

A patient-centred approach to Gastrostomy management



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LAUNCH - A Clinician's Guide: Caring for people with gastrostomy tubes & devices

NSW ACI & GENCA

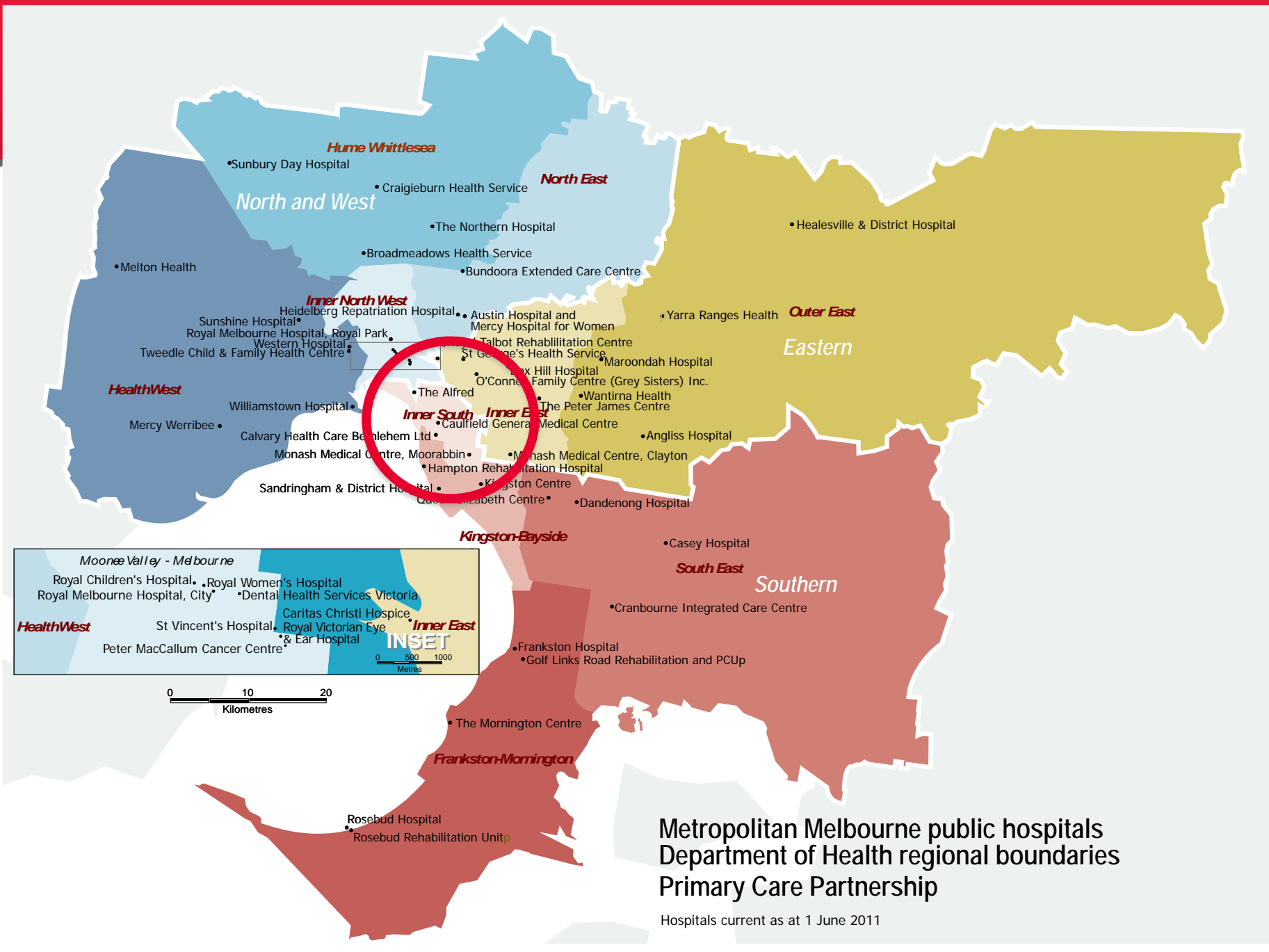
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- Alfred Health Nutrition & Dietetics team

