

# NEVER EVENTS

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## Surgery on the Wrong Body Part or the Wrong Patient, or Conducting the Wrong Procedure

### Definition

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#### Inclusion and Exclusion Criteria for Reporting

Examples of this event include surgery on the wrong side of the body, or a surgical procedure performed in the wrong patient due to a mislabelled biopsy sample or because 2 patients have the same name.

This event does not include surgery on the wrong spinal level as current intraoperative imaging can contribute to wrong-level incisions. Surgeries resulting from incorrect diagnoses are excluded from this event, as are surgeries altered to adjust for unexpected anatomical abnormalities.

Source: [Never Events for Hospital Care in Canada](#)

### Resources for Health Care Teams

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#### Clinical Guidelines, Standards, and Best Practices

##### International

- American College of Surgeons: [Revised Statement on Safe Surgery Checklists](#), and Ensuring Correct Patient, Correct Site, and Correct Procedure Surgery

#### Checklists, Tools, and Resources for Prevention and Management

##### National

- Healthcare Insurance Reciprocal of Canada: [Care – Wrong Patient/Site/Procedure](#) (mitigation strategies)

##### International

- Ambulatory Surgical Center Quality Collaboration: [Prevention of Wrong Site Surgery Toolkit](#)
- American Academy of Ophthalmology: [Recommendations for Preventing Wrong-Site Wrong-IOL Surgical Errors 2025](#) (checklist)
- Association of periOperative Registered Nurses: [Actions to Prevent Wrong-Patient, Wrong-Site, Wrong-Procedure Events](#) (recommendations)

## Other Partner Links and References

### National

- *Patient Safety in Surgery*:  
[Wrong-Site, Wrong-Procedure, and Retained Foreign Object Events in Out-of-Hospital Settings: Analysis of Closed Medico-legal Complaints in Canada \(2012–2021\)](#) (journal article)
- Shared Health Manitoba: [Patient Safety Learning Advisory](#)

### International

- Agency for Healthcare Research and Quality: [A Double “Never Event”: Wrong Patient and Wrong Side](#) (case study)
- American Society for Health Care Risk Management: [Preventing Wrong-Site Surgeries](#) (tip sheet)
- Health Research and Educational Trust and Joint Commission Center for Transforming Healthcare: [Reducing the Risks of Wrong-Site Surgery](#) (risks guide)
- Health Services Safety Investigations Body: [Wrong Site Surgery: Wrong Patient](#) (investigation report)

Additional tools and resources are available in our [Quality and Patient Safety Community of Practice](#) and [Ontario Surgical Network Community of Practice](#) on Quorum.

To learn more about Ontario Health’s Never Events Reporting program for hospitals, please visit [Never Events](#).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, [info@OntarioHealth.ca](mailto:info@OntarioHealth.ca)

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