



SHAKE and BAKE

Creation of a HIPEC Program at a Safety Net Hospital



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TEAMWORK MAKES THE DREAMWORK

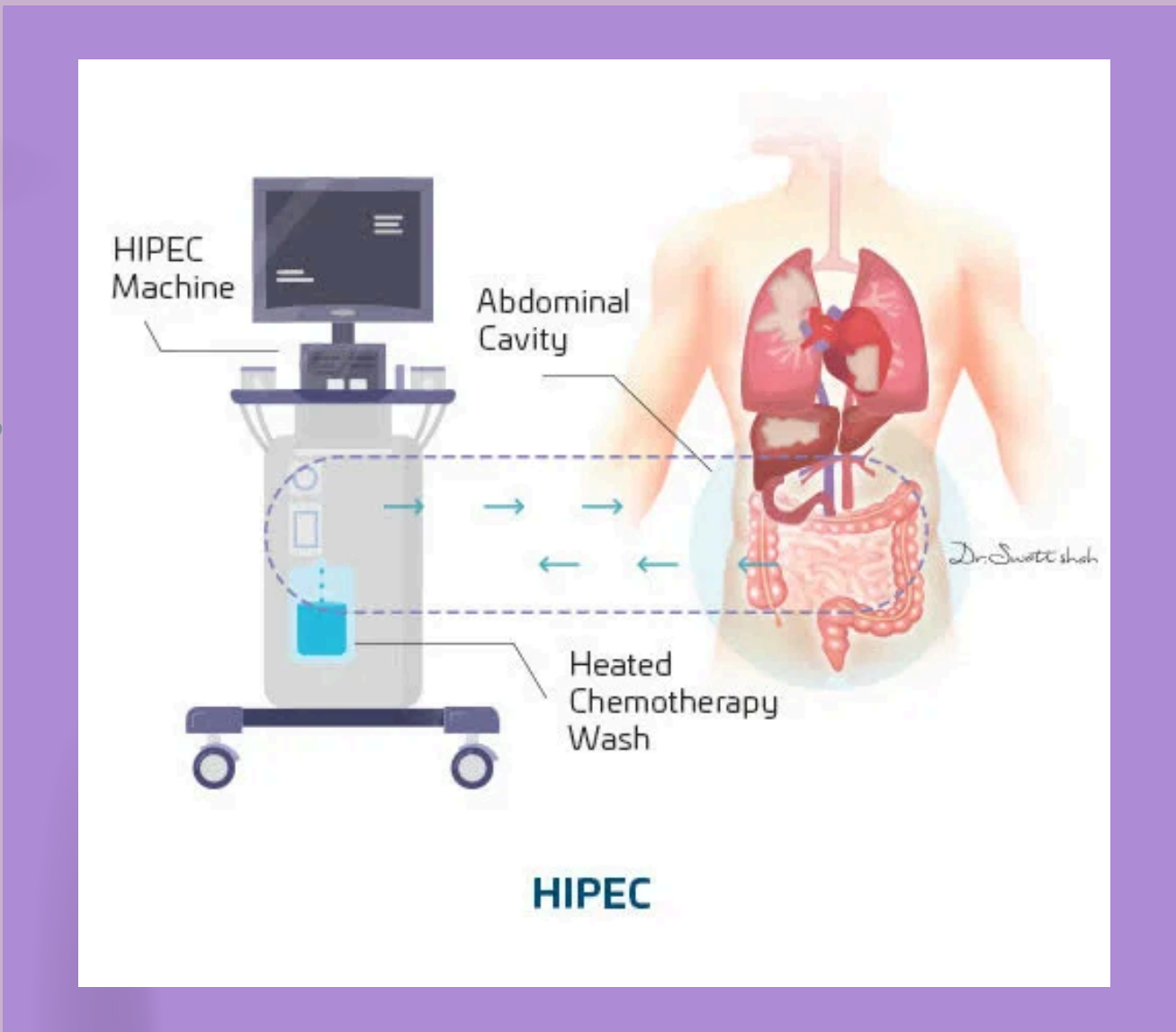
The development and launch of the HIPEC (Hyperthermic Intraperitoneal Chemotherapy) program was a collaborative effort involving a highly coordinated, multidisciplinary team. Key members included the Surgical Oncology Coordinator, operating room Charge nurses, circulating nurses, certified surgical technologists, board-certified surgical oncologists, anesthesia providers, sterile processing leaders, and perioperative nursing leadership. This diverse team worked across departments to build protocols, standardize equipment, and ensure clinical readiness for a high-acuity surgical program.

