

# Improve the Compliance to Time-Out procedure among health care in NICU

(As part of the CUSP Improvement Project 2022)

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## Background

Time-Out Procedure is the first step in the World Health Organizations surgical safety check list

Joint Commission defines the Time-Out as an immediate pause by the entire surgical team to confirm the correct patient, procedure and side/site. JCIA stipulates that all team members be actively in the process, any concern or inconsistencies must be clarified at this stage.

The checks during the Time-Out must be documented.

The compliance to Time -Out at NICU is 77.6 %.Despite its effectiveness in increasing patient safety, compliance to Time -Out remain a major problem in its implementation and gaps in its daily use still occur.

The current review of patient medical records presents patterns of wrong time-out procedures, emphasizes the problem of poor compliance.

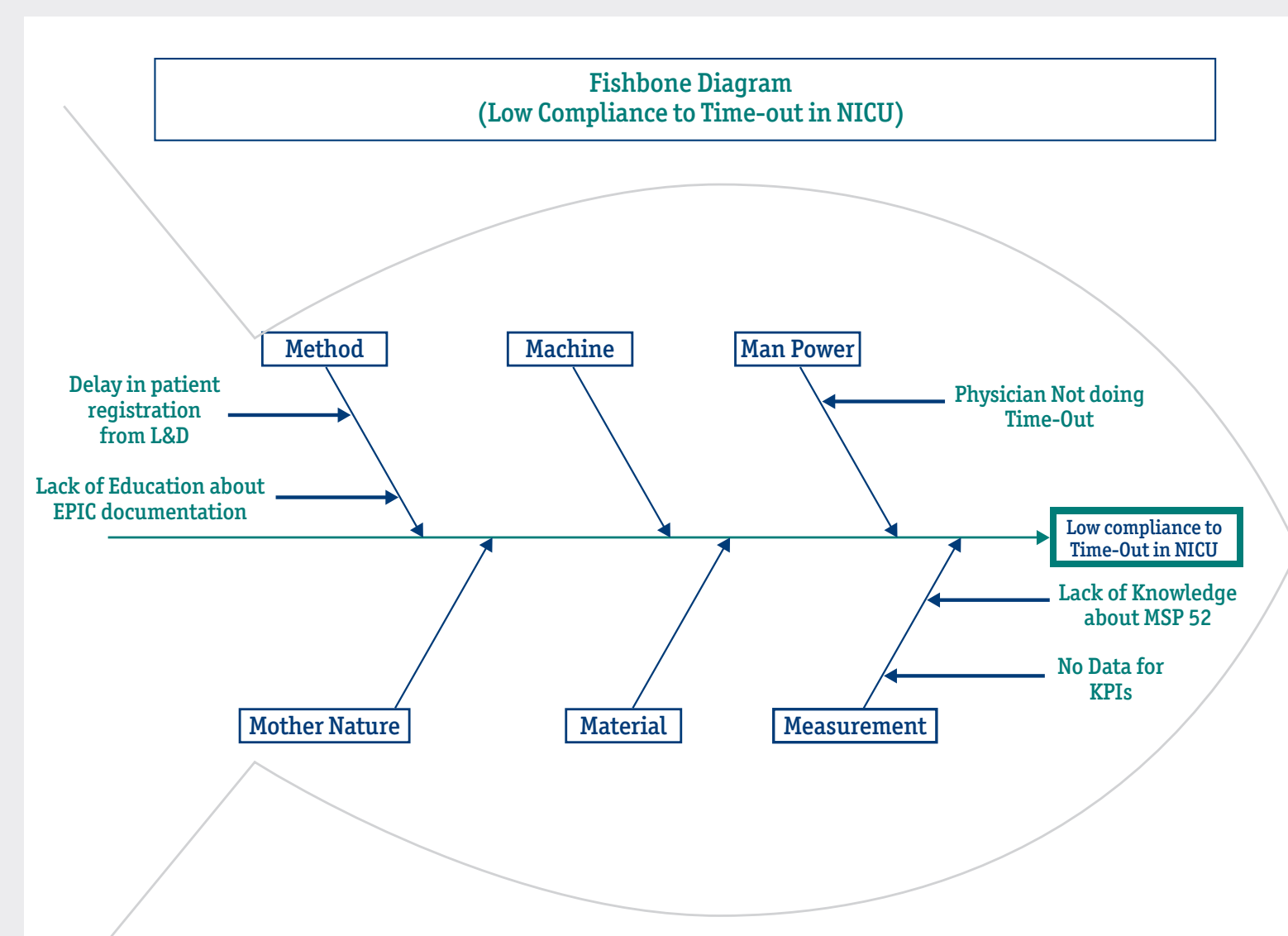
CUSP Multidisciplinary team identified Time -Out as an opportunity for improvement as compliance to the standard will promote patient safety and minimize the risk of error during a surgical/ invasive procedure

## Aim

To improve the compliance to Time -Out procedure in NICU from (77.6) % to (100) % by the End of 10/2022; this include: compliance to conducting Pre -procedure Time -Out, compliance to proper timing of the Time -Out, and compliance to Time -out Documentation .

