



# Provider Perspectives and Institutional Assets and Barriers to Modifying NICU NG Tube Training for Families at Seattle Children's Hospital

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## BACKGROUND

- Comprehensive pre-discharge education on nasogastric tube (NGT) use is critical for a safe transition from hospital to home.
- Prior students' work has identified NICU caregiver needs and informed the development of a family-centered NGT training curriculum.<sup>1,2</sup>
- In order to fully implement the training, there is a need to better understand institutional assets and barriers.

## OBJECTIVES

- (1) Understand provider perspectives on a family-informed NGT training curriculum for the NICU\*, and
- (2) Identify institutional barriers and assets to modifying NGT training for families in the NICU at SCH

\*The results of aim #1 are available upon request

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## METHODS

- Conducted a literature review on models for implementing change in healthcare systems.
- Reviewed a previous trainee's family-informed NG tube training curriculum<sup>2</sup>
- Conducted semi-structured interviews with RDs, RNs, and physicians from the SCH NICU and Home Care Departments
- Deductive qualitative analysis of interviews was completed to determine institutional assets and barriers

## RESULTS

### Assets

- A dedicated **RN Discharge Coordinator** to oversee discharge planning and schedule NGT teaching sessions  
→ May be leveraged to support future changes in discharge workflows
- Online **catalogue of resources**, including FAQs and educational videos on NGT placement and operating enteral nutrition equipment  
→ Expand to include more information for families
- **Standardized follow-up** calls from Home Care RDs and RNs

### Barriers

- **Scheduling constraints** of enteral nutrition education sessions  
→ Limits the ability to extend teaching duration
- **Inconsistent availability** of mannequins for use by RNs during NGT teachings
- Ingrained **clinical culture** of holding pre-discharge teachings immediately prior to discharge
- Lack of established methods of **assessing caregiver literacy and education** levels prior to teaching
- **Provider focus on most urgent needs**  
→ Difficult to receive buy-in on extending discharge planning

## Future Projects

- Cost-benefit analysis of expanding discharge teaching window and experimenting with other scheduling parameters
- Trialing longer discharge preparation times with families in the NICU
- Developing a checklist and documentation protocol for providers to assess for additional barriers to teaching success

## LIMITATIONS

This project is limited by its 10-week time-frame and lack of diverse provider specialties. Future work that engages more providers, such as managers, supervisors, and NICU social workers is needed.

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