Not Just Another Checklist: Using Technology to Implement the Time-Out in the Non-OR Setting

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TJC Sentinel Events

- Wrong-patient, wrong-site, wrong-procedure has been the most reported sentinel event over the last three years
  - Since 2004, it's the most commonly reported sentinel event with over 1000 reported cases

Examples of Wrong Procedures In and Outside the OR

- Stent placed in the wrong ureter
- Removal of the wrong tooth
- Hernia repair initiated on non-primary side
- Wrong Side Chest Tubes
- Steiman pin placed in wrong leg
- Wrong Side Pigtail Drain
- Initiation of incision on the wrong side

Procedural Time-Out Catches

- Pt. consented for R side surgery, but was booked as left side. Prepped left side and **consent read aloud as right side during time out.**
- Consent read partial amp right 2-4 fingers. Pt agreed with consent in pre-op area and R hand marked. **Consent reviewed in time out**. Surgeon discussion with patient had been fingers 2 and 4.

Components of the Time Out

1. **Correct Patient Identity**
2. **Correct procedure**
3. **Correct Side and Site**
4. **Agreement on Procedure to be done**
5. **Availability of Implants, Special Equipment or Special Requirements**
6. **Correct Position**

History of Time-out at HMC

- No Standardization across the institution outside the OR
  - Paper tool – QI project
    - EMR had place to check “Time-out done”
  - Stickers for the ED – included the elements of the time-out
  - Radiology areas – paper tool – charted “Time-out done”
    - Paper tool eventually became a checklist
  - Clinics developed a paper tool

Opportunities

- EMR provided an opportunity to develop an electronic tool to be used on inpatient side
- Central line bundle provided opportunity to look at all procedures
  - First electronic time-out note focused on central line insertion
  - Evolved to multiple procedures eventually becoming a nursing procedure note

Implementation

- Focused on Critical Care areas first
- Procedural areas now utilizing tool
- Currently rolling out to acute care areas
- Clinics currently rolling out electronic tool
- Radiology technologists will begin to document time-out in EMR
- ED still using paper tool
- Current Nursing Procedure/Time-out note has 37 different procedures and growing

Barriers

- Who's responsible for initiating time-out?
- Some procedures involve only the provider
- Belief that many procedures are an emergency
- "Just more boxes to check"

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Pre-Procedure Verification and Sterile Technique Care Team Checklist

PURPOSE: To work as a team to decrease patient harm from invasive device associated infections and complications.

WHEN: During all invasive device insertions.

COMPLETED BY: Bedside Nurse/Physician performing procedure.

APPROVED BY: Critical Care

Procedure: (Circle One)

* Central Line · Full sterile apparel required	Invasive Cranial Device	Bone Marrow Bx
	Thoracentesis	Aphoresis
	Paracentesis	Plasmaphoresis
Arterial Line	Steinman Pin	Lumbar Puncture
Chest Tube		Other:

Pre-Procedure Verification Worksheet

- ❑ Correct patient identity
- ❑ Correct side and site (circle) L R NA
- ❑ Agreement on procedure to be done
- ❑ Availability of implants, special equipment or special requirements
- ❑ Correct patient positioning

(Medical record documentation of PPV is to be included in both physician procedure notes and nursing VS flow sheet.)

	Yes	Yes, after prompting	Not Observed
BEFORE THE PROCEDURE, DID THE PHYSICIAN…			
Wash their hands (chlorhexidine or soap) immediately prior?	❑	❑	❑
Sterilize the procedure site?	❑	❑	❑
Drape entire patient in a sterile fashion (with angio drape)?	❑	❑	❑
Smaller drape may be used for ICP, A-line, etc.	❑	❑	❑
DURING THE PROCEDURE DID THE PHYSICIAN…			
Use sterile gloves?	❑	❑	❑
* Use hat, mask and sterile gown for central lines?	❑	❑	❑
Maintain sterile field?	❑	❑	❑
Did all personnel assisting follow the above precautions?	❑	❑	❑
Did the personnel assisting remain available throughout the procedure?	❑	❑	❑
AFTER THE PROCEDURE…			
Was a sterile dressing applied to the site?	❑	❑	❑

