

Tune up the Time Out: Protecting Patients with every Heartbeat



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INTRODUCTION

OBJECTIVES OF POSTER:

- Identify two strategies used to improve compliance to Time Out Protocol in the EP area
- Identify a purpose for ensuring a Time Out Protocol is followed in the EP area

BACKGROUND

- Achieving compliance in the Time Out process is not just a regulatory requirement; it's a critical step in ensuring patient safety and reducing procedural risks.
- By aligning with TJC and Virtua Standards, we are fostering a safer environment and improving overall quality of care for our patients.
- In early 2024 Direct Observation in rounding revealed inconsistent adherence to Time Out Process
- Performance Improvement Project developed by EP Professional Governance Team to standardize and improve compliance with Time Out Protocol

FRAMEWORK

- DMAIC

SETTINGS AND PARTICIPANTS

- EP lab at Virtua Our Lady of Lourdes
- Clinical procedural staff



METHODS

DATA COLLECTION AND ANALYSIS

- Project period:** January 2024-ongoing
- Creation of Time Out Audit Tool** following *Virtua Policy on Surgical Site Verification and Universal Protocols for Correct Site, Procedure and Person*
 - Direct Observation with audit tool began January 2024 with 10 audits per month performed by staff initially: Audits reduced to 5 audits per month to ensure adherence to the Time-Out protocol
- Creation of Time out Script** template, eventually returned to 10 audits per month and remain in 2025
- Goal for compliance set** at 100% for Patient Safety
- Staff Education Sessions:** Monthly reviews on Time Out protocols
 - Knowledge deficit identified: not all staff aware to cease activity for Time Out
- Practice Adjustments:** Focus on adherence to TIME OUT SCRIPT.
- Peer Review:** Regular feedback loops through audit results to inform best practices

Virtua Health: Surgical Time Out Audit

Patient: _____ Physician: _____ (Date): _____

Author: _____ (Procedure)

Purpose: Ensure compliance with Virtua's Surgical Site Verification policy - Correct Site, Correct Procedure, Correct Person.

Benchmark target: 100%.

During time-out, only the initiator speaks, and all activities cease.

Verification:

When: Before ANY invasive procedure, including incision or percutaneous puncture.

Verbal ID by Patient/Family/MPQA/Surgical consent, H&P, physician's orders, schedule, radiology studies

Action: Time-Out & Fire Risk Assessment (initiated by circulator/technologist (invasive areas))

Final verification by entire team before surgery starts.

Exceptions:

Tapeable procedures require separate time-outs (e.g., TEE/Ablation; AVN/Device)

Documentation:

Date, time, participants documented in procedural record. Emergency surgeries documented as such in EHR.

Time Out Process:

1. Patient identified, DOB or Medical Record

2. Consent verification:

1. a. Anesthesia: Yes/No/N/A

2. b. Procedure: Yes/No

3. c. Blood Consent: Yes/No/N/A

3. Consents timed and dated by physician and patient: a. Yes b. No

4. H&P completed, signed before entering procedure room: a. Yes b. No

5. Patient in the correct position: a. Yes b. No

6. Allergies reviewed: a. Yes b. No

7. Any unanticipated or critical steps reviewed: a. Yes b. No

8. Safety indicators Confirmed: a. Yes b. No

9. Safety precautions reviewed: a. Yes b. No c. N/A

10. Labs reviewed and physician informed of any abnormalities: a. Yes b. No c. N/A

11. Patient name in is correct in monitoring equipment and X-Ray: a. Yes b. No

12. Anesthesia concerns: a. Yes b. No c. N/A

13. Antibiotics administered within 60 minutes: a. Yes b. No c. N/A

14. Required supplies/equipment available: a. Yes b. No c. N/A

15. ALL staff in agreement: a. Yes b. No

Fire Risk Assessment:

• Completed before the procedure, documented, a. Yes b. No

• EHR fire risk score announced (high for most of our procedures) and reviewed, a. Yes b. No

