Timeout Defined and Compliance

▶ Universal Protocol: Pre-procedure Verification, Site Marking, and Time-Out (POL-4446036)

D. **Time-out**: The purpose of the time-out is to conduct a final assessment that the correct patient, site and procedure are identified. During the time-out, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site and procedure. Confirmation of the site mark will be included in the time-out. A designated member of the team initiates the time-out and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved.

▶ Imaging Institute – Procedure Documentation Protocol (PROT-5779866)
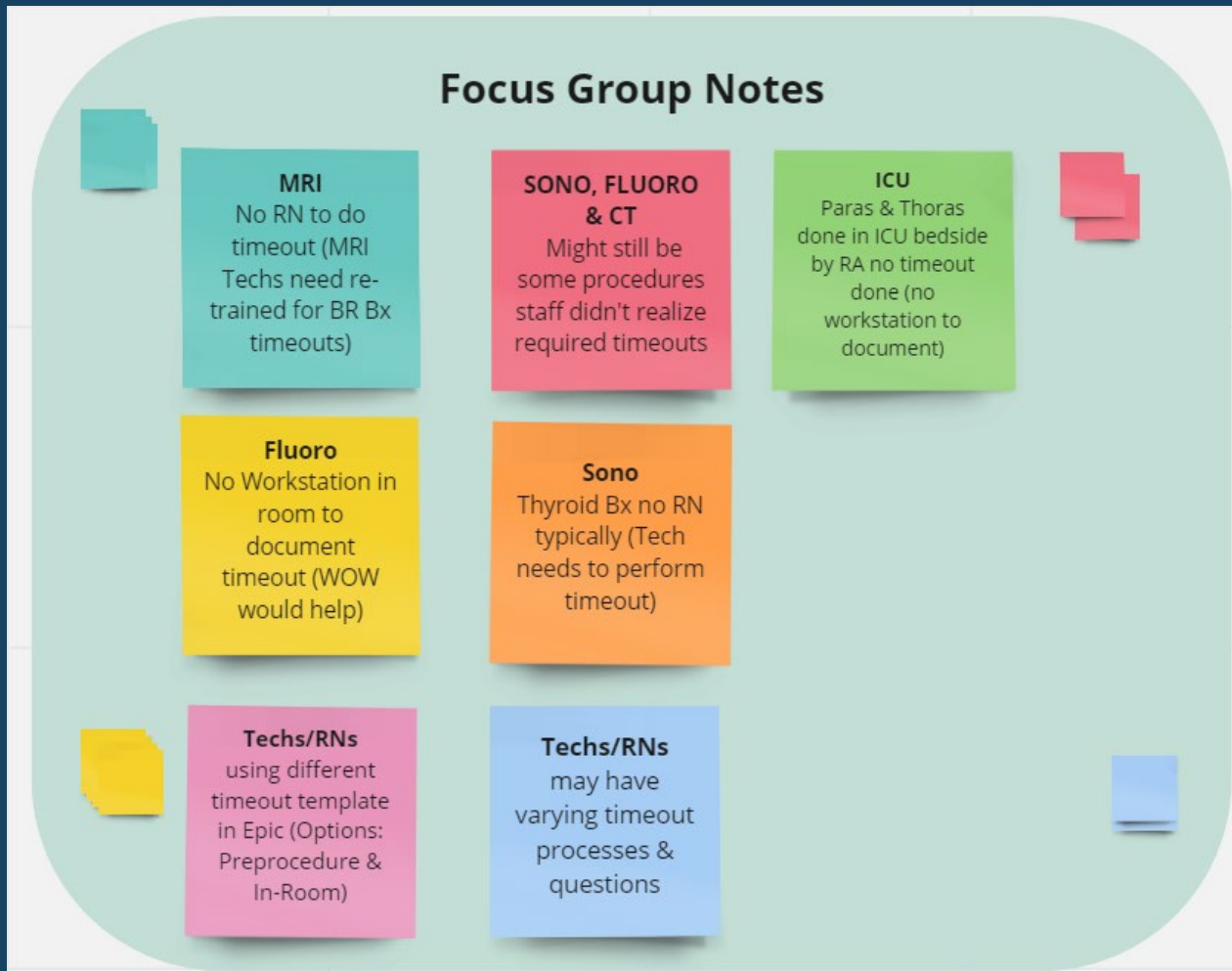
4. Time Out

A time out must be performed immediately before the procedure begins and may be initiated by any member of the immediate procedure team, as indicated by the "Universal Protocol: Pre-Procedure, Verification, Site Marking, and Time-Out policy. All timeouts must be documented in EPIC.

