Improving Performance of Surgical Time Outs at a Level 1 Trauma Center

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Senior-Friendly NICHE Nurses Improving Care for Healthsystem Elders 2022

INTRODUCTION / BACKGROUND

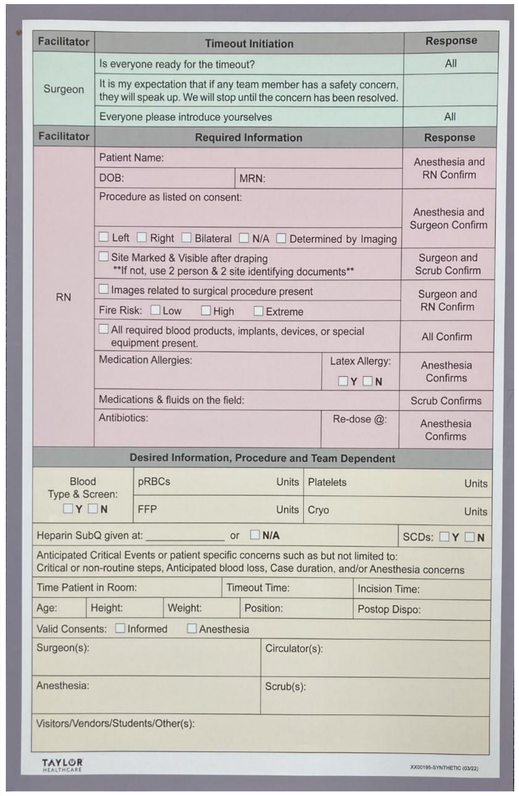
A multidisciplinary team of perioperative nurses, surgeons, anesthesia care providers, and hospital leadership came together at our Level 1 Trauma Center to evaluate and revise our process for surgical time outs.

PURPOSE

Revisions to the time out board were deemed appropriate to improve communication, and positively affect patient safety.

IMPLEMENTATION

- A video system was introduced in the operating suites to conduct audits of the time out process.
- Using guidelines from the Joint Commission, AORN, and a literature review, the team revised and presented a board to be used as a tool to improve compliance in surgical time outs.
- The board was displayed in the OR. Perioperative nurses, surgical technologists, surgeons, and anesthesia care providers were given opportunity to provide feedback.
- Roll out of the board consisted of education presentations, including a demonstration video for all involved role groups and two weeks of at-the-elbow training by nursing leadership in the OR.



Facilitator	Timeout Initiation	Response
Surgeon	Is everyone ready for the timeout?	All
	It is my expectation that if any team member has a safety concern, they will speak up. We will stop until the concern has been resolved.	
	Everyone please introduce yourselves	All

Facilitator	Required Information	Response
RN	Patient Name:	Anesthesia and RN Confirm
	DOB: MRN:	
	Procedure as listed on consent:	Anesthesia and Surgeon Confirm
	☐ Left ☐ Right ☐ Bilateral ☐ N/A ☐ Determined by Imaging	
	☐ Site Marked & Visible after draping **If not, use 2 person & 2 site identifying documents**	Surgeon and Scrub Confirm
	☐ Images related to surgical procedure present	Surgeon and RN Confirm
	Fire Risk: ☐ Low ☐ High ☐ Extreme	
	☐ All required blood products, implants, devices, or special equipment present.	All Confirm
	Medication Allergies: / Latex Allergy: ☐ Y ☐ N	Anesthesia Confirms
	Medications & fluids on the field:	Scrub Confirms
	Antibiotics: / Re-dose @:	Anesthesia Confirms

Desired Information, Procedure and Team Dependent

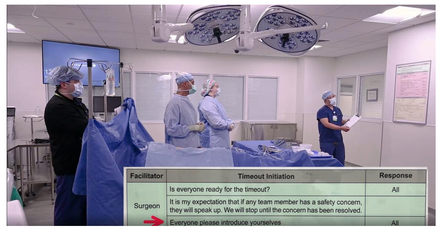
Blood Type & Screen: ☐ Y ☐ N	pRBCs	Units	Platelets	Units
	FFP	Units	Cryo	Units