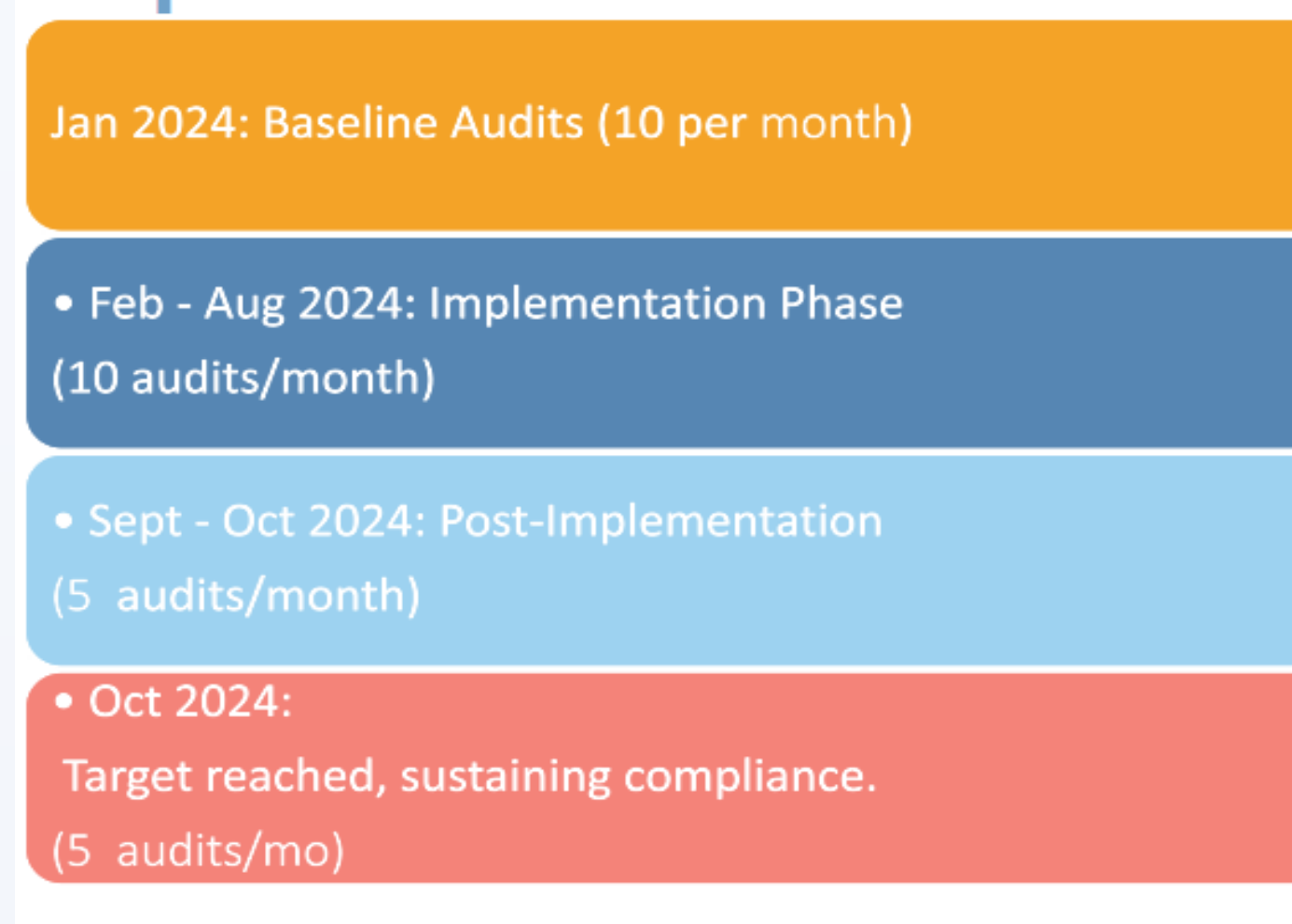
Documentation:

WE ARE ABOUT TO DO TIME OUT - EVERYONE PLEASE STOP ALL ACTIVITY

- This is (patient name), DOB, scheduled for (procedure as listed on consent).
- Procedure, Anesthesia and Blood Consents (if Applicable) are signed and dated.
- Laterality and site marking is NOT necessary, the patient is in the correct position.
- Allergies have been noted and are (state allergies). Have Antibiotics been administered within 60 mins of the procedure?
- Dr. _____, are there any anticipated critical or non-routine steps?
- Do you expect any additional blood loss more than normal for this procedure?
- Were the safety indicators confirmed?
- Any patient-specific safety concerns? (for example, Pacer dependent / ICD Therapies Disabled?)
- All supplies/emergency equipment are in the room.
- Pre-op labs and images (if needed) are available and reviewed. (State any abnormal lab of concern).
- Patient name correct in X-ray and Monitor.
- Anesthesia, do you have any patient-specific concerns?
- Fire Safety Risk is: **Read the below -**
 - Fire Risk 1 or 2: Normal precautions will be taken.
 - Fire Risk 3: HIGH - All necessary precautions are taken
- Is all staff in agreement with the procedure to be performed? (DO NOT PROCEED IF NOT IN AGREEMENT)

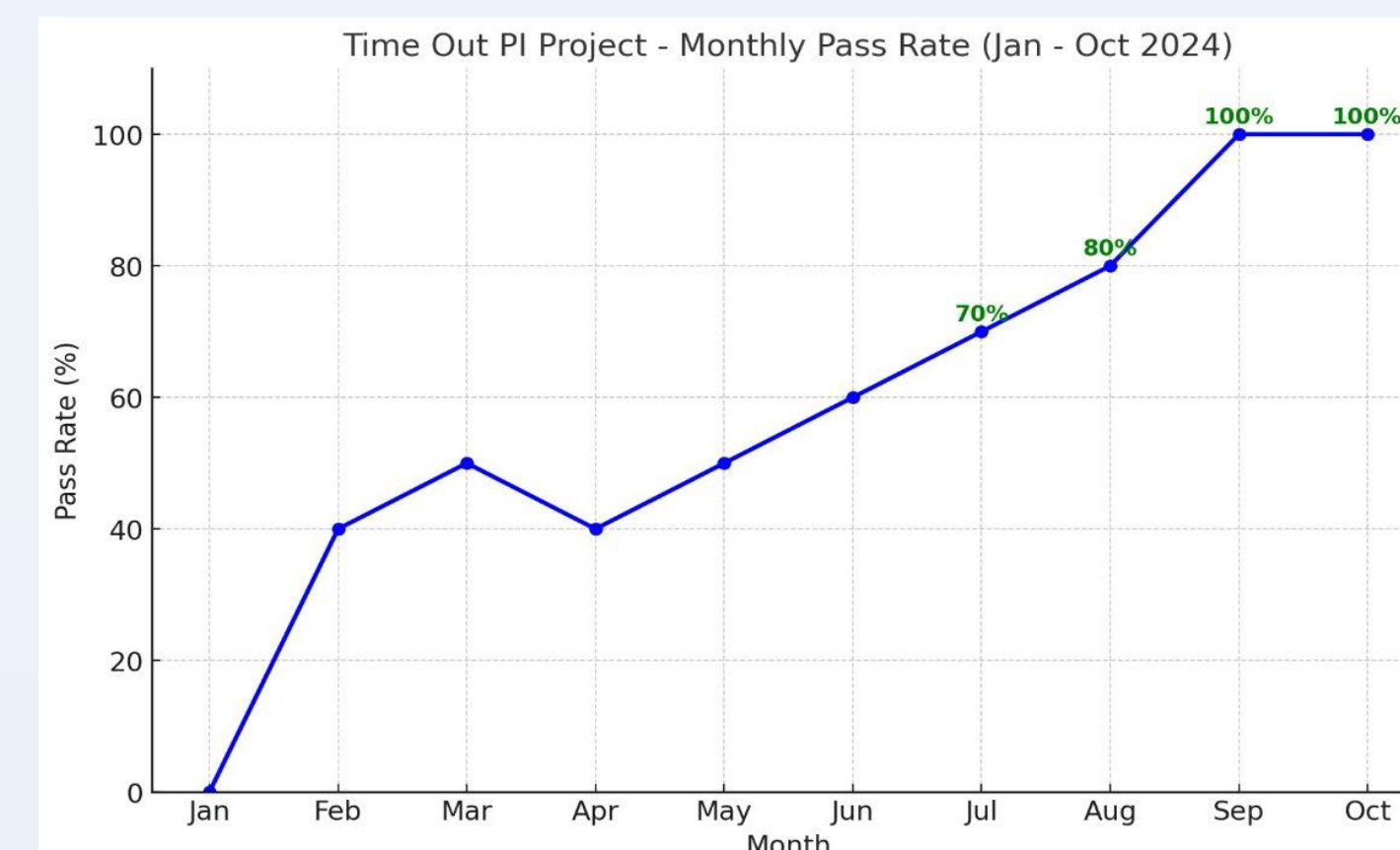
RESULTS

- Total Audits Performed: 95 audits
- Compliance improvement from 0% January 2024 to 100% by October 2024



Monthly Audit Results:

Month	Total Audits	Pass	Fail	Pass Rate (%)	Trend
January	10	0	10	0%	🔴
February	10	4	6	40%	🟡
March	10	5	5	50%	🟡
April	10	4	6	40%	🟡
May	10	5	5	50%	🟡
June	10	6	4	60%	🟢
July	10	7	3	70%	🟢
August	10	8	2	80%	🟢
September	10	10	0	100%	🟢
October	5	5	0	100%	🟢



CONCLUSIONS

IMPACT ON PATIENT SAFETY

- Enhanced safety protocols in EP Lab through pit crew approach ensuring precision, teamwork, and adherence to regulatory standards
- Reduction in procedural risks aligning with Virtua and TJC Safety Guidelines

LIMITATIONS

- Audits performed by EP staff offering potential for bias

FUTURE DIRECTION

- Regular data audits and continuous feedback loops will keep us on track for long-term success
- Fall outs of Time out protocol continue to be addressed with real time coaching and discussed during Team Huddle
- Our Professional Governance Team will apply lessons learned from this QI project to future endeavors

REFERENCES

The Joint Commission. (2023). National Patient Safety Goals. www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2023/hap-npsg-simplified-2023-july.pdf.

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Contributors:

EP Professional Governance Team and Cathy Derienzo MSN, RN, CV-BC ANC for EP/CCL