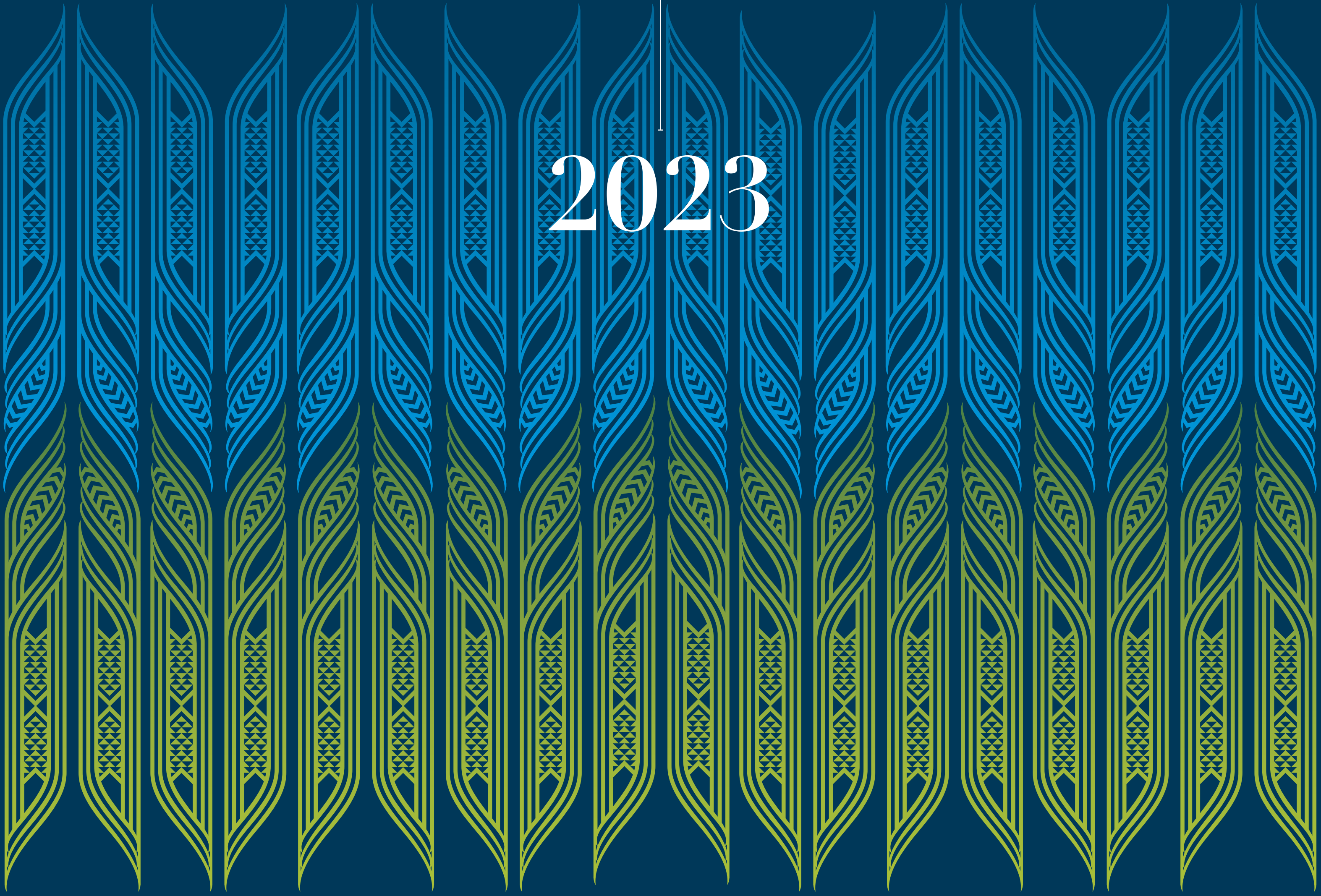
Health Quality & Safety
Commission New Zealand
*Kupu Taurangi Hauora o Aotearoa*

