

Stop, Collaborate, and Listen: The Surgical Count & Timeout Remix

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Description of Team

Ocean University Medical Center, a 23-OR acute care facility, recently launched a quality improvement initiative to improve surgical time-outs and counts through enhanced efficacy and standardization by a frontline interprofessional team.

A review of the time-out and surgical count boards was conducted to identify improvements, considering best practices, staff feedback, and potential process enhancements.

The team updated the time-out and surgical count board to improve communication, accuracy, and reduce the risk of retained surgical items.

Preparation and Planning

- Reviewed existing time-out boards to identify areas for improvement and streamlining
- Assessed current best practices, staff experiences, and potential process enhancements
- Reviewed hospital time-out policies to ensure adherence to protocols
- Collected feedback from interprofessional team members to gather diverse perspectives

Assessment

- Team members raised concerns about time-outs being repetitive and too lengthy: lack of space
- Time-out items did not align with hospital policy or AORN guidelines
- Fire safety portion missing from time-out boards, discrepancy in assessment
- Surgical count boards were too small, making writing hard to read
- Developed a staff survey to assess satisfaction and gather improvement suggestions for time-out and surgical count boards
- Survey aimed to identify potential changes to improve clarity and reduce redundancy
- Current surgical count boards are too small to accommodate soft counts for large cases and are illegible during shift change relief counts due to space limitations

