Professor Spencer Beasley

ACC

Christchurch

Dr Nick Kendall

Clinical Psychologist

Pain Management and Musculoskeletal Medicine

ACC

Friday, June 9, 2017

7:00 - 7:55 ACC Breakfast Session – 1. Avoidable Patient Harm 2. Hernias

Treatment Safety

Dr Nick Kendall
Manager Treatment Injury Prevention

June 2017

www.acc.co.nz/treatmentsafety

Reminder – Treatment Injury is…

Section 32, Accident Compensation Act

Treatment injury means personal injury that is —

(a) suffered by a person —
- (i) seeking treatment from 1 or more registered health professionals; or
- (ii) receiving treatment from, or at the direction of, 1 or more registered health professionals; or
- (iii) referred to in subsection (7) *[specific to infections]*; and

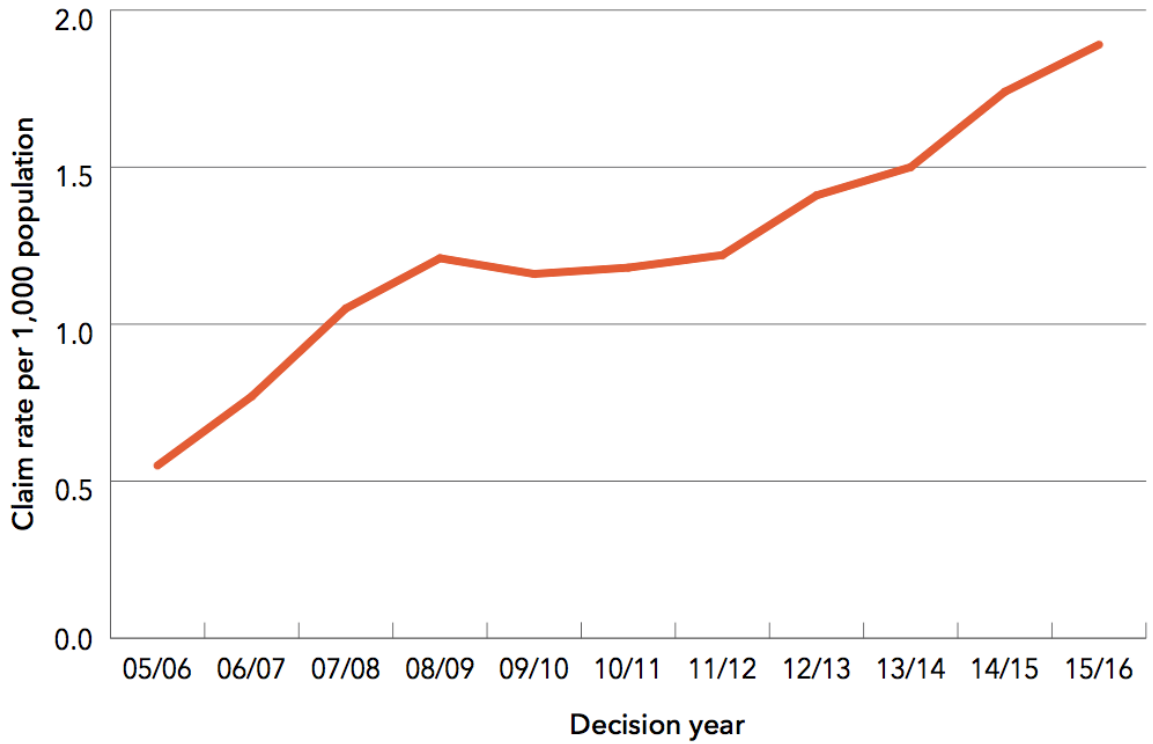
(b) caused by treatment; and

(c) not a necessary part, or ordinary consequence, of the treatment, taking into account all the circumstances of the treatment, including —
- (i) the person's underlying health condition at the time of the treatment; and
- (ii) the clinical knowledge at the time of the treatment.