Presentation Overview

- **Background**
 - Alfred Health
 - HEN in Victoria
- **Alfred Health's Gastrostomy / Home Enteral Nutrition (HEN) services**
 - HEN Service profile
 - PEG clinic
 - Mobile Gastrostomy service
 - Extended scope of practice (ESoP) program
 - Other services
- Why the model is patient-centered?
- Why we think the model works?
- Challenges



- North and West:** Sunbury Day Hospital, Craigieburn Health Service, The Northern Hospital, Broadmeadows Health Service, Bundoora Extended Care Centre, Melton Health.
- North East:** Healesville & District Hospital.
- Inner North West:** Heidelberg Repatriation Hospital, Sunshine Hospital, Royal Melbourne Hospital, Western Hospital, Tweedle Child & Family Health Centre.
- HealthWest:** Williamstown Hospital, Mercy Werribee.
- Inner South:** The Alfred, Caulfield General Medical Centre, Monash Medical Centre, Moorabbin, Hampton Rehabilitation Hospital, Sandringham & District Hospital, Queen Elizabeth Centre, Dandenong Hospital.
- Inner East:** St George's Health Service, Talbot Rehabilitation Centre, St Albans Health Service, Box Hill Hospital, O'Connell Family Centre (Grey Sisters) Inc., Wantirna Health, The Peter James Centre.
- Eastern:** Maroondah Hospital, Yarra Ranges Health.
- Outer East:** Angliss Hospital.
- Kingston-Bayside:** Casey Hospital, Cranbourne Integrated Care Centre.
- South East:** Frankston Hospital, Golf Links Road Rehabilitation and PCUp.
- Southern:** The Mornington Centre.
- Frankston-Mornington:** Rosebud Hospital, Rosebud Rehabilitation Unit.

Moonee Valley - Melbourne

- Royal Children's Hospital
- Royal Women's Hospital
- Royal Melbourne Hospital, City
- Dental Health Services Victoria
- Caritas Christi Hospice
- St Vincent's Hospital
- Royal Victorian Eye & Ear Hospital
- Peter MacCallum Cancer Centre

INSET




0 500 1000 Metres

0 10 20 Kilometres

Metropolitan Melbourne public hospitals Department of Health regional boundaries Primary Care Partnership

Hospitals current as at 1 June 2011

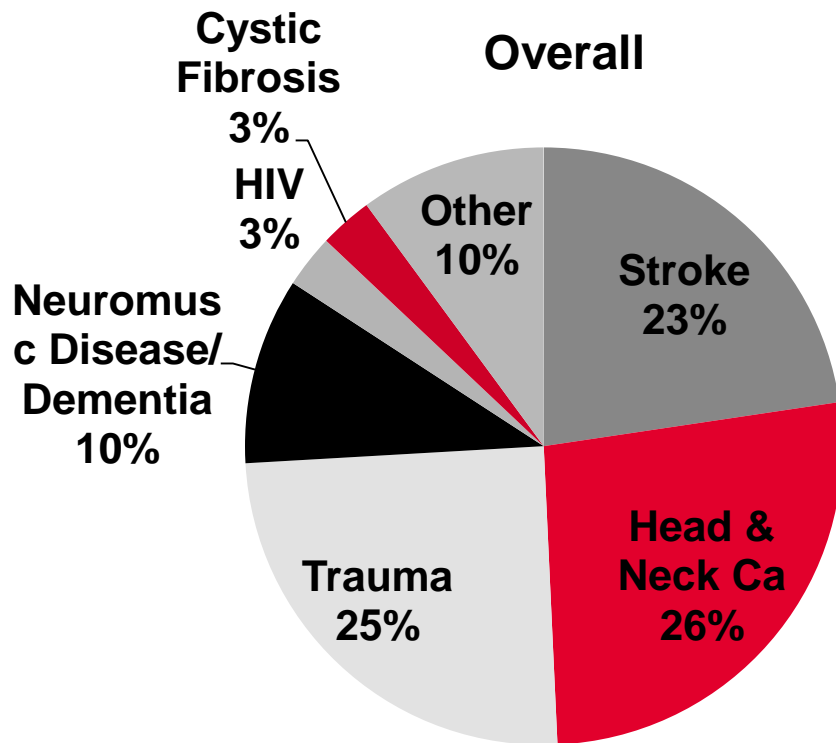
Alfred Health inpatient sites

	The Alfred 	Caulfield Hospital 	Sandringham Hospital 
Hospital type	Acute	Sub-acute	Acute (community)
Bed #	~400	~380	~45
Dietetic EFT	20	6	1
Services include	<p>Tertiary referral hospital</p> <p>Specialist services: Trauma / Burns, Emergency & ICU, Cancer, Respiratory including CF, HIV, Heart / Lung transplant.</p>	<p>Aged care, rehab (including ABI) & residential care</p>	<p>Surgery, acute aged care, emergency & maternity</p>