# Healing, learning and improving from harm

# Te whakaora, te ako me te whakapai ake i te kino

NATIONAL ADVERSE EVENTS POLICY | TE KAUPAPA HERE Ā-MOTU MŌ NGĀ MAHI TŪKINO



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# Contents | Ngā ihirangi

# Prologue | He kupu whakataki

This policy comes at a time of growing recognition that embedded approaches to reporting and learning from adverse events have not resulted in the hoped-for reductions in the frequency or severity of harm.[1]

Additionally, current approaches often do not meet the needs of the people (consumers, whānau and health care workers) who are most directly affected by an adverse event and can in some cases compound the harm.[2]

This update is informed by the Health Quality & Safety Commission (the Commission) framework of 'he toki ngao matariki' (resilient health care), which seeks to adopt a relational approach to health care focused on meeting the needs of the people within the system. The major themes in this update offer opportunities for:

- **healing,** by listening to, understanding and addressing the needs of all the people who are affected by a harmful event or experience
- **learning** how people usually create safety, and understanding how risk becomes difficult to manage
- **improving**, by ensuring what is learned is used to enhance system safety and consumer, whānau and health care workers' experiences.

The previous policy highlighted that consumers should be involved in the investigation process, but their participation was often limited to providing their perspective of an adverse event and receiving an apology and an investigation report.

A growing body of literature now emphasises that understanding the experience of harm and meeting the needs of those harmed are key aspects of restoring relationships after harm has occurred.[3] In the aftermath of harm, efforts to improve system safety must be balanced with responding to the human experience.[4] A relational response is required to understand the needs of the people most directly affected and to provide opportunities to repair wellbeing, relationships and trust. Meeting these goals requires a restorative response that upholds and restores the dignity, or tapu, of all the people involved.[5] This requires partnering with them to understand what harm has occurred and listening with empathy to their experiences to find out what matters to them for the process.

This policy shifts the focus to 'system safety'. System safety is an approach that recognises that adverse events are *emergent outcomes* that arise from the relationships and interactions between people and the context they work in. The shift focuses on learning about and understanding the realities of everyday work in a complex adaptive health system, how people normally navigate risks and in what situations risks become more difficult to manage. In addition to helping us explain how an adverse event arose, this may enable us to identify solutions that better support safe care. This approach requires us to look at wider system factors that influence care, with the aim of making visible the system drivers that create ongoing risk for the future.

Health care harm has numerous causes, and the wide-ranging negative impacts on human wellbeing and relationships have been documented in Aotearoa New Zealand and beyond.[4,5,6] From a Māori world view, harms are understood as a diminishment of mana and of the spiritual power and authority of individuals, families and communities. Regardless of the cause or category, the distinguishing feature of health care harm is that people – consumers, whānau, health care workers and communities – are hurt and unique needs emerge.

A final point is that this policy describes 'what' is required from learning from adverse events, yet it is the 'how' that matters. Healing, learning and improvement are more likely if the policy approach is enacted within relationships (whanaungatanga) characterised by manaakitanga (compassion). This requires a genuine commitment to understanding the experiences of the consumer, whānau and health care workers by engaging with them in a relational way to restore wellbeing and relationships and create better safer care.

# Purpose | Te whāinga

This policy provides a national framework for health and disability providers to continually improve the quality and safety of services for consumers, whānau and health care workers. It provides a consistent way to understand and improve through reporting, reviewing and learning from all types of harm. The policy will guide the process for reporting to the Commission and for using the information gathered from learning reviews, along with quality improvement approaches, to strengthen system safety.

# Scope | Tiro whānui

The following services and events are within the scope of this policy.

