

Time Outs

Site: 7269 Ann & Robert H. Lurie Children's Hospital of Chicago

Program: Hospital

Observation Header	
Tracer Instructions: <i>No Instructions Provided</i>	
Observation Title:	Site:
Observation Date:	Floor/Dept.:
Total Completed Observations:	Department:
Survey Team:	Staff Interviewed:
Medical Staff:	Unique Identifier:
Location:	Equipment Observed:
	Contracted Service:
Note:	

Questions (* = Required)	
<b>1. Time out was completed immediately before starting the invasive procedure or making the incision</b> <span style="float: right;"><input type="checkbox"/> N/A</span>	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
NPG.01.06.03 EP 1 - The hospital conducts a time-out immediately before starting the invasive procedure or making the incision.	
Corrective Action:	
Notes:	
<b>2. All immediate members of the surgery/procedure team actively participate in the time-out?</b> <span style="float: right;"><input type="checkbox"/> N/A</span>	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
NPG.01.06.03 EP 2 - The time-out has the following characteristics: - It is standardized, as defined by the hospital. - It is initiated by a designated member of the team. - It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.	
Corrective Action:	
Notes:	
<b>3. All members of the procedural team were introduced</b> <span style="float: right;"><input type="checkbox"/> N/A</span>	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	
<b>4. The right patient, right procedure, and right surgical side/site was confirmed.</b> <span style="float: right;"><input type="checkbox"/> N/A</span>	
<i>Instructions: Electronic consents are pulled up on screen. Not just looking at white board.</i>	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	

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<b>5. Site is marked and marking is visible.</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
<b>6. Patient allergies were reviewed</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
<b>7. Risk of blood loss was reviewed</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
<b>8. Medications were reviewed (antibiotics/local)</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
<b>9. Equipment/Implants availability were reviewed.</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
<b>10. Expected specimens were reviewed</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
<b>11. Medical imaging was reviewed</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
<b>12. Airway and IV status were reviewed</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
<b>13. Postoperative location was reviewed</b>		<input type="checkbox"/> N/A
<b>Compliant?</b> <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		

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<b>14. Fire safety was reviewed</b>		<input type="checkbox"/> N/A	
<b>Compliant?</b>	<input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:			
Notes:			
<b>15. During each "time out process" all other activities were suspended</b>		<input type="checkbox"/> N/A	
<i>Instructions: Ex: Music off, no entering/exiting, no gowning, no side conversations</i>			
<b>Compliant?</b>	<input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:			
Notes:			