Background: The Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery was approved by the Joint Commission Board of Commissioners in 2003 and has been implemented in all JCAHO accredited hospitals in the United States. A United States based team performing surgery in a developing country has many challenges, especially pertaining to patient safety.

Methods: Our perioperative team from Duke Children’s Hospital visited a medical center in Guatemala City and performed 51 pediatric general and urologic surgeries. We implemented the use of the Universal Protocol: a pre-procedure verification, surgical site marking, and a surgical “time out” prior to the procedure. The pre-procedure verification, or “Sombrero Azul,” consisted of verifying patient identifiers (name, medical record number, picture), signed surgical and anesthesia history and physical (H&P), allergies, correct surgical procedure and marking, and a surgical and anesthesia consent. This verification was performed by a member of the surgical nursing team alongside a member of the anesthesia team and a medical interpreter, and a blue hat (“sombrero azul” in Spanish) was placed on the patient as a visual cue that the verification had been completed. IRB approval was obtained to review the impact of the implementation of Universal Protocol.

Results: 51 pediatric patients were evaluated with the pre-procedure verification. 14 (27%) had missing or incorrect patient identifiers, 1 (2%) surgical H&P had an incorrect surgical site, and 19 (37%) had missing or incorrect surgical consents (see figure). These errors were clarified and the verification was completed again prior to entering the pre-operative holding area and operating room.

Conclusions: Performing surgical procedures in a developing and unfamiliar country poses potential challenges with patient safety. Implementation of the Universal Protocol can be successfully used to prevent and correct potential errors involving correct patient identity, procedure, and surgical site.

References: