

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 Worth Road  
Fort Sam Houston, Texas 78234-6010

MEDCOM Circular  
No. 40-17

10 March 2003

Expires 10 March 2005  
Medical Services

**SURGICAL/PROCEDURAL SITE VERIFICATION**

- 1. HISTORY.** This circular publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.
- 2. PURPOSE.** The purpose of this circular is to provide a standard process and procedure for site<sup>1</sup> verification in all settings where surgery and/or procedures are performed.
- 3. APPLICABILITY.** This policy applies to all health care professionals in MEDCOM facilities involved in inpatient and outpatient care where surgeries/procedures are performed irrespective of where in the military treatment facility (MTF) they are performed. This policy applies to both lateral and nonlateral surgeries/procedures such as those involving the heart or abdomen. This policy does not apply to vaginal deliveries.
- 4. REFERENCES.** References are listed in appendix A.
- 5. EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are explained in the glossary.
- 6. POLICY.**
  - a. Each member of the surgical/procedural team will participate in the site and procedure verification process. To reduce error, there must be a free flow of information within the team. Each team member has the responsibility to question the decision of any other team member, without fear, at any time, if there is a question or doubt regarding the surgical/procedural site, type of surgery/procedure to be performed, or the identity of the patient.

<sup>1</sup>In this circular, the generic use of the term, "site," includes patient, side/laterality, and level/part.

---

\*This circular supersedes MEDCOM Circular 40-17, 19 December 2002.

b. Verification of surgical/procedural site as detailed in this circular is required for all surgeries/procedures, including invasive/interventional procedures.

c. Complete verification of the intended procedure and site will occur before commencement of any surgery/procedure for which consent is required; this applies to both inpatients and outpatients regardless of the setting where the surgery/procedure will be performed. See appendix B for a flow diagram of the site verification process.

d. Verification of the intended surgery/procedure and site will involve, as a minimum, the provider who will perform the procedure; the patient; the parent/guardian or authorized agent, if applicable; and a licensed staff member. Note: In outpatient clinics not requiring a licensed staff member's participation in the procedure, the verification will be completed by the operating provider and non-licensed staff member in attendance at the procedure.

e. Verification of the intended surgery/procedure and site will be documented and authenticated on MEDCOM Form 741-R (TEST), Surgical/Procedural Site Verification Record, (see appendix B) before commencement of the surgery/procedure, regardless of the setting. Any areas of the form that do not apply will be annotated, "not applicable" and initialed. Note: The use of MEDCOM Form 741-R (TEST) may be omitted in true emergency situations where loss of life, limb, or eyesight may be imminent.

f. Each clinical staff member will be educated on his/her role and responsibility to effectively execute the processes necessary to reduce the risk of wrong site (see glossary definition) surgery/procedure.

## **7. PROCEDURES.**

a. Consent, history and physical (H&P), and progress note.

(1) The operating provider (see glossary definition) actually performing the procedure will counsel the patient and, if applicable, the parent/guardian/authorized agent on the surgery/procedure and complete and sign the consent form (OF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, (or local equivalent)) as appropriate and in accordance with MTF policy.

(a) The H&P or progress note must indicate the intended procedure, specifically noting site, side/laterality, and level/part, as applicable. This information will be spelled out and not abbreviated.

(b) The operating provider will confirm the correct procedure, site, side/laterality, and level/part with the patient and, as applicable, the parent/guardian/authorized agent when the consent is obtained.

(c) The consent form must specify the procedure, site, side/laterality, and level/part, as applicable. This information must be spelled out and not abbreviated (e.g., "left" rather than "L"; "right" rather than "R"; "left eye" rather than "OS"; "right eye" rather than "OD"; etc.). If multiple procedures are to be performed, site, side/laterality, and level/part must be specified for each procedure to be completed during that intervention. This may require initiation of separate consent forms.

(d) The consent signature may be witnessed at the time of counseling or at the time that the patient presents for the surgery/procedure.

(2) When the patient presents for the surgery/procedure, a licensed staff member (unless in a clinic setting where no licensed person is present) will check the consent form to ensure that it specifies site, side/laterality, and level/part (when applicable) and that the site, side/laterality, and level/part are spelled out. If it is not spelled out, the staff member will notify the operating provider who completed the original consent form that a new consent form must be completed with the correct information spelled out. The licensed staff member will review the new consent form to ensure that all information has been spelled out and that all signatures have been obtained.

b. Site verification.

(1) First verification.

(a) Positive identification. Prior to administration of pre-operative or pre-procedural medications that may alter level of consciousness or orientation to person, place or time, the licensed staff member will positively identify the patient using two patient identifiers. Appropriate identifiers and methods for ascertaining include--

1 Checking the patient's wrist band (or military ID card in outpatient settings) or asking the patient his/her name and comparing this information to the medical record.

2 Asking the patient/parent/guardian/authorized agent to verify the patient's social security number (SSN) and date of birth and comparing this information to the information on the medical record.

(b) Licensed staff member. A licensed staff member will--

1 Ask the patient to specify and point to the site on the body where the surgery/procedure is to be performed. If the patient is under the age of 18 (unless he/she is an active duty service member, spouse, or emancipated minor), ask the parent/guardian/authorized agent to confirm the site.

2 Confirm that the response of the patient/parent/guardian/authorized agent is consistent with the consent form and the information on the H&P or progress note.

3 Confirm that the name and signature of the operating provider is on the consent form.

4 Confirm that the consent form is signed by the patient or, if applicable, the parent/guardian/authorized agent and witnessed. If the consent is not signed, the staff member will provide appropriate counseling to the patient/parent/guardian/authorized agent and then obtain the signatures.

(c) Documentation. The licensed staff member who completes the first verification as noted above will sign, date, and time MEDCOM Form 741-R (TEST) in the "1<sup>st</sup> verification" section. After this first signature, the staff member may use initials in other boxes on this form. Note: Verification/documentation exception: If the patient/parent/guardian/authorized agent is unable to specify/point to the surgical/procedural site for any reason, the staff member will enter, "not able to confirm" on MEDCOM Form 741-R (TEST) in the margin to the right of the first box of the "1<sup>st</sup> verification" section and sign, date, and time the entry. At this point, the second verification can begin.

(2) Second verification.

(a) Operating provider. The operating provider is responsible for evaluating the patient before the patient is transferred to the OR/procedural location and before the patient has received any pre-operative or pre-procedural medication that may result in altered level of consciousness or orientation. The evaluation may be performed in the clinic, ward, or pre-operative holding area.

1 This evaluation will include confirming the procedure, side/laterality, and level/part with the patient, as appropriate, and writing the operating provider's initials with a surgical skin marker on or adjacent to the actual planned surgical/procedural incision site. The initials indicating the surgical site must be positioned to remain visible after the surgical/procedural area is draped. If it is not clear from the placement of the initials exactly where the procedure is to be performed, then the actual level of the intended procedure should be written to allow confirmation with the consent form.

2 For cosmetically sensitive areas such as the face, it is acceptable to attach a sticker or piece of tape with the operating provider's initials at or adjacent to the intended site instead of using a surgical skin marker to note the operating provider's initials.

3 All procedural/surgical sites must be marked with the operating provider's initials except those done through or immediately adjacent to a natural body orifice (e.g., GI endoscopy, hemorrhoidectomy, tonsillectomy) or in situations in which marking the

site would be impossible or impractical (e.g., procedures to be performed on genitalia or in the mouth). In these situations, MEDCOM Form 741-R (TEST) will be used to document all other verifications.

4 The operating provider will document the marking of the surgical site by signing, dating, and timing an entry in the “2<sup>nd</sup> verification” section of MEDCOM Form 741-R (TEST).

5 Should the patient be unable to participate in the marking process or refuse to have the operative site marked, this will be noted on MEDCOM Form 741-R (TEST) in the “2<sup>nd</sup> verification” section and signed, dated, and timed by the operating provider.

6 In minor procedures such as excision of a minor skin lesion on a patient who will remain alert throughout the procedure, marking the site is not necessary. However, in such cases, prior to performing the procedure, a complete verification should be conducted, with participation by the patient, to confirm the patient’s identity, the procedure to be performed, and the specific site of the procedure. This verification will be documented in the medical record.

(b) Anesthesia provider. Prior to administration of pre-operative or pre-procedural medication that may alter level of consciousness or orientation, the anesthesia provider will independently verify the patient’s name; the procedure; the side/laterality, if applicable; and that the intended surgical site has been marked as noted in paragraph (2)(a)1 and 2 above.

1 The anesthesia provider will confirm that the consent matches the H&P or progress note.

2 The anesthesia provider will sign, date, and time the verification on MEDCOM Form 741-R (TEST) within the “2<sup>nd</sup> verification” section.

