.

"ENFit small-bore feeding tubes are safer and more comfortable for the patient."

Go-Live Communication Plans
with Beth Lyman

In order to make this transition successful, a detailed communication plan needs to be developed and should be a line item on the go-live timeline. The communication plan needs to be a big picture approach and unit specific. It is best to have one person (ENFit Champion) on the transition team be the clearing house for messaging to avoid confusion. I suggest you:

1. Start with top administrators. Hold a department head meeting and give a five-minute "elevator speech" with a PowerPoint presentation and a one-page executive summary of: why this is being done, who is leading this, when will it happen, and who will be most affected.

2. Designate a transition team member to speak at clinical staff meetings; including pharmacy, nutrition services, and each nursing unit. These groups initially need the same five-minute "elevator speech," but focus on what will change for each of those areas.

3. Determine who outside the institution needs to know this and consider doing a webinar for referring: physician offices, surrounding referral hospitals (especially their emergency

departments) and home health agencies. If you are a regional referral center, this will be key to fostering good relations with those facilities. In my experience, those groups do tend to have someone on that webinar and they ask good questions.

"Focus on what is being done to facilitate the workload of the target audience and what they need to do that is different."

4. Write a short blurb for the physician newsletter that is often sent out by your marketing department. The physician may not read that part but he/she will pass it on to clinical staff.

5. Send out email reminders as the Go-Live date approaches. Use bullet points and be very concise.

6. Finally, providers may be the last bastion of staff who "tune in," so be sure to target medical/surgical staff meetings, nurse practitioner staff meetings, etc. Take attendance and pass that list on to upper management.

In all communication, focus on what is being done to facilitate the workload of the target audience (amended computer orders to include ENFit automatically at discharge) and what they need to do that is different.

Even the best communication plans can't guarantee the target audience will partake in the information, but a targeted approach with multiple touch-points and a strong champion will take you far. Be patient and persistent.

Find a wealth of knowledge and information on these topics and more at

www.stayconnected.org

ENFit® Transition Tip Sheet

Fourth Edition

From the Editor...

In this edition we will be focusing on a breakdown of ENFit® in the Pharmacy, from a pediatric inpatient hospital. Taking a look at ENFit in regards to Pharmacy workflow, supplies, processes and areas of influence. We provide insight to preparations and what your pharmacy may encounter in their journey to its Go-Live day. We will also provide details for organizing a Go-Live Date (down to the hour) and a few tips for success.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Jennifer Bonvechio, PharmD, BCPPS

jbonvechio@akronchildrens.org

A Pediatric Inpatient Hospital Pharmacy's ENFit Transition Tip Sheet

Pharmacy department involvement to transition to the safer ENFit connection system is crucial for a successful implementation. Here are some lessons learned from a pediatric pharmacy perspective that may help other institutions in their ENFit conversion journey.

Consider Pharmacy Workflow

Work with your ENFit multi-disciplinary team to determine how your pharmacy will best provide oral syringes for the institution. In the outpatient pharmacy setting, ENFit syringes are only used for medications administered via an enteral feeding tube, however, hospitals may choose to use ENFit syringes for all oral doses dispensed in the hospital to streamline workflow.

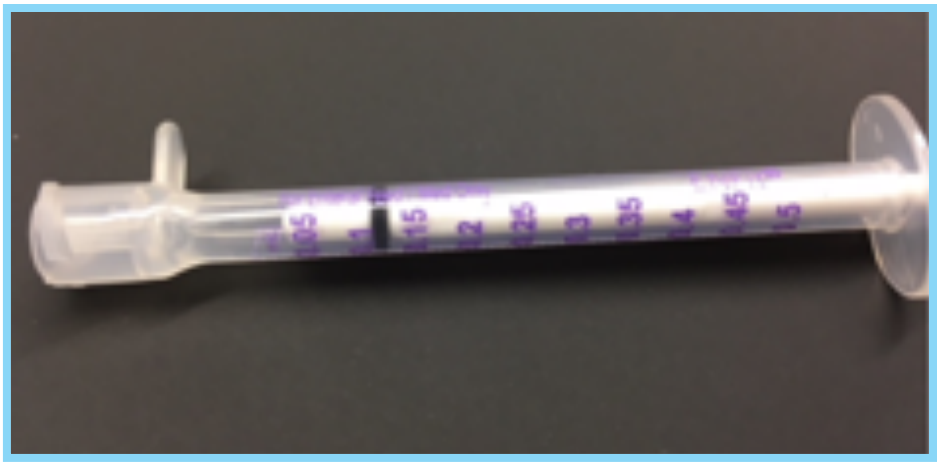
Items to consider:

- Does the ordering practice (CPOE) at the hospital differentiate between oral administration versus administration through an enteral feeding tube?
- Can the hospital pharmacy/nursing units support stocking two different syringe lines and all the accessories needed, depending on the route ordered?
- If you have both oral syringe lines, will pharmacy accessories require two stock bottles for certain medications?
- Will using both slip tip oral syringes and ENFit syringes increase the use of adapters on the nursing units when only ENFit supplies should be used?

Establish ENFit Syringe Sizes for Pharmacy

We noticed the small volume ENFit syringes (0.5 / 1ml) have more issues with air bubbles due to the ENFit cap design. A small amount of medication may also be inverted into the cap while being transported or sending via pneumatic tube system. Air bubbles may shift into the syringe, displacing the plunger slightly. Strategies that may help mitigate air issues included:

- Reduced air induction into small volume ENFit syringes by twisting the cap on versus the normal push action when capping.
- Determine which brands of ENFit caps works best for your staff. Recent modifications in the ENFit caps have resulted in fewer issues with air displacement or caps coming off in the pneumatic tube. ENFit caps are interchangeable between different ENFit brand syringes.
- Evaluate your need for the smallest syringe sizes. The longer plastic fill of plunger of the 0.5 ml ENFit syringe may cause confusion when measuring doses.
- Suggest nursing pull plunger slightly downward before removing cap, flick air to top of syringe, and realign leading black plunger line to ordered dose.
- Establish acceptable variance that pharmacy does not need to be contacted to redraw dose (For example, within 5% of ordered dose).



Some hospitals implementing ENFit have opted to no longer use the 0.5 ml syringe size. We removed the 0.5 ml syringe size from nursing units and re-evaluated our product concentrations to reduce the use of this syringe size for patient specific doses from our pharmacy.

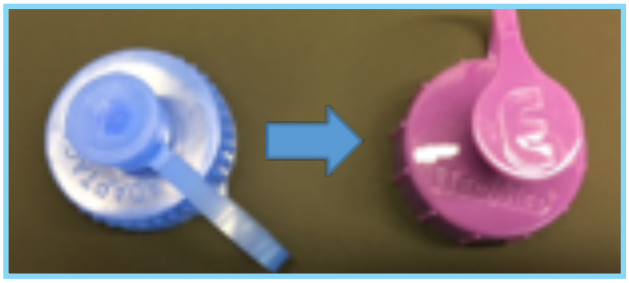
Pharmacy ENFit Supplies

It is recommend to have both a preferred primary ENFit supplier and a backup secondary supplier set up prior to going live with ENFit.

