



## MINNESOTA TIME OUT TRAINING VIDEO

### OBJECTIVES:

After viewing this training video the staff will be able to:

1. Understand the five steps to an effective Time Out.
2. Pick out missing parts to the Time Out clips.
3. State the proper documentation used during a time out.
4. Understand the risks to our patients when a Time Out is ignored or not taken serious.
5. Recite and participate in the five steps to an effective Time Out.

### STUDY GUIDE:

The purpose of a Minnesota Time Out is to ELIMINATE wrong-site and wrong-procedure events.

EVERY PATIENT

EVERY TIME

- Step 1: Surgeon calls for the Time Out just prior to incision. All other activity ceases. Everyone should be focused on their part of the Time Out.
- Step 2: Circulator reads from the Informed Consent document, stating the patient's name, date of birth and procedure.
- Step 3: Anesthesia Care Provider reads from their Pre-Op Anesthesia Assessment document. Stating the patients name, date of birth and (shorthand version) of procedure.
- Step 4: The Scrub person verifies which procedure they have set up for, (shorthand version) and whether or not they see the mark.
- Step 5: Surgeon states patient's name and procedure from memory.



### DISCUSSIONS FOR GROUP ACTIVITIES:

Clip 1: Oculoplastics done correctly.

1. Did all staff perform the Time Out appropriately?
2. What is the proper documentation used by the circulator during a Time Out?
3. What is the proper documentation used by the ACP during a Time Out?

Clip 2:

4. What are the two incomplete steps that were not performed during this Time Out?
5. What could staff do when there are side conversations going on while other staff are performing a Time Out?
6. What are some suggestions staff could do when faced in a similar situation?

Clip 3:

7. Were any steps of the Time Out completed?
8. If you were in this situation, what would you do?
9. How could the STAR reduction tool, (from Building a Culture of Safety- October, 2012) be utilized in this situation? (Stop, Think, Act, Review)

Clip 4:

10. Did all staff perform the Time Out appropriately?
11. How was the STAR reduction tool, (from Building a Culture of Safety- October, 2012) utilized in this situation? (Stop, Think, Act, Review)

Clip 5:

12. Were any steps of the Time Out completed?
13. What should happen to the music during a Time Out?
14. What are some suggestions staff could do when faced in a similar situation?

Clip 6:

15. Were any steps of the Time Out completed?
16. What surgeons at our facility are excused from performing a Time Out?
17. Could a staff member use Escalation of Concern (from Building a Culture of Safety- October, 2012) to get the surgeon or other staff involved in the Time Out?
  - a. Gentle Nudge - Can we complete our Time Out doctor?
  - b. Request - Can I ask that we please complete our Time Out doctor? It is our policy.
  - c. Express - I have a concern here doctor. I will have to get our manager involved if we don't complete our Time Out.



POST TEST

For those unable to participate in the group discussion.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is the purpose of a Minnesota Time Out?
2. Who calls for the Time Out?
3. What document does the Circulator reads from?
4. What document does the Anesthesia Care Provider read from?
5. What is wrong with Clip 2?
6. What is wrong with Clip 3?
7. What is wrong with Clip 5?
8. What is wrong with Clip 6?
9. How could the STAR reduction tool, (from Building a Culture of Safety- October, 2012) be utilized in performing Time Outs? (Stop, Think, Act, Review)
10. Could a staff member use Escalation of Concern (from Building a Culture of Safety- October, 2012) to get the surgeon or other staff involved in the Time Out?
  - a. Gentle Nudge - Can we complete our Time Out doctor (or staff member's name)?
  - b. Request - Can I ask that we please complete our Time Out doctor (or staff member's name)?  
  
It is our policy.
  - c. Express - I have a concern here doctor (or staff member's name). I will have to get our manager involved if we don't complete our Time Out.

Please return the completed POST TEST and EVALUATION forms to Kim Tillberry in Bloomington.



MINNESOTA EYE LASER  
& SURGERY CENTERS, LLC

## OVERALL EVALUATION OF TIME OUT TRAINING

Please take a moment to answer the following questions. Your comments are an **important contribution** as we design learning experiences to meet your professional needs.

What will you do **differently** in your practice as a result of this training?



What do you feel were the **strengths** of this presentation?



What do you feel were the **weaknesses** of this presentation?



How can we **improve** this presentation?



What **additional** training-development education do you need in order to be effective in your job?



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