(c) OR nurse/licensed staff member. Prior to the administration of pre-operative or pre-procedural medication that may alter level of consciousness or orientation, the OR nurse or the licensed staff member assisting with the procedure will independently verify the patient’s name; the procedure; the level/part; the side/laterality, if applicable; and that the intended surgical site has been marked. Additionally, the OR nurse will confirm that the name of the operating provider is the same on both the consent form and the H&P or progress note and that the patient’s medical record and any x-rays/scans relevant to the procedure are available.

1 The OR nurse/licensed staff member will sign (or initial), date, and time MEDCOM Form 741-R (TEST) within the “2<sup>nd</sup> verification” section to document that the above steps have been completed.

2 If the patient or, as applicable, the parent/guardian/authorized agent cannot participate in the verification process, but the consent matches the H&P or the progress note and the marked site, then the OR nurse/licensed staff member and anesthesia provider will sign MEDCOM Form 741-R (TEST).

(d) Documentation. The operating provider, anesthesia provider, and/or OR nurse/licensed staff member will annotate MEDCOM Form 741-R (TEST) as noted above in paragraphs b(2)(a)4, b(2)(b)2, and b(2)(c)1.

(e) Discrepancies. If there is any confusion or question whatsoever on the part of the patient or parent/guardian/authorized agent, if applicable, as to the proposed surgical site or if the information on the patient's consent form and the H&P or progress note do not agree, the operating provider will be notified. The surgery/procedure and preparations will stop until all aspects of this step are consistent and verified.

(3) Third verification/final time out.

(a) Licensed staff member. Prior to prep, the OR nurse/licensed staff member will--

1 Confirm that the patient's medical record and any x-rays/scans relevant to the procedure are available in the OR/procedural area.

2 As applicable, correctly place any available scans or x-rays on the view box, confirming that the patient identification--including name and SSN--matches the patient identification on the scans or x-rays.

3 Confirm that the procedure and the marked site, side/laterality, and level/part match the consent (if procedure is side/level-specific) and is the same as the procedure listed in the H&P or progress note.

(b) Operating provider. Prior to incision, the operating provider will--

1 Review available scans, x-rays, or clinical results for correct side/laterality and level/part and confirm the patient's identification, intended procedure, site, side/laterality, and level/part.

2 Lead the entire surgical team (operating provider, OR nursing staff or licensed staff member assisting with the procedure, and the anesthesia provider) in a concurrent active verbal verification (final time-out) of the patient's name, intended procedure, and surgical/procedural site, side/laterality, and level/part, as applicable.

(c) Documentation. The OR nurse/licensed staff member will document completion of the third site verification process/final time out on MEDCOM Form 741-R (TEST) by signing or initialing, dating, and timing the "3<sup>rd</sup> verification" section.

By affixing this signature or initials, the nurse/licensed staff member is ensuring that all prescribed processes have been completed and verified.

(d) Discrepancies. If there are any discrepancies in the identification of the patient or on MEDCOM Form 741-R (TEST), or difference in understanding of the intended surgery/procedure or site by any member of the health care team participating in the procedure, the discrepancy will be resolved prior to the commencement of the procedure.

(4) Near miss. If a difference in understanding of the identified patient, intended procedure, site, side/laterality, or level/part occurs at any point in the verification process, this constitutes a "near miss." DA Form 4106 (or local equivalent) will be completed documenting the event as a "near miss." This documentation will be forwarded through the proper channels to the patient safety program manager following the surgery/procedure.

## **8. RECOMMENDATIONS FOR ACTION FOLLOWING THE DISCOVERY OF WRONG-SITE SURGERY/PROCEDURE.**

a. Performing surgery/procedure on the wrong site can have serious consequences for the patient, family, and health care team. The Joint Commission on Accreditation of Healthcare Organizations considers any wrong-site surgery/procedure, regardless of the extent of the surgery/procedure, to be a sentinel event.

b. If it is determined that a surgery/procedure is being performed on the wrong patient, at the wrong site, or is the wrong procedure, the operating provider should take action to return the patient to the pre-operative condition and perform the desired procedure at the correct site, unless there are medical reasons not to proceed. The patient will be advised by the operating provider as soon as reasonably possible of what occurred and the likely consequences, if any, of the surgery/procedure.

c. If the surgery/procedure is performed under local anesthesia and the patient is able to comprehend what has occurred and is competent to exercise judgment, the surgeon should take appropriate steps to return the patient to the pre-operative condition. The surgeon will advise the patient of what occurred, recommend an appropriate course for the patient to follow under the circumstances, answer any questions, and proceed as directed by the patient.

d. If a wrong-site surgery/procedure is identified, the event will be documented per hospital policy and be reported as soon as possible through appropriate channels to the patient safety project manager and risk manager. DA Form 4106 (or local equivalent) will be submitted and forwarded to the patient safety office through the proper channels in accordance with local policy.

