We Get by with a Little Help from Our Fellow Educators…How We Survived a Supply Shortage and Two Rollouts

Team Leaders: Alena Mascetta MSN RN CPAN CCRN, Olena Svetlov DNP RN CNS/AGNP NE CCRN, Abigail Leaders MSN RN CCRN 
Cedars Sinai, Los Angeles, California 
Team Members: Chrisse Murakami MSN RN NPD-BC, Rusela DeSilva MSN RN PHN CAPA CPAN, Michelle Meadows MSN RN CPAN CAPA, Kescia Gray DNP RN, CCRN CPAN

Background Information: Fall 2021, a hospital wide initiative was to stop using the Alaris pumps for all peripheral/paravertebral nerve catheter infusions and start using the CADD-Solis pumps due to patient safety. Upon the impending rollout date, there was a CADD-Solis tubing shortage and all hospital staff had to be oriented to use the yellow Alaris tubing for all peripheral/paravertebral and epidural catheters. Eight months later, with the tubing shortage over, the original project was rolled out using the CADD-Solis pumps with the added education of implementing the peripheral and paravertebral nerve catheter infusions.

Objectives of Project: How to keep our patients and staff safe during a supply shortage and two rollouts.

Process of Implementation:
• For the initial project, there were weekly meetings with the Medical-Surgical (MS) and Critical Care (CC) nursing educators
• A policy was created, order sets and staff education reviewed
• January 2022 with the supply shortage, the MS and CC educators developed hospital wide education using a tip sheet
• The Perianesthesia Care Unit (PACU) educators trained close to two hundred nurses in our department
• A charge nurse checklist was developed, and a patient tracker was used to keep track of all patients in the hospital that had a catheter with a continuous infusion. Tip sheets were emailed and placed in all units
• September 2022, for the new rollout the same process was used to educate the staff and keep patients safe

Statement of Successful Practice: Frequent rounding, emails, in-services, training the charge nurses and unit champions, helped the transition between the two roll outs. When there was a question about how to set up the pump or order clarification, we were notified to help provide more in-services to the staff or clarify order sets with Anesthesia.

Implications for Advancing the Practice of Perianesthesia Nursing: By collaborating with all our fellow educators and keeping an open line of communication, we kept all our patients safe from harm with both rollouts.