



Infection and Treatment Injury

Dr Nick Kendall
Manager Treatment Injury Prevention

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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

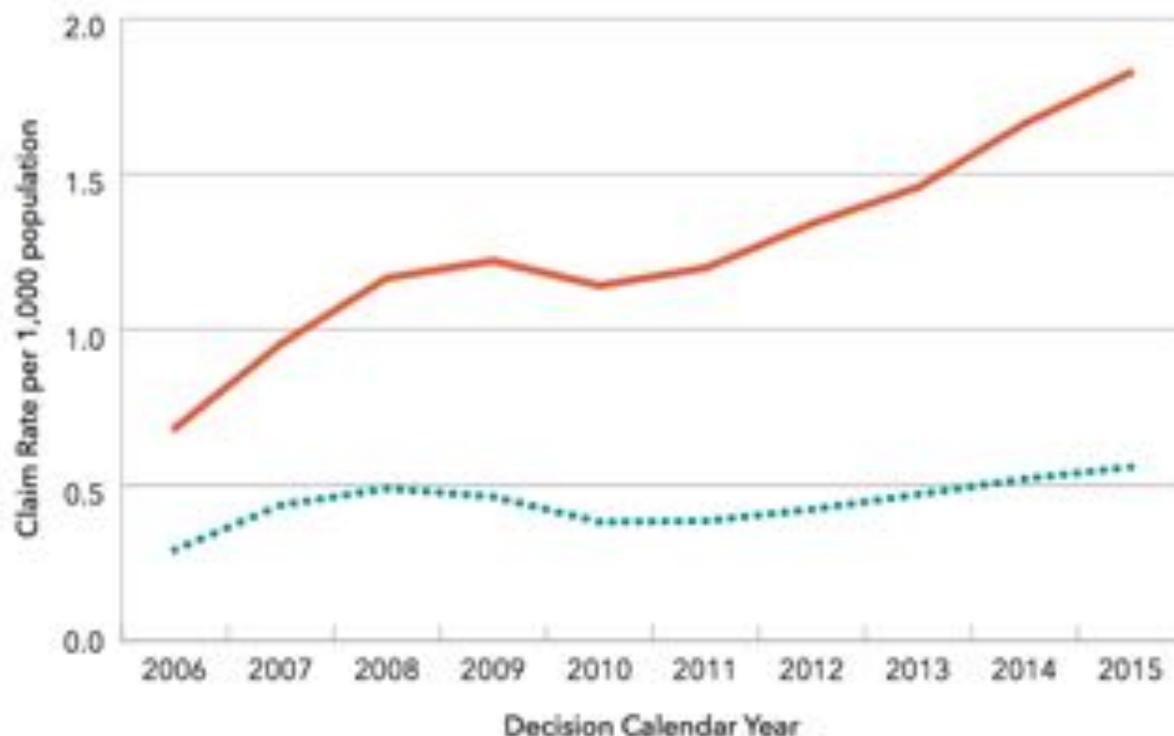
(c) not a necessary part, or ordinary consequence, of the treatment, taking into account all the circumstances of the treatment, including —

- (i) the person's underlying health condition at the time of the treatment; and
- (ii) the clinical knowledge at the time of the treatment.

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

KEY

- All claims
- Entitlement claims



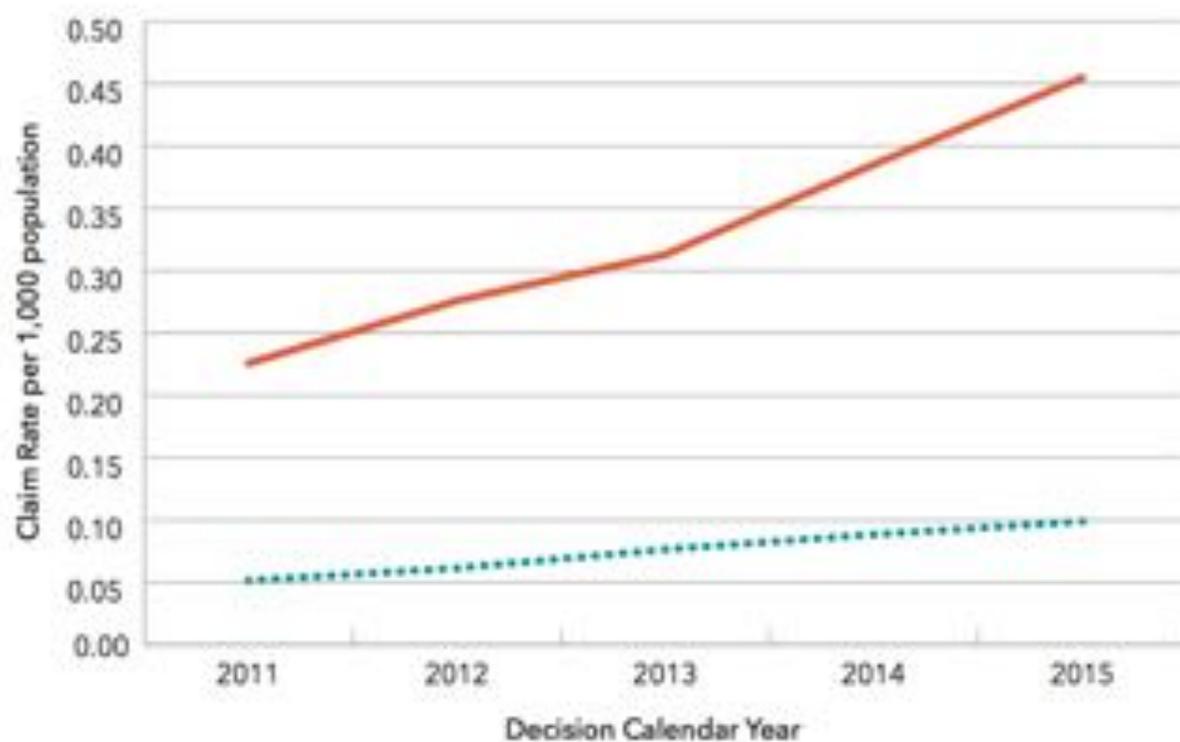
There were 8,320 accepted treatment injury claims in 2015. The rate of treatment injury claims has been growing steadily since 2005. In 2015 there were 1.8 accepted treatment injury claims per 1,000 population, around three times as many as in 2006 when the rate was 0.68.