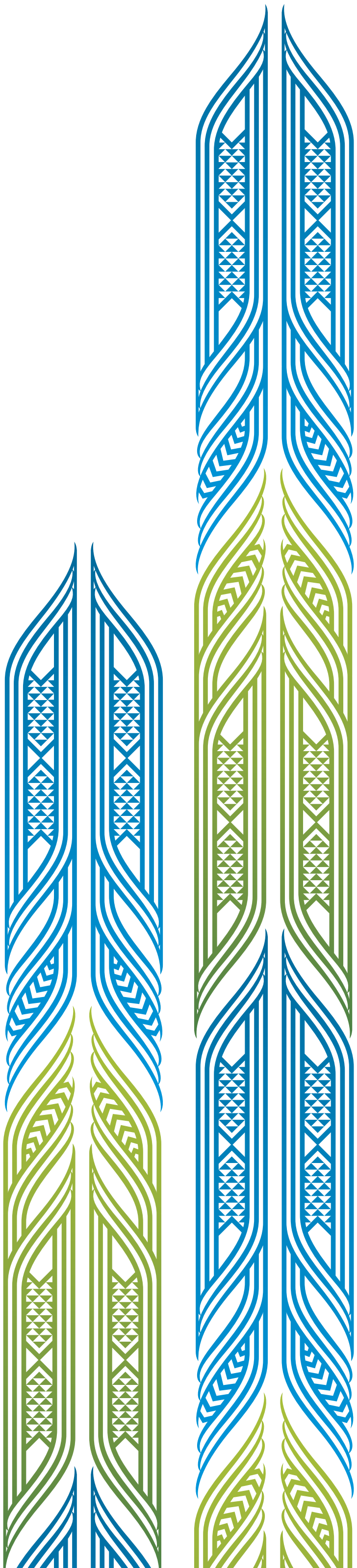
- All Aotearoa New Zealand providers of health and disability services.
- All harm and near miss events that occur, or have the potential to occur, to any person (consumers, whānau or health care workers) because of, or related to, the provision of health and disability services.

The following services and events are outside the scope of this policy but should be considered when deciding on the process to follow.

- Occupational health and safety events affecting any employee, employer or contractor within health and disability service settings in Aotearoa New Zealand. These are managed under the Health and Safety at Work Act 2015[7] (and associated regulations), which aims to secure the health and safety of workers and workplaces.
- Employment relationship issues affecting any employee in health and disability service settings in Aotearoa New Zealand. These are managed under the Employment Relations Act 2000[8] (and associated regulations).

# Referral | Tuku kōrero

The Commission may have a common law duty[9] to refer adverse events to other agencies in situations where it is necessary to protect and promote public health and safety. The Commission will be transparent, open and inclusive with affected health and disability service providers when discharging this duty.



## Review of this policy | Te arotakenga o tēnei kaupapa here

This policy and supporting operational guidance will be reviewed every five years.

## Policy principles | Ngā mātāpono o ngā kaupapa here

A fundamental role of an organisation is to enhance safety by learning from both harm and success to create sustainable improvement. This policy aims to support health and disability service providers to build and maintain systems that provide reporting, healing, learning and improvement. The following principles (listed in alphabetical order) underpin this policy and should be used to approach all harm:

1. consumer and whānau participation
2. culturally responsive practice
3. equity
4. open communication
5. restorative practice and hohou te rongo (restorative responses)
6. safe reporting
7. system accountability
8. system learning.

This policy aims to support health and disability service providers to build and maintain systems that provide reporting, healing, learning and improvement.

## 1. Consumer and whānau participation | Whai wāhi a te kiritaki me te whānau

Consumers, whānau and providers working in partnership is central to understanding and learning from harm. Consumer and whānau perspectives enable a broader understanding of how harm occurs and can help identify improvements that meet their needs. This is consistent with tino rangatiratanga, which recognises and upholds tāngata whenua authority and autonomy.

### Consumers and whānau | Ngā kiritaki me ngā whānau

Consumers and whānau who have experienced harm will be supported to work in partnership with health care workers, to define how they want to be involved, to share their experiences in a way that is meaningful for them and suggest improvements that address their needs. Consumers and whānau will have the opportunity to report the harm they experienced if the system has not recognised their harm.

### Providers | Ngā kaiwhakarato

Providers will ensure that the Aotearoa New Zealand Code of Health and Disability Services Consumers' Rights[10] and the code of expectations for health entities' engagement with consumers and whānau[11] will be upheld. This means providers must take a collaborative approach, providing support to ensure consumer and whānau are engaged and their needs are addressed.

