

FACTFILE

Inpatient Safety and Adverse Outcomes

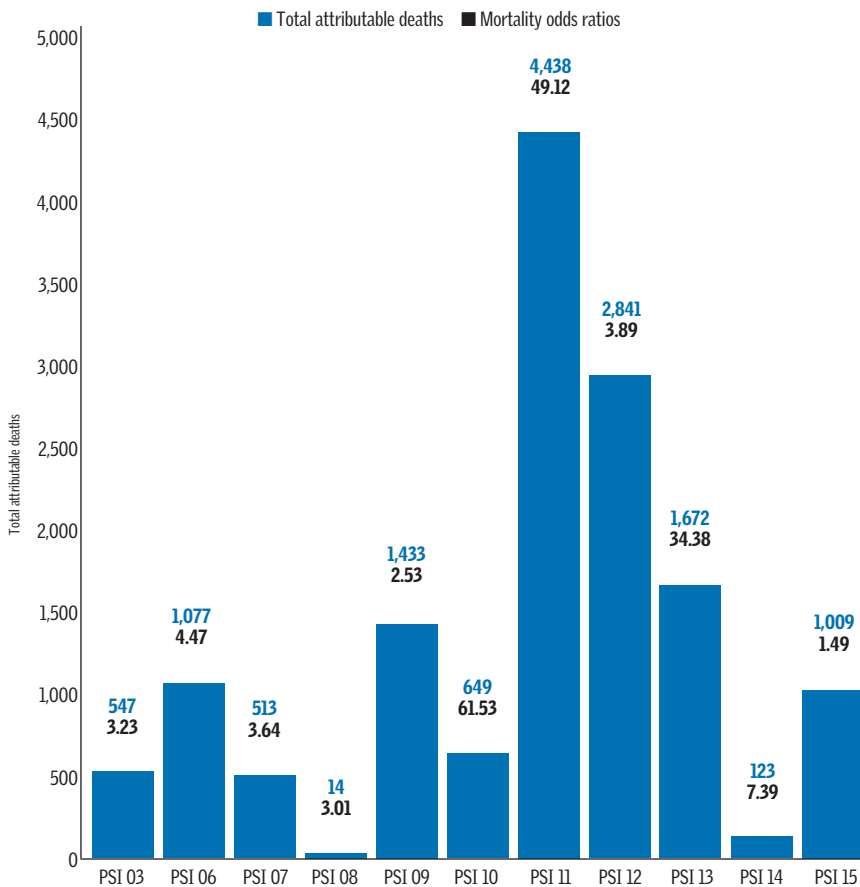
The Consequences for Patients and Hospitals

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.



SOURCE: Truven Health Analytics.

Patient Safety Indicators

Here is a list of the patient safety indicators that are used in this report.

- **PSI 02:** Death rate in low-mortality diagnosis-related groups (DRG)
- **PSI 03:** Pressure ulcer rate
- **PSI 04:** Death rate among surgical inpatients with serious treatable conditions (04A, 04B, 04C, 04D, and 04E)
 - **04A:** Deep vein thrombosis/pulmonary embolism
 - **04B:** Pneumonia
 - **04C:** Sepsis
 - **04D:** Shock/cardiac arrest
 - **04E:** Gastrointestinal hemorrhage/acute ulcer
- **PSI 06:** Iatrogenic pneumothorax rate
- **PSI 07:** Central venous catheter-related bloodstream infection rate
- **PSI 08:** Postoperative hip fracture rate
- **PSI 09:** Perioperative hemorrhage or hematoma rate
- **PSI 10:** Postoperative physiologic and metabolic derangement rate
- **PSI 11:** Postoperative respiratory failure rate
- **PSI 12:** Perioperative pulmonary embolism or deep vein thrombosis rate
- **PSI 13:** Postoperative sepsis rate
- **PSI 14:** Postoperative wound dehiscence rate
- **PSI 15:** Accidental puncture or laceration rate

Upcoming Topic:

> Cardiac Hospital Performance

FACT FILE PARTNER:

