



Optimizing Percutaneous Endoscopic Gastrostomy Tube Placement Wait Times in a Safety Net Hospital

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Introduction

- Percutaneous endoscopic gastrostomy (PEG) tube placement is an endoscopic procedure offered for patients with insufficient oral intake or contraindications to oral feeding. Delays in PEG placement lead to longer hospital stays and increased healthcare costs.
- Our aim was to evaluate the impact of a streamlined PEG placement algorithm on PEG wait times at a safety net hospital

Methods

- On 1/7/22 at the Los Angeles County + University of Southern California (LAC+USC) Medical Center, our multidisciplinary team (GI, IR, surgery) implemented an algorithm based on consensus criteria to clarify which PEG consults should be directed to GI vs. IR (Figure 1A).
- Consults meeting GI criteria were staffed by one specific GI faculty member with two designated alternates to facilitate prompt PEG placement.
- An observational cohort (N=61) of adult patients (>18 years) who received a PEG consult from the GI service from 7/1/21-5/21/22 was analyzed.
- The primary outcome of the study was the wait time (measured in business days) from consult to PEG placement pre-intervention (7/1/21-1/6/22) and post-intervention (1/7/22-5/21/22). Secondary outcomes were the relative proportion of successful PEG placements. Statistical analysis included Wilcoxon rank sum tests and logistic regression.