INFECTION (ALL TYPES)

ACCEPTED TREATMENT INJURY
CLAIMS PER 1,000 POPULATION
FOR INFECTIONS OF ALL TYPES
IN ALL SETTINGS

KEY

- All claims
- Entitlement claims



Infection following Surgery

	2011	2012	2013	2014	2015
Hip Replacement	45	44	52	77	79
Knee Replacement	31	45	48	66	84
Coronary Artery Bypass Graft (CABG)	19	21	21	38	42

Infection following Hip Surgery

	2011	2012	2013	2014	2015
New DHB claims in calendar year	45	44	52	77	79
Active DHB claims for calendar year	75	76	92	135	151
Cost of active claims for calendar year	\$487K	\$515K	\$908K	\$1,199K	\$1,605K
Average cost of active claims for calendar year	\$6,498	\$6,782	\$9,877	\$8,889	\$10,633

Infection following Knee Surgery

	2011	2012	2013	2014	2015
New DHB claims in calendar year	31	45	48	66	84
Active DHB claims for calendar year	60	72	85	118	134
Cost of active claims for calendar year	\$480K	\$393K	\$728K	\$649K	\$1,168K
Average cost of active claims for calendar year	\$8,009	\$5,472	\$8,572	\$5,501	\$8,723

Each accepted treatment injury claim represents a person harmed. The rising numbers of claims may be due to higher reporting, or more people being harmed, or perhaps both.

SUPPORTING IMPROVEMENTS IN PATIENT SAFETY

A key role for ACC is to provide information to assist prevention of injury

Current ACC Treatment Injury Prevention Initiatives

Multidisciplinary Operating Room Surgical Simulation Training, Auckland Medical School

- Simulation training is well-established in other sectors (such as aviation) and increasingly used in clinical training. More effective teamwork and communication has been shown to reduce injury in an operating room context. ACC has contracted Auckland Medical School to deliver Multidisciplinary Operating Room Simulation training (MORSim) to 10 DHBs over 30 months at a total cost of \$4.8 million. The project began in February 2016. With successful implementation, it is intended to fund a further \$4.8 million to provide the training to the remaining 10 DHBs. This is expected to take another 24 months.

Current ACC Treatment Injury Prevention Initiatives

Neonatal Encephalopathy (NE) Taskforce, cross sector expert group including MOH and HQSC

- NE cases are very low volume, but very high impact to the individual and their family, with a high cost for a long duration. ACC has convened an independently chaired national Taskforce to reduce incidence and severity of preventable NE. Work is aligned with MOH's Maternal Health Quality Improvement Strategy and the findings of HQSC's Perinatal and Maternal Mortality Review Committee (PMMRC), and began in November 2015. This project is expected to need five or more years to address prevention issues, recognizing an NE baby, and instigating effective early management.

Current ACC Treatment Injury Prevention Initiatives

Pressure Injury Prevention Programme

- Pressure injuries are a major cause of preventable harm for healthcare services including hospital, residential aged care and home care in New Zealand. Approximately 4-8% of those that receive healthcare experience a pressure injury, regardless of their age or mobility. ACC has convened an Expert Reference Panel that is drawing on expertise and experience from the sector, to cross-fertilize skills and knowledge using regional workshops throughout New Zealand. This programme will be extended to rest homes and community settings. It is expected to run for at least another two years.

Current ACC Treatment Injury Prevention Initiatives

Foetal Anticonvulsant Syndrome (FACS) Prevention

- FACS is a cluster of a variety of congenital malformations in infants exposed to anti-epileptic drugs in utero. Two alerts issued by Medsafe in 2014 and 2015 have not changed prescribing patterns in females of child-bearing age. Approximately 14 cases are currently covered by ACC. These cases have very high impact for the individual and their family, with a high lifetime cost. ACC is developing a national intervention aimed at prescribers and dispensers, as well as specific services such as family planning and lead maternity carers. An expert group is overseeing development of a prevention toolkit, and this will be ready for implementation in September 2016.

Current ACC Treatment Injury Prevention Initiatives

Surgical Site Infection Improvement Programme

- 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. ACC has contracted HQSC to complete provision of the national Surgical Site Infection Improvement Programme for all DHBs in hip and knee orthopaedic surgery, and to extend this programme to the 5 DHBs (Auckland, Canterbury, Southern, Capital and Coast and Waikato) that perform cardiac surgery. The total cost is \$1.1 million over 3 years. The contract began in February 2016.

Proposed Future ACC Treatment Injury Prevention Infection Initiatives

Develop and implement a programme with private surgical hospitals to address surgical site infections

Healthcare acquired infections in primary care

Trauma-associated infections