Taking the Time for Timing Out

An Improvement Initiative for Time Out Documentation
The Joint Commission Hospital *National Patient Safety Goals*® include:

| Identifying the Patient Correctly | Preventing Mistakes in Surgery |

The **Universal Protocol** is a *National Patient Safety Goal*® to prevent wrong site, wrong patient or wrong procedure.

Adherence to a standardized process for performing and documenting the universal protocol time out process is critical for ensuring patient safety.

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THE UNIVERSAL PROTOCOL

PRE-PROCEDURE VERIFICATION

SITE MARKING

TIME OUT
# THE UNIVERSAL PROTOCOL

## Pre-Procedure Verification
- Verification of correct person, correct procedure, and correct site must occur at ALL applicable points in the patient care process
- At scheduling, preadmission testing, admission/check in, before the patient enters the procedure room, any time care is transferred to another member of the procedural care team, includes “Time-Out” right before procedure start

## Site Marking
- Laterality
- Multiple structures (specific digits)
- Specific levels (spine)
- Surface (flexor/extensor)
- Rule of thumb: Sites should be marked when there is more than one possible location for the procedure

## Required for ALL procedures that involve:
- Puncture or incision of the skin
- Insertion of an instrument or foreign material into the body
- Moderate sedation
- Deemed more than minimal risk to the patient
The procedural time out process was *not standardized* at our institution for procedures performed in the diagnostic radiology suites (CT, ultrasound, fluoroscopy).

There was *no routine monitoring* of time out compliance.

A random audit of procedures performed in the 3 months prior to intervention revealed a 61% compliance rate for time out documentation.
PURPOSE & GOAL

PURPOSE:
• improve compliance rates by standardizing the performance and documentation of procedural time outs in the diagnostic radiology suites

GOAL:
• 100% completion and documentation of procedural time outs, assessed via a monthly EMR audit of all procedures requiring a time out
PLAN

Prior to intervention:

Focused discussions were held with key stakeholders

Barriers to Compliance:

- Understanding when protocol should be followed
- Nursing support
- Lack of real time EMR access for documentation
- Lack of understanding of who should document
- Absence of standardized statements in radiologists’ dictated reports
- Communication and education regarding the processes
DO: INTERVENTIONS

- Created standardized time out process
- Education provided uniformly to faculty, trainees, technologist & nurse supervisors
- Supervisors cascaded education to all teammates
- Attending physician designated as the individual responsible for initiating the timeout process
- Workstations were provided in procedural areas for ease of EMR access.
- A macro, “time out” template was also created in the dictation system for facile addition to the procedural report
RESULTS

Time Out Documented

Intervention Period

PRE-INTERVENTION JUL-22 AUG-22 SEP-22 OCT-22 NOV-22 DEC-22 JAN-23 FEB-23

61% 97% 99% 99% 100% 99% 99% 99% 100%

Status Update & Reminder
RESULTS

- Immediate response to intervention: 61% → 97% in first month
- Sustained Improvement: compliance rates at or near 100% since implementation
- Lasting Impact: This has become a monthly departmental quality metric

Limitations

- Multiple Simultaneous Interventions:
  - limited ability to determine which intervention(s) were most/least impactful
- ”Near Misses” are not documented-
  - Cannot directly quantify effect on patient outcomes to reduce wrong site/patient/procedure