In plain English … the Treatment Injury Account covers injuries that:

- □ **Happen to people when they are receiving medical treatment, and**
- □ **Are not normal complications or risks arising from treatment**

ALL ACCEPTED TREATMENT INJURY CLAIMS, IN ALL FACILITIES (PER 1,000 POPULATION, BY DECISION YEAR)

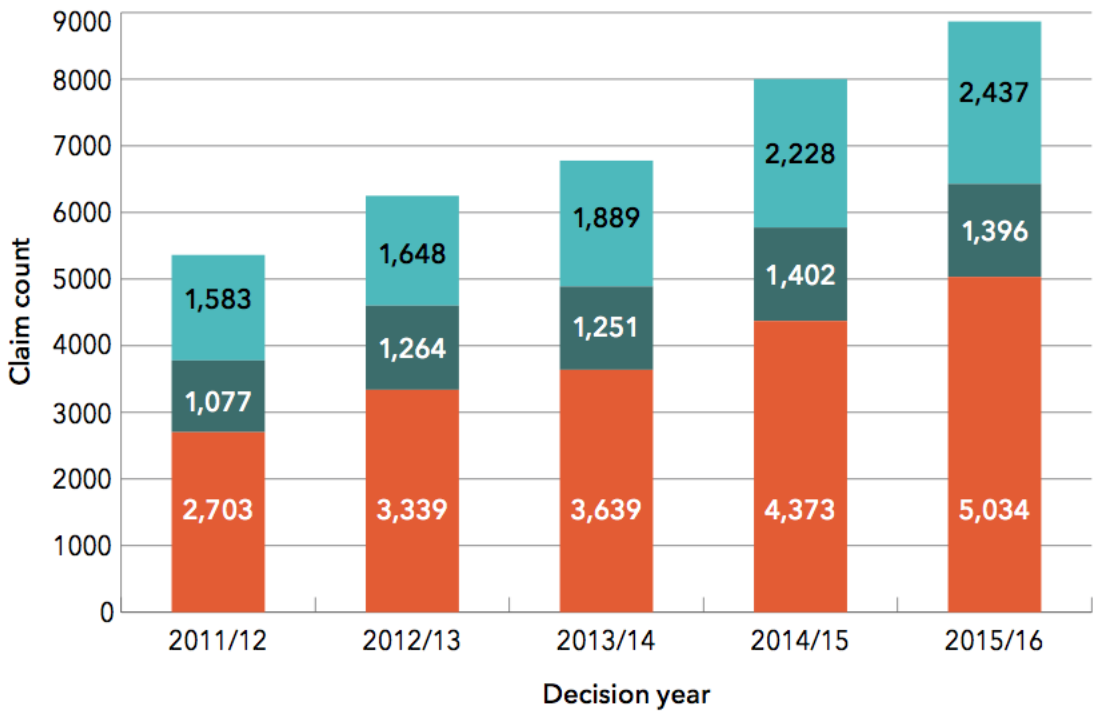


Note: This data is standardised by the national population[1] because it includes all treatment injury claims from all sources: 56% of treatment injury claims are the result of treatment in DHB facilities (public hospitals), 16% in private hospitals, and 28% in other locations – including general practice and aged residential care.

