Taking the Time for Timing Out

An Improvement Initiative for Time Out Documentation

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BACKGROUND

The Joint Commission Hospital *National Patient Safety Goals* [R] include:

Identifying the Patient Correctly	Preventing Mistakes in Surgery

The **Universal Protocol** is a *National Patient Safety Goal*[R] 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

The Joint Commission National Patient Safety Goals. https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2023/hap-npsg-simplified-2023-july.pdf
The Joint Commission Universal Protocol. https://www.jointcommission.org/standards/universal-protocol/

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

PROBLEM

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
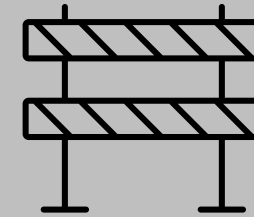
GOAL:

- 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

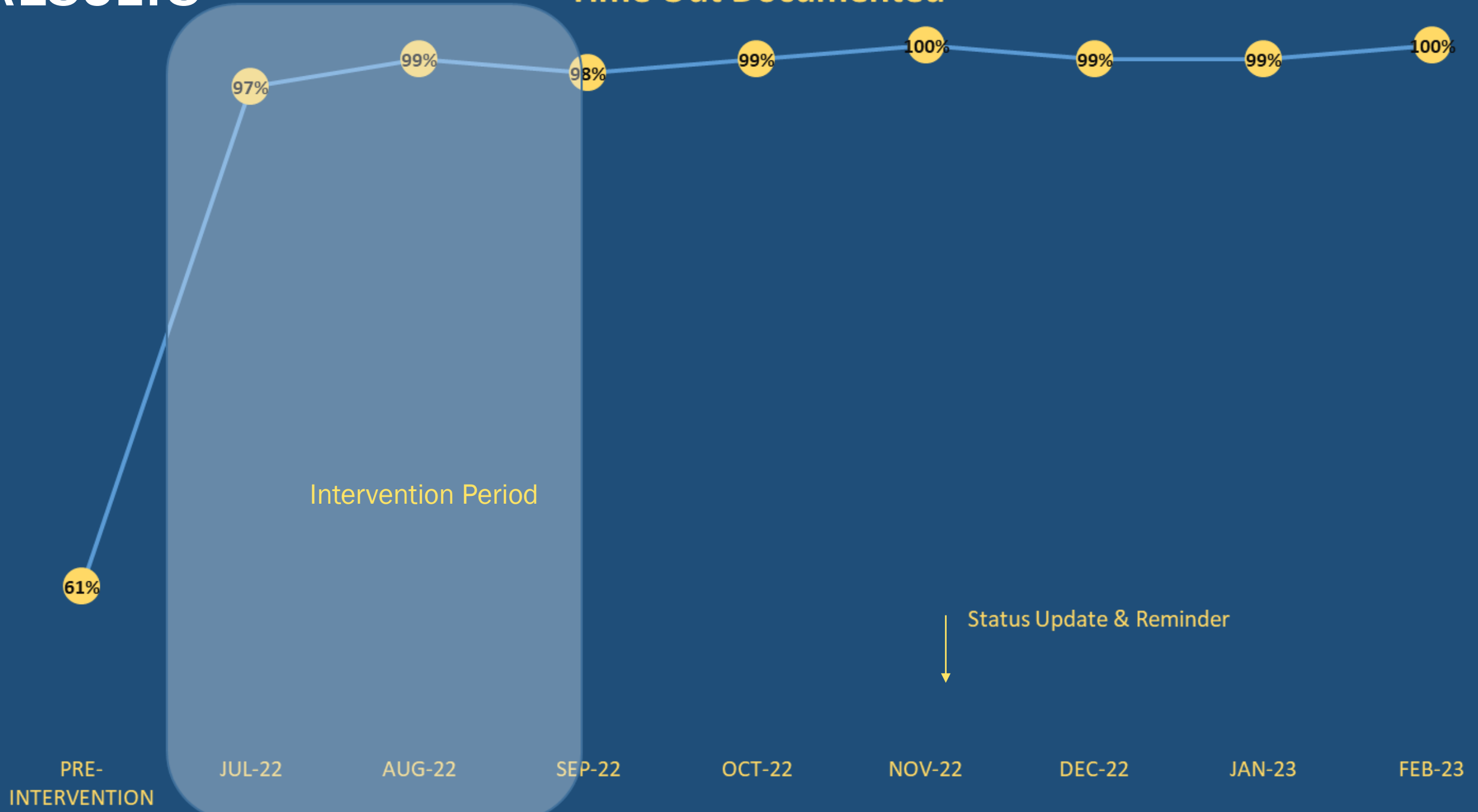Workstations were provided in procedural areas for ease of EMR access.

A macro, "time out" template was also created in the dictation system for facile addition to the procedural report

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DISCUSSION & LIMITATIONS

- 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