



Friday Night Medical Time Out Training Seminar

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Medical Time Out Training Objectives

- ▶ What is the MTO?
- ▶ Why is the MTO Important?
- ▶ The MTO Checklist
- ▶ Running a successful MTO
- ▶ Beyond the MTO



What is the MTO?





Medical “Time-Out”

- ▶ Meeting of available personnel responsible for any aspect of emergency response at a pre-determined time, but prior to start of athletic play
 - During this meeting a preparedness checklist will be covered with concentration on head and neck injuries including concussion, athlete collapse, cheerleading, band and spectator injury response
 - Contact numbers will be verified
 - Hand signals determined
 - Delineation of responsibility in various situations
 - Determination of Emergency Equipment available and location
 - Troubleshooting of any special circumstances





Origin of the MTO

- ▶ In concept MTO began at the 1996 Olympics in Atlanta at the Track and Field venue
 - Ron Courson–Head Athletic Trainer
 - Dr. James Kyle–Emergency Coordinator
- ▶ As a formal Kyle Group program at Dr. James Kyle’s alma mater, Concord University for 2012 Football season
- ▶ As an EMS initiative in Southern WV in 2013
- ▶ Adopted by RESA (Donna Stewart), WV Atlanta Public Schools (Craig Boyd), Birmingham City Schools (Drew Ferguson), and Marietta High School (Jeff Hopp) in 2014
- ▶ As a statewide WV protocol in 2015





About The Kyle Group

- ▶ The Kyle Group specializes in education, consultation, med-legal work and philanthropy related to sports medicine and emergency medicine as well as Emergency Medical Services
- ▶ Started in 2011 by Mrs. Barbara Earley Kyle
- ▶ The Kyle Group is a “project driven and education focused” company that works to prepare and protect medical and allied healthcare workers for the emergencies they may face through our products and services
- We want to have fun while making a difference!!!





The Key Concepts of MTO

The Medical Time Out helps you COPE with the watchful eyes of constant social media streaming at sports venues

- ▶ **C**ommunication
 - *BEFORE* a potentially catastrophic event rather than *WHEN* that event occurs
- ▶ **O**rganization
 - Tasks are identified *BEFORE* they are needed rather than *WHEN* they are needed
- ▶ **P**reparation
 - Troubleshooting of potential roadblocks to care can be identified and discussed *BEFORE* delays occur
- ▶ **E**xecution
 - Actions become a learned response rather than an instinct



Some one is always watching in the “fishbowl arena”



Why is the Friday Night MTO Important?





Timeouts Exist Everywhere



- ▶ Why once you board a plane does it take so long to actually take off?
 - The pilots are taking a timeout to go through a safety checklist

- ▶ Prior to surgery the surgical team has a timeout to go through a standardized checklist



 SURGICAL SAFETY CHECKLIST 		
www.safesurgerysaveslives.ca		
Sign In – Before induction of anesthesia	Time Out – After induction (continued)	Sign Out – Before patient leaves the OR
Hand-off from Day care, ER, Nursing Unit or ICU <input type="checkbox"/> Team Assembled <input type="checkbox"/> Anesthesia equipment safety check completed <input type="checkbox"/> Patient information confirmed <ul style="list-style-type: none"> - Identity (2 identifiers) - Consent(s) - Site and procedure and Anaesthetic Technique - Site, side and level marked - Necessary Clinical documentation <input type="checkbox"/> Body weight (kg) _____ <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Difficult Airway / Aspiration Risk <ul style="list-style-type: none"> - Confirm equipment and assistance available <input type="checkbox"/> Monitoring <ul style="list-style-type: none"> - Pulse oximetry <input type="checkbox"/> Confirm essential imaging displayed After Induction <input type="checkbox"/> Review final test results <input type="checkbox"/> Medications <ul style="list-style-type: none"> - Antibiotic prophylaxis: Next dose? - Anticonvulsants 	<input type="checkbox"/> All team members introduce themselves by name and role if not done already Team review <input type="checkbox"/> Patient positioning and support / Warming devices / Pressure protection <input type="checkbox"/> Special Instruments, implants <input type="checkbox"/> Confirmation of Specimen requirements <input type="checkbox"/> Postoperative destination Before Skin incision <input type="checkbox"/> Surgeon, Anesthesiologist, and Nurse verbally confirm <ul style="list-style-type: none"> - Patient - Site, side, and level - Procedure - Antibiotic prophylaxis: repeat dose? <input type="checkbox"/> "Does anyone have any other questions or concerns before proceeding?"	<input type="checkbox"/> Team reviews <ul style="list-style-type: none"> - Instrument/sponge/needle count - Procedure - Specimen documentation complete specimens labelled - Important intra-operative events - Fluid balance / management - Recovery plans, pain management, position <input type="checkbox"/> Written Operative Note Completed and signed <input type="checkbox"/> Instructions for transfer and expectations of planned care to PACU, Nursing Unit or ICU are complete? Could this event have been improved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Handover to PACU, Nursing Unit or ICU
<small>Adapted from the WHO Surgical Safety Checklist, © World Health Organization, 2008/ revised working party BCH 1504/09/ reviewed Feb 2010</small>		

