

Oral presentations

1 DECREASING TIME TO GOAL ENTERAL FEEDS IN CHILDREN WITH MEDICAL COMPLEXITY WITH FEEDING INTOLERANCE

Abigail Musial, Owen Densel, Conor Merritt, Lacey Yeager, Angela Younts, Jodi Kelley, James Rudloff, Lori Herbst, Angela Statile, Amanda Schondelmeyer. *Cincinnati Children's Hospital Medical Center, USA*

10.1136/bmjopen-2020-IHL.1

Background One third of children with medical complexity (CMC) fed by gastrojejunostomy (GJ) or gastrostomy tube (GT) admitted to our institution experience feeding intolerance, or inability to achieve target enteral intake combined with symptoms of gastrointestinal dysfunction or underlying illness. Despite its prevalence, feeding intolerance management is variable and can lead to delayed achievement of goal nutrition and unnecessarily long hospital stays.

Objectives Decrease median time from enteral feed initiation to goal feeds from 3.5 days to 2.5 days in CMC fed via GJ or GT admitted for feeding intolerance.

Methods A multi-disciplinary team of nurses, nurse practitioners, pediatric residents, hospitalist and gastroenterology physicians, parents, and a dietitian conducted this local quality improvement project. Key drivers included: standardized approach to feeding intolerance management, consistent assessment of parental feeding goals, high provider buy-in, timely and accurate bedside formula delivery, and clear communication of the feeding plan. Plan-do-study-act cycles included

formulation and implementation of a feeding intolerance management algorithm, provider education and reminders to use the new algorithm, and provider feedback emails. A run chart tracked the effect of interventions on median time to goal enteral feeds and followed established run chart rules for special cause for analysis. Length of stay was measured pre and post intervention.

Results Median time to goal enteral feeds for CMC fed via GJ or GT decreased from 3.5 days to 2 days (figure 1). There was no change in length of stay.

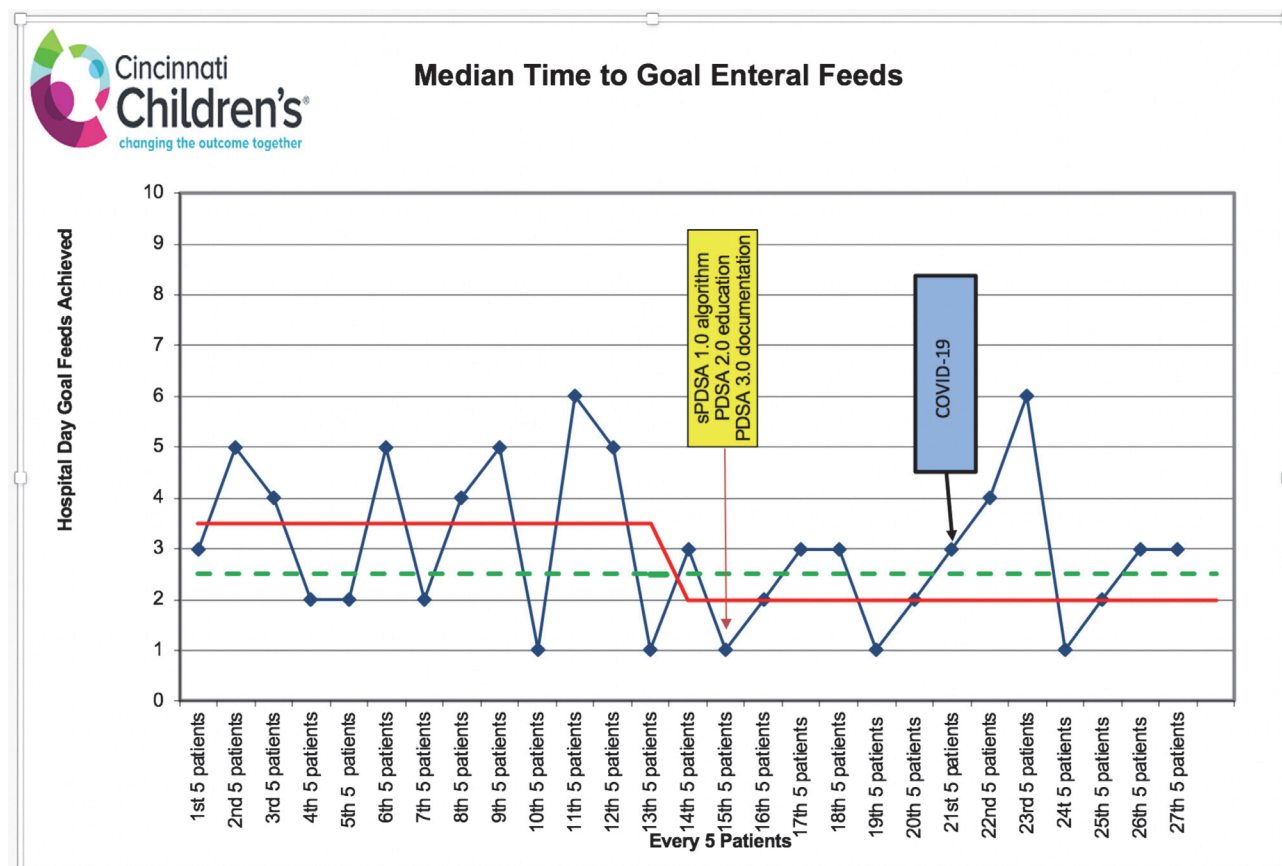
Conclusions Through creation and implementation of an algorithm to standardize feeding intolerance management for hospitalized CMC, we decreased time to goal enteral feeds but did not change length of stay. Future work will include incorporating the algorithm into electronic health record order sets and studying the impact of the algorithm on patient nutritional outcomes.

2 IMPROVING EFFICIENCY & THROUGHPUT IN THE CANCER CENTER AT TUFTS MEDICAL CENTER FOR LINKED CLINIC AND INFUSION VISITS

Leidy Guzman, Aliya Rajwani, Julie Sherman. *Tufts Medical Center, USA*

10.1136/bmjopen-2020-IHL.2

Background The COVID-19 pandemic created new social-distancing guidelines, which exacerbated existing patient access issues at Tufts Medical Center Cancer Center. A recent survey showed treatment delays associated with COVID-19 in 27%



Abstract 1 Figure 1