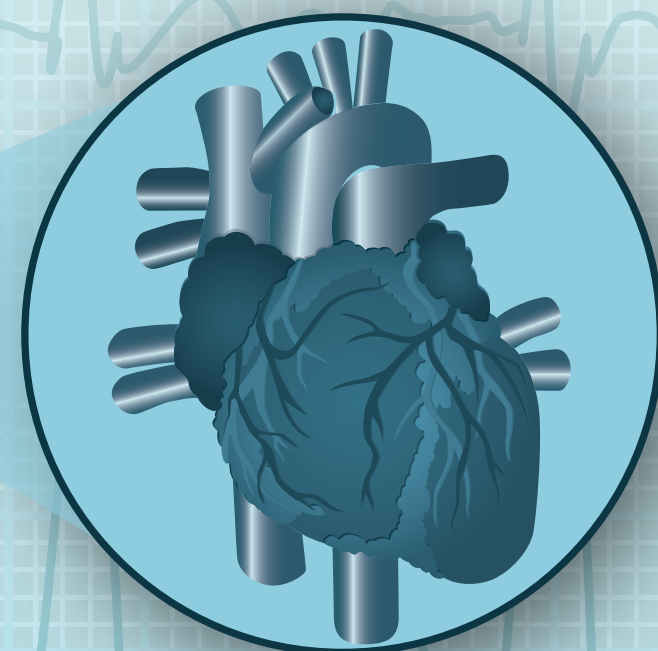


PROBLEM:

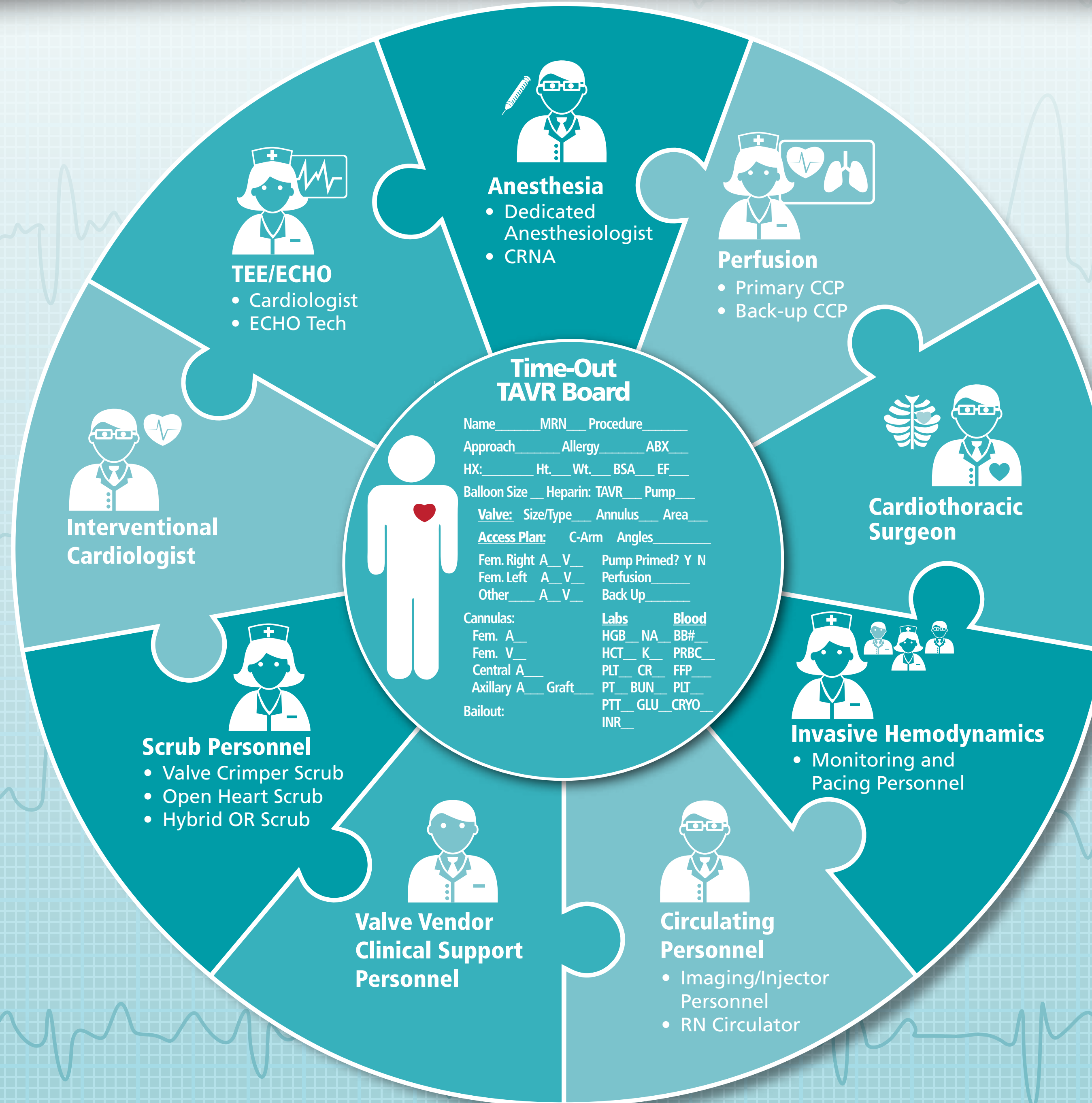
Bringing new technology to better serve patient populations can be challenging, even in the best environments. Our organization recently launched a trans-catheter aortic valve replacement (TAVR) program; offering high risk or inoperable aortic valve stenosis patients a treatment option. TAVR procedures require a large multidisciplinary team working collaboratively within a hybrid operating room. TAVR teams can range in size from 15 to 25 multidisciplinary personnel that traditionally do not work together within the same environment. We understood that effective communication at the beginning and throughout the critical points of the TAVR procedure would be essential to ensuring patient safety and quality patient outcomes. How do you get 15 to 25 clinicians, who may have never worked together as a team, get on the same page for patient safety and quality?

