

TIME OUT PROCEDURE IN THE AMBULATORY SETTING

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Introduction

- Events of wrong patient, wrong side and wrong procedure in surgery may occur everywhere and any time.
- Verifying the right patient, the right side, the right body part and the right operation is essential for patient safety and to prevent devastating results.
- Some centers use the procedure for formal briefing to the entire surgical team similar to the safety practice in the aviation industry.



Time out procedure before surgery

- Right patient
- Right side
- Right operation
- Right body part

- The Director General of the Ministry of Health of Israel published in 2011 his policy directing medical centers to implement the procedure in every operating theatre across the country and in a standardized manner.
- The Policy did not address procedures that were performed in the ambulatory settings such as gastrointestinal endoscopies, bronchoscopy and others.
- We believed that this standard should be extended to include all ambulatory interventional procedures which carry the same concern for patient safety.



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Background

- The patient safety and risk management unit decided to implement the time out policy in the ambulatory services.
- We chose the gastrointestinal institute to be the first outpatient clinic for conducting our study of implementing the time out procedure.
- These preliminary results will help us to build a time out form that meets all needs the different ambulatory sites



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Objective of the study

The purpose of our report here is twofold: first, to describe the process, rationale, and implementation of an extended ambulatory interventional setting (AIS) in the gastroenterology unit, and second, to review the results of the initial implementation the AIS.

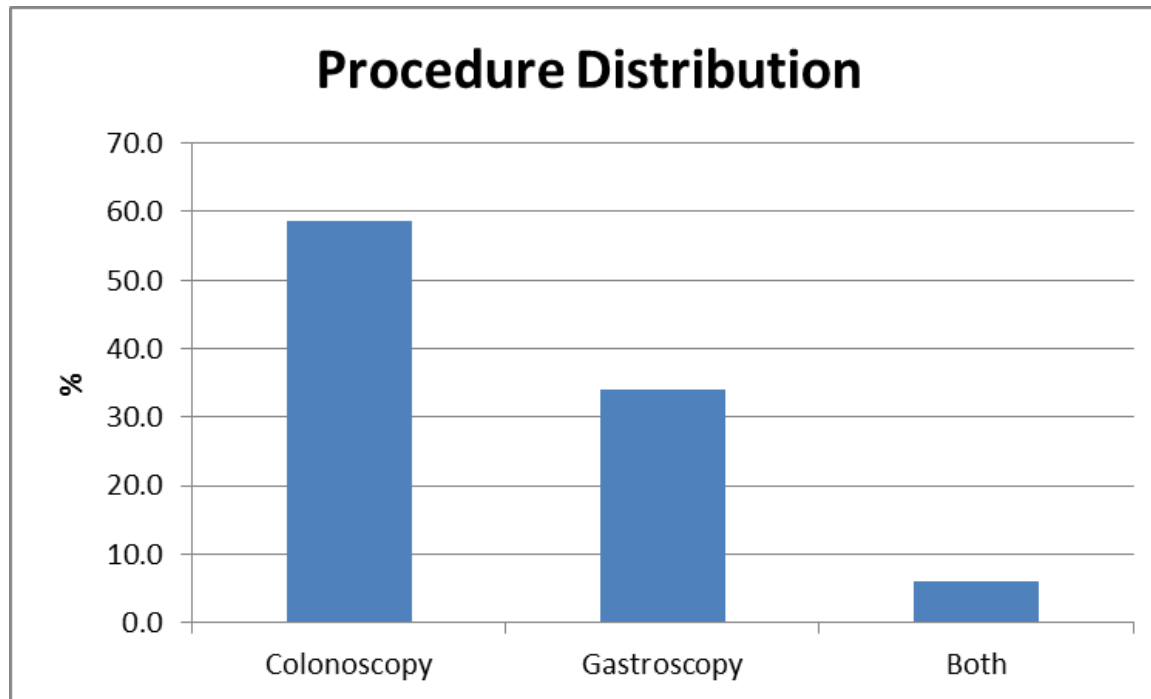


- A time out form was prepared and sent to all partners of the patient safety and risk management unit and to the head and the head nurse of the gastroenterology unit for remarks.
- The complete form was tested randomly on a number of patients and remarks were collected.
- The corrected form was sent again to all partners and approved for use.

