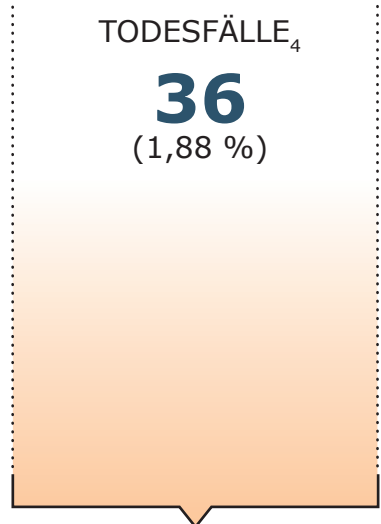
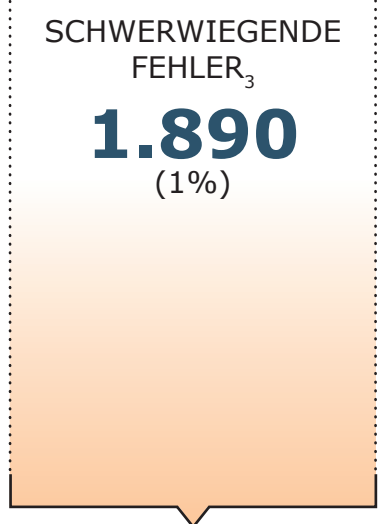
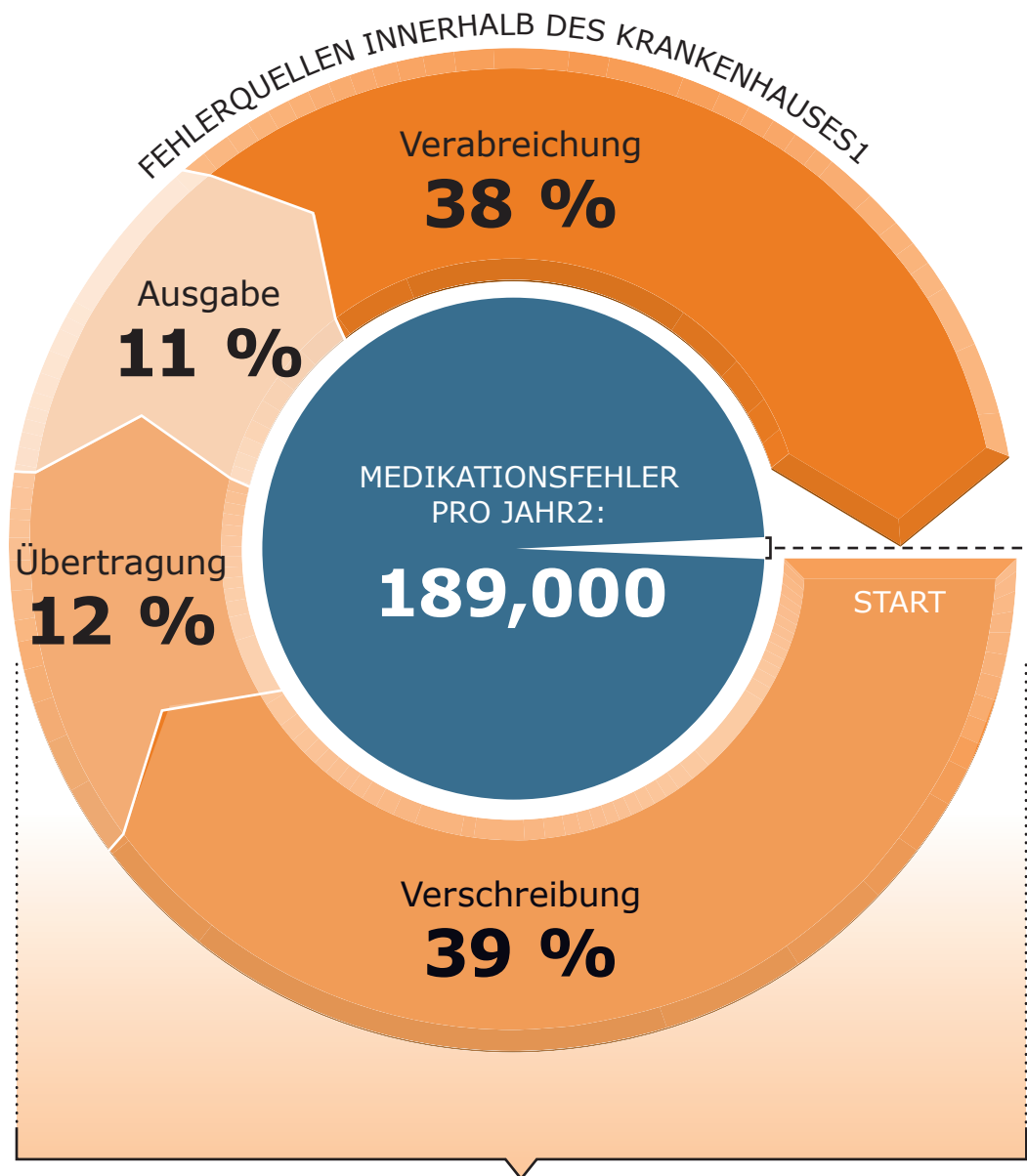