- Note that syringe sizes vary slightly between vendors and this is not an issue when switching between vendors (for example 5 ml vs 6 ml, 10 ml vs 12 ml).
- Some vendors do not stock 0.5 ml syringe size (if you determine this size is required).
- Certain vendors sell the ENFit syringe caps separately.
- For inpatient pharmacy dispensing needs, non-sterile bulk supply is preferred so technicians are not unwrapping each syringe to complete batch fills.

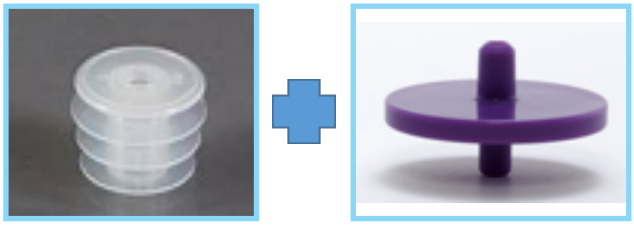
ENFit Pharmacy Bulk Bottle Fill Options

- Pharmacy bottle caps need to change from slip tip bulk fill caps to ENFit compatible bulk fill caps. Cap sizes are equivalent to prior product caps sizes. However, some sizes may not have ENFit compatible alternatives (F/H/M size bottle caps)
- Assess the number of caps that will be needed for each size during conversion day for all currently opened bottles, as well as future supply numbers for caps kept in stock.



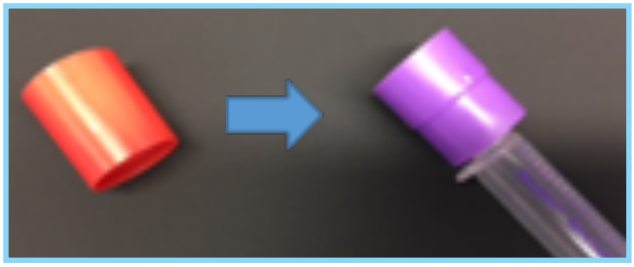
If ENFit caps do not fit bottle or leaks occur with particular bottles, additional options for pharmacy include:

ENFit press in bottle adapter (varying sizes)



Press in bottle adapter caps (24/28/33 mm) plus fill cap coupler

ENFit compatible Tamper evident caps:



ENFit filter blunt Needles if need to pull up IV medications for enteral administration:

Pre-packed oral syringes from outside resources

Evaluate any packaging company used by your pharmacy and their ENFit filling options for all syringe size volumes needed.

- Pre-packed oral ENFit syringes may not be available or not provided for small syringe sizes.
- Determine if your pharmacy has the resources to take on the additional workload to compensate and prepare syringes that will no longer be available.
- Take into consideration the time required to establish a contract for a new packaging company in your institution's go-live timeline.
- What is the estimated time to receive the first shipment of prepacked ENFit oral syringes? Consider if it is best to overlap the traditional oral syringes and the ENFit oral syringe product for ease of transition or if adapters will be used until new product arrives. If adapters needed during the transition process, make sure they are available in the needed nursing areas.
- If a certain ENFit syringe size is not a packaging option for the company utilized, options include using the next available syringe size, where possible, or bringing low volume doses in-house.

"Determine if your pharmacy has the resources to take on the additional workload to compensate and prepare syringes that will no longer be available."

Determine if updates are required for infusion pump datasets

Assess the ENFit syringe supply plan and the possible vendors that will be used for ENFit enteral feeding syringes. Since we consolidated to ENFit oral syringes institution wide, this affected pump programming for continuous feeds.

- Different brand ENFit syringes have a slightly different barrel size and may read the wrong syringe size when placed on pump.
- Explore if a pump software update with additional ENFit syringe manufacture options is available to allow the ENFit syringes to display the correct syringe size when programming (for the primary/secondary brand ENFit syringes you plan to use).
- Determine if an updated pump dataset and/or education will be needed for administering feeds.
- Determine if nursing instruction is needed regarding selection of a specific syringe brand when programming enteral feeds on the pump.

Other areas of pharmacy influence to help inform/educate about hospital ENFit plans:

- Determine if your ENFit task force plans to identify a mailing list for all current patients within the hospital with enteral tubes to educate about the hospital transition to ENFit.
- Suggestion regarding Nursing education: We composed a poster for tips on administration and the available adapters for use during the transition process.

- Our Pharmacy education in-service included:
  - Brief background on tubing misconnections
  - The problem with the universal luer design
  - Examples/stories of tubing misconnections
  - The ISO design standards developed for system specific applications
  - Information regarding the ENFit connector and products impacted
  - Low Dose Tip ENFit syringe information
  - Pharmacy products that are changing
  - Demonstration video of new products being used
  - Allowing pharmacy staff hands on practice
  - Information particulars needed for our outpatient pharmacy staff

RightSpot pH Indicator

Does your hospital use the RightSpot pH Indicator?

- To use the RightSpot with the ENFit equipment, a slip-tip (non-ENFit) syringe and adapter is needed.
- Our hospital supplies a slip tip syringe for this purpose only until the RightSpot is ENFit compatible.

What is your process to have ENFit syringes provided for measuring medications for patients being discharged?

- OTC ENFit syringes are currently in the works and may be available later this year. These ENFit syringes are tested for more extensive use and durability for home use and are available in smaller quantity packages for purchase.
- Our hospital needed to build an ENFit medication syringe order as a medication for prescribing purposes to allow the pharmacists to dispense in the outpatient setting.
  - The record is generic enough to allow a pharmacist to dispense the appropriate quantity and sizes for the patient's needs like they currently do in practice. The prescription is pre-populated with the appropriate information and instructions that will allow pharmacies to dispense the needed syringes.
- Providers use the ENFit order panel in our discharge order sets to order the ENFit medication syringe order as well as ENFit After Visit Summary (AVS) discharge instructions for all patients who will use ENFit after discharge. Our process to update DME orders for feeding tube supplies remains the same.
- In our current setup, the prescription can only be printed, it cannot be e-prescribed.
- For patients needing an ENFit medication syringe order, the AVS will automatically populate with ENFit discharge instructions. These AVS instructions populated the three pharmacies we were able to work with to stock ENFit syringes.
- Since the syringe record is built as a medication, it appears on Home Medication list and other locations where you find medication orders.

"Work with central supply/ nursing to time when pharmacy will switch to ENFit medication syringes on go-live day."

- Development of an information sheet on how to use ENFit syringes for our patients that were discharged with an ENFit prescription/ ENFit syringes.

Pharmacy Department and GO-live day:

- Work with central supply/nursing to time when pharmacy will switch to ENFit medication syringes on go-live day.
- Have adapters available on units during this time to allow nurses to administer medications depending on the situation:
  - Previous batch fill delivered to units with traditional slip tip syringe
  - Patient has non-ENFit enteral tube still in place
  - Prepackaged syringes in process of being converted to ENFit
- We first transitioned bottle caps for medications in the current batch fill, then transitioned other open bottles next. Unopened bottles were left in order to prolong expirations dates.
- Establish a plan for all the remaining non-ENFit supplies/syringes.
  - Determine if able to transfer supplies:
    - Outpatient pharmacy associated with hospital can use traditional oral slip tip syringes for non-ENFit prescriptions.
  - Determine if company take back current supply?

Organizing Go-Live Day Activities
from Beth Lyman

On the day of the transition, many departments and employees will be working to make things go as seamlessly as possible. Here are some suggestions:

1. Do not Go-Live on a Monday or Friday.
2. Select a time for all medications to be given using ENFit syringes. Noon is a good time so nurses can give morning meds, assess their patients and do physician rounds.

