### Implications for Patient

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| Physical    | - Can range from no notable effect to death  
- Could include a new condition, either temporary or permanent, such as ringing in the ears, skin disfigurement, hypotension, tingling, itching, etc.  
- Could be mild or serious: e.g. penicillin reaction could be a rash or anaphylactic shock  
- Could result in death; e.g. overdose of heparin in elderly patient |
| Emotional   | - Stress, anger, betrayal,  
- Self-blame/self-doubt; e.g. maybe it’s my fault, maybe it’s because I’m old,  
- Fear of taking future medications (they could hurt you) |
| Financial   | - Insurance co-pays  
- Lost wages  
- Disability costs  
- Childcare costs |
| Personal    | - Demoralized by extended length of stay  
- Altered belief in the benefits of medication,  
- Loss of confidence in the healthcare system |

### Implications for the Family

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| Emotional   | - Sadness/stress at the physical & emotional effects on the patient  
- Fear for the safety of the patient  
- Anger, betrayal of trust |
| Financial   | - Additional transportation, parking, meal, childcare costs to visit patient  
- Effects of patient’s lost wages and insurance co-pays on family finances  
- Effect of family member’s lost wages |
| Quality of life | - Disruption of family life  
- Distrust of healthcare system  
- Reluctance to take future medications: “what if it happens to me?”  
- Burden of becoming a patient advocate for family member in confronting causes/effects of medication errors. |

### Implications for Health Care Providers

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| Emotional   | - Personal disappointment at not being perfect  
- Shame, guilt  
- Self-doubt |
| Ethical     | - Dilemma about reporting to supervisor/administrator  
- Discomfort with telling patient |
| Legal       | - Possible litigation (has additional emotional toll)  
- Possible loss of license |
| Professional| - May lead to disciplinary action  
- Effect on career advancement  
- Possible need to seek employee assistance for emotional toll |
### Implications for the Organization

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| Legal       | - Hospital may have to pay for legal counsel  
- Courts may order hospitals to turn over information obtained in error investigations |
| Ethical     | - Dilemma about revealing errors to patients and families, especially if the error did not have serious consequences |
| Financial   | - Litigation/settlement costs  
- Cost of potential installation/maintenance of medication management systems  
- Lost productivity of employees involved in error  
- Increased cost of covering for employees involved in error  
- Increased costs associated with unplanned or unnecessary treatment or hospitalization  
- Increased costs for error investigation and employee education |
| Administrative | - Time required to deal with error; reports, investigations, provider issues, litigation, settlement  
- Budgets strained from increased cost related to error; priorities may shift  
- Policies may need to be developed or modified  
- May need to find funding for continuing education/in-service |
| Regulatory/ Accrediting | - JCAHO requires organization experiencing a sentinel event to conduct a root cause analysis  
- Cumulative effect of errors can affect accreditation |

### Implications for Society

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| Financial   | - Preventable medication errors cost the economy approximately $2 billion each year (IOM, 1999)  
- Medicare, other insurance and non-reimbursed costs increase.  
- Litigation and compensation costs increase  
- Direct and indirect costs to institutions, patients, and families increase  
- Medical (including medication) errors result in over 100,000 lost work days annually for families of patients affected by a serious error. (CDC, 1993) |
| Attitudinal | - Trust and confidence in healthcare system decrease  
- Litigious mindset develops; people may seek justice through lawsuits or other compensation  
- People at all levels may seek someone to blame, rather than understanding and learning from errors. |
| Legislative/ Regulatory | - People demand reform  
- Legislators draft/pas bills  
- Regulatory bodies may revise standards |
| Public health | - About 7,000 people die each year from medication errors; thousands more are hurt, but recover.(AHRQ, 2002)  
- Fear may cause people to avoid seeking needed care  
- Health status of individuals, specific and general populations may decrease  
- Money that could be used for patient safety initiatives is diverted to manage implications of errors |
References:


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