

IMPROVED COMPLIANCE WITH JOINT COMMISSION STANDARDS

JOINT COMMISSION STANDARDS REGARDING SITE VERIFICATION

The Universal Protocol applies to all surgical and nonsurgical invasive procedures and is based on the following principles:

- ✓ A robust approach using **multiple, complementary strategies** is necessary to achieve the goal of always conducting the correct procedure on the correct person, at the correct site.
- ✓ Active involvement and use of effective methods to **improve communication among all members** of the procedure team are important for success.
- ✓ To the extent possible, the **patient and (as needed) the family** are involved in the process.
- ✓ Consistent implementation of a standardized protocol is most effective in achieving safety.

PATIENT SAFETY, SITE MARKING AND THE UNIVERSAL PROTOCOL

Patient safety is enhanced when a consistent marking process is used throughout an organization.

Responsibility for marking the procedure site is a hotly debated topic. One position argues that the licensed practitioner is accountable for the procedure and therefore should mark the site. Another position is that other individuals should be allowed to mark the site for the sake of efficiency. There is no evidence suggesting patient safety is affected by the job function of an individual who marks the site. The Joint Commission proposed a solution that supports the purpose of the site mark: "*The mark is a communication tool about the patient for members of the team.*" Therefore, the individual who knows the most about the patient should mark the site. In most cases, that will be the person performing the procedure."



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UP.01.01.01: CONDUCT A PRE-PROCEDURE VERIFICATION PROCESS

Implement a pre-procedure process to verify the correct procedure, for the correct patient, at the correct site. Note: the patient is involved in the verification process when possible.

RATIONALE: The pre-procedure verification is an ongoing process of information gathering and confirmation. Pre-procedure verification may occur at more than one time and place before the procedure. It is up to the organization to decide when this information is collected and by which team member, but it is **best to do it when the patient can be involved**.

UP.01.02.01: MARK THE PROCEDURE SITE

Mark the procedure site before the procedure is performed and, if possible, with the patient involved. The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed.

RATIONALE: The method of marking the site and the type of mark is unambiguous and is used consistently throughout the organization. Note: the mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping. Adhesive markers cannot be the sole means of marking the site.

UP.01.03.01: A TIME-OUT IS PERFORMED BEFORE THE PROCEDURE

The purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. The procedure is not started until all questions or concerns are resolved. ***The time-out is most effective when it is conducted consistently across the organization.***