Geschätzte Auswirkungen von Medikationsfehlern in einem durchschnittlichen Krankenhaus mit 300 Betten



KOSTEN AUFGRUND SCHWERWIEGENDER FEHLER IN EINEM KRANKENHAUS MIT 300 BETTEN⁵:

\$16,5
MILLIONEN

VERLÄNGERTER KRANKENHAUSAUFENTHALT AUFGRUND VON FEHLERN⁶:

3.609
TAGE

36
VERMEIDBARE TODESFÄLLE PRO JAHR⁷

Referenzen

¹Leape LL, Bates DW, Cullen DJ et al. Systems analysis of adverse drug events. JAMA. 1995; 274:35-43.

²19 % der Medikationen fehlerhaft verabreicht (Barker KN, Flynn EA, Pepper GA, Bates DW, Mikeal RL. Medication Errors Observed in 36 Health Care Facilities. Arch Intern Med. 2002;162:1897-1903) 20 Dosen pro Tag (Baker, J., Draves, M., Ramudhin, A., Analysis of the Medication Management System in Seven Hospitals: MedBPM study, 2008) 13,500 Verabreichungen (CareFusion data analysis) 3,5 durchschnittliche Aufenthaltsdauer (H. Bueno, J. Ross, Y. Wang, J. Chen, et al, Trends in Length of Stay and Short-term Outcomes Among Medicare Patients Hospitalized for Heart Failure, 1993-2006, JAMA. 2010;303(21):2141-2147. CareFusion data analysis) $20 \times 13,500 = 270.000$ Dosen pro Patiententag $\times 3,5$ Tage durchschnittliche Aufenthaltsdauer = $945,000 \times 20 \% = 189.000$

³Verwendung vorsichtiger Schätzungen: 0,5 % -1,5 %. Studien bzgl. der Raten umfassen: 1 % der Medikationsfehler sind schwerwiegend (Bates DW, Boyle DL, Vander Vliet MB, Schneider J, Leape L. 1995a. Relationship between medication errors and adverse drug events. Journal of General Internal Medicine 10(4):100,205.) 7 % der Mediaktionsfehler führten zu vermeidbaren Nebenwirkungen (Barker KN, Flynn EA, Pepper GA, Bates DW, Mikeal RL. Medication Errors Observed in 36 Health Care Facilities. Arch Intern Med. 2002;162:1897-1903) 2,4 pro 100 Verabreichungen (Classen DC, Pestotnik SL, Evans RS, Lloyd JF, Burke JP, 1997. Adverse drug events in hospitalized patients. Excess length of stay, extra costs and attributable mortality. Journal of the American Medical Association 261 (22):3273-3277)

⁴Classen DC, Pestotnik SL, Evans RS, Lloyd JF, Burke JP, "Adverse drug events in hospitalized patients. Excess length of stay, extra costs, and attributable mortality," JAMA, 1997, 277(4):301-306

⁵Bates DW, Spell N, Cullen DJ, Burdick E, Laird N, Petersen LA, Small SD, Sweitzer BJ, Leape L. 1997. The costs of adverse drug events in hospitalized patients. Adverse Drug Events Prevention Study Group. Journal of the American Medical Association 277 (4):307,311

⁶Classen DC, Pestotnik SL, Evans RS, Lloyd JF, Burke JP, Adverse drug events in hospitalized patients. Excess length of stay, extra costs, and attributable mortality, JAMA, 1997 Jan 22-29; 277(4):301-6

⁷Bates DW, Spell N, Cullen DJ, Burdick E, Laird N, Petersen LA, Small SD, Sweitzer BJ, Leape L. 1997. The costs of adverse drug events in hospitalized patients. Adverse Drug Events Prevention Study Group. Journal of the American Medical Association 277 (4):307,311

⁸H. Bueno, J. Ross, Y. Wang, J. Chen, et al, Trends in Length of Stay and Short-term Outcomes Among Medicare Patients Hospitalized for Heart Failure, 1993-2006, JAMA. 2010;303(21):2141-2147.

⁹Classen DC, Pestotnik SL, Evans RS, Lloyd JF, Burke JP, "Adverse drug events in hospitalized patients. Excess length of stay, extra costs, and attributable mortality," JAMA, 1997, 277(4):301-306