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# 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 catheterization. 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 – ORGANIZE a Team (List of Team & Ad-hoc Members and Roles)

**Karin 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)

**Current Guideline Followed in OR**

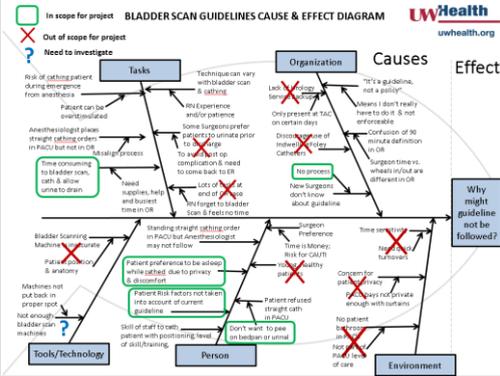
**AIM STATEMENT:** The Bladder Scan Guideline is currently being utilized on 27% of patients meeting criteria in the TAC OR. The aim of this team is to increase compliance to achieve 40% by August 1, 2018.

### P – LAN the Improvement (Future State Process Map)

### D – O the Improvement (Improvement Action Items Plan, Data Collection Plan, Forms)

#	CHANGE IDEA(S)	MEASURE(S)/OUTCOME(S)
1	<b>PreOp education for patients</b>	<ul style="list-style-type: none"> <li>Will educate all patients about catheters that may be used during their surgery</li> <li>Will educate joint patients in pre-op class regarding importance to void prior to surgery to prevent catheter use.</li> <li>Provide scripts to pre-operative nurses about encouraging patients to use the bathroom right before surgery</li> </ul>
2	<b>Adopt POUR risk based guideline</b>	<ul style="list-style-type: none"> <li>Clearly outlined Post-Operative Urinary Retention (POUR) risk factors to be assessed with patient during pre-op phone call and shared with OR RN during handoff.</li> <li>Include risk stratification in guideline process.</li> </ul>
3	<b>Define where scanning and cathing occurs</b>	<ul style="list-style-type: none"> <li>If patient has 5+ POUR risk factors and/or surgery is scheduled for ≥ 3 hours, the OR RN will consult the surgeon to place Foley Catheter in OR and pull at end of case.</li> <li>Bladder scanning and/or straight cathing occurs outside of the OR (in PACU or Phase 2) only if patient meets criteria.</li> </ul>

### U – UNDERSTAND 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

### C – HECK the Results (Run Chart, Team's End Results)

During the initial small tests, majority of patients had 0-2 Pour Risk Factors (73%).

Surveillance 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)

#	ROOT CAUSE(S)	BEST PRACTICE(S)	CHANGE IDEA(S)
1	Patient fear/resistance	Early patient involvement	PreOp education for patients (pts.)
2	Sensitivity to O.R. time	Optimize use of PeriOp resources	Define where scanning/cathing occurs
3	Clear clinical rationale	Account for pts. individual risks	Adopt POUR risk based guideline

### 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