Joint commission (JC) has very strict requirements on universal protocol to prevent incorrect site, side, person and procedure. JC established that the alternate site marking bands should be used for those procedures that are deemed unmarkable and have laterality. Some procedures included ureteral stents and deflux procedures.

Incorporation of this new process occurred with the development of a core work group of perioperative and perianesthesia staff nurses and leaders. Monthly meetings were held to strategize execution and education of staff. Policy changes, job aids, in-services and posters were used to help with compliance of the alternate site marking process. After months of preparation, realization of the alternate site marking band took place on April 1st 2010.

Education played a vital role in the implementation of the new marking process. Staff education occurred in multiple layers. Web Based Training (WBT), an online training program, was used to capture all RN’s in the institution. Education sessions were also held for all the preoperative holding units. Surgeons were also educated by our OR Medical Director which helped the success of surgeon compliance.

Since adapting this new practice, staff has complied with the new practice. They have also helped to guide and encourage new staff on the importance of the alternate site marking band. A Universal Protocol WBT training was completed by 664 nurses in our institution with 100% pass rate on the post test. Since implementation, this best practice has improved our marking process and has eliminated any ambiguity on correct site marking.