

Universal Radiology Time Out

The Problem

- To address persistent errors in procedures outside of the OR, the Interventional Procedures Committee (IPC) mandated a standardized **Time Out** process be implemented in all procedural areas.
- Root cause analysis of procedure cases resulting in complications from errors found that if a more robust time out had taken place the error could have been avoided.
- Each area within the IPC was tasked to draft a scripted **Time Out** that contained the 7 elements recommended by TJC (The Joint Commission).
- We had to develop one script that would cover a range of different procedures across our entire department.

Aim/Goal

Develop a standardized **Time Out** script for all procedure personnel regardless of procedure or modality. Procedures are performed by rotating staff and at various locations, such that having a universal script became essential for personnel to have the same expectations and the same tools. A universal **Time Out** would promote consistency and compliance, preventing errors and increasing patient safety.

The Team

Radiology: Misti Mullins, RN; Bridget O'Bryan-Alberts RN BSN; Jonathan Kruskal MD PhD; Donna Wolfe, Michael Larson, Section Chiefs, Managers, and Staff.

Interventions

- Met with radiology section chiefs to draft one script to fit all **procedures**, e.g., *liver biopsy, dialysis catheters, therapeutic injections, vertebroplasties, etc.* across all **modalities**, i.e., *interventional, musculoskeletal, abdominal, CT, ultrasound, fluoroscopy etc.*
- Invited feedback from radiology managers on roles in the **Time Out** process, best way to educate staff and implement new script.
- Educated staff on new script at section staff meetings, laminated scripts and produced video demonstrating **Time Outs** across the department.
- On-going monthly audits to measure compliance with script use. Any problems or issues are examined using root cause analysis.

TIME OUT - Immediately before procedure

	Tech states: If no Tech, then RN: If no Tech/RN, then MD:	PATIENT	MD	What Happens
Get Ready	"Ready to do a time out?"	"Yes" when possible	"Yes"	<input type="checkbox"/> RN/MD/Tech has consent and requisition in hand <input type="checkbox"/> All other activities stop for time out <input type="checkbox"/> Everyone participates in time out
ID/confirm allergies	Reads: "This is: patient's name, DOB: Lists allergies. States MRN.	Confirms when possible: <input type="checkbox"/> Name <input type="checkbox"/> DOB <input type="checkbox"/> Allergies	"Yes" or "No" (if ID is not visible, MD must verify with consent form or other stamped record)	<input type="checkbox"/> RN/MD/Tech reviews name, MRN & DOB on consent and requisition <input type="checkbox"/> Team reviews allergies listed
Correct Procedure	"What interventional procedure is the patient having done?"	Confirms whenever possible	MD states the name of this procedure	<input type="checkbox"/> RN/MD/Tech confirms the procedure on the consent and requisition forms
Mark Site/side	"Does this interventional procedure involve a specific site or side?" <i>(If NO, skip to next question)</i> If yes, "Is the correct side/side identified or marked?"	Confirms whenever possible	MD verbally confirms that correct site and side is identified or to be marked using imaging or states no marking is needed.	<input type="checkbox"/> RN/MD/Tech confirms that laterality is correct on the consent and requisition forms. <input type="checkbox"/> All visualize and confirm correct marking if appropriate <input type="checkbox"/> All must agree to proceed (incl. patient, if possible)
Lab/si Specimens	1) "Does this interventional procedure require any lab test results before proceeding?" 2) "Any specimens that must be collected?"		MD names any relevant lab tests and any specimens required.	<input type="checkbox"/> RN/MD verify any lab test results if applicable <input type="checkbox"/> Tech/MD verify any lab specimens to be collected
Patient Medications	1) "Has the patient been on any medication that should have been discontinued?" 2) "Are there any medications to be given prior to procedure?"		MD acknowledges that patients medications were reviewed and handled appropriately.	<input type="checkbox"/> RN/MD verify any relevant medications.
Last Check	"Is there anything else we need to discuss?"	Patient responds when possible	MD responds as necessary	All respond as needed (may include special precautions)

* It is the responsibility of all members to insure that the Time-Out is performed and everyone involved in the procedure must participate.

Progress to Date

Since implementation of a universal Time Out script in interventional radiology procedures, compliance rates have been consistently high and we have not experienced any procedure errors.

Lessons Learned

When we developed the time out script we looked to the Radiology Technologists to be the leader for our script because they are the common denominator in all interventional procedures. During piloting of the script, several technologists voiced concerns about leading the time out due to clinical elements not within their scope of care, e.g., they felt that leading the time out made them responsible for knowing acceptable lab values and medications. To address this, we discussed their role issues during staff meetings and clarified that leading the **Time Out** ensured that the procedure team covered each of the **Time Out** elements but did not make them responsible for elements not within their scope of care.

This project brought to light another discovery we made during the implementation of our script, that leading the **Time Out** empowered technologists to feel comfortable calling out any issues they encounter.

Next Steps

- Continue audits and analyses
- Develop and implement a post procedure "closeout" process to cover the 5 D's:

Disposal of sharps

Disposition of the specimen

Documentation

Discharge of the patient, & any remaining

Details

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