

# OPEN4RESULTS

## NOVEMBER 2016

### **The Health Quality & Safety Commission**

was established in December 2010. Our role is to work with the health and disability sector to ensure New Zealanders receive the safest, highest quality care possible.

**Open4Results** is a six-monthly report on the harm prevented, and money saved, in areas the Commission focuses on or raises awareness about.

**These successes** are a result of the work and commitment of the whole sector to improve patient safety and save lives.

# Avoiding harm

## Falls

Falls are the most common cause of serious injury, and occasionally death, in our public hospitals.

The Commission's **reducing harm from falls** programme has introduced a number of simple interventions to help address falls-related harm. This programme works alongside and supports existing programmes in the sector.



Every week in 2010–12, on average, **2 patients fell** and broke their hips in New Zealand hospitals. This rate has now almost halved.



Having a fall can add a month to someone's hospital stay, and is very costly.



Since January 2015, there were **52 fewer falls** resulting in a broken hip



This saved an estimated **\$2.5 million**



On average, an avoided broken hip gives an extra **1.6 years of healthy life**



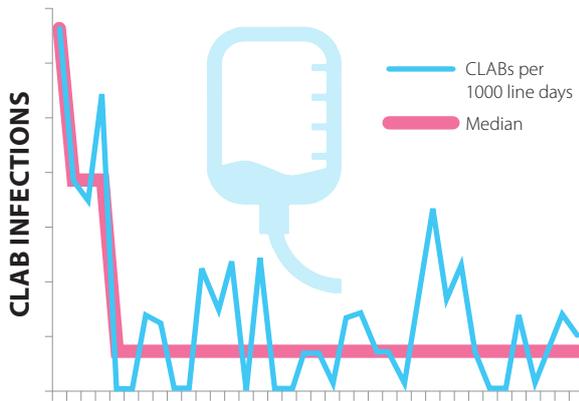
This adds up to an additional **85 years of healthy life\***, worth **\$15 million**

**\*SEE PAGE 7 FOR AN EXPLANATION OF THIS**

# Reduction in CLAB

CLAB (central line associated bacteraemia) is a blood stream infection caused by central line catheters inserted into the blood vessels near the heart. CLABs are distressing for patients and can lead to longer hospital stays and associated costs.

From 2012 to 2014, the Commission worked with Ko Awatea on a **national project** to reduce rates of CLAB in intensive care units.



Since April 2012, 260 CLABs have been avoided



\$5.2 million saved



Each CLAB avoided gives 2¼ additional years of healthy life\*



Value \$106 million

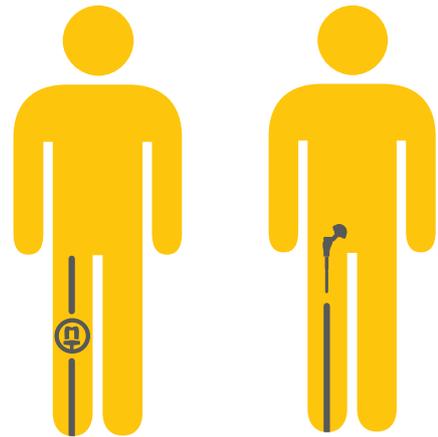
\*SEE PAGE 7 FOR AN EXPLANATION OF THIS

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## Surgical site infections

**The Commission's surgical site infection improvement programme, concentrating on hip and knee replacements (and more recently cardiac surgery), has run since 2012.**

Good practice in avoiding infections through timely use of the right antibiotics and good skin preparation has increased significantly since then.



**Since July 2013,  
reduction in  
infection rate  
from 1.3% of  
operations to 0.9%  
of operations**



**This equates to  
17 fewer  
infections since  
August 2015,  
saving up to  
\$670,000**

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# Doing the right thing

## Fewer older people admitted repeatedly to hospital

The Commission's **health quality and safety indicators** have highlighted the number of older people who are admitted to hospital as an emergency more than once. When older people are repeatedly admitted to hospital it can indicate they are not receiving the right range of care and care that is well integrated around their individual needs. This result reflects the interventions put in place by many district health boards to reduce these admissions.

