

Hospital harms total \$1 billion for health care system in Ontario in fiscal year 2015/16

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Experiencing harm in hospital significantly increases the length of stay, length of recovery after discharge and health system costs, which amounted to more than \$1 billion in Ontario in fiscal year 2015/16, according to new research in *CMAJ (Canadian Medical Association Journal)*.

"We were able to estimate, for the first time, the total [health](#) system impact of [hospital](#) harm in Ontario," says Lauren Tessier, Ph.D. student, Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Ontario. "This amounted to more than \$1 billion in 2017 Canadian dollars and 407,696 acute hospital days—equivalent to a 1117-bed hospital operating at 100% capacity every day for a year."

Using new hospital harm methodology developed by the Canadian Institute for Health Information (CIHI) to measure adverse events, the study provides useful information on the total cost to the [health care system](#) from a harm experienced in hospital as well as subsequent health care usage. Researchers used person-centred episodes of care (PCEs) to look at the entire use of health care services, from the adverse event in hospital through all related hospital and post-discharge care until an individual had returned to the community and was stabilized for 30 days without any further admissions. They looked at harm in four categories: health care/medication, infection, patient accidents and hospital procedures.

"The PCE methodology enables all acute and post-acute care, including

hospital, physician, pharmacy and home care readmissions, to be captured in the episode of care—an important advance, as many studies on the costs of adverse events have treated readmissions as initial admissions, leading to bias," says Tessier.

The study included 610 979 patients aged 18 to 105 years in Ontario who had an acute hospital admission between April 2015 and March 2016. Of all patients in the study, 36,004 (6%) experienced a harm during their first hospital admission during that period. The most common harm was in the health care/medication-associated conditions category, making up half (50%) of all harms. The additional length of stay for patients who experienced hospital harm ranged from 0.4 days (pregnancy PCE) to 24 days (mental health PCE). Costs ranged from \$800 (pregnancy PCE) to \$51,067 for an unplanned surgical PCE.

"Our finding that hospital harm significantly increases length of PCE is a novel contribution to the literature, as the PCE methodology has only recently been developed," says Tessier.

In a linked commentary, Drs. Lauren Lapointe-Shaw and Chaim Bell, internal medicine specialists, University of Toronto, Toronto, Ontario, write, "The linked study will benefit policy-makers in several ways: the authors have clarified the costs of adverse events in Canada, provided a baseline from which to assess changes over time, quantified the investment that could be justified to prevent adverse events and offered estimates to be used in economic evaluations of future interventions. Because most interventions target a particular condition, costing by type of adverse event would be a valuable addition. The substantial costs of adverse events are far-reaching and cannot be ignored. An improved understanding of their overall impact can only reinforce our efforts at preventing them."

"The impact of hospital harm on length of stay, costs of care and length

of person-centred episodes of care: a retrospective cohort study" is published August 12, 2019.

More information: *Canadian Medical Association Journal* (2019).
www.cmaj.ca/lookup/doi/10.1503/cmaj.181621
Canadian Medical Association Journal (2019).
www.cmaj.ca/lookup/doi/10.1503/cmaj.190912

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