ALL ACCEPTED TREATMENT INJURY CLAIM COUNT, BY TREATMENT FACILITY AND DECISION YEAR

KEY

- Other
- Private hospital
- DHB facilities

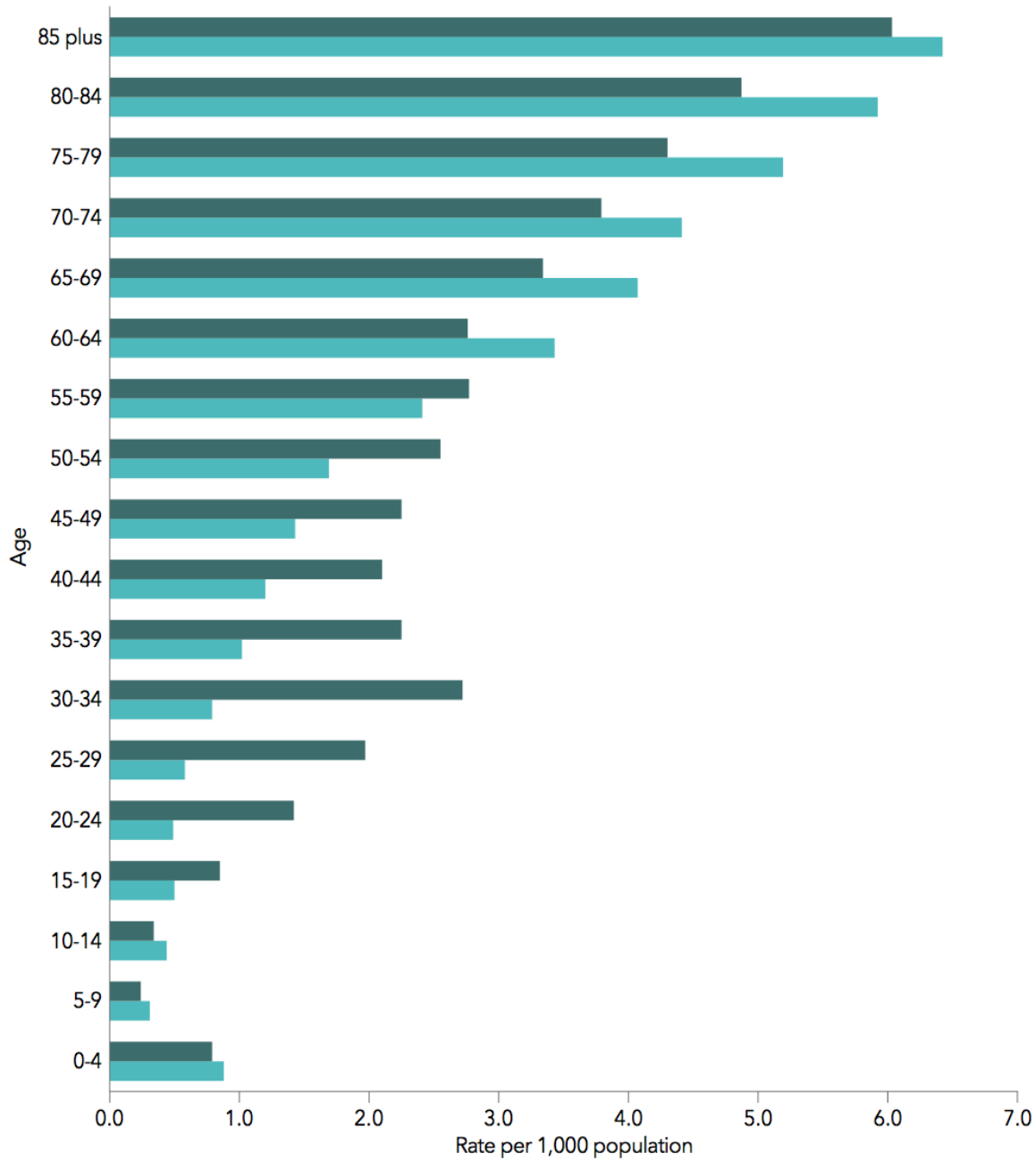


In this chart 'DHB facilities' cover public hospitals, and 'private hospital' refers to private surgical hospitals. The 'other' category includes primary care and community settings such as 'rooms-based procedures'.