PHYSICIAN SIGNATURE	PAGER	UPIN	DATE	TIME
NURSING SIGNATURE			DATE	TIME

PT.NO

NAME

DOB

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Pre-Procedure Verification and Sterile Technique Care Team Checklist

QA Document Not part of the Medical Record
Return to the Charge Nurse

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ED TIME OUT and Procedure Checklist

PURPOSE: To work as a team to decrease patient harm from invasive device associated infections and complications.

WHEN: During all invasive device insertions.

COMPLETED BY: Bedside Nurse/Physician performing procedure.

EACH PROCEDURE REQUIRES A SEPARATE FORM

Procedure:	☐ Central Line	☐ Invasive Cranial Device	☐ DPL
	☐ Arterial Line	☐ Thoracentesis	☐ Other:_____
(check one box only)	☐ Chest Tube	☐ Paracentesis	
	☐ Lumbar Puncture	☐ Steinman Pin	

TIME OUT

- ☐ Correct patient identity
- ☐ Correct side and site (circle) L R NA
- ☐ Agreement on procedure to be done
- ☐ Availability of implants, special equipment or special requirements
- ☐ Correct patient positioning

	Yes	NA	COMMENTS
BEFORE THE PROCEDURE			
Wash hands (chlorhexidine or soap) immediately prior	☐	☐	_____
Chlorhexidine prep to site	☐	☐	_____
Drape entire patient in a sterile fashion (with angio drape)	☐	☐	_____
Smaller drape may be used for ICP, A-line, etc.			
Optimal Catheter Site Selection, with Avoidance of the Femoral Vein for Central Venous Access in Adult Patients	☐	☐	_____
DURING THE PROCEDURE			
All involved wear Sterile gloves	☐	☐	_____
All involved wear hat, mask and sterile gown for procedure	☐	☐	_____
Maintain sterile field	☐	☐	_____
AFTER THE PROCEDURE…			
Sterile dressing applied to the site	☐	☐	

NURSING/PHYSICIAN SIGNATURE	PRINT NAME	PAGER	UPIN/NPI	DATE	TIME

Angio Time-out

Mini Check

- **Mini check** is completed when patient enters the lab. **Anesthesia/RN** and **Rad tech** check patient's name, hospital number and date of birth against the consent and patient ID band.

