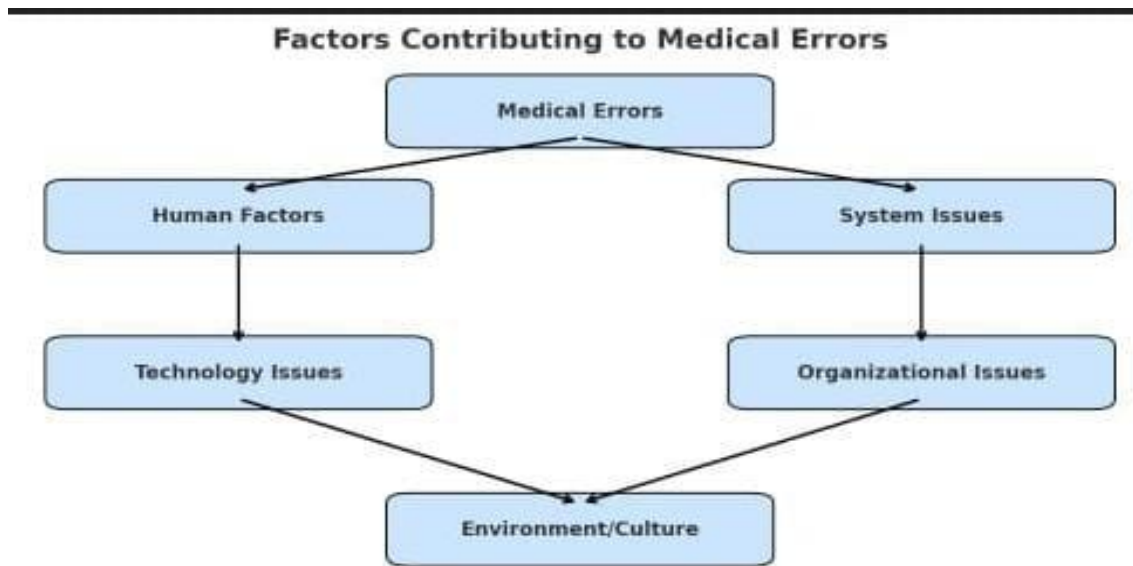


FACTORS CONTRIBUTING TO MEDICAL ERRORS



INTRODUCTION

- Medical errors are mistakes in health care that can harm patients
- They may occur due to human, system, or financial factors

FACTORS CONTRIBUTING TO MEDICAL ERRORS

1. HUMAN FACTORS

- Fatigue of staff - Long working hours, night shifts cause mistakes.
- Inadequate training – Lack of proper skill leads to device misuse.
- Communication problems – Misunderstandings between doctors , nurses, technicians.

2.SYSTEM AND PROCESS ISSUES

- Complex healthcare systems – Multiple departments and technologies interacting can create confusion
- Poor coordination – Lack of team work across departments leads to errors
- Inadequate safety culture – Some hospitals focus more on speed than safety

3. TECHNOLOGY RELATED CAUSES

- Device malfunction – Random breakdowns of medical equipment
- Human factors design errors – Poorly designed devices that are hard to use safely
- Operator misuse – Wrong use of devices due to poor instructions

4. ORGANIZATIONAL ISSUES

- Bottom-line focus- Hospitals sometimes focus on money ,not safety
- Staffing shortages – Too few nurses/doctors for patient load
- Poor training programs – New staff not trained well on new technologies

5.CULTURAL AND ENVIRONMENTAL CAUSES

- Blame culture – Staff hide errors for fear of punishment, reducing learning opportunities
- Over crowding - High patient numbers increase workload and stress
- Environment distractions – Noise , interruptions in ICU or ER

HEALTH CARE REIMBURSEMENT :

