Break Out
Session Feedback
Why haven’t organizations adopted yet. Any unanswered questions why?

- Too many ancillary groups that ‘need’ to be included and are not. Central service may not know about all the other departments that order and can have misses.
- Hospital will not roll out until a) know what they are doing (device or concept) and b) enough product to make sure there is no supply interruption.
- Costs is a factor
- No mandate, no regulation (does this relate to the item knowing what is to be done?). Not required to supply, will do cheaper option (home care)
- Transition could create more work arounds with transition connector and other components (off label use of tubes etc.), creating more opportunity for error. Can include off label use of other components too.
- Need a leader to go first
- Will keep ordering as long as old stuff is available
- Met with blank stares – people don’t know enough about it all
- Adding supplies into inventory is a full time job.
What is physically keeping organizations from transitioning?

- Space, par walls are totally full
- Not having enough supply
- Not having cross-walks to know what to order
- Rx for syringes
- Unreimbursed Items
  - Adaptors
  - Syringes
  - Straws
Top three things needed to support transition (If I just had ...?)

• Clear communication, timeline
• Tool kit with a gap analysis, cross-walks, policies and procedures, etc. Reference check to include all the ancillary groups (vendor specific), Discharge checklist to ID components used and patient needs, Sharing of comprehensive list of products impacted by ENFit – if someone has learned what’s impacted, share and encourage others to investigate same areas, language and pics, GEDSA App
• Patient education (costs) – need a one page synopsis of ENFit and mfrs are charging
• Organizing a comprehensive training plan for nursing, health streams build out, nursing skills fair, samples for trial use/training,
• 24 hour hot line to take calls
• GEDSA app – link to part numbers, mfrs, etc. (tool kit??)
• Rx coming from the Dr. to know what patient needs (in acute or going home)
Reoccurring themes

• Clear communications – need to have definite answer from manufacturers on when they will have a full supply of product
• Sales rep knowledge- All should be up to date with the latest information
• Understand risks or costs associated with the transition
• Comprehensive tool kit to help plan from the start of the transition to the end when as a patient returns home
• Cross functional team guidelines- who should be involved
• Understand the Rx designation and reimbursement issue – resource document explaining each issue and how we can work to resolve it
• Crosswalk of all products
• Links to manufacturers actual ENFit pages- some resource links just give a general update with no products
• Continue meetings with stakeholders for feedback