Joint Commission Unveils Wrong Site Surgery 'Targeted Solutions Tool'

The Joint Commission Center for Transforming Healthcare on Feb. 14 unveiled a new weapon in the critical fight to reduce the incidence of wrong site surgery.

The "Targeted Solutions Tool" (TST) guides healthcare organizations through a step-by-step process toward identifying, measuring and reducing risks in key processes that can contribute to a wrong site surgery.

Although reporting is not mandatory in most states, some estimates put the national incidence rate, which includes wrong patient, wrong procedure, wrong site and wrong-side surgeries as high as 40 per week.

"Wrong site surgery is a rare event for individual surgeons or healthcare organizations, but when it does happen it is a devastating event that is often life altering for the patient who experiences it.," says Mark R. Chassin, MD, FACP, MPP, MPH, president, the Joint Commission. "The Targeted Solutions Tool offers organizations a straightforward approach to identifying and eliminating risks of wrong site surgery in all phases of the process of surgery, from scheduling to the operating room."

The TST helps organizations evaluate risks across their surgical system, including scheduling, preoperative and OR areas. Because wrong site surgery incidents are rare, the TST helps an organization monitor its surgical cases for weaknesses that might result in a wrong site surgery.

The wrong site surgery project began in July 2009. Eight U.S. hospitals and ambulatory surgical centers teamed up with the Center to address the problem and develop the solutions. The organizations that participated in the Center's project used Robust Process Improvement (RPI) methods.

RPI is a fact-based, systematic and data-driven problem-solving methodology. It incorporates tools, concepts and methods from Lean Six Sigma and change management methodologies to discover the causes of and put a stop to these preventable breakdowns in patient care.
The participants identified 29 main causes of wrong site surgeries that occurred during scheduling, preop/holding or the OR, or which stemmed from the organizational culture. The TST was then pilot tested by six hospitals and ambulatory surgical centers.

Over the course of the project, the original eight project organizations were able to reduce the number of surgical cases with risks by 46 percent in the scheduling area, by 63 percent in preop and by 51 percent in the OR. The hospitals and ambulatory surgical centers that pilot tested the TST experienced the same gains as the original participants.

Although invasive surgical procedures occur in many settings, the scope of this project included all procedures performed in the OR and regional blocks performed by anesthesia either in the preoperative area or the operating room. Within the project scope, the timeframe begins at the time a procedure is scheduled for surgery and ends with incision.

Watch Chassin discuss the TST in greater detail in the video below: