



**SVHCD QUALITY COMMITTEE**

**AGENDA**

**WEDNESDAY, FEBRUARY 25, 2026**

**5:00 pm Regular Session**

**Held in Person:**

**SVH Administrative Conference Room**

To Participate Via Zoom Videoconferencing, use the link below:

<https://sonomavalleyhospital-org.zoom.us/j/91652223647?from=addon>

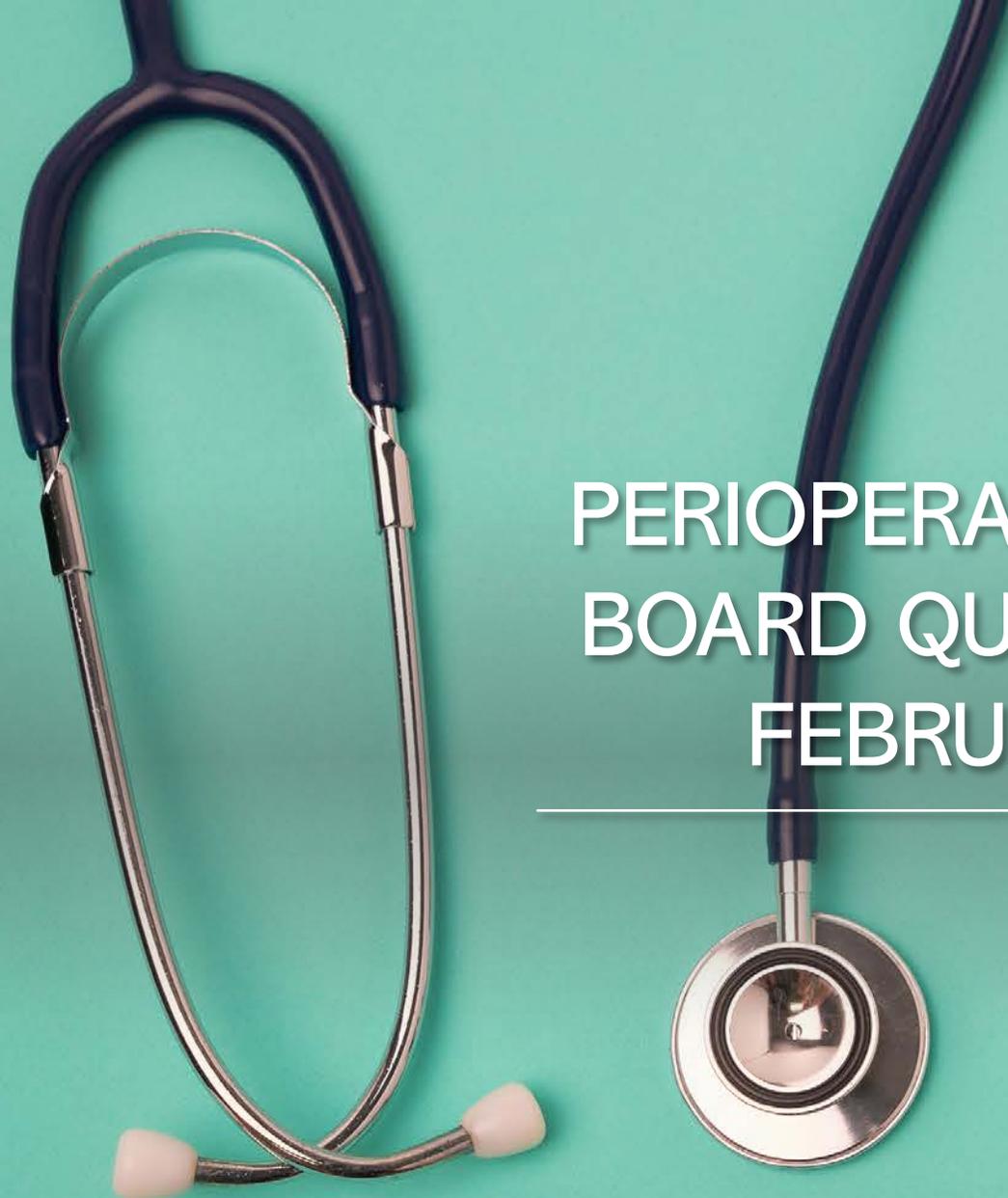
Meeting ID: 916 5222 3647

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<b>AGENDA ITEM</b>		
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Board Clerk, Whitney Reese, at <a href="mailto:wreese@sonomavalleyhospital.org">wreese@sonomavalleyhospital.org</a> , at least 48 hours prior to the meeting.		
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Daniel Kittleson, DDS</i>	
<b>2. PUBLIC COMMENT SECTION</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>		
<b>3. CONSENT CALENDAR</b> • None – no quorum for Jan. meeting	<i>Daniel Kittleson, DDS</i>	Action
<b>4. PERIOPERATIVE SERVICES QA/PI</b>	<i>Kelli Cornell, RN</i>	Inform
<b>5. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Louise Wyatt, RN JD</i>	Inform
<b>6. POLICIES AND PROCEDURES</b>	<i>Louise Wyatt, RN JD</i>	Inform
<b>7. ADJOURN</b>	<i>Daniel Kittleson, DDS</i>	
<b>CLOSED SESSION:</b> Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Alex Rainow, MD</i>	Action



# PERIOPERATIVE SERVICES BOARD QUALITY REPORT FEBRUARY 2026

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Director of Perioperative Services  
Kelli Cornell, RN



## PERIOPERATIVE SERVICES DEPARTMENT WHO ARE WE?

- Surgical scheduling
- Nurse navigation
- Pre-operative
- Post-operative
- Outpatient infusion
- Operating room x3
- Sterile processing
- 43 FTEs

## 2025 REVIEW

- Clinical coordinator staffing model
- Growth of Robotics program (52 cases total joints)
- Outpatient infusion growth
- Volumes increasing
- Raised money for Stryker equipment (install started this week!)





# VOLUMES



- **Total Procedures preformed**

- 2025: 1,891

- 2024: 1,828

- 2023: 2,048

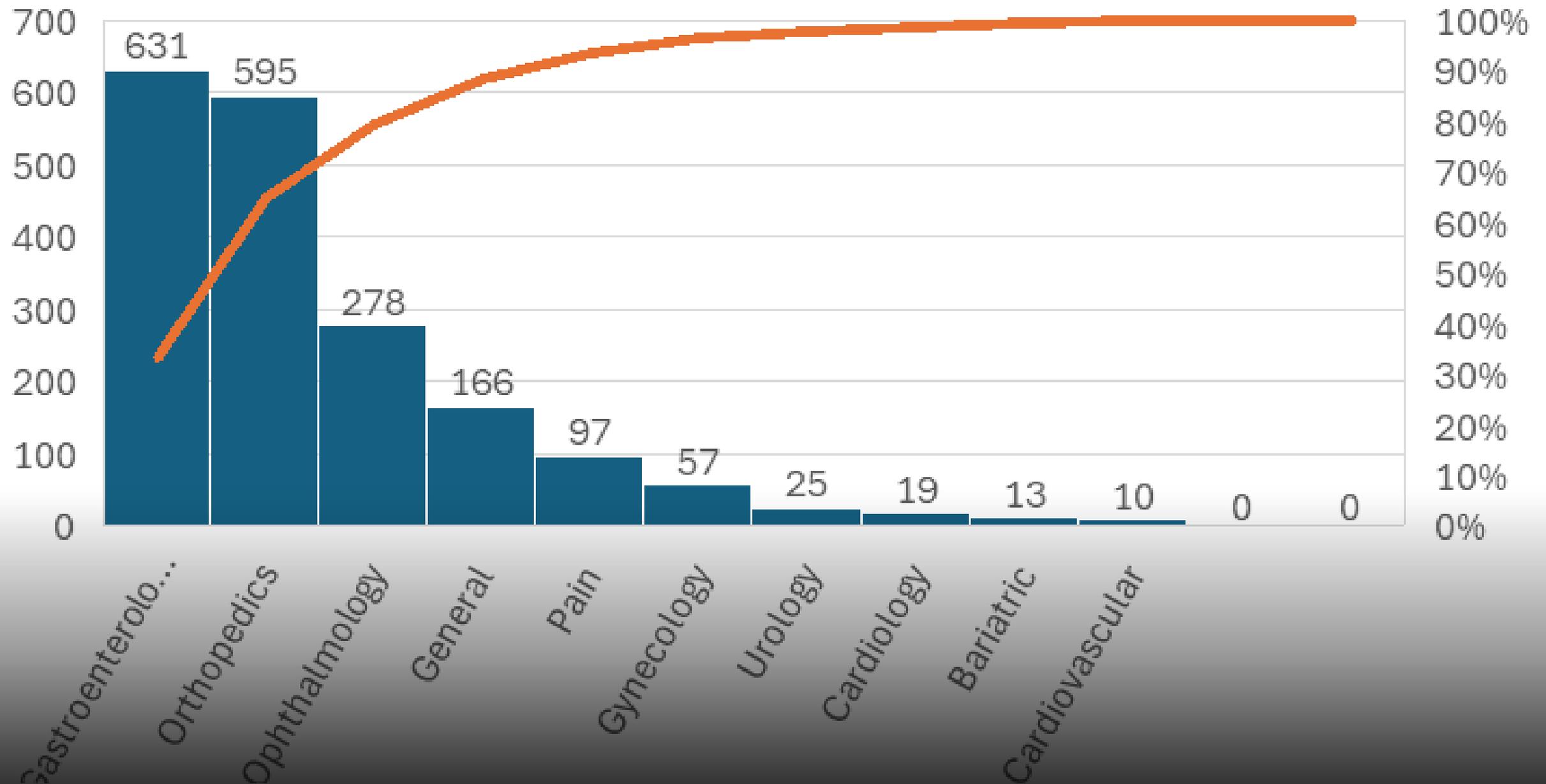
- **Total Outpatient infusions performed**

