



NEWS RELEASE

JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS

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LEADING MEDICAL, HEALTH CARE GROUPS ENDORSE
JOINT COMMISSION'S NEW UNIVERSAL PROTOCOL™ TO PREVENT WRONG
SITE SURGERY

(Oakbrook Terrace, Ill. – December 2, 2003) The nation's medical, nursing, and health care leadership associations and organizations today joined the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in a new nationwide effort to eliminate wrong site, wrong procedure, and wrong patient surgeries. Such occurrences are widely viewed as entirely preventable.

More than 40 organizations have now endorsed a new Universal Protocol™ to standardize pre-surgery procedures for verifying the correct patient, the correct procedure, and the correct surgical site. The Protocol focuses attention on marking the surgical site, involving the patient in the marking process, and taking a final "time out" in the operating room to double check information among all members of the surgical team.

"Today, the leaders of the health care and medical communities have underscored the need for a zero-tolerance mindset respecting wrong site surgery," says Dennis S. O'Leary, M.D., president, JCAHO. "With physicians, nurses, and other practitioners — as well as health care organizations themselves — standing behind this Universal Protocol, we have a real opportunity to reach our collective goal to eliminate this problem."

The Universal Protocol will officially become effective on July 1, 2004 for all Joint Commission-accredited hospitals, ambulatory care surgery centers, and office-based surgery sites. It was originally approved by the Board of Commissioners last summer. The major professional societies and other leadership organizations which participated in its development along with other key health care organizations were then invited to endorse the Universal Protocol.

The organizations that have thus far endorsed the Universal Protocol are:

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- Accreditation Council for Graduate Medical Education
- Agency for Healthcare Research & Quality
- American Academy of Ambulatory Care Nursing
- American Academy of Cosmetic Surgery
- American Academy of Facial Plastic and Reconstructive Surgery
- American Academy of Family Physicians
- American Academy of Ophthalmology
- American Academy of Orthopaedic Surgeons
- American Academy of Otolaryngology-Head & Neck Surgery
- American Academy of Pediatrics
- American Association of Ambulatory Surgery Centers
- American Association of Eye & Ear Hospitals
- American Association of Nurse Anesthetists
- American Association of Oral & Maxillofacial Surgeons
- American College of Cardiology
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Foot and Ankle Surgeons
- American College of Obstetricians & Gynecologists
- American College of Physicians
- American College of Surgeons
- American Dental Association
- American Hospital Association
- American Medical Association
- American Medical Group Association
- American Nurses Association
- American Organization of Nurse Executives
- American Pediatric Surgical Association
- American Society for Surgery of the Hand
- American Society of Anesthesiologists
- American Society of General Surgeons
- American Society of Ophthalmic Registered Nurses
- American Society of Plastic Surgeons
- American Society of Plastic Surgical Nurses
- American Urological Association
- Association of American Medical Colleges
- Association of periOperative Registered Nurses
- Association of Surgical Technologists
- Federated Ambulatory Surgery Association
- Federation of American Hospitals
- Medical Group Management Association
- National Patient Safety Foundation
- North American Spine Society
- Radiological Society of North America
- The Society of Thoracic Surgeons

“The American College of Surgeons views patient safety as a matter of the highest priority,” Thomas R. Russell, M.D., F.A.C.S., executive director of the American College of Surgeons, says. “We strongly urge surgeons and all members of the surgical team, as well as individual hospitals and other health care organizations, to follow the standardized procedures outlined in the Universal Protocol. With all members of the surgical team following this Protocol, we can totally eliminate wrong patient, wrong operation, and wrong site surgery.”

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“Patient safety is the principal focus of AORN,” says Betty J. Shultz, R.N., C.N.O.R., president of the American Organization of Nurse Executives. “Perioperative professionals, as patient advocates, have a responsibility to safeguard patients from wrong site, wrong procedure, and wrong patient surgeries. AORN believes that an established multidisciplinary approach is needed in each operative setting to ensure the correct surgery is performed on the correct site and on the correct patient. We are therefore pleased to support and endorse the Universal Protocol.”

The Universal Protocol grew out of a May 2003 Summit convened by the Joint Commission, in collaboration with the American Medical Association, the American Hospital Association, the American College of Physicians, the American College of Surgeons, the American Dental Association, and the American Academy of Orthopaedic Surgeons. Over 30 organizations were represented at the Summit. Summit participants quickly reached consensus that a Universal Protocol would help to prevent the occurrence of wrong site, wrong procedure and wrong person surgery. The participants also agreed that the Protocol should be specific, both to eliminate confusion about surgical site marking and to facilitate communication among surgical team members, and that it should provide the flexibility needed for unique surgical situations.

Despite issuing *Sentinel Event Alerts* about wrong site surgery both in 1998 and again in 2001, the Joint Commission has continued to receive five to eight new reports of wrong site surgery every month. The Joint Commission's new National Patient Safety Goals, which became effective on January 1, 2003, include a Goal to eliminate wrong site surgery.

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Founded in 1951, the Joint Commission on Accreditation of Healthcare Organizations seeks to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations. The Joint Commission evaluates and accredits more than 16,000 health care organizations and programs in the United States, including 8,000 hospitals and home care organizations, and more than 8,000 other health care organizations that provide long term care, assisted living, behavioral health care, laboratory and ambulatory care services. The Joint Commission also accredits health plans, integrated delivery networks, and other managed care entities. An independent, not-for-profit organization, the Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care.

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