Don't let patient safety take a back seat because of budget cuts

By David U

In recent years, budget deficits and program cuts in healthcare have become a fact of life. At times it seems that budgets and bottom lines take precedence over quality. Paradoxically, hospitals are simultaneously being asked to increase access and efficiency, while trying to ensure improvements in patient safety. Although a decreased emphasis on patient safety may appear to be an inevitable consequence of budget shortfalls, it is critical to remember that compromising patient safety can be very costly. Hospitals may predispose themselves to serious adverse events that may cause patient harm, extend hospital stay or increase the potential for patient readmission, each of which add to health-care costs.

Recent Canadian studies published on adverse events, and particularly those related to drug usage, reinforce how much work needs to be done in the area of patient safety. This safety literature reveals not only the financial repercussions of adverse events, but also the anguish and suffering that ensues when harm is caused to a patient. (The recent and extensive Canadian Adverse Events Study by Baker and colleagues found that 7.5% of patients admitted to hospitals had experienced an adverse event. Of the adverse events, 36.9% were considered to be "highly" preventable and 23.6% of them were "drug or fluid-related".)

Under persistent pressure to operate within budget constraints, many hospitals hire external consultants to compare themselves to a "benchmark" of different yet similarly-sized hospitals in order to set targets for reductions. Since hospital costs are largely labour-based, recommendations are often made to reduce staff. Such recommendations usually lack consideration of the impact on quality or patient safety initiatives. Caution should be exercised when embarking on any operational performance review with a consulting firm. The main objective of such reviews is to reduce costs and meet the bottom line. Sometimes the consultants may not be up to date on innovative clinical programs that can augment patient care and patient safety.

Studies have demonstrated that adverse environmental conditions, such as under-staffing, long working hours and low morale are major contributing factors to errors and adverse events. Many health-care professionals feel stretched and limited in their ability to meet patient needs. With the recent resurgence of hospital budgetary constraints in Canada, some hospitals are considering reduction in pharmacy staff. These cuts include clinical pharmacists, whose role is known to provide the most effective methods of preventing medication mishaps in patient care areas, monitoring pharmacotherapy, reviewing medication orders and consulting with physicians and nurses. Their role in enhancing patient care also extends to disease monitoring and medication dosing programs. Their involvement has been proven to help intercept unsafe orders. Clinical pharmacists reduced prescribing errors by 66% in the ICU study by Leape and colleagues, and by 78% in general medicine units in a study by Kucukarslan and colleagues.

Reducing pharmacy staff can result in reducing pharmacy operating hours. Often significant medication errors and adverse drug events occur because a pharmacist is not available on site. ISMP Canada recently received a report involving a wrong medication given to a patient because a pharmacist was not available. A new medication was required for a patient after pharmacy was closed. A nursing supervisor with access to the pharmacy inadvertently selected a wrong medication which was subsequently administered to the patient. Fortunately, the incident resulted in no significant sequelae.

Patient safety requires that hospitals implement and give emphasis to error-induced injury prevention strategies. Professional staff can do their part through vigilance and maintaining quality assurance in their patient care processes. Although health-care dollars are limited, strategies that remove resources from quality and patient safety are shortsighted – especially when one considers the cost of even a single legal settlement for a serious patient injury.

Funding agencies should continue to support operating budgets that maintain and ensure optimal and safe care to patients. Hospital administrations should be looking at other options for balancing the budget. These might include merging administrative operations through regionalization and program sharing with other hospitals. The bottom line is - our real purpose for being here is to provide the best and safest patient care.

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