- 2025: 683

- 2024: 584

- 2023: 486

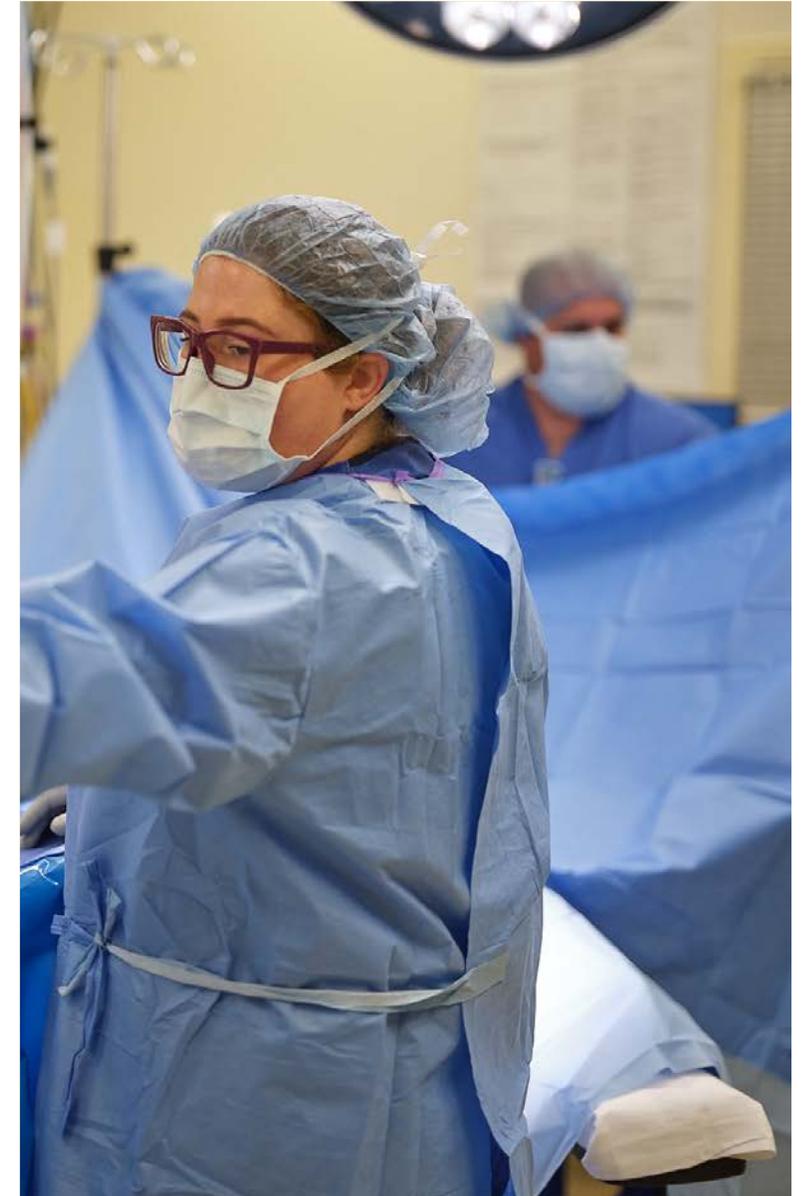
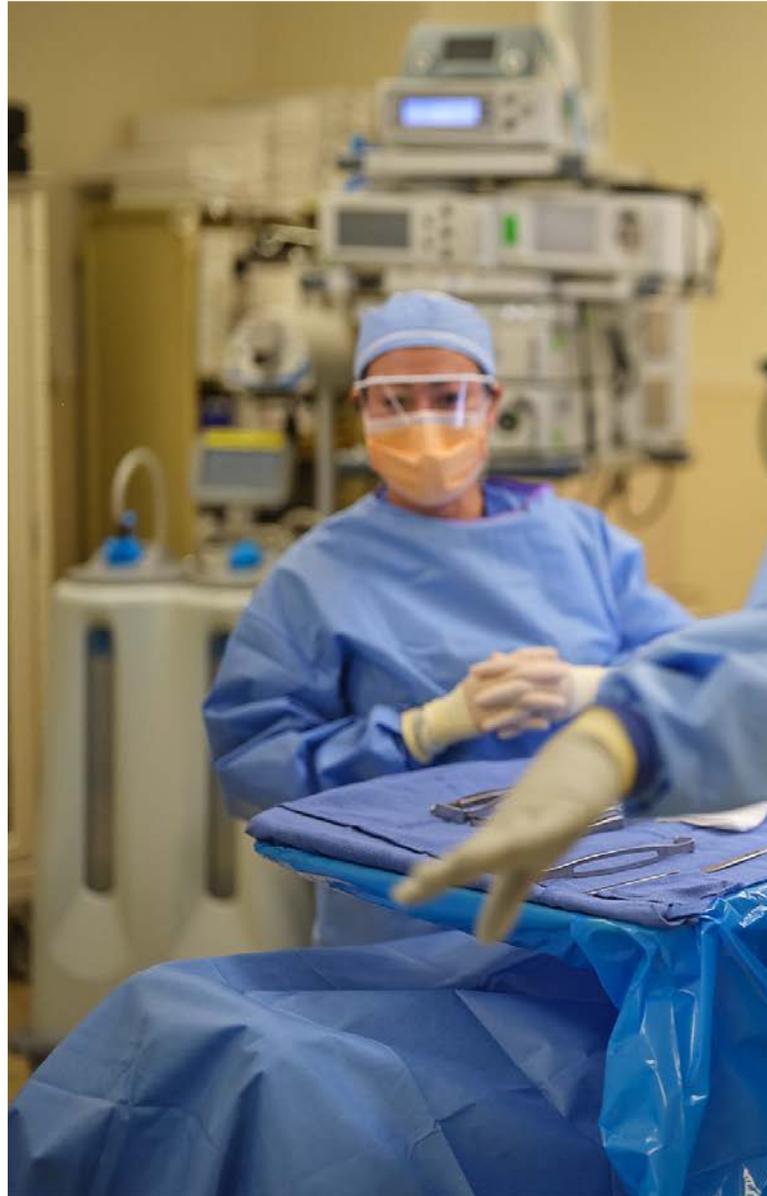
# Surgical Volumes by Service 2025



# Quality

## Metrics Tracked in 2025:

- IUSS cycle tracking and compliance
- Endoscope handling and repair rates
- Surgical time-out compliance
- In-brief compliance
- Post-operative SCD utilization
- Post-operative pain assessment and tracking





# Sterile Processing

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What we found:

- **IUSS cycle tracking:**

- 2024=112 cycles

- 2025= 51 cycles

45% reduction

- **Endoscope handling  
and repair rates**

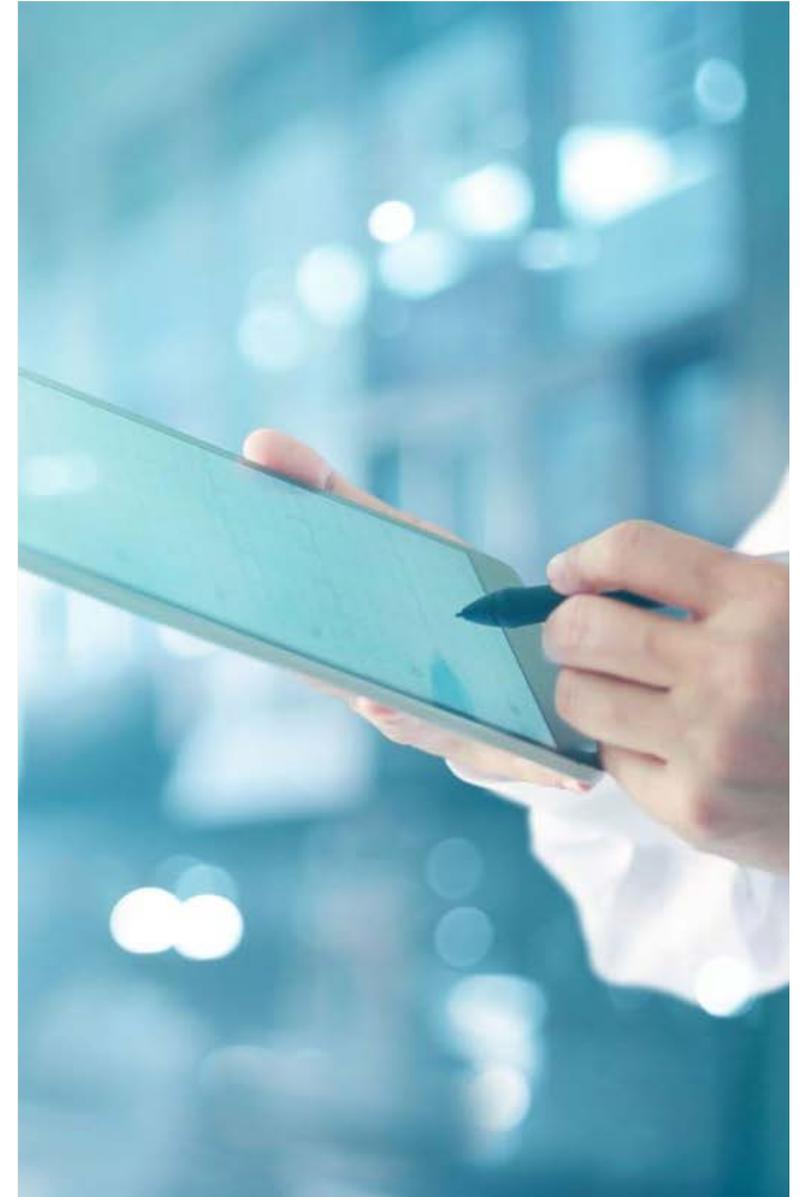
- 2024 = 3

- 2025 = 6

# Operating Room

How did we do?

- Surgical time-out compliance
- 96% Compliant
  - 1 outlier (noisy room)
- In-brief compliance
- 78.5% Compliant
  - 6 outliers Doctor not yet in the room.





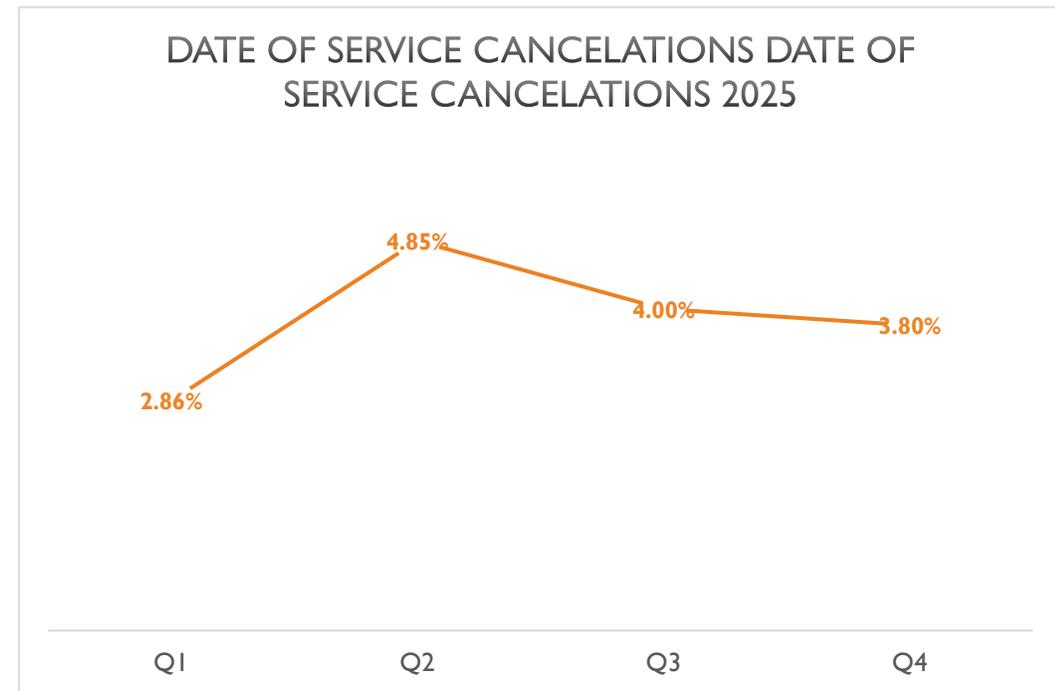
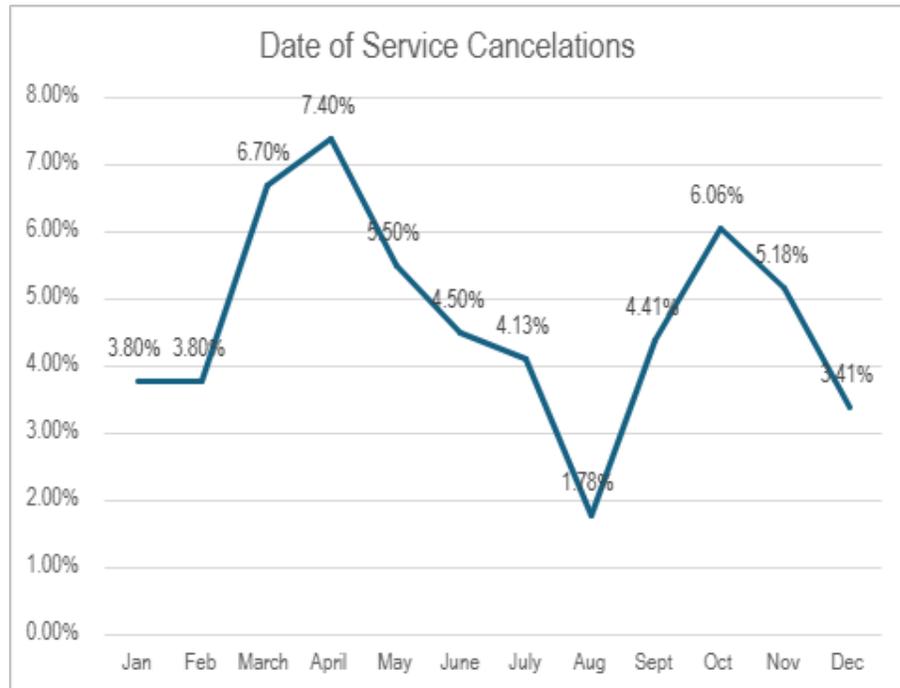
# SURGICAL CARE UNIT

- Metrics Tracked in 2025:
  - Post-operative SCD utilization
    - 100%
  - Post-operative pain assessment and tracking
    - Track total joint post op pain
    - 30 mins & 1 hour
    - Goal 5/10 or less
    - 30min = 90%
    - 1hr = 80%