RATE PER 1,000 POPULATION FOR ALL ACCEPTED TREATMENT INJURY CLAIMS IN 2015/16, BY AGE AND GENDER

KEY

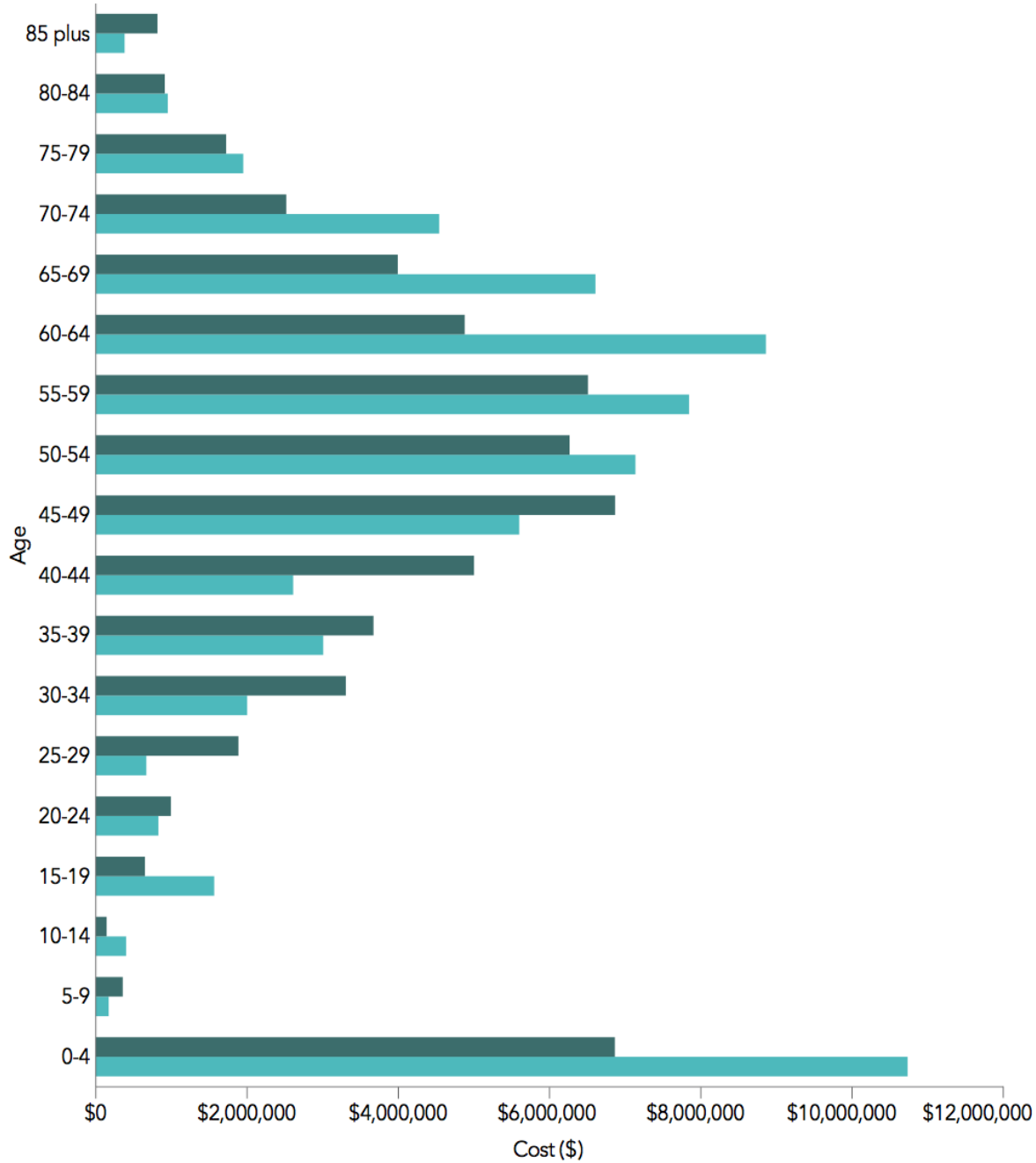
- Female claim rate per 1,000 population
- Male claim rate per 1,000 population



TOTAL COSTS PAID IN 2015/16 FOR ALL NEW AND EXISTING ACCEPTED TREATMENT INJURY CLAIMS, BY AGE AND GENDER

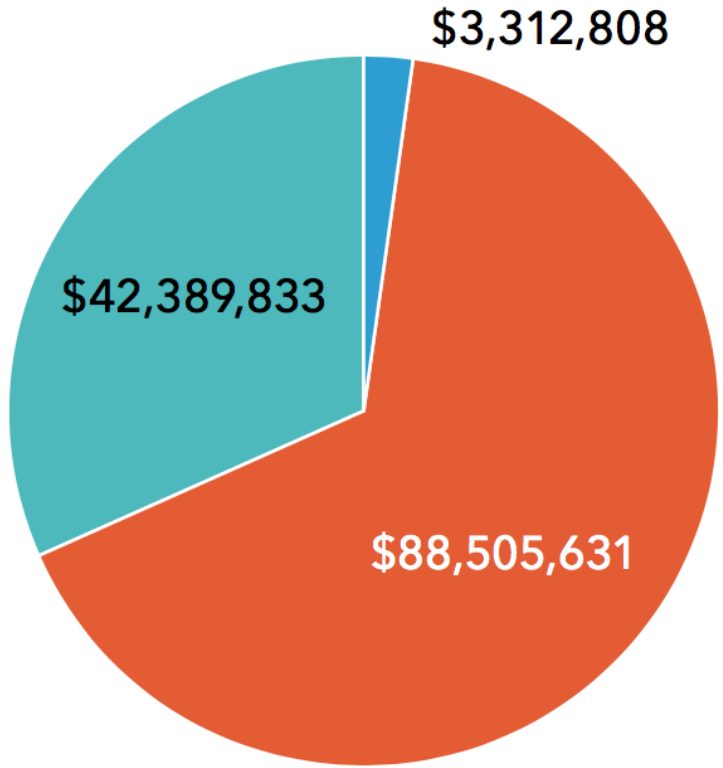
KEY

- Female claim cost
- Male claim cost



COSTS PAID IN 2015/16 FOR ALL NEW AND EXISTING TREATMENT INJURY CLAIMS

TOTAL 2015/16
$134,208,272



KEY

All other Entitlement Serious injury

Note, this cost information includes all treatment injury claims from all sources: DHB facilities (public hospitals), private hospitals, and other locations (including general practice and aged residential care).