HEN in Victoria

- All HEN clients are entitled to receive all HEN provisions at **no cost** via public hospital outpatient funding
- State tender for formula & hardware: all major companies included.
- Each health service able to select which company(s) & products they wish to use.
- Major differences between each HEN service's model of care

HEN Service Profile



- Insert ~130 Gastrostomy tubes / year
 - PEG & RIG tubes inserted
- ~100 HEN clients
- Nutrition & Dietetics holds HEN budget including formula, equipment & replacement feeding tubes
- Nutrition Service is responsible for completion of monthly HEN order via hospital ordering processes. Patient contacts Dietitian directly.

HEN patient management

- HEN patients managed by the dietitian who cared for them when tube inserted i.e. Radiotherapy, Trauma, CF
- HEN patients who are eligible for our mobile service are managed by 2 Dietitians (3 x 3hr sessions every 2 weeks)
- Dietitian must have 3+ years enteral experience to manage HEN patients
- Prior to discharge clients must demonstrate independent feed admin & stoma/Gastrostomy tube care to the dietitian
- No involvement by Stoma nurse in Gastrostomy / HEN patient management

1997

Gastrostomy 'PEG' Clinic established

Problem Identification

ED presentations

16 week waiting list for PEG clinic

Residential care patients: distress & transport difficulties

2002

**Model of care for Mobile Gastrostomy service &
Gastrostomy tube Credentialing program developed**

2004

Mobile Gastrostomy Service established

Approval of credentialing program by:

Clinical Risk Committee

Legal Counsel

Hospital insurers

Alfred Health Executive

2005

Gastrostomy Credentialing Program commenced

1. 'PEG' Clinic

- 2hr clinic held every 2 weeks
- 10 - 12 patients per clinic
- All long-term enteral feeding tubes accepted
- Outpatients reviewed every 3 months
- Joint consultation with Dietitian & Gastroenterologist or Registrar (+/- RN from mobile service)
- Nutrition, tube & stoma review
- Tube changes where indicated

2. Mobile Gastrostomy Service

- Established in April 2004 due to:
 - PEG related ED presentations +++
 - 16 week PEG clinic waiting list
 - Client distress & difficulties when transported from residential care
- Existing service (MATS) already providing medical & nursing care to patients in local residential care facilities e.g. wounds, IV Abx, IDC management
- Opportunity to extend MATS to include Gastrostomy tube management
- Clinicians involved:
 - Dietitian
 - RN
 - Geriatrician &/or Registrar where required
 - Liaison with Gastro at The Alfred