Figure 2. Checklist developed for use at BC Children's Hospital.





Importance of Friday Night MTO

- ▶ It keeps your emergency response plan current and event specific rather than on a shelf with 2 inches of dust on it
- ▶ It protects the medical well being of athletes and spectators during emergency situations
- ▶ It coordinates the response team's tasks, to maximize time delivering care
- ▶ It eliminates chaos and confusion and focuses efforts in high stress situations
- ▶ It provides a non-confrontational approach to merging multiple medical and allied health professionals into 1 strong response team





Catastrophic Event

- ▶ The Medical Time Out shows foresight and preparation on the part of the emergency response team
- ▶ Bad outcomes may happen, but the 5 P's will give the best chance for a positive outcome

Proper **P**reparation **P**revents
Poor **P**erformance





MTO Documentation

- ▶ Your MTO pre-game checklist is Med-Legal documentation if recorded and maintained
- ▶ A properly conducted MTO with documentation is the best 1st step in defense against medical legal claims
- ▶ Combined with a well planned and rehearsed EAP, shows preparation and attentiveness to emergency planning





The MTO Checklist





The Checklist Front Side-Awareness Points

- ▶ ACLS (Advanced Cardiac Life Support) EMS
 - Make sure there is one present and they are out of the truck and near the field of play
- ▶ AED Sideline
 - Is there an AED on one or both sidelines, EMS only unit?
- ▶ Sentinel Seizure Awareness
 - Seizure like activity during cardiac event in which fibrillation causes lack of blood to the brain causing seizure.
 - **NOT NEURO, CARDIAC!!!**
 - **EXPOSE CHEST, AED, SHOCK**
- ▶ Agonal Respiration Awareness
 - Sustained progressing cardiac arrest
 - This noisy breathing could be their last if you go for airway over heart
- ▶ Spine Board
 - With many EMS squads adopting no spine board policies is there even one at the venue?
- ▶ Face Mask Tools
 - Where are they and are they adequate for all types of helmets in play-Multi-tool approach
 - Just because the helmets look alike clips may be very different
- ▶ Equipment Removal Discussion
 - Who is present with knowledge of equipment and safe removal if there is a need to remove before transport



The Checklist Front Side-Communication

- ▶ Establish who is present and verify phone numbers
 - EMS and Back-up EMS
 - Cell phone numbers vs. radio communication
 - Squad
 - Number if EMS has to transport to dispatch another ambulance to minimize gap in at venue coverage
 - Hospital
 - Establish designated hospital ahead of incident and have ED number available so team physician can coordinate with accepting emergency department trauma team
- ▶ Game Day Administrator
 - ▶ Knowledge of EAP and assistance in smooth implementation, keys for gate and locked door access
- ▶ Home and Visiting Team Physicians
 - ▶ Who is present? Double the pleasure, double the fun, 2 physicians are better than 1
- ▶ Home and Visiting Athletic Trainers
 - ▶ Establish visiting team equipment and support needs
- ▶ Police
 - ▶ Determine presence and obtain numbers
- ▶ Fire Department
 - ▶ Determine presence and obtain numbers



The Checklist Front Side– Injury/Illness Response

- ▶ Hand signal designation (checklist has suggestions, but may already be established in your own protocols)
 - Forearms crossed to make X– ACLS/AED to the field
 - Baseball safe sign–Spine board to the field (with ancillary supplies (straps, facemask/helmet removal, etc.)
 - Finger Pointed to Head–Concussion
- ▶ Cheerleading, Band, and Spectator Injury/Illness response
 - Who is responsible?
 - Half–time–AT staff inside with Football team
- ▶ AeroMedical Landing Site
 - Location and landing coordinates
 - Police/fire department assistance for traffic flow





