

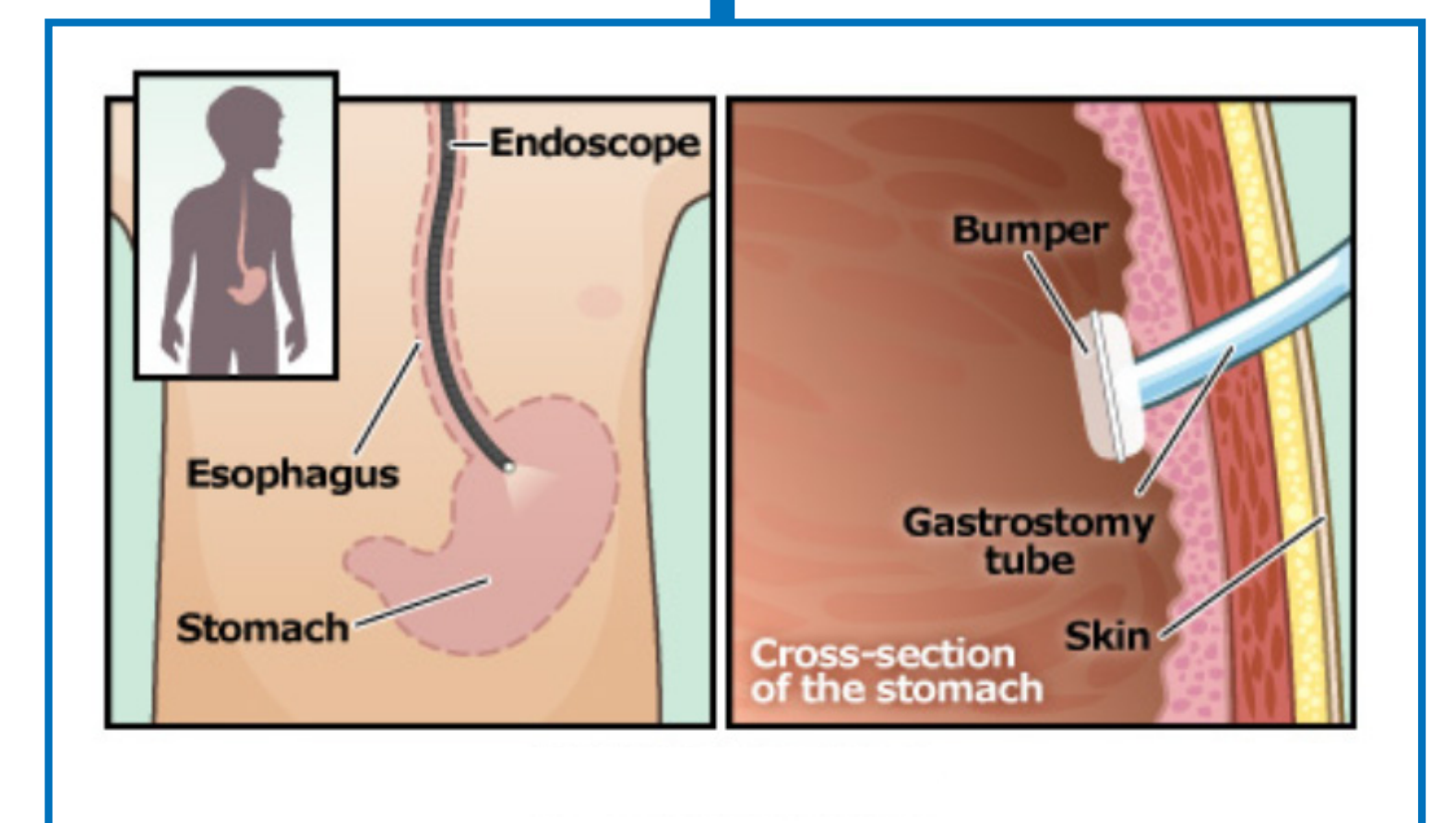
Improving safety along the paediatric gastrostomy pathway: a new regional programme

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Background

Insertion of a gastrostomy tube is usually indicated for babies and children that are failing to thrive, or have an oral nutritional intake that is failing to meet metabolic needs and not expected to resolve in one to three months. Having a PEG [percutaneous endoscopic gastrostomy] tube in situ may be a relatively temporary measure, or continue into eventual adulthood. The term PEG covers a number of devices, including gastric buttons.

A new patient safety programme at the Oxford AHSN is looking at safety issues along this pathway, which can comprise many different steps and involve healthcare professionals across the region.