PREPARATION & PLANNING

Cytoreductive surgery with HIPEC is among the most complex procedures in surgical oncology. From the moment a case gets added to the schedule to the moment the patient is taken back to the Operating Room, meticulous planning and coordinating takes place. Everyone involved helps ensure patient and staff safety as well as surgical procedure efficiency.

TO ASSESS OR NOT TO ASSESS

A comprehensive gap analysis was conducted to assess the hospital's baseline readiness for introducing the HIPEC program. This included evaluating current OR capabilities, staff familiarity with cytoreductive oncology procedures, and infrastructure for chemotherapy delivery. Feedback from initial trial cases and mock run-throughs was used to fine-tune logistics and safety protocols.



EXECUTION

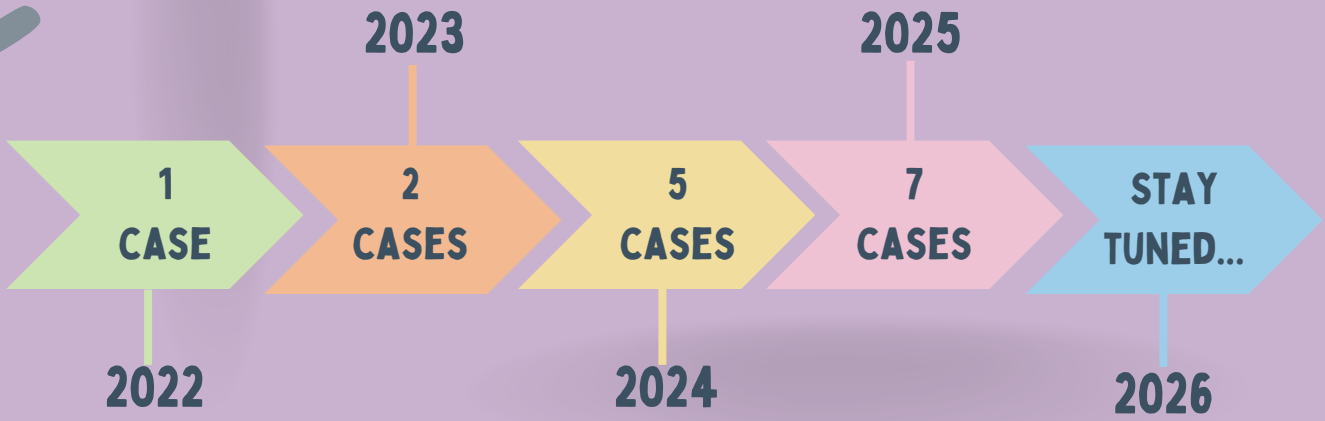
- The Surgical Oncology Coordinator led the implementation process by establishing five core categories essential for success:
1. STAFFING: Identification and training of a dedicated core team for consistency and skill development.
 2. EDUCATION & SIMULATION: Implementation of interactive online modules, and access to resources relating to HIPEC and oncology patients in the perioperative suite.
 3. PROTOCOLS & POLICIES: Development of detailed workflows, emergency plans, and safe handling protocols for chemotherapeutic agents.
 4. SUPPLIES & EQUIPMENT: Sourcing and standardization of HIPEC-specific instrumentation, equipment and perfusion requirements.

OUTCOME

Following program implementation, the hospital experienced a measurable increase in the number of advanced surgical oncology procedures performed during the fiscal year. More importantly, the program significantly expanded access to life-extending HIPEC treatment for Medicare/Medicaid-dependent patients who would otherwise lack access at other medical centers. Staff confidence, procedural efficiency, and interdisciplinary teamwork all improved based on post-case debriefing surveys and quality metrics.

SO WHAT'S THE POINT?

The perioperative nurse plays a pivotal role in the success of a HIPEC program, from anticipating patient needs and managing chemotherapeutic safety measures to coordinating across multiple teams. This initiative demonstrated that with adequate training, teamwork, and standardized protocols, perioperative nurses at a safety-net hospital can support and sustain a high-acuity oncology program. Their adaptability, clinical judgment, and commitment to patient safety are essential in providing equitable access to progressive surgical care.



REFERENCES