# QUALITY METRICS 2024-2025

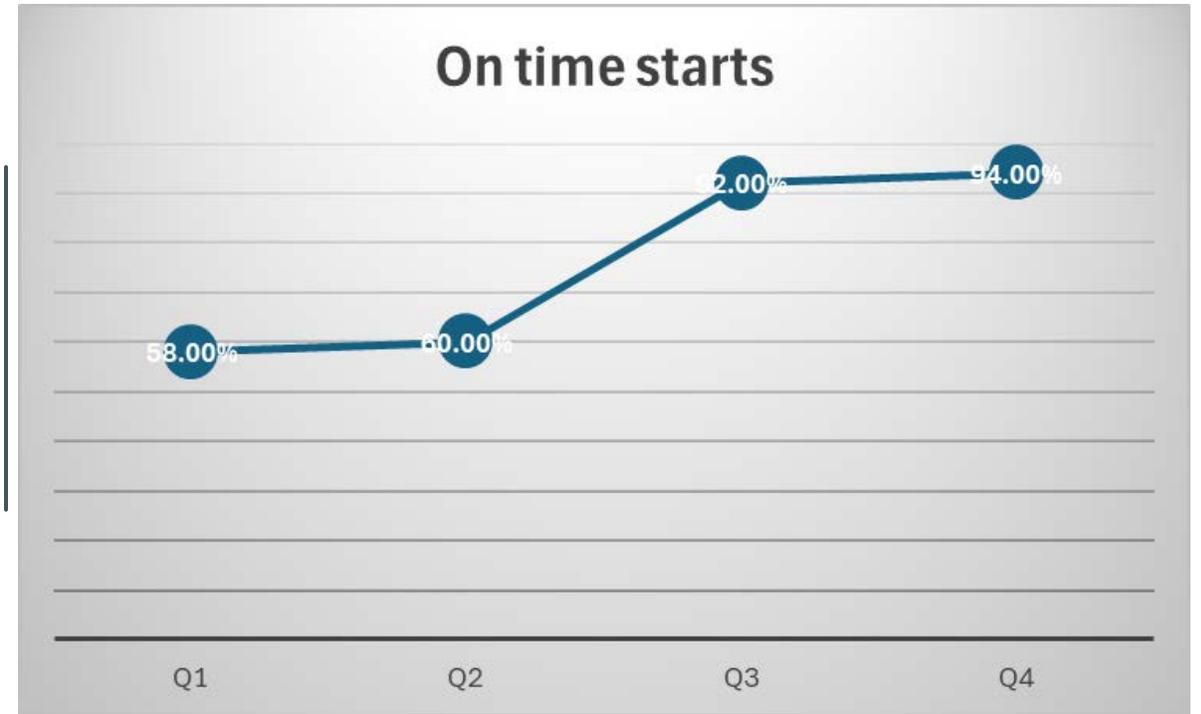




2024



2025



## QUALITY METRICS

- Benchmarks:
- High performing organizations aim for 90% or better
- Median 64.3%

