SpeakUP™

The Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™
Guidance for health care professionals

Conduct a pre-procedure verification process

Address missing information or discrepancies before starting the procedure.

- Verify the correct procedure, for the correct patient, at the correct site.
- When possible, involve the patient in the verification process.
- Identify the items that must be available for the procedure.
- Use a standardized list to verify the availability of items for the procedure. (It is not necessary to document that the list was used for each patient.) At a minimum, these items include:
  - relevant documentation
    - Examples: history and physical, signed consent form, preanesthesia assessment
  - labeled diagnostic and radiology test results that are properly displayed
    - Examples: radiology images and scans, pathology reports, biopsy reports
  - any required blood products, implants, devices, special equipment
- Match the items that are to be available in the procedure area to the patient.

Mark the procedure site

At a minimum, mark the site when there is more than one possible location for the procedure and when performing the procedure in a different location could harm the patient.

- For spinal procedures: Mark the general spinal region on the skin. Special intraoperative imaging techniques may be used to locate and mark the exact vertebral level.
- Mark the site before the procedure is performed.
- If possible, involve the patient in the site marking process.
- The site is marked when there is more than one possible location for the procedure and when performing the procedure in a different location could harm the patient.
- For spinal procedures: Mark the general spinal region on the skin. Special intraoperative imaging techniques may be used to locate and mark the exact vertebral level.
- Mark the site before the procedure is performed.
- If possible, involve the patient in the site marking process.
- The site is marked when there is more than one possible location for the procedure and when performing the procedure in a different location could harm the patient.
- The site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed.
- In limited circumstances, site marking may be delegated to some medical residents, physician assistants (P.A.), or advanced practice registered nurses (A.P.R.N.).
- Ultimately, the licensed independent practitioner is accountable for the procedure – even when delegating site marking.
- The mark is unambiguous and is used consistently throughout the organization.
- The mark is made at or near the procedure site.
- The mark is sufficiently permanent to be visible after skin preparation and draping.
- Adhesive markers are not the sole means of marking the site.
- For patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (see examples below): Use your organization’s written, alternative process to ensure that the correct site is operated on. Examples of situations that involve alternative processes:
  - mucosal surfaces or perineum
  - minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice
  - teeth
  - premature infants, for whom the mark may cause a permanent tattoo

Perform a time-out

The procedure is not started until all questions or concerns are resolved.

- Conduct a time-out immediately before starting the invasive procedure or making the incision.
- A designated member of the team starts the time-out.
- The time-out is standardized.
- The time-out involves the immediate members of the procedure team: the individual performing the procedure, anesthesia providers, circulating nurse, operating room technician, and other active participants who will be participating in the procedure from the beginning.
- All relevant members of the procedure team actively communicate during the time-out.
- During the time-out, the team members agree, at a minimum, on the following:
  - correct patient identity
  - correct site
  - procedure to be done
- When the same patient has two or more procedures: If the person performing the procedure changes, another time-out needs to be performed before starting each procedure.
- Document the completion of the time-out. The organization determines the amount and type of documentation.

This document has been adapted from the full Universal Protocol. For specific requirements of the Universal Protocol, see The Joint Commission standards.
Facts about the Universal Protocol

The Joint Commission Board of Commissioners originally approved the Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery™ in July 2003, and it became effective July 1, 2004 for all accredited hospitals, ambulatory care and office-based surgery facilities. The Universal Protocol was created to address the continuing occurrence of wrong site, wrong procedure and wrong person surgery and other procedures in Joint Commission accredited organizations. The Universal Protocol drew upon, and expanded and integrated, a series of requirements under The Joint Commission's 2003 and 2004 National Patient Safety Goals. The three principal components of the Universal Protocol include a preprocedure verification, site marking, and a time out.

Development of the Universal Protocol
Wrong site, wrong procedure and wrong person surgeries are sentinel events (an unexpected occurrence involving death or serious physical or psychological injury) that are tracked through The Joint Commission sentinel event database. The Joint Commission has issued two Sentinel Event Alert newsletters on the subject of wrong site surgery; the first was published August 28, 1998, and the follow-up was published December 5, 2001. In response to continuing reports of wrong site, wrong procedure and wrong person surgery, Joint Commission leadership agreed that it was necessary to get key organizations involved in efforts to prevent wrong site, wrong procedure, and wrong person surgery.

On May 9, 2003, The Joint Commission hosted a Wrong Site Surgery Summit, with the goal of obtaining consensus on the adoption of a “universal protocol” for preventing wrong site, wrong procedure and wrong person surgery. The Summit was hosted by The Joint Commission in collaboration with: American Medical Association, American Hospital Association, American College of Physicians, American College of Surgeons, American Dental Association, and American Academy of Orthopaedic Surgeons. The leaders of more than 30 other professional groups participated in the Summit. Summit participants agreed that a universal protocol would help prevent the occurrence of wrong site, wrong procedure and wrong person surgery; that the protocol should be specific, so as to eliminate confusion about site marking and facilitate communication among surgical team members; and that it should provide the flexibility needed for unique surgical situations.

The Joint Commission pursued broad consensus on the draft of the Universal Protocol in order to make it valuable and useful to the majority of surgical situations and staff. The public comment period generated more than 3,000 responses from surgeons, nurses and other health care professionals, which were overwhelmingly in support of the Universal Protocol. The comments also provided the basis for a number of refinements to the protocol. Following approval by the Board, The Joint Commission sought endorsement of the protocol from leading professional associations and organizations. Approximately 51 professional associations and organizations endorsed the original Universal Protocol.

The Universal Protocol was revised for 2010 based on feedback from the field and other stakeholders. The intent of the revisions was to address patient safety issues while allowing organizations flexibility in applying the requirements within existing work processes, given the diversity of organizations that need to follow the Universal Protocol.

The Universal Protocol is available at http://www.jointcommission.org/standards_information/up.aspx. For more information, contact the Standards Interpretation Group at 630-792-5900, or submit your question at http://jcwebnoc.jcaho.org/newsigsub/sigonlineform.aspx.