Angio Time Out

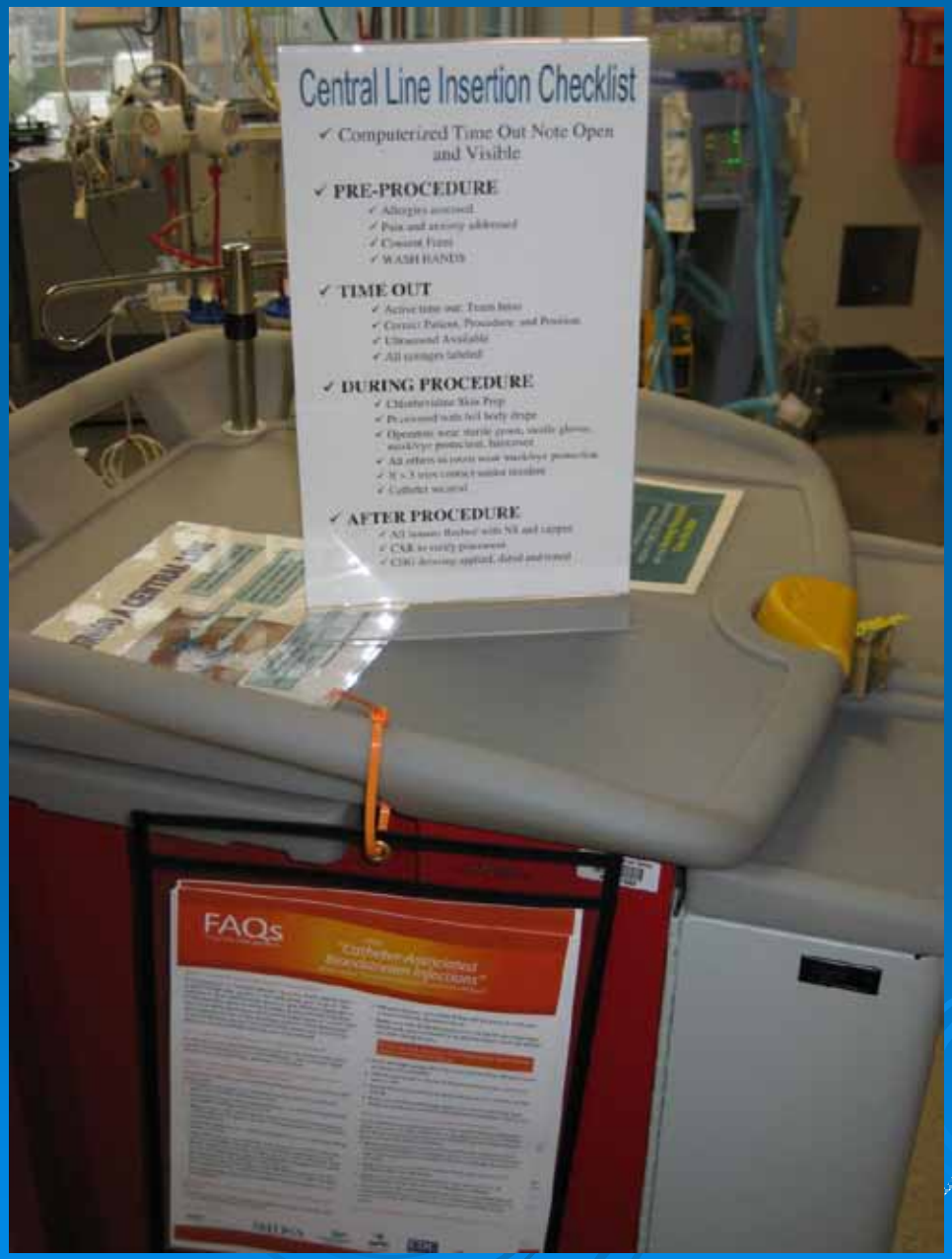
- **The Time Out is to be conducted immediately prior to procedure.**
- **All Angio team members must be present for the Time Out.**
- **Rad tech** initiates the Time Out and facilitates Team Introductions.
- **All team members stop what they are doing and focus** on the Time Out. The Time Out will not continue until **all team members are paying attention.**
- **Anesthesia/RN** reads aloud and **Rad Tech** confirms that the patient's full name, hospital number and date of birth match on the consent, ID Sticker, and Docusys screen if anesthesia case.
- **Rad tech/RN** displays the consent to the **Physician,** reads aloud and confirms the procedure and **site**.
- **Anesthesia/ radiology RN** confirm any allergies, pre-op antibiotics and blood product availability.
- **Anesthesia/ radiology RN** confirm availability of special medications and fluids
- **Rad tech** confirms the availability and positioning of equipment, implants, and special devices
- **Rad tech /RN** or **Physician** confirm the location of family (for anesthesia cases)
- **Rad tech** asks the team: "Do we all agree?"