### Criteria | Ngā paearu

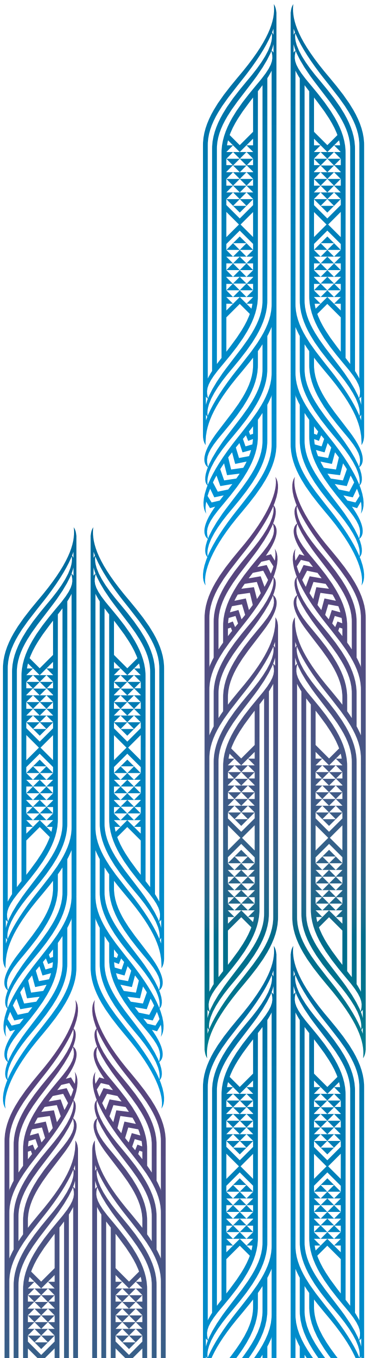
1.1 Providers will have a process to enable consumers and whānau to report harm.

1.2 Specific consumer and whānau concerns will be validated, documented and addressed within the review and system improvements that arise from the findings.

1.3 The draft review findings and suggested learning opportunities will be shared with the consumer and whānau to incorporate their feedback.

1.4 Providers will have processes in place that meet their responsibilities to prevent further harm for all people involved and restore wellbeing.

1.5 Providers will have consumer representation that is not connected or affiliated to the consumer or whānau harmed on review teams or focus groups.



## 2. Culturally responsive practice | Kia aro ki te ahurea

Culturally responsive practice considers that each person has their own culture, values and beliefs that must be acknowledged and supported when harm has occurred. This supports the importance of wairuatanga – upholding values, belief systems and world views.

### Consumers and whānau | Ngā kiritaki me ngā whānau

The values and belief systems of consumers and whānau will be used to guide the review process and highlight important elements to be included throughout the process.

### Providers | Ngā kaiwhakarato

Providers will be responsive to all consumers', whānau and health care workers' cultural values and beliefs throughout the review process.

### Criteria | Ngā paearu

2.1 Health care workers will be provided with education that allows them to effectively implement our legal obligations and commitment to the articles and principles of Te Tiriti o Waitangi.

2.2 Consumers and whānau of all cultures will be engaged in ways that meet their individual cultural needs throughout the process.

2.3 Respect, mana, kawa and tikanga will be paramount during the review processes.

2.4 Cultural support networks will be engaged as required to partner with the review process.

> Culturally responsive practice considers that each person has their own culture, values and beliefs that must be acknowledged and supported when harm has occurred.

## 3. Equity | Mana taurite

In Aotearoa New Zealand, inequities in health and in the determinants of health are pronounced, particularly for Māori and Pacific peoples. Inequities across health care affect not only how harm occurs but also the impact of harm and the effectiveness of interventions following harm. The review process must be designed with an understanding of these inequities and develop specific actions to address them in line with ōritetanga.

### Consumers and whānau | Ngā kiritaki me ngā whānau

Consumers and their whānau will receive high-quality reviews and have their personal circumstances acknowledged as affecting and informing their decisions and/or wellbeing following harm.