ESTIMATED OUTSTANDING CLAIMS COST OF TREATMENT INJURY

The outstanding claims liability for treatment injury was $5.1 billion as at 30 June 2016.

This is an estimate of the current value of the lifetime impact of treatment injury to those patients who have already been injured.

It is the current value of all future treatment, care and support for all existing accepted treatment injury claims to date. One way of understanding this is to remember that, if ACC went out of existence today, this is the amount that would still have to be paid out in the future.

ACC's approach is a set of interlocking interventions aimed at the health sector, and at clinicians and the organisations they work in

Multiple levels for intervention

SUPPORTING **PATIENT SAFETY**

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TREATMENT
INJURY
INFORMATION

CONFIDENTIAL DRAFT – MARCH 2017

Treatment Injury Information: Supporting Patient Safety

Released on 12 April 2017

- National data, and aggregate data for all 20 DHBs
- Private hospital data later this year
- GP data next year

www.acc.co.nz/treatmentsafety

CAPITAL & COAST DHB

306,600 people

526

TOTAL ACCEPTED TREATMENT INJURY CLAIMS IN 2015/16 FOR THIS DHB

CAPITAL & COAST DHB HAS FOUR MAJOR FACILITIES:

WELLINGTON REGIONAL HOSPITAL

KENEPURU COMMUNITY HOSPITAL

KĀPITI HEALTH CENTRE

RATONGA-RUA-O-PORIRUA

CAPITAL & COAST DHB

Capital & Coast DHB is based in Wellington.

It has a population of 306,600 people.

- Capital & Coast's population tends to be younger than the national average.
- Capital & Coast has a lower proportion of Māori and a slightly higher proportion of Pacific people living there, in comparison with the national average.
- Capital & Coast's deprivation levels are lower than the national average.

Capital & Coast DHB employs approximately 5,500 health and medical staff, which equates to a little over 4,340 full-time equivalent positions.

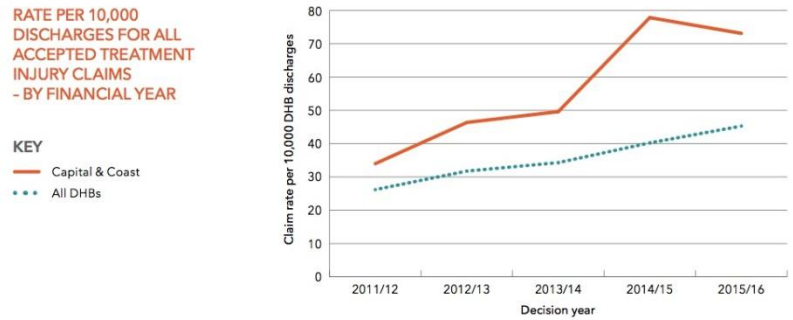
Capital & Coast DHB has four major facilities:

- Wellington Regional Hospital
- Kenepuru Community Hospital in Porirua
- Kāpiti Health Centre in Paraparaumu
- Ratonga-Rua-O-Porirua campus in Porirua.

Wellington Regional Hospital is one of five major tertiary hospitals in New Zealand (for Otago University's Wellington School of Medicine and post-graduate training for clinical professionals). It is also the region's main emergency and only trauma service (helipad).

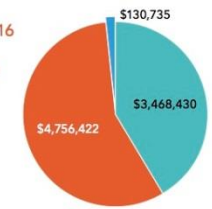
Kenepuru Community Hospital is a secondary hospital, which also includes an adult and adolescent psychiatric facility.

RATE PER 10,000 DISCHARGES FOR ALL ACCEPTED TREATMENT INJURY CLAIMS - BY FINANCIAL YEAR



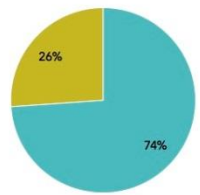
COSTS PAID IN 2015/16 FOR ALL NEW AND EXISTING ACCEPTED TREATMENT INJURY CLAIMS

TOTAL 2015/16 $8,355,587



KEY
Serious injury
Entitlement
All other

ACCEPTED AND DECLINED TREATMENT INJURY CLAIMS FOR 2015/16 FINANCIAL YEAR



KEY
Accepted
Declined

Each declined claim may result in mismatched expectations. This underpins the need to understand how and why treatment injury claims are accepted or declined.

