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Joint Commission

Universal Protocol revised for 2009

The Joint Commission has revised the Universal Protocol for surgical site verification for the first time since its launch in 2004. The revised protocol, effective Jan 1, 2009, follows the same format as Joint Commission standards, with a rationale and elements of performance.

The changes were announced June 17 with the 2009 National Patient Safety Goals (related article, p 7).

The protocol was refined following feedback from the Wrong Site Surgery Summit in 2007.

Among changes: Use of a checklist for verification, a requirement to suspend other activities during the time-out, and a clearer requirement about documentation. Here are highlights.

Preprocedure verification

Key changes:

- Verification will be required at the time of preadmission testing and assessment in addition to other points.
- Use of a checklist will be expected. The checklist may be paper, electronic, or in some other form, such as a wall-mounted white board.
- Items to be reviewed and verified are:

  —relevant documentation (for example, history and physical, nursing assessment, and preanesthesia assessment)

  —accurately completed and signed procedural consent form

  —correct diagnostic and radiology test results that are properly labeled

  —any required blood products, implants, devices, and/or special equipment for the procedure.

Marking the procedure site

The revised protocol is more explicit about site marking. Some of the changes:

- The intended procedure site is to be marked for all procedures involving an incision or percutaneous puncture or insertion. For procedures involving laterality of an organ performed through a midline incision or natural orifice, the site is still marked and laterality noted.
- A new step says the procedure site is initially marked before moving the patient to the location where the procedure is to be performed.
- The site is to be marked by a licensed independent practitioner or other provider with privileges to do the procedure. The protocol states: "This individual will be involved directly in the procedure and present at the time the procedure is performed. The final confirmation and verification of the site mark takes place during the timeout." That is a change from the current protocol, which simply says, "The person performing the procedure should do the site marking."
- The site is preferably marked with the surgeon's or proceduralist's initials.
- There is to be "a defined, alternative process" for patients who refuse site marking or cannot easily be marked.

Time-out

Time-out requirements are also more detailed. Noteworthy changes:

- The time-out is conducted prior to starting the procedure and ideally before introduction of anesthesia.
- The time-out involves the immediate members of the team; specifically, the proceduralist, anesthesia providers, circulating nurse, OR technician, and other active participants.
- The time-out "involves interactive verbal communication between all team members," and "any team member is able to express concerns about the procedure verification."
- During the time-out, "other activities are suspended, to the extent possible without compromising patient safety," so team members can focus.
- New items to be addressed during the time-out include:
  —an accurate procedure consent form
  —relevant images and results appropriately labeled and properly displayed
  —the need to administer antibiotics or fluids for irrigation purposes
  —safety precautions based on patient history or medication use.
- The revised protocol says "completed components of the Universal Protocol and time-out are clearly documented." ❖

See the complete wording at www.jointcommission.org.