

TIME-OUTS FOR PROCEDURES

Purpose of risk management recommendations

OMIC regularly analyzes its claims experience to determine loss prevention measures that our insured ophthalmologists can take to reduce the likelihood of professional liability lawsuits. OMIC policyholders are not required to implement risk management recommendations. Rather, physicians should use their professional judgment in determining the applicability of a given recommendation to their particular patients and practice situation. These loss prevention documents may refer to clinical care guidelines such as the American Academy of Ophthalmology's *Preferred Practice Patterns*, peer-reviewed articles, or to federal or state laws and regulations. However, our risk management recommendations do not constitute the standard of care nor do they provide legal advice. Consult an attorney if legal advice is desired or needed. Information contained here is not intended to be a modification of the terms and conditions of the OMIC professional and limited office premises liability insurance policy. Please refer to the OMIC policy for these terms and conditions.

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RISK ISSUE

Instituting a time-out process is known to increase patient safety by reducing wrong site, wrong procedure, wrong medication, and wrong patient errors. Compliance with the time-out process is essential to reduce human errors and system process gaps to ultimately eliminate preventable adverse events. The Joint Commission (TJC), World Health Organization (WHO), and OMIC all have developed surgical safety checklists that will assist you in implementing a systematic time-out process in your practice.

BACKGROUND

The Joint Commission (TJC) implemented the [Universal Protocol](#) in 2003 to reduce wrong procedure events. The protocol has three elements: pre-procedure verification process, marking the procedure site, and time-out. The first two elements are important to ensure the time-out process is smooth. Pre-procedure verification includes confirming with the patient BEFORE sedation the patient's name, the procedure to be performed, and site (left, right, bilateral). The marking of the site should be completed by the physician (or accountable licensed practitioner) with the patient included. The time-out process should include every member of the procedural team. An individual on the team should be designated to lead the time-out. Everyone on the team should agree before proceeding and be encouraged to speak up if discrepancies are found.

The World Health Organization (WHO) has developed a [Surgical Safety Checklist](#) that also has three sections: before induction of anesthesia, before skin incision, and before the patient leaves the

operating room. The before induction of anesthesia section includes confirming the patient's identity, site, procedure, and consent. The before skin incision section includes the elements of TJC time-out, which include confirming the patient's name, procedure, and site.

OMIC and the American Academy of Ophthalmology put together a task force in 2012 and developed an ophthalmic-specific [surgical safety checklist](#) with three sections, which include: sign-in (before anesthesia), time-out (before incision), and sign-out (before leaving the operating room). These checklists can be edited to tailor to your specific practice based on your patient population, procedures performed, anesthesia administered, and procedure location. The time-out process is not time-consuming and its implementation can reduce or eliminate wrong procedure events.

ASSESSMENT

Failing to institute a systematic, consistent time-out process in your practice can potentially lead to patient safety and liability exposures related to the wrong site, wrong procedure, wrong medication, and wrong patient errors. TJC requires a comprehensive analysis of wrong-site surgeries in their accredited facilities. They analyzed the contributing factors that led to these errors in a [2023 published study](#) and found that 83.8% were due to failure to follow policy/protocol and 41.2% for failure to review the medical record. Performing a [gap analysis](#) in your facility to develop risk mitigation strategies to fill those gaps can prevent an adverse event. Establishing evidence-based processes and creating an environment that ensures compliance and a [culture of safety](#) will lead to improved patient safety and a reduction of liability exposure.

RISK RECOMMENDATIONS

- Develop a surgical safety checklist, which includes a time-out process, to ensure correct patient, procedure, medication, and site
- Train all staff in the elements of the surgical safety checklist
- Identify who will lead the time-out and consistently follow the process
- Empower the procedural staff to speak up if there are inconsistencies identified
- Audit compliance with your surgical safety checklist

RESOURCES

[OMIC Surgical Checklist](#)

[OMIC Insured Time-Out Video](#)

[WHO Surgical Safety Checklist](#)

[TJC UP](#)

[AORN](#)

[ASCA](#)