# What's next for 2026?

## Sterile Processing:

- IUSS
- Sterilization Error rates

## Operating Room:

- Time out compliance
- First Case On Time Starts
- SSI
- Complication

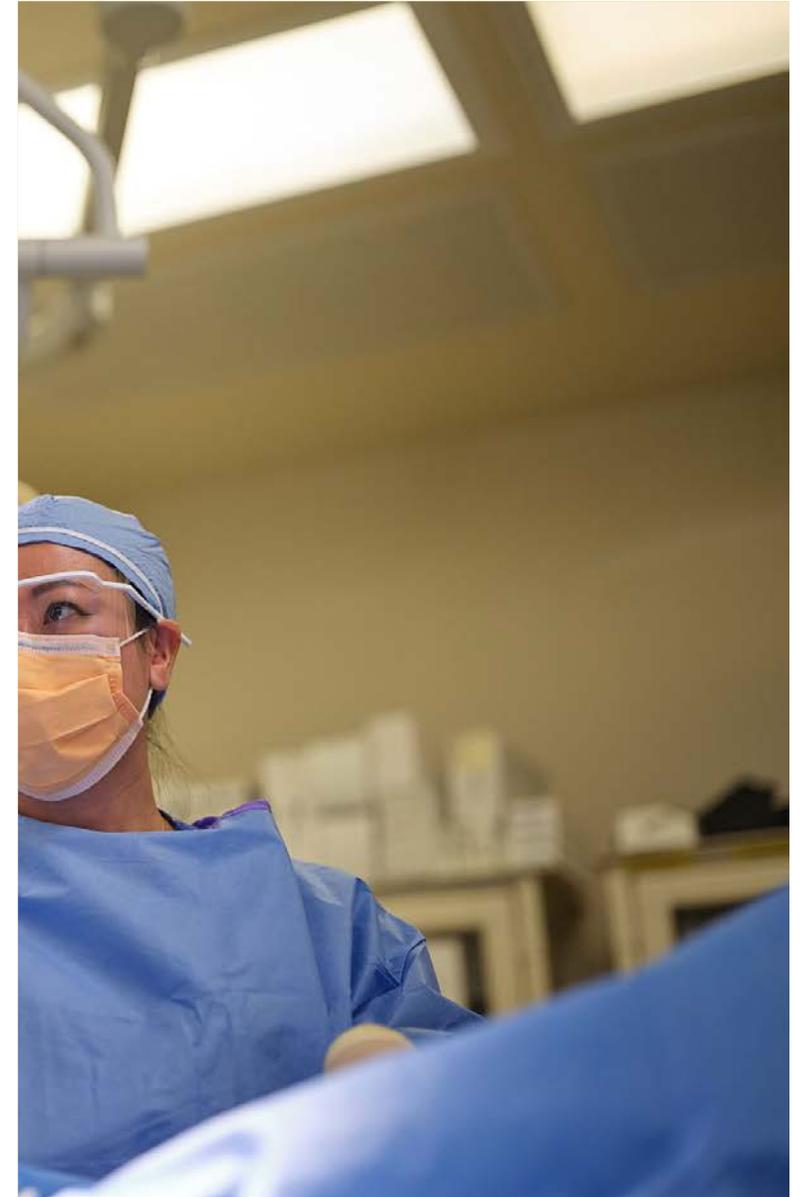
## SCU

- Patient Satisfaction
- Length of Stay
- Pain management





THANK YOU  
FOR YOUR  
CONTINUED  
SUPPORT

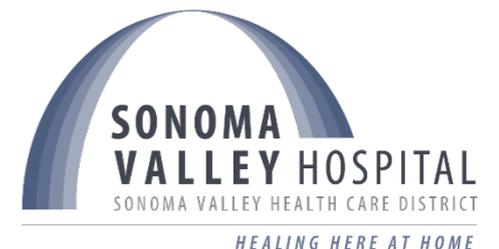


# **SVH Board Quality Report**

## **February 25, 2026**

**Louise Wyatt, RN JD**

Director of Quality, Risk Management, Patient Safety,  
Case Management, Infection Prevention and Regulatory



# CIHQ Survey 2026

**Survey window March 9th – May 9th, 2026**

## **Key Focus Areas**

- Life Safety & Environment of Care
- Infection Prevention and Safe Practices
- Patient Rights & Grievance Processes
- Medication Management
- Emergency Management
- Data Reporting & Performance Improvement (QAPI)

# CIHQ Survey 2026 (cont.)

## In Progress

- Final policy validations
- Cross-department tracers
- Environment of Care rounding
- Staff readiness drills
- Upload of required documents to CIHQ portal
- Binder completion

# CIHQ Survey 2026 (cont.)

## Next Steps

- Final document preparation for surveyors
- Weekly readiness huddles with leadership
- Weekly environmental rounds
- Maintain survey readiness

# January 2026 Risk Events

Row Labels	No. of Events
AWOL/AMA	1
COMMUNICATION	1
COMMUNICATION-Critical Results	1
EQUIP/MED DEVICE	1
Fall-Without Injury	2
Good Catch-Other	1
Lab, delay	1
MERP-Administration	2
MERP-Prescribing	2
PRIVACY/CONFIDENTIALITY	1
Transfer, Issue with available on-call service	1
UM, Inappropriate transfer from ED	1
<b>Grand Total</b>	<b>15</b>

**QUESTIONS?**

**Thank you!**

Mortality Measures	2025 Results	2026 Targets	26-Jan	Comments
Risk Adjusted Acute Mortality Rate O/E [M]	0.7	≤ 0.95	0.42 <small>3/7.1468</small>	
<b>Patient Safety Measures</b>				
Age Friendly Mobility	98.35%	90%	98.76%	New Metric
SDOH Inpatient Screening	ND	≥ 70%	ND	New Metric - ND
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)	0	0	0	
Bar Code Scanning Rate	94.60%	95%	96.80%	New Metric
Falls without injury (numeric value)	12	0	2	New Metric
Falls with injury (numeric value)	0	0	0	New Metric
Pressure Injuries ≥ Stage 2(numeric value)	0	0	0	New Metric
Critical Lab Value Reporting (IP, OP, and ED Critical values Called within 30 minutes, read back and documented per policy)	98.80%	≥ 93%	ND	New Metric - ND
<b>HAI Infectious Disease Measures</b>				
IC-Surveillance  HAI-C.DIFF Inpatient infections  M	1	0	1	
IC-Surveillance  HAI-CAUTI Inpatient infections  M	1	0	0	
IC-Surveillance  HAI-CLABSI Inpatient infections  M	0	0	0	
IC-Surveillance  HAI-MRSA Inpatient infections  M	0	0	0	
IC-Surveillance  HAI-SSI infections  M	0	0	0	
<b>Stroke Measures</b>				
CDSTK-05 Median- Door to CT Scanner  M elapsed time (mins)	3	≤ 25	10	
CDSTK-06 Median- Neuro Consult Response  M elapsed time (mins)	ND	20 Mins	ND	New Metric - ND
CDSTK-12 Median-Door to tPA  M  elapsed time (mins)	48	≤ 60	16	
<b>Utilization Review</b>				
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio  M	0.95	≤ 1.00	0.97	
Observed/Expected Length of Stay	0.8	≤ 1.00	0.89	New Metric
All cause Readm - % Readmit within 30 days, ACA (M)	10.92%	≤ 14%	9.9% <small>7/71</small>	
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)	16.70%	≤ 22%	0% <small>0/9</small>	
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	7.40%	≤ 20%	0% <small>0/4</small>	
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	10.50%	≤ 17%	33.3% <small>2/6</small>	
Sepsis, Simple - % Readmit within 30 Days (M)*	0.17%	≤ 20%	0.2% <small>2/5</small>	
READM-30-Hip-Knee30-day readmission rate following elective primary Total Hip N/A Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	0%	≤ 0.95	0% <small>0/1</small>	
<b>CoreOpMeasures</b>				
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)	0.30%	≤ 3.0%	0.2% <small>(2/937)</small>	
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	94%	≥ 85%	NA	
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)	100%	≥ 90%	100%	
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)	117.5	≤ 260 min	110.32	
<b>Sepsis Measures</b>				
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	85.20%	≥ 70%	100% <small>(1/1)</small>	
<b>CIHQ Action Plan Measures (2023)</b>				
Documentation Observation of High Risk Patients	74.30%	100%	ND	
Policies in Compliance for Reviews	78%	90%	Qtrly	
QA-02   Hand Hygiene Practices Monitored % of compliance M	93%	≥ 90%	88%	

## Document Tasks By Committee

Listing of currently pending and/or upcoming document tasks grouped by committee.

