

HealthGrades ranks New York as one of the ten “worst” states for hospital patient safety.

The annual HealthGrades *Patient Safety in American Hospitals Study* for both 2010 and 2011 ranked New York as one of the ten “worst” states for hospital patient safety. Their rankings are based on hospital risk-adjusted performance on 13 key patient safety indicators developed by the U.S. Agency for Healthcare Research and Quality.¹

HealthGrades found that nationally the indicators were associated with \$7.3 billion in excess costs from 2007 to 2009. Based on New York’s share of the U.S. population, New York incurred \$460 million in excess costs -- if the state’s comparatively low patient safety rankings are taken into account, New York’s share was even greater.

The HealthGrades studies confirm that the best way to reduce hospital medical malpractice costs is to make hospitals safer. HealthGrades gives the top five percent of hospitals in its study its Patient Safety Excellence Award. According to the 2011 study, if all U.S. hospitals had performed as well on the 13 indicators as the hospitals recognized with an award, the U.S. health care system would have saved \$1.9 billion from 2007 through 2009. In 2011, only seven (2.6%) of hospitals that received the award were in New York.

Enactment of “tort reform” would prevent victims of medical malpractice from receiving necessary and just compensation for their injuries but would not improve patient safety, save lives or avoid costly medical complications.

¹ HealthGrades findings are based on Medicare inpatient data for the following indicators: death in low-mortality DRGs, pressure ulcer, death among surgical implants with serious treatable complications (failure to rescue), foreign body left in during procedure, iatrogenic pneumothorax, central venous catheter-related bloodstream infections, post-operative hip fracture, post-operative hemorrhage or hematoma, post-operative physiologic and metabolic derangements, post-operative respiratory failure, post-operative pulmonary embolism or deep vein thrombosis, post-operative sepsis and post-operative abdominal wound dehiscence.