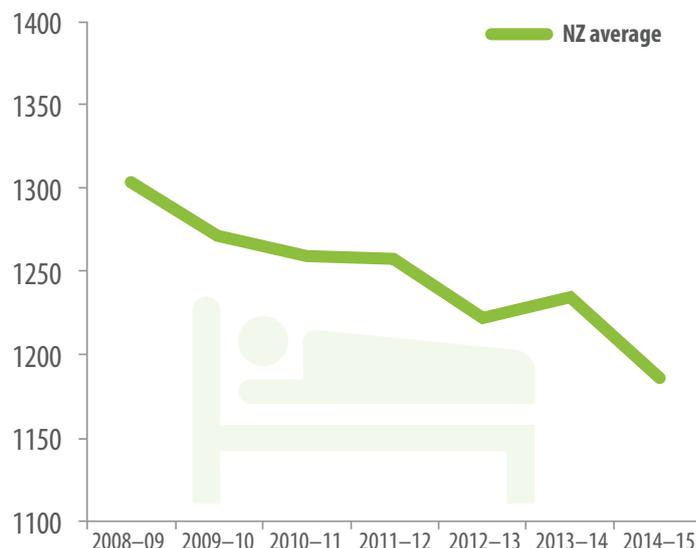


Since January  
2013, 54,000  
fewer bed-days



\$42  
million  
saved

Occupied bed-days  
associated with 75s  
and over admitted  
twice or more as an  
emergency per 1000



# Saving lives

## Fewer children and young people dying

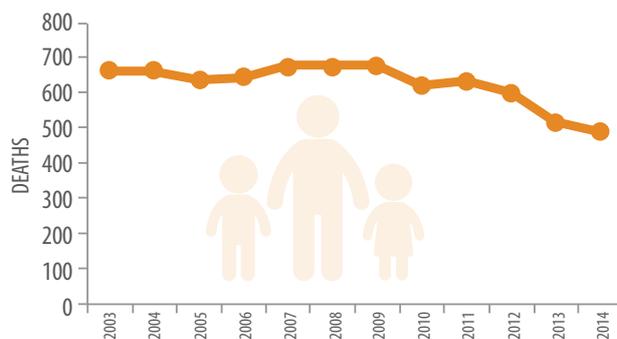


**Since 2010, 547 fewer deaths of children**

**aged between 28 days and 24 years**



**Value of these early deaths avoided,\* \$175 million**



Much of this reduction has been driven by work around sudden unexpected death in infancy (SUDI), and fewer road traffic crashes involving young people.

The Commission's Child and Youth Mortality Review Committee (CYMRC) has recommended babies are put to sleep on their backs, and this practice has been instrumental in the reduction of SUDI. The CYMRC has also emphasised the need for safe sleep spaces for babies.

For adolescents, the largest reductions have come from fewer road traffic crashes – probably a combined result of raising the driving age, graduated licences and a zero-alcohol policy for under-20s.

