

## RN Staffing Challenges & [REDACTED] Catheter

“The goal of nursing is to put the patient in the best condition...”

—Florence Nightengale

However, what efforts can healthcare entities make to put nurses in the best condition to deliver quality care and prevent exacerbating existing staffing challenges?

For at least twenty years, steadily coalescing factors have posed a threat to the nursing profession that, if continued, may result in a critical RN staffing shortage. The ramifications of an insufficient nursing workforce would spread throughout the entire healthcare infrastructure.

Nurses don't struggle and consider leaving their profession due to patient care; they struggle when tasked with excessive workloads and administrative support proves inadequate.

Amongst the efforts that healthcare entities can make to combat RN staffing challenges is simply providing equipment that aids in delivering more effective, more efficient care. Better equipment and care delivery options result in more manageable workloads and improved patient outcomes.

Happier, healthier patients and nurses inherently result in greater career fulfillment for the latter.

### The [REDACTED] Catheter

The [REDACTED] Catheter® presents one avenue for achieving this goal by equipping nursing staff with a method for rapidly administering medication and fluids. It is the best alternative when the oral delivery route is compromised—particularly for hospice and palliative care cases, but equally applicable to skilled nursing, emergency department, and home healthcare settings.

Patented and FDA cleared, the [REDACTED] Catheter provides access to the clinically proven rectal route of delivery. The [REDACTED] Catheter improves patient care and nursing efficiency while decreasing costs and reducing medication waste compared to subcutaneous or IV methods.

When the oral route is compromised, knowledgeable clinicians turn to the [REDACTED] Catheter.

## The Nursing Staffing Crisis

RNs represent a healthcare vanguard—the frontline’s frontline—and comprise the largest staffing group within the broader field, accounting for 40% of operating costs.<sup>1</sup>

However, roughly two decades of industry-wide cost-cutting has heavily targeted nurses, resulting in significantly overburdened personnel.<sup>2</sup> The RN staffing shortage, while already concerning, is occurring at a time when an aging U.S. population has begun placing increasing strain on healthcare infrastructure.

As compiled by the American Association of Colleges of Nursing:<sup>3</sup>

- The Bureau of Labor Statistics’ *Employment Projections 2019-2029* projected 7% workforce growth.
- The *United States Registered Nurse Workforce Report Card and Shortage Forecast: A Revisit* projected a nationwide nurse shortage to emerge between 2016 and 2030.

The 2020 National Nursing Workforce Survey revealed:<sup>4</sup>

- The Institute of Medicine projected in 2010 that 80% of nurses hold a bachelors or more advanced degree. While this rate has improved, as reported in the 2020 National Nursing Workforce Survey, it will fall short.
- Over 20% of nurses plan to retire within the next five years.

## Nursing Frustrations and Fatigue

Aside from the labor and economic considerations, nurses’ work stress accumulates when their efforts require painful, invasive, or slow-acting care methods. Any inability to improve patient experiences and outcomes foments frustration and fatigue.

Burnout, depression, anxiety, and compassion fatigue remain all too common among RNs.

The effect of being unable to alleviate patients’ suffering becomes ever more pronounced within hospice and palliative care scenarios. Medication shortages—particularly for injectables—and IV placement contribute to parenteral challenges and hinder creating homelike, dignified atmospheres. Symptoms such as pain, nausea, and breathing difficulties prevent many patients from orally receiving the medication or fluids to relieve these symptoms and improve end-of-life (EOL) quality.

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<sup>1</sup> ANA Enterprise. *Nurse Staffing Crisis*.

<https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-crisis/>

<sup>2</sup> Sean P. Clarke and Nancy E. Donaldson. *Nurse Staffing and Patient Care Quality and Safety*.

<https://www.ncbi.nlm.nih.gov/books/NBK2676/>

<sup>3</sup> American Association of Colleges of Nursing. *Fact Sheet: Nursing Shortage*.

