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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Acknowledgements

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• Georgina Calder; Senior Nurse Clinician, MATS Gastrostomy service

• Dr Eva Kipen; Geriatrician, Aged Care Service, The Alfred

• 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
Metropolitan Melbourne public hospitals
Department of Health regional boundaries
Primary Care Partnership
Hospitals current as at 1 June 2011
## Alfred Health inpatient sites

<table>
<thead>
<tr>
<th></th>
<th>The Alfred</th>
<th>Caulfield Hospital</th>
<th>Sandringham Hospital</th>
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</thead>
<tbody>
<tr>
<td><strong>Hospital type</strong></td>
<td>Acute</td>
<td>Sub-acute</td>
<td>Acute (community)</td>
</tr>
<tr>
<td><strong>Bed #</strong></td>
<td>~400</td>
<td>~380</td>
<td>~45</td>
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<tr>
<td><strong>Dietetic EFT</strong></td>
<td>20</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td><strong>Services include</strong></td>
<td>Tertiary referral hospital</td>
<td>Aged care, rehab (including ABI) &amp; residential care</td>
<td>Surgery, acute aged care, emergency &amp; maternity</td>
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<td></td>
<td>Specialist services: Trauma / Burns, Emergency &amp; ICU, Cancer, Respiratory including CF, HIV, Heart / Lung transplant.</td>
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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.
• 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
Gastrostomy ‘PEG’ Clinic established

Problem Identification
- ED presentations
- 16 week waiting list for PEG clinic
- Residential care patients: distress & transport difficulties

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

Mobile Gastrostomy Service established

Approval of credentialing program by:
- Clinical Risk Committee
- Legal Counsel
- Hospital insurers
- Alfred Health Executive

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

• ~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

This flow chart gives you a step-by-step guide of what to do if a resident’s (or person that you care for at home’s) feeding tube dislodges

If the tube is still in but you suspect it has dislodged

1. Attempt to re-insert the tube to maintain the stoma tract.
2. Insert it to the centimeter mark you can usually see at the skin level.
3. Tape it to the skin to hold it in position

If the tube has fallen out

1. Attempt insertion of a Foley catheter (as close to the original French size of original feeding tube as possible)
2. Inflate the balloon as directed
3. Tape it to the skin to hold it in position

If the tube has fallen out & you are unable to insert a Foley catheter

See below

DO NOT ADMINISTER ANYTHING DOWN THE TUBE AS THERE IS A SIGNIFICANT RISK OF INFECTION (PERITONITIS)

Call The Alfred Mobile Assessment & Treatment Service (MATS) to arrange tube review and/or replacement

FREE CALL 1800 007 656
24 hours a day

The Alfred MATS PEG Program. Developed: July 2013.
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
• Outpatients reviewed every 3 months
• Joint consultation with Dietitian & Gastroenterologist or Registrar (+/- RN from mobile service)
• Nutrition, tube & stoma review
• Tube changes where indicated
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’
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

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

If tube insitu but is suspected to be dislodged:
- Attempt to re-position/re-insert the tube
- Tape tube to skin to hold in position

If tube has fallen out and nothing in stoma tract:
- To maintain stoma tract, insert appropriate sized foleys catheter (as close to original french size of tube as possible but not larger) to maintain stoma
- Inflate balloon as directed

If tube has fallen out and a foley catheter is unable to be inserted into stoma tract due to closure:
- Contact Gastro Registrar via switch to facilitate new tube insertion via Alfred Endoscopy OR Alfred Radiology

Do not administer anything via the tube/foley catheter secondary to significant risk of peritonitis.

8:30am-5pm Monday-Friday
- Contact a Gastroenterology Dept. credentialed PEG dietitian via ext 63063 (Alfred Nutrition)

OR

5pm-8pm Monday–Friday
- Contact a Gastroenterology Dept. credentialed MATS PEG nurse via ext 62656

After Hours (Mon–Fri; 8pm–8:30am, Sat/Sun: 6.30pm-10am)
- Contact the Gastro Registrar on-call via switch board to conduct tube review and/or replacement
- If Gastro Registrar is not available to review/replace tube, it is be done by Alfred ED consultant where possible or alternatively a senior ED Registrar where possible and appropriate in terms of clinician scope of practice
- Patients must not be discharged with a foley catheter insitu for feeding; a feeding Gastrostomy tube must be inserted
- Position confirmation by a PEG-O-gram (via Radiology) is required if tube is replaced by someone other than the Gastro consultant, Gastro Registrar or a credentialed PEG dietitian or nurse
- When a PEG-O-gram is done, it must be reviewed by a senior registrar or above prior to use of the PEG tube
3. Governance role

The Nutrition Service is responsible for:

• Leading guideline development / review

• Tube selection & standardisation across organisation

• Clinical incident review
Co-ordinated Supportive relationship

Family & carer involvement

Care continuity

Streamlined information & education

Why is this service model patient-centered?

Accessible & flexible
Why the model works

- Dietitian able to manage most aspects of HEN care
- Patient-centered
- Clear, thorough & well governed
- Adds value to the Dietetians role
- Primarily utilises existing FTE
- Wide organisational support
Challenges

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


AusPEN. Clinical practice guidelines: HEN in Australia.


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

Thankyou. Questions?

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