NUMBERS AND RATES OF ACCEPTED TREATMENT INJURY CLAIMS PER 10,000 DISCHARGES BY FINANCIAL YEAR

		2011/12	2012/13	2013/14	2014/15	2015/16
Infections of all types	Rate	7.74	11.14	11.93	17.22	18.90
	Number	51	75	83	121	136
Infections following surgery	Rate	6.37	9.80	9.78	14.94	16.67
	Number	42	66	68	105	120
Line infections	Rate	0.91	0.74	1.44	1.71	1.53
	Number	6	5	10	12	11
Pressure injuries	Rate	1.37	1.04	3.45	3.84	4.86
	Number	9	7	24	27	35
Medication adverse reactions	Rate	3.64	3.71	2.88	4.84	5.97
	Number	24	25	20	34	43
Medication errors	Rate	-	-	-	0.71	-
	Number	<4	<4	<4	5	<4

LAKES DHB

106,600 people

103

TOTAL ACCEPTED TREATMENT INJURY CLAIMS IN 2015/16 FOR THIS DHB

LAKES DHB HAS TWO MAJOR FACILITIES:

TAUPŌ HOSPITAL

ROTORUA HOSPITAL

LAKES DHB

Lakes DHB is based in Taupō and Rotorua.

It has a population of 106,600 people.

- Lakes' population tends to be younger than the national average.
- Lakes has a much higher proportion of Māori (35%) and a lower proportion of Pacific people (2.4%), in comparison with the national average.
- Lakes' deprivation levels are higher than the national average.

Lakes DHB employs approximately 1,500 health and medical staff, which equates to 1,095 full-time equivalent positions.

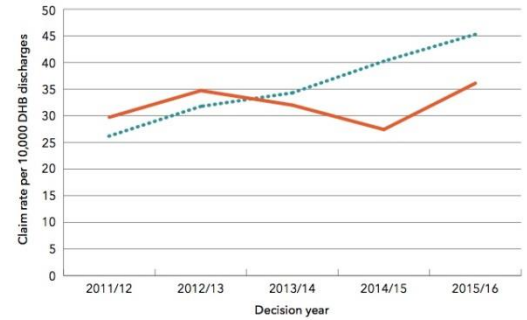
Lakes DHB has two major facilities:

- Taupō Hospital
- Rotorua Hospital.

It also has a hospital specialist service Psychogeriatric Unit.

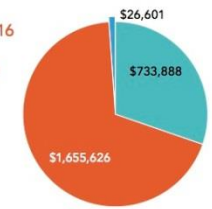
RATE PER 10,000 DISCHARGES FOR ALL ACCEPTED TREATMENT INJURY CLAIMS - BY FINANCIAL YEAR

KEY
- Lakes
- All DHBs



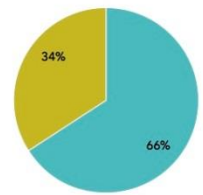
COSTS PAID IN 2015/16 FOR ALL NEW AND EXISTING ACCEPTED TREATMENT INJURY CLAIMS

TOTAL 2015/16
$2,416,115



KEY
- Serious injury
- Entitlement
- All other

ACCEPTED AND DECLINED TREATMENT INJURY CLAIMS FOR 2015/16 FINANCIAL YEAR



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NUMBERS AND RATES OF ACCEPTED TREATMENT INJURY CLAIMS PER 10,000 DISCHARGES BY FINANCIAL YEAR

		2011/12	2012/13	2013/14	2014/15	2015/16
Infections of all types	Rate	5.47	11.31	7.62	5.12	9.82
	Number	14	29	20	14	28
Infections following surgery	Rate	4.69	7.80	6.10	4.75	9.12
	Number	12	20	16	13	26
Line infections	Rate	-	2.34	-	-	-
	Number	<4	6	<4	-	<4
Pressure injuries	Rate	2.35	1.56	2.29	2.19	2.10
	Number	6	4	6	6	6
Medication adverse reactions	Rate	2.35	-	1.52	-	2.10
	Number	6	<4	4	<4	6
Medication errors	Rate	-	-	-	-	-
	Number	-	-	-	-	-

Treatment Injury Prevention Initiatives

Patient Safety Week
5-11 November 2017

- Highlights patient safety for consumers, patients and staff. ACC is partnering with HQSC to deliver the week
- Health agencies order range of resources and promote the week via displays, competitions, safety focused grand rounds, media promotions etc…
- Theme for 2017 is medication safety. Focus is on encouraging patients to ask about their medications to ensure they understand how to take them safely

Neonatal Encephalopathy

ACC has accepted an average of ten claims per annum for NE from DHBs over the period from 2012 to 2016.

