Exploring the delays and characteristics of patients with recommended enteral nutrition support on the medicine units of St Paul's Hospital (SPH)

W. Lee[1], J. Zheng[1], B. Snow[2]
[1]Providence Health Care, Vancouver, BC, [2]Centre for Health Evaluation and Outcome Sciences (CHÉOS), Vancouver, BC

Introduction: Delays in the implementation of enteral nutrition (EN) or tube feeding (TF) can prolong malnutrition in hospitalized patients. Limited EN research in polymorbid medical inpatients has resulted in a lack of strong guidelines for this population.

Objectives: To identify the time frame between the recommendation and implementation of EN in practice, explore the reasons for interruptions, and compare the characteristics of patients with timely EN implementation versus delayed.

Methods: An exploratory quantitative study with a retrospective chart review was conducted on 48 medical inpatient charts at SPH. TF implementation was considered delayed if achieved in >3 days for acute stroke diagnoses and >7 days for all other admitting diagnoses. For group comparisons, the two-sample t-test and the Fisher's Exact test were performed for continuous and categorical variables, respectively. P-values < 0 .05 were considered statistically significant.

Results: 33% of patients were in the Delay group. The median time to TF implementation in the Delay group was nine days (IQR=8,11) compared to two days (IQR=1,4) in the No-Delay group. In the overall sample, 44% experienced acute cognitive change, 46% had communication difficulties, and 46% had no personal advocates. Fewer patients in the Delay group (44%) achieved successful TF implementation compared to the No-Delay group (81%) (p=0.0185). Less continuity of care, represented by more dietitian changes, was found in the Delay group (75%) versus the No-Delay group (41%) (p=0.029). The top interruptions were tube-related issues (primarily tube placement and dislodgement issues) and extended decision-making durations.

Conclusion: One-third of the recommended TF implementations were delayed. Suggestions for improving this process include enhanced tube-related education, inclusion of EN wishes in advance care planning, and consistent dietitian coverage. Further research evaluating tube-related issues, especially in patients with acute cognitive change, is recommended.

Significance: Timely EN in hospitalized patients is important to mitigate malnutrition and its associated risks.

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