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Utilizing a Protocol to Reduce Post-Operative Urinary Retention in Total Joint Arthroplasty

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Plan

Foley catheters have not routinely been used for our total joint patients for many years, leading staff to bladder scan and straight catheterize patients postoperatively. Bladder scanning and catheterization were identified as an inconsistent practice. Patients were commonly straight catheterized when nurses determined bladder scan volume and time of last void, yet the amounts for both and decision to catheterize were inconsistent. Also, the clinical evaluation and treatment was inconsistent among physicians.

Variations in practice included rationale for a urology consult, use of medications for urinary retention, and documentation.

Baseline urinary retention condition codes ranged from 8-18%, which led our team to choose urinary retention as a performance measure in 2012 for The Joint Commission Disease Specific Care Certification.

Objective: Describe the clinical and cultural impact the total joint urinary protocol has on decreasing urinary retention

Do

- Reviewed literature and benchmarks
- Patient complaints related to frequency and timing of bladder scanning and straight catheterization
- Determined documentation variations, coding variations, nursing practice variations, or variation in all three
- Educated ourselves and our team on urinary retention symptom codes and documentation requirements
- Frequent provider documentation of “urinary retention”, being picked up as a urinary symptom code, when it was an expected outcome of surgery
- Evaluated stakeholders, engaged them from the start
- Coding specialists, clinical documentation specialists, clinical utilization specialists, performance improvement data analysts, Bone and Joint leadership and nursing staff, orthopedic surgeons, urology providers, Hospitalists, anesthesiologists
- Discussions with Bone and Joint Center and PACU nursing staff to understand approach to the decision to bladder scan and/or straight catheterize

- Recognized drastic differences in practice as to what bladder volume prompted a bladder scan and/or straight catheterization
- Discussions with Urologists and Anesthesiologists related to best practices
- Created urinary protocol based on patient symptoms and bladder scan volume, to enable a successful guide for nursing staff to address post-operative urinary retention
- Team created a goal to decrease the number of straight catheter insertions
- Team created a goal to enable more structure to the decision to bladder scan

Check

Urinary Symptom Codes, Total Hip and Knee Replacement Patients

- Team created a goal to see a decline in assigned symptom codes to <5% of patients, which was a simple way to measure the performance improvement efforts of culture change and appropriate protocol use
- Monthly measurement of patients coded with a defined urinary symptom code, acquired in the hospital
  - (78820-unspecified retention of urine, 78821-incomplete bladder emptying, 78829-other specified retention of urine) in elective TKA (81.54) and THA (81.51) patients from DRGs 469 and 470

Electronic Medical Record (EMR) Tool

- Captured risk assessment of chronic health conditions, determined inconsistency in documentation of conditions pre-operatively in H&P
- Captured results of protocol use, as defined in order sets
- Protocol followed as defined by patient symptoms, bladder scan amounts, timing of scanning and straight catheterization amounts

Act

Overall goal to provide total joint replacement patients with a consistent standard of care when experiencing post-operative urinary conditions such as retention.

Protocol specifics:

- Initiated with surgeon order, as part of post-operative order sets
- Nurse implements if patient unable to void 8 hours after start of procedure, 8 hours after any straight catheterization in surgery or PACU, or 8 hours after admission
- When to bladder scan a patient who has not voided or voids in small amounts
- Amount at which to straight catheterize
- Separates orders based on patients being symptomatic vs. asymptomatic
  - Symptoms may include bladder pressure or pain, anxiety
  - Parameters to notify providers and/or initiate Flomax

- Encourage voiding at bedside, bedpan, commode prior to any bladder scan or straight catheterization

Ongoing performance improvement

- Random EMR audits each month, THA and TKA
  - Review of patient records without urinary codes assigned to compare clinical picture
  - Review clinical picture of patient cases assigned urinary codes
- Continue discussions with Bone & Joint value analysis team, coding specialists, Disease Specific Care committee and house wide performance improvement team
- Evaluate trends and patterns observed from EMR tool findings

Staff education and competency

- Nursing assistants complete majority of straight catheterizations
- Mandatory competency education for RNs and LPNs
- Ongoing education for Bone & Joint Center and PACU nursing staff to understand approach to the decision to bladder scan and/or straight catheterize

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- Team created a goal to decrease the number of straight catheter insertions
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- Electronic Medical Record (EMR) Tool
  - Captured risk assessment of chronic health conditions, determined inconsistency in documentation of conditions pre-operatively in H&P
  - Captured results of protocol use, as defined in order sets
  - Protocol followed as defined by patient symptoms, bladder scan amounts, timing of scanning and straight catheterization amounts

Ongoing eucalibration and monitoring

- House wide urinary catheter protocol currently being created, with our work to be utilized as a guide
- Continued opportunity to bladder scan less often
- Bi-annual competence for nursing assistants with demonstration via mannequin and protocol
- Monitor use of protocol in other orthopedic order sets (was implemented in all other orthopedic order sets February, 2015)
- Continued evaluation of competency of straight catheterization for Bone & Joint RNs, LPNs, nursing assistants

References