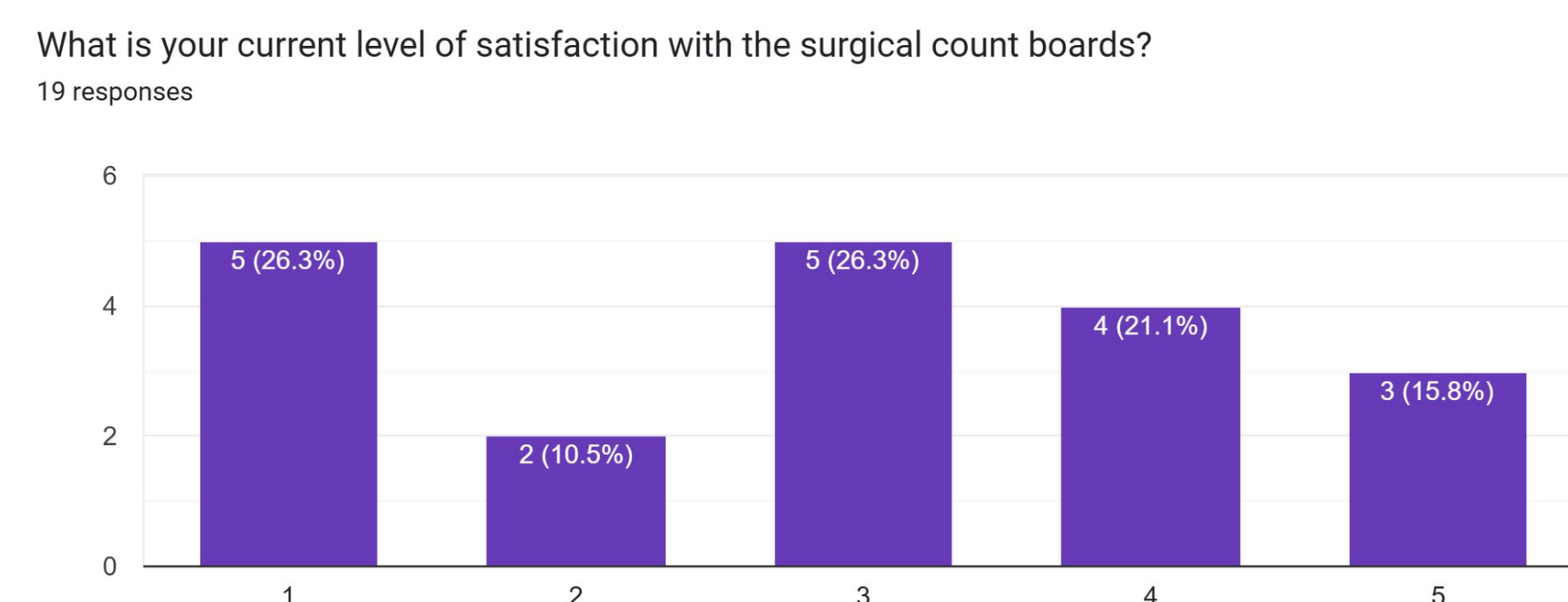
Implementation

- Used collaborative input to influence the redesign of time-out boards and surgical count boards
- Surgical count board will be larger for better visibility, ensuring all staff can see the initial count and any additions or changes
- Time-out boards will be condensed to focus on key information and reinforce briefing points
- Ensured consistency between AORN guidelines, The Joint Commission, and hospital policies to reduce staff confusion

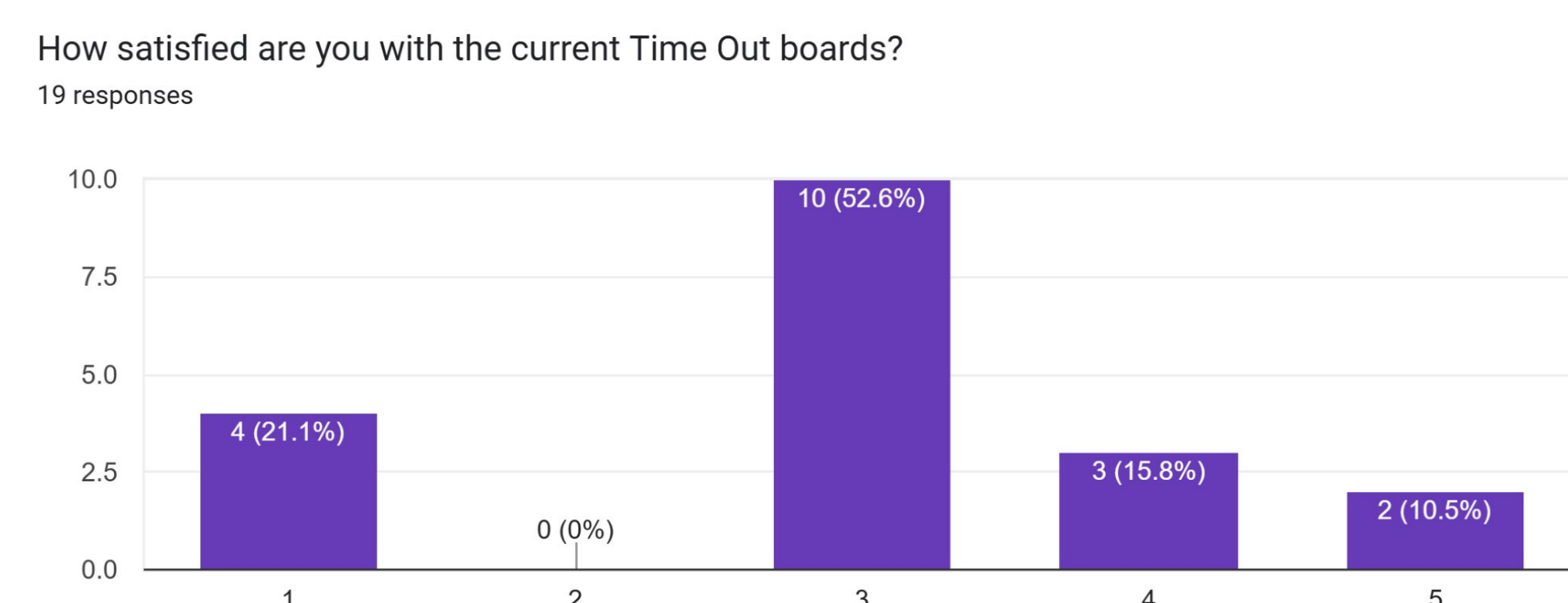
Laps:	Sutures:
Raytecs:	
Blades:	
Bovie:	
Hypos:	
MICR:	

