



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

REDUCTION OF MEDICAL ERRORS MAY PREVENT DISABILITY

A forum was held by “Health Affairs” on medical errors related to health care delivery” Presenter at the forum was researchers who were contributors to the Health Affairs Journal of Spring 2011.

Summary

The overall progress in reducing medical errors in hospitals has been slow. Each year there are 186,000 deaths in hospitals and 6.3 million injuries nationwide resulting from adverse events in medical treatments. Adverse events in hospitalizations are as high as 3.7% of admissions. Half of the adverse events are preventable. There is evidence that medical errors are under reported. One study reported ten times the number of errors than was reported by a government agency and voluntary reporting missed 90% of adverse events. In addition, there are estimates that the annual cost of measurable, preventable errors that harm patients to be \$17.1 billion in 2008 dollars.

Some of the adverse events within medical treatments follow: patient falls, improper medications, device failure, unnecessary infections, procedural related errors, .pressure ulcers, hemorrhage complications and accidental punctures of a procedure, mechanical complications of a device implant or graft, surgery on the wrong site of the person and others. The adverse events that cost the most postoperative infections are pressure ulcer, mechanical complications of non cardiac devices.

Disability Prevention Issues

Medical errors can contribute to long term diminished health that may contribute to disability. There is racial and ethnic health disparities related to medical error in health care delivery For instance, in the Veterans Administration, the difference between clinical outcomes of black veterans compared to those of white veterans on chronic disease measures is significant.

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Activity

There are ongoing study of the adverse effects of medical error on unnecessary diminished health that can contribute to disability and procedures to reduce them.

Principle

Systematic practices should be developed and implement to reduce medical errors.