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Medical Errors Cost Health Care System Billions

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As much as 45 cents out of every dollar spent on U.S. health care is related to a medical mistake, researchers reported on Thursday.

Some kind of mistake or adverse event occurs in one-third of all hospital admissions--far more than in previous estimates and in spite of 10 years of efforts to do away with these errors, one of several studies on the subject published in the journal *Health Affairs* found.

The single most expensive cause of harm is infection after surgery: More than 252,000 infections in 2008 cost \$3.36 billion, Jill Van Den Bos of Milliman's Denver Health Practice and colleagues reported in *Health Affairs*. Bedsores, or pressure ulcers, are the most common preventable event, with nearly 375,000 cases in 2008 and a cost of \$3.27 billion, they found.

In 1999, the Institute of Medicine published a landmark report that found that as many as 98,000 people die annually because of medical errors. The report shocked medical experts, political leaders, and consumers alike.

Over the past decade, hospitals have tried to reduce injuries, but serious mistakes persist. In 2006, medical mistakes contributed to up to 187,135 deaths and 6.1 million injuries costing between \$393 billion and \$958 billion, John Goodman and Pamela Villarreal of the National Center for Policy Analysis reported in the journal.

"For every dollar that was spent in the health care system, about 18 to 45 cents of that dollar went to hurting someone," Villarreal told a briefing on Thursday.

According to a study in the *New England Journal of Medicine*, 18 percent of patients admitted into a hospital leave with a hospital-acquired injury. The report found that over a six-year period, injuries at the 10 hospitals in the study had not decreased substantially.

Costliest Medical Errors

Infections after surgery and bedsores had a 91 percent probability of error rate. Here are the five most expensive medical errors in 2008.

Error	Number of errors	Total cost of errors In billions of dollars, 2008
1. Infections after surgery	252,695	3.36
2. Bedsores	374,964	3.27
3. Complications from noncardiac implants and grafts	60,380	1.07
4. Complications from lower-back surgery	113,823	1.00
5. Excessive bleeding complicating a procedure	78,216	0.68

Source: Project HOPE

“There are some examples of excellence--we have many [intensive-care units] that have eradicated central line infections. But surrounding those examples of excellence we have serious adverse events going on,” said Dr. Mark Chassin, president of the Joint Commission, a nonprofit organization that accredits health care programs.

“Every week in the United States, up to 40 patients undergo a procedure meant for somebody else or the wrong body part. We have fires that occur during operations and routine processes where patients acquire infections and have medication mix-ups.”

Villarreal and Chassin see opportunity for improvement, including working toward more seamless systems where employees feel they can report mistakes, and where safe practices are rewarded.

In 2005, the Denver Health and Hospital Authority began using Toyota car-company practices in a program called Lean Healthcare. Chief Medical Officer Philip Mehler said that the hospital was able to reduce duplications and rearrange workspaces in labs to cut down on errors in labeling.

Hospitals that work under the pay-for-performance system also have shown a reduction in injuries and death.

Dr. David Pryor, chief medical officer at Ascension Health, a national Catholic health care network that is the third-largest health care system in the U.S., said that an excellence initiative prevented 1,500 avoidable deaths a year and cut the number of bedsores by 94 percent.