



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 875

**Submitting author:** Ms Winnie Wing Yee WONG

**Post title:** Speech Therapist, Alice Ho Miu Ling Nethersole Hospital

### **Improving Care for Patients on Tube Feeding in Tai Po District**

WONG WWY(1), LEE JSW(2)(4), HUI AJ(3), CHAN KH(3), CHAN SY(4), LAI KS(2)(4), CHEUNG TYL(1), CHUNG CHT(1), LEE SCY(1), NG RWY(1), MAN CY(5)

(1) *Speech Therapy Department, AHNH & TPH*

(2) *Department of Medicine & Geriatrics, TPH*

(3) *Department of Medicine, AHNH*

(4) *Community Outreach Service Team, AHNH*

(5) *Hospital Chief Executive, AHNH & TPH*

### **Keywords:**

Tube feeding

Non-oral feeding

Dysphagia

Swallowing

Quality of life

Aspiration

### **Introduction**

Some tube feeding dysphagic patients were able to resume oral feeding within acute or convalescence hospital stay. Patients with more severe dysphagia required tube feeding upon returning to the community. However, tube feeding may cause discomfort to patients, require increased use of restraints; adversely affect patients' and caregivers' social life and their quality of life.

### **Objectives**

This study aims to improve the care for patients on long-term tube feeding through multidisciplinary collaboration.

### **Methodology**

A workgroup on improving care for patients on tube feeding was formed and led by Hospital Chief Executive, AHNH & TPH in May 2016. Members included Geriatrician, Gastroenterologist, Department Operation Manager of Department of Medicine, Ward Manager of Community Outreach Service Team (COST) and Speech Therapist (ST). Firstly, ST provided early discharge planning during in-patient management at AHNH and TPH to prevent missing of out-patient follow-up for indicated patients. Secondly, a "Tube Feeding Patient Registry" was compiled by COST to register all tube feeding dependent patients residing in Tai Po District. Thirdly, "Criteria for potential weaning of tube feeding" was established by the workgroup; patients on tube feeding without ST follow-up were checked by COST nurses against the criteria for referring to ST for assessment. With these measures, all tube feeding dependent patients residing in Tai Po District who might have potential to resume oral feeding were actively reviewed by

our team.

To maximize patients' oral feeding ability, ST provided swallowing training at Speech Therapy Out-patient Clinic or Geriatric Day Hospital (GDH) as appropriate. If patients were suitable for weaning off tube feeding, ST referred patients to Community Geriatric Assessment Team (CGAT) or Swallowing and Nutritional Combined Clinic (S&N) at GDH for multidisciplinary follow-up and management to facilitate resumption of oral feeding. CGAT monitored patients' medical condition and tolerance on oral feeding at old aged homes.

### **Result**

204 cases (mean age 81 years old) were recruited from June to November 2016. Eleven cases (5.4%) resumed total oral feeding; their mean length of tube feeding dependency was 10.5 months; one of them developed chest infection within the study period. Twenty-one cases (10.3%) resumed partial oral feeding; none of them developed dysphagia related complications within the study period. Among those who could resume partial or total oral feeding, 59% had dementia and 34% had history of stroke.

Conclusion:

One-sixth of tube feeding dependent patients resumed partial or total oral feeding within the 6-month study period. Without active review, this group of patients who resumed oral feeding would have to continue on tube feeding for the rest of their lives. Being able to resume oral feeding means a lot to the patients and caregivers. So it is recommended to actively review this group of patients to maximize their quality of life through oral feeding.