For major image guided procedures performed by an interventional radiologist, the attending radiologist is considered an immediate member of the procedure team and will be present for the time-out absent an emergency or other extenuating circumstance. If the attending radiologist is not present for the time-out, a senior resident or fellow, familiar with the patient and being supervised by the radiologist performing the procedure, may participate in the time-out on the radiologist's behalf if permitted to initiate the procedure by the attending radiologist and program specific supervision guidelines.
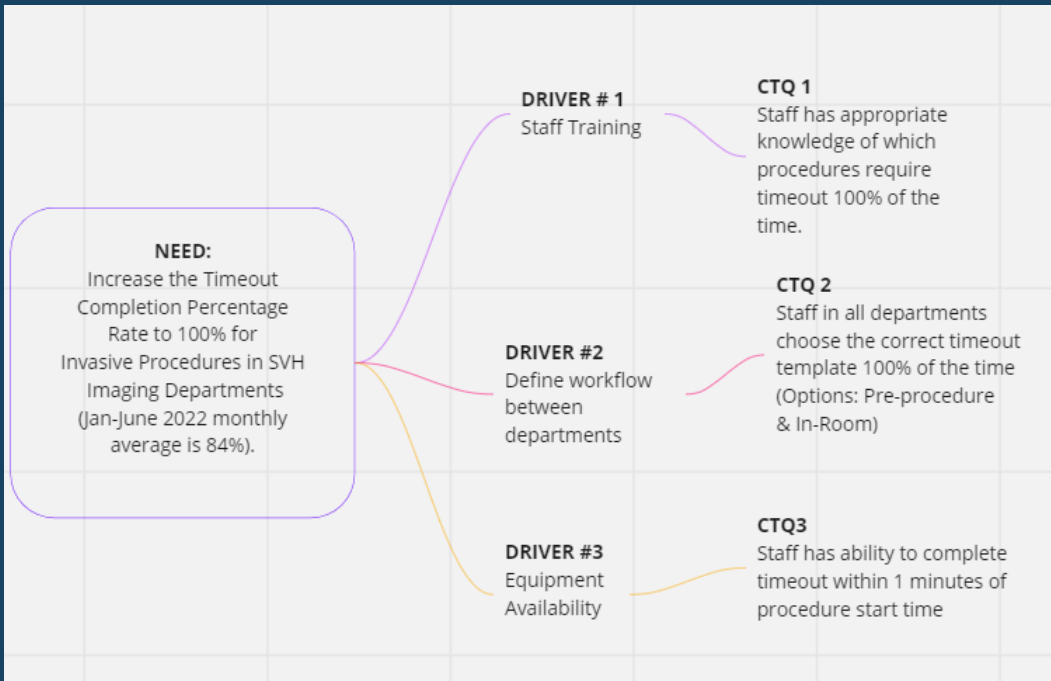
TIMEOUT COMPLETIONS BY FACILITY & MONTH

	JAN 22	FEB 22	MAR 22	APR 22	MAY 22	JUN 22	JUL 22	AUG 22	SEP 22	OCT 22	NOV 22	DEC 22
AGH	95.00%	96.00%	96.00%	95.00%	96.00%	95.00%						
AVH	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
FORBES	91.00%	83.00%	78.00%	96.00%	96.00%	99.00%						
WPH	92.00%	90.00%	90.00%	88.00%	94.00%	92.00%						
HWP	82.00%	91.00%	87.00%	90.00%	88.00%	87.00%	91.00%					
CGH	89.00%	97.00%	100.00%	100.00%	98.00%	100.00%						
SVH	83.00%	78.00%	87.00%	91.00%	84.00%	81.00%						
WMH	100.00%	0.00%	75.00%	N/A	N/A	N/A						
GCH	100.00%	86.00%	100.00%	100.00%	100.00%	100.00%						
WXH	100.00%	97.00%	90.00%	95.00%	97.00%	100.00%						

