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SUCCESS Toolkit Table of Contents and Use Guide

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Urinary Catheter GPS (Guide to Patient Safety) Tool

- The Urinary Catheter GPS is a brief selfadministered assessment of yes/no questions. Multidisciplinary teams should either, thoughtfully as a group, or independently followed by group review, answer the 14 questions that comprise the assessment. When done this way, the guide can stimulate discussion and uncover barriers that may be impeding progress.
- The Urinary Catheter GPS should be completed at the beginning of the Project year to provide Hospital's with a foundation of information to help guide Project implementation.
- Follow the link to view The Urinary Catheter GPS Tool: https://umich.qualtrics.com /jfe/form/SV_6EcWWtmPEewEhGC



SUCCESS Kickoff Slides Template

Enhancing Urinary Catheter Appropriateness and Safety for Adult Surgical Patients:

Beyond Catheter-Associated Urinary Tract Infection (CAUTI) Prevention

> Michigan Surgical Quality Collaborative: SUCCESS Performance Improvement Project Project Kick-off January 2024

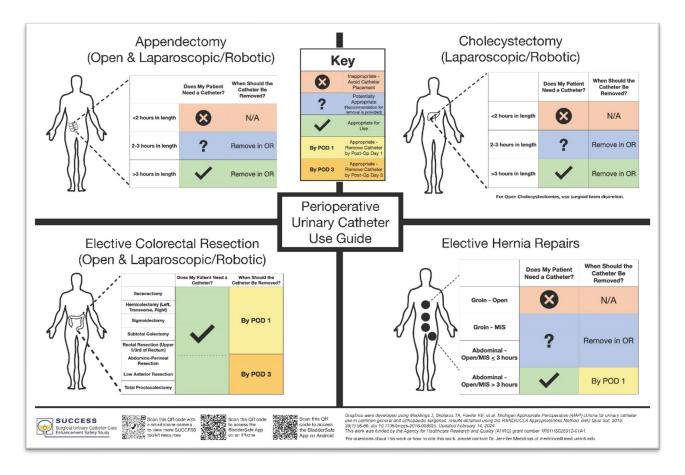
We developed this Value Proposition presentation to help engage support for the project from hospital leadership, frontline providers, and other stakeholders.

Kickoff Meeting Template Agenda

	ESS KICK-OFF Date: Time: NG AGENDA Facilitato	r:
	CCESS cal Urinary Catheter Care cement Safety Study	
Time	Item	Owner
	I. Introductions	
	II. 2024 SUCCESS project kick-off video	

- This template agenda is designed to provide you with high yield talking points for you and your hospital's stakeholders.
- Examples of key stakeholders include:
 - > Executive Leadership Team
 - Surgeon Leadership
 - Surgeons (general & urology)
 - > Anesthesiology
 - > Nursing supervisors for ER, perioperative, PACU, and surgical units
 - > Director, Quality Department
 - Patient Safety
 - Director, Nursing Education
 - Administrative Director
 - ➢ Financial
 - Patient Experience Officer

MAP Poster



- The Michigan Appropriate Perioperative (MAP) Criteria Poster is a clinician resource outlining appropriate perioperative urinary catheter use in four different procedures.
- The MAP Poster can be displayed in hospital operating rooms to guide appropriate catheter use.

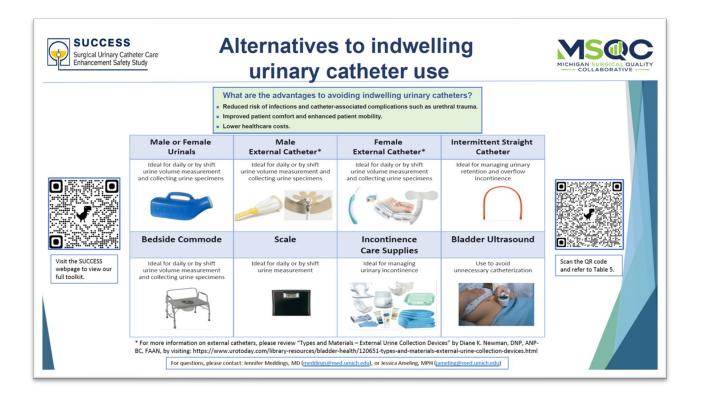
Nurse Catheter Supply Checklist

2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Urinary Management Supply
Surg	ical Urinary Catheter Care Enhancement Safety Study (SUCCESS)
	SUCCESS Surgical Urinary Catheter Care Enhancement Safety Study
	canner(s) (Note: we suggest putting SUCCESS retention algorithm adder scanners):
	In the ambulatory surgery setting
	In the inpatient setting
	In the ER
	ight tip catheters (store in designated area for urinary management plies such as specific shelf or cart, "one stop shopping")
	ide tip catheters (store in designated area for urinary management plies such as specific shelf or cart "one stop shopping")
In additio	n to regular catheter kits, ensure you have:
	Condom catheters
	Female external wicking devices
	Strategy for good lighting for placement in female. Example: Headlamp found in SUCCESS kit. Please contact the SUCCESS team if more headlamps are needed.

