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Improving the Rate of Emergency Department Physician Pre-Procedure Time-Out Documentation for Deep Sedation and Cutaneous Abscess Incision and Drainage

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Improving the Rate of Emergency Department Physician Pre-Procedure Time-Out Documentation for Deep Sedation and Cutaneous Abscess Incision and Drainage

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Background

- Pre-procedure time-out is a Joint Commission requirement
- Opportunity to verify patient identity and accuracy of a planned procedure
 - In 2016, over 100 sentinel events involved the wrong patient, site, or procedure¹
- Baseline emergency department (ED) physician time-out documentation rate
 - Deep sedation – 75%
 - Incision and drainage (I&D) – 94%

Objective

- Aimed to improve ED physician pre-procedure time-out documentation rates from Nov 2019 through June 2020
 - Deep sedation (ketamine and/or propofol)
 - Improve from 75% to 90%
 - I&D
 - Improve from 94% to 98%

Design/Methods

- Analyzed baseline data June 2018 – May 2019
- Weekly reports throughout study period
- Interventions
 - Education regarding importance of time-out
 - Monthly project updates sharing run-charts
 - Individual feedback on deficient documentation
 - Documentation note template optimization
- Incentives
 - Financial bonus through study period
 - Maintenance of certification (MOC) credit

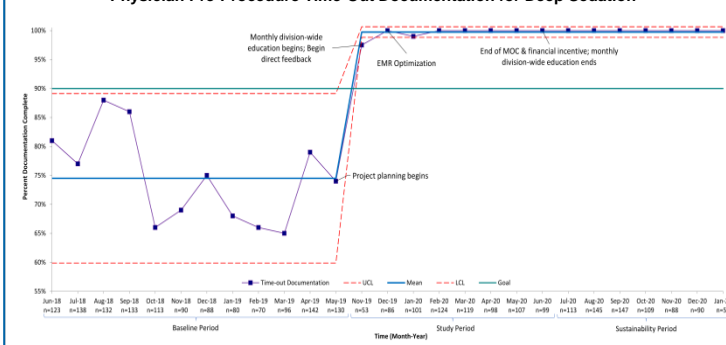
Results

- Time-out documentation rates improved
 - Deep sedation 75%→100%, I&D 94%→99.3%
- Improvement sustained through Jan 2021
- All physicians eligible for bonus, most for MOC

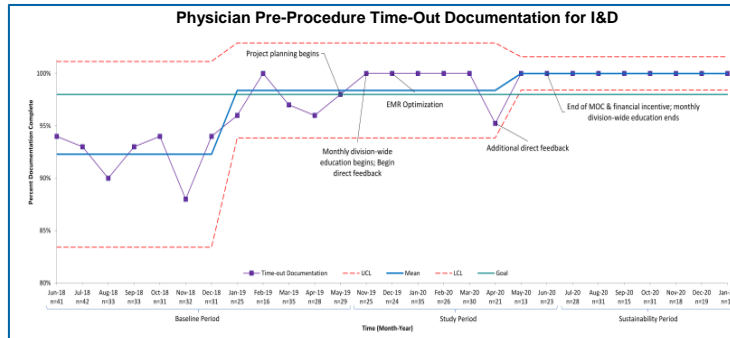
Conclusion

- Performance of a pre-procedure time-out is practical in a busy ED setting
- Documentation compliance improved through education, feedback, and systems improvement

Physician Pre-Procedure Time-Out Documentation for Deep Sedation



Physician Pre-Procedure Time-Out Documentation for I&D



¹Pellegrini CA. Time-outs and their role in improving safety and quality in surgery. Bulletin of the American College of Surgeons. 2017; 102(6):54-56