DEFINE: VOC *(Voice of Customer)* and Affinity Diagram

DEFINE: **CTQ Tree** (Critical to Quality) and SIPOC

NEED:
Increase the Timeout Completion Percentage Rate to 100% for Invasive Procedures in SVH Imaging Departments (Jan-June 2022 monthly average is 84%).

DRIVER # 1
Staff Training

CTQ 1
Staff has appropriate knowledge of which procedures require timeout 100% of the time.

DRIVER #2
Define workflow between departments

CTQ 2
Staff in all departments choose the correct timeout template 100% of the time (Options: Pre-procedure & In-Room)

DRIVER #3
Equipment Availability

CTQ3
Staff has ability to complete timeout within 1 minutes of procedure start time

SUPPLIERS	INPUTS	PROCESS	OUTPUTS	CUSTOMERS
Tech	WOW (Workstation on Wheels)	Tech/RN has WOW available in Room	Timeout completion	Patient
RN	Patient Info	Tech/RN signs into Epic, then navigates to Patient Chart	Delayed timeout completion if WOW unavailable	Radiologist
Radiology Assistant	Tech/RN	Tech/RN brings patient to room		Radiologist Assistant
Radiologist	Timeout Template	Patient enters room		RN
Patient		Tech/RN asks pt to verify Name & Date of Birth		Tech
		Radiology Assistant/Radiologist enters room		
		Tech/RN calls timeout before procedure starts		
		Tech/RN enters timeout information into appropriate template		

