**Quality Improvement Abstract**

The following information will be used on the Academy website and in the graduation materials. It will also form the basis of the information for online voting in the ‘Best Project’ category.

|  |  |
| --- | --- |
| **Quality Improvement Title** |  **Traction Removal of PEG tubes in an Outpatients for Head & Neck Cancer Patients** |
| **Quality Improvement Presenter(s)** | Laura Kent Macmillan Head & Neck Specialist DietitianVicky Poole Macmillan Head & Neck cancer Clinical Nurse Specialist |
| **Quality Improvement Team** | Dr Alex Di Mambro Gastroenterologist Consultant & Nutritional Support Lead Mr AH Wheatley Consultant ENT SurgeonHome Enteral Feed TeamEndoscopy BookingRebecca Handley Head and Neck Unit Coordinator |
| **Abstract**  |
| ***Background & Problem:*** *.* | Following treatment for head & neck cancer, patients are keen to have their PEG tubes removed as soon as possible when they no longer require them. As this is classed as a non-urgent procedure by Endoscopy, they often have to wait a long time, up to 240 days, causing psychological distress and potential physical complication.The Head & Neck Dietitian and CNS looked at ways of being able to offer this service in an ENT outpatients setting. New ways of working needed to be introduced, sourcing a suitable clinic room, establishing clinic codes and getting clinic built on Trak.A competency needed to be developed as none existed in the Trust ( or nationally that could be sourced) *With thanks to the library service for assistance with Literature search.*Once competency had been approved, CNS commenced training by Gastroenterologist, with help from endoscopy bookings to co-ordinate patients appointmentsHead and Neck unit coordinator approached to agree to booking patients into clinicDischarge advice leaflet developed GHPI1525\_06\_19Patient feedback questionnaire was developed and implemented, showing patients satisfaction with the reduced waiting times |
| ***SMART Aim:***  | S To Improve Patient QOL by Removing PEGs within 3 weeks of MDT decisionM Audit waiting times pre and post implementation of new serviceA Identify areas needing to change using Driver Diagram and gain competency in procedure.R Head & Neck patients have reduced waiting times for PEG removalsT A year from commencement of QI Project |
| ***Method:***  | Number of days between MDT decision for PEG removal and removal day audited.Patient questionnaire developed with support of from Patient Experience TeamPDSA cycles completed.PEG removal competency developed PEG removal training undertaken by CNS by Consultant Gastroenterologist Clinic space negotiatedClinic set up on Trak  |
| ***Results:*** |  |
| ***Lessons Learnt:*** | Collaborative working between departments can lead to enhanced patient care, which in turn can provide cost savings to the Trust.Other members of the team can be trained to traction remove PEG tubes.Reduced demand on Endoscopy department can allow other procedures to be undertaken in a more timely manner to meet national targetsWorking with HEFT to provide joint Traction removal and re-insertions can also reduce demand on Endoscopy department. |
| ***Next steps:*** | To be “trained as a trainer” and cascade the number of nurses trained to Traction remove PEG tubes in an outpatients setting.To teach process on Endoscopy national academy , when established |

Please ensure that you have not exceeded the 300 word limit for your abstract, check for errors and then submit via email to ghn-tr.gsqia@nhs.net

**The Impact of Evidence on QI**

The use of evidence in QI is growing in the NHS and we want to capture how it has helped you – if you used the Library & Knowledge Services Evidence Search service please complete the following (by completing you are agreeing to the statement 4 see below)

|  |  |
| --- | --- |
| **1** | Did having the evidence 1. Save you time – Yes, days of searching
2. Increase your knowledge and understanding of the problem? Yes What did you learn? No such service had been documented How did this learning enable your project? Raised awareness I needed to develop a competency
3. Help you learn about best practice from other organisations? Please tell us more about this best practice and how it was useful to your project. None documented
4. Help you not to replicate improvements? What did you decide not to try? Did you “Pinch with Pride” and what did you “Pinch”? sadly nothing to pinch
5. Help you develop change ideas? What were these? No
 |
| **2** | Is there anything else you would like to tell us about how having the evidence had on your project and the impact that it made? No |
| **4** | Please type your email if you would be willing to be contacted by our Library & Knowledge Service team to provide more information |
| **4** | I agree to the following We would like to quote your responses in our work to illustrate the positive impact of Library and Knowledge Services.  By giving consent, please be aware that the information may be displayed on the internet, in print or digital format. I consent to the use of the information and data I provide for the following purposes:**•           Display****•           Reports/publications****•           Training****•           Research purposes** I agree that quotes may be used at a regional or national level for the purposes agreed above. ​ |