## 9. PERFORMANCE MEASUREMENT.

a. Ongoing monitoring and evaluation of compliance with the site verification process will be performed on a monthly basis and reported to the patient safety project manager.

b. The following performance measures will be reviewed:

(1) Percentage of the first, second, and third/time-out verifications completed as documented on MEDCOM Form 741-R (TEST).

(a) The three verification performance measures will each be separately reported as a percentage: the number of surgeries/procedures with a signed or initialed verification divided by the number of applicable surgical/procedural records reviewed (i.e., the numerator is the number of records with the specific verification documented and the denominator is the total number of records requiring site verification). The sample size will be a minimum of five percent of all surgical/procedural records or 30 records (whichever is larger).

(b) Compliance is achieved when the appropriate staff member's signature or initials are present in the appropriate verification place on MEDCOM Form 741-R (TEST) verifying that the operating provider, licensed staff member, or anesthesia provider confirmed the patient's name, planned procedure, site, and consent, as appropriate, at the specific verification step, in accordance with this circular.

(2) "Near misses."

(a) All "near misses" will be reported to the MTF patient safety project manager through the appropriate chain via DA Form 4106 (or local equivalent).

(b) The number of "near miss" surgeries/procedures (numerator) in relation to total number of applicable surgical/procedural cases (denominator) will be reported quarterly to the MTF patient safety committee.

## **Appendix A**

### **References**

#### **Section I Required Publications**

MEDCOM Regulation 40-41, The Patient Safety Program.

#### **Section II Related Publications**

American Association of Orthopedic Surgeons (AAOS), Advisory Statement, Wrong-Site Surgery, On-Line Service, Nov 16, 2000.

Joint Commission on Accreditation of Healthcare Organizations, National Patient Safety Goals for 2003, Jul 2002.

Joint Commission on Accreditation of Healthcare Organizations, Sentinel Event Alert, Lessons Learned: Wrong Site Surgery, Aug 28, 1998.

#### **Section III Prescribed Forms**

MEDCOM Form 741-R (Test), Procedure and Surgical Site Verification Record

#### **Section IV Referenced Forms**

DA Form 4106, Quality Assurance/Risk Management Document

OF 522, Medical Record – Request for Administration of Anesthesia and Performance of Operations and Other Procedures

**Appendix B**

Appendix B contains the following “-R” form (authorized for local reproduction).

MEDCOM Form 741-R (Procedure and Site Verification Record)

**PROCEDURE AND SITE VERIFICATION RECORD**

For use of this form, see MEDCOM Cir 40-17

**This document will be maintained as a permanent part of the medical record**

PROCESS	STAFF'S SIGNATURE*	INITIALS*	DATE AND TIME
<p><b>1st verification (ward/ambulatory procedure unit/clinic). Prior to pre-op medication administration.</b>                      I verified all of the following:</p> <ul style="list-style-type: none"> <li>a. Intended procedure (with side/level/site) is written clearly on consent and consent is signed by provider.</li> <li>b. Patient identified using two patient identifiers.</li> <li>c. Patient/parent/guardian and witness have signed the consent.</li> <li>d. Patient/parent/guardian verbalizes understanding of the intended procedure and points to the site.</li> </ul>	Licensed Staff Member**		
<p><b>2nd verification - Operating provider (ward/ambulatory procedure unit/clinic/holding area). Prior to pre-op medication administration.</b>                      I verified all of the following:</p> <ul style="list-style-type: none"> <li>a. Correct patient.</li> <li>b. Procedure (with side/level/site) and operating provider listed on consent are correct.</li> <li>c. With patient's involvement, I have written my initials on the surgical site.</li> </ul> <p>Note: Patient refusal of marking will be annotated on this document in the "notes" section.</p>	Operating Provider		
<p><b>2nd verification - Anesthesia provider and OR nurse/licensed staff member (holding area). Prior to pre-op medication administration.</b> I verified all of the following:</p> <ul style="list-style-type: none"> <li>a. Patient, procedure (side/level/site), and operating provider listed on consent are correct.</li> <li>b. Consent matches H&amp;P or progress note.</li> <li>c. The operating provider's initials have been written on the operative site.</li> </ul>	Anesthesia Provider		
<p><b>3rd verification/final time out - OR nurse/licensed staff member (OR or procedural area). Prior to incision</b>                      I verified all of the following:</p> <ul style="list-style-type: none"> <li>a. Patient's ID (name and SSN) has been reviewed and is consistent with the consent.</li> <li>b. The operating provider verbally confirmed (as a final time out) with the team the following.                             <ul style="list-style-type: none"> <li>1. Patient's name, intended procedure, and side/level/site.</li> <li>2. The patient information is consistent with the consent and H&amp;P or progress note.</li> <li>3. Scans/x-rays available per operating provider's request.</li> </ul> </li> </ul>	OR Nurse/Licensed Staff Member**		
	OR Nurse/Licensed Staff Member**		

