

## LETTERS

### Avoiding harm to patients: properly calculating costs of harm

The article by Tessier and colleagues is an important step forward in understanding the financial as well as human impact of patient safety events in Canada.<sup>1</sup>

One area that remains to be developed is our understanding and methods of calculating the financial consequences to the patient, family and community after an adverse event or critical incident has occurred. This is not an easy calculation, and having been part of substantial efforts by the Patient Safety Team at the Winnipeg Regional Health Authority more than a decade ago was a frustrating (and unsuccessful) experience. At the time we were looking at only the consequences of patients who had suffered a hip fracture as a result of a critical incident during the provision of care (both pre-hospital and in-hospital). These costs

(loss of income, disruption of family and community relationships, etc.) should be included and will undoubtedly increase several-fold the total costs associated with patient safety harm events.

Another difficulty is identifying harm that arises from treatment provided in the private health care sector, whether in individual physician offices or free-standing ambulatory care centres offering relatively complex same-day interventions. There is good reason to believe, based on research in the United States, that care provided in private facilities is no safer than that provided in public health care systems.<sup>2</sup> There is no simple way of tracking these cases and, in Canada, the entire cost of subsequent treatment and rehabilitation is borne by the public system. Perhaps I have missed something in Tessier and colleagues' methodology, but I could not see how their study would have identified such cases, which therefore would not have

been included in the authors' calculations.

My hope for the future is that we can move away from considering patient safety efforts as cost saving toward seeing reduced harm as increasing the health system's net income.

#### Robert Robson MDCM MSc

Principal advisor, Healthcare System Safety and Accountability, Inc., Hamilton, Ont.

■ Cite as: *CMAJ* 2019 December 9;191: E1362. doi: 10.1503/cmaj.73407

#### References

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2. Thomas EJ, Orav EJ, Brennan TA. Hospital ownership and preventable adverse events. *J Gen Intern Med* 2000;15:211-9.