Universal Protocol won’t change for now

The Joint Commission isn’t making immediate changes in the Universal Protocol for surgical site verification. But revisions could be coming. One issue being discussed is who should mark the surgical site.

Joint Commission officials discussed the protocol in a June 21 audioconference as a follow-up to a wrong-site surgery summit in February. The protocol, which took effect in 2004, outlines steps accredited facilities must follow in verifying the correct patient, site, and procedure prior to surgery.

Despite the protocol, the Joint Commission says reports of wrong surgery persist at the rate of 5 to 8 a month. States with mandatory reporting haven’t seen a decrease either.

A new report from Pennsylvania says 427 reports of wrong surgery and near misses were received in the 30 months from June 2004 through December 2006, a rate of about 1 every 2 days (related article).

No one is sure whether the reports are persisting because there are more incidents or better reporting.

Though communication problems continue to be a leading cause of wrong-surgery events, surveyors started noticing in 2006 that procedural compliance was also a factor; that is, not following the Universal Protocol, noted Peter Angood, MD, Joint Commission vice president and chief safety officer.

In the audioconference, the Joint Commission reviewed findings for the February summit, noting that the 50-some organizations represented agreed the protocol is effective, though not to the extent they would like, and supported maintaining it. They also discussed possible revisions.

For the time being, there won’t be any changes. But proposed revisions will be sent to the Sentinel Event advisory group for review in the next few months, Dr Angood said.

Some issues discussed at the summit included:

• Does the protocol need to be more specific and routinized?
• There should be “zero tolerance” for lack of compliance with the protocol.
• Incidence of anesthesia- and radiologic-associated events has been increasing. It was reemphasized that the protocol applies to procedures performed outside the operating room.
• Strong support was voiced for a public awareness campaign.
• In response to resistance to the protocol and complaints about time pressures, Dr Angood said, “a strong message needs to go out” that in institutions that have been successful, the protocol has improved efficiency overall.
• Each organization’s leaders need to support the protocol and be engaged in developing policies and procedures and monitoring compliance.

Dr Angood noted that the World Health Organization (WHO) will be testing a detailed correct-site protocol internationally but said the Joint Commission isn’t pushing in that direction at this time.

He and Paul Schyve, MD, Joint Commission senior vice president, then spent the next 45 minutes of the audioconference answering questions, most of which asked for clarification of the protocol.
Who should mark site?

A lingering question is who should mark the surgical site. In response to a question from a listener, Dr Angood said the marking should be done by a member of the surgical team who will be performing the case such as the surgeon, surgeon first assistant, or resident, not by a medical intern or member of the “OR environment.”

Later someone asked if he saw the Joint Commission moving toward using “must” instead of “should” in the statement about the person performing the procedure marking the site. He said, “We clearly are considering the ‘must’ in our deliberations,” but that the Universal Protocol currently stands as written, and no immediate changes are being made.

A transcript of the conference will be posted at www.jointcommission.org in the next few months. Requests for clarification of the Universal Protocol can be submitted through the website. Look under Standards, then Online Question Form.