MEASURE: Current State Process Map and Data Collection
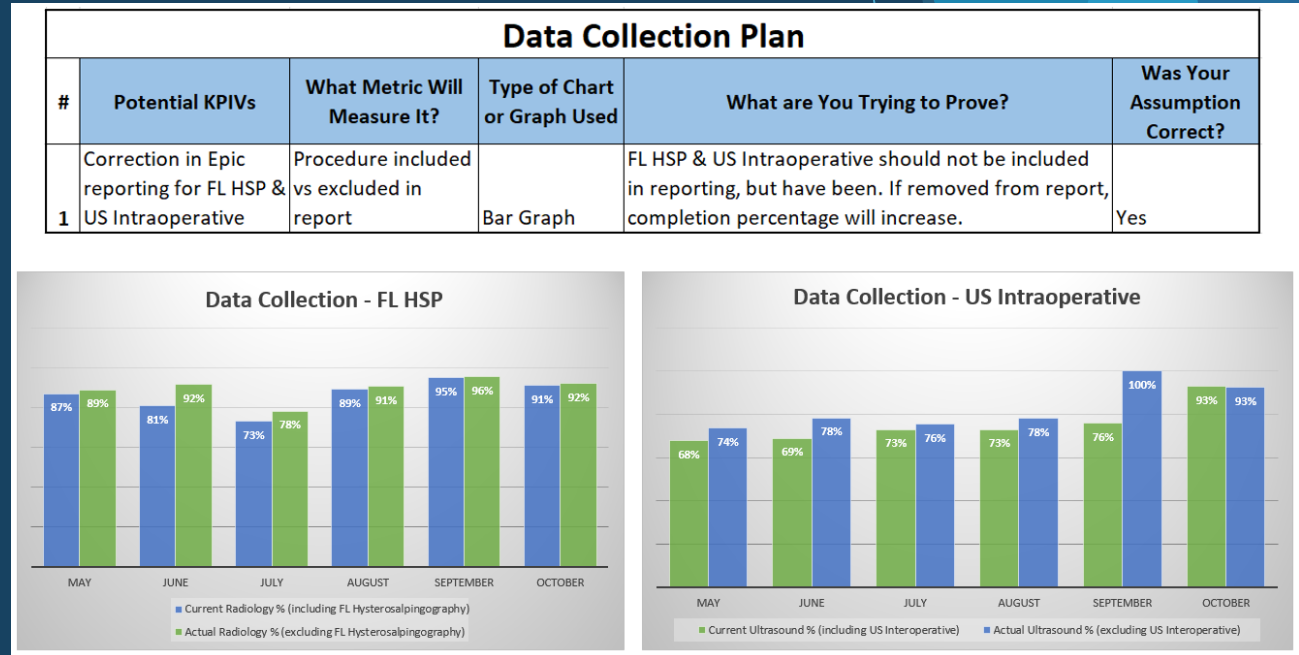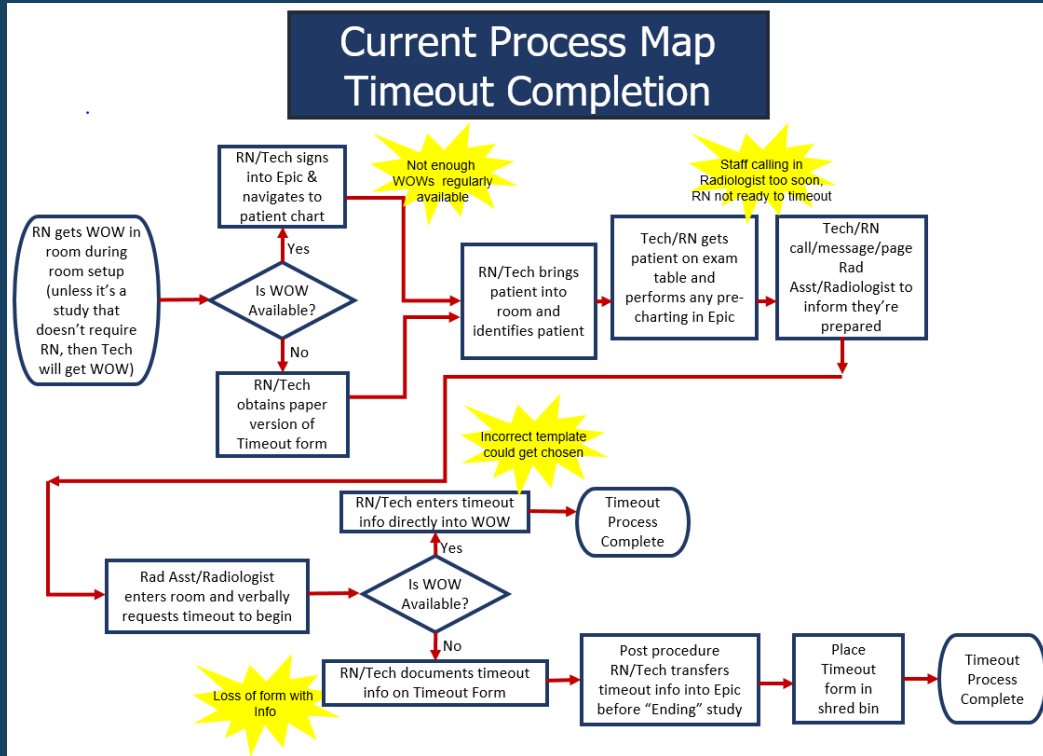
ANALYZE: Fishbone Diagram

