Time Out

Time Out is the most critical check in the WHO Surgical Safety Checklist and is the final check before the procedure. Time Out is a checking opportunity to support the whole team in providing safe, effective and efficient patient care. Time Out is a team process that relies on engagement of the whole team throughout. Some aspects of the Time Out process may appear more relevant to some team members than others, but all are important.

Good leadership will ensure all members of the team feel comfortable, valued and empowered so that any issues of safety will be volunteered. The Time Out is important for training and education.

The key decisions and knowledge of potential safety issues need to be conveyed by and shared with the senior clinicians involved in the case / list.

This helps to bring the team together, raise situation awareness and ensure the essential equipment/prostheses/kit is readily available.

Who?

- All patients undergoing invasive procedures under general, regional or local anaesthesia, with or without sedation, must undergo team Time Out immediately before the start of the procedure.
- The lead/senior named responsible operator holds responsibility to ensure Time Out meets the standards.
- Leadership of the Time Out checks can be delegated to any team member, but the operator carries responsibility: they should ensure the whole team is listening and participating.
- If a clinician wishes to perform a procedure there is an expectation that they are present and engaged at Time Out. There are few exceptions to this rule e.g. emergency out of hours work, on-table specialist input.
- The primary operator should summarise the key events/steps/safety issues of the procedure planned, particularly in complex procedures or if some members of the team may be unfamiliar with the steps of the case.
- The primary operator, if not the responsible consultant, should know who and how to call for assistance.

When?

- The Time Out should be performed as close as possible to skin incision. This will usually be just before skin prep and draping.

Time Out should take place only when:

- Every team member is giving the process their full attention.
- When the lead operator (and lead anaesthetist) is present.
- All other activities have stopped (e.g. side/other conversations, scrubbing, patient positioning).

How?

- A safety checklist must be used to ensure all the steps are followed. Specialty-specific, emergency and minor procedure checklists can be used where appropriate.
- Every member of the team must participate in the Time Out process.
- When all checks are confirmed and addressed the lead should declare Time Out is complete and that the procedure can commence.
- A record of Time Out should be kept; the senior lead operator should take responsibility and they are accountable for the completion of Time Out. There are various ways to validate checklist completion; using a paper, electronic, laminated checklist or poster followed by an electronic or actual signature.
- If any problems or concerns are raised at Time Out the procedure should not begin until they are resolved. The senior operator and / or anaesthetist should always acknowledge these concerns. If these are not resolved and are creating a risk in themselves (e.g. due to excessive delay), the lead operator should assess the situation and discuss the options with the team. If a decision is taken to proceed at risk with a workaround, it should be reported as a safety incident and the rationale documented in the notes.

Basic items for any invasive procedure

- Confirmation that the team members know each other's names. This should occur for the first patient on the list. If any staff changes occur after Team Brief, and if team members subsequently change, the team introductions should be repeated.
- Confirmation of concordance of patient identity, verbal or written consent, relevant imaging and / or test, site(s) of procedure. It is important that the team understands that this is as much a check of documentation, imaging etc. as of the patient per se. It is also an opportunity to ensure that the whole team understands exactly what procedure is planned.
- Confirmation of any allergies or intolerances indicated via a red wrist band.[65 66]
- Confirmation that whole team is aware of any key/critical or unusual/potentially unexpected aspects of the procedure and any specific equipment or investigation requirement.
- Confirmation that all equipment, including implants and drugs, needed are present, working and sterile.

Advanced/additional checks relevant to more involved or specialty specific procedures

- Confirmation of the agreed blood loss management plan.
- Confirmation of a diabetes management plan.
- Confirmation of an individualised patient risk assessment using tools such as ASA, generic scores such as SORT, or surgery / procedure specific tools.
- Confirmation of anaesthetic concerns and readiness.
- Confirmation of management plan in event of a surgical fire.
- Confirmation of appropriate infection prevention measures and infection risk from patient.
- Confirmation of warming and temperature monitoring.
- Confirmation of antibiotic administration if appropriate.
- Confirmation of appropriate VTE prophylaxis in place.
- Confirmation of relevant medications e.g. anticoagulants, insulin, steroids, DDAVP.
- Confirmation of any existing intentional foreign objects in situ, e.g. packs.
- Others to be decided locally as appropriate, e.g. perfusion checks.

Additional points of clarification

- There may be legitimate reasons to perform Time Out earlier (e.g. complex positioning) or later (after draping) but the same standards of performance apply.
- If the patient is moved significantly after Time Out, an abbreviated check for correct site and procedure must take place.
- More than one Time Out is required if multiple procedures or multiple teams are involved. e.g. sequential procedures on the same patient with different operating teams.
- In minor procedure areas, e.g. OPD procedures where there is minimal sedation[76] and no general anaesthesia, Sign In and Time Out can be merged for efficiency and to avoid unnecessary duplication.

The awake patient

- The team should encourage the patient/parent to be involved if appropriate. Only relevant introductions need to be made to the patient and this can be judged on an individual basis, i.e. there is no need for every team member for every procedure to identify themselves to the patient as this can be intimidating and overwhelming.
- Reassurance for the patient is most important. Teams should allocate one team member for that role and where appropriate and respectful they should provide reassuring hand hold / gestures / conversation.
- The patient's dignity should be maintained at all times, e.g. avoiding unnecessary skin exposure.

Consent discrepancy

- If there is discrepancy between the consent form and the procedure expected / proposed by the operator or the medical record in an anaesthetised patient the procedure should **STOP**.
    - Where possible seek advice from senior clinical staff not directly involved
    - Review all the relevant medical records, relevant results and imaging
    - In cases of children or adults unable to consent for themselves, it may be possible to confirm the correct procedure with the person who provided consent
    - In cases of adults who gave their own consent, it is not appropriate to seek consent from a relative
    - If there is any doubt as to the correct procedure, the patient should be woken up, followed by explanation by senior clinicians and completion of Duty of Candour[43 44 45 46]

Specialty specific requirements

There may be highly localised requirements for Time Out where specific processes are needed related to risk. However, too many variations may cause a risk in itself. This is a key role for the Trust and specialty NatSSIPs leads to make locally informed decisions on the balance between standardisation and rationalisation.

Caution moments during Time Out

Emergency and urgent work

Multiple procedures and / or teams

Lack of appropriate conduct for Time Out

Lack of senior clinical engagement with Time Out

Please see the 'Performance Indicators NatSSIPs'