

More on the Universal Protocol

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In the two years that we have had this column, the issue of the Universal Protocol, with particular emphasis on WSPEs (wrong-side, wrong-site, wrong-procedure, and wrong-patient adverse events), has been addressed in several issues. The reason is simple—the Universal Protocol has so permeated surgical culture that as iterations and updates of this protocol are made, it is incumbent upon our members to keep abreast of the most recent changes and emphasis. It is imperative that as a high-volume surgical sub-specialty, our members are informed of the most current Universal Protocol standards.

In brief, the Universal Protocol is a guideline published by the Joint Commission with support from almost all surgical and surgical-related specialties (including endorsement from the AAO-HNS). Components of the Universal Protocol are: 1) conducting a pre-procedure verification; 2) marking the procedure site as indicated; and 3) a time-out. The Universal Protocol has undergone two iterations, in 2005 and again in 2007. Most recently, on November 5, 2008, the Joint Commission published the “2009 FAQs for the Revised Universal Protocol.”¹

It is absolutely worthwhile for Academy members to spend a few minutes to read this document, even though the more salient and pertinent issues for our members will be discussed in this column. WSPEs remain the most commonly reported sentinel event, with approximately 10 new cases received by the Joint Commission a month. Of course, this increase may be due to enhanced and expanded reporting, but nevertheless, WSPEs occur with an alarmingly high frequency.¹

Some members have asked in the past whether the Universal Protocol is mandatory; the document recently released

by the Joint Commission clearly notes that for Joint Commission-accredited organizations, the Universal Protocol is mandatory. Furthermore, a new requisite is that starting in 2009, a pre-procedure verification checklist is mandatory. The purpose of such is to ensure that specific equipment and needs for the surgery are present prior to commencing (e.g., the cochlear implant devices are available).

As Academy members often have resident surgeons or physician assistants assisting in the operating room, questions have come up about whether these individuals can perform site marking. The revised Universal Protocol states that “the person privileged/permitted to perform the procedure and who will be actively involved in and present during the procedure performs the site marking.”¹ This can include resident surgeons and physician assistants, though physicians or practices who want to do so should very carefully read and ensure adherence to the Universal Protocol’s clear language regarding this contentious issue.

With our unique surgical domain, Academy members always question which surgeries are exempt from the Universal Protocol. The updated protocol states that the exemptions for the Universal Protocol include midline, single organ procedures, as well as endoscopies without laterality.¹

However, it is imperative to reiterate that in these cases, the pre-procedure verification checklist still should be utilized and the other aspects of the Universal Protocol (such as the time-out) are still to be followed.

Another important point is that when operating in more than one room, our surgeons still need to be present for the time-out for each room. Also, when the patient is having more than one procedure performed by a different or distinct surgical team, there needs to be a time-out prior to starting the second procedure on the patient.

The Joint Commission has tremendous resources that can help answer and steer your organization in the proper direction. The hospital you are affiliated with will have individuals whose primary responsibility is for quality improvement or performance improvement for the

hospital, and who will be more than willing to assist you and your practice in navigating through the quality improvement requirements that are placed on the surgeons. If your organization or practice has specific queries, it may be best to have an individual directly contact the Joint Commission to provide a definitive answer, rather than attempt to arrive at your own interpretation of the correct implementation for a specific protocol issue.

As often noted in this column, otolaryngologists are especially vulnerable to WSPEs due to the myriad permutations of procedures which we perform, our high surgical volume, and rapid turnover of cases. The Universal Protocol is intended to protect our patients and help us deliver the highest quality of care; so far, the data demonstrates that when followed appropriately, the Universal Protocol exceeds its goal.



In July 2003, The Joint Commission Board of Commissioners approved the Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery. The principal components of the Universal Protocol include: 1) the pre-operative verification process; 2) marking of the operative site; 3) taking

a 'time out' immediately before starting the procedure; and 4) adaptation of the requirements to non-operating room settings, including bedside procedures. See the "Universal Protocol" poster at www.entnet.org/protocol for a complete checklist.

Reference

1. www.jointcommission.org/NR/rdonlyres/ED5051F2-C5FA-4902-8820-606D28A43CCA/0/09_UP_FAQs.pdf, accessed 11/16/08.

We encourage members to write to us with any topic of interest and we will try to research and discuss the issue. Members' names are published only after they have been contacted directly by Academy staff and have given consent to the use of their names. Please email the Academy at qualityimprovement@entnet.org to engage us in a patient safety and quality discussion that is pertinent to your practice.