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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 procedure
• 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