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 02/22/2026 1:58 PM

### Report Parameters

**Filtered by:** Document Set: - All Available Document Sets -  
 Committee: 07 BOD-Quality (P&P Review)  
 Include Current Tasks: Yes  
 Include Upcoming Tasks: No

**Grouped by:** Committee

**Sorted by:** Document Title

### Report Statistics

Total Documents: 2

**Committee:** 07 BOD-Quality (P&P Review)

**Committee Members:** Newman, Cindi (cnewman), Reese, Whitney (wreese), Wyatt, Louise (lwyatt)

### Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
<b>NEW: Prevention of CAUTI, Urinary Catheter Insertion, Maintenance &amp; Removal</b> <i>Patient Care Policy</i>	Pending Approval	12/23/2025	61
<p>Summary Of Changes: <b>This is a new policy which combined insertion policy with IC Policy Prevention of CAUTI in order to replace and RETIRE stand alone Insertion Policy</b></p> <ul style="list-style-type: none"> <li>- Specifies indications for urinary catheterization based on location of care (Med-Surg/ICU vs Perioperative vs ED)</li> <li>- Reorganized the flow of information to assist with decision making</li> <li>- Allows for insertion and removal to be guided by physician order OR nurse driven protocol</li> <li>- Includes more detail in the proper technique of urinary catheter insertion</li> <li>- Addition of steps for specimen collection and urinary catheter removal</li> <li>- Addition of troubleshooting urinary catheters for both males and females</li> </ul> <p>Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b></p> <p>Lead Authors: <b>Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)</b></p> <p>Approvers: <b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b></p>			
<b>RETIRE: Prevention of Catheter Associated Urinary Tract Infections</b> <i>Infection Prevention &amp; Control Policies (IC)</i>	Pending Approval	12/23/2025	61
<p>Summary Of Changes: <b>RETIRE this stand-alone policy replacing with Policy updated and consolidated with the Patient Care policy for insertion and maintenance.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b></p> <p>Lead Authors: <b>Wilder, Ashley (awilder)</b></p> <p>Approvers: <b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b></p>			



SUBJECT: Urinary Catheter Insertion, Maintenance & Removal

POLICY #PC8610-172

DEPARTMENT: Organizational

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EFFECTIVE: 9/06

REVIEW/REVISED: 10/10, 8/13, 2/16, 4/20

## **PURPOSE:**

- A. To provide evidence-based guidelines that address urinary catheter use, insertion, maintenance and removal.
- B. To prevent catheter-associated urinary tract infections by placing catheters only when medically necessary and by removing them promptly when the medical necessity no longer exists.

(These guidelines do not cover suprapubic urinary catheters)

### Supportive Data

CAUTI – Catheter Associated Urinary Tract Infection. UTI is the most common hospital acquired infection and 80% of these UTIs are attributable to indwelling catheters. The duration of catheterization is the most important risk factor for development of a UTI.

## **PROCEDURE:**

### Catheter insertion:

Insertion of a urinary catheter requires a physician order.

- A. Every urinary catheter is evaluated for necessity prior to insertion
- B. The following are NOT valid indications for a urinary catheter:
  - Incontinence that does not require accurate I & O
  - Prolonged post-operative use (generally beyond 24 hours)
  - Immobility
  - Confusion or dementia
  - Urine output monitoring outside of the ICU
  - Morbid obesity
  - Patient request
- D. Consider alternatives to urinary catheter insertion/continuation:
  - Condom catheter
  - Intermittent catheterization
  - Assessment of urinary retention by bedside bladder ultrasound
  - Consultation with wound care nurse
  - Programmed toileting, which consists of placing the patient on the bedpan or commode every 2-4 hours while awake.
  - Use of absorbent pads for incontinent patients
  - Consultation with pharmacy for review of any medications that cause urinary retention



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EFFECTIVE: 9/06

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### **Appropriate Urinary Catheter Use**

- A. Insert urinary catheters only for appropriate indications and leave in place only as long as needed.
- Minimize urinary catheter use and duration of use in all patients, particularly those at higher risk for Catheter Associated Urinary Tract Infection (CAUTI) or mortality from catheterization such as women, the elderly, and patients with impaired immunity.
  - Avoid use of urinary catheters in patients and nursing home residents for management of incontinence.
  - Use urinary catheters in operative patients only as necessary, rather than routinely.
  - For operative patients who have an indication for a urinary catheter, remove the catheter as soon as possible postoperatively, preferably within 24 hours but no longer than 48 without documented indication by physician, unless there are appropriate indications for continued use.
- B. Criteria for placing or continuing a urinary catheter include:
- Patient has acute urinary retention, or bladder outlet obstruction such as:
    - Unable to void because of an enlarged prostate, blood clots or an edematous scrotum/penis
    - Unable to empty the bladder because of neurologic disease/medication effect
  - Need for accurate measurements of urinary output in critically ill patients
  - Need for accurate measurement of urinary output in an incontinent patient.
  - Perioperative use for selected surgical procedures:
    - Urologic surgery, bladder injury, pelvic surgery (i.e. colorectal, GYN or recent surgery involving structures contiguous with the bladder/ genitourinary tract)
    - Anticipated prolonged duration of surgery and operative patients with urinary incontinence. Urinary catheters inserted for this reason should be removed in the Post Anesthesia Care Unit (PACU)
    - Anticipated need for intra-operative monitoring of urinary output, need for intra-operative large volume infusions or diuretics or hemodynamic monitoring.
  - Post surgical procedures, within 24 hours
  - Required immobilization for trauma or surgery. Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
  - To assist in healing of open wounds in incontinent patient with stage 3 or 4 perineal or sacral pressure ulcer
  - Epidural catheter in place
  - Chronic indwelling catheter on admission
  - To improve comfort for end-of-life care if needed



SUBJECT: Urinary Catheter Insertion, Maintenance & Removal

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EFFECTIVE: 9/06

REVIEW/REVISED: 10/10, 8/13, 2/16, 4/20

### **Proper Techniques for Urinary Catheter Insertion**

- A. Perform hand hygiene immediately before and after insertion or any manipulation of the urinary catheter device or site.
- B. Ensure that only properly trained persons (e.g., hospital personnel, family members, or patients themselves) who know the correct technique of aseptic urinary catheter insertion and maintenance are given this responsibility.
- C. In the acute care hospital setting, insert urinary catheters using aseptic technique and sterile equipment.
  1. Use sterile gloves, drape, sponges, an appropriate antiseptic or sterile solution for periurethral cleaning, and a single-use packet of lubricant jelly for insertion.
  2. Routine use of antiseptic lubricants is not necessary.
- D. Properly secure urinary catheters after insertion to prevent movement and urethral traction.
- E. Unless otherwise clinically indicated, consider using the smallest bore urinary catheter possible, consistent with good drainage, to minimize bladder neck and urethral trauma.
- F. If intermittent urinary catheterization is used, perform it at regular intervals to prevent bladder over-distension.

