Documenting Foley Removal by Postoperative Day 2
General Surgery Housestaff Improvement Project
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The Problem

The risk of catheter related urinary tract infections increases with the duration of catheterization.

- 26% of patients develop bacteriuria in 2-10 days after catheter placement
- 24% of those patients will develop a symptomatic UTI
- 3.6% will develop bacteremia
- Patients with indwelling catheters more than 2 days after surgery have an increased length of stay and 30 day mortality

Accounting for all patients with indwelling catheters and documenting the reasoning for continuation has the potential to affect a large amount of patients and prevent one cause of morbidity after surgery.

Goals

Residents will order foley removal within 2 days postoperatively and document reasoning for foley continuation in the remainder of patients.

- At least 95% of the time
- For 3 of the 4 Quarters between July 2013 – May 2014

Services Participating:
- General Surgery: Acute GI Surgery, Hepatopancreaticobiliary Surgery, and Colorectal Surgery

Method of Implementing Change:
- All surgery residents were emailed 2-3x during the year to remind them of the incentive, goals, and updates on their performance

Results

SCIP-Inf-9: Urinary Catheter removed on POD1 or POD2 with Day of Surgery being Day 0

The vast majority of time, all surgical services were removing catheters at least 85% of the time, indicating this is likely a clinical decision that is on the minds of the housestaff.

To minimize catheter-associated urinary tract infections, continued reminders, via emails or alerts on Apex, to all surgical services may be useful in decreasing our catheter removal rates, and therefore catheter-associated infection rates

Future housestaff improvement projects will require knowing what data can be acquired from the Surgical Care Improvement Project database in order to set realistic goals

Lessons Learned

Data obtained from Surgical Care Improvement Project

- Database includes all surgical patients, including neurosurgery, urology, ENT, plastic surgery, cardiothoracic surgery, and vascular surgery
- Due to the data collecting methods which include random sampling of 30 cases amongst all surgical patient, of which 10-33% at a time are general surgery, it is impossible to conclude whether our targeted services were in compliance with the stated goal of 95%
- Conclude that all surgical services can do a better job of removing foley catheters and documenting prolonged use

Moving Forward

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