Pause for PEG: Best Practices in Care of Patients with Advanced Dementia

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Presenter does not have any conflicts of interest to disclose.
Objectives

- Examine focused literature on the use of percutaneous endoscopic gastrostomy (PEG) tubes in patients with advanced dementia
- Describe the purpose of the “Pause for PEG” initiative at Methodist Hospital
- Analyze case studies to apply the “Pause for PEG” framework
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Project Overview

• Percutaneous Endoscopic Gastrostomy (PEG) tubes were used in patients with advanced dementia – associated with adverse outcomes that lead to earlier demise
  – Best practice is offering pleasure feedings with or without modified consistencies
• 30-day mortality for all PEGs at MH greater than the national average of PEG tube placements (not only for advanced dementia)

• Project idea started at the bedside
  – Amy Hessel and AgeWISE RNs, Comfort Care Committee
  – Moral distress
  – Quality of life and family/patient preferences
  – Questions about “true informed consent”
  – Staff RN and graduate CNS student – Jennifer Bierbaum

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The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care

PICO

• In patients with advanced dementia, how does comprehensive family education on the risks/benefits associated with PEG tube insertion as part of the informed consent process influence incidence of PEG tube insertion rates?
Interdisciplinary Team and Roles

- Monthly meetings
- Interdisciplinary Team
  - AgeWise Staff RNs: 3 (ACE and Progressive Care Unit)
  - MDs: Hospitalist and GI
  - APRNs: GI, Palliative Care, AgeWise/NICHE
  - Speech Pathologist
  - Nursing Director: Patient Care
  - Nurse Manager: Social Work/Care Management, GI lab
  - Staff Development Nurse: Lead SDN
  - Dietary: Lead Dietitian
  - Pastoral Services: Chaplain
  - Patient Education Coordinator

Issues with PEG Tubes

- Adverse Events of a PEG tube
  - Gastrointestinal discomfort - N/V/D
  - Infections and bleeding
  - Tube dislodgement
  - Psychological effects
  - Aspiration

What do Families Know?
Informed Consent?

- Discussion between multiple disciplines regarding the process of “true informed consent”
- Shared decision making
- Advance Directives – may or may not have
- These gaps and data indicated a need for evaluation of our practice and identifying best practice for patients with advanced dementia
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Demonstration Visuals

Outcomes

• Culture change - spirit of inquiry
  - Perceptions and discussions with staff

• All PEG Tubes – no differentiation w/or w/o dementia
  2015 # PEG tubes inserted 66
  2016 # PEG tubes inserted Jan to July 24
  37% less YTD from 2015 to 2016

Staff Education

• Development of a TRIPP sheet
  - Translation of Research into practice
  - Interprofessional practice

• Education to Shared Governance Councils, Unit Based Councils

• SDN and APRN Committees

• Teri Tipton, VP/CNO presented to Medical Executive committee for approval
Translating Research into Practice Process (TRIPP)

Title: "Pause for PEG"
Effective February 2016 @ MH

- Why? To promote best practices of Percutaneous Endoscopic Gastrostomy (PEG) Tube utilization according to the evidence in individuals with advanced dementia.
- What does the evidence say? PEG tube placement in advanced dementia is associated with adverse outcomes that may lead to an earlier demise. Current best practices are to offer pleasure feedings with or without modified consistencies.
- Change in Practice: "Pause for PEG" is a process where staff can pause to discuss risks vs. benefits in this population with the patients’ PCP, Hospice, Care Coordinator and Speech Therapy. A Palliative Care consult may be warranted to discuss goals of care.

References (all levels of evidence):
- JAMA:也非常
- Robinson, H. (2014), A practical guide to Palliative Care for the Medical Professional: The Principles of Palliative Care

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Dementia and PEG Tubes

- YouTube – Placing Feeding Tubes in Hospitalized Nursing Home Residents with Advanced Dementia (3min)

Nutritional Care Assistance

- Assisted Oral Feeding
Outcomes

- Culture change - spirit of inquiry
  "Perceptions and discussions with staff"
- All staff can initiate the Pause for PEG
- **All PEG Tubes inserted**
  - 2015 # PEG tubes 66
  - 2016 # PEG tubes 24
- **No PEG tubes inserted in 2016 with Advanced Dementia**
  **no differentiation w/without dementia (2015)**

Videos

University of North Carolina 19min
Used when families need more information to make an informed decision about PEG tubes and advanced dementia
http://vimeo.com/51776155

Case Studies and Discussion
Summary

- The literature does not support the use of PEG tubes in patients with advanced dementia.
- The development of an EBP project led to creation of an algorithm that was implemented and can be replicated.
- Staff are very engaged and a culture change has ensued to increase staff satisfaction (decreased moral distress) and family informed consent.

Future Work

- Identifying additional diagnoses to start the conversation via a literature search and MH data:
  - Certain cancers
  - Frailty
  - Recurrent aspiration pneumonia patients admitted from nursing homes
  - Some post extubation - wait 48 hours
  - Advanced Strokes post 30 days
  - Advance Parkinson’s Disease
  - Advanced ESRD

Key References