Figure 1A: PEG Consult Algorithm

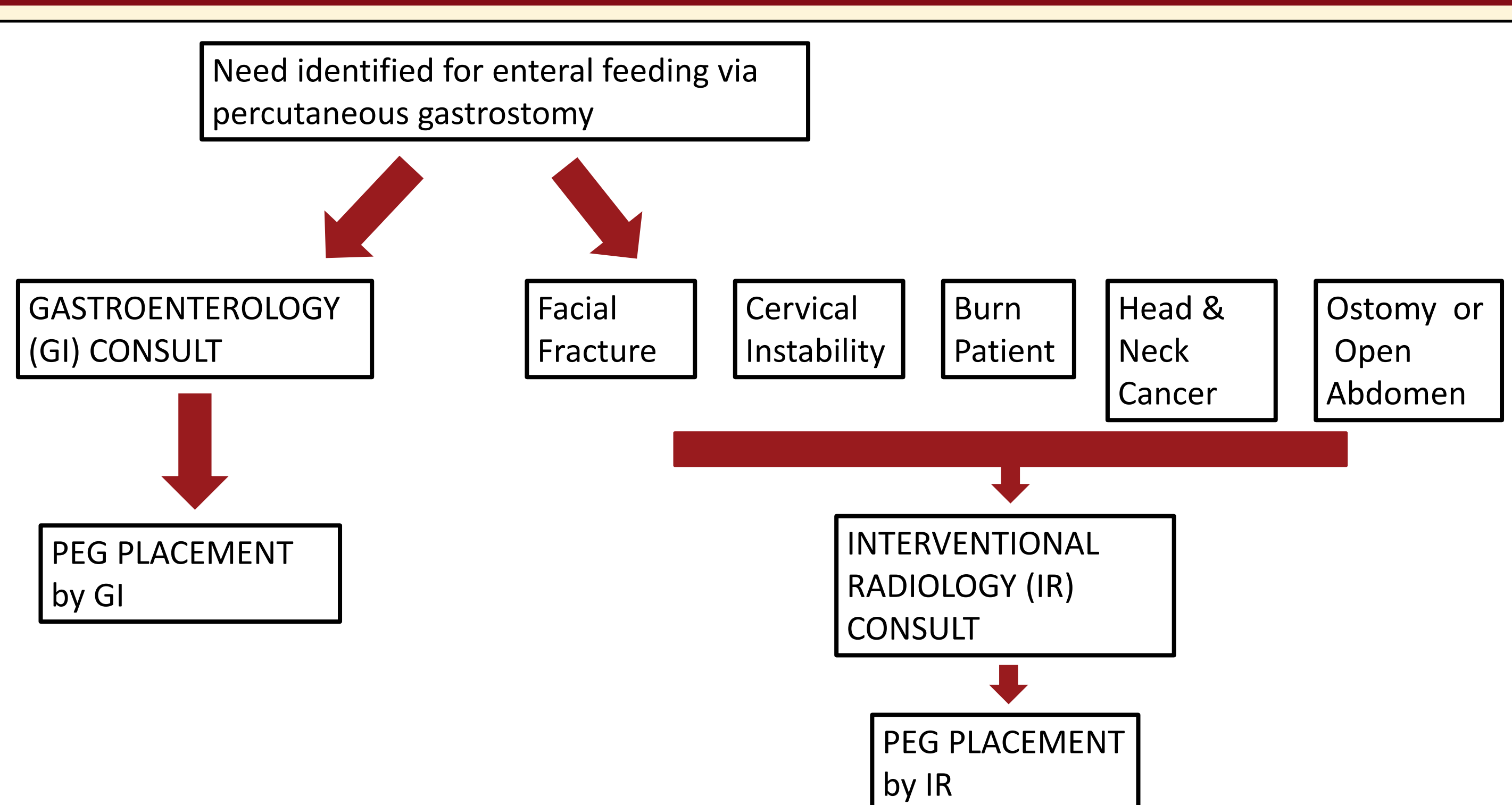


Figure 1B: Business Days from Consult to PEG

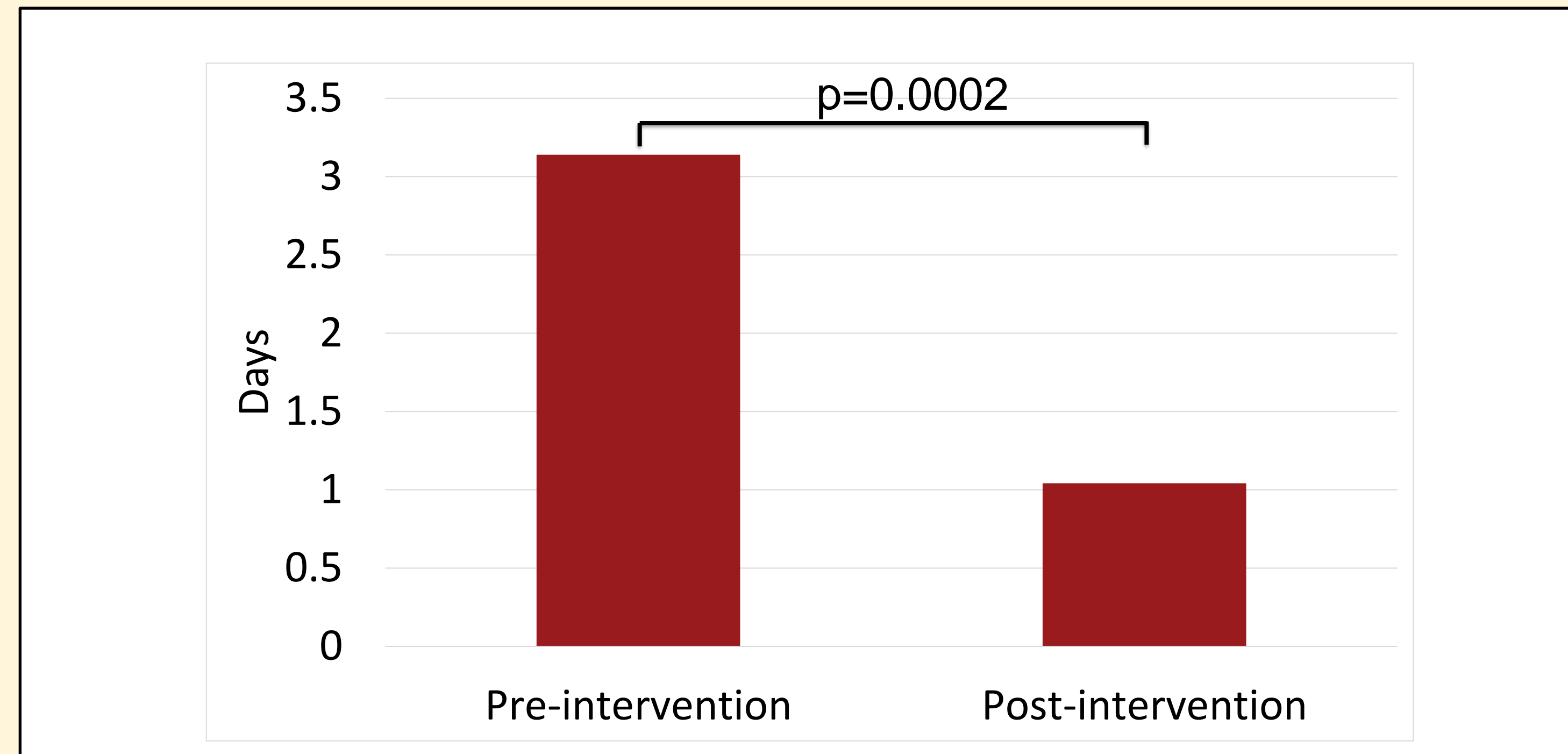


Table 1: PEG Consult Data

	Pre-Intervention (N=33)	Post-Intervention (N=28)
Total PEG Consults	33	28
Male	20	19
Female	13	9
Demographics:		
Hispanic	12	21
Asian	8	3
African American	5	1
Caucasian	4	0
Unknown	4	3
Average Age (years)	54.4	56.8
Average Weight (kg)	71.9	73.1
Requesting indication:		
Neurology	26	23
Pulmonary	6	4
Oncology	1	0
Burns	0	1
Total Planned PEG	22	26
Reason why PEG was not planned:		
Not medically optimized	6	0
Transferred to other hospital	2	0
IR Performed First	1	0
Obesity	1	0
Complex surgical or oncologic history	1	1
Ethics (no consent)	0	1

Discussion

- A total of 61 consults occurred during the study period, 33 prior to the intervention and 28 post-intervention.
- Cohort characteristics were similar in both groups (Table 1).
- After the intervention was implemented, the mean wait time from consult to PEG placement decreased from 3.1 business days to 1.0 days (p=.0002) (Figure 1B).
- Post-intervention, PEG placement was more likely following consultation (OR 5.7 [95% CI 1.1-28.8]).
- There was no difference in placement success (OR 2.0 [95% CI 0.5-7.5]).
- During the study period, only one major complication was observed when a patient removed the PEG on post-procedure day one, causing peritonitis and required surgical intervention.

Conclusions

- Integration of a streamlined inpatient protocol significantly reduced wait times for PEG placement and increased probability of placement without differences in adverse outcomes.
- This specialized approach holds promise to improve inpatient care and reduce healthcare costs.

References

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