### Providers | Ngā kaiwhakarato

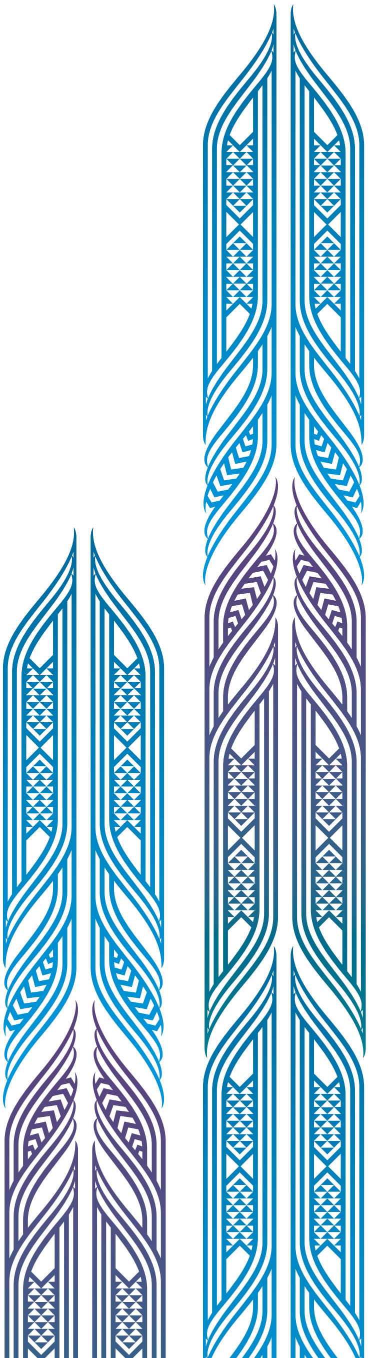
Providers must consider that each person has the right to experience health equity throughout a review process and access to high-quality services that are responsive to their health needs and aspirations.

### Criteria | Ngā paearu

3.1 Opportunities to learn and improve systems will be created to reduce existing inequities.

3.2 Equity tools will be applied as part of the review process to identify factors that influenced the consumer and whānau experiences of harm.

Inequities across health care affect not only how harm occurs but also the impact of harm and the effectiveness of interventions following harm.



## 4. Open communication | Kia kōrerorero noa

Open communication refers to the timely and transparent approach to communicating with consumers and whānau when harm or the potential for harm has occurred.[12] It is a key step to a relational response and approach to understanding the experiences of the people harmed. Open communication should maintain or restore the tapu or dignity of all the people involved.

### Consumers and whānau | Ngā kiritaki me ngā whānau

Consumers and whānau have a right to know when something harmful or potentially harmful has happened to them. Open communication should also be considered in situations where the system did not work as intended, even if no harm was experienced.

### Providers | Ngā kaiwhakarato

Providers must embed open communication in policy and practice to ensure it is embedded in everyday work following a harmful or potentially harmful event.

### Criteria | Ngā paearu

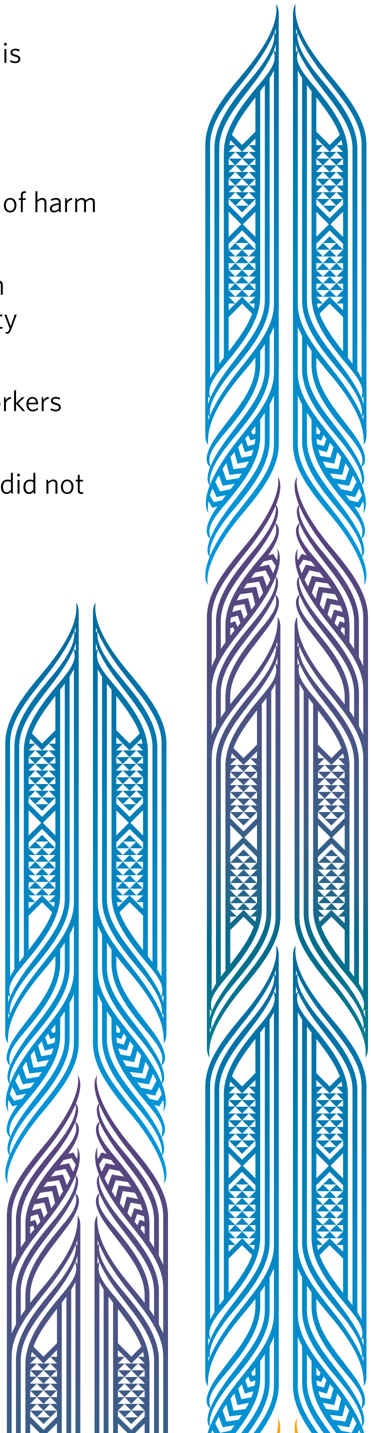
4.1 Providers will work with consumers and whānau to understand the level of harm that has occurred.[13]