The Checklist Back Side Technique/Protocol Review

- ▶ Visibility and location of EMS
 - On or near playing field with all equipment loaded on stretcher not on the truck
- ▶ Hand signal full explanations
- ▶ Spine Boarding Reminders





The Checklist Back Side SCAT 5 Symptom Checklist

- ▶ Convenient reference of SCAT 5 Symptom Checklist available for immediate use
- ▶ Symptoms can easily be relayed from checklist to EMS, to ED doctor





Running a Successful MTO





Sample MTO Procedure List

1. Medical Time Out (MTO) coordinated by Team Leader covering athletic event
2. Held at predetermined time with input from home team Medical Staff to occur prior to start of event (standard 30 minutes)
3. Home Team Medical Staff to inform Visiting Team Medical Staff of time and location
4. MTO attended by EMS staff with stretcher carrying First Responder equipment near field of play in proximity to the ambulance
5. Introductions and recording credentials of Home and Visitor Medical Team members
6. Recording of contact phone numbers for EMS, Home and Visitor Medical Team members, and Squad base number, Game Day Administrator, etc.
7. Radio instructions and frequency, if available and test function
8. Record emergency equipment available on both sidelines, AED, Spine Board, Oxygen, Facemask removal, etc.
9. Determine procedures for spine boarding and equipment removal to ensure everyone is on the same page
10. Hand signal review for ACLS (Example, Spine board to Field of Play)
11. Assign Primary responder to band, cheerleading, and spectator injury
12. Discuss teamwork options for care of situations, SCA, Heat Stress with rapid cooling options
13. Confirm landing zone location and coordinates for AeroMedical support
14. Record Fire Department and School security or local police phone contact
15. At conclusion of MTO, Team Leader to inform Officials/Referee of Hand Signals for EMS response to Field of Play

Procedure list should be considered recommendations and adjusted to fit your setting





Safe Sports Play- Video Example of MTO-Click hyperlink above picture

▶ <https://youtu.be/L90n6pfCljU>





Beyond the MTO





Emergency Action Plan (EAP)

- ▶ MTO will only be as good as your EAP
- ▶ EAP needs to be updated annually
- ▶ Communication and review with EMS, Hospital and AeroMedical personnel should occur annually
- ▶ Consider yearly inservice with all entities to discuss changes in protocol, familiarization with equipment, loading and unloading, etc.
- ▶ Equipment function tests conducted regularly
- ▶ Practice with multiple scenarios so that when issues arise you can adjust easily, because you know it so well



At Risk List

- ▶ Risky athletes should be easily identified before season starts
 - Asthma/EIA/EIB with peak flow
 - Cardiac History/Hypertension
 - History of Heat Illness
 - Sickle Cell Trait
 - Concussion History
 - Stinger/Burner History
 - Surgical History
 - Significant Orthopedic or other issues
 - Allergies requiring Epi-Pen
 - Other significant general medical concerns–Diabetes, etc.





Turning At Risk into Roster Medicine

- ▶ Roster with numbers on sideline used to quickly identify downed athlete and complicating medical factors
- ▶ Sickle Cell Trait Positive Athletes Underlined in Red
- ▶ History of Heat Illness is boxed
- ▶ ***Asthmatics are starred ***
- ▶ Concussion History circled with circle indicating 1 concussion, lines from the circle indicating additional concussions



The Sideline Team Paramedic

- ▶ Consider identifying a team paramedic
- ▶ Not part of the squad that transfers, but rather remains on sideline with other sports medicine team members
- ▶ Can assist in translation from Athletic Training language to EMT language
- ▶ Coordinate designation with your Lead Team Physician and your EMS Training Officer





MTO Summary





Are you ready to MTO?

- ▶ The MTO is a meeting prior to the start of an event to organize medical response
- ▶ The importance of this type of organization can be the difference between life and death in an emergency situation
- ▶ There is nothing difficult about conducting an MTO, it is just a commitment to a high standard of care
- ▶ MTO should be considered recommendations not rules, protocol may need to be adjusted to suit your particular circumstances
- ▶ If you have any additional questions about the MTO please do not hesitate to visit our website or contact us directly
 - Website–www.kyle-group.com
 - Email address for Chief of Operations Tracy McCallister Gill–tmgill@kyle-group.com
- ▶ New updated MTO Checklist will soon be available for request from our website





Now You are MTO Ready!!

