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 nutritional 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.

**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 and improve optimal service provision.

"It’s just not good enough, we need to do better for our patients..."- Doctor

"I’m trying to get the G-tube. When is he going to get the appointment..."- Carer

"I’m supplying the patient and taking the doctor through how to insert it..."- Dietitian

"There is a skill and the knowledge to do this... it’s an opportunity for career development"- Dietitian

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.

**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, 48% were for patients from the HN unit.

A Dietitian-led "Gastrostomy Consult" service has resulted in 110 service events, of which 84 (76%) 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

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 reported increased job satisfaction.

**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 worthwhile" - Patient

"It makes sense, you know more about the tubes than I do!" - Dietitian

"It’s so rewarding to be able to fix the problem for them" - Doctor

**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 General Care Facilitation Oncology services are being explored.

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