Mobile Gastrostomy Service

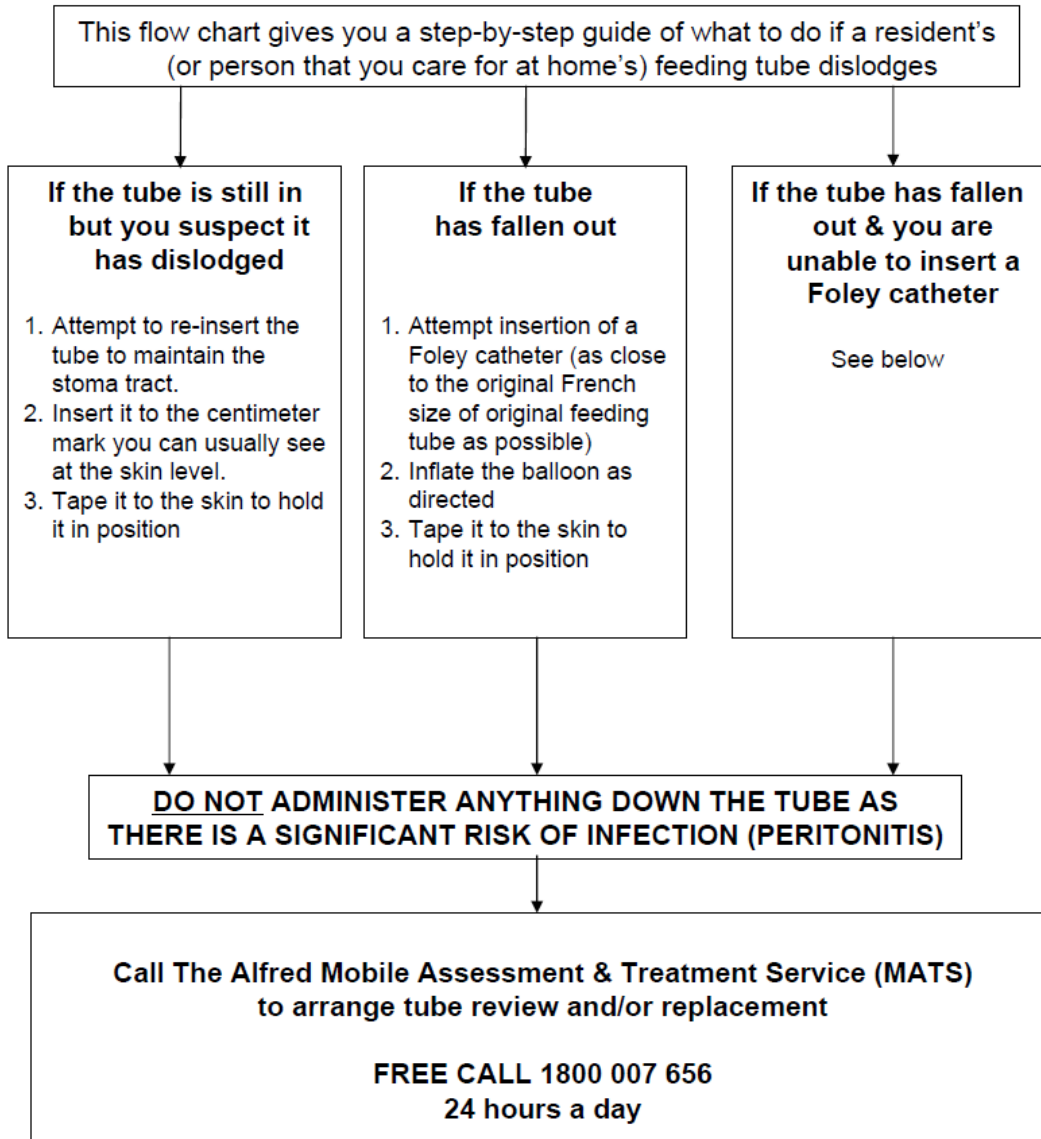
AlfredHealth

- ~40-50 clients
- Inclusion criteria: Patients residing in the Alfred Health catchment in a residential care setting, hostel, SRS or “high level care” at home
- Referral sources:
 - Inpatient wards
 - Emergency Department
 - PEG clinic
 - Residential care facilities
 - Other hospitals including private
- Service Provision includes:
 - 3 monthly review (includes nutrition, tube and stoma) by a Dietitian & RN including tube replacement when required
 - 24 hour on-call service
 - Staff / Carer education & training

Gastrostomy Feeding Tube Dislodgement Algorithm:

For clients of The Alfred MATS PEG program

i.e. living in a Residential Aged Care Facility or high level care at home



3. Extended scope of practice (ESoP) program

1. 'PEG' Clinic

- 2hr clinic held every 2 weeks
- 10 - 12 patients per clinic
- All long-term enteral feeding tubes accepted
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- Joint consultation with Dietitian & Gastroenterologist or Registrar (+/- RN from mobile service)
- Nutrition, tube & stoma review
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Who can be credentialed?

