

**Elmhurst Outpatient Surgery Center**  
**Cataract and Astigmatism Correction Time Out Process**  

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**Effective June 3, 2013**

**Prior to the patient entering the operating room**, the surgeon must complete the white board with the following information for all cataract cases (both traditional and laser-assisted):

- Patient name
- Operative eye
- Implant type/size

***The only exception to this rule is the first case of the day.*** The white board may be completed by the circulating nurse for the first case but must be initialed by the surgeon prior to the Time Out process.

**Step 1: Entry into Operating Room/Prior to Induction of Anesthesia**

Participating individuals: patient, OR/procedure room staff, anesthesia (surgeon may/may not be present)

1. Upon entering the operating room, the circulator will introduce the patient to those present by announcing the patient's name and procedure, including laterality.
2. Immediately prior to the induction of anesthesia, the circulator will verify with anesthesia that equipment checks are complete and all equipment is functional.

**Step 2a: TIME OUT - Before Start of Femtosecond Laser Procedure (if applicable)**

Participating individuals: surgeon, OR/procedure room staff which includes the laser System Operator, and any other individuals present for procedure

1. The circulator initiates the TIME OUT by making a formal announcement that the process has begun. Once the TIME OUT is announced, every team member present in the room must STOP ALL activities. The identity and role of all present in the room should be confirmed.
2. The circulator reads the following information from the Catalys Treatment Plan form and/or medical record, if identified with a (\*) below:
  - a. Patient name and date of birth
  - b. Allergies (\*)
  - c. Antibiotics administered within the appropriate time frame if applicable (\*)
  - d. Operative eye
  - e. Arcuate incision components including: type, axis, length and centering method
3. The System Operator and surgeon will verify the information read by the circulator with what appears on the femtosecond laser monitor. **The System Operator will be required to read back each segment of the plan to the circulator and surgeon. The surgeon must also verbally acknowledge that the information read by the circulator is what appears on the femtosecond laser monitor.**

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4. Once verbal acknowledgement is received, the circulator should document the time in the chart and the procedure may begin.
5. If incisions are modified from the original treatment plan during the procedure, the circulator will identify this on the Catalys Treatment Plan form. The surgeon will acknowledge the modifications by signing the form.

**Step 2b: TIME OUT - Before Start of Phaco Portion of Cataract Procedure**

Participating individuals: surgeon, anesthesia, OR/procedure room staff, any other individuals present for procedure

6. The circulator initiates the TIME OUT by making a formal announcement that the process has begun. Once the TIME OUT is announced, every team member present in the room must STOP ALL activities. The identity and role of all present in the room should be confirmed.
7. The circulator should read the patient name and procedure, directly from the CONSENT in the chart. The schedule should not be the primary source of this information, but may be compared to the consent for reference. The white board is also referenced during the time out.
8. The following are addressed during the TIME OUT process:
  - a. Correct patient identity.
  - b. Correct side/laterality, level/digits and site are **marked**. For procedures involving laterality, all participants will be required to repeat back the correct laterality and digits **before** the process can continue.
  - c. Patient allergies.
  - d. Correct patient position.
  - e. Relevant images and results are properly labeled/displayed.
  - f. Antibiotics administered within the appropriate time frame.
  - g. Anticipated critical events identified by surgeon, anesthesia, or nursing team members based on patient history or medication use (i.e.; mastectomy, allergy, MH, etc.) and appropriate safety measures to be taken.
  - h. Availability of the correct type and size of implant.
9. The circulator must receive **verbal acknowledgement** from all present before the surgery can begin. This includes the surgical tech, surgeon, surgical assistant, anesthesiologist and anyone else present and participating in the procedure.
10. Once verbal acknowledgement is received, the circulator should document the time in the chart and the procedure may begin.

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**Step 2c: TIME OUT - Before Implantation of Intraocular Lens**

Participating individuals: surgeon, anesthesia, OR/procedure room staff, any other individuals present for procedure

11. The circulator must receive **verbal acknowledgement** from the surgeon and scrub tech that the correct implant is being opened. The circulator will read the implant type/size from the implant box and the surgeon and scrub tech will reference the white board to confirm accuracy.
12. If the surgeon changes the lens size after the procedure has started, the box containing the intraocular lens must be visually confirmed by the surgeon prior to opening.

**Step 3: Before Surgeon Leaves Operating Room**

Participating individuals: surgeon, anesthesia, OR/procedure room circulating nurse

1. Prior to the surgeon leaving the OR/procedure room, **the circulator will confirm** the following:
  - a. **Name of procedure(s) to be recorded.**
  - b. Level of anesthesia provided.
  - c. Instrument, sponge and needle counts are correct (if applicable).
  - d. Specimen labeling.
  - e. Any problems with equipment or instrument used during the case that requires attention.
  - f. Concerns regarding recovery or management of the patient post-operatively.