	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16
Total	**6**	**7**	**9**	**16**	**9**

Build Capability

Newborn Observation Chart and Newborn Early Warning Score

Lactate Investigation

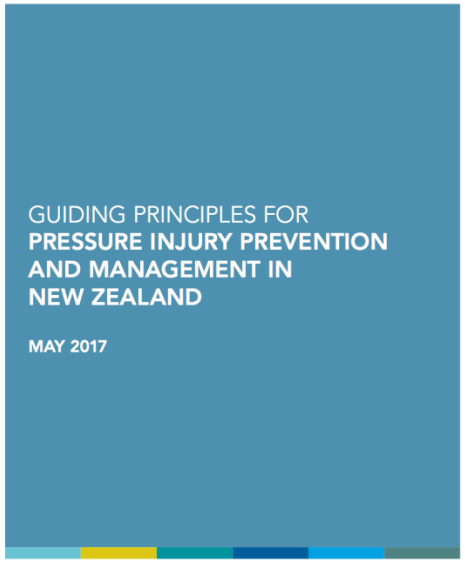
Fetal Monitoring Education

What are the challenges to doing this?
What are the benefits?
What improvements can be made?

NEONATAL ENCEPHALOPATHY STRATEGY 2016 – 2021

Reduce the number and severity of Neonatal Encephalopathy in New Zealand by 10% by 2021 by targeting avoidable cases

Pressure Injuries



Why are pressure injuries important?

- Pressure injuries are a major cause of preventable harm, and occur in several clinical contexts including patients immobilised for surgery or by serious physical injury, and in care of the elderly.

What we are doing?

- National guidance has been developed, and a series of regional workshops held to inform an approach. The multi-agency improvement programme will target DHBs initially, aged care and community services. This will aid consistent pressure injury prevention and enable best practice in the health sector.

Outcomes:

- Raise awareness that PI is a form of patient harm.
- Create consistent reporting of PI and promote consistent best practice.
- Reduce the incidence and severity of pressure injuries within the health sector.

Surgical Simulation Training (MORSim)

A partnership programme designed to enhance communications and teamwork through simulation-based clinical training. www.morsim.ac.nz

MORSim
Multidisciplinary Operating Room Simulation

Overview

- Performing safe surgery relies on the ability of multidisciplinary surgical team members to combine professional knowledge and technical expertise with non-technical skills, such as communication and teamwork. Research has shown that teamwork training may reduce important technical errors by 30-50%.
- Simulation-based training is one effective method to improve communication and teamwork in operating room teams. A team at the University of Auckland has created an approach to train whole operating room teams together, instead of the traditional approach done within separate professions.
- ACC is investing in The University of Auckland who is implementing simulation training over five years, the majority of New Zealand surgeons and anaesthetists, surgical and anaesthesia trainees, and nursing and aesthetic technical staff will receive training.

Benefits

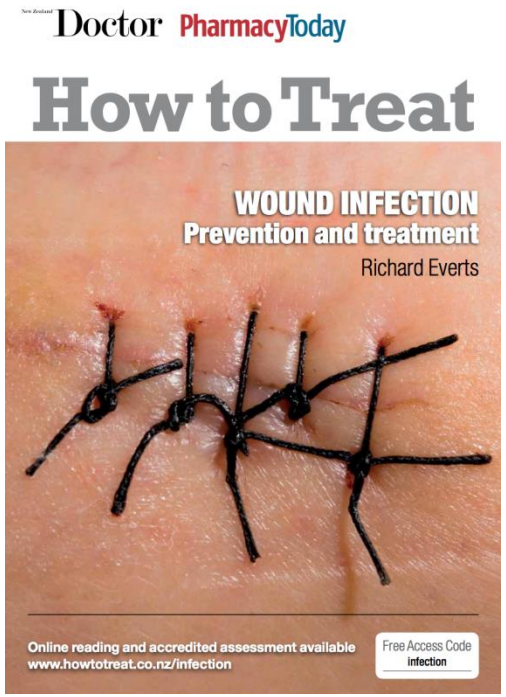
- The benefits of this initiative will be to reduce adverse events and the cost of treatment injuries in operating rooms. It will increase patient safety in the operation room due to better surgical outcomes and increased teamwork and communication.

