ADMISSION TIME OUT

Time outs are frequently used in clinical practice to provide a standard format to review essential data, address provider concerns and mitigate the risk of patient harm. A standard time out is required prior to performing a procedure or surgery as part of the universal protocol. The time out has broader applications as a communication and safety tool. UCSF has begun implementing a standard “Admission Time Out” (ATO) to improve communication between the primary team and the patient’s nurse at the time of patient admission.

What happened?

A 55 year-old female with a history of atrial flutter underwent an ablation procedure. The primary nurse experienced difficulty releasing the patient’s admission orders when the patient arrived on the unit after the procedure. The nurse attempted to reach the ordering provider for clarification, but did not hear back for several hours. As a result, administration of the patient’s blood thinner was delayed, placing the patient at increased risk of stroke.

A 50 year-old male underwent a complicated spinal surgery and was admitted for further monitoring and pain control. It was not clear from the admission orders to the primary nurse that the patient required close neurological monitoring overnight. In the morning, the patient was found to have new weakness and decreased sensation in the lower extremities, necessitating return to the operating room.

What went wrong?

In both cases, no verbal communication took place between the provider writing the admission orders and the primary nurse releasing the orders at the time of patient arrival to the unit. The lack of clear communication at the time of admission was identified as a contributing factor to a delay in medication administration in the first case and a delay in recognition of neurologic deficits in the second case, placing both patients at increased risk for harm.

Improvements: The ATO

Objectives:
The ATO is designed to improve communication and patient safety by providing a standard format for reviewing concerns and/or questions and clarifying the plan of care. It also improves efficiency by minimizing the need for future pages and informs providers of the patient’s arrival to the unit.

Components:
The primary nurse pages first call in Apex after admission assessment to review: name, code status, isolation needs, working diagnosis, urgent tests and treatments, clinical concerns, lines, drains, access, diet, consult services required, estimated length of stay and discharge needs.

Implementation:
The ATO was initially piloted on 14 M/L with positive feedback. Tracking of ATO compliance in Apex is ongoing and UCSF is moving toward hospital-wide implementation for all adult and pediatric inpatient services.

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