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*For Immediate Release*

## **OFFICIAL ‘TIME OUT’ ANOTHER WAY TO ENSURE PATIENT SAFETY IN UTAH HOSPITALS AND SURGICAL CENTERS**

**Salt Lake City, June 23** – Anyone who has had any type of surgery lately may have wondered why they were asked three, four or even five times to explain the reason for their visit. Repetitive questions, surgical site marking and an official “time out” prior to surgery are just a few of the ways Utah hospitals and surgical centers are working together to ensure safer and more accurate procedures.

“Patient safety is a top priority for all health care organizations in Utah. In a very competitive health care market, this is one area where the competition ends and we have started working together to ensure what is best for the patient,” said Joseph Krella, CEO of Utah Hospitals and Health Systems Association.

Recognizing that a large number physicians and staff often work in more than one location, hospitals and surgical centers across the state have agreed to adopt nationally-supported guidelines for an official time out program. These guidelines, established by the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), go into effect July 1.

“Time out” means that before any surgery can begin, the entire team stops what they are doing and verifies that it is the correct surgery being performed on the correct site on the correct patient.

According to a Utah Department of Health review of surgical practices, more than 12 different ways of marking a procedure site exist throughout Utah’s hospitals and surgical centers and 11 different staff positions have responsibility to mark those sites. Ninety percent of all ambulatory surgical centers in the state voluntarily took part in the survey, as did 91 percent of all Utah hospitals. Survey results also

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revealed nine different locations in a facility where the procedure site is marked and seven different times when that marking takes place.

“Utah is working to set a standard on how to mark a procedure site and who should be responsible for marking it. But until those standards are in place, we can all agree to take a time out in the interest of patient safety,” said Krella.

UDOH, UHA, the Utah Medical Association, HealthInsight, the Association of periOperative Registered Nurses (AORN) and the Utah Organization of Nurse Leaders, as well as all Utah hospitals and surgical centers, want to encourage consumers to be part of the team to improve patient safety. Patients and their loved ones should feel comfortable asking questions about the procedure that will take place as well as about how the procedure site will be marked and about the institution’s time out policy.

“Wrong site, wrong surgery or wrong patient procedures can be prevented. Taking a time out is another step we can all take to achieve that goal,” said Richard Labasky, MD, president of the Utah Medical Association.

Other patient safety information will be forthcoming throughout the next year including the release of recommendations on safety practices to decrease adverse drug events, the creation of a training program for health care trustees regarding their involvement in promoting patient safety and the development of a statewide standard on how and when to mark a procedure site.

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