

# Adapting to Hospital Culture and Improving Patient Care: Development of a Pediatric Gastronomy Tube Medical Program

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# Adapting to Hospital Culture and Improving Patient Care: Development of a Pediatric Gastrostomy Tube Medical Program

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## Introduction:

Medical home models often emphasize planned, coordinated care, family-centered approaches and improvement in quality.<sup>1</sup> Primary care has seen success implementing medical homes, with improved policy recommendations available regarding integration and training.<sup>2</sup> The medical home model provides an important platform for quality improvement throughout the healthcare system, for example within gastrostomy tube (g-tube) management. Having a g-tube placed in a pediatric patient is a life changing event, both for the child and the family. Utilizing a medical home system developed by Seattle Children’s Hospital,<sup>3</sup> an adapted medical home g-tube quality improvement project was created at Lehigh Valley Children’s Hospital to address the complex issues surrounding g-tube placement and improve the patient process and experience.

## Plan:

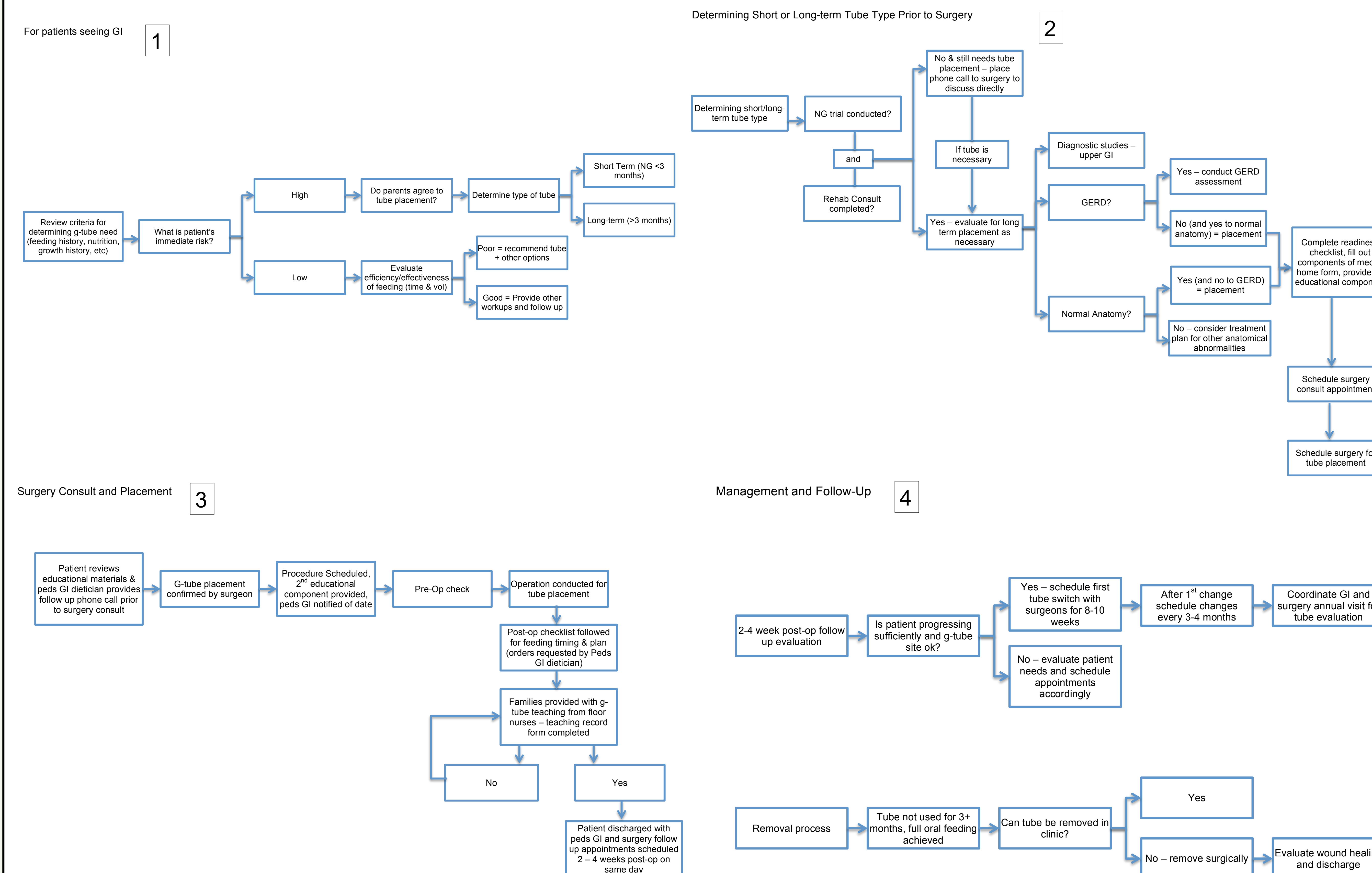
- Review materials and processes from Seattle Children’s
- Meet with pediatric GI physician and nutritionist, In-patient pediatric physician, NICU physician and CRNP, pediatric surgeons and RNs, Good Shepherd Rehab physician
  - Address any concerns or areas for improvement
  - Gather support for pediatric g-tube medical program
- 4 Stages
  - Standardizing Preoperative Workup
    - Readiness Checklist, Medical Form, Process map
    - Patient binders – medical form, educational materials, etc.
  - Standardizing Postoperative Orders and Follow Up
    - Completed by physicians & nutritionist, coordination of patient appointments
  - Patient Education and Parent Support Community
    - InsideOutCare.com – parent friendly & physician approved
    - “Who Do I Call When?” form for parents/families
    - Teaching Record Form – completed prior to patient discharge
  - Assessing effectiveness of quality improvement