On the day:

1. **0900** | Send a staff person to the designated pickup point to obtain the new supplies.
   a. This can be a unit secretary, equipment technician or care assistant.
   b. There will be many boxes so it may take all of the above.
   c. Some facilities will deliver supplies to specific units. This can be negotiated with supply chain staff.
   d. Supply chain needs to keep a log of who picked up supplies.
   e. Remind families/caregivers/patients this is the day for the change.
2. **1000-1100** | Switch out stock but keep legacy supplies handy for immediate needs.
   a. Nursing staff take new NG tubes and other ENFit supplies, such as a cleaning brush to the bedside.
   b. Change all tubes or extension sets prior to noon and make sure placement is confirmed per hospital policy.

c. Pharmacy sends up all meds for noon and after in ENFit syringes.
d. Make sure medication rooms have adapters, medication straws, etc. close to ENFit syringes.

"Remind families/ caregivers/patients this is the day for the change."

3. **1200** | All enteral feedings and medications are given using ENFit supplies
   a. Exception: newly placed PEG or critical tubes will need to use adapters and legacy syringes. Make a note somewhere very visible to alert all staff to this exception.
4. **1300** | Pack away all legacy supplies in storerooms and medication rooms.
5. **1400** | Take legacy supplies to designated drop off point. Make sure they are in labeled boxes with the unit designation for supply chain staff to log them in.
6. **1400** | Transition team meeting to debrief and make needed adjustments based on information from units.
7. **1500** | Send an email to clinical and administrative staff with a re-cap of how the day went and what problems with solutions were encountered.
   a. For specific unit issues, it might be wise to limit communication about changes needed to that unit and managers.
8. **1600** | Supply chain staff notify specific units that have not turned in legacy supplies to please do so by end of workday.

Tips for success:

- Both nursing and pharmacy may want to send their own email to staff thanking them for their work and summarize lessons learned.

- A catered lunch for supply chain/distribution staff would be much appreciated by that staff.

- For the first week, a daily debriefing via conference call of transition staff might be warranted.

- Develop a lessons learned document because this is only the first of many connector transitions to come.

- Closely monitor event reports for trends in problems.

- Consider periodic monitoring of cleaning of the connectors for the first 3-6 months.

Find a wealth of knowledge and information on these topics and more at

www.stayconnected.org

ENFit® Transition Tip Sheet

Fifth Edition

From the Editor...

Blended diets for individuals who receive tube feedings are becoming quite popular these days. In this issue we have information from a registered dietitian that you may want to share with others in your organization. Feel free to pass this on to those who may not read our tip sheets on a regular basis. For many settings the use of blended diets using either real food, commercially prepared formulas or a combination of both is done in many departments such as chronic care, GI clinic, and often neurology. This issue is not an endorsement of any one kind of blended formula but rather offered suggestions for making this a successful effort.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Cynthia Reddick, RD, CNSC

Cynthia.Reddick@coramhc.com

Blenderized Tube Feeding (BTF): What You Need to Know
from Cynthia Reddick, RD, CNSC

Blenderized Tube Feeding (BTF) for home tube feeding is an option that is growing in popularity and understanding by consumers, prescribers, and health care providers. Research suggests that among home tube feeding consumers using commercially prepared blends, more than half are under the age of 18 years old and more than half of that population is under the age of 5 years old. Though BTF has been an available option for a long time, more information and resources are available now than ever before. Below is a guide to consider when evaluating the use of BTF in the home setting.

BTF is the process of preparing and cooking whole food and blenderizing it with a powerful blender so that it is liquid and smooth enough to feed through a feeding tube. Commercially prepared BTF options are also available when preparing home blends is not feasible or preferred. Although standard commercially prepared enteral formulas meet the needs of most tube fed consumers, there may be a clinical need or personal desire to consider BTF as a portion or as all of the tube feeding plan. Research and experience in home tube feeding reveals that many people home blenderize or use commercially prepared blends in the following ways:

- Occasionally and as a supplement to standard tube feeding formula
- Regularly and as a supplement to standard tube feeding formula
- As a primary source of home tube feeding with standard tube feeding formula as a supplement or for use when traveling
- As 100% of the tube feeding regimen

There is no right or wrong use of BTF with regards to the options above, however it is important that the regimen is reviewed by a registered dietitian to make sure each patient's unique calorie, protein, fluid, and vitamin and mineral requirements are being met on a regular basis. It is also important to involve the patient's physician and dietitian before changing a prescribed standard commercially prepared tube feeding plan to include or replace with BTF.

"...there may be a clinical need or personal desire to consider BTF as a portion or as all of the tube feeding plan."

Possible Benefits of BTF

There are many "tubies" or parents and caregivers who simply like the prospect of planning and making their own meals and integrating tube feeding into the family schedule and family routine. BTF is also a good option for people with food allergies or intolerance to ingredients containing corn, milk protein, or soy ingredients which are commonly used in standard commercially prepared formula. Though standard commercially prepared formulas provide all of the essential nutrients in measurable

and predictable amounts, BTF has the benefit of providing a wider range of ingredients, phytonutrients, and fiber while avoiding ingredients such as corn syrup, maltodextrin, soy and corn oil. Lastly, preparing BTF at home can be cost-effective, which may be a benefit if coverage for formula is denied by insurance or is a plan exclusion.

Considerations for the successful use of BTF

- Confirm the individual is a good candidate for BTF: digestive capabilities, feeding tube location (gastric vs. jejunal), method of administration preference, insurance coverage impact.
- >14 French sized tube is recommended to minimize incidence of tube clogs.
- Consider syringe, large bore gravity bag, or Bolee™ bag (udelivermedical.com) feeding as the preferred method of feeding BTF.
- BTF prescription goals and instructions should be based on containers/day versus mls per day when pump infused due to the pump's tendency to under infuse thicker formulas.

- BTF does not infuse through pumps with an acceptable level of accuracy unless the formulation is thinned with water or similar liquid. The Volume Delivered totals on the feeding pump are not accurate with thicker, undiluted formulations.
- Enteral feeding pumps are not designed or calibrated for BTF, add stress on the rotor and may be damaged by BTF infusions.
- Infusion time for the full dose delivery will be extended due to the pump's tendency to under infuse thicker formulas.

- For home blends, use a powerful blender with a strong motor that can mix whole foods to a smooth consistency so they can flow through the tubing easily.
- Research comparing the flow of BTF through ENFit syringes and tubes to Legacy syringes and tubes suggests that tube French size, the quality of blender used, and blending time (how smooth is the blend) has more impact on the ease of BTF feedings than whether an ENFit or Legacy feeding connection is being used.
- Refrigerated blends will thicken and should be warmed under running water to thin prior to feeding for optimal infusion through the tube.
- Food safety and sanitation during food preparation are essential to reduce the risk of foodborne illness.
- Proper cleaning of the blender used with home blends is critical to reduce the risk of foodborne illness.
- Recommended hang time of BTF is 2 hours or less.
- BTF may cause bright yellow staining of a clear feeding tube that is not resolved with flushing.