This is a tool for nurses to take inventory at your hospital to see if you have all the needed supplies to implement the Success Project Toolkit.

Alternatives to Indwelling Catheters

 This tool outlines alternatives to indwelling catheters and when to use them in appropriate situations.



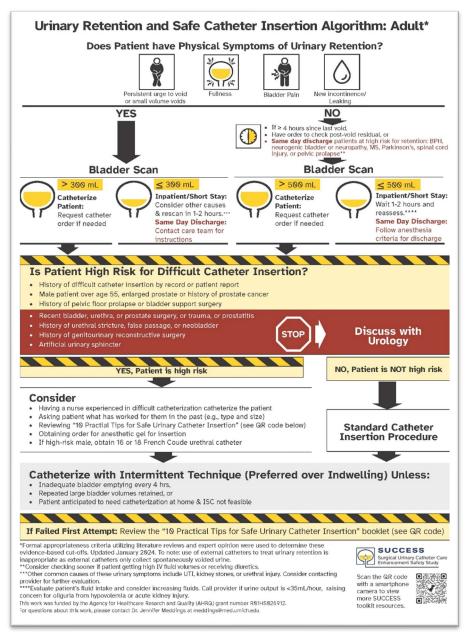
BladderSafe Website and Smartphone Application

 Visit <u>https://www.bladdersafe.org/</u> to learn more about reducing urinary catheter use and CAUTI.

		=	BladderSafe		<u> </u>	BladderSafe	÷	< BladderSafe	•
	BladderSafe Urinäryi Deviče Gulidelingsn	Does	a My Patient Need a Catheter?			of Surgery	?	Appendectomy: Open or Laparoscopic*	28
	Get		you considering placing a		Appende	ectomy	>	Duration: <2 Hours and Intraoperative IV Fluids: <2	
			ary catheter for a medical eed or prior to surgery?		Bariatric		>	Inappropriate: Avoid placing indv urinary catheters for this routine procedure. Risks outweigh benefit	, ĭ
		Medi	cal >		Cholecys	stectomy	>	Duration: 2-3 Hours or Intraoperative IV Fluids: 2-3	3 Liters
	BladderSafe	Perio	perative		Colorecta	al	>	Uncertain Appropriateness: Exper disagreed on appropriateness of indwelling catheter use. Follow so	
	The University of Michigan	exist for	en multiple appropriate actions a given scenario, the least invasive choice is the best choice.		Hernia (A	Abdominal)	>	team discretion. Duration: >3 Hours or	
		This app displays actions from least (top) to most (bottom) invasive to aid this decision-	Other	Other		>	Intraoperative IV Fluids: >3 Liters Appropriate: The benefits of placing an		
		making process.					indwelling urinary catheter outweigh the risks during the procedure. Consider removing catheter before patient leaves the OR.		
								* Follow surgical team discretion patient has a suprapubic port.	и

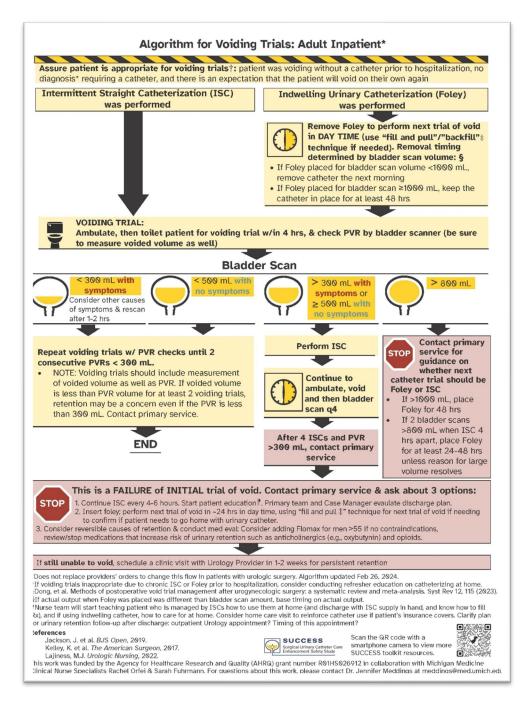
- This smartphone app is a clinician resource guiding appropriate perioperative urinary catheter use in various procedures.
- Search "BladderSafe" in your phone's app store and freely download the app.

