



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY DENTAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

MCDS

06 May 2009

MEMORANDUM FOR All U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command (DENCOM) Policy 09-46, Correct Site Surgery

1. REFERENCES:

a. US Army Medical Command (MEDCOM) Regulation 40-41, Medical Services, The Patient Safety Program, 14 Jan 2002.

b. MEDCOM Regulation 40-54, Medical Services, Universal Protocol: Procedure Verification Policy, 23 Feb 2009.

c. MEDCOM Memorandum. Mandatory Use of TapRoot® and Root Cause Analysis (RCA) Submission Requirements, 19 May 2006.

d. OTSG Memorandum, Mandatory Use of Full Patient Name and Date of Birth for Patient Identification.

e. NCC MERP Index for Categorizing Medication Errors. 2001 National Coordinating Council for Medical Error Reporting and Prevention.

2. SCOPE: This policy applies to all personnel assigned to dental treatment facilities under the command control of the United States Army Dental Command.

3. POLICY: Patient safety is a top priority in the United States Army Dental Command (DENCOM) and an integral part of providing the highest quality health care. The challenge for dental treatment facilities (DTFs) is to foster a culture of safety and to continually identify opportunities to improve and assure patient safety. DENCOM relies on the leadership of each Dental Command to play a major role in promoting responsible identification and reporting of patient safety issues. Because each staff member has an equal voice in discussing patient safety concerns, the program enables all employees to engage directly in discussions about improving patient safety.

a. Wrong site surgery is a broad term that encompasses all surgeries or treatment procedures performed on the wrong patient, wrong body part, wrong side of the body, or at the wrong level of the correctly identified anatomic site. Examples of wrong site surgeries include extraction of the wrong tooth, tooth preparation on the wrong tooth or wrong tooth surface, endodontic procedures on the wrong tooth, surgical incisions at the

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SUBJECT: U.S. Army Dental Command (DENCOM) Policy 09-46, Correct Site Surgery

incorrect location, and delivery of local anesthesia to the wrong dental quadrant. USA DENCOM is committed to the universal promotion of the requirements in MEDCOM Regulation 40-54 in the identification of the correct surgical/procedural site. Use of risk prevention strategies are critically important in reducing the risk of error. As described in MEDCOM Regulation 40-54, the preoperative/pre-procedural pause or "time-out procedure" requires active communication before undertaking an invasive dental procedure.

b. The USA DENCOM requires the use of a "time-out procedure" pause and "site verification" process at the beginning of every invasive dental procedure. A detailed explanation of the "time-out" and "site verification" procedures may be found in MEDCOM Regulation 40-54, 23 Feb 2009.

(1) While all members of the treatment team will verify patient identification, the provider is responsible for completing the "final time-out".

(2) The patient identification will be verified with the patient in the dental treatment room (DTR) prior to initiating treatment. The proposed treatment will be verified prior to initiating treatment and this proposed treatment plan should match the consent form, if a consent form is appropriate to the procedure. Radiographs for the procedure will be verified, including confirmation of the correct radiographic orientation, if appropriate, prior to initiating treatment. The patient identification must be visually and verbally confirmed by at least two identifiers which will include:

(a) Patient's full name. Verbal confirmation is required. Simply observing the patient's name on the dental treatment health record and matching this name to the patient's uniform name tag is not sufficient for positive identification.

(b) Patient's date of birth. If the patient's birth date is identifiable from dental treatment records, dental schedulers, or an electronic dental record, the birth date is required to be used as an identifier.

(c) Patient's SSN. In lieu of a reliable birth date in the record, additional identification may be confirmed through the Social Security number.

