Enteral feeding in oncology -

Patient feedback





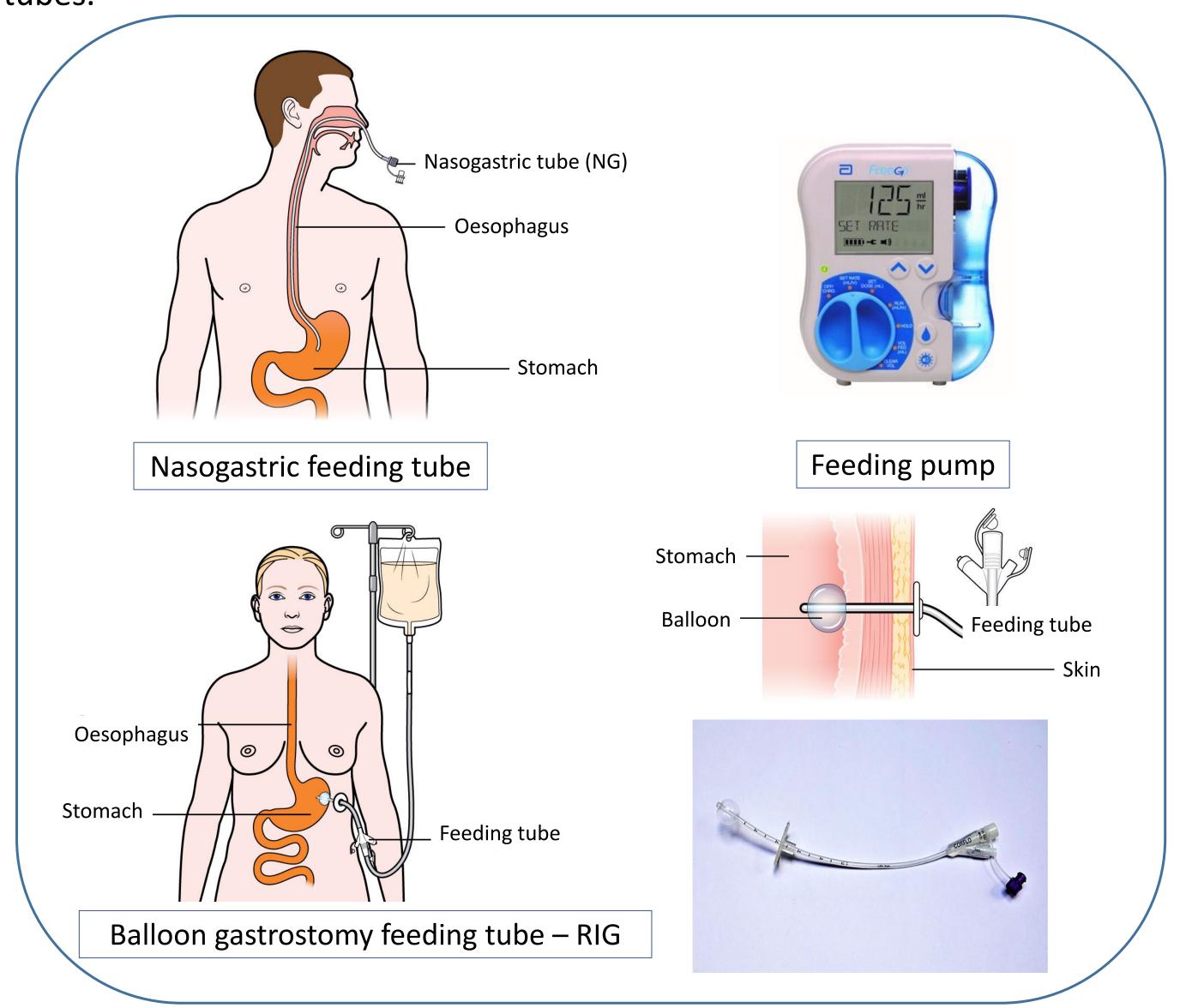


Aim

To formally document feedback from patients on the enteral feeding service provided within Oncology Services in WHSCT.

Background

Undernutrition and cachexia occur frequently in cancer patients and are indicators of poor prognosis¹. Enteral nutrition (EN) by means of tube feeding (TF) offers the possibility of increasing or ensuring nutrient intake in cases where normal food intake is inadequate. EN delivers nutrition directly into the stomach or small intestine. The most common feeding tubes are nasogastric (NG) tubes and gastrostomy (radiologically inserted (RIG) or percutaneous endoscopic (PEG) tubes.



- Regular informal feedback is provided by patients to Dietitian's on their experiences of enteral feeding in oncology services. We identified the need to capture this information formally to ensure patient involvement in service review in line with Trust values and statutory requirements to involve and consult patients, families and carers².
- Patient surveys were initially completed in 2021-aim to compare results.
- 4 Datix reports involving RIG insertion process pathway under review.
- Changes being implemented in the service e.g. training of nursing staff. Need to monitor impact of these changes.
- In WHSCT we follow WHSCT Enteral feeding guidelines 2014³ and NICE guideline on nutrition support (CG36) 2006⁴.

