

See how automated feed/flush technology can benefit you and your practice



HELPS DECREASE LIKELIHOOD OF REHOSPITALIZATION

Patients at skilled nursing facilities using manual syringe flushing had a 3.9% higher 30-day risk-adjusted rehospitalization rate compared to automated flush facilities¹

Automated flushing may be an efficient- and cost-effective means of improving 30-day rehospitalization outcomes in post-acute SNF patients receiving tube feedings¹



AIDS IN REDUCTION OF NURSING TIME

Manual syringe flushing requires 14% higher average RN staffing at skilled nursing facilities¹

Over the course of one year (10 patients/nurse/day, each receiving 4 flushes/day), manual syringe flushing (2 min/flush) versus automatic pump flushing (1 min/flush) consumes more staffing hours (486.6 versus 243.3) and nursing time cost (€16,398 versus €8,199 or \$24,115 CAN versus \$12,057 CAN)²



FACILITATES COST REDUCTION

Transition from manual to automated flushing saves an estimated \$80 USD per patient per year in the USA³

The nurse workload per patient was reduced by an average of 250 minutes over one year³



SUPPORTS FEWER TUBE OCCLUSIONS

Routine, proactive flushing during feeding and medication administration is the best way to prevent many clogged tubes^{4,5}

Clogged feeding tubes are responsible for significant lost delivery of enteral feeding; they also increase risks and costs to patients in the event they must be replaced⁴



1. Nadeau B, Tordella J. The role of automated flushing in decreased 30-day rehospitalization rates. Poster presented at: ASPEN's Clinical Nutrition Week; Feb 2017; Orlando, FL.
2. Nadeau B, Weissbrod R, Trierweiler-Hauke B. Flush now: The use of technology to prevent occlusions in jejunal feeding tubes – a pilot evaluation. Poster presented at: ESPEN Congress; Sep 2017; The Hague, The Netherlands.
3. Torres R, Nadeau W, Saunders R. Does automating water flushes impact the care costs of enteral nutrition therapy? Poster presented at: ESPEN Congress; Sep 2018; Madrid, Spain.
4. Parrish, C. R. Clogged feeding tubes: A clinician's thorn. Practical Gastroenterology. 2014; 1-16.
5. Boullata, J. I., Carrera, A. L., Harvey, L., Hudson L., McGinnis C., Wessel J. J., Guenter, P. ASPEN Safe practices for enteral nutrition therapy. Journal of Parenteral and Enteral Nutrition. 2017; 41(1), 15-103.