Fishbone Diagram – Timeout Completion
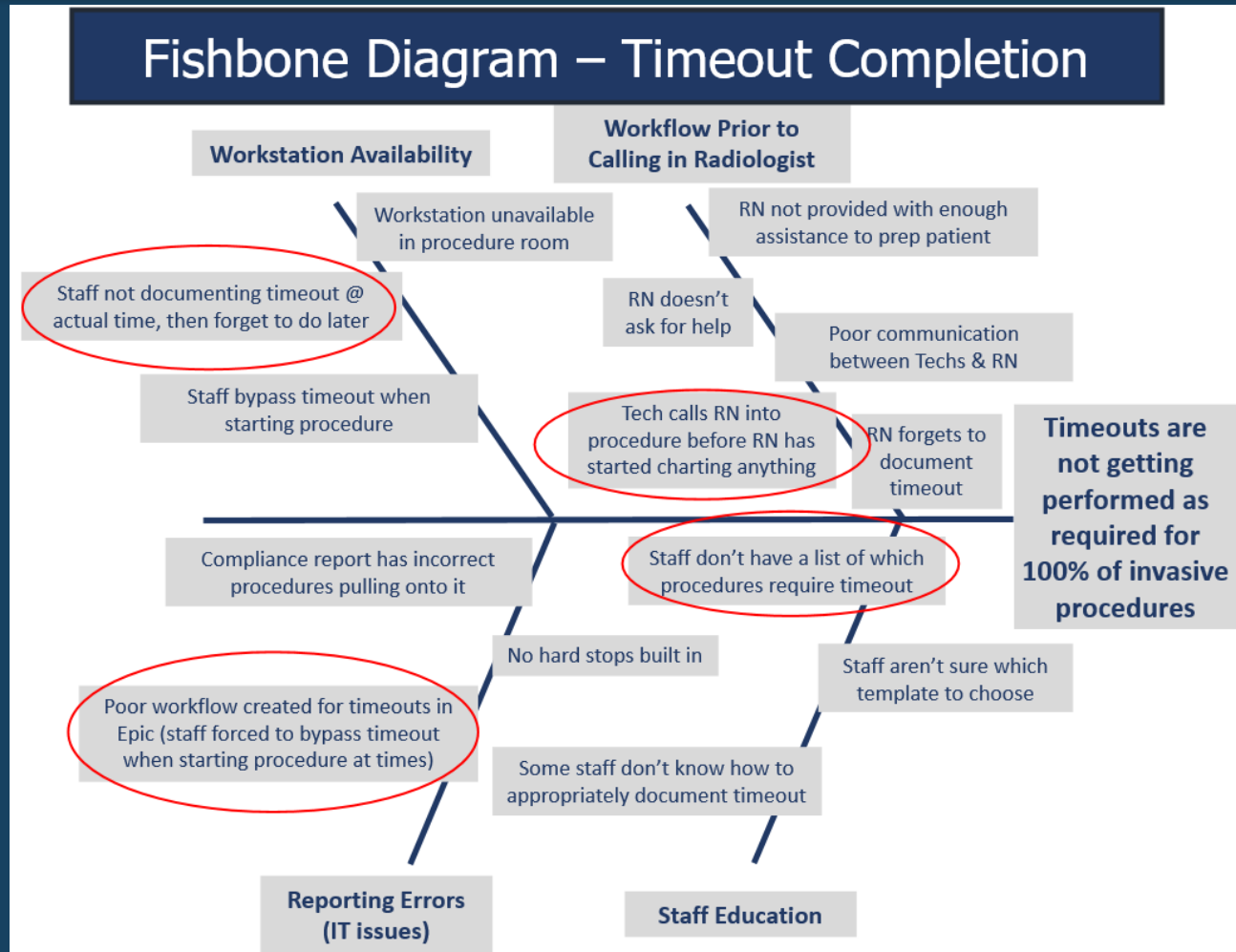
IMPROVE: Countermeasure and RACI Matrix

Counter Measure Matrix Template

Problem Statement KPOV (Y)

From 01/22 to 06/22 the average monthly percentage for timeout completion in CT, MRI, Sono, & Fluoro has been calculated to be 84%. This has resulted in a lesser timeout completion rate than expected by AHN Imaging Institute, and creates increase potential for study and/or patient error.