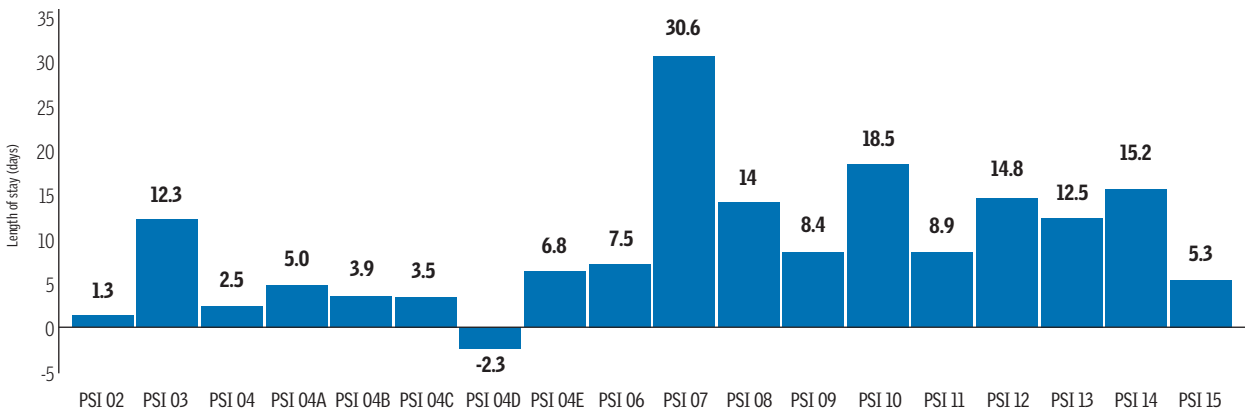


ABOUT THE DATA: The primary data source was the Truven Health Projected Inpatient Data Base, using 2013 federal fiscal year data, containing more than 20 million all-payer discharges annually from approximately 2,600 acute care hospitals in the United States.

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

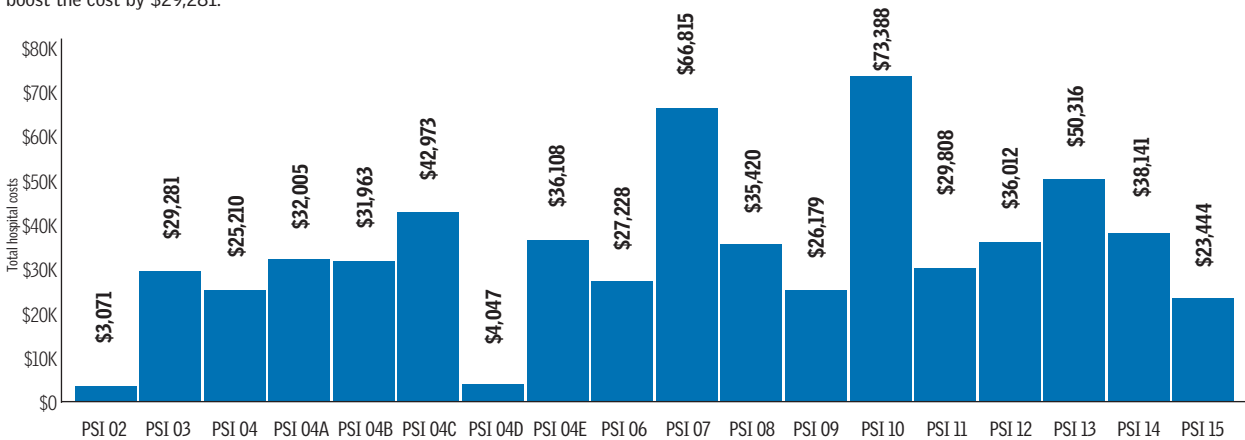
Central venous catheter-related bloodstream infections were associated with the most additional days of stay; nearly 31 days. Other preventable safety conditions added as much as two weeks to a hospital stay: postoperative hip fracture, 14 days; perioperative pulmonary embolism, 14.8 days; and postoperative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



SOURCE: Truven Health Analytics.

PER DISCHARGE IMPACT ON TOTAL HOSPITAL COST

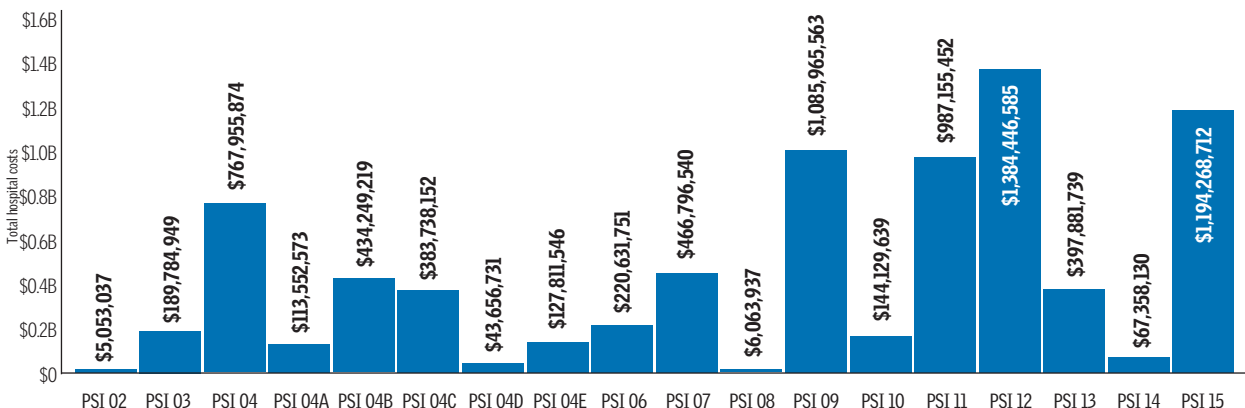
Adverse clinical outcomes can add tens of thousands of dollars to the cost of a hospital stay. For example, postoperative physiologic and metabolic derangement adds \$73,388 to the cost; a central venous catheter-related blood stream infection adds \$66,815 to the cost; and a pressure ulcer can boost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



SOURCE: Truven Health Analytics.

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.



SOURCE: Truven Health Analytics.

