



# Driving Improvement for Head and Neck Cancer Patients with Gastrostomy Tubes through Advanced Practice in Dietetics

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## Background

Many patients with head and neck (HN) cancer become reliant on gastrostomy feeding tubes (G-tubes) for long term nutrition support during their cancer journey.

Clinical management of patients using G-tubes is historically provided by multiple practitioners.

Increasing demand has resulted in delays to care, ED presentations and sub-optimal experience for patients, their carers and health professionals.



Fig 1. Gastrostomy tube feeding (patient consent obtained)

## Objective

In recognition of existing service fragmentation and duplication, a Department of Health funded project was undertaken to develop a novel Dietitian Advanced Scope of Practice (ASP) role at St Vincent's Hospital Melbourne (SVHM) to upskill in G-tube management.

## Methods

Listening to our patient and carer experiences and mapping the current SVHM model of care helped identify opportunities to change traditional referral pathways impeding optimal service provision.

"It's just not good enough, we sat in ED for hours – now the hole has closed over and he needs to have another anaesthetic!" *Carer*

"I've had to wait while the PEG site is leaking, it's burning my skin" *Patient*

"I'm supplying the g-tube and talking the doctor through how to insert it – I wish I could do it!" *Dietitian*

"Dietitians have the skills and the knowledge to do this – it's an opportunity for career development" *Gastroenterologist*

Key stakeholders were engaged to assist in defining the scope of the new ASP role and clinical governance processes.

A credentialing program was developed with the assistance of the SVHM Gastroenterology Department.

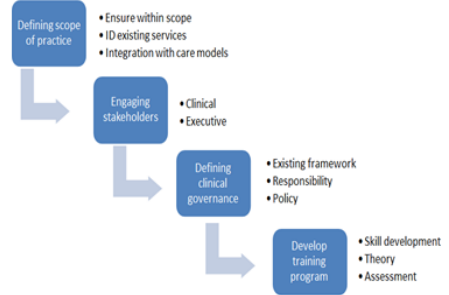


Fig 2. Dietitian Advanced Scope of Practice role development

## Results

Up until October 2018, four Dietitians have been credentialed. ASP Dietitians now independently change and remove G-tubes and provide stoma site care, procedures historically undertaken by doctors and nurses.

Of the 86 G-tube changes completed by ASP Dietitians at SVHM 45 (52%) were for patients from the HN unit.

A Dietitian-led "Gastrostomy Consult" service has resulted in 110 service events, of which 64 (58%) were for patients from the HN unit.

- There have been:
- 21 diversions from the ED
  - 70 diversions from Endoscopy services, and
  - 150 diversions from Gastroenterology review
  - 0 adverse events

Cost savings to the hospital are estimated in excess of \$180,000 to date.

Patient related outcomes include reduced wait times to care (from 2 months to 0-2 days), and reduction in unnecessary appointments and travel time.

For patients and their carers, satisfaction with the new service model is high. The ASP Dietitians report increased job satisfaction.

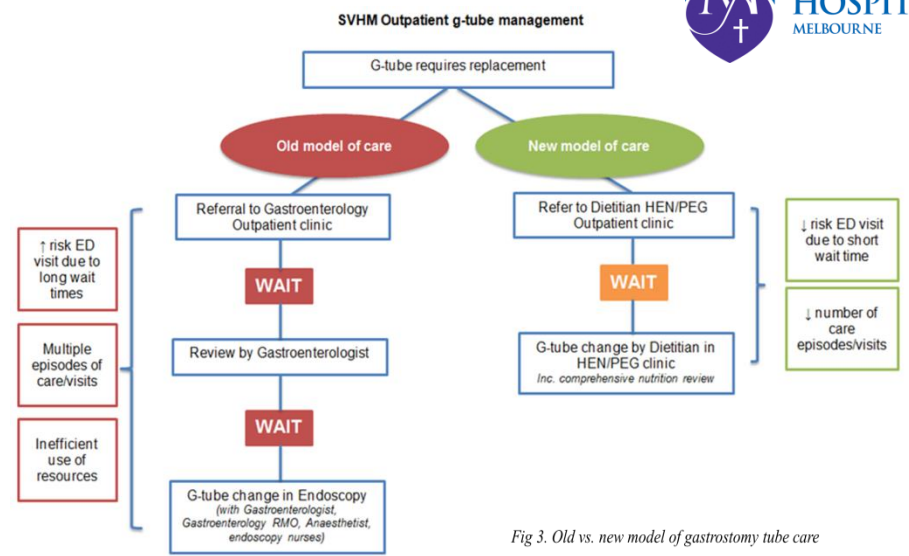


Fig 3. Old vs. new model of gastrostomy tube care

## Conclusion

The Dietitian ASP role in G-tube management has led to the delivery of high quality health care, improved staff and patient experience, in particular for our HN patients with complex health care needs, and demonstrated significant cost savings.

"It makes the trip in worthwhile" *Carer*

"It makes sense, you know more about the tubes than I do!" *Gastroenterologist*

"If it means avoiding ED it's a win!" *Patient*

"It's so rewarding to be able to fix the problem for them" *Dietitian*

## Significance

G-tube care for HN patients that was once fragmented is now streamlined, and provided at less cost to the health system. Further ASP Dietitian opportunities to optimise nutritional outcomes for HN cancer patients reliant on nasogastric feeding tubes in collaboration with the co-located GenesisCare Radiation Oncology service are being explored.

## Acknowledgements

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