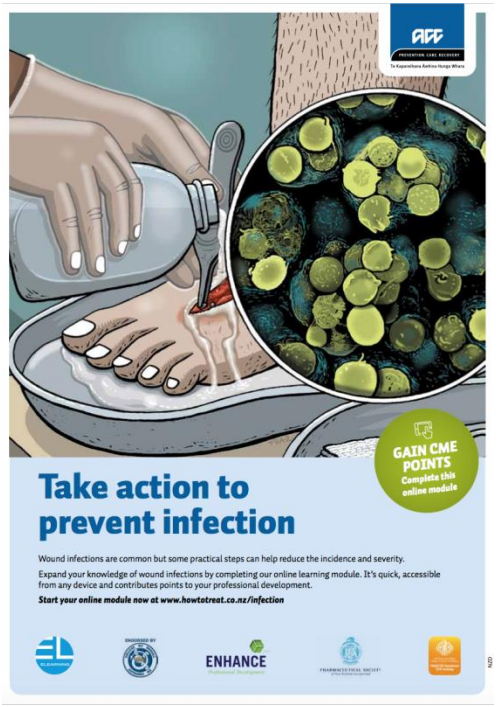
Outcomes

- The target for this initiative is to reduce the number of treatment injuries by at least 5%.

Infections

- Infections are the most frequent treatment injury claim.





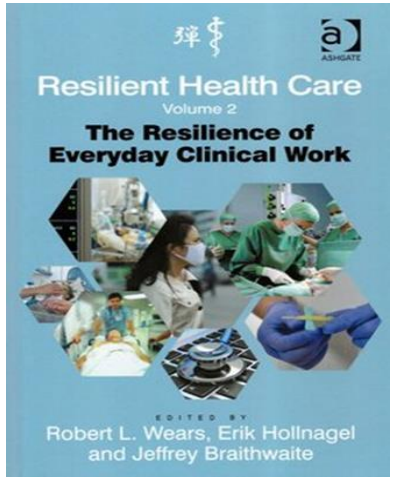
- Most infection claims are low-cost, but a small minority have much greater impact with higher cost and duration.

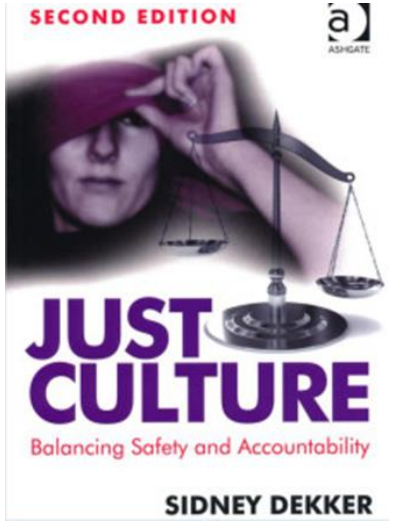
- Surgical site infections tend to be more expensive.

Medication Safety - Foetal Anticonvulsant Syndrome (FACS) Prevention

- FACS is a combination of malformations and developmental impairments in a child exposed to antiepileptic medicines in utero
- Currently 17 accepted ACC claims. High impact for the individual and family. High cost for long duration (expected 75 years)
- Expert project team has developed toolkit for healthcare and public. Publication in August.

Adverse Event Reviews





- Opportunity to lift participation / rigour in adverse event reviews and ensure lessons are shared
- Supported retrospective review of 31 Neonatal Encephalopathy cases by funding human factors expertise and backfilling clinicians
- Held workshops with DHBs to identify their review system problems and identify solutions. Similar and different needs identified per DHB
- Next steps: completing DHB engagement; Real time pilots; scoping contestable fund to provide other assistance

General Practice

Treatment Injury in General Practice

15% of accepted claims are the result of treatment in general practice.

- 60% are for medication adverse effects - allergic reactions, anaphylactic reactions and vaccinations. ~ 50% of these are followed by infection, mainly due to vaccinations and injections.

- Infections by themselves account for 25% of claims, and 30% of these are for infection following surgery. Over 70% of the surgery infection cases are for minor plastics procedures, e.g. removal of skin.

- About 2% of accepted claims are due to equipment mechanical failure, delay/failure to provide treatment or diagnose or to refer to follow-up or to monitor.

- Between 2012 and 2016, 43 Risk of Harm notifications (13 Sentinel and 30 Serious) were sent to the Medical Council.

Questions?