

Never Events

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In 1999, a report issued by the Institute of Medicine found medical errors were a leading cause of mortality and morbidity in the United States. This ignited those in the health care world. Following this report, in 2002, the National Quality Forum developed a list of 27 serious and “preventable” conditions which should never happen to a hospital patient. In 2006, another condition was added to make the total list 28. These events became known as “never events”. The name seems unfortunate in that all related to the health care industry recognize there is never a “never”.

The Center for Medicare and Medicaid Services (CMS) has applied the list of never events to health care reimbursement, by putting forth regulations. Hospital acquired conditions (HACs) will no longer be reimbursed by Medicare unless the HAC was present upon admission. The list is:

- foreign object retained after surgery;
- air embolism;
- blood incompatibility;
- stage III and IV decubitus ulcer;
- falls in trauma resulting in fractures, dislocations, intracranial injuries, crushing injuries, burns, and electric shock;
- catheter associated urinary tract infection;
- surgical site infection – mediastinitis after coronary artery bypass graft surgery;
- poor glycemic control conditions; and
- deep vein thrombosis/pulmonary embolism.

In addition to CMS denying reimbursement for these conditions, many third-party payors have also jumped on the bandwagon. In fact, Blue Cross Blue Shield of Kansas has recently adopted the CMS list.

How does a health care provider handle this? One must be proactive; stay abreast of other never events CMS is considering. Develop standing orders and algorithms which will address factors that could contribute to these conditions. Develop through admission forms and improved documentation, risk factors for these conditions. If the condition is present or predictable upon admission, the less likely reimbursement will be denied. Revise Informed Consent forms to have the patient acknowledge the existence of preexisting conditions or past medical history. Finally, a physician’s own documentation in the medical record of preexisting conditions, morbidities and potential side effects will also be critical for reimbursement for HAC.