<https://www.aacnnursing.org/Portals/42/News/Factsheets/Nursing-Shortage-Factsheet.pdf>

<sup>4</sup> Journal of Nursing Regulation. *The 2020 National Nursing Workforce Survey*.

[https://www.journalofnursingregulation.com/article/S2155-8256\(21\)00027-2/fulltext#secst0550](https://www.journalofnursingregulation.com/article/S2155-8256(21)00027-2/fulltext#secst0550)

## A Faster, Safer, More Cost-effective Alternative

The [REDACTED] Catheter was developed by Brad [REDACTED] and based on his extensive experience as a hospice nurse. The idea originated following the successful rectal delivery of medication to a patient experiencing severe terminal agitation.

With the patient unable to swallow, they were prescribed sedative tablets via rectal administration. However, when the patient had worsened after an hour, and a repeat dose was prescribed, Brad discovered the first undissolved. He subsequently made a solution from crushed medication and water that was administered rectally with a urinary catheter.

Within 30 minutes, the patient had fallen sound asleep and then later passed peacefully in their own home, as the family wished.

*“As a registered nurse, I look at the products I develop in terms of the nursing perspective, which is to try to decrease the burden of illness.”*

—Brady [REDACTED], RN, BSN, CHPN, [REDACTED] Founder  
2013 Certified Hospice and Palliative Care Nurse of the Year

## Easier Placement

The non-sterile placement requires roughly three minutes and remains viable for up to 28 days. Once placed, a clinician inflates a small balloon with 15ml of tap water to secure the catheter. The same catheter may be used following a bowel movement. The device is designed to be as minimally invasive as possible, given the device’s operation, and easy to use for caregivers.

[PROCESS INFOGRAPHIC]

## Effective Delivery

Use of the [REDACTED] Catheter is considered a “micro enema” (i.e., a volume under 20ml of rectally delivered medication best absorbed in the distal third of the rectum). Highly effective, micro enemas provide rapid care because:

- The mucosal is highly vascularized.
- There is a high percentage of absorptive cells present.
- Liquid medications are absorbed and enter circulation quickly.
- Blood flow shunts to the core at EOL.

*“I didn’t realize that there was something better than what we were already using. This is a whole new level of practice, and I’ll never go back to the practice I had before.”*  
—Dr. Wendy Schmitz, MD, Vice President of Medical Services, Ohio’s Hospice

## Extremely Versatile

All medications may be discretely delivered via the single port placed on the patient's leg with an injection time of three to five seconds and followed by a 3ml flush. Caregivers may use [REDACTED] to effortlessly grind tablet medication, add water, and create solutions.

CHART SEEN AT 7:00 of

[https://www.\[REDACTED\]catheter.com/training-videos/\[REDACTED\]-catheter-clinical-training-ipu-emphasis/](https://www.[REDACTED]catheter.com/training-videos/[REDACTED]-catheter-clinical-training-ipu-emphasis/)

## Ohio's Hospice Nursing Survey

CHARTS BEGIN AT 11:16 of

[https://www.\[REDACTED\]catheter.com/training-videos/\[REDACTED\]-catheter-clinical-training-ipu-emphasis/](https://www.[REDACTED]catheter.com/training-videos/[REDACTED]-catheter-clinical-training-ipu-emphasis/)

[REDACTED] Catheter when compared to subcutaneous medication delivery (comfort)

[REDACTED] Catheter when compared to subcutaneous medication injections (effectiveness)

[REDACTED] Catheter for severe symptom management

“Even the nurses that were the holdouts... I talked with one... she said ‘I wanted to hate it, I didn’t want to like it, and I love it. The nurses are on-board.”