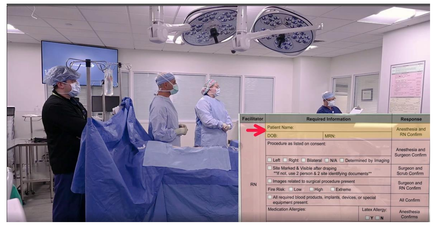
Heparin SubQ given at: _____ or ☐ N/A — SCDs: ☐ Y ☐ N

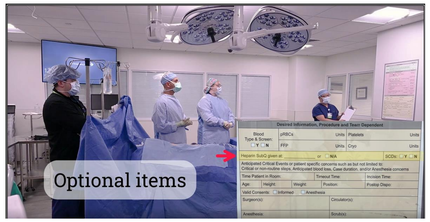
Anticipated Critical Events or patient specific concerns such as but not limited to:
Critical or non-routine steps, Anticipated blood loss, Case duration, and/or Anesthesia concerns

Time Patient in Room:		Timeout Time:	Incision Time:
Age:	Height: / Weight: / Position:		Postop Dispo:
Valid Consents: ☐ Informed ☐ Anesthesia			
Surgeon(s):		Circulator(s):	
Anesthesia:		Scrub(s):	
Visitors/Vendors/Students/Other(s):			

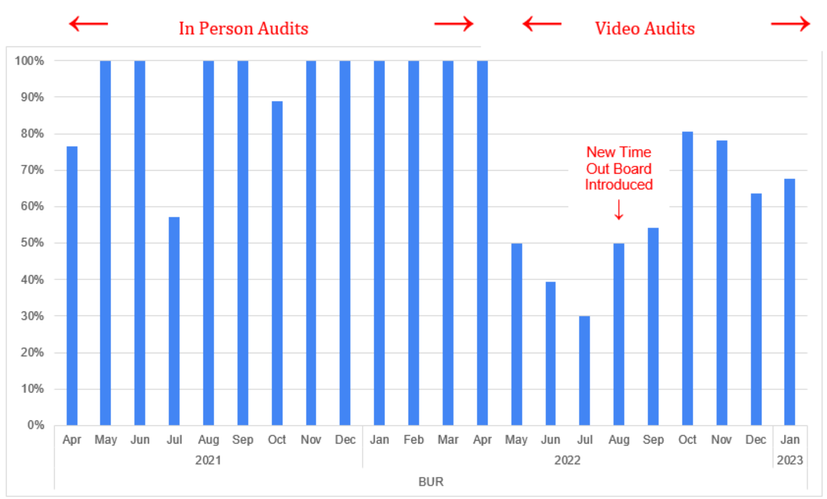
TAYLOR HEALTHCARE XX00195-SYNTHETIC (03/22)







Compliance With All Components



DISCUSSION

- Compliance with addressing all aspects of the time out was initially 100% using in-person audits.
- Following implementation of the video audit system, the compliance rate fell to 33% which indicated observational bias had created unreliable audits in the past.
- After introduction of new boards, audits revealed a 50% initial compliance with all elements of the time out; a high of 80% was reached within 2 months

NEXT STEPS

- Care providers have been provided with ongoing direct feedback regarding compliance.
- Ongoing education and use of the video auditing system should demonstrate continued improvements
- The organization continues to solicit feedback to practice continuous performance improvement.
- Through video audits, our team has noticed a shift in communication that brings perioperative nurses a greater voice and engagement in the time out process.

REFERENCES

1. AORN. (2023). *Guidelines for Perioperative Practice: Team Communication*.
2. Joint Commission. (2023). *Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery*. Standards UP.01.02.01, UP.01.02.01, UP.01.03.01