## Methodology

A specialized multidisciplinary team was convened with representation from Nurses, Neonatologists and Pharmacist aligned with process improvement expert, Followed the PDCA methodology: Baseline assessment included review of patient medical records for 2 months before the intervention. Data was collected for compliance to conducting Pre -procedure Time -Out, Compliance to proper timing and Compliance to Time -out Documentation. The current practice was reviewed and Root Cause Analysis was conducted.



Major challenges identified was due

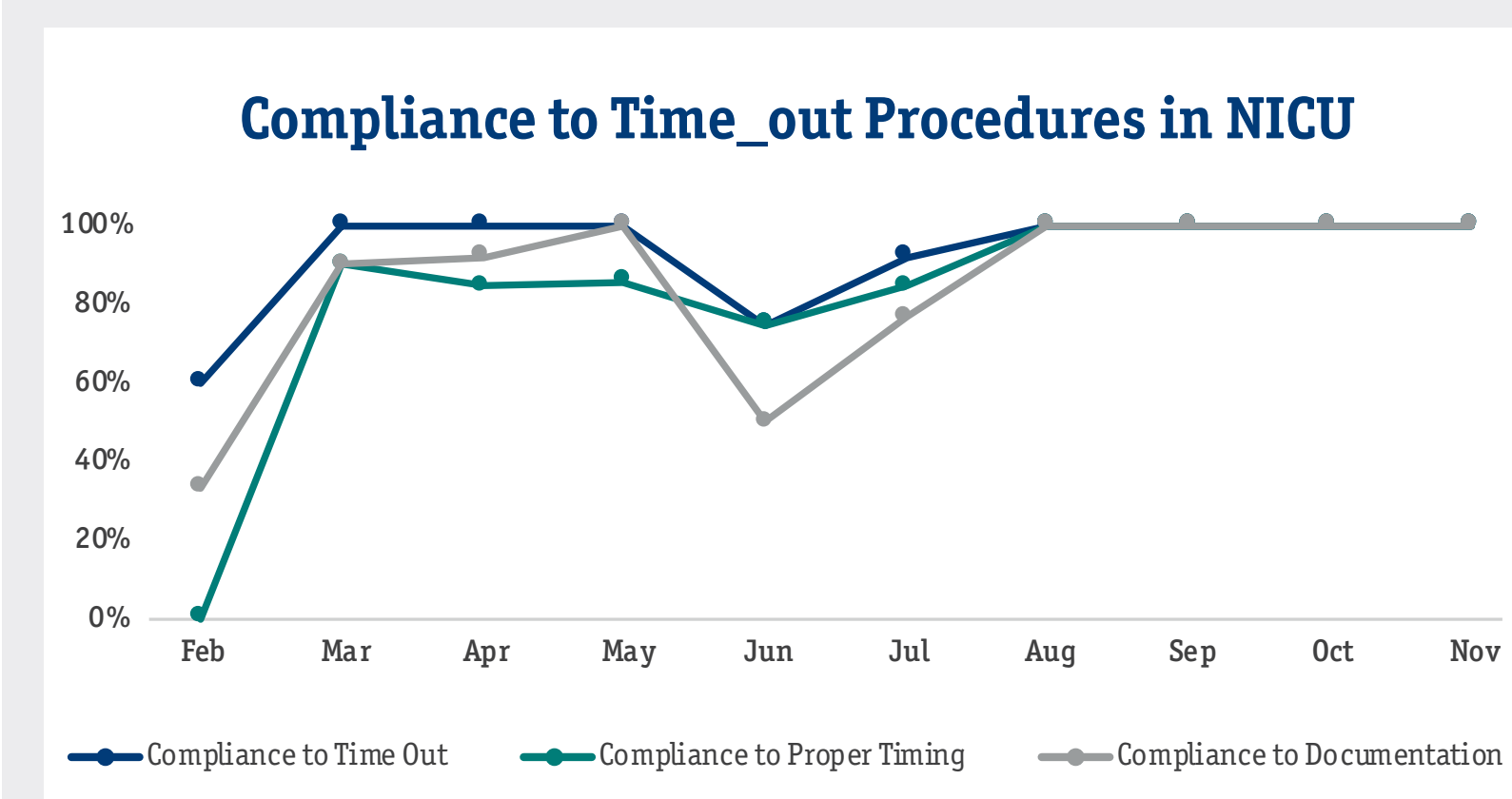
- Lack of knowledge about MSP 52.
- Lack of education about EPIC documentation
- Physician not doing the Time-out
- Delay in patient registration from L&D unit

## Actions:

Based on the gaps identified during the RCA action plan was developed interventions:

- In-serve education sessions on how to do time-out and how to do the documentation in EPIC.
- EPIC Enhancement to add all staff names who were involved in Time-Out using staff section in Time out Navigator.
- For emergencies assign the charge nurse instead pt. primary nurse to do the documentation for time-out.
- Continuous monitoring on compliance to the interventions and a performance feedback communicated through communication meeting regularly.

## Results



## Conclusion

The result is excellent the compliance to Time -Out procedure is 100%Full compliance to Time -Out procedure according to accreditation standard will improve patient safety and prevent harm to reach patient.

## References

- <https://www.jointcommission.org>
- <https://portal.cbahi.gov.sa>
- <https://www.who.int>

## Team

