

PURPOSE

To examine the attitudes, beliefs and perceptions of Clinical Operating room staff about the practice of Time-Out

Objectives

- Develop educational module
- Provide information at staff conferences
- Implement survey to obtain responses using email with weblink to survey
- Analyze findings
- Provide feedback to staff

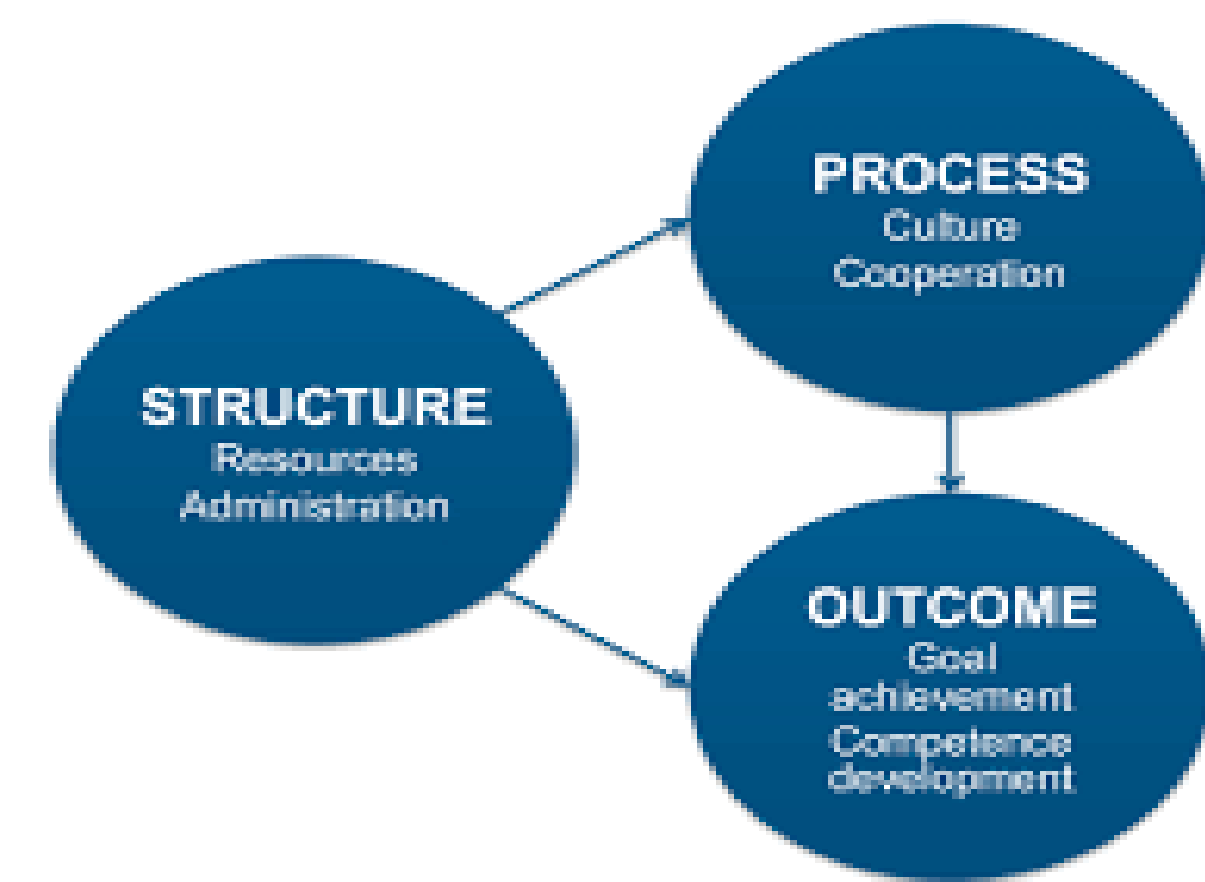
Setting & Group Participants

- Ambulatory Oncologic facility in the Northeastern United States
- 14 floors with 12 operating rooms
- Outpatient and 23-hour stay
- 2 extended recovery units encompassing two floors and 36 beds
- Accommodations for one caregivers to stay over night

Group/Participants

- Included all clinical operating room staff (total n=63)
- Clinical nurse (n=50)
- Surgical technologist (n=13)
- Working in perioperative setting

Donabedian Quality of Care Framework (1966)



Guides research,
determines variables,
influences data analysis

Premises are based on Structure (S), Process (P), and Culture (C)
Used in similar studies evaluating the delivery of care (Ayanian & Markel, 2016).

PICOT QUESTION

For nurses and clinical operating room staff at a comprehensive cancer center in the Northeastern United States, what are the attitudes, beliefs, and perceptions of the clinical operating room staff towards timeouts? Will the implementation of a nurse-led module for raising awareness of the universal protocol of Time-outs, based on Joint Commission an AHRQ guidelines...result in changes to the attitudes, beliefs and perceptions of clinical operating room staff towards timeouts before and after intervention in 8-10 weeks?

Methods: Design, Criteria & Recruitment

Design:

- Pre and Post Assessment Survey Methodology
- Quantitative
- Educational Awareness Intervention Module

Module Content:

- Points to raise awareness of timeout purpose and process
- Supportive of quality and safety
- Used JC and AHRQ guidelines and included recent regulatory updates

Inclusion Criteria: Convenience sample of all clinical room staff at project setting.