—Dr. Wendy Schmitz, MD, Vice President of Medical Services, Ohio's Hospice

[REDACTED] Catheter when compared to sublingual (comfort)

[REDACTED] Catheter when compared to sublingual (effectiveness)

## What Nurses Say

*The [REDACTED] Catheter reflects the mission of [REDACTED], as it allows for comfort and dignity.*

—Brady [REDACTED], RN, BSN, CHPN, [REDACTED] Founder  
2013 Certified Hospice and Palliative Care Nurse of the Year

“We can give medications without having to stick people. Families and patients don’t like needles... It’s very comfortable. I haven’t had any patients that seemed like it disturbed them at all. Most of the time, they don’t seem to even notice... This is a catheter I would use with my own family; I would put this in my mom without a second thought.”

—Milli Jefferson, BSN, RN, CHPN, Ohio’s Hospice

“We’re not interrupting the care at all for the patient, and we’re not interrupting any privacy or family interaction. It’s super easy.”

—Emily Dobson, RN, BSN, Inpatient Unit RN, Hospice of Southern Maine

“We explained [to the patient] what we were going to do, and we turned him. My eyes were focused just on his face as we did the insertion and he didn’t even flinch, he didn’t furrow a brow, nothing. He didn’t even realize it had gone in and he was alert. Then began the education with his wife. He lived 18 hours after that in complete comfort, and she was comfortable. She was able to just be present with him.”

—Nargis Nardi, MSN, RN, CHPN, WCC, Director of Clinical Development, Rainbow Hospice & Palliative Care of Illinois

“The first thought that came to me was, ‘Oh my gosh, we are dosing him with such large amounts of liquid medication that he’s aspirating it...’ The last thing I wanted with my brother was to see him die of aspiration... That caused a tremendous amount of grief... Even though I had gone through all the training, I just never practically used it, and I could kick myself in hindsight now, looking back at how many patients and families could have benefited

from this... When I saw the difference in how that medication was going in and the difference in him physiologically... the first thing I thought to myself was, ‘Why did I wait so long.’”

—Deana Chitambar, RN, CHPN, Kaiser Hospice of Roseville, California

“The main thing about the catheter is that it makes so much easier for the caregivers and the symptoms of the patient are so much easier to be controlled.”

—Gail Simburger, RN, CHPN, After Hours/Weekends RN, Providence Hospice of Seattle

“We were able to place the [REDACTED] to meet her pain management needs, but the other thing that was pretty amazing about it was we were actually able to lower her doses, and she had better relief (than previously).”

—Cheri Hartman, FNP-BC, ACHPN, Nurse Practitioner, Treasure Coast Hospice of Florida

“It is so simple to use and works so well to take care of the patient in a crisis or other situation where it is applicable... We worked very collaboratively with the nursing homes to do education. Every time patients exhibited a certain level of protocol-driven outcome, the [REDACTED] Catheter would be utilized. Through that small pilot study, we were able to reduce hospitalization rates down to 3.2%. We were able to reduce emergency department utilization to 0%.”

—Robert Parker, DNP, RN, CENP, CHPN, CHP, Chief Compliance Officer, VP Clinical Excellence and Integrity, Intrepid USA Healthcare Services

“The impact has been huge. We were really struggling with the shortage of IV pain medications,

in particular in our in-patient unit. We were able to utilize readily available pill form medications and give them to patients right away. So, we really didn't see a negative impact during that shortage, which was really great."

—Trisha Kendall, RN, Clinical Nurse Specialist,  
Gilchrist Hospice Care of Maryland

"Once medication had been given, the patient was resting comfortably in 30 minutes. The family immediately relaxed and had peace and they were able to spend the next two days besides their son, as he passed comfortably."

—Kevin Moore, RN, BSN, CHPN, Home Care Nurse  
Manager, Hospice of Southern Georgia

"This is the quickest implementation of any product I've ever seen happen."

—Yusimi Sobrino-Bonilla, APRN, Palliative Care Clinical Supervisor, Valley Health System of New Jersey

**Sources:**

American Association of Colleges of Nursing. *Fact Sheet: Nursing Shortage*.

<https://www.aacnursing.org/Portals/42/News/Factsheets/Nursing-Shortage-Factsheet.pdf>

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