Methods

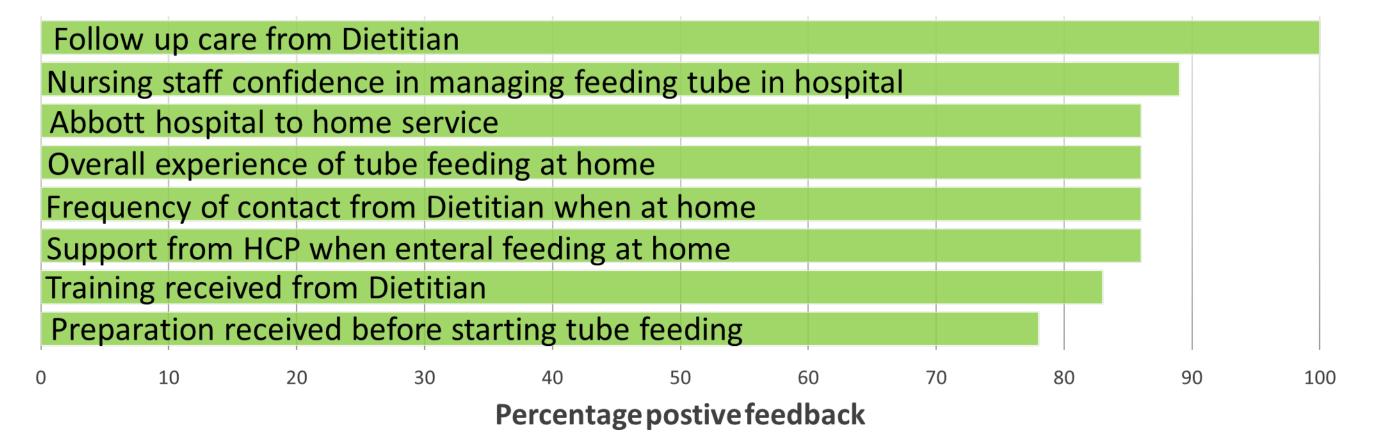
- 43 patients were identified from Dietetic records and an anonymous questionnaire was sent to 23 patients. Patients who received palliative treatment, were deceased or those who had recently commenced enteral feeding were excluded.
- Questionnaires were sent out and results collated by nutrition student.

Demographics

- 43% response rate (n=10).
- Most respondents (75%) were female, aged between 65 and 74 years (55%) and had gastrostomy tubes (5 RIG, 1 PEG) (66%).

Results

Areas of positive patient feedback



Results



- 78% positive feedback overall
- 60% of patients reported 100% positive feedback in every area explored
- 80 % of patients had >60 % positive feedback
- 1 patient had 65% negative responses
- 1 patients responses were 100% negative
- Only 1 patient reported issues with tube feeding as an in-patient NG tube.
- Overall low rate of issues reported with feeding tubes (displacement, blockage, etc).

Positive patient comments

"very happy with the care I have been given, it was excellent"

"nursing staff and dietitians very helpful"

"staff so helpful and took their time explaining everything" "not only myself but my wife"

Areas for improvement and negative patient comments

- 30% of patients had negative experience of feeding tube insertion 1 NG, 2 RIGs
- The same 3 patients gave negative feedback on their overall experience of enteral feeding in hospital, their confidence on discharge home and overall experience of being discharged home on enteral feeding. Note some pts were inpatients in other Trusts also.

"Awful experience, alone and nobody taking responsibility"

"Lack of nursing time was an extremely strong factor of their training"

Patient suggestions

"a special designated person to help patients with feeding tubes in hospital and after discharge"

"better training for when leaving the hospital, have proper support"

Conclusions

- Majority of patients gave positive feedback.
- Minority of patients had negative experiences, 1 patient reporting 100% negative feedback.
- Negative impact of lack of enteral feeding co-ordinator post evident in feedback from patients.

Comparison to 2021/2022 survey

- Change in type of feeding tube used more gastrostomies, less NGs.
- Overall satisfaction of feeding at home improved from 80% to 86%.
- Patients continue to suggest more time and training prior to discharge home.
- More issues reported with feeding tubes in 2021/22, however more NG tubes were in use in 2021/22.

Future plans

Information leaflet for patients prior to RIG insertion in development **Future** Plans

Working group reviewing RIG pathway in Oncology

Audit of feeding tube used + create a protocol to assist decision making

Encourage ward staff to attend CEC training on enteral feeding

Ensure adequate time available for training patients and their carers before being discharged home on enteral feeding

Highlight need for Enteral Feeding co-ordinator post within WHSCT

Trust EN guidelines are out of date - urgent review and publication required

References

- 1. ESPEN guidelines on Enteral Nutrition: non-surgical oncology (2006) https://espen.info/documents/ENOncology.pdf
- 2. Health and Wellbeing 2026: Delivering together https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf
- 3. WHSCT Enteral feeding guidelines 2014 Trust intranet
- 4. NICE Nutrition support for adults CG32 2006 https://www.nice.org.uk/guidance/cg32