UW HEALTH
ENFIT LESSONS LEARNED

WISPEN SPRING CONFERENCE
CONFLICT OF INTEREST

UW Health has no conflict of interest or disclosures related to the content of this presentation.

Throughout this presentation there are products represented as visual aids. We do not personally endorse any specific manufacturer.
OBJECTIVE

Identify important considerations and workflows as your institution transitions to ENFIT.
Why decide to adopt ENFit

Ensure optimal patient care by preventing tubing misconnections

Families being sent ENFit product with little knowledge on the products

Product was sent to American Family Children’s Hospital
Challenges

- Legacy tubes
- Salem sump NG tube
- Red rubber tubes
- Low dose oral syringes
- Syringes require prescription
- ENFit to ENFit for safety
- Discharge
Key Decisions

- Syringe vendor
- Use of ENFit syringes for oral medications
- Nursing workflow
- Removing Legacy tubes from stock
- Which patients would receive ENFit tubes
- Patient education & discharge supplies
- EMR build
UW Health started phasing in ENFit products on August 1st, 2017.
When tube is inserted, documentation includes options for ENFit or non-ENFit.

The connector type shows in the Properties row on the flowsheet.
If the patient has an ENFit LDA in Health Link, information about the new tube will print with the discharge instructions.

This includes a checklist of items that need to be sent with the patient:

- 3 ENFit syringes (60 mL)
- Reverse Adapter (CS# 4017215)
- Prescription for ENFit syringes

For use if patient unable to obtain ENFit supplies at home or facility.
Discharge

Instructions for Your New Feeding Tube

You or your child now has an ENFit feeding tube. This means that the connector has changed to make tube feedings safer and to prevent potential misconnections. The ENFit connector requires an ENFit syringe to give medication, formula, and water flushes. It is very important that you talk to your pharmacy, home health caretaker (if you have one) and home medical equipment supplier.

When you or your child is discharged from the hospital or had a tube change in clinic, you may have received a “reverse adapter.” If you use an ENFit syringe, you do not need the adapter. The adapter has been provided for you to use if you have non-ENFit syringes at home or if your pharmacy is unable to give you ENFit syringes. To use the adapter, connect it to the feeding tube.

**All UW Health Pharmacies will be able to provide ENFit syringes.** Go to www.uwhealth.org/pharmacy to find the nearest location.

Questions and Recommendations for Pharmacists, Caretakers and Suppliers Outside the Hospital

- Talking to your retail pharmacist, home health caretaker or home medical supplier:
  - Understand this is a new global initiative, yet some remain unaware.
  - Do not be surprised if they are learning this for the first time from you.
  - Ask them to learn more at www.stayconnected.org

Retail Pharmacy:
Implementation

Products converted on August 1st:

- All oral syringes
- Small bore feeding tubes
- Extension sets for low profile gastrostomy tubes
Implementation

To date, UW Health has not placed any gastrostomy or jejunostomy tubes

Phasing-In Decision was made prior to go-live:
1. Cost analysis with consideration to product waste
2. Not all products have ENFit versions ready to go
3. Understanding of “transitional phase” being on-going
ENFit is FDA approved for enteral use, this requires a prescription for outpatient filling. UW Health established a delegation protocol. Pharmacists and Registered Dietitians Nutritionists may order medication administration supplies.
LESSONS LEARNED
Lessons Learned

- Member Involvement
- Tube Change Patients
- Salem Sump NG Tube
- Roundin
- Discharge
<table>
<thead>
<tr>
<th>Line</th>
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<th>Ln Duration</th>
<th>Insertion Date</th>
<th>Insertion Time</th>
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</table>
When tube is inserted, documentation includes options for ENFit or non-ENFit.

The connector type shows in the **Properties** row on the flowsheet.
Issue: Documentation of ENFit being missed ~50% of time. Created potential for discharge education and supplies to be missed.

Intervention:

- Emily preformed audit for one month post-implementation
  - Sent feedback to inserter (email) and RN caring for the patient (round/phone call)
  - Easier to control as group of people inserting was small

- Option to make question a hard stop (forcing documentation)
  - Decision no due to pediatric population
    - If extension set, do not want instructions to populate as home provider dictates type of supplies used
Areas who **infrequently** perform tube changes

Create workflows/hard stops for these areas as well. To ensure patients are discharged with necessary supplies.
Issue: Administering medication through Salem Sump NG Tube

- Gastric tubes (Salem sump) for suction/decompression are NOT changing to ENFit
- Workflow for this product will remain current state
All other tubes are “converted” to ENFit during hospitalization with adapters.

Education stressed ENFit to ENFit was the safest route.
“How is this a safer process?” comment from inpatient RN

Options:
1. Adapter on ENFit syringe (requires flushing)
2. Squirt medication into med cup and draw up through slip tip syringe (will loose medication in dead space)
Product Availability

Product manufactures have not been clear on product availability

Some products do not have ENFit versions available

Canceled ENFit Orders

Confusion over when ENFIT products will become available
Confusion with legacy vs. ENFit:

- Pt with legacy tube had ENFit Ace Connector at UW Health, was discharged to SNF with ENFit Ace Connector in place. SNF was confused and thought patient had an ENFit tube and that ENFit syringes were needed. Called inpatient unit who added to confusion stating ENFit supplies had to be used.

Intervention:

- Sent communication to RNs to clarify ENFit adapter vs. actual ENFit feeding tube
- Plan to remove all ENFit adapters upon patient discharge