- Required qualifications:
 - Dietitian: minimum 3yrs experience with enteral nutrition
- OR**
- Registered Nurse working in the AH MATS program
- Must be an Alfred Health employee
- Dietitian with high HEN caseload credentialed as a priority
e.g. Head & neck cancer, GIT surgery

Credentialing process Part 1: Experience

- The trainee must attend a minimum of 10 PEG clinics (or have equivalent experience) and be able to:
 - Identify current tubes used at AH & removal method(s)
 - Identify possible complications associated with tube removal / replacement & competent to manage
 - Identify situations where it is not appropriate to manage independently & when escalation to Medical team required
 - Identify when it is clinically appropriate to order a PEG-o-gram via the AH Radiology

Credentialing process Part 2: Supervised practice

- The trainee must complete:
 - 5 supervised **BALLOON** gastrostomy tube replacements including:
 - > 3 supervised by the Consultant Gastroenterologist (minimum)
 - > 2 supervised by Credentialed Dietitian or RN who is an approved supervisor
 - 5 supervised **EXTERNAL-TRACTION** gastrostomy tube removals with balloon replacement
(supervision as above)

Note: An 'approved supervisor' is a Dietitian or RN who has significant experience in independent / safe tube replacement (minimum 25 replacements) & has written approval to supervise from the Consultant Gastroenterologist

Credentialing process Part 3: Infection prevention



- The trainee must:
 - Read & understand the AH Infection Control guideline on ‘Standard precautions’
 - Completed AH eLearning package on ‘aseptic technique’

The screenshot shows a web browser window displaying the Alfred Health eLearning interface. The breadcrumb trail at the top reads: "You are here: My CPD > My training > Aseptic > Aseptic Technique > Learning Package". A "Exit activity" link is visible in the top right corner.

Navigation

- My CPD
 - Site pages
 - My profile
 - My training
 - Aseptic
 - Participants
 - Reports
 - Aseptic
 - Technique
 - Learning Package**
 - Assessment
 - Quiz
 - Completion
 - Certificate
 - CA-UTI
 - CVAD
 - Hand Hygiene
 - BOC
 - Handover
 - Falls Prevention
 - Med Admin RN & IV EN
 - PIP
 - Safe Blood Admin

Aseptic Technique

Principles of Aseptic Technique

Alfred Health Infection Prevention and Healthcare Epidemiology Unit 2012

Welcome to the **Principles of Aseptic Technique** online training package.

This package will cover aseptic technique procedures and requirements for the clinical environment.

Use the "Next" and "Prev" buttons at the bottom right of the slides to navigate through this learning package.

ANTT AlfredHealth
www.the.ahf.org

< PREV NEXT >

Competency & Clinical Governance

- Prior to independent practice, the trainee must:
 - deem themselves competent
 - be deemed competent (in writing) by the Consultant Gastroenterologist
- Annual re-evaluation of competency occurs by the Consultant Gastroenterologist via the following means:
 - Clinician must have completed independent practice for the past 12 months (without any adverse events)
 - May require supervised Gastrostomy replacement(s) at the discretion of the Consultant Gastroenterologist
- Development & review of the competency standards are the responsibility of the Gastro Unit
- Credentialing/re-credentialing of staff & ongoing management of the credentialing program is the joint responsibility of Gastro Unit and Nutrition Service

Key Performance Measures

	Pre-credentialing Program	Currently
Credentialed Staff	None	~16 Dietitians (10 employed currently) 8 MATS RNs (4 employed currently)
ED admissions	> 1 per month	~1 every 6 months
PEG Clinic waiting list	16 weeks	6-8 weeks
Mobile Gastrostomy Service Dietitian FTE	0.1 FTE Senior Dietitian	0.2 FTE Senior Dietitian NB: nil other dedicated FTE
Clinical incidents relating to tube replacements	Unknown	Nil to date

Other Gastrostomy / HEN related services & roles

1. Inpatient & outpatient consultation

- In addition to 'usual' Dietetic care, PEG Dietitian(s) are available to review patients on the ward
- Credentialed PEG Dietitian 'on-call' during business hours for urgent outpatient 'drop-ins'
- If not already credentialed, the primary dietitian is involved in all PEG / stoma review to up-skill

What to do if your feeding tube has fallen out:

For people living in their own home

This flow chart gives you a step-by-step guide of what to do if your feeding tube falls out **OR** you think it has almost fallen out (For example, you can usually see the 4cm marking at the skin and now you can see 2cm marking)

1. Re-insert the tube to keep the stoma or hole open
2. Insert the tube to the centimeter mark you can usually see at the skin level
3. Tape it to the skin to hold it in position

