

## Designing for quality, effectiveness and safety with PEG/NJ tube patients

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### **Objective:**

To annually audit multiple aspects of clinical outcomes of PEG/NJ tube patients as part of the Upper GI Endoscopy service, as recommended by the Joint Advisory Group's external peer review, in order to determine the quality and effectiveness of care, identify potential improvements, and to aim to achieve a consistently high standard.

### **Methods:**

A prospective review was made of the database of PEG/NJ tube patients maintained by the Nutrition Clinical Nurse Specialist. The data collected included patient demographics, indications, complications and mortality. This audit involved all 107 patients who were booked to have a PEG/NJ tube fitted between January and December 2008. Patient accrual was cross-checked to the Electronic Record System database.

### **Results:**

A PEG/NJ tube was successful in all 107 (100%) patients. This audit found:

1. Failed placement: No patients (0%). Excellent outcome.
2. Infection requiring Abs: 11 patients (10%). Outcome as expected.
3. Peritonitis: No patients (0%). Excellent outcome.
4. Bleeding requiring transfusion: No patients (0%). Excellent outcome.
5. 30 day mortality: 4 patients (4%). Each individual patient's cause of death: dementia, dysphagia, stroke or pancreatitis. Outcome as expected, as very unwell patients.

These results were not a surprise to Endoscopy Unit staff due to the nature of the patients' illness. However, monitoring of outcomes will continue on an annual basis in order to identify any variation.

### **Recommended action:**

1. Endoscopy unit to continue to support Nutrition Team to maintain prospective database.

### **Conclusions:**

The objectives of the study have been met in that auditing has taken place on multiple aspects of clinical outcomes of patients with a PEG/NJ tube and standards have been found to be as expected (in most cases no negative clinical outcome has been identified). Regular monitoring of practice will continue. This Trust successfully operates as a learning organisation (Argyris, 1991) with its commitment to change and quality improvement. Endoscopy Unit staff work closely with the Clinical Audit Department and regular meetings provide opportunities to openly reflect on practice.

### **References:**

Argyris, C (1991), Teaching smart people how to learn. *Harvard Business Review* 1991; 69: 99-109