The procedure will not begin until the time out is complete

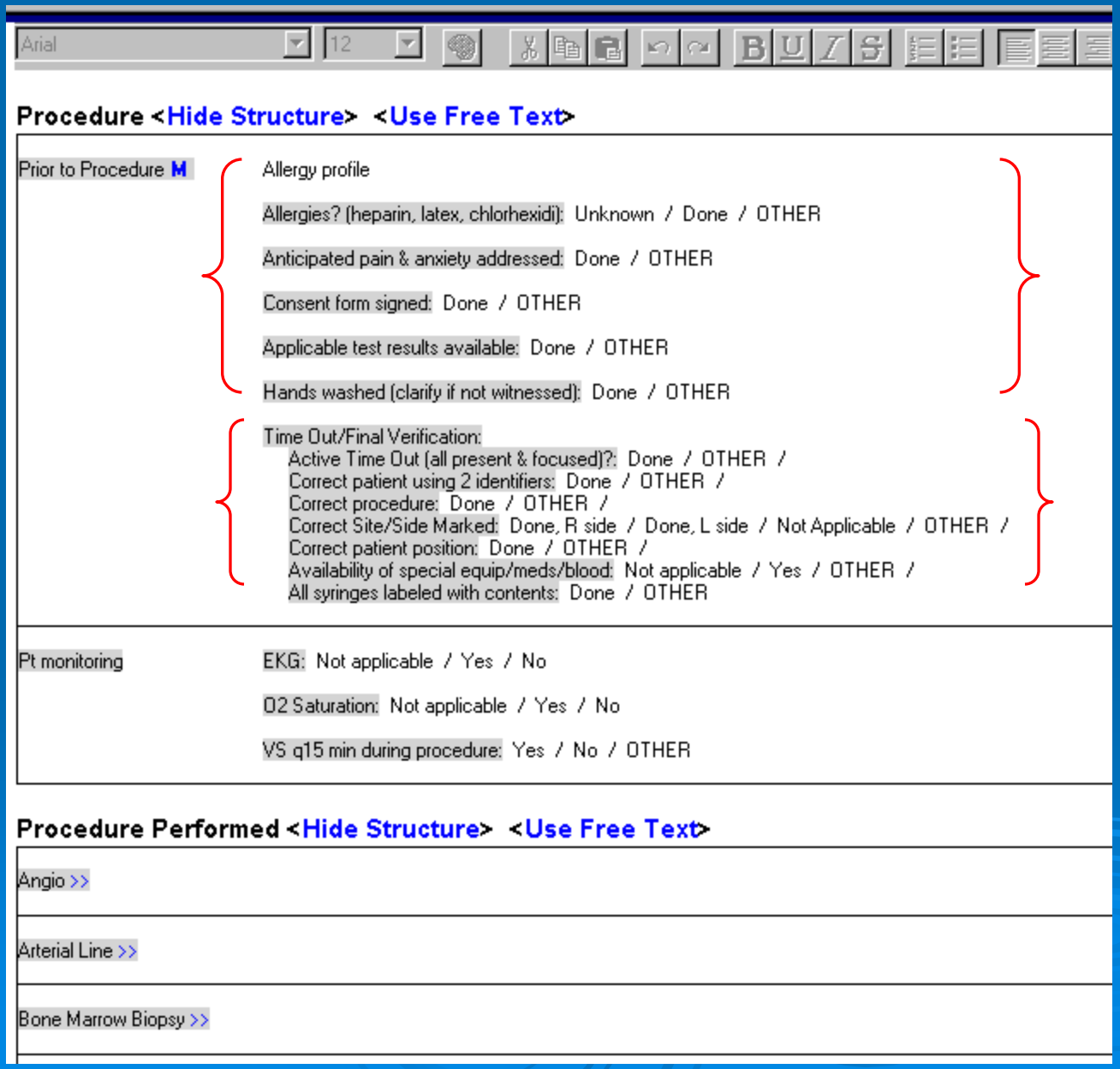
Post procedure

- The primary team is called by physician at completion as required. Report is given to Rad RN by anesthesia if anesthesia case for recovery.
- Radiology RN gives verbal report to ICU/AC/APA RN post procedure.
- Post procedure orders are written by physician (and anesthesia if applicable)

