

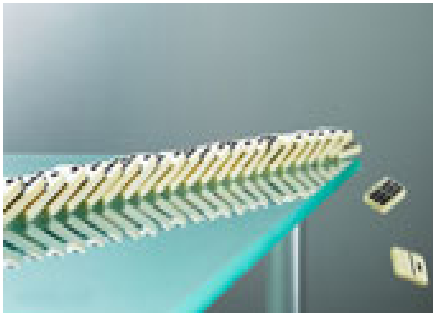


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NEWSLETTER

Excess Cost and Length of Stay Associated with Voluntary Patient Safety Event Reports in Hospitals



Quantifying the costs of patient safety-related events typically relies on use of *outcome* data gleaned after-the-fact, from incident reports or medical record abstractions. Funded by the Agency for Healthcare Research and Quality, investigators in Oregon went “upstream” to examine the financial ramifications of unsafe *processes* of care using data from their voluntary event reporting system. Hospital voluntary event reporting systems are recommended by the Institute of Medicine as one method of developing a culture of safety because they provide a mechanism for recording unsound, potentially harmful practices. The events captured by these systems are described as “near-misses”--- incidents, conditions, events or situations which have the potential to harm patients. A patient safety report is entered into the voluntary system

for events that deviate from routine or standard care or when an event or process placed a patient in an unplanned risky situation. The system does not record the identity of the individual submitting the report but the authors indicate most reports are filed by nurses. Each event is reviewed and validated by the unit manager and quality management personnel.

For this study the authors linked 2 years of data from their voluntary event report data and administrative databases from 3 networked community hospitals that together totaled 1000 beds. The voluntary database provided data regarding the type of event categorized as: medication errors, patient falls, treatment events, equipment problems, behavioral issues or loss/exposure events. The impact to the patient was categorized as: “no incident,” “error/no harm,” “error/harm,” or “error/death.” The final dataset linked 15,851 events to the administrative database which provided demographic data, payer, the DRG as well as the actual and predicted cost and length of stay (LOS). To provide a comparison group, each patient in the voluntary event report system was matched with 1 to 4 control patients who did not experience a safety event.

In 2 years the patient safety events in these 3 hospitals resulted in an estimated \$8.3 million additional patient care costs and in an additional 4,854 patient days. Results indicate that hospitalizations with any type of patient safety event reported in the voluntary system were on average 17% more expensive than those without an event report. Medication errors and fall events generated the greatest increased cost per event, each of which resulted in hospital costs 21% higher than matched “non-event” controls. As one might expect, errors that actually reached the patient were significantly more expensive than those that did not. All fall events involved a specific patient incident. Length of stay was also affected. Patients that experienced a safety event had an average LOS that was 22% longer than their matched “non-event” controls. Fall event reports were associated with the greatest increase in LOS being 34% longer than matched controls. The authors expect these estimates to be conservative because events that had serious, potentially legal, ramifications typically were not captured in the voluntary system.

The authors conclude that the type of event reported in the voluntary system helps uncover costly inefficiencies due to confusion, delay, missed communication or lack of coordinated care. They observed human error resulting from poorly designed systems, but also rule violations. This study provides evidence that inefficient processes of care increase the human and financial costs. Further, hopefully it will spark new ideas of how evidence can help us develop better systems to ensure maximal patient safety in any setting; obviously a worthy investment of time and resources.

Paradis AR, Stewart VT, Bayley KB, Brown A, and Bennett AJ. (2009). Excess cost and length of stay associated with voluntary patient safety event reports in hospitals. *American Journal of Medical Quality* 24;53.