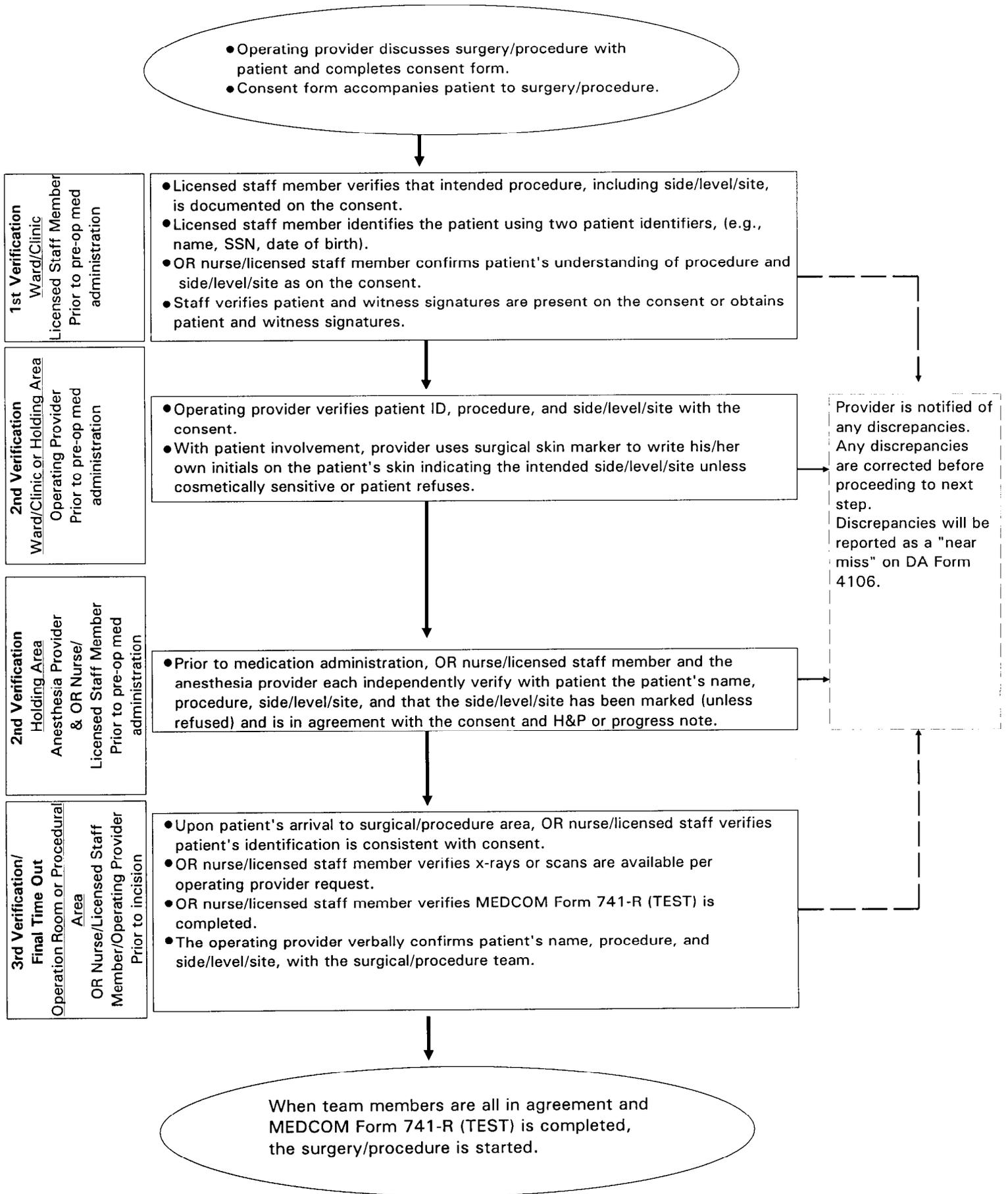
\*Write the signature and initials once; thereafter, only initials are required.

