ایمنی بیمار
و
ساز و کارهای اقتصاد سلامت

دانشگاه علوم پزشکی شهید بهشتی

حوزه معاونت درمان

دکتر داود حاجی قاسمعلی

پزشک عمومی ، متخصص طب سنتی

تیر ماه ۱۳۹۵

و من احياها
فكانما احيا
الناس جميعا

یک اصل

patient safety should be pursued independent of its costs

- موضوع ارتقاء ایمنی بیمار لزوما با کاهش هزینه همراه نبوده اغلب هزینه کرد بیشتری را به همراه دارد.
- در زمینه هزینه های ناشی از عدم رعایت سرفصلهای ایمنی بیمار مطالعات اندکی انجام پذیرفته است
- در این حوزه اندازه گیری هزینه اثربخشی مداخلات بسیار مشکل و گاه ناممکن است

Adverse Events in Health Care

- **About 10% of hospital patients suffer an adverse event** (*Australian, Canadian, New Zealand, European and UK studies, 2000-2004*)
- About 100,000 hospital deaths every year through medical error *(IOM- 1999)*
- Incidence if AE in developing countries double to that of developed
- **Health care associated infection (HCAI) or nosocomial infection :** 5-15% of hospitalized patients acquire HCAI- about 40% in ICUs – mortality from HCAI 12%-80% *(WHO)*
- 5 million HCAI estimated to occur in hospitals in Europe/year *(WHO)*
- 1.7 million HCAI in USA - about 100,000 deaths (2002) *(WHO)*

Economic impact of unsafe care

Medical errors and adverse events

USA: annual impact, $19.5 billion (2008)

UK: £ 400 m in settlements every year

Health care-associated infections (HCAI)

Europe: 13-24 billion/ year Euros (or an average of 25 million extra days hospital stay)

USA: annual impact, $ 6.5 billion (2004)

(WHO HH Guidelines, 2009)

Medication errors:

USA: annual impact, $ 3.5 billion(2006)

مطالعه در کانادا بر روی بیش از ۲۰۰۰ مقاله

- reported attributable costs of adverse events ranged from US$2,162(CAN$4,028) to AUS$11,846 (CAN$12,648).
- In general hospital populations, the cost per case of hospital-acquired infection ranged from US$2,027 (CAN$2,265) to US$12,197 (CAN$22,400).
- Nosocomial bloodstream infection was associated with costs ranging from €1,814 (CAN$3,268) to€16,706 (CAN$29,950).

The majority of published studies on the economic burden of patient safety in acute care describes no costing methodology

For studies that report a costing methodology, there is variability in methods for measuring and attributing costs.

Most studies report on the economic burden of adverse events and nosocomial infections.

- We calculated a preliminary estimate of the economic burden of adverse events in Canada in 2009–2010 was $1,071,983,610 ($1.1 billion), including $396,633,936 ($397 million) for preventable adverse events.
- This estimate does not include the direct costs of care after hospital discharge, or societal costs of illness, such as loss of functional status or occupational productivity.

Based on these limited analyses, the following patient safety improvement strategies are economically attractive:

- Pharmacist-led medication reconciliation to prevent potential adverse drug events
- The Keystone ICU Patient Safety Program to prevent central line associated bloodstream infections((*a) a Comprehensive Unit-Based Safety* Program(*b) specific* interventions to reduce CLABSI.)
- Chlorhexidine for catheter site care to prevent catheter-related bloodstream infections
- Standard counting was associated with a cost of US$1,500 (CAN$1,676) for each surgical foreign body detected

سپاس از توجه شما