- During the months Feb-Sep 2014 copies of the complete forms were collected for patients who underwent gastroscopy and or colonoscopy.
- The forms were tested for being fully or partially completed by the staff.
- The results were analyzed using SPSS
- We did not look for patient satisfaction or the number of complications during the procedure

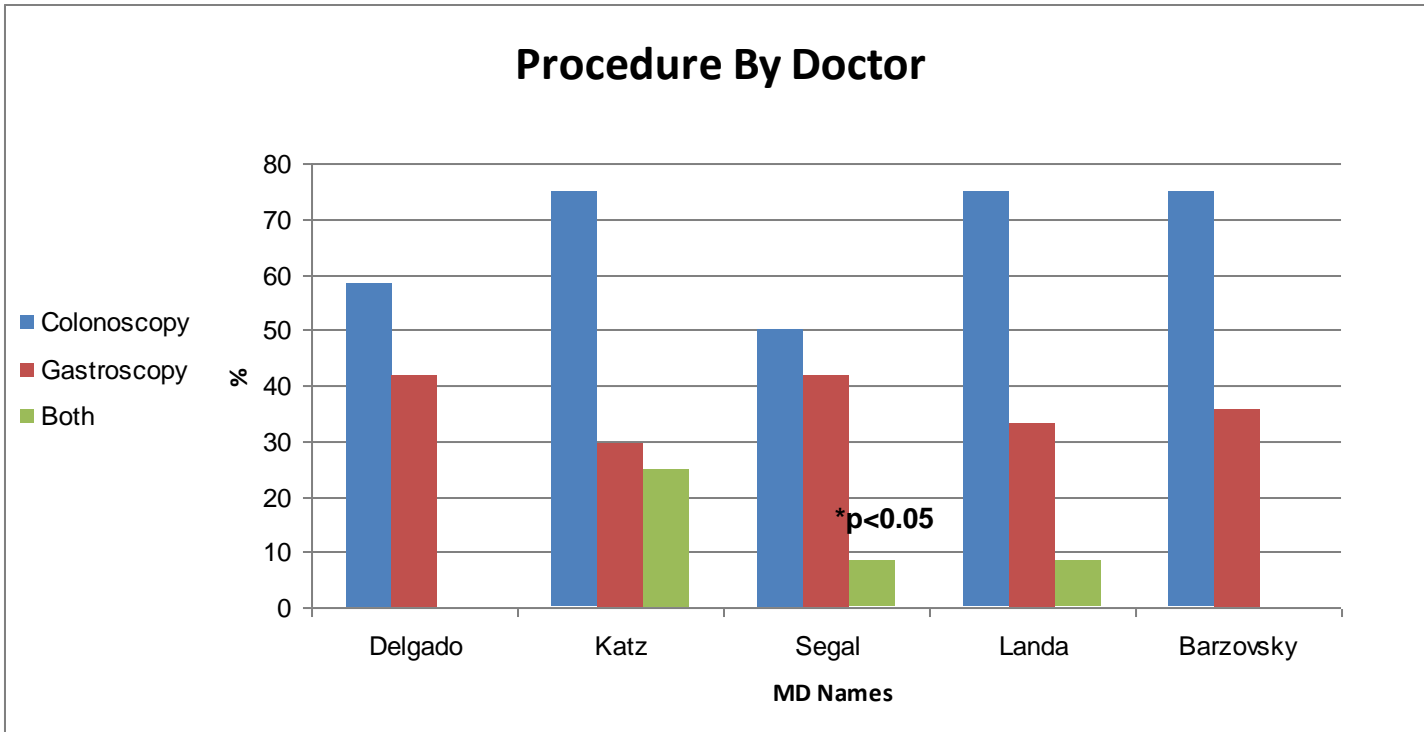


Time Out procedure was performed in 82 patients by the following distribution





Operating Doctors Compliance



In combined procedure less compliance to fill the TIMEOUT record was observed significantly ($p<0.05$).



TIME OUT- Items

Complete Response- 78-97% Records' upon specified item-

| | Item | % Yes | % No |
|-----------------------------------|---|--------------|-------------|
| Patient ID | Patient Name & ID | 100 | |
| Procedure & Anesthesia | Type of procedure | 92 | 8 |
| | Target organ | 89 | 11 |
| | Plan Sedation/anesthesia | 97 | 3 |
| | Informed consent for anesthesia | 98 | 2 |
| | Informed consent for procedure | 96 | 4 |
| Medical alerts | Drug and material sensitivity | 93 | 7 |
| | Contagious diseases | 93 | 7 |
| | Pacemaker | 93 | 7 |
| Medical Treatment | Anticoagulant | 80 | 20 |
| Essential Resources | Present and safety of sedation equipment | 85 | 15 |
| | Medication/ Fluids | 85 | 15 |
| | Equipment and implants | 75 | 25 |
| | Optic Equip | 81 | 19 |
| | Imaging results | 82 | 18 |
| | Radiology technician / Medical-engineering personal | 78 | 22 |
| | Pathology | 80 | 20 |
| End | Sign &signature | 95 | 5 |



- 1. Time out procedure is possible in the ambulatory setting**
- 2. Time out form was easy to understand and to fill**
- 3. The staff declared great satisfaction with the form**
- 4. Time out procedure should be conducted in all outpatients settings where invasive procedures are performed**

Nowadays, the form is being used in all ambulatory interventional procedures

The next scheduled study will be aimed to learn about the efficiency of the form in decreasing unwarranted mistakes during the procedures.



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FIRST PATIENT SAFETY

Thank you for your attention