

Never events

Payers can choose to limit or eliminate payment for low quality care. It is estimated that 42% of the costs of hospital infections are preventable and preventable infections are responsible for 7.7% of hospital readmissions.ⁱ In September 2008 Medicare stopped paying for a list of eight “never events,” or serious, reportable adverse events that could have reasonably been avoided with the use of evidence-based guidelines. The original list of conditions included foreign objects left in the body after surgery, incompatible blood transfusions, and pressure ulcers. Medicare’s list of conditions for non-payment has grown to 28ⁱⁱ; at least a dozen states and several private payers have followed, limiting payments for serious, avoidable hospital complications.ⁱⁱⁱ At least 25 states require licensed health care facilities to report serious medical errors.^{iv}

ⁱ A. Milstein, Ending Extra Payment for “Never Events” – Stronger Incentives for Patient Safety, *New Engl J of Med*, 6/4/09.

ⁱⁱ CMS Never Events Fact Sheet, *op.cit.*

ⁱⁱⁱ Medicare Nonpayment for Medical Errors, NCSL, August 2008.

^{iv} Serious Reportable Errors Fact Sheet, National Quality Forum, January 2010.