Retention Algorithm



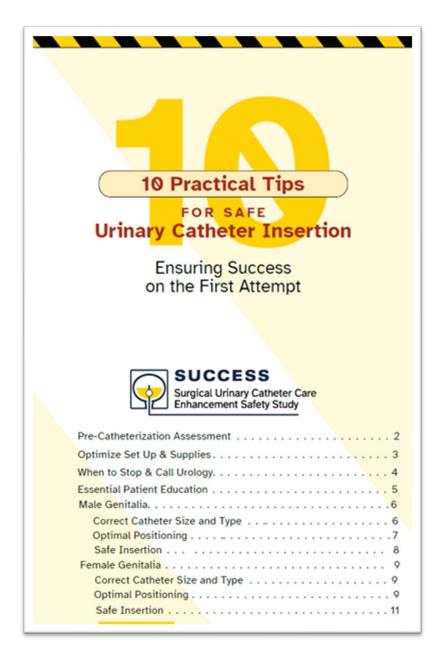
The Urinary Retention and Safe Catheter Insertion Algorithm is a clinician recourse aimed to help standardize the management of postoperative urinary retention.

Voiding Trial Algorithm



This algorithm provides guidance for patients who have had a catheter placed for urinary retention guidance, when to end a voiding trial, and what to do when a patient repeatedly fails voiding trials.

Safe Insertion Booklet



- The Safe Urinary Catheter Insertion Booklet is a resource to help guide clinicians when inserting a urinary catheter.
- Implementation strategy: use this booklet for an educational session on the ward.

Post-Difficult Catheter Insertion Cards

This Patient is at Ri	isk for Difficult Urinary Catheter Y
	ed having difficulty placing a urinary catheter in (patient name) on
(mm/yyyy). Difficult placement suspecte	d due to:
Yes:	ter type recommended (start with what
 Was Urology consulted in or Yes No 	der to place a catheter in this patient?
This Patient is at R	isk for Difficult Urinary Catheter Y
Date: Patient name:	
Date:	Insertion () Share this card with your health care provider the next time you are hospitalized or
Date: Patient name:	Insertion () Share this card with your health care provider the next

 The Post Difficult Urinary Catheter Insertion Card is a patient resource that would be provided to any patient who was difficult to catheterize. Coude Catheter Insertion Video

Scan the QR code to watch the video!



Video tutorial on coude catheter insertion in males



- This video was created by the SUCCESS Coordinating Center Team to provide an accurate demonstration of coude catheter insertion in males.
- This video can be utilized as a refresher and as an educational tool for clinicians during their orientation.

SUCCESS Video Repository



The Urinary Catheter Insertion Video Repository is composed of publicly available instructional videos for clinicians that reviews how to safely insert different types of urinary catheters.

SUCCESS Headlamp



- The SUCCESS Headlamp should be used to assist with urinary catheter insertion, especially in areas of your facility that have insufficient lighting.
- The strap included with the headlamp is removable, and for sterilization purposes coban can be utilized to secure the headlamp to a user's head.

SUCCESS Data Feedback Report

		Duration of Cat	theter Placer	ent by Proced	ure Category	
	Procedure Type Category*	Your Hospital's Total Cases	Your Hospital's Median Catheter Days	Your Hospital's Average Catheter Days	MSQC Median Catheter Days	MSQC Average Catheter Days
	A - Avoid Placement	42	0.0	0.14	0.0	0.3
	B - Remove in OR	46	0.0	0.87	0.0	0.93
	C - Remove POD 1-2	6	1.5	1.83	1.0	2.04
		Measure	Overview by	Procedure Ca	regory	
	Measure	Procedure Type Category*	Your Hospital's Total Cases Abstracted	Your Hospital's Rate (%)	MSQC Average Rate (%)	Your Hospital vs MSQC Average**
Urinar	y Retention	A - Avoid Placement	179	3.91	0.99	Higher than MSQC average
Urinar	y Retention	B - Remove in OR	72	2.78	2.61	Average
Urinar	y Retention	C - Remove POD 1-2	7	0.0	7.26	Lower than MSQC average
Urinar	y Catheter-Related Injury	A - Avoid Placement	179	0.0	0.06	Lower than MSQC average
Urinar	y Catheter-Related Injury	B - Remove in OR	72	0.0	0.38	Lower than MSQC average
Urinar	y Catheter-Related Injury	C - Remove POD 1-2	7	0.0	0.0	Average
CAUT	1	A - Avoid Placement	179	0.0	0.0	Average
CAUT	ļa —	B - Remove in OR	72	0.0	0.08	Lower than MSQC average
CAUT	1	C - Remove POD 1-2	7	0.0	0.0	Average
id placin ludes la cegory sider re y, open, nia repa- cegory heter us	p chole, lap/open a B: Remove in O moving indwelling /lap transanal recta ir <3 hrs) C: Remove POE & in operating roo ia repair >3 hrs)	ary catheter for 6 appy, open groin R urinary catheter d tumor excision, 0 1-2 m and until at lo	hernia repair) before leaving open/lap enter cast POD1 is ap	the operating roc ectomy, ostomy,) ppropriate (includ	om (includes op MIS groin/ventr des open/lap to	er or risks outweigh ł en/lap abdominal hen al hernia repair, open tal or pelvic colectom lence interval is betta

 This report is a snapshot of your urinary catheter related data to help guide your SUCCESS QI efforts.