Risk Based Perioperative Bladder Management Guideline
Based on Post-Operative Urinary Retention (POUR) Risk Factors

F – IND a Process to Improve (Background Information, Data, Value Stream Map)
A chart audit revealed Surgical Services nursing staff are utilizing the Adult Surgical Services Bladder Scan Guideline on 27% of patients meeting criteria. Surgical patients are presenting to PACU with distended bladders and are unable to void requiring straight catherization. Recent literature suggests our guideline does not represent current evidenced based practice. A group was formed to review the current guideline and provide recommendations and improvement efforts to standardize the process to meet our unique surgical patient population needs.

O – RGANIZE a Team (List of Team & Ad-hoc Members and Roles)
Karim Conklin (CNS-Team Lead), Kevin Colwin (RN-Pre/Post/PACU), Kira DeBels (RN-PACU), Karen Bauer (RN-OR), Penny Marsch (RN-OR), Tricia Ejzak (Nurse Educator-OR), Gabby Hatas (CTL-Preop Calls), Hiram Moretta (CRNA), Kelly Quade (RN-INPT), Dr. M. Garren (Surgery Champion), Dr. M. Ford (Anesthesia Champion)

C – LARIFY Current Knowledge (Process Maps, Observations, Data, Specific Aim Statement)
AIM STATEMENT: The Bladder Scan Guideline is currently being utilized on 27% of patients meeting criteria in the TAC OR. The aim of this team is to increase compliance to achieve 40% by August 1, 2018.

U – NDERSTAND Root Causes (Fishbone Diagram, 5 Whys, Affinity Diagram)
Bladder management is very complex, with each patient’s care involving up to seven departments:
1. Preop Call
2. Pre/Post
3. Operating Room
4. Anesthesia
5. Surgery
6. PACU
7. Inpatient

During the initial small tests, majority of patients had 0-2 Pour Risk Factors (73%). Surveillence data indicated the new guideline compliance was 94% in August 2018 vs. 27% in April 2018. Compliance remained at or above 90% in Oct., Nov., Dec. 2018 and at 6 month mark in March 2019.

S – ELECT the Improvement (Benchmarking/Best Practices – External and/or Internal)

<table>
<thead>
<tr>
<th>#</th>
<th>ROOT CAUSE(S)</th>
<th>BEST PRACTICE(S)</th>
<th>CHANGE IDEA(S)</th>
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<tbody>
<tr>
<td>1</td>
<td>Patient fear/resistance</td>
<td>Early patient involvement</td>
<td>PreOp education for patients (pts.)</td>
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<td>2</td>
<td>Sensitivity to O.R. time</td>
<td>Optimize use of PeriOp resources</td>
<td>Define where scanning/cathing occurs</td>
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<td>3</td>
<td>Clear clinical rationale</td>
<td>Account for pts. individual risks</td>
<td>Adopt POUR risk based guideline</td>
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A – CT and Determine Next Steps (Action Items, Lessons Learned, Sustainability Plan)
Next Steps:
- Create POUR risk score documentation in electronic medical record
- Reinforce with OR Nurses importance of Foley Insertion for patients with 5+ risk factors or ≥ 3 hours by coaching them on how to have conversations with surgeons
- Share guideline and results with Surgical Services leadership teams at the system level
- Small tests of change and implementation at other surgery departments within the system