\*\*In outpatient clinics not requiring a licensed staff member's participation in the procedure, the verification will be completed by the non-licensed staff in attendance at the procedure.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; FMP/SSN; date; hospital or medical facility)

Notes:

## Procedure and Surgical Site Verification Process Flow Chart



## Glossary

### Section I Abbreviations

#### **H&P**

history and physical

#### **MEDCOM**

U.S. Army Medical Command

#### **MTF**

military treatment facility

#### **OR**

operating room

#### **SSN**

social security number

### Section II Terms

Consent. A patient's approval to have a specific procedure or surgery performed following counseling by the operating provider. All references to "consent" in this document will include "informed consent," if applicable.

Invasive/interventional procedure. Procedures requiring consent and involving insertion of objects into the body in order to provide treatment, study function, deliver or remove fluids, (e.g., central line placement, chest tube placement, stent placement, cardiac catheterization, etc.).

Laterality. The side of the body identified as "right" or "left."

Level. Position along a vertical axis.

Licensed staff member. An MTF staff member with a professional health care license.

Near miss. A difference in understanding of the intended procedure or site occurring between members of the operative/procedural team, patient, and/or family member that is corrected before the procedure occurs.

Operating provider. As used in this circular, includes the individual performing the surgery/procedure, regardless of the setting. Examples of operating providers include but are not limited to surgeons, podiatrists, intensivists, emergency physicians, radiologists, advanced nurse practitioners, and physician assistants.

Outpatient clinic. Ambulatory clinic settings, including but not limited to family practice, general surgery, gynecology, orthopedic, or podiatry clinics.

Pre-operative/pre-procedural medication. Any narcotic, analgesic, sedative, hypnotic, or amnesiac medication administered prior to a surgery or procedure.

Procedural area. An operating room, cardiac catheterization or interventional suite, radiation or nuclear medicine area, treatment or procedure room, patient room, emergency room, clinic room, or any other location where surgical or invasive procedures may occur.

Side. A procedure or surgery upon an organ or body part where the approach is specific to a particular side of the body.

Verification. A process that involves checking for consistency between information contained on the surgical/procedural consent form, any diagnostic study reports, the pre-operative checklist, the marked anatomical site, and the response of the patient or guardian.

Wrong-site surgery/procedure. Any surgery/procedure that is performed on a body part that was not the originally anticipated or intended site or performed on a patient for whom that procedure was not scheduled or intended. Categories of "wrong-site surgery" include wrong-side surgery, wrong-level/part surgery, and surgery/procedure on the wrong patient.

a. Wrong-side surgery/procedure. Any surgery or procedure in which the operative area was not the correct or intended laterality. Typically involves extremities or distinct sides of the body.

b. Wrong-level/part surgery/procedure. Any surgery or procedure that is performed at the correct site but at the wrong level or part of the operative field. The correct part of the body was prepared for surgery, but the surgical procedure is performed on the wrong level or area of the patient's anatomy.

c. Wrong patient surgery/procedure. Any surgery or procedure that is performed on a patient who was not scheduled for that procedure.

The proponent of this publication is the Quality Management Directorate. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-Q, 2050 Worth Road, Fort Sam Houston, TX 78234-6026.

FOR THE COMMANDER:



KENNETH L. FARMER, JR.  
Major General  
Chief of Staff

BARCLAY P. BUTLER  
Colonel, MS  
Assistant Chief of Staff for  
Information Management

**DISTRIBUTION:**

This publication is available in electronic media only and is intended for MEDCOM distribution As (4) 1 ea, (10) 20 ea, (14) 2 ea, (16 thru 18) 1 ea, (25 and 26) 5 ea; Cs (1 thru 7) 5 ea; Ds (1 thru 6) 10 ea, (7 thru 24) 5 ea, (26 thru 34) 5 ea, (38 and 39) 5 ea.

**SPECIAL DISTRIBUTION:**

MCHC (Stockroom) (1 cy)  
MCHS-AS (Forms Mgr) (1 cy)  
MCHS-AS (Editor) (1 cy)