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Safety experts and researchers say wrong site surgeries may be on the rise based on data compiled by the **Joint Commission**, an organization that accredits hospitals and other health care institutions, The **Washington Post** reports. Wrong site surgeries include operating on the wrong limb, the wrong organ or the wrong patient and are referred to as "never events,' meaning they should never occur. In practical terms it may mean the wrong patient receives a transplant, the wrong knee or hip is replaced during a joint replacement procedure or the patient receives the wrong medication.

True numbers of wrong site surgery may not be known because only about half of the states require such events to be reported. Based upon information available to the Joint Commission, as many as 40 wrong site surgeries occur each week in our nation's hospitals and clinics. The Joint Commission developed **universal protocols** for hospitals and clinics it accredited to prevent wrong site, wrong procedure and wrong person errors in 2004.

The Commission's protocols to eliminate these types of medical mistakes include preoperative verification of the procedure and important details, marking the site of the surgery and taking a "timeout" prior to commencement of the surgery to confirm that the surgery is correct.

While it is generally agreed that following the universal protocols can eliminate wrong site surgeries, Mark Chassin, president of the Joint Commission says progress has been slow "because it involves changing the culture of hospitals and getting doctors — who typically prize their autonomy, resist checklists and underestimate their propensity for error — to follow standardized procedures and work in teams."