

The Oregonian

Report: Hospital errors cost 18 lives

Health care - An Oregon panel will study ways to prevent mistakes, most of which occur in surgery

Tuesday, January 30, 2007

JOE ROJAS-BURKE

The Oregonian

At least 18 patients died as a result of preventable errors in Oregon hospitals last year, according to the first round of reports to the Oregon Patient Safety Commission.

Surgical errors were the most common incident reported. In eight cases, a surgical team operated on the wrong body part or the wrong patient.

To the surprise of many, objects accidentally left in patients during surgery accounted for 10 out of 53 total incidents reported last year.

"It's a bigger issue than perhaps people realized," said Jim Dameron, the commission's administrator, who presented the draft report to members last week. He said the commission is forming a work group to study practices hospitals could apply to prevent such errors.

The commission, created by the Legislature in 2003, represents a collaborative effort between the state and the health care industry to reduce serious medical errors. Fifty-two of Oregon's 57 hospitals began voluntary reporting to the commission in May.

Through December, hospitals reported a total of 53 incidents. In about a quarter of the cases, patients suffered minimal or no detectable harm. But more than a third died, and another quarter of the patients suffered serious harm.

Among the participating hospitals, 27 filed at least one report to the commission. The state's largest hospitals were more likely to report: 11 of the 12 largest reported incidents, compared with eight of the 26 smallest. The reason is probably that large hospitals are devoting more time to error analysis, not that large hospitals are more error-prone, the report noted.

Hospitals face no penalties for the errors they report, and the commission does not disclose the names of hospitals where accidents occurred.

"It's explicitly not a scoring system. It's explicitly not a regulatory system with sanctions in place," Dameron said.

The 17-member commission asserts that doctors, nurses and hospitals are more likely to disclose errors and share data if they can do so confidentially and without fear of penalty. The goal is to find important causes of errors and prevent them from recurring.

"If people are intimidated, we won't be able to analyze causes," said Joyce DeMonnin, one of the commission's consumer representatives and public outreach director for AARP of Oregon.

Nationwide, hospital errors contribute to more than 44,000 deaths a year, according to an often-quoted 1999 study by the Institute of Medicine. The Oregon reporting system may underestimate the extent of preventable errors in Oregon hospitals.

"We don't know how good of a reflection of the population this data set is," said Nancy Chi, director of health care informatics for Regence BlueCross BlueShield of Oregon and a member of the commission.

Dr. Roy Magnusson, medical director for Oregon Health & Science University's hospitals and clinics, said he expects the number of reports to increase over the next few years, as hospital staff become more familiar with the program.

"We're actually encouraging people to report even if there is no injury to the patient," said Magnusson, who is also a commission member. "If there is a near-miss, that still represents a safety issue for the next patient that comes along."

The participating hospitals provide about 98 percent of hospital services provided in Oregon. The hospitals that have declined to participate are Southern Coos Hospital & Health Center in Bandon, Santiam Memorial Hospital in Stayton, Lower Umpqua Hospital in Reedsport, Holy Rosary Medical Center in Ontario, and Curry General Hospital in Gold Beach.

By year's end, the commission expects to extend the error reporting to include nursing homes, surgery centers and pharmacies. One uncertainty is continued funding. The commission receives no state tax dollars and pays for its work through donations and fees paid by participating hospitals. Lawmakers are considering a bill that would give the commission authority to assess fees on the medical businesses it monitors, even if they decline to participate.

Joe Rojas-Burke: 503-412-7073; joerojas@news.oregonian.com