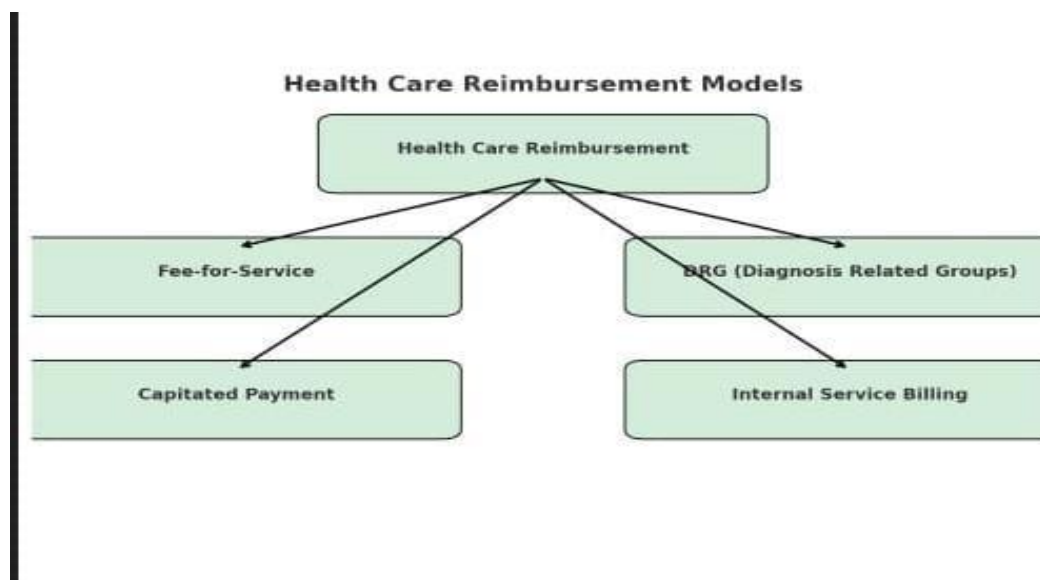
Health care reimbursement is the process by which hospitals, clinics, or doctors receive payment for the services they provide to patients.

Payment comes from Insurance companies, government programs, or patients themselves.

It ensures continuity of health services and proper utilization of resources.

Example:

If a patient undergoes a chest X-ray, the hospital charges are sent to the insurance company, which reimburses the hospital according to the policy.



TYPES OF REIMBURSEMENT MODELS

1.Fee For Services

- Hospital/doctor is paid for each test, procedure, or visit
- **Advantages:** doctors provide more services, patient get multiple options
- **Disadvantages:** Can lead to unnecessary tests, increased cost for patients
- **Example:** * A patient with fever is billed separately for consultation, blood test, X-ray, and injection.
- **Risk:** Encourages too many unnecessary tests.

2. Diagnostic Related Groups (DRG)

- Hospital is paid a fixed amount for treating a particular illness, regardless of length of stay
- **Advantages :** Encourages efficiency, cost control.
- **Disadvantages:** Risk of ****early discharge*** or reduced services.
- **Example:** Pneumonia treatment has a fixed payment – same amount whether patient stays 2 or 6 days.

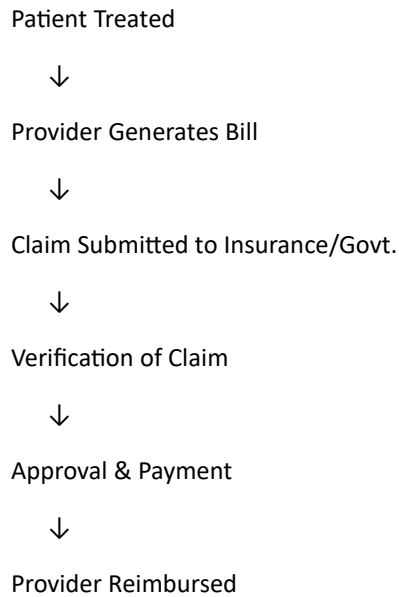
3. Capitated Payment (HMO / PPO model)

- Hospital or clinic gets fixed annual payment per patient, no matter how many times they visit.
- **Advantages:** Controls unnecessary hospital visits, predictable budget.
- **Disadvantages:** Risk of under-treatment (hospitals may avoid costly treatments).
- **Example:** Insurance pays ₹20,000/year per patient; hospital must manage all services within that.

4. Internal Service Billing (Hospital Model)

- Departments inside a hospital bill each other for services.
- **Advantages:** Helps track equipment use and repair costs.
- **Disadvantages:** Can make hospital management more complex.
- **Example:** Clinical engineering charges ICU for ventilator repairs.

Flowchart – Health Care Reimbursement Process



CHALLENGES IN HEALTH CARE REIMBURSEMENT

- Health care costs are rising.
- Reimbursement rules are complex.
- Payments are often delayed.
- Fraud and false claims occur.
- No standard charges across hospital
- Limited coverage for treatments.
- Too much paperwork and admin work.
- Policies keep changing.
- New costly treatments not covered.
- Rural areas face more difficulties than urban.

Health Care Reimbursement in India

Government Schemes:

- Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY)
- Employees' State Insurance (ESI)
- Central Government Health Scheme (CGHS)
- Private Insurance: Mediclaim, Star Health, ICICI Lombard, etc.

Example: Under PMJAY, families are covered up to ₹5 lakh annually for hospitalization.