



2025 Quality Improvement Implementation, Option A: SUCCESS (by invitation only)

Project Time Period: 1/1/2025 – 12/31/2025

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 postoperative urinary retention (POUR), for which there is a lack of standardized management.

Project Goal and Summary – The 2025 SUCCESS project will build on the work that began in 2023 and continued in 2024. 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 continued implementation and 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. Sites will also address barriers, meet process/outcome measures, refine the care pathway, and perform a quality review of cases that meet the criteria in Goal 5.

Eligibility – Sites that participated in the 2023 or 2024 SUCCESS QI project are eligible to select this project as their 2025 QI Project if at least 3 out of 5 process measures in 2025 Goal 3 were not met. Sites that never participated are not eligible in 2025.

QI Implementation Goals and Requirements: (45 points total)

1. Capture all SUCCESS data in MSQC Workstation for eligible cases. (3 points)
2. Multidisciplinary team: Participating hospitals will work within the multidisciplinary team to review data, guide quality improvement and toolkit element implementation plans, and refine the MSQC SUCCESS urinary care pathway. 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.
 - a. Hold three (3) multidisciplinary meetings. Submit minutes, slides, a list of attendees, and their roles with your 2025 SUCCESS Project Summary. (8 points total)
 - i. Kickoff meeting by March 31, 2025, to review project requirements and preliminary data. This should be a working meeting with the multidisciplinary team members who will be participating in the project, not simply an announcement of the project. (4 points)
 - ii. Two (2) additional multidisciplinary team meetings (minimally) before December 1, 2025, which include a review of SUCCESS data and a quality review for cases in Goal 5. (2 points each)

3. Meet the process/outcome measures below for appropriate catheter use and urinary retention diagnosis and management. (20 points total, 4 points each measure) Measurement period 1/1/2025-12/31/2025 OR dates:
 - *Catheter use measures*
 - a. Indwelling catheters are not used intraoperatively for $\geq 90\%$ of Category A* cases
 - b. Indwelling catheters, if used, are removed in OR for $\geq 90\%$ of Category B* cases
 - *Urinary retention diagnosis and management measures*
 - c. Bladder scan volume is documented $\geq 90\%$ of the time before urinary catheterization, if used, for POUR was performed
 - d. No urinary catheter is used for bladder scan volumes < 300 ml for $\geq 90\%$ of cases with POUR
 - e. ISC was performed as opposed to an indwelling catheter (unless volume ≥ 500) for $\geq 90\%$ of cases with POUR

4. With the multidisciplinary team, continue refining the MSQC SUCCESS urinary care pathway template for your hospital's practices. This will be utilized by the care team to ensure the use of each element of the SUCCESS toolkit. Include a narrative of how any processes and toolkit elements were modified from 2024, and include in the modified care pathway the process of educating about and using alternatives to catheters and coude catheters, and how the voiding trial algorithm or similar was incorporated into practice. Submit the final care pathway with your 2025 SUCCESS Project Summary. (4 points)

5. Within multidisciplinary team meetings, perform a quality review of each case that meets any of the criteria below, from 1/1/2025 to 12/1/2025 OR dates. An overall findings summary (trends identified, action plans implemented) and tracking sheet should be submitted with your 2025 SUCCESS Project Summary. (10 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 2025 SUCCESS Project Summary to the MSQC Coordinating Center no later than January 16, 2026. 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 45 project points.

Resources:

SUCCESS webpage: <https://msqc.org/success/>

* 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)