TRANS-CATHETER AORTIC VALVE REPLACEMENT (TAVR) PROGRAM



IMPLEMENTATION:

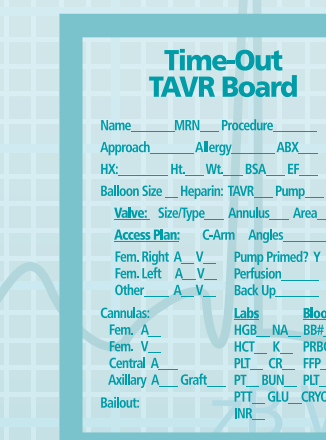
Our organization answered this challenge by revitalizing our standard surgical safety checklist to incorporate specific elements of the TAVR procedure to the time out process. All members of the TAVR team identified key procedural elements, designed a time out board, trialed the new time out process during mock training, and implemented the TAVR time out process at the program launch.



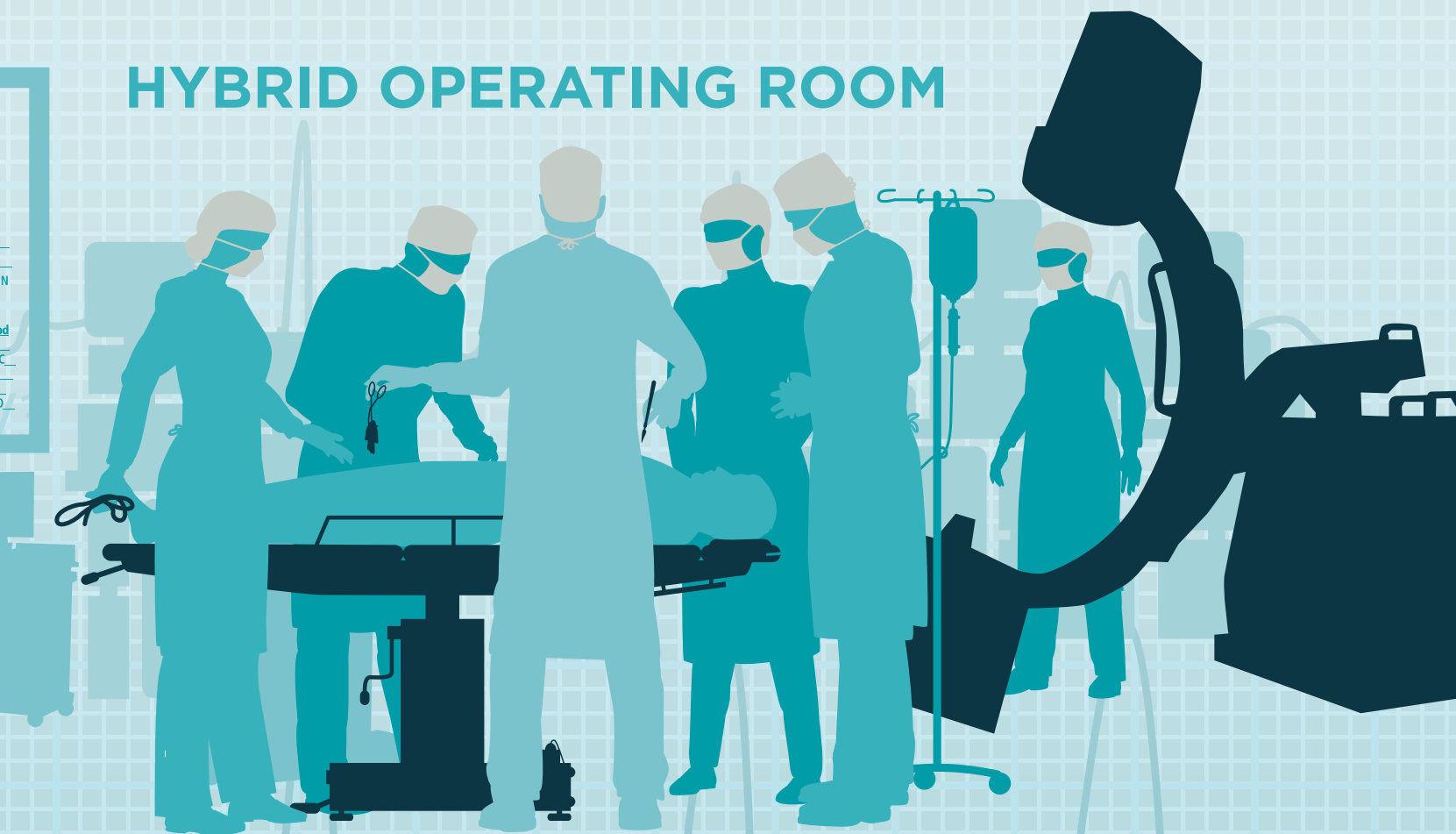
OUTCOME:

The TAVR time out process is a standardized process that ensures key procedural elements are reviewed and physically visible to the entire TAVR team. For each TAVR patient, the TAVR team is prepared to deliver safe, quality patient centered care.

- Patient's requests acknowledged, communicated, and honored.
- All clinical staff members are actively engaged in individualized, procedure specific time out process.
- Clinical roles identified and reviewed for expected and emergent intraoperative events.



HYBRID OPERATING ROOM



EXPERIENCE BASED RECOMMENDATIONS:

- Weekly TAVR conference to review existing and potential patients.
- Prior to date of surgery, care plan communicated to each member of team.
- Pre-briefing attended by all team members, immediately prior to patient entering operative suite, to discuss individualized care plan.
- All potential emergent situations prepared for; intra-aortic balloon pump (IABP), sternotomy, primed cardiopulmonary bypass pump, additional valve deployment, temporary versus permanent pacemaker placement, potential coronary stenting.