**\*SEE PAGE 7 FOR AN EXPLANATION OF THIS**

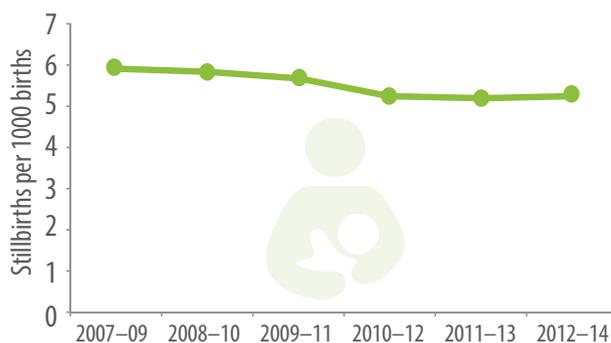
## Fewer stillborn babies



Since 2010,  
95 fewer  
stillborn babies



Value of these  
early deaths  
avoided,\*  
\$60 million



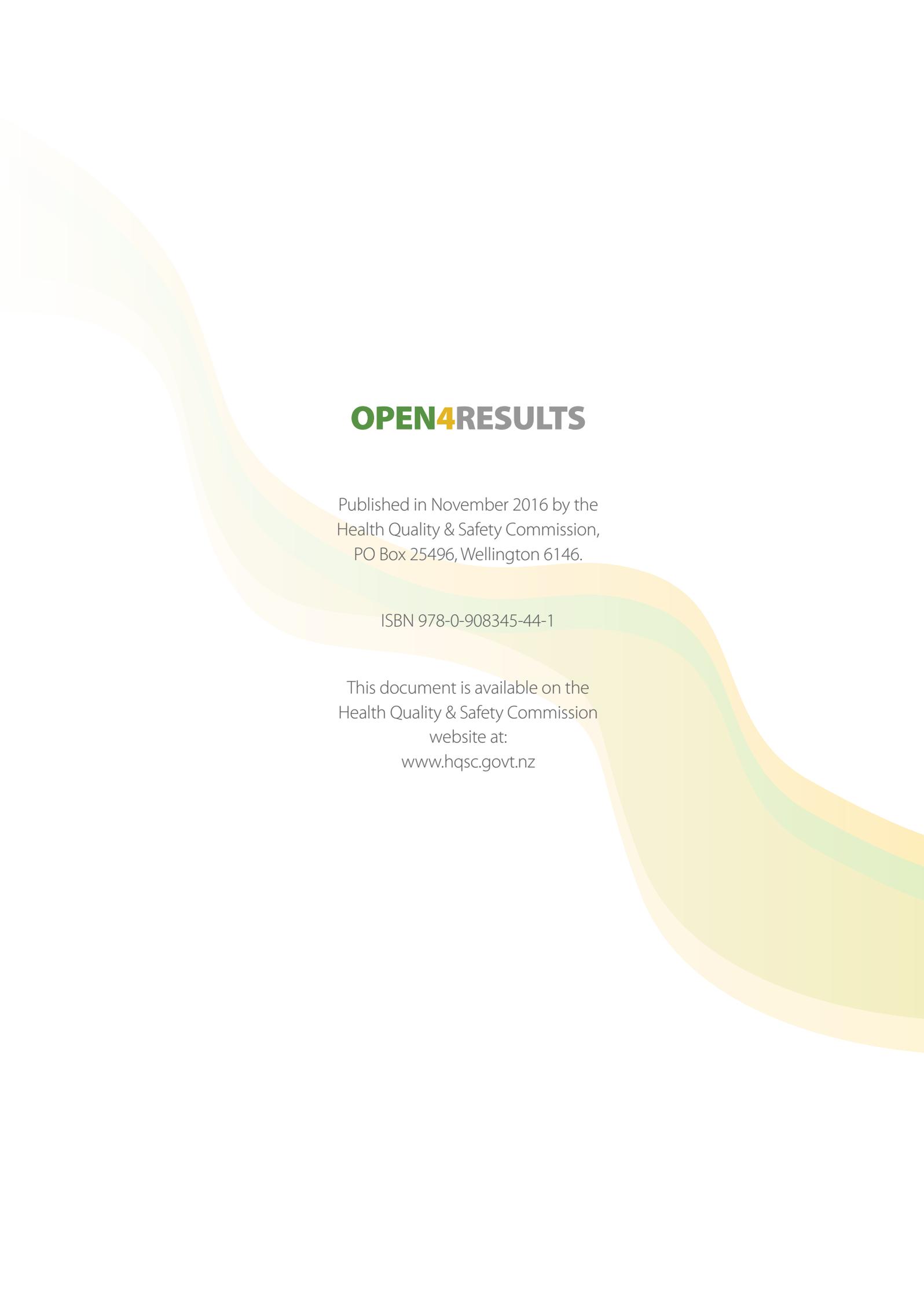
There are a number of reasons for this reduction, including improved care and lower smoking rates.

The Commission's Perinatal and Maternal Mortality Review Committee (PMMRC) reviews the deaths of babies and mothers in New Zealand and makes recommendations for reducing these deaths.

### \*Measuring value and costs saved

There are two ways to measure value and costs saved. The first is spending health care dollars more effectively. For example, avoiding the costs of harm – such as doing things right the first time so it doesn't cost more to put them right; and not giving people unnecessary interventions or treatments. This allows more patients to be treated and more services to be offered.

The second way to provide value is for people to live longer, healthier lives. Where this happens, there is value for the individual and for society. Based on what New Zealanders say they are prepared to spend to save a life, we can calculate the value of a life at \$4 million. This can be adjusted to give a value for a year of life in good health, which is estimated at \$180,000.



## **OPEN4RESULTS**

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