

# Survive your stay at the hospital

Medical errors are linked to 440,000 deaths each year.

**T**WELVE YEARS AGO, John James' 19-year-old son died after cardiologists at two Texas hospitals made a series of mistakes. James says they failed to properly diagnose and treat the cause of an abnormal heartbeat. At the time he was the chief toxicologist for NASA in Houston, responsible for overseeing the astronauts breathe in space. Now retired, he has responded to the tragedy by dedicating his life—and his son's memory—to improving hospital safety.

He founded Patient Safety America, an organization that educates people about risks they may face in hospitals. He became active in Consumer Reports' own Safe Patient Project, which works with people across the country who have been harmed by medical care. And last year he wrote a comprehensive analysis on the number of people who die at least in part because of medical errors in hospitals.

His conclusion—published in the Jour-

nal of Patient Safety, a peer-reviewed medical journal—was sobering. He estimated that 440,000 people each year die after suffering a medical error in the hospital. Some patients, for example, might have gotten the wrong drugs or developed infections because doctors or nurses failed to wash their hands. Others may have failed to get needed tests or treatments.

"Four hundred forty thousand is a frightening figure," James says. It's more than 1,300 deaths per day, for example, or more than half of the deaths that occur in U.S. hospitals each year. "And it makes patient harm in hospitals the nation's third lead-

ing cause of death, trailing only heart disease and cancer," James says.

## Too many deaths

James, like other researchers who have studied hospital safety, is quick to emphasize that his analysis is inexact. Establishing firm numbers is hard, in part because much of what happens in hospitals goes unrecorded, and because unravelling how much any hospital death stems from an underlying health problem and how much stems from medical error is messy, complicated, and sometimes controversial.

But his figures are in line with other research. Fifteen years ago the Institute of Medicine stated that up to 88,000 hospital patients per year die from medical errors. Almost four years ago the Department of Health and Human Services estimated that 180,000 people each year die in part because of their hospital care—but that was limited to Medicare patients. James'

**Our Ratings of 2,591 hospitals can help you find a safe one.**

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analysis—which was based on the results of four key hospital safety studies, all published between 2008 and 2011—pushed further, for example, estimating the number of deaths caused by errors that go undetected or that stem from missed diagnoses.

"The truth is that whether it's 100,000 or 200,000 or 400,000 deaths a year is almost immaterial," says James. "What matters is that too many people are dying in hospitals because of medical mistakes, not enough is being done to stop it, and patients need more information."

Our hospital safety score helps fill that gap. It includes information for a record 2,591 hospitals in all 50 states plus the District of Columbia, combining five measures of patient safety into a 1 to 100 score. (See "Safety Score: Where to Find High- and Low-Scoring Hospitals," on the next page, for more.) And our score includes new information on hospital mortality rates. As in James' analysis, the results are sobering.

## What we found

Our analysis uses two measures of hospital mortality, both using information from the Centers for Medicare & Medicaid Services—the most recent, reliable, and comprehensive data publicly available—on patients 65 and older. The first focuses on hospital patients admitted with medical conditions, such as heart problems; the second, on surgery patients.

**Medical patients.** This is based on the chance that a patient who has had a heart attack or been diagnosed with heart failure or pneumonia will die within 30 days of exiting the hospital. Only 35 hospitals nationwide earned a top rating in this measure. By comparison, 55 hospitals got our lowest rating.

"The differences between high-scoring hospitals and low-scoring ones can be a matter of life and death," says John Sants, M.D., medical director of Consumer Reports Health. For example, pneumonia patients at Cedars-Sinai Medical Center in Los Angeles, which earned a top rating in this measure, had a 7 percent chance of dying within 30 days. That compares with a 22 percent chance of death for similar patients at Delano Regional Medical Center, 2 hours north in Delano, Calif. Overall, pneumonia patients in top-scoring hospitals are at least 40 percent less likely to die within 30 days of admission than similar patients in low-scoring hospitals.

**Surgical patients.** This looks at surgery patients who had serious but treatable

complications—such as blood clots in the legs or lungs, or cardiac arrest—and died in the hospital. More hospitals did well in this measure, with 193 earning a top rating. By comparison, 228 hospitals got our lowest rating. And again, the differences between high- and low-scoring hospitals are dramatic: For every 1,000 patients who develop serious complications in a top hospital, 87 or fewer die; in a low-rated hospital, more than 130 die. Patients in top-rated hospitals are at least 34 percent less likely to die than similar patients in low-rated hospitals.

## What you can do

"Informed, active patients and family members are the best defense against hospital errors," James says. Lisa McGiffert, head of the Consumer Reports Safe Patient Project, agrees. Here are three of the most important steps she says patients should take to stay safe in the hospital:

- Have a friend or family member with you to be your advocate when you are unable to speak up for yourself.
- Before a planned hospitalization, do your homework. Learn as much as you can about what to expect while at the hospital, and ask about your treatments, especially medications or tests.
- If something goes wrong, keep a journal documenting what is happening.

## For more information, go to:

- [SafePatientProject.org](http://SafePatientProject.org) to see what you can do to reduce the risk of patient harm in the U.S. health care system.
- [ConsumerReports.org/your-hospital](http://ConsumerReports.org/your-hospital) to tell us about problems you may have experienced in the hospital.
- [ConsumerReports.org/hospitalratings](http://ConsumerReports.org/hospitalratings) to see our complete Hospital Ratings.

## What's behind our hospital Safety Score

We rank each hospital safety category into a score between 1 and 100. Data are the most recent available from the Centers for Medicare & Medicaid Services. Mortality, readmission, and reoperation apply to patients 65 or older; communication, to all adults and infections, to all patients. Mortality represents the chance a patient who has had a heart attack, heart failure, or pneumonia will die within 30 days of admission, or the chance that a surgical patient with serious complications will die in the hospital. Readmission represents the chance that a patient readmitted to a hospital within 30 days of initial discharge. Scoring reflects the percentage of chest and/or abdominal CT scans that are ordered twice for the same patient, once with contrast and once without. Infections of extra hospital success in avoiding infections from central-line and urinary catheters in intensive care units, and infections after certain surgeries. Communication indicates how well staff explain medications and discuss planning to patients.

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