Commercially prepared BTF Options

Abbott Nutrition	Functional Formularies®	Kitchen Blends® by Medline	Nestle Health Science	Real Food Blends™
Click Here	Click Here	Click Here	Click Here	Click Here
Pediasure Harvest™	Liquid Hope® Nourish® Liquid Hope Peptide® Nourish Peptide® Keto Peptide®	Tender Chicken Mixed Vegetables Savory Salmon	Compleat® Organic Blends - Plant Based (adult and pediatric) Compleat® Organic Blends - Chicken (adult and pediatric) Compleat® Peptide 1.5 Compleat® Pediatric Peptide 1.5	Turkey, Sweet Potatoes & Peaches Orange Chicken, Carrots & Brown Rice Salmon, Oats & Squash Quinoa, Kale & Hemp Beef, Potatoes & Spinach Eggs, Apples & Oats

Resources for BTF
- http://www.feedingtubeawareness.org/tube-feeding-basics/diet-nutrition/blended-diets/
- https://oley.site-ym.com/?page=MakeYourOwnFoodTF

Final Words

from Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

As you go into the summer months with many unknowns about the coronavirus pandemic, it may force your transition team to re-think your timeline. I encourage you to do just that. Staff are experiencing practice changes, product shortages, and an overall higher level of stress. The ENFit transition task force will want to take this into consideration when setting or moving a Go-Live date. While GEDSA and the members of the Clinical Advisory Board support transitioning to ENFit connectors as quickly as possible, we do understand the impact of current circumstances in healthcare organizations is going to alter the path forward for many projects and practice changes. When the time is right, we are here to help you.

Find a wealth of knowledge and information on these topics and more at

www.stayconnected.org

ENFit® Transition Tip Sheet

Sixth Edition

From the Editor...

In this edition, we'd like to revisit ISO 80369 and discuss a highly desired topic: what to do with decompression (commonly called Salem Sump) tubes when your institution has transitioned to ENFit®. We are reminded of why we make this switch, to better patient safety.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Kim Gorsuch, BSN, RN, CNSC

Kim.Gorsuch@ctca-hope.com

Re-Addressing ISO 80369

from Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

The following information speaks on what to do with decompression (commonly called Salem Sump tubes) when your institution has transitioned to ENFit. I want to also revisit why we are doing this. The International Organization for Standardization has determined the interchangeable luer connector is dangerous and contributes to potential/actual risk of misconnections. Therefore, many connection changes are coming—now enteral connectors but soon—neuraxial and the list goes on. It is wise to make these conversions one at a time and methodically. What you learn from the ENFit transition will help smooth the path to the NRFit™ change (neuraxial).

80369 Series

-1 General Requirements

Respiratory	*Enteral*	Limb Cuff	Neuraxial	Intravascular
-2	-3	-5	-6	-7

Hospitals are facing many difficult decisions due to lost revenue from the COVID-19 pandemic, but according to Lorraine Linford RN at Intermountain Healthcare System, they estimated just a 5% increase in enteral expenditures due to the ENFit transition which primarily is due to medication straws, bottle caps and other medication delivery supplies. The actual feeding tubes, feeding sets, and syringes are cost neutral. This is a good time to make the change to ENFit as the COVID-19 pandemic seems to be trending down and many hospitals have an overall low patient census.

Salem Sumps
from Kim Gorsuch, BSN, RN, CNSC

A common question that is being asked, is what about nasal decompression tubes? Commonly referred to as "Salem Sump" tubes, these tubes are not going anywhere. They are not being affected by the ENFit conversion. These types of large bore tubes should be utilized for decompression only. In some instances, they are utilized for medication or feeding until a small bore ENFit feeding tube can be placed. In those situations, a clinician might need to utilize an adapter, short term, to give the medications that are already drawn up in an ENFit syringe. One style of adapter is the white "Christmas tree" ENFit adapter (Image 1). This allows and ENFit Syringe to deliver its contents to a Legacy style tube.

Image 1

When a patient already has an ENFit tube but the pharmacy has supplied the medication in a regular piston syringe or slip tip luer syringe, then there are various types of adapters that will allow the medication to be delivered via the ENFit tube. These are especially helpful when the medication is a small amount that cannot be diluted any further prior to administration, (see Image 2) such as with neonatal patients.

Image 2

There are many various ENFit devices available. Some facilities still utilize Lopez Valves and YES! they do come in ENFit! Some facilities utilize Lopez Valves to add the extra security of the shut off valve, while others use it to minimize disconnections from pumps

There are also medication bottles and caps that are ENFit capable (Image 3). This will make drawing up correct amounts of medication into ENFit syringes, with minimal spillage much easier. There are ENFit medication syringe caps available for pharmacy staff who need to draw up doses from a bulk bottle.

Image 3

Final Words

from Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

I just listened to a short video done by Glenda Rodgers describing how her pregnant daughter died from an enteral misconnection where a tube feeding was connected to her PICC. Her granddaughter died first and then several hours later daughter Robin died. Glenda is an RN and explained how this error happened and why ENFit could have prevented her daughter and granddaughter's death. There is a human cost to this error and Glenda (among others) live with that reality every day. As of June 2020, the GEDSA Clinical Advisory Board has sent a letter to The Joint Commission to open a dialogue to work with them to promote this transition. In the meantime, your institution can make this transition to promote patient safety in the patients you serve.

Find a wealth of knowledge and information on these topics and more at

www.stayconnected.org

ENFit® Transition Tip Sheet

Seventh Edition

From the Editor...

In this edition, we focus on syringes as they pertain to outpatient issues. Once you've made the conversion in your facility, your focus will transition towards outpatient needs, concerns, and issues and how you can help them and their families in the next steps of their patient journey.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Outpaient Focus

from Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

Once the transition is made to ENFit products, the institution focus quickly morphs to deal with outpatient issues and there are a few. This tip sheet will discuss those issues and offer some options you may want to consider.

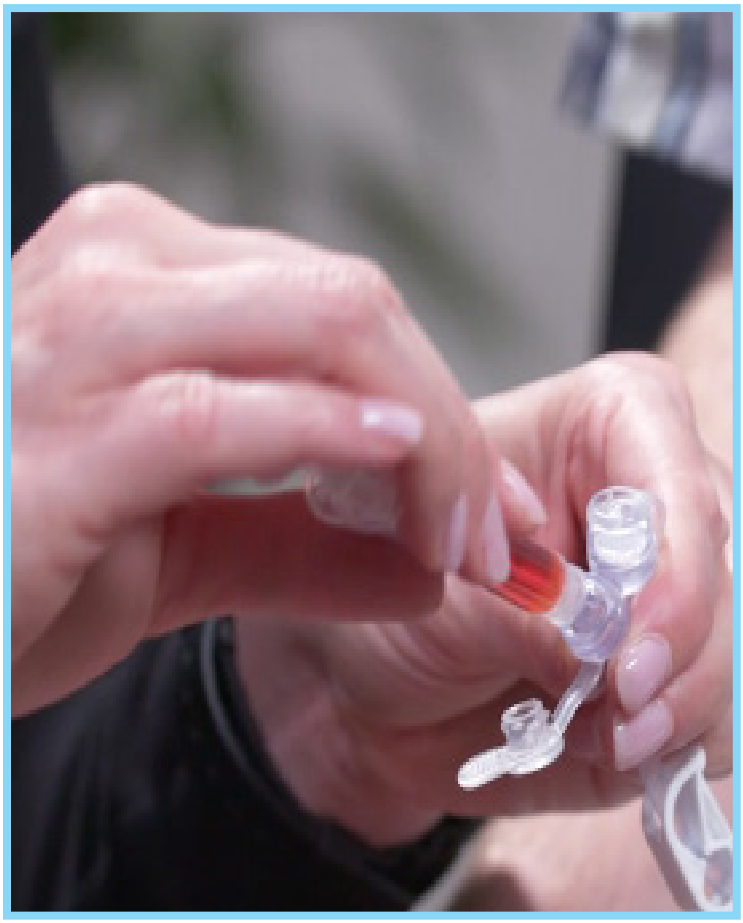
Issue 1: How do families get the number of ENFit syringes they need to provide medications in the home?

