The Impact of a Home Tube Feeding Provider’s Registered Dietitian

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Introduction

In the homecare setting, there is limited data regarding the availability and efficacy of clinical oversight programs for tube feeding (TF) patients. This survey quantifies the number of tube feeding patients who received order changes and the reason for the change orders as a way of demonstrating that appropriate clinical oversight, given by a home care registered dietitian (RD), can promote better outcomes. Additionally, the number of hospital readmissions was quantified, as well as the reason for the readmissions, in order to track readmissions specifically related to tube feeding complications.

Methods

A national home care company provides a coordinated program that includes initial and ongoing clinical monitoring and RD management to optimize clinical outcomes and reduce the incidence of readmission to the hospital. As part of the program, patients are evaluated in the hospital, and, prior to discharge, start receiving education about their home TF administration. For this study, data was collected on existing patients referred for home TF, including tracking all changes to the prescribed feeding regimen that were recommended by the home care company’s RDS. A nutrition screening tool was used to monitor patients’ tolerance of therapy and compliance, and helped identify any need for a referral to the home care RD for immediate intervention. Hospital readmission rates and reasons for readmission were also tracked.

Results

Approximately 3,173 patients were provided with TF formula, supplies, or both. Of these, 458 patients received a change in their home TF prescription. Of the 458 prescription patient changes:

- 51% were initiated by the home TF provider’s RD,
- 44% by a physician in the outpatient setting,
- 3% as a result of a re-hospitalization and subsequent discharge, and
- 2% by an outpatient RD.

Of the change orders initiated by the home care company’s RD:

- 35% were for inadequate weight gain,
- 28% were for an order clarification or for insurance purposes,
- 15% were for a decrease in TF due to undesirable weight gain,
- 14% were due to intolerance issues; examination of the formula intolerance reasons revealed that:
  - 58% were gastrointestinal (GI)-related intolerances including diarrhea, constipation, and cramping
  - 42% of intolerance issues were non GI-related including elevated blood sugar, congestion, and skin rash
- 8% were deemed “other,” which included changes to accommodate flavor preferences, trial of a formula, or for bowel management.

The 458 patients who had home TF prescription changes were evaluated to determine their rate of rehospitalization. It was determined that 17 patients (3%) were hospitalized at some point after a TF prescription change. Of those hospitalizations, 82% were unrelated to TF therapy. The reasons for rehospitalization were identified and categorized as below:

- 82% of rehospitalizations were unrelated to tube feeding therapy:
  - 41% of the patients were readmitted for a planned procedure unrelated to their TF,
  - 29% were readmitted due to a disease or condition unrelated to their TF; and
  - 12% were readmitted with GI complications unrelated to their TF.

- 18% of rehospitalizations were related to tube feeding site or therapy complications:
  - 12% were readmitted due to stoma site or access device complications, and
  - 6% were readmitted due to a GI complication related to TF.

Conclusions

By identifying the need for tube feeding prescription changes, careful and continual oversight by a home care RD helps promote appropriate therapy utilization and the achievement of the patients’ therapy goals. Without identification of the need for prescription changes, patients may receive inappropriate tube feeding regimens.