FACTFILE

Inpatient Safety and Adverse Outcomes

The Consequences for Patients and Hospitals

The Agency for Healthcare Research and Quality’s Patient Safety Indicators (PSI) are a set of metrics that provide information on the potential for inpatient hospital complications and adverse events following surgeries, procedures, and childbirth. PSIs can be used to help hospitals identify potential adverse events that might need further evaluation, provide the opportunity to assess the incidence of adverse events and complications, and understand patient safety events on a broader level. In the United States in 2013, adverse outcomes were attributable to:

- 2,176,763 additional days of stay
- $8,011,500,131 in additional total hospital costs of care
- 14,315 potentially avoidable inpatient deaths

INCREASED RISK (SHOWN BY ODDS RATIOS) IN INPATIENT MORTALITY ATTRIBUTABLE TO PSI ADVERSE OUTCOMES

Adverse outcomes were attributable to potentially avoidable inpatient deaths for a variety of safety indicators. Nationally, postoperative respiratory failure was attributable to the most deaths—4,438—and had an odds ratio of 49.12 for inpatient mortality.

### Upcoming Topic:
> Cardiac Hospital Performance

### ABOUT THE DATA:
The primary data source was the Truven Health Projected Inpatient Data Base, using 2013 federal fiscal year data, containing more than 20 million all-payer discharges annually from approximately 2,600 acute care hospitals in the United States.

For more information, email providersolutions@truvenhealth.com, call 1-800-525-9083, option 4, or visit www.truvenhealth.com.
PER DISCHARGE IMPACT ON LENGTH OF STAY

Central venous catheter–related bloodstream infections were associated with the most additional days of stay: nearly 31 days. Other preventable safety conditions added as much as two weeks to a hospital stay: postoperative hip fracture, 14 days; perioperative pulmonary embolism, 14.8 days; and postoperative wound dehiscence, 15.2 days.

PER DISCHARGE IMPACT ON TOTAL HOSPITAL COST

Adverse clinical outcomes can add tens of thousands of dollars to the cost of a hospital stay. For example, postoperative physiologic and metabolic derangement adds $73,388 to the cost; a central venous catheter–related bloodstream infection adds $66,815 to the cost; and a pressure ulcer can boost the cost by $29,281.

ESTIMATED NATIONAL IMPACT ON TOTAL HOSPITAL COST

Nationally, preventable patient safety lapses increase hospital costs by billions of dollars. For example, perioperative pulmonary embolism or deep vein thrombosis adds $1,384,446,585 to total hospital costs; accidental punctures or lacerations cost an additional $1,194,268,712; and perioperative hemorrhage or hematoma adds another $1,085,965,563 to the cost of care.