



Quality Improvement Implementation, Option A: SUCCESS 2024

Project Time Period: 1/1/2024 – 12/31/2024

Background - Although infections related to urinary catheters have received a great deal of attention due to public reporting and hospital penalties, non-infectious complications of bladder catheters are also a serious concern. These include trauma from catheter placement and/or removal, which is as common as urinary tract infections. Furthermore, surgeons' feedback revealed that the most common catheter-related problem seen in their practices is urinary retention, for which there is a lack of standardized management.

Project Goal and Summary – The 2024 SUCCESS project will build on the work begun in 2023. In collaboration with the Surgical Champion and the multidisciplinary team, this intervention aims to (1) reduce inappropriate perioperative urinary catheter use, (2) reduce catheter-associated trauma, and (3) improve the management of postoperative urinary retention. The project focuses on four common general surgery procedures: appendectomy, cholecystectomy, colorectal surgery, and hernia repair. This project will include the implementation and/or evaluation of toolkit elements that will address clinician knowledge and urinary catheterization skills, as well as communication and implementation challenges anticipated to affect catheter use in different types of perioperative clinical settings. Continuing sites will continue the implementation of the toolkit elements, address barriers, meet process/outcome measures, and refine the care pathway.

Eligibility – Continuing sites that participated in the 2023 SUCCESS QI project and new sites that capture data in the MSQC SUCCESS tab starting from Cycle 35, 2023 are eligible to select this project as their 2024 QI Project. There is required variable training for the SCQRs new to the project.

QI Implementation Goals and Requirements: (40 points total)

1. Capture all SUCCESS data in MSQC Workstation for eligible cases (3 points)
2. Multidisciplinary team: Participating hospitals will establish a multidisciplinary team to review data, guide quality improvement and toolkit element implementation plans, and implement the MSQC SUCCESS urinary care pathway (6 points total)
 - a. Suggested participants include surgeon leadership/surgeon champion, surgeons/residents (general & urology), executive leadership, anesthesiology, nursing supervisors for ER, Perioperative, PACU, and surgical units, quality department manager, patient safety, nursing education, and patient experience officer.
 - b. Hold three (3) multidisciplinary meetings. Submit minutes and attendees to the coordinating center with your 2024 Project Summary.
 - i. Kickoff meeting by March 29, 2024, to review project requirements and preliminary data. The SUCCESS Value Proposition/Leadership Engagement Briefing should be utilized during this meeting. New sites will complete the Readiness Assessment: Urinary Catheter Care Guide to Patient Safety (GPS) with the team (2 points).
 - ii. Two (2) additional multidisciplinary meetings (minimally) before December 1, 2024, which include a review of SUCCESS data and a quality review for cases in goal 6 (2 points each).

3. **New sites only:** Implement the elements of the SUCCESS toolkit. Submit a narrative of how the following toolkit elements were implemented/utilized (15 points).

Continuing sites only: Meet the below process/outcomes measures for appropriate catheter use and urinary retention diagnosis and management (15 points total, 3 points each measure). Measurement period 1/1/2024-12/31/2024 OR dates:

- *Catheter use measures*
 - a. Avoid indwelling catheters intraoperatively in Category A*: **< 10%** of cases have an indwelling catheter
 - b. Catheter is removed in OR for **≥ 75%** of Category B* cases
 - *Urinary retention diagnosis and management measures*
 - c. Bladder scan volume is documented **≥ 90%** of the time if urinary catheterization for retention was performed
 - d. No urinary catheter is used for bladder scan volumes < 300 ml for **≥ 90%** of cases
 - e. ISC was performed as opposed to an indwelling catheter (unless volume **≥ 500**) for **≥ 90%** of cases
4. With the multidisciplinary team, develop (new sites) or refine (continuing sites) the MSQC SUCCESS urinary care pathway template for your hospital's practices. This will be implemented and utilized by the care team to ensure the use of each element of the SUCCESS toolkit. Submit the final product to MSQC with your 2024 Project Summary (8 points).
- a. Continuing sites only: Include a narrative of how any processes and toolkit elements were modified from 2023. Also include in the modified care pathway the process of coudé catheter training and comfort of use by nurses, and how patients at higher risk for urinary catheter trauma are identified.
5. Perform a quality review of each case that meets any of the criteria below, new sites from 4/1/2024 to 12/1/2024 OR dates, continuing sites from 1/1/2024 to 12/1/2024 OR dates. An overall findings summary (trends identified, action plans implemented) should be submitted with your 2024 Project Summary (8 points).
- a. Patients in Category A who have an indwelling urinary catheter placed in the OR.
 - b. Retention is assigned for patients who had a urinary catheter (ISC or indwelling) placed when < 300 ml is documented via a bladder scanner or the catheter use
 - c. Patients who return to ED with Retention
 - d. Patients who were discharged with an indwelling catheter or need for ISC
 - e. Patients who have Urinary Catheter-Related Trauma assigned
6. Submit the 2024 SUCCESS Project Summary to the MSQC Coordinating Center no later than **January 15, 2025**. An additional 0-10 implementation points may be granted based on the detail of the project narrative, tracking log, and analysis; to be added to achieve the maximum of 40 project points.

* Category Definitions:

Category A: Avoid Placement: Avoid placing indwelling urinary catheter for these procedures: inappropriate to use a catheter or risks outweigh benefits (includes lap chole, lap/open appy, open groin hernia repair)

Category B: Remove in OR: Consider removing indwelling urinary catheter before leaving the operating room (includes open/lap abdominal hemicolectomy, open/lap transanal rectal tumor excision, open/lap enterectomy, ostomy, MIS groin/ventral hernia repair, open ventral hernia repair <3 hrs) ventral hernia repair >3 hrs)