4.2 Consumers and whānau will be engaged in the review process with open communication that meets the guidelines set by the Health and Disability Commissioner[12] and the Commission.[14, 15]

4.3 Providers will enable access to support and education for health care workers undertaking open communication.

4.4 Open communication will be considered in situations where the system did not work as intended, even if no harm was experienced, eg, near misses.

> Consumers and whānau have a right to know when something harmful or potentially harmful has happened to them.



## 5. Restorative practice and restorative responses | Mahi haumanu, hohou te rongo

Restorative practice is a 'voluntary, relational process where all those affected by an adverse event come together in a safe and supportive environment, with the help of skilled facilitators, to speak openly about what happened, to understand the human impacts and to clarify responsibility for the actions required for healing and learning'.[4]

Restorative responses are principles-based and use specific practices or tikanga to create a safe and supportive environment to explore health care harm. Ideally, all parties affected will come together to safely and respectfully share their different perspectives to build mutual understanding and trust across their differences. When this is not possible, healing can still be achieved. The goal is to address *harms*, meet *needs*, restore *trust* and promote *healing* for all involved, alongside system learning. Healing is enabled by the restoration of relationships, wellbeing and trust.

The potential for a meaningful apology is achieved by focusing on essential apology characteristics: respectful dialogue, acknowledgement of responsibility and actions that address the needs of all involved. Practices of hohou te rongo (peace-making from a te ao Māori world view) address harm by restoring the mana, power, authority and tapu of people and their relationships.

### Consumers and whānau | Ngā kiritaki me ngā whānau

The people most directly affected by a harmful event or experience will be offered the opportunity to participate in a restorative response.

### Providers | Ngā kaiwhakarato

Providers are encouraged to build capability in restorative practice and partner with iwi to support the use of hohou te rongo. Both offer a person-centred pathway for resolving harm.

### Criteria | Ngā paearu

5.1 Providers will build capacity with skills for restorative practice and partner with iwi to support the use and development of hohou te rongo.

5.2 Regions will support the development of networks to enable equitable access to restorative responses.

5.3 If all parties agree, recommendations and actions arising from restorative agreements will be shared at local, regional and national levels.

## 6. Safe reporting | Kia haumaru te tuku pūrongo

The culture surrounding reporting will allow consumers, whānau and health care workers to feel safe to raise concerns, report events, ask questions or make suggestions without negative personal consequences.[16]

### Consumers and whānau | Ngā kiritaki me ngā whānau

Consumers and whānau will feel safe to report events of harm in a way that is culturally safe for them and enhances the tapu or dignity of the people involved without fear of retribution.

### Providers | Ngā kaiwhakarato

Providers will focus on improving reporting systems and provide a supportive environment where consumers, whānau and health care workers feel safe. This will enable the people who raise concerns, and those who become involved in learning reviews, to be listened to, cared for and treated fairly.

### Criteria | Ngā paearu

6.1 Organisational policy and practice will enable a culture of compassion and avoid consumers, whānau and health care workers being punished, marginalised or humiliated for reporting harm.

6.2 The psychological safety of all the people affected by an event will be protected during the reporting and review process to mitigate compounded harm.

6.3 Providers will have a local process for providing support options to consumers, whānau and health care workers in the aftermath of an event and during the process that follows.

> Consumers and whānau will feel safe to report events of harm in a way that is culturally safe for them and enhances the tapu or dignity of the people involved without fear of retribution.

## 7. System accountability | Tā te pūnaha kawenga

Health and disability service providers will be accountable for ensuring the systems they implement recognise the various degrees and types of harm (physical, psychological, cultural or spiritual) and meet the national expectations for reporting, healing, learning and improving.

