Universal Protocol Policy

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The first goal in healthcare is summed up through the Hippocratic Oath, *primum non nocere,* “first do no harm.” However, nurses and physicians are human, therefore they are subject to human error. Human error is the cause of wrong-site and wrong-patient surgeries. These instances are rare. According to statistics, an individual hospital is likely to experience such an error every five to ten years (Wrong-Site, n.d.). In 2004, all facilities with Joint Commission accreditation were required to implement the Universal Protocol policy to help combat wrong-site and wrong-patient surgeries (Conrardy, Brenek & Myers, 2010).

Universal Protocol is a policy and procedure whose entire purpose is to cut out the human error element in the operating room. It consists of three steps: verification, marking, and time-out. The verification stage consists of a preprocedure checklist ensuring the patient, procedure, and surgical sight are all correct. The marking stage is where the care provider marks the site of the procedure. Naturally, this is important when laterality could be an issue in determining the correct site. Third is the time-out stage. This is done just before the procedure begins. The time-out is a final opportunity to verify patient, procedure, and site (Watson, 2009).

**Stakeholders**

There are many stakeholders regarding the Universal Protocol policy. In this instance, stakeholder refers to any person or profession who is integral to the continued success of the policy. They are the people who are affected by the policy and those who have the responsibility of decision-making. The stakeholders for Universal Protocol are patients, care providers, pre-operative and interoperative nurses, anesthesiologists, nurse anesthetists, surgical technologists, radiology technicians, medical/nursing students, and residents. The list of stakeholders is lengthy because each of these positions play a role during invasive procedures. Surgical procedures are not done by individuals; the entire team is involved. Therefore, the entire team share the responsibility of utilizing the Universal Protocol policy.

There are three organizations who are the “decision-makers” concerning Universal Protocol. The first is the World Health Organization. The World Health Organization created the Universal Protocol. The second is the Joint Commission. The Joint Commission made the Universal Protocol a requirement for accreditation (Conrardy Brenek & Myers, 2010). The third decision-maker is the Association of periOperative Room Nurses (AORN). AORN as an organization upholds Universal Protocol as a standard and a recommendation for perioperative nursing.

Who is affected by the Universal Protocol? Simply put, any patients undergoing invasive procedures are affected. Luckily, being affected is a positive thing as its purpose is to avoid wrong-site, wrong-patient procedures. Secondarily, the family and loved ones of patients undergoing invasive procedures are affected as well. If Universal Protocol is employed, there is less of a chance for human error and therefore the patient is able to return to their normal life sooner.

**Policy Options**

A potential alternative the Universal Protocol would be to develop a non-standardized protocol. Unfortunately, these protocols would most likely be different for each facility or organization. Another alternative to Universal Protocol is to simply *not* practice Universal Protocol. This is not an ideal policy decision for a few reasons. First, there is no standard being used to avoid wrong site or wrong patient invasive procedures. This creates opportunity for human error and ultimately puts the patients at risk. Second, The Joint Commission requires Universal Protocol to be observed in order to receive and keep accreditation. Therefore, by not using Universal Protocol on a facility level, one would risk losing Joint Commission accreditation. Even utilizing Universal Protocol, data shows there are 1500 - 2500 wrong-site and wrong-patient surgery occurrences in the United States each year. This is approximately one procedure in 50,000 – 100,000 procedures (WHO Guidelines, 2009). Without Universal Protocol, the numbers would logically be much worse.

**Nurse as Change Agent**

Nurses play a vital role in Universal Protocol. They are often the first to engage the procedure with a patient. It is their responsibility to enforce and perform the protocol. While the protocol is enforced by large national organizations, nurses have an opportunity to be change agents in the procedure. Nurses have the opportunity to be change agents by researching potential improvements. It is the nurses’ responsibility to evaluate the effectiveness of the protocol. If the protocol was tested by the nursing performing it and the protocol was found to be lacking, it could be revisited and potentially revised, as has previously happened (Norton, 2007).

**Factors of Influence**

There are many factors than can and do influence Universal Protocol. Vital to the procedure are checklists and documentation. These enable the nurses and other care providers to verify Universal Protocol was engaged. Also influential is the support from the administration to encourage physician compliance with Universal Protocol (Conrardy Brenek & Myers, 2010). Also, patient outcomes directly affect pay-for-performance hospital reimbursement. A wrong-site surgery negatively affects patient outcomes, and therefore it has a financial effect on the facility. There is also the cost of litigation following wrong site surgery. The Joint Commission regulatory body also requires universal Protocol to received Medicare and Medicaid reimbursements for the hospital. Additionally, wrong-site surgery can lead to a lowered quality of life for the patient.

**Conclusion**

 The IOM devised a list of standards for developing clinical guidelines. It is by these standards that all new and existing clinical guidelines are assessed (Standards, 2011). While not explicitly an IOM guideline, the Universal Protocol is a policy essential to patient safety. Universal Protocol meets the IOM standards for developing trustworthy clinical practice guidelines.

 Wrong-site, wrong-patient surgeries are errors that are 100% preventable. There are many factors during an invasive procedure that are unpreventable and uncontrollable. The addition of human error can have unfortunate results for the patient. Implementing and actively engaging Universal Protocol is a simple and effective effort to provide the patients with the best care available. The Hippocratic Oath *primum non nocere,* “first do no harm,” is at the heart of the Universal Protocol. As care givers, it is important to not inflict undue harm upon a patient. Ask any patient who has undergone a wrong-site or wrong-patient invasive procedure and they would most likely say that undue harm was certainly done to them. The Universal Protocol is a vital tool for preventing that from happening in the future.

References

Conrardy, J. A., Brenek, B., & Myers, S. (2010). Determining the state of knowledge for implementing the universal protocol recommendations: An integrative review of the literature. *AORN Journal*, 92(2), 194-207. doi:10.1016/j.aorn.2009.12.031

Norton, E. (2007). Implementing the Universal Protocol hospital-wide. *AORN Journal*, 85(6), 1187-1197. doi:10.1016/j.aorn.2007.03.002

Standards for Developing Trustworthy Clinical Practice Guidelines. (2011, March 23). Retrieved December 07, 2017, from http://www.nationalacademies.org/hmd/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust/Standards.aspx

Watson, D. (2009). Implementing the Universal Protocol. *AORN Journal*, 90(2), 283-287. doi:10.1016/j.aorn.2009.07.019

WHO Guidelines for Safe Surgery 2009. (2009). Retrieved December 07, 2017, from http://apps.who.int/iris/bitstream/10665/44185/1/9789241598552\_eng.pdf

Wrong-Site, Wrong-Procedure, and Wrong-Patient Surgery. (n.d.). Retrieved December 7, 2017, from https://psnet.ahrq.gov/primers/primer/18/wrong-site-wrong-procedure-and-wrong-patient-surgery