PEG Procedure

Aims

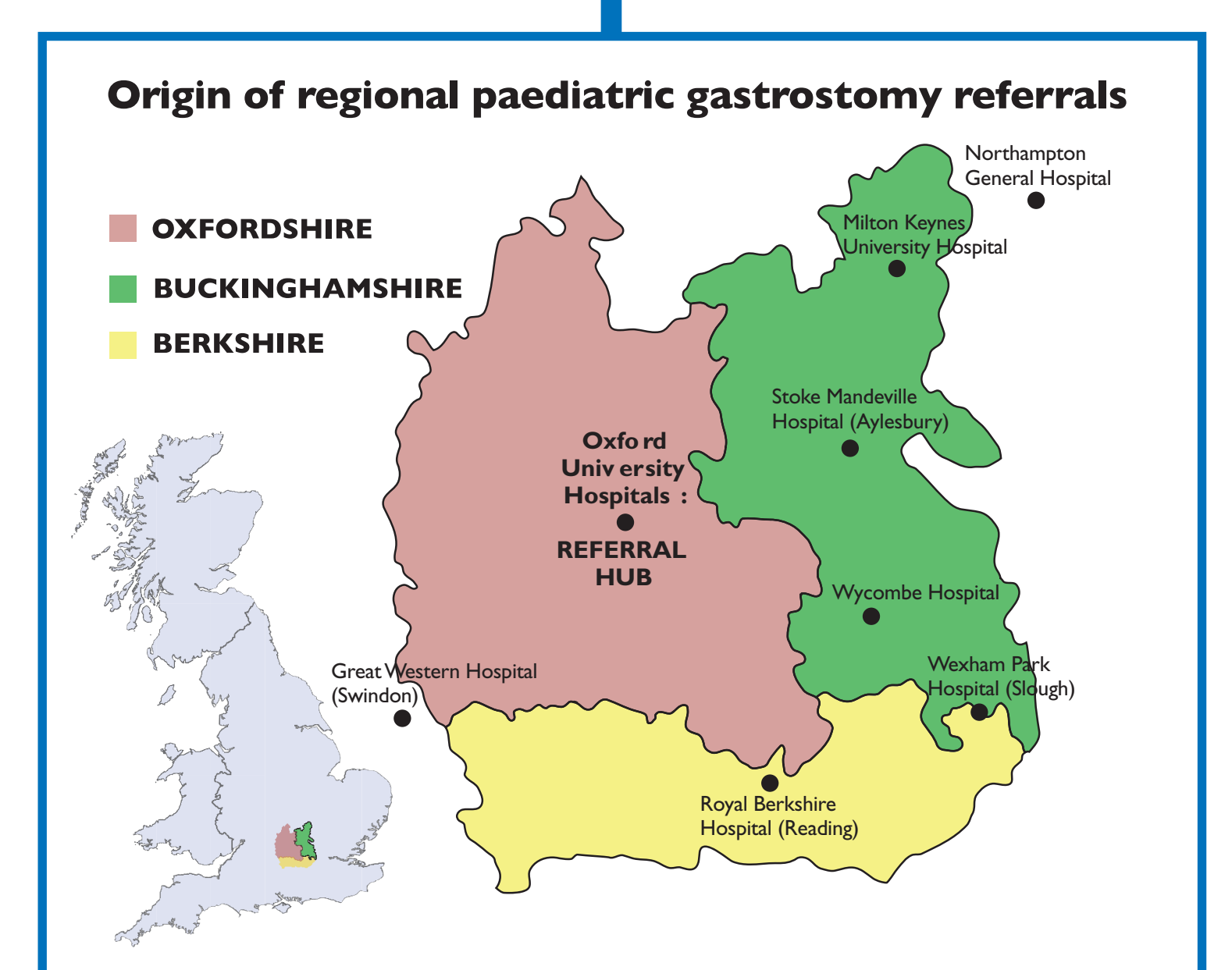
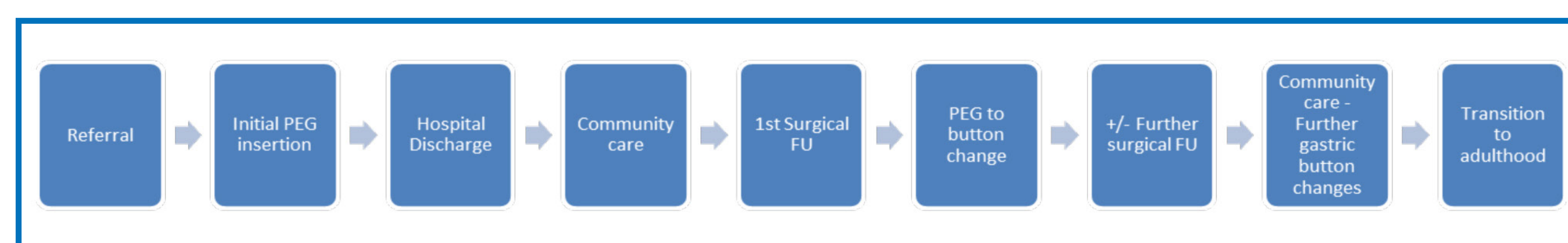
- To foster closer collaborations between different stakeholders across the region from the point of initial referral to surgical management of gastrostomy insertion and subsequent follow-up and long-term care in the community including transitional care to adulthood.
- By identifying vulnerable points along the pathway through feedback from key stakeholders, including parents of patients, QI projects will be developed to address these areas to improve the care provided and patient safety.



Gastric button

Methods

Key programme stakeholders include parents of patients, paediatricians, specialist paediatric nurses and dieticians from the acute, community and palliative sectors from across the whole Oxford AHSN region. The pathway has been mapped, risks identified and parents interviewed to understand their experiences and concerns to inform the QI projects being taken forward.



Quality improvements

Workstreams will focus on the latter portion of the pathway to provide support and training to parents caring for their children in the community, and building networks and improving communications between the professionals supporting them.

Find out more: www.patientsafetyoxford.org/ or twitter.com/PS_Oxford