The current status is that medication syringes require a physician order/prescription; except for one brand of re-useable medication syringes that are available on Amazon.com without a prescription or can be ordered by a Durable Medical Equipment (DME) company. Often a DME or home infusion provider will limit the number of syringes provided monthly but may be more flexible with the first shipment as most patients use multiple syringes daily. Make sure your discharge orders are changed to specify ENFit supplies to assure the DME company delivers the correct products to the home. Do not expect the DME company to provide many ancillary products such as brushes, medication straws or medication caps for liquid medication bottles. Your institution may need to provide some of those supplies to help the family succeed at home.

Issue 2: Who provides the syringes for use in the home?

The same company that provides the formula, feeding sets and pump will provide the ENFit syringes. It is possible they will ask a family to use up their legacy supply first. See below for how to do that. Also, the re-useable syringes do not need a physician order.

Issue 3: What can be done if a family wants to use up the legacy syringe supply to give meds?



When planning what supplies to order from your vendor, please add an adapter that can allow for legacy to ENFit use. Most manufacturers do have such an adapter and it will be most helpful to give this to families. In other tip sheets, we have recommended a Go-bag to be prepared by nursing units and can be as simple as a quart size Ziplock bag. Add 2-3 of these adapters, syringes needed for the patient to receive medications and even some medication straws—see below for that. Also add pictographs on how to give medications and how to clean the connectors. These are available to download on the GEDSA website. If a patient goes to another facility for care that has not transitioned to ENFit, they will need to take that Go-bag with the adapters with them.

Issue 4: What can be used to withdraw liquid medications from a flat dome medication bottle insert used for legacy syringes.

This is another issue for families as they often get these flat domes in the medication bottle and it makes it difficult to prepare medications doses using ENFit syringes. Provide some straws of varying lengths to the families in the Go-bags. Make sure the caregiver knows to disconnect the syringe from the straw after the medication dose is obtained to allow excess medication in the straw to flow back down into the bottle. It is also possible to use the white Christmas tree adapter attached to the ENFit syringe to withdraw medication from the liquid medication bottle.

Issue 5: What about crushed medication tablets in the ENFit syringes?

This can be a problem if a family is giving a medication using a low dose tip syringe with a stem in the center. It is imperative the family have a pill crusher to pulverize the medication thoroughly. Next, let the medication sit in water for a few minutes to dissolve before drawing up the medication into the syringe.

Issue 6: How can we give oral medications using ENFit syringes?

Give the medications the same way as with legacy syringes for larger liquid doses but for some smaller syringes there is a phalange (or tip) that could cause an oral abrasion so an oral adapter must be used. Check with your manufacturer for options you can purchase.

Find a wealth of knowledge and information on these topics and more at

www.stayconnected.org

ENFit® Transition Tip Sheet

Eighth Edition

From the Editor...

This month's tip sheet starts with an article on adapters that will assist with the use of Salem Sump tubes, as well as other types of connections. It is written by a member of GEDSA and does mention product names with manufacturers. I think you will find it educational. The second part of the tip sheet is a safety alert. This comes from information from ISMP and the United Kingdom National Health Service.

If you have suggestions for topics you would like to see discussed in a Tip Sheet, please email at my address below.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Essential Options When Converting to ENFit®
from J.A. Zilaro, Senior Product Manager, Dale Medical

The transition to ENFit is never as easy as clinicians and manufacturers would all desire. It is full of challenges, especially since most hospital supply chain managers would prefer that their facilities deplete all or most of their Legacy products in stock before making the final conversion to ENFit.

There are some **key ENFit components** that are "**must haves**" when fully converting to ENFit. These are the basic ENFit ported feed tubes, syringes and feeding administration sets required:

1. **ENFit Feeding Tubes**
2. **ENFit PEG, PEJ, low profile balloon gtubes, and G/J Tubes**
3. **Syringes with ENFit Tips - Assorted sizes**
4. **ENFit Feeding Administration sets**
5. **Pharmacy supplies for drawing up medications**

However, clinicians and supply chain managers often overlook some additional required components (ie. adapters) that will allow them to be able to connect to special configurations (for example, ENFit to Legacy connections). This usually requires at least two special adapter components.

The first adapter is the male **ENFit Transition Adapter** (Images 1 & 2), **available through AMT , Medline, Cardinal Health, CEDIC, VESCO & other distributors**. It can quickly convert a Legacy funnel port on a Legacy feeding tube to an ENFit male port, thus allowing it to connect to an ENFit Feeding Admin Set with a female ENFit Connector.

Image 1

Image 2

If a clinician has a need to convert an ENFit syringe back to a Catheter tip syringe, this can also be accomplished with the same male ENFit transition connector. This is the most recognized ENFit adapter and most clinicians are aware of it.

Image 3

Image 4

The second adapter, called an **ENFit Bolus or G Tube adapter** (Images 3 & 4)**,** is **available through AMT, Medline, CEDIC & other distributors**. This one is not as well recognized as the first one. It allows a clinician to convert a catheter tip syringe to an ENFit female tip syringe in a flash! It can also be used on a Legacy Feeding Set with a stepped tip to convert it to an ENFit female tip, allowing an ENFit connection to the ENFit Feeding tube.

The picture below shows a **Salem Sump tube that has the ENFit male Connector** (Image 5), Mfd by BD/BARD, built into one end of the tube. It also has an ENFit male connector on the blue vented pigtail tube. This Salem tube can be used for initial formula feeding if the patient will tolerate it (off-label use), decompression procedures, continuous and intermittent gastric suction, irrigation, sampling of gastric residuals, removing drugs from an overdose pts or other emergency procedures. Please understand that this is a large bore tube and it is not 80369-3 compliant. But it was built to the ISO 80369-3 dimensions, so it is ENFit compatible and will function with ENFit connections.