DO NOT PUT ANYTHING DOWN THE TUBE
AS THERE IS A HIGH RISK OF GETTING A SEVERE INFECTION

8.30am- 5pm **Monday to Friday**

Call your dietitian as soon as possible to arrange an urgent tube review and/or replacement on phone number:

9076 3063

After Hours including weekends

If you have not reinserted the tube; go to the Emergency Department at The Alfred **OR** your nearest hospital **IMMEDIATELY** to have the tube replaced

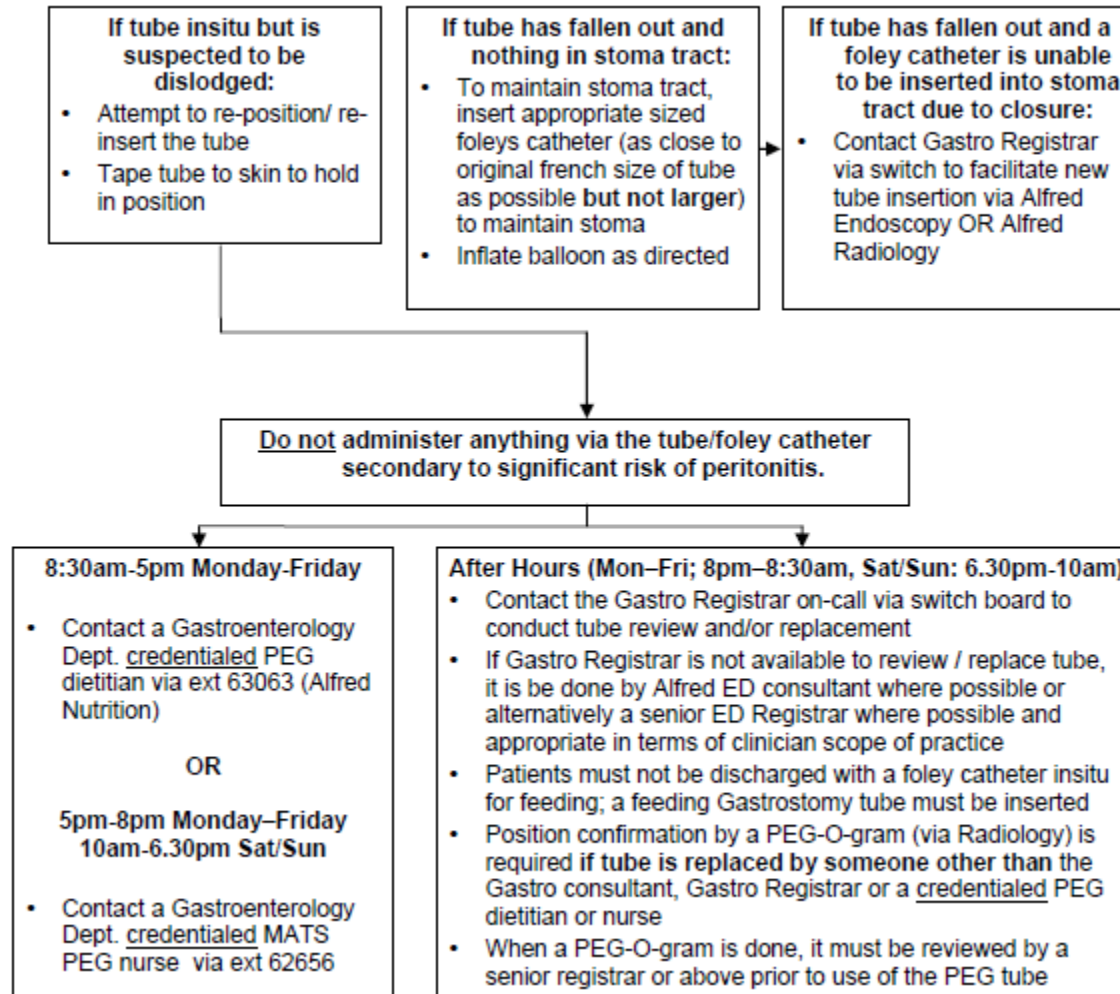
If you have re-inserted the tube AND you do not need to use it for medications; call the dietitian in the morning to arrange tube replacement:

Monday to Friday: 9076 3063

Weekends (8am to 8pm): on-call Dietitian via the switchboard on 9076 2000 & pager 4850