Problem Statement (KPOV) and KPIVs should be Measurable

KPIV (x) — Timeout Data Entered

Root Causes:
- Staff not documenting timeout @ actual time, then forget to do later → **Have a WOW available in procedure room**
- Workstation unavailable in procedure room → **Have a WOW available in procedure room**
- Staff bypass timeout when starting procedure → **Have a WOW available in procedure room**

KPIV (x) — Staff Education

- Staff haven't been provided with invasive procedure timeout list → **Provide Timeout Procedure list for each modality to all Techs/RNs to review**
- Staff aren't sure which template to use → **Confirm with IT, then educate staff on which template they're supposed to use**
- Some staff don't know how to appropriately document timeout → **Provide TIP sheet with instructions to all Techs/RNs**

KPIV (x) — RN charting time prior to calling Radiologist in to start procedure

- Tech calls RN into procedure before RN has started charting anything → **Tech help RN to prep patient, & checks with RN prior to calling Rad or Rad Asst to procedure**
- Poor communication between Techs & RN → **Tech help RN to prep patient, & checks with RN prior to calling Rad or Rad Asst to procedure**
- RN not provided with enough assistance to prep patient → **Tech help RN to prep patient, & checks with RN prior to calling Rad or Rad Asst to procedure**
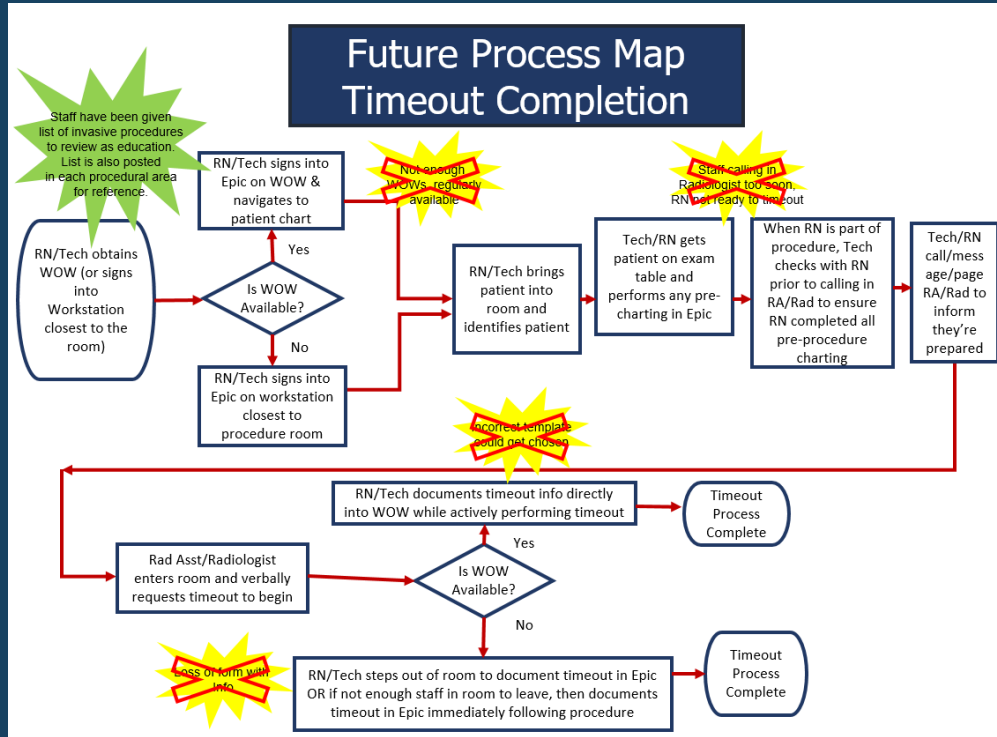
Lean Six Sigma RACI Matrix

Responsible (R): Those who perform the activity
Consulted (C): Those who must be consulted before the activity is performed
Informed (I): Those who must be informed after the activity is completed
Accountable (A): Person who approves work done by those Responsible