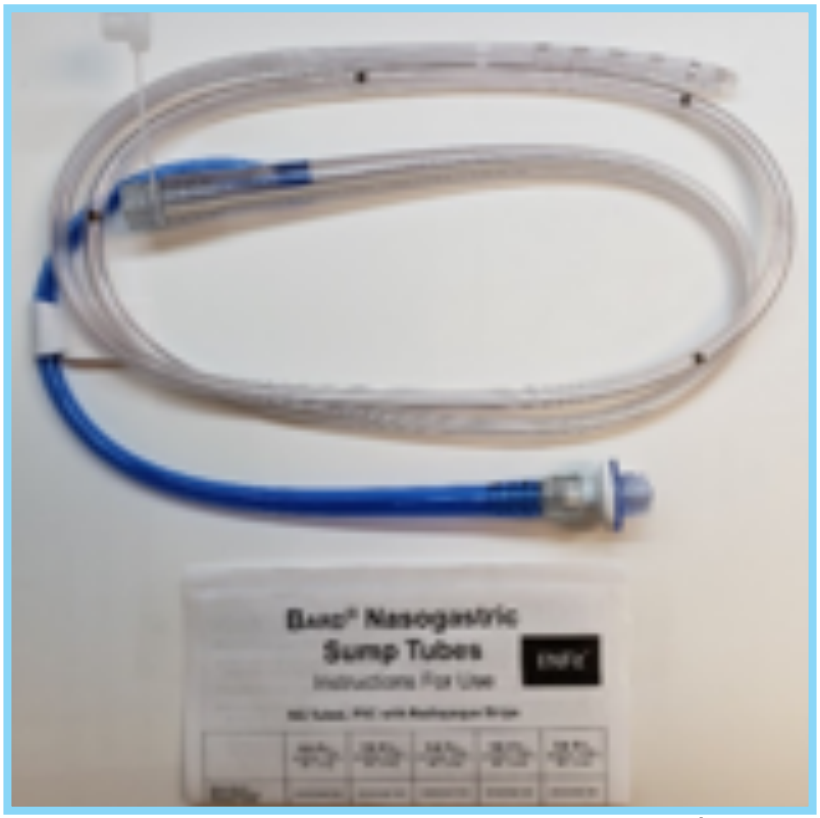


Image 5

Image 6

The second key ENFit component that goes hand-in-hand with the Salem Sump tube is a very small white **ENFit female Suction Plug Adapter** (Image 6), Mfd by BD/BARD. It will allow clinicians to place this in any wall or portable **Standard Suction tube port** in order to convert it to a female ENFit connection, allowing it to be plugged into the ENFit Salem Sump male port or directly into the male ENFit port of an ENFit Enteral Access Connector, such as the ACE 485.


Image 7

Because the ENFit Salem Sump is a single port tube, the enteral setup should also include a third ENFit device/adapter - an **ACE 485 Enteral ENFit Connector** (Image 7) which is mfd by Dale Medical Products. This compact ACE 485 ENFit ported enteral access connector will allow the clinicians to control enteral flow with an easy to understand simple on/off handle, administer liquid meds or a crushed slurry of medications, irrigate/flush the enteral line manually, or withdraw and sample gastric residuals, all with an ENFit tipped Syringe. The ACE 485 is also a capless system, thus eliminating the risk for potential choking hazards. And when it is all connected properly, it creates a completely closed enteral system, if a sealed enteral formula bag is utilized on the admin set side. The ACE 485 with ENFit connections is also a great addition to any standard ENFit feeding tube that has a single or double Y Ports. The Y Port med access port on the Feeding Tube it is no longer used when you connect an ACE 485 ENFit Enteral Access Connector to the main feed port. You will no longer have to worry about any caps unscrewing loose if they are no longer used.

Important Safety Alert

from Beth Lyman MSN, RN, CNSC, FASPEN, FAAN

Peggi Guenter PhD, RN and I were investigating wrong route medication administration and enteral misconnection issue reduction post ENFit connector use and found NO reports of enteral misconnections in the ISMP database or the NHS Never Events database. However, both groups have several reports of wrong route medications when a medication is drawn up using an intravenous syringe. Both in the UK and US, the scenario is very similar: an injectible (meaning to be given intravenously) is ordered and is drawn up using an IV syringe. The clinician then transports it to the beside for administration and administers the medication intravenously when it was meant to be given orally. In a 6 month time period in the UK in 2019, 5 events occurred: 4 medications ordered for the oral route were given intravenously and one oral medication was given subcutaneously. The most recent example in the US occurred when a nurse drew up an oral liquid narcotic using an IV syringe because no oral or ENFit syringe was available. When she transported it to the bedside, she became distracted and delivered the oral narcotic intravenously.

"...she became distracted and delivered the oral narcotic intravenously."

What can you do at your institution to prevent this?

1. Make sure ENFit syringes are in all medication rooms and blunt tip needles (Images 8 & 9) if needed.
2. Use an ENFit blunt tip needle and ENFit syringe when drawing up an injectible medication that is ordered for oral or enteral administration.
3. Avoid drawing up enteral medications in a capsule with a needle. Instead, melt the gel in hot water and let the medication get to room temperature. Draw up the medication and tepid water to administer. OR make it a rule that pharmacy

sends up all liquid medications that were packaged in a capsule form in a ready to administer ENFit syringe.

4. Re-iterate to nursing staff that assuring the right route is part of the duty of properly administering medications ESPECIALLY when patients may have both a feeding tube and intravenous catheter.
5. Prevent distractions when administering medications. One of the common themes in these scenarios is that the nurse became distracted once in the patient room.

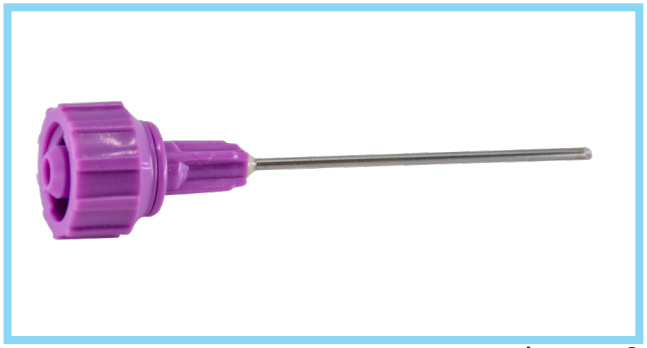


Image 8

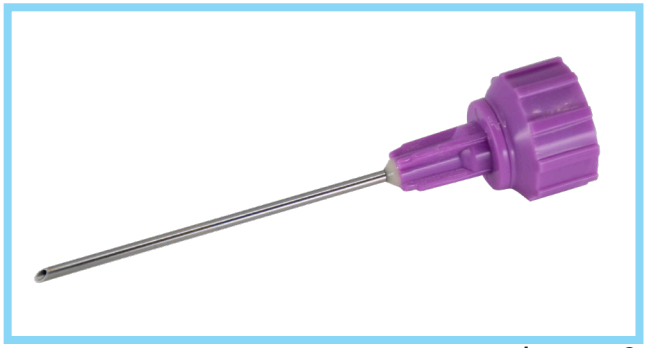


Image 9

Closing Thoughts

The transition to ENFit syringes is not going to prevent all wrong route medication errors if nurses continue to use the wrong syringes to draw up a medication. If an IV syringe is used to draw up an oral/enteral medication, it can be administered intravenously. Your transition team needs to consider space issues in medication rooms to assure you can have the correct supplies ready at hand for use to help us all do the right thing.

Find a wealth of knowledge and information on these topics and more at

www.stayconnected.org

ENFit® Transition Tip Sheet

Ninth Edition

From the Editor...

This month's tip sheet focuses on the resources that are at your fingertips, but you may not have known to looked for. These resources were created by those who took the initial steps in transitioning to ENFit and wanted to share what they have learned to help make your transition better and more efficient. All the materials linked in this document can be found on www.stayconnected.org. If you have suggestions for topics you would like to see discussed in a Tip Sheet, please email at my address below.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Resources at Hand

from Beth Lyman MSN, RN, CNSC, FASPEN, FAAN

An important part of any successful ENFit transition is the education of staff and patients/caregivers. Have you checked out some of the resources on the GEDSA website, www.stayconnected.org?