### Consumers and whānau | Ngā kiritaki me ngā whānau

Consumers and whānau can expect that providers will partner with them and abide by the direction and principles set out within this policy in a way that meets their needs.

### Providers | Ngā kaiwhakarato

Providers will create local processes to operationalise this policy. Governance structures will provide oversight and moderation.

### Criteria | Ngā paearu

7.1 Immediate safety risks identified following harm will be addressed before a full review is undertaken.

7.2 The Aotearoa New Zealand national adverse event rating scale will be applied to all events where harm has occurred.

7.3 The national process for reporting to the Commission will meet the following requirements:

  7.3.1 an initial notification (part A) of any severity assessment code (SAC) 1, SAC 2 or ‘always report and review’ (ARR) event will occur within **30 working days** of the event being notified

  7.3.2 a review will be undertaken using an approved review methodology

  7.3.3 an anonymised final report (part B) highlighting the system learning opportunities and actions taken will be forwarded to the Commission within **120 working days** of the event being reported to the provider.

7.4 Governance will be in place to ensure that the system learning opportunities are implemented and evaluated.

7.5 Providers will be accountable for reviewing harm reported by consumers and whānau.

7.6 Providers will consider the interactions and interconnections between services within their region and how these may have influenced events of harm or near misses.

7.7 Providers will have transparent processes for providing feedback to health care workers, consumers and whānau that highlights the learning and improvements following the review.

7.8 Providers will be responsible for reconciling and monitoring their data through the Commission website quarterly reporting.

7.9 Providers will be responsible for meeting legislation that requires reporting to additional statutory bodies.

## 8. System learning | Tā te pūnaha ako

Reporting must be accompanied by meaningful analysis that leads to system improvement. The Commission prefers providers use the 'learning review' method when reviewing harm because it takes a systems approach.[17]

A systems approach when developing learning opportunities and actions considers all aspects of the system. Incorporating a human factors approach reflects the people, their tools, the tasks, the internal and external environments, the providers and their culture.[18] A commitment to a systems approach that is ethical, inclusive and respectful of everyone involved in or affected by harm from a product, process or system will improve sustainable learning and change.[19]

### Consumers and whānau | Ngā kiritaki me ngā whānau

Consumers and whānau will be encouraged and supported to participate in the systems learning and sustainable change process in a way that works for them, eg, through narrative.

### Providers | Ngā kaiwhakarato

Providers will create a culture that recognises the value of understanding and learning from how health care workers enable safety and identify opportunities to improve the system. This will include learning both from events that cause harm and from the everyday provision of care.

### Criteria | Ngā paearu

8.1 Providers will be encouraged to take a collective approach to re-occurring events of harm so that grouped learning and actions can be created.

8.2 Lower levels of harm (SAC 3 and 4) will be analysed to create actions for improvement within an organisation.

8.3 Providers will develop opportunities for health care workers and consumers and whānau to identify what works well within a system to create solutions for sustainable improvement.

8.4 Providers will use quality improvement methodologies, and action plans will be created, implemented and evaluated to reduce risk and improve outcomes for consumers and whānau.

8.5 Providers will implement processes to enable health care workers to focus on a systems perspective across all reviews of harm, both within their organisations and across boundaries.

8.6 To promote collaboration, service providers will create opportunities to share system learning and improvements from all levels of harm within their localities, across boundaries and regions to minimise the risk of repeated harm.

# Definitions | Kuputaka

**Adverse event:** An event in which a person receiving health care experienced harm.[20]

**Always report and review (ARR) events:** The 'ARR' list is a subset of events that should be reviewed and reported, regardless of whether a consumer experienced harm. Events will be placed on the list to identify areas of particular interest within the system, and the list will be reviewed annually. ARR reporting will be used to identify areas of concern and provide insights into how fundamental system safety processes can be improved.

**Complex adaptive system:** A way of thinking and analysing that recognises complexity, patterns and interrelationships rather than focusing on cause and effect.

**Consumer:** The Commission recognises there are many views about who a 'health consumer' is. While there is no universally agreed definition, we use 'consumer' for our projects and in our documents for consistency across our work. We use the term 'consumer' to refer to anyone who has used or is currently using a health or disability service or is likely to do so in the future. This includes individuals, community members, whānau and family, carers, patients and tāngata whaiora. 'Consumer' resonates with some people more than others. It is important people use the language they feel resonates for them.