### **Daily assessment**

Upon admission and transfer, the criteria for continued need of the urinary catheter is assessed, remains valid and is discussed with physician who then documents medical necessity

- A. Indications for continued need are assessed every shift and the results are documented in the patient's EHR
- B. RN will notify the physician to obtain an order for removal for any urinary catheter not meeting criteria.
- C. Criteria for continuing use of the urinary catheter
  - Is listed under catheter insertion
  - Requires a specific physician order that catheter is to remain in place

### **Proper Techniques for Urinary Catheter Maintenance**

- A. Following aseptic insertion of the urinary catheter, maintain a closed drainage system.
  1. If breaks in aseptic technique, disconnection, or leakage occur, replace the urinary catheter and collecting system using aseptic technique and sterile equipment.
  2. Consider using urinary catheter systems with pre-connected, sealed catheter-tubing junctions.
  3. Secure the catheter to the patient's leg and the tubing to the sheet. Securing the catheter to the sheet keeps the tubing from touching the floor.
- B. Maintain unobstructed urine flow.



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EFFECTIVE: 9/06

REVIEW/REVISED: 10/10, 8/13, 2/16, 4/20

1. Keep the urinary catheter and collecting tube free from kinking and dependant loops.
  2. Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor. Do not put the collecting bag on the bed during transport.
  3. Empty the collecting bag regularly each shift using a separate, clean collecting container for each patient; avoid splashing, and prevent contact of the drainage spigot with the non-sterile collecting container.
- C. Use Standard Precautions, including the use of gloves (and gown if splashing is anticipated), during any manipulation of the urinary catheter or collecting system.
- D. Complex urinary drainage systems (utilizing mechanisms for reducing bacterial entry such as antiseptic-release cartridges in the drain port) are not necessary for routine use.
- E. Changing urinary catheters or drainage bags at routine, fixed intervals is **not** recommended. Rather, it is suggested to change urinary catheters and drainage bags based on clinical indications such as symptoms of infection (fever, urgency, frequency, dysuria, and suprapubic tenderness), obstruction, or when the closed system is compromised.
- F. Do not clean the periurethral area with antiseptics to prevent CAUTI while the catheter is in place. Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering) is appropriate.
- G. Unless obstruction is anticipated (e.g., as might occur with bleeding after prostatic or bladder surgery) bladder irrigation is not recommended.
1. If obstruction is anticipated, closed continuous irrigation is suggested to prevent obstruction.
- H. Routine irrigation of the bladder with antimicrobials is not recommended.
- I. Routine instillation of antiseptic or antimicrobial solutions into urinary drainage bags is **not** recommended.
- J. Clamping urinary catheters prior to removal is **not** necessary.
- K. If obstruction occurs and it is likely that the urinary catheter material is contributing to obstruction, change the urinary catheter.

### **Specimen Collection**

- A. Obtain urine samples aseptically.
- If a small volume of fresh urine is needed for examination (i.e., urinalysis or culture), aspirate the urine from the needleless sampling port with a sterile syringe/cannula adapter after cleansing the port with alcohol.
  - Obtain large volumes of urine for special analyses aseptically from the drainage bag. This technique is NEVER used for a culture.



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### **Urinary Catheter Removal Guidelines**

- A. The RN will promptly obtain a physician order to remove the urinary catheter when established criteria is no longer met or will obtain an order to continue urinary catheterization despite absence of criteria.
- B. When catheter removal is ordered:
  - Remove urinary catheter as early in the day as possible
  - Assess patient frequently. Encourage mobilization, fluids as appropriate, and assist with toileting
  - If patient spontaneously voids  $\geq 250$  ml within 6 hours, continue to measure urinary output for 24 hours
  - If the patient has not voided within 6 hours, or sooner if the patient complains of bladder distention or the need to void but is unable, scan the bladder for urine volume:
    - Volume  $\leq 350$ ml – recheck via bladder scanner in 2 hours or PRN
    - If urine volume is  $\geq 350$ ml notify the physician.
- C. I&O will be maintained for a minimum of 24 hours after discontinuation of the catheter

### **Infection Prevention Measures**

- A. Infection Prevention Implements a quality improvement (QI) programs or strategies to enhance appropriate use of indwelling catheters and to reduce the risk of CAUTI based on a facility risk assessment.
- B. The purposes of QI/IP programs should be:
  - To assure appropriate utilization of urinary catheters
  - To identify and remove urinary catheters that are no longer needed (e.g., daily review of their continued need)
  - To ensure adherence to hand hygiene and proper care of urinary catheters
- C. Education and Training  
Infection Prevention and the Educator ensure that healthcare personnel and others who take care of urinary catheters are given periodic in-service training regarding techniques and procedures for urinary catheter insertion, maintenance, and removal. Provide education about CAUTI, other complications of urinary catheterization, and alternatives to urinary catheters.
- D. Supplies  
Infection Prevention ensures that supplies necessary for aseptic technique for urinary catheter insertion are readily available.



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EFFECTIVE: 9/06

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**Infection Prevention Surveillance**

- A. Infection Prevention uses standardized methodology for performing CAUTI surveillance.
- B. Routine screening of catheterized patients for asymptomatic bacteriuria (ASB) is not recommended.
- C. Infection Prevention prepares a CAUTI report quarterly. Quarterly feedback of unit-specific CAUTI rates are provided to nursing staff through their manager.

**REFERENCES:**

IHI Improvement Map, Prevent Catheter-Associated Urinary Tract Infections How-to Guide.  
HICPAC, Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009  
Quality Improvement Organizations, Nurse Driven Foley Catheter Removal Protocol

**OWNER:**

Chief Nursing Officer

**AUTHORS/REVIEWERS:**

Janine Clark, RN, BSN, CNOR, Manager Perioperative Services  
Mark Kobe, Chief Nursing Officer

**APPROVALS:**

Policy & Procedure Team: 11/6/19  
Medicine Committee: 11/14/19  
Medical Executive Committee: 11/21/19  
Board Quality Committee: 1/22/20  
The Board of Directors: 4/2/20