Example of Standardize Checklist



Nursing Documentation in ORCA



Arial 12

Procedure <Hide Structure> <Use Free Text>

Prior to Procedure **M**

Allergy profile

Allergies? (heparin, latex, chlorhexidi): Unknown / Done / OTHER

Anticipated pain & anxiety addressed: Done / OTHER

Consent form signed: Done / OTHER

Applicable test results available: Done / OTHER

Hands washed (clarify if not witnessed): Done / OTHER

Time Out/Final Verification:
Active Time Out (all present & focused)?: Done / OTHER /
Correct patient using 2 identifiers: Done / OTHER /
Correct procedure: Done / OTHER /
Correct Site/Side Marked: Done, R side / Done, L side / Not Applicable / OTHER /
Correct patient position: Done / OTHER /
Availability of special equip/meds/blood: Not applicable / Yes / OTHER /
All syringes labeled with contents: Done / OTHER

Pt monitoring

EKG: Not applicable / Yes / No

O2 Saturation: Not applicable / Yes / No

VS q15 min during procedure: Yes / No / OTHER

Procedure Performed <Hide Structure> <Use Free Text>

Angio >>

Arterial Line >>

Bone Marrow Biopsy >>

Final View

Sum | Form Browser | IO Review | **Clinical Notes** | Alerts | Pt Plan Sum | Pt Status Sum | MD Sum | All Results | 72hr Results View | Lab | Cultur

Last 250 Documents : 251 out of 254 documents are accessible. (Document Count) In Error Documents Filtered

Result Type: Nursing Record/Note
Service Date: November 12, 2008 4:23 PM
Result Status: Authenticated
Result Title: HMC RN Procedure Note v4
Performed By: [redacted]
Verified By:
Encounter info: H9876PCD20080911, HMC, Inpatient, 9/11/2008 -

*** Final Report ***

HMC RN Procedure Note v4

Procedure

Prior to Procedure:
- Allergies assessed? Done.
- Consent obtained by physician? Done.
- Anticipated pain & anxiety addressed? Done.
- Wash hands? Done.
- Pre-Procedure Verification: Check patient ID x 2? Done, Active Time Out (all members present & focused)? Done, Mark/assess site? Done, Correct patient position? Done, Availability of special equipment? Not applicable, All syringes labeled with contents? Done.

