



Schools in Session: Creating Standardized Curriculums for Caregivers of Medically Complex Children

Background

In pediatric rehabilitation, caregivers are expected to train and prove independence in areas such as gastrostomy care, medication administration, and tracheostomy care to facilitate a safe discharge to home. With a notable increase in day of discharge training and increased length of stay, the Nursing Education team devised a standardized curriculum for caregiver training with accompanying education classes. It has an emphasis on supporting all learning preferences, emotional and language barriers to ensure a safe and timely discharge.

Objective

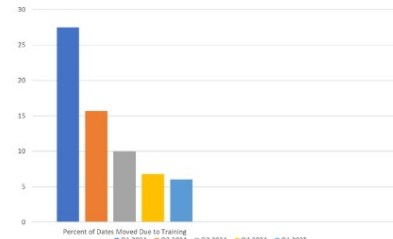
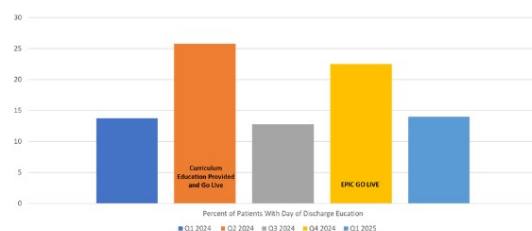
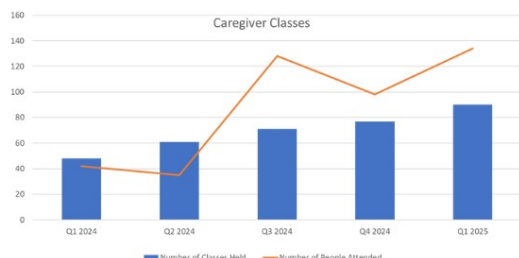
To provide caregivers with clear expectations and realistic goals for training and eliminate day of discharge education to create a more organized and safe discharge to home that corresponds to the average length of stay.

Methods

- Standardized lesson plans were created for each major medical device. Available in both English and Spanish
- Within 48-72 hours of admission, an individualized curriculum is created. Caregivers are introduced to the curriculum and provided with a bedside education tool and class calendar to guide their learning.
- An educator attends the initial family meeting to explain educational goals and establish a training schedule
- A tracking method is used for weekly check-ins with families to facilitate class sign-ups and support bedside training.
- Bedside training sessions are scheduled to meet individualized needs, such as nasogastric tube insertion or tracheostomy changes on the patient.
- A Ready for Home session is arranged. This session is a predetermined length of time in which the caregiver provides care with little to no assistance from the nurse
- Chart Reviews were completed to collect data on day of discharge teaching
- Interdisciplinary notes were employed to show anticipated discharge dates and firm discharge dates throughout admissions

Results

- Increase in classes provided to caregivers from 48 classes in Q1 2024 to 90 classes in Q1 2025
- Decrease in day of discharge training provided from 25.8% in Q2 of 2024 to 14% in Q1 of 2025
- Decrease in discharge dates extended due to incomplete nursing training from 27.5% in Q1 2024 to 6.0% in Q1 2025



Conclusion

1. The standardized lesson plans provided clear expectations
2. The bedside tool provided caregivers with the ability to advocate for their learning needs, track and communicate their progress with nurses, medical, therapy teams
3. Class attendance improved with the calendars being disseminated at bedsides, at family meetings, in the welcome binder, huddle boards and family lounges.
4. Through feedback from course evaluations a need to offer classes in evenings and weekends was identified.

Future Goals

1. Increasing the number of caregivers per class. The two main reasons for lack of sign up included emotional readiness and knowledge of the bedside nurse of who needs each class
2. Improve communication between education and bedside nursing. In January 2025, charge nurses were provided with a weekly newsletter to assist with signing caregivers up for classes. In addition, EPIC chat and EPIC summary page were used to communicate.
3. Increasing interdisciplinary communication to support caregivers. Weekly check in's with Psychology and social work started in 2025 and has proved that the increase in communication helps to identify barriers early and create plans for support and success.

