Purpose
To create an innovative class for families focusing on management of feeding tubes.

Background
Increased volume of patients with durable feeding tubes over the past three years:
- 230 = Average number of newly placed tubes per year
- 46 = Average daily census of patients with durable feeding tubes (consumes 25% of overall hospital daily census)
- 3% of all discharges involve a new tube

Barriers identified in gastrostomy (G-tube) education:
- Inconsistencies with teaching by staff
- Lack of educational model
- Challenging environment impacting education in a post op setting
- Quick turn over in discharges impacting education

This led to the parent feeling:
- Less confident in managing the care of the tube
- Confused on managing their child’s tube
- Dissatisfied with the patient/family experience

Objectives
- Create an innovative educational model
- Measure level of confidence with families
- Measure staff satisfaction

Methods
In January 2019, a pilot began on our gastroenterology unit consisting of an innovative G-tube class to parents of a child getting a G-tube.

Prior to pilot:
- Key stakeholders met to plan
- Electronic Health Record (EHR) built to support documentation
- Data collected on parent satisfaction

The one hour class consisted of:
- Discussion on how to take care of the tube and resources available
- Hands on skills using dolls and supplies
- Family attendance- parents or other
- Dedicated space to allow for a better learning environment
- Structured curriculum led by trained cohort which allowed consistency in instructive methods
- Data was collected on parent and nursing staff satisfaction immediately following the class

Conclusion
Positive patient experience:
- Confidence in managing tube/site
- Families retaining more information
- Better learning environment

Positive staff satisfaction:
- Teaching took less time post op
- More seamless process with consistent education
- Better opportunity for reinforcing learning on actual patient

Consistent education:
- Less confusion and variance with teaching by having content taught by designated cohort of nurse clinicians

Barriers during the pilot included:
- Cases rescheduled
- Delay in scheduling process in EHR
- Availability of classroom for consistent classes

Next steps:
- Expand classes to all families of children receiving new G-tube for the entire hospital

Results
- 23% increase in level of confidence with families
- 100% nursing staff satisfaction with education taking less time and parents’ confidence better

Leadership Journey
Created the class
Developed electronic referral
Challenged the process
Touched others to act
“G-thanks!”