Exclusion Criteria: All ancillary staff – do not participate in the time out.

Recruitment:

- Convenience sample
- Data collected from operating room staff total staff
- Nurses (n=50)
- Surgical technologists (n=13)

Implications for Practice:

- Attitudes help us to understand how people perceive issues and processes in care and determine what they deem important, good and relevant (Price, 2015).

Survey Data Collection: Measurement Tool

- Safety Attitudes Questionnaire SAQ Sexton et al., (2003)
- Validity range = 0.66-0.91 (Ying et al, 2017)
- Cronbach Alpha = 0.91 (Ying et al, 2017)
- Appropriate for use in this project
- Most commonly used data collection tool to evaluate attitudes, beliefs and perceptions
- OR version is short with 30 questions
- A self reporting tool
- Responses in 5-point Linkert scale format

Factors: Definition	Example Items
Teamwork Climate: Perceived quality of collaboration between personnel	Disagreements in the Operating Room are appropriately resolved (i.e., what is the best for the patient) Our doctors and nurses work together as a well-coordinated team
Job Satisfaction: Positivity about the work experience	I like my job This hospital is a good place to work
Perceptions of management: Approval of managerial action	Hospital management supports my daily efforts in the Operating Room Hospital management is doing a good job
Safety climate: Perceptions of a strong and proactive organizational commitment to safety	I would feel pretty safe being treated in this Operating Room Operating Room personnel frequently disregard rules or guidelines developed for our Operating Room
Working conditions: Perceived quality of the ICU work environment and logistical support (staffing, equipment etc.)	Our levels of staffing are sufficient to handle the number of patients The Operating Room equipment in our hospital is adequate
Stress recognition: Acknowledgement of how performance is influenced by stressors	I am less effective at work when fatigued When my workload becomes excessive, my performance is impaired

Figure 1: Survey Data Collection: Measurement Tool

Results: Sample Description

- Pre-assessment response rate (56%)
- Post-assessment response (50%)
- More females than male participants which is indicative of the healthcare environment
- Years of clinical experience 5-10
- Years of service at facility 3-4

Participants	Pre-Intervention Assessment responses (percentage)	Post-Intervention Assessment responses (percentage)
N = 63	N=35	N=31
Incomplete responses	3	3
Nurse = 50	28	27
Surgical Technologists = 13	7	4
Gender		
F	23 (66%)	22 (71%)
M	6 (17%)	4 (13%)
Chose not to Respond:	6 (17%)	5 (16%)
Years of Service MSK:		
< 6 months	1 (2.9%)	0 (0%)
6-11 months	6 (17%)	4 (13%)
1-2 years	5 (16%)	5 (14%)
3-4 years	8 (23%)	11 (35%)
5-10 years	6 (17%)	6 (19%)
11-20 years	7 (20%)	5 (16%)
20 or more years	2 (6.7%)	0 (0%)
Clinical Years of Experience:		
3-4	4 (11%)	1 (3.2%)
5-10	13 (37%)	19 (61%)
11-20	9 (26%)	7 (23%)
20 or more years	9 (26%)	4 (13%)
Completed Survey Before:		
YES	0	14 (45%)
NO	35 (100%)	17 (55%)
Surveys Completed:	35 (100%)	31 (100%)

Figure 2: Sample Description

Pre & Post Assessments Results

- IMB-SPSS statistical software
- Independent t-test compare mean scores of SAQ subscales pre and post assessments
- Alpha was set at p-0.05
- No statistical significance p-0.03 was found between pre and post test assessment in this project
- Increase in the medians interquartile ranges (IQR) of teamwork, safety management unit and job satisfaction
- Mean stress recognition stayed the same from pre and post assessment

Total	Pre-Intervention Assessment Median (interquartile range)	Post-Intervention Assessment Median (interquartile range)	P Value
N = 63	N=35 (56%)	N=31 (50%)	
Teamwork Climate: Perceived quality of collaboration between personnel.	21 (6,24)	25 (23,42)	
Job Satisfaction: Positivity about the work experience.	10 (2,22)	15 (5,30)	
Safety Climate: Perceptions of a strong and proactive organizational commitment to safety.	21 (14,34)	25 (16,34)	
Stress Recognition: Acknowledgement of how performance is influenced by stress.	25 (12, 44)	25 (22, 50)	
SAQ Total Score:	21 (16,34) Mean Pre: 25.12	25 (21,35) Mean Post: 28.54	0.30

Figure 3: Pre & Post Assessments Results

Conclusion:

- Attitudes and beliefs affect a culture of safety in the operating room
- Teamwork & communication support a culture of safety in the operating room
- Using an intervention awareness module proved to be effective in enhancing staff knowledge of time outs
- Developing and implementing on going strategies will aid with long term sustainability of initiative

What this project adds to nursing practice:

- Enhance awareness of regulatory agency
- (JC& AHRQ) guidelines can help clinical staff better understand why the time out is essential to patient safety
- Enhanced knowledge can alter attitudes
- Facilitate to provide patient centered care
- Aid in establishing teamwork, collaboration and effective communication
- Patient Advocacy