

## The Time Out Project: Improving the Culture of Safety

Woodhull Hospital-New York City Health & Hospitals Corporation (Brooklyn, NY)

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**Context:** A “Time Out” (the use of pre-procedure safety checklists by providers) became a policy at Woodhull in 2001 in the operating room and expanded to other services in 2004. Properly executed Time Outs have significant impact on the safety of patients. Based on direct observations conducted by the Patient Safety Office and the Medical Director’s Office, differences were found between self-report and observation in terms of Time Out performance. In order to assess the degree to which staff have been adhering to the policy, the Medical Director initiated a project with an independent researcher to observe how the “Time Out” pre-procedure safety checklists were conducted in the OR and settings outside of the OR.

**Aim:** To identify a reliable, replicable means to report adherence to the Time Out process. Develop a design to increase awareness of and adherence to pre-procedure “Time Out” safety checklists.

**Strategy for Change.** In February 2010, a Team comprised of the Medical Director’s, Time Out Project research team and Departments of Medicine, Surgery, Anesthesiology, Emergency Medicine and Quality Management initiated a PI project, conducting random observations of “Time Out” using self-report, direct observation and video rating to assess adherence. Initial formal pilot observations are found in Table 1.

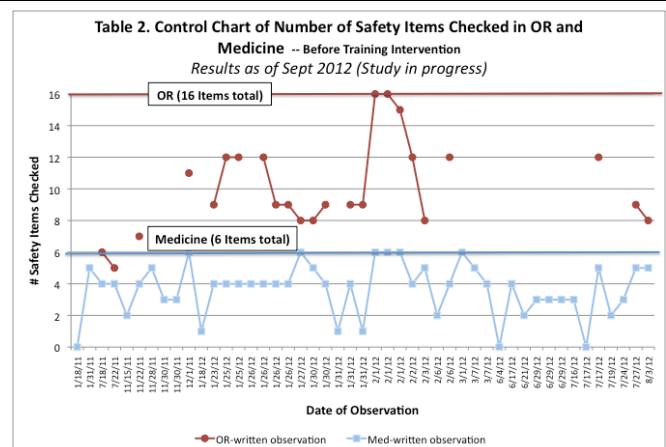
**Table 1. Pilot Results: Time Out Adherence Rating (TOAR)**

| Location       | Time Out Form | Time Out Simulation |            | Actual Time Out |
|----------------|---------------|---------------------|------------|-----------------|
|                |               | Direct Obs.         | Video Obs. | Direct Obs.     |
| Overall (N=18) | 9.3           | 7.7                 | 5.0        | 9.1             |
| GI (N=4)       | 8.8           | 6.5                 | 4.3        | 8.0             |
| ICU (N=4)      | 9.0           | 7.0                 | 4.5        | 8.3             |
| OR (N=10)      | 9.6           | 8.5                 | 5.5        | 9.9             |

TOAR from the Time Out Form (self-report data) is 9.3 out of 10, while the average TOAR from Direct Observations is 7.7 and ratings from Video Observations is 5.0 based on 18 observations in the Operating Room, the GI Clinic, and ICU.

### Actions Taken:

- 1) Developed protocols to observe Time Outs in four clinical areas.
  - 2) Time Out training videos for surgery and medicine Time Outs are being developed and created for “on-the-spot” viewing in the clinical setting.
  - 3) Train Medical Students as observers and data collection agents.
  - 4) Observe adherence to Time Out safety checklists. Baseline observations were conducted in the operating room, GI Clinic, ICU, and ED. Baseline findings reflect PI findings (See Table 2).
- \*In January 2013, observations will add “on-the-spot” training shortly before the procedure – either viewing of the Time Out training video or Time Out simulation – to learn which better improves Time Out performance.*
- 5) A committee of residents, mentors, and education was convened to ensure buy-in to the project. The committee grew into the Housestaff Safety Committee, a formal group of residents and staff who work on various safety projects.



# Contact Info

## Questions about Time Out Project:

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Learn more at Minda's blog: <http://educationhealthcarereform.wordpress.com>

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Institute for Healthcare Improvement (IHI), American College of Medical Quality (ACMA) and American Medical Student Association (AMSA) are supporters of the Time Out Project.