## Literature cited:

- <sup>1</sup>Cooley, W. C., Mcallister, J. W., Sherrieb, K., & Kuhlthau, K. (2009, July). Improved Outcomes Associated With Medical Home Implementation in Pediatric Primary Care. *Pediatrics*, 124(1), 358-364. doi:10.1542/peds.2008-2600
- <sup>2</sup>Ader, J., Stille, C. J., Keller, D., Miller, B. F., Barr, M. S., & Perrin, J. M. (2015, May). The Medical Home and Integrated Behavioral Health: Advancing the Policy Agenda. *Pediatrics*, 135(5), 909-917. doi:10.1542/peds.2014-3941
- <sup>3</sup>Seattle Children’s Hospital G-Tube Program. (2016, April 23). Retrieved July 25, 2016, from <http://www.insideoutmedicine.com/qualityarticles/2016/4/23/case-study-seattle-childrens-hospital-g-tube-program>

## Plan (continued):

### Outpatient G-Tube Process Map



## Gastrostomy Tube Placement Readiness Checklist

Adapted from Seattle Children’s Patient Safety Checklist

- Nasogastric/nasoduodenal feeding trial completed?
  - Yes
  - No – Reason:
- Upper GI study completed and Ligament of Treitz is in correct position?
  - Yes
  - No – Reason:
- Medical home identified?
  - Yes – Who?
  - No – Reason:
- Nutritional/tube feeding plan determined (goals and timelines as applicable)?
  - Yes
  - No – Reason:
- Is patient followed by a dietician at LVHN?
  - Yes – Who?
  - No
  - If no, please specify who and where their dietician is:
- Is patient followed by a feeding therapist (OT/PT/SLP)?
  - Yes – Who? Location?
  - No – Reason:
- Family social/psych readiness assessed?
  - Yes
  - No – Reason:
- Home health care company identified?
  - Yes – Who?
  - No – Reason:
- Has patient had a rehab consult?
  - Yes
  - No – Reason:
- Has patient been seen by LVHN Pediatric GI?
  - Yes
  - No – Reason:
  - If no, GI must be contacted prior to tube placement.*
- Has patient been given educational resources and time to review them (Inside Out Care)?
  - Yes
  - No – Reason?
- Based on the questions above, is patient ready to be scheduled for gastrostomy tube placement?
  - Yes
  - No – Reason:

## Do:

- Implementation of process map and medical program
  - Establish full access to pre-operative forms
  - Educate nurses on floor
  - Inform pediatricians outside of hospital of new process for patients

## Study / Results:

- Following full establishment of Pediatric G-tube Medical Program into care
  - Assess effectiveness of processes through satisfaction survey
  - Evaluate patient flow and success of educational materials

## Act / Conclusions:

- Make adjustments to g-tube process as necessary
- Work to prove that smaller hospitals can adapt QI projects from larger institutions
  - Adaptations must reflect a hospital's culture and current workflow to reduce unrealistic drastic change

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