Problem Definition

In recent years, one of the most challenging patient safety issues is preventing wrong-site surgery, wrong-patient surgery or wrong-procedure—all classified as sentinel events by The Joint Commission (JC). The Surgical Safety Checklist (SSC), introduced and standardized by the World Health Organization (WHO), has led to a major paradigm shift to implement a standardized system of check lists and time outs performed by high functioning teams (doctors and nurses, together) in the operating room. This has been the cornerstone of a change in perioperative culture to ensure the highest standards for patient safety.

Bedside procedures often carry a similar risks of sentinel events to those procedures that occur in the operating room, which is reflected in requirements for consent and periprocedural documentation. In addition to sentinel events, many hospital quality metrics, such as iatrogenic pneumothorax or catheter associated blood stream infections, are related to periprocedural safety. As a corollary, bedside procedures should be held to the same standard as operative procedures. However, recent JC visits and institutional data have identified opportunities for improvement to bedside procedural safety, such as the use of check lists and time outs.

Preliminary data from our electronic medical record suggest that clinicians perform time outs for only 50% of bedside procedures, and there is little data to the quality of time outs when they do occur. The Housestaff Quality and Leadership Council has found the current process is haphazard and unstandardized and providers are unclear about their roles. We have identified bedside procedural safety as a priority for improvement.

Aims For Improvement

Mission: Improve patient safety through increasing interprofessional collaboration and empowerment in the peri-procedural time periods.

Aims
- Increase rate of high-quality time outs performed prior to bedside procedures by 50%
- Increase rate of accurate and timely timeout documentation by 50%

Time Outs Take Teamwork

Intervention

Bedside Procedures: New Navigator Standardizes Workflow

Universal Protocol for Bedside Procedures Requires Timeout and Documentation

- Old Procedure Document: allowed a principle to document that a Time Out was performed
- New procedure: document if after procedure was completed

New Procedure Navigator Guides Bedside Procedures and Documentation

1. BEFORE procedure is started, complete documentation of:
   - Universal protocol
   - Pre-op risk
   - Consent and signature (for surgeons)

2. AFTER procedure is completed, complete Procedure Note in Praxis via navigator

Starting November 27 Use Navigator for EVERY Procedure EVERY Time

- Print list and nurse should place the bedside procedure together
- A physician is name on the team and complete proprocedure documentation
- Poor procedure documentation must be started immediately following completion of the procedure

Measurement and Results

We collect data on type of procedure, time-out documentation, procedure documentation and finally, time between time out documentation to procedure note documentation (there should be at least a 10-minute difference if appropriate sequence of events was followed).

Aim to provide monthly performance data, and every other week celebration of “champions” performing the process correctly.

Time Outs Take Teamwork - Improving Patient Safety for Bedside Procedures
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Next Steps

Bedside Navigator and procedure notes are already live in epic, available across the institution and education has been initiated. Future directions center around engaging stakeholders, refining the workflow to “reduce clicks” and improving support for specialty specific workflows. Within the next year, we plan to champion our initiative across all ICUs at TJUH and JHN.

Specific opportunities identified to clarify across stakeholders and specialties
- Clarify when timeout needed: assume required for any procedure requiring consent
- Commit to nursing presence at bedside for EVERY procedure: make this “how we do things here”
- Improve procedure-specific templates to streamline documentation and promote utilization