Your Dietitian is: _____

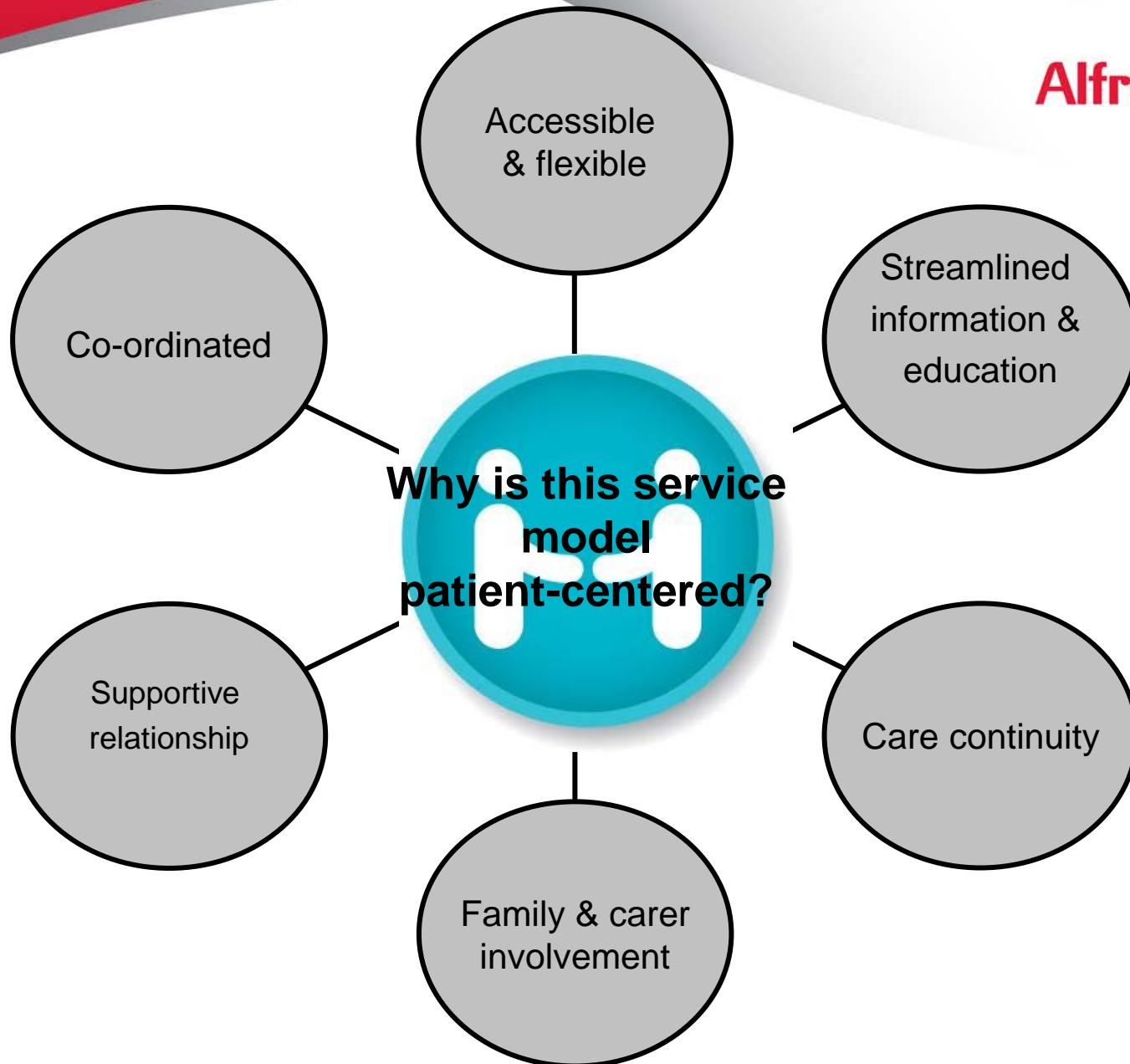
2. ED consultation

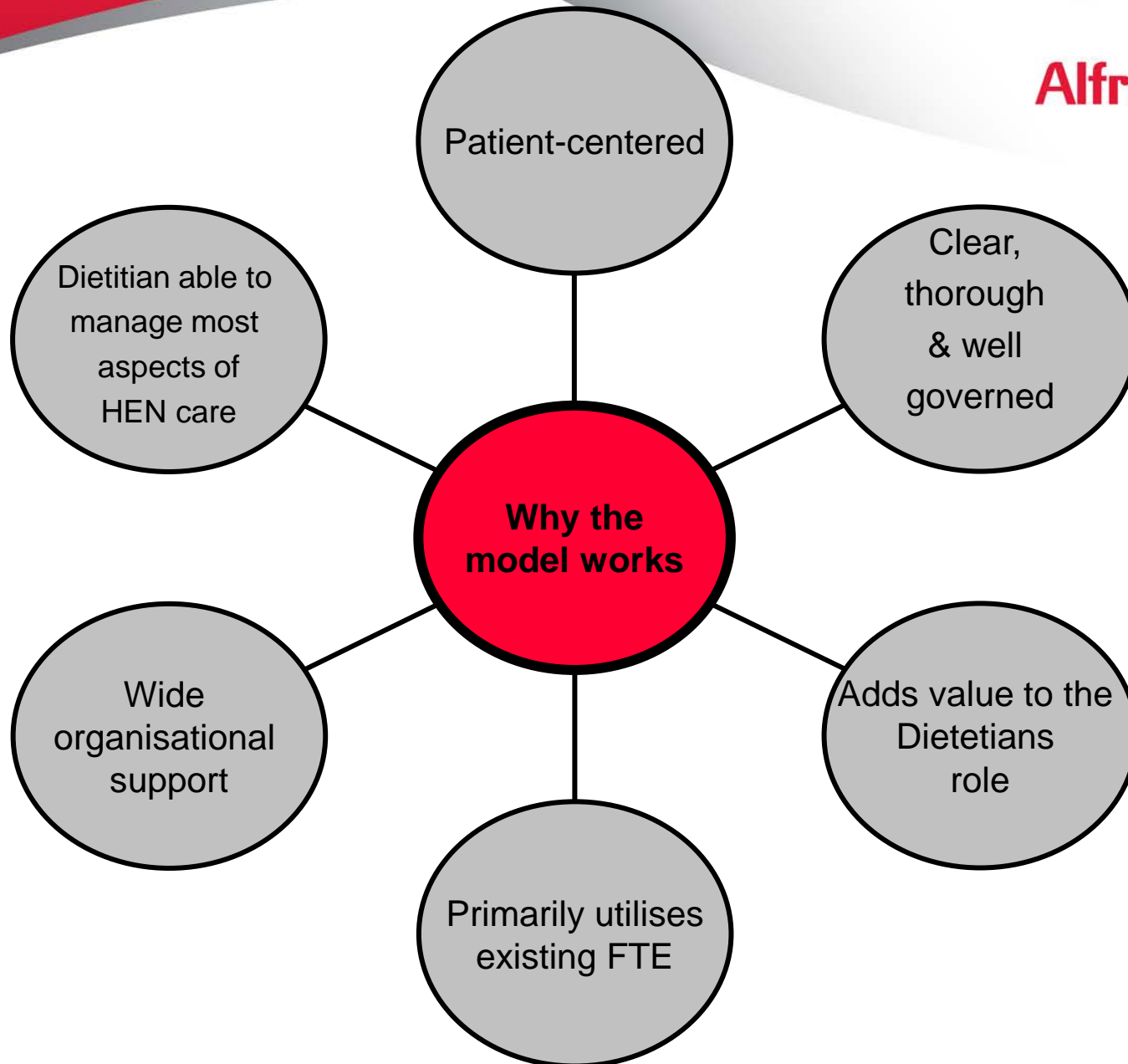


3. Governance role

The Nutrition Service is responsible for:

- Leading guideline development / review
- Tube selection & standardisation across organisation
- Clinical incident review





Challenges

- Professional boundaries
- Necessary red tape
- Medical resources to provide ongoing training / support to maintain credentialing
- Staff turnover

References

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NICE (2006) Enteral nutrition support in adults.

NSW ACI & GENCA (2014) A clinicians guide: caring for people with gastrostomy tubes and devices. From pre-insertion to ongoing care and termination.

Stroud et al (2003) Guidelines for enteral feeding in adult hospital patients. Gut; 52 (Suppl VII).

Thankyou. Questions?

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