Dementia, Feeding Tubes and Goals of Care an A3 Project
Collaboration Between Palliative Care and Speech Therapy
Good Samaritan Hospital, Advocate Health Care

The A3 Team
Mary Pat Patton, UVM, Palliative Social Worker
Alana Lee Bessy Paisios, MD, BCC-PCC, Assistant Staff Chaplain, MA,CS
Ninoa Brown, RN, BSN, CTPH, Palliative Care RN
Ange Coro, RN, BSN, CTPH, Palliative Care RN
Tiit Sildys, MS, CCC-SLP, Speech-Language Pathologist
Kasee Griffinsey, RN, BSN, CTPH, Palliative Care RN
Julie Redicky, RN, BSN, CTPH, Palliative Care RN
Linda Redican, LCF, BH Social Worker
Kimberly Bethel-Miller, MD, MBA, MS, System Medical Director Palliative Care & Hospice

Abstract:
Introduction: The separation of disciplines is a barrier to palliative care. This initiative identified the issue of feeding tubes placement in Advanced Dementia patients at a center for elderly inpatient care as well as the inpatient care. A New England Journal of Medicine editorial from 2000 concluded that PEG tubes “are generally ineffective in prolonging life, presenting aspiration, and providing adequate nutrition in patients with advanced dementia.” Similar declarations have been made in recent published literature. The Advocate Palliative Care Team in collaboration with the Speech Therapy Team initiated an A3 quality assurance study from this data.

Method: The targeted population for this study was identified to be patients diagnosed with Advanced Dementia continued to have severe dysphagia. The confirmation of severe dysphagia was diagnosed via Videofluoroscopic Swallowing Study (VFSS) and alternative nutrition had been recommended for these patients. The research team retrospectively collected data on the targeted population to determine if a PC consult had been ordered to assist with a GOC discussion. A flow work was then developed to hard wire a process to ensure that the Speech Therapists contacted the Primary Care Physicians (PCP) to obtain an order for PC consult prior to consulting Gastroenterology (GI) in patients confirmed by Videofluoroscopic Swallowing Study to have severe dysphagia and for whom alternative nutrition had been recommended.

Result: Retrospective data showed that 14% of the STs were already contacting the PCP prior to the process being hard wired. The study target goal for ST contacting the PCP to obtain the PC order was set at 42%. The second metric measured the percentage of PC consults ordered for the targeted population. Retrospective data indicated 42% of consults were ordered prior to intervention. Target result was set at 85% post-implementation of the new work flow. The result was 100% of identified patients received a PC consult.

Conclusion: This study documented a statistically significant positive consequence of the PC consult GOC discussion in the following. Prior to the intervention, only 14% of the targeted population resulted in the STs contacting the PCP for PC consult. With 100% of the targeted population having PCG consults discussed with only 14% having PEG tubes placed and 85% choosing not to have short or long term feeding tubes placed. The data validated the daily practice of the Palliative Care team’s experiences. Other positive noted post-implementation were: Palliative Care Program began processing GI Specialties. GI Specialties delayed their consultation with patient’s families as well as the healthcare team.

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