

Medical Errors: Not Just a Headline

FACT SHEET

Medical errors are often talked about in the media as an extraordinary occurrence or rare tragedy facing a person or family. But, in reality, medical errors are widespread. Consider that:

- An estimated 98,000 patients die in hospitals each year as a result of preventable medical errors.¹ Medical errors are the eighth leading cause of death—higher than car accidents, breast cancer, and AIDS combined.²
- More than one in five people in the U.S. have been affected by a medical error or have a relative who has experienced a medical error.³

What are medical errors?

Medical errors are preventable mistakes that may result in the injury or death of a patient. Errors may include the wrong diagnosis, surgery on the wrong body part or on the wrong patient, the wrong medication or dosage, and infections acquired in the hospital.

What are the most common types of errors?

Results from a study of medical errors that occurred in hospitals showed that two of the most common medical errors were medication errors and hospital-acquired infections.⁴

Medication errors occur when a patient is given the wrong drug, the wrong amount of the right drug, a drug that is known to cause allergy in the patient, or a drug that is known to interact poorly with a patient's other medicines. Medication errors also happen when medicines that are known to help a patient with a certain illness are NOT prescribed.

The extent of medication errors was described in a 1999 report by the Institute of Medicine:

- About 7,000 people per year are estimated to die from medication errors alone – more deaths each year than deaths due to work-related injuries.⁵
- One research study found that about two out of every 100 people admitted to a hospital had a preventable adverse reaction—or unwanted effect—from medication.⁶

Hospital-acquired infections are infections that patients get while being treated for other conditions in a doctor's office or hospital. These infections are one of the top 10 leading causes of death in the United States.⁷ While not all infections are avoidable, many happen because of poor infection control—such as improper hand washing—in hospitals.

The most common hospital-acquired infections are urinary tract infections, surgical site infections, pneumonia (lung infections), and bloodstream infections.⁸

Infections acquired in hospitals have a direct impact on patients.

- On average, infections due to poor quality medical care require more than nine extra days in the hospital and lead to a higher chance of dying.⁹

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- Every year, an estimated 1.7 million patients get an infection while being treated for another illness or injury.¹⁰

What are the costs of medical errors?

There are direct and indirect costs associated with medical errors. Direct costs include higher health care costs to patients and hospitals from having to treat the new problem created by the medical error. Indirect costs include lost productivity, costs associated with managing a disability that resulted from the medical error, and personal costs such as pain, suffering, and death. For example, in 2002, preventable medical errors during or after surgery were estimated to cost employers \$1.5 billion a year.¹¹

What can we do to reduce medical errors?

Medical errors can be prevented and reduced. As a consumer advocate, you can lend support for national and state policies that:

- Encourage the tracking and reporting of medical errors and adverse events that result in serious harm or death. Tracking and reporting will encourage hospitals and physicians to improve their processes to minimize medical errors and adverse events.
- Promote electronic medical records and e-prescribing to minimize human errors like unreadable handwriting or failing to detect drug allergies.
- Encourage a medical team environment that welcomes input from patients, doctors, nurses, and other providers – and that is centered on the patient.
- Ensure privacy for providers who voluntarily report information on errors.

As a patient, you can do the following to reduce your chance of experiencing a medical error:

The most important way you can help prevent errors is to be an active member of your health care team.

1. Make sure that all your doctors know about every medicine you are taking. This includes prescription and over-the-counter medicines, and dietary supplements, such as vitamins and herbs.
2. Make sure your doctor knows about any allergies and reactions you have had to medicines.
3. When your doctor writes you a prescription, make sure you can read it.
4. Ask for information about your medicines in terms you can understand—both when your medicines are prescribed and when you receive them at the pharmacy.
5. If you have any questions about the directions on your medicine labels, ask.
6. Ask your pharmacist for the best way to measure your liquid medicine. Also, ask about how to use it if you're not sure.
7. Ask for written information about the side effects your medicine could cause.

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8. If you have a choice, choose a hospital at which a large number of patients have the procedure or surgery you need. Studies show that the more times a doctor performs a procedure, the better they are at it.
 9. If you are in a hospital, ask all health care workers who have direct contact with you whether they have washed their hands.
 10. When you are being sent home from the hospital, ask your doctor to explain the follow-up care and medicines you will need to use at home. Make sure you write down the information.
 11. If you are having surgery, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done. Ask the doctor to mark the surgery site with a sharpie or marker.
 12. Make sure that all health professionals involved in your care have all of the health information about you.
 13. Ask a family member or friend to be there with you and to be your advocate. This person can take notes on the doctor's instructions for your follow-up care and treatment plan and can speak up for you when you can't.
 14. Know that "more" tests or treatments do not always mean better care. Don't hesitate to ask whether a specific test is necessary if you know you've had it before or whether a newly prescribed drug will interact with any of your current medications.
 15. If you have a test, don't assume that no news is good news. Ask for the results if you don't hear back from your doctor's office in a timely manner.
 16. Learn about your illness, condition and treatments by asking your doctor and nurse and by using other reliable sources.
 17. Always speak up if you have questions or concerns.

¹Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, *To Err Is Human: Building a Safer Health System*. Washington, DC: Institute of Medicine & Committee on Quality of Health Care in America. 1. (November 1, 1999).

²Ibid.

³*New Study Estimates Eight Million American Families Experienced a Serious Medical or Drug Error*. The Commonwealth Fund. 2002.

⁴L.L. Leape, T.A. Brennan, and N. Laird, "The Nature of Adverse Events in Hospitalized Patients. Results of the Harvard Medical Practice Study II", *New England Journal of Medicine*, 1991; 324:377-84.

⁵Linda T. Kohn, Janet M., Corrigan, and Molla S. Donaldson, *To Err Is Human: Building a Safer Health System*. Washington, DC: Institute of Medicine & Committee on Quality of Health Care in America. 2. (November 1, 1999).

⁶Ibid.

⁷Centers for Disease Control and Prevention. *Healthcare-Associated Infections*. (May 30, 2007).

<http://www.cdc.gov/ncidod/dhqp/healthdis.html>

⁸Centers for Disease Control and Prevention. *Questions and Answers About Healthcare-Associated Infections*. (May 30, 2007). http://www.cdc.gov/ncidod/dhqp/hai_qa.html

⁹Chunliu Zhan and Marlene R. Miller, "Excess Length of Stay, Charges, and Mortality Attributable to Medical Injuries During Hospitalization." *Journal of American Medical Association*. 290-14, 1868-74. (October 8, 2003).

¹⁰Centers for Disease Control and Prevention, *Estimated Healthcare-Associated Infections*. (2002).

<http://www.cdc.gov/ncidod/dhqp/hai.html>

¹¹Agency for Healthcare Research and Quality. *Impact of Medical Errors on 90-Day Cost and Outcomes: An Examination of Surgical Patients*. (July 2008).

The National Partnership for Women & Families is a non-profit, non-partisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at www.nationalpartnership.org.

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