

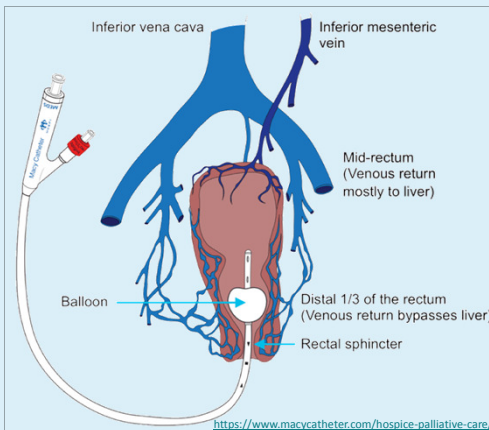
# ADOPTION OF MACY CATHETER BY AURORA AT HOME HOSPICE TEAMS

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## BACKGROUND

- The Macy Catheter (MC) is a tool to aid rectal delivery of oral medications in 'micro-enemas'.
- The catheter is a flexible hollow tube with an inflatable balloon at the distal end.<sup>1,2</sup>
- Rectal administration doesn't require the placement and maintenance of a subcutaneous or intravenous catheter by a nurse or the possible need for a pump to deliver specific dosages.<sup>3</sup>
- In 2019 Aurora at Home Hospice chose the MC as a preferred route for delivery of medications when patients no longer tolerate the oral route.
- Despite training, adoption of the MC has been slow.



## OBJECTIVE

- The primary objective of our study is to determine what barriers exist to faster adoption and utilization of the MC by hospice nursing staff.
  - It is anticipated that once the barriers are identified they will be addressed through a campaign of QI projects with subsequent monitoring of adoption.

## METHODS

- An anonymous survey was given to 28 hospice nurses at two of the regularly scheduled educational meetings.
  - The survey identified nurses that used the MC and their experience.
  - Nurses who had not used it were queried to see if they had no eligible patients or if they had eligible patients what were their reasons for not using it.
- Demographic data included:
  - age
  - experience as an RN and hospice RN
  - usual shift worked
  - work status
- Basic descriptive statistics were used to describe the population.

## RESULTS

Of a total of 28 surveys completed:

- 25% (n=7) reflected use of the MC, with most using it only once and one using it 3 to 5 times.
- The number of medication doses given ranged from 1 to 10-20.
- There was an overall agreement regarding the ease of the MC insertion and its effectiveness when compared to the oral route.
  - There were no complications noted.
- 36% (n=10) of nurses reported to never have used the MC because of not having eligible patients, while 43% (n=12) reported having eligible patients and not using the MC, although 9 of the 12 had considered it.
- Common reasons for not using it included:
  - patient/family objections
  - inexperience using the MC
  - confidence in other methods
    - One nurse reported not using it due to a nursing facility policy.

- Of those who had eligible patients and who did not consider using it, reasons given included:
  - unfamiliarity and
  - not thinking of it in the 'heat of the moment'.
- There were no demographic differences among these groups that would account for their willingness to use or consider the MC.

	MC USERS (n=7)	NON-USERS, IDENTIFIED NEED (n=12)	NON-USERS, IDENTIFIED NEED DID CONSIDER (n=9)	NON-USERS, IDENTIFIED NEED DIDN'T CONSIDER (n=3)	NON-USERS AND NO PATIENTS ELIGIBLE FOR MC (n=10)
<b>AGE</b>					
<35	29%	17%	22%	0%	20%
35-50	29%	75%	77%	66%	60%
>50	43%	8%	0%	33%	20%
<b>YEARS AS HOSPICE NURSE</b>					
<2 years	29%	33%	33%	33%	10%
2-5 years	29%	50%	55%	33%	20%
5-10 years	29%	8%	11%	0%	50%
>10 years	14%	0%	0%	0%	20%
Did Not answer	0%	8%	0%	33%	0%
<b>YEARS AS NURSE</b>					
< 2 years	0%	0%	0%	0%	0%
2-5 years	14%	33%	44%	0%	10%
5-10 years	29%	33%	22%	66%	40%
>10 years	57%	33%	33%	33%	50%
<b>HOURS WORKED/WEEK</b>					
>35 hours/week	71%	92%	89%	100%	100%
<35 hours/week	29%	8%	11%	0%	0%
<b>SHIFT TYPICALLY WORKED</b>					
Day	71%	83%	78%	100%	90%
Night	14%	0%	0%	0%	0%
Evening	0%	0%	0%	0%	0%
Weekend	14%	17%	22%	0%	10%

TABLE 1. Demographics

## CONCLUSION

- The study identified leadership opportunities to increase the use of the MC.
  - Experienced nurses can help train and teach their peers how to promote this device to patients, families and other clinicians.
- There is a need to develop educational collateral to help families understand the utility of the MC.
- We can work with facilities to make sure their policies align with the latest nursing approaches for excellent hospice care.

## REFERENCES

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