On the next page are links to resources on medication administration and cleaning ENFit connectors. Your organization may want to make your own education materials and I have provided an example that has been graciously shared from the Hospital of the University of Pennsylvania. It was developed by Marianne Aloupis MS RD, Joseph Boullata PharmD, and Lauren Hudson MS RD. You will notice they encourage staff to use QR codes and their phones to access detailed information.

Change theory in the 21st century!

Click Links to View!

Pictograph on Medication Administration

Pictograph on Medication Administration in an Inpatient Setting

Pictograph on Medication Administration in the Homecare Setting

9 Minute YouTube video on Medication Administration

YouTube video on Medication Administration in the Home Care Setting

Poster on Dose Accuracy of Low Dose ENFit Syringes

Pictograph on Cleaning Feeding Tubes with Male ENFit Connectors

Pictograph on Cleaning Low Profile Feeding Tubes Extension Sets

UPenn Medicine's ENFit Feeding Tube Connector after Hospital Discharge

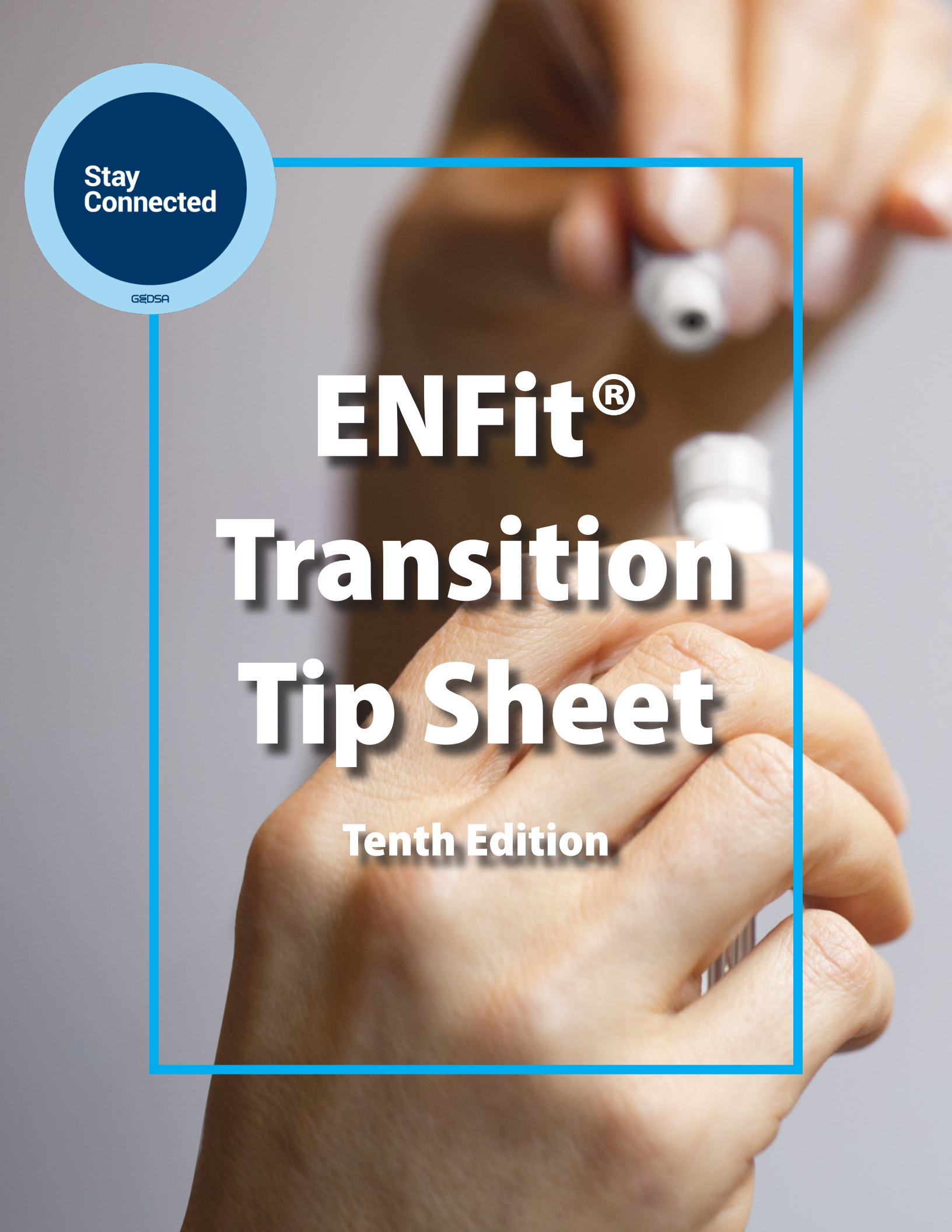
Final Notes on Resources

from Beth Lyman MSN, RN, CNSC, FASPEN, FAAN

I encourage you to not re-invent the wheel when it comes to transition education materials. If you can use GEDSA developed documents, do so as a time saver. If you want to put your own touch on things, use the GEDSA pictographs as a guide and take photos of someone doing the steps in the pictograph and add your organization logo. Again, change theory in this century supports the use of a good quality smart phone camera to take these pictures or make your own videos as a time and cost-efficient means of developing education materials. Some one on your transition team is a guru of this type of technology and one of the nurses on the team can gather supplies for those education materials. Make sure you have a healthcare literacy person read the materials you develop for clarity and readability for any document you develop for a family or patient. Remember, make the picture send the message, as folks who read English as a second language or those who are functionally illiterate will go by the pictures. Think about the back of a cake mix recipe and how the directions are really pictures for the most part. That is the concept to go for. Finally, the education process on ENFit for our families and patients is going to continue from here on. All families need to be taught how to use, give medications, feedings, fluids and how to clean the connectors from here on. This is the new norm.

Find a wealth of knowledge and information on these topics and more at

www.stayconnected.org



ENFit® Transition Tip Sheet

Tenth Edition

From the Editor...

This edition is written by two Registered Dietitians. Our first author, Marianne Aloupis, MS, RD, CNSC, LDN has recent experience in a successful transition at the Hospital of the University of Pennsylvania. Our next author, Cynthia Reddick, RD, CNSC has several years of experience in the home-care area and is a member of the GEDSA Clinical Advisory Board. Obtain an understanding from two RDs on how it is important for a dietitian to be involved in the support and education of ENFit and the ISO 80396-3 standard. If you have suggestions for topics you would like to see discussed in a Tip Sheet, please email at my address below.

Beth Lyman, MSN, RN, CNSC, FASPEN, FAAN

lymanb2954@gmail.com

Registered Dietitian Conversion Experience in a Newly Converted Hospital

from Marianne Aloupis MS, RD, CNSC, LDN | Clinical Nutrition Support Services, Hospital of the University of Pennsylvania

Our department, Clinical Nutrition Support Service (CNSS), led the ENFit transition in partnership with Nursing Products. We formed a hospital-wide work group with representation from CNSS, Nursing Products, Materials Management, Pharmacy, Interventional Radiology, Perioperative Services, Surgery, and Nursing Professional Development; secondary stakeholders included Social Work and Case Management, Post-Acute Care and the Emergency Department. We began meeting in January 2019 and met every 1-2 months initially with an implementation timeline of April 2020, which was delayed until September, 2020 due to COVID-19.