(3) The "time-out procedure" requires active communication among team members and the patient in the treatment room or x-ray room before undertaking an invasive dental procedure and requires that the final timeout must be performed by the dentist or other dental health care provider providing treatment just prior to the procedure. As patient advocates, all members of the dental health care team will communicate with the dentist or other dental health care provider to verify the correct surgical/procedural site. Individual facility policy should clearly delineate the role and responsibility of the dentist and other team members in verifying the correct surgical/procedural site. The provider must document in accordance with MEDCOM Regulation 40-54 that the "time-out" procedure was performed.

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SUBJECT: U.S. Army Dental Command (DENCOM) Policy 09-46, Correct Site Surgery

(4) The intent of MEDCOM Reg. 40-54 is to provide healthcare team members a standardized approach for preventing harm to patients undergoing operative or other invasive procedures through effective communication and a handoff of information.

(a) All DENCOM clinics will utilize a standardized adhesive label to document the pre-procedural "time-out" process. The approved label is available on the DENCOM homepage and will not be altered. MEDCOM Regulation 40-54 requires the label to replicate the contents of MEDCOM Form 741-1 for all irreversible procedures performed outside a hospital Operating Room.

(b) Oral surgery and other dental services performed within the hospital OR setting must document pre-procedural "Time-out" using MEDCOM Form 741, Jan 2009 (Universal protocol: Procedure Verification Checklist).

(5) The DENCOM approved label will display the following items that must be verified under signature or the provider and staff signatures.

- (a) Patient identification confirmed.
- (b) Informed consent is consistent with planned procedure.
- (c) Correct site is physically marked (or alternate marking method is used)
- (d) Patient position is appropriate for procedure.
- (e) Required items are available (images, equipment, implants, etc.).
- (f) Need to administer antibiotics or irrigation fluids has been addressed.
- (g) Medication & Med History based safety precautions have been identified.
- (h) Team agrees on procedure to be done.

(6) A preoperative or pre-procedural "time-out" is not required in certain specific situations, but these situations are extremely limited. One notable example would be if a dentist has performed a "time-out procedure" to prepare an MOD restoration in tooth #12; while doing caries excavation on tooth #12, the dentist discovers decay on the mesial of tooth #13. The dentist should discuss this situation with the patient and obtain acknowledgement from the patient that this procedure is indicated and can be initiated (i.e., verbal consent) prior to initiating treatment on tooth #13, but a separate "time-out procedure" is not indicated.

c. Wrong patient surgery is an error that involves misidentification of the patient and includes procedures that are performed on the wrong patient. This misidentification of the patient may be accompanied by a serious adverse outcome and signals the need for immediate investigation and response. A Root Cause Analysis (RCA) is required for this event. Effective 01 April 2006, all military treatment facilities must use the current TapRooT® software for all RCAs. The use of TapRooT provides a systemic method to identify root causes and contributing factors to proactively identify root causes of patient safety events and to proactively identify vulnerabilities in the existing procedures. The

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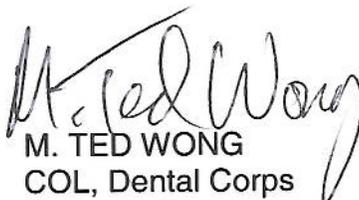
SUBJECT: U.S. Army Dental Command (DENCOM) Policy 09-46, Correct Site Surgery

Regional Dental Commander and the Dental Activity Commander share in the responsibility to determine the causes of misidentification of the patient and ensure that an action plan is developed in a timely manner to prevent similar occurrences in the future.

d. Dental Patient Safety errors classified as Category F- I of the NCC MERP Index Category F- I signal the need for immediate investigation and response. An RCA is required for all Dental Patient Safety errors classified as Category F- I of the NCC MERP Index Category F- I.

e. The Regional Dental Commander and the Dental Activity Commander share responsibility to determine the causes of wrong site surgeries and ensure that an action plan is developed in a timely manner to prevent similar occurrences in the future.

4. The point of contact (POC) is the Dental Consultant at Commercial (210) 221-8241/6528 or DSN 471-8241/6528.


M. TED WONG
COL, Dental Corps
Commanding