Step	Process Activities	Tech	RN	Rad & Rad Asst	Lead/ Chief
1	Room is prepared for exam (including bringing WOW into exam room)	R	R		
2	Log into Epic and enter patient chart on WOW	R	R		
3	Patient is brought into exam room, identified, then prepped on table	R	R		
4	Pre-procedure charting completed as-needed	R	R		
5	Confirm with imaging team that patient is ready for Radcor Rad Asst	R	R, C		
6	Radiologist or Radiologist Assistant is called into exam room	R			
7	Upon arrival, verbal request to perform timeout is "called" to the room		R		
8	All staff in room stop what they're doing to give attention to timeout	R	R	R	
9	Timeout is performed and entered directly into Epic via WOW	R, A	R	A	
10	If WOW wasn't available during timeout , paper timeout form is completed, then entered into Epic immediately post-procedure	R	R		
11	Report run at end of day to ensure all timeouts were completed		R, A		A

IMPROVE: Future State Process Map / Action Item Log

Implemented Solutions

- ▶ **Staff Education**

    - ▶ How to input timeout documentation into Epic

        - ▶ LSS Team Members trained their coworkers

    - ▶ Invasive procedure list posted in procedural areas & by workstations where techs complete studies

    - ▶ Annual Education: Policy & Protocol Review

        - ▶ Staff Sign-Off Sheet submitted to Manager (after review of Timeout Policy)

- ▶ **Annual review of invasive procedure list by Lead Radiologist**

    - ▶ Provide revised list to IT Reporting Team to input into the 2 utilized timeout reports in Epic

        - ▶ IMG Invasive Procedure Timeouts (Last Month) – SV All (no details)

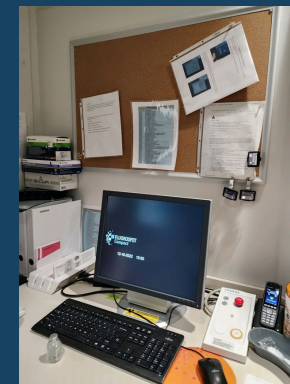   - ▶ IMG Invasive Procedure Timeouts (Last Month) – SV All

- ▶ **Manager runs Epic reports** *(listed above)* **beginning of each month (or sooner depending on volume), then:**

    - ▶ investigates any non-compliant timeouts (ask Lead/Chief Techs and RNs to assist)

    - ▶ meets with each individual who didn't document timeout to understand and educate staff member(s)

AHN Imaging Institute: Timeout Compliance

TIME OUT COMPLIANCE

	JAN 22	FEB 22	MAR 22	APR 22	MAY 22	JUN 22	JUL 22	AUG 22	SEP 22	OCT 22	NOV 22	DEC 22
AGH	95.00%	96.00%	96.00%	95.00%	96.00%	95.00%	99.00%	97.00%	98.00%		96.00%	
AVH	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.00%	100.00%	92.00%	93.00%	96.50%	
FORBES	91.00%	83.00%	78.00%	96.00%	96.00%	99.00%	96.33%	97.59%	100.00%		98.90%	
WPH	92.00%	90.00%	90.00%	88.00%	94.00%	92.00%	89.00%	89.00%	94.00%			
HWP	82.00%	91.00%	87.00%	90.00%	88.00%	87.00%	91.00%	75.00%	76.00%	82.00%		
CGH	89.00%	97.00%	100.00%	100.00%	98.00%	100.00%	100.00%	97.00%	87.00%	92.00%	95.00%	
SVH	83.00%	78.00%	87.00%	91.00%	84.00%	81.00%	83.00%	89.00%	91.00%	95.00%	98.00%	
WMH	100.00%	0.00%	75.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
GCH	100.00%	86.00%	100.00%	100.00%	100.00%	100.00%	84.00%	93.00%	90.00%	85.00%		
WXH	100.00%	97.00%	90.00%	95.00%	97.00%	100.00%	100.00%	100.00%	100.00%		98.00%	
Jefferson	78.00%	80.00%	75.00%	72.00%	72.00%	65.00%	72.00%	70.00%	73.00%	69.00%	79.00%	

Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Average Monthly Percentage for Timeout Completion	0.83	0.78	0.87	0.91	0.84	0.81	0.83	0.89	0.91	0.95	0.98
Target Line	1	1	1	1	1	1	1	1	1	1	1

Monthly Invasive Procedure Timeout Compliance Percentage - St. Vincent Hospital