OR TEAM	BRIEFING Before Induction of Anesthesia	
Surgeon	Introduction of team members <input type="checkbox"/> Yes Confirmation of identity, consent(s) procedure, and incision site <input type="checkbox"/> Yes	Skin Assessment and need for application of prophylactic skin protection and additional mattress gel pads <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Assistant		
Anesthesiologist	Patient Allergies <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Site marked <input type="checkbox"/> Yes <input type="checkbox"/> N/A Patient position <input type="checkbox"/> _____ <input type="checkbox"/> N/A SCDs applied and machine on? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
CRNA		
Circulator(s)	Prophylactic antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Other medications, expiration date verified <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Scrub(s)	Anesthesia Type _____ Difficult Airway <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Blood products available <input type="checkbox"/> Yes <input type="checkbox"/> N/A Cell Saver <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Radiology	Special handling of specimens <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Confirmation of implant package integrity and expiration date <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Vendor(s)	Neutral Zone identified <input type="checkbox"/> Yes	All plan of care needs and/or safety concerns have been addressed? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Student(s)		
TIME OUT Before Skin Incision		
If TIME-OUT is interrupted or the procedure does not begin immediately, the timeout process must be repeated		
<input type="checkbox"/> Patient ID (name, DOB, MRN) <input type="checkbox"/> Intended procedure (verified with consent) <input type="checkbox"/> Surgeon <input type="checkbox"/> Allergies <input type="checkbox"/> Side / levels / site marked <input type="checkbox"/> Patient position <input type="checkbox"/> Antibiotics (name, dose, time) <input type="checkbox"/> Scans/images/implants/special equipment are readily available <input type="checkbox"/> Medications available / blood products available (if applicable) <input type="checkbox"/> Other safety precautions (i.e. critical events, fire risk, DVT prophylaxis, infectious disease precautions)		
All team members agree to proceed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Risk Assessment		
Fuel Is an alcohol-based skin antiseptic or other flammable solution being used preoperatively? <input type="checkbox"/> Yes <input type="checkbox"/> No (if none used) Ensure the appropriate dry time is given	Oxidizer Is open oxygen or nitrous oxide being administered and/or is the operative site above the axillary process (e.g., head, neck, chest) or in the oropharynx? <input type="checkbox"/> Yes <input type="checkbox"/> No (if none used)	Ignition Is an electrosurgical device, laser, or fiberoptic light being used? Or any ignition sources (e.g. drills, saws, burrs) being used? <input type="checkbox"/> Yes <input type="checkbox"/> No (if none used)
Risk Factor Assessment: 1 point = Moderate 2 or 3 points = High		
Fire Risk (Mod/High): _____	Fire Extinguisher Location: _____	

Outcomes



Surveys were ranged 1-5, highly dissatisfied (1) highly satisfied (5)



Implications for Perioperative Nursing

- Nurses must prioritize safety over speed, with a properly executed time-out taking less than 60 seconds to ensure critical information is covered
- A standardized time-out board would help ensure efficiency while maintaining patient safety, with a visual aid promoting team participation
- Universal Protocol, a patient safety standard, includes pre-procedure verification, marking the site, and conducting a "time-out" before incision
- Nurses must verify patient identity, consent, and procedural details, initiating the time-out and "stopping the line" if discrepancies are found
- Circulating nurses are responsible for managing the team-based count process and ensuring accurate counts before and after procedures.
- Nurses are responsible for addressing count discrepancies, halting the procedure until resolved, initiating search protocols, and ensuring accurate documentation, while reinforcing the circulating nurse's critical role in coordinating the count process to prevent retained surgical items (RSIs).