Who should mark the surgical site?

Who should mark the surgical site was one of the big questions raised at a wrong site surgery conference Dec 2 in Chicago sponsored by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The conference focused on how to implement JCAHO’s universal protocol for preventing wrong surgery, which will be surveyed for accreditation purposes starting July 1. The protocol, which applies to all JCAHO-accredited hospitals, surgery centers, and office-based surgery facilities, outlines principles and required steps for verifying the correct patient, surgical site, and procedure.

“If you’re not in compliance with the universal protocol, ultimately you will not be accredited,” JCAHO President Dennis O’Leary warned. More than 40 associations have endorsed the protocol, developed through a consensus process after a national summit last summer. The protocol was approved by the JCAHO Board of Commissioners and is posted at www.jcaho.org.

JCAHO’s data indicates there is work to do. In random unannounced surveys of hospitals in 2003, the commission found 36% were not complying with surgical site marking (chart). Compliance on regular surveys was better.

At the conference, nurses and physicians asked how to interpret some parts of the protocol and how to get everyone, particularly physicians, to sign on.

Preferred approach

Several in the audience asked JCAHO to clarify who should mark the site.

The universal protocol states: “The person performing the procedure should do the site marking.”

In the protocol, the word “should” means there is latitude, while the word “must” means a requirement for accreditation, explained Richard Croteau, MD, JCAHO’s executive director for strategic initiatives.

The word “should” was chosen for this statement because processes vary by organization, and “we decided to allow for some degree of latitude,” he said, noting this was the consensus reached at the summit.

Nurses are leery that the flexibility will make it easier for some physicians to dodge site marking.

“Our position is that the preferred approach is that the person performing the procedure should mark the site,” Dr Croteau elaborated in an interview with OR Manager. JCAHO is trying to be sensitive to the fact that organizations have different processes, which can be complex, and “that may make it more reasonable to have someone other than the person performing the procedure mark the site,” he noted. But if that responsibility is delegated, “that must in no way compromise the safety of the patient or introduce any additional risk.”

He said JCAHO would offer additional interpretation of this statement in answers to frequently asked questions (FAQs) on its web site.

“Could the preoperative nurse mark the site?” someone asked at the conference.

That option needs to be evaluated along with others before JCAHO gives a written response, Dr Croteau responded. He invited organizations that believe they have an equally safe alternative to the surgeon marking the site to send in a description of their process to be evaluated. Descriptions can be e-mailed to him at rcroteau@jcaho.org.

“We are dead serious”

Dr Croteau minced no words about JCAHO’s expectations for physicians in carrying out the universal protocol.

“We approach this as an organizational requirement,” he said. “To implement this protocol is going to take an organizational initiative. We have been very clear...
that this is a team activity. This is patient safety. We are going to enforce this. We are dead serious about it.”

Some organizations have instituted disciplinary policies to make it clear they mean business.

In Veterans Affairs facilities, reluctant physicians can have their privileges restricted. Not adhering to the VA’s site verification policy is “considered an intentional unsafe act,” the VA’s national patient safety director, James Bagian, MD, PE, said at the conference.

The VA has a national policy to ensure correct surgery. (The policy and a poster illustrating the steps are at www.patientsafety.gov. See also the February 2003 OR Manager, pp 14-15.)

At the Kaiser Permanente Medical Center in San Francisco, the OR Committee has a formal policy to encourage a few physicians who still did not comply with surgical site verification after an extensive educational effort. The policy has three steps:

1. After the first instance, the OR team receives a verbal warning and counseling.
2. The OR team receives a written warning.
3. All members of the OR team are suspended.

If a patient arrives in the OR without the site marked, a call is made to a hospital administrator or the chief of surgery, said the hospital’s director of hospital operations and chief nurse executive, Linda Groah, RN, MSN, CNOR, CNAA, FAAN. The surgeon is called and asked to come to the OR and mark the site. If the surgeon refuses, the policy steps are initiated. In the 2 months the policy had been in effect, so far it had not had to be used, Groah said.

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Source: JCAHO. Surveys conducted from 1/1/03 through 9/30/03.