



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY DENTAL COMMAND
4270 GORGAS CIRCLE, BLDG 1070
FORT SAM HOUSTON, TEXAS 78234

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26 April 2011

MEMORANDUM FOR All U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command (DENCOM) Policy 2011-49, Correct Site Surgery

1. References:

- a. U.S. Army Medical Command (MEDCOM) Regulation 40-41, Medical Services, The Patient Safety Program, 14 Jan 02.
- b. MEDCOM Regulation 40-54, Medical Services, Universal Protocol: Procedure Verification Policy, 23 Feb 09.
- c. MEDCOM Memorandum. Mandatory Use of TapRoot® and Root Cause Analysis (RCA) Submission Requirements, 19 May 06.
- d. OTSG Memorandum, Mandatory Use of Full Patient Name and Date of Birth for Patient Identification, 23 Feb 09.
- e. NCC MERP Index for Categorizing Medication Errors. National Coordinating Council for Medical Error Reporting and Prevention, Dec 05.

2. Purpose: To provide DENCOM guidance on correct site surgery verification to military, Department of the Army (DA) civilian, and contract service providers working within DENCOM facilities.

3. Policy:

- a. Patient safety (PS) is a top priority in DENCOM and an integral part of quality dental health care. DENCOM relies on the leadership at all levels to promote responsible identification and reporting of PS issues, foster a culture of safety, and continually identify opportunities to improve and assure PS. Each dental staff member has an equal voice in discussing PS concerns and identifying ways to improve PS.
- b. Wrong site surgery is a broad term encompassing 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 surgery include extraction of the wrong tooth, cavity preparation on the wrong tooth or

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wrong tooth surface, endodontic procedures on the wrong tooth, surgical incisions at the incorrect location, or delivery of local anesthesia to the wrong dental quadrant.

c. DENCOM is committed to universal promotion of the requirements in MEDCOM Regulation 40-54 to verify identification of the correct surgical/procedural site. Risk prevention strategies as described in MEDCOM Regulation 40-54, such as the preoperative/pre-procedural pause or “time-out procedure,” requires active communication before undertaking an invasive dental procedure.

d. Use of a “time-out procedure” pause and “site verification” process at the beginning of every invasive dental procedure is mandatory. A detailed explanation of the “time-out” and “site verification” procedures may be found in MEDCOM Regulation 40-54.

(1) Although each member of the treatment team participates in verifying patient identification, the provider is responsible for completing the “final time-out.”

(2) Patient identification must be verified with the patient in the dental treatment room (DTR) prior to initiating treatment. Each proposed treatment will be verified prior to initiating treatment and must match the consent form, if a consent form is appropriate to the procedure. Radiographs for the procedure will be verified prior to initiating treatment; if appropriate, confirmation will include verifying radiographic orientation. Patient identification must be visually and verbally verified by at least two identifiers, including the:

(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, verbal confirmation of the birth date is required as an identifier.

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

(3) The “time-out procedure” requires active communication between team members and the patient in the treatment room or x-ray room before undertaking an invasive dental procedure. Immediately prior to the procedure, the “final timeout” must be performed by the dentist or other dental treatment provider. The patient should sign the “time-out” label prior to the procedure as validation of “time-out” performance.

(4) As patient advocates, all members of the dental health care team will communicate with the dentist or other dental treatment provider to verify the correct

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surgical/procedural site. Dental activity (DENTAC) policy should clearly delineate roles and responsibilities of the dentist and other team members in verifying the correct surgical/procedural site. In accordance with MEDCOM Regulation 40-54, the provider must document that the "time-out" procedure was performed.

(5) MEDCOM Regulation 40-54 intends to provide healthcare team members a standardized approach for preventing harm to patients undergoing operative or other invasive procedures. This standardized approach includes effective communication and appropriate information handoff.

(a) For all irreversible dental procedures performed outside a hospital operating room, DENCOM treatment facilities 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, Jan 2009 (Non-OR Procedure Verification Checklist).

(b) Oral and maxillofacial 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).

(6) The following items must be verified under signature of the provider and staff signatures and displayed on the DENCOM-approved label:

- (a) Confirmed patient identification.
- (b) Informed consent consistent with the planned procedure.
- (c) Correct site physically marked (or alternate marking method used).
- (d) Patient position appropriate for procedure.
- (e) Required items are available (images, equipment, implants, etc.).
- (f) Appropriate antibiotic(s) or irrigation fluid(s) administration.
- (g) Identification of medication & medical history-based safety precautions.
- (h) Team agreement on procedure(s) to be done.

(7) A preoperative or pre-procedural "time-out" is not required in certain limited situations. One example is as follows. A dentist performed a "time-out" procedure to prepare a distal-occlusal restoration in tooth #12. During caries excavation on tooth #12, the dentist discovers decay on the mesial surface of tooth #13.

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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; a separate "time-out" procedure is not indicated.

(8) Wrong patient surgery is an error that involves misidentification of the patient and includes procedures that are performed on the wrong patient. Patient misidentification 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.

(a) Effective 01 April 2006, all military treatment facilities must use the current TapRoot® software for RCAs. The use of TapRoot® provides a systemic method to proactively identify root causes and contributing factors of PS events and vulnerabilities in the existing procedures.

(b) Dental PS errors are classified under the Agency for Healthcare Research and Quality (AHRQ) Harm Scale. Dental PS errors in all AHRQ Harm Scale categories require immediate attention and, if necessary, an RCA investigation.

(c) Both regional and DENTAC commanders share responsibility when determining causes of patient misidentifications and/or wrong site surgeries, and are responsible for ensuring the appropriate action plan is developed in a timely manner.

4. The point of contact is the Director, Quality Management, commercial (210) 221-6226 or DSN 471-6226.



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Commanding