As the registered dietitian on our work group, I worked closely with project leads from Nursing Products and Nursing Professional Development to identify education needs. While our nutrition team did not select products, our role was to clarify the practice changes that would be necessary after the ENFit transition. Our most effective strategy was the creation of a complete enteral feeding circuit that demonstrated the current state of our legacy enteral feeding administration set-up compared to an ENFit enteral feeding administration set-up. This hands-on approach

highlighted practice changes and became essential to confirm that all stakeholders were "speaking the same language" and understood the scope of the ENFit transition.

Our "go-live" date targeted an ENFit transition simultaneously on one day. We therefore recognized the need to manage existing legacy feeding tubes (both short-term and long-term enteral access devices) post-transition. For consistency sake, we decided to convert all existing legacy tubes into an ENFit system using a temporary transition connector and an ENFit Y-site extension set. This allowed nursing staff to consistently administer medications using ENFit syringes into an ENFit connector.

"we decided to convert all existing legacy tubes into an ENFit system using a temporary transition connector and an ENFit Y-site extension set."

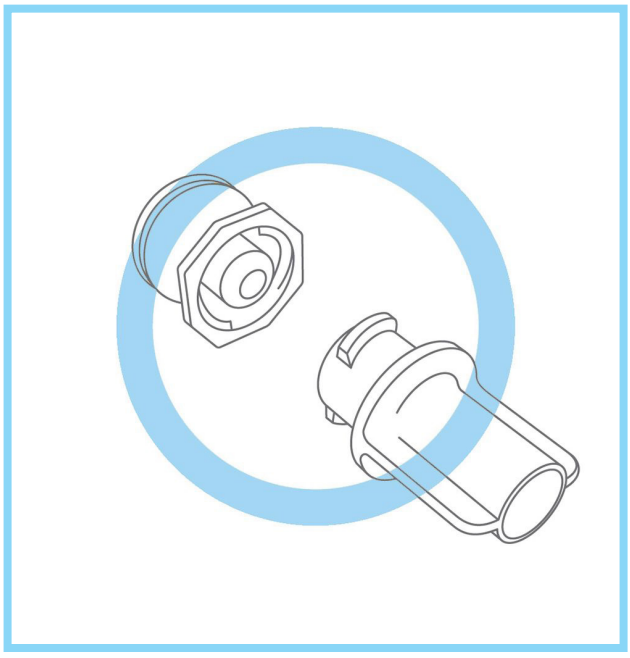
ENFit education resources were jointly developed by CNSS and Nursing Professional Development. Dietitians were educated within our department using a series of education presentations provided virtually, allowing us to include dietitians from our outpatient settings and satellite locations. Our education materials were imbedded with QR codes of instructional videos on the ENFit transition, medication administration, and cleaning of ENFit tubes. In addition, we provided a hands-on play station and required each dietitian to simulate three anticipated scenarios:

1. Legacy feeding tube converted to an ENFit system: using a temporary transition connector and an ENFit Y-site extension set to allow for feeding and medication administration through a pre-existing tube after go-live.

2. ENFit feeding tube: using an enteral administration set with the temporary transition connector removed and ENFit syringes to demonstrate feeding a patient with an ENFit tube after go-live.
3. ENFit feeding tube converted to a legacy tube: using a reverse funnel adapter to allow use of legacy enteral syringes at home or in a post-discharge facility without ENFit supplies.

Finally, outreach education was provided to discharge planners and social workers as well as outpatient providers who place feeding tubes. This outreach was important to ensure that patients were set up with appropriate ENFit supplies. In the inpatient setting, we developed "discharge kits*" for patients leaving with an ENFit feeding tube. This kit provided starter supplies for patients if ENFit supplies were not yet available at home or their post-discharge facility.

On the day of go-live, dietitian super-users worked with clinical nurse specialists to convert legacy feeding tubes to an ENFit system using the transition connector and an ENFit Y-site extension set. This was crucial to encourage rapid change to an ENFit system and prevent unintentional "workarounds" while we were managing a hybrid scenario of both legacy and ENFit feeding tubes.



As of November 2020, we are now 2 months past our go-live. Overall, our transition was relatively smooth. Small challenges were easily resolved with support from our work group and industry sales representatives. Our dietitians continue to examine each enteral access device and confirm enteral connector type, provide ENFit discharge kits and educate patients about their ENFit feeding tube upon discharge (refer to our discharge

instructions “UPenn Medicine’s ENFit Feeding Tube Connector after Hospital Discharge” in the October 2020 Stay Connected ENFit Transition Tip Sheet). This change identified some inconsistent practice areas related to enteral nutrition administration. Our Nursing Practice colleagues embraced the opportunity to clarify best practice related to enteral nutrition (which was an unexpected benefit of our ENFit transition).

**Discharge kits included 2 reverse funnel adapters, ENFit irrigation kit (60 mL syringes and basin), and various size ENFit medication syringes.*

Registered Dietitian Conversion Experience in Homecare
from Cynthia Reddick, RD, CNSC | National Tube Feeding Manager Coram/CVS Specialty Infusion

The ENFit transition began in the homecare space in November 2016 when we added our first ENFit syringe options and NG tubes in the months that followed, and then so on. Four years later, the homecare dietitians’ role in supporting ENFit transitions in the community remains rooted in education, first and foremost. Dietitians in a variety of roles within our organization have played an integral part in the process of educating key stakeholders, including our patients, on the difference between Legacy and ENFit connections. Patient education at the hospital bedside before discharge home is facilitated by written, video and hands on education which has been updated to include ENFit information. This moment in the patient journey is a critical one as it is the ideal opportunity to ensure that the patient’s feeding tube connects to their prescribed homecare

“Dietitians are also a critical support to our long-term tube feeding patients who are transitioning to ENFit from their former legacy tubes.“

homecare supplies (syringes, adapters, extension sets, drainage/venting bags, and feeding bags), so they are successful with home tube feeding the moment they arrive back home from the hospital. Our sales team was provided hands on education and demonstration kits which illustrated the difference between the legacy connection and the ENFit connection to the healthcare community. This hands-on technique of education helped to fast track understanding.

Dietitians are also a critical support to our long-term tube feeding patients who are transitioning to ENFit from their former legacy tubes. The change in the look, feel, and connection technique for established patients sometimes requires additional education and reassurance from our RD team to caregivers, family and patients themselves. As a homecare provider, we support each hospital's ENFit transition by facilitating patient discharges and outpatient initiation of tube feeding. This hospital to home collaboration is enhanced by the participation of the registered dietitian and the expertise he or she brings to the process.

The role of the RD in the homecare adoption and support of ENFit should include working as a subject matter expert (SME) with the following objectives:

Supply Chain Access: Identifying options through manufacturers and distributors
Patient Education Tools for Pre-Discharge/Hospital Bedside Use: Design, relevance, and clinical accuracy
Hospital Clinician Education: In-service, CE education, and hands on skills lab presentations
Video Education: Script writing, editing, video production process
Training of Staff: New hire and ongoing education of all employees who interface with patients, prescribers, and clinicians
Hospital to Home Liason : Ensuring the homecare company is prepared to support the hospital transition to ENFit by facilitating their hospital tube feeding discharges

Find a wealth of knowledge and information on these topics and more at ***www.stayconnected.org***

To Contact GEDSA

info@gedsa.org

(614) 824-5897

GEDSA
P.O. Box 250
Powell, OH 43065 USA

Stay Connected