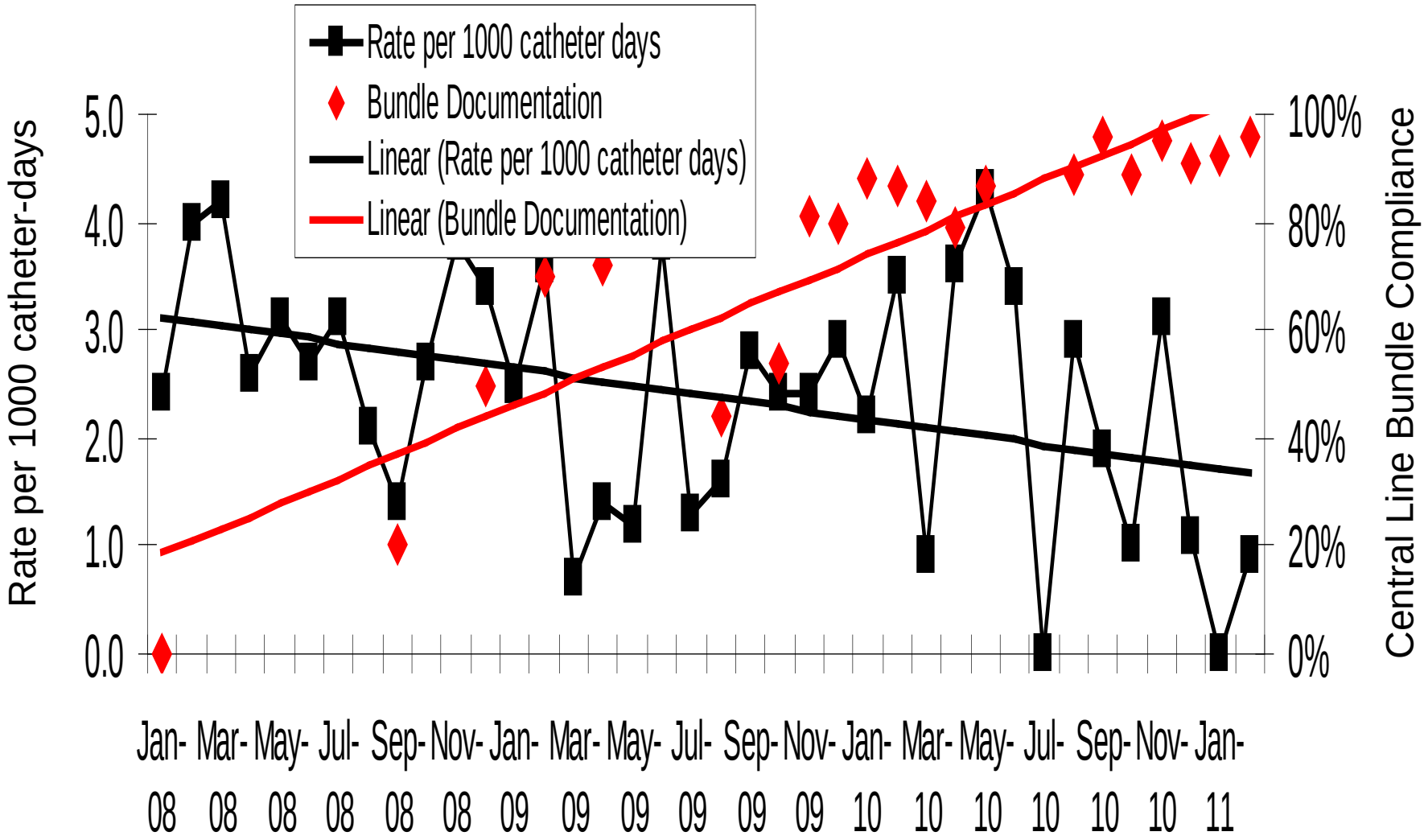
Pt monitoring:
- EKG: No.
- O2 Saturation: No.
- Vital signs q15 minutes during procedure: Yes.

Procedure Performed

Central Line insertion:
- Start time: 11/12/2008 16:22:00.
- Stop time: 11/12/2008 16:30:00.
- Catheter type: Non-tunneled/non valved.
- Change over wire: No.
- Unit/Patient Location: 7E.
- Physician Inserting Line: Dr. Smith.
- Service: Surgery II.
- Lumens: double.
- Site: right.
- Location: subclavian.
- During Procedure: Antiseptic application: Chlorhexidine prep - 2 minute scrub + 1 minute dry time, Pt covered w/full body sterile drape: Done, All involved directly with procedure wear: sterile gloves, sterile gown, mask, Catheter secured with: suture, If greater than 3 attempts - senior resident contacted: Not applicable, CXR to verify tip placement: Done, Sterile dressing applied: Transparent, Dressing dated and timed: Done, All lumens flushed with saline and capped with needleless device: Done.
- After Procedure: Central Venous Catheter Post Insertion Orders H1896 completed: Done.

Compliance

HMC ICU CLA-BSI and Bundle Documentation



Next Steps

- Move beyond compliance audits and audit quality of time-out
- Standardize across UW Medicine

Quality of Time Out

- Observational audits to include
  - Was it done
  - Who led the time-out
  - All elements addressed
  - Input from all
  - Quiet
  - Full participation

Summary

- Physicians are actively searching out nurses to perform the time-out during bedside procedures
- The development of the electronic Time-out/checklist has increased bundle and time-out compliance
- The tool is user friendly, and documentation occurs in real time
- We continue to standardized across the institution documenting the time out and procedures

Thank You

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