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.1 Primary care has seen success implementing medical homes, with improved policy recommendations available regarding integration and training.2 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,2 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:
1. Review materials and processes from Seattle Children’s
2. Meet with pediatric GI physician and nutritionist, Inpatient pediatric physician, NICU physician and CRNP, pediatric surgeons and RNs, Good Shepherd Rehab physician
3. Address any concerns or areas for improvement
4. Gather support for pediatric g-tube medical program

4 Stages:
1. Standardizing Preoperative Workup
2. Standardizing Postoperative Orders and Follow Up
3. Patient Education and Support Community
4. Assessing effectiveness of quality improvement

Literature cited:

Outpatient G-Tube Process Map

Plan (continued):

Gastrostomy Tube Placement Readiness Checklist

1. Has patient been given educational resources and time to review them (Inside Out Medicine)?
2. Is patient followed by a dietician at LVHN?
3. Has patient been seen by LVHN Pediatric GI?
4. Has patient been seen by LVHN Rehabilitation?
5. Has patient been seen by LVHN Physical Therapy?
6. Has patient been seen by LVHN Occupational Therapy?
7. Has patient been seen by LVHN Speech Therapy?
8. Has patient been seen by LVHN Audiologist?
9. Has patient been seen by LVHN Audiologist?
10. Has patient been seen by LVHN Social Worker?
11. Has patient been seen by LVHN Program Coordinator?
12. Has patient been seen by LVHN Psychologist?

Do:
1. Implementation of process map and medical program
2. Establish full access to pre-operative forms
3. Educate nurses on floor
4. Inform pediatrics outside of hospital of new process for patients

Study / Results:
1. Following full establishment of Pediatric G-tube Medical Program into care
2. Assess effectiveness of processes through satisfaction survey
3. Evaluate patient flow and success of educational materials

Act / Conclusions:
1. Make adjustments to g-tube process as necessary
2. Work to prove that smaller hospitals can adapt QI projects from larger institutions
3. Adaptations must reflect a hospital’s culture and current workflow to reduce unrealistic drastic change