**Harm:** Negative consequences for consumers and whānau directly arising from or associated with plans made, actions taken or omissions during the provision of health care rather than an underlying disease or injury.[21] Harm may be:

- physical – harm that leads to bodily injury or impairment or disease. This includes limitations in cognitive functioning and skills, including communication, social and self-care skills
- psychological – harm that causes mental or emotional trauma or that causes behavioural change or physical symptoms
- cultural – the marginalisation of a consumer's belief and value systems
- spiritual (also known as spiritual distress) – a state of suffering, related to the impaired ability to experience meaning in life through connectedness with self, others, world or a superior being.[22]

**Health:** A state of holistic (physical, mental, spiritual, social and whānau) wellbeing, not merely the absence of disease or infirmity.[23]

**Health care:** Services received by individuals or communities to promote, maintain, monitor or restore health.

**Health care workers:** The people employed or contracted by a health and disability service provider involved in providing care. This includes clinical and non-clinical staff and regulated and non-regulated workers.

**Hohou te rongo:** Peace-making from a te ao Māori world view. This process addresses harm by restoring the mana, power, authority and tapu of people and their relationships.

**Human factors:** 'Understanding the interactions between people and all other elements within the system and design in light of this understanding.'[24]

**Independent consumer:** A consumer representative who is not connected to or affiliated with the consumer and whānau who have been harmed. In practice, this is often a member of the provider's consumer council or similar body.

**Learning review:** A process designed to explore the system contribution to incidents and to relate the resulting learning products to normal work operations. The process is designed to review negative outcome events and has also been used to understand the pressures and conditions that constitute normal work.[25]

**Near miss:** An event that, under different circumstances, could have caused harm to a consumer but did not and that is indistinguishable from an adverse event in all but outcome. These events provide an opportunity to learn about and improve the system before harm occurs.

**Ōritetanga**: Equity, equality, equal opportunity.

**Provider:** The organisation that is responsible for the care consumers and whānau receive, eg, hospitals, aged residential care facilities, stand-alone clinics.

**Psychological safety**: A shared belief that a person will not be punished or humiliated for speaking up with ideas, question, concerns or mistakes.[16]

**Restorative practice:** A 'voluntary, relational process, ideally where all those affected by an adverse event come together in a safe and supportive environment, with the help of skilled facilitators, to speak openly about what happened, to understand the human impacts and to clarify responsibility for the actions required for healing and learning'.[5]

**System:** A set of elements or parts that is coherently organised and interconnected in a pattern or structure that produces a characteristic set of behaviours, often classified as its function or purpose. A system must consist of elements, interconnections and function or purpose.[26]

**Whānau:** The family, extended family or family group of people who are important to a person who is receiving a service. Whānau includes a person's extended family, their partners, friends, guardians or other representatives chosen by the person.

# Appendix: Severity assessment code descriptors | Āpitihanga: Ko ngā paearu aromatawai mahi pākaha

**SAC descriptors for the rating of harm**

| **SAC 1: severe** | **SAC 2: major** | **SAC 3: moderate** | **SAC 4: minor** |
|---|---|---|---|
| Death or harm causing severe loss of function and/or requiring life-saving intervention | Harm causing major loss of function and/or requiring significant intervention | Harm causing short-term loss of function and/or requiring minimal additional intervention | Requires little or no intervention |
| • Not related to natural course of illness or treatment<br>• Differs from immediate expected outcome of care<br>• Can be physical, psychological, cultural or spiritual | • Not related to natural course of illness or treatment<br>• Differs from immediate expected outcome of care<br>• Can be physical, psychological, cultural or spiritual | • Not related to natural course of illness or treatment<br>• Differs from immediate expected outcome of care<br>• Can be physical, psychological, cultural or spiritual | • Extra investigation or observation<br>• Review by another clinician<br>• Minor treatment<br>• Can be physical, psychological, cultural or spiritual |
|  |  |  | Includes near misses |

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